

# IRS e-file Signature Authorization

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

Submission Identification Number (SID) ▶

Taxpayer's name VENKATA JAGADISHWARA YERRAGUDI	Social security number 690-23-3221
Spouse's name	Spouse's social security number

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

Enter whole dollars only on lines 1 through 5.

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

1 Adjusted gross income . . . . .	1	102,284.
2 Total tax . . . . .	2	15,483.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	3	18,097.
4 Amount you want refunded to you . . . . .	4	2,614.
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 

3	3	2	2	1
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 as my signature on the income tax return (original or amended) I am now authorizing.   
ERO firm name   
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

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

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

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

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

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

### Practitioner PIN Method Returns Only—continue below

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

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

5	8	7	2	7	8	6	1	9	8	9
---	---	---	---	---	---	---	---	---	---	---

  
Don't enter all zeros

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

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

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

**Filing Status**  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 <b>VENKATA JAGADISHWARA</b>	Last name <b>YERRAGUDI</b>	Your social security number <b>690-23-3221</b>
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. <b>9M READING RD</b>		Apt. no.	<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. <b>EDISON</b>	State <b>NJ</b>	ZIP code <b>08817</b>	
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

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

	<b>1</b> Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .			<b>1</b>	<b>111,496.</b>
Attach Sch. B if required.	<b>2a</b> Tax-exempt interest . . . . .	<b>2a</b>		<b>2b</b>	
	<b>3a</b> Qualified dividends . . . . .	<b>3a</b>	<b>8.</b>	<b>3b</b>	<b>9.</b>
	<b>4a</b> IRA distributions . . . . .	<b>4a</b>		<b>4b</b>	
	<b>5a</b> Pensions and annuities . . . . .	<b>5a</b>		<b>5b</b>	
	<b>6a</b> Social security benefits . . . . .	<b>6a</b>		<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>	<b>1,554.</b>
	<b>8</b> Other income from Schedule 1, line 10 . . . . .			<b>8</b>	<b>-10,775.</b>
	<b>9</b> Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . . ▶			<b>9</b>	<b>102,284.</b>
	<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>	<b>102,284.</b>
<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>12a</b> <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .	<b>12a</b>	<b>12,550.</b>		
	<b>b</b> Charitable contributions if you take the standard deduction (see instructions)	<b>12b</b>	<b>300.</b>		
	<b>c</b> Add lines 12a and 12b . . . . .			<b>12c</b>	<b>12,850.</b>
	<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>	<b>12,850.</b>
	<b>15</b> <b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . .			<b>15</b>	<b>89,434.</b>

<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>	15,483.
<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
<b>18</b>	Add lines 16 and 17	<b>18</b>	15,483.
<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>	15,483.
<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>	15,483.
<b>25</b>	Federal income tax withheld from:		
<b>a</b>	Form(s) W-2	<b>25a</b>	18,097.
<b>b</b>	Form(s) 1099	<b>25b</b>	
<b>c</b>	Other forms (see instructions)	<b>25c</b>	
<b>d</b>	Add lines 25a through 25c	<b>25d</b>	18,097.
<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> Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/>	<b>27a</b>	
<b>b</b>	Nontaxable combat pay election	<b>27b</b>	
<b>c</b>	Prior year (2019) earned income	<b>27c</b>	
<b>28</b>	Refundable child tax credit or additional child tax credit from Schedule 8812	<b>28</b>	
<b>29</b>	American opportunity credit from Form 8863, line 8	<b>29</b>	
<b>30</b>	Recovery rebate credit. See instructions	<b>30</b>	
<b>31</b>	Amount from Schedule 3, line 15	<b>31</b>	
<b>32</b>	Add lines 27a and 28 through 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>	
<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	18,097.
<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>	2,614.
	<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>	2,614.
Direct deposit? See instructions.	<b>b</b> Routing number 3 2 2 2 7 1 6 2 7 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<b>d</b> Account number 0 0 0 0 0 0 0 7 6 7 1 7 5 9 1 7		
	<b>36</b> Amount of line 34 you want <b>applied to your 2022 estimated tax</b>	<b>36</b>	
<b>Amount You Owe</b>	<b>37</b> <b>Amount you owe</b> . Subtract line 33 from line 24. For details on how to pay, see instructions	<b>37</b>	
	<b>38</b> Estimated tax penalty (see instructions)	<b>38</b>	

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

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

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

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

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

Phone no. (510) 766-9648 Email address JAGADISHREDDY650@GMAIL.COM

**Paid Preparer Use Only**

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 03/10/2022	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  
VENKATA JAGADISHWARA YERRAGUDI

Your social security number  
690-23-3221

**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>	-10,820.
<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>	
	Other Income from box 3 of 1099-Misc . . . . . 45.		45.
<b>9</b>	Total other income. Add lines 8a through 8z . . . . .	<b>9</b>	45.
<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>	-10,775.

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  
VENKATA JAGADISHWARA YERRAGUDI

Your social security number  
690-23-3221

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 . . . . .	4,786.	3,244.		1,542.
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .				
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>5</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>6</b> ( )
<b>7 Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .				<b>7</b> 1,542.

**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 . . . . .	13.	1.		12.
<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> 12.

**Part III Summary**

<b>16</b>	Combine lines 7 and 15 and enter the result . . . . .	<b>16</b>	1,554.
	<ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li> </ul>		
<b>17</b>	Are lines 15 and 16 <b>both</b> gains? <input checked="" type="checkbox"/> <b>Yes.</b> Go to line 18. <input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.		
<b>18</b>	If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . ▶	<b>18</b>	
<b>19</b>	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . . ▶	<b>19</b>	
<b>20</b>	Are lines 18 and 19 both zero or blank and are you not filing Form 4952? <input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16. <b>Don't</b> complete lines 21 and 22 below.  <input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.		
<b>21</b>	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of:  <ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } . . . . .</li> </ul>	<b>21</b>	( )
	<b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.		
<b>22</b>	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?  <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.  <input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

**Sales and Other Dispositions of Capital Assets**

Department of the Treasury  
Internal Revenue Service

► Go to [www.irs.gov/Form8949](http://www.irs.gov/Form8949) for instructions and the latest information.  
► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

VENKATA JAGADISHWARA YERRAGUDI

Social security number or taxpayer identification number

690-23-3221

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part I Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box A, B, or C below. Check only one box.** If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C)** Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). <b>See the separate instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	Robinhood Securities LLC	05/05/21	12/12/21	4,786.	3,244.			1,542.
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked) ►				4,786.	3,244.			1,542.

**Note:** If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.



Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

Social security number or taxpayer identification number

VENKATA JAGADISHWARA YERRAGUDI

690-23-3221

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part II Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box D, E, or F below. Check only one box.** If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). <b>See the separate instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	Robinhood Securities LLC	05/02/20	12/12/21	13.	1.			12.
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 8b</b> (if <b>Box D</b> above is checked), <b>line 9</b> (if <b>Box E</b> above is checked), or <b>line 10</b> (if <b>Box F</b> above is checked) ▶				13.	1.			12.

**Note:** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

**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

VENKATA JAGADISHWARA YERRAGUDI

690-23-3221

**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

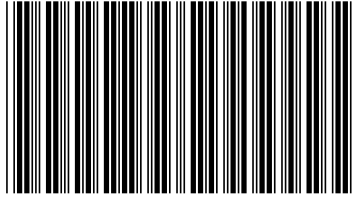
<b>1a</b>	Physical address of each property (street, city, state, ZIP code)				
<b>A</b>	1-2-48/1/6A, NIZAMPET ROAD HYDARABAD TELANGANA IN 500085				
<b>B</b>					
<b>C</b>					
<b>1b</b>	Type of Property (from list below)	<b>2</b> For each rental real estate property listed above, report the number 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		365	0	<input type="checkbox"/>
<b>B</b>					<input type="checkbox"/>
<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>		580.		
<b>4</b>	Royalties received . . . . .	<b>4</b>				
<b>Expenses:</b>						
<b>5</b>	Advertising . . . . .	<b>5</b>				
<b>6</b>	Auto and travel (see instructions) . . . . .	<b>6</b>				
<b>7</b>	Cleaning and maintenance . . . . .	<b>7</b>		2,510.		
<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>		2,370.		
<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>		1,910.		
<b>15</b>	Supplies . . . . .	<b>15</b>		2,440.		
<b>16</b>	Taxes . . . . .	<b>16</b>				
<b>17</b>	Utilities. . . . .	<b>17</b>		2,170.		
<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>		11,400.		
<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>		-10,820.		
<b>22</b>	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . .	<b>22</b>		( 10,820. )	( )	( )
<b>23a</b>	Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>		580.		
<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>		11,400.		
<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>		( 10,820. )		
<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>				-10,820.

For Paperwork Reduction Act Notice, see the separate instructions. NPA -10,820. Schedule E (Form 1040) 2021



040MP01210

For Privacy Act Notification, See Instructions

Your Social Security Number (required)  
690233221

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.)  
YERRAGUDI VENKATA JAGADISHWARA

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

County/Municipality Code (See Table page 50)  
1205

Home Address (Number and Street, including apartment number)  
9M READING RD

City, Town, Post Office  
EDISON

State ZIP Code  
NJ 08817

Driver's License Number (Voluntary) (See instructions)  
Y27377637108922

- 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.

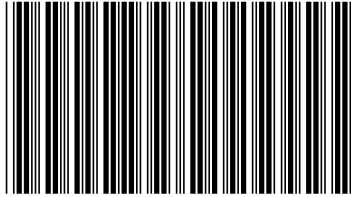
**Gubernatorial Elections Fund** Note: This does not reduce your refund or increase your balance due.

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.	322271627
dd5. Account number	dd5.	000000767175917





040MP02210

Name(s) as shown on Form NJ-1040

YERRAGUDI VENKATA JAGADISHWARA

Your Social Security Number

690233221

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

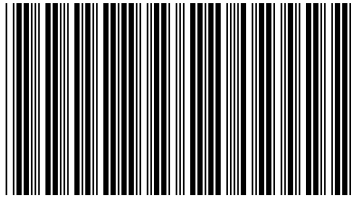
**Exemptions**

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 | Spouse/CU Partner | Domestic Partner | 1 | x \$1,000 = | <u>1000</u>   |
| 7. Senior 65+ (Born in 1956 or earlier)                                | <input type="checkbox"/>            | Self | Spouse/CU Partner |                  |   | x \$1,000 = | _____         |
| 8. Blind/Disabled  | <input type="checkbox"/>            | Self | Spouse/CU Partner |                  |   | x \$1,000 = | _____         |
| 9. Veteran   | <input type="checkbox"/>            | Self | Spouse/CU Partner |                  |   | x \$6,000 = | _____         |
| 10. Qualified Dependent Children                                       | <input type="checkbox"/>            |      |                   |                  |   | x \$1,500 = | _____         |
| 11. Other Dependents   | <input type="checkbox"/>            |      |                   |                  |   | x \$1,500 = | _____         |
| 12. Dependents Attending Colleges (See instructions)                   | <input type="checkbox"/>            |      |                   |                  |   | x \$1,000 = | _____         |
| 13. Total Exemption Amount (Add totals from the lines at 6 through 12) |                                     |      |                   |                  |   | 13.         | <u>1000</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

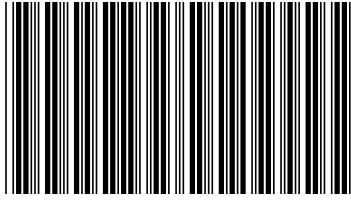
YERRAGUDI VENKATA JAGADISHWARA

Your Social Security Number

690233221

1555

15. Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	111496	.
16a. Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)	16a.	.	.
16b. Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on line 16a	16b.	.	.
17. Dividends	17.	9	.
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.	1554	.
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 NJK-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.	45	.
27. Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26)	27.	113104	.
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.	113104	.
30. Exemption Amount (Enter amount from line 13. Part-year residents see instr.)	30.	1000	.
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.	1000	.
38. Taxable Income (Subtract line 37 from line 29)	38.	112104	.
39a. Total Property Taxes (18% of Rent) Paid (See instructions page 23)	39a.	1728	.
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.	1728	.
41. New Jersey Taxable Income (Subtract line 40 from line 38)	41.	110376	.
42. Tax on Amount on line 41 (Tax Table page 52)	42.	4905	.
43. Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)	43.	788	.
Enter Code		08	
44. Balance of Tax (Subtract line 43 from line 42)	44.	4117	.
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.	4117	.
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 <b>X</b>	52.	0	.



040MP04210

Name(s) as shown on Form NJ-1040

YERRAGUDI VENKATA JAGADISHWARA

Your Social Security Number

690233221

1555

53. Total Tax Due (Add lines 49 through 52)	53.	4117 .
54. Total NJ Income Tax Withheld (Enclose Forms W-2 and 1099) (Part year, see instructions)	54.	4221 .
55. Property Tax Credit (See instructions page 23)	55.	.
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.	85 .
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.	4306 .
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.	189 .
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.	189 .

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	05/05/2021	12/12/2021	4,786.	3,244.	1,542.
	Robinhood Securities LLC	05/02/2020	12/12/2021	13.	1.	12.
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.).....					1,554.

## 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>_____ Last Name, First Name, Initial</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)	Share of Pass-Through Business Alternative Income Tax
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	Pro Rata Share of S Corporation Income or (Usable Loss)	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	Income or (Loss)
1.	1-2-48/1/6A, NIZAMPET ROAD	690233221	1	-10,820.
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.	-10,820.



Name(s) as shown on Form NJ-1040 YERRAGUDI, VENKATA JAGADISHWARA	Social Security Number 690-23-3221
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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.	-10,820.
5.	Loss Carryforward From Tax Year 2020			5b.	( 4,280. )
6.	Totals	6a.	0.	6b.	-15,100.
<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.		(	15,100. )

**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.

Name(s) as shown on Form NJ-1040

Social Security Number

**Form NJ-2450**

**Employee's Claim for Credit For Excess UI/WF/SWF,  
Disability Insurance, and/or Family Leave  
Insurance Contributions for Calendar Year 2021**

**2021**

To claim this credit, you must complete the items below using the information from your W-2 forms. Enclose this form and the W-2s with your New Jersey State Income Tax return. Any items not substantiated by a W-2 or any information that is incomplete will cause the claim to be rejected. The amount withheld for unemployment insurance/workforce development partnership fund/supplemental workforce fund, disability insurance, and family leave insurance must be reported separately on all W-2 statements.

**Note on Joint NJ-1040 return:** Each spouse/CU partner must file a separate Form NJ-2450 when claiming a refund for excess contributions.

Claimant Name: YERRAGUDI, VENKATA JAGADISHWARA Claimant SSN: 690-23-3221

Address: 9M READING RD

City: EDISON State: NJ ZIP Code: 08817

<b>Take All Information From Your W-2 Forms.</b> If the amount deducted by any one employer exceeds the maximum for either UI/WF/SWF, disability insurance, or family leave insurance, enter the maximum in the appropriate column(s) and contact that employer for a refund of the balance of the deduction.		<b>Column A</b> <b>UI/WF/SWF</b> <b>Deducted</b>	<b>Column B</b> <b>Disability</b> <b>Insurance</b> <b>Deducted</b>	<b>Column C</b> <b>Family Leave</b> <b>Insurance</b> <b>Deducted</b>
1A.	Employer's Name: <u>BIZWAVEZ</u> Fed. Emp. I.D.#: <u>83-2356097</u> Private Plan#: _____ Wages: <u>73,006.</u>	153.00	343.00	204.00
B.	Employer's Name: <u>SQUAD SOFTWARE INC</u> Fed. Emp. I.D.#: <u>84-4188530</u> Private Plan#: _____ Wages: <u>20,324.</u>	86.00	96.00	57.00
C.	Employer's Name: _____ Fed. Emp. I.D.#: _____ Private Plan#: _____ Wages: _____			
D.	Employer's Name: _____ Fed. Emp. I.D.#: _____ Private Plan#: _____ Wages: _____			
E.	Employer's Name: _____ Fed. Emp. I.D.#: _____ Private Plan#: _____ Wages: _____			
F.	*If additional space is required, enclose a rider and enter the total on this line.			
2.	Total Deducted. Add lines 1A through 1F. Enter here.	239.00	439.00	261.00
3.	Correct UI/WF/SWF, Disability Insurance, and/or Family Leave Deductions.	153.85	649.54	386.96
4.	Subtract line 3 column A from line 2 column A. Enter on line 58 of the NJ-1040.	85.		
5.	Subtract line 3 column B from line 2 column B. Enter on line 59 of the NJ-1040.			
6.	Subtract line 3 column C from line 2 column C. Enter on line 60 of the NJ-1040.			

I hereby apply for a credit for worker contributions deducted in excess of \$153.85 for NJ UI/WF/SWF and/or in excess of \$649.54 for NJ Disability Insurance and/or in excess of \$386.96 for NJ Family Leave Insurance deductions by reason of having received wages from two or more employers during the above calendar year and hereby submit the following statement of wages and deductions.

Claimant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Other Income Statement**

**2019**

Name <u>YERRAGUDI, VENKATA JAGADISHWARA</u>	Social Security No. <u>690-23-3221</u>
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	Income from all sources	Income attributed to New Jersey (part-year resident or non-resident only)
<b>1</b> Prizes and awards (enter source): _____ _____ _____		
<b>2</b> Income in respect of a decedent (Enter name and social security number of the deceased): _____ _____ _____		
<b>3</b> Income from estates and trusts: _____ _____ _____		
<b>4</b> Scholarships and fellowships (Enter name and identification number of grantor): _____ _____ _____		
<b>5</b> Alternative Trade Adjustment Assistance payments: _____ _____ _____		
<b>6</b> Residential rental value or allowance paid by employer (enter name and identification number): _____ _____ _____		
<b>7</b> Jury duty pay . . . . .		
<b>8</b> Bartering income . . . . .		
<b>9</b> Reserved . . . . .		
<b>10</b> Substitute payments . . . . .		
<b>11</b> Income from REMICS . . . . .		
<b>12</b> Reimbursement for deducted medical expenses . . . . .		
<b>13</b> Recoveries of bad debts . . . . .		
<b>14</b> Income from the rental of personal property . . . . .		
<b>15</b> Income from "not for profit" activities (hobbies): . . . . .		
<b>16</b> Other: <u>APEX CLEARING</u>	45.	
<b>17 Total</b> . . . . .	45.	

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

Name as Shown on Return YERRAGUDI, VENKATA JAGADISHWARA	Social Security No. 690-23-3221
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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"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18 . . . . .											

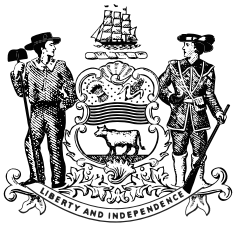
### Additional information from your 2021 New Jersey Tax Return

Form NJ-1040: Income Tax Resident Return

Other

Continuation Statement

NatureOfPrizeSource	Amount
APEX CLEARING	45



# DELAWARE 2021

DIVISION OF REVENUE F O R M PIT-NON

## DELAWARE INDIVIDUAL NON-RESIDENT INCOME TAX RETURN



For Fiscal Year beginning \_\_\_\_\_ and ending \_\_\_\_\_ Amended Return  
Must include page 3

Your Taxpayer ID  
6 9 0 2 3 3 2 2 1

Spouse Taxpayer ID

**Filing Status (Must check one)**

1.  Single, Divorced, Widow(er) 3.  Married & Filing Separate Forms

Your First Name M.I. Last Name Suffix **Form PIT-UND**  
VENKATA JAGADISHWARA YERRAGUDI

2.  Joint 5.  Head of Household

Spouse First Name M.I. Last Name Suffix Attached

If you were a part-year resident in 2021, give the dates you resided in Delaware:

Present Home Address (Number and Street) Apartment #  
9M READING RD  
City State Zip Code  
EDISON NJ 08817

mm-dd-yyyy mm-dd-yyyy

**SECTION A - INCOME AND ADJUSTMENTS FROM FEDERAL RETURN**

FEDERAL COLUMN A

DELAWARE SOURCE INCOME/LOSS COLUMN B

1. WAGES, SALARIES, TIPS, ETC.	1.	111496	.00	1.	18166	.00
2. INTEREST	2.		.00	2.		.00
3. DIVIDENDS	3.	9	.00	3.	0	.00
4. STATE REFUNDS, CREDITS OR OFFSETS OF STATE & LOCAL INCOME TAXES	4.		.00	4.		.00
5. ALIMONY RECEIVED	5.		.00	5.		.00
6. BUSINESS INCOME OR (LOSS) (See instructions)	6.		.00	6.		.00
7a. CAPITAL GAIN OR (LOSS)	7a.	1554	.00	7a.	0	.00
7b. OTHER GAINS OR (LOSSES)	7b.		.00	7b.		.00
8. IRA DISTRIBUTIONS	8.		.00	8.		.00
9. TAXABLE PENSIONS AND ANNUITIES	9.		.00	9.		.00
10. RENTS, ROYALTIES, PARTNERSHIPS, S CORPS, ESTATES, TRUSTS, ETC.	10.	-10820	.00	10.	0	.00
11. FARM INCOME OR (LOSS)	11.		.00	11.		.00
12. UNEMPLOYMENT COMPENSATION (INSURANCE)	12.		.00	12.		.00
13. TAXABLE SOCIAL SECURITY BENEFITS	13.		.00	13.		.00
14. OTHER INCOME (State nature and source) OTHER INCOME FROM BOX 3 OF 1099-MISC	14.	45	.00	14.	0	.00
15. TOTAL INCOME - Add Line 1 through Line 14	15.	102284	.00	15.	18166	.00
16. TOTAL FEDERAL ADJUSTMENTS (See instructions)	16.		.00	16.		.00
17. FEDERAL ADJUSTED GROSS INCOME FOR DELAWARE PURPOSES Subtract Line 16 from Line 15	17.	102284	.00	17.	18166	.00

**SECTION B - ADDITIONS**

18. INTEREST RECEIVED ON OBLIGATIONS OF ANY STATE OTHER THAN DELAWARE	18.		.00	18.		.00
19. FIDUCIARY ADJUSTMENT, OIL DEPLETION	19.		.00	19.		.00
20. TOTAL - Add Line 18 to Line 19	20.		.00	20.		.00
21. Add Line 17 to Line 20	21.	102284	.00	21.	18166	.00

**SECTION C - SUBTRACTIONS**

22. INTEREST RECEIVED ON U.S. OBLIGATIONS	22.		.00	22.		.00
23. PENSION/RETIREMENT EXCLUSIONS (For a definition of eligible income, see instructions)	23.		.00	23.		.00
24. DELAWARE STATE TAX REFUND	24.		.00	24.		.00
25. Fiduciary Adjustment, Work Opportunity Credit, Delaware NOL Carryforward, etc.	25.		.00	25.		.00
26. Taxable Social Security Benefits/Railroad Retirement Benefits/Higher Education Exclusion	26.		.00	26.		.00
27. TOTAL Add Line 22 through Line 26	27.		.00	27.		.00
28. Subtract Line 27 from Line 21	28.	102284	.00	28.	18166	.00
29. EXCLUSION FOR CERTAIN PERSONS 60 AND OVER OR DISABLED (See instructions)	29.		.00	29.		.00
30a. COLUMN B- Subtract Line 29 from Line 28. This is your modified Delaware Source Income. Enter on Page 2, Line 42, Box A	30a.			30a.	18166	.00
30b. COLUMN A - Subtract Line 29 from Line 28. This is your Delaware Adjusted Gross Income. Enter on Page 2, Line 37 and Line 42, Box B	30b.	102284	.00			

**BALANCE DUE WITH PAYMENT ENCLOSED (LINE 59) MAIL COMPLETED FORM TO:**  
Delaware Division of Revenue  
PO Box 508, Wilmington, DE 19899-0508  
Make check payable to:  
Delaware Division of Revenue

**REFUND (LINE 60) MAIL COMPLETED FORM TO:**  
Delaware Division of Revenue  
PO Box 8710  
Wilmington, DE 19899-8710

**ALL OTHER RETURNS MAIL COMPLETED FORM TO:**  
Delaware Division of Revenue  
PO Box 8711  
Wilmington, DE 19899-8711



# DELAWARE 2021

DIVISION OF REVENUE F O R M  
PIT-NON

## DELAWARE INDIVIDUAL NON-RESIDENT INCOME TAX RETURN



### SECTION D - DEDUCTIONS

31. ENTER TOTAL ITEMIZED DEDUCTIONS (If Filing Status 3, See instructions)	31.	5460 .00
32. ENTER FOREIGN TAXES PAID (See instructions)	32.	.00
33. ENTER CHARITABLE MILEAGE DEDUCTION (See instructions)	33.	.00
34. TOTAL - Add Line 31 through Line 33	34.	5460 .00
35. ENTER FORM PIT-CRS TAX CREDIT ADJUSTMENT (See instructions)	35.	.00
36. Subtract Line 35 from Line 34. Enter here and on Line 38.	36.	5460 .00

### SECTION E - CALCULATIONS

37. DELAWARE ADJUSTED GROSS INCOME - Enter amount from Line 30b here	37.	102284 .00
38. If you elect the STANDARD DEDUCTION check here <b>a.</b> Filing Statuses 1, 3, & 5 enter \$3250; Filing Status 2 enter \$6500; If you elect the DELAWARE ITEMIZED DEDUCTIONS check here <b>b.</b> <input checked="" type="checkbox"/> Enter amount from Line 36.	38.	5460 .00
39. ADDITIONAL STANDARD DEDUCTIONS (Not Allowed with Itemized Deductions - See instructions) Check Box(es)- if SPOUSE was: 65 or over blind Check box(es) - if YOU were: 65 or over blind	39.	.00
40. TOTAL DEDUCTIONS - Add Line 38 to Line 39 and enter here	40.	5460 .00
41. TAXABLE INCOME - Subtract Line 40 from Line 37, and compute tax on this amount	41.	96824 .00
42. TAX LIABILITY COMPUTATION (See instructions)	42.	954 .00
A. Line 30a 18166 .00	PRORATION DECIMAL (See instructions)	Tax Liability from Tax Rate Table/ Schedule Amount
B. Line 30b 102284 .00	= 0 . 1 7 7 6 X	5374 .00
43a. PERSONAL CREDITS If you are Filing Status 3, see instructions. Enter number of exemptions listed on Federal return 1 x \$110 = 110 Multiply this amount by the proration decimal on Line 42 ( x 0 . 1776 ) and enter total here	43a.	20 .00
43b. CHECK BOX(ES) SPOUSE 60 or over (if filing status 2) SELF 60 or over Enter number of boxes checked on Line 43b x \$110 = Multiply this amount by the proration decimal on Line 42 ( x ) and enter total here	43b.	.00
44. TAX IMPOSED BY STATE OF Must attach copy of PIT-NNS and other state return - Part-Year Residents Only (See instructions)	44.	.00
45. OTHER NON-REFUNDABLE CREDITS (See instructions)	45.	.00
46. TOTAL NON-REFUNDABLE CREDITS - Add Line 43a through Line 45	46.	20 .00
47. BALANCE - Subtract Line 46 from Line 42. If Line 46 is greater than Line 42, enter 0.	47.	934 .00
48. DELAWARE TAX WITHHELD - (Attach W-2s/1099s)	48.	1016 .00
49. ESTIMATED TAX PAID & PAYMENTS WITH EXTENSIONS	49.	.00
50. S CORP PAYMENTS (See instructions)	50.	.00
51. REFUNDABLE BUSINESS CREDITS (See instructions)	51.	.00
52. CAPITAL GAINS TAX PAYMENTS (Attach form REW-EST)	52.	.00
53. TOTAL REFUNDABLE CREDITS - Add Line 48 through Line 52	53.	1016 .00
54. BALANCE DUE If Line 47 is greater than Line 53, Subtract Line 53 from Line 47 and enter here.	54.	.00
55. OVERPAYMENT If Line 53 is greater than Line 47, Subtract Line 47 from Line 53 and enter here.	55.	82 .00
56. CONTRIBUTIONS TO SPECIAL FUNDS (If electing a contribution, complete and attach PIT-NNS)	TOTAL 56.	.00
57. AMOUNT OF LINE 55 TO BE APPLIED TO 2022 ESTIMATED TAX ACCOUNT	ENTER 57.	.00
58. PENALTIES AND INTEREST DUE (If Line 54 is greater than \$800, see estimated tax instructions)	ENTER 58.	.00
59. NET BALANCE DUE - Add Line 54, Line 56, and Line 58	PAY IN FULL 59.	.00
60. NET REFUND - Subtract Lines 56, 57, and 58 from Line 55	ZERO DUE/TO BE REFUNDED 60.	82 .00

### SECTION F - DIRECT DEPOSIT INFORMATION

If you would like your refund deposited directly to your checking or savings account, complete below. See instructions for details.

ACCOUNT TYPE	ROUTING NUMBER	ACCOUNT NUMBER
<input checked="" type="checkbox"/> CHECKING	3 2 2 2 7 1 6 2 7	0 0 0 0 0 7 6 7 1 7 5 9 1 7
<input type="checkbox"/> SAVINGS		

Is this refund going to or through an account that is located outside of the United States?

YES  NO

PLEASE REMEMBER TO ATTACH APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN

BE SURE TO SIGN YOUR RETURN BELOW AND KEEP A COPY FOR YOUR RECORDS

YOUR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SPOUSE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

HOME PHONE NUMBER \_\_\_\_\_ BUSINESS PHONE NUMBER (510) 766-9648

@ EMAIL ADDRESS \_\_\_\_\_

#### PAID PREPARER INFORMATION

SYAM PRIYA RAM SAGAR GUPTA TALLAM 0 3 1 0 2 2

PAID PREPARER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS 2530 PEBBLE CREEK LN CUMMING GA

CITY STATE ZIP CODE

CUMMING GA 30041

EIN, SSN or PTIN 301017196 PHONE NO. (678) 965-9522

@ EMAIL ADDRESS SYAM@GTAXFILE.COM





# DELAWARE 2021

DIVISION OF REVENUE F O R M  
PIT-NON

## DELAWARE INDIVIDUAL NON-RESIDENT INCOME TAX RETURN



**FOR AMENDED RETURNS ONLY**

COLUMN B

61. <b>TOTAL REFUNDABLE CREDITS</b> - From Line 53	61.		.00
62. <b>AMOUNT PAID ON ORIGINAL RETURN</b>	62.		.00
63. <b>SUBTOTAL</b> - Add Lines 61 and 62	63.		.00
64. <b>REFUND RECEIVED</b> (If any, see instructions)	64.		.00
65. <b>Estimated tax carryover and/or Special Funds contributions</b> as shown on original return	65.		.00
66. <b>Subtract</b> Line 64 and Line 65 from Line 63	66.		.00
67. <b>BALANCE DUE</b> - If Line 47 is greater than Line 66, Subtract Line 66 from Line 47 and enter here	67.		.00
68. <b>OVERPAYMENT</b> - If Line 66 is greater than Line 47, Subtract Line 47 from Line 66 and enter here	68.		.00
69. <b>AMOUNT OF LINE 68 TO BE APPLIED TO YOUR ESTIMATED TAX ACCOUNT</b> (See Instructions)	69.		.00
70. <b>PENALTIES AND INTEREST DUE</b>	70.		.00
71. <b>NET BALANCE DUE</b> - Add Line 67 and Line 69 to Line 70	71.	<b>PAY IN FULL</b>	.00
72. <b>NET REFUND</b> - Subtract Line 69 and Line 70 from Line 68	72.	<b>ZERO DUE/TO BE REFUNDED</b>	.00

73. **Is an amended Federal return being filed?** Yes      No  
 If no, please explain. If the changes pertain to the Delaware return only, list the line numbers being amended.

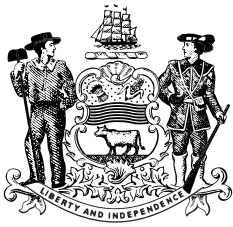
74. **Has the Delaware Division of Revenue advised you your original return is being audited?** Yes      No  
 75. **Is this amended return being filed as a protective claim?** Yes      No  
 A detailed explanation of all changes must be provided in this space. All supporting schedules and/or documentation must be attached.

**NET BALANCE DUE WITH  
PAYMENT ENCLOSED (LINE 71)  
MAIL COMPLETED FORM TO:**   
 Delaware Division of Revenue  
 PO Box 508, Wilmington, DE 19899-0508  
 Make check payable to: Delaware Division of Revenue

**NET REFUND (LINE 72)  
MAIL COMPLETED FORM TO:**   
 Delaware Division of Revenue  
 PO Box 8710  
 Wilmington, DE 19899-8710

**ALL OTHER RETURNS  
MAIL COMPLETED FORM TO:**   
 Delaware Division of Revenue  
 PO Box 8711  
 Wilmington, DE 19899-8711

**PLEASE REMEMBER TO ATTACH APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN**



# DELAWARE 2021

DIVISION OF REVENUE F O R M PIT-NSA

## NON-RESIDENT SCHEDULE A - ITEMIZED DEDUCTIONS



NAME(S)	TAXPAYER ID
VENKATA JAGADISHWARA YERRAGUDI	6 9 0 2 3 3 2 2 1

 <b>MEDICAL AND DENTAL EXPENSES</b>	1. Medical and dental expenses	\$.00
	2. Enter amount from <b>Federal Form 1040</b> , Line 11	\$.00
	3. <b>Multiply</b> Line 2 by 7.5% (0.075)	\$.00
	4. <b>Subtract</b> Line 3 from Line 1. If Line 3 is more than Line 1, enter 0.	\$.00
 <b>TAXES YOU PAID</b>	5. State and Local taxes	
	a. State and Local income taxes not claimed as a credit on Form PIT-NON (see instructions)	\$ 5160.00
	b. State and Local general sales taxes (you may include either income taxes or sales taxes, but not both). If you elect to include general sales taxes instead of income taxes, check this box.	\$.00
	c. State and Local real estate taxes	0.00
	d. State and Local personal property taxes	0.00
	e. <b>Add</b> Line 5a through Line 5d	\$ 5160.00
	f. Enter the smaller of Line 5e or \$10,000 (\$5,000 if married filing separately)	\$ 5160.00
6. Other taxes. List type and amount:	\$.00	
7. <b>Add</b> Line 5f and Line 6	\$ 5160.00	
 <b>INTEREST YOU PAID</b>  <b>Caution:</b> Your mortgage interest deduction may be limited.	8. Home mortgage interest and points. (If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, check this box.)	
	a. Home mortgage interest and points reported to you on <b>Federal Form 1098</b>	\$.00
	b. Home mortgage interest not reported to you on <b>Federal Form 1098</b> (If paid to the person from whom you bought the home, show that person's name, identifying no., and address.)	\$.00
	c. Points not reported to you on <b>Federal Form 1098</b>	\$.00
	d. Mortgage insurance premiums	\$.00
	e. <b>Add</b> Line 8a through Line 8d	\$.00
	9. Investment interest. Attach <b>Federal Form 4952</b> .	\$.00
10. <b>Add</b> Line 8e and Line 9	\$.00	
 <b>GIFTS TO CHARITY</b> If you made a gift and got a benefit for it, see <b>Federal Schedule A</b> instructions.	11. Gifts by cash or check. If you made any gift of \$250 or more, see instructions.	\$ 300.00
	12. Gifts other than by cash or check. If any gift of \$250 or more, see instructions. You <b>must</b> attach <b>Federal Form 8283</b> if over \$500.	\$.00
	13. Carryover from prior year	\$.00
14. <b>Add</b> Line 11 through Line 13	\$ 300.00	
<b>CASUALTY AND THEFT LOSSES</b>	15. Casualty and Theft Loss(es) from a Federally Declared Disaster (other than net qualified disaster losses). (Attach <b>Federal Form 4684</b> and enter the amount from Line 18 of <b>Federal Form 4684</b> .)	\$.00
<b>OTHER ITEMIZED DEDUCTIONS</b>	16. Other deductions. See list in <b>Federal Schedule A</b> instructions. List type and amount:	
		\$.00
<b>TOTAL ITEMIZED DEDUCTIONS</b>	17. <b>Add</b> Line 4, Line 7, Line 10, Line 14, Line 15, and Line 16.	\$ 5460.00
	Enter amount from Line 17 on Form PIT-NON, Line 31 (see instructions)	
18. If you elect to itemize deductions even though they are less than your standard deduction, check here.		

📎 Attach this form to your Delaware State tax return.