Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

ERO must obtain and retain completed Form 8879. ► Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Taxpay	er's name	Social secul	rity numbe	r
VEN	KAT REDDY GODUMAGADDA	079-49	9-3870	
Spouse	s's name	Spouse's so	cial secur	ity number
Par	t I Tax Return Information – Tax Year Ending December 31, 2021 (Enter	r year you	are auth	norizing.)
Enter	whole dollars only on lines 1 through 5.			
Note	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.			
1	Adjusted gross income		1	68,819.
2	Total tax		2	8,063.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	10,224.
4	Amount you want refunded to you		4	3,561.
5	Amount you owe		5	
Part	II Taxpayer Declaration and Signature Authorization (Be sure you get and I	keep a cor	py of yo	our return)

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

	-		_	
GLOBAL	TAXES	LLC	to enter or generate my P	'Ν

9	3	8	7	0	as mv
			gits, all ze		asiny

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

Date

Spouse's PIN: check one box only

I authorize

X I authorize

to enter or generate my PIN

as mv Enter five digits, but don't enter all zeros

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's s	signature D	ate 🕨					 				
	Practitioner PIN Method Returns Only—continue	e bel	ow								
Part III	Certification and Authentication – Practitioner PIN Method Only										
ERO's EFI	N/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	5	8	7		8 nter a		9	8	9	

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature >		Date 🕨	
	RO Must Retain This Form — Se omit This Form to the IRS Unless		
For Denomically Deduction Act Nation and	eur tex return instructions		Earm 8879 (Bay, 01 2021)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 01/17/22 PRO

104		artment of the Treasury—Internal Revenue Serv S. Individual Income Tax		(99) urn	202	21	OMB No. 1	1545-0	0074 IRS L	lse Only	–Do not v	write or staple	in this space.
Filing Statu Check only		Single Married filing jointly Checked the MFS box, enter the r		-									low(er) (QW)
one box.		son is a child but not your dependen		your spo	use. II you	CHECK	keu ine no		QVV DOX, E				ne qualitying
Your first name	e and mi	iddle initial	Last na	ame							Your se	ocial securi	ity number
VENKAT	REDD	Y	GODI	JMAGAI	DDA						079-	49-387	0
If joint return, s	spouse's	s first name and middle initial	Last na	ame							Spouse	e's social se	curity number
		er and street). If you have a P.O. box, see	e instruct	ions.					Apt. no.				ion Campaign
17030 N	-								2048			here if you	, or your ntly, want \$3
		ce. If you have a foreign address, also co	omplete s	spaces be	low.	Sta			ZIP code			0,	Checking a
SCOTTSD						A			85254		1	low will not	•
Foreign countr	y name			Foreign p	rovince/state	e/coun	ty		Foreign posta	l code	your ta	x or refund	
At any time du	irina 20	021, did you receive, sell, exchange	or othe	erwise di	spose of a	ny fina	ancial inter	est in	any virtual	curre	ncv?	☐ Yes	
		eone can claim: You as a de			•		a depende			curre	noy:		
Standard Deduction		Spouse itemizes on a separate retur	•		•			FIIL					
Age/Blindnes		: Were born before January 2, 1	_	Are b		ouse		born	before Jar	uarv 2	2, 1957	🗌 ls b	lind
Dependent				T	Social securi		(3) Relation				-	or (see instru	
If more		irst name Last name		(_)	number	- 9	to yo			d tax c			ther dependents
than four													
dependents,													
see instruction and check	IS ——												
here 🕨 🗌													
	1	Wages, salaries, tips, etc. Attach I	Form(s)	W-2 .							. 1		75,689.
Attach	2a	Tax-exempt interest	2a			bТ	axable inte	erest			. 21	b	
Sch. B if required.	3a	Qualified dividends	3a			ЬC	Ordinary div	videnc	ds		. 31	b	
	4a	IRA distributions	4a			bТ	axable am	ount			. 41	b	
	5a	Pensions and annuities	5a			bТ	axable am	ount			. 51	b	
Standard	6a	Social security benefits	6a			bТ	axable am	ount			. 61	b	
 Deduction for – Single or 	7	Capital gain or (loss). Attach Sche	dule D i	f require	d. If not red	quired	, check hei	re		▶ [7	,	
Married filing	8	Other income from Schedule 1, lin	ne 10								. 8		-6,870.
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. ⁻	This is yc	our total in	come					▶ 9)	68,819.
Married filing	10	Adjustments to income from Sche									. 10		
jointly or Qualifying	11	Subtract line 10 from line 9. This is	s your a	djusted	gross inco	ome					► <u>1</u>	1	68,819.
widow(er), \$25,100	12a	Standard deduction or itemized	deduct	t ions (fro	m Schedul	e A)		12a	12	2,55	0.		
Head of	b	Charitable contributions if you take	the sta	ndard de	duction (se	e instr	ructions)	12b		30	0.		
household, \$18,800	с	Add lines 12a and 12b									. 12	2C	12,850.
 If you checked any box under 	13	Qualified business income deduct	tion fron	n Form 8	995 or For	n 899	95-A				. 1:		
Standard	14	Add lines 12c and 13	· ·								. 14		12,850.
Deduction, see instructions.	15	Taxable income. Subtract line 14	from lir	ne 11. lf z	zero or less	, ente	er-0				. 1	5	55,969.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2021)

Form 1040 (2021	1)									Page
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3 🗌		16		8,063.
	17	Amount from Schedule 2, lin	ne3					17		
	18	Add lines 16 and 17						18		8,063.
	19	Nonrefundable child tax cree	dit or credit for c	other depender	nts from Schedul	e8812		19		
	20	Amount from Schedule 3, lin	ne8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22		8,063.
	23	Other taxes, including self-e	1 2 2		,			23		0.
	24	Add lines 22 and 23. This is	your total tax				. 🕨	24		8,063.
	25	Federal income tax withheld	from:			1 1				
	а	Form(s) W-2					,224.	-		
	b	Form(s) 1099				25b		-		
	С	Other forms (see instructions	,			25c		_		
	d	Add lines 25a through 25c						25d	1	0,224.
If you have a	26	2021 estimated tax payment			37			26		
qualifying child, attach Sch. EIC. [27a	Earned income credit (EIC)				27a		-		
		Check here if you were a January 2, 2004, and you								
		taxpayers who are at least a								
	b	Nontaxable combat pay elec	-	1 1						
	с	Prior year (2019) earned inco	ome							
	28	Refundable child tax credit or	r additional child	tax credit from	Schedule 8812	28				
	29	American opportunity credit	from Form 8863	3, line 8		29		1		
	30	Recovery rebate credit. See	instructions .			30 1	,400.	1		
	31	Amount from Schedule 3, lir	ne 15			31				
	32	Add lines 27a and 28 throug	h 31. These are	your total oth	er payments and	d refundable cred	lits 🕨	32		1,400.
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments			. 🕨	33	1	1,624.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	int you overpaid		34		3,561.
neruna	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	is attached, che	ck here		35a		3,561.
Direct deposit?	►b	Routing number 0 1 1				Checking	Savings			
See instructions.	►d	Account number 3 8 5	0 2 1 7	8 7 2 8	3 9					
	36	Amount of line 34 you want a	applied to your	2022 estimate	ed tax 🕨	36				
Amount	37	Amount you owe. Subtract	line 33 from line	24. For detail	s on how to pay,	see instructions	. 🕨	37		
You Owe	38	Estimated tax penalty (see in	nstructions) .		🕨	38				
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See			_	
Designee	ins	tructions				. 🕨 🗌 Yes. Co	omplete b	elow.	X No	
		signee's ne ►		Phone no.			onal identif ber (PIN) 🕨			
0:000		der penalties of perjury, I declare t	hat I have examine						t of my kr	
Sign		ief, they are true, correct, and com			1 2 0		,			0
Here	Yo	ur signature		Date	Your occupation		If the	IRS ser	nt you an le	dentity
		-							N, enter it	here
Joint return?					SOFTWARE		· ·	inst.) 🕨		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupat	tion			nt your spo Action PIN	ouse an , enter it her
your records.								inst.) 🕨		
	Pho	one no. (475)239-078	1	Email address	REDDYVENKA	187@GMAIL.CC				
		eparer's name	⊥ Preparer's signat		TODDI VERILAI	Date	PTIN		Check if:	
Paid		ATASAI PAVAN KUMAR DUDIPALLI			AR DUDIPALLI	01/24/2022	P02470	3833		-employed
Preparer		m's name ► GLOBAL TAX								65-9522
Use Only		n's address ► 2530 Pebb		n Cummin	q GA 30041			's EIN ►		L017196
Go to www irs a		1040 for instructions and the late			BAA	REV 01/17/22 PRO				1040 (202 ⁻
			et mornation.		DAA	NEV 01/11/22 PRU			1000	

SCHEDULE	1
(Form 1040)	

Additional Income and Adjustments to Income

► Attach to Form 1040, 1040-SR, or 1040-NR. information.

20 21 Attachment Sequence No. **01**

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service	 Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR
VENKAT REDDY G	ODUMAGADDA

Your social security number 079-49-3870

Additional Income Part I

6 Farm income or (loss). Attach Schedule F 6 7 Unemployment compensation 7 8 Other income: a a Net operating loss 8a () b Gambling income 8b c Cancellation of debt 8c d Foreign earned income exclusion from Form 2555 8d () e Taxable Health Savings Account distribution 8e f Alaska Permanent Fund dividends 8f g Jury duty pay 8g 8h i Activity not engaged in for profit income 8i j Stock options 8j k Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property 8k l Olympic and Paralympic medals and USOC prize money (see instructions) 8m m Section 951(a) inclusion (see instructions) 8n o Section 951(a) inclusion (see instructions) 8n p Taxable distributions from an ABLE account (see instructions) 8p g Total other income. Add lines 8a through 8z 9	1	Taxable refunds, credits, or offsets of state and local income taxes		1	
3 Business income or (loss). Attach Schedule C 3 4 Other gains or (losses). Attach Form 4797 4 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 5 6 Farm income or (loss). Attach Schedule F 6 7 Unemployment compensation 7 8 Other income: 7 9 Total other income exclusion from Form 2555 8a (9 Total other income exclusion from Form 2555 8d (9 Total other income. Atd lines 8a through 8z 8m 9 Total other income. Atd lines 8a through 8z 9	2a	Alimony received		2 a	
4 Other gains or (losses). Attach Form 4797 4 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 5 -6,870. 6 Farm income or (loss). Attach Schedule F 6 -6,870. 7 Unemployment compensation 7 8 Other income: 8a () a Net operating loss 8a () b Gambling income 8a () c Cancellation of debt 8c 8d () e Taxable Health Savings Account distribution 8e 6f g Jury duty pay 8g 8h 8h i Activity not engaged in for profit income 8i 8i 8i j Stock options 8h 8i 8k 8k i Otympic and Paralympic medals and USOC prize money (see instructions) 8h 8n 8n j Stock options (see instructions) 8n	b	Date of original divorce or separation agreement (see instructions)			
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 5 6,870. 6 Farm income or (loss). Attach Schedule F 6 7 Unemployment compensation 7 8 Other income: 8a (a Net operating loss 8a (c Cancellation of debt 8b c Cancellation of debt 8c d Foreign earned income exclusion from Form 2555 8d (f Alaska Permanent Fund dividends 8f g Jury duty pay 8g h Prizes and awards 8h i Activity not engaged in for profit income 8i j Stock options 8j k Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property 8m l Olympic and Paralympic medals and USOC prize money (see instructions) 8n n Section 951A(a) inclusion (see instructions) 8n o Section 951A(a) inclusion (see instructions) 8n p Total other income. Add lines 8a through 8z 8p g<	3	Business income or (loss). Attach Schedule C		3	
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7 Unemployment compensation	5			5	-6,870.
8 Other income: a Net operating loss b a Net operating loss b Ba () b b Gambling income Bb C c Cancellation of debt Bc C d Foreign earned income exclusion from Form 2555 Bd () C e Taxable Health Savings Account distribution Be C f Alaska Permanent Fund dividends Bf Bg g Jury duty pay Ba Bi i Activity not engaged in for profit income Bi j Stock options Bi Bi j Stock options Bi Bi k Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property Bk Bi I Olympic and Paralympic medals and USOC prize money (see instructions) Bi Bi m Section 951(a) inclusion (see instructions) Bi Bi o Section 951A(a) inclusion (see instructions) Bi Bi g Total other income. List type and amount Bg Bg	6	Farm income or (loss). Attach Schedule F		6	
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d Foreign earned income exclusion from Form 2555 8d (e Taxable Health Savings Account distribution 8e f Alaska Permanent Fund dividends 8f g Jury duty pay 8g 8f g Jury duty pay 8g 8h i Activity not engaged in for profit income 8i j Stock options 8j k Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property 8k I Olympic and Paralympic medals and USOC prize money (see instructions) 8n m Section 951(a) inclusion (see instructions) 8n n Section 951(a) inclusion (see instructions) 8n o Section 951A(a) inclusion (see instructions) 8n g Total other income. List type and amount ▶ 8p g Total other income. Add lines 8a through 8z 9 9 Total other income. Add lines 7 and 9. Enter here and on Form 1040, 1040-SR, or 9	b	Gambling income	8b		
e Taxable Health Savings Account distribution f Alaska Permanent Fund dividends g Jury duty pay h Prizes and awards i Activity not engaged in for profit income j Stock options j Stock options k Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property n Bk l Olympic and Paralympic medals and USOC prize money (see instructions) m Section 951(a) inclusion (see instructions) n Section 951A(a) inclusion (see instructions) p Taxable distributions from an ABLE account (see instructions) z Other income. Add lines 8a through 8z 9 Total other income. Add lines 8a through 8z	С	Cancellation of debt	8c		
 f Alaska Permanent Fund dividends	d	Foreign earned income exclusion from Form 2555	8d ()		
g Jury duty pay 8g h Prizes and awards 8h i Activity not engaged in for profit income 8i j Stock options 8j j Stock options 8j k Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property 8k l Olympic and Paralympic medals and USOC prize money (see instructions) 8k m Section 951(a) inclusion (see instructions) 8m n Section 951A(a) inclusion (see instructions) 8n o Section 461(l) excess business loss adjustment 8p p Taxable distributions from an ABLE account (see instructions) 8p z Other income. List type and amount ▶ 8z 9 Total other income. Add lines 8a through 8z 9 10 Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or the other income. 9	е	Taxable Health Savings Account distribution	8e		
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 i Activity not engaged in for profit income j Stock options k Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property i Olympic and Paralympic medals and USOC prize money (see instructions) m Section 951(a) inclusion (see instructions) a Section 461(l) excess business loss adjustment b Section 461(l) excess business loss adjustment c Other income. List type and amount ▶ g Total other income. Add lines 8a through 8z f Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 	g	Jury duty pay	8g		
 j Stock options	h	Prizes and awards	8h		
 k Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	i	Activity not engaged in for profit income	8i		
the rental for profit but were not in the business of renting such property	j	Stock options	8j		
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o Section 461(l) excess business loss adjustment	m	Section 951(a) inclusion (see instructions)	8m		
p Taxable distributions from an ABLE account (see instructions) . 8p z Other income. List type and amount ▶ 8z 9 Total other income. Add lines 8a through 8z	n	Section 951A(a) inclusion (see instructions)	8n		
z Other income. List type and amount ▶ 8z 9 Total other income. Add lines 8a through 8z 9 10 Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 9	0	Section 461(I) excess business loss adjustment	80		
9 Total other income. Add lines 8a through 8z 8z 9 10 Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 9	р	Taxable distributions from an ABLE account (see instructions) .	8p		
10 Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or	Z	Other income. List type and amount ►	8z		
	9	Total other income. Add lines 8a through 8z		9	
	10			10	-6,870.

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2021

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basic officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	3	14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions) \blacktriangleright			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
а	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit 24b			
С	Nontaxable amount of the value of Olympic and Paralympicmedals and USOC prize money reported on line 81 24c			
d	Reforestation amortization and expenses			
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans 24f			
g	Contributions by certain chaplains to section 403(b) plans 24g			
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) 24h			
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations			
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) 24k			
z	Other adjustments. List type and amount ► 24z			
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to in here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	

BAA

REV 01/17/22 PRO

SCHEDULE E	
(Form 1040)	

Supplemental Income and Loss

OMB No. 1545-0074

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Department of the Treasury Internal Revenue Service (99

Internal Revenue Service (99)	
Name(s) shown on return	

► Go to www.irs.gov/ScheduleE for instructions and the latest information.

2021	
Attachment Sequence No. 13	

Name(s)	shown on return							Your socia	al securi	ty numb	er
VENK	AT REDDY GODUMA	AGADDA						079-4	9-387	0	
Part	Income or Loss	s From Rental Real Estate and Ro	yalties	Note:	lf you	are in th	e business of	renting per	sonal p	roperty	, use
	Schedule C. See	instructions. If you are an individual, rep	ort farn	n rental in	ncome	or loss f	rom Form 48	35 on page	2, line 4	0.	
A Dic	l vou make anv pavme	ents in 2021 that would require you to	o file Fo	orm(s) 10)99? S	ee inst	ructions .		. 🗆 '	Yes D	< No
		ou file required Form(s) 1099?								Yes [No
 1a		each property (street, city, state, ZIF							· 🗆		
A		IYDERABAD TELANGANA IN 50		,							
B		IIDERADAD IEDANGANA IN S	01000	,							
C											
 1b	Type of Property			- 41		Fair	Rental	Personal	Lleo		
ID	(from list below)	2 For each rental real estate propabove, report the number of fa	perty II: air renta	sted al and			Days	Days		G	δJΛ
		personal use days. Check the	QJV bo	ox onlv⊢		•	-	Days		r	
	3	if you meet the requirements to qualified joint venture. See inst	o file as	sa _	A		365		0		╡──
B			liuctioi	13.	В						╡
С					С					l	
	of Property:										
-	le Family Residence	3 Vacation/Short-Term Rental				7 Self-	Rental				
	ii-Family Residence	4 Commercial		alties		8 Othe	r (describe)				
Incom	e:	Properties:			Α		В			С	
3	Rents received		3			450.					
4	Royalties received .		4								
Expen											
5	Advertising		5								
6	Auto and travel (see in	nstructions)	6								
7	•	nance	7		1,	130.					
8			8								
9			9								
10		essional fees	10								
11			11			900.					
12		id to banks, etc. (see instructions)	12			900.					
13			13								
			14		1	070					
14						870.					
15			15		⊥,	480.					
16			16			0.4.0					
17			17		⊥,	940.					
18		e or depletion	18								
19	Other (list) ►	lines 5 through 19	19								
20	Total expenses. Add	lines 5 through 19	20		7,	320.					
21		line 3 (rents) and/or 4 (royalties). If									
		instructions to find out if you must			_						
	file Form 6198		21		-6,	870.					
22		I estate loss after limitation, if any,									
	on Form 8582 (see in	-	22	(6,8	370.)	()	(
23a		eported on line 3 for all rental prope				23a		450.			
b	Total of all amounts re	eported on line 4 for all royalty prop	erties			23b					
С		eported on line 12 for all properties				23c					
d	Total of all amounts re	eported on line 18 for all properties				23d					
е	Total of all amounts re	eported on line 20 for all properties				23e		7,320.			
24	Income. Add positive	e amounts shown on line 21. Do no	t inclu	de any le	osses			. 24			
25	Losses. Add royalty lo	osses from line 21 and rental real estate	e losses	from line	e 22. E	inter tot	al losses here	e. 25	(б,	870.
26	Total rental real esta	ate and royalty income or (loss).	Comhi	ne lines	24 an	d 25 F	nter the res	ult		-	
		IV, and line 40 on page 2 do not									
		40), line 5. Otherwise, include this ar						. 26		-6	,870.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2021

E-file Signature Authorization (Arizona Forms 140, 140A, 140EZ, 140NR and 140PY)

Do not mail this form to the Arizona Department of Revenue. The ERO must retain this document a minimum of four years.

Your First Name and Initial	Last Name		Your Social Security Number*
VENKAT REDDY	GODUMAGADDA	Enter	079 49 3870
Your Spouse's First Name and Initial (if filed joint)	Last Name	your SSN(s).	Spouse's Social Security No.*

PART 1 – PURPOSE (If you are e-filing a Small Business Income Tax Return, also complete Form AZ-8879 SBI)*Do Not Truncate

• To certify the truthfulness, correctness, and completeness of the taxpayer's electronic income tax return.

• To authorize the Electronic Return Originator (ERO) to affirm that the taxpayer wishes to use the taxpayer's electronic signature to the taxpayer's federal individual income tax return as the taxpayer's signature to the taxpayer's electronic Arizona individual income tax return.

PART 2 – TAX RETURN INFOR		PART 3 – FIN/	ANCIAL INS	FITUTION INFORMATION	
			Must be preser	nt when reque	sting direct debit or deposit.
1 Arizona Adjusted Gross Income	68,819 00		Foreign Acc	count Deposit/	Debit: See instructions below.
2 Balance of Tax	1,673 00		TYPE OF ACCOUNT		
3 Arizona Income Tax Withheld	2,044 00		🔀 Checking	Savings	0 1 1 9 0 0 2 5 4
Check box 4 <u>or</u> box 5:			ACCOUNT NUMBER		
4 REFUND: Enter the amount of	refund	371 00	3 8 5 0 2	1 7 8 7 2	2 8 9
5 AMOUNT YOU OWE: Enter th	e amount owed	00	DIRECT DEBIT REQU	EST DATE	\$

Box 4 Checkbox – Refund: You are due a refund based on the information provided on your tax return. Your refund amount will be deposited in the account listed in the Financial Institution Information Section (Part 3).

Box 5 Checkbox – Amount You Owe: You owe taxes based on the information provided on your tax return. You have elected to direct debit for payment. The payment will be withdrawn from the account and on the date listed in the Financial Institution Information Section (Part 3).

Foreign Account Deposit/Debit Checkbox: Check the "Foreign Account Deposit/Debit" box if your deposit will be ultimately placed in or come from a foreign account. If you check this box, do not enter your account numbers. If this box is checked, we will not direct deposit or debit your account. If you are due a refund, we will send you a check instead. If you owe tax, *you must mail a check to the Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.*

PART 4 – DECLARATION AND SIGNATURE AUTHORIZATION (Sign only after completing Part 2)

Under penalties of perjury, I declare that I have examined a copy of my electronic Arizona individual income tax return and accompanying schedules and statements for the year ending December 31, 2021, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts of Arizona adjusted gross income, total tax, Arizona income tax withheld, and refund (or amount owed) listed above are the amounts shown on the copy of my electronic Arizona income tax return.

- **6a** X I consent that my refund be directly deposited as designated in the electronic portion of my 2021 Arizona individual income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- **6b** I do not want direct deposit of my refund or I am not receiving a refund.
- **6c** I authorize the Arizona Department of Revenue (ADOR) and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Arizona taxes owed on this return. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If I have filed a balance due return, I understand that if the ADOR does not receive full and timely payment of my tax liability by April 18, 2022, I will remain liable for the tax liability and all applicable interest and penalties. When electronically filing my federal and state tax returns, I understand that if there is an error on my federal return, my state return will also be rejected.

I consent to my Electronic Return Originator (ERO) or On-Line Service Provider (OLSP) sending my electronic Arizona individual income tax return and accompanying schedules and statements to ADOR, and I consent to my ERO or OLSP sending such information to ADOR through a transmitter. I consent to ADOR sending my ERO, OLSP and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not the transmission of my return is accepted and, if the return is rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize ADOR to disclose to my ERO, OLSP and/ or transmitter the reason(s) for the delay, or when the refund was sent. If ADOR contacts my ERO for a copy of my return, any documents or schedules to my return, and/or this authorization form, I authorize my ERO to release copies of the requested documents to ADOR.

I authorize GLOBAL TAXES LLC

(ELECTRONIC RETURN ORIGINATOR)

to make the election that I want my electronic signature to my electronic federal individual income tax return to serve as my signature to my electronic Arizona individual income tax return for the year ending December 31, 2021. I understand that when my ERO makes the election that my electronic signature to my federal individual income tax return will serve as my signature to my Arizona individual income tax return. I will have signed my Arizona individual income tax return and declared under penalties of perjury that to the best of my knowledge and belief the return is true, correct and complete.

ERE	→		
SE SIGN HERE	→	YOUR PEN AND INK SIGNATURE	DATE
PLEASE		SPOUSE'S PEN AND INK SIGNATURE	DATE

RETURN.			Arizona Form 140	F	Resident	Perso	nal Inco	ome Tax	Return		FOF	R CALENDAR YEA	R
RET	82F		Check box 82F filing under extension	n OR FISCA	L YEAR BEGI	NNING L		12.0.2.1					_ 66F
Ξ			First Name and Middle Initia			Las	t Name			Enter	Your So	ocial Security N	lumber
101	1		NKAT REDDY			GOI	DUMAGAD	DA		vour	079		
ST		Spou	se's First Name and Middle	Initial (if box 4 c	or 6 checked)	Las	t Name			SSN(s).	Spouse	's Social Secur	ity No.
Ξ	1	Curro	nt Home Address - number	and street rura	l routo			Apt. No.			hono (M	/ith area code)	
Ξ	2		030 N 49TH ST	and Sileet, Iula	Tioute			2048		94 (475			
ANY ITEMS			Fown or Post Office	St	ate		ZIP Code					Prior Year(s) (if di	fferent)
	3	SC	OTTSDALE	A	Z		85254						97
ΓAΡ	LSS I	4	Married filing joint ret	urn 4a 🗌 Inj	jured Spouse I	Protection	n of Joint O	/erpayment	REVENUE	USE ONLY. I	DO NOT	MARK IN THIS	AREA.
I S I	STA	5	Head of household.	Enter name of qua	lifying child or de	ependent o	n next line:						
0	ΰN	6	Married filing separat	o roturo Eutoro				-					
DO NOT STAPLE	FILINGSTATUS	7	Married filing separat	e return. Enters	pouse's name ar		ecunty Num	ber above.					
			✤ Enter the number class	aimed. Do not	put a check n	nark.							
		8	Age 65 or over (you a	and/or spouse)	If completing lin						Ir		
	and 10b	9	Blind (you and/or spo	,	39, and 41. For		,		81 PM		L	80 RCVD	
	l anc	10a 11a	Dependents: Under a Qualifying parents an	-	10b Dep	endents:	Age 17 and	l over.					
	9	ma	(Box 10a and 10b): Dep		ion. See instru	uctions.	For more s	pace, check t	he box 🗌	and compl	ete pa	ge 4, Part 1.	
	Dependents			(a)		(b)	(c)	(d)	10	(e) endent Ag	(f)	
	pen			D LAST NAME urself or spouse.)		SOCIAL SE	CURITY NO.	RELATIONSHI	LIVED IN Y	OUR inc	luded in:	this person of	on your
	- De								HOME IN		2 Da) (Box ⁻	educational	
	and 11a -	10c									니므		
		10d									: H		
	8, 9,	10e	· · · ·	ronto and grand	noronto Soci	notruction	Formo	ro onooo lohoo	k the hey [
40.	ions		(Box 11a): Qualifying pa	(a)			b)	(c)	(d)		(e)	(f)	
after Form 140	Exemptions			LAST NAME urself or spouse.)			IAL SECURITY NO. RELATI		TIONSHIP NO. OF MONTHS ✓ I		AGE 65 OR OVER VIF DIED IN 2021		
or	Ĕ		(201101101)0						HOME IN	2021			
erF		11b											
	-	11c											
nts			Federal adjusted gross in	_ ` *		,						68,81	
me	s		Small Business Income: 135 Modified federal adjusted of									68,81	<u>00</u> 9 00
ocu	Additions		Non-Arizona municipal inte									/ -	00
rd	Add	16	Partnership Income adjust	ment. See instruc	tions						16		00
the			Total federal depreciation .										00
or o			Other Additions to Income:	•								68,81	<u>00</u>
es (ŀ		Subtotal: Add lines 14 throu Total net capital gain or (los								00	00,01	<u> </u>
qul			Total net short-term capital								00		
che		22	Total net long-term capital	gain or (loss). Se	e instructions			2	2		00		
Z S(Net long-term capital gain								00		0 00
d A	-		Multiply line 23 by 25% (.2) box may be blank or may conta					apital gain - qual					0 00 00
an	su		n de la Bridrida Barda	inter de deciment	n karka kuƙ	対象を目		culated Arizona					00
ral	Subtractions					1. NG 11	11	ership Income a	-				00
ede	ubtra					THE H	11	st on U.S. obliga					00
d f	S			(#16,#16,#16,#16,#)#16,#16,#16,#16,#16,#	1			ion for fed., AZ st	-				00
lire							11	sion for retired/ret					00
eqt						X12	11	Social Security o in wages of Ame					00
ny r							11	ceived for being					00
e a			an a	YAYA KANGUNAN	44.574.882 WEAR	N MALII		perating loss adj					00
Place any required federal and AZ schedules or other docume							34 Contr	ibutions: 34a 529	plans	00			
Δ.			8 10413 (21)				34b 52	9A (ABLE)	00 a	dd 34a and 34b.		04/22 PRO Pag	00

	Your	Name (as shown on page 1)	y Number				
	VEI	NKAT REDDY GODUMAGADDA		079-49-3	870		
Ì	35	Subtract lines 24 through 34c from line 19				68,819	00
	36	Other Subtractions from Income. Complete Other Subtraction from Arizona Gross Ir					00
	37	Subtract line 36 from line 35. Enter the difference		68,819			
suo	38	Age 65 or over: Multiply the number in box 8 by \$2,100		00,019	00		
npti	39	Blind: Multiply the number in box 9 by \$1,500			00		
Exemptions	40	Other Exemptions. See instructions40E Multiply the number in box 40E by \$2,					00
	41	Qualifying parents and grandparents: Multiply the number in box 40L by \$2,					00
	42	Arizona adjusted gross income: Subtract lines 38 through 41 from line 37. If less than z				68,819	
	42	Deductions: Check box and enter amount. See instructions				12,550	
		If you checked box 43 S and claim charitable contributions, check 44 C Complete p					00
J	44 45		-			56,194	
of Tax		Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0" a Compute the tax using amount on line 45 and Tax Tables X and Y or Optional Tax Ta		1,673			
				1,013	00		
Balance		b If line 45 is \$250,001 or more (single/mfs) or \$500,001 or more (mfj/hoh) compute th		-			00
Bal	48	Tax from recapture of credits from Arizona Form 301, Part 2, line 30 Subtotal of tax: Add lines 46a, 46b and 47. Enter the total				1,673	
		Dependent Tax Credit. See instructions				27070	00
	49 50	Family income tax credit (from the worksheet - see instructions)					00
	50 51	Nonrefundable Credits from Arizona Form 301, Part 2, line 61					00
o d	51	Balance of tax: Subtract lines 49, 50 and 51 from line 48. If the sum of lines 49, 50 and 51 is				1,673	
s an edit	53	2021 AZ income tax withheld	-			2,044	
nent le Cr	54	2021 AZ estimated tax payments54a 00 Claim of Right 54b				27011	00
Total Payments and Refundable Credits	55						00
otal tefur	56	Increased Excise Tax Credit (from the worksheet - see instructions)					00
Ĕœ	57	Property Tax Credit from Arizona Form 140PTC					00
, t	58	Other refundable credits: Check the box(es) and enter the total amount					00
Tax Due or Overpayment	59	Total payments and refundable credits: Add lines 53 through 58. Enter the total				2,044	
x Du	60	TAX DUE: If line 52 is larger than line 59, subtract line 59 from line 52. Enter amount of tax di				•	00
Ove Ta	61	OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 59. Enter amount				371	
Ś	62						00
Gifts		Balance of overpayment: Subtract line 62 from line 61. Enter the difference				371	1
ary			na Wildlife		00		100
Voluntary		· · · · · · · · · · · · · · · · · · ·	cal Gift		00		
Š		Neighbors Helping Neighbors. 69 00 Special Olympics	ans' Donations F		00		
Ę			/Neuter of Anima		00		
enalty	75	Political Party (if amount is entered on line 68 - check only one): 751 Democratic 752			can		
ď							00
_	77	771 Annualized/Other 772 Farmer or Fisherman 773 Form 221 included					
or	78	Add lines 64 through 74 and 76; enter the total			78		00
nt C	79					371	00
Refund or Amount Owed		Direct Deposit of Refund: Check box 79A if your deposit will be ultimately placed in a foreign ROUTING NUMBER ACCOUNT NUMBER	n account; se	e instructions. 79			
Ā		C M Checking or S Savings ROUTING NOMBER Account Nomber 0 1 1 9 0 0 2 5 4 3 8 5 0 2 1 7 8	7289		ר I		
	80				ment [.]		1
	_	and include with your return			80		00
		Under penalties of perjury, I declare that I have read this return and any documents w					э
l		true, correct and complete. Declaration of preparer (other than taxpayer) is based on	ali informati	on of which pre	eparer nas any	knowledge.	
HERE	€		c	OFTWARE E			
12		YOUR SIGNATURE DATE					-
SIGN	≯						
S		SPOUSE'S SIGNATURE DATE	SF	POUSE'S OCCUPAT	ΓΙΟΝ		
EASE			TAXES L				_
			(PREPARER'S II	F SELF-EMPLOYED	0)		
L L		2530 Pebble Creek Ln					_
		PAID PREPARER'S STREET ADDRESS			EPARER'S TIN	0	
		Cumming GA 30041 PAID PREPARER'S CITY STATE ZIP CODE	:		B) 965-952 EPARER'S PHONE		-
		e also sending a payment, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-20 e not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-21					
			,	, , .= .	,		

2021 Form 140 - Standard Deduction Increase for Charitable Contributions

You must complete this worksheet if you are taking an increased standard deduction for charitable contributions. Include the completed worksheet with your tax return, when filed. If you do not include the completed worksheet, your standard deduction will not be increased.

Taxpayers electing to take the Standard Deduction on their Arizona tax return may *increase* the standard deduction amount by 25% (.25) of the total amount of the taxpayer's charitable deductions that would have been allowed if the taxpayer elected to claim itemized deductions on the Arizona tax return.

Charitable contributions (lines 1C, 2C, and 3C) are those gifts allowed on federal 1040 Schedule A (Gifts to Charity) that you would have claimed had you elected to take itemized deductions on your federal return.

NOTE 1: You must reduce your contribution amount by the total charitable contributions you made during January 1, 2021 through December 31, 2021 for which you are claiming an Arizona tax credit under Arizona law for the current tax year return or claimed on the prior tax year return. Enter this amount on 5C.

NOTE 2: If you itemized deductions on your federal return (1040 Schedule A) and were required to adjust the amount of your allowable contributions on your federal 1040 Schedule A for the amount claimed as a tax credit on your Arizona income tax return, include the amount of the federal contribution adjustment to line 1C and enter the amount of the Arizona tax credit on line 5C.

1C	2021 Gifts by cash or check	1C	300	00
2C	2021 Other than by cash or check	2C		00
3C	Carryover from prior year	3C		00
4C	Add lines 1C through 3C and enter the total	4C	300	00
5C	Total charitable contributions made in 2021 for which you are claiming a credit under Arizona law for the current (2021) or prior (2020) tax year	5C		00
6C	Subtract line 5C from line 4C and enter the difference. If less than zero, enter "0"	6C	300	00
7C	Multiply line 6C by 25% (.25) and enter the result	7C	75	00

Complete the worksheet to determine your allowable increased standard deduction for charitable contributions.

• Enter the amount shown on line 7C on page 2, line 44.

• Be sure to check box 43**S** for Standard Deduction on line 43.

• Check box **44C** for charitable contributions on line 44. If you do not check this box, you may be denied the increased standard deduction.