

#### 2021 Ohio IT 1040

Individual Income Tax Return
Use only black ink/UPPERCASE letters.



Do not staple or paper clip.

AMENDED RETURN - Check here and include Ohio IT RE.

NOL CARRYBACK - Check here and include Schedule IT NOL.

	yer's SSN (required) 5 1712	✓ If deceased	Sp	oouse's SSN (if f	iling join	itly) 🔻	If deceased		ol district # 101	
First name AASHRI	TH CHANDR		M.I.	Last name GUNDALA	P					
Spouse's first	name (if filing jointly)		M.I.	Last name						
	(number and street) or F	P.O. Box								
Address line 2 APT 17	(apartment number, suit	e number, etc.)								
City					State	ZIP code	e	Ohio county (first	four letters)	
CINCIN	NATI				ОН	4522	0	HAMI		
Foreign count	ry (if the mailing address	is outside the U.S.)			Foreign	n postal cod	е			
Residency	Status - Check only of	one for primary			Filine	a Status	- Check one	(as reported on fe	ederal income tax	return)
× Resident		Nonresident Indicate state	••					ld or qualifying w		,
	e for spouse (if filing join				ľ	Married filin	g jointly	Sn	ouse's SSN	
Resident	Part-year resident	Nonresident Indicate state	••		ľ	Married filin	g separately	Ор	0036 3 0011	
	esident Statement neets the five criteria for ir				F	Federal ext	ension filers	- check here.		
Spouse r	neets the five criteria for ir	rebuttable presumption	on as r	nonresident.		f someone dependent, d	•	(or your spouse i	if filing jointly) as a	a
	ljusted gross income (f			,			.1.		53624	00
2a. Additions -	- Ohio Schedule of Adjus	tments, line 10 ( <b>incl</b>	ude so	chedule)			2a.			00
2b. Deductions	s – Ohio Schedule of Adju	ustments, line 39 ( <b>in</b>	clude	schedule)			2b.			00
-	ted gross income (line 1	•					.3.		53624	00
	amount ( <b>include Sched</b> exemptions including you						.4.		2150	00
	ne tax base (line 3 minus						. 5.		51474	00
6. Taxable bu	siness income – Ohio Sc	chedule IT BUS, line	13 ( <b>in</b>	clude schedul	e)		. 6.			00
7. Taxable no	nbusiness income (line 5	minus line 6; if nega	ative, (	enter zero)			.7.		51474	00

MM-DD-YY

Code

0098

#### 2021 Ohio IT 1040



SSN 117 85 1712

**Individual Income Tax Return** 

7a. Amount from line 7 on page 1	7a.	51474	00
8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables)	8a.	1111	00
8b. Business income tax liability – Ohio Schedule IT BUS, line 14 (include schedule)	8b.		00
8c. Income tax liability before credits (line 8a plus line 8b)	8c.	1111	00
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 38 ( <b>include schedule</b> )	9.	1111	00
10. Tax liability after nonrefundable credits (line 8c minus line 9; if negative, enter zero)	10.	0	00
11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210)	11.		00
12. Unpaid use tax (see instructions)	12.		00
13. <b>Total Ohio tax liability</b> before withholding or estimated payments (add lines 10, 11 and 12)	13.	0	00
14. Ohio income tax withheld – Schedule of Ohio Withholding, part A, line 1 (include schedule and income statements)			00
15. Estimated and extension payments (from Ohio IT 1040ES and IT 40P), and credit carryforward from last year's return			00
16. Refundable credits – Ohio Schedule of Credits, line 44 ( <b>include schedule</b> )	16.		00
17. Amended return only – amount previously paid with original and/or amended return	17.		00
18. <b>Total Ohio tax payments</b> (add lines 14, 15, 16 and 17)	18.		00
19. <u>Amended return only</u> – overpayment previously requested on original and/or amended return.	119.		00
20. Line 18 minus line 19. Place a "-" in the box if negative	20.		00
If line 20 is MORE THAN line 13, skip to line 24. OTHERWISE, continue to line 21.		0	00
21. Tax due (line 13 minus line 20). If line 20 is negative, ignore the "-" and add line 20 to line 13	21.	O	00
22. Interest due on late payment of tax (see instructions)	22.		00
23. <b>TOTAL AMOUNT DUE</b> (line 21 plus line 22). <b>Include Ohio IT 40P</b> (if original return) <b>or IT 40</b> (if amended return) and make check payable to "Ohio Treasurer of State" <b>AMOUNT</b>		0	00
24. Overpayment (line 20 minus line 13)	24.		00
25. Original return only – portion of line 24 carried forward to next year's tax liability			00
00 00 00			
d. Breast/Cervical Cancer e. Wishes for Sick Children f. Wildlife Species	Total 26g.		00
00 00 00			
27. <b>REFUND</b> (line 24 minus lines 25 and 26g)	<b>FUND</b> ▶ 27.		00

Phone number (513) 442-6288

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

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

Preparer's TIN (PTIN) P 02082703

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



03 04 22

#### 2021 Ohio Schedule of Credits

Use only black ink/UPPERCASE letters.

Primary taxpayer's SSN 117 85 1712



1280198 Sequence No. 7

#### Nonrefundable Credits

	Nomerandable Credits		
1.	Tax liability before credits (from Ohio IT 1040, line 8c)	1111	00
2.	Retirement income credit (see instructions for table; <b>include 1099-R forms</b> )		00
3.	Lump sum retirement credit (see instructions for worksheet; <b>include a copy</b> )		00
4.	Senior citizen credit (must be 65 or older to claim this credit)		00
5.	Lump sum distribution credit (see instructions for worksheet; <b>include a copy</b> )		00
6.	Child care & dependent care credit (see instructions for worksheet; <b>include a copy</b> )6.		00
7.	Displaced worker training credit (see instructions for all required documentation; <b>include copies</b> )7.		00
8.	Campaign contribution credit for Ohio statewide office or General Assembly	0	00
9.	Income-based exemption credit (\$20 times the number of exemptions)	0	00
10.	Total (add lines 2 through 9)	0	00
11.	Tax less credits (line 1 minus line 10; if negative, enter zero)	1111	00
12.	Joint filing credit (see instructions for table). % times line 11, up to \$65012.	0	00
13.	Earned income credit		00
14.	Home school expenses credit		00
15.	Scholarship donation credit		00
16.	Nonchartered, nonpublic school tuition credit		00
17.	Ohio adoption credit		00
18.	Nonrefundable job retention credit ( <b>include a copy of the credit certificate</b> )		00
19.	Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate) 19.		00
20.	Grape production credit		00
21.	InvestOhio credit (include a copy of the credit certificate)		00
22.	Lead abatement credit (include a copy of the credit certificate)		00
23.	Opportunity zone investment credit (include a copy of the credit certificate)		00
24.	Technology investment credit carryforward (include a copy of the credit certificate)		00
25.	Enterprise zone day care & training credits (include a copy of the credit certificate)		00
26.	Research & development credit (include a copy of the credit certificate)		00



0098

#### 2021 Ohio Schedule of Credits

Primary taxpayer's SSN 117 85 1712



21280298

Sequence No. 8

				Sequer	ice ivo. 8
27.	Nonrefundable Ohio historic preservation credit (include a co	py of the credit certificate)	27.		00
28.	Total (add lines 12 through 27)		28.	0	00
29.	Tax less additional credits (line 11 minus line 28; if negative, e	nter zero)	29.	1111	00
Nonr	esident Credit				
Date	s of Ohio residency to	Other state of resi	idency		
30.	Nonresident Portion of Ohio adjusted gross income - Ohio IT NRC Section I, line 18 (include a copy)30.		00		
31.	Ohio adjusted gross income (Ohio IT 1040, line 3)31.		00		
32a.	Divide line 30 by line 31 (four decimals; do not round; if greater than 1, enter 1.0000)	32a.			
32.	Nonresident credit (line 29 times line 32a)		32.		00
	dent Credit				
33.	Portion of Ohio adjusted gross income taxed by another state or the District of Columbia while an Ohio resident - Ohio IT RC, line 1a (include a copy)	56124	00		
34	Ohio adjusted gross income (Ohio IT 1040, line 3)34.	53624	0.0		
	Divide line 33 by line 34 (four decimals; do not round; if greater than 1, enter 1.0000)				
35.	Line 29 times line 35a35.	1111	00		
36.	2021 income tax liability after credits paid to another state or the District of Columbia - Ohio IT RC, line 1b (include a copy)36.	2397	00		
37.	Resident credit (enter the lesser of line 35 or line 36) Enter the in the boxes below for each state in which income was subject		37.	1111	00
38.	MN Total nonrefundable credits (add lines 10, 28, 32 and 37; er	nter here and on Ohio IT 1040, line	9) 38.	1111	00
	Refundable Credits				
39.	Refundable Ohio historic preservation credit (include a copy	of the credit certificate)	39.		00
40.	Refundable job creation credit & job retention credit (include a d	copy of the credit certificate)	40.		00
41.	Pass-through entity credit (include a copy of the Ohio IT K-1	ls)	41.		00
42.	Motion picture & Broadway theatrical production credit (include	de a copy of the credit certificate	) 42.		00
43.	Venture capital credit (include a copy of the credit certificat	te)	43.		00
44.	Total refundable credits (add lines 39 through 43; enter here	e and on Ohio IT 1040, line 16)	44.		00



Tax Year 2 0 2 1



10211411

#### IT RC - Ohio Resident Credit Calculation

Use this form for tax years 2020 and forward.

This form is for individuals who were subjected to individual income tax by another state or the District of Columbia while a resident of Ohio. Include a copy of this form when filing your Ohio IT 1040.

Taxpayer name	SSN
AASHRITH CHANDRA GUNDALA	117 85 1712

List any income taxed and any taxes paid to each state next to its postal abbreviation and list any income taxed and taxes paid to the District of Columbia next to "DC." You should include taxes paid on a composite income tax return if the taxes were not deductible in computing your federal adjusted gross income. Only income included in your Ohio adjusted gross income is eligible for this credit.

States without an income tax are not listed; do not include income earned or received in those states on this form. Additionally, full-year nonresidents are not entitled to this credit and should not use this form.

**Important:** Do not list any income in column A if you do not have tax paid in column B. Do not list a tax paid in column B if you do not have income taxed in column A.

	(A) Income Taxed		(B) Tax Paid			(A) Income Taxed		(B) Tax Paid	
AL _	0	0		00	MN _	56124	00	2397	00
AR _	0	0		00			00		00
AZ _	0	0		00	MS _		00		00
CA _	0	0		00	MT _		00		00
CO _	0	0		00	NC _		00		00
CT _	0	0		00	ND _		00		00
DC _	0	0		00	NE _		00		00
DE _	0	0		00	NH _		00		00
GA _	0	0		00	NJ _		00		00
HI _	0	0		00	NM _		00		00
IA _	0	0		00	NY _		00		00
ID _	0	0		00	OK _		00		00
IL .	0	0		00	OR _		00		00
IN _	0	00		00	PA _		00		00
KS _	0	00		00	RI _		00		00
KY _	0	0 _		00	SC _		00		00
LA _	0	0		00	UT _		00		00
MA _	0	0		00	VA _		00		00
MD _	0	0		00	VT _		00		00
ME -	0	00		00	WI _		00		00
MI _	0	00		00	WV _		00		00
	<b>Dhio Adjusted Gross In</b> Ill Column A amounts). E						1a.	56124	00
	Tax Paid to Other States here and on the correspo						1b.	2397	00

# **£1040**

Department of the Treasury—Internal Revenue Service (99)

U.S. Individual Income Tax Return

2021

OMB No. 1545-0074

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

Filing Status Check only one box.	If yo	Single Married filing jointly [ bu checked the MFS box, enter the its a child but not your depender	name of	ed filing separately your spouse. If yo	, ,	_		, ,	_		
Your first name			Last na	ıme					Your so	cial securi	ity number
AASHRITI				DALA						85-171	•
		s first name and middle initial	Last na								curity numbe
Home address	(numbe	er and street). If you have a P.O. box, see	e instruct	ons.				Apt. no.	Preside	ntial Electi	ion Campaigr
522 RID	OLE	ROAD						17		nere if you,	
City, town, or p	ost offi	ce. If you have a foreign address, also c	omplete s	spaces below.	Sta	ite	ZIP	code			ntly, want \$3 Checking a
CINCINNATI					01	H	45	5220	box bel	ow will not	t change
Foreign country	/ name			Foreign province/sta	te/coun	ty	For	eign postal code	your tax	or refund	. Spouse
At any time du	ring 20	021, did you receive, sell, exchange	, or othe	erwise dispose of a	any fina	ancial intere	est in ar	ny virtual curre	ncy?	Yes	⊠ No
Standard Deduction	_	neone can claim:  You as a de Spouse itemizes on a separate retu					ent				
Age/Blindness	You	: Were born before January 2,	1957 [	Are blind S	Spouse	: Was	born be	efore January 2	2, 1957	☐ Is b	lind
Dependents	s (see	instructions):		(2) Social secu	rity	(3) Relation	onship	<b>(4) ✓</b> if q	ualifies fo	r (see instru	uctions):
If more		First name Last name		number to you		u	Child tax ci			ther dependents	
than four											
dependents, see instruction											
and check											
here ►											
	_1_	Wages, salaries, tips, etc. Attach	Form(s)	W-2					. 1		56,124.
Attach Sch. B if	2a	Tax-exempt interest	2a		b T	axable inte	erest		. 2b		
required.	3a	Qualified dividends	3a		b C	Ordinary div	ridends		. 3b		
	4a	IRA distributions	4a		b T	axable am	ount .		. 4b		
	5a	Pensions and annuities	5a		b T	axable am	ount .		. 5b		
Standard	6a	Social security benefits	6a		b T	axable am	ount .		. 6b		
Deduction for— Single or	7	Capital gain or (loss). Attach Sche	edule D i	f required. If not re	equired	l, check hei	re .	▶ [	7		
Married filing	8	Other income from Schedule 1, lin	ne 10						. 8		
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	Γhis is your <b>total i</b> ι	ncome				▶ 9		56,124.
Married filing	10	Adjustments to income from Sche	edule 1,	line 26					. 10		2,500.
jointly or Qualifying	11_	Subtract line 10 from line 9. This i	s your <b>a</b>	djusted gross inc	ome				<b>▶</b> 11		53,624.
widow(er), \$25,100	12a	Standard deduction or itemized	deduct	ions (from Sched	ule A)	[	12a	12,55	0.		
Head of	b	Charitable contributions if you take	the sta	ndard deduction (s	ee insti	ructions)	12b	30	0.		
household, \$18,800	С	Add lines 12a and 12b							. 120		12,850.
If you checked	13	Qualified business income deduc	tion fron	n Form 8995 or Fo	rm 899	95-A			. 13		
any box under Standard	14	Add lines 12c and 13							. 14		12,850.
Deduction, see instructions.	15	Taxable income. Subtract line 14	l from lir	ne 11. If zero or les	s, ente	er -0			. 15		40,774.

	16	Tax (see instructions). Check if any from Form(s): 1	8814 <b>2</b> 4972	3 🗌		16	4,719.
	17	Amount from Schedule 2, line 3				17	
	18	Add lines 16 and 17				18	4,719.
	19	Nonrefundable child tax credit or credit for other dep	pendents 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	4,719.
	23	Other taxes, including self-employment tax, from Sc	hedule 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is your <b>total tax</b>			. ▶	24	4,719.
	25	Federal income tax withheld from:					
	а	Form(s) W-2		<b>25a</b> 8	,814.		
	b	Form(s) 1099		25b			
	С	Other forms (see instructions)		25c			
	d	Add lines 25a through 25c				25d	8,814.
If you have a	26	2021 estimated tax payments and amount applied for		.,		26	
qualifying child,	27a	Earned income credit (EIC)		27a			
attach Sch. EIC.		Check here if you were born after January 1, January 2, 2004, and you satisfy all the other taxpayers who are at least age 18, to claim the EIC.	requirements for See instructions ▶ □				
	b	·	27b	-			
	С		27c				
	28	Refundable child tax credit or additional child tax cred		28			
	29	American opportunity credit from Form 8863, line 8		29			
	30	Recovery rebate credit. See instructions		30			
	31	Amount from Schedule 3, line 15		31	ito N	20	
	32 33	Add lines 27a and 28 through 31. These are your total payor Add lines 25d, 26, and 32. These are your total payor				32	8,814.
	34	If line 33 is more than line 24, subtract line 24 from line				34	4,095.
Refund	35a	Amount of line 34 you want <b>refunded to you.</b> If Forr		•	· · · · · · · · · · · · · · · · · · ·	35a	4,095.
Direct deposit?	⊳ b	Routing number 0 4 4 0 0 0 0 3 7			Savings	33a	4,000.
See instructions.	►d	Account number 7 1 2 5 2 5 9 7 8	j Purype. A		oavii iys		
	36	Amount of line 34 you want applied to your 2022 es	timated tax	36			
Amount	37	Amount you owe. Subtract line 33 from line 24. For				37	
You Owe	38	Estimated tax penalty (see instructions)		38	. •	37	
Third Party		vou want to allow another person to discuss thi					
Designee		,			mplete b	elow.	X No
	Des	ignee's	Phone		nal identif		
	nar	ne <b>&gt;</b>	no. ►	numb	er (PIN)	. [	
Sign		ler penalties of perjury, I declare that I have examined this relef, they are true, correct, and complete. Declaration of prepare					
Here			, ,	ased on all information			t vou an Identity
	YOU	r signature Date	Your occupation				t you an identity N, enter it here
Joint return?			SOFTWARE	ENGINEER	I	nst.) 🖊	
See instructions.	Spo	ouse's signature. If a joint return, <b>both</b> must sign. Date	Spouse's occupat	ion	If the	IRS sen	t your spouse an
Keep a copy for your records.	,				I		ction PIN, enter it here
, , , , , , , , , , , , , , , , , , , ,					,	nst.) 🖊	
		one no. (513) 442-6288 Email au parer's name Preparer's signature	daress AASHRITH.OH	IS11@GMAIL.CC	M PTIN	1	Chook if:
Paid				Date		700	Check if:
Preparer		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SZ	AGAR GUPTA TALLAM	03/04/2022	P02082		Self-employed
Use Only		n's name ► GLOBAL TAXES LLC					678) 965-9522
		n's address ▶ 2530 Pebble Creek Ln Cur			Firm'	s EIN ▶	
Go to www.irs.go	ov/Form	1040 for instructions and the latest information.	BAA	REV 02/17/22 PRO			Form <b>1040</b> (2021)

Form 1040 (2021)

Page 2

# 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

AASHRITH CHANDRA GUNDALA

Your social security number

117-85-1712

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
<b>2</b> a	Alimony received		<b>2</b> a	
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, tru Schedule E		5	
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	<b>8a</b> ( )		
b	Gambling income	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	<b>8d</b> ( )		
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		
1	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	

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

Par	t 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		
С	Date of original divorce or separation agreement (see instructions) ▶		
20	IRA deduction	20	
21	Student loan interest deduction	21	2,500.
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	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 ▶		
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income.</b> Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26	2,500.





# **2021 Form M1, Individual Income Tax** Do not use staples on anything you submit.

	HRITH CHANDRA st Name and Initial	GUNDALA Last Name	117851712 Your Social Security Number		2121994 ur Date of Birth (MM/DD/YYYY
lf a Joint	Return, Spouse's First Name and Initial	Spouse's Last Name	Spouse's Social Security Nu	ımber Sp	ouse's Date of Birth
522 Current	RIDDLE ROAD APT Home Address	#17	Check if Address is:		New Foreign
CINC City	CINNATI		OH State	<u>4</u>	5220 Code
2021	Federal Filing Status (place	ce an X in one box):			
<b>X</b> (1	) Single (2) Married Filing Jointly	Spouse Name		ehold	(5) Qualifying Widow(er
Depe	endents (see instructions):	Spouse SSN			
Depend	ent 1 First Name	Dependent 1 Last Name	Dependent 1 SSN	Deper	ndent 1 Relationship to You
Depend	lent 2 First Name	Dependent 2 Last Name	Dependent 2 SSN	Deper	ndent 2 Relationship to You
Depend	lent 3 First Name	Dependent 3 Last Name	Dependent 3 SSN	Deper	ndent 3 Relationship to You
	S 6124 es, salaries, tips, etc. B. IRA	structions)  O , pensions, and annuities	O C. Unemployment		40774 taxable income
			40 and 1040-SR)		- E2624
2	Additions to income from line 10	of Schedule M1M and line 9 o	f Schedule M1MB (see instructions)	2■	I
3	Add lines 1 and 2			3	53624
4	Itemized deductions (from Sched	ule M1SA) or your <b>standard d</b> e	eduction (see instructions)	4∎	12525
5	Exemptions (determine from instr	uctions)		5∎	I
6	State income tax refund from line	1 of federal Schedule 1		6■	I
7	Subtractions from line 32 of Scheo	dule M1M and line 22 of Sche	dule M1MB (see instructions)	7■	I
8	Total subtractions. Add lines 4 thr	ough 7		8	12525
9	Minnesota taxable income. Subtr	act line 8 from line 3. If zero o	r less, leave blank	9	41099
10	Tax from the table in the Form M:	1 instructions		10	2397

#### 2021 M1, page 2



11	Alternative minimum tax (enclose Schedule M1MT)		.11 ■	i
12 13	Add lines 10 and 11			2397
	<b>Part-year residents and nonresidents:</b> From Schedule M1NR, e line 13, from line 28 on line 13a, and from line 29 on line 13b		13	2397
	13a■ <u>56124</u> 13b■ <u>56124</u>	<u>1</u>		
14	Other taxes, such as recapture amounts and the tax on lump-	sum distributions (check appropriate boxes)		
	(a) Schedule M1HOME (b) Schedule M1529	(c) Schedule M1LS	14 ■	l
15	Tax before credits. Add lines 13 and 14		15	2397
16	Amount from line 18 of Schedule M1C, Nonrefundable Credits	s (enclose Schedule M1C)	16 ■	
17 18	Subtract line 16 from line 15 (if result is zero or less, leave black Nongame Wildlife Fund contribution (see instructions)	nk)	17	2397
	This will reduce your refund or increase the amount you owe		18 ■	
19	Add lines 17 and 18		19	2397
20	Minnesota income tax withheld. Complete and enclose Sched			2555
	Minnesota withholding from Forms W-2, 1099, and W-2G (do no	ot send)	20 ■	3555
21	Minnesota estimated tax and extension payments made for 2	021	21 ■	I
22	Amount from line 11 of Schedule M1REF, Refundable Credits (	(see instructions; enclose Schedule M1REF)	22	I
23	Total payments. Add lines 20 through 22		23	3555
24	<b>REFUND.</b> If line 23 is more than line 19, subtract line 19 from For direct deposit, complete line 25	•	24 =	1158
25	Direct deposit of your refund (you must use an account not a		24	
	Checking Savings 04400003	7 712525978 Account Number		
26	AMOUNT YOU OWE. If line 19 is more than line 23, subtract I		26	ı
20 27	Penalty amount from Schedule M15 (see instructions). Also su		20 =	
	this amount from line 24 or add it to line 26 (enclose Schedule		27 ■	I
	OU PAY ESTIMATED TAX and want part of your refund credited		20 =	<u>.</u>
28	Amount from line 24 you want sent to you		28 ■	
	Amount from line 24 you want applied to your 2022 estimate ayer: I declare that this return is correct and complete to the be		29 ■	l
Your	Signature	Spouse's Signature (If Filing Jointly)	D	ate (MM/DD/YYYY)
	34426288 me Phone	AASHRITH.OHS11@GMAIL.COM Email Address	[	
•	AM PRIYA RAM SAGAR GUPTA TALLAM	03042022	P	02082703
	Preparer's Signature	Date (MM/DD/YYYY)		TIN or VITA/TCE # (required)
	39659522 Irer's Daytime Phone	SYAM@GTAXFILE.COM Preparer's Email Address		
·cpc				
	I do not want my paid preparer to file my return electronically.	I authorize the Minnesota Department of Revenue t		

Include a copy of your 2021 federal return and schedules.





# **2021 Schedule M1NR, Nonresidents/Part-Year Residents**Before you complete this schedule, read the instructions and complete lines 1 through 11 of Form M1.

AASHRITH CHANDRA  Your First Name and Initial		GUNDALA Your Last Name		117851712 Your Social Security Number					
Spoi	use's First Name and Initial	Spouse's Last Name		Spouse's Social Security Number					
Min You:	nesota Residency (Place an X in one box and    X   Full-year Nonresident   Pa	rt-Year Resident fromtoto(MM/DD/YYYY)	OD/YYYY) Other State	Other State of Residency: OH					
Your	Spouse: Full-year Nonresident Pa	rt-Year Resident fromtototo(MM/DD/YYYY)	OD/YYYY) Other State	e of Residency:					
			A. To	tal Amount	B. Minnesota Portion				
1	Wages, salaries, tips, etc. (from line 1	of federal Form 1040 or 1040-SR)	1	56124	56124				
2	Taxable interest and ordinary dividen	d income (lines 2b and 3b of Form 1040 or 1	040-SR) . <b>2</b>						
3	Business income or loss (from line 3 c	f federal Schedule 1)	3						
4	Capital gain or loss (from line 7 of For	m 1040 or 1040-SR)	4						
5 6	Net income from rents, royalties, par	ities (from lines 4b and 5b of Form 1040 or 1 enerships, S corporations, eral Schedule 1)							
7 8 9	Other income (add lines 6b of Form 1 lines 1, 2a, 4, 7, and 9 of federal Sche Interest and dividends from non-Min	dule 1)	8						
10	Bonus depreciation addition from line	e 1 of Schedule M1MB	10■						
11	If you entered an amount on line 9 of	Schedule M1REF, see instructions	11■						
12	Suspended loss from line 4 of Schedu	le M1MB	12■		<b>-</b>				
13	Other required additions from Sched	ule M1M and M1AR (see instructions)	13■						
14	Federal adjustments from Schedule N	11NC (See instructions)	14■						
15	Add lines 1 through 14 for each colum	nn	15■	56124	56124				
-	our Minnesota gross income is below \$								
		expenses, and Armed Forces moving expense hedule 1)							
18	(add lines 16 and 20 of federal Sched	ıle 1)	17						
19		<i>Ile 1)</i> self-employed health insurance	18						
20	(add lines 15 and 17 of federal Schede Deductions for alimony paid and stud	ıle 1)ent loan interest							
	(see instructions for line 20, column B	)	20						

#### 2021 Form M1NR, page 2



21	Penalty on early withdrawal of savings (from line 18 of federal Schedule 1) 21	
22	Net operating loss carryover adjustment from line 13 of Schedule M1MB (see instructions) 22	•
23	Social Security benefit from line 12 of Schedule M1M (see instructions)	•
24 25	Subtraction for federal bonus depreciation from line 10 of Schedule M1MB	
26	Subtraction for federal section 179 expensing (from line 11 of Schedule M1MB)	
27 28	Add lines 16 through 26 for each column	
29 30	Subtract line 27, column A, from line 15, column A.  Enter the result here and on line 13b of Form M1	
30	places). If line 28 is more than line 29, enter 1.0. If line 28 is zero, enter 0	1.00000
31	Amount from line 12 of Form M1	2397
32	Multiply line 30 by line 31. Enter the result here and on line 13 of Form M1	2397

You must include this schedule with Form M1. Enter the amounts from lines 28 and 29 of this schedule on Form M1, lines 13a and 13b.





### 2021 Schedule M1W, Minnesota Income Tax Withheld

Complete this schedule to report Minnesota income tax withheld. Include this schedule when you file your return.

AASHRITH CH		GUNDA	LA	117851712 Your Social Security Number  Spouse's Social Security Number					
Your First Name and Init	tial	Last Name							
If a Joint Return, Spouse's	First Name and Initial	Spouse's Las	st Name						
complete this sched amounts to the near W-2G; keep them wi	ule to determine line rest whole dollar. You th your tax records. and Minnesota tax w	e 20 of Form M u must include All instruction	i11. List only the for this schedule when are included on the	ms that rep n you file yo nis schedule	KS, or KF showing Mi ort Minnesota incom our return. <b>DO NOT</b> s e. W-2G. If you have mor	e tax withh end in your	eld. Round dollar Forms W-2, 1099, o		
A	B—Box 13	C—Box 15		D—Вох	16	E—Box 17			
If the Form W-2 is for	: If Retirement Plan	Employer's s	even-digit Minnesota	State wa	ages, tips, etc.	Minneso	ta tax withheld		
<ul><li>you, enter 1</li><li>spouse, enter 2</li></ul>	box is checked, mark an X below.	Tax ID Numb	er	(round t	o nearest whole dollar)	(round to nearest whole dollar)			
a1 <u>1</u>	b1	c1 MN	7467478	d1	56124	e1	3555		
a2	b2	c2 MN		d2		e2			
a3	b3	c3 MN		d3		e3			
a4	b4	c4 MN		d4		e4			
a5	b5	c5 MN		d5		e5			
Subtotal for additi	ional Forms W-2 <i>(fron</i>	n line 5 on page	2)						
Total Minnesota t	ax withheld on all Fo	orms W-2 (add o	amounts in line 1, co	lumn E)		1 🖷	3555		
<b>2</b> Minnesota tax wit	hheld on Forms 1099	). W-2G. and 10	42-S. If you have mo	ore than fou	r forms, complete line	6 on the bac	ck.		
Α		В	,	С		D			
If the Form 1099, W-7	2G, or 1042-S is for:	Payer's seve	n-digit Minnesota Tax ID	Income	amount (see the table on	Minne	sota tax withheld		
<ul><li>you, enter 1</li><li>spouse, enter 2</li></ul>		Number (if u	nknown, contact the pa	yer) the bac	k for amounts to include)	(round	to nearest whole dollar)		
a1		b1 MN		c1		d1			
a2		b2 MN		c2		d2			
a3		ьз МN		c3		d3			
a4		b4 MN		c4		d4			
Subtotal for additi	ional 1099, W-2G, and	d 1042-S (from	line 6 on page 2)						
Total Minnesota t	ax withheld on all 10	99, W-2G, and	<b>1042-S</b> (add amoun	ts in line 2, o	column D)	2■			
3 Total Minnesota t	ax withheld by partn	erships, S corp	orations, and fiduci	aries					
						3■			
4 Total. Add the Min Enter the total her						4 ■	3555		

Include this schedule with your Form M1. If required, include Schedules KPI, KS, and KF.

# **£1040**

Department of the Treasury—Internal Revenue Service (99)

U.S. Individual Income Tax Return

2021

OMB No. 1545-0074

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

Filing Status Check only one box.	If yo	Single Married filing jointly [ bu checked the MFS box, enter the its a child but not your depender	name of	ed filing separately your spouse. If yo	, ,	_		, ,	_		
Your first name			Last na	ame					Your so	cial securi	ity number
AASHRITI				DALA						85 <b>-</b> 171	•
		s first name and middle initial	Last na								curity number
Home address	(numbe	er and street). If you have a P.O. box, see	e instructi	ions.				Apt. no.	Preside	ntial Electi	ion Campaigr
522 RID	OLE :	ROAD						17		nere if you,	
City, town, or p	ost offi	ce. If you have a foreign address, also c	omplete s	spaces below.	Sta	ite	ZIP	code			ntly, want \$3 Checking a
CINCINN	ATI				01	H	45	5220		ow will not	•
Foreign country	/ name			Foreign province/sta	te/coun	ty	For	eign postal code	postal code your tax or refund.		
At any time du	ring 20	021, did you receive, sell, exchange	, or othe	erwise dispose of a	any fina	ancial intere	est in ar	ny virtual curre	ncy?	☐ Yes	⊠ No
Standard Deduction	_	neone can claim: You as a de Spouse itemizes on a separate retu	•				ent				
Age/Blindness	You	: Were born before January 2,	1957 [	Are blind	Spouse	: Was	born be	efore January 2	2, 1957	☐ Is b	lind
Dependents	s (see	instructions):		(2) Social secu	rity	(3) Relation	onship	<b>(4) ✓</b> if q	ualifies fo	r (see instru	uctions):
If more		First name Last name		number		to yo	to you		redit		ther dependents
than four											
dependents, see instruction											
and check											
here ►											
	_1_	Wages, salaries, tips, etc. Attach	Form(s)	W-2					. 1		56,124.
Attach Sch. B if	2a	Tax-exempt interest	2a		b T	axable inte	erest		. 2b		
required.	3a	Qualified dividends	3a		b C	Ordinary div	vidends		. 3b		
	4a	IRA distributions	4a		b T	axable am	ount .		. 4b		
	5a	Pensions and annuities	5a		b T	axable am	ount .		. 5b		
Standard	6a	Social security benefits	6a		b T	axable am	ount .		. 6b		
Deduction for— Single or	7	Capital gain or (loss). Attach Sche	dule D i	f required. If not re	equired	l, check hei	re .	▶ [	7		
Married filing	8	Other income from Schedule 1, lin	ne 10						. 8		
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. This is your <b>total income</b>					▶ 9		56,124.	
Married filing	10	Adjustments to income from Sche	edule 1,	line 26					. 10		2,500.
jointly or Qualifying	11_	Subtract line 10 from line 9. This i	s your <b>a</b>	djusted gross inc	ome				<b>▶</b> 11		53,624.
widow(er), \$25,100	12a	Standard deduction or itemized	deduct	t <b>ions</b> (from Schedu	ule A)	[	12a	12,55	0.		
Head of	b	Charitable contributions if you take	the sta	ndard deduction (s	ee insti	ructions)	12b	30	0.		
household, \$18,800	С	Add lines 12a and 12b							. 120		12,850.
If you checked	13	Qualified business income deduc	tion fron	n Form 8995 or Fo	rm 899	95-A			. 13		
any box under Standard	14	Add lines 12c and 13							. 14		12,850.
Deduction, see instructions.	15	Taxable income. Subtract line 14	from lir	ne 11. If zero or les	s, ente	er -0			. 15		40,774.

	16	Tax (see instructions). Check if any from Form(s): 1	8814	<b>2</b> 4972	3 🔲			16	4,719.
	17	Amount from Schedule 2, line 3						17	
	18	Add lines 16 and 17						18	4,719.
	19	Nonrefundable child tax credit or credit for other de	ependen'	ts 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	4,719.
	23	Other taxes, including self-employment tax, from S	Schedule	2, line 21				23	0.
	24	Add lines 22 and 23. This is your <b>total tax</b>					. ▶	24	4,719.
	25	Federal income tax withheld from:							
	а	Form(s) W-2			25a	8,8	314.		
	b	Form(s) 1099			25b				
	С	Other forms (see instructions)			25c				
	d	Add lines 25a through 25c						25d	8,814.
If you have a	26	2021 estimated tax payments and amount applied	from 202					26	
qualifying child,	27a	Earned income credit (EIC)		No	27a				
attach Sch. EIC.		Check here if you were born after January 1, January 2, 2004, and you satisfy all the other taxpayers who are at least age 18, to claim the EIC	er require	ements for					
	b	Nontaxable combat pay election	27b						
	С	Prior year (2019) earned income	27c						
	28	Refundable child tax credit or additional child tax cre	dit from S	Schedule 8812	28				
	29	American opportunity credit from Form 8863, line 8	3		29				
	30	Recovery rebate credit. See instructions			30				
	31	Amount from Schedule 3, line 15			31				
	32	Add lines 27a and 28 through 31. These are your to	otal othe	er payments and	refund	dable credits	s <b>&gt;</b>	32	
	33	Add lines 25d, 26, and 32. These are your total pay	yments				. ▶	33	8,814.
Refund	34	If line 33 is more than line 24, subtract line 24 from	line 33.	This is the amour	nt you o	overpaid		34	4,095.
	35a	Amount of line 34 you want refunded to you. If Fo		is attached, chec	k here		<b>▶</b> □	35a	4,095.
Direct deposit?	►b	Routing number 0 4 4 0 0 0 0 3 7							
See instructions.	►d	Account number 7 1 2 5 2 5 9 7 8	3						
	36	Amount of line 34 you want applied to your 2022 e	stimate	d tax ▶	36				
Amount	37	Amount you owe. Subtract line 33 from line 24. Fo	or details	on how to pay, s	ee inst	ructions	. ▶	37	
You Owe	38	Estimated tax penalty (see instructions)			38				
Third Party Designee		you want to allow another person to discuss the tructions		n with the IRS?		Yes. Com	plete b	elow.	<b>⋉</b> No
		ignee's ne ▶	Phone no. ▶			Persona number			
0:				accompanying solv	adulaa a				t of my knowledge and
Sign		ler penalties of perjury, I declare that I have examined this r ef, they are true, correct, and complete. Declaration of prepa							
Here	You	r signature Date	1	Your occupation			If the	IRS ser	nt you an Identity
									N, enter it here
Joint return?			SOFTWARE ENGINEER (s			(see i	nst.) ►		
See instructions. Keep a copy for	Spo	buse's signature. If a joint return, <b>both</b> must sign. Date		Spouse's occupati	on				nt your spouse an
your records.	,					nst.) ▶	ection PIN, enter it here		
	———Pho	ne no. (513) 442-6288 Email	address	AASHRITH.OH	C1100	MATI COM	1,	,	
		parer's name Preparer's signature	<u>uuui 000</u>	UN'ULIUICHY	Date		TIN		Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM S	SAGAR (	מב.ד.דביי בייסווב			<b>.</b> 02082	,703	Self-employed
Preparer		n's name ► GLOBAL TAXES LLC	21101111	JOI IM IMILIAM	100/0	, 1, 2 0 2 2   E			678) 965-9522
Use Only		n's address ► 2530 Pebble Creek Ln Cu		GA 30041				e no. ( s EIN ▶	
Go to warm iro ~		1040 for instructions and the latest information.			DEVICE	/47/00 DDC	1 (11111)	J LIIN	Form <b>1040</b> (2021)
GO TO WWW.IIS.go	אוטיוועי	1040 for instructions and the latest information.		BAA	KEV 02	/17/22 PRO			Form 1040 (2021)

Form 1040 (2021)

Page 2

# 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

AASHRITH CHANDRA GUNDALA

Your social security number

117-85-1712

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
<b>2</b> a	Alimony received		<b>2</b> a	
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, tru Schedule E		5	
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	<b>8a</b> ( )		
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		
1	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	

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

Par	t II Adjustments to Income			
11	Educator expenses		. 11	
12	Certain business expenses of reservists, performing artists, and fee officials. Attach Form 2106	•		
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	ı
b	Recipient's SSN	<b>&gt;</b>		
С	Date of original divorce or separation agreement (see instructions)			
20	IRA deduction		. 20	
21	Student loan interest deduction		. 21	2,500.
22	Reserved for future use		. 22	
23	Archer MSA deduction		. 23	
24	Other adjustments:			
а	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		
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	24d		
е	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 <b>adjustments</b> here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line			2,500.