

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.
▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ▶

| | |
|---|---------------------------------------|
| Taxpayer's name SURENDRA BABU MANYAM | Social security number 185-84-7165 |
| Spouse's name | Spouse's social security number |

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

Enter whole dollars only on lines 1 through 5.

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

| | | |
|---|---|---------|
| 1 Adjusted gross income | 1 | 83,570. |
| 2 Total tax | 2 | 5,220. |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 8,878. |
| 4 Amount you want refunded to you | 4 | 3,658. |
| 5 Amount you owe | 5 | |

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

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

Taxpayer's PIN: check one box only

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

| | | | | |
|---|---|---|---|---|
| 4 | 7 | 1 | 6 | 5 |
|---|---|---|---|---|

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

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize _____ to enter or generate my PIN

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

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

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

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

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

Don't enter all zeros

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

ERO's signature ▶ _____ Date ▶ _____

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

Filing Status [] Single [] Married filing jointly [] Married filing separately (MFS) [X] 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: SURENDRA BABU
Last name: MANYAM
Your social security number: 185-84-7165
If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number:

Home address (number and street): 22414 BRIGHT SKY DR
Apt. no.:
City, town, or post office: CLARKSBURG
State: MD
ZIP code: 20871
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 6 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents. Rows include KUSHAL MANYAM and REVANSH MANYAM.

Main tax calculation table with 15 rows. Includes sections for Attach Sch. B if required, Standard Deduction for (with bullet points for filing status), and final taxable income of 64,770.

| | | | |
|--------------------------------------|--|------------|--------|
| 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 | 8,520. |
| 17 | Amount from Schedule 2, line 3 | 17 | |
| 18 | Add lines 16 and 17 | 18 | 8,520. |
| 19 | Nonrefundable child tax credit or credit for other dependents from Schedule 8812 | 19 | 3,300. |
| 20 | Amount from Schedule 3, line 8 | 20 | |
| 21 | Add lines 19 and 20 | 21 | 3,300. |
| 22 | Subtract line 21 from line 18. If zero or less, enter -0- | 22 | 5,220. |
| 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 | 5,220. |
| 25 | Federal income tax withheld from: | | |
| a | Form(s) W-2 | 25a | 8,878. |
| b | Form(s) 1099 | 25b | |
| c | Other forms (see instructions) | 25c | |
| d | Add lines 25a through 25c | 25d | 8,878. |
| 26 | 2021 estimated tax payments and amount applied from 2020 return | 26 | |
| 27a | Earned income credit (EIC) NO | 27a | |
| | Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/> | | |
| b | Nontaxable combat pay election | 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 | |
| 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 | |
| 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | 8,878. |
| Refund | 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 3,658. |
| | 35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 3,658. |
| Direct deposit? See instructions. | b Routing number 2 1 1 3 9 1 8 2 5 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| | d Account number 1 3 7 9 2 4 6 0 | | |
| | 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 | 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. (240) 751-5817 Email address Surendra143@gmail.com

Paid Preparer Use Only

| | | | | |
|-----------------------------------|---------------------------------------|------------|----------------|--|
| Preparer's name | Preparer's signature | Date | PTIN | Check if: <input type="checkbox"/> Self-employed |
| SYAM PRIYA RAM SAGAR GUPTA TALLAM | SYAM PRIYA RAM SAGAR GUPTA TALLAM | 04/05/2022 | P02082703 | |
| Firm's name | Firm's address | | Phone no. | Firm's EIN |
| GLOBAL TAXES LLC | 2530 Pebble Creek Ln Cumming GA 30041 | | (678) 965-9522 | 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 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
SURENDRA BABU MANYAM

Your social security number
185-84-7165

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 | -11,590. |
| 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 | -11,590. |

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

Schedule 1 (Form 1040) 2021

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 8l | 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 1040-SR, line 10, or Form 1040-NR, line 10a | | 26 | |

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 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

SURENDRA BABU MANYAM

Your social security number

185-84-7165

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) |
|--|----------------------------------|---------------------------------|---|---|
| 1a 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 . | | | | |
| 1b Totals for all transactions reported on Form(s) 8949 with Box A checked | 6,391. | 3,360. | 191. | 3,222. |
| 2 Totals for all transactions reported on Form(s) 8949 with Box B checked | | | | |
| 3 Totals for all transactions reported on Form(s) 8949 with Box C checked | | | | |
| 4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 | | | | 4 -61. |
| 5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | | 5 -10. |
| 6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions | | | | 6 () |
| 7 Net short-term capital gain or (loss). 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 | | | | 7 3,151. |

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) |
|---|----------------------------------|---------------------------------|--|---|
| 8a 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 . | | | | |
| 8b Totals for all transactions reported on Form(s) 8949 with Box D checked | 2,579. | 2,097. | | 482. |
| 9 Totals for all transactions reported on Form(s) 8949 with Box E checked | | | | |
| 10 Totals for all transactions reported on Form(s) 8949 with Box F checked | | | | |
| 11 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 | | | | 11 -91. |
| 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | | 12 |
| 13 Capital gain distributions. See the instructions | | | | 13 |
| 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions | | | | 14 () |
| 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back | | | | 15 391. |

Part III Summary

| | | | |
|-----------|--|-----------|--------|
| 16 | Combine lines 7 and 15 and enter the result | 16 | 3,542. |
| | <ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. | | |
| 17 | Are lines 15 and 16 both gains? <input checked="" type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22. | | |
| 18 | If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet ▶ | 18 | |
| 19 | If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet ▶ | 19 | |
| 20 | Are lines 18 and 19 both zero or blank and are you not filing Form 4952? <input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. | | |
| 21 | If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } Note: When figuring which amount is smaller, treat both amounts as positive numbers. | 21 | () |
| 22 | Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. <input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR. | | |

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

Social security number or taxpayer identification number
185-84-7165

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 Note 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). See the separate instructions. | | (h) Gain or (loss). 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. | 01/01/20 | 12/31/21 | 2,579. | 2,097. | | | 482. |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ▶ | | | | 2,579. | 2,097. | | | 482. |

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

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

OMB No. 1545-0074

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

2021

Department of the Treasury
Internal Revenue Service (99)

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

Attachment
Sequence No. **13**

▶ Go to www.irs.gov/ScheduleE for instructions and the latest information.

Name(s) shown on return

Your social security number

SURENDRA BABU MANYAM

185-84-7165

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 | 22414 BRIGHT SKY DR CLARKSBURG MD 20871 | | | | |
| 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 | | A 365 | 0 | <input type="checkbox"/> |
| B | | | B | | <input type="checkbox"/> |
| C | | | C | | <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 |
|------------------|---|-------------|-------------|-----|----------|
| 3 | Rents received | 3 | 600. | | |
| 4 | Royalties received | 4 | | | |
| Expenses: | | | | | |
| 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 | 7,409. | | |
| 13 | Other interest. | 13 | | | |
| 14 | Repairs. | 14 | | | |
| 15 | Supplies | 15 | | | |
| 16 | Taxes | 16 | 4,156. | | |
| 17 | Utilities. | 17 | | | |
| 18 | Depreciation expense or depletion | 18 | | | |
| 19 | Other (list) ▶ | 19 | | | |
| 20 | Total expenses. Add lines 5 through 19 | 20 | 11,565. | | |
| 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 | -10,965. | | |
| 22 | Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 | (10,965.) | () | () |
| 23a | Total of all amounts reported on line 3 for all rental properties | 23a | 600. | | |
| 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 | 7,409. | | |
| 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 | 11,565. | | |
| 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 | (10,965.) | | |
| 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 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 | 26 | | | -10,965. |

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2021

Name(s) shown on return. Do not enter name and social security number if shown on other side.

Your social security number

SURENDRA BABU MANYAM

185-84-7165

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations – Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you **must** check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which **any** amount is **not** at risk, you **must** check the box in column (f) on line 28 and attach **Form 6198**. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section **Yes** **No**

| 28 | (a) Name | (b) Enter P for partnership; S for S corporation | (c) Check if foreign partnership | (d) Employer identification number | (e) Check if basis computation is required | (f) Check if any amount is not at risk |
|-----------|--|--|----------------------------------|------------------------------------|--|--|
| A | KSNR HOLDINGS LLC | P | <input type="checkbox"/> | 86-3060421 | <input type="checkbox"/> | <input type="checkbox"/> |
| B | PROSHARES ULTRA VIX SHORT-TERM FUTURES | P | <input type="checkbox"/> | 45-1448802 | <input type="checkbox"/> | <input type="checkbox"/> |
| C | | | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| D | | | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |

| Passive Income and Loss | | Nonpassive Income and Loss | | |
|--|---|--|---|--|
| (g) Passive loss allowed (attach Form 8582 if required) | (h) Passive income from Schedule K-1 | (i) Nonpassive loss allowed (see Schedule K-1) | (j) Section 179 expense deduction from Form 4562 | (k) Nonpassive income from Schedule K-1 |
| A | | 625. | | |
| B | | | | 0. |
| C | | | | |
| D | | | | |
| 29a Totals | | | | 0. |
| b Totals | | 625. | | |
| 30 Add columns (h) and (k) of line 29a. | | | | 30 0. |
| 31 Add columns (g), (i), and (j) of line 29b. | | | | 31 (625.) |
| 32 Total partnership and S corporation income or (loss). Combine lines 30 and 31 | | | | 32 -625. |

Part III Income or Loss From Estates and Trusts

| 33 | (a) Name | (b) Employer identification number |
|-----------|----------|------------------------------------|
| A | | |
| B | | |

| Passive Income and Loss | | Nonpassive Income and Loss | |
|---|---|--|---|
| (c) Passive deduction or loss allowed (attach Form 8582 if required) | (d) Passive income from Schedule K-1 | (e) Deduction or loss from Schedule K-1 | (f) Other income from Schedule K-1 |
| A | | | |
| B | | | |
| 34a Totals | | | |
| b Totals | | | |
| 35 Add columns (d) and (f) of line 34a | | | 35 |
| 36 Add columns (c) and (e) of line 34b | | | 36 () |
| 37 Total estate and trust income or (loss). Combine lines 35 and 36 | | | 37 |

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) – Residual Holder

| 38 | (a) Name | (b) Employer identification number | (c) Excess inclusion from Schedules Q , line 2c (see instructions) | (d) Taxable income (net loss) from Schedules Q , line 1b | (e) Income from Schedules Q , line 3b |
|-----------|---|------------------------------------|---|---|--|
| 39 | Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below | | | | 39 |

Part V Summary

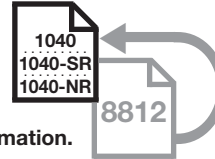
| | | | |
|-----------|--|-----------|----------|
| 40 | Net farm rental income or (loss) from Form 4835 . Also, complete line 42 below | 40 | |
| 41 | Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5 ▶ | 41 | -11,590. |
| 42 | Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AD; and Schedule K-1 (Form 1041), box 14, code F. See instructions | 42 | |
| 43 | Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules | 43 | |

SCHEDULE 8812
(Form 1040)

Credits for Qualifying Children and Other Dependents

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

▶ Go to www.irs.gov/Schedule8812 for instructions and the latest information.



OMB No. 1545-0074

2021

Attachment Sequence No. **47**

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

SURENDRA BABU MANYAM

Your social security number

185-84-7165

Part I-A Child Tax Credit and Credit for Other Dependents

| | | | | |
|--|--|-----------|----------|---------|
| 1 | Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR | | 1 | 83,570. |
| 2a | Enter income from Puerto Rico that you excluded | 2a | | |
| b | Enter the amounts from lines 45 and 50 of your Form 2555 | 2b | 0. | |
| c | Enter the amount from line 15 of your Form 4563 | 2c | | |
| d | Add lines 2a through 2c | 2d | 0. | |
| 3 | Add lines 1 and 2d | 3 | 83,570. | |
| 4a | Number of qualifying children under age 18 with the required social security number | 4a | 2. | |
| b | Number of children included on line 4a who were under age 6 at the end of 2021 | 4b | 1. | |
| c | Subtract line 4b from line 4a | 4c | 1. | |
| 5 | If line 4a is more than zero, enter the amount from the Line 5 Worksheet ; otherwise, enter -0- | 5 | 6,600. | |
| 6 | Number of other dependents, including any qualifying children who are not under age 18 or who do not have the required social security number | 6 | 0. | |
| Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4a. | | | | |
| 7 | Multiply line 6 by \$500 | 7 | | |
| 8 | Add lines 5 and 7 | 8 | 6,600. | |
| 9 | Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 } • All other filing statuses—\$200,000 } | 9 | 200,000. | |
| 10 | Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. } | 10 | 0. | |
| 11 | Multiply line 10 by 5% (0.05) | 11 | 0. | |
| 12 | Subtract line 11 from line 8. If zero or less, enter -0- | 12 | 6,600. | |
| 13 | Check all the boxes that apply to you (or your spouse if married filing jointly). A Check here if you (or your spouse if married filing jointly) had a principal place of abode in the United States for more than half of 2021 <input type="checkbox"/> B Check here if you (or your spouse if married filing jointly) were a bona fide resident of Puerto Rico for 2021 <input type="checkbox"/> | | | |

Part I-B Filers Who Check a Box on Line 13

Caution: If you did not check a box on line 13, do not complete Part I-B; instead, skip to Part I-C.

| | | | | |
|---|--|------------|--|--|
| 14a | Enter the smaller of line 7 or line 12 | 14a | | |
| b | Subtract line 14a from line 12 | 14b | | |
| c | If line 14a is zero, enter -0-; otherwise, enter the amount from the Credit Limit Worksheet A | 14c | | |
| d | Enter the smaller of line 14a or line 14c | 14d | | |
| e | Add lines 14b and 14d | 14e | | |
| f | Enter the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) received for 2021. See your Letter(s) 6419 for the amounts to include on this line. If you are missing Letter 6419, see the instructions before entering an amount on this line. If you didn't receive any advance child tax credit payments for 2021, enter -0- | 14f | | |
| Caution: If the amount on this line doesn't match the aggregate amounts reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed. | | | | |
| g | Subtract line 14f from line 14e. If zero or less, enter -0- on lines 14g through 14i and go to Part III | 14g | | |
| h | Enter the smaller of line 14d or line 14g. This is your credit for other dependents. Enter this amount on line 19 of your Form 1040, 1040-SR, or 1040-NR | 14h | | |
| i | Subtract line 14h from line 14g. This is your refundable child tax credit. Enter this amount on line 28 of your Form 1040, 1040-SR, or 1040-NR | 14i | | |

Part I-C Filers Who Do Not Check a Box on Line 13

Caution: If you checked a box on line 13, do not complete Part I-C.

| | | | |
|------------|---|------------|--------|
| 15a | Enter the amount from the Credit Limit Worksheet A | 15a | 8,520. |
| b | Enter the smaller of line 12 or line 15a Additional child tax credit. Complete Parts II-A through II-C if you meet each of the following items. 1. You are not filing Form 2555. 2. Line 4a is more than zero. 3. Line 12 is more than line 15a. | 15b | 6,600. |
| c | If you completed Parts II-A through II-C, enter the amount from line 27; otherwise, enter -0- | 15c | 0. |
| d | Add lines 15b and 15c | 15d | 6,600. |
| e | Enter the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) received for 2021. See your Letter(s) 6419 for the amounts to include on this line. If you are missing Letter 6419, see the instructions before entering an amount on this line. If you didn't receive any advance child tax credit payments for 2021, enter -0- Caution: If the amount on this line doesn't match the aggregate amounts reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed. | 15e | 3,300. |
| f | Subtract line 15e from line 15d. If zero or less, enter -0- on lines 15f through 15h and go to Part III | 15f | 3,300. |
| g | Enter the smaller of line 15b or line 15f. This is your nonrefundable child tax credit and credit for other dependents. Enter this amount on line 19 of your Form 1040, 1040-SR, or 1040-NR. | 15g | 3,300. |
| h | Subtract line 15g from line 15f. This is your additional child tax credit. Enter this amount on line 28 of your Form 1040, 1040-SR, or 1040-NR | 15h | 0. |

Part II-A Additional Child Tax Credit (use only if completing Part I-C)

Caution: If you file Form 2555, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit.

Caution: If you checked a box on line 13, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit.

| | | | |
|------------|--|------------|----|
| 16a | Subtract line 15b from line 12. If zero, skip Parts II-A and II-B and enter -0- on line 27 | 16a | 0. |
| b | Number of qualifying children under 18 with the required social security number: _____ x \$1,400. Enter the result. If zero, skip Parts II-A and II-B and enter -0- on line 27 TIP: The number of children you use for this line is the same as the number of children you used for line 4a. | 16b | |
| 17 | Enter the smaller of line 16a or line 16b | 17 | |
| 18a | Earned income (see instructions) | 18a | |
| b | Nontaxable combat pay (see instructions) | 18b | |
| 19 | Is the amount on line 18a more than \$2,500? <input type="checkbox"/> No. Leave line 19 blank and enter -0- on line 20. <input type="checkbox"/> Yes. Subtract \$2,500 from the amount on line 18a. Enter the result | 19 | |
| 20 | Multiply the amount on line 19 by 15% (0.15) and enter the result Next. On line 16b, is the amount \$4,200 or more? <input type="checkbox"/> No. If line 20 is zero, enter -0- on line 15c. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. <input type="checkbox"/> Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21. | 20 | |

Part II-B Certain Filers Who Have Three or More Qualifying Children

| | | | |
|-----------|--|-----------|--|
| 21 | Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions | 21 | |
| 22 | Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 | 22 | |
| 23 | Add lines 21 and 22 | 23 | |
| 24 | 1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27a, and Schedule 3 (Form 1040), line 11. } 1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11. } | 24 | |
| 25 | Subtract line 24 from line 23. If zero or less, enter -0- | 25 | |
| 26 | Enter the larger of line 20 or line 25 Next, enter the smaller of line 17 or line 26 on line 27. | 26 | |

Part II-C Additional Child Tax Credit

| | | | |
|-----------|---|-----------|--|
| 27 | Enter this amount on line 15c | 27 | |
|-----------|---|-----------|--|

Part III Additional Tax (use only if line 14g or line 15f, whichever applies, is zero)

| | | | |
|------------|---|------------|--|
| 28a | Enter the amount from line 14f or line 15e, whichever applies | 28a | |
| b | Enter the amount from line 14e or line 15d, whichever applies | 28b | |
| 29 | Excess advance child tax credit payments. Subtract line 28b from line 28a. If zero, stop; you do not owe the additional tax | 29 | |
| 30 | Enter the number of qualifying children taken into account in determining the annual advance amount you received for 2021. See your Letter 6419 for this number. If you are missing your Letter 6419, you are filing a joint return, or you received more than one Letter 6419, see the instructions before entering a number on this line Caution: If the amount on this line doesn't match the number of qualifying children reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed. | 30 | |
| 31 | Enter the smaller of line 4a or line 30 | 31 | |
| 32 | Subtract line 31 from line 30. If zero, skip to line 40 and enter the amount from line 29; otherwise, continue to line 33 | 32 | |
| 33 | Enter the amount shown below for your filing status. <ul style="list-style-type: none"> • Married filing jointly or Qualifying widow(er)—\$60,000 • Head of household—\$50,000 • All other filing statuses—\$40,000 | 33 | |
| 34 | Subtract line 33 from line 3. If zero or less, enter -0- | 34 | |
| 35 | Enter the amount from line 33 | 35 | |
| 36 | Divide line 34 by line 35. Enter the result as a decimal (rounded to at least three places). If the result is 1.000 or more, enter 1.000 | 36 | |
| 37 | Multiply line 32 by \$2,000 | 37 | |
| 38 | Multiply line 37 by line 36 | 38 | |
| 39 | Subtract line 38 from line 37 | 39 | |
| 40 | Subtract line 39 from line 29. If zero or less, enter -0-. This is your additional tax. If more than zero, enter this amount on Schedule 2 (Form 1040), line 19 | 40 | |

Nondeductible IRAs

Department of the Treasury
Internal Revenue Service (99)

► Go to www.irs.gov/Form8606 for instructions and the latest information.
► Attach to 2021 Form 1040, 1040-SR, or 1040-NR.

2021
Attachment
Sequence No. **48**

Name. If married, file a separate form for each spouse required to file 2021 Form 8606. See instructions.
SURENDRA BABU MANYAM

Your social security number
185-84-7165

Fill in Your Address Only if You Are Filing This Form by Itself and Not With Your Tax Return

| | | |
|---|-------------------------------|---------------------|
| Home address (number and street, or P.O. box if mail is not delivered to your home) | | Apt. no. |
| City, town or post office, state, and ZIP code. If you have a foreign address, also complete the spaces below (see instructions). | | |
| Foreign country name | Foreign province/state/county | Foreign postal code |

Part I Nondeductible Contributions to Traditional IRAs and Distributions From Traditional, SEP, and SIMPLE IRAs

Complete this part only if one or more of the following apply.

- You made nondeductible contributions to a traditional IRA for 2021.
- You took distributions from a traditional, SEP, or SIMPLE IRA in 2021 **and** you made nondeductible contributions to a traditional IRA in 2021 or an earlier year. For this purpose, a distribution does not include a rollover (other than a repayment of a qualified disaster distribution (see 2021 Forms 8915-D and 8915-F)), qualified charitable distribution, one-time distribution to fund an HSA, conversion, recharacterization, or return of certain contributions.
- You converted part, but not all, of your traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2021 **and** you made nondeductible contributions to a traditional IRA in 2021 or an earlier year.

| | | | |
|------------|--|--------------|--|
| 1 | Enter your nondeductible contributions to traditional IRAs for 2021, including those made for 2021 from January 1, 2022, through April 18, 2022. See instructions | 1 | 6,000. |
| 2 | Enter your total basis in traditional IRAs. See instructions | 2 | 0. |
| 3 | Add lines 1 and 2 | 3 | 6,000. |
| | In 2021, did you take a distribution from traditional, SEP, or SIMPLE IRAs, or make a Roth IRA conversion? | No → | Enter the amount from line 3 on line 14. Do not complete the rest of Part I. |
| | | Yes → | Go to line 4. |
| 4 | Enter those contributions included on line 1 that were made from January 1, 2022, through April 18, 2022 | 4 | |
| 5 | Subtract line 4 from line 3 | 5 | |
| 6 | Enter the value of all your traditional, SEP, and SIMPLE IRAs as of December 31, 2021, plus any outstanding rollovers. Subtract any repayments of qualified disaster distributions (see 2021 Forms 8915-D and 8915-F) | 6 | |
| 7 | Enter your distributions from traditional, SEP, and SIMPLE IRAs in 2021. Do not include rollovers (other than repayments of qualified disaster distributions (see 2021 Forms 8915-D and 8915-F)), qualified charitable distributions, a one-time distribution to fund an HSA, conversions to a Roth IRA, certain returned contributions, or recharacterizations of traditional IRA contributions (see instructions) | 7 | |
| 8 | Enter the net amount you converted from traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2021. Also, enter this amount on line 16 | 8 | |
| 9 | Add lines 6, 7, and 8 | 9 | |
| 10 | Divide line 5 by line 9. Enter the result as a decimal rounded to at least 3 places. If the result is 1.000 or more, enter "1.000" | 10 | × |
| 11 | Multiply line 8 by line 10. This is the nontaxable portion of the amount you converted to Roth IRAs. Also, enter this amount on line 17 | 11 | |
| 12 | Multiply line 7 by line 10. This is the nontaxable portion of your distributions that you did not convert to a Roth IRA | 12 | |
| 13 | Add lines 11 and 12. This is the nontaxable portion of all your distributions | 13 | |
| 14 | Subtract line 13 from line 3. This is your total basis in traditional IRAs for 2021 and earlier years | 14 | 6,000. |
| 15a | Subtract line 12 from line 7 | 15a | |
| b | Enter the amount on line 15a attributable to qualified disaster distributions from 2021 Forms 8915-D and 8915-F (see instructions). Also, enter this amount on 2021 Form 8915-D, line 23; or 2021 Form 8915-F, line 18, as applicable | 15b | 0. |
| c | Taxable amount. Subtract line 15b from line 15a. If more than zero, also include this amount on 2021 Form 1040, 1040-SR, or 1040-NR, line 4b | 15c | 0. |
| | Note: You may be subject to an additional 10% tax on the amount on line 15c if you were under age 59½ at the time of the distribution. See instructions. | | |

Part II 2021 Conversions From Traditional, SEP, or SIMPLE IRAs to Roth IRAs

Complete this part if you converted part or all of your traditional, SEP, and SIMPLE IRAs to a Roth IRA in 2021.

| | | | |
|-----------|--|-----------|--|
| 16 | If you completed Part I, enter the amount from line 8. Otherwise, enter the net amount you converted from traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2021 | 16 | |
| 17 | If you completed Part I, enter the amount from line 11. Otherwise, enter your basis in the amount on line 16 (see instructions) | 17 | |
| 18 | Taxable amount. Subtract line 17 from line 16. If more than zero, also include this amount on 2021 Form 1040, 1040-SR, or 1040-NR, line 4b | 18 | |

Part III Distributions From Roth IRAs

Complete this part only if you took a distribution from a Roth IRA in 2021. For this purpose, a distribution does not include a rollover (other than a repayment of a qualified disaster distribution (see 2021 Forms 8915-D and 8915-F)), qualified charitable distribution, one-time distribution to fund an HSA, recharacterization, or return of certain contributions (see instructions).

| | | | |
|------------|--|------------|--|
| 19 | Enter your total nonqualified distributions from Roth IRAs in 2021, including any qualified first-time homebuyer distributions, and any qualified disaster distributions (see instructions). Also, see 2021 Forms 8915-D and 8915-F | 19 | |
| 20 | Qualified first-time homebuyer expenses (see instructions). Do not enter more than \$10,000 reduced by the total of all your prior qualified first-time homebuyer distributions | 20 | |
| 21 | Subtract line 20 from line 19. If zero or less, enter -0- | 21 | |
| 22 | Enter your basis in Roth IRA contributions (see instructions). If line 21 is zero, stop here | 22 | |
| 23 | Subtract line 22 from line 21. If zero or less, enter -0- and skip lines 24 and 25. If more than zero, you may be subject to an additional tax (see instructions) | 23 | |
| 24 | Enter your basis in conversions from traditional, SEP, and SIMPLE IRAs and rollovers from qualified retirement plans to a Roth IRA. See instructions | 24 | |
| 25a | Subtract line 24 from line 23. If zero or less, enter -0- and skip lines 25b and 25c | 25a | |
| b | Enter the amount on line 25a attributable to qualified disaster distributions from 2021 Forms 8915-D and 8915-F (see instructions). Also, enter this amount on 2021 Form 8915-D, line 24; or 2021 Form 8915-F, line 19, as applicable | 25b | |
| c | Taxable amount. Subtract line 25b from line 25a. If more than zero, also include this amount on 2021 Form 1040, 1040-SR, or 1040-NR, line 4b | 25c | |

Sign Here Only if You Are Filing This Form by Itself and Not With Your Tax Return

Under penalties of perjury, I declare that I have examined this form, including accompanying attachments, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

 _____  _____
 Your signature Date

Paid Preparer Use Only

| | | | | |
|----------------------------|----------------------|------|---|------|
| Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| Firm's name ▶ | | | Firm's EIN ▶ | |
| Firm's address ▶ | | | Phone no. | |

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 for instructions and the latest information.**

2021
Attachment
Sequence No. **52**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
SURENDRA BABU MANYAM

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶ **185-84-7165**

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

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

| | | | |
|-----------|--|------------------------------------|--|
| 1 | Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2021. See instructions ▶ | <input type="checkbox"/> Self-only | <input checked="" type="checkbox"/> Family |
| 2 | HSA contributions you made for 2021 (or those made on your behalf), including those made from January 1, 2022, through April 15, 2022, that were for 2021. 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 | 7,200. |
| 4 | Enter the amount you and your employer contributed to your Archer MSAs for 2021 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2021, also include any amount contributed to your spouse's Archer MSAs | 4 | 0. |
| 5 | Subtract line 4 from line 3. If zero or less, enter -0- | 5 | 7,200. |
| 6 | Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2021, see the instructions for the amount to enter | 6 | 7,200. |
| 7 | If you were age 55 or older at the end of 2021, married, and you or your spouse had family coverage under an HDHP at any time during 2021, enter your additional contribution amount. See instructions | 7 | 0. |
| 8 | Add lines 6 and 7 | 8 | 7,200. |
| 9 | Employer contributions made to your HSAs for 2021 | 9 | 7,146. |
| 10 | Qualified HSA funding distributions | 10 | |
| 11 | Add lines 9 and 10 | 11 | 7,146. |
| 12 | Subtract line 11 from line 8. If zero or less, enter -0- | 12 | 54. |
| 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 | 6,453. |
| 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 | 6,453. |
| 15 | Qualified medical expenses paid using HSA distributions (see instructions) | 15 | 6,453. |
| 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 | 0. |
| 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 | |

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
 Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and
 Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

▶ To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.
 ▶ Go to www.irs.gov/Form8867 for instructions and the latest information.

OMB No. 1545-0074

Attachment
 Sequence No. **70**

| | |
|---|---|
| Taxpayer name(s) shown on return SURENDRA BABU MANYAM | Taxpayer identification number 185-84-7165 |
| Enter preparer's name and PTIN SYAM PRIYA RAM SAGAR GUPTA TALLAM | P02082703 |

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply). EIC CTC/ACTC/ODC AOTC HOH

| | Yes | No | N/A |
|---|-------------------------------------|-------------------------------------|--------------------------|
| 1 Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you? (See instructions if relying on prior year earned income.) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. <ul style="list-style-type: none"> • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| a Did you make reasonable inquiries to determine the correct, complete, and consistent information? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s) List those documents provided by the taxpayer, if any, that you relied on: _____ _____ _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a Did you complete the required recertification Form 8862? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

| | Yes | No | N/A |
|---|--------------------------|--------------------------|--------------------------|
| 9a Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.) | <input type="checkbox"/> | <input type="checkbox"/> | |
| b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year? | <input type="checkbox"/> | <input type="checkbox"/> | |
| c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

| | Yes | No | N/A |
|---|-------------------------------------|--------------------------|--------------------------|
| 10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

| | Yes | No |
|--|--------------------------|--------------------------|
| 13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC? | <input type="checkbox"/> | <input type="checkbox"/> |

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

| | Yes | No |
|--|--------------------------|-------------------------------------|
| 14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Part VI Eligibility Certification

- ▶ **You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:**
 - A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
 - B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
 - C. Submit Form 8867 in the manner required; **and**
 - D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 1. A copy of this Form 8867.
 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

▶ **If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).**

| | | |
|---|-------------------------------------|--------------------------|
| 15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|---|-------------------------------------|--------------------------|

**Gains and Losses From Section 1256
 Contracts and Straddles**

▶ Go to www.irs.gov/Form6781 for the latest information.
 ▶ Attach to your tax return.

Name(s) shown on tax return: **SURENDRA BABU MANYAM** Identifying number: **185-84-7165**

Check all applicable boxes. **A** Mixed straddle election **C** Mixed straddle account election
 See instructions. **B** Straddle-by-straddle identification election **D** Net section 1256 contracts loss election

Part I Section 1256 Contracts Marked to Market

| (a) Identification of account | (b) (Loss) | (c) Gain |
|---|------------|----------|
| 1 From Schedule K-1 | -152. | |
| 2 Add the amounts on line 1 in columns (b) and (c) | 2 (152.) | |
| 3 Net gain or (loss). Combine line 2, columns (b) and (c) | | 3 -152. |
| 4 Form 1099-B adjustments. See instructions and attach statement | | 4 |
| 5 Combine lines 3 and 4 | | 5 -152. |
| Note: If line 5 shows a net gain, skip line 6 and enter the gain on line 7. Partnerships and S corporations, see instructions. | | |
| 6 If you have a net section 1256 contracts loss and checked box D above, enter the amount of loss to be carried back. Enter the loss as a positive number. If you didn't check box D, enter -0- | | 6 0. |
| 7 Combine lines 5 and 6 | | 7 -152. |
| 8 Short-term capital gain or (loss). Multiply line 7 by 40% (0.40). Enter here and include on line 4 of Schedule D or on Form 8949. See instructions. | | 8 -61. |
| 9 Long-term capital gain or (loss). Multiply line 7 by 60% (0.60). Enter here and include on line 11 of Schedule D or on Form 8949. See instructions | | 9 -91. |

Part II Gains and Losses From Straddles. Attach a separate statement listing each straddle and its components.

Section A—Losses From Straddles

| (a) Description of property | (b) Date entered into or acquired | (c) Date closed out or sold | (d) Gross sales price | (e) Cost or other basis plus expense of sale | (f) Loss. If column (e) is more than (d), enter difference. Otherwise, enter -0-. | (g) Unrecognized gain on offsetting positions | (h) Recognized loss. If column (f) is more than (g), enter difference. Otherwise, enter -0-. |
|---|-----------------------------------|-----------------------------|-----------------------|--|---|---|--|
| 10 | | | | | | | |
| 11a Enter the short-term portion of losses from line 10, column (h), here and include on line 4 of Schedule D or on Form 8949. See instructions | | | | | | 11a () | |
| b Enter the long-term portion of losses from line 10, column (h), here and include on line 11 of Schedule D or on Form 8949. See instructions | | | | | | 11b () | |

Section B—Gains From Straddles

| (a) Description of property | (b) Date entered into or acquired | (c) Date closed out or sold | (d) Gross sales price | (e) Cost or other basis plus expense of sale | (f) Gain. If column (d) is more than (e), enter difference. Otherwise, enter -0-. |
|--|-----------------------------------|-----------------------------|-----------------------|--|---|
| 12 | | | | | |
| 13a Enter the short-term portion of gains from line 12, column (f), here and include on line 4 of Schedule D or on Form 8949. See instructions | | | | | 13a |
| b Enter the long-term portion of gains from line 12, column (f), here and include on line 11 of Schedule D or on Form 8949. See instructions | | | | | 13b |

Part III Unrecognized Gains From Positions Held on Last Day of Tax Year. Memo entry only (see instructions)

| (a) Description of property | (b) Date acquired | (c) Fair market value on last business day of tax year | (d) Cost or other basis as adjusted | (e) Unrecognized gain. If column (c) is more than (d), enter difference. Otherwise, enter -0-. |
|-----------------------------|-------------------|--|-------------------------------------|--|
| 14 | | | | |



211010013

Keep this form for your records. Do not send this form to the State of Maryland unless specifically requested to do so. See Instructions.

Print Using Blue or Black Ink Only.

SURENDRA BABU First Name MI MANYAM Last Name 185847165 SSN/Taxpayer Identification Number
Spouse's First Name MI Spouse's Last Name SSN/Taxpayer Identification Number

Part I Tax Return Information (whole dollars only)

- 1. Amount of overpayment to be applied to 2022 estimated tax
2. Amount of overpayment to be refunded to you REFUND 1816
3. Total amount due (Pay in full by April 15, 2022. See instructions.)

Part II Taxpayer Declaration and Signature Authorization

Under penalties of perjury, I declare that I have compared the information contained on my electronic return with the information that I provided to my Electronic Return Originator (ERO) or entered on-line and that the name(s) and amounts described above agree with the amounts shown on the corresponding lines of my 2021 Maryland electronic income tax return.

Your PIN: check one box only

[X] I authorize GLOBAL TAXES LLC ERO firm name to enter or generate my PIN 47165 Enter five digits. Do not enter all zeros. as my signature on my tax year 2021 electronically filed income tax return.

[] 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 III below.

Your signature Date

Spouse's PIN: check one box only

[] I authorize ERO firm name to enter or generate my PIN Enter five digits. Do not enter all zeros. as my signature on my tax year 2021 electronically filed income tax return.

[] 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 III below.

Spouse's signature Date

Practitioner PIN Method Returns Only

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. 58727861989 Do not enter all zeros.

I certify this numeric entry is my PIN, which is my signature for the tax year 2021 electronically filed income tax return for the taxpayer(s). I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and the Maryland MeF Handbook for Authorized e-file Providers.

ERO's signature Date 04052022

DO NOT MAIL



215020013

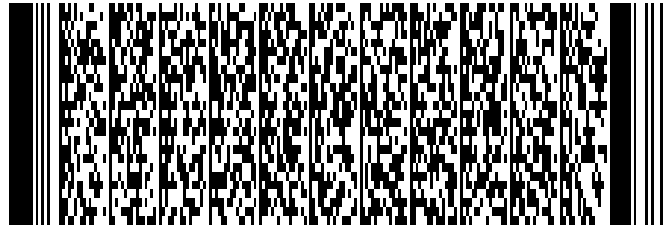
\$

OR FISCAL YEAR BEGINNING _____ 2021, ENDING _____

185847165 Your Social Security Number
723404233 Spouse's Social Security Number

SURENDRA BABU Your First Name
MANYAM Your Last Name
Spouse's First Name
Spouse's Last Name

Does your name match the name on your social security card? If not, to ensure you get credit for your personal exemptions, contact SSA at 1-800-772-1213 or visit www.ssa.gov.



22414 BRIGHT SKY DR Current Mailing Address Line 1 (Street No. and Street Name or PO Box)

CLARKSBURG MD 20871 City or Town State ZIP Code + 4

Foreign Country Name Foreign Province/State/County

Foreign Postal Code

REQUIRED: Maryland Physical address of taxing area as of December 31, 2021 or last day of the taxable year for fiscal year taxpayers. See Instruction 6. Part-year residents see Instruction 26.

1600 MONTGOMERY 4 Digit Political Subdivision Code (See Instruction 6) Maryland Political Subdivision (See Instruction 6)

22414 BRIGHT SKY DR Maryland Physical Address Line 1 (Street No. and Street Name) (No PO Box)

Maryland Physical Address Line 2 (Apt No., Suite No., Floor No.) (No PO Box)

CLARKSBURG MD 20871 MONTGOMERY City State ZIP Code + 4 Maryland County

FILING STATUS

CHECK ONE BOX

See Instruction 1 if you are required to file.

- 1. Single (If you can be claimed on another person's tax return, use Filing Status 6.)
2. Married filing joint return or spouse had no income
3. Married filing separately, Spouse SSN
4. Head of household
5. Qualifying widow(er) with dependent child
6. Dependent taxpayer (Enter 0 in Exemption Box (A) - See Instruction 7.)

PART-YEAR RESIDENT

See Instruction 26.

Dates of Maryland Residence (MM DD YYYY) FROM TO

Other state of residence:

If you began or ended legal residence in Maryland in 2021 place a P in the box. MILITARY: If you or your spouse has non-Maryland military income, place an M in the box.

Enter Military Income amount here:

Print Using Blue or Black Ink Only

Place your W-2 wage and tax statements and ATTACH HERE with one staple. Do not attach check or money order to Form 502. Attach check or money order to Form PV.



215020113

NAME SURENDRA BABU MANYAM

SSN 185847165

EXEMPTIONS

See Instruction 10. Check appropriate box(es). **NOTE:** If you are claiming dependents, you **must attach the Dependents' Information Form 502B** to this form to receive the applicable exemption amount.

A. **Yourself** **Spouse** Enter number checked See Instruction 10 **A. \$** 3200

B. 65 or over 65 or over

Blind Blind Enter number checked X \$1,000 **B. \$** _____

C. Enter number from line 3 of Dependent Form 502B See Instruction 10 **C. \$** 6400

D. Enter Total Exemptions (Add A, B and C.) **Total Amount. D. \$** 9600

MARYLAND HEALTH CARE COVERAGE

See Instruction 3.

Check here If you do not have health care coverage DOB (mm/dd/yyyy)

Check here If your spouse does not have health care coverage DOB (mm/dd/yyyy)

Check here I authorize the Comptroller of Maryland to share information from this tax return with the Maryland Health Benefit Exchange for the purpose of determining pre-eligibility for no-cost or low-cost health care coverage.

E-mail address

INCOME

See Instruction 11.

1. Adjusted gross income from your federal return **1.** 83570

1a. Wages, salaries and/or tips **1a.** 91449

1b. Earned income **1b.** _____

1c. Capital Gain or (loss) **1c.** 3542

1d. Taxable Pensions, IRAs, Annuities (**Attach Form 502R.**) **1d.** _____

1e. Place a "Y" in this box if the amount of your investment income is more than \$10,000.

ADDITIONS TO MARYLAND INCOME

See Instruction 12.

2. Tax-exempt interest on state and local obligations (bonds) other than Maryland **2.** _____

3. State retirement pickup. **3.** _____

4. Lump sum distributions (from worksheet in Instruction 12.) **4.** _____

5. Other additions (Enter code letter(s) from Instruction 12.) **5.** _____

6. Total additions (Add lines 2 through 5.) **6.** _____

7. Total federal adjusted gross income and Maryland additions (Add lines 1 and 6.) **7.** 83570

SUBTRACTIONS FROM MARYLAND INCOME

See Instruction 13.

8. Taxable refunds, credits or offsets of state and local income taxes included in line 1 **8.** _____

9. Child and dependent care expenses **9.** _____

10a. Pension exclusion from worksheet (13A) **Yourself** **Spouse** **10a.** _____

10b. Pension exclusion from worksheet (13E) **Yourself** **Spouse** **10b.** _____

11. Taxable Social Security and RR benefits (Tier I, II and supplemental) included in line 1 **11.** _____

12. Income received during period of nonresidence (See Instruction 26.) **12.** _____

13. Subtractions from attached Form 502SU **XB** _____ **13.** 6000

14. Two-income subtraction from worksheet in Instruction 13. **14.** _____

15. Total subtractions (Add lines 8 through 14.) **15.** 6000

16. Maryland adjusted gross income (Subtract line 15 from line 7.) **16.** 77570

DEDUCTION METHOD

See Instruction 16.

All taxpayers must select one method and check the appropriate box.

STANDARD DEDUCTION METHOD (Enter amount on line 17.)

ITEMIZED DEDUCTION METHOD (Complete lines 17a and 17b.)

17a. Total federal itemized deductions (from line 17, federal Schedule A) . **17a.** _____

17b. State and local income taxes (See Instruction 14.) **17b.** _____

Subtract line 17b from line 17a and enter amount on line 17.

17. Deduction amount (Part-year residents see Instruction 26 (l and m).) **17.** 4700

18. Net income (Subtract line 17 from line 16.) **18.** 72870

19. Exemption amount from Exemptions area (See Instruction 10.) **19.** 9600

20. Taxable net income (Subtract line 19 from line 18.) **20.** 63270



215020213

NAME SURENDRA BABU MANYAM

SSN 185847165

| | |
|---|---|
| MARYLAND TAX COMPUTATION | 21. Maryland tax (from Tax Table or Computation Worksheet Schedules I or II) 21. <u>2953</u> |
| | 22. Earned income credit (EIC) (See Instruction 18.) ▶ 22. _____ |
| | <input type="checkbox"/> Check this box if you are claiming the Maryland Earned Income Credit, but do not qualify for the federal Earned Income Credit. |
| | <input type="checkbox"/> Check this box if you are claiming the Maryland Earned Income Credit with a qualifying child. |
| | 23. Poverty level credit (See Instruction 18.) ▶ 23. _____ |
| | 24. Other income tax credits for individuals from Part AA, line 13 of Form 502CR (Attach Form 502CR.) 24. _____ |
| | 25. Business tax credits You must file this form electronically to claim business tax credits on Form 500CR. |
| | 26. Total credits (Add lines 22 through 25.) 26. _____ |
| 27. Maryland tax after credits (Subtract line 26 from line 21.) If less than 0, enter 0. 27. <u>2953</u> | |
| LOCAL TAX COMPUTATION | 28. Local tax (See Instruction 19 for tax rates and worksheet.) Multiply line 20 by your local tax rate .0 0320 or use the Local Tax Worksheet 28. <u>2025</u> |
| | 29. Local earned income credit (from Local Earned Income Credit Worksheet in Instruction 19.) . . 29. _____ |
| | 30. Local poverty level credit (from Local Poverty Level Credit Worksheet in Instruction 19.) . . . 30. _____ |
| | 31. Local tax credit from Part BB, line 1 of Form 502CR (Attach Form 502CR.) 31. _____ |
| | 32. Total credits (Add lines 29 through 31.) 32. _____ |
| | 33. Local tax after credits (Subtract line 32 from line 28.) If less than 0, enter 0 33. <u>2025</u> |
| | 34. Total Maryland and local tax (Add lines 27 and 33.) 34. <u>4978</u> |
| CONTRIBUTIONS See Instruction 20. | 35. Contribution to Chesapeake Bay and Endangered Species Fund ▶ 35. _____ |
| | 36. Contribution to Developmental Disabilities Services and Support Fund ▶ 36. _____ |
| | 37. Contribution to Maryland Cancer Fund. ▶ 37. _____ |
| | 38. Contribution to Fair Campaign Financing Fund ▶ 38. _____ |
| | 39. Total Maryland income tax, local income tax and contributions (Add lines 34 through 38.) . 39. <u>4978</u> |
| | 40. Total Maryland and local tax withheld (Enter total from your W-2 and 1099 forms and attach if MD tax is withheld.) ▶ 40. <u>6794</u> |
| | 41. 2021 estimated tax payments, amount applied from 2020 return, payment made with an extension request, and Form MW506NRS ▶ 41. _____ |
| | 42. Refundable earned income credit (from worksheet in Instruction 21) ▶ 42. _____ |
| | 43. Refundable income tax credits from Part CC, line 10 of Form 502CR (Attach Form 502CR. See Instruction 21.) 43. _____ |
| | 44. Total payments and credits (Add lines 40 through 43.) 44. <u>6794</u> |
| | 45. Balance due (If line 39 is more than line 44, subtract line 44 from line 39. See Instruction 22.) ▶ 45. _____ |
| | 46. Overpayment (If line 39 is less than line 44, subtract line 39 from line 44.) ▶ 46. <u>1816</u> |
| REFUND | 47. Amount of overpayment TO BE APPLIED TO 2022 ESTIMATED TAX. ▶ 47. _____ |
| | 48. Amount of overpayment TO BE REFUNDED TO YOU (Subtract line 47 from line 46.) See line 51 REFUND ▶ 48. <u>1816</u> |
| AMOUNT DUE | 49. Check here <input type="checkbox"/> if you are attaching Form 502UP. Enter interest charges from line 18, _____ or for late filing _____ or homebuyer withdrawal penalty _____ . . . ▶ 49. _____ |
| | 50. TOTAL AMOUNT DUE (Add lines 45 and 49.) IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN. INCLUDE FORM PV. 50. _____ |



215020313

NAME SURENDRA BABU MANYAM SSN 185847165

DIRECT DEPOSIT OF REFUND (See Instruction 22.) Be sure the account information is correct. **For Splitting Direct Deposit**, use Form 588. To comply with banking and **NACHA (National Automated Clearing House Association)** rules, if this refund will go to an account outside of the United States, place "Y" in this box or if you authorize the State of Maryland to direct deposit your refund, check this box and complete the following information clearly and legibly.

51a. Type of account: Checking Savings **51b.** Routing Number (9-digits) 211391825

51c. Account Number 13792460

51d. Name(s) as it appears on the bank account _____

2407515817 _____ _____
Daytime telephone no. Home telephone no. CODE NUMBERS (3 digits per line)

Check here if you authorize your preparer to discuss this return with us. Check here if you authorize your paid preparer not to file electronically. Check here if you agree to receive your 1099G Income Tax Refund statement electronically (See Instruction 24.)

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

Your signature Date

GLOBAL TAXES LLC
Printed name of the Preparer / or Firm's name

SYAM PRIYA RAM SAGAR GUPTA TALLAM
Signature of preparer other than taxpayer **(Required by Law)**

Spouse's signature Date

2530 PEBBLE CREEK LN
Street address of preparer or Firm's address

CUMMING GA 30041
City, State, ZIP Code + 4

6789659522 P02082703
Telephone number of preparer Preparer's PTIN **(Required by Law)**

For returns filed without payments, mail your completed return to:

Comptroller of Maryland
Revenue Administration Division
110 Carroll Street
Annapolis, MD 21411-0001

For returns filed with payments, attach check or money order to Form PV. Make checks payable to Comptroller of Maryland. Do not attach Form PV or check/money order to Form 502. Place Form PV with attached check/money order on TOP of Form 502 and mail to:

Comptroller of Maryland
Payment Processing
PO Box 8888
Annapolis, MD 21401-8888



21502B013

185847165

▶ Your Social Security Number

▶ Spouse's Social Security Number

SURENDRA BABU

Your First Name

MI

MANYAM

Your Last Name

Spouse's First Name

MI

Spouse's Last Name

Summary

- 1. Enter the total number checked below for Regular dependents (4) ▶ 1. _____ 2
- 2. Enter the total number checked below for dependents 65 or over (5) ▶ 2. _____
- 3. Total dependent exemptions (Add lines 1 and 2 and enter the total here and on line (C) of the Exemptions area of Form 502, 505 or 515.) 3. _____ 2

Dependents (If a dependent listed below is age 65 or over, check both 4 and 5.)

| | | | | | |
|------|--|-------------------------------|------------------------------|----------------------------|--|
| ▶ 1. | First Name <u>KUSHAL</u> | MI __ | ▶ Last Name <u>MANYAM</u> | | Check here ▶ <input type="checkbox"/> if this dependent does not have health care coverage |
| ▶ 2. | Social Security Number <u>214912190</u> | Relationship 3. <u>SON</u> | Regular 4. <u>X</u> | 65 or over 5. <u> </u> | DOB (MM/DD/YYYY) ▶ _____ |

| | | | | | |
|------|--|-------------------------------|------------------------------|----------------------------|--|
| ▶ 1. | First Name <u>REVANSH</u> | MI __ | ▶ Last Name <u>MANYAM</u> | | Check here ▶ <input type="checkbox"/> if this dependent does not have health care coverage |
| ▶ 2. | Social Security Number <u>190835814</u> | Relationship 3. <u>SON</u> | Regular 4. <u>X</u> | 65 or over 5. <u> </u> | DOB (MM/DD/YYYY) ▶ _____ |

| | | | | | |
|------|---------------------------------|--------------------------|-------------------------|----------------------------|--|
| ▶ 1. | First Name _____ | MI __ | ▶ Last Name _____ | | Check here ▶ <input type="checkbox"/> if this dependent does not have health care coverage |
| ▶ 2. | Social Security Number _____ | Relationship 3. _____ | Regular 4. <u> </u> | 65 or over 5. <u> </u> | DOB (MM/DD/YYYY) ▶ _____ |

| | | | | | |
|------|---------------------------------|--------------------------|-------------------------|----------------------------|--|
| ▶ 1. | First Name _____ | MI __ | ▶ Last Name _____ | | Check here ▶ <input type="checkbox"/> if this dependent does not have health care coverage |
| ▶ 2. | Social Security Number _____ | Relationship 3. _____ | Regular 4. <u> </u> | 65 or over 5. <u> </u> | DOB (MM/DD/YYYY) ▶ _____ |

| | | | | | |
|------|---------------------------------|--------------------------|-------------------------|----------------------------|--|
| ▶ 1. | First Name _____ | MI __ | ▶ Last Name _____ | | Check here ▶ <input type="checkbox"/> if this dependent does not have health care coverage |
| ▶ 2. | Social Security Number _____ | Relationship 3. _____ | Regular 4. <u> </u> | 65 or over 5. <u> </u> | DOB (MM/DD/YYYY) ▶ _____ |

| | | | | | |
|------|---------------------------------|--------------------------|-------------------------|----------------------------|--|
| ▶ 1. | First Name _____ | MI __ | ▶ Last Name _____ | | Check here ▶ <input type="checkbox"/> if this dependent does not have health care coverage |
| ▶ 2. | Social Security Number _____ | Relationship 3. _____ | Regular 4. <u> </u> | 65 or over 5. <u> </u> | DOB (MM/DD/YYYY) ▶ _____ |



21502S013

Print Using Blue or Black Ink Only

SURENDRA BABU Your First Name

MI MANYAM Your Last Name

185847165 Your Social Security Number

Spouse's First Name

MI Spouse's Last Name

Spouse's Social Security Number

Subtractions from income. Determine which subtractions from income apply to you. See Instruction 13 in Resident Booklet for more information.

- a. Payments from a pension system to firemen and policemen for job-related injuries or disabilities...
b. Net allowable subtractions from income from pass-through entities not attributable to decoupling...
c. Net subtractions from income reported by a fiduciary...
d. Distributions of accumulated income by a fiduciary, if income tax has been paid by the fiduciary to the State...
e. Profit (without regard to losses) from the sale or exchange of bonds issued by the State or local governments of Maryland...
f. Benefits received from a Keogh plan on which State income tax was paid prior to 1967. Attach statement...
g. Amount of wages and salaries disallowed as a deduction due to the work opportunity credit allowed under the Internal Revenue Code Section 51...
h. Expenses up to \$5,000 incurred by a blind person for a reader, or up to \$1,000 incurred by an employer for a reader for a blind employee...
i. Expenses incurred for reforestation or timber stand improvement of commercial forest land...
j. The amount added to taxable income for the use of an official vehicle by a member of a state, county or local police or fire department. The amount is listed separately on your W-2...
k. Up to \$6,000 in expenses incurred by parents to adopt a child with special needs through a public or nonprofit adoption agency; up to \$5,000 for adoption of a child without special needs...
l. Purchase and installation costs of certain enhanced agricultural management equipment. Attach a copy of the certification...
m. Deductible artist's contribution. Complete and attach Form 502AC...
n. Payment received under a fire, rescue, or ambulance personnel length of service award program that is funded by any county or municipal corporation of the State...
o. Value of farm products you donated to a gleaning cooperative. Attach a copy of the certification...
p. Overseas military subtraction (Use worksheet from Instruction 13.)...
q. Unreimbursed vehicle travel expenses. Complete and attach Form 502V...
r. Amount of pickup contribution shown on Form 1099R from the State retirement or pension systems included in federal adjusted gross income...
s. Amount of interest and dividend income (including capital gain distributions) of a dependent child that is included in the parent's federal gross income under the Internal Revenue Code Section 1(g)(7)...
t. Relocation and assistance payments received from the State of Maryland under Title 12 Subtitle 2 of the Real Property Article...
u. Military Retirement Income. Individuals at least 55 years of age on the last day of the taxable year may claim up to \$15,000 of military retirement income, including death benefits, received in the taxable year. Individuals under the age of 55 on the last day of the taxable year may claim up to \$5,000 of military retirement income received in the taxable year...
va. The Honorable Louis L. Goldstein Volunteer Fire, Rescue and Emergency Medical Services Personnel Subtraction Modification Program. Attach a copy of the certification...
vb. The Honorable Louis L. Goldstein Volunteer Police Personnel Subtraction Modification Program. Attach a copy of the certification...



21502S113

NAME SURENDRA BABU MANYAM SSN 185847165

- w. Unreimbursed expenses incurred by a foster parent on behalf of a foster child...
xa. Up to \$2,500 per contract purchased for advanced tuition payments made to the Maryland Prepaid College Trust...
xb. Up to \$2,500 per account contributor per beneficiary of the total of all amounts contributed to investment accounts under the Maryland College Investment Plan...
xc. Any amount included in federal adjusted gross income as a result of a distribution to a designated beneficiary from a Maryland ABLE account...
xd. Up to \$2,500 per ABLE account contributor per beneficiary of the total of all amounts contributed under the Maryland ABLE Program...
xe. An amount included in federal adjusted gross income contributed by the State into an investment account under §18-19A-04.1 of the Education Article during the taxable year...
y. Any income that is related to tangible or intangible property that was seized, misappropriated or lost as a result of the actions or policies of Nazi Germany towards a Holocaust victim...
z. Expenses incurred to buy and install handrails in an existing elevator in a qualified healthcare facility or other building in which at least 50% of the space is used for medical purposes...
aa. Payments from a pension system to the surviving spouse or other beneficiary of a law enforcement officer or firefighter whose death arises out of or in the course of their employment...
ab. Income from U.S. Government obligations (See Instruction 13.)...
bb. Net subtraction modification to Maryland taxable income when claiming the federal depreciation allowances from which the State of Maryland has decoupled. Complete and attach Form 500DM. See Administrative Release 38...
cc. Net subtraction modification to Maryland taxable income when using the federal special 2-year carryback (farming loss only) period for a net operating loss under federal law compared to Maryland taxable income without regard to federal provisions. Complete and attach Form 500DM...
cd. Net subtraction modification to Maryland taxable income resulting from the federal ratable inclusion of deferred income arising from business indebtedness discharged by reacquisition of a debt instrument. Complete and attach Form 500DM. See Administrative Release 38...
dd. Income derived within arts and entertainment district(s) by a qualifying residing artist. Complete and attach Form 502AE...
dm. Net subtraction modification from multiple decoupling provisions. Complete and attach Form 500DM...
dp. Net subtraction decoupling modification from a pass-through entity. Complete and attach Form 500DM. See Administrative Release 38...
ee. Amount received as a grant under the Solar Energy Grant Program administered by the Maryland Energy Administration but not more than the amount included in your total income...
ff. Amount of the cost difference between a conventional on-site sewage disposal system and a system that utilizes nitrogen removal technology, for which the Department of Environment's payment assistance program does not cover...
hh. Net subtraction to adjust phase out of exemptions as a result of including U.S. obligations in your adjusted gross income...
ii. Interest on any Build America Bond that is included in your federal adjusted gross income. See Administrative Release 13...
jj. Gain resulting from a payment from the Maryland Department of Transportation as a result of the acquisition of a portion of the property on which your principal residence is located...
kk. Qualified conservation program expenses up to \$500 for an application approved by the Department of Natural Resources to enter into a Forest Conservation and Management Plan...
ll. Payment received as a result of a foreclosure settlement negotiated by the Maryland Attorney General...
mm. Amount received by a claimant for noneconomic damages as a result of a claim of unlawful discrimination...
nn. Amount of student loan indebtedness discharged Attach notice...



NAME SURENDRA BABU MANYAM SSN 185847165

- oo. Up to \$5,000 of income earned by a law enforcement officer... oo.
pp. The value of any medal given by the International Olympic Committee... pp.
qq. Amount of qualified principal residence indebtedness... qq.
rr. Up to \$50,000 of compensation received by an individual... rr.
ss. Up to \$10,000 of certain qualified unreimbursed expenses... ss.
tt. Up to \$250 of certain unreimbursed expenses... tt.
uu. Gain recognized as the result of the sale of property... uu.
vv. The value of a subsidy for rental expenses... vv.
ww. First Time Homebuyer Savings Account... ww.
xx. Allows a subtraction up to \$1,000 for donations... xx.
yy. Amount of unemployment compensation... yy.
zz. Amount of Coronavirus relief grant payment... zz.

Source of grant or loan forgiveness: (Attach a separate statement if additional space is needed.)
United States Federal Government (list issuing agency/entity)
State Government (list State and issuing agency/entity)
Local Government (list jurisdiction and issuing agency/entity)

1. TOTAL. Add lines a through zz and enter this amount on line 13 of Form 502 with the appropriate code letters. TOTAL 1. 6000