Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Subm	ission Identification Number (SID)		·	
Taxpay	er's name	Social securi	ty numl	ber
YAS	HWANTH RAO AVIRINENI	195-53	-607	9
Spouse	's name	Spouse's soo		
Part	Tax Return Information — Tax Year Ending December 31, 2021 (Enter	year you a	re au	thorizing.)
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	
1	Adjusted gross income		1	121,102.
2	Total tax		2	20,001.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	22,812.
4	Amount you want refunded to you		4	2,811.
5	Amount you owe		5	<u> </u>
Part	II Taxpayer Declaration and Signature Authorization (Be sure you get and k	eep a cop	y of y	our return)
to send for any Agent payme authori payme busine taxes to person	(original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmid my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for reject delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated to my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate nt, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requises days prior to the payment (settlement) date. I also authorize the financial institutions involved in the particle confidential information necessary to answer inquiries and resolve issues related to the particle for the income tax return (original or amended) I an inic Funds Withdrawal Consent.	ction of the to S. Treasury a cated in the to to debit the the authorizates must be processing or ayment. I fur	ransmis nd its of ax prepared entry of ation. The ereceif the el	ssion, (b) the reason designated Financial paration software for to this account. This To revoke (cancel) a ved no later than 2 lectronic payment of cknowledge that the
	ayer's PIN: check one box only			
X	- -	ov DIN 3	6 (0 7 9 as my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř En		digits, but er all zeros
Vour	I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN and your return is filed using the Practitioner PIN method below. Signature ▶ yashwanth Date ▶) mus	t complete Part III
Tours	bate	00/2 1/		
Spous	se's PIN: check one box only			
	I authorize to enter or generate r	ny PIN		as my
	ERO firm name			digits, but
	signature on the income tax return (original or amended) I am now authorizing.			er all zeros
	I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN and your return is filed using the Practitioner PIN method below.		_	-
Spous	se's signature ▶ Date ▶			
	Practitioner PIN Method Returns Only—continue below			
Part	III Certification and Authentication — Practitioner PIN Method Only			
ERO's	S EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5 8	7 2 7 Don't ent	8 6 er all ze	1 9 8 9 eros
authori	y that the above numeric entry is my PIN, which is my signature for the electronic individual income taxized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submisments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of Incompanies.	tting this retu	urn in a	accordance with the
ERO's	s signature ▶ Date ▶			
	ERO Must Retain This Form — See Instructions			
	Don't Submit This Form to the IRS Unless Requested To D	o So		

E 1040 Department of the Treasury—Internal Revenue Service (99) U.S. Individual Income Tax Return

2021

OMB No. 1545-007

IRS Use Only-Do not write or staple in this space.

Filing Status Check only one box.	If yo	Single Married filing jointly [u checked the MFS box, enter the on is a child but not your depender	name o										
Your first name	and mi	ddle initial	Last n	ame					Your so	ocial secui	rity number		
YASHWANT	H R	OA	AVI	RINENI					195-	195-53-6079			
If joint return, sp	ouse's	first name and middle initial	Last n	ame					Spouse	's social se	ecurity number		
Home address (r and street). If you have a P.O. box, se	e instruc	tions.				Apt. no.	Check	here if you			
City, town, or po	ost offic	ce. If you have a foreign address, also c	omplete	spaces below.	Sta	te	ZIP	code			intly, want \$3 I. Checking a		
WEST DES	MO:	INES			IZ	A	50	266		low will no			
							1	x or refund	d.				
At any time du	ing 20	21, did you receive, sell, exchange	e, or oth	nerwise dispose of ar	y fina	ancial interest	in an	y virtual curre	ncy?	Yes	No 🔀 No		
Standard Deduction	_	eone can claim:	•	_ '		a dependent							
Age/Blindness	You:	Were born before January 2,	1957	Are blind Sp	ouse	: Was bo	rn be	efore January 2	2. 1957	□ ls k	blind		
Dependents	-			(2) Social securit		(3) Relations				or (see instr			
•	•	rst name Last name		number	y	to you	p	Child tax c		1 '	other dependents		
f more han four								П			$\overline{\Box}$		
dependents,											$\overline{\sqcap}$		
see instructions and check											$\overline{\sqcap}$		
here ▶ □													
	1	Wages, salaries, tips, etc. Attach	Form(s)) W-2					. 1		125,652.		
Attach	2a	Tax-exempt interest	2a		b T	axable interes	st		_ 2b				
Sch. B if required.	3a	Qualified dividends	3a		b C	ordinary divide	ends		. 3b)			
required.	4a	IRA distributions	4a		b T	axable amour	nt .		. 4b)			
	5a	Pensions and annuities	5a		b T	axable amour	nt .		. 5b)			
Standard	6a	Social security benefits	6a		b T	axable amour	nt .		. 6Ł	,			
Deduction for—	7	Capital gain or (loss). Attach Sche	edule D	if required. If not req	uired	, check here		▶[_ 7				
Single or Married filing	8	Other income from Schedule 1, lin	ne 10						. 8		-4,550.		
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your total inc	ome				▶ 9	1	L21,102.		
Married filing	10	Adjustments to income from Scho	edule 1	, line 26					. 10)			
jointly or Qualifying	11_	Subtract line 10 from line 9. This	s your	adjusted gross inco	me				▶ 11	1	121,102.		
widow(er), \$25,100	12a	Standard deduction or itemized	deduc	tions (from Schedule	e A)	12	2a	12,55	0.				
Head of	b	Charitable contributions if you take	e the sta	andard deduction (see	e instr	ructions) 12	2b	30	0.				
household, \$18,800	С	Add lines 12a and 12b							. 12	С	12,850.		
If you checked	13	Qualified business income deduc	tion fro	m Form 8995 or Forr	n 899	5-A			. 13	3			
any box under Standard	14	Add lines 12c and 13							. 14		12,850.		
Deduction, see instructions.	15	Taxable income. Subtract line 14	dd lines 12c and 13										

Form 1040 (2021)									Page Z
	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌			16	20,001.
	17	Amount from Schedule 2, lin	ne 3					. L	17	
	18	Add lines 16 and 17						. [18	20,001.
	19	Nonrefundable child tax cree	dit or credit for o	ther depender	nts from Schedule	8812 .		. [19	
	20	Amount from Schedule 3, lin	ne 8					. [20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	20,001.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21				23	0.
	24	Add lines 22 and 23. This is	your total tax					•	24	20,001.
	25	Federal income tax withheld	from:							
	а	Form(s) W-2				25a	22,8	12.		
	b	Form(s) 1099				25b				
	С	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c							25d	22,812.
If you have a	26	2021 estimated tax payment	ts and amount a	pplied from 20					26	
qualifying child,	27a	Earned income credit (EIC)			No	27a				
attach Sch. EIC.	b	Check here if you were by January 2, 2004, and you taxpayers who are at least a Nontaxable combat pay electrical variables.	u satisfy all the ge 18, to claim t	e other requi he EIC. See in	rements for					
	С	Prior year (2019) earned inco	ome	. 27c						
	28	Refundable child tax credit or	r additional child	tax credit from	Schedule 8812	28				
	29	American opportunity credit	from Form 8863	8, line 8		29				
	30	Recovery rebate credit. See								
	31	Amount from Schedule 3, lin								
	32	Add lines 27a and 28 throug	h 31. These are	your total oth	er payments and	refundable	credits	•	32	
	33	Add lines 25d, 26, and 32. T						•	33	22,812.
Refund	34	If line 33 is more than line 24						<u>.</u>	34	2,811.
	35a	Amount of line 34 you want							35a	2,811.
Direct deposit? See instructions.	▶b	Routing number 1 1 1			▶ c Type: 🔀	Checking	Savi	ngs		
oce manachons.	►d	Account number 1 3 6								
	36	Amount of line 34 you want a				36		_		
Amount	37	Amount you owe. Subtract				1 1	ns .		37	
You Owe	38	Estimated tax penalty (see in				38				
Third Party Designee	ins	you want to allow another tructions	person to disc		n with the IRS?		s. Comp			X No
		signee's ne ▶		Phone no. ▶			Personal number (F		ation	
Sign		der penalties of perjury, I declare tief, they are true, correct, and com								
Here	You	ur signature		Date	Your occupation			If the II	RS ser	nt you an Identity
					•					N, enter it here
Joint return?				_	SOFTWARE E			(see in:		
See instructions. Keep a copy for your records.	Spo	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupation	on			y Prote	nt your spouse an ection PIN, enter it here
	Pho	one no. (972) 415-348		Email address	YASHR7409@	GMAIL.C				
Paid	Pre	parer's name	Preparer's signat	ure		Date	PT	IN		Check if:
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	03/23/20	22 PO	2082	703	Self-employed
Use Only										678) 965-9522
Joe Jiny	Firr	m's address ► 2530 Pebb.	Firm's	EIN 🕨	30-1017196					

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2021

Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

► Attach to Form 1040, 1040-SR, or 1040-NR. ► Go to www.irs.gov/Form1040 for instructions and the latest information.

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
YASHWANTH RAO AVIRINENI

Port La Additional Income

Par	Additional income			
1	Taxable refunds, credits, or offsets of state and local income taxes	8	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, truschedule E		5	-4,550.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling income	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	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		
I	Olympic and Paralympic medals and USOC prize money (see instructions)	81		
m	Section 951(a) inclusion (see instructions)	8m		
n	Section 951A(a) inclusion (see instructions)	8n		
0	Section 461(I) excess business loss adjustment	80		
р	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 10			
	1040-NR line 8		10	4 550

Schedule 1 (Form 1040) 2021 Page **2**

1	Educator expenses	. 11
	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	
}	Health savings account deduction. Attach Form 8889	. 13
	Moving expenses for members of the Armed Forces. Attach Form 3903	. 14
5	Deductible part of self-employment tax. Attach Schedule SE	. 15
6	Self-employed SEP, SIMPLE, and qualified plans	. 16
7	Self-employed health insurance deduction	. 17
3	Penalty on early withdrawal of savings	. 18
Эа	Alimony paid	. 19a
b	Recipient's SSN	
С	Date of original divorce or separation agreement (see instructions) ▶	
)	IRA deduction	
1	Student loan interest deduction	. 21
2	Reserved for future use	. 22
3	Archer MSA deduction	. 23
ŀ	Other adjustments:	
а	Jury duty pay (see instructions)	
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	
С	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l 24c	
d	Reforestation amortization and expenses	
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	
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)	
İ	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	
j	Housing deduction from Form 2555 24j	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	
Z	Other adjustments. List type and amount ▶24z	

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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

OMB No. 1545-0074

2021

Attachment

Department of the Treasury Internal Revenue Service (99)

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

Attachment Sequence No. 13

Name(s)	shown on return						Your	social securit	y number
YASH	WANTH RAO AVIRI							5-53-607	
Part		s From Rental Real Estate and Ro instructions. If you are an individual, rep							
A Dic		nts in 2021 that would require you to							
		ou file required Form(s) 1099?		` '					
1a	Physical address of	each property (street, city, state, ZIF	P code)						
A		MA PURAM COLO HASTINPURAN		RABAD '	TELANG	ANA TN 5	00074		
В		mi i diumi delle imie i ini dium	,	UIDIID	111110	111111 111 0		•	
C									
	Type of Property	2 For each rental real estate pro	norty liete	d	Fa	ir Rental	Pers	onal Use	
110	(from list below)	above, report the number of fa	air rental a	nd		Days		Days	QJV
Α	3	personal use days. Check the	QJV box	only. 		365		0	
В		if you meet the requirements to qualified joint venture. See ins	tructions.	В	_	303		0	
C	<u> </u>			C					
	of Property:								
	le Family Residence	3 Vacation/Short-Term Rental	5 Land		7 Sal	f-Rental			
_	ti-Family Residence	4 Commercial		tion			.\		
Incom		Properties:	6 Royalt	lies A		er (describe) B		С
3		•	3	A	550.		<u> </u>		<u> </u>
4			4		330.				
			+						
Expen 5			5						
6	,	nstructions)	6		<u> </u>				
7	•	nance	7		600.				
8			8						
9			9						
10	•	essional fees	10						
11	•		11		800.				
12		id to banks, etc. (see instructions)	12						
13			13						
14	Repairs		14		1,200.				
15	Supplies		15		1,100.				
16	Taxes		16						
17	Utilities		17		1,400.				
18	Depreciation expense	e or depletion	18						
19	Other (list)		19						
20	Total expenses. Add	lines 5 through 19	20		5,100.				
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	-	4,550.				
22	Deductible rental real	I estate loss after limitation, if any,							
	on Form 8582 (see in	structions)	22 (4	,550.)()()
23a		eported on line 3 for all rental prope					55	0.	
b		eported on line 4 for all royalty prop			23k)			
С	Total of all amounts r	eported on line 12 for all properties			230	;			
d	Total of all amounts r	eported on line 18 for all properties			230	I			
е	Total of all amounts r	eported on line 20 for all properties			236		5,10	0.	
24	Income. Add positiv	e amounts shown on line 21. Do no	ot include	any loss	es .			24	
25	Losses. Add royalty lo	sses from line 21 and rental real estate	e losses fro	om line 22	2. Enter to	tal losses he	re .	25 (4,550.)
26	Total rental real est	ate and royalty income or (loss).	Combine	lines 24	and 25.	Enter the re	esult		
-		V, and line 40 on page 2 do not							
	Schedule 1 (Form 104	40), line 5. Otherwise, include this a	mount in	the total	on line 4	1 on page 2	<u>.</u> ;	26	-4,550.

Passive Activity Loss Limitations

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

► Attach to Form 1040, 1040-SR, or 1041.

► See separate instructions. Attachment ► Go to www.irs.gov/Form8582 for instructions and the latest information.

OMB No. 1545-1008 Sequence No. 858

Identifying number YASHWANTH RAO AVIRINENI 195-53-6079 2021 Passive Activity Loss Part I Caution: Complete Parts IV and V before completing Part I. Rental Real Estate Activities With Active Participation (For the definition of active participation, see Special Allowance for Rental Real Estate Activities in the instructions.) 1a Activities with net income (enter the amount from Part IV, column (a)) . . . **b** Activities with net loss (enter the amount from Part IV, column (b)) 1b 4,550.) c Prior years' unallowed losses (enter the amount from Part IV, column (c)) . . . **d** Combine lines 1a, 1b, and 1c 1d -4,550.**All Other Passive Activities** 2a Activities with net income (enter the amount from Part V, column (a)) . . . **b** Activities with net loss (enter the amount from Part V, column (b)) 2b **c** Prior years' unallowed losses (enter the amount from Part V, column (c)) . 2c (2d Combine lines 1d and 2d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used 3 -4,550.If line 3 is a loss and: • Line 1d is a loss, go to Part II. • Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10. Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II. Instead, go to line 10. Special Allowance for Rental Real Estate Activities With Active Participation Part II Note: Enter all numbers in Part II as positive amounts. See instructions for an example. 4 Enter the **smaller** of the loss on line 1d or the loss on line 3 . . . 4 4,550. 5 Enter \$150,000. If married filing separately, see instructions 150,000. 6 Enter modified adjusted gross income, but not less than zero. See instructions 125,652. Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0on line 9. Otherwise, go to line 7. 7 24,348. Multiply line 7 by 50% (0.50). **Do not** enter more than \$25,000. If married filing separately, see instructions 12,174. 8 9 Enter the **smaller** of line 4 or line 8 9 4,550. Part III **Total Losses Allowed** 10 10 0. Total losses allowed from all passive activities for 2021. Add lines 9 and 10. See instructions to find 4,550. 11 Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions. Current year Prior years Overall gain or loss Name of activity (a) Net income (b) Net loss (c) Unallowed (d) Gain (e) Loss (line 1a) loss (line 1c) (line 1b) 0. 4,550. 4,550. LAXMI NARASHIMA PURAM COLO

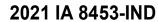
Total. Enter on Part I, lines 1a, 1b, and 1c ▶

0.

4,550.

Page **2**

Part V Complete This Part Befor	e P	art I, Lines 2	a, 2b,	and 2c. S	ee instruc	ctions.				
Name of activity		Currer	nt year		Prior ye	ears	Overa	ll ga	I gain or loss	
Name of activity	(a	Net income (line 2a)		Net loss ne 2b)	(c) Unall loss (lin		(d) Gain		(e) Loss	
Total. Enter on Part I, lines 2a, 2b, and 2c ▶										
Part VI Use This Part if an Amoun	nt Is	Shown on F	Part II,	Line 9. S	ee instruc	tions.				
Name of activity	an to	rm or schedule ad line number be reported on the instructions)	(a) Loss	(b) Ra	atio	(c) Special allowance		(d) Subtract column (c) from column (a).	
AXMI NARASHIMA PURAM COLO		E Ln 22		4,550.	1.0000	0000	4,55	0.	0.	
Total		▶		4,550.	1.00	0	4,55	0.	0.	
Part VII Allocation of Unallowed L	.oss	ses. See instr	uction	S.						
Name of activity		Form or sche and line nun to be reporte (see instruct	mber ed on (a) L		Loss		(b) Ratio) Unallowed loss	
Total							1.00			
Part VIII Allowed Losses. See instr										
Name of activity		Form or sche and line nun to be reporte (see instruct	nber ed on	(a) L	_OSS	(b) Ur	nallowed loss	(c) Allowed loss	
Total										





Iowa Individual Income Tax Declaration for an e-File Return

tax.iowa.gov

Social Security Number 195-53-6079 Spouse's Social Security Number Part I Tax Return Information B, Spouse Part I Tax Return Information B B, Spouse Part I Tax Return Information I Tax Return I	ur first name, middle initial, and last name <u>YASHWANTH_RAO_AVIRINENI</u>				Spouse's first name, middle initial, and last name							
Part I Tax Return Information 1. lova Net Income (A 1040, line 26 A & B)	Social Security Number 195-											
Part Tax Return Information	e address, City, State, ZIP <u>555</u>	86TH STREET			WEST DES MOINES IA 50266							
1. Iowa Net Income (IA 1040, line 28 A & B). 2. Total Tax (IA 1040, line 42 A & B). 3. Iowa Income Tax Withheld (IA 1040, line 63 A & B). 3. Iowa Income Tax Withheld (IA 1040, line 63 A & B). 3. Iowa Income Tax Withheld (IA 1040, line 68). 4. Amount to be Refunded (IA 1040, line 68). 5. Total Amount Due (IA 1040, line 69 A & B). 5. Total Amount Due (IA 1040, line 69). 5. Total Amount Due (IA 1040, line 73). 5. Oo Part Il Declaration of Taxpayer (Be sure to keep a copy of the tax return.) 6. In 104 not want direct deposit or direct debt. 7. In 104 consent that my refund be directly deposited as designated below. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an again to receive the return. In 104 contract the lowa Department of Revenue (IDR) and its designated financial agent to inflate an electronic funds withdrawal (direct debt); entry to the financial institution account indicated below for payment of my individual lows taxes owed on this return, and the financial institution account indicated below for payment of my individual lows taxes owed on this return, and the financial institution account indicated below for payment of my individual lows taxes owed on this return, and the financial institution account indicated below for payment of my individual lows taxes owed on this return, and the financial institution to return the financial institution account indicated below for payment of my individual lows taxes owed on this return, and the financial institution account indicated below for payment of my individual lows taxes owed on this return, and the financial institution account indicated below the payment individual income tax return. Individual lower taxes and the financial institution and taxes to receive an individual lower taxes and taxes and the financial institution. CHASE BANK Routing Number In 1 1 1 1 1 0 0 6 6 1 4 7 The first two digits must be 01 through 12 or 21 through 32. Viii this refund go to (or payment come from) an account outside the Unit							B. Spouse)				
2. Total Tax (IA 1040, line 42 A & B.)							, ,	,	ı			
3. lows Income Tax Withheld (IA 1040, line 63 A & B) 38 0,0 3A 6,371 00 4. Amount to be Refunded (IA 1040, line 63 A & B) 12 00 5. Total Amount Due (IA 1040, line 73) 4. 12 00 Part II Declaration of Taxpayer (Be sure to keep a copy of the tax return.) 6.									1A	121,102.00		
4. Amount to be Refunded (IA 1040, line 68)												
Part II Declaration of Taxpayer (Be sure to keep a copy of the tax return.) 6.	3. Iowa Income Tax Withheld	(IA 1040, line 63 A & B).				3E	3	.00	3A	<u>6,371</u> .00		
Part II Declaration of Taxpayer (Be sure to keep a copy of the tax return.) 6.	4. Amount to be Refunded (IA	A 1040, line 68)							4	12 .00		
6.	5. Total Amount Due (IA 1040	0, line 73)							5	.00		
Tonsent that my refund be directly deposited as designated below. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund. □ I an interview the level of the period of the pe	Part II Declaration of Taxpayer	(Be sure to keep a copy	of the tax ret	urn.)								
as an agent to receive the refund. Lauthorize the lowa Department of Revenue (IDR) and its designated financial agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated below for payment of my individual lowa taxes owed on this return, and the financial institution to debit the entry to this account on	6. I do not want direct	deposit or direct debit.										
International institution account indicated below for payment of my individual lowa taxes owed on this return, and the financial institution to the interpretation of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. This authorization is to remain in full force and effect until 1 notify IDR to terminate the authorization is to revoke (cancel) a payment, I must contact IDR at 515-281-3114 or idreft@iowa.gov. Payment cancellation requests must be received no later than five business days prior to the payment. This authorization is certificated in the ACH Company ID 4426004574. If you currently have a debit block on this account, contact your financial institution to request that they allow a withdrawal from your bank account by this ACH Company ID. Name of financial institution: CHASS BANK Routing Number			ed as design	ated belo	w. If I have filed a	joint re	turn, this is an irr	evocable a	appointm	ent of the other spouse		
Account Number Type of Account: Savings	authorization is to r 515-281-3114 or ic date. Note: This el block on this accou	remain in full force and e dreft@iowa.gov. Paymen ectronic withdrawal from int, contact your financial	effect until I r t cancellation your bank a	otify IDR requests ccount wil	to terminate the a must be received I be identified with	uthoriz d no lat the A	ation. To revoke er than five busir CH Company ID	(cancel) a ness days 44260045	paymen prior to 74. If you	t, I must contact IDR at the payment/settlement u currently have a debit		
Will this refund go to (or payment come from) an account outside the United States? Yes No X Under penalties of perjury, I declare that I have examined the information on my electronic individual income tax return, including any schedules, attachments, and statements for tax year ending December 31, 2021 and certify 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 shown on the copy of my electronic income tax return. I consent that my return, including accompanying schedules, attachments, and statements be sent to the lowa Department of Revenue (IDR) through the Internal Revenue Service (IRS) by my Electronic Return Originator (ERO). In addition, by using software to prepare and transmit my return electronically. I consent to the disclosure to IDR of all information pentaining to the transmission of my tax return electronically. I authorize IDR to inform my ERO and/or transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize IDR to identify the reasons for rejection so that the return can be corrected and re-transmitted. If I have filed a balance due return, I understand that if IDR does not receive full and timely payment of my tax liability I will remain liable for the tax liability and all applicable penalties and interest. I consent that my refund be directly deposited as designated in Part II and declare that the information shown in Part II is correct. If the processing of my return, refund, or direct debit is delayed, I authorize IDR to disclose to my ERO and/or transmitter the reason(s) for the delay or the date the refund was sent. I understand that this declaration with required attachments must be forwarded upon request to IDR. Your Signature Date Spouse Signature If a joint return, both must sign. Date Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer I declare that I have reviewed the above taxpayer's return and only declare that	Routing Number	1 1 1 0 0 0	6 1 4	The first	two digits must b	pe 01 f	hrough 12 or 21	through	32.			
Will this refund go to (or payment come from) an account outside the United States? Yes No X Under penalties of perjury, I declare that I have examined the information on my electronic individual income tax return, including any schedules, attachments, and statements for tax year ending December 31, 2021 and certify 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 shown on the copy of my electronic income tax return. I consent that my return, including accompanying schedules, attachments, and statements be sent to the lowa Department of Revenue (IDR) through the Internal Revenue Service (IRS) by my Electronic Return Originator (ERO). In addition, by using software to prepare and transmit my return electronically. I consent to the disclosure to IDR of all information pentaining to the transmission of my tax return electronically. I authorize IDR to inform my ERO and/or transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize IDR to identify the reasons for rejection so that the return can be corrected and re-transmitted. If I have filed a balance due return, I understand that if IDR does not receive full and timely payment of my tax liability I will remain liable for the tax liability and all applicable penalties and interest. I consent that my refund be directly deposited as designated in Part II and declare that the information shown in Part II is correct. If the processing of my return, refund, or direct debit is delayed, I authorize IDR to disclose to my ERO and/or transmitter the reason(s) for the delay or the date the refund was sent. I understand that this declaration with required attachments must be forwarded upon request to IDR. Your Signature Date Spouse Signature If a joint return, both must sign. Date Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer I declare that I have reviewed the above taxpayer's return and only declare that	Account Number	1 3 6 8 7 2	2 5 3									
Under penalties of perjury, I declare that I have examined the information on my electronic individual income tax return, including any schedules, attachments, and statements for tax year ending December 31, 2021 and certify 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 shown on the copy of my electronic income tax return. I consent that my return, including accompanying schedules, attachments, and statements be sent to the lowa Department of Revenue (IDR) through the Internal Revenue Service (IRS) by my Electronic Return Originator (ERO). In addition, by using software to prepare and transmit my return electronically, I consent to the disclosure to IDR of all information pertaining to the transmission of my tax return electronically. I authorize IDR to identify the reasons for rejection so that the return can be corrected and re-transmitted. If I have filed a balance due return, I understand that if IDR does not receive full and timely payment of my tax liability I will remain liable for the tax liability and all applicable penalties and interest. I consent that my refund be directly deposited as designated in Part II and declare that the information shown in Part II is correct. If the processing of my return, refund, or direct debit is delayed, I authorize IDR to disclose to my ERO and/or transmitter the reason(s) for the delay or the date the refund was sent. I understand that this declaration with required attachments must be forwarded upon request to IDR. Part III Declaration of Electronic Return Originator (ERO) and Pald Preparer I declare that I have reviewed the above taxpayer's return and that entries on form IA 8453-IND are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. I have obtained the taxpayer's signature before submitting this return to the IRG Albance	<u> </u>						_					
Under penalties of perjury, I declare that I have examined the information on my electronic individual income tax return, including any schedules, attachments, and statements for tax year ending December 31, 2021 and certify 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 shown on the copy of my electronic income tax return. I consent that my return, including accompanying schedules, attachments, and statements be sent to the lowa Department of Revenue (IDR) through the Internal Revenue Service (IRS) by my Electronic Return Originator (ERO). In addition, by using software to prepare and transmit my return electronically, I consent to the disclosure to IDR of all information pertaining to the transmission of my tax return electronically. I authorize IDR to identify the reasons for rejection so that the return can be corrected and re-transmitted. If I have filed a balance due return, I understand that if IDR does not receive full and timely payment of my tax liability I will remain liable for the tax liability and all applicable penalties and interest. I consent that my refund be directly deposited as designated in Part II and declare that the information shown in Part II is correct. If the processing of my return, refund, or direct debit is delayed, I authorize IDR to disclose to my ERO and/or transmitter the reason(s) for the delay or the date the refund was sent. I understand that this declaration with required attachments must be forwarded upon request to IDR. Part III Declaration of Electronic Return Originator (ERO) and Pald Preparer I declare that I have reviewed the above taxpayer's return and that entries on form IA 8453-IND are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. I have obtained the taxpayer's signature before submitting this return to the IRG Albance	Will this refund go to (or pay	ment come from) an acc	_		d States? Yes □ N	No 🛛						
Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer I declare that I have reviewed the above taxpayer's return and that entries on form IA 8453-IND are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. I have obtained the taxpayer's signature before submitting this return to the IRS. I have provided the taxpayer with a copy of all forms and information to be filed with IDR and have followed all other requirements described in the Iowa Modernized e-File (MeF) Information for e-File Providers publication. I understand that the original form IA 8453-IND should not be sent to IDR, but must be retained by the ERO for a period of three years from the due date of the return or the filing date, whichever is later, to which the IA 8453-IND relates was filed. I will make a copy available to IDR upon request. If I am a paid preparer, under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules, attachments, and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I have based this declaration on all information available to me. ERO Check if also paid Check if self-employed ERO PTIN	and statements for tax year end the amounts in Part I above are attachments, and statements be (ERO). In addition, by using so transmission of my tax return end is rejected, I authorize IDR to it understand that if IDR does not consent that my refund be directed, or direct debit is delayer	ting December 31, 2021 the amounts shown on the sent to the lowa Depar of tware to prepare and the ectronically. I authorize or receive full and timely puttly deposited as designated, I authorize IDR to define the sent to the sent the sent to the sent the	and certify to the copy of methem to of Rev ransmit my of DR to inform rejection so ayment of methed in Part I lisclose to methem	o the best ny electror venue (IDI return ele my ERO a that the r y tax liabi I and dec ny ERO a	of my knowledge nic income tax retu R) through the Inte ctronically, I conse and/or transmitter to eturn can be corre lity I will remain lia lare that the inform nd/or transmitter to	and be arn. I come and Rent to the when needed able for nation states.	elief, it is true, consent that my refevenue Service (the disclosure to my electronic return re-transmitted the tax liability alshown in Part II is	rrect and of curn, including IRS) by m IDR of all rectangled to the rectangle in the rectan	omplete ling acco y Electro informa n accept filed a icable pe f the pro	. I further declare that ompanying schedules, onic Return Originator ation pertaining to the sed. In the event that it balance due return, I enalties and interest. I ocessing of my return,		
I declare that I have reviewed the above taxpayer's return and that entries on form IA 8453-IND are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. I have obtained the taxpayer's signature before submitting this return to the IRS. I have provided the taxpayer with a copy of all forms and information to be filed with IDR and have followed all other requirements described in the Iowa Modernized e-File (MeF) Information for e-File Providers publication. I understand that the original form IA 8453-IND should not be sent to IDR, but must be retained by the ERO for a period of three years from the due date of the return or the filing date, whichever is later, to which the IA 8453-IND relates was filed. I will make a copy available to IDR upon request. If I am a paid preparer, under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules, attachments, and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I have based this declaration on all information available to me. Check if also paid	Your Signature		Date		Spouse Signa	ature If	a joint return, bot	h must sig	n.	Date		
Firm's name (or yours if GLOBAL TAXES LLC self-employed) Address, City, State, ZIP2530 PEBBLE CREEK LN CUMMING GA 30041 Paid Preparer Check if self-	I declare that I have reviewed tonly a collector, I am not responsive taxpayer's signature before substitution followed all other requirements 8453-IND should not be sent to later, to which the IA 8453-IND that I have examined the above are true, correct, and complete.	he above taxpayer's retu onsible for reviewing the mitting this return to the described in the Iowa Mo IDR, but must be retaine relates was filed. I will n e taxpayer's return and ac	urn and that a return and IRS. I have a companying companying ation on all in	entries on only decla provided t File (MeF RO for a p available pschedule	form IA 8453-IND are that this form he taxpayer with a) Information for e- eriod of three year to IDR upon reque es, attachments, ar available to me. Check if also paid	accura a copy File Pr rs from est. If I and state	ately reflects the of all forms and in roviders publication the due date of a man a paid preparements, and to the Check if self-	data on the office of the control of	e return to be file stand thor the fili penaltie ny know	. I have obtained the ed with IDR and have at the original form IA ing date, whichever is as of perjury, I declare		
Self-employed) Address, City, State, ZIP ₂₅₃₀ PEBBLE CREEK LN CUMMING GA 30041 Phone Number (678) 965-9522 Paid Preparer Check if self-		RAT. TAYES TIC	Date		F Paror		p.0/04 🗀			117196		
Paid Prenarer Check if self-	self-employed)		TIN CIIN	MTNG	GA 30041			Phone				
Signature SYAM PRIYA RAM SAGAR GUPTA TALLAM Date 03/23/2022 employed □ Preparer PTIN P02082703	Paid Preparer					1						

self-employed)

Firm's name (or yours if

Address, City, State, ZIP

GLOBAL TAXES LLC

2530 PEBBLE CREEK LN CUMMING GA 30041

30-1017196

Number (678) 965-9522

FEIN

Phone

		1040 Iowa Individual Income Tax Retubeginning / / and ending /							
	•	beginning/ and ending/ I spaces. You must fill in your Social Security Number (SSN).	/		NO CONTRACTO	AND DATE OF THE PARTY OF THE PA	TORRIGH PETERS AND	SNAC NES	NAME OF STREET
Your last	name:	Your first name/middle initial:						HERM	
AVIR Spouse's									
		address (number and street, apartment, lot, or suite number) or PO Box:			BREAD RALLACE	AND IT CONTINUENTIAL LACT	TO THE TAXABLE PROPERTY OF THE	TOTAL SECTION A	AND MAN SAME BELLII
City, Sta	te, ZIP:								
		MOINES IA 50266							
Spouse		Your SSN: 195-53-6079							
	iling Sta	atus: Mark one box only		_					
1 X	Single: V	Nere you claimed as a dependent on another person's lowa return? Yes	No 🔀	C Email Ad	ddress:				
\rightarrow	Married	filing a joint return. (Two-income families may benefit by using status 3 or 4.)		heck th	his box if you or	your spouse were 65	or older as of 12/31	/21.	
3	Married	filing separately on this combined return. Spouse use column B.		Residen	nce on 12/31/21	: ounty No. 77	School Dis	trict No. 6	957
$\overline{}$		filing separate returns. Spouse's name:		SSN:			Net Income: \$		
+		household with qualifying person. If qualifying person is not claimed as a depend	lent on this ret	urn, enter the pe		nd SSN below.			
		ng widow(er) with dependent child. Name:			SSN:				
Step 3 E	-			B. Spo	ouse (Filing Stat			A. You or	
		redit: Col. A: Enter 1 (enter 2 if filing status 2 or 5); Col. B: Enter 1 if filing status 3			X \$ 40 =		<u></u>	X \$ 40 =	
		each taxpayer who is 65 or older and/or 1 for each taxpayer who is blind s: Enter 1 for each dependent			X \$ 20 = X \$ 40 =		<u></u>	X \$ 20 = X \$ 40 =	· ·
		lames of dependents here			e. Total				tal \$ 40
		ole Social Security benefits as calculated on line 13 of Iowa Social Security	Workshoot	R Snot	use/Status 3	 	A. You or	loint A	
	Сропии	the doctar decurry perions as calculated on line 15 of form doctar decurry		use/Status 3			Spouse/Status 3	70IIIL 2	A. You or Joint
Step 5	1.	Wages, salaries, tips, etc		.00		25,652.00	opouse/otatus J		A. Tou or Joint
Gross Income	2.			.00		00			
_	3.	Ordinary dividend income. If more than \$1,500, complete Sch. B	3.	.00		.00			
	4.	Taxable alimony received	4.	.00		.00			
	5.	Business income/(loss). See instructions	5.	.00		.00		OTE: Use	,
	6.	Capital gain/(loss). See instructions	6.	.00		.00		ue or blad k, no pen	
	7.	Other gains/(losses). See instructions	7.	.00		.00		red ink.	Olio
	8.	Taxable IRA distributions	8.	.00		.00			
	9.	Taxable pensions and annuities	9.	.00		.00			
	10.	Rents, royalties, partnerships, estates, etc. See instructions	10.	.00		-4,550.00			
	11.	Farm income/(loss). See instructions		.00		.00			
	12.	• • • •		.00		00			
	13.	5 5		.00		.00			
	14.	Other income, bonus depreciation, and section 179 adjustment		.00		<u>0.</u> 00	00		121,102.00
Step 6	15.		10				.00		121,102.00
Adjust- ments to	16. 17.			.00		.00			
Income	18.	Health insurance premium		.00		.00			
	19.	Penalty on early withdrawal of savings		.00.		<u> </u>			
	20.	Alimony paid		.00		.00			
	21.	Pension/retirement income exclusion	21.		A	.00			
	22.	Moving expense deduction from federal form 3903	22.	.00	-	.00			
	23.	lowa capital gain deduction. Must include corresponding IA 100 schedule	23.	.00.	_				
	24.	Other adjustments		.00		.00			
	25.	Total adjustments. Add lines 16-24					00	A	0.00
	26.	Net Income. Subtract line 25 from line 15				26.			121,102.00
Step 7	27.	Federal income tax refund/overpayment received in 2021	27.	.00	A	2,436.00	.00		
Federal Taxes	28.			.00.	A	.00			
and Qualified	29.						.00		2,436.00
Deduc- tions	30.	Total. Add lines 26 and 29				30.	.00		123,538.00
	31.	Federal tax withheld in 2021, federal estimated tax payments made in 2021, and federal taxes paid in 2021 for 2020 and prior years		00	o 🛦	22,812.00			
	32.	Qualified business income deduction. 50.0% (.50) of federal	32						
	33.	amount. See instructions DPAD 199A(g) deduction. 50.0% (of federal amount	· <u> </u>	.00		00			
	34.			.00		00	22		22,812.00
	35.					-	.00	_	100,726.00
							00		<u> </u>



2021 Step 8	IA 36.	1040, page 2 BALANCE. From side 1, line 35		oouse/Statu			A. You or		. Spouse/Sta	itus 3		A. You or Joint 100, 726.00
Taxable Income	37.	Deduction. Check one box ▲ Itemized.(Include IA Schedule A)	Standa	rd X				37.		.00	A	2,130.00
	38.	TAXABLE INCOME. SUBTRACT line 37 from line 36						38.		.00	_	98,596.00
Step 9 Tax,	39.	Tax from tables or alternate tax	39.		.00	A		6 , 399.0	0			
Credits,	40.	lowa lump-sum tax. See instructions	—									
and Check-	41.	lowa alternative minimum tax. Must include IA 6251							0			
off Contri-	42.	Total tax. ADD lines 39, 40, and 41								.00		6,399.00
outions	43.	Total exemption credit amount(s) from Step 3, side 1	43.		.00			40.00)		-	<u>, </u>
	44.	Tuition and textbook credit for dependents K-12	44.		 .00	•		.00)			
_	45.	Volunteer firefighter/EMS/reserve peace officer credit				•		.00)			
	46.	Total credits. ADD lines 43, 44, and 45								.00		40.00
	47.	BALANCE. SUBTRACT line 46 from line 42. If less than zero, enter	zero					47.		.00	A	6,359.00
	48.	Credit for nonresident or part-year resident. Must include IA 126 an	d federal re	turn				48.		.00	A	.00
	49.	BALANCE. SUBTRACT line 48 from 47. If less than zero, enter zero	0					49.		00	A	6,359.00
	50.	Out-of-state tax credit. Must include IA 130.						50.		.00	A	.00
	51.	BALANCE. SUBTRACT line 50 from 49. If less than zero, enter zero	0					51.		.00	•	6,359.00
	52.	Other nonrefundable lowa credits. Must include IA 148 Tax Credits	Schedule					52.		.00	A	.00
	53.	BALANCE. SUBTRACT line 52 from line 51. If less than zero, enter	zero					. 53.		00	A	6,359.00
	54.	School district surtax or EMS surtax. Take percentage from table; n	nultiply by li	ne 53				54.		.00	A	0.00
	55.	Total state and local tax. ADD lines 53 and 54						55.		.00	A	6,359.00
	56.	TOTAL state and local tax before contributions. Combine columns	A and B on	line 55 and	ente	r her	e			56.	_	6,359 _{.00}
	57.	Contributions will reduce your refund or add to the amount you owe	. Amounts i	must be in w	vhole	e doll	ars.					
	Fish/	Wildlife 57a: ▲ State Fair 57b: ▲ Firefighters/Veterar	ns 57c: ▲	Child	Abus	se Pre	vention 57	ı. ▲	Enter here	57		.00
		TOTAL STATE AND LOCAL TAX, AND CONTRIBUTIONS. Add lin	_						•		_	6,359.00
Step 10 Credits	59.	Iowa Fuel Tax Credit. Must include IA 4136	59.		.00	A		.00				
Sieulis	60.	Check One: Child and Dependent Care Credit OR										_
		▲ Early Childhood Development Credit	60.		.00	•		.00				
	61.	lowa earned income tax credit. 15.0% (.15) of federal credit	. 61.		00	A		.00				
	62.	Other refundable credits. Include IA 148 Tax Credits Schedule	. 62		00	•		.00				
	63.	lowa income tax withheld	. 63		00	A		6 , 371.00				
	64.	Estimated and voucher payments made for tax year 2021			00	A		.00				
	65.	TOTAL. ADD lines 59 through 64 and enter here			00			6 , 371.00				
Ston 44	66.	TOTAL CREDITS. ADD columns A and B on line 65 and enter here								66.		6,371.00
Step 11 Refund		If line 66 is more than line 58, subtract line 58 from line 66. This is								67.	A _	12.00
	68.	Amount of line 67 to be REFUNDED.							. REFUND	68.	^ _	<u>12</u> .00
	68	Ba. Routing number: 1 1 1 0 0 0	6	1 4		68b.	Type	Checking	×	Sav	rings	
	68	8c. Account number: 1 3 6 8 7 2	2	5 3	Т					T	٦r	
	69.		69.		00			00				
Step 12	70.	If line 66 is less than line 58, subtract line 66 from line 58. This is the		OF TAX Y	00 OU (OWE		.00		70.	<u> </u>	.00
Pay	71.	Penalty for underpayment of estimated tax from IA 2210, IA 2210S								71.	_	.00
	72.	Penalty and interest	▲ 72	b. Interest			.0	ADD. Ent	er total	72.	_	00
	73.	TOTAL AMOUNT DUE. ADD lines 70, 71, and 72. Enter here						PAY THIS	SAMOUNT	73.	A	.00
Step 13		e undersigned, declare under penalties of perjury or false certificate, t	hat I have e	examined the	is re	turn,	and, to th	e best of my	knowledge a	and be	lief, it	is true, correct, and
	com	plete.										
SIGN		_										
HERE	V	A City of the City	if dear	D-1	- E - I	l = = 41:				GUPTA	TALLA	M03/23/2022
SIGN	r our	signature Date Check	if deceased	I Date	ot d	eath		Preparer's s	•			Date
HERE	Cn-	A Starture Date Objects	if dossess :	D-t-	of a	loct!		P02082			30-	-1017196
	Spot	•	if deceased 72) 415		: UI a	ıealii		Preparer's P		3)96	55-9	Firm's FEIN 9522
		(>	,	0 100					1070	-, -	,	~

Daytime telephone number

This return is due May 2nd, 2022. Sign, enclose W-2s, and verify SSNs.

MAILING ADDRESS: Iowa Income Tax Document Processing,
PO BOX 9187, Des Moines IA 50306-9187

Make check payable to Iowa Department of Revenue

Daytime telephone number



REV 02/19/22 PRO

E 1040 Department of the Treasury—Internal Revenue Service (99) U.S. Individual Income Tax Return

2021

OMB No. 1545-007

IRS Use Only-Do not write or staple in this space.

Filing Status Check only one box.	If yo	Single Married filing jointly [u checked the MFS box, enter the on is a child but not your depender	name o										
Your first name	and mi	ddle initial	Last n	ame					Your so	ocial secui	rity number		
YASHWANT	H R	OA	AVI	RINENI					195-	195-53-6079			
If joint return, sp	ouse's	first name and middle initial	Last n	ame					Spouse	's social se	ecurity number		
Home address (r and street). If you have a P.O. box, se	e instruc	tions.				Apt. no.	Check	here if you			
City, town, or po	ost offic	ce. If you have a foreign address, also c	omplete	spaces below.	Sta	te	ZIP	code			intly, want \$3 I. Checking a		
WEST DES	MO:	INES			IZ	A	50	266		low will no			
							1	x or refund	d.				
At any time du	ing 20	21, did you receive, sell, exchange	e, or oth	nerwise dispose of ar	y fina	ancial interest	in an	y virtual curre	ncy?	Yes	No 🔀 No		
Standard Deduction	_	eone can claim:	•	_ '		a dependent							
Age/Blindness	You:	Were born before January 2,	1957	Are blind Sp	ouse	: Was bo	rn be	efore January 2	2. 1957	□ ls k	blind		
Dependents	-			(2) Social securit		(3) Relations				or (see instr			
•	•	rst name Last name		number	y	to you	p	Child tax c		1 '	other dependents		
f more han four								П			$\overline{\Box}$		
dependents,											$\overline{\sqcap}$		
see instructions and check											$\overline{\sqcap}$		
here ▶ □													
	1	Wages, salaries, tips, etc. Attach	Form(s)) W-2					. 1		125,652.		
Attach	2a	Tax-exempt interest	2a		b T	axable interes	st		_ 2b				
Sch. B if required.	3a	Qualified dividends	3a		b C	ordinary divide	ends		. 3b)			
required.	4a	IRA distributions	4a		b T	axable amour	nt .		. 4b)			
	5a	Pensions and annuities	5a		b T	axable amour	nt .		. 5b)			
Standard	6a	Social security benefits	6a		b T	axable amour	nt .		. 6Ł	,			
Deduction for—	7	Capital gain or (loss). Attach Sche	edule D	if required. If not req	uired	, check here		▶[_ 7				
Single or Married filing	8	Other income from Schedule 1, lin	ne 10						. 8		-4,550.		
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your total inc	ome				▶ 9	1	L21,102.		
Married filing	10	Adjustments to income from Scho	edule 1	, line 26					. 10)			
jointly or Qualifying	11_	Subtract line 10 from line 9. This	s your	adjusted gross inco	me				▶ 11	1	121,102.		
widow(er), \$25,100	12a	Standard deduction or itemized	deduc	tions (from Schedule	e A)	12	2a	12,55	0.				
Head of	b	Charitable contributions if you take	e the sta	andard deduction (see	e instr	ructions) 12	2b	30	0.				
household, \$18,800	С	Add lines 12a and 12b							. 12	С	12,850.		
If you checked	13	Qualified business income deduc	tion fro	m Form 8995 or Forr	n 899	5-A			. 13	3			
any box under Standard	14	Add lines 12c and 13							. 14		12,850.		
Deduction, see instructions.	15	Taxable income. Subtract line 14	dd lines 12c and 13										

Form 1040 (2021)									Page Z
	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌			16	20,001.
	17	Amount from Schedule 2, lin	ne 3					. L	17	
	18	Add lines 16 and 17						. [18	20,001.
	19	Nonrefundable child tax cree	dit or credit for o	ther depender	nts from Schedule	8812 .		. [19	
	20	Amount from Schedule 3, lin	ne 8					. [20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	20,001.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21				23	0.
	24	Add lines 22 and 23. This is	your total tax					•	24	20,001.
	25	Federal income tax withheld	from:							
	а	Form(s) W-2				25a	22,8	12.		
	b	Form(s) 1099				25b				
	С	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c							25d	22,812.
If you have a	26	2021 estimated tax payment	ts and amount a	pplied from 20					26	
qualifying child,	27a	Earned income credit (EIC)			No	27a				
attach Sch. EIC.	b	Check here if you were by January 2, 2004, and you taxpayers who are at least a Nontaxable combat pay electrical variables.	u satisfy all the ge 18, to claim t	e other requi he EIC. See in	rements for					
	С	Prior year (2019) earned inco	ome	. 27c						
	28	Refundable child tax credit or	r additional child	tax credit from	Schedule 8812	28				
	29	American opportunity credit	from Form 8863	8, line 8		29				
	30	Recovery rebate credit. See								
	31	Amount from Schedule 3, lin								
	32	Add lines 27a and 28 throug	h 31. These are	your total oth	er payments and	refundable	credits	•	32	
	33	Add lines 25d, 26, and 32. T						•	33	22,812.
Refund	34	If line 33 is more than line 24						<u>.</u>	34	2,811.
	35a	Amount of line 34 you want							35a	2,811.
Direct deposit? See instructions.	▶b	Routing number 1 1 1			▶ c Type: 🔀	Checking	Savi	ngs		
oce manachons.	►d	Account number 1 3 6								
	36	Amount of line 34 you want a				36		_		
Amount	37	Amount you owe. Subtract				1 1	ns .		37	
You Owe	38	Estimated tax penalty (see in				38				
Third Party Designee	ins	you want to allow another tructions	person to disc		n with the IRS?		s. Comp			X No
		signee's ne ▶		Phone no. ▶			Personal number (F		ation	
Sign		der penalties of perjury, I declare tief, they are true, correct, and com								
Here	You	ur signature		Date	Your occupation			If the II	RS ser	nt you an Identity
					•					N, enter it here
Joint return?				_	SOFTWARE E			(see in:		
See instructions. Keep a copy for your records.	Spo	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupation	on			y Prote	nt your spouse an ection PIN, enter it here
	Pho	one no. (972) 415-348		Email address	YASHR7409@	GMAIL.C				
Paid	Pre	parer's name	Preparer's signat	ure		Date	PT	IN		Check if:
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	03/23/20	22 PO	2082	703	Self-employed
Use Only										678) 965-9522
Joe Jiny	Firr	m's address ► 2530 Pebb.	Firm's	EIN 🕨	30-1017196					

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2021

Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

► Attach to Form 1040, 1040-SR, or 1040-NR. ► Go to www.irs.gov/Form1040 for instructions and the latest information.

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
YASHWANTH RAO AVIRINENI

Port La Additional Income

Par	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, truschedule E		5	-4,550.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling income	8b	_	
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	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		
I	Olympic and Paralympic medals and USOC prize money (see instructions)	81		
m	Section 951(a) inclusion (see instructions)	8m		
n	Section 951A(a) inclusion (see instructions)	8n		
0	Section 461(I) excess business loss adjustment	80		
р	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 10			
	1040-NR line 8	10	4 550	

Schedule 1 (Form 1040) 2021 Page **2**

	Educator expenses	11
2	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	12
3	Health savings account deduction. Attach Form 8889	13
	Moving expenses for members of the Armed Forces. Attach Form 3903	14
5	Deductible part of self-employment tax. Attach Schedule SE	15
6	Self-employed SEP, SIMPLE, and qualified plans	16
,	Self-employed health insurance deduction	17
}	Penalty on early withdrawal of savings	18
а	Alimony paid	19a
b	Recipient's SSN	
С	Date of original divorce or separation agreement (see instructions) ▶	
)	IRA deduction	20
1	Student loan interest deduction	21
2	Reserved for future use	22
3	Archer MSA deduction	23
1	Other adjustments:	
а	Jury duty pay (see instructions)	
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit 24b	
С	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l 24c	
d	Reforestation amortization and expenses	
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	
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)	
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	
j	Housing deduction from Form 2555 24j	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	
Z	Other adjustments. List type and amount ▶	
5	Total other adjustments. Add lines 24a through 24z	25

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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

OMB No. 1545-0074

2021

Attachment

Department of the Treasury Internal Revenue Service (99)

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

Attachment Sequence No. 13

Name(s)	shown on return						Your	social securit	y number			
YASHWANTH RAO AVIRINENI Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of									195-53-6079			
Part		s From Rental Real Estate and Ro instructions. If you are an individual, rep										
A Dic		nts in 2021 that would require you to										
		ou file required Form(s) 1099?		` '								
1a	Physical address of	each property (street, city, state, ZIF	P code)									
A		MA PURAM COLO HASTINPURA		RABAD '	TELANG	ANA TN 5	00074	<u> </u>				
В		mi i diumi delle imie i ini dium	,	UIDIID	111110	111111 111 0		•				
C												
	Type of Property	2 For each rental real estate pro	norty lists	d	Fa	ir Rental	Pers	onal Use				
110	(from list below)	above, report the number of fa	air rental a	nd		Days 365		Days	QJV			
Α	3	personal use days. Check the	QJV box	only. 				0	П			
B	3	If you meet the requirements to qualified joint venture. See ins	o file as a tructions.	В	_			0	П			
C	<u> </u>			C								
	of Dranarhy								Ш			
	of Property:	O Manatian/Obant Tawa Dantal	Г I a a a a		7 0-1	Dantal						
_	le Family Residence	3 Vacation/Short-Term Rental				f-Rental	,					
2 Multi	ti-Family Residence	4 Commercial Properties:	6 Royalt			er (describe	•					
		•		A			В		С			
3			3		550.							
4			4									
Expen			_									
5			5									
6	,	nstructions)	6									
7	•	nance	7		600.							
8			8									
9	Insurance		9									
10	•	essional fees	10									
11	Management fees .		11		800.							
12		id to banks, etc. (see instructions)	12									
13			13									
14	Repairs		14		1,200.							
15	Supplies		15		1,100.							
16	Taxes		16									
17	Utilities		17		1,400.							
18	Depreciation expense	e or depletion	18									
19	Other (list)		19									
20	Total expenses. Add	lines 5 through 19	20		5,100.							
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	_	4 , 550.							
22		I estate loss after limitation, if any,										
	·	structions)	22 (4	,550.	1)()			
23a		eported on line 3 for all rental prope					55	0.				
b		eported on line 4 for all royalty prop										
С		eported on line 12 for all properties										
d		eported on line 18 for all properties										
е		eported on line 20 for all properties)	5,10					
24	•	e amounts shown on line 21. Do no		-			_	24				
25	Losses. Add royalty lo	sses from line 21 and rental real estate	e losses fro	om line 22	2. Enter to	tal losses he	re .	25 (4,550.)			
26	Total rental real est	ate and royalty income or (loss).	Combine	lines 24	and 25.	Enter the re	esult					
		V, and line 40 on page 2 do not		•								
	Schedule 1 (Form 104	40), line 5. Otherwise, include this a	mount in	the total	on line 4	1 on page 2	<u>.</u>	26	-4,550.			

Passive Activity Loss Limitations

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

► Attach to Form 1040, 1040-SR, or 1041.

► See separate instructions. Attachment ► Go to www.irs.gov/Form8582 for instructions and the latest information.

OMB No. 1545-1008 Sequence No. 858

Identifying number YASHWANTH RAO AVIRINENI 195-53-6079 2021 Passive Activity Loss Part I Caution: Complete Parts IV and V before completing Part I. Rental Real Estate Activities With Active Participation (For the definition of active participation, see Special Allowance for Rental Real Estate Activities in the instructions.) 1a Activities with net income (enter the amount from Part IV, column (a)) . . . **b** Activities with net loss (enter the amount from Part IV, column (b)) 1b 4,550.) c Prior years' unallowed losses (enter the amount from Part IV, column (c)) . . . **d** Combine lines 1a, 1b, and 1c 1d -4,550.**All Other Passive Activities** 2a Activities with net income (enter the amount from Part V, column (a)) . . . **b** Activities with net loss (enter the amount from Part V, column (b)) 2b **c** Prior years' unallowed losses (enter the amount from Part V, column (c)) . 2c (2d Combine lines 1d and 2d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used 3 -4,550.If line 3 is a loss and: • Line 1d is a loss, go to Part II. • Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10. Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II. Instead, go to line 10. Special Allowance for Rental Real Estate Activities With Active Participation Part II Note: Enter all numbers in Part II as positive amounts. See instructions for an example. 4 Enter the **smaller** of the loss on line 1d or the loss on line 3 . . . 4 4,550. 5 Enter \$150,000. If married filing separately, see instructions 150,000. 6 Enter modified adjusted gross income, but not less than zero. See instructions 125,652. Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0on line 9. Otherwise, go to line 7. 7 24,348. Multiply line 7 by 50% (0.50). **Do not** enter more than \$25,000. If married filing separately, see instructions 12,174. 8 9 Enter the **smaller** of line 4 or line 8 9 4,550. Part III **Total Losses Allowed** 10 10 0. Total losses allowed from all passive activities for 2021. Add lines 9 and 10. See instructions to find 4,550. 11 Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions. Current year Prior years Overall gain or loss Name of activity (a) Net income (b) Net loss (c) Unallowed (d) Gain (e) Loss (line 1a) loss (line 1c) (line 1b) 0. 4,550. 4,550. LAXMI NARASHIMA PURAM COLO

Total. Enter on Part I, lines 1a, 1b, and 1c ▶

0.

4,550.

Page **2**

Part V Complete This Part Befor	e P	art I, Lines 2	a, 2b,	and 2c. S	ee instruc	ctions.				
Name of activity		Currer		Prior years		Overall gain or loss		ain or loss		
		(a) Net income (line 2a)		(b) Net loss (line 2b)		owed e 2c)	(d) Gain		(e) Loss	
Total. Enter on Part I, lines 2a, 2b, and 2c ▶										
Part VI Use This Part if an Amoun	nt Is	Shown on F	Part II,	Line 9. S	ee instruc	tions.				
Name of activity	Form or sched and line numb to be reported (see instructio		(a) Loss		(b) Ratio		(c) Special allowance		(d) Subtract column (c) from column (a).	
LAXMI NARASHIMA PURAM COLO		E Ln 22		4,550.		0000	4,550.		0.	
Total		▶ 4,550		4,550.	1.00		4,550.		0.	
Part VII Allocation of Unallowed L	.oss	ses. See instr	uction	S.						
Name of activity		Form or sched and line numb to be reported (see instruction		(a) l	Loss ((b) Ratio		(c) Unallowed loss	
Total			•	1.00			1.00			
Part VIII Allowed Losses. See instr							1100			
Name of activity	Form or schedu		nber ed on	(a) Loss		(b) Unallowed loss		(c) Allowed loss		
Total										