Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

	3.0.0.00				
Submi	ssion Identification Number (SID)				
Taxpaye	r's name	Social securi	ty numb	per	
SATY	YA LAKSHMI NAGA P BANDI	861-73	-928	5	
Spouse's	s name	Spouse's soo	ial secu	urity numbe	r
Part	Tax Return Information — Tax Year Ending December 31, 2021 (Enter	. vear vou a	ro au	thorizina	1
	whole dollars only on lines 1 through 5.	year you a	i e au	uionzing	.)
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1	Adjusted gross income		1	86	,157.
2	Total tax		2		,862.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		,201.
4	Amount you want refunded to you		4		,339.
5	Amount you owe		5	_	, , , , , ,
Part		кеер а сор	y of y	our retu	irn)
my kno return (to send for any Agent to paymer authoriz paymer busines taxes to persona	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended wledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above original or amended) I am now authorizing. I consent to allow my intermediate service provider, transming return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected on the intermediate service provider, transming return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected on the return or refund, and (c) the date of any refund. If applicable, I authorize the U is initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account induit of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate at, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requisions advantage of the payment (settlement) date. I also authorize the financial institutions involved in the payment confidential information necessary to answer inquiries and resolve issues related to the payment of the payment (settlement) below is my signature for the income tax return (original or amended) I as a financial withdrawal Consent.	re are the am- itter, or electro- ection of the transport of the transport of the transport of the transport of the authoriza- uests must be processing of ayment. I furnished	ounts formic references on the control of the contr	from the inturn original sion, (b) the designated paration so to this according to the designation of the de	come tax ator (ERO) ne reason Financial ftware for bunt. This (cancel) a er than 2 ayment of that the
	nic Funds Withdrawal Consent. yer's PIN: check one box only				
X	•	my PIN 3	9 2	2 8 5	as my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř En		digits, but er all zeros	aomy
	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN and your return is filed using the Practitioner PIN meth below.				
Your s	gnature ▶ Date ▶ _				
Spous	e's PIN: check one box only				
	I authorize to enter or generate	my PIN			as my
	ERO firm name	_	ter five	digits, but	ao my
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	er all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN and your return is filed using the Practitioner PIN meth below.				
Spous	e's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below				
Part I	Certification and Authentication — Practitioner PIN Method Only				
ERO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5 8		8 6	1 9 8	9
		Don't ent	er all ze	#10S	
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income taged to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of In	itting this retu	urn in a	accordance	
ERO's	signature ▶ Date ▶				
	ERO Must Retain This Form — See Instructions				
	Don't Submit This Form to the IRS Unless Requested To I	Oo So			

E1040 Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

IRS Use Only-Do not write or staple in this space.

Filing Status	s 🖂 (Single Married filing jointly	X Marri	ed filing separately (MFS)	Head	of hous	sehold (HOH)	Qua	lifying widow(er) (C	QW)
Check only one box.	If yo	ou checked the MFS box, enter the roon is a child but not your depender	name of		checl	ked the HOH		` ,	_	, , , ,	,
Your first name	and m	iddle initial	Last na	ame					Your so	cial security numbe	r
SATYA L	AKSH	MI NAGA P	BANI	ΟI					861-	73-9285	
If joint return, s	pouse's	s first name and middle initial	Last na	ame					Spouse'	's social security nun	nbei
									123-	95-0902	
Home address	(numbe	er and street). If you have a P.O. box, see	e instruct	ions.				Apt. no.	Preside	ntial Election Campa	aigr
2248 PI	TIMM	RUN LN						2	I	here if you, or your	
City, town, or p	ost offi	ce. If you have a foreign address, also c	omplete s	spaces below.	Sta	te	ZIP	code		if filing jointly, want this fund. Checking	
FALLS C	HURC	H			V	A	22	043		ow will not change	, u
Foreign countr	y name			Foreign province/state	/coun	ty	Fore	eign postal code	your tax	or refund. You Spo	use
At any time du	ring 20	021, did you receive, sell, exchange	, or othe	erwise dispose of ar	y fina	ancial interes	t in an	y virtual curre	ncy?	X Yes ☐ No	
Standard Deduction		eone can claim: You as a de Spouse itemizes on a separate retu		•		•	t				
Age/Blindnes	s You:	: Were born before January 2, 1	1957 [Are blind Sp	ouse	: Was b	orn be	fore January 2	2, 1957	☐ Is blind	
Dependent	s (see	instructions):		(2) Social securit	у	(3) Relation	ship	(4) ✓ if q	ualifies fo	r (see instructions):	
If more		irst name Last name		number		to you		Child tax c	redit	Credit for other depend	dent
than four											
dependents, see instruction											
and check											
here ▶ □											
	1	Wages, salaries, tips, etc. Attach	Form(s)	W-2					. 1	86,22	2.
Attach	2a	Tax-exempt interest	2a		b T	axable inter	est		. 2b	1	
Sch. B if required.	3a	Qualified dividends	3a	172.	b (Ordinary divid	dends		. 3b	21	5.
	4a	IRA distributions	4a		b T	axable amo	unt .		. 4b	1	
	5a	Pensions and annuities	5a		b T	axable amo	unt .		. 5b	1	
Standard	6a	Social security benefits	6a		b T	axable amo	unt .		. 6b	1	
Deduction for—	7	Capital gain or (loss). Attach Sche	dule D i	f required. If not rec	uired	l, check here		▶ [7	8,59	4.
Single or Married filing	8	Other income from Schedule 1, lir	ne 10						. 8	-8,87	4.
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your total inc	ome				▶ 9	86,15	7.
Married filing	10	Adjustments to income from Sche	edule 1,	line 26					. 10	1	
jointly or Qualifying	11	Subtract line 10 from line 9. This is	s your a	djusted gross inco	me				▶ 11	86,15	7.
widow(er), \$25,100	12a	Standard deduction or itemized	deduct	tions (from Schedul	e A)	[1	I2a	12,55	0.		
Head of	b	Charitable contributions if you take	the sta	ndard deduction (see	insti	ructions)	I2b	30	0.		
household, \$18,800	С	Add lines 12a and 12b							. 120	12,850	0.
If you checked	13	Qualified business income deduct	tion fron	n Form 8995 or Forr	n 899	95-A			. 13		
any box under Standard	14	Add lines 12c and 13							. 14	12,850	Ο.
Deduction, see instructions.	15	Taxable income. Subtract line 14	from lir	ne 11. If zero or less	, ente	er -0			. 15	73,30	7.

	16	Tax (see instructions). Check if any fro	m Form(s)	: 1 🗌 8814	4 2 🗌 4972	3			16	11,862.
	17	Amount from Schedule 2, line 3 .							17	
	18	Add lines 16 and 17							18	11,862.
	19	Nonrefundable child tax credit or cre	dit for oth	er dependen	nts from Schedule	8812			19	
	20	Amount from Schedule 3, line 8 .							20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18. If zero	or less, en	ter -0					22	11,862.
	23	Other taxes, including self-employment	ent tax, fro	om Schedule	2, line 21				23	0.
	24	Add lines 22 and 23. This is your total	al tax .					. ▶	24	11,862.
	25	Federal income tax withheld from:								
	а	Form(s) W-2				25a	13,	201.		
	b	Form(s) 1099				25b				
	С	Other forms (see instructions)				25c				
	d	Add lines 25a through 25c							25d	13,201.
If you have a	26	2021 estimated tax payments and an	nount app	lied from 20	20 return				26	
qualifying child,	27a	Earned income credit (EIC)				27a				
attach Sch. EIC.		Check here if you were born after January 2, 2004, and you satisfy taxpayers who are at least age 18, to	all the	other require	rements for					
	b	Nontaxable combat pay election .		1 1	_					
	С									
	28	Refundable child tax credit or addition			Schedule 8812	28				
	29	American opportunity credit from For	m 8863, li	ine 8		29			-	
	30	Recovery rebate credit. See instruction				30				
	31	Amount from Schedule 3, line 15 .				31			1	
	32	Add lines 27a and 28 through 31. The	ese are yo	our total oth	er payments and	l refun	dable cred	its 🕨	32	
	33	Add lines 25d, 26, and 32. These are	your tota	l payments				. ▶	33	13,201.
Refund	34	If line 33 is more than line 24, subtract	ct line 24 f	from line 33.	This is the amou	nt you	overpaid		34	1,339.
nerana	35a	Amount of line 34 you want refunded			is attached, che	ck here		▶ □	35a	1,339.
Direct deposit?	▶b	Routing number 0 7 2 0 0				Checl	king 🗌 S	avings		
See instructions.	►d	Account number 3 7 5 0 1	5 3 5	5 5 7 8	3 9					
	36	Amount of line 34 you want applied t	o your 20	22 estimate	d tax 🕨	36				
Amount	37	Amount you owe. Subtract line 33 fr	rom line 24	4. For details	on how to pay,	see ins	tructions	. ▶	37	
You Owe	38	Estimated tax penalty (see instruction	ns)		🕨	38				
Third Party Designee		you want to allow another person tructions					Yes. Co	mplete b	elow.	⋈ No
		signee's ne ▶		Phone no. ▶				nal identif er (PIN) 🕨		
0:			avaminad t		Laccompositing coh	oduloo.				t of my knowledge and
Sign		der penalties of perjury, I declare that I have ef, they are true, correct, and complete. Dec								
Here	You	ır signature	D	Date	Your occupation			If the	IRS ser	nt you an Identity
	k				·			- 1		N, enter it here
Joint return?					SR. SOFTWA		EVELOPE		inst.) 🕨	
See instructions. Keep a copy for	Spo	ouse's signature. If a joint return, both must	sign. D	Date	Spouse's occupat	ion				nt your spouse an ection PIN, enter it here
your records.									inst.) ▶	Soliditi iiv, Citici it licie
	Pho	one no. (510) 458-9994	E	mail address						
	Pre		's signature	e		Date		PTIN		Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM E	PRIYA RA	AM SAGAR	GUPTA TALLAM	04/	15/2022	P02082	2703	Self-employed
Preparer		n's name ▶ GLOBAL TAXES LI								678) 965-9522
Use Only		n's address ► 2530 Pebble Cre		Cummino	g GA 30041				s EIN ▶	
Go to www.irs.go		1040 for instructions and the latest informa		-	BAA	REV 04	4/09/22 PRO			Form 1040 (2021)

Form 1040 (2021)

Page 2

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2021

Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

SATYA LAKSHMI NAGA P BANDI

Your social security number 861-73-9285

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxe	S	1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions)	-		
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, tr Schedule E		5	-8,874.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation	,	7	
8	Other income:			
а	Net operating loss	8a (
b	Gambling income	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (
е	Taxable Health Savings Account distribution	8e		
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	8k		
	Olympic and Paralympic medals and USOC prize money (see	OK .	-	
•	instructions)	81		
m	Section 951(a) inclusion (see instructions)	8m		
n	Section 951A(a) inclusion (see instructions)	8n		
0	Section 461(I) excess business loss adjustment	80		
р	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 1	040, 1040-SR, or		
	1040-NR, line 8		10	-8.874

Schedule 1 (Form 1040) 2021 Page **2**

Par	Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee 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	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)	>		
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)	24a		
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 Paralympic medals and USOC prize money reported on line 8l	24c		
d	Reforestation amortization and expenses	24d		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
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	24i		
j	Housing deduction from Form 2555	24j		
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 here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, lin		26	

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

Attachment Sequence No. 12

Department of the Treasury Internal Revenue Service (99) ► Attach to Form 1040, 1040-SR, or 1040-NR.

▶ Go to www.irs.gov/ScheduleD for instructions and the latest information. ▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Name(s) shown on return Your social security number 861-73-9285 SATYA LAKSHMI NAGA P BANDI

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Pa	Short-Term Capital Gains and Losses—Ge	nerally Assets I	Held One Year	or Less (se	e ins	tructions)
lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustment to gain or loss Form(s) 8949, F line 2, column	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	67,779.	59,185.			8,594.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1	•			5	
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions	y, from line 8 of y	our Capital Loss	Carryover	6	(
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwis				7	8,594.
Pa	t II Long-Term Capital Gains and Losses—Ger	nerally Assets H	leld More Than	One Year	(see	instructions)
See	instructions for how to figure the amounts to enter on the			(g)		(h) Gain or (loss)

	below.	(d)	(e)	Adjustment		Subtract column (e)
	form may be easier to complete if you round off cents to e dollars.	Proceeds (sales price)	Cost (or other basis)	to gain or loss Form(s) 8949, F line 2, columi	Part II,	from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824			` '	11	
12	Net long-term gain or (loss) from partnerships, S corporate	tions, estates, and	trusts from Scheo	dule(s) K-1	12	
13	Capital gain distributions. See the instructions				13	
14	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions	•	•	-	14	(
15	Net long-term capital gain or (loss). Combine lines 8a on the back	Ü	()		15	

BAA

Schedule D (Form 1040) 2021 Page 2

Part III Summary 8,594. 16 Combine lines 7 and 15 and enter the result 16 • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 • (\$3,000), or if married filing separately, (\$1,500) **Note:** When figuring which amount is smaller, treat both amounts as positive numbers. Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

Sales and Other Dispositions of Capital Assets

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form8949 for instructions and the latest information. ▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Attachment

OMB No. 1545-0074

Sequence No. 12A

Name(s) shown on return SATYA LAKSHMI NAGA P BANDI Social security number or taxpayer identification number 861-73-9285

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

✗ (A) Short-term transactions☐ (B) Short-term transactions☐ (C) Short-term transactions	reported on	Form(s) 1099	9-B showing bas	•		•	2)
1 (a) Description of property	(a) (b) Data acquired Dis	(c) (d) Co Date sold or Proceeds Ser	(e) Cost or other basis. See the Note below	Adjustment, it If you enter an enter a co			
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
E*TRADE SECURITIES LLC	01/01/21	12/31/21	67,386.	59,006.			8,380.
Robinhood Securities LLC	01/01/21	12/31/21	393.	179.			214.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked) or line 3 (if Box 6).	al here and ince is checked), lir	lude on your ne 2 (if Box B	67.779.	59.185.			8.594.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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

OMB No. 1545-0074 Attachment

Department of the Treasury Internal Revenue Service (99) ▶ Go to www.irs.gov/ScheduleE for instructions and the latest information. Sequence No. 13 Name(s) shown on return Your social security number 861-73-9285 SATYA LAKSHMI NAGA P BANDI Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Part I Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. A Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions Physical address of each property (street, city, state, ZIP code) Α #7-99/1, Sree Ram Nager 12 th road Eluru ANDHRA PRADESH IN 534003 В C 1b Fair Rental Personal Use Type of Property For each rental real estate property listed QJV above, report the number of fair rental and (from list below) **Days Days** personal use days. Check the **QJV** box only if you meet the requirements to file as a Α 365 Α 0 qualified joint venture. See instructions. В В С С Type of Property: Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) Income: **Properties:** Α 3 Rents received . 3 590. 4 4 Royalties received Expenses: Advertising 5 5 6 Auto and travel (see instructions) . 6 7 Cleaning and maintenance . . . 7 1,292. 8 8 Commissions. 9 Insurance 9 10 Legal and other professional fees . . . 10 11 11 1,687. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 Other interest. 13 14 14 Repairs. 2,147. 15 1,954. 15 Supplies . Taxes 16 16 17 17 2,384. 18 Depreciation expense or depletion . . 18 Other (list) ----19 19 Total expenses. Add lines 5 through 19 20 20 9,464. 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 21 -8,874.22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 8,874.) 590 23a Total of all amounts reported on line 3 for all rental properties 23a **b** Total of all amounts reported on line 4 for all royalty properties 23b c Total of all amounts reported on line 12 for all properties 23c d Total of all amounts reported on line 18 for all properties 23d 23e Total of all amounts reported on line 20 for all properties 9,464. Income. Add positive amounts shown on line 21. Do not include any losses 24 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here. 25 8,874.

26

26

-8,874.

Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result

here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

Important Information

If you are married and plan to file your annual return as "married filing separately," DO NOT use preprinted vouchers containing the Social Security numbers (SSN) or correspondence identification numbers (CID) for both you and your spouse; separate vouchers and payments must be submitted for each filer.

Failure to provide a complete Social Security number on Form MI-1040ES will result in processing delays.

Who Must File Estimated Tax Payments

You must make estimated income tax payments if you expect to owe more than \$500 when you file your 2022 MI-1040 return. If you owe more than \$500, you may not have to make estimated payments if you expect your 2022 withholding to be at least:

- 90 percent of your total 2022 tax (qualified farmers, fishermen and seafarers use 66 and 2/3 percent),
- 100 percent of your 2021 tax, or
- 110 percent of your total 2021 tax if your 2021 adjusted gross income is more than \$150,000 (\$75,000 for married filing separately).

Total 2021 tax is the amount on your 2021 MI-1040, line 21 less the sum of your tax credits on lines 25, 26, 27b, and 28. Estimated tax payments are not needed if two-thirds of your gross income is from farming, fishing or seafaring and you meet the qualifications. Estimate filing requirements apply whether or not you are a Michigan resident.

Do not submit this form for any quarter that you do not have estimated tax due.

Payment Due Dates

You may pay in full with the first estimate voucher due April 18, 2022. You may also pay in equal installments due on or before April 18, 2022, June 15, 2022, September 15, 2022, and January 17, 2023.

NOTE: You will not receive reminder notices; save this set of forms for all of your 2022 payments.

How to Pay Estimated Tax

e-Payments

You may choose to make your estimated income tax payments electronically instead of mailing a payment with the personalized form provided. Paying electronically is easy, fast and secure. Payment options include direct debit (eCheck) from your checking or savings account, or payment by credit or debit card. If you choose to make your payment electronically, you do not need to mail the MI-1040ES form to Treasury. Visit www.michigan.gov/iit for more information.

Mail Your Payment

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Send your voucher and check to:

Michigan Department of Treasury P.O. Box 30774 Lansing, MI 48909

DETACH HERE AND MAIL THE RETURN WITH YOUR PAYMENT. DO NOT FOLD OR STAPLE THE RETURN.

2022 MICHIGAN	Issued under authority of Public Act 281 of 1967, as amended.	Due Date for Calendar Year Filers		
MI-1040ES Estimated Individual Income Tax Vo		04-18-2022		
Filer's Name(s)	Filer's Full Social Security Number	Spouse's Full Social Security Number		
SATYA LAKSHMI NAGA P BANDI	861-73-9285			
Address (Street, City, State, ZIP Code)	WRITE PAYMENT			
2248 PIMMIT RUN LN, APT. 2	AMOUNT HERE	\$ 216.00		
FALLS CHURCH VA 22043	MAIL TO: Michigan Department of Treasury P.O. Box 30774 Lansing, MI 48909	Enclose check payable to "State of Michigan." Write last four digits of filer's SSN and "2022 MI-1040ES" on the front of your		

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DETACH HERE AND MAIL THE RETURN WITH YOUR PAYMENT. DO NOT FOLD OR STAPLE THE RETURN.

2022 MICHIGAN MI-1040ES Estimated Individual Income Tax Vo	Issued under authority of Public Act 281 of 1967, as amended. See instructions for filing guidelines.	Due Date for Calendar Year Filers 06-15-2022
Filer's Name(s)	Filer's Full Social Security Number	Spouse's Full Social Security Number
SATYA LAKSHMI NAGA P BANDI	861-73-9285	
Address (Street, City, State, ZIP Code) 2248 PIMMIT RUN LN, APT. 2	WRITE PAYMENT AMOUNT HERE	\$ 216.00
FALLS CHURCH VA 22043	MAIL TO: Michigan Department of Treasury P.O. Box 30774 Lansing, MI 48909	Enclose check payable to "State of Michigan." Write last four digits of filer's SSN and "2022 MI-1040ES" on the front of your check. Do not fold or staple.

Important Information

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Send your voucher and check to:

Michigan Department of Treasury P.O. Box 30774 Lansing, MI 48909

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2022 MICHIGAN	Issued under authority of Public Act 281 of 1967, as amended.	Due Date for Calendar Year Filers		
MI-1040ES Estimated Individual Income Tax Vo	ucher See instructions for filing guidelines.	09-15-2022		
Filer's Name(s)	Filer's Full Social Security Number	Spouse's Full Social Security Number		
SATYA LAKSHMI NAGA P BANDI	861-73-9285			
Address (Street, City, State, ZIP Code)	WRITE PAYMENT			
2248 PIMMIT RUN LN, APT. 2	AMOUNT HERE	\$ 216.00		
FALLS CHURCH VA 22043	MAIL TO: Michigan Department of Treasury P.O. Box 30774 Lansing, MI 48909	Enclose check payable to "State of Michigan." Write last four digits of filer's SSN and "2022 MI-1040ES" on the front of your check. Do not fold or staple.		

Important Information

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Mail Your Payment

If you choose to mail your payment, make your check payable to "State of Michigan." Print the last four digits of your SSN and "2022 MI-1040ES" on the check. If paying on behalf of another filer, write the filer's name and the last four digits of the filer's SSN on the check. For accurate processing of your payment, do not combine this payment with any other payments. Send your check with the MI-1040ES voucher for that installment. Do not staple your check to the voucher.

Send your voucher and check to:

Michigan Department of Treasury P.O. Box 30774 Lansing, MI 48909

DETACH HERE AND MAIL THE RETURN WITH YOUR PAYMENT. DO NOT FOLD OR STAPLE THE RETURN.

2022 MICHIGAN MI-1040ES Estimated Individual Income Tax Voi	Issued under authority of Public Act 281 of 1967, as amended. See instructions for filing guidelines.	Due Date for Calendar Year Filers 01-17-2023
Filer's Name(s)	Filer's Full Social Security Number	Spouse's Full Social Security Number
SATYA LAKSHMI NAGA P BANDI	861-73-9285	
Address (Street, City, State, ZIP Code)	WRITE PAYMENT AMOUNT HERE	\$ 216.00
2248 PIMMIT RUN LN, APT. 2	AMOONT HERE	ψ 210.00
FALLS CHURCH VA 22043	MAIL TO: Michigan Department of Treasury P.O. Box 30774 Lansing, MI 48909	Enclose check payable to "State of Michigan." Write last four digits of filer's SSN and "2022 MI-1040ES" on the front of your check. Do not fold or staple.

Instructions for Form MI-1040-V 2021 Michigan Individual Income Tax Payment Voucher

Important Information

Use this voucher only if making your payment after you file your MI-1040 return.

Do not use this voucher to do any of the following:

- Make any other payments to the State of Michigan
- Make estimated income tax payments. Estimated income tax payments should be made using the MI-1040ES
- Pay tax owed on your City of Detroit return. The City of Detroit tax due should be paid using the CITY-V.

Failure to provide a complete Social Security number on Form MI-1040-V will result in processing delays.

Enter on Form MI-1040-V below the tax due as shown on your *Individual Income Tax Return* (MI-1040), line 33.

Your payment and MI-1040-V are due April 18, 2022. If your payment is late, you will owe interest and penalty in addition to the tax due. The annual interest rate is 1 percent above the current prime rate. Penalty is 5 percent of the tax due for the first two months, then 5 percent for each month thereafter until the full payment is received, up to a maximum penalty of 25 percent. If you pay late, you may calculate and add interest and penalty to your payment or Treasury will send you a bill for any additional amount due. Interest rates are adjusted on July 1 and January 1. For current interest rates visit www. michigan.gov/taxes.

If you do not owe any tax on your MI-1040, do not file this form.

Electronic Payments

You may choose to make your Individual Income Tax payment electronically. Paying electronically is easy, fast and secure. Payment options include direct debit (eCheck) from your checking or savings account, or payment by credit or debit card.

You can also make your Individual Income Tax payment using direct debit when supported by your e-file software provider.

If you choose to make your payment electronically, you do not need to mail the MI-1040-V to Treasury. Visit www.michigan.gov/iit for more information.

Mailing Instructions

- Make your check payable to the "State of Michigan."
 Print "2021 MI-1040-V" and the last four digits of your
 Social Security number on the check. If paying on behalf
 of another filer, write the filer's name and the last four
 digits of the filer's Social Security number on the check.
- Detach Form MI-1040-V along the dotted line.
- Do not attach your payment to Form MI-1040-V. Instead, place both items loose in the envelope and mail to:

Michigan Department of Treasury P.O. Box 30774 Lansing, MI 48909

- Do not attach a copy of your return to the MI-1040-V.
 Attaching a copy of your return will delay the application of payment to your account.
- Do not rite notes on the MI-1040-V or submit the voucher without payment.
- If you mail your payment with your paper filed return, you do not need to mail the MI-1040-V to Treasury.

If you have questions, you may call 517-636-4486. Assistance is available using TTY through the Michigan Relay Service by calling 711.

Visit www.michigan.gov/taxes for additional information.

Mail this form with payment for your MI-1040 return. Do not file with your paper return.

Detach here and mail with your payment. Do not fold or staple the voucher.

Michigan Department of Treasury (Rev. 03-21)

2021 MICHIGAN Individual Income Tax Payment Voucher

MI-1040-V

Issued under authority of Public Act 281 of 1967, as amended. See instructions for filing guidelines.

Mail Form MI-1040-V with your payment after you file your MI-1040 return. Do not use this form to make any other payments to the State of Michigan.

REV 04/02/22 PRO

Filer's Name(s) (First, Middle Initial, Last) and Home Address (Street, City, State, ZIP Code)	Filer's Full Social Security Number 861-73-9285	Spouse's Full Social Security Number	
SATYA LAKSHMI NAGA P BANDI	WRITE PAYMENT AMOUNT HERE	\$ 515 .00	
2248 PIMMIT RUN LN APT 2 FALLS CHURCH VA 22043	MAIL TO: Michigan Department of Treasury P.O. Box 30774 Lansing, MI 48909	Make check payable to "State of Michigan." Write the last four digits of filer's Social Security number and "2021 MI-1040-V" on the check. Do not fold or staple.	

Amended Return

2021 MICHIGAN Individual Income Tax Return MI-1040

	rn is due April 18, 2022. T	уре о	print in blue or black ir	nk.					(Inclu	ude Schedule AMD)	
	er's First Name	M.I.	Last Name			2. Filer's	Full	Social Sec	urity	No. (Example: 123-45-6789	9)
	TYA LAKSHMI NAGA bint Return, Spouse's First Name	M.I.	BANDI Last Name			8	61		73	 9285	
						3. Spous	e's F	ull Social S	Secur	ity No. (Example: 123-45-6	789)
	Address (Number, Street, or P.O. Box)					1 1	23		95	 0902	
	48 PIMMIT RUN LN,	AP									
-	or Town			ZIP Code	_	4. School			(5 dig	its – see page 60)	
FA.	LLS CHURCH		VA	22043				0000			
	STATE CAMPAIGN FUND Check if you (and/or your spouse, filing a joint return) want \$3 of your to go to this fund. This will not increyour tax or reduce your refund.	r taxes	a. Filer b. Spouse				оох	if 2/3 of ye		AFARERS ncome is from farming,	
7.	2021 FILING STATUS. Check one).			8. 2021 R	ESIDENC	Y S	TATUS.	Chec	k all that apply.	
a.	Single	* If v	ou check box "c," complete	e		Resident					
			and enter spouse's full n							* If you check box "b" or	.
b.	Married filing jointly	belo	N:		b. X N	lonreside	nt *			"c," you must complete and include Schedule	
		07	I KRISHNA ADA	\D 7						NR.	
C.	X Married filing separately*	SA	T KKISHNA ADA	ABA	c P	art-Year F	Resi	dent *			
9.	EXEMPTIONS. NOTE: If someo	ne els	e can claim you as a depe	endent, che	eck box 9e, en	ter 0 on li	ne 9	a and ent	er \$´	1,500 on line 9e (see ins	str.).
						1				4000	
	a. Number of exemptions (see in	structi	ons)		a.	1	Х	\$4,900	9a.	4900	00
	b. Number of individuals who qua										
	blind, hemiplegic, paraplegic,			-			Х	\$2,800	9b.		00
	c. Number of qualified disabled v				_		Х	\$400	9c.		00
	d. Number of Certificates of Stills	oirth fro	om MDHHS (see instruction	ons)	9d L		Х	\$4,900	9d.		00
	e. Claimed as dependent, see lin	ie 9 N	OTE above		e.				9e.		00
	f. Add lines 9a, 9b, 9c, 9d and 9	e. Ent	er here and on line 15						9f.	4900	00
10.										86157	00
10.	Adjusted Gloss income nom yo	Jui O.	5. 1 OIIII <i>1040</i> (366 III3II uci					10.		00107	100
11.	Additions from Schedule 1, line 9	. Inclu	de Schedule 1					11.		65	00
12.	Total. Add lines 10 and 11							12.		86222	00
12	Subtractions from Schodule 1 lin	o 20	Include Schedule 1					13			00
13.	Subtractions from Schedule 1, lin	e 29.	include Schedule 1					13 -			100
14.	Income subject to tax. Subtract	line 1	3 from line 12. If line 13 is	greater th	an line 12, ent	er "0"		14.		86222	00
15.	Exemption allowance. Enter am	ount f	rom line 9f or Schedule NF	R, line 19				15.		4900	00
16.	Taxable income. Subtract line 15	5 from	line 14. If line 15 is greate	er than line	14, enter "0" .			16.		81322	00
17	Tax. Multiply line 16 by 4.25% (0.	0 <u>4</u> 25\						17.		3456	
	-REFUNDABLE CREDITS	0420)			AMOUNT			''.∟		CREDIT	100
	Income Tax Imposed by governm	ont	ite outeide Michigan				\neg	Г			Г٦
۱ö.	Include a copy of the return (see			3a.			00	18b.			00
19.	Michigan Historic Preservation Tainstructions)	ax Cre	dit carryforward (see				00	19b.			00
20.	Income Tax. Subtract the sum of If the sum of lines 18b and 19b is	lines	18b and 19b from line 17.							3456	

2021 N	II-1040, Page 2 of 2								
	F	Filer's Full Social S	Security Number	r 8	61 -	– 73	3 — 9285		
21.	Enter amount of Income Tax from line 20			<u> </u>		21.	3.4	56	00
22.	Voluntary Contributions from Form 4642, line 6. Inclu					22.		00	00
	•					22.			00
23.	USE TAX. Use tax due on Internet, mail order or othe Worksheet 1 (see instructions)					23.		0	00
24	Total Tay Liability Add lines 24, 22 and 22				24		3.4	156	٥
	Total Tax Liability. Add lines 21, 22 and 23				24.				100
KEF	JNDABLE CREDITS AND PAYMENTS								
25.	Property Tax Credit. Include MI-1040CR or MI-1040	OCR-2				25			00
26.	Farmland Preservation Tax Credit. Include MI-1040	CR-5				26.			00
	Turniana Frosorvation fux Ground molado im 10 K			DERAL		20.	MICHIGAN		100
27.	Earned Income Tax Credit. Multiply line 27a by 6% (0.	06) and							
21.	enter result on line 27b	27a.			00	27b.			00
28.	Michigan Historic Preservation Tax Credit (refundable). Include Form	า 3581			28.			00
29.	Credit for allocated share of tax paid by an electing flo	w-through entit	y (see instruct	tions)					00
30.	Michigan tax withheld from Schedule W, line 6. Include		30.	29	41	00			
31.	Estimated tax, extension payments and 2020 credit for					31.			00
32.	2021 AMENDED RETURNS ONLY. Taxpayers comple	0 0	l 2021 return s	should skip to l	line 33.				
	Amended returns must include Schedule AMD (see	instructions).							
	32a. If you had a refund and/or credit forward on the negative number on line 32c.	original return, ch	neck box 32a an	d enter this amo	ount as a				
	32b. If you paid with the original return, check box 32 any additional tax paid after filing, as a positive					32c.			00
							0.0		
33.	Total refundable credits and payments. Add lines 25, 2	26, 27b, 28, 29,	30, 31 and 32	2c	33.		29	41	00
	JND OR TAX DUE				Г				
34.	If line 33 is less than line 24, subtract line 33 from line	24. If applicabl	e, see instruct	ions.					
	Include interest 00 and penalty	00	\	/OU OWE	34.		-	515	00
	Include interest and penalty	1001		OUOVL	34.			710	00
35.	Overpayment. If line 33 is greater than line 24, subtra	act line 24 from	line 33		35.				00
	,				_				
36.	Credit Forward. Amount of line 35 to be credited to y	our 2022 estima	ated tax for yo	ur 2022 tax re	turn	36.			00
	Subtract line 36 from line 35			REFUND	37.				00
	ECT DEPOSIT a. Routing Tra	nsit Number	b. A	Account Number	er	⊣	c. Type of Account		
	tion! See instructions and complete a, b					1	Checking 2.	Savin	gs
and c.			<u> </u>						
	eased Taxpayer. If Filer and/or Spouse died after December DATE OF DEATH ONLY. Example: 04-15-2021 (MM-DI						clare under penalty of pe n of which I have any kno		
	NOATE OF BEATT ONET. Example: 04-10-2021 (INIVIPED			Preparer's PTI			TO WHICH Thave any kind		<i>j</i> c.
Filer	— — Spouse		-	P02082					
Tayr	payer Certification. I declare under penalty of perjury that	et the information	in this return	Preparer's Nam	ne (print	or type)			
	tachments is true and complete to the best of my knowledge.	a the illionnation i	iii tiiis retairi	SYAM PI	RIYA	RAM	SAGAR GUPTA	Y T	A
Filer's	Signature	Date		Preparer's Sign	nature				
							SAGAR GUPTA		A
Spou	se's Signature	Date		•			s and Telephone Numbe	r	
				GLOBAL					
l				2530 PI					
L_	By checking this box, I authorize Treasury to discuss r	my return with n	ny preparer.	CUMMING 678-965			Τ		

Refund, credit, or zero returns. Mail your return to:

Michigan Department of Treasury, Lansing, MI 48956

Pay amount on line 34 (see instructions). Mail your check and return to: Michigan Department of Treasury, Lansing, MI 48929

2021 MICHIGAN Schedule 1 Additions and Subtractions

Issued under authority of Public Act 281 of 1967, as amended.

Include with Form MI-1040. Ty	pe or print	in blue or black ink.			Attachmen	t 01
Filer's First Name	M.I.	Last Name	Filer's Full Soc	ial Security No.	(Example: 123-45-6789)	
SATYA LAKSHMI NA	GA	BANDI	861	 73	 9285	
Additions to Income (all e	ntries mus	st be positive numbers)				
 Gross interest and divide (other than Michigan) or 				1.		0
		by income, including self-empl tax paid by an electing flow-th	oyment tax, taken on your rrough entity (see instructions)	2.		00
3. Gains from Michigan colo	umn of MI-	1040D and MI-4797				
4. Losses attributable to oth	ner states (see instructions)		4.	65	00
5. Net loss from federal col	umn of you	r Michigan MI-1040D or MI-4	797	5.		00
		neral expenses (Michigan sou	urced) deducted to arrive at	6.		00
7. Federal Net Operating Le	oss deducti	on included in AGI		7.		00
8. Other (see instructions).	Describe: _			8.		00
9. Total additions. Add lin	es 1 throu	gh 8. Enter here and on MI-	1040, line 11	9.	65	00
Subtractions from Income	e (all entri	es must be positive number	rs)			
		ls and other U.S. obligations i	included in MI-1040, line 10.	10.		00
		, from military retirement bend ional Guard, or taxable railroa	efits due to service in the dretirement benefits	11.		
12. Gains from federal colum	nn of Michig	gan MI-1040D and MI-4797		12.		
13. Income attributable to an	other state	. Explain type and source:_		13.		00
14. Taxable Social Security b	oenefits or i	military pay (not retirement) ir	ncluded on MI-1040, line 10	14.		00
15. Income earned while a re	esident of a	Renaissance Zone (see inst	ructions)	15.		L
on MI-1040, line 10 (see	instruction	·		16.		00
•		ım, MI 529 Advisor Plan, and	Michigan Achieving a Better	17.		00
18. Michigan Education Trus	st			18.		_
_		nerals income (Michigan sour	•			
20. Resident Tribal Member pursuant to Revenue Ad	income exe ministrative	empted under a State/Tribal to Bulletin 1988-47	ax agreement or	20.		00
21. Miscellaneous subtractio	ns (see ins	tructions). Describe:		21.		00

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2021 MICHIGAN Schedule 1 Additions and Subtractions

Filer's First Name		Last Name	Filer's Full Social Security No. (Example: 123-45-6789)
SATYA LAKSHMI NAGA		BANDI	861 — 73 — 9285

Deduction Based on Year of Birth

Complete 22A through 22H if claiming the Michigan Standard Deduction, the retirement benefits deduction or the senior investment income deduction on lines 23, 24, 25, or 26. Check box(es) 22C and/or 22G **only** if you or your spouse received retirement benefits from employment with a governmental agency not covered by the federal Social Security Act (SSA exempt employment). **See instructions before continuing**.

00.0											
22.		FI	ILER					SPO	USE		
	A. Year of Birth	B . Age	C. Check if filer received benefits	D. Check if filer retired as of		E. Year of Birth	F. Age		G. Check if spouse received benefits	H. Check if spo	
	(19xx)	as of 12-31-2021	from SSA exempt employment	01-01-2013 and born after 1952		(19xx)	as of 12-31-2021	\perp	from SSA exempt employment	01-01-2013 born after 1	and
	1993	28									
23.	(if married) wa	s born during the	duction. Completo e period January 1 lete lines 24, 25	, 1946 through	De	cember 31, 19	52, and	23.			00
24.	(if married) wa	s born during the efore December	duction. Complete e period January 1 31, 2021. Do not	, 1953 through complete line	Jai s 2	nuary 1, 1955, 3 , 25 or 26. Er	and reached nter amount	24.			00
25.			nount from line 16					25.			0
26.	limited to \$12,	127 for single or	deduction for taxp married filing sepa enefits (see instruc	arately filers an	d \$	24,254 for joint	t filers, less	26.			00
			unremarried survivir born before 1946 w								
27.	Subtotal. Add	lines 10 through	ı 26					27.			00
28.			on. Enter amount f lude Form 5674 .					28.			00
29.	Total Subtrac	tions. Add lines	27 and 28. Enter	nere and on MI	-10 ₋	40. line 13		29.		0	0

Schedule NR

2021 MICHIGAN Nonresident and Part-Year Resident Schedule

Issued under authority of Public Act 281 of 1967, as amended.

Type or print in blue or black ink.

Include with Form MI-1040. Read all instructions before completing this form.

Attachment 02

1. File	er's First Name	M.I.	Last Na	me					2. Filer's Full Socia	al Sec	curity No. (Example: 123-45-67	'89)
SA	TYA LAKSHMI NAGA		BAN	DT					861 —	-	73 — 9285	
	pint Return, Spouse's First Name	M.I.	Last Na						3. Spouse's Full So	ocial S	Security No. (Example: 123-45	i-6789)
										-		
4.	2021 RESIDENCY STATUS: Check all that apply.			*Dates	s of Michig	an resid	lency	in 2021		M-D	D-YYYY, Example: 04-15-2	2021)
	a. X Nonresident				FROM:				2021			.021
	b. Part-Year Resident of I Enter dates of Michiga		2021*	TO:			_	2021			021	
Incor	me Allocation				Tatalla			D M			0.04504-4-4-1-1-	
111001	ne Anocation			A.	Total Inc	come	\Box	B. IVI	ichigan Incom	e 	C. Other State(s) Inc	ome
5.	Wages, salaries, other payments	(tips,	etc.)		86	5222	00		86222	00		00
6.	Interest and dividends					215	00		0	00	215	5 <u>00</u>
7.	Business and farm income (included). S. Schedules C and F)						00			00		00
8.	Gains/losses from MI-1040D or U.S. Schedule D, and/or MI-4797 or U.S. Form 4797				8	3594	00		0	00	8594	4 00
9.	Income reported on U.S. Schedule E (include U.S. Schedule E and supporting statements)			-8874 00				0	00	-8874	4 00	
10.	Pensions, IRA distributions, annuand Social Security (see Form 48	uities					00			00		00
11.	Other (see instructions)						00			00		00
12.	Total income. Add lines 5 through	า 11		86157 00			00		86222	00	-65	5 00
13.	Enter the total adjustments from Describe:		040				00			00		00
14.	Subtract line 13 from line 12. The a column A should equal MI-1040, lin amount in column C on Schedule a negative amount, enter as a pos Schedule 1, line 4.	amoun ne 10. 1, line	Enter 13 or, if		86	5157	00		86222	00		
Exen	nption Allowance (If one spot	use is	a full-y	ear resid	ent, and t	he othe	r is r	not, see	instructions.)	_		
15.	Enter amount from MI-1040, line	9f					·····		1	5 _	4900	00
16.	Enter Michigan source income from	om line	e 14, colu	umn B	16	5.			36222 ₀₀			
17.	Enter total income from line 14, c	olumn	Α		17	7		8	36157 00	Г		
18.	Divide line 16 by line 17 (if line 10	6 is gre	eater tha	n line 17,	enter 100%	%)			1	8.	100	0 %
19.	If both spouses are part-year or rhere and on MI-1040, line 15. If here and on MI-1040, line 15	one sp	ouse is	a full-year	r resident, c	omplete	Wor	ksheet 6	and enter	9.	4900	0 00

2021 MICHIGAN Withholding Tax Schedule

Issued under authority of Public Act 281 of 1967, as amended.

Type or print in blue or black ink.

Attachment 13

INSTRUCTIONS: If you had Michigan income tax withheld in 2021, you must complete a *Withholding Tax Schedule* (Schedule W) to claim the withholding on your *Individual Income Tax Return* (MI-1040, line 30). Report military pay in Table 1 and military retirement benefits and taxable railroad retirement benefits (both Tier 1 and Tier 2) in Table 2 even if no Michigan tax was withheld. Include your completed Schedule W with Form MI-1040. See complete instructions on page 2 of this form. If you need additional space, include another Schedule W.

1. Filer's First Name	M.I.	Last Name	2. Filer's Full Social Security No. (Example: 123-45-6789)
SATYA LAKSHMI NAGA		BANDI	861 — 73 — 9285
If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123-45-6789)

TABLE 1: MICHIGAN TAX WITHHELD OR MILITARY PAY REPORTED ON W-2, W-2G or CORRECTED W-2 FORMS

	1	В	С	D		E	
Enter "X" for: Filer or Spouse		Employer's identification number (Example: 38-1234567)	Box c — Employer's name	Box 1 — Wages, tips, other compensation		Box 17 — Michigan income tax withheld	
Х		82-3428757	V2 INNOVATIONS I	86222	00	2941	00
				l	00		00
				l	00		00
				l	00		00
					00		00
Enter	Table	1 Subtotal from additional Sche]		00		
4.	SUB	TOTAL. Enter total of Table 1, c	4.	2941	00		

TABLE 2: MICHIGAN TAX WITHHELD OR MILITARY RETIREMENT BENEFITS AND RAILROAD RETIREMENT BENEFITS (BOTH TIER 1 AND TIER 2) REPORTED ON 1099 FORMS

Α	В	С	D	Е
Enter "X" for: Filer or Spouse	Payer's federal identification number (Example: 38-1234567)			Michigan income tax withheld
			00	00
			oc	00
Enter Table	2 Subtotal from additional Sche	dule W forms (if applicable)		00
5. SUB	00			
6. TOT	2941 0			

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2021 VA760CG Individual Income Tax Return Page 1





SATYA LAKSHM BANDI

2248 PIMMIT RUN LN APT 2

FALLS CHURCH VA 22043

SSN - You E	BAND	861739285	Vendor ID 1555		XXXXX
SSN - Spouse		123950902			
Fed Adj Gross Income (FAG	il) 1.	86157.	Withholding (VA) - You	19A.	1225.
Additions	2.		Withholding (VA) - Spouse	19B.	
Subtotal	3.	86157.	Estimated Payments	20.	
Age Deduction - You	4A.		2020 Overpayment	21.	
Age Deduction - Spouse	4B.		Extension Payments	22.	
Soc Sec & Tier 1 Railroad	5.		Credit - Low-Income or EIC	23.	
State Income Tax Overpaym	nent 6.		Credit - Schedule OSC	24.	3456.
Subtractions	7.		Credits - Schedule CR	25.	
Subtotal Subtractions	8.		Total Payments / Credits	26.	4681.
Total VA Adj Gross Income (VAGI) 9.	86157.	Tax You Owe	27.	
Itemized Deductions - VA So	ch A 10.		Tax Overpayment	28.	297.
Standard Deduction	11.	4500.	Overpayment Credited to Next Year	29.	
Exemptions	12.	930.	VAC - Virginia 529 / ABLE	30.	
Deductions	13.		VAC - Other Contributions	31.	
Subtotal (Deductions & Exe	mptions) 14.	5430.	Addition to Tax, Penalty & Interest	32.	
VA Taxable Income	15.	80727.	Sales and Use Tax	33.	
Amount of Tax	16.	4384.	Amount You Owe		
Spouse Tax Adjustment (ST	A) 17.		Will Pay by Credit/Debit Card N Your Refund	- 1	297.
VAGI - Spouse	17A.		Doub Doubing #		07200005
Net Amount of Tax	18.	4384.	Bank Routing #	C 27501	072000805
	L		Bank Account #	3/30]	15355789

__LAR __DLAR __DTD __LTD \$____

Page 1 of 2



7

GA 30041

Preparer Information

2530 PEBBLE CREEK LN

GLOBAL TAXES LLC

CUMMING

P02082703

Page 2 of 2



Filing Status, Age & License Information Additional Filing Information 3 610 Filing Status Locality Federal Head of Household Uninsured & Authorize DMAS 02221993 DOB - You Name or Filing Status Change VA Driver's License ID - You B65308860 Address Change VA Driver's License - Iss. Date - You 11102020 VA Return Not Filed Last Year Spouse Name (Filing Status 3 Only) Dependent on Another's Return SAI KRISHNA ADABALA Farmer / Fisherman / Merchant Seaman DOB - Spouse Amended VA Driver's License ID - Spouse Reason Code VA Driver's License - Iss. Date - Spouse Overseas on Due Date Exemptions (A) Exemptions (B) 65 & Over - You Federal EIC & Amount You Spouse 65 & Over - Spouse Deceased Indicator Χ No Sales & Use Tax Due Indicator Dependents Blind - You Total (A) 1 Blind - Spouse Obtain Electronic 1099G Total (B) ID Theft PIN **Contact Information** I (We), the undersigned, declare under penalty of law that I (we) have examined this return & to the best of my (our) knowledge, it is a true, correct & complete return. If you are requesting direct deposit of your refund by providing bank information on your return, you are certifying that the information provided is for a domestic account within the territorial jurisdiction of the United States. Signature - You ___ Phone - You ____ Date Signature - Spouse ____ Phone - Spouse Signature - Preparer SYAM PRIYA RAM SAGAR GUPTA TALLAM Date 041522 6789659522 Phone - Preparer

The Tax Department may discuss my/our return with my/our preparer.

File by May 1, 2022 Include Page 1, Page 2 and all

supporting 760CG documents.

2021 Schedule INC/CG

861739285

Report all W-2s, 1099s & VK-1s with VA Withholding

SATYA LAKSHM BANDI



Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
Γ					コ
861739285	M	1225.	823428757	30823428757F001	86222.

Total VA Withholding SSN **VA Withholding** 1225. You 861739285 Spouse Total # of W-2s,1099s & VK-1s 01

2021 Schedule OSC/CG

Enclose other state tax returns when filing





861739285

Credit Computation State 1	
If Claiming border state	

1.	Filing Status - other state's return	3	6.	Other State Abbreviation	MI
2.	Person Claiming the Credit	1	7.	Virginia Income Tax	4384.
3.	Qualifying Taxable Income - other state	81322.	8.	Income percentage	100.0
4.	Virginia Taxable Income	80727.	9.	Virginia Ratio of Income Tax	4384.
5.	Qualifying Tax Liability - other state	3456.	10.	Credit Allowed	3456.

Credit Computation State 2

11. Filing Status - other state's return	16.	Other State Abbreviation
12. Person Claiming the Credit	17.	Virginia Income Tax
13. Qualifying Taxable Income - other state	18.	Income percentage
14. Virginia Taxable Income	19.	Virginia Ratio of Income Tax
15. Qualifying Tax Liability - other state	20.	Credit Allowed

Credit Computation State 3		
21. Filing Status - other state's return	26.	Other State Abbreviation
22. Person Claiming the Credit	27.	Virginia Income Tax
23. Qualifying Taxable Income - other state	28.	Income percentage
24. Virginia Taxable Income	29.	Virginia Ratio of Income Tax
25. Qualifying Tax Liability - other state	30.	Credit Allowed
	31.	Total Credit Claimed

3456.

Enclose other state tax returns when filing your Virginia tax return.

VA-8879
Virginia Department of Taxation

Virginia Individual Income Tax e-File Signature Authorization

Tax Year 2021

DO NOT SEND THIS VA-8879 TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS. IT MUST BE MAINTAINED IN YOUR FILES!

Virginia Submission Identification Number (SID)						
Your	Name	B Your Social Security Number				
SAT	YA LAKSHMI NAGA P BANDI	861-73-92	85			
Spou	se's Name	A Spouse's Socia	I Security Number			
Dord	I Tax Return Information	A Spouse	B Yourself			
Part	Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1)	A Spouse				
	•		86157.			
2.	Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)		86157.			
3.	Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)		80727.			
4.	Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)		4384.			
5.	Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)		1225.			
6.	Amount you Owe (Form 760CG, Line 35; Form 760PY, Line 35; Form 763, Line 35)					
7.	Refund (Form 760CG, Line 36; 760PY, Line 36; Form 763, Line 36)		297.			
Part	II Declaration of Taxpayer and Signature Authorization r penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying so	shedules and statemen	ts 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 information I provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider (including my name, address and social security number or individual tax identification number) and the amount shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If I am filing a balance due return, I understand that if the Virginia Department of Taxation (Virginia Tax) does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit my complete return to Virginia Tax. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, the direct deposit of my refund or direct debit of my tax due. In choosing either direct deposit or direct debit, I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.						
	ayer's e-File PIN: check one box only					
X	I authorize the ERO named below to enter my e-File PIN 3 9 2 8 5 as my signature on my 2021 e-file	ed Virginia individual ind	come tax return.			
	Do not enter all zeros					
	GLOBAL TAXES LLC ERO Firm Name					
	I will enter my e-File PIN as my signature on my 2021 e-filed Virginia individual income tax return. Check this box and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.	only if you are entering	your own e-File PIN			
Your	Signature Date					
1	se's e-File PIN: check one box only					
	I authorize the ERO named below to enter my e-File PIN as my signature on my 2021 e-filed Virginia individual income tax return. Do not enter all zeros					
	ERO Firm Name					
	_					
	se's Signature Date					
Part	III Certification and Authentication – Practitioner PIN Method Only					
ERO'	ERO's EFIN/PIN: Enter your six-digit EFIN followed by your five digit self-selected PIN. 5 8 7 2 7 8 6 1 9 8 9					
Do not enter all zeros I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2021 Virginia individual income tax return 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 Virginia's publication Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2021). EROs may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.						
ERO'	s Signature Date04-15	5-22				