

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury  
Internal Revenue Service

Calendar Year —  
Due **04/18/2022**

# 2022 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2022 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....▶	<b>2,491.</b>
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REV 04/09/22 PRO 1555

598-37-8106  
VISHWANATH GURRAPU  
RAMYA M CHIKKALA  
7047 SE TAMARACK ST  
HILLSBORO OR 97123

880-10-0618

INTERNAL REVENUE SERVICE  
PO BOX 802502  
CINCINNATI OH 45280-2502

598378106 BN GURR 30 0 202212 430

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury  
Internal Revenue Service

Calendar Year —  
Due **06/15/2022**

# 2022 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2022 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....▶	<b>2,491.</b>
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REV 04/09/22 PRO 1555

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Department of the Treasury  
Internal Revenue Service

Calendar Year —  
Due **09/15/2022**

# 2022 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2022 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....▶	<b>2,491.</b>
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REV 04/09/22 PRO 1555

598-37-8106  
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CINCINNATI OH 45280-2502

598378106 BN GURR 30 0 202212 430

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury  
Internal Revenue Service

Calendar Year —  
Due **01/17/2023**

# 2022 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2022 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....▶	<b>2,491.</b>
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REV 04/09/22 PRO 1555

598-37-8106  
VISHWANATH GURRAPU  
RAMYA M CHIKKALA  
7047 SE TAMARACK ST  
HILLSBORO OR 97123

880-10-0618

INTERNAL REVENUE SERVICE  
PO BOX 802502  
CINCINNATI OH 45280-2502

598378106 BN GURR 30 0 202212 430

# IRS e-file Signature Authorization

▶ **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 VISHWANATH GURRAPU	Social security number 598-37-8106
Spouse's name RAMYA M CHIKKALA	Spouse's social security number 880-10-0618

## 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	309,905.
2 Total tax . . . . .	2	56,394.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	3	52,072.
4 Amount you want refunded to you . . . . .	4	
5 Amount you owe . . . . .	5	4,322.

## 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 

7	8	1	0	6
---	---	---	---	---

 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 GLOBAL TAXES LLC to enter or generate my PIN 

0	0	6	1	8
---	---	---	---	---

 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**

IF you live in . . .	THEN use this address to send in your payment . . .
Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214
Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Oklahoma, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, South Dakota, Utah, Washington, Wyoming	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury  
Internal Revenue Service (99)

2021

# Form 1040-V Payment Voucher

- ▶ Use this voucher when making a payment with Form 1040.
- ▶ Do not staple this voucher or your payment to Form 1040.
- ▶ Make your check or money order payable to the 'United States Treasury.'
- ▶ Write your social security number (SSN) on your check or money order.

Enter the amount of your payment . . . . . ▶	4,322.
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REV 04/09/22 PRO 1555

VISHWANATH GURRAPU  
 RAMYA M CHIKKALA  
 7047 SE TAMARACK ST  
 HILLSBORO OR 97123

INTERNAL REVENUE SERVICE  
 P.O. BOX 802501  
 CINCINNATI, OH 45280-2501

**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 VISHWANATH	Last name GURRAPU	Your social security number 598-37-8106
If joint return, spouse's first name and middle initial RAMYA M	Last name CHIKKALA	Spouse's social security number 880-10-0618
Home address (number and street). If you have a P.O. box, see instructions. 7047 SE TAMARACK ST		Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below. HILLSBORO		State OR
		ZIP code 97123
Foreign country name	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** **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

**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.  <b>Standard Deduction for—</b> • 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 <i>Standard Deduction</i> , see instructions.	<b>1</b> Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	<b>1</b>	301,694.
	<b>2a</b> Tax-exempt interest . . . . .	<b>2a</b>	
	<b>3a</b> Qualified dividends . . . . .	<b>3a</b>	
	<b>4a</b> IRA distributions . . . . .	<b>4a</b>	
	<b>5a</b> Pensions and annuities . . . . .	<b>5a</b>	
	<b>6a</b> Social security benefits . . . . .	<b>6a</b>	
	<b>7</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ▶ <input type="checkbox"/>	<b>7</b>	8,211.
	<b>8</b> Other income from Schedule 1, line 10 . . . . .	<b>8</b>	
	<b>9</b> Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . . ▶	<b>9</b>	309,905.
	<b>10</b> Adjustments to income from Schedule 1, line 26 . . . . .	<b>10</b>	
	<b>11</b> Subtract line 10 from line 9. This is your <b>adjusted gross income</b> . . . . . ▶	<b>11</b>	309,905.
	<b>12a</b> <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .	<b>12a</b>	25,100.
	<b>b</b> Charitable contributions if you take the standard deduction (see instructions)	<b>12b</b>	600.
	<b>c</b> Add lines 12a and 12b . . . . .	<b>12c</b>	25,700.
	<b>13</b> Qualified business income deduction from Form 8995 or Form 8995-A . . . . .	<b>13</b>	
<b>14</b> Add lines 12c and 13 . . . . .	<b>14</b>	25,700.	
<b>15</b> <b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . .	<b>15</b>	284,205.	





**SCHEDULE 2  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Taxes**

▶ 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.

OMB No. 1545-0074

**2021**  
Attachment  
Sequence No. **02**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
VISHWANATH GURRAPU & RAMYA M CHIKKALA

**Your social security number**  
598-37-8106

**Part I Tax**

<b>1</b>	Alternative minimum tax. Attach Form 6251 . . . . .	<b>1</b>	
<b>2</b>	Excess advance premium tax credit repayment. Attach Form 8962 . . . . .	<b>2</b>	
<b>3</b>	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 . . .	<b>3</b>	

**Part II Other Taxes**

<b>4</b>	Self-employment tax. Attach Schedule SE . . . . .	<b>4</b>	
<b>5</b>	Social security and Medicare tax on unreported tip income. Attach Form 4137 . . . . .	<b>5</b>	
<b>6</b>	Uncollected social security and Medicare tax on wages. Attach Form 8919 . . . . .	<b>6</b>	
<b>7</b>	Total additional social security and Medicare tax. Add lines 5 and 6 . . . . .	<b>7</b>	
<b>8</b>	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required	<b>8</b>	
<b>9</b>	Household employment taxes. Attach Schedule H . . . . .	<b>9</b>	
<b>10</b>	Repayment of first-time homebuyer credit. Attach Form 5405 if required . . . . .	<b>10</b>	
<b>11</b>	Additional Medicare Tax. Attach Form 8959 . . . . .	<b>11</b>	565.
<b>12</b>	Net investment income tax. Attach Form 8960 . . . . .	<b>12</b>	312.
<b>13</b>	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12 . . . . .	<b>13</b>	
<b>14</b>	Interest on tax due on installment income from the sale of certain residential lots and timeshares . . . . .	<b>14</b>	
<b>15</b>	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000 . . . . .	<b>15</b>	
<b>16</b>	Recapture of low-income housing credit. Attach Form 8611 . . . . .	<b>16</b>	

*(continued on page 2)*

**Part II Other Taxes** (continued)

<b>17</b>	Other additional taxes:		
<b>a</b>	Recapture of other credits. List type, form number, and amount ▶ _____	<b>17a</b>	
<b>b</b>	Recapture of federal mortgage subsidy. If you sold your home in 2021, see instructions . . . . .	<b>17b</b>	
<b>c</b>	Additional tax on HSA distributions. Attach Form 8889 . . . . .	<b>17c</b>	
<b>d</b>	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889 . . . . .	<b>17d</b>	
<b>e</b>	Additional tax on Archer MSA distributions. Attach Form 8853 . . . . .	<b>17e</b>	
<b>f</b>	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853 . . . . .	<b>17f</b>	
<b>g</b>	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property . . . . .	<b>17g</b>	
<b>h</b>	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A . . . . .	<b>17h</b>	
<b>i</b>	Compensation you received from a nonqualified deferred compensation plan described in section 457A . . . . .	<b>17i</b>	
<b>j</b>	Section 72(m)(5) excess benefits tax . . . . .	<b>17j</b>	
<b>k</b>	Golden parachute payments . . . . .	<b>17k</b>	
<b>l</b>	Tax on accumulation distribution of trusts . . . . .	<b>17l</b>	
<b>m</b>	Excise tax on insider stock compensation from an expatriated corporation . . . . .	<b>17m</b>	
<b>n</b>	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866 . . . . .	<b>17n</b>	
<b>o</b>	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR . . . . .	<b>17o</b>	
<b>p</b>	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund . . . . .	<b>17p</b>	
<b>q</b>	Any interest from Form 8621, line 24 . . . . .	<b>17q</b>	
<b>z</b>	Any other taxes. List type and amount ▶ _____	<b>17z</b>	
<b>18</b>	Total additional taxes. Add lines 17a through 17z . . . . .		<b>18</b>
<b>19</b>	Additional tax from Schedule 8812 . . . . .		<b>19</b>
<b>20</b>	Section 965 net tax liability installment from Form 965-A . . . . .	<b>20</b>	
<b>21</b>	Add lines 4, 7 through 16, 18, and 19. These are your <b>total other taxes</b> . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b . . . . .		<b>21</b>

877.

**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](http://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: **VISHWANATH GURRAPU & RAMYA M CHIKKALA** Your social security number: **598-37-8106**

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)
<b>1a</b> 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 . . . . .				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .	10,358.	10,312.		46.
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .				
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>5</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>6</b> ( )
<b>7</b> <b>Net short-term capital gain or (loss)</b> . 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 . . . . .				<b>7</b> 46.

**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)
<b>8a</b> 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 . . . . .				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .	2,716.	1,500.		1,216.
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .	15,228.	8,279.		6,949.
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .				
<b>11</b> 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 . . . . .				<b>11</b>
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>12</b>
<b>13</b> Capital gain distributions. See the instructions . . . . .				<b>13</b>
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>14</b> ( )
<b>15</b> <b>Net long-term capital gain or (loss)</b> . Combine lines 8a through 14 in column (h). Then, go to Part III on the back . . . . .				<b>15</b> 8,165.

**Part III Summary**

<p><b>16</b> Combine lines 7 and 15 and enter the result . . . . .</p>	<b>16</b>	8,211.
<ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li> </ul>		
<p><b>17</b> Are lines 15 and 16 <b>both</b> gains?  <input checked="" type="checkbox"/> <b>Yes.</b> Go to line 18.  <input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.</p>		
<p><b>18</b> If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . ▶</p>	<b>18</b>	
<p><b>19</b> If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . . ▶</p>	<b>19</b>	
<p><b>20</b> Are lines 18 and 19 both zero or blank and are you not filing Form 4952?  <input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16. <b>Don't</b> complete lines 21 and 22 below.   <input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.</p>		
<p><b>21</b> If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of:          • The loss on line 16; or          • (\$3,000), or if married filing separately, (\$1,500) } . . . . .</p>	<b>21</b>	( )
<p><b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.</p>		
<p><b>22</b> Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?   <input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16.   <input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>		



Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side  
**VISHWANATH GURRAPU & RAMYA M CHIKKALA** Social security number or taxpayer identification number  
**598-37-8106**

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part II Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box D, E, or F below. Check only one box.** If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). <b>See the separate instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	E*TRADE SECURITIES LLC	06/15/20	09/23/21	2,716.	1,500.			1,216.
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 8b</b> (if <b>Box D</b> above is checked), <b>line 9</b> (if <b>Box E</b> above is checked), or <b>line 10</b> (if <b>Box F</b> above is checked) ▶				2,716.	1,500.			1,216.

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





**Additional Medicare Tax**

▶ If any line does not apply to you, leave it blank. See separate instructions.  
 ▶ Attach to Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.  
 ▶ Go to [www.irs.gov/Form8959](http://www.irs.gov/Form8959) for instructions and the latest information.

Name(s) shown on return: **VISHWANATH GURRAPU & RAMYA M CHIKKALA** Your social security number: **598-37-8106**

<b>Part I Additional Medicare Tax on Medicare Wages</b>			
<b>1</b>	Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5 . . . . .	<b>1</b>	312,789.
<b>2</b>	Unreported tips from Form 4137, line 6 . . . . .	<b>2</b>	
<b>3</b>	Wages from Form 8919, line 6 . . . . .	<b>3</b>	
<b>4</b>	Add lines 1 through 3 . . . . .	<b>4</b>	312,789.
<b>5</b>	Enter the following amount for your filing status: Married filing jointly . . . . . \$250,000 Married filing separately . . . . . \$125,000 Single, Head of household, or Qualifying widow(er) . . . . . \$200,000	<b>5</b>	250,000.
<b>6</b>	Subtract line 5 from line 4. If zero or less, enter -0- . . . . .	<b>6</b>	62,789.
<b>7</b>	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II . . . . .	<b>7</b>	565.

<b>Part II Additional Medicare Tax on Self-Employment Income</b>			
<b>8</b>	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0- (Form 1040-PR or 1040-SS filers, see instructions.) . . . . .	<b>8</b>	
<b>9</b>	Enter the following amount for your filing status: Married filing jointly . . . . . \$250,000 Married filing separately . . . . . \$125,000 Single, Head of household, or Qualifying widow(er) . . . . . \$200,000	<b>9</b>	
<b>10</b>	Enter the amount from line 4 . . . . .	<b>10</b>	
<b>11</b>	Subtract line 10 from line 9. If zero or less, enter -0- . . . . .	<b>11</b>	
<b>12</b>	Subtract line 11 from line 8. If zero or less, enter -0- . . . . .	<b>12</b>	
<b>13</b>	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III . . . . .	<b>13</b>	

<b>Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation</b>			
<b>14</b>	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions) . . . . .	<b>14</b>	
<b>15</b>	Enter the following amount for your filing status: Married filing jointly . . . . . \$250,000 Married filing separately . . . . . \$125,000 Single, Head of household, or Qualifying widow(er) . . . . . \$200,000	<b>15</b>	
<b>16</b>	Subtract line 15 from line 14. If zero or less, enter -0- . . . . .	<b>16</b>	
<b>17</b>	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV . . . . .	<b>17</b>	

<b>Part IV Total Additional Medicare Tax</b>			
<b>18</b>	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-PR or 1040-SS filers, see instructions), and go to Part V . . . . .	<b>18</b>	565.

<b>Part V Withholding Reconciliation</b>			
<b>19</b>	Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6 . . . . .	<b>19</b>	4,535.
<b>20</b>	Enter the amount from line 1 . . . . .	<b>20</b>	312,789.
<b>21</b>	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages . . . . .	<b>21</b>	4,535.
<b>22</b>	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages . . . . .	<b>22</b>	0.
<b>23</b>	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions) . . . . .	<b>23</b>	
<b>24</b>	<b>Total Additional Medicare Tax withholding.</b> Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-PR or 1040-SS filers, see instructions) . . . . .	<b>24</b>	0.



**Net Investment Income Tax—  
Individuals, Estates, and Trusts**

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form8960](http://www.irs.gov/Form8960) for instructions and the latest information.

Name(s) shown on your tax return

VISHWANATH GURRAPU & RAMYA M CHIKKALA

Your social security number or EIN

598-37-8106

- Part I Investment Income**
- Section 6013(g) election (see instructions)
  - Section 6013(h) election (see instructions)
  - Regulations section 1.1411-10(g) election (see instructions)

<b>1</b>	Taxable interest (see instructions)		<b>1</b>	0.
<b>2</b>	Ordinary dividends (see instructions)		<b>2</b>	
<b>3</b>	Annuities (see instructions)		<b>3</b>	
<b>4a</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	<b>4a</b>		
<b>b</b>	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	<b>4b</b>		
<b>c</b>	Combine lines 4a and 4b		<b>4c</b>	
<b>5a</b>	Net gain or loss from disposition of property (see instructions)	<b>5a</b>	8,211.	
<b>b</b>	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	<b>5b</b>		
<b>c</b>	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	<b>5c</b>		
<b>d</b>	Combine lines 5a through 5c		<b>5d</b>	8,211.
<b>6</b>	Adjustments to investment income for certain CFCs and PFICs (see instructions)		<b>6</b>	
<b>7</b>	Other modifications to investment income (see instructions)		<b>7</b>	
<b>8</b>	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7		<b>8</b>	8,211.

**Part II Investment Expenses Allocable to Investment Income and Modifications**

<b>9a</b>	Investment interest expenses (see instructions)	<b>9a</b>		
<b>b</b>	State, local, and foreign income tax (see instructions)	<b>9b</b>		
<b>c</b>	Miscellaneous investment expenses (see instructions)	<b>9c</b>		
<b>d</b>	Add lines 9a, 9b, and 9c		<b>9d</b>	
<b>10</b>	Additional modifications (see instructions)		<b>10</b>	
<b>11</b>	Total deductions and modifications. Add lines 9d and 10		<b>11</b>	

**Part III Tax Computation**

<b>12</b>	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13–17. Estates and trusts, complete lines 18a–21. If zero or less, enter -0-		<b>12</b>	8,211.
<b>Individuals:</b>				
<b>13</b>	Modified adjusted gross income (see instructions)	<b>13</b>	309,905.	
<b>14</b>	Threshold based on filing status (see instructions)	<b>14</b>	250,000.	
<b>15</b>	Subtract line 14 from line 13. If zero or less, enter -0-	<b>15</b>	59,905.	
<b>16</b>	Enter the smaller of line 12 or line 15		<b>16</b>	8,211.
<b>17</b>	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). <b>Enter here and include on your tax return</b> (see instructions)		<b>17</b>	312.
<b>Estates and Trusts:</b>				
<b>18a</b>	Net investment income (line 12 above)	<b>18a</b>		
<b>b</b>	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)	<b>18b</b>		
<b>c</b>	Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-	<b>18c</b>		
<b>19a</b>	Adjusted gross income (see instructions)	<b>19a</b>		
<b>b</b>	Highest tax bracket for estates and trusts for the year (see instructions)	<b>19b</b>		
<b>c</b>	Subtract line 19b from line 19a. If zero or less, enter -0-	<b>19c</b>		
<b>20</b>	Enter the smaller of line 18c or line 19c		<b>20</b>	
<b>21</b>	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). <b>Enter here and include on your tax return</b> (see instructions)		<b>21</b>	

**Form OR-40-V**  
**Oregon Individual Income Tax Payment Voucher**

Oregon Department of Revenue

Page 1 of 1 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Tax year begins (MM/DD/YYYY)

Tax year ends (MM/DD/YYYY)

01/01/2022

12/31/2022

First name

Initial

VISHWANATH

Last name

GURRAPU

Social Security number (SSN)

598-37-8106

Spouse's first name

Initial

RAMYA

M

Spouse's last name

CHIKKALA

Spouse's SSN

880-10-0618

Current mailing address

7047 SE TAMARACK ST

City

State

ZIP code

HILLSBORO

OR

97123

Contact phone

**Want to make your payment online?** Find options at [www.oregon.gov/dor](http://www.oregon.gov/dor).

**Use this voucher only if you are making a payment without a return.** For more information, see Form OR-40-V Instructions. Make your check, money order, or cashier's check payable to the Oregon Department of Revenue. Write "Form OR-40-V," your daytime phone, the last four digits of your SSN or ITIN, and the tax year on your payment. Don't mail cash. Mail the payment and voucher to:

**Oregon Department of Revenue**  
**PO Box 14950**  
**Salem OR 97309-0950**

REV 03/22/22 PRO



150-101-172  
(Rev. 06-29-21, ver. 03)

1555 00

**Payment type (check one)**

- Original return  
 Estimated payment  
 Amended return

**Enter payment amount**

\$

727.00

1003000000598378106GURR880100618202212310201555000

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**Form OR-40-V**  
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Oregon Department of Revenue

Page 1 of 1 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

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150-101-172  
(Rev. 06-29-21, ver. 03)

1555 00

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 Estimated payment  
 Amended return

**Enter payment amount**

\$

2,917.00

1003000000598378106GURR880100618202112310101555002

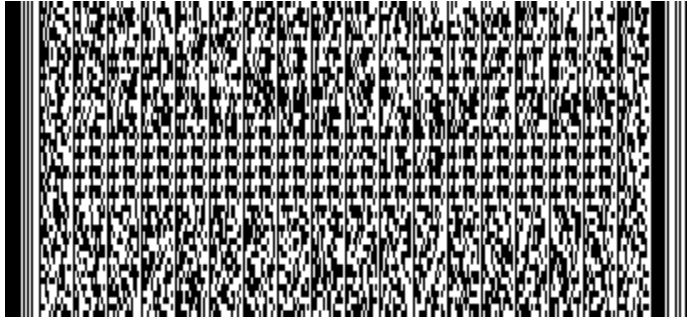
**2021 Form OR-40**  
**Oregon Individual Income Tax Return for Full-year Residents**

Oregon Department of Revenue

Page 1 of 8 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Fiscal year ending date (MM/DD/YYYY)

Space for 2-D barcode—do not write in box below



- Amended return.  
If amending for an NOL, tax year the NOL was generated:  
NOL tax year (YYYY)
- Extension filed
- Form OR-24
- Federal Form 8379
- Calculated with "as if" federal return
- Federal Form 8886
- Short-year tax election
- Disaster relief

First name Initial Date of birth (MM/DD/YYYY)

VISHWANATH 08/27/1990

Last name

GURRAPU

Social Security number (SSN)

598-37-8106

- First time using this SSN (see instructions)
- Applied for ITIN
- Deceased

Spouse's first name Initial Spouse's date of birth (MM/DD/YYYY)

RAMYA M 12/24/1990

Spouse's last name

CHIKKALA

Spouse's Social Security number (SSN)

880-10-0618

- First time using this SSN (see instructions)
- Applied for ITIN
- Deceased

Current address

7047 SE TAMARACK ST

City

HILLSBORO

Country

USA

State

OR

Phone

ZIP code

97123

**Filing Status** (check only one box)

- 1.  Single
- 2.  Married filing jointly
- 3.  Married filing separately (enter spouse's information **above**)
- 4.  Head of household (with qualifying dependent)
- 5.  Qualifying widow(er) with dependent child



Page 2 of 8 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name

Social Security number (SSN)

GURRAPU

598-37-8106

Note: Reprint page 1 if you make changes to this page.

Exemptions

6a. Credits for yourself..... 6a. 1

Check boxes that apply: [X] Regular [ ] Severely disabled [ ] Someone else can claim you as a dependent.

6b. Credits for your spouse ..... 6b. 1

Check boxes that apply: [X] Regular [ ] Severely disabled [ ] Someone else can claim you as a dependent.

Dependents.

List your dependents in order from youngest to oldest. [ ] If more than three, check this box and include Schedule OR-ADD-DEP.

Dependent 1: First name Initial Dependent 1: Last name

Dependent 1: Date of birth (MM/DD/YYYY) Dependent 1: Social Security number (SSN) Code \*

[ ] Dependent 1: Check if child has a qualifying disability

Dependent 2: First name Initial Dependent 2: Last name

Dependent 2: Date of birth (MM/DD/YYYY) Dependent 2: Social Security number (SSN) Code \*

[ ] Dependent 2: Check if child has a qualifying disability

Dependent 3: First name Initial Dependent 3: Last name

Dependent 3: Date of birth (MM/DD/YYYY) Dependent 3: Social Security number (SSN) Code \*

[ ] Dependent 3: Check if child has a qualifying disability

\*Dependent relationship code (see instructions).

6c. Total number of dependents..... 6c.

6d. Total number of dependent children with a qualifying disability (see instructions)..... 6d.

6e. Total exemptions. Add 6a through 6d..... Total 6e. 2





Page 3 of 8 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name

Social Security number (SSN)

GURRAPU

598-37-8106

Note: Reprint page 1 if you make changes to this page.

Taxable income

Table with 2 columns: Description and Amount. Row 7: Federal adjusted gross income... 309,905.00. Row 8: Total additions from Schedule OR-ASC, Section A... 8. Row 9: Income after additions... 309,905.00.

Subtractions

Table with 2 columns: Description and Amount. Row 10: 2021 federal tax liability... 0.00. Row 11: Social Security amount... 11. Row 12: Oregon income tax refund... 12. Row 13: Total subtractions from Schedule OR-ASC, Section B... 13. Row 14: Total subtractions... 0.00. Row 15: Income after subtractions... 309,905.00.

Deductions

Table with 2 columns: Description and Amount. Row 16: Oregon itemized deductions... 18,506.00. Row 17: Standard deduction... 4,700.00. Includes checkboxes for age and blindness. Row 18: Enter the larger of line 16 or 17... 18,506.00. Row 19: Oregon taxable income... 291,399.00.



Page 4 of 8 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name

Social Security number (SSN)

GURRAPU

598-37-8106

Note: Reprint page 1 if you make changes to this page.

Oregon tax

20. Tax (see instructions) ..... 20. 25,460.00

Check the appropriate box if you're using an alternative method to calculate your tax:

20a.  Schedule OR-FIA-40 20b.  Worksheet FCG 20c.  Schedule OR-PTE-FY

21. Interest on certain installment sales ..... 21.

22. Total tax before credits. Add lines 20 and 21 ..... 22. 25,460.00

Standard and carryforward credits

23. Exemption credit. If the amount on line 7 is \$100,000 or less, multiply your total exemptions on line 6e by \$213. Otherwise, see instructions ..... 23.

24. Political contribution credit. See limits in instructions ..... 24.

25. Total standard credits from Schedule OR-ASC, Section C..... 25.

26. Total standard credits. Add lines 23 through 25 ..... 26.

27. Tax minus standard credits. Line 22 minus line 26. If line 26 is more than line 22, enter 0 ..... 27. 25,460.00

28. Total carryforward credits claimed this year from Schedule OR-ASC, Section D. Line 28 can't be more than line 27 (see Schedule OR-ASC instructions) ..... 28.

29. Tax after standard and carryforward credits. Line 27 minus line 28 ..... 29. 25,460.00

30. Total credit recaptures claimed this year from Schedule OR-ASC, Section E..... 30.

31. Tax after credit recaptures. Line 29 plus line 30 ..... 31. 25,460.00



**2021 Form OR-40**  
**Oregon Individual Income Tax Return for Full-year Residents**

Oregon Department of Revenue

Page 5 of 8 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name

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**Payments and refundable credits**

32. Oregon income tax withheld. <b>Include a copy of your Forms W-2 and 1099</b> .....	32.	22,553.00
33. Amount applied from your prior year's tax refund.....	33.	
34. Estimated tax payments for 2021. <b>Include all payments you made</b> before filing this return (see instructions). Do not include the amount on line 33.....	34.	
35. Earned income credit (see instructions).....	35.	
36. Kicker (Oregon surplus credit). Enter your kicker credit amount (see instructions). <b>If you elect to donate your kicker to the State School Fund, enter 0 and see line 53</b> .....	36.	0.00
37. Total refundable credits from Schedule OR-ASC, Section F .....	37.	
38. Total payments and refundable credits. Add lines 32 through 37.....	38.	22,553.00

**Tax to pay or refund**

39. <b>Overpayment of tax.</b> If line 31 is <b>less</b> than line 38, you overpaid. Line 38 minus line 31 .....	39.	
40. <b>Net tax.</b> If line 31 is <b>more</b> than line 38, you have tax to pay. Line 31 minus line 38 .....	40.	2,907.00
41. Penalty and interest for filing or paying late (see instructions) .....	41.	
42. Interest on underpayment of estimated tax. <b>Include Form OR-10</b> .....	42.	10.00
Exception number from Form OR-10, line 1 42a.                      Check box if you annualized: 42b. <input type="checkbox"/>		
43. Total penalty and interest due. Add lines 41 and 42 .....	43.	10.00



Page 6 of 8 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name

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598-37-8106

Note: Reprint page 1 if you make changes to this page.

Tax to pay or refund (continued)

44. Net tax including penalty and interest.

Line 40 plus line 43 ..... This is the amount you owe. 44. 2,917.00

45. Overpayment less penalty and interest.

Line 39 minus line 43 ..... This is your refund. 45.

46. Estimated tax. Fill in the portion of line 45 you want applied to your open

estimated tax account ..... 46.

47. Charitable checkoff donations from Schedule OR-DONATE, line 30 ..... 47.

48. Political party \$3 checkoff ..... 48.

Party code: 48a. You 48b. Spouse

49. Oregon 529 college savings plan deposits from Schedule OR-529

(see instructions) ..... 49.

50. Total. Add lines 46 through 49. Line 50 can't be more than your

refund on line 45 ..... 50.

51. Net refund. Line 45 minus line 50 ..... This is your net refund. 51.

Direct deposit

52. For direct deposit of your refund, see instructions. Check the box if the final deposit destination is outside the United States:

Type of account:

Checking or

Savings

Account information:

Routing number

Account number

Kicker donation

53. If you elect to donate your kicker to the State School Fund, check this box. .... 53a.

Complete the kicker worksheet, located in the instructions, and enter the amount here. .... This election is irrevocable. 53b.



Page 7 of 8 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name

Social Security number (SSN)

GURRAPU

598-37-8106

**Note: Reprint page 1 if you make changes to this page.**

**Sign here.** Under penalty of false swearing, I declare that the information in this return is true, correct, and complete.

Your signature

X

Date (MM/DD/YYYY)

Spouse's signature

X

Date (MM/DD/YYYY)

Signature of preparer other than taxpayer

X SYAM PRIYA RAM SAGAR GUPTA TALLAM

Date (MM/DD/YYYY)

Phone

Preparer license number

04/14/2022

678-965-9522

Preparer first name

Initial

Preparer last name

SYAM

P

RAM SAGAR GUPTA TALLAM

Preparer address

2530 PEBBLE CREEK LN

City

State

ZIP code

CUMMING

GA

30041

Signing this return does not grant your preparer the right to represent you or make decisions on your behalf. For more information, see the instructions for the *Tax Information Authorization and Power of Attorney for Representation* form on our website.

**Important:** Include a copy of your federal Form 1040, 1040-SR, 1040-X, or 1040-NR. **We may adjust your return without it.**

**Pay the amount due** (shown on line 44)

- **Online:** [www.oregon.gov/dor](http://www.oregon.gov/dor).
- **By mail:** Payable to the **Oregon Department of Revenue**. Write "2021 Oregon Form OR-40" and the last four digits of your SSN or ITIN on your check or money order. Include your payment with this return. **Don't** use Form OR-40-V payment voucher if you're mailing payment with your return.

**Mail your return**

- **Non-2-D barcode.** If the large 2-D barcode box on the first page of this form is blank:
  - Mail **tax-due** returns to: Oregon Department of Revenue, PO Box 14555, Salem OR 97309-0940.
  - Mail **refund and no-tax-due** returns to: Oregon Department of Revenue, PO Box 14700, Salem OR 97309-0930.
- **2-D barcode.** If the large 2-D barcode box on the first page of this form is filled in:
  - Mail **tax-due** returns to: Oregon Department of Revenue, PO Box 14720, Salem OR 97309-0463.
  - Mail **refund and no-tax-due** returns to: Oregon Department of Revenue, PO Box 14710, Salem OR 97309-0460.



Page 8 of 8 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

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GURRAPU

598-37-8106

**Note: Reprint page 1 if you make changes to this page.**

**Amended statement.** Complete this Section only if you're amending your 2021 return or filing with a new SSN.

If filing an amended return, use this space to explain what you're changing. Include the return line numbers and the reason for each change. If your filing status has changed, explain why. Include all supporting forms and schedules when you file your amended return, even if you haven't changed anything on them.

If filing with a new SSN, enter your former identification number.



**2021 Schedule OR-A  
Oregon Itemized Deductions**

Oregon Department of Revenue

Page 1 of 2 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name

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598-37-8106

**Read instructions carefully before completing. If you itemize, you must include this schedule with your Oregon return.**

**Medical and dental expenses**

**Caution!** Don't include expenses reimbursed or paid by others.

- 1. Medical and dental expenses (see instructions)..... 1.
- 2. Federal adjusted gross income (AGI). Enter the amount from Form OR-40, line 7;  
or Form OR-40-N or OR-40-P, line 29F ..... 2. 309,905.00
- 3. AGI threshold. Multiply line 2 by 7.5% (0.075)..... 3. 23,243.00
- 4. **Medical and dental expense deduction.** Line 1 minus line 3. If line 3 is more  
than line 1, enter 0 ..... 4.

**Taxes you paid**

- 5. State and local income taxes. **Don't include Oregon income tax!** ..... 5. 0.00
- 6. Real estate taxes (see instructions) ..... 6. 5,398.00
- 7. Personal property taxes ..... 7.
- 8. Reserved ..... 8.
- 9. Total income and property taxes. Add lines 5 through 8. **Don't enter more than  
\$10,000 (\$5,000 if married filing separately)** ..... 9. 5,398.00
- 10. Other taxes. List type and amount: ..... 10.
- 11. **Taxes paid deduction.** Add lines 9 and 10..... 11. 5,398.00

*Continued on next page*



Interest you paid

Table with 2 columns: Description and Amount. Rows include Mortgage interest and points reported to you on federal Form 1098 (12,508.00), Mortgage interest not reported to you on federal Form 1098, Points not reported to you on federal Form 1098, Mortgage insurance premiums (0.00), Investment interest, and Interest paid deduction (12,508.00).

Gifts to charity

Table with 2 columns: Description and Amount. Rows include Gifts by cash or check (600.00), Gifts other than by cash or check, Carryover from prior year, and Total gifts to charity (600.00).

Other miscellaneous deductions

Table with 2 columns: Description and Amount. Row 22: List type and amount. Important! Don't include employee business expenses, tax preparation fees, or other deductions subject to the 2 percent of AGI limitation (see instructions).

Oregon itemized deductions

Table with 2 columns: Description and Amount. Row 23: Add lines 4, 11, 17, 21, and 22. Enter the amount from line 23 on Form OR-40, line 16; or Form OR-40-N or OR-40-P, line 37 (18,506.00).





**2021 Form OR-10**  
**Underpayment of Oregon Estimated Tax**

Oregon Department of Revenue

Page 1 of 1 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

**Instructions:** Use this form to report the interest on underpaid estimated tax or to claim an exception to paying estimated tax. Figure your required installment payments and total underpayment interest using the worksheets inside Form OR-10 Instructions. **If you're claiming an exception or owe underpayment interest, include this form when you file your Oregon return.**

Last name

GURRAPU

Social Security number (SSN)

598-37-8106

**Exception**

- 1. If you qualify for an exception to the imposition of underpayment interest, enter the exception number here and on Form OR-40, box 42a; Form OR-40-N, box 68a; or Form OR-40-P, box 67a..... 1.

**Required annual payment**

- 2. Enter the amount from line 10 of the *required annual payment worksheet* inside Form OR-10 Instructions. .... 2. 22,914.00

**Required installment payments**

- 3. Enter the amounts for each installment period from lines 1, 6, 11, and 16 of the *underpayment interest worksheet* inside Form OR-10 Instructions.

- 3A. Installment payment 1: due April 15, 2021 ..... 3A. 5,728.00
- 3B. Installment payment 2: due June 15, 2021 ..... 3B. 5,728.00
- 3C. Installment payment 3: due September 15, 2021 ..... 3C. 5,729.00
- 3D. Installment payment 4: due January 18, 2022 ..... 3D. 5,729.00

**Total underpayment interest for tax year 2021**

- 4. Enter the amount from line 21 of the *underpayment interest worksheet* inside Form OR-10 Instructions here and on Form OR-40, line 42; Form OR-40-N, line 68; or Form OR-40-P, line 67 ..... **Total 4.** 10.00
- See Statement



## Annualized income worksheet

Read the instructions **before** completing this worksheet. **Note:** Start with column A. Work down the column, and complete lines 1 through 31 before going on to columns B, C, and D.

	(A) Jan 1 to Mar 31	(B) Jan 1 to May 31	(C) Jan 1 to Aug 31	(D) Jan 1 to Dec 31
1. Federal adjusted gross income for each period (see instructions).....1.				
2. Oregon additions for each period (see instructions).....2.				
3. Add lines 1 and 2.....3.				
4. Annualization multiplier.....4.	4	2.4	1.5	1
5. Annualized Oregon income. Multiply line 3 by line 4.....5.				
6. Oregon subtractions for each period (except federal tax).....6.				
7. Annualization multiplier.....7.	4	2.4	1.5	1
8. Annualized Oregon subtractions. Multiply line 6 by line 7.....8.				
9. Federal tax liability from Table 3 (see instructions).....9.				
10. Total subtractions. Add lines 8 and 9.....10.				
11. Oregon itemized deductions for each period. If you don't itemize, enter \$0 and skip to line 14 (see instructions).....11.				
12. Annualization multiplier.....12.	4	2.4	1.5	1
13. Annualized Oregon itemized deductions. Multiply line 11 by line 12.....13.				
14. In each column, enter the full amount of your Oregon standard deduction (see instructions).....14.				
15. Enter line 13 or 14, whichever is larger.....15.				
16. Total subtractions and deductions. Add lines 10 and 15.....16.	( )	( )	( )	( )
17. Annualized Oregon taxable income. Line 5 minus line 16.....17.				
18. Oregon tax for the amount on line 17 (see tax tables or tax rate chart in the 2021 return instructions).....18.				
19. Exemption credit (not annualized) from Form OR-40, line 23; Form OR-40-N, line 49; or Form OR-40-P, line 48.....19.				
20. Credits minus any recaptures for each period. Do not include exemption credits (see instructions).....20.				
21. Total credits. Add lines 19 and 20.....21.	( )	( )	( )	( )
22. Net annualized income tax. Line 18 minus line 21.....22.				
23. Percentage that applies for each period.....23.	22.5%	45%	67.5%	90%
24. Annualized tax per period. Multiply line 22 by line 23.....24.				
25. Prior period installment payment. Enter the amount from box 31A in box 25B, from boxes 31A and 31B in box 25C, and from boxes 31A, 31B, and 31C in box 25D.....25.		( )	( )	( )
26. Line 24 minus line 25. If less than zero, enter \$0.....26.				
27. Line 10 of the <b>required annual payment worksheet</b> divided by four.*.....27.				
28. Prior excess regular installment. Enter the amount from box 30A in box 28B, from box 30B in box 28C, and from box 30C in box 28D.....28.				
29. Add lines 27 and 28.....29.				
30. Excess regular installment amount. Line 29 minus line 26. If line 29 is less than line 26, enter \$0.....30.				
31. Annualized installment payment. Enter the smaller of line 26 or line 29.....31.				

Enter the amounts from line 31 on line 1 of the **underpayment interest worksheet** on page 4 and on Form OR-10, line 3.

\* If you are a part-year filer, divide by the number of periods you were an Oregon resident or had income from Oregon sources while you were a nonresident, if less than four.

## Additional information from your 2021 Oregon Tax Return

### Form OR-10: Underpayment of Oregon Estimated Tax Underpayment Statement

### Explanation Statement

Line 34							
Event	Date	Amount Due	Amount Paid	Running Balance	Percent	# of Days	Penalty
Amount Due	04/15/21	5728		5728	4.00	0	
Withholding	04/15/21		5638	90	4.00	61	0.60
Amount Due	06/15/21	5728		5818	4.00	0	
Withholding	06/15/21		5638	180	4.00	92	1.81
Amount Due	09/15/21	5729		5909	4.00	0	
Withholding	09/15/21		5638	271	4.00	108	3.21
Rate Change	01/01/22			271	4.00	17	0.50
Amount Due	01/18/22	5729		6000	4.00	0	
Withholding	01/18/22		5639	361	4.00	90	3.56
Date Filed	04/18/22			361	4.00		

**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 VISHWANATH	Last name GURRAPU	Your social security number 598-37-8106
If joint return, spouse's first name and middle initial RAMYA M	Last name CHIKKALA	Spouse's social security number 880-10-0618
Home address (number and street). If you have a P.O. box, see instructions. 7047 SE TAMARACK ST		Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below. HILLSBORO		State OR
Foreign country name		ZIP code 97123
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** **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

**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"/>

Attach Sch. B if required.  <b>Standard Deduction for—</b> • 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.	<b>1</b>	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .		<b>1</b>	301,694.	
	<b>2a</b>	Tax-exempt interest . . . . .	<b>2a</b>	<b>2b</b>	0.	
	<b>3a</b>	Qualified dividends . . . . .	<b>3a</b>	<b>b</b> Taxable interest . . . . .	<b>2b</b>	
	<b>4a</b>	IRA distributions . . . . .	<b>4a</b>	<b>b</b> Ordinary dividends . . . . .	<b>3b</b>	
	<b>5a</b>	Pensions and annuities . . . . .	<b>5a</b>	<b>b</b> Taxable amount . . . . .	<b>4b</b>	
	<b>6a</b>	Social security benefits . . . . .	<b>6a</b>	<b>b</b> Taxable amount . . . . .	<b>5b</b>	
	<b>7</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ▶ <input type="checkbox"/>		<b>b</b> Taxable amount . . . . .	<b>6b</b>	
	<b>8</b>	Other income from Schedule 1, line 10 . . . . .			<b>7</b>	8,211.
	<b>9</b>	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . . ▶			<b>8</b>	
	<b>10</b>	Adjustments to income from Schedule 1, line 26 . . . . .			<b>9</b>	309,905.
	<b>11</b>	Subtract line 10 from line 9. This is your <b>adjusted gross income</b> . . . . . ▶			<b>10</b>	
	<b>12a</b>	<b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .	<b>12a</b>	25,100.	<b>11</b>	309,905.
	<b>b</b>	Charitable contributions if you take the standard deduction (see instructions)	<b>12b</b>	600.		
	<b>c</b>	Add lines 12a and 12b . . . . .			<b>12c</b>	25,700.
	<b>13</b>	Qualified business income deduction from Form 8995 or Form 8995-A . . . . .			<b>13</b>	
<b>14</b>	Add lines 12c and 13 . . . . .			<b>14</b>	25,700.	
<b>15</b>	<b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . .			<b>15</b>	284,205.	

<b>16</b>	Tax (see instructions). Check if any from Form(s): <b>1</b> <input type="checkbox"/> 8814 <b>2</b> <input type="checkbox"/> 4972 <b>3</b> <input type="checkbox"/> _____	<b>16</b>	55,517.
<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
<b>18</b>	Add lines 16 and 17	<b>18</b>	55,517.
<b>19</b>	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	<b>19</b>	
<b>20</b>	Amount from Schedule 3, line 8	<b>20</b>	
<b>21</b>	Add lines 19 and 20	<b>21</b>	
<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	55,517.
<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 21	<b>23</b>	877.
<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	56,394.
<b>25</b>	Federal income tax withheld from:		
<b>a</b>	Form(s) W-2	<b>25a</b>	52,072.
<b>b</b>	Form(s) 1099	<b>25b</b>	
<b>c</b>	Other forms (see instructions)	<b>25c</b>	0.
<b>d</b>	Add lines 25a through 25c	<b>25d</b>	52,072.
<b>26</b>	2021 estimated tax payments and amount applied from 2020 return	<b>26</b>	
<b>27a</b>	Earned income credit (EIC) <span style="float: right;">No</span>	<b>27a</b>	
	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>b</b>	Nontaxable combat pay election	<b>27b</b>	
<b>c</b>	Prior year (2019) earned income	<b>27c</b>	
<b>28</b>	Refundable child tax credit or additional child tax credit from Schedule 8812	<b>28</b>	
<b>29</b>	American opportunity credit from Form 8863, line 8	<b>29</b>	
<b>30</b>	Recovery rebate credit. See instructions	<b>30</b>	
<b>31</b>	Amount from Schedule 3, line 15	<b>31</b>	
<b>32</b>	Add lines 27a and 28 through 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>	
<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	52,072.
<b>Refund</b>			
<b>34</b>	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>	
<b>35a</b>	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>	
<b>b</b>	Routing number [X X X X X X X X X X] <span style="float: right;"><b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings</span>		
<b>d</b>	Account number [X X X X X X X X X X X X X X X X X X X]		
<b>36</b>	Amount of line 34 you want <b>applied to your 2022 estimated tax</b>	<b>36</b>	
<b>Amount You Owe</b>			
<b>37</b>	<b>Amount you owe</b> . Subtract line 33 from line 24. For details on how to pay, see instructions	<b>37</b>	4,322.
<b>38</b>	Estimated tax penalty (see instructions)	<b>38</b>	

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 <input style="width:95%;" type="text"/>	Phone no. <input style="width:45%;" type="text"/>	Personal identification number (PIN) <input style="width:95%; height: 20px;" type="text"/>
---	---	--

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

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input style="width:95%; height: 20px;" type="text"/>
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	MANAGER, SYSTEMS ENGINEER	
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.) <input style="width:95%; height: 20px;" type="text"/>
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	SYSTEMS SPECIALIST II	

Phone no.  Email address

**Paid Preparer Use Only**

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
SYAM PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA RAM SAGAR GUPTA TALLAM	04/14/2022	P02082703	
Firm's name <input type="checkbox"/> GLOBAL TAXES LLC	Firm's address <input type="checkbox"/> 2530 Pebble Creek Ln Cumming GA 30041			Phone no. (678) 965-9522
	Firm's EIN <input type="checkbox"/> 30-1017196			

**SCHEDULE 2  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Taxes**

▶ 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.

OMB No. 1545-0074

**2021**  
Attachment  
Sequence No. **02**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
VISHWANATH GURRAPU & RAMYA M CHIKKALA

**Your social security number**  
598-37-8106

**Part I Tax**

<b>1</b>	Alternative minimum tax. Attach Form 6251 . . . . .	<b>1</b>	
<b>2</b>	Excess advance premium tax credit repayment. Attach Form 8962 . . . . .	<b>2</b>	
<b>3</b>	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 . . . . .	<b>3</b>	

**Part II Other Taxes**

<b>4</b>	Self-employment tax. Attach Schedule SE . . . . .	<b>4</b>	
<b>5</b>	Social security and Medicare tax on unreported tip income. Attach Form 4137 . . . . .	<b>5</b>	
<b>6</b>	Uncollected social security and Medicare tax on wages. Attach Form 8919 . . . . .	<b>6</b>	
<b>7</b>	Total additional social security and Medicare tax. Add lines 5 and 6 . . . . .	<b>7</b>	
<b>8</b>	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required	<b>8</b>	
<b>9</b>	Household employment taxes. Attach Schedule H . . . . .	<b>9</b>	
<b>10</b>	Repayment of first-time homebuyer credit. Attach Form 5405 if required . . . . .	<b>10</b>	
<b>11</b>	Additional Medicare Tax. Attach Form 8959 . . . . .	<b>11</b>	565.
<b>12</b>	Net investment income tax. Attach Form 8960 . . . . .	<b>12</b>	312.
<b>13</b>	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12 . . . . .	<b>13</b>	
<b>14</b>	Interest on tax due on installment income from the sale of certain residential lots and timeshares . . . . .	<b>14</b>	
<b>15</b>	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000 . . . . .	<b>15</b>	
<b>16</b>	Recapture of low-income housing credit. Attach Form 8611 . . . . .	<b>16</b>	

*(continued on page 2)*

**Part II Other Taxes** (continued)

<b>17</b>	Other additional taxes:		
<b>a</b>	Recapture of other credits. List type, form number, and amount ▶ _____	<b>17a</b>	
<b>b</b>	Recapture of federal mortgage subsidy. If you sold your home in 2021, see instructions . . . . .	<b>17b</b>	
<b>c</b>	Additional tax on HSA distributions. Attach Form 8889 . . . . .	<b>17c</b>	
<b>d</b>	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889 . . . . .	<b>17d</b>	
<b>e</b>	Additional tax on Archer MSA distributions. Attach Form 8853 . . . . .	<b>17e</b>	
<b>f</b>	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853 . . . . .	<b>17f</b>	
<b>g</b>	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property . . . . .	<b>17g</b>	
<b>h</b>	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A . . . . .	<b>17h</b>	
<b>i</b>	Compensation you received from a nonqualified deferred compensation plan described in section 457A . . . . .	<b>17i</b>	
<b>j</b>	Section 72(m)(5) excess benefits tax . . . . .	<b>17j</b>	
<b>k</b>	Golden parachute payments . . . . .	<b>17k</b>	
<b>l</b>	Tax on accumulation distribution of trusts . . . . .	<b>17l</b>	
<b>m</b>	Excise tax on insider stock compensation from an expatriated corporation . . . . .	<b>17m</b>	
<b>n</b>	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866 . . . . .	<b>17n</b>	
<b>o</b>	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR . . . . .	<b>17o</b>	
<b>p</b>	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund . . . . .	<b>17p</b>	
<b>q</b>	Any interest from Form 8621, line 24 . . . . .	<b>17q</b>	
<b>z</b>	Any other taxes. List type and amount ▶ _____	<b>17z</b>	
<b>18</b>	Total additional taxes. Add lines 17a through 17z . . . . .		<b>18</b>
<b>19</b>	Additional tax from Schedule 8812 . . . . .		<b>19</b>
<b>20</b>	Section 965 net tax liability installment from Form 965-A . . . . .	<b>20</b>	
<b>21</b>	Add lines 4, 7 through 16, 18, and 19. These are your <b>total other taxes</b> . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b . . . . .		<b>21</b>

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