

IRS efile Signature Authorization

Department of the Treasury
Internal Revenue Service

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

Submission Identification Number (SID) ▶

Taxpayer's name AVINASH BODEPUDI	Social security number 110-85-3812
Spouse's name KAVYA SAI YARLAGADDA	Spouse's social security number 733-92-2687

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 1040SS filers use line 4 only. Leave lines 1, 2, 3 and 5 blank

1 Adjusted gross income	1	140,174.
2 Total tax	2	16,681.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	23,636.
4 Amount you want refunded to you	4	10,470.
5 Amount you owe	5	

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

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

Taxpayer's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN

5	3	8	1	2
---	---	---	---	---

 as my signature on the income tax return (original or amended) I am now authorizing.

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 GLOBAL TAXES LLC to enter or generate my PIN

2	2	6	8	7
---	---	---	---	---

 as my signature on the income tax return (original or amended) I am now authorizing.

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	6	1	9	8	9
---	---	---	---	---	---	---	---	---	---	---

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 authorizing 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 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 AVINASH	Last name BODEPUDI	Your social security number 110-85-3812
If joint return, spouse's first name and middle initial KAVYA SAI	Last name YARLAGADDA	Spouse's social security number 733-92-2687
Home address (number and street). If you have a P.O. box, see instructions 351 E DRY CREEK RD		Apt no 207
City, town, or post office. If you have a foreign address, also complete spaces below LITTLETON		State CO
Foreign country name		Foreign postal code
		ZIP code 80122
		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 No

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

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

Dependents (see instructions):	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions): Child tax credit	Credit for other dependents
If more than four dependents see instructions and check here <input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch B if required	1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	148,874.
	2a	Tax-exempt interest	2a	
	3a	Qualified dividends	3a	
	4a	IRA distributions	4a	
Standard Deduction for— • Single or Married filing separately, \$12,550 • Married filing jointly or Qualifying widow(er), \$25,100 • Head of household, \$18,800 • If you checked any box under Standard Deduction, see instructions	5a	Pensions and annuities	5a	
	6a	Social security benefits	6a	
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	7	
	8	Other income from Schedule 1, line 10	8	-8,700.
	9	Add lines 1, 2a, 3a, 4a, 5a, 6a, 7, and 8. This is your total income ▶	9	140,174.
	10	Adjustments to income from Schedule 1, line 2b	10	
	11	Subtract line 10 from line 9. This is your adjusted gross income ▶	11	140,174.
	12a	Standard deduction or itemized deductions (from Schedule A)	12a	25,100.
	b	Charitable contributions if you take the standard deduction (see instructions)	12b	600.
	c	Add lines 12a and 12b	12c	25,700.
13	Qualified business income deduction from Form 8995 or Form 8995-A	13		
14	Add lines 12c and 13	14	25,700.	
15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	114,474.	

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	16,681.
17	Amount from Schedule 2 line 3	17	
18	Add lines 16 and 17	18	16,681.
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3 line 8	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	16,681.
23	Other taxes, including self-employment tax, from Schedule 2 line 21	23	0.
24	Add lines 22 and 23. This is your total tax	24	16,681.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	23,636.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	23,636.
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC) No Check here if you were born after January 1, 1993, 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"/>	27a	
b	Non-taxable combat pay election	27b	
c	Prior year (2019) earned income	27c	
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	
29	American opportunity credit from Form 8863 line 8.	29	
30	Recovery rebate credit. See instructions	30	2,800.
31	Amount from Schedule 3 line 15	31	715.
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	3,515.
33	Add lines 25d, 26, and 32. These are your total payments	33	27,151.
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	10,470.
35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	35a	10,470.
Direct deposit? See instructions	▶ b Routing number 1 0 2 0 0 1 0 1 7 ▶ c Type <input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings		
▶ d	Account number 3 9 1 9 7 1 2 3 5 7		
36	Amount of line 34 you want applied to your 2022 estimated tax	36	
Amount You Owe	37 Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions	37	
38	Estimated tax penalty (see instructions)	38	

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

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

Designee's name _____ Phone no _____ Personal identification number (PIN) _____

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

Your signature	Date	Your occupation SOFTWARE ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst) _____
Spouse's signature. If a joint return, both must sign	Date	Spouse's occupation HOME MAKER	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst) _____

Phone no (805) 769-6658 Email address AVI.BODEPUDI@GMAIL.COM

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 01/25/2022	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 2530 Pebble Creek Ln Cumming GA 30041		Phone no (678) 965-9522	Firm's EIN 30-1017196

Additional Income and Adjustments to Income

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

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
AVINASH BODEPUDI & KAVYA SAI YARLAGADDA

Your social security number
110-85-3812

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
	b Date of original divorce or separation agreement (see instructions) ▶ _____			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		5	-8,700.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation.		7	
8	Other income:			
	a Net operating loss	8a ()		
	b Gambling income	8b		
	c Cancellation of debt.	8c		
	d Foreign earned income exclusion from Form 2555	8d ()		
	e Taxable Health Savings Account distribution	8e		
	f Alaska Permanent Fund dividends	8f		
	g Jury duty pay	8g		
	h Prizes and awards	8h		
	i Activity not engaged in for profit income	8i		
	j Stock options	8j		
	k Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8k		
	l Olympic and Paralympic medals and USOC prize money (see instructions)	8l		
	m Section 951(a) inclusion (see instructions)	8m		
	n Section 951A(a) inclusion (see instructions)	8n		
	o Section 461(l) excess business loss adjustment.	8o		
	p Taxable distributions from an ABLE account (see instructions)	8p		
	z Other income. List type and amount ▶ _____	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8		10	-8,700.

Part II Adjustments to Income

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

Additional Credits and Payments

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

Name(s) shown on Form 1040, 1040-SR, or 1040-NR AVINASH BODEPUDI & KAVYA SAI YARLAGADDA	Your social security number 110-85-3812
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Part I Nonrefundable Credits

1 Foreign tax credit. Attach Form 1116 if required		1	
2 Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441		2	
3 Education credits from Form 8863, line 19.		3	
4 Retirement savings contributions credit. Attach Form 8880		4	
5 Residential energy credits. Attach Form 5695		5	
6 Other nonrefundable credits			
a General business credit. Attach Form 3800	6a		
b Credit for prior year minimum tax. Attach Form 8801	6b		
c Adoption credit. Attach Form 8839.	6c		
d Credit for the elderly or disabled. Attach Schedule R.	6d		
e Alternative motor vehicle credit. Attach Form 8910	6e		
f Qualified plug-in motor vehicle credit. Attach Form 8936	6f		
g Mortgage interest credit. Attach Form 8396	6g		
h District of Columbia first-time homebuyer credit. Attach Form 8859	6h		
i Qualified electric vehicle credit. Attach Form 8834	6i		
j Alternative fuel vehicle refueling property credit. Attach Form 8911	6j		
k Credit to holders of tax credit bonds. Attach Form 8912	6k		
l Amount on Form 8978, line 14. See instructions	6l		
z Other nonrefundable credits. List type and amount ▶ _____	6z		
7 Total other nonrefundable credits. Add lines 6a through 6z		7	
8 Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20		8	

(continued on page 2)

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962.		9	
10	Amount paid with request for extension to file (see instructions)		10	
11	Excess social security and tier 1 RRTA tax withheld		11	715.
12	Credit for federal tax on fuels. Attach Form 4136.		12	
13	Other payments or refundable credits:			
a	Form 2439	13a		
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken before April 1, 2021	13b		
c	Health coverage tax credit from Form 8885	13c		
d	Credit for repayment of amounts included in income from earlier years	13d		
e	Reserved for future use	13e		
f	Deferred amount of net 965 tax liability (see instructions)	13f		
g	Credit for child and dependent care expenses from Form 2441, line 10. Attach Form 2441.	13g		
h	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken after March 31, 2021	13h		
z	Other payments or refundable credits. List type and amount: _____	13z		
14	Total other payments or refundable credits. Add lines 13a through 13z.		14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31.		15	715.

SCHEDULE E
(Form 1041)

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 1041, 1041-SR, 1041-NR, or 1041.

Attachment
Sequence No. 13

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

Name(s) shown on return

Your social security number

AVINASH BODEPUDI & KAVYA SAI YARLAGADDA

110-85-3812

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

A Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions Yes No

B If "Yes," did you or will you file required Form(s) 1099? Yes No

1a	Physical address of each property (street, city, state, ZIP code)				
A	INDIRA NAGAR, BANJARA HILLS HYDERABAD TELANGANA IN 500045				
B					
C					
1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	3		365	0	<input type="checkbox"/>
B					<input type="checkbox"/>
C					<input type="checkbox"/>

Type of Property:

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

Income:	Properties	A	B	C
3 Rents received	3	600.		
4 Royalties received	4			
Expenses				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7	1,000.		
8 Commissions	8			
9 Insurance	9			
10 Legal and other professional fees	10			
11 Management fees	11	800.		
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest	13			
14 Repairs	14	2,500.		
15 Supplies	15	1,500.		
16 Taxes	16			
17 Utilities	17	3,500.		
18 Depreciation expense or depletion	18			
19 Other (list) ▶	19			
20 Total expenses Add lines 5 through 19	20	9,300.		
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	-8,700.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(8,700.)	()	()
23a Total of all amounts reported on line 3 for all rental properties	23a		600.	
b Total of all amounts reported on line 4 for all royalty properties	23b			
c Total of all amounts reported on line 12 for all properties	23c			
d Total of all amounts reported on line 18 for all properties	23d			
e Total of all amounts reported on line 20 for all properties	23e		9,300.	
24 Income. Add positive amounts shown on line 21. Do not include any losses	24			
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	(8,700.)		
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1041), line 5. Otherwise, include this amount in the total on line 41 on page 2	26			-8,700.

For Paperwork Reduction Act Notice, see the separate instructions.

NPA

-8,700.

Schedule E (Form 1041) 2021

Health Savings Accounts (HSAs)

▶ Attach to Form 1040, 1040-SR, or 1040-NR
 ▶ Go to www.irs.gov/Form8889 for instructions and the latest information.

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

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶ **110-85-3812**

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2021. See instructions. ▶	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family
2	HSA contributions you made for 2021 (or those made on your behalf), including those made from January 1, 2022, through April 15, 2022, that were for 2021. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions.	2	0.
3	If you were under age 55 at the end of 2021 and, on the first day of every month during 2021, you were, or were considered, an eligible individual with the same coverage, enter \$3,600 (\$7,200 for family coverage). All others, see the instructions for the amount to enter.	3	7,200.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2021 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2021, also include any amount contributed to your spouse's Archer MSAs.	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0.	5	7,200.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2021, see the instructions for the amount to enter.	6	7,200.
7	If you were age 55 or older at the end of 2021, married, and you or your spouse had family coverage under an HDHP at any time during 2021, enter your additional contribution amount. See instructions.	7	
8	Add lines 6 and 7.	8	7,200.
9	Employer contributions made to your HSAs for 2021	9	583.
10	Qualified HSA funding distributions	10	
11	Add lines 9 and 10.	11	583.
12	Subtract line 11 from line 8. If zero or less, enter -0.	12	6,617.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13. Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	13	0.

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2021 from all HSAs (see instructions).	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions.	14b	
c	Subtract line 14b from line 14a.	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions).	15	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8e.	16	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here ▶ <input type="checkbox"/>		
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c.	17b	

Part III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule.	18	
19	Qualified HSA funding distribution.	19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8z, and enter "HSA" and the amount on the dotted line.	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d.	21	



218453 11555

State of Colorado Individual Income Tax Declaration for Electronic Filing

Do not mail this form to the IRS or the Colorado Department of Revenue. **Retain with your records.**

Taxpayer SSN or ITIN		Spouse SSN or ITIN (If Joint Return)		Submission ID	
110-85-3812		733-92-2687			
Taxpayer Last Name			Taxpayer First Name		Middle Initial
BODEPUDI			AVINASH		
Spouse Last Name (If Joint Return)			Spouse First Name (If Joint Return)		
YARLAGADDA			KAVYA SAI		
Street Address				Phone Number	
351 E DRY CREEK RD APT 207				(805) 769-6658	
City				State	ZIP
LITTLETON				CO	80122

Part I — Tax Return Information

1. Total Income, line 9 from your federal Form 1040	1	\$	140174
2. Taxable Income, line 15 on federal Form 1040	2	\$	114474
3. Colorado Tax, line 17 on Colorado Form 104	3	\$	5147
4. Colorado Tax Withheld, line 18 on Colorado Form 104	4	\$	6566
5. Refund, line 36 Colorado Form 104	5	\$	1555
6. Amount You Owe, line 41 on Colorado Form 104	6	\$	

Part II — Declaration of Tax Payer

Under penalties of perjury, I declare that the information I have provided for electronic filing and the amounts shown in Part I above agree with the amounts shown on my 2021 Federal/Colorado income tax returns, and that said tax returns, statements, schedules and attachments are true, correct, and complete to the best of my knowledge and belief. I understand that I (or my Electronic Return Originator (ERO) if applicable) may be required to provide paper copies of this declaration, my returns, withholding statements, schedules, and attachments upon request by the Colorado Department of Revenue at any time during the period covered by the Colorado statute of limitations.

Signature	Date	Spouse's Signature (If Joint Return, Both Must Sign)	Date

Part III — Declaration of ERO/Preparer/Transmitter

If the transmitter did not prepare the tax return, check here

If I am not the preparer, I declare only that the amounts shown in Part I above agree with the amounts shown on the taxpayer's 2021 Federal/Colorado income tax returns. If I am the preparer, under penalties of perjury I declare that I have reviewed the above taxpayer's 2021 Federal/Colorado income tax returns and that the information provided to me by the taxpayer and the amounts shown in Part I above agree with the amounts shown on said tax returns, and that said tax returns, statements, schedules, and attachments are true, correct, and complete to the best of my knowledge and belief. As preparer, I further declare that I have obtained the taxpayer's signature on this form at the time of filing and have provided the taxpayer with copies of all forms and information filed. I also agree to maintain this signed Form (DR 8453) for the period covered by the Colorado statute of limitations, and to provide paper copies of this declaration, said returns, withholding statements, schedules and attachments upon request by the Colorado Department of Revenue at any time during this period.

ERO's Signature	Preparer Identification Number or Your SSN
SYAM PRIYA RAM SAGAR GUPTA TALLAM	P02082703

Check if also Preparer

Date (MM/DD/YY)
01/25/22



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2021 Colorado Individual Income Tax Return

Full-Year Part-Year or Nonresident (or resident, part-year, non-resident combination) *Must include DR 0104PN Mark if Abroad on due date – see instructions

Your Last Name		Your First Name		Middle Initial
BODEPUDI		AVINASH		
Date of Birth (MM/DD/YYYY)	SSN or ITIN	Deceased <input type="checkbox"/> If checked and claiming a refund, you must include the DR 0102 and death certificate with your return.		
02/26/1990	110-85-3812			
Enter the following information from your current driver license or state identification card.		State of Issue	Last 4 characters of ID number	Date of Issuance
		CO	0147	11/19/17
If Joint, Spouse's Last Name		Spouse's First Name		Middle Initial
YARLAGADDA		KAVYA SAI		
Spouse's Date of Birth (MM/DD/YYYY)	Spouse's SSN or ITIN	Deceased <input type="checkbox"/> If checked and claiming a refund, you must include the DR 0102 and death certificate with your return.		
12/10/1990	733-92-2687			
Enter the following information from your spouse's current driver license or state identification card.		State of Issue	Last 4 characters of ID number	Date of Issuance
		CO	6803	10/14/21
Mailing Address			Phone Number	
351 E DRY CREEK RD APT 207			(805) 769-6658	
City	6NDIH	=,3 Code	Foreign Country (if applicable)	
LITTLETON	CO	80122		
<input type="checkbox"/>	To see if you or members of your household qualify for free or reduced-cost health coverage, check this box if: <ul style="list-style-type: none"> You are a Colorado resident and at least one person in your household does not have health coverage AND You give permission for the Colorado Department of Revenue to share the information on Form DR 0104EE with Connect for Health Colorado (the Colorado Benefit Exchange) and the Department of Health Care Policy & Financing. 			
Round To The Nearest Dollar				
1. Enter Federal Taxable Income from your federal income tax form: 1040, 1040 SR, or 1040 SP line 15. ● 1			114474 00	
Include W-2s and 1099s with CO withholding.				
Additions to Federal Taxable Income				
2. State Addback, enter the state income tax deduction from your federal form 1040, 1040 SR, or 1040 SP schedule A, line 5a (see instructions) ● 2			00	
3. Qualified Business Income Deduction Addback (see instructions) ● 3			00	



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1DPH	SSN or ITIN
AVINASH BODEPUDI & KAVYA SAI YARLAGADDA	110-85-3812
4. Other Additions, explain (see instructions) ● 4	00
Explain:	
5. Subtotal, sum of lines 1 through 4 5	114474 00
Colorado Subtractions	
6. Subtractions from the DR 0104AD Schedule, line 20, you must submit the DR 0104AD schedule with your return. ● 6	100 00
7. Colorado Taxable Income, subtract line 6 from line 5 ● 7	114374 00
Tax, Prepayments and Credits: see 104 Book for full-year tax table and part-year DR 0104PN Schedule	
8. Colorado Tax from tax table or the DR 0104PN line 36, you must submit the DR 0104PN with your return if applicable. ● 8	5147 00
9. Alternative Minimum Tax from the DR 0104AMT line 8, you must submit the DR 0104AMT with your return. ● 9	00
10. Recapture of prior year credits ● 10	00
11. Subtotal, sum of lines 8 through 10 11	5147 00
12. Nonrefundable Credits from the DR 0104CR line 43, the sum of lines 12, 13, and 14 cannot exceed line 11, you must submit the DR 0104CR with your return. ● 12	00
13. Total Nonrefundable Enterprise Zone credits used – as calculated, or from the DR 1366 line 84, the sum of lines 12, 13, and 14 cannot exceed line 11, you must submit the DR 1366 with your return. ● 13	00
14. Strategic Capital Tax Credit from DR 1330, the sum of lines 12, 13, and 14 cannot exceed line 11, you must submit the DR 1330 with your return. ● 14	00
15. Net Income Tax, sum of lines 12, 13, and 14. Subtract that sum from line 11. 15	5147 00
16. Use Tax reported on the DR 0104US schedule line 7, you must submit the DR 0104US with your return. ● 16	00
17. Net Colorado Tax, sum of lines 15 and 16 17	5147 00
18. CO Income Tax Withheld from W-2s and 1099s, you must submit the W-2s and/or 1099s claiming Colorado withholding with your return. ● 18	6566 00
19. Prior-year Estimated Tax Carryforward ● 19	00
20. Estimated Tax Payments, enter the sum of the quarterly payments remitted for 2021 tax year ● 20	00
21. Extension Payment remitted with the DR 0158-I ● 21	00
22. Other Prepayments: <input type="checkbox"/> ● DR 0104BEP <input type="checkbox"/> ● DR 0108 <input type="checkbox"/> ● DR 1079 ● 22	00
23. Gross Conservation Easement Credit from the DR 1305G line 33, you must submit the DR 1305G with your return. ● 23	00
24. Innovative Motor Vehicle Credit from the DR 0617, you must submit each DR 0617 with your return. ● 24	0 00



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1DPH AVINASH BODEPUDI & KAVYA SAI YARLAGADDA SSN or ITIN 110-85-3812
25. Refundable Credits from the DR 0104CR line 9, you must submit the DR 0104CR with your return. 25 00
26. Subtotal, sum of lines 18 through 25 26 6566 00
Modified AGI for TABOR
Lines 28 through 30 are only used to calculate your TABOR Credit, they do not affect your Colorado tax liability.
27. Federal Adjusted Gross Income from your federal income tax form: 1040 line 11, 1040 SR line 11, or 1040 SP line 11 27 140174 00
28. Nontaxable Social Security Income 28 00
29. Nontaxable Lump-sum Distribution from pension and profit sharing plans. 29 00
30. Nontaxable interest income from state and local bonds 30 00
31. Sum of 1040V 27 through 30: Modified AGI for TABOR 31 140174 00
Modified AGI Tiers for State Sales Tax Refund
If line 31 is: \$44,000 or less \$44,001 - \$88,000 \$88,001 - \$139,000 \$139,001 - \$193,000 \$193,001 - \$246,000 \$246,001 - or more
Single Filers Enter \$37 \$49 \$56 \$68 \$74 \$117
Joint Filers Enter \$74 \$98 \$112 \$136 \$148 \$234
32. State Sales Tax Refund: For full-year Colorado residents, born before 2003, or full-year Colorado residents who are under the age of eighteen but are required to file a return. Use the amount on line 31 and reference the table above. See instructions if you are filing an extension. 32 136 00
33. Sum of lines 26 and 32 33 6702 00
34. Overpayment, if line 33 is greater than line 17 then subtract line 17 from line 33 34 1555 00
35. Estimated Tax Credit Carryforward to 2022 first quarter, if any. 35 00
If you have an overpayment on line 36 below and would like to donate all or a portion of your overpayment to a qualified Colorado charity, include Form DR 0104CH to contribute.
36. Refund, subtract line 35 from line 34 (see instructions) 36 1555 00
Direct Deposit
Routing Number 1 0 2 0 0 1 0 1 7 Type: [] Checking [X] Savings [] CollegeInvest 529
Account Number 3 9 1 9 7 1 2 3 5 7
For questions regarding CollegeInvest direct deposit or to open an account, visit CollegeInvest.org or call 800-448-2424.



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1DPH	AVINASH BODEPUDI & KAVYA SAI YARLAGADDA	SSN or ITIN	110-85-3812
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37. Net Tax Due, subtract line 33 from line 17	37		00
38. Delinquent Payment Penalty (see instructions)	• 38		00
39. Delinquent Payment Interest (see instructions)	• 39		00
40. Estimated Tax Penalty, you must submit the DR 0204 with your return. (see instructions)	• 40		00
41. Amount You Owe, sum of lines 37 through 40	• 41		

The State may convert your check to a one-time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your bank account electronically.

Third Party Designee

Do you want to allow another person to discuss this return and any related information with the Colorado Department of Revenue? See the instructions. • 1R • Yes. Complete the following:

Designee's Name	Phone Number

Sign Below Under penalties of perjury, I declare that to the best of my knowledge and belief, this return is true, correct and complete.

Your Signature	Date (MM/DD/YY)		
Spouse's Signature. If joint return, BOTH must sign.	Date (MM/DD/YY)		
Paid Preparer's Name	Paid Preparer's Phone		
GLOBAL TAXES LLC	(678) 965-9522		
Paid Preparer's Address	City	6NDWH	ZIP Code
2530 PEBBLE CREEK LN	CUMMING	GA	30041

File and pay at: Colorado.gov/RevenueOnline

<p>If you are filing this return with a check or payment, please mail the return to:</p> <p>COLORADO DEPARTMENT OF REVENUE Denver, CO 80261-0006</p>	<p>If you are filing this return without a check or payment, please mail the return to:</p> <p>COLORADO DEPARTMENT OF REVENUE Denver, CO 80261-0005</p>
<p>These addresses and zip codes are exclusive to the Colorado Department of Revenue, so a street address is not required.</p>	



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2021 DR 0104AD – Subtractions from Income Schedule

If claiming a subtraction and filing by paper, you must submit this schedule with your return.

Use this schedule to report any subtractions from your Federal Taxable Income. These subtractions will change your Colorado Taxable Income from the amount of Federal Taxable Income. See instructions in the income tax booklet for additional guidance on completing this schedule. Do not enter negative amounts. You must submit this form along with the DR 0104 if claiming any subtractions.

Name		SSN or ITIN	
AVINASH BODEPUDI		110-85-3812	
Subtractions from Federal Taxable Income			
1. State Income Tax Refund from federal income tax form 1040, 1040 SR, or 1040 SP, Schedule 1 line 1.	● 1		00
2. U.S. Government Interest	● 2		00
3. Primary Taxpayer Pension, Annuity, IRA, Social Security, or Disability Income (see instructions)	● Deceased SSN or ITIN		00
4. Spouse Pension, Annuity, IRA, Social Security, or Disability Income (see instructions)	● Deceased SSN or ITIN		00
5. Primary Taxpayer Military Retirement Benefits (under age 55), you must submit copies of all 1099R statements with your return. (see instructions)	● 5		00
6. Spouse Military Retirement Benefits (under age 55), you must submit copies of all 1099R statements with your return. (see instructions)	● 6		00
7. Colorado Capital Gain Subtraction	● 7		00
8. Collegenest Contribution: (see instructions)	● Owner's SSN or ITIN		00
● Total Contribution	● Owner's Name		
9. Qualifying Charitable Contribution	● Total Contribution	\$ 600	100 00
10. Qualified Reservation Income	● 10		00
11. PERA/DPSRS Subtraction, for PERA contributions made in 1984-1986 or DPSRS contributions made in 1986	● 11		00



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Name		SSN or ITIN
AVINASH BODEPUDI		110-85-3812
12. Railroad Bene t Subtraction	● 12	00
13. Wild re Mitigation Measures Subtraction	● 13	00
14. Colorado Mari uana Business Deduction	● 14	00
15. Non-Resident Disaster Relief Worker Subtraction	● 15	00
● Natural Disaster: Enter the executive order number(s) from the Colorado governor s of ce that declared the state disaster emergency D (see instructions)		
16. Reacquisition of Colorado Residency During Active Duty Military Service Subtraction	● 16	00
17. First Time Home Buyer Savings Account Interest Deduction, you must submit form DR 0 0(s) ith your return	● 17	00
18. ther Subtractions, explain belo	● 18	00
Explain		
19. Subtractions Allo ed Under HB21-1002 (see instructions)	● 19	00
20. Subtotal, sum of lines 1 through 19, transfer the amount to line 6 on the DR 0104	● 20	100 00