

IRS e-file Signature Authorization

▶ 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 ABHISHEK KOLLI	Social security number 351-25-7652
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	88,989.
2 Total tax	2	12,496.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	15,849.
4 Amount you want refunded to you	4	3,353.
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	7	6	5	2
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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 ▶ _____

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					
---	---	---	---	---	---	--	--	--	--	--

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 [X] 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: ABHISHEK
Last name: KOLLI
Your social security number: 351-25-7652
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.
1115 HIDDEN RIDGE
Apt. no. 3053
City, town, or post office. If you have a foreign address, also complete spaces below.
IRVING
State TX
ZIP code 75038
Foreign country name:
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 [X] 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

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) if qualifies for (see instructions): Child tax credit, Credit for other dependents. Includes a checkbox for 'If more than four dependents, see instructions and check here'.

Main tax calculation table with 15 rows. Columns include line numbers, descriptions (e.g., Wages, salaries, tips, etc.), and amounts. Total income is 88,989. Taxable income is 76,139.

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

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	12,496.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	12,496.
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	12,496.
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	12,496.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	15,849.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	15,849.
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	
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	
33	Add lines 25d, 26, and 32. These are your total payments	33	15,849.
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	3,353.
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	3,353.
Direct deposit? See instructions.	b Routing number 1 0 1 2 0 0 4 5 3 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number 1 5 2 3 1 7 7 5 1 7 2 4		
	36 Amount of line 34 you want applied to your 2022 estimated tax	36	
Amount You Owe	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.

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.

Your signature	Date	Your occupation SOFTWARE DEVELOPER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
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.)

Phone no. (515) 300-8191 Email address KOLLIABHISHEK999@GMIAL.COM

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 02/19/2022	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 2530 Pebble Creek Ln Cumming GA 30041		Phone no. (678) 965-9522	Firm's EIN 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
ABHISHEK KOLLI

Your social security number
351-25-7652

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	-9,800.
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	-9,800.

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

Schedule 1 (Form 1040) 2021

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

ABHISHEK KOLLI

Your social security number

351-25-7652

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				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked	7,068.	9,668.	2,031.	-569.
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 -569.

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				
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

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	-569.
	<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. 		
17	Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet ▶	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet ▶	19	
20	Are lines 18 and 19 both zero or blank and are you not filing Form 4952? <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. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } 	21	(569.)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. <input checked="" type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

Sales and Other Dispositions of Capital Assets

Department of the Treasury
Internal Revenue Service

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

Name(s) shown on return

ABHISHEK KOLLI

Social security number or taxpayer identification number

351-25-7652

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

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

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

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

- (A) Short-term transactions 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

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	08/10/21	12/31/21	7,068.	9,668.	W	2,031.	-569.
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 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ►				7,068.	9,668.		2,031.	-569.

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

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

OMB No. 1545-0074

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

2021

Department of the Treasury
Internal Revenue Service (99)

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

Attachment
Sequence No. **13**

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

Name(s) shown on return

Your social security number

ABHISHEK KOLLI

351-25-7652

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	8326A, 5TH LANE RAJENDRA NA GUDIVADA, KRISHNA DIST ANDHRAPRADESH IN 521301				
B					
C					
1b	Type of Property (from list below)	2 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.	Fair Rental Days	Personal Use Days	QJV
A	3		A 365	0	<input type="checkbox"/>
B			B		<input type="checkbox"/>
C			C		<input type="checkbox"/>

Type of Property:

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

Income:		Properties:		A	B	C
3	Rents received	3		500.		
4	Royalties received	4				
Expenses:						
5	Advertising	5				
6	Auto and travel (see instructions)	6				
7	Cleaning and maintenance	7		1,200.		
8	Commissions.	8				
9	Insurance	9				
10	Legal and other professional fees	10				
11	Management fees	11		1,500.		
12	Mortgage interest paid to banks, etc. (see instructions)	12				
13	Other interest.	13				
14	Repairs.	14		2,300.		
15	Supplies	15		2,500.		
16	Taxes	16				
17	Utilities.	17		2,800.		
18	Depreciation expense or depletion	18				
19	Other (list) ▶	19				
20	Total expenses. Add lines 5 through 19	20		10,300.		
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		-9,800.		
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(9,800.)	()
23a	Total of all amounts reported on line 3 for all rental properties	23a		500.		
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		10,300.		
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	(9,800.)		
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		-9,800.		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2021

Save time, file returns and pay online at tax.iowa.gov.

Instructions for Payment Vouchers

1. Complete using blue or black ink. Do not use gel pens or red ink on checks. **Do not staple.**
2. **SSN:** Enter the Social Security Number in the boxes provided below.
3. **Period ending:** Enter the date of the calendar or fiscal year end. Use MMDDYY format. MM: two-digit month. DD: two-digit day. YY: last two digits of the tax year. The period ending for December 31, 2021, would be entered as: 123121.
4. **Payment amount:** Enter dollars and cents. The two boxes separated to the right on the amount line are for cents. Do not enter any punctuation or symbols (for example ", or \$").
5. When paying by check, **make checks payable to** Iowa Department of Revenue.
6. Mail your payment on or before the due date with this voucher to:

Iowa Department of Revenue
PO Box 9187
Des Moines IA 50306-9187

cut here

Iowa Department of Revenue

INT REV 02/07/22 PRO

IA 1040V

Individual Income Tax Payment Voucher

200635125765271231216216 0

Print name: KOLLI ABHISHEK
(Last, first MI)

Address: 1115 HIDDEN RIDGE, 3053

City, state, ZIP: IRVING TX 75038

Phone: 515-300-8191

SSN:

3	5	1	2	5	7	6	5	2
---	---	---	---	---	---	---	---	---

Period ending:

1	2	3	1	2	1
---	---	---	---	---	---

Payment amount:

						6	3	0	0
--	--	--	--	--	--	---	---	---	---

Mail to:
Iowa Department of Revenue
PO Box 9187
Des Moines IA 50306-9187

Make checks payable to:
Iowa Department of Revenue. When you pay by check, you authorize the Department of Revenue to convert your check to a one-time electronic banking transaction. 41-137 (09/10/2021)



2021 IA 1040 Iowa Individual Income Tax Return

For fiscal year beginning _____ / _____ / _____ and ending _____ / _____ / _____

Step 1: Fill in all spaces. You must fill in your Social Security Number (SSN).

Your last name: KOLLI Your first name/middle initial: ABHISHEK

Spouse's last name: _____ Spouse's first name/middle initial: _____



Current mailing address (number and street, apartment, lot, or suite number) or PO Box:
1115 HIDDEN RIDGE, 3053

City, State, ZIP:
IRVING TX 75038

Spouse SSN: _____ Your SSN: 351-25-7652

Step 2 Filing Status: Mark one box only

1	<input checked="" type="checkbox"/> Single: Were you claimed as a dependent on another person's Iowa return? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Email Address: _____
2	Married filing a joint return. (Two-income families may benefit by using status 3 or 4.)	Check this box if you or your spouse were 65 or older as of 12/31/21. <input type="checkbox"/>
3	Married filing separately on this combined return. Spouse use column B.	Residence on 12/31/21: County No. <u>00</u> School District No. <u>0000</u>
4	Married filing separate returns. Spouse's name: _____ ▲ SSN: _____ Net Income: \$ _____	
5	Head of household with qualifying person. If qualifying person is not claimed as a dependent on this return, enter the person's name and SSN below.	
6	Qualifying widow(er) with dependent child. Name: _____ SSN: _____	

Step 3 Exemptions

	B. Spouse (Filing Status 3 ONLY)	A. You or Joint
a. Personal Credit: Col. A: Enter 1 (enter 2 if filing status 2 or 5); Col. B: Enter 1 if filing status 3..... ▲	X \$ 40 = \$ <u>1</u>	X \$ 40 = \$ <u>40</u>
b. Enter 1 for each taxpayer who is 65 or older and/or 1 for each taxpayer who is blind..... ▲	X \$ 20 = \$ _____	X \$ 20 = \$ _____
c. Dependents: Enter 1 for each dependent..... ▲	X \$ 40 = \$ _____	X \$ 40 = \$ _____
d. Enter first names of dependents here _____	e. Total \$ _____	e. Total \$ <u>40</u>

Step 4 Reportable Social Security benefits as calculated on line 13 of Iowa Social Security Worksheet

	B. Spouse/Status 3 ▲	A. You or Joint ▲
	<u> </u>	<u> </u>

Step 5 Gross Income		B. Spouse/Status 3	A. You or Joint	B. Spouse/Status 3	A. You or Joint
1. Wages, salaries, tips, etc.....	1.	.00	<u>99,358.00</u>		
2. Taxable interest income. If more than \$1,500, complete Sch. B.....	2.	.00	.00		
3. Ordinary dividend income. If more than \$1,500, complete Sch. B....	3.	.00	.00		
4. Taxable alimony received.....	4.	.00	.00		
5. Business income/(loss). See instructions.....	5.	.00	.00		
6. Capital gain/(loss). See instructions.....	6.	.00	<u>-569.00</u>		
7. Other gains/(losses). See instructions.....	7.	.00	.00		
8. Taxable IRA distributions.....	8.	.00	.00		
9. Taxable pensions and annuities.....	9.	.00	.00		
10. Rents, royalties, partnerships, estates, etc. See instructions.....	10.	.00	<u>-9,800.00</u>		
11. Farm income/(loss). See instructions.....	11.	.00	.00		
12. Unemployment compensation. See instructions.....	12.	.00	.00		
13. Gambling winnings.....	13.	.00	.00		
14. Other income, bonus depreciation, and section 179 adjustment.....	14.	.00	<u>0.00</u>		
15. Gross Income. Add lines 1-14.....	15.	.00	▲ <u>88,989.00</u>		

NOTE: Use only blue or black ink, no pencils or red ink.

Step 6 Adjustments to Income		B. Spouse/Status 3	A. You or Joint	B. Spouse/Status 3	A. You or Joint
16. Payments to an IRA, Keogh, or SEP.....	16.	.00	.00		
17. Deductible part of self-employment tax.....	17.	.00	.00		
18. Health insurance premium.....	18.	.00	<u>0.00</u>		
19. Penalty on early withdrawal of savings.....	19.	.00	.00		
20. Alimony paid.....	20.	.00	.00		
21. Pension/retirement income exclusion.....	21.	.00	▲ .00		
22. Moving expense deduction from federal form 3903.....	22.	.00	.00		
23. Iowa capital gain deduction. Must include corresponding IA 100 schedule.....	23.	.00	▲ .00		
24. Other adjustments.....	24.	.00	.00		
25. Total adjustments. Add lines 16-24.....	25.	.00	▲ <u>0.00</u>		
26. Net Income. Subtract line 25 from line 15.....	26.	.00	▲ <u>88,989.00</u>		

Step 7 Federal Taxes and Qualified Deductions		B. Spouse/Status 3	A. You or Joint	B. Spouse/Status 3	A. You or Joint
27. Federal income tax refund/overpayment received in 2021.....	27.	.00	▲ <u>4,788.00</u>		
28. Self-employment/household employment/other federal taxes.....	28.	.00	▲ .00		
29. Addition for federal taxes. Add lines 27 and 28.....	29.	.00	<u>4,788.00</u>		
30. Total. Add lines 26 and 29.....	30.	.00	<u>93,777.00</u>		
31. Federal tax withheld in 2021, federal estimated tax payments made in 2021, and federal taxes paid in 2021 for 2020 and prior years.....	31.	.00	▲ <u>15,849.00</u>		
32. Qualified business income deduction. 50.0% (.50) of federal amount. See instructions.....	32.	.00	▲ .00		
33. DPAD 199A(g) deduction. 50.0% (.5) of federal amount.....	33.	.00	▲ .00		
34. Total federal tax and other qualified deductions. Add lines 31, 32, and 33.....	34.	.00	<u>15,849.00</u>		
35. Balance. Subtract line 34 from line 30. Enter here and on line 36, page 2.....	35.	.00	▲ <u>77,928.00</u>		



2021 IA 1040, page 2

	B. Spouse/Status 3	A. You or Joint	B. Spouse/Status 3	A. You or Joint
Step 8 Taxable Income				
36. BALANCE. From side 1, line 35.....			36. _____	77,928.00
37. Deduction. Check one box <input checked="" type="checkbox"/> Itemized.(Include IA Schedule A) <input type="checkbox"/> Standard <input type="checkbox"/>			37. _____	3,516.00
38. TAXABLE INCOME. SUBTRACT line 37 from line 36.....			38. _____	74,412.00
Step 9 Tax, Credits, and Check-off Contributions				
39. Tax from tables or alternate tax.....	39. _____	4,349.00		
40. Iowa lump-sum tax. See instructions.....	40. _____	_____		
41. Iowa alternative minimum tax. Must include IA 6251.....	41. _____	_____		
42. Total tax. ADD lines 39, 40, and 41.....	42. _____	4,349.00		
43. Total exemption credit amount(s) from Step 3, side 1.....	43. _____	40.00		
44. Tuition and textbook credit for dependents K-12.....	44. _____	_____		
45. Volunteer firefighter/EMS/reserve peace officer credit.....	45. _____	_____		
46. Total credits. ADD lines 43, 44, and 45.....	46. _____	40.00		
47. BALANCE. SUBTRACT line 46 from line 42. If less than zero, enter zero.....	47. _____	4,309.00		
48. Credit for nonresident or part-year resident. Must include IA 126 and federal return.....	48. _____	3,620.00		
49. BALANCE. SUBTRACT line 48 from line 47. If less than zero, enter zero.....	49. _____	689.00		
50. Out-of-state tax credit. Must include IA 130.....	50. _____	_____		
51. BALANCE. SUBTRACT line 50 from line 49. If less than zero, enter zero.....	51. _____	689.00		
52. Other nonrefundable Iowa credits. Must include IA 148 Tax Credits Schedule.....	52. _____	_____		
53. BALANCE. SUBTRACT line 52 from line 51. If less than zero, enter zero.....	53. _____	689.00		
54. School district surtax or EMS surtax. Take percentage from table; multiply by line 53.....	54. _____	0.00		
55. Total state and local tax. ADD lines 53 and 54.....	55. _____	689.00		
56. TOTAL state and local tax before contributions. Combine columns A and B on line 55 and enter here.....	56. _____	689.00		
57. Contributions will reduce your refund or add to the amount you owe. Amounts must be in whole dollars.				
Fish/Wildlife 57a: <input type="checkbox"/> State Fair 57b: <input type="checkbox"/> Firefighters/Veterans 57c: <input type="checkbox"/> Child Abuse Prevention 57d: <input type="checkbox"/> Enter here....			57. _____	_____
58. TOTAL STATE AND LOCAL TAX, AND CONTRIBUTIONS. Add line 56 and line 57 and enter here.....	58. _____	689.00		
Step 10 Credits				
59. Iowa Fuel Tax Credit. Must include IA 4136.....	59. _____	_____		
60. Check One: Child and Dependent Care Credit <input type="checkbox"/> OR Early Childhood Development Credit <input type="checkbox"/>	60. _____	_____		
61. Iowa earned income tax credit. 15.0% (.15) of federal credit.....	61. _____	0.00		
62. Other refundable credits. Include IA 148 Tax Credits Schedule.....	62. _____	_____		
63. Iowa income tax withheld.....	63. _____	626.00		
64. Estimated and voucher payments made for tax year 2021.....	64. _____	_____		
65. TOTAL. ADD lines 59 through 64 and enter here.....	65. _____	626.00		
66. TOTAL CREDITS. ADD columns A and B on line 65 and enter here.....	66. _____	626.00		
Step 11 Refund				
67. If line 66 is more than line 58, subtract line 58 from line 66. This is the amount you overpaid.....	67. _____	_____		
68. Amount of line 67 to be REFUNDED..... REFUND	68. _____	_____		
68a. Routing number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	68b. Type	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>	
68c. Account number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
69. Amount of line 67 to be applied to your 2022 estimated tax.....	69. _____	_____		
Step 12 Pay				
70. If line 66 is less than line 58, subtract line 66 from line 58. This is the AMOUNT OF TAX YOU OWE.....	70. _____	63.00		
71. Penalty for underpayment of estimated tax from IA 2210, IA 2210S, or IA 2210F. Check if annualized income method is used. <input type="checkbox"/>	71. _____	_____		
72. Penalty and interest <input type="checkbox"/> 72a. Penalty _____ 72b. Interest _____ ADD. Enter total.....	72. _____	_____		
73. TOTAL AMOUNT DUE. ADD lines 70, 71, and 72. Enter here..... PAY THIS AMOUNT	73. _____	63.00		

Step 13 I, the undersigned, declare under penalties of perjury or false certificate, that I have examined this return, and, to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	_____	_____	<input type="checkbox"/>	_____	_____	SYAM PRIYA RAM SAGAR GUPTA TALLAM 2/19/2022	_____
Your signature	Date	Check if deceased	Date of death	Preparer's signature	Date		
SIGN HERE	_____	_____	<input type="checkbox"/>	_____	_____	P02082703 30-1017196	_____
Spouse's signature	Date	Check if deceased	Date of death	Preparer's PTIN	Firm's FEIN		
		(515) 300-8191	_____		(678) 965-9522		_____
		Daytime telephone number			Daytime telephone number		

This return is due May 2nd, 2022. Sign, enclose W-2s, and verify SSNs.
MAILING ADDRESS: Iowa Income Tax Document Processing,
PO BOX 9187, Des Moines IA 50306-9187
Make check payable to Iowa Department of Revenue



If you itemize deductions, include this schedule with your return. Use whole dollar amounts.

Name(s): ABHISHEK KOLLI Social Security Number: 351-25-7652

Medical and Dental Expenses	1. Medical and dental expenses (Exclude health insurance premiums claimed on IA 1040, line 18).....1. _____ 2. Multiply the amount on federal form 1040, line 11, as modified for Iowa purposes, by 7.5% (.075). Enter result here. See IA 1040 expanded instructions.....2. _____ 3. Subtract line 2 from line 1. If less than zero, enter 0.3. _____																		
Taxes You Paid (Not subject to federal deduction dollar limitations)	4. State and local taxes. Check only one box. a <input checked="" type="checkbox"/> Other state and local income taxes. Do not include any general sales tax or Iowa income tax. Include school district surtax and EMS surtax from prior years paid in 2021, OR b <input type="checkbox"/> General sales tax from federal form 1040, Schedule A, line 5a.....4. <u>3,216</u> 5. Real estate taxes5. _____ 6. Personal property taxes, including annual vehicle registration.....6. _____ 7. Other taxes. List type and amount:7. <u>0</u> 8. Add lines 4-7. Enter total here8. <u>3,216</u>																		
Interest You Paid	9. Home mortgage interest and points. a. Interest and points reported on federal form 1098.....9a. _____ b. Interest not reported on federal form 10989b. _____ 10. Points not reported on federal form 109810. _____ 11. Mortgage insurance premiums11. _____ 12. Investment interest. Include federal form 4952 if required12. _____ 13. Add lines 9a-12. Enter total here13. _____																		
Gifts to Charity	14. Contributions by cash or check.....14. <u>300</u> 15. Contributions other than by cash or check. Include federal form 8283 if more than \$500.....15. _____ 16. Contributions carryover from prior year. See IA 1040 expanded instructions.16. _____ 17. Add lines 14-16. Enter total here17. <u>300</u>																		
Casualty/Theft Loss	18. Casualty or theft loss(es). Include federal form 4684. See IA 1040 expanded instructions.18. _____																		
Other Itemized Deductions	19. Other expenses. List type and amount: _____ _____ _____19. _____																		
Total Itemized Deductions	20. Other Iowa deductions. See IA 1040 expanded instructions.....20. _____ 21. Total deductions. Add lines 3, 8, 13, 17 through 20. If using filing statuses 1, 2, 5, or 6, enter the amount on the IA 1040, Step 8, line 3721. <u>3,516</u>																		
Proration of Deductions Between Spouses	Complete lines 22-26 only if you are using filing status 3 or 4. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Spouse</th> <th style="width: 10%; text-align: center;">You</th> </tr> </thead> <tbody> <tr> <td>22. Net income of both spouses from IA 1040, line 26.....22b. _____</td> <td></td> <td>22a. _____</td> </tr> <tr> <td>23. Total Iowa net income, add columns 22a and 22b. Enter total here.....23. _____</td> <td></td> <td></td> </tr> <tr> <td>24. Divide the amount on line 22a by the amount on line 23. Enter to the nearest tenth of a percent24. _____ %</td> <td></td> <td></td> </tr> <tr> <td>25. Multiply line 21 by the percentage on line 24. Enter here and on IA 1040, line 37, column A.....(You) 25. _____</td> <td></td> <td></td> </tr> <tr> <td>26. Subtract line 25 from line 21. Enter here and on IA 1040, line 37, column B. If you are using filing status 4, enter this amount on your spouse's return, line 37, column A(Spouse) 26. _____</td> <td></td> <td></td> </tr> </tbody> </table>		Spouse	You	22. Net income of both spouses from IA 1040, line 26.....22b. _____		22a. _____	23. Total Iowa net income, add columns 22a and 22b. Enter total here.....23. _____			24. Divide the amount on line 22a by the amount on line 23. Enter to the nearest tenth of a percent24. _____ %			25. Multiply line 21 by the percentage on line 24. Enter here and on IA 1040, line 37, column A.....(You) 25. _____			26. Subtract line 25 from line 21. Enter here and on IA 1040, line 37, column B. If you are using filing status 4, enter this amount on your spouse's return, line 37, column A(Spouse) 26. _____		
	Spouse	You																	
22. Net income of both spouses from IA 1040, line 26.....22b. _____		22a. _____																	
23. Total Iowa net income, add columns 22a and 22b. Enter total here.....23. _____																			
24. Divide the amount on line 22a by the amount on line 23. Enter to the nearest tenth of a percent24. _____ %																			
25. Multiply line 21 by the percentage on line 24. Enter here and on IA 1040, line 37, column A.....(You) 25. _____																			
26. Subtract line 25 from line 21. Enter here and on IA 1040, line 37, column B. If you are using filing status 4, enter this amount on your spouse's return, line 37, column A(Spouse) 26. _____																			



Name(s): ABHISHEK KOLLI Social Security Number: 351-25-7652

Mark the appropriate box for you and your spouse

	B. Spouse	A. You or Joint
A nonresident of Iowa for all of 2021	<input type="checkbox"/> ▲	<input checked="" type="checkbox"/> ▲
A part-year resident of Iowa during 2021	<input type="checkbox"/> ▲	<input type="checkbox"/> ▲
Date moved into Iowa: _____		
Date moved out of Iowa: _____		
A full-year resident of Iowa during 2021	<input type="checkbox"/>	<input type="checkbox"/>

Iowa-Source Income

	B. Spouse	A. You or Joint
1. Wages, salaries, tips, etc.	1. _____ .00	14,233.00
2. Taxable interest income	2. _____ .00	_____ .00
3. Ordinary dividend income.....	3. _____ .00	_____ .00
4. Taxable alimony received.....	4. _____ .00	_____ .00
5. Business income or (loss)	5. _____ .00	_____ .00
6. Capital gain or (loss)	6. _____ .00	_____ 0.00
7. Other gains or (losses).....	7. _____ .00	_____ .00
8. Taxable IRA distributions	8. _____ .00	_____ .00
9. Taxable pensions and annuities.....	9. _____ .00	_____ .00
10. Rents, royalties, partnerships, estates, etc.....	10. _____ .00	_____ 0.00
11. Farm income or (loss)	11. _____ .00	_____ .00
12. Unemployment compensation.....	12. _____ .00	_____ .00
13. Gambling winnings.....	13. _____ .00	_____ .00
14. Other income, bonus depreciation, and section 179 adjustment.....	14. _____ .00	_____ .00
15. Iowa gross income. Add lines 1-14	15. _____ .00	▲ 14,233.00
16. Payments to an IRA, Keogh, or SEP.....	16. _____ .00	_____ .00
17. Deductible part of self-employment tax.....	17. _____ .00	_____ .00
18. Health insurance premium	18. _____ .00	_____ .00
19. Penalty on early withdrawal of savings	19. _____ .00	_____ .00
20. Alimony paid	20. _____ .00	_____ .00
21. Pension/retirement income exclusion.....	21. _____ .00	_____ .00
22. Moving expense deduction into Iowa only.....	22. _____ .00	_____ .00
23. Iowa capital gain deduction.....	23. _____ .00	_____ .00
24. Other adjustments.....	24. _____ .00	_____ .00
25. Total adjustments. Add lines 16-24	25. _____ .00	▲ _____ .00
26. Iowa net income. Subtract line 25 from line 15	26. _____ .00	14,233.00
27. All-source net income from IA 1040, line 26.....	27. _____ .00	88,989.00
28. Iowa income percentage: Divide line 26 by line 27 and enter percentage rounded to nearest tenth of a percent. This can be no more than 100.0% and no less than 0.0%	28. _____ %	16.0 %
29. Nonresident/part-year resident credit percentage: Subtract the percentage on line 28 from 100.0%	29. _____ %	84.0 %
30. Iowa tax on total income from IA 1040, line 39	30. _____ .00	4,349.00
31. Total credits from IA 1040, line 46.....	31. _____ .00	40.00
32. Tax after credits. Subtract line 31 from line 30.....	32. _____ .00	4,309.00
33. Nonresident/part-year resident credit. Multiply line 32 by the percentage on line 29. Enter this amount on IA 1040, line 48.....	33. _____ .00	3,620.00



Name(s): ABHISHEK KOLLI Social Security Number: 351-25-7652

PART I - Iowa Adjustments and Preferences. See instructions.

If you itemized deductions on Schedule A (IA 1040), start on line 1. If you did not itemize on your IA 1040, start on line 2.

1. Taxes from IA 1040 Schedule A, line 8.....	1.	<u>3,216.</u>
2. Refunds of taxes (exclude Iowa income tax)	2.	(_____)
3. Investment interest expense (difference between regular tax and AMT)	3.	_____
4. Qualified small business stock.....	4.	_____
5. Exercise of incentive stock options (excess of AMT income over regular tax income) .	5.	_____
6. Estates and trusts [amount from federal Schedule K-1 (Form 1041)]	6.	_____
7. Disposition of property (difference between AMT and regular tax gain or loss)	7.	_____
8. Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	8.	_____
9. Passive activities (difference between AMT and regular tax income or loss).....	9.	_____
10. Loss limitations (difference between AMT and regular tax income or loss)	10.	_____
11. Circulation costs (difference between regular tax and AMT).....	11.	_____
12. Long-term contracts (difference between AMT and regular tax income).....	12.	_____
13. Mining costs (difference between regular tax and AMT).....	13.	_____
14. Research and experimental costs (difference between regular tax and AMT).....	14.	_____
15. Income from certain installment sales before January 1, 1987	15.	(_____)
16. Other adjustments, including income-based related adjustments	16.	_____
17. Total adjustments and preferences. Add lines 1 through 16	17.	<u>3,216.</u>

PART II - Iowa Alternative Minimum Taxable Income

18. Taxable income from IA 1040, line 38.....	18.	<u>74,412.</u>
19. Net operating loss deduction. Do not enter as a negative amount.....	19.	_____
20. Add lines 17, 18, and 19	20.	<u>77,628.</u>
21. Iowa Alternative Minimum Tax net operating loss deduction. See instructions.....	21.	_____
22. Iowa Alternative Minimum Taxable Income. Subtract line 21 from line 20	22.	<u>77,628.</u>



PART III - Iowa Exemption Amount and Iowa Alternative Minimum Tax Based on Iowa Filing Status

23. Enter the applicable amount below based on your Iowa filing status:

- If filing status 1, 5, or 6, enter \$26,000. ■
- If filing status 2, enter \$35,000.
- If filing status 3 or 4, enter \$17,500..... 23. 26,000.

24. Enter the applicable amount below based on your Iowa filing status:

- If filing status 1, 5, or 6, enter \$112,500.
- If filing status 2, enter \$150,000.
- If filing status 3 or 4, enter \$75,000..... 24. 112,500.

25. Subtract line 24 from line 22. If zero or less, enter zero..... 25. 0.

26. Multiply line 25 by 25% (.25)..... 26. 0.

27. Subtract line 26 from line 23. If zero or less, enter zero..... 27. 26,000.

28. Subtract line 27 from line 22. If zero or less, enter zero..... 28. 51,628.

29. Tentative Iowa Alternative Minimum Tax. Multiply line 28 by 6.4% (.064) 29. 3,304.

30. Regular tax less exemption credits. IA 1040, line 39, less IA 1040, line 43 30. 4,309.

31. Iowa Alternative Minimum Tax. Subtract line 30 from 29; enter here and on IA 1040, line 41. If zero or less, enter zero. See instructions for Iowa Alternative Minimum Tax Limited to Net Worth..... 31. 0.

PART IV - Nonresidents and Part-Year Residents Only – Complete Lines 32-35.

32. Enter Iowa net income plus Iowa adjustments and preferences. If zero or less, enter zero. See instructions. 32. 14,233.

33. Total net income plus total adjustments and preferences. See instructions..... 33. 92,205.

34. Divide line 32 by line 33 and enter the result to three decimal places. If greater than one, enter 1.000..... 34. .154

35. Iowa Alternative Minimum Tax. Multiply line 31 by 34. Enter here and on IA 1040, line 41. See instructions..... 35. 0.



DO NOT SEND THIS VA-8453 TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS. IT MUST BE MAINTAINED IN YOUR FILES!

Virginia Submission Identification Number (SID)

First Name & Middle Initial (if joint or combined return, enter both)	Last Name	B Your Social Security Number
ABHISHEK	KOLLI	351-25-7652
Present Home Address		A Spouse's Social Security Number
1115 HIDDEN RIDGE APT # 3053		
City, State and Zip Code		Online Filed Return <input type="checkbox"/>
IRVING TX 75038		

Part I Tax Return Information	A Spouse	B Yourself
1. Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1)		88,989.
2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)		88,989.
3. Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)		58,826.
4. Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)		3,125.
5. Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)		3,216.
6. Amount you Owe (Form 760CG, Line 35; Form 760PY, Line 35; Form 763, Line 35)		
7. Refund (Form 760CG, Line 36; 760PY, Line 36; Form 763, Line 36)		91.

Part II Declaration of Taxpayer

8a. I consent that my refund be directly deposited as designated on my 2021 Virginia income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund. I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process.

8b. I do not want direct deposit of my refund or I am not receiving a refund. I choose to have a check mailed to me.

8c. I authorize the Virginia Department of Taxation (Virginia Tax) and its designated Financial Agent to initiate an ACH electronic funds withdrawal entry to the financial institution account indicated on my 2021 Virginia income tax return for payment of my state taxes owed on this return and/or a payment of estimated tax. 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 certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process.

I declare under penalties of perjury that I have compared the information on my return with the information I have provided to my electronic return originator and that the amounts described in Part I above agree with the amounts shown on the corresponding lines of my 2021 Virginia individual income tax return. To the best of my knowledge and belief, my return is true, correct and complete. I consent that my return including this declaration and accompanying schedules and statements be sent to the Internal Revenue Service (IRS) by my electronic return originator (ERO) and by the IRS to Virginia Tax. This declaration is to be retained by the ERO or transmitter as validation of my electronically filed Virginia income tax return. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.

_____ Your Signature	_____ Date	_____ Spouse's Signature (If Filing Status 2 or 4, BOTH must sign)	_____ Date
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Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer

I declare that I have reviewed the above taxpayer's return and that the entries on this form are complete and correct to the best of my knowledge. I have obtained the taxpayer's signature on Form VA-8453 before submitting this return to the Internal Revenue Service (IRS) and Virginia Tax. I have provided the taxpayer with a copy of all forms and information to be filed with the IRS and Virginia Tax and have followed all other requirements as described in Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2021) and any requirements specified by Virginia Tax. If I am also the Paid Preparer, under 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. Declaration of preparer is based on all information of which preparer has any knowledge. EROs and paid preparer can sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.

ERO's Signature GLOBAL TAXES LLC	Date 02-19-22	SSN/PTIN 301017196
Firm's name (or yours if self-employed) 2530 PEBBLE CREEK LN CUMMING GA 30041	Paid Preparer? <input type="checkbox"/> Y <input type="checkbox"/> N Self-employed? <input type="checkbox"/> Y <input type="checkbox"/> N	
Address, City, State and Zip	Date 02-19-22	EIN P02082703
Paid Preparer's Signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date	SSN/PTIN
Firm's name (or yours if self-employed) 2530 PEBBLE CREEK LN CUMMING GA 30041	Self-employed? <input type="checkbox"/> Y <input type="checkbox"/> N	
Address, City, State and Zip	EIN 301017196	

2021 Virginia Nonresident Income Tax Return

Due May 1, 2022



Enclose a complete copy of your federal tax return and all other required Virginia enclosures.

First Name ABHISHEK	MI	Last Name KOLLI	Suffix	Your Social Security Number 351-25-7652	<input type="checkbox"/> Check if deceased
Spouse's First Name (Filing Status 2 Only)	MI	Last Name	Suffix	Spouse's Social Security Number	<input type="checkbox"/> Check if deceased
Present Home Address (Number and Street or Rural Route) 1115 HIDDEN RIDGE APT 3053				Your Birth Date (mm-dd-yyyy) 1 2 - 0 8 - 1 9 9 2	
City, Town or Post Office IRVING		State TX	ZIP Code 75038	Spouse's Birth Date (mm-dd-yyyy) - -	
State of Residence TX	Important - Name of Virginia City or County in which principal place of business, employment, or income source is located. HENRICO				Locality Code 087
				<input type="checkbox"/> City OR <input checked="" type="checkbox"/> County	

Check Applicable Boxes	<input type="checkbox"/> Amended Return Reason Code <input type="checkbox"/>	<input type="checkbox"/> Name(s) or Address Different than Shown on 2020 VA Return	<input type="checkbox"/> Overseas on Due Date
	<input type="checkbox"/> Dependent on Another's Return	<input type="checkbox"/> Qualifying Farmer, Fisherman, or Merchant Seaman	EIC Claimed on federal return \$ _____ .00

Filing Status Enter Filing Status Code in box below.

- 1 = Single. Federal head of household? YES
- 2 = Married, Filing Joint Return - both must have Virginia income
- 3 = Married, Spouse Has No Income From Any Source
- 4 = Married, Filing Separate Returns

If Filing Status 3 or 4, enter spouse's SSN in the Spouse's Social Security Number box at top of form and enter Spouse's Name _____

Exemptions Add Sections 1 and 2. Enter the sum on Line 12.

You	Spouse if Filing Status 2 or 3	Dependents	Total Section 1	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	X \$930 = 930
You 65 or over	Spouse 65 or over	You Blind	Spouse Blind	Total Section 2
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X \$800 =

1	Adjusted Gross Income from federal return - <i>Not federal taxable income</i>	1	88989	00
2	Additions from Schedule 763 ADJ, Line 3.....	2		00
3	Add Lines 1 and 2	3	88989	00
4	Age Deduction (See instructions and the Age Deduction Worksheet)..... You	4a		00
	Enter Birth Dates above. Enter Your Age Deduction on Line 4a and Your Spouse's Age Deduction on Line 4b..... Spouse	4b		00
5	Social Security Act and equivalent Tier 1 Railroad Retirement Act benefits reported on your federal return.	5		00
6	State income tax refund or overpayment credit reported as income on your federal return.	6		00
7	Subtractions from Schedule 763 ADJ, Line 7.....	7		00
8	Add Lines 4a, 4b, 5, 6, and 7	8		00
9	Virginia Adjusted Gross Income (VAGI). Subtract Line 8 from Line 3	9	88989	00
10	Itemized Deductions from Virginia Schedule A, if applicable. See instructions.....	10		00
11	If you do not claim itemized deductions on Line 10, enter standard deduction. See instructions.....	11	4500	00
12	Exemption amount. Enter the total amount from the Exemption Sections 1 and 2 above.....	12	930	00
13	Deductions from Schedule 763 ADJ, Line 9.....	13		00
14	Add Lines 10, 11, 12 and 13	14	5430	00
15	Virginia Taxable Income computed as a resident. Subtract Line 14 from Line 9.....	15	83559	00
16	Percentage from Nonresident Allocation Section on Page 2 (Enter to one decimal place only).....	16	70.4	%
17	Nonresident Taxable Income. (Multiply Line 15 by percentage on Line 16).....	17	58826	00
18	Income Tax from Tax Table or Tax Rate Schedule.....	18	3125	00

LTD

\$ _____

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XXXXXX



Your Name ABHISHEK KOLLI	Your SSN 351-25-7652
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19a	Your Virginia income tax withheld. Enclose Forms W-2, W-2G, 1099, and VK-1.	19a	3216	00
19b	Spouse's Virginia income tax withheld. Enclose Forms W-2, W-2G, 1099, and VK-1.	19b		00
20	2021 Estimated Tax Payments.	20		00
21	2020 overpayment credited to 2021 estimated tax.	21		00
22	Extension Payment - submitted using Form 7601P.	22		00
23	Credit for Low-Income Individuals or Virginia Earned Income Credit from Schedule 763 ADJ, Line 17.	23		00
24	Total credits from Schedule OSC.	24		00
25	Credits from Schedule CR, Section 5, Line 1A.	25		00
26	Total payments and credits. Add Lines 19a through 25.	26	3216	00
27	If Line 18 is larger than Line 26, enter the difference. This is the INCOME TAX YOU OWE .	27		00
28	If Line 26 is larger than Line 18, enter the difference. This is the OVERPAYMENT AMOUNT .	28	91	00
29	Amount of overpayment on Line 28 to be CREDITED TO 2022 ESTIMATED INCOME TAX.	29		00
30	Virginia529 and ABLE Contributions from Schedule VAC, Part I, Line 6.	30		00
31	Other Voluntary Contributions from Schedule VAC, Section II, Line 14.	31		00
32	Addition to Tax, Penalty, and Interest from enclosed Schedule 763 ADJ, Line 21.	32		00
33	Sales and Use Tax is due on Internet, mail order, and out-of-state purchases (Consumer's Use Tax). See instructions. <input checked="" type="checkbox"/> Check here if no sales and use tax is due.	33		00
34	Add Lines 29 through 33.	34		00
35	If you owe tax on Line 27, add Lines 27 and 34 - OR - If you have an overpayment on Line 28 and Line 34 is larger than Line 28, enter the difference. AMOUNT YOU OWE . Enclose payment or pay at www.tax.virginia.gov . <input type="checkbox"/> Check here if paying by credit or debit card - See instructions.	35		00
36	If Line 28 is larger than Line 34, subtract Line 34 from Line 28. This is the amount to be REFUNDED TO YOU .	36	91	00

If the Direct Deposit section below is not completed, your refund will be issued by check.

DIRECT BANK DEPOSIT	Your Bank Routing Transit Number	Your Bank Account Number	Checking <input checked="" type="checkbox"/>	Savings <input type="checkbox"/>
Domestic Accounts Only	1 0 1 2 0 0 4 5 3	1 5 2 3 1 7 7 5 1 7 2 4		
No International Deposits				

Nonresident Allocation Percentage

	A - All Sources	B - Virginia Sources
1. Wages, salaries, tips, etc.	99358 00	62661 00
2. Interest income	00	00
3. Dividends	00	00
4. Alimony received	00	00
5. Business income or loss	00	00
6. Capital gain or loss/capital gain distributions	-569 00	0 00
7. Other gains or losses	00	00
8. Taxable pensions, annuities and IRA distributions	00	
9. Rents, royalties, partnerships, estates, trusts, S corporations, etc.	-9800 00	0 00
10. Farm income or loss	00	00
11. Other income	00	00
12. Interest on obligations of other states from Schedule 763 ADJ, Line 1.	00	
13. Lump-sum and accumulation distributions included on Sch. 763 ADJ, Line 3.	00	00
14. TOTAL - Add Lines 1 through 13 and enter each column total here.	88989 00	62661 00
15. Nonresident allocation percentage - Divide Line 14 B, by Line 14 A. <i>Compute percentage to one decimal place (e.g., 5.4%).</i> Enter on Page 1, Line 16.		70.4%

I (We) authorize the Dept. of Taxation to discuss this return with my (our) preparer. I agree to obtain my Form 1099-G at www.tax.virginia.gov.

I (We), the undersigned, declare under penalty provided by law that I (we) have examined this return and to the best of my (our) knowledge, it is a true, correct, and complete return.

Your Signature	Your Phone Number (515) 300-8191	Date	
Spouse's Signature (If a joint return, both must sign)	Spouse's Phone Number	Preparer's PTIN P02082703	Vendor Code 1555
Preparer's Name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Firm's Name (or Yours if Self-Employed) GLOBAL TAXES LLC	Preparer's Phone Number (678) 965-9522	Filing Election Code 7
			ID Theft PIN

2021 Schedule INC/CG

351257652

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



ABHISHEK

KOLLI

Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
351257652	W	3216.	274131205	30274131205F001	62661.

Total VA Withholding	SSN	VA Withholding
You	351257652	3216.
Spouse		
Total # of W-2s, 1099s & VK-1s	01	

To avoid delays - be sure to enter all information, including the Employer's FEIN.