

IRS e-file Signature Authorization

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

Submission Identification Number (SID) ▶

Taxpayer's name DILEEP PONNEKANTI	Social security number 715-08-1647
Spouse's name	Spouse's social security number

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

Enter whole dollars only on lines 1 through 5.

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

1 Adjusted gross income	1	79,236.
2 Total tax	2	10,351.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	13,385.
4 Amount you want refunded to you	4	3,244.
5 Amount you owe	5	

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

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

Taxpayer's PIN: check one box only

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

8	1	6	4	7
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 as my signature on the income tax return (original or amended) I am now authorizing. Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize _____ to enter or generate my PIN

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

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

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

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

 Don't enter all zeros

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

ERO's signature ▶ _____ Date ▶ _____

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

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

Your first name and middle initial: DILEEP
Last name: PONNEKANTI
Your social security number: 715-08-1647
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.
222 LILIUOKALANI AVE
Apt. no. 1001
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 [X] No

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

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

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) if qualifies for (see instructions): Child tax credit, Credit for other dependents. Includes a checkbox for 'If more than four dependents, see instructions and check here'.

Main tax calculation table with 15 rows. Includes sections for 'Attach Sch. B if required' and 'Standard Deduction for-' with sub-rows for various income and deduction categories. Total taxable income is 66,386.

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	10,351.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	10,351.
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	10,351.
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	10,351.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	13,385.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	13,385.
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC) No	27a	
	Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/>		
b	Nontaxable combat pay election	27b	
c	Prior year (2019) earned income	27c	
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	210.
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	210.
33	Add lines 25d, 26, and 32. These are your total payments	33	13,595.
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	3,244.
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	3,244.
Direct deposit? See instructions.	b Routing number 081904808 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number 291020285708		
	36 Amount of line 34 you want applied to your 2022 estimated tax	36	
Amount You Owe	37 Amount you owe . Subtract line 33 from line 24. For details on how to pay, see instructions	37	
	38 Estimated tax penalty (see instructions)	38	

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

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

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

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

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

Phone no. (469) 971-3725 Email address pdileep642@gmail.com

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 02/15/2022	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 2530 Pebble Creek Ln Cumming GA 30041		Phone no. (678) 965-9522	Firm's EIN 30-1017196

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

2021
Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
DILEEP PONNEKANTI

Your social security number
715-08-1647

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶ _____		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-10,400.
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	-10,400.

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

Schedule 1 (Form 1040) 2021

Part II Adjustments to Income

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

SCHEDULE D
(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

2021

Attachment
Sequence No. **12**

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**
▶ **Go to www.irs.gov/ScheduleD for instructions and the latest information.**
▶ **Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.**

Name(s) shown on return

DILEEP PONNEKANTI

Your social security number

715-08-1647

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

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

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

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

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

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	101,219.	113,095.	459.	-11,417.
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7 -11,417.

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

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

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

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back				15

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	-11,417.
	<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 		
17	Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet ▶	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet ▶	19	
20	Are lines 18 and 19 both zero or blank and are you not filing Form 4952? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } 	21	(3,000.)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. <input checked="" type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

OMB No. 1545-0074

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

2021

Department of the Treasury
Internal Revenue Service (99)

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

Attachment
Sequence No. **13**

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

Name(s) shown on return

Your social security number

DILEEP PONNEKANTI

715-08-1647

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

A Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions Yes No
B If "Yes," did you or will you file required Form(s) 1099? Yes No

1a	Physical address of each property (street, city, state, ZIP code)				
A	KUKATPALLY HYDERABAD TELANGANA IN 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	2		A 365	0	<input type="checkbox"/>
B			B		<input type="checkbox"/>
C			C		<input type="checkbox"/>

Type of Property:

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

Income:		Properties:		A	B	C
3	Rents received	3		600.		
4	Royalties received	4				
Expenses:						
5	Advertising	5				
6	Auto and travel (see instructions)	6				
7	Cleaning and maintenance	7		1,000.		
8	Commissions.	8				
9	Insurance	9				
10	Legal and other professional fees	10				
11	Management fees	11		1,000.		
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		4,500.		
18	Depreciation expense or depletion	18				
19	Other (list) ▶	19				
20	Total expenses. Add lines 5 through 19	20		11,000.		
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21		-10,400.		
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(10,400.)	()
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		11,000.		
24	Income. Add positive amounts shown on line 21. Do not include any losses	24				
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	(10,400.)		
26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2	26		-10,400.		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2021



Individual Income Tax Return
RESIDENT
Calendar Year 2021
OR

N11_T 2021A 01 VID52

Fiscal Year
Beginning

and
Ending

AMENDED Return
NOL Carryback
IRS Adjustment
First Time Filer

FOR OFFICE USE ONLY

THIS
SPACE
RESERVED

Do NOT Submit a Photocopy!!

Your First Name M.I. Your Last Name

DILEEP **PONNEKANTI**

Spouse's First Name M.I. Spouse's Last Name

Care Of (See Instructions, page 7.)

Present mailing or home address (Number and street, including Rural Route)

222 LILIUOKALANI AVE 1001
City, town or post office State Postal/ZIP code

HONOLULU HI 96815
If Foreign address, enter Province and/or State Country

Suffix

Suffix

IMPORTANT — Complete this Section

Enter the first four letters of your last name. Use **ALL CAPITAL** letters **PONN**

Your Social Security Number **715 - 08 - 1647**

Deceased Date of Death

Enter the first four letters of your Spouse's last name. Use **ALL CAPITAL** letters

Spouse's Social Security Number

Deceased Date of Death

• ATTACH COPY 2 OF FORM W-2 HERE •

• ATTACH CHECK OR MONEY ORDER HERE •

- (Place an X in only ONE box)
- 1 Single
 - 2 Married filing joint return (even if only one had income).
 - 3 Married filing separate return. Enter spouse's SSN and the first four letters of last name above. Enter spouse's full name here. _____
 - 4 Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter the child's full name. _____
 - 5 Qualifying widow(er) (see page 8 of the Instructions)
Enter the year your spouse died _____

CAUTION: If you can be claimed as a dependent on another person's tax return (such as your parents'), DO NOT place an X on line 6a, but be sure to place an X above line 21.

6a Yourself Age 65 or over..... } Enter the number of Xs on 6a and 6b 1
6b Spouse Age 65 or over..... }

If you placed an X on lines 3 and 6b above, see the Instructions on page 8 and if your spouse meets the qualifications, place an X here

6c and 6d	Dependents: 1. First and last name	If more than 4 dependents use attachment	2. Dependent's social security number	3. Relationship	Enter number of your children listed... 6c	0
					Enter number of other dependents..... 6d	0

6e Total number of exemptions claimed. Add numbers entered in boxes 6a thru 6d above.....6e 1



Your Social Security Number

Your Spouse's SSN

715 - 08 - 1647

DILEEP PONNEKANTI

Name(s) as shown on return

N11_T_2021A 02 VID52

ROUND TO THE NEAREST DOLLAR

7	Federal adjusted gross income (AGI) (see page 11 of the Instructions)	7	79236
8	Difference in state/federal wages due to COLA, ERS, etc. (see page 11 of the Instructions)	8	
9	Interest on out-of-state bonds (including municipal bonds).....	9	
10	Other Hawaii additions to federal AGI (see page 11 of the Instructions).....	10	
11	Add lines 8 through 10 Total Hawaii additions to federal AGI	11	0
12	Add lines 7 and 11	12	79236
13	Pensions taxed federally but not taxed by Hawaii (see page 13 of the Instructions).....	13	
14	Social security benefits taxed on federal return	14	
15	First \$7,152 of military reserve or Hawaii national guard duty pay.....	15	
16	Payments to an individual housing account	16	
17	Exceptional trees deduction (attach affidavit) (see page 14 of the Instructions).....	17	
18	Other Hawaii subtractions from federal AGI (see page 14 of the Instructions).....	18	
19	Add lines 13 through 18 Total Hawaii subtractions from federal AGI	19	0
20	Line 12 minus line 19 Hawaii AGI	20	79236

CAUTION: If you can be claimed as a dependent on another person's return, see the Instructions on page 15, and place an X here.

21 If you do not itemize your deductions, go to line 23 below. Otherwise go to page 15 of the Instructions and enter your itemized deductions here.

21a Medical and dental expenses
(from Worksheet A-1) **21a**

21b Taxes (from Worksheet A-2)..... **21b** 6559

21c Interest expense (from Worksheet A-3)..... **21c**

21d Contributions (from Worksheet A-4) **21d** 300

21e Casualty and theft losses (from Worksheet A-5) **21e**

21f Miscellaneous deductions (from Worksheet A-6) **21f** 0

23 If you checked filing status box: 1 or 3 enter \$2,200;
2 or 5 enter \$4,400; 4 enter \$3,212..... **Standard Deduction**

24 Line 20 minus line 22 or 23, whichever applies. (This line MUST be filled in)..... **24** 72377

TOTAL ITEMIZED DEDUCTIONS	
22	Add lines 21a through 21f. If your Hawaii adjusted gross income is above a certain amount, you may not be able to deduct all of your itemized deductions. See the Instructions on page 20. Enter total here and go to line 24.
	6859



Your Social Security Number

Your Spouse's SSN

715 - 08 - 1647

DILEEP PONNEKANTI

Name(s) as shown on return

N11_T 2021A 03 VID52

25	Multiply \$1,144 by the total number of exemptions claimed on line 6e. If you and/or your spouse are blind, deaf, or disabled, place an X in the applicable box(es), and see page 20 of the Instructions.		
	Yourself	Spouse.....	25
			1144
26	Taxable Income. Line 24 minus line 25 (but not less than zero).....	Taxable Income ▶	26
			71233
27	Tax. Place an X if from <input checked="" type="checkbox"/> Tax Table; Tax Rate Schedule; or Capital Gains Tax Worksheet on page 33 of the Instructions. (Place an X if tax from Forms N-2, N-103, N-152, N-168, N-312, N-338, N-344, N-348, N-405, N-586, N-615, or N-814 is included.)	Tax ▶	27
			5130
27a	If tax is from the Capital Gains Tax Worksheet, enter the net capital gain from line 14 of that worksheet.....	27a	
<hr/>			
28	Refundable Food/Excise Tax Credit (attach Form N-311) DHS, etc. exemptions 	28	
29	Credit for Low-Income Household Renters (attach Schedule X)	29	
30	Credit for Child and Dependent Care Expenses (attach Schedule X)	30	
31	Credit for Child Passenger Restraint System(s) (attach a copy of the invoice)	31	
32	Total refundable tax credits from Schedule CR (attach Schedule CR).....	32	0
33	Add lines 28 through 32	Total Refundable Credits ▶	33
			0
34	Line 27 minus line 33. If line 34 is zero or less, see Instructions.	Adjusted Tax Liability ▶	34
			5130
35	Total nonrefundable tax credits (attach Schedule CR)	35	0
36	Line 34 minus line 35	Balance ▶	36
			5130
37	Hawaii State Income tax withheld (attach W-2s) (see page 25 of the Instructions for other attachments)	37	6559
38	2021 estimated tax payments	38	
39	Amount of estimated tax applied from 2020 return	39	
40	Amount paid with extension	40	
41	Add lines 37 through 40	Total Payments ▶	41
			6559
<hr/>			
42	If line 41 is larger than line 36, enter the amount OVERPAID (line 41 minus line 36) (see Instructions) .	42	1429
43	Contributions to (see page 22 of the Instructions):.....	Yourself Spouse	
43a	Hawaii Schools Repairs and Maintenance Fund	\$2 \$2	
43b	Hawaii Public Libraries Fund	\$5 \$5	
43c	Domestic and Sexual Violence / Child Abuse and Neglect Funds	\$5 \$5	
44	Add the amounts of the Xs on lines 43a through 43c and enter the total here	44	0
45	Line 42 minus line 44.....	45	1429



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DILEEP PONNEKANTI

Name(s) as shown on return

N11_T 2021A 04 VID52

46 Amount of line 45 to be **applied** to your **2022 ESTIMATED TAX** **46** 0

47a Amount to be **REFUNDED TO YOU** (line 45 minus line 46) If filing late, see page 23 of Instructions **47a** 1429

Place an X in this box if this refund will ultimately be deposited to a foreign (non-U.S.) bank. Do not complete lines 47b, 47c, or 47d.

47b Routing number 081904808 **47c** Type: Checking Savings

47d Account number 291020285708

48 **AMOUNT YOU OWE** (line 36 minus line 41) **48** 0

49 **PAYMENT AMOUNT** Submit payment online at hitax.hawaii.gov or attach check or money order payable to "Hawaii State Tax Collector." **49**

50 **Estimated tax penalty.** (See page 23 of Instructions.) Do not include on line 42 or 48. Place an X in this box if Form N-210 is attached > **50**

51 **AMENDED RETURN ONLY** – Amount paid (overpaid) on original return. (See Instructions) (attach Sch. AMD)..... **51**

52 **AMENDED RETURN ONLY** – Balance due (refund) with amended return. (See Instructions) (attach Sch. AMD)..... **52**

53 Did you file a federal Schedule C? Yes No If yes, enter **Hawaii** gross receipts your main business activity: _____, your main business product: _____, **AND** your HI Tax I.D. No. for this activity **GE**

54 Did you file a federal Schedule E for any rental activity? Yes No If yes, enter **Hawaii** gross rents received 600 **AND** your HI Tax I.D. No. for this activity **GE** None Assigned

55 Did you file a federal Schedule F? Yes No If yes, enter **Hawaii** gross receipts your main business activity: _____, your main business product: _____, **AND** your HI Tax I.D. No. for this activity **GE**

DESIGNEE If designating another person to discuss this return with the Hawaii Department of Taxation, complete the following. This is not a full power of attorney. See page 25 of the Instructions.

Designee's name > Phone no. > Identification number >

HAWAII ELECTION CAMPAIGN FUND (See page 25 of the Instructions) Do you want \$3 to go to the Hawaii Election Campaign Fund? Yes No **Note:** Placing an X the "Yes" box will not increase your tax or reduce your refund.

If joint return, does your spouse want \$3 to go to the fund? Yes No

DECLARATION — I declare, under the penalties set forth in section 231-36, HRS, that this return (including accompanying schedules or statements) has been examined by me and, to the best of my knowledge and belief, is a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the Hawaii Income Tax Law, Chapter 235, HRS.

Your signature _____ Date _____ Spouse's signature (if filing jointly, BOTH must sign) _____ Date _____

Your Occupation _____ Daytime Phone Number _____ Your Spouse's Occupation _____ Daytime Phone Number _____

SOFTWARE ENGINEER (469) 971-3725

PLEASE SIGN HERE

Paid Preparer's Information	Preparer's Signature >	SYAM PRIYA RAM SAGAR GU	Date	02/15/22	Check if self-employed > <input type="checkbox"/>	Preparer's identification number	P02082703
	Print Preparer's Name >	SYAM PRIYA RAM SAGAR GUPTA TALLA			Federal E.I. No. >	301017196	
	Firm's name (or yours if self-employed), Address, and ZIP Code	GLOBAL TAXES LLC 2530 PEBBLE CREEK LN CUMMING GA 30041			Phone No. >	(678) 965-9522	