

# IRS e-file Signature Authorization

OMB No. 1545-0074

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

Submission Identification Number (SID) ▶

Taxpayer's name VARUN KUMAR REDDY PODAMALA	Social security number 087-75-6180
Spouse's name PRIYANKA SYAMALA	Spouse's social security number 799-85-3847

**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	187,367.
2 Total tax . . . . .	2	27,064.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	3	29,930.
4 Amount you want refunded to you . . . . .	4	2,866.
5 Amount you owe . . . . .	5	

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

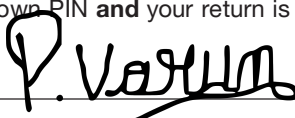
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax 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	6	1	8	0
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 as my signature on the income tax return (original or amended) I am now authorizing.
- 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 ▶ 03/17/2022

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

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

5	3	8	4	7
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 as my signature on the income tax return (original or amended) I am now authorizing.
- 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 ▶ 03/17/2022

**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						
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 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**  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 VARUN KUMAR REDDY		Last name PODAMALA		Your social security number 087-75-6180	
If joint return, spouse's first name and middle initial PRIYANKA		Last name SYAMALA		Spouse's social security number 799-85-3847	
Home address (number and street). If you have a P.O. box, see instructions. 125 ESSEX AVENUE EAST				Apt. no. 405	<b>Presidential Election Campaign</b> 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. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. AVENEL			State NJ	ZIP code 07001	
Foreign country name		Foreign province/state/county		Foreign postal code	

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** **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

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
(1) First name	Last name			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.  <b>Standard Deduction for—</b> • 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 <b>Standard Deduction</b> , see instructions.	<b>1</b>	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .		<b>1</b>	199,579.	
	<b>2a</b>	Tax-exempt interest . . . . .	<b>2a</b>	<b>b</b> Taxable interest . . . . .	<b>2b</b> 4.	
	<b>3a</b>	Qualified dividends . . . . .	<b>3a</b>	<b>b</b> Ordinary dividends . . . . .	<b>3b</b>	
	<b>4a</b>	IRA distributions . . . . .	<b>4a</b>	<b>b</b> Taxable amount . . . . .	<b>4b</b>	
	<b>5a</b>	Pensions and annuities . . . . .	<b>5a</b>	<b>b</b> Taxable amount . . . . .	<b>5b</b>	
	<b>6a</b>	Social security benefits . . . . .	<b>6a</b>	<b>b</b> Taxable amount . . . . .	<b>6b</b>	
	<b>7</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ▶ <input type="checkbox"/>			<b>7</b>	-46.
	<b>8</b>	Other income from Schedule 1, line 10 . . . . .			<b>8</b>	-12,170.
	<b>9</b>	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . . ▶			<b>9</b>	187,367.
	<b>10</b>	Adjustments to income from Schedule 1, line 26 . . . . .			<b>10</b>	
	<b>11</b>	Subtract line 10 from line 9. This is your <b>adjusted gross income</b> . . . . . ▶			<b>11</b>	187,367.
	<b>12a</b>	<b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .	<b>12a</b>	25,100.		
	<b>b</b>	Charitable contributions if you take the standard deduction (see instructions)	<b>12b</b>	600.		
	<b>c</b>	Add lines 12a and 12b . . . . .	<b>12c</b>			25,700.
	<b>13</b>	Qualified business income deduction from Form 8995 or Form 8995-A . . . . .	<b>13</b>			
<b>14</b>	Add lines 12c and 13 . . . . .	<b>14</b>			25,700.	
<b>15</b>	<b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . .	<b>15</b>			161,667.	

<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	<b>16</b>	27,064.
<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
<b>18</b>	Add lines 16 and 17	<b>18</b>	27,064.
<b>19</b>	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	<b>19</b>	
<b>20</b>	Amount from Schedule 3, line 8	<b>20</b>	
<b>21</b>	Add lines 19 and 20	<b>21</b>	
<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	27,064.
<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 21	<b>23</b>	0.
<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	27,064.
<b>25</b>	Federal income tax withheld from:		
a	Form(s) W-2	<b>25a</b>	29,930.
b	Form(s) 1099	<b>25b</b>	
c	Other forms (see instructions)	<b>25c</b>	
d	Add lines 25a through 25c	<b>25d</b>	29,930.
<b>26</b>	2021 estimated tax payments and amount applied from 2020 return	<b>26</b>	
<b>27a</b>	Earned income credit (EIC) <span style="float:right">No</span>	<b>27a</b>	
	Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/>		
b	Nontaxable combat pay election	<b>27b</b>	
c	Prior year (2019) earned income	<b>27c</b>	
<b>28</b>	Refundable child tax credit or additional child tax credit from Schedule 8812	<b>28</b>	
<b>29</b>	American opportunity credit from Form 8863, line 8	<b>29</b>	
<b>30</b>	Recovery rebate credit. See instructions	<b>30</b>	
<b>31</b>	Amount from Schedule 3, line 15	<b>31</b>	
<b>32</b>	Add lines 27a and 28 through 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>	
<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	29,930.
<b>Refund</b>	<b>34</b> If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>	2,866.
	<b>35a</b> Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>	2,866.
Direct deposit? See instructions.	<b>b</b> Routing number 1 1 1 0 0 0 0 2 5 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<b>d</b> Account number 5 8 6 0 3 6 4 7 5 3 7 2		
	<b>36</b> Amount of line 34 you want <b>applied to your 2022 estimated tax</b>	<b>36</b>	
<b>Amount You Owe</b>	<b>37</b> <b>Amount you owe</b> . Subtract line 33 from line 24. For details on how to pay, see instructions	<b>37</b>	
	<b>38</b> Estimated tax penalty (see instructions)	<b>38</b>	

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

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

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

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

Your signature <i>P. Varun</i>	Date 03/17/2022	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. <i>Priyanka</i>	Date 03/17/2022	Spouse's occupation SOFTWARE ENGINEER	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. (804) 928-7982	Email address VARUNP889@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 02/19/2022	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](http://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

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

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
VARUN KUMAR REDDY PODAMALA & PRIYANKA SYAMALA

Your social security number  
087-75-6180

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	0.
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions) ▶ _____		
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .	<b>5</b>	-12,170.
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	
<b>8</b>	Other income:		
<b>a</b>	Net operating loss . . . . .	<b>8a</b>	( )
<b>b</b>	Gambling income . . . . .	<b>8b</b>	
<b>c</b>	Cancellation of debt . . . . .	<b>8c</b>	
<b>d</b>	Foreign earned income exclusion from Form 2555 . . . . .	<b>8d</b>	( )
<b>e</b>	Taxable Health Savings Account distribution . . . . .	<b>8e</b>	
<b>f</b>	Alaska Permanent Fund dividends . . . . .	<b>8f</b>	
<b>g</b>	Jury duty pay . . . . .	<b>8g</b>	
<b>h</b>	Prizes and awards . . . . .	<b>8h</b>	
<b>i</b>	Activity not engaged in for profit income . . . . .	<b>8i</b>	
<b>j</b>	Stock options . . . . .	<b>8j</b>	
<b>k</b>	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property . . . . .	<b>8k</b>	
<b>l</b>	Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .	<b>8l</b>	
<b>m</b>	Section 951(a) inclusion (see instructions) . . . . .	<b>8m</b>	
<b>n</b>	Section 951A(a) inclusion (see instructions) . . . . .	<b>8n</b>	
<b>o</b>	Section 461(l) excess business loss adjustment . . . . .	<b>8o</b>	
<b>p</b>	Taxable distributions from an ABLE account (see instructions) . . . . .	<b>8p</b>	
<b>z</b>	Other income. List type and amount ▶ _____	<b>8z</b>	
<b>9</b>	Total other income. Add lines 8a through 8z . . . . .	<b>9</b>	
<b>10</b>	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .	<b>10</b>	-12,170.

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

Schedule 1 (Form 1040) 2021

**Part II Adjustments to Income**

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

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

**Capital Gains and Losses**

OMB No. 1545-0074

**2021**

Attachment  
Sequence No. **12**

Department of the Treasury  
Internal Revenue Service (99)

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

Name(s) shown on return

VARUN KUMAR REDDY PODAMALA & PRIYANKA SYAMALA

Your social security number

087-75-6180

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?  **Yes**  **No**

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

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

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .	20.	65.		-45.
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .	3.	4.		-1.
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>5</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>6</b> ( )
<b>7 Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .				<b>7</b> -46.

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

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

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



**Part III Summary**

<p><b>16</b> Combine lines 7 and 15 and enter the result . . . . .</p> <ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li> </ul>	<b>16</b>	-46.
<p><b>17</b> Are lines 15 and 16 <b>both</b> gains?</p> <p><input type="checkbox"/> <b>Yes.</b> Go to line 18.</p> <p><input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.</p>		
<p><b>18</b> If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . ▶</p>	<b>18</b>	
<p><b>19</b> If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . . ▶</p>	<b>19</b>	
<p><b>20</b> Are lines 18 and 19 both zero or blank and are you not filing Form 4952?</p> <p><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16. <b>Don't</b> complete lines 21 and 22 below.</p> <p><input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.</p>		
<p><b>21</b> If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of:</p> <ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } . . . . .</li> </ul> <p><b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.</p>	<b>21</b>	( 46. )
<p><b>22</b> Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?</p> <p><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16.</p> <p><input checked="" type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>		







**SCHEDULE E  
(Form 1040)**

**Supplemental Income and Loss**

OMB No. 1545-0074

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

**2021**

Department of the Treasury  
Internal Revenue Service (99)

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

Attachment  
Sequence No. **13**

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

Name(s) shown on return

Your social security number

VARUN KUMAR REDDY PODAMALA & PRIYANKA SYAMALA

087-75-6180

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

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

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

<b>1a</b>	Physical address of each property (street, city, state, ZIP code)				
<b>A</b>	DNO:6-3-124/9,H.NO:5 RAM NAGAR, ANANTAPUR AANDHRA PRADESH IN 515001				
<b>B</b>					
<b>C</b>					
<b>1b</b>	Type of Property (from list below)	<b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
<b>A</b>	3		<b>A</b> 365	0	<input type="checkbox"/>
<b>B</b>			<b>B</b>		<input type="checkbox"/>
<b>C</b>			<b>C</b>		<input type="checkbox"/>

**Type of Property:**

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

Income:	Properties:	A	B	C
<b>3</b> Rents received . . . . .	<b>3</b>	620.		
<b>4</b> Royalties received . . . . .	<b>4</b>			

**Expenses:**

<b>5</b> Advertising . . . . .	<b>5</b>			
<b>6</b> Auto and travel (see instructions) . . . . .	<b>6</b>			
<b>7</b> Cleaning and maintenance . . . . .	<b>7</b>	1,900.		
<b>8</b> Commissions. . . . .	<b>8</b>			
<b>9</b> Insurance . . . . .	<b>9</b>			
<b>10</b> Legal and other professional fees . . . . .	<b>10</b>			
<b>11</b> Management fees . . . . .	<b>11</b>	2,950.		
<b>12</b> Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>			
<b>13</b> Other interest. . . . .	<b>13</b>			
<b>14</b> Repairs. . . . .	<b>14</b>	1,990.		
<b>15</b> Supplies . . . . .	<b>15</b>	2,960.		
<b>16</b> Taxes . . . . .	<b>16</b>			
<b>17</b> Utilities . . . . .	<b>17</b>	2,990.		
<b>18</b> Depreciation expense or depletion . . . . .	<b>18</b>			
<b>19</b> Other (list) ▶ . . . . .	<b>19</b>			
<b>20</b> Total expenses. Add lines 5 through 19 . . . . .	<b>20</b>	12,790.		

<b>21</b> Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 . . . . .	<b>21</b>	-12,170.		
<b>22</b> Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . .	<b>22</b>	( 12,170. )	( )	( )

<b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>	620.		
<b>b</b> Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>			
<b>c</b> Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>			
<b>d</b> Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>			
<b>e</b> Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b>	12,790.		

<b>24</b> <b>Income.</b> Add positive amounts shown on line 21. Do not include any losses . . . . .	<b>24</b>			
<b>25</b> <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .	<b>25</b>	( 12,170. )		

<b>26</b> <b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . .	<b>26</b>	-12,170.		
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For Paperwork Reduction Act Notice, see the separate instructions. NPA -12,170. Schedule E (Form 1040) 2021

**Health Savings Accounts (HSAs)**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**  
▶ **Go to [www.irs.gov/Form8889](http://www.irs.gov/Form8889) for instructions and the latest information.**

**2021**  
Attachment  
Sequence No. **52**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
VARUN KUMAR REDDY PODAMALA

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶ 087-75-6180

**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.

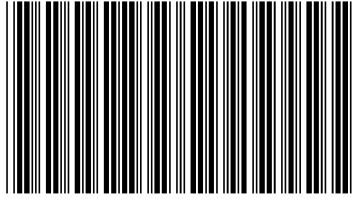
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2021. See instructions . . . . . ▶	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family
2	HSA contributions you made for 2021 (or those made on your behalf), including those made from January 1, 2022, through April 15, 2022, that were for 2021. <b>Do not</b> 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 <b>every</b> month during 2021, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,600 (\$7,200 for family coverage). <b>All others</b> , 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	1,687.
10	Qualified HSA funding distributions . . . . .	10	
11	Add lines 9 and 10 . . . . .	11	1,687.
12	Subtract line 11 from line 8. If zero or less, enter -0- . . . . .	12	5,513.
13	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 <b>Caution:</b> 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	332.
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	332.
15	Qualified medical expenses paid using HSA distributions (see instructions) . . . . .	15	332.
16	<b>Taxable HSA distributions.</b> 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	0.
17a	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here . . . . . ▶ <input type="checkbox"/>		
b	<b>Additional 20% tax</b> (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	<b>Total income.</b> 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	<b>Additional tax.</b> Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d . . . . .	21	



040MP01210

For Privacy Act Notification, See Instructions

Your Social Security Number (required)  
087756180

Last Name, First Name, Initial (Joint Filers enter first name and middle initial of each. Enter spouse's/CU partner's last name ONLY if different.)  
PODAMALA VARUN KUMAR REDDY & SYAMALA PRIYANKA

Spouse's/CU Partner's SSN (if filing jointly)  
799853847

County/Municipality Code (See Table page 50)  
0901

Home Address (Number and Street, including apartment number)  
125 ESSEX AVENUE EAST APT 405

City, Town, Post Office State ZIP Code  
AVENEL NJ 07001

Driver's License Number (Voluntary) (See instructions)  
P60707630007941

- Federal extension filed.
- The address above is a foreign address.
- Your address has changed.
- Death certificate is enclosed.
- Do not want a paper form next year.
- I authorize the Division of Taxation to discuss my return and enclosures with my preparer.
- NJ-1040-O is enclosed.

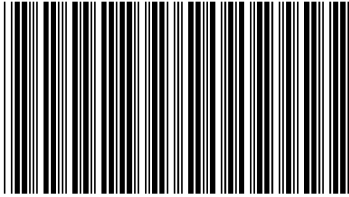
**Gubernatorial Elections Fund** Note: This does not reduce your refund or increase your balance due.

Do you want to designate \$1 to the Gubernatorial Elections Fund?	You	Yes	No
If joint return, does your spouse want to designate \$1?	Spouse/CU Partner	Yes	No

**Direct Deposit Information**

dd1. Direct deposit indicator (1 for direct deposit, 4 for no direct deposit)	dd1.	1	
dd2. Account type (C for checking, S for savings)	dd2.	C	
dd3. Fill in the checkbox if the direct deposit is going to an account outside the United States	dd3.		
dd4. Routing number	dd4.		111000025
dd5. Account number	dd5.		586036475372





040MP02210

Name(s) as shown on Form NJ-1040

PODAMALA VARUN KUMAR REDDY & SYAMALA PRI

Your Social Security Number

087756180

1555

Part-year residents, provide months/days you were a New Jersey resident during 2021:

From: To:

Fiscal year filers only:

Enter month of your year end 2 0 2 2

**Filing Status**

Fill in only one.

- 1. Single
- 2.  Married/CU Couple, filing joint return
- 3. Married/CU Partner, filing separate return
- 4. Head of Household Enter spouse's/CU partner's SSN
- 5. Qualifying Widow(er)/Surviving CU Partner  
Indicate the year of your spouse's/CU partner's death: 2019 2020

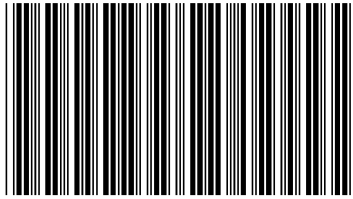
**Exemptions**

Fill in the ovals that apply. You must enter a total in the boxes to the right and complete the calculation.

- |  |                                     |      |                                     |                   |                  |   |             |               |
|--|-------------------------------------|------|-------------------------------------|-------------------|------------------|---|-------------|---------------|
| 6. Regular   | <input checked="" type="checkbox"/> | Self | <input checked="" type="checkbox"/> | Spouse/CU Partner | Domestic Partner | 2 | x \$1,000 = | <u>2000</u>   |
| 7. Senior 65+ (Born in 1956 or earlier)                                |                                     | Self |                                     | Spouse/CU Partner |                  |   | x \$1,000 = | _____         |
| 8. Blind/Disabled  |                                     | Self |                                     | Spouse/CU Partner |                  |   | x \$1,000 = | _____         |
| 9. Veteran   |                                     | Self |                                     | Spouse/CU Partner |                  |   | x \$6,000 = | _____         |
| 10. Qualified Dependent Children                                       |                                     |      |                                     |                   |                  |   | x \$1,500 = | _____         |
| 11. Other Dependents   |                                     |      |                                     |                   |                  |   | x \$1,500 = | _____         |
| 12. Dependents Attending Colleges (See instructions)                   |                                     |      |                                     |                   |                  |   | x \$1,000 = | _____         |
| 13. Total Exemption Amount (Add totals from the lines at 6 through 12) |                                     |      |                                     |                   |                  |   | 13.         | <u>2000</u> . |

14. Dependent Information. Provide the following information for each dependent.

	Last Name, First Name, Middle Initial	Social Security Number	Birth Year	No Health Insurance
a.	_____			
b.	_____			
c.	_____			
d.	_____			



040MP03210

Name(s) as shown on Form NJ-1040

PODAMALA VARUN KUMAR REDDY & SYAMALA PRIY

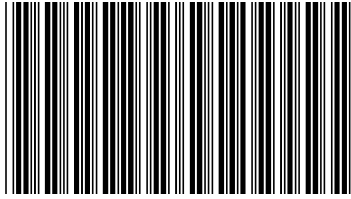
Your Social Security Number

087756180

1555

15. Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	201892	.
16a. Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)	16a.	4	.
16b. Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on line 16a	16b.	.	.
17. Dividends	17.	.	.
18. Net profits from business (Schedule NJ-BUS-1, Part I, line 4) (Enclose federal Schedule C)	18.	.	.
19. Net gains or income from disposition of property (Schedule NJ-DOP, line 4)	19.	.	.
20a. Taxable pensions, annuities, and IRA distributions/withdrawals (See instructions)	20a.	.	.
20b. Excludable pension, annuity, and IRA distributions/withdrawals	20b.	.	.
21. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1)	21.	.	.
22. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1)	22.	.	.
23. Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, line 4)	23.	.	.
24. Net Gambling Winnings (See instructions)	24.	.	.
25. Alimony and Separate Maintenance Payments received	25.	.	.
26. Other (Enclose documents) (See instructions)	26.	.	.
27. Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26)	27.	201896	.
28a. Pension/Retirement Exclusion (See instructions)	28a.	.	.
28b. Other Retirement Income Exclusion (See Worksheet D and instructions pages 19-20)	28b.	.	.
28c. Total Exclusion Amount (Add lines 28a and 28b)	28c.	.	.
29. New Jersey Gross Income (Subtract line 28c from line 27) (See instructions)	29.	201896	.
30. Exemption Amount (Enter amount from line 13. Part-year residents see instr.)	30.	2000	.
31. Medical Expenses (See Worksheet F and instructions)	31.	.	.
32. Alimony and Separate Maintenance Payments (See instructions)	32.	.	.
33. Qualified Conservation Contribution	33.	.	.
34. Health Enterprise Zone Deduction	34.	.	.
35. Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)	35.	0	.
36. Organ/Bone Marrow Donation Deduction (See instructions)	36.	.	.
37. Total Exemptions and Deductions (Add lines 30 through 36)	37.	2000	.
38. Taxable Income (Subtract line 37 from line 29)	38.	199896	.
39a. Total Property Taxes (18% of Rent) Paid (See instructions page 23)	39a.	3456	.
39b. Block	.	.	.
39b. Lot	.	.	.
39b. Qualifier			Fill in if you completed Worksheet G
39c. County/Municipality Code			
39d. Indicate your residency status during 2021 (fill in only one)	Homeowner	Tenant	Both
40. Property Tax Deduction (From Worksheet H) (See instructions)			40.
41. New Jersey Taxable Income (Subtract line 40 from line 38)			41. 199896
42. Tax on Amount on line 41 (Tax Table page 52)			42. 8691
43. Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)			43. 8591
Enter Code			99
44. Balance of Tax (Subtract line 43 from line 42)			44. 100
45. Sheltered Workshop Tax Credit			45.
46. Gold Star Family Counseling Credit (See instructions)			46.
47. Credit for Employer of Organ/Bone Marrow Donor (See instructions)			47.
48. Total Credits (Add lines 45 through 47)			48.
49. Balance of Tax After Credits (Subtract line 48 from line 44) If zero or less, make no entry			49. 100
50. Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0			50. 0
51. Interest on Underpayment of Estimated Tax			51.
Fill in if Form NJ-2210 is enclosed			
52. Shared Responsibility Payment (See instructions) <b>REQUIRED</b> Enclose Schedule HCC and fill in <input checked="" type="checkbox"/>			52. 0





040MP04210

Name(s) as shown on Form NJ-1040

PODAMALA VARUN KUMAR REDDY & SYAMALA PRIY

Your Social Security Number

087756180

1555

53. Total Tax Due (Add lines 49 through 52)	53.	100 .
54. Total NJ Income Tax Withheld (Enclose Forms W-2 and 1099) (Part year, see instructions)	54.	5210 .
55. Property Tax Credit (See instructions page 23)	55.	50 .
56. New Jersey Estimated Tax Payments/Credit from 2020 tax return	56.	. .
57. New Jersey Earned Income Tax Credit (See instructions)	57.	. .
Fill in if you had the IRS calculate your federal earned income credit		
Fill in if you are a CU couple claiming the NJ Earned Income Tax Credit		
58. Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions)	58.	. .
59. Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions)	59.	. .
60. Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instructions)	60.	. .
61. Wounded Warrior Caregivers Credit (See instructions)	61.	. .
62. Pass-Through Business Alternative Income Tax Credit (See instructions)	62.	. .
63. Child and Dependent Care Credit (See instructions)	63.	. .
Fill in if you are a CU couple claiming the Child and Dependent Care Credit		
64. Total Withholdings, Credits, and Payments (Add lines 54 through 63)	64.	5260 .
65. If line 64 is less than line 53, you have tax due. Subtract line 64 from line 53 and enter the amount you owe	65.	. .
If you owe tax, you can still make a donation on lines 68 through 75.		
66. If the total on line 64 is more than line 53, you have an overpayment. Subtract line 53 from line 64 and enter the overpayment	66.	5160 .
67. Amount from line 66 you want to credit to your 2022 tax	67.	. .
68. Contribution to N.J. Endangered Wildlife Fund	\$10 \$20 Other	68. . .
69. Contribution to N.J. Children's Trust Fund to Prevent Child Abuse	\$10 \$20 Other	69. . .
70. Contribution to N.J. Vietnam Veterans' Memorial Fund	\$10 \$20 Other	70. . .
71. Contribution to N.J. Breast Cancer Research Fund	\$10 \$20 Other	71. . .
72. Contribution to U.S.S. New Jersey Educational Museum Fund	\$10 \$20 Other	72. . .
73. Other Designated Contribution (See instructions)	\$10 \$20 Other Enter Code	73. . .
74. Other Designated Contribution (See instructions)	\$10 \$20 Other Enter Code	74. . .
75. Other Designated Contribution (See instructions)	\$10 \$20 Other Enter Code	75. . .
76. Total Adjustments to Tax Due/Overpayment amount (Add lines 67 through 75)	76.	. .
77. Balance due (If line 65 is more than zero, add line 65 and line 76)	77.	. .
78. Refund amount (If line 66 is more than zero, subtract line 76 from line 66)	78.	5160 .

Under penalties of perjury, I declare that I have examined this Income Tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

\_\_\_\_\_  
Your Signature Date

\_\_\_\_\_  
Spouse's/CU Partner's Signature (required if filing jointly) Date

\_\_\_\_\_  
Paid Preparer's Signature Federal Identification Number

SYAM PRIYA RAM SAGAR GUPTA TALLAM P02082703  
Firm's Name Firm's Federal Employer Identification Number

GLOBAL TAXES LLC 30-1017196

**Tax Due Address**  
Enclose payment along with the NJ-1040-V payment voucher and tax return. Use the labels provided with the envelope and mail to:  
State of New Jersey  
Division of Taxation  
Revenue Processing Center - Payment  
PO Box 111  
Trenton, NJ 08645-0111  
Include Social Security number and make check or money order payable to:  
State of New Jersey - TGI  
You can also make a payment on our website:  
nj.gov/taxation

**Refund or No Tax Due Address**  
Use the labels provided with the envelope and mail to:  
New Jersey Division of Taxation  
Revenue Processing Center - Refunds  
PO Box 555  
Trenton, NJ 08647-0555

### Schedule NJ-DOP

### Net Gains or Income From Disposition of Property

### 2021

List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible as reported on federal Schedule D.						
	(a)	(b)	(c)	(d)	(e)	(f)
1.	Kind of property and description	Date acquired (mm/dd/yyyy)	Date sold (mm/dd/yyyy)	Gross sales price	Cost or other basis as adjusted (see instructions) and expense of sale	Gain or (loss) (d minus e)
	Robinhood Securities LLC	06/05/2021	12/12/2021	20.	65.	-45.
	Robinhood Securities LLC	06/05/2021	12/12/2021	3.	4.	-1.
2.	Capital Gains Distributions .....					
3.	Other Net Gains .....					
4.	Net Gains (Add lines 1, 2, and 3.) (Enter here and on line 19. If loss, enter zero here and make no entry on line 19.).....					0.

### Schedule NJ-WWC

### Wounded Warrior Caregivers Credit

### 2021

<p>Did you provide care for a relative who was a qualifying armed services member (see instructions)? ..... <input type="radio"/> Yes <input type="radio"/> No</p> <p>If <b>"Yes,"</b> enter the name and Social Security number of the qualifying service member.</p> <p style="text-align: center;">- -</p> <p>_____ Social Security number</p> <p>Enter your relationship to the qualifying service member.</p> <p>_____</p> <p>If <b>"No,"</b> you are not eligible for a Wounded Warrior Caregivers Credit. Make no entry on line 61, NJ-1040.</p>			
1.	Enter the federal disability compensation of the armed services member .....	1.	
2.	Maximum credit allowed .....	2.	675 00
3.	Enter the lesser of line 1 or line 2 .....	3.	
4.	<p>Were you the only caregiver for this service member during the tax year?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>If <b>"No,"</b> enter your share (percentage) of the total care expenses for the year.</p>	4.	%
5.	<p>If you answered <b>"Yes"</b> at line 4, enter the amount from line 3 here and on line 61, NJ-1040.</p> <p>If you answered <b>"No"</b> at line 4, multiply the amount on line 3 by the percentage on line 4. Enter the result here and on line 61, NJ-1040 .....</p>	5.	

**Keep a copy of this schedule for your records**

**Schedule NJ-BUS-1**  
(Form NJ-1040)

New Jersey Gross Income Tax  
Business Income Summary Schedule

**2021**

<b>Part I Net Profits From Business</b>		List the net profit (loss) from business(es). See instructions.	
	Business Name	Social Security Number/ Federal EIN	Profit or (Loss)
1.			
2.			
3.			
4.	Net Profit or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 18, NJ-1040. If loss, make no entry on line 18.)		4.

<b>Part II Distributive Share of Partnership Income</b>		List the distributive share of income (loss) from partnership(s). See instructions.	
	Partnership Name	Federal EIN	Share of Partnership Income or (Loss)
1.			
2.			
3.			
4.	Distributive Share of Partnership Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 21, NJ-1040. If loss, make no entry on line 21.)		4.
5.	Total Share of Pass-Through Business Alternative Income Tax (Add lines 1, 2, and 3.) (Enter here and include on line 62, NJ-1040.)		5.

<b>Part III Net Pro Rata Share of S Corporation Income</b>		List the pro rata share of income (usable loss) from S corporation(s). See instructions.	
	S Corporation Name	Federal EIN	Share of Pass-Through Business Alternative Income Tax
1.			
2.			
3.			
4.	Net Pro Rata Share of S Corporation Income or (Usable Loss). (Add lines 1, 2, and 3.) (Enter here and on line 22, NJ-1040. If loss, make no entry on line 22.)		4.
5.	Total Share of Pass-Through Business Alternative Income Tax (Add lines 1, 2, and 3.) (Enter here and include on line 62, NJ-1040)		5.

<b>Part IV Net Gains or Income From Rents, Royalties, Patents, and Copyrights</b>		List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights. See instructions. Type of Property: 1 – Rental real estate 2 – Royalties 3 – Patents 4 – Copyrights	
	Source of Income or Loss. If rental real estate, enter physical address of property.	Social Security Number/ Federal EIN	Type – Enter number from list above
1.	DNO: 6-3-124/9, H.NO: 5	087756180	1
2.			
3.			
4.	Net Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 23, NJ-1040. If loss, make no entry on line 23.)		4.

Name(s) as shown on Form NJ-1040 PODAMALA, VARUN KUMAR REDDY & SYAMALA, PRIYANKA	Social Security Number 087-75-6180
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**Schedule NJ-BUS-2**  
(Form NJ-1040)

New Jersey Gross Income Tax  
Alternative Business Calculation Adjustment

**2021**

Part I Income (Loss)		Column A		Column B	
		Reportable Regular Business Income		Alternative Business Income (Loss)	
1.	Net Profits From Business	1a.	0.	1b.	0.
2.	Distributive Share of Partnership Income	2a.	0.	2b.	0.
3.	Net Pro Rata Share of S Corporation Income	3a.	0.	3b.	0.
4.	Net Gain or Income From Rents, Royalties, Patents, and Copyrights	4a.	0.	4b.	-12,170.
5.	Loss Carryforward From Tax Year 2020			5b.	( 6,070. )
6.	Totals	6a.	0.	6b.	-18,240.
<b>Part II Adjustment Calculation</b>					
7.	Total Regular Business Income	7.	0.		
8.	Total Alternative Business Income/(Loss) (If loss, enter zero)	8.	0.		
9.	Business Increment (Subtract line 8 from line 7)	9.	0.		
10.	Adjustment Percentage	10.	0.50		
11.	Alternative Business Calculation Adjustment (Line 9 x 0.50)	11.	0.		
<b>Part III Loss Carryforward to Tax Year 2022</b>					
12.	Loss Carryforward to Tax Year 2022	12.		( 18,240. )	

**Instructions**

- Line 1a. Enter the amount from line 18, Form NJ-1040.
- Line 1b. Enter the amount from Part I, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 2a. Enter the amount from line 21, Form NJ-1040.
- Line 2b. Enter the amount from Part II, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 3a. Enter the amount from line 22, Form NJ-1040.
- Line 3b. Enter the amount from Part III, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 4a. Enter the amount from line 23, Form NJ-1040.
- Line 4b. Enter the amount from Part IV, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 5b. Enter the amount from line 12 of your 2020 Schedule NJ-BUS-2 (Form NJ-1040).
- Line 6a. Enter the total of lines 1a through 4a.
- Line 6b. Enter the total of lines 1b through 5b, netting gains with losses.
- Line 7. Enter the amount from line 6a of this schedule.
- Line 8. Enter the amount from line 6b of this schedule. If loss, enter zero here.
- Line 9. Subtract line 8 from line 7. If the result is zero, enter zero on line 11 and continue with line 12.
- Line 10. The adjustment percentage for Tax Year 2021 is 50% (0.50).
- Line 11. Multiply the amount on line 9 by 50% (0.50). Enter here and on line 35 of Form NJ-1040.
- Line 12. If the amount on line 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

If your income on line 29 is at or below the filing threshold,  
do not complete this schedule.

Name as Shown on Return PODAMALA, VARUN KUMAR REDDY & SYAMALA, PRIYANKA	Social Security No. 087-75-6180
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**Part I**

Did you and, if applicable, all members of your tax household, have minimum essential health coverage for every month in 2021 (See instructions for line 52, NJ-1040.) Part-year residents include only months as a New Jersey resident.

- Yes. You do not owe a shared responsibility payment. Fill in the oval at line 52, NJ-1040, and enclose this schedule with your return.
- No. Continue to Part II.

**Part II**

Enter the name and Social Security number for each member of your tax household. Check the box for every month each person had minimum essential health coverage or qualified for an exemption (part-year residents include only months as a New Jersey resident). If an individual qualified for an exemption, enter the exemption number. (See instructions for line 52, NJ-1040.) If an individual has more than one exemption number, check the box. If you need more space, enclose a statement listing any additional individuals.

**QuickZoom** to Shared Responsibility Payment Calculation Worksheet . . . . .  \_\_\_\_\_

Name	SSN	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18 . . . . .											
		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18 . . . . .											
		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18 . . . . .											
		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18 . . . . .											
		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18 . . . . .											
		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18 . . . . .											
		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18 . . . . .											
		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18 . . . . .											
		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





# Tips for Estimated Tax

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### Telephone assistance

Automated income tax refund status:	518-457-5149
Personal Income Tax Information Center:	518-457-518
To order forms and publications:	518-457-5
Text Telephone (TTY) or TDD equipment users	Dial 7-1-1 for the New York Relay Service

◀ Detach (cut) here ▶



# Estimated Tax Payment Voucher for Individuals

New York State • New York City • Yonkers • MCTMT

## IT-2105

**Calendar-year filer due dates:** April 18, 2022; June 15, 2022; September 15, 2022; and January 17, 2023. Enter applicable amount(s) and total payment in the boxes to the right. Print the last four digits of your SSN or taxpayer ID number and **2022 IT-2105** on your payment. Make payable to **NYS Income Tax**. Mail voucher and payment to: NYS Estimated Income Tax, Processing Center, PO Box 4122, Binghamton NY 13902-4122.

### Estimated tax amounts

Full SSN or taxpayer ID number 087756180		Enter your <b>2-character special condition code</b> if applicable (see instr.) ..... <input type="text"/>		New York State	1649	.00
Taxpayer's first name and middle initial VARUN KUMAR REDDY		Taxpayer's last name PODAMALA		New York City		.00
Mailing address (number and street or PO Box; see instructions) 125 ESSEX AVENUE EAST		Apartment number 405		Yonkers		.00
City, village, or post office AVENEL	State NJ	ZIP code 07001		MCTMT		.00
Taxpayer's email address VARUNP889@GMAIL.COM				<b>Total payment</b>	1649	.00

**STOP:** Pay this electronically on our website

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 Text Telephone (TTY) or TDD Dial 7-1-1 for the  
 equipment users New York Relay Service

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## Estimated Tax Payment Voucher for Individuals

New York State • New York City • Yonkers • MCTMT

## IT-2105

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### Estimated tax amounts

Full SSN or taxpayer ID number 087756180		Enter your <b>2-character special condition code if applicable</b> (see instr.) ..... <input type="text"/>		New York State	1649	.00
Taxpayer's first name and middle initial VARUN KUMAR REDDY		Taxpayer's last name PODAMALA		New York City		.00
Mailing address (number and street or PO Box; see instructions) 125 ESSEX AVENUE EAST		Apartment number 405		Yonkers		.00
City, village, or post office AVENEL	State NJ	ZIP code 07001		MCTMT		.00
Taxpayer's email address VARUNP889@GMAIL.COM				<b>Total payment</b>	1649	.00

**STOP:** Pay this electronically on our website

0601223555 087756180 1



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### Telephone assistance

Automated income tax refund status:	518-457-5
Personal Income Tax Information Center:	518-457-5181
To order forms and publications:	518-457-543
Text Telephone (TTY) or TDD equipment users	Dial 7-1-1 for the New York Relay Service

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# Estimated Tax Payment Voucher for Individuals

New York State • New York City • Yonkers • MCTMT

## IT-2105

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### Estimated tax amounts

Full SSN or taxpayer ID number 087756180		Enter your <b>2-character special condition code</b> if applicable (see instr. ... <input type="text"/> New York State	
Taxpayer's first name and middle initial VARUN KUMAR REDDY		Taxpayer's last name PODAMALA	
Mailing address (number and street or PO Box; see instructions) 125 ESSEX AVENUE EAST		Apartment number 405	
City, village, or post office AVENEL	State NJ	ZIP code 07001	
Taxpayer's email address VARUNP889@GMAIL.COM			

	Dollars	Cents
New York State	1649	00
New York City		00
Yonkers		00
MCTMT		00
<b>Total payment</b>	1649	00

**STOP:** Pay this electronically on our website



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### Telephone assistance

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Personal Income Tax Information Center:	518-457-5181
To order forms and publications:	518-457-5431
Text Telephone (TTY) or TDD equipment users	Dial 7-1-1 for the New York Relay Service

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# Estimated Tax Payment Voucher for Individuals

New York State • New York City • Yonkers • MCTMT

## IT-2105

**Calendar-year filer due dates:** April 18, 2022; June 15, 2022; September 15, 2022; and January 17, 2023. Enter applicable amount(s) and total payment in the boxes to the right. Print the last four digits of your SSN or taxpayer ID number and **2022 IT-2105** on your payment. Make payable to **NYS Income Tax**. Mail voucher and payment to: NYS Estimated Income Tax, Processing Center, PO Box 4122, Binghamton NY 13902-4122.

### Estimated tax amounts

Full SSN or taxpayer ID number 087756180		Enter your <b>2-character special condition code</b> if applicable (see instr.) ..... <input type="text"/>		New York State	1648	.00
Taxpayer's first name and middle initial VARUN KUMAR REDDY		Taxpayer's last name PODAMALA		New York City		.00
Mailing address (number and street or PO Box; see instructions) 125 ESSEX AVENUE EAST		Apartment number 405		Yonkers		.00
City, village, or post office AVENEL		State NJ	ZIP code 07001	MCTMT		.00
Taxpayer's email address VARUNP889@GMAIL.COM				<b>Total payment</b>	1648	.00

**STOP:** Pay this electronically on our website



# Instructions for Form IT-201-V Payment Voucher for Income Tax Returns

# IT-201-V

(12/21)

**Did you know?** You can pay your income tax return payment directly on our website from your bank account or by credit card through your individual Online Services account. Visit [www.tax.ny.gov](http://www.tax.ny.gov).

## How to use this form

If you are paying New York State income tax by check or money order, you must include Form IT-201-V with your payment.

## Check or money order

- Make your check or money order payable in U.S. funds to **New York State Income Tax**.
- Be sure to write the last four digits of your Social Security number (SSN), the tax year, and **Income Tax** on it.

## Completing the voucher

Be sure to complete **all** information on the voucher.

- Enter the tax year from the income tax return you are filing and your **entire** SSN. Failure to do so may result in monies not being properly credited to your account.
- If filing a joint return, include information for both spouses.
- Foreign address – Enter the city, province, or state all in the **City** box, and the **full** country name in the **Country** box. Enter the postal code, if any, in the **ZIP code** box.
- Do not staple or clip your payment to Form IT-201-V. Instead, just put them loose in the envelope.



You **cannot** use this form to pay a bill or other notice from the Tax Department that indicates you owe tax; you must use the payment document included with that bill or notice.

You **cannot** use this form to request an installment payment agreement (IPA); see our website for information about requesting an IPA.

## Mailing address

### E-filed and previously filed returns

If you e-filed your income tax return, or if you are making a payment for a previously filed return, mail the voucher and payment to:

**NYS PERSONAL INCOME TAX  
PROCESSING CENTER  
PO BOX 4124  
BINGHAMTON NY 13902-4124**

### Paper returns

If you are filing a paper income tax return (including amended returns), include the voucher and payment with your return and mail to this address:

**STATE PROCESSING CENTER  
PO BOX 15555  
ALBANY NY 12212-5555**

If you are not using U.S. Mail, be sure to consult Publication 55, *Designated Private Delivery Services*.

◀ Cut here ▶

**STOP:** Pay this electronically on our website.

Department of Taxation and Finance

## Payment Voucher for Income Tax Returns



REV 02/16/22 PRO

# IT-201-V

(12/21)

Tax year (yyyy) 2021		Make your check or money order payable in U.S. funds to <b>New York State Income Tax</b> . Write on your check or money order the last four digits of your SSN, the tax year, and <b>Income Tax</b> .	
Your first name and middle initial VARUN KUMAR REDDY	Your last name (for a joint return, enter spouse's name on line below) PODAMALA	Your full SSN 087756180	
Spouse's first name and middle initial PRIYANKA	Spouse's last name SYAMALA	Spouse's full SSN (only if filing a joint return) 799853847	
Mailing address 125 ESSEX AVENUE EAST		Apartment number 405	Country (if not United States)
City, village or post office AVENEL	State NJ	ZIP code 07001	
Email: VARUNP889@GMAIL.COM			

Payment amount

Dollars

6231

Cents

00



040001213555

For office use only

0401213555 087756180 1





# New York State E-File Signature Authorization for Tax Year 2021

## For Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

**Electronic return originator (ERO):** Do not mail this form to the Tax Department. Keep it for your records.

Taxpayer's name VARUN KUMAR REDDY PODAMALA	Spouse's name (jointly filed return only) PRIYANKA SYAMALA
---	---

### Purpose

Form TR-579-IT must be completed to authorize an ERO to e-file a personal income tax return and to transmit bank account information for the electronic funds withdrawal.

EROs must complete Part C prior to transmitting electronically filed income tax returns (Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210).

Both the paid preparer and the ERO are required to sign Part C. However, an individual performing as both the paid preparer and the ERO is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Note that an alternative signature can be used as described in Publication 58, *Information for Income Tax Return Preparers*, available on our website.

### General instructions

Taxpayers must complete Part B before the ERO transmits the taxpayer's electronically filed Forms IT-201, *Resident Income Tax Return*, IT-201-X, *Amended Resident Income Tax Return*, IT-203, *Nonresident and Part-Year Resident Income Tax Return*, IT-203-X, *Amended Nonresident and Part-Year Resident Income Tax Return*, IT-214, *Claim for Real Property Tax Credit*, and NYC-210, *Claim for New York City School Tax Credit*. Note that an electronic signature can be used as described in TSB-M-20(1)C, (2)I, *E-File Authorizations (TR-579 forms) for Taxpayers Using a Paid Preparer for Electronically Filed Tax Returns*.

This form is not required for electronically filed Form IT-370, *Application for Automatic Six-Month Extension of Time to File for Individuals*. See Form TR-579.1-IT, *New York State Taxpayer Authorization for Electronic Funds Withdrawal for Tax Year 2021 Form IT-370 and Tax Year 2022 Form IT-2105*.

For returns filed jointly, both spouses must complete and sign Form TR-579-IT.

### Part A – Tax return information

1 Federal adjusted gross income (from applicable line).....	1.	187367.
2 Refund.....	2.	
3 Amount you owe.....	3.	6231.
4 Financial institution routing number.....	4.	
5 Financial institution account number.....	5.	
6 Account type: <input type="checkbox"/> Personal checking <input type="checkbox"/> Personal savings <input type="checkbox"/> Business checking <input type="checkbox"/> Business savings		

### Part B – Declaration of taxpayer and authorizations for Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

Under penalty of perjury, I declare that I have examined the information on my 2021 New York State electronic personal income tax return, including any accompanying schedules, attachments, and statements, and certify that my electronic return is true, correct, and complete. The ERO has my consent to send my 2021 New York State electronic return to New York State through the Internal Revenue Service (IRS). In addition, by using a computer system and software to prepare and transmit my form electronically, I consent to the disclosure to New York State of all information pertaining to the transmission of my tax form electronically. I understand that by executing this Form TR-579-IT, I am authorizing the ERO to sign and file this return on my behalf and agree to the ERO's submission of my personal income tax return to the

IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying my New York State personal income taxes due by electronic funds withdrawal, I certify that the account holder has authorized the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on my 2021 electronic return, and authorized the financial institution to withdraw the amount from that account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than two (2) business days prior to the payment date.

Taxpayer's signature	Date
Spouse's signature (jointly filed return only)	Date

### Part C – Declaration of electronic return originator (ERO) and paid preparer

Under penalty of perjury, I declare that the information contained in this 2021 New York State electronic personal income tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed paper 2021 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2021 New York State electronic return

is identical to that contained in the paper copy of the return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2021 New York State electronic personal income tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

### Do not mail Form TR-579-IT to the Tax Department:

EROs must keep this form for three years and present it to the Tax Department upon request.

ERO's signature	Print name GLOBAL TAXES LLC	Date
Paid preparer's signature	Print name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 02192022





Department of Taxation and Finance

# Nonresident and Part-Year Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

# IT-203

For the year January 1, 2021, through December 31, 2021, or fiscal year beginning .....

21

and ending .....

For help completing your return, see the instructions, Form IT-203-I.

Your first name and middle initial VARUN KUMAR REDDY		Your last name (for a joint return, enter spouse's name on line below) PODAMALA		Your date of birth (mmddyyyy) 07061994	Your Social Security number 087756180
Spouse's first name and middle initial PRIYANKA		Spouse's last name SYAMALA		Spouse's date of birth (mmddyyyy) 07281994	Spouse's Social Security number 799853847
Mailing address (see instructions, page 12) (number and street or PO Box) 125 ESSEX AVENUE EAST				Apartment number 405	New York State county of residence NR
City, village, or post office AVENEL		State NJ	ZIP code 07001	Country	School district name NR
Taxpayer's permanent home address (see instr., pg. 12) (no. and street or rural route)				Apartment no.	City, village, or post office
				School district code number	
State	ZIP code	Country		Decedent information	Taxpayer's date of death
					Spouse's date of death

### A Filing status (mark an X in one box):

- ①  Single
- ②  Married filing joint return (enter both spouses' Social Security numbers above)
- ③  Married filing separate return (enter both spouses' Social Security numbers above)
- ④  Head of household (with qualifying person)
- ⑤  Qualifying widow(er)

**B** Did you itemize your deductions on your 2021 federal income tax return? ..... es  No

**C** Can you be claimed as a dependent on another taxpayer's federal return? ..... es  No

**D1** Did you have a financial account located in a foreign country? (see page 13) ..... Yes  No

**D2** Were you required to report any nonqualified deferred compensation, as required by IRC § 457A, on your 2021 federal return? (see page 13) ..... es  No

### E New York City part-year residents only (see page 13)

- (1) Number of months you lived in NY City in 2021 .....
- (2) Number of months your spouse lived in NY City in 2021 .....

**F** Enter your 2-character special condition code(s) if applicable (see page 13) .....

### G New York State part-year residents (see page 14)

Enter the date you moved into or out of NYS (mmddyyyy) .....

On the last day of the tax year (mark an X in one box):

- 1) Lived in NYS .....
- 2) Lived outside NYS; received income from NYS sources during nonresident period .....
- 3) Lived outside NYS; received no income from NYS sources during nonresident period .....

### H New York State nonresidents (see page 14)

Did you or your spouse maintain living quarters in NYS in 2021? ..... Yes  No   
(if Yes, complete Form IT-203-B)



### I Dependent information (see page 14)

First name and middle initial	Last name	Relationship	Social Security number	Date of birth (mmddyyyy)

If more than 6 dependents, mark an X in the box.



For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Enter your Social Security number  
087756180

<b>Federal income and adjustments</b> (see page 16)	<b>Federal amount</b> Whole dollars only		<b>New York State amount</b> Whole dollars only	
1 Wages, salaries, tips, etc. ....	<b>1</b>	199579 .00	<b>1</b>	117579 .00
2 Taxable interest income .....	<b>2</b>	4 .00	<b>2</b>	.00
3 Ordinary dividends .....	<b>3</b>	.00	<b>3</b>	.00
4 Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 24) .....	<b>4</b>	.00	<b>4</b>	.00
5 Alimony received .....	<b>5</b>	.00	<b>5</b>	.00
6 Business income or loss (submit a copy of federal Sch. C, Form 1040)	<b>6</b>	.00	<b>6</b>	.00
7 Capital gain or loss (if required, submit a copy of federal Sch. D, Form 1040)	<b>7</b>	-46 .00	<b>7</b>	.00
8 Other gains or losses (submit a copy of federal Form 4797)	<b>8</b>	.00	<b>8</b>	.00
9 Taxable amount of IRA distributions. Beneficiaries: mark <b>X</b> in box <input type="checkbox"/>	<b>9</b>	.00	<b>9</b>	.00
10 Taxable amount of pensions/annuities. Beneficiaries: mark <b>X</b> in box <input type="checkbox"/>	<b>10</b>	.00	<b>10</b>	.00
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit a copy of federal Schedule E, Form 1040)	<b>11</b>	-12170 .00	<b>11</b>	.00
12 Rental real estate included in line 11 (federal amount) <b>12.</b> <input type="text" value="-12170"/>		-12170 .00		
13 Farm income or loss (submit a copy of federal Sch. F, Form 1040)	<b>13</b>	.00	<b>13</b>	.00
14 Unemployment compensation.....	<b>14</b>	.00	<b>14</b>	.00
15 Taxable amount of Social Security benefits (also enter on line 26)	<b>15</b>	.00	<b>15</b>	.00
16 Other income (see page 22) <i>Identify:</i> <input type="text"/>	<b>16</b>	.00	<b>16</b>	.00
17 Add lines <b>1 through 11</b> and <b>13 through 16</b> .....	<b>17</b>	187367 .00	<b>17</b>	117579 .00
18 Total federal adjustments to income (see page 22) <i>Identify:</i> <input type="text"/>	<b>18</b>	.00	<b>18</b>	.00
19 Federal adjusted gross income (subtract line 18 from line 17) ..	<b>19</b>	187367 .00	<b>19</b>	117579 .00
19a Recomputed federal adjusted gross income (see page 23, Line 19a worksheets)	<b>19a</b>	187367 .00	<b>19a</b>	117579 .00

<b>New York additions</b> (see page 24)				
20 Interest income on state and local bonds and obligations (but not those of New York State or its localities) .....	<b>20</b>	.00	<b>20</b>	.00
21 Public employee 414(h) retirement contributions .....	<b>21</b>	.00	<b>21</b>	.00
22 Other (Form IT-225, line 9) .....	<b>22</b>	.00	<b>22</b>	.00
23 Add lines <b>19a through 22</b> .....	<b>23</b>	187367 .00	<b>23</b>	117579 .00

<b>New York subtractions</b> (see page 25)				
24 Taxable refunds, credits, or offsets of state and local income taxes (from line 4) .....	<b>24</b>	.00	<b>2</b>	.00
25 Pensions of NYS and local governments and the federal government (see page 25) .....	<b>25</b>	.00	<b>25</b>	.00
26 Taxable amount of Social Security benefits (from line 15)	<b>26</b>	.00	<b>26</b>	.00
27 Interest income on U.S. government bonds .....	<b>27</b>	.00	<b>27</b>	.00
28 Pension and annuity income exclusion .....	<b>28</b>	.00	<b>28</b>	.00
29 Other (Form IT-225, line 18) .....	<b>29</b>	.00	<b>29</b>	.00
30 Add lines 24 through 29 .....	<b>30</b>	.00	<b>30</b>	.00
31 <b>New York adjusted gross income</b> (subtract line 30 from line 23)	<b>31</b>	187367 .00	<b>31</b>	117579 .00

32 Enter the amount from line 31, **Federal amount** column  **32**

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



**Standard deduction or itemized deduction** (see page 27)

33 Enter your **standard deduction** (table on page 27) or your **itemized deduction** (from Form IT-196).

Mark an **X** in the appropriate box: ...  **Standard** – or –  **Itemized**

33	16050.00
34 Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank)	171317.00
35 Dependent exemptions (enter the number of dependents listed in Item I; see page 27)	.00
36 <b>New York taxable income</b> (subtract line 35 from line 34)	171317.00

**Tax computation, credits, and other taxes**

37 <b>New York taxable income</b> (from line 36)	171317.00
38 New York State tax on line 37 amount (see page 28)	10562.00
39 New York State household credit (page 28, table 1, 2, or 3)	.00
40 Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)	10562.00
41 New York State child and dependent care credit (see page 29)	.00
42 Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank)	10562.00
43 New York State earned income credit (see page 29)	.00

44 <b>Base tax</b> (subtract line 43 from line 42; if line 43 is more than line 42, leave blank)	10562.00
--	----------

45 Income percentage (see page 29)  New York State amount from line 31  ÷ Federal amount from line 31  =  Round result to 4 decimal places

46 Allocated New York State tax (multiply line 44 by the decimal on line 45)	6628.00
47 New York State nonrefundable credits (Form IT-203-ATT, line 8)	.00
48 Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank)	6628.00
49 Net other New York State taxes (Form IT-203-ATT, line 33)	.00
50 <b>Total New York State taxes</b> (add lines 48 and 49)	6628.00

**New York City and Yonkers taxes, credits, and surcharges, and MCTMT**

51 Part-year New York City resident tax (Form IT-360.1)	51	.00
52 Part-year resident nonrefundable New York City child and dependent care credit	52	.00
52a Subtract line 52 from line 51	52a	.00
52b MCTMT net earnings base	52b	.00
52c MCTMT	52c	.00
53 Yonkers nonresident earnings tax (Form Y-203)	53	.00
54 Part-year Yonkers resident income tax surcharge (Form IT-360.1)	54	.00
55 <b>Total New York City and Yonkers taxes / surcharges and MCTMT</b> (add lines 52a, and 52c through 54)	55	.00
56 <b>Sales or use tax</b> (See the instructions on page 31. Do not leave line 56 blank.)	56	36.00
57 <b>Voluntary contributions</b> (Form IT-227, Part 2, line 1)	57	.00
58 <b>Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions</b> (add lines 50, 55, 56, and 57)	58	6664.00

See instructions on pages 29 through 31 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Enter your Social Security number
087756180

59 Enter amount from line 58 ..... 59 6664 .00

Payments and refundable credits (see page 32)

Table with 2 columns: Description and Amount. Rows include NYC school tax credit, other refundable credits, and total payments and refundable credits.

If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return (see pages 10 and 11). Do not send federal Form W-2 with your return.

Your refund, amount you owe, and account information (see pages 34 through 36)

Table with 2 columns: Description and Amount. Rows include amount overpaid, amount available for refund, and total refund after NYS 529 account deposit.

Mark one refund choice: [ ] direct deposit to checking or savings account (fill in line 73) - or - [ ] paper check

Refund? Direct deposit is the easiest, fastest way to get your refund. See page 35 for payment options.

Table with 2 columns: Description and Amount. Rows include amount applied to tax, amount owed, and other penalties and interest.

See page 38 for the proper assembly of your return.

7 Account information for direct deposit or electronic funds withdrawal (see page 36). If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box (see pg. 36) [ ]

73a Account type: [ ] Personal checking - or - [ ] Personal savings - or - [ ] Business checking - or - [ ] Business savings

73b Routing number [ ] 73c Account number [ ]

74 Electronic funds withdrawal (see page 36) ..... ate [ ] Amount [ ] .00

Third-party designee? (see instr.) Yes [ ] No [X] Print designee's name, Designee's phone number, Personal identification number (PIN), Email:

Paid preparer must complete (see instructions) Preparer's NYTPRIN, NYTPRIN excl. code, Preparer's signature, Preparer's printed name, Firm's name, Preparer's PTIN or SSN, Address, Employer identification number, Email.

Taxpayer(s) must sign here Your signature, Your occupation, Spouse's signature and occupation, Date, Daytime phone number, Email.

See instructions for where to mail your return.

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM





Department of Taxation and Finance

# Underpayment of Estimated Tax By Individuals and Fiduciaries

New York State • New York City • Yonkers • MCTMT

# IT-2105.9

Name(s) as shown on return V PODAMALA AND P SYAMALA	Identification number (SSN or EIN) 087756180
--	---

**Part 1 – All filers must complete this part** (see instructions, Form IT-2105.9-I, for assistance)

1 Total tax from your 2021 return before withholding and estimated tax payments ( <i>caution: see instructions</i> ) .....	1	6628 .00
2 Empire State child credit (from Form IT-201, line 63) .....	2	.00
3 NYS/NYC child and dependent care credit (from Form IT-201, line 64) .....	3	.00
4 NY State earned income credit (EIC) (from Form IT-201, line 65) .....	4	.00
5 NY State noncustodial parent EIC (from Form IT-201, line 66) .....	5	.00
6 Real property tax credit (from Form IT-201, line 67) .....	6	.00
7 College tuition credit (from Form IT-201, line 68) .....	7	.00
7a STAR credit (see instructions) .....	7a	.00
8 NY City school tax credit (from Form IT-201, lines 69 and 69a, or Form IT-203, lines 60 and 60a) ..	8	.00
9 NY City earned income credit (from Form IT-201, line 70) .....	9	.00
9a This line intentionally left blank .....	9a	
10 Other refundable credits (from Form IT-201, line 71; Form IT-203, line 61; or Form IT-205, line 33)	10	.00
11 Add lines 2 through 10 .....	11	.00
12 Current year tax (subtract line 11 from line 1) .....	12	6628 .00
13 Multiply line 12 by 90% (.90) .....	13	5965 .00
14 Income taxes withheld (from Form IT-201, lines 72, 73, and 74; Form IT-203, lines 62, 63, and 64; or Form IT-205, lines 34, 35, and 36)	14	696 .00
15 Subtract line 14 from line 12. If the result is less than \$300, <b>do not</b> complete the rest of this form (see instructions) .....	15	5932 .00
16 Enter your 2020 tax ( <i>caution: see instructions</i> ) .....	16	6357 .00
17 Enter the <b>smaller</b> of line 13 or line 16 .....	17	5965 .00

**Part 2 – Short method for computing the penalty** – Complete lines 18 through 24 if you paid withholding tax and/or paid four equal estimated tax installments (on the due dates), or if you made no payments of estimated tax. Otherwise, you must complete *Part 3 – Regular method*.

18 Enter the amount from line 14 above .....	18	696 .00
19 Enter the total amount of estimated tax payments you made (see instructions) .....	19	.00
20 Add lines 18 and 19 .....	20	696 .00
21 <b>Total underpayment for year.</b> Subtract line 20 from line 17 (if zero or less, you do not owe the penalty) .....	21	5269 .00
22 Multiply line 21 by .04985 and enter the result .....	22	263 .00
23 If the amount on line 21 was paid <b>on or after</b> April 15, 2022, enter <b>0</b> . If the amount on line 21 was paid <b>before</b> April 15, 2022, make the following computation to find the amount to enter on this line: Amount on line 21 × number of days paid before April 15, 2022 × .00020 = .....	23	0 .00
24 <b>Penalty.</b> Subtract line 23 from line 22 .....	24	263 .00

**Part 3 – Regular method – Schedule A – Computing your underpayment** (Schedule B is on the back)

Payment due dates	A 4/15/21	B 6/15/21	C 9/15/21	D 1/15/22	
25 Required installments. Enter ¼ of line 17 in each column. (If you used the annualized income installment method, see instructions)..	25	.00	.00	.00	.00
26 Estimated tax paid and tax withheld (see instructions) .....	26	.00	.00	.00	.00
<b>Complete lines 27 through 29, one column at a time, starting in column A.</b>					
27 Overpayment or underpayment from prior period .....	27		.00	.00	.00
28 If line 27 is an overpayment, add lines 26 and 27; if line 27 is an underpayment, subtract line 27 from line 26 (see instr.)	28	.00	.00	.00	.00
29 Underpayment (subtract line 28 from line 25) or overpayment (subtract line 25 from line 28; see instructions) .....	29	.00	.00	.00	.00

059001213555



**Part 3 – Regular method – Schedule B – Computing the penalty**

Payment due dates	A	B	C	D
	4/15/21	6/15/21	9/15/21	1/15/22
<b>30</b> Amount of underpayment (from line 29) .....	<b>30</b> .00	.00	.00	.00
<b>First installment penalty period (April 15 - June 15, 2021)</b>				
<b>31</b> April 15 - June 15 = (61 ÷ 365) × 7.5% = .01253  - or - April 15 - _____ = ( [ ] ÷ 365 ) × 7.5% = [ ]	<b>31</b>			
<b>32</b> Multiply line 30, column A by line 31 .....	<b>32</b> .00			
<b>Second installment penalty period (June 15 - September 15, 2021)</b>				
<b>33</b> June 15 - September 15 = (92 ÷ 365) × 7.5% = .01890  - or - June 15 - _____ = ( [ ] ÷ 365 ) × 7.5% = [ ]	<b>33</b>			
<b>34</b> Multiply line 30, column B by line 33 .....	<b>34</b>	.00		
<b>Third installment penalty period (September 15, 2021 - January 15, 2022)</b>				
<b>35</b> September 15 - January 15 = (122 ÷ 365) × 7.5% = .02506  - or - September 15 - _____ = ( [ ] ÷ 365 ) × 7.5% = [ ]	<b>35</b>			
<b>36</b> Multiply line 30, column C by line 35 .....	<b>36</b>		.00	
<b>Fourth installment penalty period (January 15 - April 15, 2022)</b>				
<b>37</b> January 15 - April 15 = (90 ÷ 365) × 7.5% = .01848  - or - January 15 - _____ = ( [ ] ÷ 365 ) × 7.5% = [ ]	<b>37</b>			
<b>38</b> Multiply line 30, column D by line 37 .....	<b>38</b>			.00
<b>39 Penalty.</b> Add lines 32, 34, 36, and 38. Enter here and on Form IT-201, line 81; Form IT-203, line 71; or Form IT-205, line 42 .....	<b>39</b>			.00

059002213555



Submit this form with your New York State return.





Department of Taxation and Finance

# Summary of W-2 Statements

New York State • New York City • Yonkers

# IT-2

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions on the back.

## W-2 Record 1

Box a Employee's Social Security number for this W-2 Record

87756180

Box b Employer identification number (EIN)

201948215

### Box c Employer's information

Employer's name TABNER INC			
Employer's address (number and street) 11020 DAVID TAYLOR DR			
City CHARLOTTE	State NC	ZIP code 28262	Country (if not United States)

Box 1 Wages, tips, other compensation

8115.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

206.00

Code

DD

Box 12b Amount

.00

Code

Box 12c Amount

.00

Code

Box 12d Amount

.00

Code

Box 14a Amount

2.00

Description

NY SDI

Box 14b Amount

42.00

Description

NY PFL

Box 14c Amount

.00

Description

Box 14d Amount

.00

Description

Box 1 Statutory employee  Retirement plan  Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State

NY

Box 16a NYS wages, tips, etc.

8115.00

Box 17a NYS income tax withheld

427.00

Other state information:

Box 15b other state

NJ

Box 16b Other state wages, tips, etc.

8230.00

Box 17b Other state income tax withheld

0.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a .00

Locality b .00

Box 19 Local income tax withheld

Locality a .00

Locality b .00

Box 20 Locality name

Locality a

Locality b

Do not detach.

## W-2 Record 2

Box a Employee's Social Security number for this W-2 Record

799853847

Box b Employer identification number (EIN)

810658690

### Box c Employer's information

Employer's name FOCUSCORE INC			
Employer's address (number and street) 2820 GREENSPPOINT PKWY			
City HOFFMAN ESTATES	State IL	ZIP code 60169	Country (if not United States)

Box 1 Wages, tips, other compensation

82000.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

.00

Code

Box 12b Amount

.00

Code

Box 12c Amount

.00

Code

Box 12d Amount

.00

Code

Box 14a Amount

.00

Description

Box 14b Amount

.00

Description

Box 14c Amount

.00

Description

Box 14d Amount

.00

Description

Box 13 Statutory employee  Retirement plan  Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State

NY

Box 16a NYS wages, tips, etc.

.00

Box 17a NYS income tax withheld

.00

Other state information:

Box 15b other state

IL

Box 16b Other state wages, tips, etc.

82000.00

Box 17b Other state income tax withheld

4059.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a .00

Locality b .00

Box 19 Local income tax withheld

Locality a .00

Locality b .00

Box 20 Locality name

Locality a

Locality b

NO HANDWRITTEN ENTRIES ON THIS FORM

102001213555





Department of Taxation and Finance

# Summary of W-2 Statements

New York State • New York City • Yonkers

# IT-2

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions on the back.

## W-2 Record 1

Box a Employee's Social Security number for this W-2 Record

087756180

Box b Employer identification number (EIN)

272220139

### Box c Employer's information

Employer's name			
PROGYNY, INC			
Employer's address (number and street)			
245 FIFTH AVENUE			
City	State	ZIP code	Country (if not United States)
NEW YORK	NY	10016	

Box 1 Wages, tips, other compensation

109464.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

149.00

Code

C

Box 12b Amount

6563.00

Code

D

Box 12c Amount

8127.00

Code

D D

Box 12d Amount

1687.00

Code

W

Box 14a Amount

863.00

Description

CELL

Box 14b Amount

138.00

Description

UI/WF/SWF

Box 14c Amount

.00

Description

Box 14d Amount

.00

Description

Box 13 Statutory employee  Retirement plan  Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State

N | Y

Box 16a NYS wages, tips, etc.

109464.00

Box 17a NYS income tax withheld

269.00

Other state information:

Box 15b other state

N | J

Box 16b Other state wages, tips, etc.

111662.00

Box 17b Other state income tax withheld

5210.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a .00

Locality b .00

Box 19 Local income tax withheld

Locality a .00

Locality b .00

Box 2 Locality name

Locality a

Locality b

Do not detach.

## W-2 Record 2

Box a Employee's Social Security number for this W-2 Record

Box b Employer identification number (EIN)

### Box c Employer's information

Employer's name			
Employer's address (number and street)			
City	State	ZIP code	Country (if not United States)

Box 1 Wages, tips, other compensation

.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

.00

Code

Box 12b Amount

.00

Code

Box 12c Amount

.00

Code

Box 12d Amount

.00

Code

Box 14a Amount

.00

Description

Box 14b Amount

.00

Description

Box 14c Amount

.00

Description

Box 14d Amount

.00

Description

Box 13 Statutory employee  Retirement plan  Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State

N | Y

Box 16a NYS wages, tips, etc.

.00

Box 17a NYS income tax withheld

.00

Other state information:

Box 15b other state

Box 16b Other state wages, tips, etc.

.00

Box 17b Other state income tax withheld

.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a .00

Locality b .00

Box 19 Local income tax withheld

Locality a .00

Locality b .00

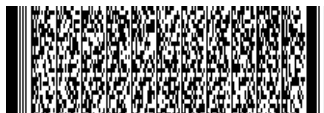
Box 2 Locality name

Locality a

Locality b

NO HANDWRITTEN ENTRIES ON THIS FORM

102001213555







Illinois Department of Revenue  
**2021 Form IL-1040**

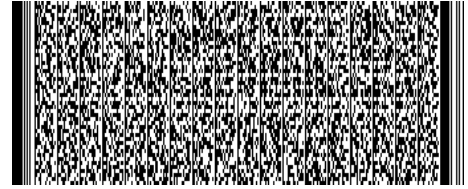
Individual Income Tax Return

Over 80% of taxpayers file electronically. It is easy and you will get your refund faster. Visit [tax.illinois.gov](http://tax.illinois.gov).

or for fiscal year ending \_\_\_/\_\_\_/\_\_\_

**Step 1: Personal Information**

1994  
 087-75-6180 799-85-3847 1994  
 VARUN KUMAR REDDY PODAMALA  
 PRIYANKA SYAMALA  
 125 ESSEX AVENUE EAST 405  
 AVENEL NJ 07001



VARUNP889@GMAIL.COM

- B** Filing status:  Single  Married filing jointly  Married filing separately  Widowed  Head of household  
**C** Check if someone can claim you, or your spouse if filing jointly, as a dependent. See instructions.  You  Spouse  
**D** Check the box if this applies to you during 2021:  Nonresident - **Attach** Sch. NR  Part-year resident - **Attach** Sch. NR

**Step 2: Income**

	(Whole dollars only)
<b>1</b> Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11.	<b>1</b> 187,367.00
<b>2</b> Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a.	<b>2</b> .00
<b>3</b> Other additions. <b>Attach</b> Schedule M.	<b>3</b> .00
<b>4</b> <b>Total income.</b> Add Lines 1 through 3.	<b>4</b> 187,367.00

**Step 3: Base Income**

<b>5</b> Social Security benefits and certain retirement plan income received if included in Line 1. <b>Attach</b> Page 1 of federal return.	<b>5</b> .00
<b>6</b> Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, Schedule 1, Ln. 1.	<b>6</b> .00
<b>7</b> Other subtractions. <b>Attach</b> Schedule M. Check if Line 7 includes any amount from Schedule 1299-C. <input type="checkbox"/>	<b>7</b> .00
<b>8</b> Add Lines 5, 6, and 7. This is the total of your subtractions.	<b>8</b> .00
<b>9</b> <b>Illinois base income.</b> Subtract Line 8 from Line 4.	<b>9</b> 187,367.00

**Step 4: Exemptions**

<b>10 a</b> Enter the exemption amount for yourself and your spouse. <b>See instructions.</b>	<b>a</b> 4,750.00
<b>b</b> Check if 65 or older: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 =	<b>b</b> .00
<b>c</b> Check if legally blind: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 =	<b>c</b> .00
<b>d</b> If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1. <b>Attach</b> Schedule IL-E/EIC.	<b>d</b> 0.00
<b>Exemption allowance.</b> Add Lines 10a through 10d.	<b>10</b> 4,750.00

**Step 5: Net Income and Tax**

<b>11 Residents: Net income.</b> Subtract Line 10 from Line 9. <b>Nonresidents and part-year residents:</b> Enter the Illinois net income from Schedule NR. <b>Attach</b> Schedule NR.	<b>11</b> 79,919.00
<b>12 Residents:</b> Multiply Line 11 by 4.95% (.0495). Cannot be less than zero. <b>Nonresidents and part-year residents:</b> Enter the tax from Schedule NR.	<b>12</b> 3,956.00
<b>13</b> Recapture of investment tax credits. <b>Attach</b> Schedule 4255.	<b>13</b> .00
<b>14</b> <b>Income tax.</b> Add Lines 12 and 13. Cannot be less than zero.	<b>14</b> 3,956.00

**Step 6: Tax After Nonrefundable Credits**

<b>15</b> Income tax paid to another state while an Illinois resident. <b>Attach</b> Schedule CR.	<b>15</b> .00
<b>16</b> Property tax and K-12 education expense credit amount from Schedule ICR. <b>Attach</b> Schedule ICR.	<b>16</b> .00
<b>17</b> Credit amount from Schedule 1299-C. <b>Attach</b> Schedule 1299-C.	<b>17</b> .00
<b>18</b> Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14.	<b>18</b> 0.00
<b>19</b> <b>Tax after nonrefundable credits.</b> Subtract Line 18 from Line 14.	<b>19</b> 3,956.00

**Step 7: Other Taxes**

<b>20</b> Household employment tax. See instructions.	<b>20</b> .00
<b>21</b> Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table in the instructions. <b>Do not</b> leave blank.	<b>21</b> 0.00
<b>22</b> Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges.	<b>22</b> .00
<b>23</b> <b>Total Tax.</b> Add Lines 19, 20, 21, and 22.	<b>23</b> 3,956.00

This form is authorized as outlined under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information could result in a penalty.



NO HANDWRITTEN ENTRIES ON THIS FORM

Staple W-2 and 1099 forms here

Staple your check and IL-1040-V



24 Total tax from Page 1, Line 23.

24 3,956.00

Step 8: Payments and Refundable Credit

- 25 Illinois Income Tax withheld. Attach Schedule IL-WIT. 25 4,059.00
26 Estimated payments from Forms IL-1040-ES and IL-505-I, including any overpayment applied from a prior year return. 26 .00
27 Pass-through withholding. Attach Schedule K-1-P or K-1-T. 27 .00
28 Pass-through entity tax credit. Attach Schedule K-1-P or K-1-T. 28 .00
29 Earned Income Credit from Schedule IL-E/EIC, Step 4, Line 8. Attach Schedule IL-E/EIC. 29 .00
30 Total payments and refundable credit. Add Lines 25 through 29. 30 4,059.00

Step 9: Total

- 31 If Line 30 is greater than Line 24, subtract Line 24 from Line 30. 31 103.00
32 If Line 24 is greater than Line 30, subtract Line 30 from Line 24. 32 .00

Step 10: Underpayment of Estimated Tax Penalty and Donations - Only complete Step 10 for late-payment penalty for underpayment of estimated tax or to make a voluntary charitable donation.

- 33 Late-payment penalty for underpayment of estimated tax. 33 .00
a Check if at least two-thirds of your federal gross income is from farming.
b Check if you or your spouse are 65 or older and permanently living in a nursing home.
c Check if your income was not received evenly during the year and you annualized your income on Form IL-2210. Attach Form IL-2210.
d Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year.
34 Voluntary charitable donations. Attach Schedule G. 34 .00
35 Total penalty and donations. Add Lines 33 and 34. 35 .00

Step 11: Refund

- 36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 31. This is your overpayment. 36 103.00
37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions. 37 103.00
38 I choose to receive my refund by
a direct deposit - Complete the information below if you check this box.

You may also contribute to college savings funds here. See instructions!

Routing number 1 1 1 0 0 0 0 2 5 X Checking or Savings
Account number 5 8 6 0 3 6 4 7 5 3 7 2

- b paper check.

- 39 Amount to be credited forward. Subtract Line 37 from Line 36. See instructions. 39 .00

Step 12: Amount You Owe

- 40 If you have an amount on Line 32, add Lines 32 and 35. - or -
If you have an amount on Line 31 and this amount is less than Line 35, subtract Line 31 from Line 35. This is the amount you owe. See instructions. 40 .00

Step 13: If this is a joint return, both you and your spouse must sign below.

Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Table with 6 columns: Sign Here, Your signature, Date (mm/dd/yyyy), Spouse's signature, Date (mm/dd/yyyy), Daytime phone number. Includes fields for Paid Preparer Use Only and Third Party Designee.

Refer to the 2021 IL-1040 Instructions for the address to mail your return.

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE ON THIS FORM





**Step 3: Continued**

	Column A Federal Total	Column B Illinois Portion
<b>21</b> Enter the Illinois portion of your federal total income from Page 1, Step 3, Line 20.	<b>21</b> 82,000.00	82,000.00
<b>22</b> Educator expenses (federal Form 1040 or 1040-SR, Schedule 1, Line 11)	<b>22</b> .00	.00
<b>23</b> Certain business expenses of reservists, performing artists, and fee-basis government officials (federal Form 1040 or 1040-SR, Schedule 1, Line 12)	<b>23</b> .00	.00
<b>24</b> Health savings account deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 13)	<b>24</b> 0.00	0.00
<b>25</b> Moving expenses for members of the Armed Forces (federal Form 1040 or 1040-SR, Schedule 1, Line 14)	<b>25</b> .00	.00
<b>26</b> Deductible part of self-employment tax (federal Form 1040 or 1040-SR, Schedule 1, Line 15)	<b>26</b> .00	.00
<b>27</b> Self-employed SEP, SIMPLE, and qualified plans (federal Form 1040 or 1040-SR, Schedule 1, Line 16)	<b>27</b> .00	.00
<b>28</b> Self-employed health insurance deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 17)	<b>28</b> .00	.00
<b>29</b> Penalty on early withdrawal of savings (federal Form 1040 or 1040-SR, Schedule 1, Line 18)	<b>29</b> .00	.00
<b>30</b> Alimony paid (federal Form 1040 or 1040-SR, Schedule 1, Line 19a)	<b>30</b> .00	.00
<b>31</b> IRA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 20)	<b>31</b> .00	.00
<b>32</b> Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 21)	<b>32</b> .00	.00
<b>33</b> RESERVED	<b>33</b>	
<b>34</b> Archer MSA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 23)	<b>34</b> .00	.00
<b>35</b> Other adjustments (see instructions)	<b>35</b> .00	.00
<b>36</b> Add Column B, Lines 22 through 35. This is the Illinois portion of your federal adjustments to income.	<b>36</b> 0.00	0.00
<b>37</b> Enter your adjusted gross income as reported on your Form IL-1040, Line 1.	<b>37</b> 187,367.00	
<b>38</b> Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gross income.	<b>38</b> 82,000.00	82,000.00

**Step 4: Figure your Illinois additions and subtractions**

*In Column A, enter the total amounts from your Form IL-1040. You must read the instructions for Column B to properly complete this step.*

	Column A Form IL-1040 Total	Column B Illinois Portion
<b>39</b> Federally tax-exempt interest and dividend income (Form IL-1040, Line 2)	<b>39</b> .00	.00
<b>40</b> Other additions (Form IL-1040, Line 3)	<b>40</b> .00	.00
<b>41</b> Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.	<b>41</b> 82,000.00	82,000.00
<b>42</b> Federally taxed Social Security and retirement income (Form IL-1040, Line 5)	<b>42</b> .00	.00
<b>43</b> Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6)	<b>43</b> .00	.00
<b>44</b> Other subtractions (Form IL-1040, Line 7)	<b>44</b> .00	.00
<b>45</b> Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions.	<b>45</b> .00	.00

**Step 5: Figure your Illinois income and tax**

<b>46</b> Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income.	<b>46</b> 82,000.00	82,000.00
If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52.		
<b>47</b> Enter the base income from Form IL-1040, Line 9.	<b>47</b> 187,367.00	
<b>48</b> Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000.	<b>48</b> 0.438	
<b>49</b> Enter your exemption allowance from your Form IL-1040, Line 10.	<b>49</b> 4,750.00	
<b>50</b> Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance.	<b>50</b> 2,081.00	2,081.00
<b>51</b> Subtract Line 50 from Line 46. This is your <b>Illinois net income</b> . Enter the amount here and on your Form IL-1040, Line 11.	<b>51</b> 79,919.00	79,919.00
<b>52</b> Multiply the amount on Line 51 by 4.95% (.0495). This amount may not be less than zero. Enter the amount here and on your Form IL-1040, Line 12. This is your <b>tax</b> .	<b>52</b> 3,956.00	3,956.00



Illinois Department of Revenue

# 2021 Schedule IL-WIT Illinois Income Tax Withheld

Attach to your Form IL-1040. If you have more than five withholding forms, complete multiple copies of this schedule.

IL Attachment No. 31

Use the reference for Column A shown in the chart below.

Form Type	Letter Code for Column A	Form Type	Letter Code for Column A
W-2	W	1099-DIV	D
W-2G	WG	1099-INT	I
1099-R	R	1042-S	S
1099-G	G	1099-B	B
1099-MISC	M	1099-K	K
1099-OID	O	1099-NEC	N

### Step 1: Provide your withholding records (include all W-2 and 1099 forms that show Illinois withholding)

VARUN KUMAR REDDY PODAMALA

Your name as shown on Form IL-1040

0 8 7 - 7 5 - 6 1 8 0  
Your Social Security number

Column A Form type	Column B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.	Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.	Column E Illinois Income Tax Withheld
1 _____	_____	\$ _____ .00	\$ _____ .00	\$ _____ .00
2 _____	_____	\$ _____ .00	\$ _____ .00	\$ _____ .00
3 _____	_____	\$ _____ .00	\$ _____ .00	\$ _____ .00
4 _____	_____	\$ _____ .00	\$ _____ .00	\$ _____ .00
5 _____	_____	\$ _____ .00	\$ _____ .00	\$ _____ .00

### Step 2: Provide spouse's withholding records (include all W-2 and 1099 forms that show Illinois withholding)

PRIYANKA SYAMALA

Your spouse's name as shown on Form IL-1040

7 9 9 - 8 5 - 3 8 4 7  
Your spouse's Social Security number

Column A Form type	Column B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.	Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.	Column E Illinois Income Tax Withheld
6 W	81-0658690 000 5	\$ 82,000.00	\$ 82,000.00	\$ 4,059.00
7 _____	_____	\$ _____ .00	\$ _____ .00	\$ _____ .00
8 _____	_____	\$ _____ .00	\$ _____ .00	\$ _____ .00
9 _____	_____	\$ _____ .00	\$ _____ .00	\$ _____ .00
10 _____	_____	\$ _____ .00	\$ _____ .00	\$ _____ .00

### Step 3: Total Illinois withholding

11 Add the amounts in Column E for Lines 1 through 10 (and the amounts from Column E of any additional copies you attached). This is the total amount of your Illinois income tax withheld.

Enter this amount here and on Form IL-1040, Line 25.

11 \$ 4,059.00

➔ Attach all Schedules IL-WIT to your IL-1040. ➔





Illinois Department of Revenue

Submission ID

2021 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration

(Do not mail Form IL-8453 to the Illinois Department of Revenue unless it is requested for review.)

Step 1: Provide taxpayer information

Form fields for Step 1: Name, Social Security number, Mailing address, City, State, ZIP, Spouse's information, Daytime phone number.

Step 2: Complete information from tax return

Form fields for Step 2: Net income, Tax, Illinois Income Tax withheld, Overpayment, Total amount due, Filing status.

Step 3: Complete direct deposit or electronic funds withdrawal information (Optional)

To initiate a payment or refund transaction, the information in this Step must be included within the electronic transmission.

Form fields for Step 3: Routing no., Account no., Type of account, Date, Electronic funds withdrawal amount, Name on account.

Step 4: Taxpayer declaration and signature (Sign only after completing Step 2 and, if applicable, Step 3.)

- Consent to direct deposit, authorize IDOR, or do not want direct deposit.

Under penalties of perjury, I declare the information on my electronic Form IL-1040 and the information I provided to my electronic return originator (ERO) are identical.

Sign here: Your signature, Date, Spouse's signature, Date.

Step 5: Electronic return originator (ERO) and paid preparer declaration and signature

I declare that I have examined this taxpayer's electronic Form IL-1040, the information on this Form IL-8453, and accompanying information.

Form fields for Step 5: ERO's signature, Date, Firm's name, Mailing address, City, State, ZIP, Check if paid preparer, Your PTIN, Federal employer identification number, Daytime phone number.

Step 6: Attach required documents (e.g., W-2 forms, 1099 forms, IL-1310).

Do not mail Form IL-8453 and these documents unless requested for review.

