### 8879 Form

(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

Subm	ission Identification Number (SID)			
Taxpay	er's name	Social securi	y numb	per
NIS	HITHA JAYA BODDETI	319-47	- -937'	7
Spouse	's name	Spouse's soo	ial secu	urity number
Part	Tax Return Information — Tax Year Ending December 31, 2021 (Enter	year you a	re au	thorizing.)
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	123,946.
2	Total tax		2	20,684.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	23,145.
4	Amount you want refunded to you		4	2,461.
5	Amount you owe		5	
Part	II Taxpayer Declaration and Signature Authorization (Be sure you get and k	еер а сор	y of y	our return)
return to send for any Agent payme authori payme busine taxes t person	owledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmit d my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejet or delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.5 to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicent of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution ization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate int, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requises days prior to 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 payor of the payment (PIN) below is my signature for the income tax return (original or amended) I among Funds Withdrawal Consent.	ter, or electroction of the too.  S. Treasury a cated in the too debit the the authorizates must be processing of ayment. I furfixed	onic refransmissind its of ax prepartition. The receive of the electrons of the receive of the electrons of	turn originator (ERO) ssion, <b>(b)</b> the reason designated Financial paration software for to this account. This To revoke (cancel) a ved no later than 2 ectronic payment of thousand the showledge that the
	ayer's PIN: check one box only	7	9 3	3   7   7
×	I authorize GLOBAL TAXES LLC to enter or generate n  ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř En		digits, but er all zeros
	I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN method below.			
Yours	signature ▶ Date ▶			
Snous	se's PIN: check one box only			
Spous	_	ov DINI		
	I authorize to enter or generate n	_	or five	digits, but
	signature on the income tax return (original or amended) I am now authorizing.			r all zeros
	I will enter my PIN as my signature on the income tax return (original or amended) I am not if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN method below.		_	-
Spous	se's signature ▶ Date ▶			
	Practitioner PIN Method Returns Only—continue below			
Part	III Certification and Authentication — Practitioner PIN Method Only			
ERO's	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	1 9 8 9 eros
authori	y that the above numeric entry is my PIN, which is my signature for the electronic individual income taxized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitted and Pub. 1345, Handbook for Authorized IRS e-file Providers of Indicated	tting this retu	ırn in a	accordance with the
ERO's	s signature ▶ Date ▶			
	ERO Must Retain This Form — See Instructions	_		
	Don't Submit This Form to the IRS Unless Requested To D	o So		

# E 1040 Department of the Treasury—Internal Revenue Service (99) U.S. Individual Income Tax Return

2021

OMB No. 1545-007

IBS Use Only—Do not write or staple in this space

Filing Status Check only one box.	If yo	Single Married filing jointly [u checked the MFS box, enter the ron is a child but not your depender	name of	ed filing separately your spouse. If you							
Your first name	and mi	ddle initial	Last na	ame					Your so	ocial securi	ty number
NISHITHA	A JA	YA	BODI	DETI					319-	47-937	7
If joint return, s	pouse's	first name and middle initial	Last na	ame					Spouse	's social se	curity number
Home address	(numbe	er and street). If you have a P.O. box, see	e instructi	ions.				Apt. no.	Preside	ential Electi	on Campaign
3473 N 3	LST :	ST						175	1	here if you,	
City, town, or p	ost offi	ce. If you have a foreign address, also c	omplete s	spaces below.	Sta	ite	ZIP	code			ntly, want \$3 Checking a
San Jose	9				C	A	95	5134		low will not	
Foreign country	/ name			Foreign province/stat	e/coun	ty	For	eign postal code	your ta	x or refund.	
										You	Spouse
At any time du	rina 20	021, did you receive, sell, exchange	or othe	erwise dispose of a	ınv fina	ancial interest	t in an	v virtual curre	ncv?	Yes	X No
								.,			
Standard Deduction		eone can claim: You as a de	•	· · · · · · · · · · · · · · · · · · ·		a dependent					
Deduction		Spouse itemizes on a separate retu	rn or you	u were a duai-statt	is aller	1					
Age/Blindness	You:	Were born before January 2,	1957 [	Are blind S	pouse	: Was be	orn be	efore January	2, 1957	☐ Is bl	lind
Dependents	s (see	instructions):		(2) Social secui	rity	(3) Relations	ship	<b>(4) ✓</b> if q	ualifies fo	r (see instru	ictions):
If more	(1) First name Last name number to you Child tax cred						redit	Credit for ot	ther dependents		
than four											
dependents, see instructions	·										
and check	,										
here ▶											
	1_	Wages, salaries, tips, etc. Attach	Form(s)	W-2					. 1	1	32,346.
Attach	2a	Tax-exempt interest	2a		b T	axable intere	est		. 2k	)	
Sch. B if required.	3a	Qualified dividends	3a		<b>b</b> (	Ordinary divid	ends		. 3k	)	
	4a	IRA distributions	4a		b T	axable amou	ınt .		. 4k	)	
	5a	Pensions and annuities	5a		b T	axable amou	ınt .		. 5k	)	
Standard	6a	Social security benefits	6a		b T	axable amou	ınt .		. 6k	)	
• Single or	7	Capital gain or (loss). Attach Sche	edule D i	f required. If not re	quired	l, check here		▶[	_ 7		
Married filing	8	Other income from Schedule 1, lin	ne 10						. 8		-8,400.
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your <b>total ir</b>	come				▶ 9	1.	23,946.
Married filing     in the or	10	Adjustments to income from Sche	edule 1,	line 26					. 10	)	
jointly or Qualifying	11_	Subtract line 10 from line 9. This i	s your <b>a</b>	djusted gross inc	ome				<b>▶</b> 11	1 1:	23,946.
widow(er), \$25,100	12a	Standard deduction or itemized		,	,		2a	12,55			
Head of	b	b Charitable contributions if you take the standard deduction (see instructions) 12b 300.									
household, \$18,800	С	Add lines 12a and 12b							. 12	<b>c</b>	12,850.
If you checked     any box under	13	Qualified business income deduc-	tion fron	n Form 8995 or Fo	rm 899	95-A			. 13		
any box under Standard	14								. 14	1	12 <b>,</b> 850.
Deduction, see instructions.	15	Taxable income. Subtract line 14	l from lir	ne 11. If zero or les	s, ente	er -0			. 15	<b>i</b> 1:	11,096.
)											

Form 1040 (2021	)								Page Z
	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌		16	20,684.
	17	Amount from Schedule 2, lin	ne 3					17	
	18	Add lines 16 and 17						18	20,684.
	19	Nonrefundable child tax cre	dit or credit for o	ther depender	nts from Schedule	8812		19	
	20	Amount from Schedule 3, lin	ne 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	20,684.
	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	20,684.
	25	Federal income tax withheld	from:						
	а	Form(s) W-2				<b>25a</b> 2	3,145		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	23,145.
If you have a	26	2021 estimated tax paymen	ts and amount a	pplied from 20				26	
qualifying child, attach Sch. EIC.	27a	Earned income credit (EIC)				27a			
attach och. Elo.	b	Check here if you were I January 2, 2004, and you taxpayers who are at least a Nontaxable combat pay elec	u satisfy all the ge 18, to claim t	e other requi he EIC. See in	rements for				
	С	Prior year (2019) earned inco	ome	. 27c					
	28	Refundable child tax credit or	r 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, lin	ne 15			31			
	32	Add lines 27a and 28 through	h 31. These are	your total oth	er payments and	refundable cre	dits 🕨	32	
	33	Add lines 25d, 26, and 32. T						33	23,145.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amoun	t you <b>overpaid</b>		34	2,461.
	35a	Amount of line 34 you want					. ▶ 🗌	35a	2,461.
Direct deposit? See instructions.	▶b	Routing number 1 2 1			▶ c Type: 🔀	Checking	Savings		
See mstructions.	►d	Account number 3 2 5							
	36	Amount of line 34 you want				36			
Amount	37	Amount you owe. Subtract				1 1	. ▶	37	
You Owe	38	Estimated tax penalty (see in				38			
Third Party Designee	ins	you want to allow another tructions	person to disc		n with the IRS?	Yes. 0	Complete		⊠ No
		signee's ne ▶		Phone no. ▶			sonal iden nber (PIN)		
Sign		der penalties of perjury, I declare to the the true, correct, and combined the true, correct, and combined the true to the true.							
Here	You	ur signature		Date	Your occupation				nt you an Identity
	k .					1		IN, enter it here	
Joint return? See instructions.				5.	PRODUCT MA			e inst.)	
Keep a copy for your records.	Spo	ouse's signature. If a joint return, l	ootn must sign.	Date	Spouse's occupation	on	lde		nt your spouse an ection PIN, enter it here
	Pho	one no. (805) 869-838	4	Email address	NISHITHA.BOD	DETI@GMAIL.C	OM		
Paid	Pre	parer's name	Preparer's signat	ure		Date	PTIN		Check if:
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	04/07/2022	P0208	32703	Self-employed
Use Only	Firr	m's name ► GLOBAL TA	one no.	(678) 965-9522					
Jac Only	Firr	m's address ▶ 2530 Pebb	le Creek L	n Cummin	g GA 30041	Fir	n's EIN 🕨	30-1017196	

#### 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

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

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

Your social security number
319-47-9377

Par	t I Additional Income	'		
1	Taxable refunds, credits, or offsets of state and local income taxes	8	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, tro	*	5	-8,400.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	<b>8a</b> ( )		
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		
1	Olympic and Paralympic medals and USOC prize money (see	OK .	-	
•	instructions)	81		
m	Section 951(a) inclusion (see instructions)	8m		
n	Section 951A(a) inclusion (see instructions)	8n		
0	Section 461(I) excess business loss adjustment	80		
р	Taxable distributions from an ABLE account (see instructions) .	8p		
Z	Other income. List type and amount ▶	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 10	040, 1040-SR, or		
	1040-NR, line 8		10	-8,400.

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

	Educator expenses	11
	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	12
}	Health savings account deduction. Attach Form 8889	13
	Moving expenses for members of the Armed Forces. Attach Form 3903	14
5	Deductible part of self-employment tax. Attach Schedule SE	15
6	Self-employed SEP, SIMPLE, and qualified plans	16
7	Self-employed health insurance deduction	17
3	Penalty on early withdrawal of savings	18
а	Alimony paid	19a
b	Recipient's SSN	
С	Date of original divorce or separation agreement (see instructions) ▶	
)	IRA deduction	20
I	Student loan interest deduction	21
2	Reserved for future use	22
3	Archer MSA deduction	23
	Other adjustments:	
а	Jury duty pay (see instructions)	
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	
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	
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	
f	Contributions to section 501(c)(18)(D) pension plans 24f	
g	Contributions by certain chaplains to section 403(b) plans 24g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	
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	
i	Housing deduction from Form 2555	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	
Z	Other adjustments. List type and amount ▶	
	Total other adjustments. Add lines 24a through 24z	25

## 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) Name(s) shown on return

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

Your social security number

_	ITHA JAYA BODDE							319-47-			
Part		From Rental Real Estate and Roy	•		,			0 1			use
		nstructions. If you are an individual, repo									
		nts in 2021 that would require you to		. ,							
		ou file required Form(s) 1099?							Y	es _	No
1a	+ ·	each property (street, city, state, ZIP									
A	TELECOM NAGAR,	GACHIBOWLI HYDERABAD T	'ELA	NGANA	IN 5	00032					
B C											
	Type of Droporty	2				Eair	Rental	Personal U	leo		
1b	Type of Property (from list below)	For each rental real estate propabove, report the number of fair	perty I ir rent	isted al and			Days	Days	)SE	Q.	JV
Α	2	personal use days. Check the	QJV b	ox only	Α	-	365	Dayo	1	Г	7
В	3	personal use days. Check the of if you meet the requirements to qualified joint venture. See inst	ructio	ns.	В		303		<del>'</del>		<u></u>
C		. ,			C						1
	of Property:										
	le Family Residence	3 Vacation/Short-Term Rental	5 La	nd		7 Self-	Rental				
•	ti-Family Residence			yalties			r (describe)				
Incom		Properties:			Α	5 5416	В			С	
3	Rents received		3			600.					
4			4								
Expen	ses:										
5	Advertising		5								
6	•	nstructions)	6								
7		ance	7			800.					
8	Commissions		8								
9			9								
10		ssional fees	10								
11	•		11		1,	500.					
12		d to banks, etc. (see instructions)	12								
13			13		- 1	000					
14	•		14 15			800.					
15			16		۷,	300.					
16 17			17		2	600					
18		or depletion	18		۷,	600.					
19	Other (list) ►	or depletion	19								
20	` ′	ines 5 through 19	20		9.	000.					
21	•	line 3 (rents) and/or 4 (royalties). If									
21		instructions to find out if you must									
			21		-8,	400.					
22		estate loss after limitation, if any,			<u> </u>						
	on Form 8582 (see in		22	(	8,	400.)	(	)(			)
23a		eported on line 3 for all rental prope				23a		600.			
b		eported on line 4 for all royalty prope	erties			23b					
С		eported on line 12 for all properties				23c					
d		eported on line 18 for all properties				23d					
е		eported on line 20 for all properties				23e		9,000.			
24	•	e amounts shown on line 21. <b>Do no</b>		-				. 24			,
25		sses from line 21 and rental real estate								8,4	100.)
26		ate and royalty income or (loss).									
		V, and line 40 on page 2 do not a 40), line 5. Otherwise, include this ar								-8,	400.

**Passive Activity Loss Limitations** 

Department of the Treasury Name(s) shown on return

► See separate instructions. ► Attach to Form 1040, 1040-SR, or 1041. OMB No. 1545-1008

Identifying number

Internal Revenue Service (99)

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

2021	
Attachment Sequence No. <b>858</b>	

NIS	HITHA JAYA BODDETI				319-4	47-9377
Pa	rt I 2021 Passive Activity Loss	S				
	Caution: Complete Parts IV ar	nd V before comple	eting Part I.			
	al Real Estate Activities With Active Parance for Rental Real Estate Activities	• '		ive participation, s	ee <b>Special</b>	
1a	Activities with net income (enter the a	mount from Part IV	, column (a)) .	1a	0.	
b	Activities with net loss (enter the amount		, ,,		8,400.)	
С	Prior years' unallowed losses (enter the	ne amount from Pa	rt IV, column (c))	1c (	)	
d	Combine lines 1a, 1b, and 1c				1	<b>d</b> -8,400.
All O	ther Passive Activities					
2a	Activities with net income (enter the a	mount from Part V	column (a)) .	2a		
b	Activities with net loss (enter the amount		` ''		)	
С	Prior years' unallowed losses (enter the				)	
d			, ,,		2	2d
3	Combine lines 1d and 2d. If this line i					
	all losses are allowed, including any		•			
	losses on the forms and schedules no					<b>3</b> −8,400.
	If line O is a lase and a line 4 d is a l	laas as ta David II			_	'
	If line 3 is a loss and: • Line 1d is a l	. •	ou monto) old	in Dort II and so to	line 10	
	• Line 20 is a i	loss (and line 1d is	zero or more), sk	ip Part II and go to	ilile 10.	
	ion: If your filing status is married filing I. Instead, go to line 10.	separately and yo	u lived with your	spouse at any tim	ne during the ye	ear, <b>do not</b> complet
Par	t II Special Allowance for Rer	ntal Real Estate	<b>Activities With</b>	<b>Active Particip</b>	ation	
	Note: Enter all numbers in Par	t II as positive amo	unts. See instruc	tions for an examp	ole.	
4	Enter the <b>smaller</b> of the loss on line 1	d or the loss on lin	e3		4	8,400.
5	Enter \$150,000. If married filing separ	ately, see instruction	ons	5   1	.50,000.	
6	Enter modified adjusted gross income	e, but not less than	zero. See instruc	tions 6 1	32,346.	
	Note: If line 6 is greater than or equal	to line 5, skip lines	3 7 and 8 and ent	er -0-		
	on line 9. Otherwise, go to line 7.					
7	Subtract line 6 from line 5			7	17,654.	
8	Multiply line 7 by 50% (0.50). Do not en	nter more than \$25,	000. If married filin	ng separately, see	instructions 8	8,827.
9	Enter the <b>smaller</b> of line 4 or line 8					8,400.
Par	t III Total Losses Allowed					
10	Add the income, if any, on lines 1a an	d 2a and enter the	total		1	0 0.
11	Total losses allowed from all passiv	e activities for 202	<b>21.</b> Add lines 9 ar	nd 10. See instruct	ions to find	
	out how to report the losses on your t				1	1 8,400.
Par	t IV Complete This Part Before	e Part I, Lines 1a	a <b>, 1b, and 1c.</b> S	ee instructions.		
	Name of activity	Curren	t year	Prior years	Overall	I gain or loss
	Name of activity	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
TEL	ECOM NAGAR, GACHIBOWLI	0.	8,400.			8,400.
	·		•			,
Total	. Enter on Part I, lines 1a, 1b, and 1c ▶	0.	8,400.			

Page **2** 

Part V Complete This Part Befor	еΡ	art I, Lines 2	a, 2b,	and 2c. S	ee instruc	ctions.				
N. C. C. C.		Currer	nt year		Prior ye	ears	Overall gain or loss			
Name of activity	(a	Net income (line 2a)		Net loss ne 2b)	(c) Unall loss (lin		(d) Gain		(e) Loss	
		(		,	,	/				
Total. Enter on Part I, lines 2a, 2b, and 2c ▶										
Part VI Use This Part if an Amoun	nt Is	Shown on F	Part II,	, <b>Line 9.</b> S	ee instruc	tions.				
Name of activity	an to	rm or schedule ad line number be reported on ee instructions)	(a	) Loss	<b>(b)</b> Ra	ntio	(c) Special allowance		(d) Subtract column (c) from column (a).	
TELECOM NAGAR, GACHIBOWLI		E Ln 22		8,400.	1.0000	0000	8,40	0.	0.	
Total		<b>&gt;</b>	uotion	8,400.	1.00	)	8,40	0.	0.	
Part VII Allocation of Unallowed L	.05	Form or sch		S.						
Name of activity		and line nur to be reporte (see instruct	nber ed on	(a) L	LOSS		(b) Ratio	(c	) Unallowed loss	
Total			. ▶				1.00			
Part VIII Allowed Losses. See instr	ucti			1		1				
Name of activity		Form or sche and line nur to be reporte (see instruct	nber ed on	(a) L	LOSS	<b>(b)</b> Ur	nallowed loss	(	c) Allowed loss	
Total										

TAXABLE YEAR FORM

NISHITHA JAYA BODDETT  Spouses/RDPs same  Part I Tax Return Information (whole dollars only)  1 California adjusted gross income (AGI). See instructions  2 Amount You Ove. See instructions  3 1 123,94  2 Amount You Ove. See instructions  3 2 1,333  Part II Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.)  Under preaities of perium, I declarant that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax of the present	2021	California e-file Signature Authoriza	ation	for li	ndividual	S	8879
Part I Tax Return Information (whole dollars only)  1 California adjusted gross income (AGI). See instructions	Your name	-			Your SS	N or ITIN	
Part I Tax Return Information (whole dollars only)  1 California adjusted gross income (AGI). See instructions							
1 California adjusted gross income (AGI). See instructions	Spouse's/RDP's na	me			Spouse's	s/RDP's SSI	N or ITIN
2 Amount You Owe. See instructions 3 1, 98  Part II Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.)  Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax ending December 31, 2021, and to the best of my knowledge and bellef, it is true, correct, and complete. I further declare that the information i provided to it declared in the provident of the control or my conjugator (ERO), transmitter, or intermediate service provider, including my name, address, and social securine (SRN) or individual dientification number (ITIN), and the amounts shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic forms the tax multi-ribay ender the control forms of the standard payments as shown on my return and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that direct deposit refund amount on lit agrees with the direct deposit and interest and applicable interest and agrees with the direct deposit and my return. If I have filed a joint return, this is an irrevocable appointment on the provider to transmitter the FTB for its declared to my ERO, intermediate service provider, and/or transmitter the reasons) for the delay or the date when the refund was sent. If I am fling a balance of terrurn, understand that If the FTB does not receive the I and timely payment of my tax tability. Ternain liable for the tax liablity and all applicable interest an penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic Funds Withdrawal Consent tax return.  I will enter my PIN as my signature on my 2021 e-filed California individual income tax return. Check this box only if you are entering your own and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.  Prac	Part I Tax Ret	turn Information (whole dollars only)					
Part II Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.)  Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax ending December 31, 2021, and to the best of my knowledge and belief it is true, correct, and complete. I further declare that the information I provided to electronic return originator (ERO), transmitter, or intermediate service provider, including my name, address, and social security number (SSN) or individual income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form FIB 9455, California e-life Payment Record for Individuals, or a comparable form. I rapplicable, I declare that direct depost at under an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form FIB 9455, California e-life Payment Record for Individuals, or a comparable form. I rapplicable, I declare that direct depost at under depost and the manufacture and the payment of the extension in the other spouse/registree domestic partner (RDP) as an agent to authorize an electronic thords withdrawal of direct depost it authorize my ERO, transmitter, or intermediate service provider to transmit my complete return to the Franchise Tax Botan (FIB) if the processing of my return or return dis electronic manufacture and the payment of which are also in the extension of the extension of the extension of the other tax liability and all applicable interest an extension of the							
Part II Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.)  Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax ending December 31, 2021, and to the best of my knowledge and belief it is true, correct, and complete. I further declare that the information I provided to electronic return originator (ERO), transmitter, or intermediate service provider, including my name, address, and social security number (SSN) or individual income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form FIB 9455, California e-life Payment Record for Individuals, or a comparable form. I rapplicable, I declare that direct depost at under an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form FIB 9455, California e-life Payment Record for Individuals, or a comparable form. I rapplicable, I declare that direct depost at under depost and the manufacture and the payment of the extension in the other spouse/registree domestic partner (RDP) as an agent to authorize an electronic thords withdrawal of direct depost it authorize my ERO, transmitter, or intermediate service provider to transmit my complete return to the Franchise Tax Botan (FIB) if the processing of my return or return dis electronic manufacture and the payment of which are also in the extension of the extension of the extension of the other tax liability and all applicable interest an extension of the	2 Amount You O 3 Refund or No.	DWE. See Instructions				2	1.989
Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax endorpounds and provided the provider, including my name, address, and social security number (SNR) or individual identification number (ITIN), and the amounts shown in Part 1 above agree with the information and amounts shown on the corresponding lines of my electronic return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form FTB 3455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that direct deposits unformation attack on my return. If I have filed a join treutrun, this is an inversocable appointment of the other spouse/relighter domestic partner (RDP) as an agent to authorize an electronic funds withdrawal or direct deposits. I authorize the FTB to discide to my ERO, intermediate service provider, and/or transmitter the reason(s) for the delay or the date when the return due as sent. If am filing a balance of terrurn, understand that if the FTB to sen to receive full and timely payment of my tax lability, I remain liable for the tax liability and all applicable interest an penalties. I acknowledge that have read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return.  I will enter my PINa smy signature on my 2021 e-filed California individual income tax return. Check this box only if you are entering your own and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.  Part III Certification and Authentication — Practitioner PIN method. The ERO must complete Part III below.  Part III Certification and Authentication — Practitioner PIN Method Returns Only — continue below  Part III Certification and Authentication — Practitioner PIN Method Returns Only — continue below  Part III Certification and Authentication — Pr							
I authorize   GLOBAL TAXES   LLC   TAXES   LLC   TO enter my PIN   TO not enter my PIN   TO not enter all zero	identification num income tax return, and on form FTB { agrees with the di domestic partner ( provider to transm to my ERO, intern return, I understar penalties. I acknow	ber (ITIN), and the amounts shown in Part I above agree with the informatio. If applicable, I authorize an electronic funds withdrawal of the amount on lin 8455, California e-file Payment Record for Individuals, or a comparable form frect deposit authorization stated on my return. If I have filed a joint return, the (RDP) as an agent to authorize an electronic funds withdrawal or direct depoint my complete return to the Franchise Tax Board (FTB). If the processing of mediate service provider, and/or transmitter the reason(s) for the delay or not that if the FTB does not receive full and timely payment of my tax liability, wledge that I have read and consent to the Electronic Funds Withdrawal Cons	n and amo ne 2 and/o If applica is is an irr sit. I autho i my returr the date w I remain li sent includ	unts show the estimate, I decke evocable a rize my El or refunc then the re able for the	on the corresponated tax payments are that direct deponance the the things of the RO, transmitter, or a delayed, I authefund was sent. If e tax liability and a copy of my electro	nding lines as shown osit refund other spou intermedia horize the I am filing applicabonic income	s of my electro on my return amount on lin use/registered ate service FTB to disclos a balance due le interest and e tax return. I
ERO firm name  Do not enter all zero as my signature on my 2021 e-filed California individual income tax return.  I will enter my PIN as my signature on my 2021 e-filed California individual income tax return. Check this box only if you are entering your own PIN and return is filed using the Practitioner PIN method. The ERO must complete Part III below.  Spouse's/RDP's PIN: check one box only  I authorize  ERO firm name  as my signature on my 2021 e-filed California individual income tax return.  I will enter my PIN as my signature on my 2021 e-filed California individual income tax return.  I will enter my PIN as my signature on my 2021 e-filed California individual income tax return. Check this box only if you are entering your own and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.  Spouse's/RDP's signature  Practitioner PIN Method Returns Only continue below  Part III Certification and Authentication — Practitioner PIN Method Only  ERO's Electronic Filer Identification Number (EFIN)/PIN.  5 8 7 2 7 8 6 1 9 8 9  Do not enter all zeros  I certify that the above numeric entry is my PIN, which is my signature for the 2021 California individual income tax return for the taxpayer(s) indicated ab confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2021 Handbook for Auther-File Providers.	Taxpayer's PIN: c	heck one box only					
as my signature on my 2021 e-filed California individual income tax return.    I will enter my PIN as my signature on my 2021 e-filed California individual income tax return. Check this box only if you are entering your own PIN and return is filed using the Practitioner PIN method. The ERO must complete Part III below.    Spouse's/RDP's PIN: check one box only	■ I authorize	GLOBAL TAXES LLC			_ to enter my PIN	7	9 3 7
I will enter my PIN as my signature on my 2021 e-filed California individual income tax return. Check this box only if you are entering your own PIN and return is filed using the Practitioner PIN method. The ERO must complete Part III below.    Date   Date   Date   Do not enter my PIN   Do not enter my PIN   Do not enter all zero and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.    Will enter my PIN as my signature on my 2021 e-filed California individual income tax return. Check this box only if you are entering your own and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.    Spouse's/RDP's signature   Date   Practitioner PIN Method Returns Only continue below   Part III   Certification and Authentication — Practitioner PIN Method Only   ERO's Electronic Filer Identification Number (EFIN)/PIN.   Do not enter all zeros   Do not enter all zeros   Certify that the above numeric entry is my PIN, which is my signature for the 2021 California individual income tax return for the taxpayer(s) indicated ab confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2021 Handbook for Auther-file Providers.					•	Do not	enter all zero
return is filed using the Practitioner PIN method. The ERO must complete Part III below.  Your signature	as my signat	ture on my 2021 e-filed California individual income tax return.					
Spouse's/RDP's PIN: check one box only    I authorize			turn. Chec	k this box	<b>only</b> if you are ent	ering your	own PIN and
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ERO firm name  as my signature on my 2021 e-filed California individual income tax return.  I will enter my PIN as my signature on my 2021 e-filed California individual income tax return. Check this box only if you are entering your own and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.  Spouse's/RDP's signature  Practitioner PIN Method Returns Only continue below  Part III Certification and Authentication — Practitioner PIN Method Only  ERO's Electronic Filer Identification Number (EFIN)/PIN.  Enter your six-digit EFIN followed by your five-digit self-selected PIN.  Do not enter all zeros  I certify that the above numeric entry is my PIN, which is my signature for the 2021 California individual income tax return for the taxpayer(s) indicated ab confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2021 Handbook for Authore-file Providers.	Spouse's/RDP's P	PIN: check one box only					
as my signature on my 2021 e-filed California individual income tax return.  I will enter my PIN as my signature on my 2021 e-filed California individual income tax return. Check this box only if you are entering your own and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.  Spouse's/RDP's signature  Practitioner PIN Method Returns Only continue below  Part III Certification and Authentication — Practitioner PIN Method Only  ERO's Electronic Filer Identification Number (EFIN)/PIN.  Enter your six-digit EFIN followed by your five-digit self-selected PIN.  Do not enter all zeros  I certify that the above numeric entry is my PIN, which is my signature for the 2021 California individual income tax return for the taxpayer(s) indicated ab confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2021 Handbook for Authore-file Providers.	☐ I authorize _				to enter my PIN		
And your return is filed using the Practitioner PIN method. The ERO must complete Part III below.    Practitioner PIN Method Returns Only continue below	as my signat					Do not	enter all zero
Practitioner PIN Method Returns Only continue below  Part III Certification and Authentication — Practitioner PIN Method Only  ERO's Electronic Filer Identification Number (EFIN)/PIN.  Enter your six-digit EFIN followed by your five-digit self-selected PIN.  Do not enter all zeros  I certify that the above numeric entry is my PIN, which is my signature for the 2021 California individual income tax return for the taxpayer(s) indicated ab confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2021 Handbook for Authore-file Providers.		my PIN as my signature on my 2021 e-filed California individual income					
Part III Certification and Authentication — Practitioner PIN Method Only  ERO's Electronic Filer Identification Number (EFIN)/PIN.  Enter your six-digit EFIN followed by your five-digit self-selected PIN.  Do not enter all zeros  I certify that the above numeric entry is my PIN, which is my signature for the 2021 California individual income tax return for the taxpayer(s) indicated ab confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2021 Handbook for Authore-file Providers.				Check th	is box <b>only</b> if you	i are enter	ing your own
ERO's Electronic Filer Identification Number (EFIN)/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.  Do not enter all zeros  I certify that the above numeric entry is my PIN, which is my signature for the 2021 California individual income tax return for the taxpayer(s) indicated ab confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2021 Handbook for Authore-file Providers.	and your ret	urn is filed using the Practitioner PIN method. The ERO must complete Part I	II below.				
Enter your six-digit EFIN followed by your five-digit self-selected PIN.  Do not enter all zeros  I certify that the above numeric entry is my PIN, which is my signature for the 2021 California individual income tax return for the taxpayer(s) indicated ab confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2021 Handbook for Authore-file Providers.	and your ret	urn is filed using the Practitioner PIN method. The ERO must complete Part I	II below.	Date	<b>.</b>		
I certify that the above numeric entry is my PIN, which is my signature for the 2021 California individual income tax return for the taxpayer(s) indicated ab confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2021 Handbook for Authore-file Providers.	and your reto	urn is filed using the Practitioner PIN method. The ERO must complete Part I ignature   Practitioner PIN Method Returns Only o	II below.	Date	<b>.</b>		
FRO's signature <b>•</b> Date <b>•</b> 04/07/2022	and your retu Spouse's/RDP's si Part III Certif ERO's Electronic	urn is filed using the Practitioner PIN method. The ERO must complete Part I ignature   Practitioner PIN Method Returns Only of ication and Authentication — Practitioner PIN Method Only  Filer Identification Number (EFIN)/PIN.	ontinue be	Date	7 8 6 1		
	and your retu Spouse's/RDP's si Part III Certif ERO's Electronic I Enter your six-digi I certify that the a confirm that I am	Practitioner PIN method. The ERO must complete Part I ignature  Practitioner PIN Method Returns Only of ication and Authentication — Practitioner PIN Method Only  Filer Identification Number (EFIN)/PIN.  it EFIN followed by your five-digit self-selected PIN.  Shove numeric entry is my PIN, which is my signature for the 2021 California.	continue be	Date Do not el income t	7 8 6 1 enter all zeros ax return for the to	9 8 axpayer(s)	9 indicated abo

### **2021 California Resident Income Tax Return**

540

APE

ATTACH FEDERAL RETURN

319-47-9377 BODD NISHITHAJAY BODDETI 21

3473 N 1ST ST

APT 175

SAN JOSE CA 95134

11-17-1996

		Enter your county at time of filing (see instructions)
ø	$\odot$	SANTA CLARA
enc		If your address above is the same as your principal/physical residence address at the time of filing, check this box
Principal Residence		If not, enter below your principal/physical residence address at the time of filing.
Be		Street address (number and street) (If foreign address, see instructions.)  Apt. no/ste. no.
ipal	•	
inc	0	
7		City State ZIP code
	ledow	
		If your California filing status is different from your federal filing status, check the box here
S	1	X Single 4 Head of household (with qualifying person). See instructions.
tatr		
Filing Status	2	Married/RDP filing jointly. See inst. 5 Qualifying widow(er). Enter year spouse/RDP died.
Ē		See instructions.
	•	Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here.
	3	Mainleu/hdr Illing Separately. Enter Spouse S/hdr S 33N of 111N above and full name nere.
	6	If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst
	. Fn	or line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line.
s	7	Whole dollars only
ion	-	box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. $\odot$ 7   1   X \$129 = $\odot$ \$
Exemptions	8	Blind: If you (or your spouse/RDP) are visually impaired, enter 1;
xer		if both are visually impaired, enter 2
ш	9	Senior: If you (or your spouse/RDP) are 65 or older, enter 1;
		if both are 65 or older, enter 2. See instructions

Υοι	ır nar	ne:	BODI	ET	I		Yo	ur SSN o	or ITIN:	319-4	7-9377					
	10 [	Depen	dents:		ot include y Dependent 1		or your sp	ouse/RD		ndent 2				Dependent 3		
		First	Name	•	Dependent i				• Depe	iluGiit Z			•	Dependent 3		
S		Last	Name	•					•				•			
Exemptions		SSN														
Exem		Depe	uctions. endent's ionship	•					•				•			
		to yo	u	۱								]				
	Total	deper	ndent e	xemp	tions					•	10	X \$400	=	)\$		
	11	Exem	ption a	amou	nt: Add line	7 throu	gh line 10	). Transfei	r this amo	ount to lin	e 32		11	\$	12	
	12	State	wages	from	your feder k 16	al		<b>a</b> 1:	2		1323	46 .00				
	13									1040-SB	lina 11		2		123946	. 00
	14	Califo	rnia ad	Ijustn	nents – sub	traction	s. Enter th	ie amount	t from Sc	hedule CA	(540),					00
4)	15	Subtr	act line	14 f	rom line 13	. If less	than zero,	enter the	e result in	parenthe	ses.	• 14			123946	.00
Taxable Income	16	Califo	rnia ad	ljustn	nents – add	itions. E	nter the a	mount fro	om Sched	lule CA (5	40),		-			
ble In												• 10			123946	- 00
Таха	17		1	-	_						Part II, line	● 17	7 <b>)</b>		123940	<b>.</b> 00
	18	Enter large		Your	California	standar	d deductio	<b>n</b> shown	below fo	r your filir	g status:		ļ			
												\$4,803				
	10	Subtract line 18 from line 17. This is your tayable income														.00
	19	If less than zero, enter -0													119143	<b>.</b> 00
							Tax Table		× Tax	Rate Sch	adula					
	31	Tax. (	Check t	he bo	x if from:		FTB 3800					· · · · · • 3			8083	. 00
	32				s. Enter the		from line	11. If you	ur federal	AGI is m	ore than				129	
Тах												O .				- 00
	33								٠			• 33	3		7954	00
	34	Tax. S	See inst	tructi	ons. Check	the box	if from:	Sc	chedule G	-1	FTB 587	"0A ● <b>3</b> 4	4			• 00
	35	Add I	ine 33 a	and li	ne 34							• 3	5		7954	<b>.</b> 00
its	40	Nonre	efundal	ole Ch	nild and Dei	oendent	Care Exne	enses Cre	dit. See ir	nstruction	S	• 40	0			. 00
Special Credits	43		credit						code			nt • 43				. 00
pecial	44		credit						code							00
S	44	EIIIE	creat	Hallle	;				code •	'	anu amou	nt • 44	4			<b>.</b> [00]

**Side 2** Form 540 2021

175

3102214

REV 03/29/22 PRO

You	r nan	me: BODDETI	Your SSN or ITIN:	319-47-9377					
S	45	To claim more than two credits. See instr	uctions. Attach Schedul	e P (540)		45			<b>.</b> 00
Credit	46	Nonrefundable Renter's Credit. See instru	octions			46			<b>.</b> 00
Special Credits	47	Add line 40 through line 46. These are yo	ur total credits		•	47			<b>.</b> 00
Sp	48	Subtract line 47 from line 35. If less than	zero, enter -0		•	48		7954	. 00
	61	Alternative Minimum Tax. Attach Schedul	e P (540)			61			<b>.</b> 00
ces	62	Mental Health Services Tax. See instruction	ons			62			. 00
Other Taxes	63	Other taxes and credit recapture. See inst	ructions			63			. 00
O T	64	Excess Advance Premium Assistance Sub	osidy (APAS) repayment	. See instructions		64			. 00
	65	Add line 48, line 61, line 62, line 63, and		65		7954	. 00		
		0.17				74		9862	. 00
	71	California income tax withheld. See instru				7002			
	72	2021 CA estimated tax and other paymen		72			. 00		
(0	73	Withholding (Form 592-B and/or 593). Se		73			. 00		
Payments	74	Excess SDI (or VPDI) withheld. See instru		74		81	. 00		
Pay	75	Earned Income Tax Credit (EITC)				75			. 00
	76	Young Child Tax Credit (YCTC). See instru	uctions			76			. 00
	77	Net Premium Assistance Subsidy (PAS).	See instructions			77			. 00
	78	Add line 71 through line 77. These are yo See instructions	ur total payments.		•	78		9943	. 00
	04	Han Ton De met hans blank One instruct				0			
Use Tax	91	Use Tax. Do not leave blank. See instruct	Г	_			_ = [00]		
<u> </u>		If line 91 is zero, check if:	use tax is owed.	You paid your u	se tax odi	igation directly to	CDTFA.		
ISR Penaltv	92	If you and your household had full-year h See instructions. Medicare Part A or C co If you did not check the box, see instruct	verage is qualifying hea			X			
Pe		Individual Shared Responsibility (ISR) Pe	nalty. See instructions .	• 92			_00		
enc	02	Douments balance If line 70 is more than	line 01 aubtract line 01	from line 70		03		9943	. 00
Overpaid Tax/Tax Due	93	Payments balance. If line 78 is more than							
Tax/	94 95	<b>Use Tax balance.</b> If line 91 is more than Payments after Individual Shared Respon				94			. 00
rpaid	06	subtract line 92 from line 93 Individual Shared Responsibility Penalty I		95		9943	<b>.</b> 00		
Ove	96	subtract line 93 from line 92				96			<b>.</b> 00

Your name: BODDETI Your SSN or ITIN: 319-47-9377

Overpaid Tax/Tax Due	97	Overpaid tax. If line 95 is more than line 65, subtract line 65 from line 95	_ (	00
ах/Та	98	Amount of line 97 you want applied to your <b>2022</b> estimated tax	_ (	00
paid T	99	Overpaid tax available this year. Subtract line 98 from line 97	. (	00
Over	100	Tax due. If line 95 is less than line 65, subtract line 95 from line 65	<b>.</b> (	00
		Code Amount		
		California Seniors Special Fund. See instructions	. [	00
		Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	. [	00
		Rare and Endangered Species Preservation Voluntary Tax Contribution Program • 403	. [	00
		California Breast Cancer Research Voluntary Tax Contribution Fund	. [	00
		California Firefighters' Memorial Voluntary Tax Contribution Fund	. [	00
		Emergency Food for Families Voluntary Tax Contribution Fund • 407	. (	00
		California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund • 408	. [	00
		California Sea Otter Voluntary Tax Contribution Fund	. [	00
		California Cancer Research Voluntary Tax Contribution Fund	. [	00
ions		School Supplies for Homeless Children Voluntary Tax Contribution Fund	. [	00
Contributions		State Parks Protection Fund/Parks Pass Purchase	. [	00
Con		Protect Our Coast and Oceans Voluntary Tax Contribution Fund	. [	00
		Keep Arts in Schools Voluntary Tax Contribution Fund • 425	. [	00
		Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund • 431	. [	00
		California Senior Citizen Advocacy Voluntary Tax Contribution Fund	. [	00
		Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund • 439	. [	00
		Rape Kit Backlog Voluntary Tax Contribution Fund • 440	. [	00
		Schools Not Prisons Voluntary Tax Contribution Fund	. [	00
		Suicide Prevention Voluntary Tax Contribution Fund • 444	. [	00
		Mental Health Crisis Prevention Voluntary Tax Contribution Fund	. [	00
		California Community and Neighborhood Tree Voluntary Tax Contribution Fund • 446	_ [	00
	110	Add code 400 through code 446. This is your total contribution	. [	00

**Side 4** Form 540 2021 175 3104214 REV 03/29/22 PRO

You	r nan	ne:	BODDET	Ι		Your SSN o	r ITIN:	319-47-	-9377							
Amount You Owe	111	Mail	to: <b>FRANC</b>	IISE TAX I	BOARD, PO B	amount on line <b>0X 942867, S</b> re information.	ACRAMEN				Г	e instruc	tions. <b>C</b>	Oo not se	end cash.	. 00
Interest and Penalties			est, late retur erpayment of	•		ment penalties	S				112					<b>.</b> 00
Intere Pena			k the box:		B 5805 attach			F attached .			113 L					- 00
	114	Total	amount due	See instr	uctions. Enclo	se, but <b>do not</b>	staple, an	ny payment .			114					<b>.</b> 00
	115	REF	JND OR NO A	MOUNT D	<b>UE.</b> Subtract	the sum of line	e 110, line	e 112 and lin	e 113 fro	m line 9	9. See in	structio	ns			
		Mail	to: <b>Franchi</b>	SE TAX BO	OARD, PO BO	X 942840, SAC	RAMENT	O CA 94240	-0001	•	115				1989	<b>.</b> 00
t Deposit		See i	ill in the information to authorize direct deposit of your refund into one or two accounts. <b>Do not</b> attach a voided check or a deposit slip. See instructions. <b>Have you verified the routing and account numbers?</b> Use whole dollars only.  Ill or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:  Type													
Refund and Direct Deposit		• Routing number    121000358   Type								• 116 Direct deposit amount  1989 . 00					<b>.</b> 00	
	The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:  Type Checking Savings  Account number  Savings								Direct deposit amount							
Our p to loc	orivacy cate FT er pena	notice B 113 alties c	can be found i I EN-SP, Franch of perjury, I dec	n annual tax ise Tax Boa	booklets or onli d Privacy Notic	should attach a ne. Go to <b>ftb.ca.g</b> e on Collection. To this tax return, in	ov/privacy request th	to learn about nis notice by ma	our privacy ail, call 800	y policy st 0.338.050	tatement, c 5 and enter	form co	de <b>948</b> v	when inst	ructed.	
	e, cor signat	,	nd complete.				Date		Spou	use's/RDP	's signatur	e (if a jo	int tax re	turn, bot	h must sign	n)
			O Varra area	:1 - 444	Catan anh ana								O Dest	d b .		
<b>0</b> :			Tour em	iii auuress.	Enter only one	eman address.								8698	one number	
Si	_		Paid prepare	er's signatu	re (declaration	of preparer is ba	ased on al	l information	of which p	preparer	has any k	nowled				
	ere					AGAR GUP					•					
to fo	unlaw rge a ıse's/	/ful	Firm's name	(or yours, i	f self-employed	)								● P1	ΓΙΝ	
RDP			GLOBA	L TAX	ES LLC									P0	20827	03
Join			Firm's addre	ss											rm's FEIN	
retur (See	n?		2530	PEBBL	E CREEK	K LN CUM	MING	GA 300	)41					30	10171	.96
	uctior	ns)	Do you wa	nt to allow	another pers	on to discuss th	his tax ret	turn with us?	See insti	ructions	(		Yes	×	No	
			Print Third F	arty Design	ee's Name								Telephor	ne Numb	er	
																- 1

TAXABLE YEAR

## **2021 California Adjustments — Residents**

**CA (540)** 

_	nportant: Attach this schedule behind Form 540,	Sid	le 5 as a supporting Cali	iforn	ia schedule.	
	ame(s) as shown on tax return					SSN or ITIN
N	ISHITHA JAYA BODDETI					319479377
	art I Income Adjustment Schedule ection A – Income from federal Form 1040 or 1040-SR	A	Federal Amounts (taxable amounts from your federal tax return)		B Subtractions See instructions	C Additions See instructions
1	Wages, salaries, tips, etc. See instructions before making an entry in column B or C	•	132,346.	•		•
2	Taxable interest. a •2b	•		•		•
3	Ordinary dividends. See instructions. <b>a</b> • <b>3b</b>	•		•		•
4	IRA distributions. See instructions. a • 4b	•		•		•
5	Pensions and annuities. See instructions. a	•		•		•
6	Social security benefits. a • 6b	•		•		
		•		•		•
_	ection B – Additional Income from federal Schedule 1	(For	m 1040)			
1	Taxable refunds, credits, or offsets of state and local income taxes	•		•		
28	Alimony received. See instructions	•				•
3	Business income or (loss). See instructions <b>3</b>	•		•		•
		•		•		•
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc5	•	-8,400.	•		•
6	Farm income or (loss)	•		•		•
_	Unemployment compensation	•		•		
8	Other income:  a Federal net operating loss8a	•				•
	b Gambling income	•		•		
	c Cancellation of debt 8c	•				•
	d Foreign earned income exclusion from federal Form 2555 8d	•				•
	e Taxable Health Savings Account distribution 8e	•		•		
	f Alaska Permanent Fund dividends 8f	•				
	g Jury duty pay8g	•				
	h Prizes and awards 8h	•				

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Sec	tion B – Additional Income Continued	A	Federal Amounts (taxable amounts from your federal tax return)		B Subtractions See instructions	C Additions See instructions
	i Activity not engaged in for profit income 8i	•				
	j Stock options	<ul><li>•</li></ul>				
	k Income from the rental of personal property	<ul><li>•</li><li>•</li></ul>				
	l Olympic and Paralympic medals and USOC prize money	•				
	m IRC Section 951(a) inclusion 8m	•		•		
	n IRC Section 951A(a) inclusion	•		•		
	o IRC Section 461(I) excess business loss adjustment 80	•				•
	p Taxable distributions from an ABLE account 8p	•				
	z Other income. List type and amount.					
	<b>●</b> 8z	•		•		•
9	a Total other income. Add lines 8a through 8z. 9a	•		•		•
	<b>b1</b> Disaster loss deduction from form FTB 3805V . <b>9b1</b>			•		
	<b>b2</b> NOL deduction from form FTB 3805V <b>9b2</b>			•		
	<b>b3</b> NOL from form FTB 3805Z, 3807, or 3809 <b>9b3</b>			•		
	<b>b4</b> Student loan discharged due to closure of a for-profit school			•		
	Total. Combine Section A, line 1 through line 7, and Section B, line 1 through line 7, line 9a, and line 9b4 in column A (as applicable). Add Section A, line 1 through line 7, and Section B, line 1 through line 7, line 9a and line 9b1 through line 9b2 through l	•	123,946.			•
	etion C – Adjustments to Income n federal Schedule 1 (Form 1040)					
	Educator expenses	•		•		
12	Certain business expenses of reservists, performing artists, and fee-basis government officials	•		•		•
13	Health savings account deduction	•		•		
14	Moving expenses. Attach form FTB 3913. See instructions	•				•
15	Deductible part of self-employment tax. See instructions	•		•		
16	Self-employed SEP, SIMPLE, and qualified plans16	•				
17	Self-employed health insurance deduction. See instructions	•		•		

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ction C – Adjustments to Income Continued	A	Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	<b>C</b> Additions See instructions
Penalty on early withdrawal of savings	•			
a Alimony paid	•			•
<b>b</b> Recipient's: SSN ●				
Last Name				
IRA deduction	•		•	•
Student loan interest deduction	•			•
Reserved for future use22				
Archer MSA deduction	•			
Other adjustments:  a Jury duty pay24a	•			
<b>b</b> Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	•		•	•
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 81	•		•	
d Reforestation amortization and expenses24d	•		•	
<b>e</b> Repayment of supplemental unemployment benefits under the Trade Act of 1974	•			
f Contributions to IRC Section 501(c)(18)(D) pension plans	•		•	•
g Contributions by certain chaplains to IRC Section 403(b) plans	•		•	•
h Attorney fees and court costs for actions involving certain unlawful discrimination claims	<ul><li>•</li></ul>			
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 federal Form 2555 <b>24</b> j	•		•	
k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041)24k	•		•	
<b>z</b> Other adjustments. List type and amount.				
<ul><li>●</li></ul>	•		•	•
Total other adjustments. Add lines 24a through 24z	•		•	•
Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions	•		•	•
<b>Total.</b> Subtract line 26 from line 10 in columns A, B, and C. See instructions	•	123,946.	•	•

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#### Part II Adjustments to Federal Itemized Deductions

Che	ck the box if you did NOT itemize for federal but will itemiz	e for C	Federal Amounts (from federal Schedule A		B Subtractions See instructions	C	Additions See instructions
Me	dical and Dental Expenses See instructions.		(Form 1040))				
	Medical and dental expenses • 1						
2	Enter amount from federal Form 1040 or 1040-SR, line 11   123, 946. 2						
3	Multiply line 2 by 7.5% (0.075) • 9, 296. 3						
4	Subtract line 3 from line 1.  If line 3 is more than line 1, enter 0	•				•	
	es You Paid a State and local income tax or general sales taxes5	a 💿	10,974.	•	10,974.		
	<b>b</b> State and local real estate taxes	b 💽					
	c State and local personal property taxes						
	<b>d</b> Add line 5a through line 5c <b>5</b>	d 💽	10,974.				
	e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B. Enter the difference from line 5d and line 5e,		10.000		10.071		0.7.4
	column A in line 5e, column C	e 🕑	10,000.	•	10,974.	•	974.
6	Other taxes. List type   6	•		•		•	
7	Add line 5e and line 6	•	10,000.		10,974.	•	974.
	erest You Paid  a Home mortgage interest and points reported to you on federal Form 1098	a				•	
	b Home mortgage interest not reported to you on federal Form 1098	b				•	
	c Points not reported to you on federal Form 10988					•	
	d Mortgage insurance premiums8	d 💽		•			
	<b>e</b> Add line 8a through line 8d	e <u> </u>		•		•	
9	Investment interest	•		•		•	
10	Add line 8e and line 9 <b>10</b>	•		•		•	

1 Giffs by cash or check	Part II Adjustments to Federal Itemized Deductions Continued	A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
2 Other than by cash or check	lifts to Charity			
3 Carryover from prior year	1 Gifts by cash or check	300.	•	•
4 Add line 11 through line 13	2 Other than by cash or check	•	•	•
Savially and Theft Losses   Gaussilly and Theft Losses   Gaussilly and Theft Losses   Gaussilly or their losses), Attach federal Form 4684. See instructions . 15	3 Carryover from prior year13	•	•	•
5 Casualty or theft losse(s) (other than net qualified disaster losses). Attach federal Form 4684. See instructions15  6 Other—from list in federal instructions16  7 Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C	<b>4</b> Add line 11 through line 13	<ul><li>300.</li></ul>	•	•
6 Other—from list in federal instructions			•	•
7 Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C	Other Itemized Deductions			
as Total. Combine line 17 column A less column B plus column C	6 Other—from list in federal instructions	•	•	•
Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions  19 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions  10 Tax preparation fees  10 Uner expenses - investment, safe deposit box, etc. List type  21 0.  2 Add line 19 through line 21 3 Enter amount from federal Form 1040 or 1040-SR, line 11 123, 946.  4 Multiply line 23 by 2% (0.02). If less than zero, enter 0. 25 Untract line 24 from line 22. If line 24 is more than line 22, enter 0. 26 Unter adjustments. See instructions. Add line 18 and line 25 Unter adjustments. See instructions. Specify.  27 3 Combine line 26 and line 27 28 3 Combine line 26 and line 27 3 Single or married/RDP filing separately Head of household. 318,437 Married/RDP filing plintly or qualifying widow(er) 318,437 Married/RDP filing plintly or qualifying widow(er) 3424,581 No. Transfer the amount on line 28 to line 29.  Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29. 300.  6 Enter the larger of the amount on line 29 or your standard deduction listed below Single or married/RDP filing plintly, head of household, or qualifying widow(er) 34,803 Married/RDP filing plintly, head of household, or qualifying widow(er) 35,606	<b>7</b> Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C <b>17</b>	10,300.	<ul><li>10,974.</li></ul>	974
9 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions	8 Total. Combine line 17 column A less column B plus co	olumn C		300.
Attach federal Form 2106 if required. See instructions  Tax preparation fees.  Tother expenses - investment, safe deposit box, etc. List type.  Add line 19 through line 21  Add line 19 through line 21  Tenter amount from federal Form 1040 or 1040-SR, line 11  Amount from federal Form 1040 or 1040-SR, line 11  Amount from federal Form 1040 or 1040-SR, line 11  Amount from federal Form 1040 or 1040-SR, line 11  Amount from federal Form 1040 or 1040-SR, line 11  Amount from federal Form 1040 or 1040-SR, line 11  Amount from federal Form 1040 or 1040-SR, line 11  Amount from federal Form 1040 or 1040-SR, line 11  Amount from federal Form 1040 or 1040-SR, line 13 more than line 22, enter 0.  Amount from federal AGI (Form 540, line 13) more than the amount shown below for your filling status?  Single or married/RDP filling separately  Married/RDP filling jointly or qualifying widow(er)  Sate, 4803  Married/RDP filling pointly, head of household, or qualifying widow(er)  Sate, 4803  Married/RDP filling jointly, head of household, or qualifying widow(er)  Sate, 4803  Married/RDP filling jointly, head of household, or qualifying widow(er)  Sate, 4803  Married/RDP filling jointly, head of household, or qualifying widow(er)  Sate, 4803  Married/RDP filling jointly, head of household, or qualifying widow(er)  Sate, 4803  Married/RDP filling jointly, head of household, or qualifying widow(er)  Sate, 4803  Married/RDP filling jointly, head of household, or qualifying widow(er)  Sate, 4803  Married/RDP filling jointly, head of household, or qualifying widow(er)  Sate, 4803  Married/RDP filling jointly, head of household, or qualifying widow(er)  Sate, 4803  Married/RDP filling jointly, head of household, or qualifying widow(er)  Sate, 4803  Married/RDP filling jointly, head of household, or qualifying widow(er)  Sate, 4803	ob Expenses and Certain Miscellaneous Deductions			
1 Other expenses - investment, safe deposit box, etc. List type	9 Unreimbursed employee expenses - job travel, union do Attach federal Form 2106 if required. See instructions	ues, job education, etc.	9 19	-
box, etc. List type	<b>0</b> Tax preparation fees		20	_
Add line 19 through line 21	1 Other expenses - investment, safe deposit		0	
a Enter amount from federal Form 1040 or 1040-SR, line 11	box, etc. List type		21	-
or 1040-SR, line 11	2 Add line 19 through line 21		0.	
Subtract line 24 from line 22. If line 24 is more than line 22, enter 0.	3 Enter amount from federal Form 1040 or 1040-SR, line 11	123,946.		-
6 Total Itemized Deductions. Add line 18 and line 25	4 Multiply line 23 by 2% (0.02). If less than zero, enter 0		2,479.	-
7 Other adjustments. See instructions. Specify.   8 Combine line 26 and line 27	5 Subtract line 24 from line 22. If line 24 is more than line	e 22, enter 0		250.
Single or married/RDP filing separately  No. Transfer the amount on line 28 to line 29.  Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29.  Enter the larger of the amount on line 29 or your standard deduction listed below  Single or married/RDP filing separately. See instructions  Sala, 437  Married/RDP filing jointly or qualifying widow(er)  Sala, 437  Married/RDP filing separately. See instructions for Schedule CA (540), line 29.  300.	6 Total Itemized Deductions. Add line 18 and line 25			26300.
9 Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?  Single or married/RDP filing separately \$212,288 Head of household \$318,437 Married/RDP filing jointly or qualifying widow(er) \$424,581  No. Transfer the amount on line 28 to line 29.  Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29 300.  Description of the amount on line 29 or your standard deduction listed below Single or married/RDP filing separately. See instructions \$4,803 Married/RDP filing jointly, head of household, or qualifying widow(er) \$9,606	7 Other adjustments. See instructions. Specify. •			27
Single or married/RDP filing separately	8 Combine line 26 and line 27			300.
O Enter the larger of the amount on line 29 or your standard deduction listed below  Single or married/RDP filing separately. See instructions	Single or married/RDP filing separately Head of householdMarried/RDP filing jointly or qualifying widow(er)	· · · · · · · · · · · · · · · · · · ·	\$212,288 \$318,437	
Single or married/RDP filing separately. See instructions	Yes. Complete the Itemized Deductions Worksheet in the	ne instructions for Schedule CA	A (540), line 29	300.
Transfer the amount on line 30 to Form 540, line 18	Single or married/RDP filing separately. See instrumental Married/RDP filing jointly, head of household, or of the second	uctionsqualifying widow(er)	\$9,606	
	Transfer the amount on line 30 to Form 540, line 18.			4,803.

CALIFORNIA FORM

TAXABLE YEAR

#### **Passive Activity Loss Limitations** 2021

3801

. ,				00	INI ITINI	FEIN, or CA corporation r
111 2111	as shown on tax return ITHA JAYA BODDETI				19479	
Part I		sive A	ctivity Loss Limitations			
Rental F	Real Estate Activities with Active Participation					
1a Act	tivities with net income from Part IV, column (a)	1a	0.	00		
<b>1b</b> Act	tivities with net loss from Part IV, column (b)	1b	( -8,400.)	00		
1c Pri	or year unallowed losses from Part IV, column (c)	1c	( )	00		
<b>1d</b> Co	mbine line 1a, line 1b, and line 1c				1d	-8,400.
I Othe	r Passive Activities					
<b>2a</b> Act	tivities with net income from Part V, column (a)	2a		00		
<b>2b</b> Act	tivities with net loss from Part V, column (b)	2b	( )	00		
<b>2c</b> Pri	or year unallowed losses from Part V, column (c)	2c	( )	00		
<b>2d</b> Cor	mbine line 2a, line 2b, and line 2c				2d	
<b>3</b> Cor	mbine line 1d and line 2d. If the result is net income or zero, see the instruce 1d are losses, go to line 4. Otherwise, enter -0- on line 9 and go to line 10.	tions	for line 3. If line 3 and		3	-8,400.
Part I						
uit i	Special Allowance for Rental Real Estate Activities with Activ Enter all numbers in Part II as positive amounts. See instructions.	e Par	ticipation			
	•				4	8,400.
<b>4</b> Ent <b>5</b> Ent	Enter all numbers in Part II as positive amounts. See instructions.  ter the <b>smaller</b> of losses from line 1d or line 3			00	4	8,400.
4 Ent 5 Ent 6 Ent See	ter the <b>smaller</b> of losses from line 1d or line 3				4	8,400.
4 Ent  5 Ent  6 Ent  See	ter the <b>smaller</b> of losses from line 1d or line 3				4	8,400.
4 Ent  5 Ent  6 Ent  See  If li	ter the <b>smaller</b> of losses from line 1d or line 3	5	150,000.	00	4	8,400.
4 Ent 5 Ent 6 Ent See If li on 7 Sul	ter the <b>smaller</b> of losses from line 1d or line 3	5 6 7	150,000. 132,346. 17,654.	00	8	8,400. 8,827.
4 Ent 5 Ent 6 Ent See If li on 7 Sul 8 Mu	ter the <b>smaller</b> of losses from line 1d or line 3	5 6 7	150,000. 132,346. 17,654.	00 00 00		
<ul> <li>4 Ent</li> <li>5 Ent</li> <li>6 Ent</li> <li>7 Sul</li> <li>8 Mu</li> <li>9 Ent</li> </ul>	ter the <b>smaller</b> of losses from line 1d or line 3	5 6 7	150,000. 132,346. 17,654.	00 00 00	8	8,827.
4 Ent 5 Ent 6 Ent See If li on 7 Sul 8 Mu 9 Ent	ter the <b>smaller</b> of losses from line 1d or line 3	5 6 7	150,000. 132,346. 17,654.	00 00 00	8	8,827.

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#### California Passive Activity Worksheet (See General Instructions for Step 1.)

Use this worksheet to figure California income (loss) from passive activities **before** application of passive activity loss (PAL) rules.

(a)	(b)	(c)	(d)	(e)	(f)
Passive Activity Enter a description of the activity	Federal Schedule Enter the name of the federal form or schedule on which you reported the activity	California Schedule Enter the name of the California form or schedule, if any, used to calculate the California adjustment	Federal Ámount Enter your current year federal net income (loss) before application of the PAL rules	California Adjustment Enter any adjustment resulting from differences in federal and California law	California Amount Combine column (d) and column (e)
TELECOM NAGAR, GACHIBOWLI	SCH E	N/A	-8,400.	0.	-8,400.

#### California Adjustment Worksheets (See General Instructions for Step 4.)

Use these worksheets to figure your California adjustments after application of the PAL rules.

(a) Activities Enter a description of the activity. Group activities by the federal schedules on which they were reported	(b) Passive or Nonpassive Enter the character of the activity as passive or nonpassive for California purposes	Enter the California net income (loss) from the	Federal Amount Enter the federal net income (loss) from the activity after application of the PAL rules	(e) California Adjustment Subtract the Total amount of column (d) from the Total amount of column (c) and enter the difference in column (e) below. Individuals should transfer this amount to Schedule CA (540 or 540NR) as follows:
(a) Schedule C Activities	(b) Passive or Nonpassive	(c) California Amount	(d) Federal Amount	(e) California Adjustment
				If the amount helow is negitive transfer the

Schedule C Activities	Passive or Nonpassive	California Amount	Federal Ámount	California Adjustment
				If the amount below is <b>positive</b> , transfer the amount to Sch. CA (540), Part I or Sch. CA
				(540NR), Part II, Section B, line 3, column C.
				If the amount below is <b>negative</b> , transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II,
				Section B, (as a positive amount) line 3, column B.
Total		1(c)	1(d)*	1(e)

(a) Schedule E Activities	(b) Passive or Nonpassive	(c) California Amount	(d) Federal Amount	(e) California Adjustment
TELCON INCER, CASTERNET, FIDERARD, TELEVICUR, 500122, 1002a	PASSIVE	-8,400.	-8,400.	If the amount below is <b>positive</b> , transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 5, column C.
				If the amount below is <b>negative</b> , transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, (as a positive amount) line 5, column B.
Total		2(c) -8,400.	2(d)** -8,400.	2(e) 0.

(a) Schedule F Activities	(b) Passive or Nonpassive	(c) California Amount	(d) Federal Amount	(e) California Adjustment
				If the amount below is <b>positive</b> , transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 6, column C.
				If the amount below is <b>negative</b> , transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, (as a positive amount) line 6, column B.
otal		3(c)	3(d)***	3(e)

- \* This amount should be the same as the amount reported on Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 3, column A.
- \*\* This amount should be the same as the amount reported on Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 5, column A.
- \*\*\* This amount should be the same as the amount reported on Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 6, column A.

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# E 1040 Department of the Treasury—Internal Revenue Service (99) U.S. Individual Income Tax Return

2021

OMB No. 1545-007

IBS Use Only—Do not write or staple in this space

Filing Status Check only one box.	If yo	Single Married filing jointly [ u checked the MFS box, enter the one is a child but not your depender	name of	ed filing separately your spouse. If you										
Your first name	and m	ddle initial	Last na	ame					Your so	Your social security number				
NISHITHA	A JA	YA	BODI	DETI					319-	319-47-9377				
If joint return, s	pouse's	first name and middle initial	Last na	ame					Spouse	's social se	curity number			
Home address	(numbe	er and street). If you have a P.O. box, see	e instruct	ions.				Apt. no.	Preside	ntial Electi	on Campaign			
3473 N 3	lst :	ST						175	1	here if you,	,			
City, town, or p	ost offi	ce. If you have a foreign address, also c	omplete s	spaces below.	Sta	ite	ZIP	code			ntly, want \$3 Checking a			
San Jose	9				C	A	95	5134		low will not				
Foreign country	/ name			Foreign province/stat	e/coun	ty	For	eign postal code	your ta	x or refund.				
										You	Spouse			
At any time du	rina 20	021, did you receive, sell, exchange	e, or othe	erwise dispose of a	nv fina	ancial interest	t in an	v virtual curre	ncv?	Yes	X No			
								.,						
Standard Deduction	_	eone can claim: You as a de	•	· · · · · · · · · · · · · · · · · · ·		a dependent	L							
Deduction	<u> </u>	Spouse itemizes on a separate retu	rn or you	u were a duai-statt	is aller	1								
Age/Blindness	You:	Were born before January 2,	1957 [	Are blind S	pouse	: Was b	orn be	efore January	2, 1957	☐ Is bl	lind			
Dependents	s (see	instructions):		(2) Social secui	ity	(3) Relations	ship	<b>(4) ✓</b> if c	ualifies fo	r (see instru	ictions):			
If more	<b>(1)</b> F	rst name Last name	ame Last name number					Child tax of	redit	Credit for ot	ther dependents			
than four														
dependents, see instructions	s ——													
and check														
here ▶														
	_1_	Wages, salaries, tips, etc. Attach	Form(s)	W-2					. 1	1	32,346.			
Attach Sch. B if	2a	Tax-exempt interest	2a		b T	axable intere	est		. 2k	)				
required.	3a	Qualified dividends	3a		<b>b</b> (	Ordinary divid	lends		. 3k	)				
	4a	IRA distributions	4a		b T	axable amou	ınt .		. 4k	)				
	5a	Pensions and annuities	5a		b T	axable amou	ınt .		. 5k	)				
Standard	6a	Social security benefits	6a		<b>b</b> T	axable amou	ınt .		. 6k	)				
• Single or	7	Capital gain or (loss). Attach Sche	edule D i	if required. If not re	quired	l, check here		▶[	7					
Married filing	8	Other income from Schedule 1, lin	ne 10						. 8		-8,400.			
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your <b>total ir</b>	come				▶ 9	1:	23,946.			
Married filing     in the or	10	Adjustments to income from Sche	edule 1,	line 26					. 10	)				
jointly or Qualifying	11_	Subtract line 10 from line 9. This i	s your <b>a</b>	djusted gross inc	ome				<b>▶</b> 11	1.	23,946.			
widow(er), \$25,100	12a	Standard deduction or itemized	deduct	tions (from Schedu	ıle A)	1	2a	12,55	0.					
• Head of	b	Charitable contributions if you take	e the sta	ndard deduction (se	e insti	ructions) 1	2b	30	0.					
household, \$18,800	С	Add lines 12a and 12b							. 12	<b>c</b>	12,850.			
If you checked     any box under	13	Qualified business income deduc	tion fron	n Form 8995 or Fo	m 899	95-A			. 13					
any box under Standard	14								. 14	1	12 <b>,</b> 850.			
Deduction, see instructions.	15	Taxable income. Subtract line 14	from lir	ne 11. If zero or les	s, ente	er-0			. 15	5   1	11,096.			
)														

Form 1040 (2021	)								Page Z			
	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌		16	20,684.			
	17	Amount from Schedule 2, lin	ne 3					17				
	18	Add lines 16 and 17						18	20,684.			
	19	Nonrefundable child tax cre	dit or credit for o	ther depender	nts from Schedule	8812		19				
	20	Amount from Schedule 3, lin	ne 8					20				
	21	Add lines 19 and 20						21				
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	20,684.			
	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	20,684.			
	25	Federal income tax withheld	from:									
	а	Form(s) W-2				<b>25a</b> 2	3,145	•				
	b	Form(s) 1099				25b						
	С	Other forms (see instruction	s)			25c						
	d	Add lines 25a through 25c						25d	23,145.			
If you have a	26	2021 estimated tax paymen	ts and amount a	pplied from 20		1 1		26				
qualifying child, attach Sch. EIC.	27a	Earned income credit (EIC)				27a						
attach och. Elo.	b	Check here if you were I January 2, 2004, and you taxpayers who are at least a Nontaxable combat pay elec	u satisfy all the ge 18, to claim t	e other requi he EIC. See in	rements for							
	С	Prior year (2019) earned inco	ome	. 27c								
	28	Refundable child tax credit or	r 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, lin	ne 15			31						
	32	Add lines 27a and 28 through	h 31. These are	your total oth	er payments and	refundable cre	edits 🕨	32				
	33	Add lines 25d, 26, and 32. T						33	23,145.			
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amoun	nt you <b>overpaid</b>		34	2,461.			
	35a	Amount of line 34 you want					. ▶ 🗌	35a	2,461.			
Direct deposit? See instructions.	▶b	Routing number 1 2 1			▶ c Type: 🔀	Checking	Savings	3				
See mstructions.	►d	Account number 3 2 5										
	36	Amount of line 34 you want				36						
Amount	37	Amount you owe. Subtract				1 1	. ▶	37				
You Owe	38	Estimated tax penalty (see in				38						
Third Party Designee	ins	you want to allow another tructions	person to disc		n with the IRS?	Yes. 0	Complete		⊠ No			
		signee's ne ▶		Phone no. ▶			sonal ider nber (PIN)					
Sign		der penalties of perjury, I declare telef, they are true, correct, and com										
Here	You	ur signature		Date	Your occupation		I		nt you an Identity			
	k .								IN, enter it here			
Joint return? See instructions.				5 .	PRODUCT MA			e inst.)				
Keep a copy for your records.	Spo	ouse's signature. If a joint return, l	ootn must sign.	Date	Spouse's occupation	Ide		nt your spouse an ection PIN, enter it here				
	Pho	one no. (805) 869-838	4	Email address	NISHITHA.BOD	DETI@GMAIL.	COM					
Paid	Pre	parer's name	Preparer's signat	ure		Date	PTIN		Check if:			
Preparer	SYAM	YAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 04/07/2022						32703	Self-employed			
Use Only	Firr								none no. (678) 965-9522			
Jac Only	Firr	m's address ▶ 2530 Pebb	Fin	m's EIN 🕨	30-1017196							

#### 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

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

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

Your social security number
319-47-9377

Par	t I Additional Income	'		
1	Taxable refunds, credits, or offsets of state and local income taxes	8	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, tro	*	5	-8,400.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	<b>8a</b> ( )		
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		
1	Olympic and Paralympic medals and USOC prize money (see	OK .	-	
•	instructions)	81		
m	Section 951(a) inclusion (see instructions)	8m		
n	Section 951A(a) inclusion (see instructions)	8n		
0	Section 461(I) excess business loss adjustment	80		
р	Taxable distributions from an ABLE account (see instructions) .	8p		
Z	Other income. List type and amount ▶	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 10	040, 1040-SR, or		
	1040-NR, line 8		10	-8,400.

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

Health savings account deduction. Attach Form 8889						11
Moving expenses for members of the Armed Forces. Attach Form 3903  Deductible part of self-employment tax. Attach Schedule SE  Self-employed SEP, SIMPLE, and qualified plans  Self-employed health insurance deduction  Penalty on early withdrawal of savings  Alimony paid					Ŀ	12
Deductible part of self-employment tax. Attach Schedule SE  Self-employed SEP, SIMPLE, and qualified plans  Self-employed health insurance deduction  Penalty on early withdrawal of savings  Alimony paid  Recipient's SSN  Date of original divorce or separation agreement (see instructions)  IRA deduction  Student loan interest deduction  Reserved for future use  Archer MSA deduction  Other adjustments:  Jury duty pay (see instructions)  Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit  Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l  Reforestation amortization and expenses  Repayment of supplemental unemployment benefits under the Trade Act of 1974  Contributions to section 501(c)(18)(D) pension plans  Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)  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  Housing deduction from Form 2555  Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)  Other adjustments. List type and amount ▶					Ŀ	13
Self-employed SEP, SIMPLE, and qualified plans  Self-employed health insurance deduction  Penalty on early withdrawal of savings  Alimony paid						14
Self-employed health insurance deduction						15
Penalty on early withdrawal of savings  Alimony paid					_	16
Alimony paid					_	17
Recipient's SSN						18
Date of original divorce or separation agreement (see instructions)  IRA deduction  Student loan interest deduction  Reserved for future use  Archer MSA deduction  Other adjustments:  Jury duty pay (see instructions)  Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit  Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l  Reforestation amortization and expenses  Repayment of supplemental unemployment benefits under the Trade Act of 1974  Contributions to section 501(c)(18)(D) pension plans  Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)  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  Housing deduction from Form 2555  Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)  Other adjustments. List type and amount ▶					1	98
Date of original divorce or separation agreement (see instructions)  IRA deduction  Student loan interest deduction  Reserved for future use  Archer MSA deduction  Other adjustments:  Jury duty pay (see instructions)  Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit  Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l  Reforestation amortization and expenses  Repayment of supplemental unemployment benefits under the Trade Act of 1974  Contributions to section 501(c)(18)(D) pension plans  Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)  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  Housing deduction from Form 2555  Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)  Other adjustments. List type and amount ▶						
Reserved for future use  Archer MSA deduction .  Other adjustments:  Jury duty pay (see instructions) .  Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit .  Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l .  Reforestation amortization and expenses .  Repayment of supplemental unemployment benefits under the Trade Act of 1974 .  Contributions to section 501(c)(18)(D) pension plans .  Contributions by certain chaplains to section 403(b) plans .  Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) .  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 .  Housing deduction from Form 2555 .  Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) .  Other adjustments. List type and amount ▶						
Archer MSA deduction					1	20
Archer MSA deduction					1	21
Other adjustments:  Jury duty pay (see instructions)					1	22
Jury duty pay (see instructions)					1	23
Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit						
the rental of personal property engaged in for profit						
Reforestation amortization and expenses						
Repayment of supplemental unemployment benefits under the Trade Act of 1974						
Trade Act of 1974						
Contributions by certain chaplains to section 403(b) plans						
Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)						
unlawful discrimination claims (see instructions)						
award from the IRS for information you provided that helped the IRS detect tax law violations						
Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)						
Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)						
Total other adjustments. Add lines 24a through 24z					1	25

## 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) Name(s) shown on return

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

Your social security number

_	ITHA JAYA BODDE							319-47			
Part		From Rental Real Estate and Ro	•		•			0 1			use
		nstructions. If you are an individual, repo									
	, , ,	nts in 2021 that would require you to		٠,							
		ou file required Form(s) 1099?							Y	es _	No
1a	+ ·	each property (street, city, state, ZIP		-							
A	TELECOM NAGAR,	GACHIBOWLI HYDERABAD T	'ELA	NGANA	IN 5	00032					
B C											
	Type of Droperty	2				Eair	Rental	Personal I	leo		
1b	Type of Property (from list below)	2 For each rental real estate propabove, report the number of fall	perty I ir rent	isted al and			Days	Days	)26	Q.	JV
Α	2	personal use days. Check the	QJV b	ox only	Α	<del>                                     </del>	365				1
В	3	personal use days. Check the of the order of	ructio	ns.	В		303		,		1
C		. ,			C						1
	of Property:										
	le Family Residence	3 Vacation/Short-Term Rental	5 la	nd		7 Self-	Rental				
•	ti-Family Residence			yalties			r (describe)				
Incom		Properties:	1	Jantico	Α	O Othic	В			С	
3	Rents received		3			600.	_				
4			4								
Expen	ses:										
5			5								
6	Auto and travel (see in	nstructions)	6								
7	Cleaning and mainten	ance	7			800.					
8	Commissions		8								
9	Insurance		9								
10		ssional fees	10								
11	-		11		1,	500.					
12		d to banks, etc. (see instructions)	12								
13			13								
14	•		14			800.					
15			15		2,	300.					
16			16								
17			17		2,	600.					
18		or depletion	18								
19	Other (list)  Total expanses Add I	inco E through 10	19 20		0	000.					
20	•	lines 5 through 19	20		9,	. 000.					
21		line 3 (rents) and/or 4 (royalties). If instructions to find out if you must									
			21		-8.	400.					
22		estate loss after limitation, if any,			<u> </u>						
	on Form 8582 (see in:	•	22	(	8,	400.)	(	)(			)
23a	•	eported on line 3 for all rental prope				23a		600.			,
b		eported on line 4 for all royalty prop				23b					
С		eported on line 12 for all properties				23c					
d		eported on line 18 for all properties				23d					
е		eported on line 20 for all properties				23e		9,000.			
24	Income. Add positive	e amounts shown on line 21. Do no	<b>t</b> inclu	ıde any	losses			. 24			
25	Losses. Add royalty los	sses from line 21 and rental real estate	losse	s from lii	ne 22. E	Enter tota	al losses here	e . <b>25</b> (		8,4	100.)
26	Total rental real esta	ate and royalty income or (loss).	Comb	ine line	s 24 ar	nd 25. E	nter the res	sult			
	here. If Parts II, III, I'	V, and line 40 on page 2 do not	apply	to you	, also	enter th	nis amount	on			
	Schedule 1 (Form 104	40), line 5. Otherwise, include this ar	nount	t in the t	otal or	n line 41	on page 2	. 26		-8,	400.

**Passive Activity Loss Limitations** 

Department of the Treasury Name(s) shown on return

► See separate instructions. ► Attach to Form 1040, 1040-SR, or 1041. OMB No. 1545-1008

Identifying number

Internal Revenue Service (99)

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

2021	
Attachment Sequence No. <b>858</b>	

NIS	HITHA JAYA BODDETI				319-	47-9	9377
Pa	rt I 2021 Passive Activity Loss	S					
	Caution: Complete Parts IV ar	nd V before comple	eting Part I.				
	al Real Estate Activities With Active Parance for Rental Real Estate Activities	• '		ive participation, s	see <b>Special</b>		
1a	Activities with net income (enter the a	mount from Part IV	, column (a)) .	1a	0.		
b	Activities with net loss (enter the amo		, ,,		8,400.)		
С	Prior years' unallowed losses (enter the	ne amount from Pa	rt IV, column (c))	1c (	)		
d	Combine lines 1a, 1b, and 1c					1d	-8,400.
All O	ther Passive Activities						
2a	Activities with net income (enter the a	mount from Part V	column (a)) .	2a			
b	Activities with net loss (enter the amo		` ''		)		
С	Prior years' unallowed losses (enter the				)		
d			, ,,			2d	
3	Combine lines 1d and 2d. If this line i						
	all losses are allowed, including any		•				
	losses on the forms and schedules no					3	-8,400.
	If line 3 is a loss and: • Line 1d is a l	loss ao to Part II					
		loss, go to Fart II.	zero or more) sk	in Part II and go to	line 10		
		·	·				
	ion: If your filing status is married filing	separately and yo	u lived with your	spouse at any tin	ne during the y	ear, <b>c</b>	do not complete
	I. Instead, go to line 10.	stal Daal Catata	A ativiti a a \A/itla	A ativa Dautiain	-4:		
Pal	t II Special Allowance for Rer Note: Enter all numbers in Par			-			
4	Enter the <b>smaller</b> of the loss on line 1			tions for all examp	JIG.	4	8,400.
5	Enter \$150,000. If married filing separ			5   1	50,000.		0,400.
6	Enter modified adjusted gross income	•			32,346.		
	<b>Note:</b> If line 6 is greater than or equal				132,340.		
	on line 9. Otherwise, go to line 7.	to mio o, orap mio	or and o and one				
7	Subtract line 6 from line 5			7	17,654.		
8	Multiply line 7 by 50% (0.50). <b>Do not</b> el	nter more than \$25.	000. If married filing			8	8,827.
9				• .		9	8,400.
Par							
10	Add the income, if any, on lines 1a an	d 2a and enter the	total			10	0.
11	Total losses allowed from all passiv	e activities for 20	<b>21.</b> Add lines 9 ar	nd 10. See instruct	ions to find		
	out how to report the losses on your t					11	8,400.
Par	t IV Complete This Part Before	e Part I, Lines 1a	a <b>, 1b, and 1c.</b> S	ee instructions.			
	Name of activity	Curren	t year	Prior years	Overa	ıll gair	n or loss
	Name of activity	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain		(e) Loss
TEL	ECOM NAGAR, GACHIBOWLI	0.	8,400.				8,400.
Total	. Enter on Part I. lines 1a. 1b. and 1c ▶	0.	8,400.				

Page **2** 

Part V Complete This Part Befor	еΡ	art I, Lines 2	a, 2b,	and 2c. S	ee instruc	ctions.					
N. C. C. C.		Currer	nt year		Prior ye	ears	Overall gain or loss				
Name of activity	(a	Net income (line 2a)		Net loss ne 2b)	(c) Unall loss (lin		(d) Gain		(e) Loss		
		(		,	,	/					
Total. Enter on Part I, lines 2a, 2b, and 2c ▶											
Part VI Use This Part if an Amoun	nt Is	Shown on F	Part II,	, <b>Line 9.</b> S	ee instruc	tions.					
Name of activity	an to	rm or schedule ad line number be reported on ee instructions)	(a	(a) Loss (b) Ratio		(b) Ratio (c) Special allowance			(d) Subtract column (c) from column (a).		
TELECOM NAGAR, GACHIBOWLI		E Ln 22		8,400.	1.0000	0000	0 8,400.		0.		
Total		<b>&gt;</b>	uotion	8,400.	1.00	)	8,40	0.	0.		
Part VII Allocation of Unallowed L	.05	Form or sch		S.							
Name of activity		and line nur to be reporte (see instruct	nber ed on	(a) L	LOSS		(b) Ratio	(с	(c) Unallowed loss		
Total			. ▶				1.00				
Part VIII Allowed Losses. See instr	ucti			1		1					
Name of activity		Form or sche and line nur to be reporte (see instruct	nber ed on	(a) L	LOSS	(b) Unallowed loss		(	c) Allowed loss		
Total											