

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) ▶

Taxpayer's name TEJASWI VYALLA	Social security number 854-75-6424
Spouse's name	Spouse's social security number

Part I Tax Return Information — Tax Year Ending December 31, 2021 (Enter year you are authorizing.)

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	77,461.
2 Total tax	2	9,953.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	13,092.
4 Amount you want refunded to you	4	3,853.
5 Amount you owe	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, 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

- I authorize GLOBAL TAXES LLC to enter or generate my PIN

5	6	4	2	4
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 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name **Enter five digits, but don't enter all zeros**
- 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 ▶ 04/13/2022

Spouse's PIN: check one box only

- I authorize _____ to enter or generate my PIN

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 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name **Enter five digits, but don't enter all zeros**
- 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 signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III 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	7	2	7	8	6	1	9	8	9
---	---	---	---	---	---	---	---	---	---	---

Don't enter all zeros

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 ▶ _____

**ERO Must Retain This Form — See Instructions
 Don't Submit This Form to the IRS Unless Requested To Do So**

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial TEJASWI	Last name VYALLA	Your social security number 854-75-6424
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. 430 WHITEWATER FALLS DR		Apt. no. 638
City, town, or post office. If you have a foreign address, also complete spaces below. CHARLOTTE		State NC
Foreign country name		ZIP code 28217
Foreign province/state/county		Foreign postal code

Presidential Election Campaign
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
 You Spouse

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? Yes No

Standard Deduction **Someone can claim:** You as a dependent Your spouse as a dependent
 Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** Were born before January 2, 1957 Are blind **Spouse:** Was born before January 2, 1957 Is blind

Dependents (see instructions): If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>	(1) First name		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
	Last name				Child tax credit	Credit for other dependents
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required.	1	Wages, salaries, tips, etc. Attach Form(s) W-2		1	79,060.
	2a	Tax-exempt interest	2a	2b	
	3a	Qualified dividends	58.	3b	84.
	4a	IRA distributions	4a	4b	
	5a	Pensions and annuities	5a	5b	
	6a	Social security benefits	6a	6b	
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>		7	5,467.
	8	Other income from Schedule 1, line 10		8	-7,150.
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶		9	77,461.
	10	Adjustments to income from Schedule 1, line 26		10	
	11	Subtract line 10 from line 9. This is your adjusted gross income ▶		11	77,461.
Standard Deduction for— • Single or Married filing separately, \$12,550 • Married filing jointly or Qualifying widow(er), \$25,100 • Head of household, \$18,800 • If you checked any box under Standard Deduction, see instructions.	12a	Standard deduction or itemized deductions (from Schedule A)	12,550.	12a	
	b	Charitable contributions if you take the standard deduction (see instructions)	300.	12b	
	c	Add lines 12a and 12b		12c	12,850.
	13	Qualified business income deduction from Form 8995 or Form 8995-A		13	5.
	14	Add lines 12c and 13		14	12,855.
	15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-		15	64,606.

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	9,953.												
17	Amount from Schedule 2, line 3	17													
18	Add lines 16 and 17	18	9,953.												
19	Nonrefundable child tax credit or credit for other dependents 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, enter -0-	22	9,953.												
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.												
24	Add lines 22 and 23. This is your total tax	24	9,953.												
25	Federal income tax withheld from:														
a	Form(s) W-2	25a	13,092.												
b	Form(s) 1099	25b													
c	Other forms (see instructions)	25c													
d	Add lines 25a through 25c	25d	13,092.												
26	2021 estimated tax payments and amount applied from 2020 return	26													
27a	Earned income credit (EIC) No	27a													
	Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/>														
b	Nontaxable combat pay election	27b													
c	Prior year (2019) earned income	27c													
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28													
29	American opportunity credit from Form 8863, line 8	29													
30	Recovery rebate credit. See instructions	30	714.												
31	Amount from Schedule 3, line 15	31													
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	714.												
33	Add lines 25d, 26, and 32. These are your total payments	33	13,806.												
34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	3,853.												
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	3,853.												
b	Routing number <table border="1"><tr><td>1</td><td>2</td><td>1</td><td>0</td><td>0</td><td>0</td><td>3</td><td>5</td><td>8</td></tr></table> <input type="checkbox"/> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	1	2	1	0	0	0	3	5	8					
1	2	1	0	0	0	3	5	8							
d	Account number <table border="1"><tr><td>3</td><td>2</td><td>5</td><td>0</td><td>6</td><td>5</td><td>2</td><td>1</td><td>8</td><td>9</td><td>9</td><td>4</td></tr></table>	3	2	5	0	6	5	2	1	8	9	9	4		
3	2	5	0	6	5	2	1	8	9	9	4				
36	Amount of line 34 you want applied to your 2022 estimated tax	36													
37	Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions	37													
38	Estimated tax penalty (see instructions)	38													

If you have a qualifying child, attach Sch. EIC.

Refund

Direct deposit? See instructions.

Amount You Owe

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. No

Designee's name Phone no. Personal identification number (PIN)

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) <input type="text"/>

Phone no. (818) 384-3225 Email address TEJASWI.SER@GMAIL.COM

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
SYAM PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA RAM SAGAR GUPTA TALLAM	04/13/2022	P02082703	
Firm's name	Firm's address		Phone no.	Firm's EIN
GLOBAL TAXES LLC	2530 Pebble Creek Ln Cumming GA 30041		(678) 965-9522	30-1017196

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ Attach to Form 1040, 1040-SR, or 1040-NR.
▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2021
Attachment
Sequence No. **01**

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

Your social security number
854-75-6424

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	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, trusts, etc. Attach Schedule E	5	-7,150.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
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	
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	
l	Olympic and Paralympic medals and USOC prize money (see instructions)	8l	
m	Section 951(a) inclusion (see instructions)	8m	
n	Section 951A(a) inclusion (see instructions)	8n	
o	Section 461(l) excess business loss adjustment	8o	
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 1040-NR, line 8	10	-7,150.

Part II Adjustments to Income

11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis government 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	▶ _____		
c	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:			
a	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		
c	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		
e	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 to income . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	

SCHEDULE D
(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

2021

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: **TEJASWI VYALLA** Your social security number: **854-75-6424**

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(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	203,446.	198,951.	1,015.	5,510.
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 (loss) from Forms 4684, 6781, and 8824 . .				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss) . Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7 5,510.

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) 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	668.	711.		-43.
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 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss) . Combine lines 8a through 14 in column (h). Then, go to Part III on the back				15 -43.

Part III Summary

<p>16 Combine lines 7 and 15 and enter the result</p> <ul style="list-style-type: none"> • 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 line 22. • 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. 	16	5,467.
<p>17 Are lines 15 and 16 both gains?</p> <p><input type="checkbox"/> Yes. Go to line 18.</p> <p><input checked="" type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p>		
<p>18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet ▶</p>	18	
<p>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 ▶</p>	19	
<p>20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952?</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.</p>		
<p>21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:</p> <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p>	21 ()	
<p>22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?</p> <p><input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.</p> <p><input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>		

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.

Name(s) shown on return

Social security number or taxpayer identification number

TEJASWI VYALLA

854-75-6424

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.

- Checked (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
(C) Short-term transactions not reported to you on Form 1099-B

Table with 8 columns: (a) Description of property, (b) Date acquired, (c) Date sold or disposed of, (d) Proceeds (sales price), (e) Cost or other basis, (f) Code(s) from instructions, (g) Amount of adjustment, (h) Gain or (loss). Includes entries for ROBINHOOD CRYPTO LLC and Robinhood Securities LLC, and a Totals row at the bottom.

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.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

Social security number or taxpayer identification number

TEJASWI VYALLA

854-75-6424

Before you check Box D, E, or F 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 II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-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 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-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.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	Robinhood Securities LLC	01/01/20	12/31/21	668.	711.			-43.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ▶				668.	711.			-43.

Note: If you checked Box D 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)**

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

TEJASWI VYALLA

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.

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

OMB No. 1545-0074

2021

Attachment
Sequence No. **13**

Your social security number

854-75-6424

Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use 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 Yes No
B If "Yes," did you or will you file required Form(s) 1099? Yes No

1a Physical address of each property (street, city, state, ZIP code)
A H.NO:2-63 MUNJAMPALLI PEDDAPALLI ANDHRA PRADESH IN 505416
B
C

1b	Type of Property (from list below)	2	Fair Rental Days	Personal Use Days	QJV
A	3	For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	A 365	0	<input type="checkbox"/>
B			B		<input type="checkbox"/>
C			C		<input type="checkbox"/>

Type of Property:

- 1 Single Family Residence
- 2 Multi-Family Residence
- 3 Vacation/Short-Term Rental
- 4 Commercial
- 5 Land
- 6 Royalties
- 7 Self-Rental
- 8 Other (describe)

Income:	Properties:	A	B	C
3 Rents received	3	450.		
4 Royalties received	4			
Expenses:				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7	800.		
8 Commissions	8			
9 Insurance	9			
10 Legal and other professional fees	10			
11 Management fees	11	1,200.		
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest	13			
14 Repairs	14	1,500.		
15 Supplies	15	1,800.		
16 Taxes	16			
17 Utilities	17	2,300.		
18 Depreciation expense or depletion	18			
19 Other (list) ▶	19			
20 Total expenses. Add lines 5 through 19	20	7,600.		
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	-7,150.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(7,150.)	()	()
23a Total of all amounts reported on line 3 for all rental properties	23a		450.	
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			
e Total of all amounts reported on line 20 for all properties	23e		7,600.	
24 Income. Add positive amounts shown on line 21. Do not include any losses	24			
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	(7,150.)		
26 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	26			-7,150.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2021

Qualified Business Income Deduction Simplified Computation

2021

Department of the Treasury
Internal Revenue Service

▶ Attach to your tax return.

Attachment
Sequence No. **55**

▶ Go to www.irs.gov/Form8995 for instructions and the latest information.

Name(s) shown on return TEJASWI VYALLA	Your taxpayer identification number 854-75-6424
--	---

Note. You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$164,900 (\$164,925 if married filing separately; \$329,800 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i			
ii			
iii			
iv			
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	
3	Qualified business net (loss) carryforward from the prior year	3 ()	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	
5	Qualified business income component. Multiply line 4 by 20% (0.20)		5
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6 26.	
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7 ()	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8 26.	
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		9 5.
10	Qualified business income deduction before the income limitation. Add lines 5 and 9		10 5.
11	Taxable income before qualified business income deduction (see instructions)	11 64,611.	
12	Net capital gain (see instructions)	12 58.	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13 64,553.	
14	Income limitation. Multiply line 13 by 20% (0.20)		14 12,911.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions) ▶		15 5.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-		16 (0.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-		17 (0.)



Form M-8453 Individual Income Tax Declaration for Electronic Filing

2021
Massachusetts
Department of
Revenue

Please print or type. Privacy Act Notice available upon request. For the year January 1–December 31, 2021.

Your first name and initial TEJASWI VYALLA	Last name	Your Social Security number 854756424
---	-----------	--

If a joint return, spouse's first name and initial	Last name	Spouse's Social Security number
--	-----------	---------------------------------

Present street address (and apartment number) 430 WHITEWATER FALLS DR APT NO 638			
City/Town/Post Office CHARLOTTE	State NC	Zip 28217	Filing status: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married filing jointly <input type="checkbox"/> Married filing separately <input type="checkbox"/> Head of household

Part 1. Tax Return Information for Electronic Filing

1 Total 5.0% income (from Form 1, line 10, or Form 1-NR/PY, line 12).....	1	71910
2 Income tax after credits (from Form 1, line 32, or Form 1-NR/PY, line 36).....	2	3932
3 Massachusetts use tax (from Form 1, line 34, or Form 1-NR/PY, line 38).....	3	
4 Massachusetts income tax withheld (from Form 1, line 38, or Form 1-NR/PY, line 42).....	4	3853
5 Refund amount (from Form 1, line 52, or Form 1-NR/PY, line 56).....	5	
6 Tax due (from Form 1, line 53, or Form 1-NR/PY, line 57).....	6	79

Part 2. Declaration and Signature of Taxpayer

Under pains and penalties of perjury, I declare that I have reviewed the information on my return with the information I have provided to my Electronic Return Originator and that the amounts above agree with the amounts shown on my 2021 Massachusetts return. To the best of my knowledge and belief this information is true, correct and complete. I consent that my return, including this declaration and accompanying schedules, forms and statements be sent to the Massachusetts Department of Revenue by my Electronic Return Originator. I authorize DOR to inform my Electronic Return Originator and/or the transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize DOR to identify the reasons for rejection so that the return can be corrected and re-transmitted. If I have filed a balance due return, I understand that if DOR does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable penalties and interest.

Your signature	Date	Spouse's signature (if joint return, both must sign)	Date
----------------	------	---	------

Part 3. Declaration and Signature of Electronic Return Originator (ERO)

I declare that I have reviewed the above taxpayer's return and that the entries on this M-8453 are complete and correct to the best of my knowledge. (Collectors are not responsible for reviewing the taxpayer's return; however, they must ensure that the M-8453 accurately reflects the data on the return.) I have obtained the taxpayer's signature before submitting this return to the Massachusetts Department of Revenue. I have provided the taxpayer with a copy of all forms and information filed with the Massachusetts Department of Revenue. If I am also the paid preparer, under pains and penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct and complete. I declare that I have verified the taxpayer's proof of account and it agrees with the name(s) shown on this form. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge. Original Forms M-8453 should not be sent to DOR, but must instead be retained by the ERO on the ERO's business premises for a period of three years from the date the return to which the M-8453 relates was filed.

ERO's signature and SSN or PTIN	Date 04132022	EIN 301017196	<input type="checkbox"/> Check if self-employed
Firm name (or yours, if self-employed) and address GLOBAL TAXES LLC 2530 PEBBLE CREEK LN CUMMING	City/Town	State Zip GA 30041	<input type="checkbox"/> Check if also paid preparer

Part 4. Declaration and Signature of Paid Preparer (if other than ERO)

Under pains and penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

Paid preparer's signature and SSN or PTIN P02082703	Date 04132022	EIN 301017196	<input type="checkbox"/> Check if self-employed
Firm name (or yours, if self-employed) and address SYAM PRIYA RAM SAGAR GUPTA TALLAM 2530 PEBBLE CREEK LN CUMMING	City/Town	State Zip GA 30041	

IF YOU ARE MAILING THE FORM PV WITH THE PAYMENT BY ITSELF, MAIL IT WITH THE PAYMENT TO:
MASSACHUSETTS DEPARTMENT OF REVENUE
PO BOX 7062
BOSTON, MA 02204

▼ DETACH HERE ▼

REV 03/22/22 PRO

2021 Form PV
Massachusetts Income Tax Payment Voucher

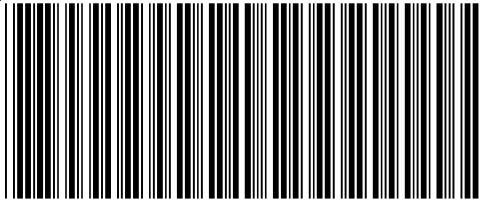
Payment for period end date (mm/dd/yyyy)	Tax type	Voucher type	ID type	Vendor code
12/31/2021	053	01	005	1555
Name of taxpayer	Social Security number		Amount enclosed	
TEJASWI VYALLA	854756424		\$ 79.00	
Name of taxpayer's spouse	Social Security number of taxpayer's spouse			
Street address	City/Town	State	Zip	
430 WHITEWATER FALLS DR APT NO 638	CHARLOTTE	NC	28217	
Phone	E-mail	Fill in if name/address changed since 2020		
818-384-3225	TEJASWI.SER@GMAIL.COM	<input type="checkbox"/>		

Pay online at mass.gov/masstaxconnect. Or, return this voucher with check or money order payable to: **Commonwealth of Massachusetts**.

Mail to: **Massachusetts Department of Revenue, PO Box 7062, Boston, MA 02204.**



00100854756424 123121 0000000000 053 010051555 00000079003



2021 Form 1-NR/PY

MA21006011555

**Massachusetts Nonresident/Part-Year Resident
Income Tax Return**

For the year January 1–December 31, 2021 or other taxable

Year beginning Ending

TEJASWI

VYALLA

854756424

430 WHITEWATER FALLS DR

CHARLOTTE

NC 28217
638

Fill in if: Amended return Other jurisdiction change Federal amendment Amended return due to IRS BBA Partnership Audit

State Election Campaign Fund:

Fill in if veteran of Operations Enduring Freedom, Iraqi Freedom, Noble Eagle or Sinai Peninsula	\$1 You	\$1 Spouse	TOTAL
Fill in if name change	You	Spouse	
Taxpayer deceased	You	Spouse	
Fill in if under age 18	You	Spouse	

Check one: Nonresident Filing as both nonresident and part-year resident
 Part-year resident Nonresident composite

a. Total federal income 77461
b. Federal adjusted gross income 77461

Fill in if noncustodial parent
Fill in if filing Schedule FCI
Fill in if reporting crypto currency
Fill in if filing Schedule TDS

1. Filing status (select one only): Single
 Married filing jointly
 Married filing separate return
 Head of household

You are a custodial parent who has released claim to exemption for child(ren)

2. Part-year residents. Enter dates as Massachusetts resident: From To

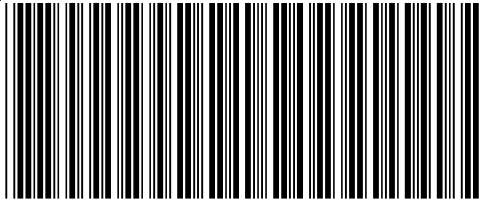
3. Total days as Massachusetts resident ÷ 365 = 3

SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.

Your signature Date Spouse's signature Date

818-384-3225

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST



2021 Form 1-NR/PY, pg. 2

MA21006021555

Massachusetts Nonresident/

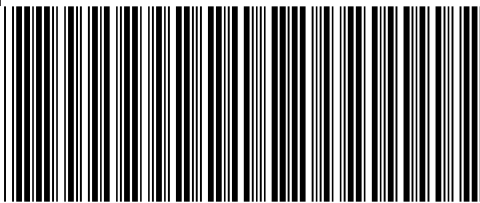
Part-Year Resident Income Tax Return

854756424

4. Exemptions:

a. Personal exemptions		4a	4400
b. Number of dependents. (Do not include yourself or your spouse.) Enter number		$\times \$1,000 =$ 4b	
c. Age 65 or over before 2022	You + Spouse =	$\times \$700 =$ 4c	
d. Blindness	You + Spouse =	$\times \$2,200 =$ 4d	
e. Medical/dental		4e	
f. Adoption		4f	
g. Total exemptions. Add items 4a through 4f. Enter here and on line 22a		4g	4400
5. Wages, salaries, tips		5	79060
6. Taxable pensions and annuities		6	
7. Mass. bank interest: a.	- b. exemption	= 7	
8. Business/profession income/loss a.	+ b. Farming income/loss	= 8	
9. Rental, royalty and REMIC, partnership, S corp., trust income/loss		9	-7150
10a. Unemployment		10a	
10b. Mass. lottery winnings		10b	
11. Other income		11	
12. TOTAL 5.0% INCOME		12	71910
13. NONRESIDENT APPORTIONMENT WORKSHEET. You cannot apportion Mass. wages as shown on Form W-2. Do not use this worksheet if you know the exact amount of your Mass. source income. Only use when income from employment/business is earned both inside and outside Mass. and the exact Mass. amount is not known. Basis:			
	working days	miles	sales
			other:
Working days (or other basis) outside Massachusetts			13a
Working days (or other basis) inside Massachusetts			13b
Total working days			13c
Nonworking days (holidays, weekends, etc.)			13d
Massachusetts ratio			13e
Total income being apportioned. You cannot apportion Massachusetts wages as shown on Form W-2			13f
Massachusetts income			13g

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1



2021 Form 1-NR/PY, pg. 3

MA21006031555

Massachusetts Nonresident/
Part-Year Resident Income Tax Return

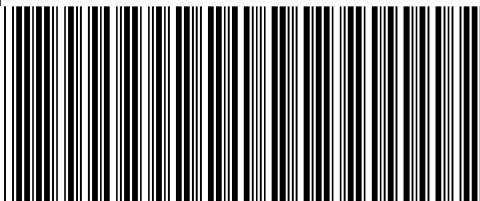
TEJASWI

VYALLA

854756424

14. NONRESIDENT DEDUCTION AND EXEMPTION RATIO		
a. Total 5.0% income	14a	71910
b. Interest income	14b	
c. Total capital gain income	14c	5510
d. Total income this return	14d	77420
e. Non-Massachusetts source income. Not less than "0"	14e	84
f. Total income	14f	77504
g. Deduction and exemption ratio	14g	0.9989
15a. Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass. Retirement	15a	2000
15b. Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement	15b	
16. Reserved for future use	16	
17. Reserved for future use	17	
18. Rental deduction. a.	$\div 2 = 18$	
Nonresidents, fill in if during 2021 you did not have a family home or any dwelling outside Massachusetts to which you generally or customarily returned or intend to return in the future		
19. Other deductions from Schedule Y, line 19	19	
20. Total deductions. Add lines 15 through 19	20	2000
21. 5.0% INCOME AFTER DEDUCTIONS. Subtract line 20 from line 12. Not less than "0"	21	69910
22. Exemption amount. a. 4400	22	4395
23. 5.0% INCOME AFTER EXEMPTIONS. Subtract line 22 from line 21. Not less than "0"	23	65515
24. INTEREST AND DIVIDEND INCOME	24	
25. TOTAL TAXABLE 5.0% INCOME. Add lines 23 and 24	25	65515
26. TAX ON 5.0% INCOME. Note: If choosing the optional 5.85% tax rate, fill in and multiply line 25 and the amount in Schedule D, line 21 by .0585	26	3276

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1



2021 Form 1-NR/PY, pg. 4

MA21006041555

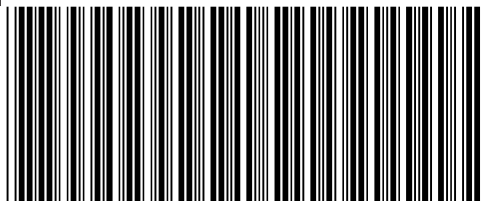
Massachusetts Nonresident/

Part-Year Resident Income Tax Return

854756424

27.	12% INCOME. Not less than "0." a.	5467	x .12 =27	656
28.	TAX ON LONG-TERM CAPITAL GAINS. Not less than "0." Fill in if filing Schedule D-IS Fill in if any excess exemptions were used in calculating lines 24, 27 or 28		28	
29.	Credit recapture amount (from Credit Recapture Schedule)		29	
30.	Additional tax on installment sale		30	
31.	If you qualify for No Tax Status, fill in and enter "0" on line 32			
32.	TOTAL INCOME TAX. Add lines 26 through 30.		32	3932
33.	Limited Income Credit		33	
34.	Income tax due to another state or jurisdiction		34	
35.	Other credits (from Credit Manager Schedule)		35	
36.	INCOME TAX AFTER CREDITS. Subtract the total of lines 33 through 35 from line 32. Not less than "0"		36	3932
37.	Voluntary Contributions			
	a. Endangered Wildlife Conservation		37a	
	b. Organ Transplant Fund		37b	
	c. Massachusetts Public Health HIV and Hepatitis Fund		37c	
	d. Massachusetts U.S. Olympic Fund		37d	
	e. Massachusetts Military Family Relief Fund		37e	
	f. Homeless Animal Prevention and Care		37f	
	Total. Add lines 37a through 37f		37	
38.	Use tax due on Internet, mail order and other out-of-state purchases		38	
39.	Health care penalty a. You + b. Spouse		39	
40.	Amended return only. Overpayment from original return		40	
41.	INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX. Add lines 36 through 40		41	3932

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1



2021 Form 1-NR/PY, pg. 5

MA21006051555

Massachusetts Nonresident/
Part-Year Resident Income Tax Return
854756424

Table with 3 columns: Line number, Description, and Amount. Includes items like Massachusetts income tax withheld, Earned Income Credit, and Total tax due.

Direct deposit of refund. Type of account: checking, savings

RTN # account #

Table with 3 columns: Line number, Description, and Amount. Includes Tax due, Interest, and Penalty.

May the Department of Revenue discuss this return with the preparer shown here?

I do not want preparer to file my return electronically

Print paid preparer's name

SYAM PRIYA RAM SAGAR GUPTA TALLAM

Paid preparer's signature

SYAM PRIYA RAM SAGAR GUPTA TALLAM

Yes (this may delay your refund)

Date Check if self-employed

04132022

Paid preparer's phone 678-965-9522

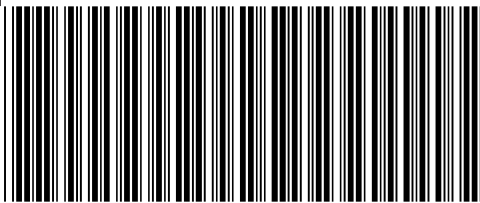
Paid preparer's

SSN/PTIN

P02082703

Paid preparer's EIN 30-1017196

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1



2021 Schedule B

MA21010011555

TEJASWI

VYALLA

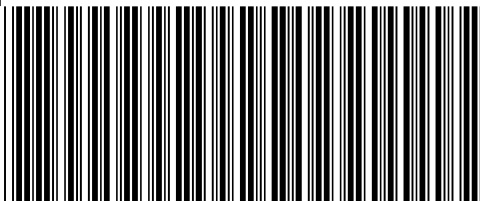
854756424

Part 1. Interest and Dividend Income

1. Total interest income	1	
2. Total ordinary dividends	2	84
3. Other interest and dividends not included above	3	
4. Total interest and dividends	4	84
5. Total interest from Massachusetts banks	5	
6a. Other interest and dividends to be excluded	6a	
6b. Part-year/Nonresidents only	6b	84
7. Subtotal	7	
8. Allowable deductions from your trade or business	8	
9. Subtotal	9	

Part 2. Short-Term Capital Gains/Losses and Long-Term Gains on Collectibles

10. Massachusetts short-term capital gains	10	5510
11. Massachusetts long-term capital gains on collectibles and pre-1996 installment sales	11	
12. Massachusetts gain on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less	12	
13a. Add lines 10 through 12	13a	5510
13b. Part-year/Nonresidents only	13b	
13c. Subtract line 13b from line 13a. Not less than 0	13c	5510
14. Allowable deductions from your trade or business	14	
15. Subtotal	15	5510
16. Massachusetts short-term capital losses	16	
17. Massachusetts loss on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less	17	
18. Prior short-term unused losses for years beginning after 1981	18	



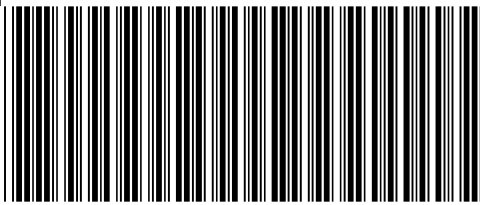
2021 Schedule B, pg. 2

854756424 MA21010021555

19a.	Combine lines 15 through 18	19a	5510
19b.	Part-year/Nonresidents only	19b	
19c.	Exclude line 19b losses from line 19a	19c	5510
20.	Short-term losses applied against interest and dividends	20	
21.	Available short-term losses	21	
22.	Short-term losses applied against long-term gains	22	
23.	Short-term losses available for carryover in 2022	23	
24.	Short-term gains and long-term gains on collectibles	24	5510
25.	Long-term losses applied against short-term gain	25	43
26.	Subtotal	26	5467
27.	Long-term gains deduction	27	
28.	Short-term gains after long-term gains deduction	28	5467

Part 3. Adjusted Gross Interest, Dividends, Short-Term Capital Gains and Long-Term Gains on Collectibles

29.	Enter the amount from line 9	29	
30.	Short-term losses applied against interest and dividends	30	
31.	Subtotal interest and dividends	31	
32.	Long-term losses applied against interest and dividends	32	
33.	Adjusted interest and dividends	33	
34.	Enter the amount from line 28	34	5467
35.	Adjusted gross interest, dividends and certain capital gains	35	5467
36.	Excess exemptions	36	
37.	Subtract line 36 from line 35	37	5467
38.	Interest and dividends taxable at 5.0%	38	
39.	Taxable 12% capital gains	39	5467
40.	Available short-term losses for carryover in 2022	40	



2021 Schedule D

MA21012011555

Long-Term Capital Gains and Losses

Excluding Collectibles

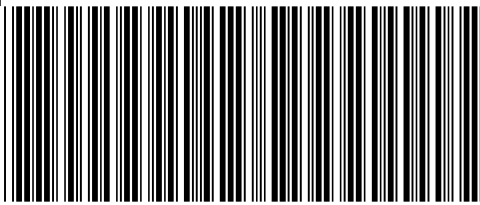
TEJASWI

VYALLA

854756424

Part 1. Long-Term Capital Gains and Losses, Excluding Collectibles

1. Enter amounts from U.S. Schedule D, lines 8a and 8b, col. h	1	-43
2. Enter amounts from U.S. Schedule D, line 9, col. h	2	
3. Enter amounts from U.S. Schedule D, line 10, col. h	3	
4. Enter amounts from U.S. Schedule D, line 11, col. h	4	
5. Enter amounts from U.S. Schedule D, line 12, col. h	5	
6. Enter amounts from U.S. Schedule D, line 13, col. h.	6	
7. Massachusetts long-term capital gains and losses included in U.S. Form 4797, Part II	7	
8. Carryover losses from prior years	8	
9. Combine lines 1 through 8	9	-43
10a. Massachusetts adjustments	10a	
10b. Part-year/Nonresidents only	10b	
10c. Combine lines 10a and 10b	10c	
11. Massachusetts capital gains and losses	11	-43
12. Long-term gains on collectibles and pre-1996 installment sales	12	
13. Subtotal	13	-43
14. Capital losses applied against capital gains	14	43
15. Subtotal	15	
16. Long-term capital losses applied against interest and dividends	16	
17. Subtotal	17	
18. Allowable deductions from your trade or business	18	
19. Subtotal	19	
20. Excess exemptions	20	
21. Taxable long-term capital gains	21	
22. Tax on long-term capital gains	22	
23. Massachusetts available losses for carryover	23	



2021 Schedule INC

MA21INC011555

TEJASWI

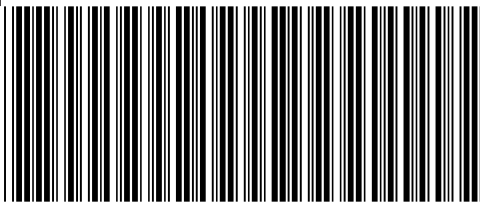
VYALLA

854756424

Form W-2 and 1099 Information

A. FEDERAL ID NUMBER	B. STATE TAX WITHHELD	C. STATE WAGES/INCOME	D. TAXPAYER SS WITHHELD	E. SPOUSE SS WITHHELD	F. SOURCE OF WITHHOLDING
272524034	3853	79060	6048		W2

TOTALS	3853	79060	6048		
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2021 Schedule NTS-L-NRPY

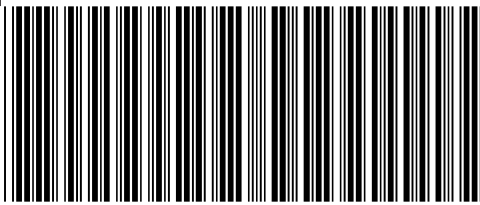
MA21021011555

No Tax Status and Limited Income Credit

854756424

Schedule NTS-L-NRPY. No Tax Status and Limited Income Credit

1. Total 5.0% income	1	71910
2. Adjustments to income	2	
3. Adjusted 5.0% income. Subtract line 2 from line 1. Do not enter if less than "0"	3	71910
4. Interest exemption used	4	
5. Adjusted gross interest, dividends and certain capital gains	5	5467
6. Long-term capital gain	6	
7. Additional income/loss while a nonresident/part-year resident	7	84
8. Total income. Combine lines 3 through 7	8	77461
9. Additional adjustments to income while a nonresident/part-year resident	9	
10. Massachusetts Adjusted Gross Income (AGI)	10	77461
If you are single and the total in line 10 is \$8,000 or less, you qualify for No Tax Status		
11. If married and filing a joint return, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,000 and add \$16,400 to that amount. If head of household, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,000 and add \$14,400 to that amount	11	
12. If you do not qualify for No Tax Status and you are married and filing a joint return, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,750 and add \$28,700 to that amount. If head of household, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,750 and add \$25,200 to that amount	12	
13. No Tax Status threshold	13	
14. Income for Limited Income Credit	14	
15. Tax before adjustments	15	
16. Tax for Limited Income Credit	16	
17. Limited Income Credit	17	



2021 Schedule E

MA21013041555

TEJASWI

VYALLA

854756424

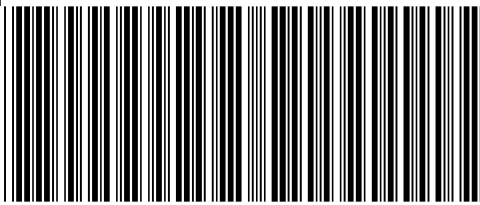
Income or Loss from Real Estate and Royalties

Income

1. Rents received	1	450
2. Royalties received	2	

Expenses

3. Advertising	3	
4. Auto and travel	4	
5. Cleaning and maintenance	5	800
6. Commissions	6	
7. Insurance	7	
8. Legal and other professional fees	8	
9. Management fees	9	1200
10. Mortgage interest paid to banks, etc.	10	
11. Other interest	11	
12. Repairs	12	1500
13. Supplies	13	1800
14. Taxes	14	
15. Utilities	15	2300
16. Other expenses	16	
17. Add lines 3 through 16	17	7600
18. Depreciation expense or depletion	18	
19. Total expenses. Add lines 17 and 18	19	7600
20. Income or loss from rental real estate or royalty properties	20	-7150
21. Deductible rental real estate loss	21	-7150
22. Income. Enter positive amounts shown on line 20	22	
23. Losses. Add royalty losses from line 20 and real estate losses from line 21	23	-7150
24. Rental real estate and royalty income or loss	24	-7150



2021 Schedule E, pg. 2

MA21013051555

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Income or Loss from Partnerships and S Corporations

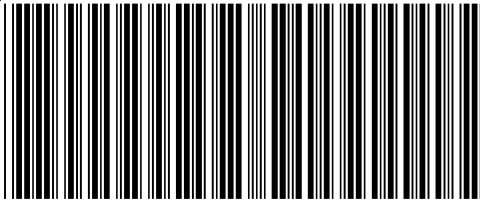
25. Passive loss allowed	25
26. Passive income	26
27. Non-passive loss	27
28. Section 179 expense deduction	28
29. Non-passive income	29
30. Combine lines 26 and 29	30
31. Combine lines 25, 27 and 28	31
32. Partnership and S corporation income or loss. Combine lines 30 and 31	32
33. Interest (other than MA banks) and dividends if included in line 32	33
34. Interest from Massachusetts banks if included in line 32	34
35. Total income or loss from partnerships and S corporations	35
36. Check if you are reporting any loss not allowed in a prior year due to the at-risk, or basis limitations; a prior year disallowed loss from a passive activity (was not reported on U.S. Form 8582) or un-reimbursed partnership expenses	

Income or Loss from Estates and Trusts

37. Passive deduction or loss allowed	37
38. Passive income	38
39. Non-passive deduction or loss	39
40. Non-passive other income	40
41. Add lines 38 and 40	41
42. Add lines 37 and 39	42
43. Estate and trust income or loss. Combine lines 41 and 42	43
44. Estate or non-grantor-type trust income	44
45. Grantor-type trust and non-Massachusetts estate and trust income	45
46. Interest and dividends if included in line 45	46
47. Adjustments to 5.0% income	47
48. Subtotal. Combine lines 46 and 47	48
49. Income or loss from grantor type and non-Mass estates and trusts	49

Income or Loss from REMICs

50. Excess inclusion	50
51. Taxable income or loss	51
52. Income	52
53. Combine lines 51 and 52	53



2021 Schedule E, pg. 3

MA21013061555

854756424

Farm Income

54. Net farm rental income or loss

54

Summary

55. Income or loss. Combine lines 24, 35, 49, 53 and 54

55

-7150

56. Massachusetts differences Enclose statements

56

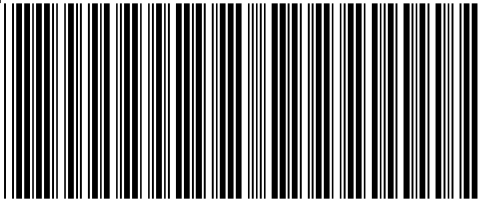
57. Abandoned building renovation deduction

57

58. Total income or loss. Combine lines 55 through 57

58

-7150



2021 Schedule E-1

MA21013011555

TEJASWI

VYALLA

854756424

H.NO:2-63

H.NO:2-63 MUNJAMPALLI PEDDAPALLI

Check one: Real estate Royalty Rental property used for short-term rentals

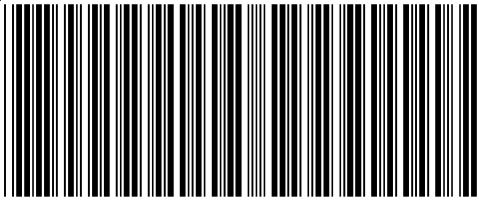
Income or Loss from Real Estate and Royalties

Income

1. Rents received	1	450
2. Royalties received	2	

Expenses

3. Advertising	3	
4. Auto and travel	4	
5. Cleaning and maintenance	5	800
6. Commissions	6	
7. Insurance	7	
8. Legal and other professional fees	8	
9. Management fees	9	1200
10. Mortgage interest paid to banks, etc	10	
11. Other interest	11	
12. Repairs	12	1500
13. Supplies	13	1800
14. Taxes	14	
15. Utilities	15	2300
16. Other expenses	16	
17. Add lines 3 through 16	17	7600
18. Depreciation expense or depletion	18	
19. Total expenses. Add lines 17 and 18	19	7600
20. Income or loss from rental real estate or royalty properties	20	-7150
21. Deductible rental real estate loss	21	-7150
22. Income. Enter positive amounts shown on line 20	22	
23. Losses. Enter royalty losses from line 20 or rental real estate loss from line 21	23	-7150
24. Rental real estate and royalty income or loss	24	-7150
25. Check if this rental property was used by you or your family for more than 14 days or more than 10 percent of the total number of days that the property was rented at fair market value		



2021 M-2210

MA21653011555

Underpayment of Massachusetts Estimated
Income Tax

TEJASWI VYALLA

854756424

You are a qualified farmer or fisherman filing and paying your full amount due on or before March 1, 2022.

You were a resident of Massachusetts for 12 months and not liable for taxes during 2020.

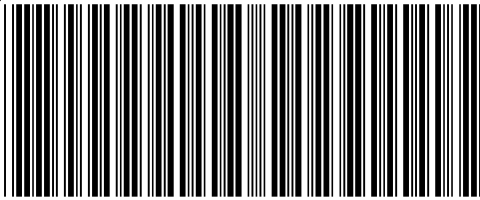
Your estimated payments and withholding equal or exceed your 2020 tax (where taxable year was 12 months and a return was filed).

Part 1. Required annual payment

1. 2021 tax	1	3932
2. Total credits	2	
3. Balance	3	3932
4. Enter 80% of line 3 or 66.667% of line 3 if you are a qualified farmer or fisherman	4	3146
5. Enter 2020 tax liability after credits	5	3504
6. Enter the smaller of line 4 or line 5	6	3146

Part 2. Figuring your underpayment

		- Installment due dates -			
		a. April 15, 2021	b. June 15, 2021	c. Sept. 15, 2021	d. Jan. 15, 2022
7. Enter in col's. a through d (respectively) the installment dates of the 15th day of the 4th, 6th and 9th months of the taxable year and the 1st month of the succeeding taxable year	7	04152021	06152021	09152021	01152022
8. Divide the amount in line 6 by the number of installments required for the year. Enter the result in the appropriate columns	8	786	786	787	787
9. Estimated taxes paid and taxes withheld for each installment	9	963	963	963	964
10. Overpayment of previous installments	10				
11. Total	11				
12. Overpayment	12				
13. Underpayment	13				



2021 M-2210 pg. 2

MA21653021555

Underpayment of Massachusetts Estimated
Income Tax

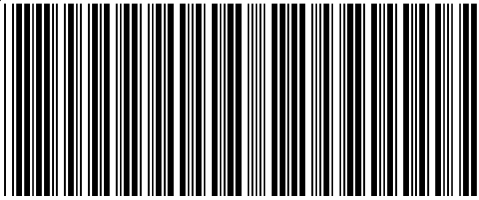
TEJASWI VYALLA

854756424

Part 3. Figuring your underpayment penalty

- 14. Enter the date you paid the amount in line 13 or the 15th day of the 4th month after the close of the taxable year, whichever is earlier 14
- 15. Number of days from the due date of installment to the date shown in line 14 15
- 16. Number of days in line 15 after 4/15/21 and before 7/1/21 16
- 17. Number of days in line 15 after 6/30/21 and before 10/1/21 17
- 18. Number of days in line 15 after 9/30/21 and before 1/1/22 18
- 19. Number of days in line 15 after 12/31/21 and before 4/15/22 19
- 20. Underpayment in line 13 × (number of days in line 16 ÷ 365) × 4% 20
- 21. Underpayment in line 13 × (number of days in line 17 ÷ 365) × 4% 21
- 22. Underpayment in line 13 × (number of days in line 18 ÷ 365) × 4% 22
- 23. Underpayment in line 13 × (number of days in line 19 ÷ 365) × 4% 23
- 24. Penalty. Add all amounts shown in lines 20 through 23. Enter this amount on Form 1, line 53; Form 1-NR/PY, line 57; or Form 3M 24

SEE STMT



2021 M-2210 pg. 3

MA21653031555

Underpayment of Massachusetts Estimated
Income Tax

TEJASWI VYALLA

854756424

Part 4. Annualized income installment method

- Installment due dates -

		Jan. 1-March 31	Jan. 1-May 31	Jan. 1-August 31	Jan. 1-Dec. 31
1. Taxable 5.0% income each period (including long-term capital gain income taxed at 5.0%)	1				
2. Annualization amount	2	4	2.4	1.5	1
3. Multiply line 1 by line 2	3				
4. Tax on amount in line 3. Multiply line 3 by .05	4				
5. Taxable 12% income each period	5				
6. Annualization amount	6	4	2.4	1.5	1
7. Multiply line 5 by line 6	7				
8. Tax on amount in line 7. Multiply line 7 by .12	8				
9. Total tax. Add lines 4 and 8	9				
10. Total credits	10				
11. Total tax after credits	11				
12. Applicable percentage	12	20%	40%	60%	80%
13. Multiply line 11 by line 12	13				
14. Enter the combined amounts of line 20 from all preceding periods		14			
15. Subtract line 14 from line 13. Not less than "0"	15				
16. Divide line 6 of Form M-2210 by 4 and enter result in each column	16				
17. Enter the amount from line 19 of this worksheet for the preceding column		17			
18. Add lines 16 and 17	18				
19. If line 18 is more than line 15, subtract line 15 from line 18. Otherwise enter "0"	19				
20. Enter the smaller of line 15 or line 18 here and on Form M-2210, line 8	20				

**Other Interest and Dividends
 Excluded Statement**

2021

▶ Attach to your return

Statement EXCL

Name as Shown on Return TEJASWI VYALLA		Social Security No. 854-75-6424
1	Any interest on U.S. debt obligations (including its territories or dependencies)	1
2	Any interest and dividends taxed directly to Massachusetts estates and trusts	2
3	Any distribution which is a return of capital included in total gross dividends, Schedule B, line 2	3
4	Any exempt portion of interest or dividends from a mutual fund included in Schedule B, lines 1, 2 or 3	4
5	Any interest or dividends from obligations of the Commonwealth of Massachusetts or its political subdivisions	5
6	Any dividends from current earnings of a corporate trust taxed directly on Massachusetts Form 3F.	6
7	Any interest on pre-retirement distributions from state and municipal contributory pension plans	7
8	Other: _____ _____ _____	8
9	Total to Schedule B, line 6a	9

Massachusetts Nonresident and Part-year Resident Excludable Interest and Dividends	
Note: Only use this worksheet if you are not filing as a full year Massachusetts resident.	
A	Total ordinary interest & dividends from Schedule B lines 1, 2, and 3 <u>84</u>
B	Enter interest and dividends included on line A which you received while living in Massachusetts from all sources, or were directly connected with business activity in Massachusetts <u>0</u>
C	Massachusetts excludable interest and dividends (A minus B). Also enter amount on Schedule B, line 6b. <u>84</u>

SCHEDULE D
(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

2021

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: **TEJASWI VYALLA** Your social security number: **854-75-6424**

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(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	203,446.	198,951.	1,015.	5,510.
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 (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss) . Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7 5,510.

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) 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	668.	711.		-43.
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 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss) . Combine lines 8a through 14 in column (h). Then, go to Part III on the back				15 -43.

Part III Summary

<p>16 Combine lines 7 and 15 and enter the result</p> <ul style="list-style-type: none"> • 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 line 22. • 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. 	16	5,467.
<p>17 Are lines 15 and 16 both gains?</p> <p><input type="checkbox"/> Yes. Go to line 18.</p> <p><input checked="" type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p>		
<p>18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet ▶</p>	18	
<p>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 ▶</p>	19	
<p>20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952?</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.</p>		
<p>21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:</p> <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p>	21 ()	
<p>22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?</p> <p><input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.</p> <p><input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>		

**SCHEDULE E
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

TEJASWI VYALLA

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.

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

OMB No. 1545-0074

2021

Attachment
Sequence No. **13**

Your social security number

854-75-6424

Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use 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 Yes No

B If "Yes," did you or will you file required Form(s) 1099? Yes No

1a Physical address of each property (street, city, state, ZIP code)

A H.NO:2-63 MUNJAMPALLI PEDDAPALLI ANDHRA PRADESH IN 505416

B

C

1b	Type of Property (from list below)	2	Fair Rental Days	Personal Use Days	QJV
A	3	For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	A 365	0	<input type="checkbox"/>
B			B		<input type="checkbox"/>
C			C		<input type="checkbox"/>

Type of Property:

- 1 Single Family Residence
- 2 Multi-Family Residence
- 3 Vacation/Short-Term Rental
- 4 Commercial
- 5 Land
- 6 Royalties
- 7 Self-Rental
- 8 Other (describe)

Income: **Properties:** **A** **B** **C**

3 Rents received **3** 450.

4 Royalties received **4**

Expenses:

5 Advertising **5**

6 Auto and travel (see instructions) **6**

7 Cleaning and maintenance **7** 800.

8 Commissions **8**

9 Insurance **9**

10 Legal and other professional fees **10**

11 Management fees **11** 1,200.

12 Mortgage interest paid to banks, etc. (see instructions) **12**

13 Other interest **13**

14 Repairs **14** 1,500.

15 Supplies **15** 1,800.

16 Taxes **16**

17 Utilities **17** 2,300.

18 Depreciation expense or depletion **18**

19 Other (list) ▶ **19**

20 Total expenses. Add lines 5 through 19 **20** 7,600.

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** -7,150.

22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) **22** (7,150.)() ()

23a Total of all amounts reported on line 3 for all rental properties **23a** 450.

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**

e Total of all amounts reported on line 20 for all properties **23e** 7,600.

24 **Income.** Add positive amounts shown on line 21. Do not include any losses **24**

25 **Losses.** Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here **25** (7,150.)

26 **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 **26** -7,150.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2021

Instructions for Form D-400V, Payment Voucher

What Is Form D-400V and Why Should You Use It?

It is a statement you send with your payment of a balance due on Form D-400. Using Form D-400V allows the Department to process your payment more accurately and efficiently. We strongly encourage you to use Form D-400V. (Do not use Form D-400V when making a payment of a balance due on an amended Form D-400. Use Form D-400V Amended.)

Making an Online Payment

To pay your tax via our online payment portal please visit www.ncdor.gov or use your mobile device to scan the QR code below.



Benefits of Paying Taxes Online

- Secure and convenient
- Schedule payments in advance
- Bank drafts (free), MasterCard or Visa (\$2 convenience fee for every \$100 paid)
- Your payment will be processed efficiently and you will receive receipt of payment.

Preparing and Sending Your Payment

- Make your check or money order payable in U.S. dollars to the **NC Department of Revenue**. **Note:** The Department will not accept a check, money order, or cashier's check unless it is drawn on a U.S. (domestic) bank and the funds are payable in U.S. dollars.
- Make sure your name and address appear on your check or money order.
- Enter "Tax Year and Form D-400," your daytime phone number, and your SSN on your check or money order. If you are filing a joint return, enter the SSN shown first on your return.

- Cut across the dotted line and send the completed voucher and your check or money order.

What if You File Electronically?

If you choose to file electronically and have a balance due, follow your transmitter's or preparer's instructions for making your payment.

Important Reminders

- **Do not** use this payment voucher if you pay your tax online.
- **Do not** staple, tape, paper clip or otherwise attach your check or money order to the voucher.
- **Do not** fold the voucher or check.
- **Do not** use this voucher to pay quarterly estimated tax.
- **Do not** use a photocopy of the voucher.
- **Do not** use another person's voucher.
- **Do not** send cash.



Cut Here



D-400V (50)

9-16-08

Individual Income Payment Voucher

North Carolina Department of Revenue

REV 03/29/22 PRO

854756424 VYAL 430 28217

TEJASWI VYALLA

430 WHITEWATER FALLS DR APT 638 For Calendar Year 2021

CHARLOTTE NC 28217

Taxpayer/Paid Preparer: SYAM PRIYA RAM SAGAR G

Date: 04 13 22 **Phone:** (678) 965-9522

AMOUNT OF THIS PAYMENT

This must match the amount shown on your check or money order.

\$

2.00

7270150106



Mail to:

NCDOR, PO Box 25000,
Raleigh, NC 27640-0640

20214 8547564244 0000000 06408

D-400 (50) 8-23-21 **2021 Individual Income Tax Return**

< Staple All Pages of Your Return and W-2s Here

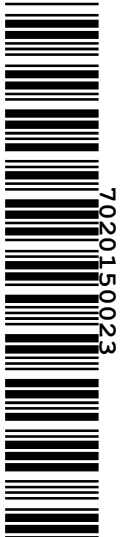
North Carolina Department of Revenue

Amended Return

DOR
Use
Only

For calendar year 2021, or fiscal year beginning <u>21</u> and ending _____		Are you a veteran? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
TEJASWI VYALLA 430 WHITEWATER FALLS DR 638 Your SSN: 854756424 CHARLOT NC 28217MECKL Spouse's SSN: _____		Is your spouse a veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>
Filing Status <input checked="" type="checkbox"/> 1. Single <input type="checkbox"/> 2. Married Filing Jointly <input type="checkbox"/> 3. Married Filing Separately <input type="checkbox"/> 4. Head of Household <input type="checkbox"/> 5. Qualifying Widow(er)		Were you granted an automatic extension to file your 2021 federal income tax return, e.g., Form 1040? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Were you a resident of N.C. for the entire year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Return for deceased taxpayer. Date of death: _____		Year spouse died: _____
Was your spouse a resident for the entire year? Yes <input type="checkbox"/> No <input type="checkbox"/> Return for deceased spouse. Date of death: _____		
N.C. Education Endowment Fund: You may contribute to the N.C. Education Endowment Fund by making a contribution or designating some or all of your overpayment to the Fund. To make a contribution, enclose Form NC-EDU and your payment of \$ <u>0</u> To designate your overpayment to the Fund, enter the amount of your designation on Page 2, Line 31. (See instructions for information about the Fund.)		
<input type="checkbox"/> Select box if you, or if married filing jointly, your spouse were out of the country on April 15, 2022, and a U.S. citizen or resident.		
<input type="checkbox"/> Select box if return is filed and signed by Executor, Administrator, or Court-Appointed Personal Representative.		

FS	1	PP	Y	DT	N	OC	N	TPRES	Y	SPRES	N	VT	N	SVT	N
VYAL	430	28217	DS	N	EA	N	TD			SD				FDEXT	N
TEJASWI		VYALLA						854756424				MECKL			
												NC	28217		
430	WHITEWATER FALLS DR			638	CHARLOTTE										
06		77461		16				3500		26C				0	
07		0		18	Y			0		26E				0	
09		0		20A				0		EU					
10A		0		20B				0		27				2	
10B		0		21A				0		29				0	
11	S	Y	I	N				0		30				0	
11		10750		21C				0		31				0	
13		00000		21D				0		32				0	
14		66711		26A				2		34				0	
15		3502		26B				0							
TN	8183843225			PN				6789659522		PP				P02082703	



Sign Return Below <input type="checkbox"/> Refund Due <u>0</u> <input checked="" type="checkbox"/> Payment Due <u>2</u>	
I declare and certify that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. <input type="checkbox"/> Check here if you authorize the North Carolina Department of Revenue to discuss this return and attachments with the paid preparer below.	
Your Signature _____ Date _____	Spouse's Signature (If filing joint return, both must sign.) _____ Date _____
8183843225 Contact Phone No. (Include area code)	
PAID PREPARER USE ONLY If prepared by a person other than taxpayer, this certification is based on all information of which the preparer has any knowledge.	
SYAM PRIYA RAM SAGAR GUPT 04 13 22 6789659522	P02082703
Preparer's Signature _____ Date _____	Preparer's Contact Phone Number (Include area code) _____
Preparer's FEIN, SSN, or PTIN _____	
If REFUND, mail return to: N.C. DEPT. OF REVENUE, P.O. BOX R, RALEIGH, NC 27634-0001 If you ARE NOT due a refund, mail return, any payment, and D-400V to: N.C. DEPT. OF REVENUE, P.O. BOX 25000, RALEIGH, NC 27640-0640	

D-400 Line-by-Line Information

6.	Federal Adjusted Gross Income	6.	77461
7.	Additions to Federal Adjusted Gross Income	7.	0
8.	Add Lines 6 and 7	8.	77461
9.	Deductions From Federal Adjusted Gross Income	9.	0
10.	Child Deduction		
	a. Enter the number of qualifying children for whom you were allowed a federal child tax credit	10a.	0
	b. Enter the amount of the child deduction	10b.	0
11.	N.C. Standard Deduction	11.	Y
11.	N.C. Itemized Deduction	11.	N
11.	Deduction amount	11.	10750
12.	a. Add Lines 9, 10b, and 11	12a.	10750
	b. Subtract amount on Line 12a from Line 8	12b.	66711
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.0000
14.	N.C. Taxable Income	14.	66711
15.	N.C. Income Tax	15.	3502
16.	Tax Credits	16.	3500
17.	Subtract Line 16 from Line 15	17.	2
18.	Consumer Use Tax	18.	0
	You certify that no Consumer Use Tax is due		Y
19.	Add Lines 17 and 18	19.	2

North Carolina Income Tax Withheld

20a.	Your tax withheld	20a.	0
20b.	Spouse's tax withheld	20b.	0

Other Tax Payments

21a.	2021 estimated tax	21a.	0
21b.	Paid with extension	21b.	0
21c.	Partnership	21c.	0
21d.	S Corporation	21d.	0
22.	Amended Returns Only - Previous payments	22.	0
23.	Total Payments	23.	0
24.	Amended Returns Only - Previous refunds	24.	0
25.	Subtract Line 24 from Line 23	25.	0
26a.	Tax Due	26a.	2
26b.	Penalties	26b.	0
26c.	Interest	26c.	0
26d.	Add Lines 26b and 26c and enter the total on 26d	26d.	0
EU	Exception to Underpayment of Estimated Tax	EU	
26e.	Interest on the Underpayment of Estimated Income Tax	26e.	0
27.	Pay this Amount	27.	2
28.	Overpayment	28.	0

Amount of Refund to Apply to:

29.	Amount of Line 28 to be applied to 2022 Estimated Income Tax	29.	0
30.	N.C. Nongame and Endangered Wildlife Fund	30.	0
31.	N.C. Education Endowment Fund	31.	0
32.	N.C. Breast and Cervical Cancer Control Program	32.	0
33.	Add Lines 29 through 32	33.	0
34.	Amount to be Refunded	34.	0

D-400TC (50)

12-1-21

2021 Individual Income Tax Credits

North Carolina Department of Revenue

DOR Use Only

If you claim a tax credit on Form D-400, Line 16, you must attach this form to the return. Otherwise, the tax credit may be disallowed.

Important: Refer to the instructions before completing this form.

Last Name (First 10 Characters) VYALLA Your Social Security Number 854756424

Table with 8 columns: Line, Amount, Code, Count, Code, Amount, Code, Amount. Rows include 01-07A with values like 77461, 07B, 1, 10A, 0, 13, 0.

Part 1. Credit for Income Tax Paid to Another State or Country - N.C. Residents Only

If you claim a tax credit for taxes paid to more than one state or country, do not complete Lines 1-6. Instead, complete the "Out-of-State Tax Credit Worksheet" in the instructions to determine the amount to enter on Line 7a.

Table with 3 columns: Description, Line, Amount. Rows include Total income from all sources while a resident of N.C. modified by N.C. adjustments to federal gross income (1, 77461) and Credit for Income Tax Paid to Another State or Country (7a, 3500).

Part 2. Credits for Rehabilitating Historic Structures

On Lines 8a, 9a, 10a, and 11a, enter the amount of expenditures or expenses only if tax year 2021 is the first year the credit is taken.

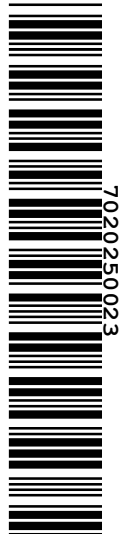
Note: For Lines 8a and 9a, the expenditures and expenses must have been incurred prior to January 1, 2015.

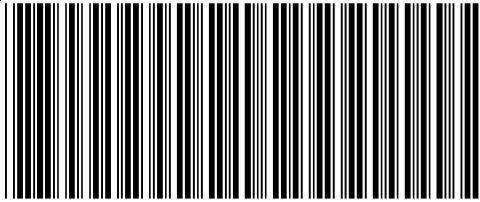
On Lines 8b, 9b, 10b, 11b, 12, and 13, enter the amount of the tax credit taken.

Table with 3 columns: Description, Line, Amount. Rows include An income-producing historic structure (Article 3D) (8a, 0) and An income-producing historic structure (Article 3L) (12, 0).

Part 3. Computation of Total Tax Credits to be Taken for Tax Year 2021

Table with 3 columns: Description, Line, Amount. Rows include Tax credits carried over from previous year (14, 0) and Total Tax Credits to be Taken for Tax Year 2021 (20, 3500).





2021 Form 1-NR/PY

MA21006011555

**Massachusetts Nonresident/Part-Year Resident
Income Tax Return**

For the year January 1–December 31, 2021 or other taxable

Year beginning Ending

TEJASWI

VYALLA

854756424

430 WHITEWATER FALLS DR

CHARLOTTE

NC 28217
638

Fill in if: Amended return Other jurisdiction change Federal amendment Amended return due to IRS BBA Partnership Audit

State Election Campaign Fund:

Fill in if veteran of Operations Enduring Freedom, Iraqi Freedom, Noble Eagle or Sinai Peninsula

Fill in if name change

Taxpayer deceased

Fill in if under age 18

Check one: Nonresident

Part-year resident

Filing as both nonresident and part-year resident

Nonresident composite

a. Total federal income 77461

b. Federal adjusted gross income 77461

1. Filing status (select one only):

Single

Married filing jointly

Married filing separate return

Head of household

You are a custodial parent who has released claim to exemption for child(ren)

2. Part-year residents. Enter dates as Massachusetts resident: From To

3. Total days as Massachusetts resident ÷ 365 = 3

SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.

Your signature

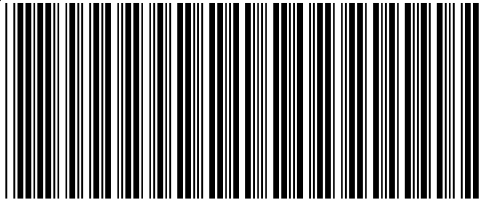
Date

Spouse's signature

Date

818-384-3225

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST



2021 Form 1-NR/PY, pg. 2

MA21006021555

Massachusetts Nonresident/

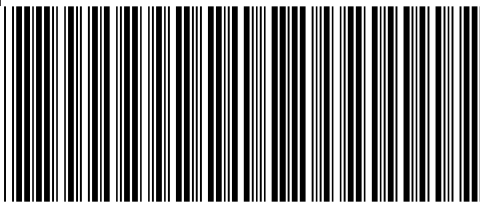
Part-Year Resident Income Tax Return

854756424

4. Exemptions:

a. Personal exemptions		4a	4400	
b. Number of dependents. (Do not include yourself or your spouse.) Enter number		$\times \$1,000 =$ 4b		
c. Age 65 or over before 2022	You + Spouse =	$\times \$700 =$ 4c		
d. Blindness	You + Spouse =	$\times \$2,200 =$ 4d		
e. Medical/dental		4e		
f. Adoption		4f		
g. Total exemptions. Add items 4a through 4f. Enter here and on line 22a		4g	4400	
5. Wages, salaries, tips		5	79060	
6. Taxable pensions and annuities		6		
7. Mass. bank interest: a.	- b. exemption	= 7		
8. Business/profession income/loss a.	+ b. Farming income/loss	= 8		
9. Rental, royalty and REMIC, partnership, S corp., trust income/loss		9	-7150	
10a. Unemployment		10a		
10b. Mass. lottery winnings		10b		
11. Other income		11		
12. TOTAL 5.0% INCOME		12	71910	
13. NONRESIDENT APPORTIONMENT WORKSHEET. You cannot apportion Mass. wages as shown on Form W-2. Do not use this worksheet if you know the exact amount of your Mass. source income. Only use when income from employment/business is earned both inside and outside Mass. and the exact Mass. amount is not known. Basis:				
	working days	miles	sales	other:
Working days (or other basis) outside Massachusetts				13a
Working days (or other basis) inside Massachusetts				13b
Total working days				13c
Nonworking days (holidays, weekends, etc.)				13d
Massachusetts ratio				13e
Total income being apportioned. You cannot apportion Massachusetts wages as shown on Form W-2				13f
Massachusetts income				13g

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1



2021 Form 1-NR/PY, pg. 3

MA21006031555

Massachusetts Nonresident/
Part-Year Resident Income Tax Return

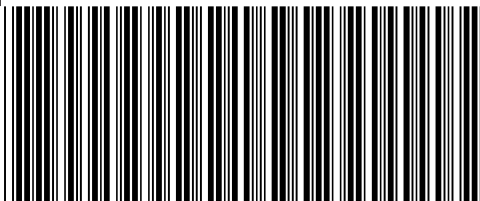
TEJASWI

VYALLA

854756424

14. NONRESIDENT DEDUCTION AND EXEMPTION RATIO		
a. Total 5.0% income	14a	71910
b. Interest income	14b	
c. Total capital gain income	14c	5510
d. Total income this return	14d	77420
e. Non-Massachusetts source income. Not less than "0"	14e	84
f. Total income	14f	77504
g. Deduction and exemption ratio	14g	0.9989
15a. Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass. Retirement	15a	2000
15b. Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement	15b	
16. Reserved for future use	16	
17. Reserved for future use	17	
18. Rental deduction. a.	$\div 2 = 18$	
Nonresidents, fill in if during 2021 you did not have a family home or any dwelling outside Massachusetts to which you generally or customarily returned or intend to return in the future		
19. Other deductions from Schedule Y, line 19	19	
20. Total deductions. Add lines 15 through 19	20	2000
21. 5.0% INCOME AFTER DEDUCTIONS. Subtract line 20 from line 12. Not less than "0"	21	69910
22. Exemption amount. a. 4400	22	4395
23. 5.0% INCOME AFTER EXEMPTIONS. Subtract line 22 from line 21. Not less than "0"	23	65515
24. INTEREST AND DIVIDEND INCOME	24	
25. TOTAL TAXABLE 5.0% INCOME. Add lines 23 and 24	25	65515
26. TAX ON 5.0% INCOME. Note: If choosing the optional 5.85% tax rate, fill in and multiply line 25 and the amount in Schedule D, line 21 by .0585	26	3276

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1



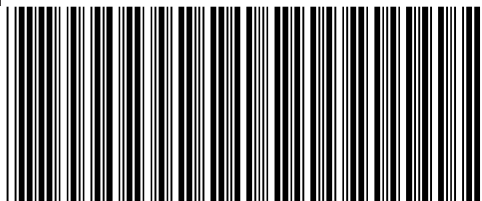
2021 Form 1-NR/PY, pg. 4

MA21006041555

Massachusetts Nonresident/
Part-Year Resident Income Tax Return
854756424

27.	12% INCOME. Not less than "0." a.	5467	x .12 =27	656
28.	TAX ON LONG-TERM CAPITAL GAINS. Not less than "0." Fill in if filing Schedule D-IS Fill in if any excess exemptions were used in calculating lines 24, 27 or 28		28	
29.	Credit recapture amount (from Credit Recapture Schedule)		29	
30.	Additional tax on installment sale		30	
31.	If you qualify for No Tax Status, fill in and enter "0" on line 32			
32.	TOTAL INCOME TAX. Add lines 26 through 30.		32	3932
33.	Limited Income Credit		33	
34.	Income tax due to another state or jurisdiction		34	
35.	Other credits (from Credit Manager Schedule)		35	
36.	INCOME TAX AFTER CREDITS. Subtract the total of lines 33 through 35 from line 32. Not less than "0"		36	3932
37.	Voluntary Contributions			
	a. Endangered Wildlife Conservation		37a	
	b. Organ Transplant Fund		37b	
	c. Massachusetts Public Health HIV and Hepatitis Fund		37c	
	d. Massachusetts U.S. Olympic Fund		37d	
	e. Massachusetts Military Family Relief Fund		37e	
	f. Homeless Animal Prevention and Care		37f	
	Total. Add lines 37a through 37f		37	
38.	Use tax due on Internet, mail order and other out-of-state purchases		38	
39.	Health care penalty a. You + b. Spouse		39	
40.	Amended return only. Overpayment from original return		40	
41.	INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX. Add lines 36 through 40		41	3932

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1



2021 Form 1-NR/PY, pg. 5

MA21006051555

Massachusetts Nonresident/
Part-Year Resident Income Tax Return
854756424

Table with 4 columns: Line number, Description, Amount, and Total. Includes items like Massachusetts income tax withheld, Earned Income Credit, and Total tax due.

Direct deposit of refund. Type of account: checking, savings

RTN # account #

Table with 4 columns: Line number, Description, Amount, and Total. Includes Tax due, Interest, and Penalty.

May the Department of Revenue discuss this return with the preparer shown here?

I do not want preparer to file my return electronically

Print paid preparer's name
SYAM PRIYA RAM SAGAR GUPTA TALLAM

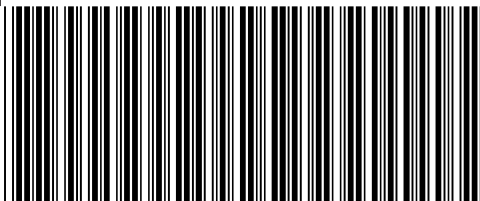
Paid preparer's signature

SYAM PRIYA RAM SAGAR GUPTA TALLAM

Yes (this may delay your refund)
Date 04132022
Paid preparer's phone 678-965-9522

Paid preparer's SSN/PTIN P02082703
Paid preparer's EIN 30-1017196

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1



2021 Schedule B

MA21010011555

TEJASWI

VYALLA

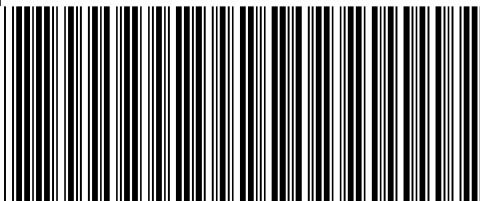
854756424

Part 1. Interest and Dividend Income

1. Total interest income	1	
2. Total ordinary dividends	2	84
3. Other interest and dividends not included above	3	
4. Total interest and dividends	4	84
5. Total interest from Massachusetts banks	5	
6a. Other interest and dividends to be excluded	6a	
6b. Part-year/Nonresidents only	6b	84
7. Subtotal	7	
8. Allowable deductions from your trade or business	8	
9. Subtotal	9	

Part 2. Short-Term Capital Gains/Losses and Long-Term Gains on Collectibles

10. Massachusetts short-term capital gains	10	5510
11. Massachusetts long-term capital gains on collectibles and pre-1996 installment sales	11	
12. Massachusetts gain on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less	12	
13a. Add lines 10 through 12	13a	5510
13b. Part-year/Nonresidents only	13b	
13c. Subtract line 13b from line 13a. Not less than 0	13c	5510
14. Allowable deductions from your trade or business	14	
15. Subtotal	15	5510
16. Massachusetts short-term capital losses	16	
17. Massachusetts loss on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less	17	
18. Prior short-term unused losses for years beginning after 1981	18	



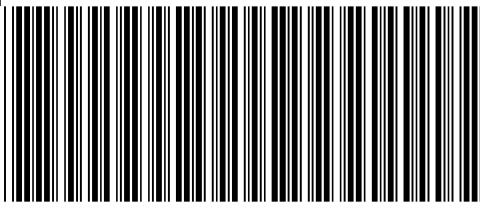
2021 Schedule B, pg. 2

854756424 MA21010021555

19a.	Combine lines 15 through 18	19a	5510
19b.	Part-year/Nonresidents only	19b	
19c.	Exclude line 19b losses from line 19a	19c	5510
20.	Short-term losses applied against interest and dividends	20	
21.	Available short-term losses	21	
22.	Short-term losses applied against long-term gains	22	
23.	Short-term losses available for carryover in 2022	23	
24.	Short-term gains and long-term gains on collectibles	24	5510
25.	Long-term losses applied against short-term gain	25	43
26.	Subtotal	26	5467
27.	Long-term gains deduction	27	
28.	Short-term gains after long-term gains deduction	28	5467

Part 3. Adjusted Gross Interest, Dividends, Short-Term Capital Gains and Long-Term Gains on Collectibles

29.	Enter the amount from line 9	29	
30.	Short-term losses applied against interest and dividends	30	
31.	Subtotal interest and dividends	31	
32.	Long-term losses applied against interest and dividends	32	
33.	Adjusted interest and dividends	33	
34.	Enter the amount from line 28	34	5467
35.	Adjusted gross interest, dividends and certain capital gains	35	5467
36.	Excess exemptions	36	
37.	Subtract line 36 from line 35	37	5467
38.	Interest and dividends taxable at 5.0%	38	
39.	Taxable 12% capital gains	39	5467
40.	Available short-term losses for carryover in 2022	40	



2021 Schedule D

MA21012011555

Long-Term Capital Gains and Losses

Excluding Collectibles

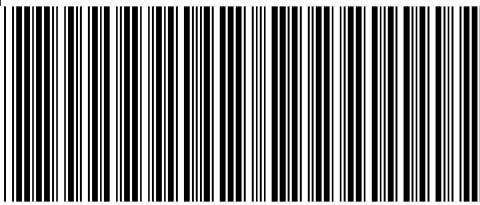
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Part 1. Long-Term Capital Gains and Losses, Excluding Collectibles

1. Enter amounts from U.S. Schedule D, lines 8a and 8b, col. h	1	-43
2. Enter amounts from U.S. Schedule D, line 9, col. h	2	
3. Enter amounts from U.S. Schedule D, line 10, col. h	3	
4. Enter amounts from U.S. Schedule D, line 11, col. h	4	
5. Enter amounts from U.S. Schedule D, line 12, col. h	5	
6. Enter amounts from U.S. Schedule D, line 13, col. h.	6	
7. Massachusetts long-term capital gains and losses included in U.S. Form 4797, Part II	7	
8. Carryover losses from prior years	8	
9. Combine lines 1 through 8	9	-43
10a. Massachusetts adjustments	10a	
10b. Part-year/Nonresidents only	10b	
10c. Combine lines 10a and 10b	10c	
11. Massachusetts capital gains and losses	11	-43
12. Long-term gains on collectibles and pre-1996 installment sales	12	
13. Subtotal	13	-43
14. Capital losses applied against capital gains	14	43
15. Subtotal	15	
16. Long-term capital losses applied against interest and dividends	16	
17. Subtotal	17	
18. Allowable deductions from your trade or business	18	
19. Subtotal	19	
20. Excess exemptions	20	
21. Taxable long-term capital gains	21	
22. Tax on long-term capital gains	22	
23. Massachusetts available losses for carryover	23	



2021 Schedule INC

MA21INC011555

TEJASWI

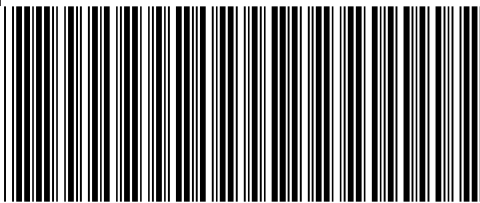
VYALLA

854756424

Form W-2 and 1099 Information

A. FEDERAL ID NUMBER	B. STATE TAX WITHHELD	C. STATE WAGES/INCOME	D. TAXPAYER SS WITHHELD	E. SPOUSE SS WITHHELD	F. SOURCE OF WITHHOLDING
272524034	3853	79060	6048		W2

TOTALS	3853	79060	6048		
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2021 Schedule NTS-L-NRPY

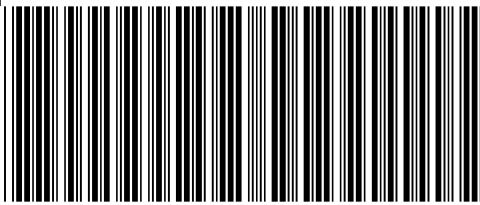
MA21021011555

No Tax Status and Limited Income Credit

854756424

Schedule NTS-L-NRPY. No Tax Status and Limited Income Credit

1. Total 5.0% income	1	71910
2. Adjustments to income	2	
3. Adjusted 5.0% income. Subtract line 2 from line 1. Do not enter if less than "0"	3	71910
4. Interest exemption used	4	
5. Adjusted gross interest, dividends and certain capital gains	5	5467
6. Long-term capital gain	6	
7. Additional income/loss while a nonresident/part-year resident	7	84
8. Total income. Combine lines 3 through 7	8	77461
9. Additional adjustments to income while a nonresident/part-year resident	9	
10. Massachusetts Adjusted Gross Income (AGI)	10	77461
If you are single and the total in line 10 is \$8,000 or less, you qualify for No Tax Status		
11. If married and filing a joint return, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,000 and add \$16,400 to that amount. If head of household, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,000 and add \$14,400 to that amount	11	
12. If you do not qualify for No Tax Status and you are married and filing a joint return, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,750 and add \$28,700 to that amount. If head of household, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,750 and add \$25,200 to that amount	12	
13. No Tax Status threshold	13	
14. Income for Limited Income Credit	14	
15. Tax before adjustments	15	
16. Tax for Limited Income Credit	16	
17. Limited Income Credit	17	



2021 Schedule E

MA21013041555

TEJASWI

VYALLA

854756424

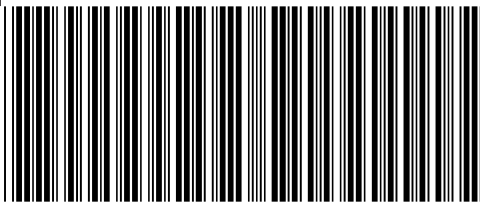
Income or Loss from Real Estate and Royalties

Income

1. Rents received	1	450
2. Royalties received	2	

Expenses

3. Advertising	3	
4. Auto and travel	4	
5. Cleaning and maintenance	5	800
6. Commissions	6	
7. Insurance	7	
8. Legal and other professional fees	8	
9. Management fees	9	1200
10. Mortgage interest paid to banks, etc.	10	
11. Other interest	11	
12. Repairs	12	1500
13. Supplies	13	1800
14. Taxes	14	
15. Utilities	15	2300
16. Other expenses	16	
17. Add lines 3 through 16	17	7600
18. Depreciation expense or depletion	18	
19. Total expenses. Add lines 17 and 18	19	7600
20. Income or loss from rental real estate or royalty properties	20	-7150
21. Deductible rental real estate loss	21	-7150
22. Income. Enter positive amounts shown on line 20	22	
23. Losses. Add royalty losses from line 20 and real estate losses from line 21	23	-7150
24. Rental real estate and royalty income or loss	24	-7150



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Income or Loss from Partnerships and S Corporations

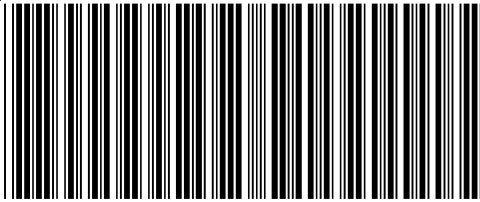
25. Passive loss allowed	25
26. Passive income	26
27. Non-passive loss	27
28. Section 179 expense deduction	28
29. Non-passive income	29
30. Combine lines 26 and 29	30
31. Combine lines 25, 27 and 28	31
32. Partnership and S corporation income or loss. Combine lines 30 and 31	32
33. Interest (other than MA banks) and dividends if included in line 32	33
34. Interest from Massachusetts banks if included in line 32	34
35. Total income or loss from partnerships and S corporations	35
36. Check if you are reporting any loss not allowed in a prior year due to the at-risk, or basis limitations; a prior year disallowed loss from a passive activity (was not reported on U.S. Form 8582) or un-reimbursed partnership expenses	

Income or Loss from Estates and Trusts

37. Passive deduction or loss allowed	37
38. Passive income	38
39. Non-passive deduction or loss	39
40. Non-passive other income	40
41. Add lines 38 and 40	41
42. Add lines 37 and 39	42
43. Estate and trust income or loss. Combine lines 41 and 42	43
44. Estate or non-grantor-type trust income	44
45. Grantor-type trust and non-Massachusetts estate and trust income	45
46. Interest and dividends if included in line 45	46
47. Adjustments to 5.0% income	47
48. Subtotal. Combine lines 46 and 47	48
49. Income or loss from grantor type and non-Mass estates and trusts	49

Income or Loss from REMICs

50. Excess inclusion	50
51. Taxable income or loss	51
52. Income	52
53. Combine lines 51 and 52	53



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Farm Income

54. Net farm rental income or loss

54

Summary

55. Income or loss. Combine lines 24, 35, 49, 53 and 54

55

-7150

56. Massachusetts differences Enclose statements

56

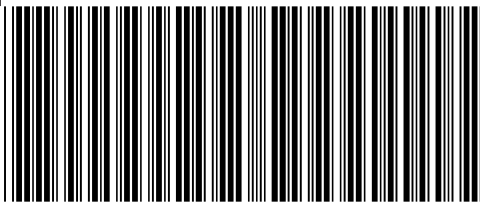
57. Abandoned building renovation deduction

57

58. Total income or loss. Combine lines 55 through 57

58

-7150



2021 Schedule E-1

MA21013011555

TEJASWI

VYALLA

854756424

H.NO:2-63

H.NO:2-63 MUNJAMPALLI PEDDAPALLI

Check one: Real estate Royalty Rental property used for short-term rentals

Income or Loss from Real Estate and Royalties

Income

1. Rents received	1	450
2. Royalties received	2	

Expenses

3. Advertising	3	
4. Auto and travel	4	
5. Cleaning and maintenance	5	800
6. Commissions	6	
7. Insurance	7	
8. Legal and other professional fees	8	
9. Management fees	9	1200
10. Mortgage interest paid to banks, etc	10	
11. Other interest	11	
12. Repairs	12	1500
13. Supplies	13	1800
14. Taxes	14	
15. Utilities	15	2300
16. Other expenses	16	
17. Add lines 3 through 16	17	7600
18. Depreciation expense or depletion	18	
19. Total expenses. Add lines 17 and 18	19	7600
20. Income or loss from rental real estate or royalty properties	20	-7150
21. Deductible rental real estate loss	21	-7150
22. Income. Enter positive amounts shown on line 20	22	
23. Losses. Enter royalty losses from line 20 or rental real estate loss from line 21	23	-7150
24. Rental real estate and royalty income or loss	24	-7150
25. Check if this rental property was used by you or your family for more than 14 days or more than 10 percent of the total number of days that the property was rented at fair market value		

**Other Interest and Dividends
 Excluded Statement**

2021

▶ Attach to your return

Statement EXCL

Name as Shown on Return TEJASWI VYALLA		Social Security No. 854-75-6424
1	Any interest on U.S. debt obligations (including its territories or dependencies)	1
2	Any interest and dividends taxed directly to Massachusetts estates and trusts	2
3	Any distribution which is a return of capital included in total gross dividends, Schedule B, line 2	3
4	Any exempt portion of interest or dividends from a mutual fund included in Schedule B, lines 1, 2 or 3	4
5	Any interest or dividends from obligations of the Commonwealth of Massachusetts or its political subdivisions	5
6	Any dividends from current earnings of a corporate trust taxed directly on Massachusetts Form 3F.	6
7	Any interest on pre-retirement distributions from state and municipal contributory pension plans	7
8	Other: _____ _____ _____ _____	8
9	Total to Schedule B, line 6a	9

Massachusetts Nonresident and Part-year Resident Excludable Interest and Dividends	
Note: Only use this worksheet if you are not filing as a full year Massachusetts resident.	
A	Total ordinary interest & dividends from Schedule B lines 1, 2, and 3 <u>84</u>
B	Enter interest and dividends included on line A which you received while living in Massachusetts from all sources, or were directly connected with business activity in Massachusetts <u>0</u>
C	Massachusetts excludable interest and dividends (A minus B). Also enter amount on Schedule B, line 6b. <u>84</u>