

# IRS efile Signature Authorization

Department of the Treasury  
Internal Revenue Service

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

Submission Identification Number (SID) ▶

Taxpayer's name <b>HARI KRISHNA CHAKALI</b>	Social security number <b>059-73-1291</b>
Spouse's name	Spouse's social security number

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

Enter whole dollars only on lines 1 through 5

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

1 Adjusted gross income . . . . .	1	77,216.
2 Total tax . . . . .	2	9,911.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	3	16,737.
4 Amount you want refunded to you . . . . .	4	7,610.
5 Amount you owe . . . . .	5	

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

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

Taxpayer's PIN: check one box only

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

3	1	2	9	1
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 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 

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

Your first name and middle initial <b>HARI KRISHNA</b>	Last name <b>CHAKALI</b>	Your social security number <b>059-73-1291</b>
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions <b>5908 GARDEN GROVE BLVD</b>		Apt no.
City, town, or post office. If you have a foreign address, also complete spaces below <b>DUBLIN</b>		State <b>OH</b>
Foreign country name		ZIP code <b>43017</b>
Foreign province/state/county		Foreign postal code

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

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

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

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

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

Attach Sch B if required	1	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .		1	86,216.
	2a	Tax-exempt interest . . . . .	2a	2b	
	3a	Qualified dividends . . . . .	3a	3b	
	4a	IRA distributions . . . . .	4a	4b	
	5a	Pensions and annuities . . . . .	5a	5b	
	6a	Social security benefits . . . . .	6a	6b	
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ▶ <input type="checkbox"/>		7	
	8	Other income from Schedule 1, line 10 . . . . .		8	-9,000.
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income . . . . . ▶		9	77,216.
	10	Adjustments to income from Schedule 1, line 2b . . . . .		10	
	11	Subtract line 10 from line 9. This is your adjusted gross income . . . . . ▶		11	77,216.
Standard Deduction for— • Single or Married filing separately, \$12,550 • Married filing jointly or Qualifying widow(er), \$25,100 • Head of household, \$18,800 • If you checked any box under Standard Deduction, see instructions	12a	Standard deduction or itemized deductions (from Schedule A) . . . . .	12a	12,550.	
	b	Charitable contributions if you take the standard deduction (see instructions)	12b	300.	
	c	Add lines 12a and 12b . . . . .	12c	12,850.	
	13	Qualified business income deduction from Form 8995 or Form 8995-A . . . . .		13	
	14	Add lines 12c and 13 . . . . .		14	12,850.
	15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- . . . . .		15	64,366.

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	9,911.
17	Amount from Schedule 2 line 3	17	
18	Add lines 16 and 17	18	9,911.
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3 line 8	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0	22	9,911.
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	9,911.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	16,737.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	16,737.
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC) <span style="float:right">No</span> Check here if you were born after January 1, 1993, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18 to claim the EIC. See instructions <input type="checkbox"/>	27a	
b	Non-taxable combat pay election	27b	
c	Prior year (2019) earned income	27c	
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	
29	American opportunity credit from Form 8863 line 8	29	
30	Recovery rebate credit. See instructions	30	784.
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	784.
33	Add lines 25d, 26, and 32. These are your total payments	33	17,521.
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	7,610.
35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	35a	7,610.
Direct deposit? See instructions	b Routing number 0 1 1 4 0 0 4 9 5 <span style="float:right">c Type <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings</span>		
	d Account number 0 0 3 8 8 1 0 0 5 2 0 5		
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 PROGRAMMER ANALYST	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 (312) 771-7839 Email address CHARIKRISHNA1289@GMAIL.COM

**Paid Preparer Use Only**

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 01/28/2022	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 2530 Pebble Creek Ln Cumming GA 30041			Phone no (678) 965-9522
				Firm's EIN 30-1017196

# Additional Income and Adjustments to Income

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

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
HARI KRISHNA CHAKALI

Your social security number  
059-73-1291

## Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes . . . . .		1	0.
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	-9,000.
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	-9,000.

**Part II** Adjustments to Income

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

SCHEDULE E  
(Form 1041)

Supplemental Income and Loss

OMB No 1545-0074

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

2021

Department of the Treasury  
Internal Revenue Service (99)

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

Attachment  
Sequence No. 13

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

Name(s) shown on return

Your social security number

HARI KRISHNA CHAKALI

059-73-1291

**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	RAHAMATH NAGAR HYDERABAD TELANGANA IN 500045				
B					
C					
1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions	Fair Rental Days	Personal Use Days	QJV
A	3		365	0	<input type="checkbox"/>
B					<input type="checkbox"/>
C					<input type="checkbox"/>

Type of Property:

- 1 Single Family Residence      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			
<b>Expenses</b>				
5 Advertising . . . . .	5			
6 Auto and travel (see instructions) . . . . .	6			
7 Cleaning and maintenance . . . . .	7	800.		
8 Commissions . . . . .	8			
9 Insurance . . . . .	9			
10 Legal and other professional fees . . . . .	10			
11 Management fees . . . . .	11	800.		
12 Mortgage interest paid to banks, etc. (see instructions) . . . . .	12			
13 Other interest . . . . .	13			
14 Repairs . . . . .	14	2,500.		
15 Supplies . . . . .	15	2,000.		
16 Taxes . . . . .	16			
17 Utilities . . . . .	17	3,500.		
18 Depreciation expense or depletion . . . . .	18			
19 Other (list) ▶ . . . . .	19			
20 Total expenses Add lines 5 through 19 . . . . .	20	9,600.		
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	-9,000.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . .	22	( 9,000. )	( )	( )
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			
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	9,600.		
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	( 9,000. )		
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1041), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . .	26			-9,000.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1041) 2021



01 28 22

AMENDED RETURN - Check here and include Ohio IT RE.

NOL CARRYBACK - Check here and include Schedule IT NOL.

Primary taxpayer's SSN (required) 059 73 1291 If deceased Spouse's SSN (if filing jointly) If deceased School district # 2503

First name HARI KRISHNA M.I. Last name CHAKALI

Spouse's first name (if filing jointly) M.I. Last name

Address line 1 (number and street) or P.O. Box 5908 GARDEN GROVE BLVD

Address line 2 (apartment number, suite number, etc.)

City DUBLIN State OH ZIP code 43017 Ohio county (first four letters) FRAN

Foreign country (if the mailing address is outside the U.S.) Foreign postal code

Residency Status - Check only one for primary: Resident, Part-year resident, Nonresident. Filing Status - Check one (as reported on federal income tax return): Single, Married filing jointly, Married filing separately. Ohio Nonresident Statement - See instructions for required criteria. Federal extension filers - check here.

Do not staple or paper clip.

Table with 3 columns: Line number, Description, and Amount. Includes lines 1 through 7 for calculating taxable income.



MM-DD-YY Code

2021 Ohio IT 1040 Individual Income Tax Return

SSN 059 73 1291



21000298 Sequence No. 2

Table with 3 columns: Line number, Description, and Amount. Rows include 7a through 27, covering tax liability, credits, and refund calculations.

Sign Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the return and all enclosures are true, correct and complete.

Primary signature \_\_\_\_\_ Phone number (312) 771-7839

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

Check here to authorize your preparer to discuss this return with the Department.

Preparer's printed name SYAM PRIYA RAM SAGAR GUP Phone number (678) 965-9522

Preparer's TIN (PTIN) P 02082703

If your refund is \$1.00 or less, no refund will be issued. If you owe \$1.00 or less, no payment is necessary.

NO Payment Included - Mail to: Ohio Department of Taxation P.O. Box 2679 Columbus, OH 43270-2679

Payment Included - Mail to: Ohio Department of Taxation P.O. Box 2057 Columbus, OH 43270-2057



# 2021 Schedule of Ohio Withholding

Use only black ink/UPPERCASE letters.

Primary taxpayer's SSN

059 73 1291



21350198

Sequence No. 11

List your and your spouse's (if filing jointly) W-2, 1099, and W-2G forms only if they have Ohio withholding. Enter "P" in the "P/S" box if the form is the primary taxpayer's and enter "S" if it is the spouse's. If the Ohio ID number on a statement has 9 digits, enter only the first 8 digits. Complete additional copies if necessary. Place state copies of your income statements after the last page of your return.

Part A - Total Withholding

1. Total of all Ohio state tax withheld on pages 1 and 2 as well as any additional pages. Enter here and on line 14 of your Ohio IT 1040 .....1. 2707 00

Part B - W-2s

1. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	P 453412032	86216 00	16737 00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
	52789116	86216 00	2707 00
2. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00
3. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00
4. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00
5. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00
6. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00
7. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00



# 2021 Schedule of Ohio Withholding

Primary taxpayer's SSN  
059 73 1291



21350298

Sequence No. 12

Part C - 1099-Rs

1. P/S Payer's TIN

Box 15 - Payer's Ohio number

Box 1 - Gross distribution  
00

Total distribution

Box 7 - Distribution code

Box 4 - Federal income tax withheld  
00

Box 14 - Ohio tax withheld  
00

2. P/S Payer's TIN

Box 15 - Payer's Ohio number

Box 1 - Gross distribution  
00

Total distribution

Box 7 - Distribution code

Box 4 - Federal income tax withheld  
00

Box 14 - Ohio tax withheld  
00

3. P/S Payer's TIN

Box 15 - Payer's Ohio number

Box 1 - Gross distribution  
00

Total distribution

Box 7 - Distribution code

Box 4 - Federal income tax withheld  
00

Box 14 - Ohio tax withheld  
00

4. P/S Payer's TIN

Box 15 - Payer's Ohio number

Box 1 - Gross distribution  
00

Total distribution

Box 7 - Distribution code

Box 4 - Federal income tax withheld  
00

Box 14 - Ohio tax withheld  
00

Part D - W-2Gs

1. P/S Payer's federal ID number

Box 13 - Ohio state ID number

Box 1 - Reportable winnings  
00

Box 4 - Federal income tax withheld  
00

Box 14 - Ohio state winnings  
00

Box 15 - Ohio income tax withheld  
00

2. P/S Payer's federal ID number

Box 13 - Ohio state ID number

Box 1 - Reportable winnings  
00

Box 4 - Federal income tax withheld  
00

Box 14 - Ohio state winnings  
00

Box 15 - Ohio income tax withheld  
00

3. P/S Payer's federal ID number

Box 13 - Ohio state ID number

Box 1 - Reportable winnings  
00

Box 4 - Federal income tax withheld  
00

Box 14 - Ohio state winnings  
00

Box 15 - Ohio income tax withheld  
00

Part E - 1099-NECs

1. P/S Payer's TIN

Box 6 - Payer's Ohio number

Box 1 - Nonemployee compensation  
00

Box 4 - Federal income tax withheld  
00

Box 7 - State income  
00

Box 5 - Ohio tax withheld  
00

2. P/S Payer's TIN

Box 6 - Payer's Ohio number

Box 1 - Nonemployee compensation  
00

Box 4 - Federal income tax withheld  
00

Box 7 - State income  
00

Box 5 - Ohio tax withheld  
00

Form R  
File by

2021 WESTERVILLE CITY INCOME TAX RETURN 2021

THIS RETURN MUST BE FILED BY EVERYONE REQUIRED TO SUBMIT A DECLARATION OF ESTIMATED TAX EVEN THOUGH DECLARATION WAS ACCURATE AND PAID IN FULL.

Fiscal Years Fill in Dates  
Beginning  
Ending  
And File Within 4 Months of Ending Date

OCCUPATION OR PRINCIPAL BUSINESS ACTIVITY . . . . .

INDICATE WHETHER SOLE PROPRIETORSHIP EMPLOYEE OTHER

ACCOUNT NUMBER ACCOUNT TYPE SSN 059-73-1291 Spouse SSN

Date moved in . . . . .

Date moved out . . . . .  
HARI KRISHNA CHAKALI  
5908 GARDEN GROVE BLVD  
DUBLIN OH 43017

Your Name, Address and Social Security Number/Federal ID Number Are Printed Above As They Appear On Our Records. Make Corrections Where Necessary. Add Social Security Number/Federal ID Number If Missing. Attach Copy of Federal Return And Schedules in Lieu of Page 2 Schedules C, E, and H. Otherwise, Returns Will Be Questioned if all lines Applicable to Taxpayer Are Not Completed.

Table with 2 columns: Question, Yes/No. Includes questions about residency, 2019 return filing, and amended returns.

This Space For Tax Office Use Only

Enter Employer's Name, Where Employed, And 2021 Gross Wages, Salaries, Bonuses, Commissions, Tips, Etc. Attach Copy Of W-2 Form(s)

Table with 4 columns: Employer's Name, City Where Employed, City Tax Withheld, Wages, Etc. Includes entry for IPOLARITY LLC.

INCOME 1 a TOTALS (if above is fully taxable and your only income, go next to Line 7) . . . . . 1724 86216  
2 OTHER INCOME: FROM PAGE 2 . . . . .  
3 TOTAL INCOME (TOTAL OF LINES 1 AND 2 OR PER FEDERAL RETURN ATTACHED) . . . . . 86216

ADJUSTMENTS TO INCOME 4 a ITEMS NOT DEDUCTIBLE (FROM LINE G SCHEDULE X) . . . . . ADD  
b ITEMS NOT TAXABLE (FROM LINE L SCHEDULE X) . . . . . DEDUCT  
c DIFFERENCE BETWEEN LINES 4a and b TO BE ADDED TO OR SUBTRACTED FROM LINE 3. (+ OR -) . . . . .  
5 a ADJUSTED NET INCOME (Line 3 plus or minus Line 4c if Schedule X is used) . . . . . 86216  
b Amount of Line 5a Allocable ( % from step 5 Schedule Y) . . . . .  
c LESS ALLOCABLE NET LOSS PER PREVIOUS INCOME TAX RETURNS (Submit Schedule) . . . . .  
6 AMOUNT SUBJECT TO WESTERVILLE CITY INCOME TAX (Line 5a OR 5b LESS LINE 5c) . . . . . 86216

TAX 7 WESTERVILLE CITY TAX RATE 2.000% . . . . . 1724  
8 CREDITS: a Tax withheld by employer(s) as shown on line 1a above . . . . . 1724  
b Payments and credits on 2022 Declaration of Estimated Tax . . . . .  
c Earned income taxes paid City of (Resident individuals only) . . . . .  
TOTAL CREDITS ALLOWABLE . . . . . 1724

9 BALANCE OF TAX DUE (Line 7 Less Line 8) Make Remittance Payable to City and Attach When Filing . . . . .  
10 OVERPAYMENT CLAIMED (If Line 8 Exceeds Line 7, Enter Difference in Box at Right) . . . . . 0  
Enter Amount of line 10 You Want: Credited to your 2022 Estimated Tax . . \$  
Refunded . . . . . \$

DECLARATION OF ESTIMATED TAX FOR 2022  
11 Total Income Subject to Tax \$ x % . . . . . 11 \$  
12 Estimated Tax Withheld . . . . . 12 \$  
13 Total Estimated Tax (Line 11 - Line 12) . . . . . 13 \$  
14 Credit From Line 10 . . . . . 14 \$  
15 Net Estimated Tax Due (Line 13 - Line 14) . . . . . 15 \$  
16 First Quarter 2022 Estimated Payment Due (1/4 of Line 15) . . . . . 16 \$  
17 Total Due With This Return (Add Lines 9 and 16) . . . . . 17 \$

I CERTIFY 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 AND THAT THE FIGURES USED HEREIN ARE THE SAME AS FOR FEDERAL INCOME TAX PURPOSES. OHYB9901 09/27/16

SYAM PRIYA RAM SAGAR GUPTA TALLAM 01/28/2022  
SIGNATURE OF PERSON PREPARING IF OTHER THAN TAXPAYER DATE

SIGNATURE OF TAXPAYER OR AGENT DATE

GLOBAL TAXES LLC  
2530 PEBBLE CREEK LN  
CUMMING GA 30041  
ADDRESS OR NAME AND ADDRESS OF FIRM OR EMPLOYER

SIGNATURE OF SPOUSE DATE

If this return was prepared by a tax practitioner, may we contact your practitioner directly with questions regarding the preparation of this return? YES [ ] NO [ ]

Staple W-2s to the back of this page

HARI KRISHNA CHAKALI  
First name and middle initial Last name

5908 GARDEN GROVE BLVD  
CURRENT home address (number and street)

DUBLIN OH 43017  
City State Zip code

Primary Social Security Number: 059 73 1291

Spouse's Social Security Number

Check the appropriate box if:  
 REFUND (An amount must be placed in Line 6B for this return to be considered a valid refund request)  
 AMENDED Tax year \_\_\_\_\_

Filing status:  
 Single  
 Married-Filing Jointly  
 Married-Filing Separately

Should your account be inactivated?  YES  NO  
 If YES, explain \_\_\_\_\_

Did you file a City return in 2020?  YES  NO

**For Tax Office Use**

Occupation or nature of business \_\_\_\_\_

Trade name /DBA \_\_\_\_\_

Cities of employment COLUMBUS

City of residence DUBLIN

Residence change in 2021 (If applicable)  
 Did you change residence during 2021?  YES  NO  
 If YES, enter date of move: \_\_\_\_\_  
 Previous Address (number and street) \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_

**Part A TAXABLE WAGES** Attach W-2s and /or W-2 G.

Employer(s) and address where work was PHYSICALLY performed. If you worked from home, state percentage of time worked from home.	TAXABLE WAGES
IPOLARITY LLC, 200 CENTENNIAL AVE STE 204	(+) 86,216.
	(+)
	(+)
<b>NET WAGES (enter in Column B below)</b>	(=) 86,216.

**Part B TAX CALCULATION** Complete Form IR-21 for 2022 if 2021 net tax due is more than \$200.

COLUMN A	COLUMN B	COLUMN C	COLUMN D	COLUMN E	COLUMN F	COLUMN G		
CITY	CODE	INCOME FROM WAGES, SALARIES, COMMISSIONS, ETC. (from Net Wages in Part A)	INCOME FROM NET PROFITS, RENTS, AND OTHER TAXABLE INCOME (from Part C)	TOTAL NET TAXABLE INCOME	TAX RATE	TAX DUE	LESS TAX WITHHELD (W-2), PAID BY A PARTNERSHIP, PAID DIRECTLY TO CITY WHERE EARNED, OR CAMPAIGN CONTRIBUTION CREDIT	NET TAX DUE
COLUMBUS	01	86,216.		86,216.	2.5%	2,155.	2,067.	88.

2. LESS CREDITS FOR ESTIMATED TAX PAYMENTS AND OVERPAYMENT FROM PRIOR YEAR RETURN ONLY..... 2

3. BALANCE DUE (COLUMN G LESS LINE 2). If Line 2 is greater than Column G, enter amount (in brackets) here..... 3 88.

4. PENALTY: 15% \$ \_\_\_\_\_ + INTEREST \$ \_\_\_\_\_ (see instructions) (see instructions) 4

5. TOTAL AMOUNT DUE (ADD LINES 3 AND 4). NOTE: NO PAYMENT IS DUE IF AMOUNT IS \$10.00 or less ..... 5 88.

6. OVERPAYMENT CLAIMED (IF LINE 2 EXCEEDS COLUMN G)..... 6

A. Enter the amount from Line 6 you want CREDITED to your next year tax estimate..... 6A

B. Enter the amount from Line 6 you want REFUNDED (must be greater than \$10.00)..... 6B

Third Party Designee: Do you want to allow another person to discuss this matter with the City of Columbus? (see instructions)  YES Complete the following  NO

Designee's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ SSN: \_\_\_\_\_

**SIGNATURE** The undersigned declares that this return (and accompanying schedules) is a true, correct, and complete return for the taxable period stated, and that the figures used are the same as used for federal income tax purposes and understands that this information may be released to the tax administration of the city of residence and the I.R.S. Columbus residents also declare that they have not claimed credit on this return for any taxes withheld to another municipality for which they have requested and/or received a refund. If a refund is subsequently requested, they must amend this return to reduce credit claimed accordingly.

Sign Here Your Signature \_\_\_\_\_ Date \_\_\_\_\_

If a joint return, both must sign Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

Paid Preparer's Use Only Signature \_\_\_\_\_ Date 01/28/2022 PTIN 30-1017196 Phone # (678) 965-9522

**MAILING INFORMATION**

NO Payment Enclosed:  
 Mail to: Columbus Income Tax Division  
 PO Box 182437  
 Columbus, Ohio 43218-2437

Payment Enclosed:  
 Make payable to: CITY TREASURER  
 Mail to: Columbus Income Tax Division  
 PO Box 182158  
 Columbus, Ohio 43218-2158

Staple check or money order HERE

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

Your first name and middle initial <b>HARI KRISHNA</b>	Last name <b>CHAKALI</b>	Your social security number <b>059-73-1291</b>
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions <b>5908 GARDEN GROVE BLVD</b>		Apt no.
City, town, or post office. If you have a foreign address, also complete spaces below <b>DUBLIN</b>		State <b>OH</b>
Foreign country name		ZIP code <b>43017</b>
Foreign province/state/county		Foreign postal code

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

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

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

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

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

Attach Sch B if required	1	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	1	86,216.
	2a	Tax-exempt interest . . . . .	2a	
	3a	Qualified dividends . . . . .	3a	
	4a	IRA distributions . . . . .	4a	
Standard Deduction for— • Single or Married filing separately, \$12,550 • Married filing jointly or Qualifying widow(er), \$25,100 • Head of household, \$18,800 • If you checked any box under Standard Deduction, see instructions	5a	Pensions and annuities . . . . .	5a	
	6a	Social security benefits . . . . .	6a	
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ▶ <input type="checkbox"/>	7	
	8	Other income from Schedule 1, line 10 . . . . .	8	-9,000.
	9	Add lines 1, 2a, 3a, 4a, 5a, 6a, 7, and 8. This is your total income . . . . . ▶	9	77,216.
	10	Adjustments to income from Schedule 1, line 2b . . . . .	10	
	11	Subtract line 10 from line 9. This is your adjusted gross income . . . . . ▶	11	77,216.
	12a	Standard deduction or itemized deductions (from Schedule A) . . . . .	12a	12,550.
	b	Charitable contributions if you take the standard deduction (see instructions)	12b	300.
	c	Add lines 12a and 12b . . . . .	12c	12,850.
13	Qualified business income deduction from Form 8995 or Form 8995-A . . . . .	13		
14	Add lines 12c and 13 . . . . .	14	12,850.	
15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- . . . . .	15	64,366.	

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	9,911.
17	Amount from Schedule 2 line 3	17	
18	Add lines 16 and 17	18	9,911.
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3 line 8	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0	22	9,911.
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	9,911.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	16,737.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	16,737.
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC) <span style="float:right">No</span> Check here if you were born after January 1, 1993, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18 to claim the EIC. See instructions <input type="checkbox"/>	27a	
b	Non-taxable combat pay election	27b	
c	Prior year (2019) earned income	27c	
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	
29	American opportunity credit from Form 8863 line 8.	29	
30	Recovery rebate credit. See instructions	30	784.
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	784.
33	Add lines 25d, 26, and 32. These are your total payments	33	17,521.
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	7,610.
	35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	35a	7,610.
Direct deposit? See instructions	b Routing number 0 1 1 4 0 0 4 9 5 <span style="float:right">c Type <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings</span>		
	d Account number 0 0 3 8 8 1 0 0 5 2 0 5		
	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 PROGRAMMER ANALYST	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 (312) 771-7839 Email address CHARIKRISHNA1289@GMAIL.COM

**Paid Preparer Use Only**

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 01/28/2022	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 2530 Pebble Creek Ln Cumming GA 30041		Phone no (678) 965-9522	Firm's EIN 30-1017196

# Additional Income and Adjustments to Income

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

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
HARI KRISHNA CHAKALI

Your social security number  
059-73-1291

## Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes . . . . .		1	0.
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	-9,000.
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	-9,000.

**Part II** Adjustments to Income

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



SCHEDULE E  
(Form 1041)

Supplemental Income and Loss

OMB No 1545-0074

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

2021

Department of the Treasury  
Internal Revenue Service (99)

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

Attachment  
Sequence No. 13

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

Name(s) shown on return

Your social security number

HARI KRISHNA CHAKALI

059-73-1291

**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	RAHAMATH NAGAR HYDERABAD TELANGANA IN 500045				
B					
C					
1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	3		365	0	<input type="checkbox"/>
B					<input type="checkbox"/>
C					<input type="checkbox"/>

Type of Property:

- 1 Single Family Residence      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			
<b>Expenses</b>				
5 Advertising . . . . .	5			
6 Auto and travel (see instructions) . . . . .	6			
7 Cleaning and maintenance . . . . .	7	800.		
8 Commissions . . . . .	8			
9 Insurance . . . . .	9			
10 Legal and other professional fees . . . . .	10			
11 Management fees . . . . .	11	800.		
12 Mortgage interest paid to banks, etc. (see instructions) . . . . .	12			
13 Other interest . . . . .	13			
14 Repairs . . . . .	14	2,500.		
15 Supplies . . . . .	15	2,000.		
16 Taxes . . . . .	16			
17 Utilities . . . . .	17	3,500.		
18 Depreciation expense or depletion . . . . .	18			
19 Other (list) ▶ . . . . .	19			
20 Total expenses Add lines 5 through 19 . . . . .	20	9,600.		
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	-9,000.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . .	22	( 9,000. )	( )	( )
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			
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	9,600.		
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	( 9,000. )		
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1041), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . .	26	-9,000.		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1041) 2021