

# IRS efile 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 <b>MANIDEEP CHINNAM</b>	Social security number <b>871-54-4887</b>
Spouse's name	Spouse's social security number

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

Enter whole dollars only on lines 1 through 5

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

1 Adjusted gross income . . . . .	1	43,157.
2 Total tax . . . . .	2	2,540.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	3	6,670.
4 Amount you want refunded to you . . . . .	4	5,530.
5 Amount you owe . . . . .	5	

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

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgment 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 

4	4	8	8	7
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 as my signature on the income tax return (original or amended) I am now authorizing. Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

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

Spouse's PIN: check one box only

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

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

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

### Practitioner PIN Method Returns Only—continue below

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

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

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

  
Don't enter all zeros

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

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

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

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

Your first name and middle initial <b>MANIDEEP</b>	Last name <b>CHINNAM</b>	Your social security number <b>871-54-4887</b>
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. <b>10001 E DRY CREEK ROAD</b>		Apt no. <b>2202</b>
City, town, or post office. If you have a foreign address, also complete spaces below. <b>ENGLEWOOD</b>		State <b>CO</b>
Foreign country name		Foreign postal code
Foreign province/state/county		ZIP code <b>80112</b>

Presidential Election Campaign  
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.  
 You  Spouse

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

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

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

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

Attach Sch B if required	1	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	1	48,657.
	2a	Tax-exempt interest . . . . .	2a	
	3a	Qualified dividends . . . . .	3a	
	4a	IRA distributions . . . . .	4a	
	5a	Pensions and annuities . . . . .	5a	
	6a	Social security benefits . . . . .	6a	
Standard Deduction for— • Single or Married filing separately, \$12,550 • Married filing jointly or Qualifying widow(er), \$25,100 • Head of household, \$18,800 • If you checked any box under Standard Deduction see instructions	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ▶ <input type="checkbox"/>	7	
	8	Other income from Schedule 1, line 10 . . . . .	8	-5,500.
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income . . . . . ▶	9	43,157.
	10	Adjustments to income from Schedule 1, line 2b . . . . .	10	
	11	Subtract line 10 from line 9. This is your adjusted gross income . . . . . ▶	11	43,157.
	12a	Standard deduction or itemized deductions (from Schedule A) . . . . .	12a	12,550.
	b	Charitable contributions if you take the standard deduction (see instructions) . . . . .	12b	300.
	c	Add lines 12a and 12b . . . . .	12c	12,850.
	13	Qualified business income deduction from Form 8995 or Form 8995-A . . . . .	13	
	14	Add lines 12c and 13 . . . . .	14	12,850.
15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- . . . . .	15	30,307.	

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	3,440.
17	Amount from Schedule 2 line 3	17	
18	Add lines 16 and 17	18	3,440.
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3 line 8	20	900.
21	Add lines 19 and 20	21	900.
22	Subtract line 21 from line 18. If zero or less, enter -0	22	2,540.
23	Other taxes, including self-employment tax, from Schedule 2 line 21	23	0.
24	Add lines 22 and 23. This is your total tax	24	2,540.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	6,670.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	6,670.
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC) <span style="float:right">No</span> Check here if you were born after January 1, 1993, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18 to claim the EIC. See instructions <input type="checkbox"/>	27a	
b	Non-taxable combat pay election	27b	
c	Prior year (2019) earned income	27c	
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	
29	American opportunity credit from Form 8863 line 8	29	
30	Recovery rebate credit. See instructions	30	1,400.
31	Amount from Schedule 3 line 15	31	
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	1,400.
33	Add lines 25d, 26, and 32. These are your total payments	33	8,070.
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	5,530.
	35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	35a	5,530.
Direct deposit? See instructions	b Routing number 052001633 <span style="float:right">c Type <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings</span>		
	d Account number 446043813588		
	36 Amount of line 34 you want applied to your 2022 estimated tax	36	
Amount You Owe	37 Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions	37	
	38 Estimated tax penalty (see instructions)	38	

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

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

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

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

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

Phone no (469) 430-5970 Email address NIKHILSAILPOINT2901@GMAIL.COM

**Paid Preparer Use Only**

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 02/04/2022	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

# 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.

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
MANIDEEP CHINNAM

Your social security number  
871-54-4887

## Part I Additional Income

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

**Part II** Adjustments to Income

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

# Additional Credits and Payments

▶ 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.

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
MANIDEEP CHINNAM

Your social security number  
871-54-4887

## Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required . . . . .		1	
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 . . . . .		2	
3	Education credits from Form 8863, line 19. . . . .		3	900.
4	Retirement savings contributions credit. Attach Form 8880 . . . . .		4	
5	Residential energy credits. Attach Form 5695 . . . . .		5	
6	Other nonrefundable credits			
a	General business credit. Attach Form 3800 . . . . .	6a		
b	Credit for prior year minimum tax. Attach Form 8801 . . . . .	6b		
c	Adoption credit. Attach Form 8839. . . . .	6c		
d	Credit for the elderly or disabled. Attach Schedule R. . . . .	6d		
e	Alternative motor vehicle credit. Attach Form 8910 . . . . .	6e		
f	Qualified plug-in motor vehicle credit. Attach Form 8936 . . . . .	6f		
g	Mortgage interest credit. Attach Form 8396 . . . . .	6g		
h	District of Columbia first-time homebuyer credit. Attach Form 8859 . . . . .	6h		
i	Qualified electric vehicle credit. Attach Form 8834 . . . . .	6i		
j	Alternative fuel vehicle refueling property credit. Attach Form 8911 . . . . .	6j		
k	Credit to holders of tax credit bonds. Attach Form 8912 . . . . .	6k		
l	Amount on Form 8978, line 14. See instructions . . . . .	6l		
z	Other nonrefundable credits. List type and amount ▶ _____	6z		
7	Total other nonrefundable credits. Add lines 6a through 6z . . . . .		7	
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20 . . . . .		8	900.

(continued on page 2)



**Part II** Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962.		9
10	Amount paid with request for extension to file (see instructions)		10
11	Excess social security and tier 1 RRTA tax withheld		11
12	Credit for federal tax on fuels. Attach Form 4136.		12
13	Other payments or refundable credits:		
a	Form 2439	13a	
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken before April 1, 2021	13b	
c	Health coverage tax credit from Form 8885	13c	
d	Credit for repayment of amounts included in income from earlier years	13d	
e	Reserved for future use	13e	
f	Deferred amount of net 965 tax liability (see instructions)	13f	
g	Credit for child and dependent care expenses from Form 2441, line 10. Attach Form 2441.	13g	
h	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken after March 31, 2021	13h	
z	Other payments or refundable credits. List type and amount: _____	13z	
14	Total other payments or refundable credits. Add lines 13a through 13z.		14
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31.		15

SCHEDULE E  
(Form 1041)

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 1041, 1041-SR, 1041-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

MANIDEEP CHINNAM

871-54-4887

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

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

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

1a	Physical address of each property (street, city, state, ZIP code)				
A	KUKATPALLY HYDERABAD TELANGANA IN 500072				
B					
C					
1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	3		365	0	<input type="checkbox"/>
B					<input type="checkbox"/>
C					<input type="checkbox"/>

Type of Property:

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

Income:	Properties	A	B	C
3 Rents received . . . . .	3	500.		
4 Royalties received . . . . .	4			
<b>Expenses</b>				
5 Advertising . . . . .	5			
6 Auto and travel (see instructions) . . . . .	6			
7 Cleaning and maintenance . . . . .	7			
8 Commissions . . . . .	8			
9 Insurance . . . . .	9			
10 Legal and other professional fees . . . . .	10			
11 Management fees . . . . .	11			
12 Mortgage interest paid to banks, etc. (see instructions) . . . . .	12			
13 Other interest . . . . .	13			
14 Repairs . . . . .	14	2,500.		
15 Supplies . . . . .	15	1,500.		
16 Taxes . . . . .	16			
17 Utilities . . . . .	17	2,000.		
18 Depreciation expense or depletion . . . . .	18			
19 Other (list) ▶ . . . . .	19			
20 Total expenses. Add lines 5 through 19 . . . . .	20	6,000.		
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 . . . . .	21	-5,500.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . .	22	( 5,500. )	( )	( )
23a Total of all amounts reported on line 3 for all rental properties . . . . .	23a	500.		
b Total of all amounts reported on line 4 for all royalty properties . . . . .	23b			
c Total of all amounts reported on line 12 for all properties . . . . .	23c			
d Total of all amounts reported on line 18 for all properties . . . . .	23d			
e Total of all amounts reported on line 20 for all properties . . . . .	23e	6,000.		
24 Income. Add positive amounts shown on line 21. Do not include any losses . . . . .	24			
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .	25	( 5,500. )		
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1041), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . .	26	-5,500.		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1041) 2021



Name(s) shown on return

Your social security number

MANIDEEP CHINNAM

871-54-4887



Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.

**Part I** Refundable American Opportunity Credit

1	After completing Part III for each student, enter the total of all amounts from all Parts III, line 30 . . . . .	1	
2	Enter: \$18,000 if married filing jointly, \$9,000 if single, head of household, or qualifying widow(er) . . . . .	2	
3	Enter the amount from Form 1040 or 1040SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter . . . . .	3	
4	Subtract line 3 from line 2. If zero or less, stop; you can't take any education credit . . . . .	4	
5	Enter: \$2,000 if married filing jointly, \$1,000 if single, head of household, or qualifying widow(er) . . . . .	5	
6	If line 4 is: <ul style="list-style-type: none"> <li>• Equal to or more than line 5, enter 1.000 on line 6 . . . . .</li> <li>• Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places) . . . . .</li> </ul>	6	
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the year and meet the conditions described in the instructions, you can't take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box . . . . . <input type="checkbox"/>	7	
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter the amount here and on Form 1040 or 1040SR, line 29. Then go to line 9 below . . . . .	8	

**Part II** Nonrefundable Education Credits

9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions) . . . . .	9	
10	After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0 on line 18, and go to line 19 . . . . .	10	4,500.
11	Enter the smaller of line 10 or \$10,000 . . . . .	11	4,500.
12	Multiply line 11 by 20% (0.20) . . . . .	12	900.
13	Enter: \$18,000 if married filing jointly, \$9,000 if single, head of household, or qualifying widow(er) . . . . .	13	90,000.
14	Enter the amount from Form 1040 or 1040SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter . . . . .	14	43,157.
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0 on line 18, and go to line 19 . . . . .	15	46,843.
16	Enter: \$2,000 if married filing jointly, \$1,000 if single, head of household, or qualifying widow(er) . . . . .	16	10,000.
17	If line 15 is: <ul style="list-style-type: none"> <li>• Equal to or more than line 16, enter 1.000 on line 17 and go to line 18</li> <li>• Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places) . . . . .</li> </ul>	17	1.000
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) ▶	18	900.
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Schedule 3 (Form 1040), line 3 . . . . .	19	900.

Name(s) shown on return MANIDEEP CHINNAM	Your social security number 871-54-4887
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Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.

**Part III** Student and Educational Institution Information. See instructions.

20 Student name (as shown on page 1 of your tax return) MANIDEEP CHINNAM	21 Student social security number (as shown on page 1 of your tax return) 871-54-4887
22 Educational institution information (see instructions)	
a. Name of first educational institution Colorado Technical Institute, Inc.	b. Name of second educational institution (if any)
(1) Address. Number and street (or P.O. box), city, town or post office, state, and ZIP code. If a foreign address, see instructions. 3151 South Vaughn Way, Suite 150 AURORA CO 80014	(1) Address. Number and street (or P.O. box), city, town or post office, state, and ZIP code. If a foreign address, see instructions.
(2) Did the student receive Form 1098-T from this institution for 2021? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	(2) Did the student receive Form 1098-T from this institution for 2021? <input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Did the student receive Form 1098-T from this institution for 2020 with box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(3) Did the student receive Form 1098-T from this institution for 2020 with box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution. 84-0558510	(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.
23 Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2021? <input type="checkbox"/> Yes— Stop! Go to line 31 for this student. <input checked="" type="checkbox"/> No— Go to line 24.	
24 Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2021 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions. <input checked="" type="checkbox"/> Yes— Go to line 25. <input type="checkbox"/> No— Stop! Go to line 31 for this student.	
25 Did the student complete the first 4 years of postsecondary education before 2021? See instructions. <input checked="" type="checkbox"/> Yes— Stop! Go to line 31 for this student. <input type="checkbox"/> No— Go to line 26.	
26 Was the student convicted, before the end of 2021, of a felony for possession or distribution of a controlled substance? <input type="checkbox"/> Yes— Stop! Go to line 31 for this student. <input type="checkbox"/> No— Complete lines 27 through 30 for this student.	



You can't take the American opportunity credit and the lifetime learning credit for the same student in the same year. If you complete lines 27 through 30 for this student, don't complete line 31.

**American Opportunity Credit**

27 Adjusted qualified education expenses (see instructions). Don't enter more than \$4,000. . . . .	27	
28 Subtract \$2,000 from line 27. If zero or less, enter -0. . . . .	28	
29 Multiply line 28 by 25% (0.25) . . . . .	29	
30 If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30, on Part I, line 1. . . . .	30	

**Lifetime Learning Credit**

31 Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10 . . . . .	31	4,500.
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# Health Savings Accounts (HSAs)

▶ 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.

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
**MANIDEEP CHINNAM**

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶ **871-54-4887**

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

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

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2021. See instructions. . . . .	▶	<input checked="" type="checkbox"/> Self-only	<input type="checkbox"/> Family
2	HSA contributions you made for 2021 (or those made on your behalf), including those made from January 1, 2022, through April 15, 2022, that were for 2021. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions. . . . .	2		0.
3	If you were under age 55 at the end of 2021 and, on the first day of every month during 2021, you were, or were considered, an eligible individual with the same coverage, enter \$3,600 (\$7,200 for family coverage). All others, see the instructions for the amount to enter. . . . .	3		3,600.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2021 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2021, also include any amount contributed to your spouse's Archer MSAs. . . . .	4		0.
5	Subtract line 4 from line 3. If zero or less, enter -0. . . . .	5		3,600.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2021, see the instructions for the amount to enter. . . . .	6		3,600.
7	If you were age 55 or older at the end of 2021, married, and you or your spouse had family coverage under an HDHP at any time during 2021, enter your additional contribution amount. See instructions. . . . .	7		0.
8	Add lines 6 and 7. . . . .	8		3,600.
9	Employer contributions made to your HSAs for 2021. . . . .	9	45.	
10	Qualified HSA funding distributions. . . . .	10		
11	Add lines 9 and 10. . . . .	11		45.
12	Subtract line 11 from line 8. If zero or less, enter -0. . . . .	12		3,555.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13. Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions. . . . .	13		0.

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

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

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

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



218453 11555

# State of Colorado Individual Income Tax Declaration for Electronic Filing

Do not mail this form to the IRS or the Colorado Department of Revenue. **Retain with your records.**

Taxpayer SSN or ITIN		Spouse SSN or ITIN (If Joint Return)		Submission ID	
871-54-4887					
Taxpayer Last Name			Taxpayer First Name		Middle Initial
CHINNAM			MANIDEEP		
Spouse Last Name (If Joint Return)			Spouse First Name (If Joint Return)		

Street Address				Phone Number	
10001 E DRY CREEK ROAD APT 2202				(469) 430-5970	
City				State	ZIP
ENGLEWOOD				CO	80112

### Part I — Tax Return Information

1. Total Income, line 9 from your federal Form 1040	1	\$	43157
2. Taxable Income, line 15 on federal Form 1040	2	\$	30307
3. Colorado Tax, line 17 on Colorado Form 104	3	\$	1366
4. Colorado Tax Withheld, line 18 on Colorado Form 104	4	\$	2120
5. Refund, line 36 Colorado Form 104	5	\$	791
6. Amount You Owe, line 41 on Colorado Form 104	6	\$	

### Part II — Declaration of Tax Payer

Under penalties of perjury, I declare that the information I have provided for electronic filing and the amounts shown in Part I above agree with the amounts shown on my 2021 Federal/Colorado income tax returns, and that said tax returns, statements, schedules and attachments are true, correct, and complete to the best of my knowledge and belief. I understand that I (or my Electronic Return Originator (ERO) if applicable) may be required to provide paper copies of this declaration, my returns, withholding statements, schedules, and attachments upon request by the Colorado Department of Revenue at any time during the period covered by the Colorado statute of limitations.

Signature	Date	Spouse's Signature (If Joint Return, Both Must Sign)	Date

### Part III — Declaration of ERO/Preparer/Transmitter

If the transmitter did not prepare the tax return, check here

If I am not the preparer, I declare only that the amounts shown in Part I above agree with the amounts shown on the taxpayer's 2021 Federal/Colorado income tax returns. If I am the preparer, under penalties of perjury I declare that I have reviewed the above taxpayer's 2021 Federal/Colorado income tax returns and that the information provided to me by the taxpayer and the amounts shown in Part I above agree with the amounts shown on said tax returns, and that said tax returns, statements, schedules, and attachments are true, correct, and complete to the best of my knowledge and belief. As preparer, I further declare that I have obtained the taxpayer's signature on this form at the time of filing and have provided the taxpayer with copies of all forms and information filed. I also agree to maintain this signed Form (DR 8453) for the period covered by the Colorado statute of limitations, and to provide paper copies of this declaration, said returns, withholding statements, schedules and attachments upon request by the Colorado Department of Revenue at any time during this period.

ERO's Signature	Preparer Identification Number or Your SSN
SYAM PRIYA RAM SAGAR GUPTA TALLAM	P02082703

Check if also Preparer

Date (MM/DD/YY)
02/04/22



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DR 0104 (10/19/21)  
COLORADO DEPARTMENT OF REVENUE  
Tax.Colorado.gov  
Page 1 of 4  
(0013)

## 2021 Colorado Individual Income Tax Return

Full-Year     Part-Year or Nonresident (or resident, part-year, non-resident combination) \*Must include DR 0104PN     Mark if Abroad on due date – see instructions

Your Last Name		Your First Name		Middle Initial
CHINNAM		MANIDEEP		
Date of Birth (MM/DD/YYYY)	SSN or ITIN	Deceased		
08/21/1992	871-54-4887	<input type="checkbox"/> If checked and claiming a refund, you must include the DR 0102 and death certificate with your return.		
Enter the following information from your current driver license or state identification card.		State of Issue	Last 4 characters of ID number	Date of Issuance
If Joint, Spouse's Last Name		Spouse's First Name		Middle Initial
Spouse's Date of Birth (MM/DD/YYYY)	Spouse's SSN or ITIN	Deceased		
		<input type="checkbox"/> If checked and claiming a refund, you must include the DR 0102 and death certificate with your return.		
Enter the following information from your spouse's current driver license or state identification card.		State of Issue	Last 4 characters of ID number	Date of Issuance
Mailing Address			Phone Number	
10001 E DRY CREEK ROAD APT 2202			(469) 430-5970	
City	6NDIH	=,3 Code	Foreign Country (if applicable)	
ENGLEWOOD	CO	80112		
<input type="checkbox"/>	To see if you or members of your household qualify for free or reduced-cost health coverage, check this box if:			
	<ul style="list-style-type: none"> <li>You are a Colorado resident and at least one person in your household does not have health coverage <b>AND</b></li> <li>You give permission for the Colorado Department of Revenue to share the information on Form DR 0104EE with Connect for Health Colorado (the Colorado Benefit Exchange) and the Department of Health Care Policy &amp; Financing.</li> </ul>			
<b>Round To The Nearest Dollar</b>				
1. Enter Federal Taxable Income from your federal income tax form: 1040, 1040 SR, or 1040 SP line 15.			• 1	30307 00
Include W-2s and 1099s with CO withholding.				
<b>Additions to Federal Taxable Income</b>				
2. State Addback, enter the state income tax deduction from your federal form 1040, 1040 SR, or 1040 SP schedule A, line 5a (see instructions)			• 2	00
3. Qualified Business Income Deduction Addback (see instructions)			• 3	00



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1DPH		SSN or ITIN	
MANIDEEP CHINNAM		871-54-4887	
<b>4. Other Additions, explain (see instructions)</b>	<b>• 4</b>		00
Explain:			
<b>5. Subtotal, sum of lines 1 through 4</b>	<b>5</b>	30307	00
<b>Colorado Subtractions</b>			
<b>6. Subtractions from the DR 0104AD Schedule, line 20, you must submit the DR 0104AD schedule with your return.</b>	<b>• 6</b>		00
<b>7. Colorado Taxable Income, subtract line 6 from line 5</b>	<b>• 7</b>	30307	00
<b>Tax, Prepayments and Credits: see 104 Book for full-year tax table and part-year DR 0104PN Schedule</b>			
<b>8. Colorado Tax from tax table or the DR 0104PN line 36, you must submit the DR 0104PN with your return if applicable.</b>	<b>• 8</b>	1366	00
<b>9. Alternative Minimum Tax from the DR 0104AMT line 8, you must submit the DR 0104AMT with your return.</b>	<b>• 9</b>		00
<b>10. Recapture of prior year credits</b>	<b>• 10</b>		00
<b>11. Subtotal, sum of lines 8 through 10</b>	<b>11</b>	1366	00
<b>12. Nonrefundable Credits from the DR 0104CR line 43, the sum of lines 12, 13, and 14 cannot exceed line 11, you must submit the DR 0104CR with your return.</b>	<b>• 12</b>		00
<b>13. Total Nonrefundable Enterprise Zone credits used – as calculated, or from the DR 1366 line 84, the sum of lines 12, 13, and 14 cannot exceed line 11, you must submit the DR 1366 with your return.</b>	<b>• 13</b>		00
<b>14. Strategic Capital Tax Credit from DR 1330, the sum of lines 12, 13, and 14 cannot exceed line 11, you must submit the DR 1330 with your return.</b>	<b>• 14</b>		00
<b>15. Net Income Tax, sum of lines 12, 13, and 14. Subtract that sum from line 11.</b>	<b>15</b>	1366	00
<b>16. Use Tax reported on the DR 0104US schedule line 7, you must submit the DR 0104US with your return.</b>	<b>• 16</b>		00
<b>17. Net Colorado Tax, sum of lines 15 and 16</b>	<b>17</b>	1366	00
<b>18. CO Income Tax Withheld from W-2s and 1099s, you must submit the W-2s and/or 1099s claiming Colorado withholding with your return.</b>	<b>• 18</b>	2120	00
<b>19. Prior-year Estimated Tax Carryforward</b>	<b>• 19</b>		00
<b>20. Estimated Tax Payments, enter the sum of the quarterly payments remitted for <math>\text{KIV}</math> tax year</b>	<b>• 20</b>		00
<b>21. Extension Payment remitted with the DR 0158-I</b>	<b>• 21</b>		00
<b>22. Other Prepayments:</b> <input type="checkbox"/> • DR 0104BEP <input type="checkbox"/> • DR 0108 <input type="checkbox"/> • DR 1079 • <b>22</b>			00
<b>23. Gross Conservation Easement Credit from the DR 1305G line 33, you must submit the DR 1305G with your return.</b>	<b>• 23</b>		00
<b>24. Innovative Motor Vehicle Credit from the DR 0617, you must submit each DR 0617 with your return.</b>	<b>• 24</b>	0	00





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1DPH MANIDEEP CHINNAM SSN or ITIN 871-54-4887

Table with 3 columns: Description, Amount, Balance. Row 25: Refundable Credits from the DR 0104CR line 9... 25 00. Row 26: Subtotal, sum of lines 18 through 25 26 2120 00

Modified AGI for TABOR
Lines 28 through 30 are only used to calculate your TABOR Credit, they do not affect your Colorado tax liability.

Table with 3 columns: Description, Amount, Balance. Row 27: Federal Adjusted Gross Income... 27 43157 00. Row 28: Nontaxable Social Security Income 28 00. Row 29: Nontaxable Lump-sum Distribution... 29 00. Row 30: Nontaxable interest income... 30 00. Row 31: Sum of lines 27 through 30: Modified AGI for TABOR 31 43157 00

Modified AGI Tiers for State Sales Tax Refund
Table with 7 columns: If line 31 is: \$44,000 or less, \$44,001 - \$88,000, \$88,001 - \$139,000, \$139,001 - \$193,000, \$193,001 - \$246,000, \$246,001 - or more. Rows: Single Filers Enter, Joint Filers Enter

Table with 3 columns: Description, Amount, Balance. Row 32: State Sales Tax Refund... 32 37 00. Row 33: Sum of lines 26 and 32 33 2157 00. Row 34: Overpayment, if line 33 is greater than line 17... 34 791 00. Row 35: Estimated Tax Credit Carryforward... 35 00

If you have an overpayment on line 36 below and would like to donate all or a portion of your overpayment to a qualified Colorado charity, include Form DR 0104CH to contribute.

Table with 3 columns: Description, Amount, Balance. Row 36: Refund, subtract line 35 from line 34 (see instructions) 36 791 00

Direct Deposit
Routing Number: 052001633
Type: [X] Checking [ ] Savings [ ] CollegeInvest 529
Account Number: 446043813588
For questions regarding CollegeInvest direct deposit or to open an account, visit CollegeInvest.org or call 800-448-2424.



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Form with fields for 1DPH, SSN or ITIN, MANIDEEP CHINNAM, 871-54-4887, and tax lines 37-41. Includes a 'Third Party Designee' section with checkboxes and signature lines for 'Your Signature' and 'Spouse's Signature'. Also includes 'Paid Preparer's' information for GLOBAL TAXES LLC.

File and pay at: Colorado.gov/RevenueOnline

If you are filing this return with a check or payment, please mail the return to: COLORADO DEPARTMENT OF REVENUE Denver, CO 80261-0006
If you are filing this return without a check or payment, please mail the return to: COLORADO DEPARTMENT OF REVENUE Denver, CO 80261-0005
These addresses and zip codes are exclusive to the Colorado Department of Revenue, so a street address is not required.