

# IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.  
▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

|  |                                       |
|--|---------------------------------------|
| Taxpayer's name<br><b>GRESHMA NARESH</b> | Social security number<br>852-80-6940 |
| Spouse's name                            | Spouse's social security number       |

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

Enter whole dollars only on lines 1 through 5.

**Note:** Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

|  |          |         |
|--|----------|---------|
| <b>1</b> Adjusted gross income . . . . .   | <b>1</b> | 94,155. |
| <b>2</b> Total tax . . . . .   | <b>2</b> | 13,634. |
| <b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . . | <b>3</b> | 17,592. |
| <b>4</b> Amount you want refunded to you . . . . .                               | <b>4</b> | 3,958.  |
| <b>5</b> Amount you owe . . . . .  | <b>5</b> |         |

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

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

### Taxpayer's PIN: check one box only

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

|   |   |   |   |   |
|---|---|---|---|---|
| 0 | 6 | 9 | 4 | 0 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing.   
ERO firm name   
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Spouse's PIN: check one box only

- I authorize \_\_\_\_\_ to enter or generate my PIN 

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

 as my signature on the income tax return (original or amended) I am now authorizing.   
ERO firm name   
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

## Practitioner PIN Method Returns Only—continue below

### Part III Certification and Authentication – Practitioner PIN Method Only

**ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN. 

|   |   |   |   |   |   |  |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|--|
| 5 | 8 | 7 | 2 | 7 | 8 |  |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|--|

  
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

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

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

Your first name and middle initial: GRESHMA
Last name: NARESH
Your social security number: 852-80-6940
If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number:

Home address (number and street). If you have a P.O. box, see instructions.
7920 N MAC ARTHUR BLVD
Apt. no.: 2066
City, town, or post office. If you have a foreign address, also complete spaces below.
IRVING
State: TX
ZIP code: 75063
Foreign country name:
Foreign province/state/county:
Foreign postal code:
Presidential Election Campaign: Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. [ ] You [ ] Spouse

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

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

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

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents. Includes instructions for dependents.

Main tax calculation table with 15 rows. Includes categories like Wages, salaries, tips, etc.; Tax-exempt interest; Qualified dividends; IRA distributions; Pensions and annuities; Social security benefits; Capital gain or (loss); Other income from Schedule 1; Total income; Adjustments to income; Standard deduction or itemized deductions; Charitable contributions; Qualified business income deduction; Taxable income.

|                                      |  |            |         |
|--------------------------------------|--|------------|---------|
| <b>16</b>                            | <b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____   | <b>16</b>  | 13,634. |
| <b>17</b>                            | Amount from Schedule 2, line 3   | <b>17</b>  |         |
| <b>18</b>                            | Add lines 16 and 17  | <b>18</b>  | 13,634. |
| <b>19</b>                            | Nonrefundable child tax credit or credit for other dependents from Schedule 8812   | <b>19</b>  |         |
| <b>20</b>                            | Amount from Schedule 3, line 8   | <b>20</b>  |         |
| <b>21</b>                            | Add lines 19 and 20  | <b>21</b>  |         |
| <b>22</b>                            | Subtract line 21 from line 18. If zero or less, enter -0-  | <b>22</b>  | 13,634. |
| <b>23</b>                            | Other taxes, including self-employment tax, from Schedule 2, line 21   | <b>23</b>  | 0.      |
| <b>24</b>                            | Add lines 22 and 23. This is your <b>total tax</b>   | <b>24</b>  | 13,634. |
| <b>25</b>                            | Federal income tax withheld from:  |            |         |
| <b>a</b>                             | Form(s) W-2  | <b>25a</b> | 17,592. |
| <b>b</b>                             | Form(s) 1099   | <b>25b</b> |         |
| <b>c</b>                             | Other forms (see instructions)   | <b>25c</b> |         |
| <b>d</b>                             | Add lines 25a through 25c  | <b>25d</b> | 17,592. |
| <b>26</b>                            | 2021 estimated tax payments and amount applied from 2020 return  | <b>26</b>  |         |
| <b>27a</b>                           | Earned income credit (EIC) <span style="float:right">No</span>   | <b>27a</b> |         |
|                                      | Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/> |            |         |
| <b>b</b>                             | Nontaxable combat pay election   | <b>27b</b> |         |
| <b>c</b>                             | Prior year (2019) earned income  | <b>27c</b> |         |
| <b>28</b>                            | Refundable child tax credit or additional child tax credit from Schedule 8812  | <b>28</b>  |         |
| <b>29</b>                            | American opportunity credit from Form 8863, line 8   | <b>29</b>  |         |
| <b>30</b>                            | Recovery rebate credit. See instructions   | <b>30</b>  |         |
| <b>31</b>                            | Amount from Schedule 3, line 15  | <b>31</b>  |         |
| <b>32</b>                            | Add lines 27a and 28 through 31. These are your <b>total other payments and refundable credits</b>   | <b>32</b>  |         |
| <b>33</b>                            | Add lines 25d, 26, and 32. These are your <b>total payments</b>  | <b>33</b>  | 17,592. |
| <b>Refund</b>                        | <b>34</b> If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>   | <b>34</b>  | 3,958.  |
|                                      | <b>35a</b> Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>   | <b>35a</b> | 3,958.  |
| Direct deposit?<br>See instructions. | <b>b</b> Routing number 071921891 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings   |            |         |
|                                      | <b>d</b> Account number 4657782439   |            |         |
|                                      | <b>36</b> Amount of line 34 you want <b>applied to your 2022 estimated tax</b>   | <b>36</b>  |         |
| <b>Amount You Owe</b>                | <b>37</b> <b>Amount you owe</b> . Subtract line 33 from line 24. For details on how to pay, see instructions   | <b>37</b>  |         |
|                                      | <b>38</b> Estimated tax penalty (see instructions)   | <b>38</b>  |         |

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

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

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

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

|   |      |                                      |   |
|---|------|--------------------------------------|---|
| Your signature  | Date | Your occupation<br>SOFTWARE ENGINEER | If the IRS sent you an Identity Protection PIN, enter it here (see inst.)         |
| Spouse's signature. If a joint return, <b>both</b> must sign. | Date | Spouse's occupation                  | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |

Phone no. (609) 721-9298 Email address GRESHMA.NARESH@GMAIL.COM

**Paid Preparer Use Only**

|  |   |                    |                             |   |
|--|---|--------------------|-----------------------------|---|
| Preparer's name<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM | Preparer's signature<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date<br>02/20/2022 | PTIN<br>P02082703           | Check if:<br><input type="checkbox"/> Self-employed |
| Firm's name<br>GLOBAL TAXES LLC                      | Firm's address<br>2530 Pebble Creek Ln Cumming GA 30041   |                    | Phone no.<br>(678) 965-9522 | Firm's EIN<br>30-1017196                            |

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

▶ Attach to Form 1040, 1040-SR, or 1040-NR.  
▶ Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2021**  
Attachment  
Sequence No. **01**

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

Your social security number  
852-80-6940

**Part I Additional Income**

|           |   |           |         |
|-----------|---|-----------|---------|
| <b>1</b>  | Taxable refunds, credits, or offsets of state and local income taxes . . . . .  | <b>1</b>  |         |
| <b>2a</b> | Alimony received . . . . .  | <b>2a</b> |         |
| <b>b</b>  | Date of original divorce or separation agreement (see instructions) ▶ _____   |           |         |
| <b>3</b>  | Business income or (loss). Attach Schedule C . . . . .  | <b>3</b>  |         |
| <b>4</b>  | Other gains or (losses). Attach Form 4797 . . . . .   | <b>4</b>  |         |
| <b>5</b>  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .   | <b>5</b>  | -7,500. |
| <b>6</b>  | Farm income or (loss). Attach Schedule F . . . . .  | <b>6</b>  |         |
| <b>7</b>  | Unemployment compensation . . . . .   | <b>7</b>  |         |
| <b>8</b>  | Other income:   |           |         |
| <b>a</b>  | Net operating loss . . . . .  | <b>8a</b> | ( )     |
| <b>b</b>  | Gambling income . . . . .   | <b>8b</b> |         |
| <b>c</b>  | Cancellation of debt . . . . .  | <b>8c</b> |         |
| <b>d</b>  | Foreign earned income exclusion from Form 2555 . . . . .  | <b>8d</b> | ( )     |
| <b>e</b>  | Taxable Health Savings Account distribution . . . . .   | <b>8e</b> |         |
| <b>f</b>  | Alaska Permanent Fund dividends . . . . .   | <b>8f</b> |         |
| <b>g</b>  | Jury duty pay . . . . .   | <b>8g</b> |         |
| <b>h</b>  | Prizes and awards . . . . .   | <b>8h</b> |         |
| <b>i</b>  | Activity not engaged in for profit income . . . . .   | <b>8i</b> |         |
| <b>j</b>  | Stock options . . . . .   | <b>8j</b> |         |
| <b>k</b>  | 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 . . . . . | <b>8k</b> |         |
| <b>l</b>  | Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .   | <b>8l</b> |         |
| <b>m</b>  | Section 951(a) inclusion (see instructions) . . . . .   | <b>8m</b> |         |
| <b>n</b>  | Section 951A(a) inclusion (see instructions) . . . . .  | <b>8n</b> |         |
| <b>o</b>  | Section 461(l) excess business loss adjustment . . . . .  | <b>8o</b> |         |
| <b>p</b>  | Taxable distributions from an ABLE account (see instructions) . . . . .   | <b>8p</b> |         |
| <b>z</b>  | Other income. List type and amount ▶ _____  | <b>8z</b> |         |
| <b>9</b>  | Total other income. Add lines 8a through 8z . . . . .   | <b>9</b>  |         |
| <b>10</b> | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .   | <b>10</b> | -7,500. |

**Part II Adjustments to Income**

|            |  |            |            |  |
|------------|--|------------|------------|--|
| <b>11</b>  | Educator expenses . . . . .  |            | <b>11</b>  |  |
| <b>12</b>  | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .  |            | <b>12</b>  |  |
| <b>13</b>  | Health savings account deduction. Attach Form 8889 . . . . .   |            | <b>13</b>  |  |
| <b>14</b>  | Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .  |            | <b>14</b>  |  |
| <b>15</b>  | Deductible part of self-employment tax. Attach Schedule SE . . . . .   |            | <b>15</b>  |  |
| <b>16</b>  | Self-employed SEP, SIMPLE, and qualified plans . . . . .   |            | <b>16</b>  |  |
| <b>17</b>  | Self-employed health insurance deduction . . . . .   |            | <b>17</b>  |  |
| <b>18</b>  | Penalty on early withdrawal of savings . . . . .   |            | <b>18</b>  |  |
| <b>19a</b> | Alimony paid . . . . .   |            | <b>19a</b> |  |
| <b>b</b>   | Recipient's SSN . . . . .  | ▶ _____    |            |  |
| <b>c</b>   | Date of original divorce or separation agreement (see instructions) ▶ _____  |            |            |  |
| <b>20</b>  | IRA deduction . . . . .  |            | <b>20</b>  |  |
| <b>21</b>  | Student loan interest deduction . . . . .  |            | <b>21</b>  |  |
| <b>22</b>  | Reserved for future use . . . . .  |            | <b>22</b>  |  |
| <b>23</b>  | Archer MSA deduction . . . . .   |            | <b>23</b>  |  |
| <b>24</b>  | Other adjustments:   |            |            |  |
| <b>a</b>   | Jury duty pay (see instructions) . . . . .   | <b>24a</b> |            |  |
| <b>b</b>   | Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit . . . . .                                       | <b>24b</b> |            |  |
| <b>c</b>   | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l . . . . .   | <b>24c</b> |            |  |
| <b>d</b>   | Reforestation amortization and expenses . . . . .  | <b>24d</b> |            |  |
| <b>e</b>   | Repayment of supplemental unemployment benefits under the Trade Act of 1974 . . . . .  | <b>24e</b> |            |  |
| <b>f</b>   | Contributions to section 501(c)(18)(D) pension plans . . . . .   | <b>24f</b> |            |  |
| <b>g</b>   | Contributions by certain chaplains to section 403(b) plans . . . . .   | <b>24g</b> |            |  |
| <b>h</b>   | Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) . . . . .  | <b>24h</b> |            |  |
| <b>i</b>   | Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations . . . . . | <b>24i</b> |            |  |
| <b>j</b>   | Housing deduction from Form 2555 . . . . .   | <b>24j</b> |            |  |
| <b>k</b>   | Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) . . . . .  | <b>24k</b> |            |  |
| <b>z</b>   | Other adjustments. List type and amount ▶ _____  | <b>24z</b> |            |  |
| <b>25</b>  | Total other adjustments. Add lines 24a through 24z . . . . .   |            | <b>25</b>  |  |
| <b>26</b>  | Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a . . . . .   |            | <b>26</b>  |  |

**SCHEDULE D**  
**(Form 1040)**

**Capital Gains and Losses**

OMB No. 1545-0074

**2021**

Attachment  
Sequence No. **12**

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**  
▶ **Go to [www.irs.gov/ScheduleD](http://www.irs.gov/ScheduleD) for instructions and the latest information.**  
▶ **Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.**

Name(s) shown on return  
GRESHMA NARESH

Your social security number  
852-80-6940

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

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

| See instructions for how to figure the amounts to enter on the lines below.<br>This form may be easier to complete if you round off cents to whole dollars.  | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part I,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|--|----------------------------------|---------------------------------|---|---|
| <b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . |                                  |                                 |   |   |
| <b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .   | 3,195.                           | 3,101.                          |   | 94.   |
| <b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .  |                                  |                                 |   |   |
| <b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .  |                                  |                                 |   |   |
| <b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .  |                                  |                                 |   | <b>4</b>  |
| <b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .   |                                  |                                 |   | <b>5</b>  |
| <b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .  |                                  |                                 |   | <b>6</b> ( )  |
| <b>7 Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .  |                                  |                                 |   | <b>7</b> 94.  |

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

| See instructions for how to figure the amounts to enter on the lines below.<br>This form may be easier to complete if you round off cents to whole dollars.   | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part II,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|---|----------------------------------|---------------------------------|--|---|
| <b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . |                                  |                                 |  |   |
| <b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .  |                                  |                                 |  |   |
| <b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .   |                                  |                                 |  |   |
| <b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .  |                                  |                                 |  |   |
| <b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .  |                                  |                                 |  | <b>11</b>   |
| <b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .  |                                  |                                 |  | <b>12</b>   |
| <b>13</b> Capital gain distributions. See the instructions . . . . .  |                                  |                                 |  | <b>13</b>   |
| <b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .  |                                  |                                 |  | <b>14</b> ( )   |
| <b>15 Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then, go to Part III on the back . . . . .   |                                  |                                 |  | <b>15</b>   |

**Part III Summary**

|           |  |           |     |
|-----------|--|-----------|-----|
| <b>16</b> | Combine lines 7 and 15 and enter the result . . . . .  | <b>16</b> | 94. |
|           | <ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li> </ul> |           |     |
| <b>17</b> | Are lines 15 and 16 <b>both</b> gains?<br><input type="checkbox"/> <b>Yes.</b> Go to line 18.<br><input checked="" type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.   |           |     |
| <b>18</b> | If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . ▶   | <b>18</b> |     |
| <b>19</b> | If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . . ▶   | <b>19</b> |     |
| <b>20</b> | Are lines 18 and 19 both zero or blank and are you not filing Form 4952?<br><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16. <b>Don't</b> complete lines 21 and 22 below.<br><br><input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.                |           |     |
| <b>21</b> | If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of:<br><ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } . . . . .</li> </ul>   | <b>21</b> | ( ) |
|           | <b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.  |           |     |
| <b>22</b> | Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?<br><br><input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16.<br><br><input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.   |           |     |





**SCHEDULE E  
(Form 1040)**

**Supplemental Income and Loss**

OMB No. 1545-0074

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

**2021**

Department of the Treasury  
Internal Revenue Service (99)

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

Attachment  
Sequence No. **13**

▶ Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

Name(s) shown on return

Your social security number

GRESHMA NARESH

852-80-6940

**Part I Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

**A** Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions . . . . .  Yes  No  
**B** If "Yes," did you or will you file required Form(s) 1099? . . . . .  Yes  No

|           |   |  |                  |                   |     |                          |
|-----------|---|--|------------------|-------------------|-----|--------------------------|
| <b>1a</b> | Physical address of each property (street, city, state, ZIP code) |  |                  |                   |     |                          |
| <b>A</b>  | METTUGUDA SECUNDERABAD TELANGANA IN 500017                        |  |                  |                   |     |                          |
| <b>B</b>  |   |  |                  |                   |     |                          |
| <b>C</b>  |   |  |                  |                   |     |                          |
| <b>1b</b> | Type of Property (from list below)                                | <b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions. | Fair Rental Days | Personal Use Days | QJV |                          |
| <b>A</b>  | 3   |  | <b>A</b>         | 365               | 0   | <input type="checkbox"/> |
| <b>B</b>  |   |  | <b>B</b>         |                   |     | <input type="checkbox"/> |
| <b>C</b>  |   |  | <b>C</b>         |                   |     | <input type="checkbox"/> |

**Type of Property:**

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

| Income:          |   | Properties: |   | A       | B | C       |
|------------------|---|-------------|---|---------|---|---------|
| <b>3</b>         | Rents received . . . . .  | <b>3</b>    |   | 600.    |   |         |
| <b>4</b>         | Royalties received . . . . .  | <b>4</b>    |   |         |   |         |
| <b>Expenses:</b> |   |             |   |         |   |         |
| <b>5</b>         | Advertising . . . . .   | <b>5</b>    |   |         |   |         |
| <b>6</b>         | Auto and travel (see instructions) . . . . .  | <b>6</b>    |   |         |   |         |
| <b>7</b>         | Cleaning and maintenance . . . . .  | <b>7</b>    |   | 800.    |   |         |
| <b>8</b>         | Commissions. . . . .  | <b>8</b>    |   |         |   |         |
| <b>9</b>         | Insurance . . . . .   | <b>9</b>    |   |         |   |         |
| <b>10</b>        | Legal and other professional fees . . . . .   | <b>10</b>   |   |         |   |         |
| <b>11</b>        | Management fees . . . . .   | <b>11</b>   |   | 500.    |   |         |
| <b>12</b>        | Mortgage interest paid to banks, etc. (see instructions)  | <b>12</b>   |   |         |   |         |
| <b>13</b>        | Other interest. . . . .   | <b>13</b>   |   |         |   |         |
| <b>14</b>        | Repairs. . . . .  | <b>14</b>   |   | 2,000.  |   |         |
| <b>15</b>        | Supplies . . . . .  | <b>15</b>   |   | 1,800.  |   |         |
| <b>16</b>        | Taxes . . . . .   | <b>16</b>   |   |         |   |         |
| <b>17</b>        | Utilities. . . . .  | <b>17</b>   |   | 3,000.  |   |         |
| <b>18</b>        | Depreciation expense or depletion . . . . .   | <b>18</b>   |   |         |   |         |
| <b>19</b>        | Other (list) ▶ . . . . .  | <b>19</b>   |   |         |   |         |
| <b>20</b>        | Total expenses. Add lines 5 through 19 . . . . .  | <b>20</b>   |   | 8,100.  |   |         |
| <b>21</b>        | Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 . . . . .   | <b>21</b>   |   | -7,500. |   |         |
| <b>22</b>        | Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . .  | <b>22</b>   | ( | 7,500.) | ( | )       |
| <b>23a</b>       | Total of all amounts reported on line 3 for all rental properties . . . . .   | <b>23a</b>  |   | 600.    |   |         |
| <b>b</b>         | Total of all amounts reported on line 4 for all royalty properties . . . . .  | <b>23b</b>  |   |         |   |         |
| <b>c</b>         | Total of all amounts reported on line 12 for all properties . . . . .   | <b>23c</b>  |   |         |   |         |
| <b>d</b>         | Total of all amounts reported on line 18 for all properties . . . . .   | <b>23d</b>  |   |         |   |         |
| <b>e</b>         | Total of all amounts reported on line 20 for all properties . . . . .   | <b>23e</b>  |   | 8,100.  |   |         |
| <b>24</b>        | <b>Income.</b> Add positive amounts shown on line 21. Do not include any losses . . . . .   | <b>24</b>   |   |         |   |         |
| <b>25</b>        | <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .  | <b>25</b>   | ( | 7,500.) |   |         |
| <b>26</b>        | <b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . . | <b>26</b>   |   |         |   | -7,500. |

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2021

**Passive Activity Loss Limitations**

Department of the Treasury  
Internal Revenue Service (99)

▶ See separate instructions.  
▶ Attach to Form 1040, 1040-SR, or 1041.  
▶ Go to [www.irs.gov/Form8582](http://www.irs.gov/Form8582) for instructions and the latest information.

Name(s) shown on return  
GRESHMA NARESH

Identifying number  
852-80-6940

**Part I 2021 Passive Activity Loss**

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

**Rental Real Estate Activities With Active Participation** (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** in the instructions.)

|  |           |             |  |          |
|--|-----------|-------------|--|----------|
| <b>1a</b> Activities with net income (enter the amount from Part IV, column (a)) . . . . .   | <b>1a</b> | 0 .         |  |          |
| <b>b</b> Activities with net loss (enter the amount from Part IV, column (b)) . . . . .      | <b>1b</b> | ( 7,500 . ) |  |          |
| <b>c</b> Prior years' unallowed losses (enter the amount from Part IV, column (c)) . . . . . | <b>1c</b> | ( )         |  |          |
| <b>d</b> Combine lines 1a, 1b, and 1c . . . . .  | <b>1d</b> |             |  | -7,500 . |

**All Other Passive Activities**

|   |           |     |  |  |
|---|-----------|-----|--|--|
| <b>2a</b> Activities with net income (enter the amount from Part V, column (a)) . . . . .   | <b>2a</b> |     |  |  |
| <b>b</b> Activities with net loss (enter the amount from Part V, column (b)) . . . . .      | <b>2b</b> | ( ) |  |  |
| <b>c</b> Prior years' unallowed losses (enter the amount from Part V, column (c)) . . . . . | <b>2c</b> | ( ) |  |  |
| <b>d</b> Combine lines 2a, 2b, and 2c . . . . .   | <b>2d</b> |     |  |  |

|  |          |  |  |          |
|--|----------|--|--|----------|
| <b>3</b> Combine lines 1d and 2d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used . . . . . | <b>3</b> |  |  | -7,500 . |
|--|----------|--|--|----------|

- If line 3 is a loss and:
- Line 1d is a loss, go to Part II.
  - Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

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

**Part II Special Allowance for Rental Real Estate Activities With Active Participation**

**Note:** Enter all numbers in Part II as positive amounts. See instructions for an example.

|  |          |           |
|--|----------|-----------|
| <b>4</b> Enter the <b>smaller</b> of the loss on line 1d or the loss on line 3 . . . . .   | <b>4</b> | 7,500 .   |
| <b>5</b> Enter \$150,000. If married filing separately, see instructions . . . . .   | <b>5</b> | 150,000 . |
| <b>6</b> Enter modified adjusted gross income, but not less than zero. See instructions<br><b>Note:</b> If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7. | <b>6</b> | 101,655 . |
| <b>7</b> Subtract line 6 from line 5 . . . . .   | <b>7</b> | 48,345 .  |
| <b>8</b> Multiply line 7 by 50% (0.50). <b>Do not</b> enter more than \$25,000. If married filing separately, see instructions   | <b>8</b> | 24,173 .  |
| <b>9</b> Enter the <b>smaller</b> of line 4 or line 8 . . . . .  | <b>9</b> | 7,500 .   |

**Part III Total Losses Allowed**

|  |           |         |
|--|-----------|---------|
| <b>10</b> Add the income, if any, on lines 1a and 2a and enter the total . . . . .   | <b>10</b> | 0 .     |
| <b>11</b> <b>Total losses allowed from all passive activities for 2021.</b> Add lines 9 and 10. See instructions to find out how to report the losses on your tax return . . . . . | <b>11</b> | 7,500 . |

**Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions.**

| Name of activity                                      | Current year             |                        | Prior years                  | Overall gain or loss |          |
|---|--------------------------|------------------------|------------------------------|----------------------|----------|
|   | (a) Net income (line 1a) | (b) Net loss (line 1b) | (c) Unallowed loss (line 1c) | (d) Gain             | (e) Loss |
| METTUGUDA   | 0 .                      | 7,500 .                |                              |                      | 7,500 .  |
|   |                          |                        |                              |                      |          |
|   |                          |                        |                              |                      |          |
|   |                          |                        |                              |                      |          |
| <b>Total.</b> Enter on Part I, lines 1a, 1b, and 1c ▶ | 0 .                      | 7,500 .                |                              |                      |          |

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

| Name of activity                                      | Current year             |                        | Prior years                  | Overall gain or loss |          |
|---|--------------------------|------------------------|------------------------------|----------------------|----------|
|   | (a) Net income (line 2a) | (b) Net loss (line 2b) | (c) Unallowed loss (line 2c) | (d) Gain             | (e) Loss |
|   |                          |                        |                              |                      |          |
|   |                          |                        |                              |                      |          |
|   |                          |                        |                              |                      |          |
|   |                          |                        |                              |                      |          |
| <b>Total.</b> Enter on Part I, lines 2a, 2b, and 2c ▶ |                          |                        |                              |                      |          |

**Part VI Use This Part if an Amount Is Shown on Part II, Line 9.** See instructions.

| Name of activity         | Form or schedule and line number to be reported on (see instructions) | (a) Loss | (b) Ratio  | (c) Special allowance | (d) Subtract column (c) from column (a). |
|--------------------------|---|----------|------------|-----------------------|--|
| METTUGUDA                | E Ln 22   | 7,500.   | 1.00000000 | 7,500.                | 0.                                       |
|                          |   |          |            |                       |  |
|                          |   |          |            |                       |  |
|                          |   |          |            |                       |  |
| <b>Total</b> . . . . . ▶ |   | 7,500.   | 1.00       | 7,500.                | 0.                                       |

**Part VII Allocation of Unallowed Losses.** See instructions.

| Name of activity         | Form or schedule and line number to be reported on (see instructions) | (a) Loss | (b) Ratio | (c) Unallowed loss |
|--------------------------|---|----------|-----------|--------------------|
|                          |   |          |           |                    |
|                          |   |          |           |                    |
|                          |   |          |           |                    |
|                          |   |          |           |                    |
| <b>Total</b> . . . . . ▶ |   |          | 1.00      |                    |

**Part VIII Allowed Losses.** See instructions.

| Name of activity         | Form or schedule and line number to be reported on (see instructions) | (a) Loss | (b) Unallowed loss | (c) Allowed loss |
|--------------------------|---|----------|--------------------|------------------|
|                          |   |          |                    |                  |
|                          |   |          |                    |                  |
|                          |   |          |                    |                  |
|                          |   |          |                    |                  |
| <b>Total</b> . . . . . ▶ |   |          |                    |                  |

**NOTE:** If *any due* date falls on a Saturday, Sunday, or legal holiday, *substitute* the next regular workday.

**DO NOT SEND A PHOTOCOPY OF THIS VOUCHER**

or risk the chance of our automated system not capturing your data correctly.

**SEND THE ORIGINAL**

MAIL THIS VOUCHER TO:  
KANSAS DOR - ESTIMATED TAX  
P.O. BOX 3506  
TOPEKA, KS 66625-3506

REV 02/05/22 PRO

**K-40ES**

Rev. 7-21

**2022 Kansas**  
INDIVIDUAL ESTIMATED  
INCOME TAX VOUCHER

305



GRESHMA NARESH

NARE

7920 N MAC ARTHUR BL APT 2066  
IRVING TX 75063

852806940

Daytime Phone Number: 6097219298

Name or Address  
Change

- If married filing a joint return, include both names and Social Security numbers

- Make check or money order payable to: Kansas Individual Estimated Tax

1

**1ST QUARTER PAYMENT DUE BY APRIL 15, 2022**

Payment Amount \$ 316.00



182522NARE852806940XXXX0000000000

**NOTE:** If *any due* date falls on a Saturday, Sunday, or legal holiday, *substitute* the next regular workday.

**DO NOT SEND A PHOTOCOPY OF THIS VOUCHER**

or risk the chance of our automated system not capturing your data correctly.

**SEND THE ORIGINAL**

MAIL THIS VOUCHER TO:  
KANSAS DOR - ESTIMATED TAX  
P.O. BOX 3506  
TOPEKA, KS 66625-3506

REV 02/05/22 PRO

**K-40ES**

Rev. 7-21

**2022 Kansas**

INDIVIDUAL ESTIMATED  
INCOME TAX VOUCHER

305



GRESHMA NARESH

NARE

7920 N MAC ARTHUR BL APT 2066  
IRVING TX 75063

852806940

Daytime Phone Number: 6097219298

Name or Address  
Change

- If married filing a joint return, include both names and Social Security numbers

- Make check or money order payable to: Kansas Individual Estimated Tax

2

**2ND QUARTER PAYMENT DUE BY JUNE 15, 2022**

Payment Amount \$ 316.00



182522NARE852806940XXXX0000000000

**NOTE:** If *any due* date falls on a Saturday, Sunday, or legal holiday, *substitute* the next regular workday.

**DO NOT SEND A PHOTOCOPY OF THIS VOUCHER**

or risk the chance of our automated system not capturing your data correctly.

**SEND THE ORIGINAL**

MAIL THIS VOUCHER TO:  
KANSAS DOR - ESTIMATED TAX  
P.O. BOX 3506  
TOPEKA, KS 66625-3506

REV 02/05/22 PRO

**K-40ES**

Rev. 7-21

**2022 Kansas**

INDIVIDUAL ESTIMATED  
INCOME TAX VOUCHER

305



GRESHMA NARESH

NARE

7920 N MAC ARTHUR BL APT 2066  
IRVING TX 75063

852806940

Daytime Phone Number: 6097219298

Name or Address  
Change

- If married filing a joint return, include both names and Social Security numbers

- Make check or money order payable to: Kansas Individual Estimated Tax

**3**

**3RD QUARTER PAYMENT DUE BY SEPTEMBER 15, 2022**

Payment Amount \$ 316.00



182522NARE852806940XXXX0000000000

**NOTE:** If *any due* date falls on a Saturday, Sunday, or legal holiday, *substitute* the next regular workday.

**DO NOT SEND A PHOTOCOPY OF THIS VOUCHER**

or risk the chance of our automated system not capturing your data correctly.

**SEND THE ORIGINAL**

MAIL THIS VOUCHER TO:  
KANSAS DOR - ESTIMATED TAX  
P.O. BOX 3506  
TOPEKA, KS 66625-3506

REV 02/05/22 PRO

**K-40ES**

Rev. 7-21

**2022 Kansas**  
INDIVIDUAL ESTIMATE  
INCOME TAX VOUCHER

305



GRESHMA NARESH

NARE

7920 N MAC ARTHUR BL APT 2066  
IRVING TX 75063

852806940

Daytime Phone Number: 6097219298

Name or Address  
Change

- If married filing a joint return, include both names and Social Security numbers

- Make check or money order payable to: Kansas Individual Estimated Tax

**4**

**4TH QUARTER PAYMENT DUE BY JANUARY 15, 2023**

Payment Amount \$ 316.00

182522NARE852806940XXXX0000000000

# FORM K-40V INSTRUCTIONS

Type your name, address, Social Security number, and the first four letters of your last name in the spaces provided.

If you are filing a joint return, type your spouse's name, Social Security number, and first four letters of their last name in the spaces provided.

If your name or address information has changed since last year, be sure to mark the "Name or Address Change" box with "XX".

If you are paying for an amended return, mark the appropriate box with "XX".

If you are filing an extension of time to file your return, mark the appropriate box with "XX". Note that an extension of time is an extension to file, NOT an extension to pay.

Make your check or money order payable to "Kansas Income Tax" for the full amount of your tax due. Write the last 4 digits

of your Social Security number on your check or money order, ensure it contains a valid telephone number, and make it payable to "Kansas Income Tax."

If you are making a payment for someone else (i.e., daughter, son, parent), write that person's name, telephone number and the last 4 digits of their Social Security number on the check. DO NOT send cash. If payment is not made on or before **April 15, 2022**, the tax due is subject to penalty and interest.

**Do not attach** the payment voucher or payment to your return or to each other. **Place them loosely** in the envelope with your return. If you have already mailed your return, or you filed electronically and didn't pay electronically, mail your payment and the voucher to:

KANSAS INCOME TAX  
KANSAS DEPARTMENT OF REVENUE  
PO BOX 750260  
TOPEKA KS 66699-0260

**NOTE: If any due date falls on a Saturday, Sunday, or legal holiday, substitute the next regular work day.**

**K-40V**  
Rev. 7-21

**2021 Kansas**  
INDIVIDUAL INCOME  
PAYMENT VOUCHER

REV 02/05/22 PRO

305



GRESHMA NARESH

NARE

7920 N MAC ARTHUR BLVD APT 2066  
IRVING TX 75063

852806940

Daytime Phone Number: 6097219298

Name or Address  
Change

- If married filing a joint return, include both names and Social Security numbers

- Make check or money order payable to: Kansas Income Tax

Amended  
Return

Extension  
Payment

Payment  
Amount \$

1263.00

112221NARE852806940XXXX0000000000



GRESHMA NARESH 6097219298 NARE 852806940

7920 N MAC ARTHUR BLVD APT 2066  
IRVING TX 75063

Name or address has changed? Taxpayer or (spouse if filing joint) died during this tax year Taxpayer was engaged in commercial farming/fishing in 2021

**Amended Return:** Amended affects Kansas only Amended Federal tax return Adjustment by the IRS

**Filing Status:**  Single  Married Filing Joint (Even if only one had income)  Married Filing Separate  Head of Household (Do not check if filing joint return)

**Residency Status:** Resident  NonResident (Complete Sch S, Part B)  TX State of Legal Residence

Part-Year Resident (Complete Sch S, Part B) From 01012021 To 07302021

**Exemptions:** 1 Enter the total exemptions for you, your spouse (if applicable), and each person you claim as a dependent. If filing status above is Head of Household, add one exemption. 1 **Total Kansas exemptions**

In the following spaces, provide the requested information for all persons you claimed as dependents. **DO NOT include you or your spouse.** If additional space is needed, enclose a separate sheet, only after completing all nine lines below.

**Dependent Name - First, Middle and Last** **Date of Birth - MMDDYYYY** **Relationship** **SSN**

**Food Sales Tax Credit:** You must have been a Kansas resident for **ALL** of 2021. Complete this section to determine your qualifications and credit.

- A.** Had a dependent child who lived with you all year and was under the age of 18 all of 2021?
- B.** Were you (or spouse) 55 years of age or older all of 2021 (born prior to January 1, 1966)?
- C.** Were you (or spouse) totally and permanently disabled or blind all of 2021, regardless of age? If you answered NO to A, B, and C, **STOP HERE**, you do not qualify for this credit.
- D.** If you answered YES to A, B, or C, enter your FAGI from line 1 of this return. 0  
If Line D is more than \$30,615 **STOP HERE**, you do not qualify for this credit.
- E.** Number of exemptions claimed
- F.** Number of dependents that are 18 years of age or older (born on or before January 1, 2004)
- G.** Total qualifying exemptions (subtract line F from line E)
- H.** Food Sales Tax Credit (multiply line G by \$125). Enter result here and on line 18 of this form. 0

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|  |         |  |      |
|--|---------|--|------|
| 1. Federal adjusted gross income   | 94155   | 23. Estimated tax paid   | 0    |
| 2. Modifications   | 0       | 24. Amount paid with Kansas extension                                  | 0    |
| 3. Kansas adjusted gross income  | 94155   | 25. Refundable portion of earned income tax credit                     | 0    |
| 4. Standard or itemized deductions.<br>(If itemizing, complete KS Sch A) | 3500    | 26. Refundable portion of tax credits                                  | 0    |
| 5. Exemption allowance   | 2250    | 27. Payments remitted with original return                             | 0    |
| 6. Total deductions  | 5750    | 28. Overpayment from original return.<br>This figure is a subtraction. | 0    |
| 7. Taxable income  | 88405   | 29. Total refundable credits   | 187  |
| 8. Tax   | 4583    | 30. Underpayment   | 1263 |
| 9. Nonresident percentage  | 31.6436 | 31. Interest   | 0    |
| 10. Nonresident tax  | 1450    | 32. Penalty  | 0    |
| 11. KS tax on lump sum distributions                                     | 0       | 33. Estimated tax penalty  | 0    |
| 12. TOTAL INCOME TAX   | 1450    | 34. AMOUNT YOU OWE   | 1263 |
| 13. Credit for taxes paid to other states                                | 0       | 35. Overpayment  | 0    |
| 14. Credit for child and dependent care expenses                         | 0       | 36. CREDIT FORWARD   | 0    |
| 15. Other credits  | 0       | 37. Chickadee Checkoff   | 0    |
| 16. Subtotal   | 1450    | 38. Senior Citizens Meals On Wheels Contribution Program               | 0    |
| 17. Earned Income Credit   | 0       | 39. Breast Cancer Research Fund  | 0    |
| 18. Food Sales Tax Credit  | 0       | 40. Military Emergency Relief Fund                                     | 0    |
| 19. Tax balance after credits  | 1450    | 41. Kansas Hometown Heroes Fund  | 0    |
| 20. Use Tax Due (out of state and internet purchases)                    | 0       | 42. Kansas Creative Arts Industry Fund                                 | 0    |
| 21. Total Tax Balance  | 1450    | 43. Local School District Contribution Fund. School District Number    | 0    |
| 22. KS income tax withheld from W-2, 1099 or K-19                        | 187     | 44. REFUND   | 0    |

I authorize the Director of Taxation or the Director's designee to discuss my K-40 and any enclosures with my preparer.  
I declare under the penalties of perjury that to the best of my knowledge and belief this is a true, correct, and complete return.

|                               |                                  |                       |                   |                                       |                  |      |       |
|-------------------------------|----------------------------------|-----------------------|-------------------|---------------------------------------|------------------|------|-------|
| Taxpayer Signature (Required) | _____                            | Date                  | _____             | Spouse Signature (Required)           | _____            | Date | _____ |
| Preparer Signature (Required) | <u>SYAM PRIYA RAM SAGAR GUPT</u> | Preparer Phone Number | <u>6789659522</u> | Preparer PTIN, EIN, or SSN (Required) | <u>P02082703</u> |      |       |

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**PART A - MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME**

**ADDITIONS TO FEDERAL ADJUSTED GROSS INCOME:**

A1. State and municipal bond interest not specifically exempt from KS income tax (reduced by related expenses)

A5. Business interest expense carryforward deduction (I.R.C. § 163(J))

**A2. Contributions to all KPERS (Kansas Public Employee's Retirement Systems)**

A6. Other additions to FAGI (enclose list)

A3. Kansas Expensing Recapture (enclose applicable schedules)

A7. Total additions to FAGI (add lines A1 - A6)

A4. Low income student scholarship contribution (enclose Schedule K-70)

**SUBTRACTIONS FROM FEDERAL ADJUSTED GROSS INCOME:**

A8. Social Security benefits

A16. Global Intangible Low-Taxed Income (GILTI) (I.R.C. § 951A)

A9. KPERS lump sum distributions exempt from income tax

A17. Disallowed business interest deduction (I.R.C. § 163(J))

A10. Interest on U.S. Government obligations (reduced by related expenses)

A18. Disallowed business meal expenses (I.R.C. § 274)

A11. State or local income tax refund (if included in line 1 of Form K-40)

A19. Contributions to an ABLÉ savings account

A12. Retirement benefits specifically exempt from Kansas Income Tax

A20. Kansas Expensing Deduction (Enclose K-120EX)

A13. Military compensation of a nonresident servicemember (Non-Residents only)

A21. Other subtractions from FAGI (enclose list)

A14. Contributions to Learning Quest or other states' qualified tuition program

A22. Total subtractions from FAGI (add lines A8 through A21)

A15. Armed forces recruitment, sign-up, or retention bonus

**NET MODIFICATIONS:**

A23. Net modifications to FAGI (subtract line A22 from line A7). Enter total here and on line 2, Form K-40.

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**PART B - PART-YEAR RESIDENT/NONRESIDENT ALLOCATION**

| INCOME:   | Total From Federal Return: | Amount From Kansas Sources: |
|---|----------------------------|-----------------------------|
| B1. Wages, salaries, tips, etc  | 101525                     | 29794                       |
| B2. Interest and dividend income  | 36                         | 0                           |
| B3. Pensions, IRA distributions and annuities   | 0                          |                             |
| <b>Additional Income:</b><br><b>(Lines B4 - B12)</b>                                      |                            |                             |
| B4. Refunds of state and local income taxes   |                            |                             |
| B5. Alimony received  |                            |                             |
| B6. Business income or loss   |                            |                             |
| B7. Capital gain or loss  | 94                         | 0                           |
| B8. Other gains or losses   |                            |                             |
| B9. Rental real estate, royalties, partnerships,<br>S corps, trusts, estates, REMICS, etc | -7500                      | 0                           |
| B10. Farm income or loss  |                            |                             |
| B11. Unemployment compensation, taxable<br>social security benefits and other income      |                            |                             |
| B12. Total income from Kansas sources (Add lines B1 through B11)                          |                            | 29794                       |

| ADJUSTMENTS AND MODIFICATIONS TO KANSAS SOURCE INCOME: Total From Federal Return:   | Amount From Kansas Sources: |
|---|-----------------------------|
| B13. IRA Retirement Deductions  |                             |
| B14. Penalty on early withdrawal of savings   |                             |
| B15. Alimony paid   |                             |
| B16. Moving expenses for members of the armed forces  |                             |
| B17. Other federal adjustments  |                             |
| B18. Total federal adjustments to Kansas source income (Add lines B13 through B17)  |                             |
| B19. Kansas source income after federal adjustments (Subtract line B18 from line B12)   | 29794                       |
| B20. Net modifications from Part A that are applicable to Kansas source income  |                             |
| B21. Modified Kansas source income (Line B19 plus or minus line B20)  | 29794                       |
| B22. Kansas adjusted gross income (From line 3, Form K-40)  | 94155                       |
| B23. Nonresident allocation percentage (Divide line B21 by line B22 and round to the fourth decimal place: not to exceed 100.0000). Enter result here and on line 9 of Form K-40. | 31.6436                     |

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

Your first name and middle initial: GRESHMA
Last name: NARESH
Your social security number: 852-80-6940
If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number:

Home address (number and street). If you have a P.O. box, see instructions.
7920 N MAC ARTHUR BLVD
Apt. no.: 2066
City, town, or post office. If you have a foreign address, also complete spaces below.
IRVING
State: TX
ZIP code: 75063
Foreign country name:
Foreign province/state/county:
Foreign postal code:
Presidential Election Campaign: Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. [ ] You [ ] Spouse

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

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

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

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents. Includes instructions for dependents.

Main tax calculation table with 15 rows. Includes categories like Wages, salaries, tips, etc.; Tax-exempt interest; Qualified dividends; IRA distributions; Pensions and annuities; Social security benefits; Capital gain or (loss); Other income from Schedule 1; Adjustments to income; Standard deduction or itemized deductions; Charitable contributions; Qualified business income deduction; Taxable income. Total taxable income: 81,305.

|                                      |  |            |         |
|--------------------------------------|--|------------|---------|
| <b>16</b>                            | <b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____   | <b>16</b>  | 13,634. |
| <b>17</b>                            | Amount from Schedule 2, line 3   | <b>17</b>  |         |
| <b>18</b>                            | Add lines 16 and 17  | <b>18</b>  | 13,634. |
| <b>19</b>                            | Nonrefundable child tax credit or credit for other dependents from Schedule 8812   | <b>19</b>  |         |
| <b>20</b>                            | Amount from Schedule 3, line 8   | <b>20</b>  |         |
| <b>21</b>                            | Add lines 19 and 20  | <b>21</b>  |         |
| <b>22</b>                            | Subtract line 21 from line 18. If zero or less, enter -0-  | <b>22</b>  | 13,634. |
| <b>23</b>                            | Other taxes, including self-employment tax, from Schedule 2, line 21   | <b>23</b>  | 0.      |
| <b>24</b>                            | Add lines 22 and 23. This is your <b>total tax</b>   | <b>24</b>  | 13,634. |
| <b>25</b>                            | Federal income tax withheld from:  |            |         |
| <b>a</b>                             | Form(s) W-2  | <b>25a</b> | 17,592. |
| <b>b</b>                             | Form(s) 1099   | <b>25b</b> |         |
| <b>c</b>                             | Other forms (see instructions)   | <b>25c</b> |         |
| <b>d</b>                             | Add lines 25a through 25c  | <b>25d</b> | 17,592. |
| <b>26</b>                            | 2021 estimated tax payments and amount applied from 2020 return  | <b>26</b>  |         |
| <b>27a</b>                           | Earned income credit (EIC) <span style="float:right">No</span><br>Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/> | <b>27a</b> |         |
| <b>b</b>                             | Nontaxable combat pay election   | <b>27b</b> |         |
| <b>c</b>                             | Prior year (2019) earned income  | <b>27c</b> |         |
| <b>28</b>                            | Refundable child tax credit or additional child tax credit from Schedule 8812  | <b>28</b>  |         |
| <b>29</b>                            | American opportunity credit from Form 8863, line 8   | <b>29</b>  |         |
| <b>30</b>                            | Recovery rebate credit. See instructions   | <b>30</b>  |         |
| <b>31</b>                            | Amount from Schedule 3, line 15  | <b>31</b>  |         |
| <b>32</b>                            | Add lines 27a and 28 through 31. These are your <b>total other payments and refundable credits</b>   | <b>32</b>  |         |
| <b>33</b>                            | Add lines 25d, 26, and 32. These are your <b>total payments</b>  | <b>33</b>  | 17,592. |
| <b>Refund</b>                        | <b>34</b> If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>   | <b>34</b>  | 3,958.  |
|                                      | <b>35a</b> Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>   | <b>35a</b> | 3,958.  |
| Direct deposit?<br>See instructions. | <b>b</b> Routing number 071921891 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings   |            |         |
|                                      | <b>d</b> Account number 4657782439   |            |         |
|                                      | <b>36</b> Amount of line 34 you want <b>applied to your 2022 estimated tax</b>   | <b>36</b>  |         |
| <b>Amount You Owe</b>                | <b>37</b> <b>Amount you owe</b> . Subtract line 33 from line 24. For details on how to pay, see instructions   | <b>37</b>  |         |
|                                      | <b>38</b> Estimated tax penalty (see instructions)   | <b>38</b>  |         |

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

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

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

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

|   |      |                                      |   |
|---|------|--------------------------------------|---|
| Your signature  | Date | Your occupation<br>SOFTWARE ENGINEER | If the IRS sent you an Identity Protection PIN, enter it here (see inst.)         |
| Spouse's signature. If a joint return, <b>both</b> must sign. | Date | Spouse's occupation                  | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |

Phone no. (609) 721-9298 Email address GRESHMA.NARESH@GMAIL.COM

**Paid Preparer Use Only**

|  |   |                    |                             |   |
|--|---|--------------------|-----------------------------|---|
| Preparer's name<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM | Preparer's signature<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date<br>02/20/2022 | PTIN<br>P02082703           | Check if:<br><input type="checkbox"/> Self-employed |
| Firm's name<br>GLOBAL TAXES LLC                      | Firm's address<br>2530 Pebble Creek Ln Cumming GA 30041   |                    | Phone no.<br>(678) 965-9522 | Firm's EIN<br>30-1017196                            |

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**  
▶ **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

**2021**  
Attachment  
Sequence No. **01**

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

Your social security number  
852-80-6940

**Part I Additional Income**

|           |   |           |         |
|-----------|---|-----------|---------|
| <b>1</b>  | Taxable refunds, credits, or offsets of state and local income taxes . . . . .  | <b>1</b>  |         |
| <b>2a</b> | Alimony received . . . . .  | <b>2a</b> |         |
| <b>b</b>  | Date of original divorce or separation agreement (see instructions) ▶ _____   |           |         |
| <b>3</b>  | Business income or (loss). Attach Schedule C . . . . .  | <b>3</b>  |         |
| <b>4</b>  | Other gains or (losses). Attach Form 4797 . . . . .   | <b>4</b>  |         |
| <b>5</b>  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .   | <b>5</b>  | -7,500. |
| <b>6</b>  | Farm income or (loss). Attach Schedule F . . . . .  | <b>6</b>  |         |
| <b>7</b>  | Unemployment compensation . . . . .   | <b>7</b>  |         |
| <b>8</b>  | Other income:   |           |         |
| <b>a</b>  | Net operating loss . . . . .  | <b>8a</b> | ( )     |
| <b>b</b>  | Gambling income . . . . .   | <b>8b</b> |         |
| <b>c</b>  | Cancellation of debt . . . . .  | <b>8c</b> |         |
| <b>d</b>  | Foreign earned income exclusion from Form 2555 . . . . .  | <b>8d</b> | ( )     |
| <b>e</b>  | Taxable Health Savings Account distribution . . . . .   | <b>8e</b> |         |
| <b>f</b>  | Alaska Permanent Fund dividends . . . . .   | <b>8f</b> |         |
| <b>g</b>  | Jury duty pay . . . . .   | <b>8g</b> |         |
| <b>h</b>  | Prizes and awards . . . . .   | <b>8h</b> |         |
| <b>i</b>  | Activity not engaged in for profit income . . . . .   | <b>8i</b> |         |
| <b>j</b>  | Stock options . . . . .   | <b>8j</b> |         |
| <b>k</b>  | 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 . . . . . | <b>8k</b> |         |
| <b>l</b>  | Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .   | <b>8l</b> |         |
| <b>m</b>  | Section 951(a) inclusion (see instructions) . . . . .   | <b>8m</b> |         |
| <b>n</b>  | Section 951A(a) inclusion (see instructions) . . . . .  | <b>8n</b> |         |
| <b>o</b>  | Section 461(l) excess business loss adjustment . . . . .  | <b>8o</b> |         |
| <b>p</b>  | Taxable distributions from an ABLE account (see instructions) . . . . .   | <b>8p</b> |         |
| <b>z</b>  | Other income. List type and amount ▶ _____  | <b>8z</b> |         |
| <b>9</b>  | Total other income. Add lines 8a through 8z . . . . .   | <b>9</b>  |         |
| <b>10</b> | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .   | <b>10</b> | -7,500. |

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

Schedule 1 (Form 1040) 2021

**Part II Adjustments to Income**

|            |  |            |            |  |
|------------|--|------------|------------|--|
| <b>11</b>  | Educator expenses . . . . .  |            | <b>11</b>  |  |
| <b>12</b>  | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .  |            | <b>12</b>  |  |
| <b>13</b>  | Health savings account deduction. Attach Form 8889 . . . . .   |            | <b>13</b>  |  |
| <b>14</b>  | Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .  |            | <b>14</b>  |  |
| <b>15</b>  | Deductible part of self-employment tax. Attach Schedule SE . . . . .   |            | <b>15</b>  |  |
| <b>16</b>  | Self-employed SEP, SIMPLE, and qualified plans . . . . .   |            | <b>16</b>  |  |
| <b>17</b>  | Self-employed health insurance deduction . . . . .   |            | <b>17</b>  |  |
| <b>18</b>  | Penalty on early withdrawal of savings . . . . .   |            | <b>18</b>  |  |
| <b>19a</b> | Alimony paid . . . . .   |            | <b>19a</b> |  |
| <b>b</b>   | Recipient's SSN . . . . .  | ▶ _____    |            |  |
| <b>c</b>   | Date of original divorce or separation agreement (see instructions) ▶ _____  |            |            |  |
| <b>20</b>  | IRA deduction . . . . .  |            | <b>20</b>  |  |
| <b>21</b>  | Student loan interest deduction . . . . .  |            | <b>21</b>  |  |
| <b>22</b>  | Reserved for future use . . . . .  |            | <b>22</b>  |  |
| <b>23</b>  | Archer MSA deduction . . . . .   |            | <b>23</b>  |  |
| <b>24</b>  | Other adjustments:   |            |            |  |
| <b>a</b>   | Jury duty pay (see instructions) . . . . .   | <b>24a</b> |            |  |
| <b>b</b>   | Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit . . . . .                                       | <b>24b</b> |            |  |
| <b>c</b>   | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l . . . . .   | <b>24c</b> |            |  |
| <b>d</b>   | Reforestation amortization and expenses . . . . .  | <b>24d</b> |            |  |
| <b>e</b>   | Repayment of supplemental unemployment benefits under the Trade Act of 1974 . . . . .  | <b>24e</b> |            |  |
| <b>f</b>   | Contributions to section 501(c)(18)(D) pension plans . . . . .   | <b>24f</b> |            |  |
| <b>g</b>   | Contributions by certain chaplains to section 403(b) plans . . . . .   | <b>24g</b> |            |  |
| <b>h</b>   | Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) . . . . .  | <b>24h</b> |            |  |
| <b>i</b>   | Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations . . . . . | <b>24i</b> |            |  |
| <b>j</b>   | Housing deduction from Form 2555 . . . . .   | <b>24j</b> |            |  |
| <b>k</b>   | Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) . . . . .  | <b>24k</b> |            |  |
| <b>z</b>   | Other adjustments. List type and amount ▶ _____  | <b>24z</b> |            |  |
| <b>25</b>  | Total other adjustments. Add lines 24a through 24z . . . . .   |            | <b>25</b>  |  |
| <b>26</b>  | Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a . . . . .   |            | <b>26</b>  |  |



**SCHEDULE D**  
**(Form 1040)**

**Capital Gains and Losses**

OMB No. 1545-0074

**2021**

Attachment  
Sequence No. **12**

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**  
▶ **Go to [www.irs.gov/ScheduleD](http://www.irs.gov/ScheduleD) for instructions and the latest information.**  
▶ **Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.**

Name(s) shown on return  
GRESHMA NARESH

Your social security number  
852-80-6940

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

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

| See instructions for how to figure the amounts to enter on the lines below.<br>This form may be easier to complete if you round off cents to whole dollars.  | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part I,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|--|----------------------------------|---------------------------------|---|---|
| <b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . |                                  |                                 |   |   |
| <b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .   | 3,195.                           | 3,101.                          |   | 94.   |
| <b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .  |                                  |                                 |   |   |
| <b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .  |                                  |                                 |   |   |
| <b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .  |                                  |                                 |   | <b>4</b>  |
| <b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .   |                                  |                                 |   | <b>5</b>  |
| <b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .  |                                  |                                 |   | <b>6</b> ( )  |
| <b>7 Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .  |                                  |                                 |   | <b>7</b> 94.  |

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

| See instructions for how to figure the amounts to enter on the lines below.<br>This form may be easier to complete if you round off cents to whole dollars.   | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part II,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|---|----------------------------------|---------------------------------|--|---|
| <b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . |                                  |                                 |  |   |
| <b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .  |                                  |                                 |  |   |
| <b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .   |                                  |                                 |  |   |
| <b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .  |                                  |                                 |  |   |
| <b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .  |                                  |                                 |  | <b>11</b>   |
| <b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .  |                                  |                                 |  | <b>12</b>   |
| <b>13</b> Capital gain distributions. See the instructions . . . . .  |                                  |                                 |  | <b>13</b>   |
| <b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .  |                                  |                                 |  | <b>14</b> ( )   |
| <b>15 Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then, go to Part III on the back . . . . .   |                                  |                                 |  | <b>15</b>   |

**Part III Summary**

|           |  |           |     |
|-----------|--|-----------|-----|
| <b>16</b> | Combine lines 7 and 15 and enter the result . . . . .  | <b>16</b> | 94. |
|           | <ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li> </ul> |           |     |
| <b>17</b> | Are lines 15 and 16 <b>both</b> gains?<br><input type="checkbox"/> <b>Yes.</b> Go to line 18.<br><input checked="" type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.   |           |     |
| <b>18</b> | If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . ▶   | <b>18</b> |     |
| <b>19</b> | If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . . ▶   | <b>19</b> |     |
| <b>20</b> | Are lines 18 and 19 both zero or blank and are you not filing Form 4952?<br><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16. <b>Don't</b> complete lines 21 and 22 below.<br><br><input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.                |           |     |
| <b>21</b> | If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of:<br><ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } . . . . .</li> </ul>   | <b>21</b> | ( ) |
|           | <b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.  |           |     |
| <b>22</b> | Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?<br><br><input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16.<br><br><input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.   |           |     |

**SCHEDULE E  
(Form 1040)**

**Supplemental Income and Loss**

OMB No. 1545-0074

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

**2021**

Department of the Treasury  
Internal Revenue Service (99)

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

Attachment  
Sequence No. **13**

▶ Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

Name(s) shown on return

Your social security number

GRESHMA NARESH

852-80-6940

**Part I Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

**A** Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions . . . . .  Yes  No  
**B** If "Yes," did you or will you file required Form(s) 1099? . . . . .  Yes  No

|           |   |  |                  |                   |                          |
|-----------|---|--|------------------|-------------------|--------------------------|
| <b>1a</b> | Physical address of each property (street, city, state, ZIP code) |  |                  |                   |                          |
| <b>A</b>  | METTUGUDA SECUNDERABAD TELANGANA IN 500017                        |  |                  |                   |                          |
| <b>B</b>  |   |  |                  |                   |                          |
| <b>C</b>  |   |  |                  |                   |                          |
| <b>1b</b> | Type of Property (from list below)                                | <b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions. | Fair Rental Days | Personal Use Days | QJV                      |
| <b>A</b>  | 3   |  | <b>A</b> 365     | 0                 | <input type="checkbox"/> |
| <b>B</b>  |   |  | <b>B</b>         |                   | <input type="checkbox"/> |
| <b>C</b>  |   |  | <b>C</b>         |                   | <input type="checkbox"/> |

**Type of Property:**

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

| Income:          |   | Properties: |   | A       | B | C       |
|------------------|---|-------------|---|---------|---|---------|
| <b>3</b>         | Rents received . . . . .  | <b>3</b>    |   | 600.    |   |         |
| <b>4</b>         | Royalties received . . . . .  | <b>4</b>    |   |         |   |         |
| <b>Expenses:</b> |   |             |   |         |   |         |
| <b>5</b>         | Advertising . . . . .   | <b>5</b>    |   |         |   |         |
| <b>6</b>         | Auto and travel (see instructions) . . . . .  | <b>6</b>    |   |         |   |         |
| <b>7</b>         | Cleaning and maintenance . . . . .  | <b>7</b>    |   | 800.    |   |         |
| <b>8</b>         | Commissions. . . . .  | <b>8</b>    |   |         |   |         |
| <b>9</b>         | Insurance . . . . .   | <b>9</b>    |   |         |   |         |
| <b>10</b>        | Legal and other professional fees . . . . .   | <b>10</b>   |   |         |   |         |
| <b>11</b>        | Management fees . . . . .   | <b>11</b>   |   | 500.    |   |         |
| <b>12</b>        | Mortgage interest paid to banks, etc. (see instructions)  | <b>12</b>   |   |         |   |         |
| <b>13</b>        | Other interest. . . . .   | <b>13</b>   |   |         |   |         |
| <b>14</b>        | Repairs. . . . .  | <b>14</b>   |   | 2,000.  |   |         |
| <b>15</b>        | Supplies . . . . .  | <b>15</b>   |   | 1,800.  |   |         |
| <b>16</b>        | Taxes . . . . .   | <b>16</b>   |   |         |   |         |
| <b>17</b>        | Utilities. . . . .  | <b>17</b>   |   | 3,000.  |   |         |
| <b>18</b>        | Depreciation expense or depletion . . . . .   | <b>18</b>   |   |         |   |         |
| <b>19</b>        | Other (list) ▶ . . . . .  | <b>19</b>   |   |         |   |         |
| <b>20</b>        | Total expenses. Add lines 5 through 19 . . . . .  | <b>20</b>   |   | 8,100.  |   |         |
| <b>21</b>        | Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 . . . . .   | <b>21</b>   |   | -7,500. |   |         |
| <b>22</b>        | Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . .  | <b>22</b>   | ( | 7,500.) | ( | )       |
| <b>23a</b>       | Total of all amounts reported on line 3 for all rental properties . . . . .   | <b>23a</b>  |   | 600.    |   |         |
| <b>b</b>         | Total of all amounts reported on line 4 for all royalty properties . . . . .  | <b>23b</b>  |   |         |   |         |
| <b>c</b>         | Total of all amounts reported on line 12 for all properties . . . . .   | <b>23c</b>  |   |         |   |         |
| <b>d</b>         | Total of all amounts reported on line 18 for all properties . . . . .   | <b>23d</b>  |   |         |   |         |
| <b>e</b>         | Total of all amounts reported on line 20 for all properties . . . . .   | <b>23e</b>  |   | 8,100.  |   |         |
| <b>24</b>        | <b>Income.</b> Add positive amounts shown on line 21. Do not include any losses . . . . .   | <b>24</b>   |   |         |   |         |
| <b>25</b>        | <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .  | <b>25</b>   | ( | 7,500.) |   |         |
| <b>26</b>        | <b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . . | <b>26</b>   |   |         |   | -7,500. |

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2021



MISSOURI DEPARTMENT OF REVENUE

REV 02/05/22 PRO

2021 Individual Income Tax Payment Voucher (Form MO-1040V)

Please print. Make check payable to Missouri Department of Revenue. Mail Form MO-1040V and payment to the Missouri Department of Revenue, P.O. Box 371, Jefferson City, MO 65105-0371.

|  |       |          |
|--|-------|----------|
| Name   |       |          |
| GRESHMA NARESH   |       |          |
| Spouse's Name  |       |          |
|  |       |          |
| Street Address   |       |          |
| 7920 N MAC ARTHUR BLVD #2066   |       |          |
| City   | State | ZIP Code |
| IRVING   | TX    | 75063    |
| Full payment of taxes must be submitted by April 18, 2022 to avoid interest and additions to tax for failure to pay. If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically. |       |          |
| 1555 (12-2021)   |       |          |

Social Security Number 852 - 80 - 6940

Name Control NARE

Spouse's Social Security Number

Spouse's Name Control

Amount of Payment (U.S. funds only) \$ 78.00

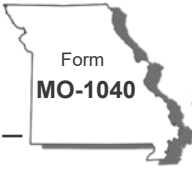


21347011555

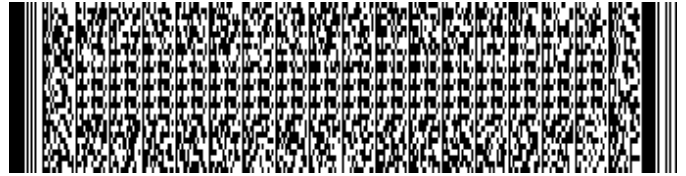
Department Use Only

Department Use Only

055 555 000000 8528069405 140118052 0000000000 21 000007800 8



MISSOURI DEPARTMENT OF  
**REVENUE**  
2021 Individual Income  
Tax Return - Long Form



For Calendar Year January 1 - December 31, 2021

Print in BLACK ink only and DO NOT STAPLE.

**Amended Return**     **Composite Return**  
(For use by S corporations or Partnerships)

**Federal Extension** - Select this box if you have an approved federal extension. Attach a copy Federal Extension (Form 4868).

If filing a fiscal year return enter the beginning and ending dates here.

Fiscal Year Beginning (MM/DD/YY)    Fiscal Year Ending (MM/DD/YY)

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
|--|--|--|--|--|--|

**Vendor Code**

1555

**Department Use Only**

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

**Filing Status**

**Single**     **Claimed as a Dependent**     **Married Filing Combined**     **Married Filing Separately**     **Head of Household**     **Qualifying Widow(er)**

Age 62 through 64    Age 65 or Older    Blind    100% Disabled    Non-Obligated Spouse

Yourself  Spouse     Yourself  Spouse     Yourself  Spouse     Yourself  Spouse     Yourself  Spouse

**Name**

|                        |                  |                                 |                  |
|------------------------|------------------|---------------------------------|------------------|
| Social Security Number | Deceased in 2021 | Spouse's Social Security Number | Deceased in 2021 |
| 852 - 80 - 6940        |                  |                                 |                  |
| First Name             | M.I.             | Last Name                       | Suffix           |
| GRESHMA                |                  | NARESH                          |                  |
| Spouse's First Name    | M.I.             | Spouse's Last Name              | Suffix           |
|                        |                  |                                 |                  |

In Care Of Name (Attorney, Executor, Personal Representative, etc.)

**Address**

Present Address (Include Apartment Number or Rural Route)

7920 N MAC ARTHUR BLVD APT 2066

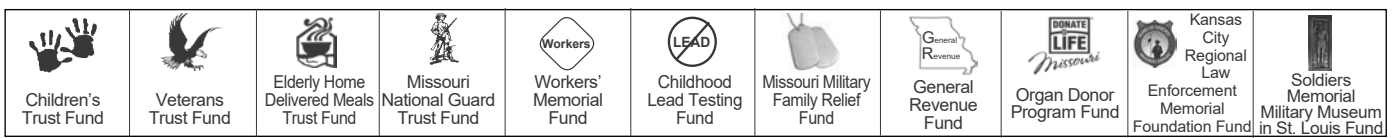
City, Town, or Post Office    State    ZIP Code

IRVING    TX    75063 -

County of Residence

NONR

You may contribute to any one or all of the trust funds on Line 48. See pages 11-12 of the instructions for more trust fund information.



Income

|   | Yourself (Y) |           | Spouse (S) |     |
|---|--------------|-----------|------------|-----|
| 1. Federal adjusted gross income from federal return<br>(see worksheet on page 7 of the instructions) . . . . . | 1Y           | 94155 .00 | 1S         | .00 |
| 2. Total additions (from <b>Form MO-A</b> , Part 1, Line 7) . . . . .   | 2Y           | .00       | 2S         | .00 |
| 3. Total income - Add Lines 1 and 2. . . . .  | 3Y           | 94155 .00 | 3S         | .00 |
| 4. Total subtractions (from Form MO-A, Part 1, Line 18) . . . . .   | 4Y           | .00       | 4S         | .00 |
| 5. Missouri adjusted gross income - Subtract Line 4 from Line 3. . . . .  | 5Y           | 94155 .00 | 5S         | .00 |
| 6. Total Missouri adjusted gross income - Add columns 5Y and 5S . . . . .                                       | 6            | 94155 .00 |            |     |
| 7. Income percentages - Divide columns 5Y and 5S by total on<br>Line 6. (Must equal 100%) . . . . .             | 7Y           | 100 %     | 7S         | %   |

Exemptions and Deductions

|   |    |           |
|---|----|-----------|
| 8. Pension, Social Security and Social Security Disability exemption (from Form MO-A, Part 3, Section D) . . . . .  | 8  | .00       |
| 9. Tax from federal return . . . . .  | 9  | 13634 .00 |
| 10. Other tax from federal return. . . . .  | 10 | .00       |
| 11. Total tax from federal return. Do not enter federal income tax withheld. . . . .  | 11 | 13634 .00 |
| 12. Federal tax percentage – Enter the percentage based on your Missouri Adjusted Gross Income, Line 6. Use the chart below to find your percentage . . . . . | 12 | 15.00 %   |

Missouri Adjusted Gross Income Range, Line 6: Federal Tax Percentage:

|                                  |     |
|----------------------------------|-----|
| \$25,000 or less . . . . .       | 35% |
| \$25,001 to \$50,000 . . . . .   | 25% |
| \$50,001 to \$100,000 . . . . .  | 15% |
| \$100,001 to \$125,000 . . . . . | 5%  |
| \$125,001 or more . . . . .      | 0%  |

|   |    |           |
|---|----|-----------|
| 13. Federal income tax deduction – Multiply Line 11 by the percentage on Line 12. Enter this amount not to exceed \$5,000 for an individual or \$10,000 for combined filers. . . . .  | 13 | 2045 .00  |
| 14. Missouri standard deduction or itemized deductions. (If itemizing, See Form MO-A, Part 2)<br>• Single or Married Filing Separate-\$12,550      • Head of Household-\$18,800<br>• Married Filing Combined or Qualifying Widow(er)-\$25,100<br>Note: If age 65 or older, blind, or claimed as a dependent, see page 8 . . . . . | 14 | 12550 .00 |
| 15. Long-term care insurance deduction . . . . .  | 15 | .00       |
| 16. Health care sharing ministry deduction. . . . .   | 16 | .00       |
| 17. Active Duty Military income deduction . . . . .   | 17 | .00       |
| 18. Inactive Duty Military income deduction . . . . .   | 18 | .00       |
| 19. Bring jobs home deduction . . . . .   | 19 | .00       |
| 20. Transportation facilities deduction . . . . .   | 20 | .00       |

A. Port Cargo Expansion     B. International Trade Facility     C. Qualified Trade Activities



Deductions Continued

|  |     |                      |    |                      |     |                      |     |
|--|-----|----------------------|----|----------------------|-----|----------------------|-----|
| 21. First Time Home Buyers deduction.  | A.  | <input type="text"/> | B. | <input type="text"/> | 21  | <input type="text"/> | .00 |
| 22. Long Term Dignity Savings Account Deduction.....                           |     |                      |    |                      | 22  | <input type="text"/> | .00 |
| 23. Total deductions - Add Lines 8 and 13 through 22.....                      |     |                      |    |                      | 23  | 14595                | .00 |
| 24. Subtotal - Subtract Line 23 from Line 6.....                               |     |                      |    |                      | 24  | 79560                | .00 |
| 25. Multiply Line 24 by appropriate percentages (%) on<br>Lines 7Y and 7S..... | 25Y | 79560                |    |                      | 25S | <input type="text"/> | .00 |
| 26. Enterprise zone or rural empowerment zone income<br>modification.....      | 26Y | <input type="text"/> |    |                      | 26S | <input type="text"/> | .00 |

Tax

|  |     |                      |   |  |     |                      |     |
|--|-----|----------------------|---|--|-----|----------------------|-----|
| 27. Taxable income - Subtract Line 26 from Line 25.....  | 27Y | 79560                |   |  | 27S | <input type="text"/> | .00 |
| 28. Tax (see tax chart on page 26 of the instructions),.....   | 28Y | 4109                 |   |  | 28S | <input type="text"/> | .00 |
| 29. Resident credit - Attach <b>Form MO-CR</b> and other states'<br>income tax return(s).....  | 29Y | <input type="text"/> |   |  | 29S | <input type="text"/> | .00 |
| 30. Missouri income percentage - Enter 100% unless you are<br>completing <b>Form MO-NRI</b> . Attach Form MO-NRI and a<br>copy of your federal return if less than 100%.....   | 30Y | 40                   | % |  | 30S | <input type="text"/> | %   |
| 31. Balance - Subtract Line 29 from Line 28; OR<br>multiply Line 28 by percentage on Line 30.....  | 31Y | 1644                 |   |  | 31S | <input type="text"/> | .00 |
| 32. Other taxes - Select box and attach federal form indicated.<br><br><input type="checkbox"/> Lump sum distribution (Form 4972)<br><br><input type="checkbox"/> Recapture of low income housing credit (Form 8611) | 32Y | <input type="text"/> |   |  | 32S | <input type="text"/> | .00 |
| 33. Subtotal - Add Lines 31 and 32.....  | 33Y | 1644                 |   |  | 33S | <input type="text"/> | .00 |
| 34. Total Tax - Add Lines 33Y and 33S.....   |     |                      |   |  | 34  | 1644                 | .00 |

Payments and Credits

|  |    |                      |  |  |  |     |
|--|----|----------------------|--|--|--|-----|
| 35. MISSOURI tax withheld - Attach Forms W-2 and 1099.....   | 35 | 1566                 |  |  |  | .00 |
| 36. 2021 Missouri estimated tax payments - Include overpayment from 2020 applied to 2021.....  | 36 | <input type="text"/> |  |  |  | .00 |
| 37. Missouri tax payments for nonresident partners or S corporation shareholders - Attach Forms<br><b>MO-2NR</b> and <b>MO-NRP</b> ..... | 37 | <input type="text"/> |  |  |  | .00 |
| 38. Missouri tax payments for nonresident entertainers - Attach <b>Form MO-2ENT</b> .....  | 38 | <input type="text"/> |  |  |  | .00 |
| 39. Amount paid with Missouri extension of time to file ( <b>Form MO-60</b> ).....   | 39 | <input type="text"/> |  |  |  | .00 |
| 40. Miscellaneous tax credits (from <b>Form MO-TC</b> , Line 13) - Attach Form MO-TC.....  | 40 | <input type="text"/> |  |  |  | .00 |
| 41. Property tax credit - Attach <b>Form MO-PTS</b> .....  | 41 | <input type="text"/> |  |  |  | .00 |
| 42. Total payments and credits - Add Lines 35 through 41.....  | 42 | 1566                 |  |  |  | .00 |



21322031555

**Skip Lines 43 through 45 if you are not filing an amended return.**

43. Amount paid on original return. . . . . 43  . 00

44. Overpayment as shown (or adjusted) on original return . . . . . 44  . 00

**Indicate Reason for Amending**

A. Federal audit. . . . . Enter date of IRS report (MM/DD/YY)  
 B. Net Operating Loss carryback . . . . . Enter year of loss (YY)  
 C. Investment tax credit carryback . . . . . Enter year of credit (YY)  
 D. Correction other than A, B, or C. . . . . Enter date of federal amended return, if filed. (MM/DD/YY)

45. Amended return total payments and credits - Add Lines 42 and 43; subtract Line 44.  
 Enter on Line 45. . . . . 45  . 00

46. If Line 42, or if amended return, Line 45, is larger than Line 34, enter the difference.  
 Amount of OVERPAYMENT . . . . . 46  . 00

47. Amount of Line 46 to be applied to your 2022 estimated tax . . . . . 47  . 00

48. Enter the amount of your donation in the trust fund boxes below. See instructions for additional trust fund codes.

48a. Children's Trust Fund  . 00    48b. Veterans Trust Fund  . 00    48c. Elderly Home Delivered Meals Trust Fund  . 00    48d. Missouri National Guard Trust Fund  . 00

48e. Workers' Memorial Fund  . 00    48f. Childhood Lead Testing Fund  . 00    48g. Missouri Military Family Relief Fund  . 00    48h. General Revenue Fund  . 00

48i. Organ Donor Program Fund  . 00    48j. Kansas City Regional Law Enforcement Memorial Foundation Fund  . 00    48k. Soldiers Memorial Military Museum in St. Louis Fund  . 00

48l. Additional Fund Code  Additional Fund Amount  . 00    48m. Additional Fund Code  Additional Fund Amount  . 00

Total Donation - Add amounts from Boxes 48a through 48m and enter here . . . . . 48  . 00

49. Amount of Line 46 to be deposited into a Missouri 529 Education Plan (MOST) account. Enter the total deposit amount from **Form 5632**. . . . . 49  . 00

50. **REFUND** - Subtract Lines 47, 48, and 49 from Line 46 and enter here . . . . . 50  . 00

Reserved





Amount Due

51. If Line 34 is larger than Line 42 or Line 45, enter the difference.  
 Amount of UNDERPAYMENT . . . . .

52. Underpayment of estimated tax penalty - Attach **Form MO-2210**. Enter penalty amount here . . .

Select this box if you are a farmer exempt from the underpayment of estimated tax penalty.

53. **AMOUNT DUE** - Add Lines 51 and 52.  
 If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically . . . . .

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. By signing or entering my name in the "Signature" field(s) below, I am providing the Department of Revenue with my signature as required under **Section 143.561, RSMo**. Declaration of preparer (other than taxpayer) is based on all information of which he or she has knowledge. As provided in **Chapter 143, RSMo**, a penalty of up to \$500 shall be imposed on any individual who files a frivolous return. I also declare under penalties of perjury that I employ no illegal or unauthorized aliens as defined under federal law and that I am not eligible for any tax exemption, credit, or abatement if I employ such aliens.

Signature

|   |  |  |  |                      |   |                                 |                                    |
|---|--|--|--|----------------------|---|---------------------------------|------------------------------------|
| Signature   | <input type="text"/>   |  |  | Date (MM/DD/YY)      | <input type="text"/>                    | <input type="text"/>            | <input type="text"/>               |
| Spouse's Signature (If filing combined, BOTH must sign) | <input type="text"/>   |  |  | Date (MM/DD/YY)      | <input type="text"/>                    | <input type="text"/>            | <input type="text"/>               |
| E-mail Address  | <input type="text" value="SYAM@GTAXFILE.COM"/>                 |  |  | Daytime Telephone    | <input type="text" value="6097219298"/> |                                 |                                    |
| Preparer's Signature                                    | <input type="text" value="SYAM PRIYA RAM SAGAR GUPTA TALLAM"/> |  |  | Date (MM/DD/YY)      | <input type="text" value="02"/>         | <input type="text" value="20"/> | <input type="text" value="22"/>    |
| Preparer's FEIN, SSN, or PTIN                           | <input type="text" value="30-1017196"/>                        |  |  | Preparer's Telephone | <input type="text" value="6789659522"/> |                                 |                                    |
| Preparer's Address                                      | <input type="text" value="2530 PEBBLE CREEK LN CUMMING"/>      |  |  | State                | <input type="text" value="GA"/>         | ZIP Code                        | <input type="text" value="30041"/> |

I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of the preparer's firm . . . . .  Yes  No

Did you pay a tax return preparer to complete your return, but the preparer failed to sign the return or provide an Internal Revenue Service preparer tax identification number? If you marked yes, please insert the preparer's name, address, and phone number in the applicable sections of the signature block above. . . . .  Yes  No



21322051555

**Department Use Only**

A     FA     E10     DE     F   

Form MO-1040 (Revised 12-2021)

**Mail to: Balance Due:**  
 Missouri Department of Revenue  
 P.O. Box 329  
 Jefferson City, MO 65105-0329

**Refund or No Amount Due:**  
 Missouri Department of Revenue  
 P.O. Box 500  
 Jefferson City, MO 65105-0500

**Fax:** (573) 522-1762  
**Email:** [income@dor.mo.gov](mailto:income@dor.mo.gov)



**Phone:** (573) 751-7200

**Phone:** (573) 751-3505

**Ever served on active duty in the United States Armed Forces?**

If yes, visit [dor.mo.gov/military/](http://dor.mo.gov/military/) to see the services and benefits we offer to all eligible military individuals. A list of all state agency resources and benefits can be found at [veteranbenefits.mo.gov/state-benefits/](http://veteranbenefits.mo.gov/state-benefits/).

Visit [dor.mo.gov/taxation/individual/tax-types/income/](http://dor.mo.gov/taxation/individual/tax-types/income/) for additional information.



**Resident/Nonresident Status - Select your status in the appropriate box below.**

Social Security Number

852 - 80 - 6940

Name

NARESH, GRESHMA

Address

7920 N MAC ARTHUR BLVD APT 2066

City, State, ZIP Code

IRVING TX 75063

- 1. Nonresident of Missouri  
State of residence during 2021 TEXAS
- Remote Work (See instructions on Form MO-NRI, page 3)
- 2. Part-Year Missouri Resident  
 Remote Work (See instructions on Form MO-NRI, page 3)

Indicate the dates you were a Missouri Resident in 2021.

- A. Date From: \_\_\_\_\_ Date To: \_\_\_\_\_
- B. Indicate the other state of residence and dates you resided there \_\_\_\_\_  
Date From: \_\_\_\_\_ Date To: \_\_\_\_\_

Spouse's Social Security Number

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Spouse's Name

\_\_\_\_\_

Address

\_\_\_\_\_

City, State, ZIP Code

\_\_\_\_\_

- 1. Nonresident of Missouri  
State of residence during 2021 \_\_\_\_\_
- Remote Work (See instructions on Form MO-NRI, page 3)
- 2. Part-Year Missouri Resident  
 Remote Work (See instructions on Form MO-NRI, page 3)

Indicate the dates you were a Missouri Resident in 2021.

- A. Date From: \_\_\_\_\_ Date To: \_\_\_\_\_
- B. Indicate the other state of residence and dates you resided there \_\_\_\_\_  
Date From: \_\_\_\_\_ Date To: \_\_\_\_\_

Part A

Based on the **Military Spouse's Residency Relief Act**, if you are the spouse of a military servicemember residing outside of Missouri solely because your spouse is there on military orders, and Missouri is your state of residence, any income you earn is taxable to Missouri. **Do not complete Form MO-NRI.** You must report 100% on Line 30 of Form MO-1040.

- 3. Military/Nonresident Tax Status - Indicate your tax status below and complete Part C - Missouri Income Percentage.
  - Missouri Home of Record  
I did not at any time during the tax year 2021 maintain a permanent place of abode in Missouri, nor did I spend more than 30 days in Missouri during the year. I did maintain a permanent place of abode in the state of \_\_\_\_\_.
  - Non-Missouri Home of Record  
I resided in Missouri during 2021 solely because my spouse or I was stationed at \_\_\_\_\_ on military orders. My home of record is in the state of \_\_\_\_\_.

- 3. Military/Nonresident Tax Status - Indicate your tax status below and complete Part C - Missouri Income Percentage.
  - Missouri Home of Record  
I did not at any time during the tax year 2021 maintain a permanent place of abode in Missouri, nor did I spend more than 30 days in Missouri during the year. I did maintain a permanent place of abode in the state of \_\_\_\_\_.
  - Non-Missouri Home of Record  
I resided in Missouri during 2021 solely because my spouse or I was stationed at \_\_\_\_\_ on military orders. My home of record is in the state of \_\_\_\_\_.

**Worksheet for Missouri Source Income**

Part B

| Adjusted Gross<br>Income Computations  | Federal Form<br>1040 or Federal<br>Form 1040-SR<br>Line No. | Yourself or<br>One Income Filer |           | Spouse (On A<br>Combined Return) |     |
|--|---|---------------------------------|-----------|----------------------------------|-----|
|  |   | Missouri Sources                |           | Missouri Sources                 |     |
| A. Wages, salaries, tips, etc. ....  | 1   | A                               | 75264 .00 | A                                | .00 |
| B. Taxable interest income. ....   | 2b  | B                               | .00       | B                                | .00 |
| C. Dividend income. ....   | 3b  | C                               | 0 .00     | C                                | .00 |
| D. State and local income tax refunds (from schedule 1, part 1) . . . . .  | 1   | D                               | .00       | D                                | .00 |
| E. Alimony received (from schedule 1, part 1) . . . . .  | 2a  | E                               | .00       | E                                | .00 |
| F. Business income or (loss) (from schedule 1, part 1) . . . . .   | 3   | F                               | .00       | F                                | .00 |
| G. Capital gain or (loss) . . . . .  | 7   | G                               | 0 .00     | G                                | .00 |
| H. Other gains or (losses) (from schedule 1, part 1) . . . . .   | 4   | H                               | .00       | H                                | .00 |
| I. Taxable IRA distributions . . . . .   | 4b  | I                               | .00       | I                                | .00 |
| J. Taxable pensions and annuities . . . . .  | 5b  | J                               | .00       | J                                | .00 |
| K. Rents, royalties, partnerships, S corporations, etc. (from schedule 1, part 1) . . . . .  | 5   | K                               | 0 .00     | K                                | .00 |
| L. Farm income or (loss) (from schedule 1, part 1) . . . . .   | 6   | L                               | .00       | L                                | .00 |
| M. Unemployment compensation (from schedule 1, part 1) . . . . .   | 7   | M                               | .00       | M                                | .00 |
| N. Taxable social security benefits . . . . .  | 6b  | N                               | .00       | N                                | .00 |
| O. Other income (from schedule 1, part 1) . . . . .  | 9   | O                               | .00       | O                                | .00 |
| P. Total - Add Lines A through O . . . . .   |   | P                               | 75264 .00 | P                                | .00 |
| Q. Less: federal adjustments to income . . . . .   | 10  | Q                               | .00       | Q                                | .00 |
| R. SUBTOTAL (Line P - Line Q) If no modifications to income,<br>enter this amount on Part C, Line 1. . . . .                         | 11  | R                               | 75264 .00 | R                                | .00 |
| S. Missouri modifications - additions to federal adjusted gross income<br>(Missouri source from Form MO-1040, Line 2) . . . . .      |   | S                               | .00       | S                                | .00 |
| T. Missouri modifications - subtractions from federal adjusted gross income<br>(Missouri source from Form MO-1040, Line 4) . . . . . |   | T                               | .00       | T                                | .00 |
| U. MISSOURI INCOME (Missouri sources) Line R plus Line S, less<br>Line T. Enter this amount on Part C, Line 1. . . . .               |   | U                               | .00       | U                                | .00 |

**Missouri Income Percentage**

Part C

|  | Yourself or<br>One Income Filer |           | Spouse<br>(On A Combined Return) |     |
|--|---------------------------------|-----------|----------------------------------|-----|
| 1. <b>Missouri Income</b> - Enter wages, salaries, etc. from Missouri. (You must file a Missouri return if the amount on this line is more than \$600) . . . . .   | 1Y                              | 37632 .00 | 1S                               | .00 |
| 2. Taxpayer's total adjusted gross income (from Form MO-1040, Lines 5Y and 5S or from your federal form if you are a military nonresident and you are not required to file a Missouri return) . . . . .  | 2Y                              | 94155 .00 | 2S                               | .00 |
| 3. <b>Missouri Income Percentage</b> - Divide Line 1 by Line 2. If greater than 100%, enter 100%. (Round to a whole percent such as 91% instead of 90.5% and 90% instead of 90.4%. However, if percentage is less than 0.5%, use the exact percentage.) Enter percentage here and on Form MO-1040, Lines 30Y and 30S . . . . . | 3Y                              | 40 %      | 3S                               | %   |

Under penalties of perjury, I declare that I have examined this form and to the best of my knowledge and believe it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which he/she has any knowledge. As provided in Chapter 143, RSMo, a penalty of up to \$500 shall be imposed on any individual who files a frivolous return.

Signature

Signature  Date (MM/DD/YY)

Spouse's Signature (if filing combined, BOTH must sign)  Date (MM/DD/YY)

**Ever served on active duty in the United States Armed Forces?**

If yes, visit [dor.mo.gov/military/](http://dor.mo.gov/military/) to see the services and benefits we offer to all eligible military individuals. A list of all state agency resources and benefits can be found at [veteranbenefits.mo.gov/state-benefits/](http://veteranbenefits.mo.gov/state-benefits/).

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

Your first name and middle initial: GRESHMA
Last name: NARESH
Your social security number: 852-80-6940
If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number:

Home address (number and street). If you have a P.O. box, see instructions.
7920 N MAC ARTHUR BLVD
Apt. no.: 2066
City, town, or post office. If you have a foreign address, also complete spaces below.
IRVING
State: TX
ZIP code: 75063
Foreign country name:
Foreign province/state/county:
Foreign postal code:
Presidential Election Campaign: [ ] You [ ] Spouse

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

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

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

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents. Includes instructions for dependents.

Main tax calculation table with 15 rows. Includes categories like Wages, salaries, tips, etc.; Tax-exempt interest; Qualified dividends; IRA distributions; Pensions and annuities; Social security benefits; Capital gain or (loss); Other income from Schedule 1; Adjustments to income; Standard deduction or itemized deductions; Charitable contributions; Qualified business income deduction; Taxable income.

|                                      |  |            |         |
|--------------------------------------|--|------------|---------|
| <b>16</b>                            | <b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____   | <b>16</b>  | 13,634. |
| <b>17</b>                            | Amount from Schedule 2, line 3   | <b>17</b>  |         |
| <b>18</b>                            | Add lines 16 and 17  | <b>18</b>  | 13,634. |
| <b>19</b>                            | Nonrefundable child tax credit or credit for other dependents from Schedule 8812   | <b>19</b>  |         |
| <b>20</b>                            | Amount from Schedule 3, line 8   | <b>20</b>  |         |
| <b>21</b>                            | Add lines 19 and 20  | <b>21</b>  |         |
| <b>22</b>                            | Subtract line 21 from line 18. If zero or less, enter -0-  | <b>22</b>  | 13,634. |
| <b>23</b>                            | Other taxes, including self-employment tax, from Schedule 2, line 21   | <b>23</b>  | 0.      |
| <b>24</b>                            | Add lines 22 and 23. This is your <b>total tax</b>   | <b>24</b>  | 13,634. |
| <b>25</b>                            | Federal income tax withheld from:  |            |         |
| <b>a</b>                             | Form(s) W-2  | <b>25a</b> | 17,592. |
| <b>b</b>                             | Form(s) 1099   | <b>25b</b> |         |
| <b>c</b>                             | Other forms (see instructions)   | <b>25c</b> |         |
| <b>d</b>                             | Add lines 25a through 25c  | <b>25d</b> | 17,592. |
| <b>26</b>                            | 2021 estimated tax payments and amount applied from 2020 return  | <b>26</b>  |         |
| <b>27a</b>                           | Earned income credit (EIC) <span style="float:right">No</span><br>Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/> | <b>27a</b> |         |
| <b>b</b>                             | Nontaxable combat pay election   | <b>27b</b> |         |
| <b>c</b>                             | Prior year (2019) earned income  | <b>27c</b> |         |
| <b>28</b>                            | Refundable child tax credit or additional child tax credit from Schedule 8812  | <b>28</b>  |         |
| <b>29</b>                            | American opportunity credit from Form 8863, line 8   | <b>29</b>  |         |
| <b>30</b>                            | Recovery rebate credit. See instructions   | <b>30</b>  |         |
| <b>31</b>                            | Amount from Schedule 3, line 15  | <b>31</b>  |         |
| <b>32</b>                            | Add lines 27a and 28 through 31. These are your <b>total other payments and refundable credits</b>   | <b>32</b>  |         |
| <b>33</b>                            | Add lines 25d, 26, and 32. These are your <b>total payments</b>  | <b>33</b>  | 17,592. |
| <b>Refund</b>                        | <b>34</b> If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>   | <b>34</b>  | 3,958.  |
|                                      | <b>35a</b> Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>   | <b>35a</b> | 3,958.  |
| Direct deposit?<br>See instructions. | <b>b</b> Routing number 071921891 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings   |            |         |
|                                      | <b>d</b> Account number 4657782439   |            |         |
|                                      | <b>36</b> Amount of line 34 you want <b>applied to your 2022 estimated tax</b>   | <b>36</b>  |         |
| <b>Amount You Owe</b>                | <b>37</b> <b>Amount you owe</b> . Subtract line 33 from line 24. For details on how to pay, see instructions   | <b>37</b>  |         |
|                                      | <b>38</b> Estimated tax penalty (see instructions)   | <b>38</b>  |         |

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

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

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

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

|   |      |                                      |   |
|---|------|--------------------------------------|---|
| Your signature  | Date | Your occupation<br>SOFTWARE ENGINEER | If the IRS sent you an Identity Protection PIN, enter it here (see inst.)         |
| Spouse's signature. If a joint return, <b>both</b> must sign. | Date | Spouse's occupation                  | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |

Phone no. (609) 721-9298 Email address GRESHMA.NARESH@GMAIL.COM

**Paid Preparer Use Only**

|  |   |                    |                             |   |
|--|---|--------------------|-----------------------------|---|
| Preparer's name<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM | Preparer's signature<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date<br>02/20/2022 | PTIN<br>P02082703           | Check if:<br><input type="checkbox"/> Self-employed |
| Firm's name<br>GLOBAL TAXES LLC                      | Firm's address<br>2530 Pebble Creek Ln Cumming GA 30041   |                    | Phone no.<br>(678) 965-9522 | Firm's EIN<br>30-1017196                            |

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**  
▶ **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

**2021**  
Attachment  
Sequence No. **01**

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

Your social security number  
852-80-6940

**Part I Additional Income**

|           |   |           |         |
|-----------|---|-----------|---------|
| <b>1</b>  | Taxable refunds, credits, or offsets of state and local income taxes . . . . .  | <b>1</b>  |         |
| <b>2a</b> | Alimony received . . . . .  | <b>2a</b> |         |
| <b>b</b>  | Date of original divorce or separation agreement (see instructions) ▶ _____   |           |         |
| <b>3</b>  | Business income or (loss). Attach Schedule C . . . . .  | <b>3</b>  |         |
| <b>4</b>  | Other gains or (losses). Attach Form 4797 . . . . .   | <b>4</b>  |         |
| <b>5</b>  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .   | <b>5</b>  | -7,500. |
| <b>6</b>  | Farm income or (loss). Attach Schedule F . . . . .  | <b>6</b>  |         |
| <b>7</b>  | Unemployment compensation . . . . .   | <b>7</b>  |         |
| <b>8</b>  | Other income:   |           |         |
| <b>a</b>  | Net operating loss . . . . .  | <b>8a</b> | ( )     |
| <b>b</b>  | Gambling income . . . . .   | <b>8b</b> |         |
| <b>c</b>  | Cancellation of debt . . . . .  | <b>8c</b> |         |
| <b>d</b>  | Foreign earned income exclusion from Form 2555 . . . . .  | <b>8d</b> | ( )     |
| <b>e</b>  | Taxable Health Savings Account distribution . . . . .   | <b>8e</b> |         |
| <b>f</b>  | Alaska Permanent Fund dividends . . . . .   | <b>8f</b> |         |
| <b>g</b>  | Jury duty pay . . . . .   | <b>8g</b> |         |
| <b>h</b>  | Prizes and awards . . . . .   | <b>8h</b> |         |
| <b>i</b>  | Activity not engaged in for profit income . . . . .   | <b>8i</b> |         |
| <b>j</b>  | Stock options . . . . .   | <b>8j</b> |         |
| <b>k</b>  | 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 . . . . . | <b>8k</b> |         |
| <b>l</b>  | Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .   | <b>8l</b> |         |
| <b>m</b>  | Section 951(a) inclusion (see instructions) . . . . .   | <b>8m</b> |         |
| <b>n</b>  | Section 951A(a) inclusion (see instructions) . . . . .  | <b>8n</b> |         |
| <b>o</b>  | Section 461(l) excess business loss adjustment . . . . .  | <b>8o</b> |         |
| <b>p</b>  | Taxable distributions from an ABLE account (see instructions) . . . . .   | <b>8p</b> |         |
| <b>z</b>  | Other income. List type and amount ▶ _____  | <b>8z</b> |         |
| <b>9</b>  | Total other income. Add lines 8a through 8z . . . . .   | <b>9</b>  |         |
| <b>10</b> | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .   | <b>10</b> | -7,500. |

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

**Part II Adjustments to Income**

|            |  |            |            |  |
|------------|--|------------|------------|--|
| <b>11</b>  | Educator expenses . . . . .  |            | <b>11</b>  |  |
| <b>12</b>  | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .  |            | <b>12</b>  |  |
| <b>13</b>  | Health savings account deduction. Attach Form 8889 . . . . .   |            | <b>13</b>  |  |
| <b>14</b>  | Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .  |            | <b>14</b>  |  |
| <b>15</b>  | Deductible part of self-employment tax. Attach Schedule SE . . . . .   |            | <b>15</b>  |  |
| <b>16</b>  | Self-employed SEP, SIMPLE, and qualified plans . . . . .   |            | <b>16</b>  |  |
| <b>17</b>  | Self-employed health insurance deduction . . . . .   |            | <b>17</b>  |  |
| <b>18</b>  | Penalty on early withdrawal of savings . . . . .   |            | <b>18</b>  |  |
| <b>19a</b> | Alimony paid . . . . .   |            | <b>19a</b> |  |
| <b>b</b>   | Recipient's SSN . . . . .  | ▶ _____    |            |  |
| <b>c</b>   | Date of original divorce or separation agreement (see instructions) ▶ _____  |            |            |  |
| <b>20</b>  | IRA deduction . . . . .  |            | <b>20</b>  |  |
| <b>21</b>  | Student loan interest deduction . . . . .  |            | <b>21</b>  |  |
| <b>22</b>  | Reserved for future use . . . . .  |            | <b>22</b>  |  |
| <b>23</b>  | Archer MSA deduction . . . . .   |            | <b>23</b>  |  |
| <b>24</b>  | Other adjustments:   |            |            |  |
| <b>a</b>   | Jury duty pay (see instructions) . . . . .   | <b>24a</b> |            |  |
| <b>b</b>   | Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit . . . . .                                       | <b>24b</b> |            |  |
| <b>c</b>   | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l . . . . .   | <b>24c</b> |            |  |
| <b>d</b>   | Reforestation amortization and expenses . . . . .  | <b>24d</b> |            |  |
| <b>e</b>   | Repayment of supplemental unemployment benefits under the Trade Act of 1974 . . . . .  | <b>24e</b> |            |  |
| <b>f</b>   | Contributions to section 501(c)(18)(D) pension plans . . . . .   | <b>24f</b> |            |  |
| <b>g</b>   | Contributions by certain chaplains to section 403(b) plans . . . . .   | <b>24g</b> |            |  |
| <b>h</b>   | Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) . . . . .  | <b>24h</b> |            |  |
| <b>i</b>   | Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations . . . . . | <b>24i</b> |            |  |
| <b>j</b>   | Housing deduction from Form 2555 . . . . .   | <b>24j</b> |            |  |
| <b>k</b>   | Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) . . . . .  | <b>24k</b> |            |  |
| <b>z</b>   | Other adjustments. List type and amount ▶ _____  | <b>24z</b> |            |  |
| <b>25</b>  | Total other adjustments. Add lines 24a through 24z . . . . .   |            | <b>25</b>  |  |
| <b>26</b>  | Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a . . . . .   |            | <b>26</b>  |  |