

IRS e-file Signature Authorization

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

Submission Identification Number (SID) ▶

Taxpayer's name HEMANTH TADIKAMALLA	Social security number 442-35-1722
Spouse's name	Spouse's social security number

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

Enter whole dollars only on lines 1 through 5.

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

1 Adjusted gross income	1	60,525.
2 Total tax	2	6,237.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	9,213.
4 Amount you want refunded to you	4	2,976.
5 Amount you owe	5	

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

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

Taxpayer's PIN: check one box only

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

5	1	7	2	2
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 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize _____ to enter or generate my PIN

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

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

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

5	8	7	2	7	8	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 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: HEMANTH
Last name: TADIKAMALLA
Your social security number: 442-35-1722
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.
5720 BOZEMAN DR, 2-11310
Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below.
PLANO
State: TX
ZIP code: 75024
Foreign country name:
Foreign province/state/county:
Foreign postal code:
Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
[] You [] Spouse

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

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

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

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

Main tax calculation table with 15 rows. Includes sections for Attach Sch. B if required, Standard Deduction for (with bullet points for filing status), and final taxable income calculation. Total taxable income: 47,675.

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	6,237.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	6,237.
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	6,237.
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	6,237.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	9,213.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	9,213.
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, 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"/>	27a	
b	Nontaxable combat pay election	27b	
c	Prior year (2019) earned income	27c	
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 15	31	
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	9,213.
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	2,976.
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	2,976.
Direct deposit? See instructions.	b Routing number 044000037 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number 313372390		
	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	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. (515) 451-7486 Email address HEMANTH.TADIKAMALLA96@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 03/08/2022	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 2530 Pebble Creek Ln Cumming GA 30041		Phone no. (678) 965-9522	Firm's EIN 30-1017196

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

2021
Attachment
Sequence No. **01**

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

Your social security number
442-35-1722

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	-7,000.
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	-7,000.

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

Schedule 1 (Form 1040) 2021

Part II Adjustments to Income

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

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

OMB No. 1545-0074

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

2021

Department of the Treasury
Internal Revenue Service (99)

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

Attachment
Sequence No. **13**

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

Name(s) shown on return

Your social security number

HEMANTH TADIKAMALLA

442-35-1722

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	Moosapet HYDERABAD TELANGANA IN 500018				
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	1		A 365	0	<input type="checkbox"/>
B			B		<input type="checkbox"/>
C			C		<input type="checkbox"/>

Type of Property:

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

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

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2021

**Nonresident & part-year resident
Wisconsin income tax**

For the year Jan. 1-Dec. 31, 2021, or other tax year
beginning _____, 2021 ending _____, 20____.

Check here if this is an amended return **Complete form using BLACK INK**

NOTE

DO NOT STAPLE

PAPER CLIP withholding statements here

Your legal last name TADIKAMALLA		Legal first name HEMANTH		M.I.	Your social security number 442351722
If a joint return, spouse's legal last name		Spouse's legal first name		M.I.	Spouse's social security number
Home address (number and street). If you have a PO Box, see page 12 5720 BOZEMAN DR, 2-11310				Apt. no.	
City or post office PLANO		State TX	Zip code 75024		
Foreign Country		Foreign province/state/country			
Foreign postal code		Foreign postal code			

Tax district
Check below then fill in either the name of the Wisconsin city, village, or town, and the county in which you lived at the end of 2021 or before leaving Wisconsin (nonresidents leave blank).
 City Village Town
City, village, or town

County of

School district number See page 59

Special conditions
 Form 804 filed with return (see page 10)

Filing status

Single

Married filing joint return (even if only one had income)

Married filing separate return. Fill in spouse's SSN above and full name here

Head of household, NOT married (see page 13)

Head of household, married (see page 13) If married, fill in spouse's SSN above and full name here

Resident status Check the status that applies

You Spouse

Full-year resident of Wisconsin

Nonresident of Wisconsin; state of residence OH (2-letter state abbreviation)

Part-year resident of Wisconsin from to

Note: Complete residence questionnaire, page 61.



PAPER CLIP check or money order here

Income	Print numbers like this → 0123456789 Not like this → Ø147	NO COMMAS NO CENTS	A. Federal column	B. Wisconsin column
			1	Wages, salaries, tips, etc. (see page 15)	1	67525.00	4856.00
2	Taxable interest (see page 17)	2	.00	0.00
3	Ordinary dividends (see page 18)	3	.00	0.00
4	Taxable refunds, credits, or offsets of state and local income taxes (from line 1 of federal Schedule 1 (Form 1040))	4	.00	Not taxable
5	Alimony received (see page 19)	5	.00	0.00
6	Business income or (loss) (see page 19)	6	.00	.00
7	Capital gain or (loss) (see page 20)	7	.00	.00
8	Other gains or (losses) (see page 20)	8	.00	.00
9	IRA distributions (see page 21)	9	.00	0.00
10	Pensions and annuities (see page 21)	10	.00	0.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see page 22)	11	-7000.00	0.00
12	Farm income or (loss) (see page 24)	12	.00	.00
13	Unemployment compensation (see page 24)	13	.00	0.00
14	Social security benefits (see page 25)	14	.00	Not taxable
15	Other income (see page 25). Enclose Schedule M if line 15b has an amount	15	.00	.00
16	Combine lines 1 through 15	16	60525.00	4856.00

1-0501

Adjustments to Income		A. Federal column	B. Wisconsin column
17	Educator expenses (see page 26) . . . . .	.00	.00
18	Certain business expenses of reservists, performing artists, and fee-basis government officials (see page 26) . . . . .	.00	.00
19	Health savings account deduction (see page 26) . . . . .	.00	.00
20	Moving expenses for members of the Armed Forces (see page 26) . . . . .	.00	.00
21	Deductible part of self-employment tax (see page 27) . . . . .	.00	.00
22	Self-employed SEP, SIMPLE, and qualified plans (see page 27) . . . . .	.00	.00
23	Self-employed health insurance deduction (see page 28) . . . . .	.00	.00
24	Penalty on early withdrawal of savings (see page 29) . . . . .	.00	0.00
25	Alimony paid (see page 29) . . . . .	.00	.00
26	IRA deduction (see page 29) . . . . .	.00	.00
27	Student loan interest deduction (see page 30) . . . . .	.00	.00
28	Other adjustments (see page 30). Enclose Schedule M if line 28b has an amount . . . . .	.00	.00
29	Total adjustments to income. Add lines 17 through 28 . . . . .	.00	0.00
Adjusted Gross Income			
30	Wisconsin income. Subtract line 29, column B from line 16, column B		4856.00
31	Federal income. Subtract line 29, column A from line 16, column A	60525.00	
32	Divide line 30 by line 31. Carry the decimal to four places. If amount on line 30 is more than amount on line 31, fill in 1.0000. (See page 31) . . . . .		.0802

Tax Computation

33	Fill in the larger of Wisconsin income from line 30, column B or federal income from line 31, column A. But , if Wisconsin income from line 30 is zero or less, fill in 0 (zero)	33	60525.00
34a	If you (or your spouse) can be claimed as a dependent on anyone else's return, check here and see the "Exception" in the instructions for line 34c on page 31	34a	<input type="checkbox"/>
34b	Aliens (see page 31 to determine if you must check line 34b)	34b	<input type="checkbox"/>
34c	Find the standard deduction for amount on line 31 using table on page 50	34c	5848.00
35	Subtract line 34c from line 33. If line 34c is more than line 33, fill in 0 (zero)	35	54677.00
36	Exemptions (Caution: see page 32)		
a	Fill in exemptions allowed <u>1</u> x \$700	36a	700.00
b	Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = <input type="checkbox"/> x \$250	36b	.00
c	Add lines 36a and 36b	36c	700.00
37	Subtract line 36c from line 35. If line 36c is more than line 35, fill in 0 (zero)	37	53977.00
38	Tax (see table on page 52)	38	2567.00
39	Itemized deduction credit. Complete Schedule 1 (page 4, Form 1NPR)	39	0.00
40	School property tax credits (part-year and full-year residents only)		
a	Rent paid in 2021—heat included <u>.00</u> } Find credit from table page 35	40a	.00
	Rent paid in 2021—heat not included <u>.00</u> }		
b	Property taxes paid on home in 2021 <u>.00</u> } Find credit from table page 36	40b	.00
41	Add credits on lines 39, 40a, and 40b	41	0.00
42	Subtract line 41 from line 38. If line 41 is more than line 38, fill in 0 (zero)	42	2567.00
43	Fill in ratio from line 32	43	.0802
44	Multiply line 42 by ratio on line 43	44	206.00



Name(s) shown on Form 1NPR HEMANTH TADIKAMALLA		Your social security number 442351722
45	Fill in amount from line 44	45 <u>206.00</u>
46	Working families tax credit. (Full-year Wisconsin residents only)	46 <u>.00</u>
47	Married couple credit. Complete Schedule 2 (page 4, Form 1NPR)	47 <u>.00</u>
48	Nonrefundable credits from Schedule CR, line 34. Enclose Schedule CR	48 <u>.00</u>
49	Net income tax paid to another state. Enclose Schedule OS	49 <u>.00</u>
50	Add lines 46 through 49	50 <u>.00</u>
51	Subtract line 50 from line 45. If line 50 is more than line 45, fill in 0 (zero). This is your net tax	51 <u>206.00</u>
52	Sales and use tax due on internet, mail order, or other out-of-state purchases (see page 39) If you certify that no sales or use tax is due, check here <input checked="" type="checkbox"/>	52 <u>.00</u>
53	Donations (decreases refund or increases amount owed)	
a	Endangered resources <u>.00</u>	e Military family relief <u>.00</u>
b	Cancer research <u>.00</u>	f Second Harvest/Feeding Amer. <u>.00</u>
c	Veterans trust fund <u>.00</u>	g Red Cross WI Disaster Relief <u>.00</u>
d	Multiple sclerosis <u>.00</u>	h Special Olympics Wisconsin <u>.00</u>
	Total (add lines a through h) →	53i <u>.00</u>
54	Penalties on IRAs, other retirement plans, MSAs, etc. (see page 40) \blacktriangleright <u>.00</u> x .33 =	54 <u>.00</u>
55	Other penalties (see page 41)	55 <u>.00</u>
56	Add lines 51 through 55	56 <u>206.00</u>

Payments and Credits

57	Wisconsin income tax withheld. Enclose readable withholding statements	57 <u>273.00</u>
58	2021 Wisconsin estimated tax paid and amount applied from 2020 return	58 <u>.00</u>
59	Earned income credit. (Full-year Wisconsin residents only) Number of qualifying children \blacktriangleright _____ Federal credit \blacktriangleright _____ .00 x _____ % =	59 <u>.00</u>
60	Farmland preservation credit. a. Schedule FC, line 17	60a <u>.00</u>
	b. Schedule FC-A, line 13	60b <u>.00</u>
61	Repayment credit	61 <u>.00</u>
62	Homestead credit. (Full-year Wisconsin residents only)	62 <u>.00</u>
63	Eligible veterans and surviving spouses property tax credit	63 <u>.00</u>
64	Refundable credits from Schedule CR, line 40	64 <u>.00</u>
65	AMENDED RETURN ONLY – amount previously paid (see page 46)	65 <u>.00</u>
66	Add lines 57 through 65	66 <u>273.00</u>
67	AMENDED RETURN ONLY – amount previously refunded (see page 47)	67 <u>.00</u>
68	Subtract line 67 from line 66	68 <u>273.00</u>

NOTE: You must use your 2021 earned income (see page 42).

Refund or Amount You Owe

69	If line 68 is more than line 56, subtract line 56 from line 68. This is the AMOUNT OVERPAID	69 <u>67.00</u>
70	Amount of line 69 you want REFUNDED TO YOU	70 <u>67.00</u>
71	Amount of line 69 to be APPLIED TO YOUR 2022 ESTIMATED TAX	71 <u>0.00</u>



Paper clip a copy of your federal income tax return and schedules to this return.

72a If line 68 is less than line 56, subtract line 68 from line 56 . . . This is the AMOUNT YOU OWE 72a .00
72b Interest (see page 47) 72b .00
73 Underpayment interest. Fill in exception code - see Sch. U -> [] 73 .00
Also include on line 72a (see page 48).

Third Party Designee Do you want to allow another person to discuss this return with the department (see page 49)? [] Yes Complete the following. [X] No
Designee's name [] Phone no. [] Personal identification number (PIN) [][][][][][]

Under penalties of law, I declare that this return and all attachments are true, correct, and complete to the best of my knowledge and belief.

Sign here Your signature Date Wisconsin Identity Protection PIN (7 characters)
Spouse's signature (if filing jointly, BOTH must sign) Date Wisconsin Identity Protection PIN (7 characters)

Mail your return to: Wisconsin Department of Revenue
(if tax is due) (if refund or no tax due)
PO Box 268 PO Box 59
Madison WI 53790-0001 Madison WI 53785-0001

Schedule 1 - Wisconsin Itemized Deduction Credit (see line 39 instructions)

Table with 3 columns: Line number, Description, Amount. Includes rows for Medical and dental expenses, Interest paid, Gifts to charity, Casualty losses, Wisconsin standard deduction, and Rate of credit.

Schedule 2 - Married Couple Credit May be claimed only when both spouses have earned income taxable by Wisconsin.

Table with 4 columns: Line number, Description, (A) YOURSELF, (B) YOUR SPOUSE. Includes rows for Wages, salaries, Net profit, Combine lines, Add amounts, Subtract line, and Rate of credit.

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: HEMANTH
Last name: TADIKAMALLA
Your social security number: 442-35-1722
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.
5720 BOZEMAN DR, 2-11310
Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below.
PLANO
State: TX
ZIP code: 75024
Foreign country name:
Foreign province/state/county:
Foreign postal code:
Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
[] You [] Spouse

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

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

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

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

Main tax calculation table with 15 rows. Includes sections for 'Attach Sch. B if required' and 'Standard Deduction for-' with various sub-rows (1, 2a, 3a, 4a, 5a, 6a, 7, 8, 9, 10, 11, 12a, 12b, 12c, 13, 14, 15) and corresponding amounts.

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	6,237.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	6,237.
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	6,237.
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	6,237.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	9,213.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	9,213.
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC) No	27a	
	Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/>		
b	Nontaxable combat pay election	27b	
c	Prior year (2019) earned income	27c	
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 15	31	
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	9,213.
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	2,976.
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	2,976.
Direct deposit? See instructions.	b Routing number 044000037 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number 313372390		
	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	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		SOFTWARE ENGINEER	<input type="text"/>
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
			<input type="text"/>

Phone no. (515) 451-7486 Email address HEMANTH.TADIKAMALLA96@GMAIL.COM

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
SYAM PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA RAM SAGAR GUPTA TALLAM	03/08/2022	P02082703	
Firm's name	Firm's address		Phone no.	Firm's EIN
GLOBAL TAXES LLC	2530 Pebble Creek Ln Cumming GA 30041		(678) 965-9522	30-1017196

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

2021
Attachment
Sequence No. **01**

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

Your social security number
442-35-1722

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	-7,000.
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	-7,000.

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

Schedule 1 (Form 1040) 2021

Part II Adjustments to Income

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

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

OMB No. 1545-0074

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

2021

Department of the Treasury
Internal Revenue Service (99)

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

Attachment
Sequence No. **13**

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

Name(s) shown on return

Your social security number

HEMANTH TADIKAMALLA

442-35-1722

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	Moosapet HYDERABAD TELANGANA IN 500018				
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	1		A 365	0	<input type="checkbox"/>
B			B		<input type="checkbox"/>
C			C		<input type="checkbox"/>

Type of Property:

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

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

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2021



03 08 22

AMENDED RETURN - Check here and include Ohio IT RE.

NOL CARRYBACK - Check here and include Schedule IT NOL.

Primary taxpayer's SSN (required) 442 35 1722

✓ If deceased

Spouse's SSN (if filing jointly)

✓ If deceased

School district #

0903

First name HEMANTH

M.I. Last name TADIKAMALLA

Spouse's first name (if filing jointly)

M.I. Last name

Address line 1 (number and street) or P.O. Box 5720 BOZEMAN DR, 2-11310

Address line 2 (apartment number, suite number, etc.)

City PLANO

State ZIP code TX 75024

Ohio county (first four letters) HAMI

Foreign country (if the mailing address is outside the U.S.)

Foreign postal code

Residency Status - Check only one for primary. X Resident Part-year resident Nonresident Indicate state. Check only one for spouse (if filing jointly). Resident Part-year resident Nonresident Indicate state.

Filing Status - Check one (as reported on federal income tax return). X Single, head of household or qualifying widow(er). Married filing jointly Spouse's SSN. Married filing separately.

Ohio Nonresident Statement - See instructions for required criteria. Primary meets the five criteria for irrefutable presumption as nonresident. Spouse meets the five criteria for irrefutable presumption as nonresident.

Federal extension filers - check here.

If someone can claim you (or your spouse if filing jointly) as a dependent, check here.

Do not staple or paper clip.

Table with 3 columns: Line number, Description, and Amount. Includes Federal adjusted gross income, Additions, Deductions, Exemption amount, Ohio income tax base, Taxable business income, and Taxable nonbusiness income.



MM-DD-YY Code

2021 Ohio IT 1040 Individual Income Tax Return



SSN 442 35 1722

Table with 2 columns: Description and Amount. Rows include 7a. Amount from line 7 on page 1, 8a. Nonbusiness income tax liability, 8b. Business income tax liability, 8c. Income tax liability before credits, 9. Ohio nonrefundable credits, 10. Tax liability after nonrefundable credits, 11. Interest penalty on underpayment of estimated tax, 12. Unpaid use tax, 13. Total Ohio tax liability, 14. Ohio income tax withheld, 15. Estimated and extension payments, 16. Refundable credits, 17. Amended return only, 18. Total Ohio tax payments, 19. Amended return only, 20. Line 18 minus line 19, 21. Tax due, 22. Interest due on late payment of tax, 23. TOTAL AMOUNT DUE, 24. Overpayment, 25. Original return only, 26. Original return only (donations), 27. REFUND.

Sign Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the return and all enclosures are true, correct and complete.

Primary signature _____ Phone number (515) 451-7486

Spouse's signature _____ Date _____

Check here to authorize your preparer to discuss this return with the Department.

Preparer's printed name SYAM PRIYA RAM SAGAR GUP Phone number (678) 965-9522

Preparer's TIN (PTIN) P 02082703

If your refund is \$1.00 or less, no refund will be issued. If you owe \$1.00 or less, no payment is necessary.

NO Payment Included - Mail to: Ohio Department of Taxation P.O. Box 2679 Columbus, OH 43270-2679

Payment Included - Mail to: Ohio Department of Taxation P.O. Box 2057 Columbus, OH 43270-2057



2021 Schedule of Ohio Withholding

Use only black ink/UPPERCASE letters.

Primary taxpayer's SSN

442 35 1722



21350198

Sequence No. 11

List your and your spouse's (if filing jointly) W-2, 1099, and W-2G forms **only if they have Ohio withholding**. Enter "P" in the "P/S" box if the form is the primary taxpayer's and enter "S" if it is the spouse's. If the Ohio ID number on a statement has 9 digits, enter only the first 8 digits. Complete additional copies if necessary. **Place state copies of your income statements after the last page of your return.**

Part A - Total Withholding

1. Total of all Ohio state tax withheld on pages 1 and 2 as well as any additional pages. Enter here
and on line 14 of your Ohio IT 10401. 1696 00

Part B - W-2s

1. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
P	453725224	8108 00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
	53034576	8108 00	108 00
2. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
P	222879197	54561 00	8681 00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
	52634042	54561 00	1588 00
3. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00
4. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00
5. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00
6. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00
7. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00



2021 Schedule of Ohio Withholding

Primary taxpayer's SSN
442 35 1722



21350298

Sequence No. 12

Part C - 1099-Rs

1. P/S Payer's TIN	Box 1 - Gross distribution	00	Total distribution	Box 7 - Distribution code
Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	00	Box 14 - Ohio tax withheld	00
2. P/S Payer's TIN	Box 1 - Gross distribution	00	Total distribution	Box 7 - Distribution code
Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	00	Box 14 - Ohio tax withheld	00
3. P/S Payer's TIN	Box 1 - Gross distribution	00	Total distribution	Box 7 - Distribution code
Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	00	Box 14 - Ohio tax withheld	00
4. P/S Payer's TIN	Box 1 - Gross distribution	00	Total distribution	Box 7 - Distribution code
Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	00	Box 14 - Ohio tax withheld	00

Part D - W-2Gs

1. P/S Payer's federal ID number	Box 1 - Reportable winnings	00	Box 4 - Federal income tax withheld	00
Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	00	Box 15 - Ohio income tax withheld	00
2. P/S Payer's federal ID number	Box 1 - Reportable winnings	00	Box 4 - Federal income tax withheld	00
Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	00	Box 15 - Ohio income tax withheld	00
3. P/S Payer's federal ID number	Box 1 - Reportable winnings	00	Box 4 - Federal income tax withheld	00
Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	00	Box 15 - Ohio income tax withheld	00

Part E - 1099-NECs

1. P/S Payer's TIN	Box 1 - Nonemployee compensation	00	Box 4 - Federal income tax withheld	00
Box 6 - Payer's Ohio number	Box 7 - State income	00	Box 5 - Ohio tax withheld	00
2. P/S Payer's TIN	Box 1 - Nonemployee compensation	00	Box 4 - Federal income tax withheld	00
Box 6 - Payer's Ohio number	Box 7 - State income	00	Box 5 - Ohio tax withheld	00



2021 Ohio Schedule of Credits

Use only black ink/UPPERCASE letters.

Primary taxpayer's SSN

442 35 1722



21280198

Sequence No. 7

03 08 22

Nonrefundable Credits

1. Tax liability before credits (from Ohio IT 1040, line 8c)	1.	1334	00
2. Retirement income credit (see instructions for table; include 1099-R forms)	2.		00
3. Lump sum retirement credit (see instructions for worksheet; include a copy)	3.		00
4. Senior citizen credit (must be 65 or older to claim this credit)	4.		00
5. Lump sum distribution credit (see instructions for worksheet; include a copy)	5.		00
6. Child care & dependent care credit (see instructions for worksheet; include a copy)	6.		00
7. Displaced worker training credit (see instructions for all required documentation; include copies)	7.		00
8. Campaign contribution credit for Ohio statewide office or General Assembly	8.	0	00
9. Income-based exemption credit (\$20 times the number of exemptions)	9.	0	00
10. Total (add lines 2 through 9)	10.	0	00
11. Tax less credits (line 1 minus line 10; if negative, enter zero)	11.	1334	00
12. Joint filing credit (see instructions for table). % times line 11, up to \$650	12.	0	00
13. Earned income credit	13.		00
14. Home school expenses credit	14.		00
15. Scholarship donation credit	15.		00
16. Nonchartered, nonpublic school tuition credit	16.		00
17. Ohio adoption credit	17.		00
18. Nonrefundable job retention credit (include a copy of the credit certificate)	18.		00
19. Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate) ...	19.		00
20. Grape production credit	20.		00
21. InvestOhio credit (include a copy of the credit certificate)	21.		00
22. Lead abatement credit (include a copy of the credit certificate)	22.		00
23. Opportunity zone investment credit (include a copy of the credit certificate)	23.		00
24. Technology investment credit carryforward (include a copy of the credit certificate)	24.		00
25. Enterprise zone day care & training credits (include a copy of the credit certificate)	25.		00
26. Research & development credit (include a copy of the credit certificate)	26.		00



2021 Ohio Schedule of Credits

Primary taxpayer's SSN

442 35 1722



21280298

Sequence No. 8

27. Nonrefundable Ohio historic preservation credit (include a copy of the credit certificate).....	27.	00
28. Total (add lines 12 through 27)	28.	0 00
29. Tax less additional credits (line 11 minus line 28; if negative, enter zero).....	29.	1334 00

Nonresident Credit

Dates of Ohio residency	to	Other state of residency	
30. Nonresident Portion of Ohio adjusted gross income - Ohio IT NRC Section I, line 18 (include a copy)			00
31. Ohio adjusted gross income (Ohio IT 1040, line 3).....			00
32a. Divide line 30 by line 31 (four decimals; do not round; if greater than 1, enter 1.0000)			32a.
32. Nonresident credit (line 29 times line 32a)			00

Resident Credit

33. Portion of Ohio adjusted gross income taxed by another state or the District of Columbia while an Ohio resident - Ohio IT RC, line 1a (include a copy)			4856 00
34. Ohio adjusted gross income (Ohio IT 1040, line 3).....			60525 00
35a. Divide line 33 by line 34 (four decimals; do not round; if greater than 1, enter 1.0000).....			35a. 0.0802
35. Line 29 times line 35a			107 00
36. 2021 income tax liability after credits paid to another state or the District of Columbia - Ohio IT RC, line 1b (include a copy)			206 00
37. Resident credit (enter the lesser of line 35 or line 36) Enter the two-letter state abbreviation in the boxes below for each state in which income was subject to tax			107 00
WI			
38. Total nonrefundable credits (add lines 10, 28, 32 and 37; enter here and on Ohio IT 1040, line 9) ..			107 00

Refundable Credits

39. Refundable Ohio historic preservation credit (include a copy of the credit certificate).....	39.	00
40. Refundable job creation credit & job retention credit (include a copy of the credit certificate)	40.	00
41. Pass-through entity credit (include a copy of the Ohio IT K-1s).....	41.	00
42. Motion picture & Broadway theatrical production credit (include a copy of the credit certificate).....	42.	00
43. Venture capital credit (include a copy of the credit certificate)	43.	00
44. Total refundable credits (add lines 39 through 43; enter here and on Ohio IT 1040, line 16).....	44.	00



IT RC – Ohio Resident Credit Calculation

Use this form for tax years 2020 and forward.

This form is for individuals who were subjected to individual income tax by another state or the District of Columbia while a resident of Ohio. Include a copy of this form when filing your Ohio IT 1040.

Taxpayer name HEMANTH TADIKAMALLA	SSN 442 35 1722
--------------------------------------	--------------------

List any income taxed and any taxes paid to each state next to its postal abbreviation and list any income taxed and taxes paid to the District of Columbia next to "DC." You should include taxes paid on a composite income tax return if the taxes were not deductible in computing your federal adjusted gross income. Only income included in your Ohio adjusted gross income is eligible for this credit.

States without an income tax are not listed; do not include income earned or received in those states on this form. Additionally, full-year nonresidents are not entitled to this credit and should not use this form.

Important: Do not list any income in column A if you do not have tax paid in column B. Do not list a tax paid in column B if you do not have income taxed in column A.

	(A) Income Taxed		(B) Tax Paid		(A) Income Taxed		(B) Tax Paid
AL	00		00		MN	00	00
AR	00		00		MO	00	00
AZ	00		00		MS	00	00
CA	00		00		MT	00	00
CO	00		00		NC	00	00
CT	00		00		ND	00	00
DC	00		00		NE	00	00
DE	00		00		NH	00	00
GA	00		00		NJ	00	00
HI	00		00		NM	00	00
IA	00		00		NY	00	00
ID	00		00		OK	00	00
IL	00		00		OR	00	00
IN	00		00		PA	00	00
KS	00		00		RI	00	00
KY	00		00		SC	00	00
LA	00		00		UT	00	00
MA	00		00		VA	00	00
MD	00		00		VT	00	00
ME	00		00		WI	4856	206
MI	00		00		WV	00	00

1a. **Ohio Adjusted Gross Income Taxed by Other States and the District of Columbia** (sum of all Column A amounts). Enter here and on the corresponding line of the Ohio Schedule of Credits 1a. 4856 00

1b. **Tax Paid to Other States and the District of Columbia** (sum of all Column B amounts). Enter here and on the corresponding line of the Ohio Schedule of Credits..... 1b. 206 00

Form R
File by

2021 BLUE ASH CITY INCOME TAX RETURN 2021

THIS RETURN MUST BE FILED BY EVERYONE REQUIRED TO SUBMIT A DECLARATION OF ESTIMATED TAX EVEN THOUGH DECLARATION WAS ACCURATE AND PAID IN FULL.

Fiscal Years Fill in Dates
Beginning
Ending
And File Within 4 Months of Ending Date

OCCUPATION OR PRINCIPAL BUSINESS ACTIVITY
INDICATE WHETHER SOLE PROPRIETORSHIP EMPLOYEE OTHER
ACCOUNT NUMBER ACCOUNT TYPE SSN
Date moved in Spouse SSN
Date moved out
HEMANTH TADIKAMALLA
5720 BOZEMAN DR, 2-11310
PLANO TX 75024

HEMANTH TADIKAMALLA
5720 BOZEMAN DR, 2-11310
PLANO TX 75024

Your Name, Address and Social Security Number/Federal ID Number Are Printed Above As They Appear On Our Records. Make Corrections Where Necessary. Add Social Security Number/Federal ID Number If Missing. Attach Copy of Federal Return And Schedules in Lieu of Page 2 Schedules C, E, and H. Otherwise, Returns Will Be Questioned if all lines Applicable to Taxpayer Are Not Completed.

Enter Employer's Name, Where Employed, And 2021 Gross Wages, Salaries, Bonuses, Commissions, Tips, Etc. Attach Copy Of W-2 Form(s)

Table with 4 columns: Employer's Name, City Where Employed, City Tax Withheld, Wages, Etc. Rows include FRAMEWORK MI INC and EXTENSIS III INC / TRIAX TECHNOLOGIES INC.

1 a TOTALS (if above is fully taxable and your only income, go next to Line 7) 761 64669
INCOME 2 OTHER INCOME: FROM PAGE 2
3 TOTAL INCOME (TOTAL OF LINES 1 AND 2 OR PER FEDERAL RETURN ATTACHED) 64669
ADJUSTMENTS TO INCOME 4 a ITEMS NOT DEDUCTIBLE (FROM LINE G SCHEDULE X) ADD
b ITEMS NOT TAXABLE (FROM LINE L SCHEDULE X) DEDUCT
c DIFFERENCE BETWEEN LINES 4a and b TO BE ADDED TO OR SUBTRACTED FROM LINE 3. (+ OR -)
5 a ADJUSTED NET INCOME (Line 3 plus or minus Line 4c if Schedule X is used) 64669
b Amount of Line 5a Allocable (% from step 5 Schedule Y)
c LESS ALLOCABLE NET LOSS PER PREVIOUS INCOME TAX RETURNS (Submit Schedule)
TAX 6 AMOUNT SUBJECT TO BLUE ASH CITY INCOME TAX (Line 5a OR 5b LESS LINE 5c) 64669
7 BLUE ASH CITY TAX RATE 1.250% 808
ALLOWABLE CREDITS 8 CREDITS: a Tax withheld by employer(s) as shown on line 1a above 761
b Payments and credits on 2022 Declaration of Estimated Tax
c Earned income (Resident individuals only) taxes paid City of
TOTAL CREDITS ALLOWABLE 761
9 BALANCE OF TAX DUE (Line 7 Less Line 8) Make Remittance Payable to City and Attach When Filing 47
10 OVERPAYMENT CLAIMED (If Line 8 Exceeds Line 7, Enter Difference in Box at Right)
Enter Amount of line 10 You Want: Credited to your 2022 Estimated Tax . . \$
Refunded \$

DECLARATION OF ESTIMATED TAX FOR 2022
11 Total Income Subject to Tax \$ x % 11 \$
12 Estimated Tax Withheld 12 \$
13 Total Estimated Tax (Line 11 - Line 12) 13 \$
14 Credit From Line 10 14 \$
15 Net Estimated Tax Due (Line 13 - Line 14) 15 \$
16 First Quarter 2022 Estimated Payment Due (1/4 of Line 15) 16 \$
17 Total Due With This Return (Add Lines 9 and 16) 17 \$ 47

I CERTIFY 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 AND THAT THE FIGURES USED HEREIN ARE THE SAME AS FOR FEDERAL INCOME TAX PURPOSES. OHYB9901 09/27/16

SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/08/2022
SIGNATURE OF PERSON PREPARING IF OTHER THAN TAXPAYER DATE SIGNATURE OF TAXPAYER OR AGENT DATE

GLOBAL TAXES LLC
2530 PEBBLE CREEK LN
CUMMING GA 30041
ADDRESS OR NAME AND ADDRESS OF FIRM OR EMPLOYER SIGNATURE OF SPOUSE DATE

If this return was prepared by a tax practitioner, may we contact your practitioner directly with questions regarding the preparation of this return? YES [] NO []

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: HEMANTH
Last name: TADIKAMALLA
Your social security number: 442-35-1722
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.
5720 BOZEMAN DR, 2-11310
Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below.
PLANO
State: TX
ZIP code: 75024
Foreign country name:
Foreign province/state/county:
Foreign postal code:
Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
[] You [] Spouse

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

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

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

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

Main tax calculation table with 15 rows. Columns include line numbers, descriptions, and amounts. Total taxable income is 47,675. Includes boxes for Attach Sch. B if required and Standard Deduction for.

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	6,237.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	6,237.
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	6,237.
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	6,237.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	9,213.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	9,213.
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, 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"/>	27a	
b	Nontaxable combat pay election	27b	
c	Prior year (2019) earned income	27c	
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 15	31	
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	9,213.
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	2,976.
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	2,976.
Direct deposit? See instructions.	b Routing number 044000037 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number 313372390		
	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	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. (515) 451-7486 Email address HEMANTH.TADIKAMALLA96@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 03/08/2022	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 2530 Pebble Creek Ln Cumming GA 30041		Phone no. (678) 965-9522	Firm's EIN 30-1017196

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

2021
Attachment
Sequence No. **01**

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

Your social security number
442-35-1722

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	-7,000.
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	-7,000.

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

Schedule 1 (Form 1040) 2021

Part II Adjustments to Income

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