# Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

### IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

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

OMB No. 1545-0074

	1.07.07.00		_			
Submi	ssion Identification Number (SID)					
Taxpaye	r's name	Social securi	ty numl	per		
RITH	HIKA REDDY MADUGULA	806-15	-276	8		
Spouse's	s name	Spouse's soo	ial sec	urity numb	er	
Part	Tax Return Information — Tax Year Ending December 31, 2021 (Ente	r vear vou a	re au	thorizina	<i>(</i> r	
	whole dollars only on lines 1 through 5.	your your		inonzing	9.1	
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
1	Adjusted gross income		1	7:	2,5	99.
2	Total tax		2			54.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3			44.
4	Amount you want refunded to you		4		1,5	90.
5	Amount you owe		5			
Part	Taxpayer Declaration and Signature Authorization (Be sure you get and	keep a cop	y of y	our ret	urn)	
return (control to send for any Agent to paymer authorize paymer business taxes to personal	wledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I about original or amended) I am now authorizing. I consent to allow my intermediate service provider, transming return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejudelay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Lo initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account income to fine taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requisions days prior to the payment (settlement) date. I also authorize the financial institutions involved in the payment of the payment (settlement) date. I also authorize the financial institutions involved in the payment film of the payment (settlement) date. I also authorize the financial institutions involved in the payment confidential information necessary to answer inquiries and resolve issues related to the payment (PIN) below is my signature for the income tax return (original or amended) I and income tax return (original or amended) I are fully first the payment of the payment (PIN) below is my signature for the income tax return (original or amended) I are fully force and effect until I notify the U.S. Treasury Financial Agent to terminate the payment of the payment (PIN) below is my signature for the income tax return (original or amended) I are fully force and effect until I notify the U.S. Treasury Financial Agent to terminate the payment of the	itter, or electricection of the to a.S. Treasury a icated in the to to debit the ethe authorizuests must be processing opayment. I fur	onic reransmismod its of ax prepartion. The receiff the elanger according to the receiff the receiff the according to the according to the receiff the according to the accordi	turn origin ssion, (b) designated caration so to this according to the control of	the red Final of Fina	(ERO) eason ancial are for This cel) a nan 2 ent of at the
	yer's PIN: check one box only				1	
X	-	my PIN 5	2 '	7   6   8	່	s my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	r En		digits, but er all zeros	a	этпу
	I will enter my PIN as my signature on the income tax return (original or amended) I am r if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN metholow.					
Your s	ignature ▶ Date ▶					
Spous	e's PIN: check one box only				_	
	I authorize to enter or generate	my PIN			90	s my
	ERO firm name	-	ter five	digits, but	_	J 111y
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	er all zeros		
	I will enter my PIN as my signature on the income tax return (original or amended) I am r if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN metholow.					
Spous	e's signature ▶ Date ▶					
	Practitioner PIN Method Returns Only—continue below					
Part I	Certification and Authentication — Practitioner PIN Method Only					
ERO's	<b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5 8	7 2 7  Don't ent	8 6 er all ze		8 9	)
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income t zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Providers of I	ax return (orig nitting this retu	inal or urn in a	amended) accordanc		
ERO's	signature ▶ Date ▶					
	ERO Must Retain This Form — See Instructions					
	Don't Submit This Form to the IRS Unless Requested To	Do So				

## **£1040**

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

2021

OMB No. 1545-007

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

Filing Status Check only one box.	If yo	Single Married filing jointly unchecked the MFS box, enter the roon is a child but not your dependen	ame of	ied filing separately (l your spouse. If you d	,			,	<i>'</i> —	_	, ,	` , ` ,
Your first name	and mi	ddle initial	Last na	ame					Y	our so	cial securi	ty number
RITHIKA	REDI	DY	MADI	UGULA					8	306-1	L5-276	8
If joint return, s	pouse's	first name and middle initial	Last na	ame					S	Spouse's	s social se	curity number
	,	er and street). If you have a P.O. box, see	instruct	ions.				Apt. no.	- 1			on Campaign
1165 SE					_		$\perp$	204			ere if you,	or your ntly, want \$3
City, town, or p WAUKEE	ost offi	ce. If you have a foreign address, also co	mplete :	spaces below.	Sta			code 263	te	o go to	this fund.	Checking a
Foreign country	/ name			Foreign province/state/			-	ign postal co			ow will not or refund.	•
r oreigir country	riairie			Toreign province/state/	Couri	ıy	1016	igii postai co	ue y	our tux	You	. Spouse
At any time du	ring 20	021, did you receive, sell, exchange	, or oth	erwise dispose of an	/ fina	ancial interest	in an	y virtual cu	rrenc	:y?	Yes	⊠ No
Standard Deduction	_	eone can claim: You as a de Spouse itemizes on a separate retur				•						
Age/Blindness	You:	☐ Were born before January 2, 1	957 [	Are blind Sp	ouse	: Was bo	rn be	fore Janua	ry 2,	1957	☐ Is bl	lind
Dependents	s (see	instructions):		(2) Social security	,	(3) Relationsh	nip	(4) 🗸	if qua	lifies for	(see instru	uctions):
If more		rst name Last name		number		to you		Child ta	x cred	dit	Credit for ot	her dependents
than four												
dependents,												
see instruction: and check	5 —											
here ▶ 🗌												
	1	Wages, salaries, tips, etc. Attach I	orm(s)	W-2						1		79,198.
Attach	2a	Tax-exempt interest	2a		b T	axable interes	t			2b		491.
Sch. B if	За	Qualified dividends	3a		<b>b</b> 0	Ordinary divide	nds			3b		
required.	4a	IRA distributions	4a		b T	axable amoun	nt .			4b		
	5a	Pensions and annuities	5a		b T	axable amoun	nt .			5b		
Standard	6a	Social security benefits	6a		b T	axable amoun	nt .			6b		
Deduction for—	7	Capital gain or (loss). Attach Sche	dule D	if required. If not req	uired	, check here		•	•	7		
Single or Married filing	8	Other income from Schedule 1, lin	e 10							8		-7,090.
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your <b>total inc</b>	ome					9		72,599.
Married filing	10	Adjustments to income from Sche	dule 1,	line 26						10		
jointly or Qualifying	11	Subtract line 10 from line 9. This is	s your <b>a</b>	djusted gross inco	ne					11		72,599.
widow(er),	12a	Standard deduction or itemized	-	-		12	a	12,5	550.			
\$25,100 Head of	b	Charitable contributions if you take		•	,	ructions) 12	b					
household, \$18,800	С									12c		12,550.
If you checked	13	Qualified business income deduct	ion fron	n Form 8995 or Form	899	05-A				13		
any box under Standard	14	Add lines 12c and 13								14	1 :	12,550.
Deduction,	15	Taxable income. Subtract line 14	from lin	ne 11. If zero or less,	ente	er -0				15		60,049.

Form 1040 (2021	)								Page <b>2</b>
	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌		16	8,954.
	17	Amount from Schedule 2, lin	ne 3					17	
	18	Add lines 16 and 17						18	8,954.
	19	Nonrefundable child tax cred	dit or credit for c	ther depender	nts from Schedul	e 8812		19	
	20	Amount from Schedule 3, lin	ie 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	8,954.
	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 <b>total tax</b>				▶	24	8,954.
	25	Federal income tax withheld	from:						
	а	Form(s) W-2				<b>25a</b> 10	0,544.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	10,544.
<b>K</b>	26	2021 estimated tax payment						26	
If you have a L qualifying child,	27a	Earned income credit (EIC)			No	27a			
attach Sch. EIC.		Check here if you were by January 2, 2004, and you taxpayers who are at least a	u satisfy all the ge 18, to claim t	e other requi	rements for				
	b	Nontaxable combat pay elec							
	С	Prior year (2019) earned inco	ome	. 27c					
	28	Refundable child tax credit or				28			
	29	American opportunity credit							
	30	Recovery rebate credit. See				30			
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27a and 28 throug						32	
	33	Add lines 25d, 26, and 32. T						33	10,544.
Refund	34	If line 33 is more than line 24				•		34	1,590.
	35a	Amount of line 34 you want						35a	1,590.
Direct deposit? See instructions.	►b	Routing number 0 5 1				Checking	Savings		
occ manuchons.	►d	Account number 4 3 5							
	36	Amount of line 34 you want a				36			
Amount	37	Amount you owe. Subtract				1 1	. ▶	37	
You Owe	38	Estimated tax penalty (see in	nstructions) .		<u> ▶</u>	38			
Third Party Designee	ins	you want to allow another tructions			n with the IRS?	. ► Yes. C	complete l		<b>⋉</b> No
		ne ▶		Phone no. ▶			nber (PIN)		
Sign Here		der penalties of perjury, I declare tief, they are true, correct, and com							
TICIC	You	ur signature		Date	Your occupation				nt you an Identity
						OM DEVIET OD		ection Pi inst.) ▶	N, enter it here
Joint return? See instructions.	Sno	ouse's signature. If a joint return, <b>t</b>	noth must sign	Date	Spouse's occupat	ON DEVELOPI	J10 1		nt your spouse an
Keep a copy for your records.	, op.	ouse s signature. If a joint return, i	Jour Must sign.	Date	opouse s occupa	lion	Iden		ection PIN, enter it here
	Pho	one no. (980)253-211	6	Email address	RITHIKAREDD	Y193@GMAIL.C	OM		
Paid	Pre	parer's name	Preparer's signat	ure		Date	PTIN		Check if:
Preparer Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/07/2022	P0208	2703	Self-employed
Use Only	Firr	m's name ► GLOBAL TAX	XES LLC				Phor	ne no. (	678)965-9522
	Firr	m's address ► 2530 Pebb	le Creek I	n Cummin	g GA 30041		Firm	's EIN ▶	30-1017196
Go to www.irs.go	ov/Form	n1040 for instructions and the late	st information.		BAA	REV 01/31/22 PRO			Form <b>1040</b> (2021)

# SCHEDULE 1 (Form 1040)

### **Additional Income and Adjustments to Income**

OMB No. 1545-0074

2021

Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

RITHIKA REDDY MADUGULA

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

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

Sequence No. 01
Your social security number
806-15-2768

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes	s	1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions)	<b>-</b>		
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, tr Schedule E	·	5	-7,090.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (	)	
b	Gambling income	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (	)	
е	Taxable Health Savings Account distribution	8e		
f	Alaska Permanent Fund dividends	8f		
g	Jury duty pay	8g		
h	Prizes and awards	8h		
i	Activity not engaged in for profit income	8i		
j	Stock options	8j		
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8k		
I	Olympic and Paralympic medals and USOC prize money (see instructions)	81		
m	Section 951(a) inclusion (see instructions)	8m		
n	Section 951A(a) inclusion (see instructions)	8n		
0	Section 461(I) excess business loss adjustment	80		
р	Taxable distributions from an ABLE account (see instructions) .	8p		
Z	Other income. List type and amount ▶	0-		
9	Total other income. Add lines 8a through 8z	8z	9	
9 10	Combine lines 1 through 7 and 9. Enter here and on Form 1	040. 1040-SR. or	9	
	10/0 ND line 9		40	

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

Par	Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form	3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN	<b>&gt;</b>		
С	Date of original divorce or separation agreement (see instructions)			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
а	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	24b		
С	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l	24c		
d	Reforestation amortization and expenses	24d		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	<b>24i</b>		
j	Housing deduction from Form 2555	<b>24</b> j		
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 <b>adjustments</b> here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line			

# SCHEDULE E (Form 1040)

#### **Supplemental Income and Loss**

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

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

OMB No. 1545-0074

2021

Attachment Sequence No. 13

Department of the Treasury Internal Revenue Service (99)

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

Name(s) shown on return Your social security number 806-15-2768 RITHIKA REDDY MADUGULA Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Part I Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. A Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions . . . . . Physical address of each property (street, city, state, ZIP code) Α SAI NAGAR, CHAITANYAPURI HYDERABAD TELANGANA IN 500060 В C Personal Use 1b Fair Rental Type of Property For each rental real estate property listed QJV 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 (from list below) **Days Days** Α 365 0 Α qualified joint venture. See instructions. В В С С Type of Property: Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) Income: **Properties:** Α 3 Rents received . 3 550. 4 Royalties received . . . . 4 Expenses: Advertising . . . . . . 5 5 6 Auto and travel (see instructions) . . . 6 7 Cleaning and maintenance . . . 7 1,340. 8 8 Commissions. . . . . . 9 9 Insurance . . . . . . . . . . 10 Legal and other professional fees . . . 10 11 11 1,100. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 Other interest. . . . . . . . . 14 Repairs. . . . . . . . 14 1,940. 15 1,120. 15 Supplies . Taxes . . . . . 16 16 17 17 2,140. 18 Depreciation expense or depletion . . 18 19 19 Total expenses. Add lines 5 through 19 . . . . . 20 20 7,640. 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 . . . . . . . . . . . . . . . . . 21 -7,090. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . . . . . 7,090.) 550 23a Total of all amounts reported on line 3 for all rental properties 23a **b** Total of all amounts reported on line 4 for all royalty properties 23b 23c **c** Total of all amounts reported on line 12 for all properties d Total of all amounts reported on line 18 for all properties 23d 23e Total of all amounts reported on line 20 for all properties 7,640. Income. Add positive amounts shown on line 21. Do not include any losses 24 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here. 25 7,090. 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

-7,090.

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### Iowa Individual Income Tax Declaration for an e-File Return

tax.iowa.gov

2. Total Tax (IA 1940, line 42 A & B). 2B	Part I Tax Return Information  1. Iowa hel Income (An 1040, line 28 A & B).  2. Total Tax (Na 1040, line 28 A & B).  3. Iowa income Tax Withheld (IA 1040, line 63 A & B).  3. Iowa income Tax Withheld (IA 1040, line 63 A & B).  4. Amount to be Refunded (IA 1040, line 63 A & B).  5. Total Amount Dougle (IA 1040, line 73).  5. Total Amount Dougle (IA 1040, line 74).  6. Ido not want direct deposit or direct debt.  7. Ido I consent that my return be directly deposited as designated below. If I have filled a joint return, this is an irrevocable appointment of the other specias as an agent to receive the return.  6. Ido not want direct deposit or direct debt.  7. Ido I consent that my return be directly deposited as designated below. If I have filled a joint return, this is an irrevocable appointment of the other specias as an agent to receive the return.  6. Ido not want direct the lowa Deposition of the total variety for this control of the other specias as an agent to receive the return.  6. Ido not want direct the lowa Deposition of the directly deposited as designated below. If I have filled a joint return, this is an irrevocable appointment of the other specias as an agent to receive the return.  6. In addition account on the low fill the payment/stafferinered agent to british an electronic funds withdrawal (direct debt) entity to thin annual institution account indicated below for payment of my individual lows baxes owed on this return, and the financial institution to debt the other specias and the second of the second of the payment/stafferinered debt. I list out protection is to receive in full forced and electronic return with a second on the receive confidential information necessary to answer inquiries and receive issues related to the payment and account on the second. Control of the payment of the total miles and the payment of the best of the payment of the second on the second on the payment of the payment of the second on the payment of the payment of the second on the payment of the payment of the	first name, middle initial, and last name	A Spouse's first name, middle initial, and last name								
Part I Tax Return Information  1. Iowa Net Income (Na 1040, line 28 A & B)  2. Total Tax (Na 1040, line 28 A & B)  3. Iowa Income Tax Withheld (Na 1040, line 53 A & B)  3. Iowa Income Tax Withheld (Na 1040, line 53 A & B)  4. Amount to be Refunded (Na 1040, line 68)  5. Total Amount Due (Na 1040, line 73)  7. Part II Declaration of Taxpayer (Be sure to keep a copy of the tax return.)  6. 1 do not want direct deposit or direct debit.  7. 2 I consent that my refund be directly deposited as designated below. If I have filled a joint return, this is an inverceable appointment of the other spore and an agent to receive the return.  1. I authorize the lowa Department of Revenue (IDR) and its designated financial agent to initiate an electronic funds withdrawall (direct debit) entry to financial initiations occur in initiations count in disclaration of the count in magnetic to receive the return.  1. I authorize the lowa Department of Revenue (IDR) and its designated financial agent to initiate an electronic funds withdrawall (direct debit) entry to financial initiations count in disclaration in the financial initiations count in financial initiations (exceeding of the cut with initiation requests must be received no later than five business days prior to the payment, I must contact DID authorization is to remain in full force and refer turnli I notify life to terminate that the received not later than five business days prior to the payment/settlem date. Note: This electronic withdrawal from your bank account by the ACH Company ID. Statistical Payment. Present Company ID. ACH Compa	Part I Tax Return Information  1. Iowa Net Income (IA 1040, line 26 A & B)	Social Security Number 806-15-	2768	Spouse's Social	Security Number						
Part ITax Roturn Information    I. lows Net Tronome (14 1040, line 28 A & B)	Part   Tax Return Information	e address, City, State, ZIP 1165 SI	E OLSON DR, 204	WAUKEE IA 50263							
2. Total Tax (IA 1940, line 42 A & B). 2B	2. Total Tax (IA 1040, line 42 A & B)	Part I Tax Return Information					A. You or Joint				
2. Total Tax (IA 1940, line 42 A & B). 2B	2. Total Tax (IA 1040, line 42 A & B)	1. Iowa Net Income (IA 1040, line 2	26 A & B)		1B	.00 1A	72,599.0				
3. lows Income Tax Withheld (IA 1040, line 63 A & B)	3. lowa income Tax Withheld (IA 1040, line 63 A & B)										
4	4										
Part II Doctoration of Taxpayor (Be sure to keep a copy of the tax return.)  6. ☐ I don of want direct deposit or direct debt.  7. ☑ I consent that my refund be directly deposited as designated below. If I have filed a joint return, this is an irrevocable appointment of the other sporas an agent to receive the refund.  ☐ Lauthorize the lows Department of Revenue (IDR) and its designated financial agent to initiate an electronic funds withdrawal (direct debti) entry to financial institution account indicated below for payment of my individual lows taxes owed on this return, and the financial institution to debt the ere to this account on the financial institution account indicated below for payment of my individual lows taxes owed on this return, and the financial institution in receives the center of the payment of my individual lows taxes owed on this return, and the financial institution to receive the payment of the payment in the total income the financial institution in my individual lows taxes owed on this return, and the financial institution in necessary to answer inquiries and receive issues related to the payment of the payment in t	5. Total Amount Due (IA 1040, line 73).  Fart II Doctaration of Taxpayer (Be sure to keep a copy of the tax return.)  6. □ I do not want direct deposits of direct doi:  7. ☑ I consent that my refund be directly deposited as designated below. If I have filed a joint return, this is an irrevocable appointment of the other spore as an agent to receive the refund.  □ Lauthorize the lows Department of Revenue (IDR) and its designated financial agent to intillate an electronic funds withdrawal (direct debti) entry to financial institution account indicated below for payment of my individual lows taxes owed on this return, and the financial institution to debt the e to this account on. The last so there is the account on. Under the payment below for payment of my individual lows taxes owed on this return, and the financial institution to represent the method of the payment of the paym										
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ERO Signature  Date  Date  Date  Check if self- employed □  Firm's name (or yours if GLOBAL TAXES LLC  self-employed) Address, City, State, ZIP2530 PEBBLE CREEK LN CUMMING GA 30041  Paid Preparer Signature  SYAM PRIYA RAM SAGAR GUPTA TALLAM  Date 02/07/2022  Check if self- employed □  Preparer PTIN P02082703  Firm's name (or yours if GLOBAL TAXES LLC  FEIN 30-1017196  Preparer PTIN P02082703	ERO Signature  Date  Date  Date  Date  Check if self- employed □  ERO PTIN  FEIN 30-1017196  Phone Number (678)965-9522  Paid Preparer Signature  SYAM PRIYA RAM SAGAR GUPTA TALLAM  Date 02/07/2022  Pirm's name (or yours if GLOBAL TAXES LLC  SYAM PRIYA RAM SAGAR GUPTA TALLAM  Date 02/07/2022  FIRM's name (or yours if GLOBAL TAXES LLC  SYAM PRIYA RAM SAGAR GUPTA TALLAM  Date 02/07/2022  FIRM's name (or yours if GLOBAL TAXES LLC  Self-employed)  FEIN 30-1017196  Preparer PTIN P02082703  FEIN 30-1017196	I declare that I have reviewed the abonly a collector, I am not responsibl taxpayer's signature before submittin followed all other requirements descr 8453-IND should not be sent to IDR, later, to which the IA 8453-IND relate that I have examined the above taxpage.	ove taxpayer's return and that ent e for reviewing the return and only g this return to the IRS. I have pro- ibed in the Iowa Modernized e-File- but must be retained by the ERO es was filed. I will make a copy ava ayer's return and accompanying so	ries on form IA 8453-IND by declare that this form a vided the taxpayer with a be (MeF) Information for elfor a period of three years aliable to IDR upon requesthedules, attachments, an	accurately reflects the copy of all forms and File Providers publica s from the due date of st. If I am a paid pre	e data on the return d information to be f ation. I understand the of the return or the fi parer, under penalti	n. I have obtained the iled with IDR and have hat the original form IA iling date, whichever is es of perjury, I declare				
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Firm's name (or yours if GLOBAL TAXES LLC FEIN 30-1017196	Firm's name (or yours if self-employed)  GLOBAL TAXES LLC  FEIN 30-1017196  Phone	Paid Preparer									
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		1040 Iowa Individual Income Tax Retui	rn ,									
	,	spaces. You must fill in your Social Security Number (SSN).			III W.C-	MOLEAC DA	Maria kalundur P	a: TE CANK	o de <b>Para-Mari</b> a Pa	PART S EST	ena casari	wa <b>m</b> ili
Your last		Your first name/middle initial:					V&I-WX4	$\mathbf{Y}_{\mathbf{i}}$		21048		WZ
MADU								A NEE		MIGERIA		
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1165	SĚ	ddress (number and street, apartment, lot, or suite number) or PO Box: OLSON DR , $204$										
City, Stat WAUK		A 50263										
Spouse	SSN:	Your SSN: 806-15-2768										
Step 2 Fi	ling Sta	tus: Mark one box only										
1 X	Single: V	Vere you claimed as a dependent on another person's lowa return? Yes	No :	<b>X</b> Email	Addres	ss:						
2	Married t	filing a joint return. (Two-income families may benefit by using status 3 or 4.)		Check	this bo	ox if you or yo	our spouse were	65 or ol	der as of 12/3	1/21.		
3	Married t	filing separately on this combined return. Spouse use column B.		Reside	ence o	n 12/31/21: C	County No. 77		School Di	strict No. 3	3231	
4 1	Married 1	filing separate returns. Spouse's name:		▲SSN:				Ne	et Income: \$			
5 H	Head of	household with qualifying person. If qualifying person is not claimed as a depende	nt on this re	eturn, enter the p	person	's name and	SSN below.					
6	Qualifyin	g widow(er) with dependent child. Name:				SSN:						
Step 3 E				B. Sp		(Filing Status	3 ONLY)		-	A. You or		4.0
		edit: Col. A: Enter 1 (enter 2 if filing status 2 or 5); Col. B: Enter 1 if filing status 3.  each taxpayer who is 65 or older and/or 1 for each taxpayer who is blind			_	(\$40 = <u>\$</u>		- 🐧 —	1	X \$ 40	-	40
		sach taxpayer who is 65 or older and/or 1 for each taxpayer who is bilnds: Enter 1 for each dependent			_	(\$ 20 = \$ (\$ 40 = \$		- 🐧 —		X \$ 20 X \$ 40	-	
		ames of dependents here			_ ′	e. Total \$		- ^ _			– φ otal \$	40
		le Social Security benefits as calculated on line 13 of Iowa Social Security W	orksheet	B Sn	ouse/s	Status 3 ▲			A. You or			
				ouse/Status 3			or Joint	B Spo	use/Status 3		A Yo	u or Joint
Step 5 Gross	1.	Wages, salaries, tips, etc	•		00		9,198.00					
Income	2.	Taxable interest income. If more than \$1,500, complete Sch. B	2.	.0	00		491.00					
_	3.	Ordinary dividend income. If more than \$1,500, complete Sch. B	3.	.0	00		.00					
	4.	Taxable alimony received	4.	.0	00		.00					
	5.	Business income/(loss). See instructions	5.	.0	00		.00			IOTE: Us		
	6.	Capital gain/(loss). See instructions	6.	.0	00		.00			lue or bla ık, no pei		
	7.	Other gains/(losses). See instructions	7.	0	00		.00			r red ink.		
	8.	Taxable IRA distributions	8.	0	00		.00					
	9.	Taxable pensions and annuities	9.	0	00		.00					
	10.	Rents, royalties, partnerships, estates, etc. See instructions	10.	0	00		<u>7,090</u> .00					
	11.	Farm income/(loss). See instructions		0	00		.00					
	12.	Unemployment compensation. See instructions		0	00		.00					
	13.	Gambling winnings		0	00		.00					
	14.	Other income, bonus depreciation, and section 179 adjustment			00		0.00				72 [	=00
Step 6		Gross Income. Add lines 1-14							00	_	14,5	5 <u>9</u> 9 .00
Adjust- ments to	16. 17.	Payments to an IRA, Keogh, or SEP  Deductible part of self-employment tax			00		00					
Income	18.	Health insurance premium			00	-	.00					
	19.	Penalty on early withdrawal of savings			00 00		<u>0</u> .00					
	20.	Alimony paid			00	-	.00					
	21.	Pension/retirement income exclusion			00 🛦		.00					
	22.	Moving expense deduction from federal form 3903	22.		00		.00					
	23.	lowa capital gain deduction. Must include corresponding IA 100	23.									
	24.	schedule Other adjustments	24.		00 -	-	.00					
	25.	Total adjustments. Add lines 16-24			00		00 25.		.00			0.00
	26.	Net Income. Subtract line 25 from line 15							00	· . —	72,	<u> </u>
Step 7	27.	Federal income tax refund/overpayment received in 2021	27.		00 🛦		348.00		.00			00
Federal Taxes	28.	Self-employment/household employment/other federal taxes			oo ▲		.00					
and Qualified	29.	Addition for federal taxes. Add lines 27 and 28	_						.00	·		348.00
Deduc- tions	30.	Total. Add lines 26 and 29					30.		.00	,	72.	947.00
-	31.	Federal tax withheld in 2021, federal estimated tax payments made	31.		<u> </u>							
	32.	in 2021, and federal taxes paid in 2021 for 2020 and prior years  Qualified business income deduction. 50.0% (.50) of federal			.00		<u>0,544</u> .00					
		amount. See instructions	32.		.00		.00					
	33.	DPAD 199A(g) deduction. 50.0% (.5) of federal amount			.00		.00					
	34. 35	Total federal tax and other qualified deductions. Add lines 31, 32, and					-		.00	_		544.00
	35.	Balance. Subtract line 34 from line 30. Enter here and on line 36, page	je ∠				35.		.00	· <b>^</b> _	62,	403.00





2021 Step 8	<b>IA</b> 36.	<b>1040, page 2</b> BALANCE. From side 1, line 35	B. Spouse/Stat			A. You or .		B. Spouse/Sta	atus 3		A. You or Joint 62,403.00
Taxable ncome	37.		Standard X						.00	•	2,130.00
	38.	TAXABLE INCOME. SUBTRACT line 37 from line 36					. 38.		.00		60,273.00
Step 9 Tax,	39.	Tax from tables or alternate tax	39.	00		3	. 296	00			
Credits,	40.	lowa lump-sum tax. See instructions	40.					.00			
and Check-	41.	lowa alternative minimum tax. Must include IA 6251	41.					.00			
off Contri-	42.	Total tax. ADD lines 39, 40, and 41							.00		3,296.00
butions	43.	Total exemption credit amount(s) from Step 3, side 1	43.	.00	)		40	.00	00	•	- <del></del> .00
	44.	Tuition and textbook credit for dependents K-12				-		.00			
_	45.	Volunteer firefighter/EMS/reserve peace officer credit						.00			
	46.	Total credits. ADD lines 43, 44, and 45						•	.00		40.00
	47.	BALANCE. SUBTRACT line 46 from line 42. If less than zero, enter 2	zero				. 47.		.00	•	3,256.00
	48.	Credit for nonresident or part-year resident. Must include IA 126 and	federal return				. 48.		.00	<b>A</b>	.00
	49.	BALANCE. SUBTRACT line 48 from 47. If less than zero, enter zero.					. 49.		.00	•	3,256.00
	50.	Out-of-state tax credit. Must include IA 130.					. 50.		.00	•	.00
	51.	BALANCE. SUBTRACT line 50 from 49. If less than zero, enter zero					. 51.		.00	<b>A</b>	3,256.00
	52.	Other nonrefundable Iowa credits. Must include IA 148 Tax Credits S	Schedule				. 52.		.00	•	.00
	53.	BALANCE. SUBTRACT line 52 from line 51. If less than zero, enter a	zero				. 53.		.00	•	3,256.00
	54.	School district surtax or EMS surtax. Take percentage from table; mu	ultiply by line 53				. 54.		.00	<b>A</b>	0.00
	55.	Total state and local tax. ADD lines 53 and 54					. 55.		.00	<b>A</b>	3,256.00
	56.	TOTAL state and local tax before contributions. Combine columns A	and B on line 55 and	d ente	er her	e			56.		3,256.00
	57.	Contributions will reduce your refund or add to the amount you owe.	Amounts must be in	whol	e dolla	ars.					
	Fish/	Wildlife 57a: ▲ State Fair 57b: ▲ Firefighters/Veterans TOTAL STATE AND LOCAL TAX, AND CONTRIBUTIONS. Add line	57c: ▲ Chi 56 and line 57 and 6							_	.00 3 , 256 <sub>.00</sub>
Step 10	59.	lowa Fuel Tax Credit. Must include IA 4136	59.		<b>A</b>			.00			- 700
Credits	60.	Check One: Child and Dependent Care Credit OR									_
		▲ Early Childhood Development Credit	60.	.00	•			.00			
	61.	lowa earned income tax credit. 15.0% (.15) of federal credit	61.	.00	•			.00			
	62.	Other refundable credits. Include IA 148 Tax Credits Schedule	62.	.00	<b>A</b>			.00			
	63.	lowa income tax withheld	63.	.00	<b>A</b>	3	,478	.00			
	64.	Estimated and voucher payments made for tax year 2021						.00			
	65.	TOTAL. ADD lines 59 through 64 and enter here	65.	.00	•	3	,478	.00			
	66.	TOTAL CREDITS. ADD columns A and B on line 65 and enter here.							66.		3,478.00
Step 11 Refund	67.	If line 66 is more than line 58, subtract line 58 from line 66. This is the							67.	<b>A</b> _	222.00
	68.	Amount of line 67 to be REFUNDED.						REFUND	68.	<b>A</b> .	<u>222</u> .00
	68	Ba. Routing number: 0 5 1 0 0	0 1 7		68b.	Type C	Checking	×	Sav	ings	
	68	8c. Account number: 4 3 5 0 3 4	9 3 2		9	1 3	3			П	
	69.										
Step 12	70.	If line 66 is less than line 58, subtract line 66 from line 58. This is the			_ <b>≜</b> OWE			.00	70.	<u> </u>	
Pay	71.								71.	•	.00
	72.	Penalty and interest	▲ 72b. Interest			.00	ADD. E	nter total	72.	-	.00
	73.	TOTAL AMOUNT DUE. ADD lines 70, 71, and 72. Enter here					. PAY TI	HIS AMOUNT	73.	<b>A</b>	.00
Step 13	,	e undersigned, declare under penalties of perjury or false certificate, the	at I have examined t	this re	eturn,	and, to the	best of i	my knowledge a	and be	lief, it	is true, correct, and
	com	plete.									
SIGN		_									
HERE	V.	A			d 0				GUPTA	TALL	AMO2/07/2022
SIGN	rour	signature Date Check if	deceased Da	ie ot d	death		•	s signature			Date
HERE	Cr.s.	A Linear signature	doogood	to cf	docth			82703		30-	-1017196
	Sp0l	3	deceased Da		death	Р	reparer's		2106	: E (	Firm's FEIN

Daytime telephone number

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

Daytime telephone number



## **£1040**

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

2021

OMB No. 1545-007

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

Filing Status Check only one box.	If yo	Single Married filing jointly unchecked the MFS box, enter the roon is a child but not your dependen	ame of	ied filing separately (l your spouse. If you d	,			,	<i>'</i> —	_	, ,	` , ` ,
Your first name	and mi	ddle initial	Last na	ame					Y	our so	cial securi	ty number
RITHIKA	REDI	DY	MADI	UGULA					8	306-1	L5-276	8
If joint return, s	pouse's	first name and middle initial	Last na	ame					S	Spouse's	s social se	curity number
	,	er and street). If you have a P.O. box, see	instruct	ions.				Apt. no.	- 1			on Campaign
1165 SE					_		$\perp$	204			ere if you,	or your ntly, want \$3
City, town, or p WAUKEE	ost offi	ce. If you have a foreign address, also co	mplete :	spaces below.	Sta			code 263	te	o go to	this fund.	Checking a
Foreign country	/ name			Foreign province/state/			-	ign postal co			ow will not or refund.	•
r oreigir country	riairie			Toreign province/state/	Couri	ıy	1016	igii postai co	ue y	our tux	You	. Spouse
At any time du	ring 20	021, did you receive, sell, exchange	, or oth	erwise dispose of an	/ fina	ancial interest	in an	y virtual cu	rrenc	:y?	Yes	⊠ No
Standard Deduction	_	eone can claim: You as a de Spouse itemizes on a separate retur				•						
Age/Blindness	You:	☐ Were born before January 2, 1	957 [	Are blind Sp	ouse	: Was bo	rn be	fore Janua	ry 2,	1957	☐ Is bl	lind
Dependents	s (see	instructions):		(2) Social security	,	(3) Relationsh	nip	(4) 🗸	if qua	lifies for	(see instru	uctions):
If more		rst name Last name		number		to you		Child ta	x cred	dit	Credit for ot	her dependents
than four												
dependents,												
see instruction: and check	5 —											
here ▶ 🗌												
	1	Wages, salaries, tips, etc. Attach I	orm(s)	W-2						1		79,198.
Attach	2a	Tax-exempt interest	2a		b T	axable interes	t			2b		491.
Sch. B if	За	Qualified dividends	3a		<b>b</b> 0	Ordinary divide	nds			3b		
required.	4a	IRA distributions	4a		b T	axable amoun	nt .			4b		
	5a	Pensions and annuities	5a		b T	axable amoun	nt .			5b		
Standard	6a	Social security benefits	6a		b T	axable amoun	nt .			6b		
Deduction for—	7	Capital gain or (loss). Attach Sche	dule D	if required. If not req	uired	, check here		•	•	7		
Single or Married filing	8	Other income from Schedule 1, lin	e 10							8		-7,090.
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your <b>total inc</b>	ome					9		72,599.
Married filing	10	Adjustments to income from Sche	dule 1,	line 26						10		
jointly or Qualifying	11	Subtract line 10 from line 9. This is	s your <b>a</b>	djusted gross inco	ne					11		72,599.
widow(er),	12a	Standard deduction or itemized	-	-		12	a	12,5	550.			
\$25,100 Head of	b	Charitable contributions if you take		•	,	ructions) 12	b					
household, \$18,800	С									12c		12,550.
If you checked	13	Qualified business income deduct	ion fron	n Form 8995 or Form	899	05-A				13		
any box under Standard	14	Add lines 12c and 13								14	1 :	12,550.
Deduction,	15	Taxable income. Subtract line 14	from lin	ne 11. If zero or less,	ente	er -0				15		60,049.

Form 1040 (2021	)								Page <b>2</b>
	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌		16	8,954.
	17	Amount from Schedule 2, lin	ne 3					17	
	18	Add lines 16 and 17						18	8,954.
	19	Nonrefundable child tax cred	dit or credit for c	ther depender	nts from Schedul	e 8812		19	
	20	Amount from Schedule 3, lin	ie 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	8,954.
	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 <b>total tax</b>				▶	24	8,954.
	25	Federal income tax withheld	from:						
	а	Form(s) W-2				<b>25a</b> 10	0,544.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	10,544.
<b>K</b>	26	2021 estimated tax payment						26	
If you have a L qualifying child,	27a	Earned income credit (EIC)			No	27a			
attach Sch. EIC.		Check here if you were by January 2, 2004, and you taxpayers who are at least a	u satisfy all the ge 18, to claim t	e other requi	rements for				
	b	Nontaxable combat pay elec							
	С	Prior year (2019) earned inco	ome	. 27c					
	28	Refundable child tax credit or				28			
	29	American opportunity credit							
	30	Recovery rebate credit. See				30			
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27a and 28 throug						32	
	33	Add lines 25d, 26, and 32. T						33	10,544.
Refund	34	If line 33 is more than line 24				•		34	1,590.
	35a	Amount of line 34 you want				_		35a	1,590.
Direct deposit? See instructions.	►b	Routing number 0 5 1				Checking	Savings		
occ manuchons.	►d	Account number 4 3 5							
	36	Amount of line 34 you want a				36			
Amount	37	Amount you owe. Subtract				1 1	. ▶	37	
You Owe	38	Estimated tax penalty (see in	nstructions) .		<u> ▶</u>	38			
Third Party Designee	ins	you want to allow another tructions			n with the IRS?	. ► Yes. C	complete l		<b>⋉</b> No
		ne ▶		Phone no. ▶			nber (PIN)		
Sign Here		der penalties of perjury, I declare tief, they are true, correct, and com							
TICIC	You	ur signature		Date	Your occupation				nt you an Identity
						OM DEVIET OD		ection Pi inst.) ▶	N, enter it here
Joint return? See instructions.	Sno	ouse's signature. If a joint return, <b>t</b>	noth must sign	Date	Spouse's occupat	ON DEVELOPI	J10 1		nt your spouse an
Keep a copy for your records.	, op.	ouse s signature. If a joint return, i	Jour Must sign.	Date	opouse s occupa	lion	Iden		ection PIN, enter it here
	Pho	one no. (980)253-211	6	Email address	RITHIKAREDD	Y193@GMAIL.C	OM		
Paid	Pre	parer's name	Preparer's signat	ure		Date	PTIN		Check if:
Preparer Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/07/2022	P0208	2703	Self-employed
Use Only	Firr	m's name ► GLOBAL TAX	XES LLC				Phor	ne no. (	678)965-9522
	Firr	m's address ► 2530 Pebb	le Creek I	n Cummin	g GA 30041		Firm	's EIN ▶	30-1017196
Go to www.irs.go	ov/Form	n1040 for instructions and the late	st information.		BAA	REV 01/31/22 PRO			Form <b>1040</b> (2021)

# SCHEDULE 1 (Form 1040)

### **Additional Income and Adjustments to Income**

OMB No. 1545-0074

2021

Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

RITHIKA REDDY MADUGULA

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

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

Sequence No. 01
Your social security number
806-15-2768

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes	s	1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions)	<b>-</b>		
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, tr Schedule E	·	5	-7,090.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (	)	
b	Gambling income	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (	)	
е	Taxable Health Savings Account distribution	8e		
f	Alaska Permanent Fund dividends	8f		
g	Jury duty pay	8g		
h	Prizes and awards	8h		
i	Activity not engaged in for profit income	8i		
j	Stock options	8j		
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8k		
I	Olympic and Paralympic medals and USOC prize money (see instructions)	81		
m	Section 951(a) inclusion (see instructions)	8m		
n	Section 951A(a) inclusion (see instructions)	8n		
0	Section 461(I) excess business loss adjustment	80		
р	Taxable distributions from an ABLE account (see instructions) .	8p		
Z	Other income. List type and amount ▶	0-		
9	Total other income. Add lines 8a through 8z	8z	9	
9 10	Combine lines 1 through 7 and 9. Enter here and on Form 1	040. 1040-SR. or	9	
	10/0 ND line 9		40	

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

Par	Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form	3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN	<b>&gt;</b>		
С	Date of original divorce or separation agreement (see instructions)			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
а	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	24b		
С	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l	24c		
d	Reforestation amortization and expenses	24d		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	<b>24i</b>		
j	Housing deduction from Form 2555	<b>24</b> j		
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 <b>adjustments</b> here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line			

#### **SCHEDULE E** (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Name(s) shown on return

#### **Supplemental Income and Loss**

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

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

Your social security number

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

OMB No. 1545-0074

Attachment Sequence No. 13

RITH	IKA REDDY MADUGULA						806	-15-2	768		
Part	Income or Loss From Rental Real Estate and Ro	yaltie	s Note	: If you	are in th	e business o	f renting	persona	l property	, use	
	Schedule C. See instructions. If you are an individual, rep	ort far	m rental i	ncome (	or loss fr	om <b>Form 48</b>	35 on p	age 2, lin	ie 40.		
A Dic	d you make any payments in 2021 that would require you to	file F	orm(s) 1	099? S	ee instr	uctions .		r	Yes	K No	
	"Yes," did you or will you file required Form(s) 1099?									No	
1a	Physical address of each property (street, city, state, ZIP code)										
Α	SAI NAGAR, CHAITANYAPURI HYDERABAD TELANGANA IN 500060										
В											
С											
1b	Type of Property 2 For each rental real estate property	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		9 _	QJV	
	(from list below) above, report the number of fa										
Α	personal use days. Check the					365	0				
В	qualified joint venture. See inst					303					
C	<u> </u>										
	of Property:			С							
	gle Family Residence 3 Vacation/Short-Term Rental	5 la	nd		7 Self-l	Rontal					
	ti-Family Residence 4 Commercial		yalties								
Income: Properties:			Jyanies	Α	Other (describe)				С		
3	-	3			550.		,				
4	Rents received	4			550.						
Exper	Royalties received	-									
5		5									
6	Advertising	6									
	Cleaning and maintenance	7		1	240						
7		8		Ι,	340.						
8	Commissions	-									
9	Insurance	9									
10	Legal and other professional fees	10			100						
11	Management fees	11		1,	100.						
12	Mortgage interest paid to banks, etc. (see instructions)	12									
13	Other interest	13			0.4.0						
14	Repairs	14			940.						
15	Supplies	15		1,	120.						
16	Taxes	16									
17	Utilities	17		2,	140.						
18	Depreciation expense or depletion	18									
19	Other (list)	19									
20	Total expenses. Add lines 5 through 19	20		7,	640.						
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If										
	result is a (loss), see instructions to find out if you must			_							
	file Form 6198	21		- 7 ,	090.						
22	Deductible rental real estate loss after limitation, if any,		,	_		,					
	on Form 8582 (see instructions)	22	(	7,0	90.)	(		)(		)	
23a	Total of all amounts reported on line 3 for all rental prope				23a		550	).			
b	Total of all amounts reported on line 4 for all royalty prop	erties			23b						
С	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						
е	Total of all amounts reported on line 20 for all properties				23e		7,640				
24	<b>Income.</b> Add positive amounts shown on line 21. <b>Do no</b>		-				_	24			
25	Losses. Add royalty losses from line 21 and rental real estate	losse	s from lir	ie 22. E	nter tota	ıl losses her	e. 2	25 (	7,	090.)	
26	Total rental real estate and royalty income or (loss).	Comb	ine lines	24 an	d 25. E	nter the res	sult				
	here. If Parts II, III, IV, and line 40 on page 2 do not						on				
	Schedule 1 (Form 1040) line 5. Otherwise, include this ar	moun'	t in the to	ntal on	line 41	on page 2	1 2	26	-7	.090.	