

Filing Status [X] Single [ ] Married filing jointly [ ] Married filing separately (MFS) [ ] Head of household (HOH) [ ] Qualifying widow(er) (QW)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent

Your first name and middle initial: RISHIKESH REDDY
Last name: NIMMA
Your social security number: 319-53-4353
If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number:

Home address (number and street). If you have a P.O. box, see instructions. 125 BRICKHILL AVE UNIT116
Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below. SOUTH PORTLAND
State: ME
ZIP code: 04106
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) if qualifies for (see instructions): Child tax credit, Credit for other dependents. Includes a checkbox for 'If more than four dependents, see instructions and check here'.

Main income and deduction table with columns for line numbers, descriptions, and amounts. Includes sub-columns for 2a, 3a, 4a, 5a, 6a, 12a, 12b, 12c, 13, 14, 15. Total taxable income: 86,764.

<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	<b>16</b>	14,738.
<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
<b>18</b>	Add lines 16 and 17	<b>18</b>	14,738.
<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>	14,738.
<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>	14,738.
<b>25</b>	Federal income tax withheld from:		
<b>a</b>	Form(s) W-2	<b>25a</b>	15,843.
<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>	15,843.
<b>26</b>	2021 estimated tax payments and amount applied from 2020 return	<b>26</b>	
<b>27a</b>	Earned income credit (EIC) <span style="float:right">No</span> Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/>	<b>27a</b>	
<b>b</b>	Nontaxable combat pay election	<b>27b</b>	
<b>c</b>	Prior year (2019) earned income	<b>27c</b>	
<b>28</b>	Refundable child tax credit or additional child tax credit from Schedule 8812	<b>28</b>	
<b>29</b>	American opportunity credit from Form 8863, line 8	<b>29</b>	
<b>30</b>	Recovery rebate credit. See instructions	<b>30</b>	
<b>31</b>	Amount from Schedule 3, line 15	<b>31</b>	
<b>32</b>	Add lines 27a and 28 through 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>	
<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	15,843.
<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>	1,105.
	<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>	1,105.
Direct deposit? See instructions.	<b>b</b> Routing number 1 2 2 1 0 1 7 0 6 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<b>d</b> Account number 4 5 7 0 2 8 3 2 8 9 4 8		
	<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 QUALITY ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. (480) 304-2026 Email address NIMMARISHIKESH@GMAIL.COM

**Paid Preparer Use Only**

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 03/17/2022	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 2530 Pebble Creek Ln Cumming GA 30041		Phone no. (678) 965-9522	Firm's EIN 30-1017196

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

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

OMB No. 1545-0074

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

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
RISHIKESH REDDY NIMMA

Your social security number  
319-53-4353

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	0.
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions) ▶ _____		
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .	<b>5</b>	-12,030.
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	
<b>8</b>	Other income:		
<b>a</b>	Net operating loss . . . . .	<b>8a</b>	( )
<b>b</b>	Gambling income . . . . .	<b>8b</b>	
<b>c</b>	Cancellation of debt . . . . .	<b>8c</b>	
<b>d</b>	Foreign earned income exclusion from Form 2555 . . . . .	<b>8d</b>	( )
<b>e</b>	Taxable Health Savings Account distribution . . . . .	<b>8e</b>	
<b>f</b>	Alaska Permanent Fund dividends . . . . .	<b>8f</b>	
<b>g</b>	Jury duty pay . . . . .	<b>8g</b>	
<b>h</b>	Prizes and awards . . . . .	<b>8h</b>	
<b>i</b>	Activity not engaged in for profit income . . . . .	<b>8i</b>	
<b>j</b>	Stock options . . . . .	<b>8j</b>	
<b>k</b>	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property . . . . .	<b>8k</b>	
<b>l</b>	Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .	<b>8l</b>	
<b>m</b>	Section 951(a) inclusion (see instructions) . . . . .	<b>8m</b>	
<b>n</b>	Section 951A(a) inclusion (see instructions) . . . . .	<b>8n</b>	
<b>o</b>	Section 461(l) excess business loss adjustment . . . . .	<b>8o</b>	
<b>p</b>	Taxable distributions from an ABLE account (see instructions) . . . . .	<b>8p</b>	
<b>z</b>	Other income. List type and amount ▶ _____	<b>8z</b>	
<b>9</b>	Total other income. Add lines 8a through 8z . . . . .	<b>9</b>	
<b>10</b>	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .	<b>10</b>	-12,030.

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

RISHIKESH REDDY NIMMA

Your social security number

319-53-4353

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

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

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

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

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

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . . . . .				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .	5,552.	3,349.		2,203.
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .	9,046.	6,166.		2,880.
<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> 5,083.

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

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

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

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . . . . .				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .	4,289.	2,951.		1,338.
<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> 1,338.

**Part III Summary**

<p><b>16</b> Combine lines 7 and 15 and enter the result . . . . .</p> <ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li> </ul>	<b>16</b>	6,421.
<p><b>17</b> Are lines 15 and 16 <b>both</b> gains?</p> <p><input checked="" type="checkbox"/> <b>Yes.</b> Go to line 18.</p> <p><input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.</p>		
<p><b>18</b> If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . ▶</p>	<b>18</b>	
<p><b>19</b> If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . . ▶</p>	<b>19</b>	
<p><b>20</b> Are lines 18 and 19 both zero or blank and are you not filing Form 4952?</p> <p><input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16. <b>Don't</b> complete lines 21 and 22 below.</p> <p><input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.</p>		
<p><b>21</b> If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of:</p> <ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } . . . . .</li> </ul> <p><b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.</p>	<b>21</b> ( )	
<p><b>22</b> Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?</p> <p><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16.</p> <p><input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>		

**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

RISHIKESH REDDY NIMMA

Social security number or taxpayer identification number

319-53-4353

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

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

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

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). <b>See the separate instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	ROBINHOOD SECURITIES LLC	03/25/21	11/02/21	5,552.	3,349.			2,203.
<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) ►				5,552.	3,349.			2,203.

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

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

**Social security number or taxpayer identification number**  
**319-53-4353**

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

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

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

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). <b>See the separate instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	ROBINHOOD SECURITIES LLC	06/25/20	11/02/21	4,289.	2,951.			1,338.
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 8b</b> (if <b>Box D</b> above is checked), <b>line 9</b> (if <b>Box E</b> above is checked), or <b>line 10</b> (if <b>Box F</b> above is checked) ▶				4,289.	2,951.			1,338.

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



**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

RISHIKESH REDDY NIMMA

Social security number or taxpayer identification number

319-53-4353

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

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

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

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). <b>See the separate instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	ROBINHOOD CRYPTO LLC	02/06/21	09/26/21	9,046.	6,166.			2,880.
<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) ►				9,046.	6,166.			2,880.

**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

RISHIKESH REDDY NIMMA

319-53-4353

**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>	ALWAL SECUNDERABAD TELANGANA IN 500010				
<b>B</b>					
<b>C</b>					
<b>1b</b>	Type of Property (from list below)	<b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
<b>A</b>	3		<b>A</b> 365	0	<input type="checkbox"/>
<b>B</b>			<b>B</b>		<input type="checkbox"/>
<b>C</b>			<b>C</b>		<input type="checkbox"/>

**Type of Property:**

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

Income:		Properties:		A	B	C
<b>3</b>	Rents received . . . . .	<b>3</b>		720.		
<b>4</b>	Royalties received . . . . .	<b>4</b>				
<b>Expenses:</b>						
<b>5</b>	Advertising . . . . .	<b>5</b>		100.		
<b>6</b>	Auto and travel (see instructions) . . . . .	<b>6</b>		300.		
<b>7</b>	Cleaning and maintenance . . . . .	<b>7</b>		750.		
<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>		1,200.		
<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>		4,900.		
<b>15</b>	Supplies . . . . .	<b>15</b>		3,300.		
<b>16</b>	Taxes . . . . .	<b>16</b>				
<b>17</b>	Utilities. . . . .	<b>17</b>		2,200.		
<b>18</b>	Depreciation expense or depletion . . . . .	<b>18</b>				
<b>19</b>	Other (list) ▶ . . . . .	<b>19</b>				
<b>20</b>	Total expenses. Add lines 5 through 19 . . . . .	<b>20</b>		12,750.		
<b>21</b>	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 . . . . .	<b>21</b>		-12,030.		
<b>22</b>	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . .	<b>22</b>	(	12,030.)	(	)
<b>23a</b>	Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>		720.		
<b>b</b>	Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>				
<b>c</b>	Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>				
<b>d</b>	Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>				
<b>e</b>	Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b>		12,750.		
<b>24</b>	<b>Income.</b> Add positive amounts shown on line 21. Do not include any losses . . . . .	<b>24</b>				
<b>25</b>	<b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .	<b>25</b>	(	12,030.)		
<b>26</b>	<b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . .	<b>26</b>				-12,030.

For Paperwork Reduction Act Notice, see the separate instructions.

NPA

-12,030.

Schedule E (Form 1040) 2021

# Health Savings Accounts (HSAs)

Department of the Treasury  
Internal Revenue Service

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

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

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
**RISHIKESH REDDY NIMMA**

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶ **319-53-4353**

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

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

<b>1</b>	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2021. See instructions . . . . . ▶	<input checked="" type="checkbox"/> Self-only	<input type="checkbox"/> Family
<b>2</b>	HSA contributions you made for 2021 (or those made on your behalf), including those made from January 1, 2022, through April 15, 2022, that were for 2021. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions . . . . .	<b>2</b>	0.
<b>3</b>	If you were under age 55 at the end of 2021 and, on the first day of <b>every</b> month during 2021, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,600 (\$7,200 for family coverage). <b>All others</b> , see the instructions for the amount to enter . . . . .	<b>3</b>	3,600.
<b>4</b>	Enter the amount you and your employer contributed to your Archer MSAs for 2021 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2021, also include any amount contributed to your spouse's Archer MSAs . . . . .	<b>4</b>	0.
<b>5</b>	Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	<b>5</b>	3,600.
<b>6</b>	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2021, see the instructions for the amount to enter . . . . .	<b>6</b>	3,600.
<b>7</b>	If you were age 55 or older at the end of 2021, married, and you or your spouse had family coverage under an HDHP at any time during 2021, enter your additional contribution amount. See instructions . . . . .	<b>7</b>	0.
<b>8</b>	Add lines 6 and 7 . . . . .	<b>8</b>	3,600.
<b>9</b>	Employer contributions made to your HSAs for 2021 . . . . .	<b>9</b>	1,075.
<b>10</b>	Qualified HSA funding distributions . . . . .	<b>10</b>	
<b>11</b>	Add lines 9 and 10 . . . . .	<b>11</b>	1,075.
<b>12</b>	Subtract line 11 from line 8. If zero or less, enter -0- . . . . .	<b>12</b>	2,525.
<b>13</b>	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 <b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	<b>13</b>	0.

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

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

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

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

Cut on line before mailing

REV 02/16/22 PRO

POST FILING COUPON

PFC

0912

1030

"Electronic calculation and processing of state tax liabilities serve as a convenience for Indiana taxpayers. The taxpayer remains responsible for providing accurate information and remains liable for payment of the correct amount of tax."

\*SSN 1 319 53 4353

\*SSN 2

Period End Date 12 31 2021

Date Due 04 18 2022

Tax Type IND

Mail and make check payable to  
INDIANA DEPARTMENT OF REVENUE  
P.O. BOX 1674  
INDIANAPOLIS, IN 46206-1674

RISHIKESH REDDY NIMMA

125 BRICKHILL AVE UNIT116

SOUTH PORTLAND ME 04106

Amount Due:

7.00

06000031953435302000010111231202100

**Indiana Part-Year or Full-Year Nonresident  
Individual Income Tax Return**

**2021**

Due April 18, 2022

If filing for a fiscal year, enter the dates (see instructions) (MM/DD/YYYY):

from    to:

Place "X" in box   
if amending

Your Social Security Number  319  53  4353

Spouse's Social Security Number

Place "X" in box if applying for ITIN

Place "X" in box if applying for ITIN

Your first name  RISHIKESH REDDY Initial  Last name  NIMMA Suffix

If filing a joint return, spouse's first name  Initial  Last name  Suffix

Present address (number and street or rural route)  125 BRICKHILL AVE UNIT116 Place "X" in box if you are married filing separately.

City  SOUTH PORTLAND State  ME Zip/Postal code  04106

Foreign country 2-character code (see instructions)

Enter below the **2-digit county code** numbers (found on the back of Schedule CT-40PNR) for the county where you lived and worked on January 1, 2021.

County where you lived  43 County where you worked  43 County where spouse lived  County where spouse worked

**Round all entries**

1. Complete Schedule A first. Enter here the amount from Section 3, line 36B, and enclose Schedule A \_\_\_\_\_ **Indiana Income**  1  34393.00
2. Enter amount from Schedule B, line 6, and enclose Schedule B \_\_\_\_\_ **Indiana Add-Backs**  2  .00
3. Add line 1 and line 2 \_\_\_\_\_  3  34393.00
4. Enter amount from Schedule C, line 12, and enclose Schedule C \_\_\_\_\_ **Indiana Deductions**  4  .00
5. Subtract line 4 from line 3 \_\_\_\_\_  5  34393.00
6. You must complete Schedule D. Enter amount from Schedule D, line 8, and enclose Schedule D \_\_\_\_\_ **Indiana Exemptions**  6  345.00
7. Subtract line 6 from line 5 \_\_\_\_\_ **Indiana Adjusted Gross Income**  7  34048.00
8. State adjusted gross income tax: multiply line 7 by 3.23% (.0323) (if answer is less than zero, leave blank)  8  1100.00
9. County tax. Enter county tax due from Schedule CT-40PNR (if answer is less than zero, leave blank)  9  340.00
10. Other taxes. Enter amount from Schedule E, line 5 (enclose sch.)  10  .00
11. Add lines 8, 9 and 10. Enter total here and on line 15 on the back \_\_\_\_\_ **Indiana Taxes**  11  1440.00



12. Enter credits from Schedule F, line 10 (enclose schedule) _____	12	1433	.00	
13. Enter offset credits from Schedule G, line 8 (enclose schedule) _____	13		.00	
14. Add lines 12 and 13 _____ <b>Indiana Credits</b>	14	1433	.00	
15. Enter amount from line 11 _____ <b>Indiana Taxes</b>	15	1440	.00	
16. If line 14 is equal to or more than line 15, subtract line 15 from line 14 (if smaller, skip to line 23)	16		.00	
17. Enter donations from Schedule IN-DONATE (enclose schedule); cannot be greater than line 16	17		.00	
18. Subtract line 17 from line 16 _____ <b>Overpayment</b>	18		.00	
19. Amount from line 18 to be applied to your 2022 estimated tax account (see instructions).				
Enter your county code <input type="text"/> county tax to be applied __ \$	a		.00	
Spouse's county code <input type="text"/> county tax to be applied __ \$	b		.00	
Indiana adjusted gross income tax to be applied _____ \$	c		.00	
Total to be applied to your estimated tax account (a + b + c; cannot be more than line 18) _____	19d		.00	
20. Penalty for underpayment of estimated tax from Schedule IT-2210 or IT-2210A _____	20		.00	
<b>21. Refund:</b> Line 18 minus lines 19d and 20. Note: If less than zero, see line 23 instructions <b>Your Refund</b>	21		.00	
<b>22. Direct Deposit</b> (see instructions)				
a. Routing Number <input type="text"/>				
b. Account Number <input type="text"/>				
c. Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Hoosier Works MC				
d. Place an "X" in the box if refund will go to an account outside the United States <input type="checkbox"/>				
23. If line 15 is more than line 14, subtract line 14 from line 15. Add to this any amount on line 20 (see instructions) _____	23	7	.00	
24. Penalty if filed after due date (see instructions) _____	24		.00	
25. Interest if filed after due date (see instructions) _____	25		.00	
<b>26. Amount Due:</b> Add lines 23, 24 and 25 _____ <b>Amount You Owe</b>	26	7	.00	

Do not send cash. Please make your check or money order payable to:  
Indiana Department of Revenue. Credit card payers must see instructions.

**Sign and date this return after reading the Authorization statement on Schedule H. You must enclose Schedule H (both pages).**

\_\_\_\_\_  
Your Signature Date Spouse's Signature Date

- If enclosing payment mail to: Indiana Department of Revenue, P.O. Box 7224, Indianapolis, IN 46207-7224.
- Mail all other returns to: Indiana Department of Revenue, P.O. Box 40, Indianapolis, IN 46206-0040.



Name(s) shown on Form IT-40PNR

Your Social Security Number

RISHIKESH REDDY NIMMA

319 53 4353

**Section 1: Income or (Loss)** Enter in Column A the same income or loss you reported on your 2021 federal income tax return, Form 1040, Form 1040-SR, and Form 1040 Schedule 1 (except for line 19B and/or a net operating loss carryforward on line 20B; see instructions). Round all entries.

	Column A		Column B	
	Income from Federal Return		Income Taxed by Indiana	
1. Your wages, salaries, tips, commissions, etc _____	1A	105137.00	1B	34393.00
2. Spouse's wages, salaries, tips, commissions, etc _____	2A	.00	2B	.00
3. Taxable interest income _____	3A	.00	3B	.00
4. Dividend income _____	4A	86.00	4B	0.00
5. Taxable refunds, credits, or offsets of state and local taxes from your federal return _____	5A	0.00	5B	.00
6. Alimony received _____	6A	.00	6B	.00
7. Business income or loss from federal Schedule C _____	7A	.00	7B	.00
8. Capital gain or loss from sale or exchange of property from your federal return _____	8A	6421.00	8B	0.00
9. Other gains or (losses) from Form 4797 _____	9A	.00	9B	.00
10. Taxable IRA distribution _____	10A	.00	10B	.00
11. Taxable pensions and annuities _____	11A	.00	11B	.00
12. Net rent or royalty income or loss reported on federal Schedule E _____	12A	-12030.00	12B	0.00
13. Income or loss from partnerships _____	13A	.00	13B	.00
14. Income or loss from trusts and estates _____	14A	.00	14B	.00
15. Income or loss from S corporations _____	15A	.00	15B	.00
16. Farm income or loss from federal Schedule F _____	16A	.00	16B	.00
17. Unemployment compensation _____	17A	.00	17B	.00
18. Taxable Social Security benefits _____	18A	.00	18B	.00
19. Indiana apportioned income from Schedule IT-40PNRA _____			19B	.00
20. Other income reported on your federal return _____	20A	.00	20B	.00
List source(s). (Do not include federal net operating loss in Column B. See instructions.)				
21. Subtotal: add lines 1 through 20 _____	21A	99614.00	21B	34393.00

**Proration Section** See instructions.

21C. **Note:** Nonresident military personnel see special instructions and complete worksheet \_\_\_\_\_ 21C  .00

21D. For all other individuals, divide the amount on line 21B by the amount on line 21A (see instructions if either line 21A and/or 21B are less than zero). Please round your answer to a decimal followed by three numbers. Example:  $\$3,100 \div \$8,000 = .3875$ , which rounds to .388 (do not enter a number greater than 1.00). Enter result here and on Schedule D, line 7 \_\_\_\_\_ 21D  0.345

**Section 2: Adjustments to Income** Note: Enter in Column A only those deductions claimed on your 2021 federal income tax return, Form 1040, Form 1040-SR, and Form 1040, Schedule 1, Part II. Round all entries.

	Column A Federal Adjustments		Column B Indiana Adjustments	
22. Educator expenses (see instructions) _____	22A	<input type="text"/> .00	22B	<input type="text"/> .00
23. Certain business expenses of reservists, performing artists, etc _____	23A	<input type="text"/> .00	23B	<input type="text"/> .00
24. Health savings account deduction _____	24A	<input type="text"/> .00	24B	<input type="text"/> .00
25. Moving expenses (see instructions) _____	25A	<input type="text"/> .00	25B	<input type="text"/> .00
26. Deductible part of self-employment tax _____	26A	<input type="text"/> .00	26B	<input type="text"/> .00
27. Self-employed, SEP, SIMPLE, and qualified plans _____	27A	<input type="text"/> .00	27B	<input type="text"/> .00
28. Self-employed health insurance deduction _____	28A	<input type="text"/> .00	28B	<input type="text"/> .00
29. Penalty on early withdrawal of savings _____	29A	<input type="text"/> .00	29B	<input type="text"/> .00
30. Alimony paid _____	30A	<input type="text"/> .00	30B	<input type="text"/> .00
31. IRA deduction _____	31A	<input type="text"/> .00	31B	<input type="text"/> .00
32. Student loan interest deduction (see instructions) _____	32A	<input type="text"/> .00	32B	<input type="text"/> .00
33. Reserved for future use _____	33A	<input type="text"/> .00	33B	<input type="text"/> .00
34. Other (see instructions) <input type="text"/>	34A	<input type="text"/> .00	34B	<input type="text"/> .00
35. Add lines 22 through 34 _____	35A	<input type="text"/> .00	35B	<input type="text"/> .00

**Section 3: Totals**

36. Subtract line 35 from line 21 of Section 1. Carry amount from line 36B to Form IT-40PNR, line 1 \_\_\_\_\_ 36A  99614 .00 36B  34393 .00





Name(s) shown on Form IT-40PNR

RISHIKESH REDDY NIMMA

Your Social Security Number

319 53 4353

Complete and enclose Schedule IN-DEP: Dependent Information and Additional  
Dependent Child Information if you are claiming dependents on lines 2 and/or 3 below.

Round all entries

1. Enter \$2000 if you are married filing jointly; otherwise, enter \$1000  1  1000 .00

2. Enter the number of dependents listed on Schedule IN-DEP, Box 6  x \$1000  2  .00  
You **MUST** enclose Schedule IN-DEP.

3. You may claim an additional exemption for each qualifying dependent child:
- who is a son, stepson, daughter, stepdaughter, foster child and/or child for whom you are a legal guardian,
  - who was under the age of 19 by Dec. 31, 2021,
  - or a full-time student who was under the age of 24 by Dec. 31, 2021, and
  - who you are eligible to claim as a dependent on line 2 above.

Enter the number of additional dependents listed on Schedule IN-DEP, Box 7.  x \$1500  3  .00

4. Place "X" in box(es) below if, by December 31, 2021

You were age 65 or older  and/or blind

Spouse was 65 or older  and/or blind

Total number of boxes with Xs  x \$1000  4  .00

5. If age 65 or older, enter amount from Schedule A, line 36A \$

- If filing as married filing separately and this amount is less than \$20,000, place "X" in the "You were age 65 or older" box below.
- For all other filers age 65 or older, if this amount is less than \$40,000, place "X" in appropriate box(es) below.

You were age 65 or older

Spouse was 65 or older

Total number of boxes with Xs  x \$500  5  .00

6. Add lines 1, 2, 3, 4 and 5  6  1000 .00

7. Enter the number from Schedule A, Proration Section, line 21D  7  0.345

8. Multiply line 6 by line 7. Enter here and on Form IT-40PNR, line 6  **Total Exemptions** 8  345 .00



Name(s) shown on Form IT-40PNR

Your Social Security Number

RISHIKESH REDDY NIMMA

319 53 4353

**Round all entries**

1. Indiana state tax withheld: enclose W-2s, 1099s, IN K-1s showing state tax withholding amounts	1	1094	.00
2. Indiana county tax withheld: enclose W-2s, 1099s, IN K-1s showing county tax withholding amts.	2	339	.00
3. Estimated tax paid for 2021: include any extension payment made with Form IT-9	3		.00
4. Unified tax credit for the elderly	4		.00
5. Earned income credit: see instructions Enter earned income credit from Schedule IN-EIC, line <b>A-3</b> _____ Box A _____			.00
Enter number from Schedule A, Proration Section, line 21D _____ Box B _____			
Multiply Box A by Box B, enter total here _____	5		.00
6. Lake County residential income tax credit _____	6		.00
7. Economic development for a growing economy credit. Enter amount from Schedule IN-EDGE, line 19 (enclose schedule) _____	7		.00
8. Economic development for a growing economy retention credit. Enter amount from Schedule IN-EDGE-R, line 19 (enclose schedule) _____	8		.00
9. Headquarters relocation credit (refundable portion - see instructions) _____	9		.00
10. Add lines 1 through 9. Enter total here and on Form IT-40PNR, line 12 <b>Total Credits</b>	10	1433	.00

**Schedule IN-DONATE**

Important. The amount on line 2 cannot exceed the amount on Form IT-40/IT-40PNR, line 16.

1. Donations: List fund name, 3-digit code and amount to be donated (see instructions)

a. Enter fund name	_____	code no. _____	1a	_____	.00
b. Enter fund name	_____	code no. _____	1b	_____	.00
c. Enter fund name	_____	code no. _____	1c	_____	.00
2. Add lines 1a through 1c. Enter total here and on Form IT-40/IT-40PNR, line 17 <b>Total Donations</b>			2	_____	.00



Name(s) shown on Form IT-40PNR

Your Social Security Number

RISHIKESH REDDY NIMMA

319 53 4353

**Section 1: Residency Information**

List all state(s) and dates of your (and your spouse's, if filing jointly) residency during 2021. Enter 2-letter state name (e.g. "IL" for Illinois) or the letters "OC" if you were a resident of a foreign country (see instructions).

**Example**

State of Residence	Date From (MM/DD)	Date To (MM/DD)	Did you file a tax return with the state/country? Place "X" in appropriate box.
IL	01 01 2021	06 01 2021	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
IN	06 02 2021	12 31 2021	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

**Your information**

	(a) State of Residence	(b) Date From (MM/DD)	(c) Date To (MM/DD)	Did you file a tax return with the state/country? Place "X" in appropriate box.
1A	ME	07 01 2021	12 31 2021	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
1B	IN	01 01 2021	06 30 2021	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
1C				Yes <input type="checkbox"/> No <input type="checkbox"/>
1D				Yes <input type="checkbox"/> No <input type="checkbox"/>

**Spouse's information if married filing jointly**

	(a) State of Residence	(b) Date From (MM/DD)	(c) Date To (MM/DD)	Did you file a tax return with the state/country? Place "X" in appropriate box.
2A				Yes <input type="checkbox"/> No <input type="checkbox"/>
2B				Yes <input type="checkbox"/> No <input type="checkbox"/>
2C				Yes <input type="checkbox"/> No <input type="checkbox"/>
2D				Yes <input type="checkbox"/> No <input type="checkbox"/>

Turn over to complete Section 2



Section 2: Additional Information

1. Federal filing information

Are you filing a federal income tax return for 2021? Place "X" in appropriate box. Yes  No

2. Extension of time to file

a. Place "X" in box if you have filed a federal extension of time to file, Form 4868, or made an online extension payment.

b. Place "X" in box if you have filed an Indiana extension of time to file, Form IT-9, or made an Indiana extension payment online.

3. Farm / Fishing income

Place "X" in box if at least two-thirds of your gross income was made from farming or fishing.

Important: If you placed an "X" in the box, you MUST attach Schedule IT-2210.

4. Schedule IN-40PA filers. If you are eligible to file federal Form 8857, Request for Innocent Spouse Relief, and are completing Indiana Schedule IN-40PA, enclose Schedule IN-40PA and check the box.

5. Date of death

If any individual listed at the top of the IT-40PNR died during 2021, enter date of death (MM/DD).

Taxpayer's date of death   2021 Spouse's date of death   2021

Authorization Sign Form IT-40PNR after reading the following statement.

Under penalty of perjury, I have examined this return and all attachments and to the best of my knowledge and belief, it is true, complete and correct. I understand that if this is a joint return, any refund will be made payable to us jointly and each of us is liable for all taxes due under this return. Also, my request for direct deposit of my refund includes my authorization to the Indiana Department of Revenue to furnish my financial institution with my routing number, account number, account type and Social Security number to ensure my refund is properly deposited. I give permission to the Department to contact the Social Security Administration to confirm that the Social Security number(s) used on this return is correct.

6. Your daytime telephone number

Your email address

I authorize the Department to discuss my return with my personal representative.

Yes  No  If yes, complete the information below.

Personal Representative's Name (please print)

Telephone number

Address

City

State  ZIP Code

Paid Preparer: Firm's Name (or yours if self-employed)

IN-OPT on file with paid preparer if not filing electronically

PTIN

Address

City

State  ZIP Code

Preparer's signature

Name(s) shown on Form IT-40PNR

Your Social Security Number

RISHIKESH REDDY NIMMA

319

53

4353

**SECTION 1: To be completed by those taxpayers who were residents of an Indiana county as of Jan. 1, 2021.**

1. Enter the amount from IT-40PNR, line 7. Note: If both you and your spouse lived in the same county on January 1, enter the entire amount from Form IT-40PNR, line 7 on line 1A only (see instructions) \_\_\_\_\_

Column A - Yourself

Column B - Spouse's

1A	34048	.00	1B		.00
----	-------	-----	----	--	-----

2. Enter the county tax rate from the chart on the back of this schedule for the county where you lived on Jan. 1, 2021 \_\_\_\_\_

2A	.0100000		2B		
----	----------	--	----	--	--

3. Multiply line 1 by the rate on line 2 (leave blank if less than zero) \_\_\_\_\_

3A	340	.00	3B		.00
----	-----	-----	----	--	-----

4. Add lines 3A and 3B. Enter the total here. **Note: Perry County residents: If you live in Perry County and worked in the Kentucky counties of Breckinridge, Hancock or Meade, you must complete lines 5 and 6.** Otherwise, enter the total here and on line 7 below. \_\_\_\_\_

4	340	.00
---	-----	-----

5. Enter the amount of income that was taxed by certain Kentucky localities (see instructions) \_\_\_\_\_

5		.00
---	--	-----

6. Multiply line 5 by .0181 and enter total here \_\_\_\_\_

6		.00
---	--	-----

7. Enter total of line 4 minus line 6. Continue with Section 2 below if you are married filing jointly and you/spouse need to complete it. Otherwise, enter this amount on line 9 of Form IT-40PNR \_\_\_\_\_

7	340	.00
---	-----	-----

**SECTION 2: To be completed by those taxpayers who, on Jan. 1, 2021, were not residents of an Indiana county, but who worked in Indiana as of Jan. 1, 2021**

1. Enter your principal employment income (see instructions) \_\_\_\_\_

Column A - Yourself

Column B - Spouse's

1A		.00	1B		.00
----	--	-----	----	--	-----

2. Enter deductions. See the complete list of allowable deductions in the instructions \_\_\_\_\_

2A		.00	2B		.00
----	--	-----	----	--	-----

3. Subtract line 2 from line 1 \_\_\_\_\_

3A		.00	3B		.00
----	--	-----	----	--	-----

4. Enter some or all of the exemptions from line 8 of Schedule D (see instructions) \_\_\_\_\_

4A		.00	4B		.00
----	--	-----	----	--	-----

5. Subtract line 4 from line 3 (if less than zero, leave blank) \_\_\_\_\_

5A		.00	5B		.00
----	--	-----	----	--	-----

6. Enter the county tax rate from the chart on the back of this schedule for the county where you worked on Jan. 1, 2021 \_\_\_\_\_

6A			6B		
----	--	--	----	--	--

7. Multiply the income on line 5 by the rate on line 6 \_\_\_\_\_

7A		.00	7B		.00
----	--	-----	----	--	-----

8. Enter total of 7A plus 7B; carry to Form IT-40PNR, line 9. (If you have an amount on Section 1, line 7 above, combine that with the amount on line 8 and enter total on Form IT-40PNR, line 9) \_\_\_\_\_

8		.00
---	--	-----





Submission ID  -  -

First Name and Middle Initial RISHIKESH REDDY	Last Name NIMMA	Your Social Security Number 319 53 4353	Spouse's Social Security Number
Spouse's First Name and Middle Initial	Spouse's Last Name	Street Address 125 BRICKHILL AVE UNIT116	
City SOUTH PORTLAND	State ME	Zip Code 04106	Daytime Telephone Number 480 304 2026

**Part I Tax Return Information** (See Instructions on Next Page)

1. Federal Adjusted Gross Income .....	1.	99614
2. Indiana Adjusted Gross Income .....	2.	34048
3. Total Indiana Tax .....	3.	1440
4. Total State Tax Withheld .....	4.	1094
5. Total County Tax Withheld .....	5.	339
6. Total Indiana Tax Credits .....	6.	1433
7. Refund .....	7.	
8. Amount You Owe .....	8.	7

**Part II Direct Deposit**

9. Routing number  *Note: The first two digits of the routing number must be 01 - 12 or 21 - 32.*

10. Account number

11. Type of account:  Checking  Savings  Hoosier Works MC

12. Place an "X" in the box if refund will go to an account outside the United States.

**Do Not Mail  
This Form  
To DOR**

My request for direct deposit of my refund includes my authorization for the Indiana Department of Revenue to furnish my financial institution with my routing number, account number, account type, and Social Security number to ensure my refund is properly deposited.

**Part III Declaration**

Under penalties of perjury, I declare that the information I have given my ERO and the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of my income tax return. To the best of my knowledge and belief, my 2021 return is true, correct and complete. I consent to my ERO sending my return, this declaration, and accompanying schedules and statements to the DOR. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the DOR of all information pertaining to my use of the system and software and to the transmission of my return electronically. I also consent to the DOR sending my ERO and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not my return is accepted, and, if rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize the DOR to disclose to my ERO and/or transmitter the reason(s) for the delay of when the refund was sent.

**Your PIN:** check one box only

I authorize GLOBAL TAXES LLC to enter my PIN  as my signature on my tax year 2021 electronically filed income tax return. do not enter all zeros

I will enter my PIN as my signature on my tax year 2021 electronically filed income tax return. 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 IV below.

Your signature ► \_\_\_\_\_ Date \_\_\_\_\_

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

I authorize \_\_\_\_\_ to enter my PIN  as my signature on my tax year 2021 electronically filed income tax return. do not enter all zeros

I will enter my PIN as my signature on my tax year 2021 electronically filed income tax return. 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 IV below.

Spouse's signature ► \_\_\_\_\_ Date \_\_\_\_\_

**Part IV Practitioner 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 do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2021 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method.

ERO's Signature ► \_\_\_\_\_ Date \_\_\_\_\_

**I  
N  
D  
I  
A  
N  
A**

Attach W-2 Forms Here ▼



2021

MAINE INDIVIDUAL INCOME TAX FORM 1040ME



09

01 01 2021 to 12 31 2021 See instructions. Print neatly in blue or black ink only.

Check here if this is an AMENDED return.

21021V0

RISHIKESH REDDY Your First Name

MI

319 53 4353 Your Social Security Number

NIMMA Your Last Name

Spouse's Social Security Number

Spouse's First Name

MI

Home Phone Number

Spouse's Last Name

480 304 2026 Work Phone Number

125 BRICKHILL AVE UNIT116 Current Mailing Address (PO Box, number, street and apartment number)

SOUTH PORTLAND City or Town

ME 04106 State ZIP Code

Foreign country name

Foreign province/state/county

Foreign postal code

A. Maine Property Tax Fairness Credit / Maine Sales Tax Fairness Credit - Maine residents and part-year residents only - see Schedule PTFC/STFC. Check this box if you are filing a return only to claim the Property Tax Fairness Credit on line 25d and/or the Sales Tax Fairness Credit on line 25e. Otherwise, leave this box blank. Follow the instructions on Schedule PTFC/STFC.

1. Maine Clean Election Fund. Maine Residents Only. Check here if you, or your spouse, if filing jointly, want \$3 to go to this fund.

You

Spouse

2. Check here if you were engaged in COMMERCIAL FARMING OR FISHING during 2021

FILING STATUS (Check one)

- 3. X Single
4. Married filing jointly
5. Married filing separately
6. Head of household
7. Qualifying widow(er)



PASS-THROUGH ENTITIES ONLY

Composite return, Partnership Audit, Schedule 1040C-ME Schedule 1040PA-ME

RESIDENCY STATUS (Check one)

- 8. Resident 8a. Safe Harbor Resident 11. Nonresident Alien (Maine nonresident)
9. X Part-Year Resident 10. Nonresident 11a. Nonresident Alien (Maine resident)

12. CHECK IF: You were: 12a. 65 or over 12b. blind Spouse was: 12c. 65 or over 12d. blind

13. Enter the TOTAL number of EXEMPTIONS. See instructions... 13. 1
13a. Enter the TOTAL number of qualifying children and dependents. Also see Form 1040ME, Schedule A, line 8 ... 13a. 0

Table with 2 columns: Description and Amount. Rows include Federal Adjusted Gross Income (99614.00), Income Addition Modifications (.00), Income Subtraction Modifications (0.00), Maine Adjusted Gross Income (99614.00), Deduction (9912.00), and Exemption (4300.00).

Calculate Your Taxable Income



2102101

**DO NOT ENTER \$ signs, commas, or decimals:**

Calculate Your Tax and Nonrefundable Credits

<b>19</b>	<b>TAXABLE INCOME.</b> (Line 16 minus lines 17 and 18.).....	19	85402.00
<b>20</b>	<b>INCOME TAX.</b> (Find the tax for the amount on line 19 in the tax table in this booklet or compute your tax using the tax table or tax rate schedules available at <a href="http://www.maine.gov/revenue/tax-return-forms">www.maine.gov/revenue/tax-return-forms</a> .).....	20	5680.00
<b>20a</b>	<b>TAX CREDIT RECAPTURE AMOUNTS</b> (Enclose worksheet(s) - see instructions). .....	20a	.00
<b>21</b>	<b>NONRESIDENT CREDIT.</b> (For part-year residents, nonresidents and "Safe Harbor" residents only.) From Schedule NR, line 9 or NRH, line 11 ..... (You MUST attach a copy of your federal return and TDY papers, if applicable.)	21	3774.00
<b>22</b>	<b>TOTAL TAX.</b> (Line 20 plus line 20a minus line 21) .....	22	1906.00
<b>23</b>	<b>NONREFUNDABLE TAX CREDITS.</b> (From Maine Schedule A, line 23.) .....	23	0.00
<b>24</b>	<b>NET TAX.</b> (Line 22 minus line 23.) (Nonresidents see instructions.) .....	24	1906.00

Tax Payments/Refundable Credits

<b>25</b>	<b>TAX PAYMENTS.</b>		
<b>a</b>	Maine income tax withheld. (Enclose W-2, 1099 and 1099ME forms.).....	25a	2133.00
<b>b</b>	2021 estimated tax payments and 2020 credit carried forward, extension payments and payments with original return. (Include any <b>REAL ESTATE WITHHOLDING</b> tax payments.).....	25b	.00
<b>c</b>	REFUNDABLE TAX CREDITS. (From Maine Schedule A, line 7.).....	25c	.00
<b>d</b>	Property Tax Fairness Credit ( <b>Schedule PTFC/STFC, line 12</b> ). (See instructions.)... (For Maine residents and part-year residents only.)	25d	.00
<b>e</b>	Sales Tax Fairness Credit. ( <b>Schedule PTFC/STFC, line 13 or 13a</b> ). (See instructions.) (For Maine residents and part-year residents only.)	25e	.00
<b>f</b>	TOTAL. (Add lines 25a, b, c, d, and e.).....	25f	2133.00

<b>26</b>	If this is an amended return, enter overpayment, if any, on original return or as previously adjusted.....	26	.00
<b>27</b>	Line 25f minus line 26. (If negative, enter a minus sign in the box to the left of the number.).....	27	2133.00
<b>28</b>	<b>INCOME TAX OVERPAID.</b> If line 27 is larger than line 24, enter amount overpaid. (Line 27 minus line 24 - if line 24 is negative, enter line 27 here.) .....	28	227.00
<b>29</b>	<b>INCOME TAX UNDERPAID.</b> If line 24 is larger than line 27, enter amount underpaid. (Line 24 minus line 27.) (See instructions.).....	29	.00

Calculate Use Tax / Voluntary Contributions / Refund Due

<b>30</b>	<b>USE TAX (SALES TAX).</b> (See instructions.).....	30	0.00
<b>30a</b>	<b>SALES TAX ON CASUAL RENTALS OF LIVING QUARTERS.</b> (See instructions.)....	30a	.00
<b>31</b>	<b>CHARITABLE CONTRIBUTIONS and PARK PASSES.</b> (From Maine Schedule CP, line 11.)	31	.00
<b>32</b>	<b>NET OVERPAYMENT.</b> (Line 28 minus lines 30, 30a and 31.) – <b>Note:</b> If total of lines 30, 30a and 31 is greater than line 28, enter as amount due on line 34a. ....	32	227.00
<b>33</b>	Amount of line 32 to be <b>CREDITED to</b> 2022 estimated tax. .... 33a		
	<b>0.00 REFUND</b> ➔	33b	227.00

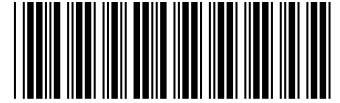
**IF YOU WOULD LIKE YOUR REFUND SENT DIRECTLY TO YOUR BANK ACCOUNT (\$20,000 or less), see page 5 of the instructions and fill in the lines below.**

Check here if this refund will go to an account outside the United States. .... **33c** Routing Number **122101706**

..... **33d** Account Number **457028328948**

**33e** Type of Account:  Checking  Savings





2102111

DO NOT ENTER \$ signs, commas, or decimals.

Name(s) as shown on Form 1040ME

Your Social Security Number

RISHIKESH REDDY NIMMA

319 53 4353

TAX DUE	<b>34a TAX DUE.</b> (Add lines 29, 30, 30a and 31.) - <b>Note:</b> If total of lines 30, 30a and 31 is greater than line 28, enter the difference as an amount due on this line. ....	34a	.00
	<b>b Underpayment Penalty.</b> (Attach Form 2210ME.) Check here if you checked the box on Form 2210ME, line 17. ....	34b	.00
	<b>c TOTAL AMOUNT DUE.</b> (Add lines 34a and 34b.) (Pay in full with return.) .....	34c	.00



**EZ PAY** at [www.maine.gov/revenue](http://www.maine.gov/revenue) or **ENCLOSE CHECK** payable to: **Treasurer, State of Maine. DO NOT SEND CASH.**

**IMPORTANT NOTE**

If taxpayer is **deceased**,  
enter **date of death**.

(Month) (Day) (Year)

If spouse is **deceased**,  
enter **date of death**.

(Month) (Day) (Year)

**Third Party Designee** Do you want to allow another person to discuss this return with Maine Revenue Services? **Yes** (complete the following).  **No**.  
(See page 5 of the instructions.)

Designee's name:

Phone no.:

Personal identification #:

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.

**SIGN HERE** **Keep a copy of this return for your records.**

Your signature

Date signed

QUALITY ENGINEER  
Your occupation

Spouse's signature (If joint return, **both** must sign)

Date signed

Spouse's occupation

Your email address

**Paid Preparer's Use Only**

SYAM PRIYA RAM SAGAR GUPTA  
Preparer's signature

03 17 2022  
Date signed

678 965 9522  
Preparer's phone number

GLOBAL TAXES LLC  
Print preparer's name and name of business

P02082703  
Preparer's SSN or PTIN

**Avoid errors that delay processing of returns:**

- Use black or blue ink. Do not use red ink.
- Be sure to enter amounts on correct lines.
- **Line A.** Check the Property Tax Fairness Credit/Sales Tax Fairness Credit box, if it applies.
- **Line 20.** Use the correct column from the tax table for your filing status.
- **Refund.** If you overpaid your tax, enter the amount you want to be refunded on line 33b.
- Double check social security numbers, filing status, and number of exemptions.
- Double check mathematical calculations.
- Be sure to sign your return.
- Enclose W-2 forms with the return.

If requesting a **REFUND**, mail to: Maine Revenue Services, P.O. Box 1066, Augusta, ME 04332-1066  
If **NOT** requesting a refund, mail to: Maine Revenue Services, P.O. Box 1067, Augusta, ME 04332-1067



DO NOT SEND PHOTOCOPIES OF RETURNS

# WORKSHEET A - Residency Information Worksheet for Part-year Residents/Nonresidents/"Safe Harbor" Residents

Enclose with your Form 1040ME

The following individuals must complete Worksheet A: 1) All part-year residents whether moving into or out of Maine during the tax year; 2) nonresidents and "Safe Harbor" residents who are filing a Maine return for the first time, and 3) former Maine residents who are filing as nonresidents or "Safe Harbor" residents for the first time. Failure to enclose a completed Worksheet A with your 1040ME may delay processing of your return.

1555

REV 01/31/22 PRO

	Yourself	Spouse
1. NAME.....	1. RISHIKESH REDDY NIMMA	
a. Social security number .....	1a. 319-53-4353	
b. Date of birth .....	1b. 03 23 1992	
c. Occupation.....	1c. QUALITY ENGINEER	

Unless otherwise indicated, enter "Yes" or "No" on each line. During 2021:

2. I was domiciled in (Enter state(s)).....	2. IN	
3. I was in the military and stationed in (Enter state or country) .....	3.	
a. My designated state of legal residence was (Enter state) .....	3a.	
4. The number of days I spent in Maine (for any purpose) was.....	4. 181	
5. I own(ed) a home/real property in Maine .....	5. No	
a. If yes, in what municipality was the property located?.....	5a.	
b. Did you ever apply for a Homestead or Veterans property tax exemption? .....	5b.	
c. Have you disposed of the property? .....	5c.	
If yes, when? (Yourself: _____ Spouse: _____ )		
6. I became a Maine resident on (Enter date).....	6. 07 01 2021	
a. Enter state of prior residence.....	6a. IN	
b. Registered to vote in Maine .....	6b. No	
If yes, when? (Yourself: _____ Spouse: _____ )		
c. Purchased a home in Maine .....	6c. No	
If yes, when? (Yourself: _____ Spouse: _____ )		
d. Obtained a driver's license in Maine.....	6d. No	
If yes, when? (Yourself: _____ Spouse: _____ )		
e. Registered an auto or other vehicle in Maine .....	6e. No	
If yes, when? (Yourself: _____ Spouse: _____ )		
7. I moved from Maine and became a nonresident (I established a legal residence in another state) (Enter date of move) .....	7.	
a. Enter new state of residence .....	7a.	
b. Registered to vote in my new state of residence .....	7b.	
If yes, when? (Yourself: _____ Spouse: _____ )		
c. Purchased a home in my new state of residence .....	7c.	
If yes, when? (Yourself: _____ Spouse: _____ )		
d. Obtained a driver's license in my new state of residence.....	7d.	
If yes, when? (Yourself: _____ Spouse: _____ )		
e. Registered an auto or other vehicle in my new state of residence .....	7e.	
If yes, when? (Yourself: _____ Spouse: _____ )		
f. If married, did your spouse and dependent children (if any) move to your new state of residence? .....	7f.	
8. During period of nonresidency, have you:		
a. Performed any work or services in Maine.....	8a.	
If yes, list employer. (Yourself: _____ Spouse: _____ )		
b. Registered an auto or other vehicle in Maine .....	8b.	
c. Renewed a Maine driver's license .....	8c.	
d. Voted in Maine, in person or by absentee ballot.....	8d.	
e. Attended or sent your children (if any) to a Maine school.....	8e.	
f. Purchased a Maine resident hunting or fishing license .....	8f.	
g. Listed Maine as your legal residence for any purpose .....	8g.	
h. Obtained or renewed any Maine trade or professional licenses or union memberships .....	8h.	
9. If you answered "yes" to question 5 but have not disposed of the property, what use do you intend to make of it and how often (Attach a separate sheet if necessary)?		
10. If you answered "no" to question 7(f), please explain the circumstances (Attach a separate sheet if necessary):		

Name(s) as shown on Form 1040ME

Your Social Security Number

RISHIKESH REDDY NIMMA

3 1 9 - 5 3 - 4 3 5 3

Attachment  
Sequence No. 13

## WORKSHEET B

### Income Allocation Worksheet for Part-Year Residents/Nonresidents/"Safe Harbor" Residents

(See instructions at [www.maine.gov/revenue/tax-return-forms](http://www.maine.gov/revenue/tax-return-forms)) - Enclose with your Form 1040ME

Part-year residents, nonresidents and "Safe Harbor" residents **must** complete this worksheet before completing Schedule NR.

(Note: Married persons filing separate Maine income tax returns must complete separate worksheets for each spouse)		Federal Income		Maine Resident Period (Part-year residents only)			Nonresident Period (Part-year residents, Nonresidents and "Safe Harbor" residents)		
		Column A Income from federal return		Column B Income from Column A for this period		Column C* Income from Column B earned outside of Maine		Column D Income from Column A for this period	Column E Income from Column D from Maine sources
1. Wages, salaries, tips, other compensation** .....	1	105,137.		33,430.			71,707.	0.	
2. Taxable interest.....	2								
3. Ordinary dividends.....	3	86.		0.			86.	0.	
4. Alimony received .....	4								
5. Business income/loss .....	5								
6. Capital gain/loss .....	6	6,421.		0.			6,421.	0.	
7. Other gains/losses .....	7								
8. Taxable amount of IRA distributions ....	8								
9. Taxable amount of pensions and annuities .....	9								
10. Rental real estate, royalties, partnerships, S corporations, and trusts, etc .....	10	-12,030.		0.			-12,030.	0.	
11. Farm income/loss .....	11								
12. Unemployment Compensation .....	12								
13. Taxable amount of social security benefits.....	13								
14. Other income (including lump-sum distributions, but excluding state income tax refunds) .....	14								
15. Add lines 1 through 14.....	15	99,614.		33,430.			66,184.	0.	

**\*Part-year residents must make an entry in Column C if income was earned in another jurisdiction during the period of Maine residency.** Enter below the name of each other jurisdiction and the dates the income was earned in those jurisdictions. Use a separate sheet if additional space is needed.

Name of other jurisdiction _____	Period (mm/yy) From _____	To _____
Name of other jurisdiction _____	Period (mm/yy) From _____	To _____
Name of other jurisdiction _____	Period (mm/yy) From _____	To _____

**You must attach a copy of the income tax return(s) filed with the other jurisdiction**

**\*\*If necessary, use Worksheet C (Employee Apportionment Worksheet) for Part-Year Residents/Nonresidents/"Safe Harbor" Residents to calculate the amount for line 1, Column E.** For a copy of Worksheet C, go to the Maine Revenue Services website at: [www.maine.gov/revenue/tax-return-forms](http://www.maine.gov/revenue/tax-return-forms) or call (207) 624-7894 (to order).

**Note: See instructions at [www.maine.gov/revenue/tax-return-forms](http://www.maine.gov/revenue/tax-return-forms) on how to use Worksheet B, line 15 entries to complete line 1 of Schedule NR.**

**SCHEDULE NR**  
**FORM 1040ME**  
**2021**

**SCHEDULE for CALCULATING the NONRESIDENT CREDIT**  
**PART-YEAR RESIDENTS, NONRESIDENTS and**  
**“SAFE HARBOR” RESIDENTS ONLY**

**This schedule must be enclosed with your completed Form 1040ME.**

Attachment Sequence No. **10**

If part-year resident, enter dates you were a Maine Resident:

from 07 01 2021 to 12 31 2021.

Name(s) as shown on Form 1040ME <b>RISHIKESH REDDY NIMMA</b>	Your Social Security Number <b>3 1 9 - 5 3 - 4 3 5 3</b>
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**WHO MUST FILE SCHEDULE NR?** Part-year resident, nonresident and “Safe Harbor” resident individuals who are required to file a Maine return, but have income not taxable by Maine **and** use the same filing status on the Maine return as used on the federal return. See reverse side for instructions.

**DO NOT FILE SCHEDULE NR IF:** All your income is taxable by Maine **or** if your federal filing status is “Married filing jointly” and you elect to file “Single” on the Maine return (use Schedule NRH available at [www.maine.gov/revenue/tax-return-forms](http://www.maine.gov/revenue/tax-return-forms) or by calling (207) 624-7894).

**YOU MUST ENCLOSE A COMPLETE COPY OF YOUR FEDERAL TAX RETURN, including all schedules and worksheets. Enclose copies of W-2 forms from other states or temporary duty (TDY) papers to support your entry in Box C.**

**IMPORTANT: If required, complete Worksheets A and B available at [www.maine.gov/revenue/tax-return-forms](http://www.maine.gov/revenue/tax-return-forms) before completing Schedule NR.**

1555

REV 01/31/22 PRO

1. <b>INCOME</b> — (If required, complete and attach Worksheets A and B available at <a href="http://www.maine.gov/revenue/tax-return-forms">www.maine.gov/revenue/tax-return-forms</a> ):	<b>Box A</b> FEDERAL	<b>Box B</b> MAINE	<b>Box C</b> NON-MAINE
Box A - From Worksheet B, line 15, column A			
Box B - From Worksheet B, line 15, column B plus column E			
Box C - From Worksheet B, line 15, column D minus column E .....	\$ 99614	\$ 33430	\$ 66184

2. **RATIO OF INCOME:** Divide line 1, Box C by line 1, Box A and enter the result here. Except, if non-Maine-source income (line 1, Box C) is negative, enter 0.0000 or if line 1, Box C is positive and Maine-source income (line 1, Box B) is negative, enter 1.0000..... 0 . 6 6 4 4

COMPLETE THIS SECTION ONLY IF YOU HAVE FEDERAL INCOME ADJUSTMENTS

3. **FEDERAL INCOME ADJUSTMENTS** — NON-MAINE-SOURCE ONLY: Multiply amount on federal Form 1040 or Form 1040-SR, line 10 by the percentage listed on line 2. Enter result here..... \_\_\_\_\_

4. **FEDERAL ADJUSTED GROSS INCOME** — NON-MAINE-SOURCE ONLY: Subtract line 3 from Line 1, Box C..... 66184

COMPLETE THIS SECTION ONLY IF YOU HAVE INCOME MODIFICATIONS (Form 1040ME, line 15a or line 15b)

5. **INCOME MODIFICATIONS** — NON-MAINE-SOURCE ONLY. Enter only amounts attributable to your non-resident period. See instructions.

a. Additions — Specify \_\_\_\_\_

b. Subtractions — Specify \_\_\_\_\_

c. Total Modifications: line 5a minus line 5b (may be a negative amount)..... \_\_\_\_\_

6. **NON-MAINE ADJUSTED GROSS INCOME:** Add or, if negative, subtract line 5c to or from line 4..... 66184

7. **RATIO OF MAINE ADJUSTED GROSS INCOME:** Divide line 6 by the amount from Form 1040ME, line 16 and enter result here. Except, if line 6 is negative, enter 0.0000 or if line 6 is greater than the amount on Form 1040ME, line 16, enter 1.0000..... 0 . 6 6 4 4

8. **MAINE INCOME TAX: Enter from Form 1040ME, line 20** ..... 5680

9. **NONRESIDENT CREDIT:** Multiply amount on line 8 by line 7. Enter result here and on Form 1040ME, line 21 ..... 3774