Form 8879
(Rev. January 2021)
Department of the Treasury

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

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

Submission Identification Number (SID)

T.....

Taxpayer's name	Social security number						
NIKHIL SHRAVAN KRI SANKA	027-02-6165						
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 96,893.						
2 Total tax	2 14,234.						
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 15,732.						
4 Amount you want refunded to you	4 1,498.						
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 periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

X I authorize GLOBAL TAXES LLC to enter or generat
--

2	6	1	6	5	
Ent don	as my				

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

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

Your signature

Date

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

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

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

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

Spouse's signature ►	Da	ate 🕨	•					 		
Practitioner PIN Method Returns Only—continue below										
Part III Certification and Authentication – Practitioner PIN Metho	d Only									
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selecte	ed PIN.	5	8				 6 all zer	 9	8 9	Э

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							
For Denemicarly Deduction Act Nation and ve	w tow waterwa in otwestigns		Earm 8879 (Bay, 01 2021)				

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

E1040	· ·	artment of the Treasury-Internal Revenue Serv S. Individual Income Tax		(99) urn	202	21	OMB No. 154	45-0074	IRS Us	se Only	—Do not v	vrite or staple	in this space.	
Filing Status Check only one box.	lf yo	Single D Married filing jointly u checked the MFS box, enter the r on is a child but not your dependen	ame of	-	separately ouse. If you					,		, 0	low(er) (QW) ne qualifying	
Your first name	e and mi	iddle initial	Last na	me							Your so	cial securi	ty number	
NIKHIL	SHRA	VAN KRI	SANK	A							027-	02-616	5	
lf joint return, s	spouse's	first name and middle initial	Last na	me							Spouse	's social se	curity number	
4704 TO	WNE :	er and street). If you have a P.O. box, see SQUARE DR				04-	4-		Apt. no. 2532		Presidential Election Campaigr Check here if you, or your spouse if filing jointly, want \$3			
	DOST OTH	ce. If you have a foreign address, also co	omplete s	paces be	IOW.	Sta		ZIP c			to go to this fund. Checking			
PLANO									024			ow will not	0	
Foreign countr	y name			oreign p	rovince/stat	e/count	ty	Forei	gn postal	code	your ta	x or refund		
At any time du	uring 20	021, did you receive, sell, exchange	, or othe	rwise di	spose of a	ny fina	ancial interes	t in any	virtual	curre	ncy?	Yes	X No	
Standard Deduction	_	eone can claim:	•				a dependen [:] 1	t						
Age/Blindnes	s You:	Were born before January 2, 1	957	Are b	lind S	pouse	: 🗌 Was b	orn bef	ore Jani	uary 2	2, 1957	ls b	lind	
Dependent	s (see	instructions):		(2) \$	Social secur	ity	(3) Relation	ship	(4)	🖊 if qu	ualifies fo	r (see instru	uctions):	
If more	(1) F	irst name Last name			number		to you		Child tax c		redit	Credit for ot	her dependents	
than four														
dependents, see instruction	s —													
and check														
here 🕨 📃														
	1	Wages, salaries, tips, etc. Attach I	orm(s) ۱-	W-2 .	· · ·						. 1	1	02,893.	
Attach Sch. B if	2a	Tax-exempt interest	2a			bΤ	axable intere	est .			. 2b)		
required.	<u>3a</u>	Qualified dividends	3a			bС	Ordinary divid	lends .			. 3b)		
) 4a	IRA distributions	4a			bΤ	axable amou	unt			. 4b)		
	5a	Pensions and annuities	5a			bΤ	axable amou	unt			. 5b)		
Standard	6a	, <u>,</u>	6a				axable amou			• _	. 6b)		
 Deduction for – Single or 	7	Capital gain or (loss). Attach Sche	dule D if	f require	d. If not re	quired	, check here				_ 7	-		
Married filing	8	Other income from Schedule 1, lin								•	. 8		-6,000.	
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,			our total in	come				.	▶ 9		96,893.	
 Married filing jointly or 	10	Adjustments to income from Sche	,							•	. 10			
Qualifying	11	Subtract line 10 from line 9. This is	,	•	•		· · ·				► <u>11</u>		96,893.	
widow(er), \$25,100	12a	Standard deduction or itemized		`		,		2a	12	,550				
 Head of household, 	b	Charitable contributions if you take	the star	ndard de	duction (se	e instr	ructions) 1	2b		300	0.			
\$18,800	c											C	12,850.	
 If you checked any box under 	13	Qualified business income deduct												
Standard	14												12,850.	
Deduction, see instructions.	15	Taxable income. Subtract line 14	from lin	e 11. lf z	zero or less	s, ente	er-0				. 15	5 3	84,043.	

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

Form **1040** (2021)

Form 1040 (202	1)								Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3 🗌		16	14,234.
	17	Amount from Schedule 2, lin	ie3					17	
	18	Add lines 16 and 17						18	14,234.
	19	Nonrefundable child tax cree	dit or credit for c	ther depender	nts from Schedul	e8812		19	
	20	Amount from Schedule 3, lin	ie8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	14,234.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is	your total tax				. 🕨	24	14,234.
	25	Federal income tax withheld	from:			1 1			
	а	Form(s) W-2				25a 15	,732.	_	
	b	Form(s) 1099				25b		_	
	С	Other forms (see instructions	,			25c		-	
	d	Add lines 25a through 25c						25d	15,732.
If you have a	26	2021 estimated tax payment						26	
qualifying child, attach Sch. EIC. [27a	Earned income credit (EIC)				27a		_	
		Check here if you were a January 2, 2004, and you							
		taxpayers who are at least a							
	b	Nontaxable combat pay elec	-	1 1					
	с	Prior year (2019) earned inco							
	28	Refundable child tax credit or	additional child	tax credit from	Schedule 8812	28			
	29	American opportunity credit	from Form 8863	8, line 8		29		1	
	30	Recovery rebate credit. See	instructions .			30			
	31	Amount from Schedule 3, lin	ie 15			31			
	32	Add lines 27a and 28 throug	h 31. These are	your total oth	er payments an	d refundable cred	lits 🕨	32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments			. 🕨	33	15,732.
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amou	int you overpaid		34	1,498.
neiunu	35a	Amount of line 34 you want	refunded to you	. If Form 8888	is attached, che	eck here		35a	1,498.
Direct deposit?	►b	Routing number 0 8 1	0 0 0 0	3 2	► c Type: 🛛	Checking 🗌	Savings		
See instructions.	►d	Account number 3 5 5	0 0 4 5	9 6 3 !	5 9				
	36	Amount of line 34 you want a	applied to your	2022 estimate	ed tax 🕨	36			
Amount	37	Amount you owe. Subtract	line 33 from line	24. For detail	s on how to pay,	see instructions	. 🕨	37	
You Owe	38	Estimated tax penalty (see in	nstructions) .		🕨	38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	m with the IRS?				_
Designee	ins	tructions				. 🕨 🗌 Yes. Co	omplete k	below.	X No
		signee's ne ►		Phone no.			onal identi ber (PIN) 🖡		
0:000		der penalties of perjury, I declare t	hat I have examine						t of my knowlodgo and
Sign		ief, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation		If the	IRS ser	nt you an Identity
		C C C C C C C C C C C C C C C C C C C							N, enter it here
Joint return?					SOFTWARE			inst.) 🕨	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, k	ooth must sign.	Date	Spouse's occupa	tion			nt your spouse an action PIN, enter it here
your records.								inst.) 🕨	
	Ph	one no. (816)756-901	5	Email address	NTKHTLKRTSH	NAS97@GMAIL.CC	M		
		parer's name	Preparer's signat		<u> </u>	Date	PTIN		Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	1 04/01/2022	P0208	2703	Self-employed
Preparer		n's name ► GLOBAL TAX							678)965-9522
Use Only		n's address ► 2530 Pebb		n Cummin	q GA 30041			's EIN ►	
Go to www.irs.g		n1040 for instructions and the late			BAA	REV 03/26/22 PRO			Form 1040 (2021)
					BUNA				

SCHEDULE	1
(Form 1040)	

Department of the Treasury

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.

20 1 Attachment

OMB No. 1545-0074

Internal Revenue Service	► Go to www.irs.gov/Form1040 for instructions and the latest information.								
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soc	ial security number						
NIKHIL SHRAVAN	KRI SANKA	027-02	-6165						
Part Additio	onal Income								

1 Taxable refunds, credits, or offsets of state and local income taxes	0.
b Date of original divorce or separation agreement (see instructions) ▶ 3 3 Business income or (loss). Attach Schedule C 3 4 Other gains or (losses). Attach Form 4797 4 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 5 6 Farm income or (loss). Attach Schedule F 6 7 Unemployment compensation 7 8 Other income: 7	0.
 Business income or (loss). Attach Schedule C	0.
 4 Other gains or (losses). Attach Form 4797	0.
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach 5 Schedule E 6 Farm income or (loss). Attach Schedule F 7 Unemployment compensation 8 Other income:	0.
Schedule E 5 -6,00 6 Farm income or (loss). Attach Schedule F 6 7 Unemployment compensation 7 8 Other income: 7	0.
7 Unemployment compensation	
8 Other income:	
a Net operating loss	
b Gambling income	
c Cancellation of debt	
d Foreign earned income exclusion from Form 2555 8d ()	
e Taxable Health Savings Account distribution	
f Alaska Permanent Fund dividends 8f	
g Jury duty pay	
h Prizes and awards	
i Activity not engaged in for profit income 8i	
j Stock options	
 k Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property k k 	
I Olympic and Paralympic medals and USOC prize money (see	
instructions)	
m Section 951(a) inclusion (see instructions)	
n Section 951A(a) inclusion (see instructions)	
o Section 461(I) excess business loss adjustment 80	
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	
10 Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 10 -6,000 For Paperwork Reduction Act Notice see your tax return instructions	0.

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

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

REV 03/26/22 PRO

SCHEDULI	EΕ
(Form 1040))

Supplemental Income and Loss

OMB No. 1545-0074

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

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

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

20 Attachment Sequence No. 13

Your social security number

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

NIKH	IL SHRAVAN KRI	SANKA					027-0	2-616	5				
Part	Income or Loss	From Rental Real Estate and Roy	yalties	Note: If you a	re in th	e business of	renting pe	sonal p	roperty	, use			
	Schedule C. See i	nstructions. If you are an individual, repo	ort farm r	ental income o	r loss fr	om Form 483	35 on page	2, line 4	40.				
A Dic	l you make any paymer	nts in 2021 that would require you to	file Forr	n(s) 1099? Se	e instr	uctions .		. 🗆 '	Yes 🛛	< No			
B If "	Yes," did you or will yo	s," did you or will you file required Form(s) 1099?											
1a													
Α	KUKATPALLY HYD												
В									-				
С													
1b	Type of Property (from list below)									λſ			
Α	2	if you meet the requirements to	QJV box	only		365		0	Г	7			
В		qualified joint venture. See inst	ructions.	В					Γ	7			
С				С									
Туре с	of Property:			II									
	le Family Residence	3 Vacation/Short-Term Rental	5 Land	7	' Self-	Rental							
-	i-Family Residence	4 Commercial	6 Roya	lties 8	8 Othe	r (describe)							
Incom	e:	Properties:	Ī	Α		B			С				
3	Rents received		3	[500.				-				
4			4										
Expen													
5	Advertising		5										
6	Auto and travel (see in	nstructions)	6										
7	Cleaning and mainten	ance	7	8	300.								
8	Commissions		8										
9	Insurance		9										
10	Legal and other profes	ssional fees	10										
11	Management fees .		11	8	300.								
12	Mortgage interest paid	d to banks, etc. (see instructions)	12										
13	Other interest		13										
14	Repairs		14		200.								
15	Supplies		15	1,2	200.								
16			16										
17			17	2,5	500.								
18		or depletion	18										
19			19										
20	Total expenses. Add I	ines 5 through 19	20	6,5	500.								
21		line 3 (rents) and/or 4 (royalties). If											
		nstructions to find out if you must		<i></i>									
	file Form 6198		21	-6,0	100.								
22	on Form 8582 (see ins		22 (6,0	00.)	()	(
23a		eported on line 3 for all rental proper			23a		500.						
b		eported on line 4 for all royalty prope	erties .		23b								
С		eported on line 12 for all properties			23c								
d		eported on line 18 for all properties			23d								
е		eported on line 20 for all properties		· · ·	23e		6,500.						
24		amounts shown on line 21. Do no t		•	•••		. 24	/					
25		sses from line 21 and rental real estate						(6,0	000.			
26		ate and royalty income or (loss).											
		V, and line 40 on page 2 do not a 40), line 5. Otherwise, include this an					on . 26		-6	,000.			

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2021

Form 8582
Department of the Treasurv

Passive Activity Loss Limitations

► See separate instructions.

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

▶ Go to www.irs.gov/Form8582 for instructions and the latest information.

OMB No. 1545-1008 20 Attachment Sequence No. 858

Identifying number

027-02-6165

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

Part I

NIKHIL SHRAVAN KRI SANKA

2021 Passive Activity Loss

Caution: Complete Parts IV and V before completing Part I.

	Rental Real Estate Activities With Active Participation (For the definition of active participation, see <i>Special Allowance for Rental Real Estate Activities</i> in the instructions.)							
1a b c d	Activities with net income (enter the amount from Part IV, column (a))1a0.Activities with net loss (enter the amount from Part IV, column (b))1b(6,000.)Prior years' unallowed losses (enter the amount from Part IV, column (c))1c()Combine lines 1a, 1b, and 1c	1d	-6,000.					
	her Passive Activities							
2a b c d	Activities with net income (enter the amount from Part V, column (a)) 2a Activities with net loss (enter the amount from Part V, column (b)) 2b Prior years' unallowed losses (enter the amount from Part V, column (c)) 2c Combine lines 2a, 2b, and 2c	2d						
3	Combine lines 1d and 2d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used	3	-6,000.					

If line 3 is a loss and: • Line 1d is a loss, go to Part II.

• Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II. Instead, go to line 10.

Par	t II Special Allowance for Rei	ntal Real Estate	Activities With	Active Particip	pation							
	Note: Enter all numbers in Part II as positive amounts. See instructions for an example.											
4	Enter the smaller of the loss on line 1	d or the loss on lir	ne3			4	6,000.					
5	Enter \$150,000. If married filing separ	ately, see instructi	ons	5	150,000.							
6	6 Enter modified adjusted gross income, but not less than zero. See instructions 6 102,893.											
	Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7.											
7	7 Subtract line 6 from line 5											
8	8 Multiply line 7 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions											
9	9	6,000.										
Par	Enter the smaller of line 4 or line 8 t III Total Losses Allowed											
10	Add the income, if any, on lines 1a an	d 2a and enter the	etotal			10	0.					
11	Total losses allowed from all passiv	e activities for 20	21. Add lines 9 an	d 10. See instruc	tions to find							
	out how to report the losses on your t	ax return				11	6,000.					
Par	t IV Complete This Part Before	e Part I, Lines 1	a, 1b, and 1c. S	ee instructions.								
	Nome of optivity	Currer	Prior years	Ove	rall ga	ain or loss						
	Name of activity	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gair	ı	(e) Loss					
KUK.	ATPALLY	0.	6,000.				6,000.					

For Paperwork Reduction Act Notice see instru	ctions		DEV 02/20	Form 8582 (2021)
Total. Enter on Part I, lines 1a, 1b, and 1c ►	0.	6,000.		

tion Act Notice, s ee instructions. BAA REV 03/26/22 PRO

Form **0302** (2021)

Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.

	Name of activity	Curre	Current year			/ears	Overall gain or loss			
Name of activity		(a) Net income (line 2a)	(b)	Net loss ne 2b)	(c) Unallowed loss (line 2c)		(d) Gain		(e) Loss	
		(inte Za)		116 2.0)	1033 (11	16 20)				
	on Part I, lines 2a, 2b, and 2d			1						
Part VI	Use This Part if an Am			, Line 9. S	ee instru	ctions.				
	Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) R	(b) Ratio (c) Speci allowanc			(d) Subtract column (c) from column (a).	
KUKATPAI	ΓLΥ	E Ln 22		6,000.	1.0000	00000	6,00	0.	0.	
				6,000.	1.0	0	6,00	0.	0.	
Part VII	Allocation of Unallowe	ed Losses. See inst	ruction	S.		-		1		
	Name of activity		nedule mber ed on tions)	nber ed on (a) L		((b) Ratio		Unallowed loss	
	<u> </u>		. 🕨				1.00			
Part VIII	Allowed Losses. See in									
	Name of activity		iedule mber ied on itions)	(a) l) Loss (b) U		Unallowed loss		c) Allowed loss	

REV 03/26/22 PRO

Form **8582** (2021)



Department of Taxation and Finance New York State E-File Signature Authorization for Tax Year 2021 For Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

Electronic return originator (ERO): Do not mail this form to the Tax Department. Keep it for your records.

Taxpayer's name Spouse's name (jointly filed return only) NIKHIL SHRAVAN KRI SANKA	
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Purpose

Form TR-579-IT must be completed to authorize an ERO to e-file a personal income tax return and to transmit bank account information for the electronic funds withdrawal.

General instructions

Taxpayers must complete Part B before the ERO transmits the taxpayer's electronically filed Forms IT-201, *Resident Income Tax Return*, IT-201-X, *Amended Resident Income Tax Return*, IT-203, *Nonresident and Part-Year Resident Income Tax Return*, IT-203-X, *Amended Nonresident and Part-Year Resident Income Tax Return*, IT-214, *Claim for Real Property Tax Credit*, and NYC-210, *Claim for New York City School Tax Credit*. Note that an electronic signature can be used as described in TSB-M-20(1)C, (2)I, *E-File Authorizations (TR-579 forms) for Taxpayers Using a Paid Preparer for Electronically Filed Tax Returns*.

For returns filed jointly, both spouses must complete and sign Form TR-579-IT.

Part A – Tax return information

EROs must complete Part C prior to transmitting electronically filed income tax returns (Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210).

Both the paid preparer and the ERO are required to sign Part C. However, an individual performing as both the paid preparer and the ERO is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Note that an alternative signature can be used as described in Publication 58, *Information for Income Tax Return Preparers*, available on our website.

This form is not required for electronically filed Form IT-370, Application for Automatic Six-Month Extension of Time to File for Individuals. See Form TR-579.1-IT, New York State Taxpayer Authorization for Electronic Funds Withdrawal for Tax Year 2021 Form IT-370 and Tax Year 2022 Form IT-2105.

Г	art A – Tax return information		
1	Federal adjusted gross income (from applicable line)	1.	96893.
2	Refund	2.	101.
3	Amount you owe	3.	
4	Financial institution routing number	4.	081000032
	Financial institution account number	5.	355004596359
6	Account type: X Personal checking Personal savings Business checking Business savir	ngs	

Part B – Declaration of taxpayer and authorizations for Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

Under penalty of perjury, I declare that I have examined the information on my 2021 New York State electronic personal income tax return, including any accompanying schedules, attachments, and statements, and certify that my electronic return is true, correct, and complete. The ERO has my consent to send my 2021 New York State electronic return to New York State through the Internal Revenue Service (IRS). In addition, by using a computer system and software to prepare and transmit my form electronically, I consent to the disclosure to New York State of all information pertaining to the transmission of my tax form electronically. I understand that by executing this Form TR-579-IT, I am authorizing the ERO to sign and file this return on my behalf and agree that the ERO's submission of my personal income tax return to the

IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying my New York State personal income taxes due by electronic funds withdrawal, I certify that the account holder has authorized the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on my 2021 electronic return, and authorized the financial institution to withdraw the amount from that account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than two (2) business days prior to the payment date.

Taxpayer's signature	Date
Spouse's signature (jointly filed return only)	Date

Part C – Declaration of electronic return originator (ERO) and paid preparer

Under penalty of perjury, I declare that the information contained in this 2021 New York State electronic personal income tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed paper 2021 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2021 New York State electronic return is identical to that contained in the paper copy of the return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2021 New York State electronic personal income tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

Do not mail Form TR-579-IT to the Tax Department:

EROs must keep this form for three years and present it to the Tax Department upon request.

ERO's signature	Print name GLOBAL TAXES LLC	Date
Paid preparer's signature	Print name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 04012022



Nonresident and Part-Year Resident

Income Tax Return New York State • New York City • Yonkers • MCTMT

For the year January 1, 2021, through December 31, 2021, or fiscal year beginning

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								and	ending	g			
For help completing your	return, see the	instrue	ctions, For	m IT-2	03-I.								
Your first name and middle initial	Your last name (fo	r a joint r e	eturn, enter spou	use's nam	e on line belo	w) You	r date of birth (mmd	dyyyy)	Your S	Social Sec	curity numbe	er	
NIKHIL SHRAVAN KRI SANKA							0105199	7	027026165				
Spouse's first name and middle init	ial Spouse's last nam	ie				Spo	ouse's date of birth (m	mddyyyy)	Spous	e's Socia	al Security n	umbe	r
Mailing address (see instructions,	page 12) (number and	street or	PO Box)				Apartment numb	er	New Y	ork State	county of r	esider	nce
4704 TOWNE SQUARE	DR						2532		NR				
City, village, or post office		State	ZIP code		Country				Schoo	l district r	name		
PLANO		TX	7502	24					NR				
Taxpayer's permanent home add	ress (see instr., pg. 12) (no. and s	street or rural rout	e)	Apartment I	10.	City, village, or p	ost office		Schoo	I district		
											number		
State ZIP code	Country						Decedent	Taxpayer	's date o	of death	Spouse's d	late of	l death
							information						
					E	Nam				a a a b a d			
A Filing ⁽¹⁾ × Singl	e				E	new	York City part-	year res	sidents	s only (s	see page 13	° 🗖	
status	ad filing isint ratura					(1) N	umber of month	is you liv	ved in I	NY City	in 2021	🗋	
(mark an ②(enter	ed filing joint return both spouses' Social	Security r	numbers above)		(2) N	umber of month	is your s	spouse	e lived			
X in one	al filia a concenta na					in	NY City in 202	1				L	
box): <u>3</u> Marri	ed filing separate re both spouses' Social S	Security n	umbers above)		F	Enter	your 2-charac	ter spec	cial cor	ndition			
						code(s) if applicable (see page 13)							
④ 🔛 Head	of household (with	h qualifyi	ng person)		G	New	York State par	t-year re	esiden	ts (see p	age 14)		
						Enter	r the date you m	noved int	to				
⑤ 🔛 Qual	fying widow(er)					or ou	t of NYS (mmdd	уууу)					
B Did you itemize your dedu	ctions on vour 202	21		_	-		ne last day of the		•		,		
federal income tax return?			Yes	No 🕨	< <u> </u>	1) Li	ved in NYS						🕒
C Can you be claimed as a	dependent on ano	ther			7	'	ved outside NY	,					_
taxpayer's federal return?			Yes	No	<	N	YS sources dur	ing nonr	residen	t period			🕒
D1 Did you have a financial ac	count located in a					'	ved outside NY	,					
foreign country? (see page a			Yes	No 🗅	< <u> </u>	N	YS sources dur	ing nonr	esiden	t period			
D2 Were you required to report			d		н	New	York State nor	residen	nts (see	e page 14)		
compensation, as required	by IRC § 457A, or	n your		N_{0}	2		ou or your spou						
2021 federal return? (see pa	age 13)		Yes	No 🖸	<u>`</u>	-	quarters in NY				Yes	No) [X
						(if Yes	s, complete Form	IT-203-B)		ا خان اواله ا			- No Same U
										02.05987.0		18 11 1	485 H

I Dependent information (see page 14)

First name and middle initial	Last name	Relationship	Social Security number	Date of birth (mmddyyyy)

If more than 6 dependents, mark an **X** in the box.



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Page 2 of 4	IT-203	(2021)
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Enter your Social Security number

REV 03/29/22 PRO

	027026165				
Eo	deral income and adjustments (see page 16)		Federal amount		New York State amount
Fe	deral income and adjustments (see page 16)		Whole dollars only		Whole dollars only
1	Wages, salaries, tips, etc	1	102893.00	1	50022.00
2	Taxable interest income	2	.00	2	.00
3	Ordinary dividends	3	.00	3	.00
4	Taxable refunds, credits, or offsets of state and loca	l			
	income taxes (also enter on line 24)	4	.00	4	.00
5	Alimony received	5	.00	5	.00
6	Business income or loss (submit a copy of federal Sch. C, Form	1040) 6	.00	6	.00
7	Capital gain or loss (if required, submit a copy of federal Sch. D, Form	1040) 7	.00	7	.00
8	Other gains or losses (submit a copy of federal Form 47	797) 8	.00	8	.00
9	Taxable amount of IRA distributions. Beneficiaries: mark \boldsymbol{X} in box	9	.00	9	.00
10	Taxable amount of pensions/annuities. Beneficiaries: mark \pmb{X} in box	<u> </u>	.00	10	.00
11	Rental real estate, royalties, partnerships, S corporation	ions,			
	trusts, etc. (submit a copy of federal Schedule E, Form	1040) 11	-6000.00	11	.00
12	Rental real estate included				
	in line 11 <i>(federal amount)</i> 12. -600	0.00			
13	Farm income or loss (submit a copy of federal Sch. F, Form	1040) 13	.00	13	.00
14			.00	14	.00
15	, , , , , , , , , , , , , , , , , , , ,	e 26) 15	.00	15	.00
16	Other income (see page 22) Identify:	16	.00	16	.00
	Add lines 1 through 11 and 13 through 16	17	96893.00	17	50022.00
	Total federal adjustments to income (see page 22)		1		
	Identify:	18	.00	18	.00
19	Federal adjusted gross income (subtract line 18 from line	17) 19	96893.00	19	50022.00
19a	Recomputed federal adjusted gross income (see page 23, Line 19a works	sheets) 19a	96893.00	19a	50022.00
No	w York additions (see page 24)				
20	Interest income on state and local bonds and obliga				
	(but not those of New York State or its localities)		.00	20	.00
21	Public employee 414(h) retirement contributions		.00	21	.00
	Other (Form IT-225, line 9)		.00	22	.00
23	Add lines 19a through 22	23	96893.00	23	50022.00
Nev	w York subtractions (see page 25)				
24	Taxable refunds, credits, or offsets of state and		[]		
	local income taxes (from line 4)	24	.00	24	.00
25	Pensions of NYS and local governments and the				
	federal government <i>(see page 25)</i>		.00	25	.00
26	5		.00	26	.00
27	0		.00	27	.00
28	5		.00	28	.00
29			.00	29	.00
	Add lines 24 through 29		.00	30	.00
31	New York adjusted gross income (subtract line 30 from line	ne 23) 31	96893.00	31	50022.00
32	Enter the amount from line 31, <i>Federal amount</i> col	umn		32	96893.00



NIKHIL SHRAVAN KRI SANKA 027026165 REV 932822 PR0 Standard deduction ritemized deduction (see page 27) 33 Enter your standard deduction (see page 27) ovoir temized deduction (from Form IT-196). Mark as X in the appropriate box:	Nam	e(s) as shown on page 1	Enter your Social Secu	rity number		IT-203 (2021) Page 3 of 4
33 Enter your standard deduction (table on page 27) or your itemized deduction (from Form I7-196).	NII	KHIL SHRAVAN KRI SANKA	02702	6165		REV 03/29/22 PRO
33 Enter your standard deduction (table on page 27) or your itemized deduction (from Form I7-196).						
Mark an X in the appropriate box: Standard or Itemized 33 8000.00 34 Subtract line 33 from line 32 (<i>line 33 is more than line 32</i> , <i>leave blank</i>) 34 88893.00 35 Dependent exemptions (<i>lenter tha number of dependents</i>) issted in item <i>l</i> ; <i>see page 27</i>) 36 000.00 36 New York taxable income (<i>subtract line 35 from line 34</i>) 36 88893.00 7 New York taxable income (<i>from line 36</i>) 37 88893.00 38 New York State tox nois 37 amore than line 38, <i>leave blank</i>) 40 5101.00 39 .000 40 5101.00 40 5101.00 40 Subtract line 37 amount (<i>see page 29</i>) 41 .00 42 5101.00 41 New York State child and dependent care credit (<i>see page 29</i>) 43 .00 44 5101.00 43 New York State child and dependent care credit (<i>see page 29</i>) 43 .00 44 5101.00 44 Base tax (<i>subtract line 40</i> (<i>line 41 is more than line 42</i> , <i>leave blank</i>) 44 5101.00 46 0.5163 0.5163 45	Sta	indard deduction or itemized deduction (see page 27)				
34 Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank) 34 88893.00 35 Dependent exemptions (enter the number of dependents listed in ltem 1; see page 27) 36 000.00 36 New York taxable income (subtract line 35 from line 34) 36 88893.00 7ax computation, credits, and other taxes 37 88893.00 37 New York taxable income (subtract line 35 from line 34) 38 5101.00 38 New York State tous-hold credit (gee page 28) 38 5101.00 39 New York State tous-hold credit (gee page 28) 40 5101.00 40 Stuthat line 31 from line 40 (riter 41 is more than line 31, eave blank) 40 5101.00 41 .00 41 .00 43 .00 42 Stuthat line 41 from line 40 (file 41 is more than line 40, leave blank) 44 5101.00 43 New York State earned income credit (see page 29) 44 44 5101.00 44 Stuthat line 43 from line 42; if line 43 is more than line 42, leave blank) 46 0.5163 44 Stuthat line 47 from line 460 (file eff is more than line 45) 46 0.5163 45 New York S	33	Enter your standard deduction (table on page 27) or your ite	mized deduction (fro.	m Form IT-196).		
35 Dependent exemptions (enter the number of dependents listed in Item I; see page 27) 35 000.00 36 New York taxable income (subtract line 35 rom line 34) 36 88893.00 7ax computation, credits, and other taxes 37 88893.00 37 New York State income (from line 36) 38 5101.00 38 New York State tousehold credit (page 28, lable 1, 2, or 3) 40 5101.00 49 Subtract line 36 (from line 36 (fine 37 is more than line 38, leave blank) 40 5101.00 41 .00 41 .00 5101.00 42 Subtract line 31 from line 40 (fine 41 is more than line 42, leave blank) 44 5101.00 43 .00 44 5101.00 44 5101.00 44 Base tax (subtract line 43 from line 42; filne 43 is more than line 42, leave blank) 44 5101.00 45 Income percentage (see page 29) So 2022.00 + 96893.00 45 0.5163 46 Alcated New York State taxe (multiply line 44 by the decimal on line 45) 44 2634.00 47 .00 47 .00 48 2634.00 .51 .00 50		Mark an X in the appropriate box: \mathbf{X}	Standard – or –	ltemized	33	8000.00
36 New York taxable income (subtract line 35 from line 34) 36 88893.00 Tax computation, credits, and other taxes 37 88893.00 37 88893.00 38 38 New York taxable income (from line 36) 37 88893.00 38 New York State tax on line 37 amount (see page 28) 38 5101.00 39 .00 39 .00 40 5101.00 40 5101.00 41 Subtract line 38 (filme 39 is more than line 32, leave blank) 40 5101.00 42 Subtract line 41 from line 40 (filme 41 is more than line 42, leave blank) 42 5101.00 42 Subtract line 41 from line 42; filme 43 is more than line 42, leave blank) 44 5101.00 44 Base tax (subtract line 43 from line 42; filme 43 is more than line 42, leave blank) 44 5101.00 45 Income percentage New York State tax (multiply line 44 by the decimal on line 45) 45 0.5163 46 Alcated New York State tax (multiply line 44 by the decimal on line 45) 46 2634.00 47 New York State taxes (edd lines 47 from line 46 (if line 47 is more than line 46, leave blank) 46 2634.00 <	34	Subtract line 33 from line 32 (if line 33 is more than line 32, lea	ve blank)		34	88893.00
Tax computation, credits, and other taxes 37 New York taxable income (from line 36) 38 New York State tax on line 37 amount (see page 28) 39 New York State household credit (page 28, table 1, 2, or 3) 40 Subtract line 38 (films 38 insore than line 38, leave blank) 40 Subtract line 31 from line 38 (films 39 insore than line 38, leave blank) 41 New York State child and dependent care credit (see page 29) 41	35	Dependent exemptions (enter the number of dependents listed	in Item I; see page 27) .			000.00
37 New York taxable income (from line 36)	36	New York taxable income (subtract line 35 from line 34)			36	88893.00
38 New York State tax on line 37 amount (see page 28) 38 5101.00 39 0.00 30 New York State household credit (page 28, table 1, 2, or 3) 39 0.00 40 Subtract line 38 (if line 39 is more than line 40, leave blank) 40 5101.00 41 0.00 41 0.00 42 5101.00 42 5101.00 43 New York State child and dependent care credit (see page 29) 42 5101.00 44 5101.00 42 5101.00 45 Income precentage New York State earned income credit (see page 29) 44 5101.00 45 Income precentage New York State amount from line 31 Federal amount from line 31 Federal amount from line 31 Round result to 4 decimal places 45 0.5163 45 0.5163 45 0.5163 45 0.5163 46 2634.00 47 New York State nonrefundable credits (Form IT-203-ATT, line 8) 46 2634.00 49 .00 50 10 and Verk State taxes (redit line 47 is more than line 45) 46 2634.00 49 .00 50 2634.00	Тах	computation, credits, and other taxes				
39 New York State household credit (page 28, table 1, 2, or 3)	37 1	New York taxable income (from line 36)			37	88893.00
39 New York State household credit (page 28, table 1, 2, or 3)	38 1	New York State tax on line 37 amount (see page 28)			38	5101.00
41 New York State child and dependent care credit (see page 29) 41					39	.00
42 Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank) 42 5101.00 43 New York State earned income credit (see page 29) 43 .00 44 Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank) 44 5101.00 45 Income percentage is page 29) New York State amount from line 31 percentage is page 29) Federal amount from line 31 percentage is page 29) Round result to 4 decimal places 46 Allocated New York State tax (multiply line 44 by the decimal on line 45) 46 2634.00 47 .00 48 2634.00 47 .00 48 Subtract line 47 from line 46 (filme 47 is more than line 46, leave blank) 48 2634.00 49 .00 50 Total New York State taxes (<i>rom 17-203-ATT</i> , line 33) 50 2634.00 50 2634.00 60 Total New York State taxes (<i>rom 17-203-ATT</i> , line 33) 51 .00 50 2634.00 50 2634.00 51 Part-year New York City and Yonkers taxes, credits, and surcharges, and MCTMT 51 .00 52 2000 52 2000 52 2000 52 2000 52 2000 <t< th=""><td>40 \$</td><td>Subtract line 39 from line 38 <i>(if line 39 is more than line 38, leave</i></td><td>e blank)</td><td></td><td>40</td><td>5101.00</td></t<>	40 \$	Subtract line 39 from line 38 <i>(if line 39 is more than line 38, leave</i>	e blank)		40	5101.00
43 New York State earned income credit (see page 29) 43 .00 44 Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank) 44 5101.00 45 Income [see page 29] New York State amount from line 31 [so 0.22.00] + Federal amount from line 31 [so 0.5163] Round result to 4 decimal places 46 2.634.00 47 .00 47 New York State tax (multiply line 44 by the decimal on line 45) 46 2.634.00 48 2.634.00 47 .00 49 Net other New York State taxes (add line 47 is more than line 46, leave blank) 48 2.634.00 49 Net other New York State taxes (add lines 48 and 49) .00 50 2.634.00 51 Part-year New York City resident tax (Form IT-203-ATT, line 3) .00 50 2.634.00 52 Part-year resident nonrefundable New York City and Yonkers taxes, credits, and surcharges, and MCTMT 51 .00 52 Part-year resident nonrefundable New York City child and dependent care credit .01 .02 .02 52 MCTMT net earnings base	41 î	New York State child and dependent care credit (see page 29))		41	.00
44 Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank) 44 5101.00 45 Income percentage (see page 29) 50022.00 ÷ Federal amount from line 31 Round result to 4 decimal places 46 Allocated New York State tax (multiply line 44 by the decimal on line 45) 46 2634.00 47 .00 47 New York State nonrefundable credits (Form IT-203-ATT, line 8) 46 2634.00 48 2634.00 49 Net other New York State taxes (Form IT-203-ATT, line 3) 49 .00 50 2634.00 50 Total New York State taxes (add lines 48 and 49) 51 20 .00 50 2634.00 51 Part-year New York City resident tax (Form IT-360.1) 51 .00 50 2634.00 52 Subtract line 52 from 51 .00 52 .00 52 .00 52 Autrat line 52 from 51 .00 52 .00 .00 53 .00 53 .00 53 .00 54 .00 .00 53 .00 53 .00 53 .00 55 .00 55 .00 55 .00 55 .00 55 .00 55 .00<	42 3	Subtract line 41 from line 40 <i>(if line 41 is more than line 40, leave</i>	e blank)	····· <u>·····</u> ·	42	5101.00
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(see page 29) 300222100 90022100 46 013105 46 2634.00 47 .00 48 2634.00 49 .00 49 .00 50 2634.00 49 .00 50 2634.00 49 .00 50 70023477, line 8) 49 .00 50 70023477, line 33 50 2634.00 New York State taxes (add lines 48 and 49) 51 700 52 700 53 700 54 700 55 8ee instructions on pages 29 through 31 to compute New York City and Yonkers 54 .00 55 .00 56 .00 57 700 termings base	F	percentage 50022 00 ÷			45	·
47 New York State nonrefundable credits (Form IT-203-ATT, line 8) 47	(see page 29)	<u> </u>		40	0.9105
47 New York State nonrefundable credits (Form IT-203-ATT, line 8) 47	46 /	Allocated New York State tax (multiply line 44 by the decimal on	line 45)		46	2634.00
48 Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank) 48 2634.00 49 Net other New York State taxes (<i>Form 1T-203-ATT, line 33</i>) 49 .00 50 Total New York State taxes (<i>add lines 48 and 49</i>) 50 2634.00 New York City and Yonkers taxes, credits, and surcharges, and MCTMT 51 .00 50 2634.00 51 Part-year New York City resident tax (<i>Form 1T-360.1</i>) 51 .00 52 Part-year resident nonrefundable New York City .00 See instructions on pages 29 through 31 to compute New York City and Yonkers See instructions on pages 29 through 31 to compute New York City and Yonkers See instructions on pages 29 through 31 to compute New York City and Yonkers New York City and Yonkers See instructions on pages 29 through 31 to compute New York City and Yonkers New York City and Yonkers See instructions on pages 29 through 31 to compute New York City and Yonkers New York City and Yonkers taxes / surcharges and MCTMT (add lines 52a, and 52c through 54) 55 .00<						
49 Net other New York State taxes (Form IT-203-ATT, line 33) 49 .00 50 Total New York State taxes (add lines 48 and 49) 50 2634.00 New York City and Yonkers taxes, credits, and surcharges, and MCTMT 51 .00 51 Part-year New York City resident tax (Form IT-360.1) 51 .00 52 Part-year resident nonrefundable New York City child and dependent care credit 52 .00 52 a Subtract line 52 from 51 .00 52a .00 52 MCTMT net earnings base .52b .00 .00 52 MCTMT .00 .00 .00 53 Yonkers nonresident earnings tax (Form Y-203) .00 .00 .00 54 .00 .00 .00 .00 55 Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 52a, and 52c through 54) .00 .00 55 Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 52a, and 52c through 54) .00 .00 56 0.00 .00 .00 .00 .00 .00					48	2634.00
New York City and Yonkers taxes, credits, and surcharges, and MCTMT 51 Part-year New York City resident tax (Form IT-360.1) 51 .00 52 Part-year resident nonrefundable New York City child and dependent care credit 52 .00 52a Subtract line 52 from 51 52a .00 52b MCTMT net earnings base 52b .00 52c MCTMT 52c .00 53 .00 53 .00 54 .00 53 .00 55 Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 52a, and 52c through 54) 55 56 0.00					49	.00
51 Part-year New York City resident tax (Form IT-360.1) 51 .00 52 Part-year resident nonrefundable New York City 52 .00 52 Part-year resident nonrefundable New York City 52 .00 52 Subtract line 52 from 51 .00 .00 52 Subtract line 52 from 51 .00 .00 52 .00 .00 .00 52 MCTMT net .00 52 MCTMT .00 52 .00 .00 52 MCTMT net .00 52 .00 .00 52 MCTMT .00 52 .00 .00 52 .00 .00 52 .00 .00 53 Yonkers nonresident earnings tax (Form Y-203) .00 54 .00 .00 55 Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 52a, and 52c through 54) .00 56 .00 .00 56 .00 .00	50 1	Total New York State taxes (add lines 48 and 49)			50	2634.00
52 Part-year resident nonrefundable New York City child and dependent care credit 52 .00 52a Subtract line 52 from 51 52a .00 52b MCTMT net earnings base 52b .00 52c MCTMT .00 53 Yonkers nonresident earnings tax (Form Y-203) .00 54 .00 55 Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 52a, and 52c through 54) .00 56 Sales or use tax (See the instructions on page 31. Do not leave line 56 blank.)	Ne	w York City and Yonkers taxes, credits, and surcharges, a	and MCTMT			
52 Part-year resident nonrefundable New York City child and dependent care credit 52 .00 52a Subtract line 52 from 51 .00 52a .00 52b MCTMT net earnings base .00 52c .00 52c MCTMT .00 .00 .00 52c MCTMT .00 .00 52c MCTMT .00 .00 52c MCTMT .00 .00 52c MCTMT .00 .00 54 .00 .00 55 Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 52a, and 52c through 54) .00 56 0.00	51	Part-year New York City resident tax (Form IT-360.1)	51	.00		See instructions on pages 29
child and dependent care credit 52 .00 52a Subtract line 52 from 51 52a 52b MCTMT net earnings base 52b .00 52c MCTMT 52c .00 53 Yonkers nonresident earnings tax (Form Y-203) 54 .00 55 Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 52a, and 52c through 54) 56 0.00						
32a Subtract line 52 holl of 1 million 1			52	.00		New York City and Yonkers
52b MCTMT net earnings base 52b .00 52c MCTMT	52a	Subtract line 52 from 51	52a	.00		
52c MCTMT 52c .00 53 Yonkers nonresident earnings tax (Form Y-203) 53 .00 54 Part-year Yonkers resident income tax surcharge (Form IT-360.1) 54 .00 55 Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 52a, and 52c through 54) 55 .00 56 Sales or use tax (See the instructions on page 31. Do not leave line 56 blank.)	52b	MCTMT net				surcharges, and MCTMT.
53 Yonkers nonresident earnings tax (Form Y-203) 53 .00 54 Part-year Yonkers resident income tax surcharge (Form IT-360.1) 54 .00 55 Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 52a, and 52c through 54) 55 .00 56 Sales or use tax (See the instructions on page 31. Do not leave line 56 blank.) 56 0.00		earnings base 52b .00				
54 Part-year Yonkers resident income tax surcharge (Form IT-360.1) 54 .00 55 Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 52a, and 52c through 54) 55 .00 56 Sales or use tax (See the instructions on page 31. Do not leave line 56 blank.) 56 0.00	52c	MCTMT	52c	.00		
(Form IT-360.1)	53	Yonkers nonresident earnings tax (Form Y-203)	53	.00		
55 Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 52a, and 52c through 54) 55 .00 56 Sales or use tax (See the instructions on page 31. Do not leave line 56 blank.) 56 0.00	54					
56 Sales or use tax (See the instructions on page 31. Do not leave line 56 blank.) 56						
	55	Total New York City and Yonkers taxes / surcharges and MC	TMT (add lines 52a, and	52c through 54)	55	.00
57 Voluntary contributions (Form (T-227, Part 2, line 1)	56	Sales or use tax (See the instructions on page 31. Do not leave	e line 56 blank.)		56	0.00
	57	Voluntary contributions (Form IT-227 Part 2 line 1)			57	.00
58 Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT,		-			<u>.</u>	100
and voluntary contributions (add lines 50, 55, 56, and 57)					58	2634.00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Page	e 4 of 4	IT-20	3 (2021)	Enter your Social Security	number		REV 03/29/	22 PRO				
Ũ			()	027026	5165							
											1	
59 E	Enter am	ount fr	om line 58							59		2634.00
Pay	/ments	and ret	fundable c	redits (see page	32)							
60	Part-vear	NYC so	hool tax credi	it (fixed amount) (also con	nplete F on front)	60			.00)		ble, complete
				e reduction amount)					.00	-		T-2 and/or IT-1099-R
			•	, (Form IT-203-ATT, line					.00)		nit them with your the pages 10 and 11).
62	Total No	ew Yor	k State tax	withheld		62			2735.00)	•	end federal
				withheld					.00)		2 with your return.
				ld					.00)		-
				nts/amount paid with					.00	-	1	
66	Total p	aymen	ts and refu	undable credits (ad	d lines 60 thro	ough 6	5)			66		2735.00
(Υοι	ur refun	d, amo	unt you o	we, and account in	formation	(see	pages 34	through	36)			
67	Amoun	t over	paid (if line	66 is more than line 5	9, subtract line	e 59 fr	om line 66;	see pag	e 34)	67		101.00
68	Amount	t of line	67 availal	ole for refund (subtr	act line 69 fror	m line	67)			68		101.00
	TIP: Us	e this a	amount to c	check your refund st	atus online.						1	
			•	ant to deposit into a NY			,	•	,			.00
68b	Total re	fund af	ter NYS 52	9 account deposit (subtract line 68	8a fror	m line 68)			68b		101.00
		Maule		d choice: 🗙 dire	ct deposit to	cheo	cking or	or-	paper		Refund?	Direct deposit is the
60	Amount					(1111 111	line 73)		check			astest way to get your
69			-	u want applied to yo uctions)		69			.00		refund.	
70				6 is less than line 59,			line 59). To	p pay by		_		35 for payment
				an X in the box							options.	
				ust complete Form I				• •	• •	70		.00
71		-	•	clude this amount on li			-				-	
				nt on line 67; see page					.00			a 38 for the proper / of your return.
				est (see page 35)					.00)	assembly	y of your return.
73				irect deposit or elec				- /				
	If the fu	nds for	your paym	ent (or refund) would	come from (or go	to) an acco	ount out	side the U.S.,	mar	k an X in th	nis box (see pg. 36)
			×-						Π			□ <u>-</u>
	73a Ac	count ty	/pe: 🗠 P	ersonal checking - o	r - 🛄 Per	sonal	savings - o	or- 🗆	Business c	heckii	ng - or -	Business savings
	73b Ro	utina ni	Imper	081000032	730	r Acc	ount numbe	r	3	3550	0459635	59
		oung ne				0 /100			7			
74	Electror	nic fund	ls withdraw	al (see page 36)		Date			Amou	nt		.00
	Third-pa	rty	Print design	ee's name			Des	signee's p	ohone number			Personal identification
des	ignee? (se	ee instr.)					()				number (PIN)
Yes	5 🗌 No	$^{\circ}$ Σ	Email:									
			ust comple	ete 🔻 Preparer's NYTP	RIN N				▼ Taxpa	ayer(s) must s	ign here 🔻
	see instru arer's sign			Preparer's pr	inted name	(cl. cod		Your s	ignature			-
			AM SAGAI		RIYA RAM							
Firm GL	s name <i>(ol</i> OBAL T	r yours, it 'AXES	f self-employe LLC	a)	Preparer's PT P02	1N or S 0827			ccupation TWARE ENG	JINE	ER	
Addr					Employer ider	ntificatio	on number		e's signature and			t return)
25	30 PEE	BLE (CREEK LI	N		0171 ate	196	Date			Davtime r	phone number
	MMING						12022	Duie			(816)	756 9015
Ema	il: SYAM	I@GTA	XFILE.CO	M				Email:	NIKHILKR	ISH	NAS97@G	MAIL.COM

See instructions for where to mail your return.







Department of Taxation and Finance

Passive Activity Loss Limitations For Nonresidents and Part-Year Residents



IT-182

Submit with your Form IT-203 or IT-205.

Nam	e as shown on return		Identifying number as	shown o	on return
NI	KHIL SHRAVAN KRI SANKA		02	27026	5165
See	the instructions, before completing this form.				
Par	t I – Passive activity loss				
Ren	tal real estate activities with active participation				
1a	Activities with net income from Part IV, column (a)	1a	0.00		
1b	Activities with net loss from Part IV, column (b)	1b	-6000.00		
1c	Prior years unallowed losses from Part IV, column (c) (see instructions)	1c	.00		
1d	Add lines 1a, 1b, and 1c			1d	-6000.00
	other passive activities				
2a	Activities with net income from Part V, column (a)	2a	.00		
2b	Activities with net loss from Part V, column (b)	2b	.00		
2c	Prior years unallowed losses from Part V, column (c) (see instructions)	2c	.00		
2d	Add lines 2a, 2b, and 2c			2d	.00
	 including any prior year unallowed losses entered on line 1c or 2c. Report f forms and schedules normally used. If line 3 is a loss and: Line 1d is a loss, go to Part II. Line 2d is a loss (and line 1d is zero or more), skip F tion: If married filing separately, filing status ③, and you lived with your spouse ad, go to line 10. 	Part II	and go to Part III, line		-6000 .00 not complete Part II.
Par	t II – Special allowance for rental real estate activities with active	parti	cipation		
	Note: Enter all numbers in Part II as positive amounts (greater than zero). Se				
4	Enter the smaller of the loss on line 1d or the loss on line 3			4	6000.00
5	Enter 150,000 (if married filing separately, see instructions)	5	150000.00		
6	Enter federal modified adjusted gross income, but not less than zero (see instr.)	6	102893.00		
	Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8, and leave line 9 blank. Otherwise, go to line 7.			I	
7	Subtract line 6 from line 5	7	47107.00		
8	Multiply line 7 by 50% (.5). Do not enter more than 25,000. (If married filing separate			8	23554.00
9	Enter the smaller of line 4 or line 8			9	6000.00
Par	t III – Total losses allowed				

10	Add the income, if any, from lines 1a and 2a and enter the total	10	0.00
	Total losses allowed from all passive activities for this year. (Add lines 9 and 10. See the		0.00
	instructions to find out how to report the losses on your return.)	11	6000.00



Part IV – For Part I, lines 1a, 1b, and 1c (see instructions)

			Current year F		Prior years	Overall gain or loss		
			(a) (b)		(c)	(d)	(e)	
Name of activity/property description and address	Date of acquisition	Date of sale	Net income (line 1a)	Net loss (line 1b)	Unallowed loss <i>(line 1c)</i>	Gain	Loss	
KUKATPALLY			0.00	6000.00	.00	.00	6000.00	
			.00	.00	.00	.00	.00	
			.00	.00	.00	.00	.00	
			.00	.00	.00	.00	.00	
			.00	.00	.00	.00	.00	
Totals. Enter on Part I, lines	0.00	6000 <u>.</u> 00	.00					

Part V – For Part I, lines 2a, 2b, and 2c (see instructions)

			Curre	nt year	Prior years	Overall gain or loss		
			(a) (b)		(c)	(d)	(e)	
Name of activity/property description and address	Date of acquisition	Date of sale	Net income (line 2a)	Net loss (line 2b)	Unallowed loss <i>(line 2c)</i>	Gain	Loss	
			.00	.00	.00	.00	.00	
			.00	.00	.00	.00	.00	
			.00	.00	.00	.00	.00	
			.00	.00	.00	.00	.00	
			.00	.00	.00	.00	.00	
Totals. Enter on Part I, lines 2a, 2b, and 2c			.00	.00	.00			

Part VI – Use this Part if an amount is shown on Part II, line 9 (see instructions)

Name of activity/property description and address	Form or schedule and line number to be reported on	(-)	(b) Ratio	(c) Special Allowance	(d) Subtract column (c) from column (a)
KUKATPALLY	E LN 22	6000.00	1.0000000	6000.00	0.00
		.00		.00	.00
		.00		.00	.00
		.00		.00	.00
Totals		6000.00	1.00	6000.00	0.00

Part VII – Allocation of unallowed losses (see instructions)

Name of activity/property description and address	Form or schedule and line number to be reported on	(a) Loss	(b) Ratio	(c) Unallowed loss
		.00		.00
		.00		.00
		.00		.00
		.00		.00
Totals		.00	1.00	.00



Part VIII – Allowed losses (see instructions) **(b)** Unallowed (c) Allowed loss (a) Form or schedule Name of activity/property and line number description and address to be reported on Loss loss .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 Totals

Ра	rt IX – Activities with losses reported o	on two or more	different forms	or schedules	S (see instructions)	1
Na	me of activity/property description and address:	(a)	(b)	(c)	(d) Unallowed	(e) Allowed
				Ratio	loss	loss
	rm or schedule and line number to be ported on (see instructions):					
1a	Net loss plus prior year unallowed loss from form or schedule	.00				
1b	Net income from form or schedule	.00				
1c	Subtract line 1b from line 1a. If zero or less,	leave blank	.00		.00	.00
	rm or schedule and line number to be ported on (see instructions):					
1a	Net loss plus prior year unallowed loss from form or schedule	.00				
1b	Net income from form or schedule	.00		[
1c	Subtract line 1b from line 1a. If zero or less,	leave blank	.00		.00	.00
	rm or schedule and line number to be ported on (see instructions):					
1a	Net loss plus prior year unallowed loss from form or schedule	.00				
1b	Net income from form or schedule	.00		[[
1c	Subtract line 1b from line 1a. If zero or less,	leave blank	.00		.00	.00
То	tals		.00	1.00	.00	.00





Department of Taxation and Finance

Summary of W-2 Statements New York State • New York City • Yonkers

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions on the back.

		mployer's information	<u> </u>							
N-2 Record 1		er's name								
ox a Employee's Social Security number	·	PERFICIENT INC								
r this W-2 Record	Employer's address (number and street)									
027026165		MARYVILLE U	JNV D							
ox b Employer identification number (EIN)	í – – – – – – – – – – – – – – – – – – –				State	ZIP code	C	ountry (if n	not United States)	
742853258		IT LOUIS			MO	63141				
x 1 Wages, tips, other compensation	Box 12a An			Code	Bo	x 14a Amount			Description	
52871.00		2543	3.00	DD				.00		
x 8 Allocated tips	Box 12b An	Box 12b Amount Code Box 14b Amount E				Description				
.00		.00.								
x 10 Dependent care benefits	Box 12c An	nount		Code	Bo	x 14c Amount			Description	
.00			.00					.00		
x 11 Nonqualified plans	Box 12d An	nount		Code	Bo	x 14d Amount			Description	
.00			.00					.00		
x 13 Statutory employee Retire	ement plan	Third-party sic	ck pay						Corrected (W-2c)	
State information Box 15a	E	Box 16a NYS wages,	, tips, et	с.	Box	17a NYS income tax	x withhel	ld		
State information: Box 15a NY State	NY			.00				.00		
		Box 16b Other state	wages,	tips, etc.	Box	17b Other state incon	me tax wit	thheld		
her state information: Box 15b other state				.00				.00		
	18 Local wag	ges, tips, etc.		Box '	19 Loca	al income tax withhel	ld		Box 20 Locality name	
		00	المعم				.00	Locality a		
ormation (see instr.):		.00	LOCA	ality a			.00	Locality a		
Drmation <i>(see instr.)</i> : Locality a Locality b		.00		ality a			.00	Locality a		
Locality a										
Locality a Locality b Do not detach.	Box c Er		Loca							
Locality a Locality b Do not detach.		.00	Loca							
Locality a Locality b Do not detach. I-2 Record 2 x a Employee's Social Security number	Employe	.00	Loca n	ality b						
Do not detach. I-2 Record 2 x a Employee's Social Security number this W-2 Record	r SEQU	.00 mployer's information er's name	Loca n D, LL	ality b						
Locality a Locality b Do not detach. I-2 Record 2 x a Employee's Social Security number this W-2 Record 027026165	Employe r SEQU Employe 548	.00 mployer's information er's name JOIA ONE PEC	Loca n D , LL and street	ality b uC t) 78488			.00	Locality b		
Locality a Locality b Do not detach. I-2 Record 2 x a Employee's Social Security number this W-2 Record 027026165	Employe r SEQU Employe 548	.00 mployer's information er's name JOIA ONE PEC er's address (number a	Loca n D , LL and street	ality b uC t) 78488	State	ZIP code	.00	Locality b		
Locality a Locality b Do not detach. I-2 Record 2 x a Employee's Social Security number this W-2 Record 027026165	r SEQU Employe 548	.00 mployer's information er's name JOIA ONE PEC er's address (number a	Loca n D , LL and street	ality b _C t) 78488	State	ZIP code 94104	.00	Locality b		
Locality a Locality b Do not detach. I-2 Record 2 x a Employee's Social Security number this W-2 Record 027026165 x b Employer identification number (EIN) 464716239	r SEQU Employe 548	.00 mployer's information er's name JOIA ONE PEC er's address (number a MARKET ST P FRANCISCO	Loca n D , LL and street	ality b _C t) 78488	CA		.00	Locality b		
Locality a Locality b Do not detach. I-2 Record 2 x a Employee's Social Security number this W-2 Record 027026165 x b Employer identification number (EIN) 464716239	r SEQU Employe 548) City SAN	.00 mployer's information er's name JOIA ONE PEC er's address (number a MARKET ST P FRANCISCO	Loca n), LL and street PMB 7	uC t) 78488	CA	94104	.00	Locality b	not United States)	
Locality a Locality b Do not detach. I-2 Record 2 x a Employee's Social Security number this W-2 Record 027026165 x b Employer identification number (EIN) 464716239 x 1 Wages, tips, other compensation 50022.00	r SEQU Employe 548) City SAN	.00 mployer's information er's name JOIA ONE PEC er's address (number a MARKET ST P FRANCISCO nount 3822	Loca n), LL and street PMB 7	ality b	CA Bo	94104	.00	Locality b	not United States) Description	
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Locality a Locality b Do not detach. I-2 Record 2 x a Employee's Social Security number this W-2 Record 027026165 x b Employer identification number (EIN) 464716239 x 1 Wages, tips, other compensation 50022.00 x 8 Allocated tips .00	Employe SEQU Employe 548 City SAN Box 12a An	.00 mployer's information er's name JOIA ONE PEC er's address (number a MARKET ST P FRANCISCO mount 3822 mount	Loca n D, LL and street PMB 7 2.00	Code	CA Bo: Bo:	94104 x 14a Amount	.00	iountry (if n	not United States) Description NYPFL	
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Locality a Locality b Do not detach. J-2 Record 2 x a Employee's Social Security number this W-2 Record 027026165 x b Employer identification number (EIN) 464716239 x 1 Wages, tips, other compensation 50022.00 x 8 Allocated tips .00 x 10 Dependent care benefits .00	Employe SEQU Employe 548 City SAN Box 12a An Box 12b An	.00 mployer's information er's name JOIA ONE PEC er's address (number a MARKET ST P FRANCISCO nount 3822 mount	Loca n D, LL and street PMB 7 2.00 .00	Ality b	CA Box Box Box	94104 x 14a Amount x 14b Amount	.00	Country (if n	Description NYPFL Description	
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REV 03/29/22 PRO

SCHEDULI	EΕ
(Form 1040))

Supplemental Income and Loss

OMB No. 1545-0074

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

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

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

2 '(() Attachment Sequence No. 13

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Name(s)	shown on return							Your	social securi	ty number	
									027-02-6165		
Part		From Rental Real Estate and Rog	-		•			-			
A Dic									-		
	id you make any payments in 2021 that would require you to file Form(s) 1099? See instructions										
 1a		each property (street, city, state, ZIP							· · ⊔		
A		ERABAD TELANGANA IN 5000	,								
B		ERADAD IELAKOANA IN 5000	,10								
1b	Type of Property	2 For each rental real estate property listed Fair Rental Po							onal Use		
10	(from list below)	above, report the number of fair rental and Days personal use days. Check the QJV box only						ays	QJV		
Α	2							0			
B	<u>∠</u>	If you meet the requirements to qualified joint venture. See inst	ruction:	a s.	A B	305			0		
<u>с</u>											
	f Bronortu				C						
	of Property:	2 Vacation/Chart Tarm Dantal	Elan	d	-		Rental				
	le Family Residence i-Family Residence	3 Vacation/Short-Term Rental	6 Roy								
Incom	-	4 Commercial Properties:	6 ROY	anies		s Othe	r (describe)				
	-	•			Α	F 0 0	В			C	
<u>3</u> 4			3			500.					
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Expen											
5	-		5								
6	,	nstructions)	6			0.0.0					
7	Cleaning and mainten	7		800.							
8			8								
9			9								
10		ssional fees	10								
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12		d to banks, etc. (see instructions)	12								
13			13								
14			14			200.					
15			15		Ι,	200.					
16			16		-						
17			17		2,	500.					
18		or depletion	18								
19	Other (list)	ines 5 through 19	19		_						
20			20		6,	500.					
21		line 3 (rents) and/or 4 (royalties). If									
		instructions to find out if you must	01		6	000.					
	file Form 6198		21		-0,	000.					
22	on Form 8582 (see in	estate loss after limitation, if any,	22 (6 0	00.)	(,	
23a		eported on line 3 for all rental prope			0,0	23a	(500			
25a b		eported on line 4 for all royalty prope		• •	•••	23b		500	,. 		
c		eported on line 12 for all properties	erties	• •	• •	23c			_		
d			• •	• •	• •	23d			_		
e)			
24		e amounts shown on line 21. Do no t	t incluc	e anv l	OSSAS		L		24		
25		sses from line 21 and rental real estate		-		•••• nter tot:	al losses her		25 (6,000.)	
26		ate and royalty income or (loss).							(0,000.	
20		V, and line 40 on page 2 do not a									
		40), line 5. Otherwise, include this ar							26	-6,000.	
	1										

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2021