

# IRS e-file Signature Authorization

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

Submission Identification Number (SID) ▶

|   |   |
|---|---|
| Taxpayer's name<br><b>AJAY INAMPUDI</b>             | Social security number<br><b>743-78-2949</b>          |
| Spouse's name<br><b>SRI LAKSHMI YAMINI INAMPUDI</b> | Spouse's social security number<br><b>977-99-9418</b> |

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

Enter whole dollars only on lines 1 through 5.

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

|  |          |         |
|--|----------|---------|
| <b>1</b> Adjusted gross income . . . . .   | <b>1</b> | 72,944. |
| <b>2</b> Total tax . . . . .   | <b>2</b> | 5,269.  |
| <b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . . | <b>3</b> | 9,065.  |
| <b>4</b> Amount you want refunded to you . . . . .                               | <b>4</b> | 3,796.  |
| <b>5</b> Amount you owe . . . . .  | <b>5</b> |         |

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

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

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

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

|   |   |   |   |   |
|---|---|---|---|---|
| 8 | 2 | 9 | 4 | 9 |
|---|---|---|---|---|

 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 GLOBAL TAXES LLC to enter or generate my PIN 

|   |   |   |   |   |
|---|---|---|---|---|
| 9 | 9 | 4 | 1 | 8 |
|---|---|---|---|---|

 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 [X] 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: AJAY; Last name: INAMPUDI; Your social security number: 743-78-2949
If joint return, spouse's first name and middle initial: SRI LAKSHMI YAMINI; Last name: INAMPUDI; Spouse's social security number: 977-99-9418
Home address: 206 HAWTHORNE ROAD; Apt. no.: ; City: NORTH BRUNSWICK; State: NJ; ZIP code: 08902
Foreign country name: ; Foreign province/state/county: ; Foreign postal code: ; Presidential Election Campaign: [ ] You [ ] Spouse

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

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

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

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

Main tax calculation table with 15 rows. Includes sections for Attach Sch. B if required, Standard Deduction for (with instructions), and final taxable income calculation. Total income: 72,944; Taxable income: 47,244.

|                                      |  |            |        |
|--------------------------------------|--|------------|--------|
| <b>16</b>                            | <b>Tax</b> (see instructions). Check if any from Form(s): <b>1</b> <input type="checkbox"/> 8814 <b>2</b> <input type="checkbox"/> 4972 <b>3</b> <input type="checkbox"/> _____  | <b>16</b>  | 5,269. |
| <b>17</b>                            | Amount from Schedule 2, line 3   | <b>17</b>  |        |
| <b>18</b>                            | Add lines 16 and 17  | <b>18</b>  | 5,269. |
| <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>  | 5,269. |
| <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>  | 5,269. |
| <b>25</b>                            | Federal income tax withheld from:  |            |        |
| <b>a</b>                             | Form(s) W-2  | <b>25a</b> | 9,065. |
| <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> | 9,065. |
| <b>26</b>                            | 2021 estimated tax payments and amount applied from 2020 return  | <b>26</b>  |        |
| <b>27a</b>                           | Earned income credit (EIC)<br>Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/> | <b>27a</b> |        |
| <b>b</b>                             | Nontaxable combat pay election   | <b>27b</b> |        |
| <b>c</b>                             | Prior year (2019) earned income  | <b>27c</b> |        |
| <b>28</b>                            | Refundable child tax credit or additional child tax credit from Schedule 8812  | <b>28</b>  |        |
| <b>29</b>                            | American opportunity credit from Form 8863, line 8   | <b>29</b>  |        |
| <b>30</b>                            | Recovery rebate credit. See instructions   | <b>30</b>  |        |
| <b>31</b>                            | Amount from Schedule 3, line 15  | <b>31</b>  |        |
| <b>32</b>                            | Add lines 27a and 28 through 31. These are your <b>total other payments and refundable credits</b>   | <b>32</b>  |        |
| <b>33</b>                            | Add lines 25d, 26, and 32. These are your <b>total payments</b>  | <b>33</b>  | 9,065. |
| <b>Refund</b>                        | <b>34</b> If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>   | <b>34</b>  | 3,796. |
|                                      | <b>35a</b> Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>   | <b>35a</b> | 3,796. |
| Direct deposit?<br>See instructions. | <b>b</b> Routing number 081904808 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings   |            |        |
|                                      | <b>d</b> Account number 002913971716   |            |        |
|                                      | <b>36</b> Amount of line 34 you want <b>applied to your 2022 estimated tax</b>   | <b>36</b>  |        |
| <b>Amount You Owe</b>                | <b>37</b> <b>Amount you owe</b> . Subtract line 33 from line 24. For details on how to pay, see instructions   | <b>37</b>  |        |
|                                      | <b>38</b> Estimated tax penalty (see instructions)   | <b>38</b>  |        |

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

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

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

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

|   |                                      |                                       |   |
|---|--------------------------------------|---------------------------------------|---|
| Your signature  | Date                                 | Your occupation<br>SOFTWARE DEVELOPER | 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<br>HOME MAKER     | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |
| Phone no. (630) 386-6594                                      | Email address AJAYINAM1987@GMAIL.COM |                                       |   |

**Paid Preparer Use Only**

|  |   |                    |                             |   |
|--|---|--------------------|-----------------------------|---|
| Preparer's name<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM | Preparer's signature<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date<br>03/22/2022 | PTIN<br>P02082703           | Check if:<br><input type="checkbox"/> Self-employed |
| Firm's name<br>GLOBAL TAXES LLC                      | Firm's address<br>2530 Pebble Creek Ln Cumming GA 30041   |                    | Phone no.<br>(678) 965-9522 | Firm's EIN<br>30-1017196                            |

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

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

OMB No. 1545-0074

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

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
AJAY & SRI LAKSHMI YAMINI INAMPUDI

Your social security number  
743-78-2949

**Part I Additional Income**

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

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

Schedule 1 (Form 1040) 2021

**Part II Adjustments to Income**

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

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

**Capital Gains and Losses**

OMB No. 1545-0074

**2021**

Attachment  
Sequence No. **12**

Department of the Treasury  
Internal Revenue Service (99)

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

Name(s) shown on return

AJAY & SRI LAKSHMI YAMINI INAMPUDI

Your social security number

743-78-2949

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)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part I,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|--|----------------------------------|---------------------------------|---|---|
| <b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . |                                  |                                 |   |   |
| <b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .   | 120 .                            | 96 .                            |   | 24 .  |
| <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> 24 .   |

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

**Part III Summary**

|           |  |           |     |
|-----------|--|-----------|-----|
| <b>16</b> | Combine lines 7 and 15 and enter the result . . . . .  | <b>16</b> | 24. |
|           | <ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li> </ul> |           |     |
| <b>17</b> | Are lines 15 and 16 <b>both</b> gains?<br><input type="checkbox"/> <b>Yes.</b> Go to line 18.<br><input checked="" type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.   |           |     |
| <b>18</b> | If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . ▶   | <b>18</b> |     |
| <b>19</b> | If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . . ▶   | <b>19</b> |     |
| <b>20</b> | Are lines 18 and 19 both zero or blank and are you not filing Form 4952?<br><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16. <b>Don't</b> complete lines 21 and 22 below.<br><br><input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.                |           |     |
| <b>21</b> | If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of:<br><ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } . . . . .</li> </ul>   | <b>21</b> | ( ) |
|           | <b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.  |           |     |
| <b>22</b> | Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?<br><br><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16.<br><br><input checked="" 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

AJAY & SRI LAKSHMI YAMINI INAMPUDI

Social security number or taxpayer identification number

743-78-2949

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)<br>Description of property<br>(Example: 100 sh. XYZ Co.) | (b)<br>Date acquired<br>(Mo., day, yr.) | (c)<br>Date sold or<br>disposed of<br>(Mo., day, yr.) | (d)<br>Proceeds<br>(sales price)<br>(see instructions) | (e)<br>Cost or other basis.<br>See the <b>Note</b> below<br>and see <i>Column (e)</i><br>in the separate<br>instructions | Adjustment, if any, to gain or loss.<br>If you enter an amount in column (g),<br>enter a code in column (f).<br><b>See the separate instructions.</b> |                                | (h)<br><b>Gain or (loss).</b><br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|--|--|---|---|--|--|---|--------------------------------|--|
|  |  |   |   |  |  | (f)<br>Code(s) from<br>instructions   | (g)<br>Amount of<br>adjustment |  |
|  | Robinhood Securities LLC                                     | 01/01/21                                | 12/31/21  | 120.   | 96.  |   |                                | 24.  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
| <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) ► |  |   |   | 120.   | 96.  |   |                                | 24.  |

**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.



**SCHEDULE E  
(Form 1040)**

**Supplemental Income and Loss**

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

OMB No. 1545-0074

**2021**

Attachment  
Sequence No. **13**

Department of the Treasury  
Internal Revenue Service (99)

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

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

Name(s) shown on return

AJAY & SRI LAKSHMI YAMINI INAMPUDI

Your social security number

743-78-2949

**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>  |   |  |                         |                          |                          |
| <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. | <b>Fair Rental Days</b> | <b>Personal Use Days</b> | <b>QJV</b>               |
| <b>A</b>  | 3   |  | 365                     | 0                        | <input type="checkbox"/> |
| <b>B</b>  |   |  |                         |                          | <input type="checkbox"/> |
| <b>C</b>  |   |  |                         |                          | <input type="checkbox"/> |

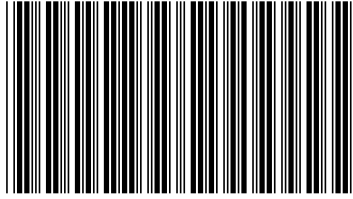
**Type of Property:**

- 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>    |   | 600.    |   |         |
| <b>4</b>         | Royalties received . . . . .  | <b>4</b>    |   |         |   |         |
| <b>Expenses:</b> |   |             |   |         |   |         |
| <b>5</b>         | Advertising . . . . .   | <b>5</b>    |   |         |   |         |
| <b>6</b>         | Auto and travel (see instructions) . . . . .  | <b>6</b>    |   |         |   |         |
| <b>7</b>         | Cleaning and maintenance . . . . .  | <b>7</b>    |   | 1,200.  |   |         |
| <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>   |   | 1,000.  |   |         |
| <b>12</b>        | Mortgage interest paid to banks, etc. (see instructions)  | <b>12</b>   |   |         |   |         |
| <b>13</b>        | Other interest. . . . .   | <b>13</b>   |   |         |   |         |
| <b>14</b>        | Repairs. . . . .  | <b>14</b>   |   | 2,100.  |   |         |
| <b>15</b>        | Supplies . . . . .  | <b>15</b>   |   | 1,800.  |   |         |
| <b>16</b>        | Taxes . . . . .   | <b>16</b>   |   |         |   |         |
| <b>17</b>        | Utilities. . . . .  | <b>17</b>   |   | 3,000.  |   |         |
| <b>18</b>        | Depreciation expense or depletion . . . . .   | <b>18</b>   |   |         |   |         |
| <b>19</b>        | Other (list) ▶ . . . . .  | <b>19</b>   |   |         |   |         |
| <b>20</b>        | Total expenses. Add lines 5 through 19 . . . . .  | <b>20</b>   |   | 9,100.  |   |         |
| <b>21</b>        | Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 . . . . .   | <b>21</b>   |   | -8,500. |   |         |
| <b>22</b>        | Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . .  | <b>22</b>   | ( | 8,500.) | ( | )       |
| <b>23a</b>       | Total of all amounts reported on line 3 for all rental properties . . . . .   | <b>23a</b>  |   | 600.    |   |         |
| <b>b</b>         | Total of all amounts reported on line 4 for all royalty properties . . . . .  | <b>23b</b>  |   |         |   |         |
| <b>c</b>         | Total of all amounts reported on line 12 for all properties . . . . .   | <b>23c</b>  |   |         |   |         |
| <b>d</b>         | Total of all amounts reported on line 18 for all properties . . . . .   | <b>23d</b>  |   |         |   |         |
| <b>e</b>         | Total of all amounts reported on line 20 for all properties . . . . .   | <b>23e</b>  |   | 9,100.  |   |         |
| <b>24</b>        | <b>Income.</b> Add positive amounts shown on line 21. Do not include any losses . . . . .   | <b>24</b>   |   |         |   |         |
| <b>25</b>        | <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .  | <b>25</b>   | ( | 8,500.) |   |         |
| <b>26</b>        | <b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . . | <b>26</b>   |   |         |   | -8,500. |

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2021



040MP01210

For Privacy Act Notification, See Instructions

Your Social Security Number (required)  
743782949

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.)  
INAMPUDI AJAY & SRI LAKSHMI YAMINI

Spouse's/CU Partner's SSN (if filing jointly)  
977999418

County/Municipality Code (See Table page 50)  
1212

Home Address (Number and Street, including apartment number)  
206 HAWTHORNE ROAD

City, Town, Post Office State ZIP Code  
NORTH BRUNSWICK NJ 08902

Driver's License Number (Voluntary) (See instructions)  
I900000157696

- 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.

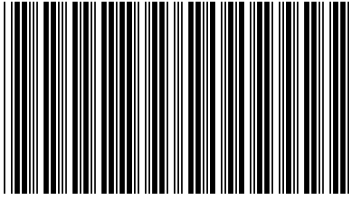
**Gubernatorial Elections Fund** Note: This does not reduce your refund or increase your balance due.

|   |                   |     |    |
|---|-------------------|-----|----|
| 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. |   | 081904808    |
| dd5. Account number  | dd5. |   | 002913971716 |





040MP02210

Name(s) as shown on Form NJ-1040  
INAMPUDI AJAY & SRI LAKSHMI YAMINI

Your Social Security Number  
743782949

1555

Part-year residents, provide months/days you were a New Jersey resident during 2021:  
From: 010121 To: 051521

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

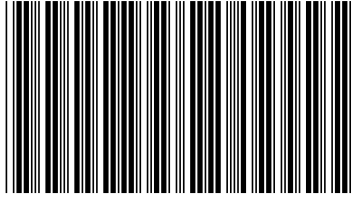
**Exemptions**

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

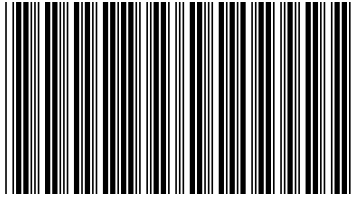
INAMPUDI AJAY & SRI LAKSHMI YAMINI

Your Social Security Number

743782949

1555

|  |           |        |                                      |
|--|-----------|--------|--------------------------------------|
| 15. Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)             | 15.       | 46386  | .                                    |
| 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.       | .      | .                                    |
| 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.       | 24     | .                                    |
| 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.       | .      | .                                    |
| 27. Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26)  | 27.       | 46410  | .                                    |
| 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.       | 46410  | .                                    |
| 30. Exemption Amount (Enter amount from line 13. Part-year residents see instr.)   | 30.       | 833    | .                                    |
| 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.       | 833    | .                                    |
| 38. Taxable Income (Subtract line 37 from line 29)   | 38.       | 45577  | .                                    |
| 39a. Total Property Taxes (18% of Rent) Paid (See instructions page 23)  | 39a.      | .      | .                                    |
| 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.       | 45577  | .                                    |
| 42. Tax on Amount on line 41 (Tax Table page 52)   | 42.       | 728    | .                                    |
| 43. Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)                                   | 43.       | .      | .                                    |
| Enter Code   |           |        |                                      |
| 44. Balance of Tax (Subtract line 43 from line 42)   | 44.       | 728    | .                                    |
| 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.       | 728    | .                                    |
| 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                                  | 52.       | 0      | .                                    |



040MP04210

Name(s) as shown on Form NJ-1040

INAMPUDI AJAY & SRI LAKSHMI YAMINI

Your Social Security Number

743782949

1555

|  |                            |        |
|--|----------------------------|--------|
| 53. Total Tax Due (Add lines 49 through 52)  | 53.                        | 728 .  |
| 54. Total NJ Income Tax Withheld (Enclose Forms W-2 and 1099) (Part year, see instructions)  | 54.                        | 2087 . |
| 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.                        | .      |
| 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.                        | 2087 . |
| 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.                        | 1359 . |
| 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.                        | 1359 . |

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  | 01/01/2021                 | 12/31/2021             | 120.              | 96.  | 24.                        |
|   |   |                            |                        |                   |  |                            |
|   |   |                            |                        |                   |  |                            |
|   |   |                            |                        |                   |  |                            |
|   |   |                            |                        |                   |  |                            |
|   |   |                            |                        |                   |  |                            |
| 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.)..... |                            |                        |                   |  | 24.                        |

### 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</b> Net Profits From Business |   | List the net profit (loss) from business(es). See instructions. |                  |
|---|---|---|------------------|
|   | Business Name   | Social Security Number/<br>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</b> Distributive Share of Partnership Income |   | 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</b> Net Pro Rata Share of S Corporation Income |  | 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</b> Net Gains or Income From Rents, Royalties, Patents, and Copyrights |   | 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:<br>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/<br>Federal EIN  | Type – Enter number from list above |
| 1.  | From federal Sch E  | 743782949   | 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<br>INAMPUDI, AJAY & SRI LAKSHMI YAMINI | Social Security Number<br>743-78-2949 |
|---|---------------------------------------|

**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.                                | -3,144.    |
| 5.   | Loss Carryforward From Tax Year 2020                              |                                    |      | 5b.                                | ( 4,900. ) |
| 6.   | Totals  | 6a.                                | 0.   | 6b.                                | -8,044.    |
| <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.                                |      | ( 8,044. )                         |            |

**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<br>INAMPUDI, AJAY & SRI LAKSHMI YAMINI | Social Security No.<br>743-78-2949 |
|--|------------------------------------|

**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 . . . . .                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |

# Instructions for Form MI-1040-V

## 2021 Michigan Individual Income Tax Payment Voucher

### Important Information

Use this voucher only if making your payment after you file your MI-1040 return.

**Do not** use this voucher to do any of the following:

- Make any other payments to the State of Michigan
- Make estimated income tax payments. Estimated income tax payments should be made using the MI-1040ES
- Pay tax owed on your City of Detroit return. The City of Detroit tax due should be paid using the CITY-V.

### Failure to provide a complete Social Security number on Form MI-1040-V will result in processing delays.

Enter on Form MI-1040-V below the tax due as shown on your *Individual Income Tax Return* (MI-1040), line 33.

Your payment and MI-1040-V are due April 18, 2022. If your payment is late, you will owe interest and penalty in addition to the tax due. The annual interest rate is 1 percent above the current prime rate. Penalty is 5 percent of the tax due for the first two months, then 5 percent for each month thereafter until the full payment is received, up to a maximum penalty of 25 percent. If you pay late, you may calculate and add interest and penalty to your payment or Treasury will send you a bill for any additional amount due. Interest rates are adjusted on July 1 and January 1. For current interest rates visit [www.michigan.gov/taxes](http://www.michigan.gov/taxes).

If you do not owe any tax on your MI-1040, do not file this form.

### Electronic Payments

You may choose to make your Individual Income Tax payment electronically. Paying electronically is easy, fast and secure. Payment options include direct debit (eCheck) from your checking or savings account, or payment by credit or debit card.

You can also make your Individual Income Tax payment using direct debit when supported by your e-file software provider.

If you choose to make your payment electronically, you do not need to mail the MI-1040-V to Treasury. Visit [www.michigan.gov/iit](http://www.michigan.gov/iit) for more information.

### Mailing Instructions

- Make your check payable to the **“State of Michigan.”** Print **“2021 MI-1040-V”** and the last four digits of your **Social Security number** on the check. If paying on behalf of another filer, write the filer’s name and the last four digits of the filer’s Social Security number on the check.
- Detach Form MI-1040-V along the dotted line.
- Do not attach your payment to Form MI-1040-V. Instead, place both items loose in the envelope and mail to:  
**Michigan Department of Treasury**  
**P.O. Box 30774**  
**Lansing, MI 48909**
- Do not attach a copy of your return to the MI-1040-V. Attaching a copy of your return will delay the application of payment to your account.
- Do not write notes on the MI-1040-V or submit the voucher without payment.
- If you mail your payment with your paper filed return, you do not need to mail the MI-1040-V to Treasury.

If you have questions, you may call 517-636-4486. Assistance is available using TTY through the Michigan Relay Service by calling 711.

Visit [www.michigan.gov/taxes](http://www.michigan.gov/taxes) for additional information.

**Mail this form with payment for your MI-1040 return. Do not file with your paper return.**



*Detach here and mail with your payment. Do not fold or staple the voucher.*

Michigan Department of Treasury (Rev. 03-21)

## 2021 MICHIGAN Individual Income Tax Payment Voucher

## MI-1040-V

Issued under authority of Public Act 281 of 1967, as amended. See instructions for filing guidelines.

Mail Form MI-1040-V with your payment after you file your MI-1040 return.

Do not use this form to make any other payments to the State of Michigan.

REV 03/01/22 PRO

|  |  |  |   |
|--|--|--|---|
| Filer's Name(s) (First, Middle Initial, Last) and Home Address (Street, City, State, ZIP Code)<br><br>AJAY INAMPUDI<br>SRI LAKSHMI YAMINI INAMPUDI<br>206 HAWTHORNE ROAD<br>NORTH BRUNSWICK NJ 08902 | Filer's Full Social Security Number<br>743-78-2949 | Spouse's Full Social Security Number<br>977-99-9418  | WRITE PAYMENT AMOUNT HERE      ➡      \$      1 .00 |
| <b>MAIL TO:</b><br>Michigan Department of Treasury<br>P.O. Box 30774<br>Lansing, MI 48909  |  | Make check payable to <b>“State of Michigan.”</b> Write the last four digits of filer's <b>Social Security number</b> and <b>“2021 MI-1040-V”</b> on the check. Do not fold or staple. |   |

DO NOT WRITE IN THIS SPACE  
1555

73786577 02 2021 977999418 743782949 9

# 2021 MICHIGAN Individual Income Tax Return MI-1040

**Amended Return**   
(Include Schedule AMD)

**Return is due April 18, 2022.** Type or print in blue or black ink.

|   |                    |                              |   |
|---|--------------------|------------------------------|---|
| 1. Filer's First Name<br><b>AJAY</b>                                    | M.I.               | Last Name<br><b>INAMPUDI</b> | 2. Filer's Full Social Security No. (Example: 123-45-6789)<br><b>743 — 78 — 2949</b>  |
| If a Joint Return, Spouse's First Name<br><b>SRI LAKSHMI YAMINI</b>     | M.I.               | Last Name<br><b>INAMPUDI</b> | 3. Spouse's Full Social Security No. (Example: 123-45-6789)<br><b>977 — 99 — 9418</b> |
| Home Address (Number, Street, or P.O. Box)<br><b>206 HAWTHORNE ROAD</b> |                    |                              | 4. School District Code (5 digits – see page 60)<br><b>63200</b>                      |
| City or Town<br><b>NORTH BRUNSWICK</b>                                  | State<br><b>NJ</b> | ZIP Code<br><b>08902</b>     |   |

|   |  |
|---|--|
| <p><b>5. STATE CAMPAIGN FUND</b><br/>Check if you (and/or your spouse, if filing a joint return) want \$3 of your taxes to go to this fund. This will not increase your tax or reduce your refund.</p> <p>a. <input type="checkbox"/> Filer<br/>b. <input type="checkbox"/> Spouse</p>  | <p><b>6. FARMERS, FISHERMEN, OR SEAFARERS</b><br/><input type="checkbox"/> Check this box if 2/3 of your income is from farming, fishing, or seafaring.</p>  |
| <p><b>7. 2021 FILING STATUS.</b> Check one.</p> <p>a. <input type="checkbox"/> Single</p> <p>b. <input checked="" type="checkbox"/> Married filing jointly</p> <p>c. <input type="checkbox"/> Married filing separately*</p> <p>* If you check box "c," complete line 3 and enter spouse's full name below:<br/><div style="border: 1px solid black; height: 20px; width: 100%;"></div></p> | <p><b>8. 2021 RESIDENCY STATUS.</b> Check all that apply.</p> <p>a. <input type="checkbox"/> Resident</p> <p>b. <input type="checkbox"/> Nonresident *</p> <p>c. <input checked="" type="checkbox"/> Part-Year Resident *</p> <p>* If you check box "b" or "c," you must complete and include Schedule NR.</p> |

**9. EXEMPTIONS. NOTE:** If someone else can claim you as a dependent, check box 9e, enter 0 on line 9a and enter \$1,500 on line 9e (see instr.).

|   |     |                          |   |         |     |             |           |
|---|-----|--------------------------|---|---------|-----|-------------|-----------|
| a. Number of exemptions (see instructions).....   | 9a. | <b>2</b>                 | x | \$4,900 | 9a. | <b>9800</b> | <b>00</b> |
| b. Number of individuals who qualify for one of the following special exemptions: deaf, blind, hemiplegic, paraplegic, quadriplegic, or totally and permanently disabled..... | 9b. |                          | x | \$2,800 | 9b. |             | 00        |
| c. Number of qualified disabled veterans.....   | 9c. |                          | x | \$400   | 9c. |             | 00        |
| d. Number of Certificates of Stillbirth from MDHHS (see instructions).....  | 9d. |                          | x | \$4,900 | 9d. |             | 00        |
| e. Claimed as dependent, see line 9 NOTE above.....   | 9e. | <input type="checkbox"/> |   |         | 9e. |             | 00        |
| f. Add lines 9a, 9b, 9c, 9d and 9e. Enter here and on line 15.....  | 9f. |                          |   |         | 9f. | <b>9800</b> | <b>00</b> |

|   |     |              |           |
|---|-----|--------------|-----------|
| 10. <b>Adjusted Gross Income</b> from your U.S. Form 1040 (see instructions).....                                   | 10. | <b>72944</b> | <b>00</b> |
| 11. Additions from Schedule 1, line 9. <b>Include Schedule 1</b> .....  | 11. |              | 00        |
| 12. <b>Total.</b> Add lines 10 and 11.....  | 12. | <b>72944</b> | <b>00</b> |
| 13. Subtractions from Schedule 1, line 29. <b>Include Schedule 1</b> .....  | 13. | <b>36605</b> | <b>00</b> |
| 14. <b>Income subject to tax.</b> Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0"..... | 14. | <b>36339</b> | <b>00</b> |
| 15. <b>Exemption allowance.</b> Enter amount from line 9f or Schedule NR, line 19.....                              | 15. | <b>4882</b>  | <b>00</b> |
| 16. <b>Taxable income.</b> Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0".....        | 16. | <b>31457</b> | <b>00</b> |
| 17. <b>Tax.</b> Multiply line 16 by 4.25% (0.0425).....   | 17. | <b>1337</b>  | <b>00</b> |

**NON-REFUNDABLE CREDITS**

|  |      | AMOUNT |    | CREDIT |             |           |
|--|------|--------|----|--------|-------------|-----------|
| 18. Income Tax Imposed by government units outside Michigan. Include a copy of the return (see instructions).....                                  | 18a. |        | 00 | 18b.   | 00          |           |
| 19. Michigan Historic Preservation Tax Credit carryforward (see instructions).....   | 19a. |        | 00 | 19b.   | 00          |           |
| 20. <b>Income Tax.</b> Subtract the sum of lines 18b and 19b from line 17. If the sum of lines 18b and 19b is greater than line 17, enter "0"..... | 20.  |        |    | 20.    | <b>1337</b> | <b>00</b> |

Filer's Full Social Security Number

743 — 78 — 2949

|  |     |      |    |
|--|-----|------|----|
| 21. Enter amount of Income Tax from line 20.....   | 21. | 1337 | 00 |
| 22. Voluntary Contributions from Form 4642, line 6. <b>Include Form 4642</b> .....   | 22. |      | 00 |
| 23. <b>USE TAX.</b> Use tax due on Internet, mail order or other out-of-state purchases from Worksheet 1 (see instructions)..... | 23. | 0    | 00 |
| <b>24. Total Tax Liability.</b> Add lines 21, 22 and 23 .....  | 24. | 1337 | 00 |

**REFUNDABLE CREDITS AND PAYMENTS**

|  |      |      |    |
|--|------|------|----|
| 25. <b>Property Tax Credit. Include MI-1040CR or MI-1040CR-2</b> .....   | 25.  |      | 00 |
| 26. <b>Farmland Preservation Tax Credit. Include MI-1040CR-5</b> .....   | 26.  |      | 00 |
| 27. Earned Income Tax Credit. Multiply line 27a by 6% (0.06) and enter result on line 27b. ....  | 27a. |      | 00 |
| 28. Michigan Historic Preservation Tax Credit (refundable). <b>Include Form 3581</b> .....   | 28.  |      | 00 |
| 29. Credit for allocated share of tax paid by an electing flow-through entity (see instructions).....  | 29.  |      | 00 |
| 30. Michigan tax withheld from Schedule W, line 6. <b>Include Schedule W (do not submit W-2s)</b> .....  | 30.  | 1336 | 00 |
| 31. Estimated tax, extension payments and 2020 credit forward.....   | 31.  |      | 00 |
| 32. <b>2021 AMENDED RETURNS ONLY.</b> Taxpayers completing an original 2021 return should skip to line 33. Amended returns must <b>include Schedule AMD (see instructions)</b> .   |      |      |    |
| 32a. <input type="checkbox"/> If you had a refund and/or credit forward on the original return, check box 32a and enter this amount as a negative number on line 32c.  |      |      |    |
| 32b. <input type="checkbox"/> If you paid with the original return, check box 32b and enter the amount paid with the original return, plus any additional tax paid after filing, as a positive number on line 32c. Do not include interest or penalty. |      |      |    |
| 32c.   |      |      | 00 |
| <b>33. Total refundable credits and payments.</b> Add lines 25, 26, 27b, 28, 29, 30, 31 and 32c .....  | 33.  | 1336 | 00 |

**REFUND OR TAX DUE**

|  |     |  |               |
|--|-----|--|---------------|
| 34. If line 33 is less than line 24, subtract line 33 from line 24. If applicable, see instructions.   | 34. |  |               |
| Include interest <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> and penalty <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ..... |     |  |               |
| <b>YOU OWE</b>   |     |  |               |
| 35. <b>Overpayment.</b> If line 33 is greater than line 24, subtract line 24 from line 33 .....  | 35. |  | 00            |
| 36. <b>Credit Forward.</b> Amount of line 35 to be credited to your 2022 estimated tax for your 2022 tax return ...  | 36. |  | 00            |
| 37. Subtract line 36 from line 35.....   | 37. |  | 00            |
|  |     |  | <b>REFUND</b> |

**DIRECT DEPOSIT**

Deposit your refund directly to your financial institution! See instructions and complete a, b and c.

|                                  |                          |                                      |                                     |
|----------------------------------|--------------------------|--------------------------------------|-------------------------------------|
| <b>a. Routing Transit Number</b> | <b>b. Account Number</b> | <b>c. Type of Account</b>            |                                     |
|                                  |                          | 1. <input type="checkbox"/> Checking | 2. <input type="checkbox"/> Savings |

**Deceased Taxpayer.** If Filer and/or Spouse died after December 31, 2020, enter dates below. **ENTER DATE OF DEATH ONLY.** Example: 04-15-2021 (MM-DD-YYYY)

|       |     |        |     |
|-------|-----|--------|-----|
| Filer | — — | Spouse | — — |
|-------|-----|--------|-----|

**Preparer Certification.** I declare under penalty of perjury that this return is based on all information of which I have any knowledge.

Preparer's PTIN, FEIN or SSN  
P02082703

**Taxpayer Certification.** I declare under penalty of perjury that the information in this return and attachments is true and complete to the best of my knowledge.

|                    |      |
|--------------------|------|
| Filer's Signature  | Date |
| Spouse's Signature | Date |

Preparer's Name (print or type)  
SYAM PRIYA RAM SAGAR GUPTA TA  
Preparer's Signature  
SYAM PRIYA RAM SAGAR GUPTA TA  
Preparer's Business Name, Address and Telephone Number  
GLOBAL TAXES LLC  
2530 PEBBLE CREEK LN  
CUMMING GA 30041  
678-965-9522

By checking this box, I authorize Treasury to discuss my return with my preparer.

**Refund, credit, or zero returns.** Mail your return to:

**Michigan Department of Treasury, Lansing, MI 48956**

**Pay amount on line 34 (see instructions).** Mail your check and return to:

**Michigan Department of Treasury, Lansing, MI 48929**

# 2021 MICHIGAN Schedule 1 Additions and Subtractions

Issued under authority of Public Act 281 of 1967, as amended.

**Attachment 01**

Include with Form MI-1040. Type or print in blue or black ink.

|                            |      |                       |  |
|----------------------------|------|-----------------------|--|
| Filer's First Name<br>AJAY | M.I. | Last Name<br>INAMPUDI | Filer's Full Social Security No. (Example: 123-45-6789)<br>743 — 78 — 2949 |
|----------------------------|------|-----------------------|--|

**Additions to Income (all entries must be positive numbers)**

|   |    |   |    |
|---|----|---|----|
| 1. Gross interest and dividends from obligations issued by states (other than Michigan) or their political subdivisions.....  | 1. |   | 00 |
| 2. Deduction for taxes on or measured by income, including self-employment tax, taken on your federal return, and allocated share of tax paid by an electing flow-through entity (see instructions) ..... | 2. |   | 00 |
| 3. Gains from Michigan column of MI-1040D and MI-4797 .....   | 3. |   | 00 |
| 4. Losses attributable to other states (see instructions) .....   | 4. |   | 00 |
| 5. Net loss from federal column of your Michigan MI-1040D or MI-4797 .....  | 5. |   | 00 |
| 6. Oil, gas, and nonferrous metallic mineral expenses (Michigan sourced) deducted to arrive at Adjusted Gross Income (AGI).....   | 6. |   | 00 |
| 7. Federal Net Operating Loss deduction included in AGI.....  | 7. |   | 00 |
| 8. Other (see instructions). Describe: _____  | 8. |   | 00 |
| 9. <b>Total additions. Add lines 1 through 8. Enter here and on MI-1040, line 11</b> .....  | 9. | 0 | 00 |

**Subtractions from Income (all entries must be positive numbers)**

|  |     |       |    |
|--|-----|-------|----|
| 10. Income from U.S. government bonds and other U.S. obligations included in MI-1040, line 10. Include U.S. <i>Schedule B</i> if over \$5,000.....   | 10. |       | 00 |
| 11. Amount included in MI-1040, line 10, from military retirement benefits due to service in the U.S. Armed Forces or Michigan National Guard, or taxable railroad retirement benefits ..... | 11. |       | 00 |
| 12. Gains from federal column of Michigan MI-1040D and MI-4797 .....   | 12. |       | 00 |
| 13. Income attributable to another state. <b>Explain type and source:</b> <u>SCHEDULE NR</u> .....   | 13. | 36605 | 00 |
| 14. Taxable Social Security benefits or military pay (not retirement) included on MI-1040, line 10 ..  | 14. |       | 00 |
| 15. Income earned while a resident of a Renaissance Zone (see instructions). .....   | 15. |       | 00 |
| 16. Michigan state and local income tax refunds received in 2021 and included on MI-1040, line 10 (see instructions) .....   | 16. |       | 00 |
| 17. Michigan Education Savings Program, MI 529 Advisor Plan, and Michigan Achieving a Better Life Experience Program.....  | 17. |       | 00 |
| 18. Michigan Education Trust .....   | 18. |       | 00 |
| 19. Oil, gas, and nonferrous metallic minerals income (Michigan sourced) included in AGI.....  | 19. |       | 00 |
| 20. Resident Tribal Member income exempted under a State/Tribal tax agreement or pursuant to <i>Revenue Administrative Bulletin 1988-47</i> .....  | 20. |       | 00 |
| 21. Miscellaneous subtractions (see instructions). <b>Describe:</b> _____  | 21. |       | 00 |

REV 03/01/22 PRO

## 2021 MICHIGAN Schedule 1 Additions and Subtractions

|                                   |      |                              |   |
|-----------------------------------|------|------------------------------|---|
| Filer's First Name<br><b>AJAY</b> | M.I. | Last Name<br><b>INAMPUDI</b> | Filer's Full Social Security No. (Example: 123-45-6789)<br><b>743 — 78 — 2949</b> |
|-----------------------------------|------|------------------------------|---|

### Deduction Based on Year of Birth

Complete 22A through 22H if claiming the Michigan Standard Deduction, the retirement benefits deduction or the senior investment income deduction on lines 23, 24, 25, or 26. Check box(es) 22C and/or 22G **only** if you or your spouse received retirement benefits from employment with a governmental agency not covered by the federal Social Security Act (SSA exempt employment). **See instructions before continuing.**

| 22. | FILER                         |                                  |  |  | SPOUSE                        |                                  |   |   |
|-----|-------------------------------|----------------------------------|--|--|-------------------------------|----------------------------------|---|---|
|     | A.<br>Year of Birth<br>(19xx) | B.<br>Age<br>as of<br>12-31-2021 | C.<br>Check if filer<br>received benefits<br>from SSA exempt<br>employment | D.<br>Check if filer<br>retired as of<br>01-01-2013 and<br>born after 1952 | E.<br>Year of Birth<br>(19xx) | F.<br>Age<br>as of<br>12-31-2021 | G.<br>Check if spouse<br>received benefits<br>from SSA exempt<br>employment | H.<br>Check if spouse<br>retired as of<br>01-01-2013 and<br>born after 1952 |
|     | 1990                          | 31                               | <input type="checkbox"/>   | <input type="checkbox"/>   | 1994                          | 27                               | <input type="checkbox"/>  | <input type="checkbox"/>  |

|  |     |  |    |
|--|-----|--|----|
| 23. <b>Tier 2 Michigan Standard Deduction.</b> Complete this line if the older of you or your spouse (if married) was born during the period January 1, 1946 through December 31, 1952, and reached age 67. <b>Do not complete lines 24, 25 or 26.</b> .....   | 23. |  | 00 |
| 24. <b>Tier 3 Michigan Standard Deduction.</b> Complete this line if the older of you or your spouse (if married) was born during the period January 1, 1953 through January 1, 1955, and reached age 67 on or before December 31, 2021. <b>Do not complete lines 23, 25 or 26.</b> Enter amount from line 6 of Worksheet 2..... | 24. |  | 00 |
| 25. <b>Retirement benefits.</b> Enter amount from line 16, 17 or 18 of Form 4884, <i>Michigan Pension Schedule</i> . <b>Include Form 4884.</b> .....   | 25. |  | 00 |
| 26. Dividend/interest/capital gains deduction for taxpayers <b>76 years and older.</b> Deduction is limited to \$12,127 for single or married filing separately filers and \$24,254 for joint filers, less any deduction for retirement benefits (see instructions).....   | 26. |  | 00 |

Check this box if you are the unremarried surviving spouse claiming a dividend, interest or capital gains deduction for someone born before 1946 who was at least age 65 at the time of death.

|   |     |       |    |
|---|-----|-------|----|
| 27. <b>Subtotal.</b> Add lines 10 through 26 .....  | 27. | 36605 | 00 |
| 28. <b>2021 Michigan NOL Deduction.</b> Enter amount from line 11 or 12 of Form 5674, <i>Michigan Net Operating Loss Deduction</i> . <b>Include Form 5674</b> ..... | 28. |       | 00 |
| 29. <b>Total Subtractions.</b> Add lines 27 and 28. Enter here and on MI-1040, line 13.....   | 29. | 36605 | 00 |

**2021 MICHIGAN Nonresident and Part-Year Resident Schedule**

Issued under authority of Public Act 281 of 1967, as amended.

Type or print in blue or black ink.

Include with Form MI-1040. Read all instructions before completing this form.

**Attachment 02**

|   |      |                              |   |
|---|------|------------------------------|---|
| 1. Filer's First Name<br><b>AJAY</b>                                | M.I. | Last Name<br><b>INAMPUDI</b> | 2. Filer's Full Social Security No. (Example: 123-45-6789)<br><b>743 — 78 — 2949</b>  |
| If a Joint Return, Spouse's First Name<br><b>SRI LAKSHMI YAMINI</b> | M.I. | Last Name<br><b>INAMPUDI</b> | 3. Spouse's Full Social Security No. (Example: 123-45-6789)<br><b>977 — 99 — 9418</b> |

**4. 2021 RESIDENCY STATUS:**

Check all that apply.

a.  Nonresident

b.  Part-Year Resident of Michigan.

Enter dates of Michigan residency in 2021\*

\*Dates of Michigan residency in 2021 (Enter dates as MM-DD-YYYY, Example: 04-15-2021)

|       | FILER          | SPOUSE         |
|-------|----------------|----------------|
| FROM: | 05 — 16 — 2021 | 05 — 16 — 2021 |
| TO:   | 12 — 31 — 2021 | 12 — 31 — 2021 |

**Income Allocation**

|  | A. Total Income |    | B. Michigan Income |    | C. Other State(s) Income |    |
|--|-----------------|----|--------------------|----|--------------------------|----|
| 5. Wages, salaries, other payments (tips, etc.) .....  | 81339           | 00 | 36339              | 00 | 45000                    | 00 |
| 6. Interest and dividends .....  | 81              | 00 | 0                  | 00 | 81                       | 00 |
| 7. Business and farm income (include U.S. Schedules C and F).....  |                 | 00 |                    | 00 |                          | 00 |
| 8. Gains/losses from MI-1040D or U.S. Schedule D, and/or MI-4797 or U.S. Form 4797.....  | 24              | 00 | 0                  | 00 | 24                       | 00 |
| 9. Income reported on U.S. Schedule E (include U.S. Schedule E and supporting statements)....  | -8500           | 00 | 0                  | 00 | -8500                    | 00 |
| 10. Pensions, IRA distributions, annuities and Social Security (see Form 4884).....  |                 | 00 |                    | 00 |                          | 00 |
| 11. Other (see instructions) .....   |                 | 00 |                    | 00 |                          | 00 |
| 12. Total income. Add lines 5 through 11.....  | 72944           | 00 | 36339              | 00 | 36605                    | 00 |
| 13. Enter the total adjustments from U.S. 1040 Describe: .....   |                 | 00 |                    | 00 |                          | 00 |
| 14. Subtract line 13 from line 12. The amount in column A should equal MI-1040, line 10. Enter amount in column C on Schedule 1, line 13 or, if a negative amount, enter as a positive amount on Schedule 1, line 4. | 72944           | 00 | 36339              | 00 | 36605                    | 00 |

**Exemption Allowance** (If one spouse is a full-year resident, and the other is not, see instructions.)

|  |     |       |    |
|--|-----|-------|----|
| 15. Enter amount from MI-1040, line 9f.....  | 15. | 9800  | 00 |
| 16. Enter Michigan source income from line 14, column B.....   | 16. | 36339 | 00 |
| 17. Enter total income from line 14, column A.....   | 17. | 72944 | 00 |
| 18. Divide line 16 by line 17 (if line 16 is greater than line 17, enter 100%).....  | 18. | 49.82 | %  |
| 19. If both spouses are part-year or nonresidents, multiply line 15 by the percentage on line 18 and enter here and on MI-1040, line 15. If one spouse is a full-year resident, complete Worksheet 6 and enter here and on MI-1040, line 15..... | 19. | 4882  | 00 |



**2021 MICHIGAN Withholding Tax Schedule**

Issued under authority of Public Act 281 of 1967, as amended.

Type or print in blue or black ink.

**Attachment 13**

**INSTRUCTIONS:** If you had Michigan income tax withheld in 2021, you must complete a *Withholding Tax Schedule* (Schedule W) to claim the withholding on your *Individual Income Tax Return* (MI-1040, line 30). Report military pay in Table 1 and military retirement benefits and taxable railroad retirement benefits (both Tier 1 and Tier 2) in Table 2 even if no Michigan tax was withheld. Include your completed Schedule W with Form MI-1040. See complete instructions on page 2 of this form. If you need additional space, include another Schedule W.

|  |      |                       |  |
|--|------|-----------------------|--|
| 1. Filer's First Name<br>AJAY                                | M.I. | Last Name<br>INAMPUDI | 2. Filer's Full Social Security No. (Example: 123-45-6789)<br>743 — 78 — 2949  |
| If a Joint Return, Spouse's First Name<br>SRI LAKSHMI YAMINI | M.I. | Last Name<br>INAMPUDI | 3. Spouse's Full Social Security No. (Example: 123-45-6789)<br>977 — 99 — 9418 |

**TABLE 1: MICHIGAN TAX WITHHELD OR MILITARY PAY REPORTED ON W-2, W-2G or CORRECTED W-2 FORMS**

| A  |  | B   | C                       | D  |    | E  |         |
|--|--|---|-------------------------|--|----|--|---------|
| Enter "X" for:<br>Filer or Spouse  |  | Employer's identification number<br>(Example: 38-1234567) | Box c — Employer's name | Box 1 — Wages, tips,<br>other compensation |    | Box 17 — Michigan<br>income tax withheld |         |
| X  |  | 38-3505360  | E-IT PROFESSIONA        | 36339                                      | 00 | 1336                                     | 00      |
|  |  |   |                         |  | 00 |  | 00      |
|  |  |   |                         |  | 00 |  | 00      |
|  |  |   |                         |  | 00 |  | 00      |
|  |  |   |                         |  | 00 |  | 00      |
| Enter Table 1 Subtotal from additional Schedule W forms (if applicable)..... |  |   |                         |  |    |  | 00      |
| 4. <b>SUBTOTAL.</b> Enter total of Table 1, column E. ....                   |  |   |                         |  |    | 4.                                       | 1336 00 |

**TABLE 2: MICHIGAN TAX WITHHELD OR MILITARY RETIREMENT BENEFITS AND RAILROAD RETIREMENT BENEFITS (BOTH TIER 1 AND TIER 2) REPORTED ON 1099 FORMS**

| A   |  | B  | C            | D   | E                               |    |         |
|---|--|--|--------------|---|---------------------------------|----|---------|
| Enter "X" for:<br>Filer or Spouse   |  | Payer's federal identification<br>number (Example: 38-1234567) | Payer's name | Taxable pension distribution,<br>misc. income, etc. (see inst.) | Michigan income<br>tax withheld |    |         |
|   |  |  |              |   | 00                              | 00 |         |
|   |  |  |              |   | 00                              | 00 |         |
|   |  |  |              |   | 00                              | 00 |         |
|   |  |  |              |   | 00                              | 00 |         |
|   |  |  |              |   | 00                              | 00 |         |
| Enter Table 2 Subtotal from additional Schedule W forms (if applicable).....      |  |  |              |   |                                 |    | 00      |
| 5. <b>SUBTOTAL.</b> Enter total of Table 2, column E. ....                        |  |  |              |   |                                 | 5. | 00      |
| 6. <b>TOTAL.</b> Add lines 4 and 5. Enter here and carry to MI-1040, line 30..... |  |  |              |   |                                 | 6. | 1336 00 |

**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  
AJAY & SRI LAKSHMI YAMINI INAMPUDI

Your social security number  
743-78-2949

**Part I Additional Income**

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

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

Schedule 1 (Form 1040) 2021

**Part II Adjustments to Income**

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

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

**Capital Gains and Losses**

OMB No. 1545-0074

**2021**

Attachment  
Sequence No. **12**

Department of the Treasury  
Internal Revenue Service (99)

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

Name(s) shown on return

AJAY & SRI LAKSHMI YAMINI INAMPUDI

Your social security number

743-78-2949

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)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part I,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|--|----------------------------------|---------------------------------|---|---|
| <b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . |                                  |                                 |   |   |
| <b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .   | 120 .                            | 96 .                            |   | 24 .  |
| <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> 24 .   |

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

**Part III Summary**

|           |  |           |     |
|-----------|--|-----------|-----|
| <b>16</b> | Combine lines 7 and 15 and enter the result . . . . .  | <b>16</b> | 24. |
|           | <ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li> </ul> |           |     |
| <b>17</b> | Are lines 15 and 16 <b>both</b> gains?<br><input type="checkbox"/> <b>Yes.</b> Go to line 18.<br><input checked="" type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.   |           |     |
| <b>18</b> | If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . ▶   | <b>18</b> |     |
| <b>19</b> | If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . . ▶   | <b>19</b> |     |
| <b>20</b> | Are lines 18 and 19 both zero or blank and are you not filing Form 4952?<br><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16. <b>Don't</b> complete lines 21 and 22 below.<br><br><input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.                |           |     |
| <b>21</b> | If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of:<br><ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } . . . . .</li> </ul>   | <b>21</b> | ( ) |
|           | <b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.  |           |     |
| <b>22</b> | Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?<br><br><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16.<br><br><input checked="" 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

AJAY & SRI LAKSHMI YAMINI INAMPUDI

Social security number or taxpayer identification number

743-78-2949

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)<br>Description of property<br>(Example: 100 sh. XYZ Co.) | (b)<br>Date acquired<br>(Mo., day, yr.) | (c)<br>Date sold or<br>disposed of<br>(Mo., day, yr.) | (d)<br>Proceeds<br>(sales price)<br>(see instructions) | (e)<br>Cost or other basis.<br>See the <b>Note</b> below<br>and see <i>Column (e)</i><br>in the separate<br>instructions | Adjustment, if any, to gain or loss.<br>If you enter an amount in column (g),<br>enter a code in column (f).<br><b>See the separate instructions.</b> |                                | (h)<br><b>Gain or (loss).</b><br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|--|--|---|---|--|--|---|--------------------------------|--|
|  |  |   |   |  |  | (f)<br>Code(s) from<br>instructions   | (g)<br>Amount of<br>adjustment |  |
|  | Robinhood Securities LLC                                     | 01/01/21                                | 12/31/21  | 120.   | 96.  |   |                                | 24.  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
| <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) ► |  |   |   | 120.   | 96.  |   |                                | 24.  |

**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.

**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

AJAY & SRI LAKSHMI YAMINI INAMPUDI

743-78-2949

**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>  |   |  |                         |                          |                          |
| <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. | <b>Fair Rental Days</b> | <b>Personal Use Days</b> | <b>QJV</b>               |
| <b>A</b>  | 3   |  | <b>A</b> 365            | 0                        | <input type="checkbox"/> |
| <b>B</b>  |   |  | <b>B</b>                |                          | <input type="checkbox"/> |
| <b>C</b>  |   |  | <b>C</b>                |                          | <input type="checkbox"/> |

**Type of Property:**

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

| Income:          |   | Properties: | A          | B      | C       |
|------------------|---|-------------|------------|--------|---------|
| <b>3</b>         | Rents received . . . . .  | <b>3</b>    | 600.       |        |         |
| <b>4</b>         | Royalties received . . . . .  | <b>4</b>    |            |        |         |
| <b>Expenses:</b> |   |             |            |        |         |
| <b>5</b>         | Advertising . . . . .   | <b>5</b>    |            |        |         |
| <b>6</b>         | Auto and travel (see instructions) . . . . .  | <b>6</b>    |            |        |         |
| <b>7</b>         | Cleaning and maintenance . . . . .  | <b>7</b>    | 1,200.     |        |         |
| <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>   | 1,000.     |        |         |
| <b>12</b>        | Mortgage interest paid to banks, etc. (see instructions)  | <b>12</b>   |            |        |         |
| <b>13</b>        | Other interest. . . . .   | <b>13</b>   |            |        |         |
| <b>14</b>        | Repairs. . . . .  | <b>14</b>   | 2,100.     |        |         |
| <b>15</b>        | Supplies . . . . .  | <b>15</b>   | 1,800.     |        |         |
| <b>16</b>        | Taxes . . . . .   | <b>16</b>   |            |        |         |
| <b>17</b>        | Utilities. . . . .  | <b>17</b>   | 3,000.     |        |         |
| <b>18</b>        | Depreciation expense or depletion . . . . .   | <b>18</b>   |            |        |         |
| <b>19</b>        | Other (list) ▶ . . . . .  | <b>19</b>   |            |        |         |
| <b>20</b>        | Total expenses. Add lines 5 through 19 . . . . .  | <b>20</b>   | 9,100.     |        |         |
| <b>21</b>        | Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 . . . . .   | <b>21</b>   | -8,500.    |        |         |
| <b>22</b>        | Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . .  | <b>22</b>   | ( 8,500. ) | ( )    | ( )     |
| <b>23a</b>       | Total of all amounts reported on line 3 for all rental properties . . . . .   | <b>23a</b>  |            | 600.   |         |
| <b>b</b>         | Total of all amounts reported on line 4 for all royalty properties . . . . .  | <b>23b</b>  |            |        |         |
| <b>c</b>         | Total of all amounts reported on line 12 for all properties . . . . .   | <b>23c</b>  |            |        |         |
| <b>d</b>         | Total of all amounts reported on line 18 for all properties . . . . .   | <b>23d</b>  |            |        |         |
| <b>e</b>         | Total of all amounts reported on line 20 for all properties . . . . .   | <b>23e</b>  |            | 9,100. |         |
| <b>24</b>        | <b>Income.</b> Add positive amounts shown on line 21. Do not include any losses . . . . .   | <b>24</b>   |            |        |         |
| <b>25</b>        | <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .  | <b>25</b>   | ( 8,500. ) |        |         |
| <b>26</b>        | <b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . . | <b>26</b>   |            |        | -8,500. |

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2021