

# 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<br>ANUHYA KANAKAMEDALA | Social security number<br>147-43-8024 |
| Spouse's name                          | Spouse's social security number       |

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

Enter whole dollars only on lines 1 through 5.

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

|   |                                                               |   |         |
|---|---------------------------------------------------------------|---|---------|
| 1 | Adjusted gross income                                         | 1 | 90,612. |
| 2 | Total tax                                                     | 2 | 12,859. |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 17,145. |
| 4 | Amount you want refunded to you                               | 4 | 4,286.  |
| 5 | Amount you owe                                                | 5 |         |

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

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

### Taxpayer's PIN: check one box only

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

|   |   |   |   |   |
|---|---|---|---|---|
| 3 | 8 | 0 | 2 | 4 |
|---|---|---|---|---|

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

Your signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Spouse's PIN: check one box only

- I authorize \_\_\_\_\_ to enter or generate my PIN 

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

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

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

### Practitioner PIN Method Returns Only—continue below

## Part III Certification and Authentication – Practitioner PIN Method Only

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

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

  
Don't enter all zeros

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

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

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

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

Your first name and middle initial: ANUHYA
Last name: KANAKAMEDALA
Your social security number: 147-43-8024
If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number:

Home address (number and street). If you have a P.O. box, see instructions.
412 MC GRATH HWY
Apt. no.: 304
Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
[ ] You [ ] Spouse

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

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

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

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) if qualifies for (Child tax credit, Credit for other dependents)

Main tax calculation table with 15 rows and 2 columns. Includes items like Wages, salaries, tips, etc. (100,292), Total income (90,612), Adjusted gross income (90,612), Standard deduction (12,550), Charitable contributions (300), and Taxable income (77,762).

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

|                                      |                                                                                                                                                                                                                              |            |         |
|--------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------|
| <b>16</b>                            | <b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____                                                                   | <b>16</b>  | 12,859. |
| <b>17</b>                            | Amount from Schedule 2, line 3                                                                                                                                                                                               | <b>17</b>  |         |
| <b>18</b>                            | Add lines 16 and 17                                                                                                                                                                                                          | <b>18</b>  | 12,859. |
| <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>  | 12,859. |
| <b>23</b>                            | Other taxes, including self-employment tax, from Schedule 2, line 21                                                                                                                                                         | <b>23</b>  | 0.      |
| <b>24</b>                            | Add lines 22 and 23. This is your <b>total tax</b>                                                                                                                                                                           | <b>24</b>  | 12,859. |
| <b>25</b>                            | Federal income tax withheld from:                                                                                                                                                                                            |            |         |
| <b>a</b>                             | Form(s) W-2                                                                                                                                                                                                                  | <b>25a</b> | 17,145. |
| <b>b</b>                             | Form(s) 1099                                                                                                                                                                                                                 | <b>25b</b> |         |
| <b>c</b>                             | Other forms (see instructions)                                                                                                                                                                                               | <b>25c</b> |         |
| <b>d</b>                             | Add lines 25a through 25c                                                                                                                                                                                                    | <b>25d</b> | 17,145. |
| <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>  | 17,145. |
| <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>  | 4,286.  |
|                                      | <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> | 4,286.  |
| Direct deposit?<br>See instructions. | <b>b</b> Routing number 044000037 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings                                                                                               |            |         |
|                                      | <b>d</b> Account number 871599069                                                                                                                                                                                            |            |         |
|                                      | <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>  |         |
|                                      | <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 \_\_\_\_\_ Phone no. \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

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

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

Phone no. (440) 984-8924 Email address ANUHYA13.K@GMAIL.COM

**Paid Preparer Use Only**

|                                                      |                                                           |                    |                             |                                                     |
|------------------------------------------------------|-----------------------------------------------------------|--------------------|-----------------------------|-----------------------------------------------------|
| Preparer's name<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM | Preparer's signature<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date<br>03/01/2022 | PTIN<br>P02082703           | Check if:<br><input type="checkbox"/> Self-employed |
| Firm's name<br>GLOBAL TAXES LLC                      | Firm's address<br>2530 Pebble Creek Ln Cumming GA 30041   |                    | Phone no.<br>(678) 965-9522 | Firm's EIN<br>30-1017196                            |

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

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

OMB No. 1545-0074

**2021**  
Attachment  
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
ANUHYA KANAKAMEDALA

Your social security number  
147-43-8024

**Part I Additional Income**

|           |                                                                                                                                                     |           |         |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>1</b>  | Taxable refunds, credits, or offsets of state and local income taxes . . . . .                                                                      | <b>1</b>  |         |
| <b>2a</b> | Alimony received . . . . .                                                                                                                          | <b>2a</b> |         |
| <b>b</b>  | Date of original divorce or separation agreement (see instructions) ▶ _____                                                                         |           |         |
| <b>3</b>  | Business income or (loss). Attach Schedule C . . . . .                                                                                              | <b>3</b>  |         |
| <b>4</b>  | Other gains or (losses). Attach Form 4797 . . . . .                                                                                                 | <b>4</b>  |         |
| <b>5</b>  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .                                               | <b>5</b>  | -9,680. |
| <b>6</b>  | Farm income or (loss). Attach Schedule F . . . . .                                                                                                  | <b>6</b>  |         |
| <b>7</b>  | Unemployment compensation . . . . .                                                                                                                 | <b>7</b>  |         |
| <b>8</b>  | Other income:                                                                                                                                       |           |         |
| <b>a</b>  | Net operating loss . . . . .                                                                                                                        | <b>8a</b> | ( )     |
| <b>b</b>  | Gambling income . . . . .                                                                                                                           | <b>8b</b> |         |
| <b>c</b>  | Cancellation of debt . . . . .                                                                                                                      | <b>8c</b> |         |
| <b>d</b>  | Foreign earned income exclusion from Form 2555 . . . . .                                                                                            | <b>8d</b> | ( )     |
| <b>e</b>  | Taxable Health Savings Account distribution . . . . .                                                                                               | <b>8e</b> |         |
| <b>f</b>  | Alaska Permanent Fund dividends . . . . .                                                                                                           | <b>8f</b> |         |
| <b>g</b>  | Jury duty pay . . . . .                                                                                                                             | <b>8g</b> |         |
| <b>h</b>  | Prizes and awards . . . . .                                                                                                                         | <b>8h</b> |         |
| <b>i</b>  | Activity not engaged in for profit income . . . . .                                                                                                 | <b>8i</b> |         |
| <b>j</b>  | Stock options . . . . .                                                                                                                             | <b>8j</b> |         |
| <b>k</b>  | 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 . . . . . | <b>8k</b> |         |
| <b>l</b>  | Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .                                                                     | <b>8l</b> |         |
| <b>m</b>  | Section 951(a) inclusion (see instructions) . . . . .                                                                                               | <b>8m</b> |         |
| <b>n</b>  | Section 951A(a) inclusion (see instructions) . . . . .                                                                                              | <b>8n</b> |         |
| <b>o</b>  | Section 461(l) excess business loss adjustment . . . . .                                                                                            | <b>8o</b> |         |
| <b>p</b>  | Taxable distributions from an ABLE account (see instructions) . . . . .                                                                             | <b>8p</b> |         |
| <b>z</b>  | Other income. List type and amount ▶ _____                                                                                                          | <b>8z</b> |         |
| <b>9</b>  | Total other income. Add lines 8a through 8z . . . . .                                                                                               | <b>9</b>  |         |
| <b>10</b> | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .                                                 | <b>10</b> | -9,680. |

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

Schedule 1 (Form 1040) 2021

**Part II Adjustments to Income**

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

**SCHEDULE E  
(Form 1040)**

**Supplemental Income and Loss**

OMB No. 1545-0074

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

**2021**

Department of the Treasury  
Internal Revenue Service (99)

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

Attachment  
Sequence No. **13**

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

Name(s) shown on return

Your social security number

ANUHYA KANAKAMEDALA

147-43-8024

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

**A** Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions . . . . .  Yes  No

**B** If "Yes," did you or will you file required Form(s) 1099? . . . . .  Yes  No

**1a** Physical address of each property (street, city, state, ZIP code)  
**A** PLOT NO-40, FLAT NO-207 BHAGYANAGAR COLONY KPHB HYDERABAD TELANGANA IN 500072  
**B**  
**C**

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

**Type of Property:**

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

| Income:                               | Properties: | A    | B | C |
|---------------------------------------|-------------|------|---|---|
| <b>3</b> Rents received . . . . .     | <b>3</b>    | 620. |   |   |
| <b>4</b> Royalties received . . . . . | <b>4</b>    |      |   |   |

**Expenses:**

|                                                                    |           |         |  |  |
|--------------------------------------------------------------------|-----------|---------|--|--|
| <b>5</b> Advertising . . . . .                                     | <b>5</b>  |         |  |  |
| <b>6</b> Auto and travel (see instructions) . . . . .              | <b>6</b>  |         |  |  |
| <b>7</b> Cleaning and maintenance . . . . .                        | <b>7</b>  | 1,650.  |  |  |
| <b>8</b> Commissions. . . . .                                      | <b>8</b>  |         |  |  |
| <b>9</b> Insurance . . . . .                                       | <b>9</b>  |         |  |  |
| <b>10</b> Legal and other professional fees . . . . .              | <b>10</b> |         |  |  |
| <b>11</b> Management fees . . . . .                                | <b>11</b> | 2,100.  |  |  |
| <b>12</b> Mortgage interest paid to banks, etc. (see instructions) | <b>12</b> |         |  |  |
| <b>13</b> Other interest. . . . .                                  | <b>13</b> |         |  |  |
| <b>14</b> Repairs. . . . .                                         | <b>14</b> | 2,350.  |  |  |
| <b>15</b> Supplies . . . . .                                       | <b>15</b> | 2,250.  |  |  |
| <b>16</b> Taxes . . . . .                                          | <b>16</b> |         |  |  |
| <b>17</b> Utilities . . . . .                                      | <b>17</b> | 1,950.  |  |  |
| <b>18</b> Depreciation expense or depletion . . . . .              | <b>18</b> |         |  |  |
| <b>19</b> Other (list) ▶ . . . . .                                 | <b>19</b> |         |  |  |
| <b>20</b> Total expenses. Add lines 5 through 19 . . . . .         | <b>20</b> | 10,300. |  |  |

|                                                                                                                                                               |           |            |     |     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|-----|-----|
| <b>21</b> Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 . . . . . | <b>21</b> | -9,680.    |     |     |
| <b>22</b> Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . .                                              | <b>22</b> | ( 9,680. ) | ( ) | ( ) |

|                                                                                        |            |         |  |
|----------------------------------------------------------------------------------------|------------|---------|--|
| <b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . . | <b>23a</b> | 620.    |  |
| <b>b</b> Total of all amounts reported on line 4 for all royalty properties . . . . .  | <b>23b</b> |         |  |
| <b>c</b> Total of all amounts reported on line 12 for all properties . . . . .         | <b>23c</b> |         |  |
| <b>d</b> Total of all amounts reported on line 18 for all properties . . . . .         | <b>23d</b> |         |  |
| <b>e</b> Total of all amounts reported on line 20 for all properties . . . . .         | <b>23e</b> | 10,300. |  |

**24** **Income.** Add positive amounts shown on line 21. Do not include any losses . . . . . **24**

**25** **Losses.** Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . . **25** ( 9,680. )

**26** **Total rental real estate and royalty income or (loss).** Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . . **26** -9,680.

For Paperwork Reduction Act Notice, see the separate instructions.

NPA

-9,680.

Schedule E (Form 1040) 2021





# Form M-8453 Individual Income Tax Declaration for Electronic Filing

2021

**Massachusetts  
Department of  
Revenue**

**Please print or type. Privacy Act Notice available upon request. For the year January 1–December 31, 2021.**

|                             |           |                             |
|-----------------------------|-----------|-----------------------------|
| Your first name and initial | Last name | Your Social Security number |
| ANUHYA KANAKAMEDALA         |           | 147438024                   |

|                                                    |           |                                 |
|----------------------------------------------------|-----------|---------------------------------|
| If a joint return, spouse's first name and initial | Last name | Spouse's Social Security number |
|                                                    |           |                                 |

|                                               |       |       |                                                                                                           |
|-----------------------------------------------|-------|-------|-----------------------------------------------------------------------------------------------------------|
| Present street address (and apartment number) |       |       |                                                                                                           |
| 412 MC GRATH HWY APT NO 304                   |       |       |                                                                                                           |
| City/Town/Post Office                         | State | Zip   | Filing status: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married filing jointly |
| SOMERVILLE                                    | MA    | 02143 | <input type="checkbox"/> Married filing separately <input type="checkbox"/> Head of household             |

**Part 1. Tax Return Information for Electronic Filing**

|                                                                                                |   |       |
|------------------------------------------------------------------------------------------------|---|-------|
| 1 Total 5.0% income (from Form 1, line 10, or Form 1-NR/PY, line 12) . . . . .                 | 1 | 90612 |
| 2 Income tax after credits (from Form 1, line 32, or Form 1-NR/PY, line 36) . . . . .          | 2 | 4061  |
| 3 Massachusetts use tax (from Form 1, line 34, or Form 1-NR/PY, line 38) . . . . .             | 3 |       |
| 4 Massachusetts income tax withheld (from Form 1, line 38, or Form 1-NR/PY, line 42) . . . . . | 4 | 4915  |
| 5 Refund amount (from Form 1, line 52, or Form 1-NR/PY, line 56) . . . . .                     | 5 | 854   |
| 6 Tax due (from Form 1, line 53, or Form 1-NR/PY, line 57) . . . . .                           | 6 |       |

**Part 2. Declaration and Signature of Taxpayer**

Under pains and penalties of perjury, I declare that I have reviewed the information on my return with the information I have provided to my Electronic Return Originator and that the amounts above agree with the amounts shown on my 2021 Massachusetts return. To the best of my knowledge and belief this information is true, correct and complete. I consent that my return, including this declaration and accompanying schedules, forms and statements be sent to the Massachusetts Department of Revenue by my Electronic Return Originator. I authorize DOR to inform my Electronic Return Originator and/or the transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize DOR to identify the reasons for rejection so that the return can be corrected and re-transmitted. If I have filed a balance due return, I understand that if DOR does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable penalties and interest.

|                |      |                                                             |      |
|----------------|------|-------------------------------------------------------------|------|
| Your signature | Date | Spouse's signature (if joint return, <b>both</b> must sign) | Date |
|                |      |                                                             |      |

**Part 3. Declaration and Signature of Electronic Return Originator (ERO)**

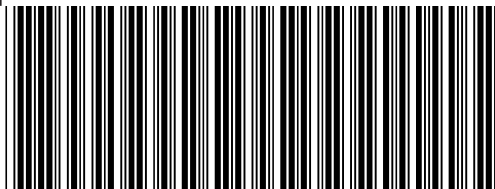
I declare that I have reviewed the above taxpayer's return and that the entries on this M-8453 are complete and correct to the best of my knowledge. (Collectors are not responsible for reviewing the taxpayer's return; however, they must ensure that the M-8453 accurately reflects the data on the return.) I have obtained the taxpayer's signature before submitting this return to the Massachusetts Department of Revenue. I have provided the taxpayer with a copy of all forms and information filed with the Massachusetts Department of Revenue. If I am also the paid preparer, under pains and penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct and complete. I declare that I have verified the taxpayer's proof of account and it agrees with the name(s) shown on this form. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge. Original Forms M-8453 should not be sent to DOR, but must instead be retained by the ERO on the ERO's business premises for a period of three years from the date the return to which the M-8453 relates was filed.

|                                                    |           |           |                                                      |
|----------------------------------------------------|-----------|-----------|------------------------------------------------------|
| ERO's signature and SSN or PTIN                    | Date      | EIN       | <input type="checkbox"/> Check if self-employed      |
|                                                    | 03012022  | 301017196 |                                                      |
| Firm name (or yours, if self-employed) and address | City/Town | State     | Zip                                                  |
| GLOBAL TAXES LLC 2530 PEBBLE CREEK LN              | CUMMING   | GA        | 30041                                                |
|                                                    |           |           | <input type="checkbox"/> Check if also paid preparer |

**Part 4. Declaration and Signature of Paid Preparer (if other than ERO)**

Under pains and penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

|                                                        |                    |           |                                                 |
|--------------------------------------------------------|--------------------|-----------|-------------------------------------------------|
| Paid preparer's signature and SSN or PTIN              | Date               | EIN       | <input type="checkbox"/> Check if self-employed |
|                                                        | P02082703 03012022 | 301017196 |                                                 |
| Firm name (or yours, if self-employed) and address     | City/Town          | State     | Zip                                             |
| SIAM PRIYA RAM SAGAR GUPTA TALLAM 2530 PEBBLE CREEK LN | CUMMING            | GA        | 30041                                           |



# 2021 Form 1

MA21001011555

## Massachusetts Resident Income Tax Return

FOR FULL YEAR RESIDENTS ONLY

For the year January 1–December 31, 2021 or other taxable

Year beginning

Ending

ANUHYA

KANAKAMEDALA

147438024

412 MC GRATH HWY

SOMERVILLE

MA 02143

304

Fill in if: Amended return Other jurisdiction change Federal amendment Amended return due to IRS BBA Partnership Audit

### State Election Campaign Fund:

Fill in if veteran of Operations Enduring Freedom, Iraqi Freedom, Noble Eagle or Sinai Peninsula

Fill in if name change

Taxpayer deceased

Fill in if under age 18

a. Total federal income 90612

b. Federal adjusted gross income 90612

### 1. Filing status (select one only):

Single

Married filing jointly

Married filing separate return

Head of household

You are a custodial parent who has released claim to exemption for child(ren)

\$1 You \$1 Spouse TOTAL

You Spouse

You Spouse

You Spouse

You Spouse

Fill in if noncustodial parent

Fill in if filing Schedule TDS

Fill in if filing Schedule FCI

Fill in if reporting crypto currency

### 2. Exemptions

a. Personal exemptions

2a

4400

b. Number of dependents. (Do not include yourself or your spouse.) Enter number

x \$1,000 = 2b

c. Age 65 or over before 2022 You + Spouse =

x \$700 = 2c

d. Blindness You + Spouse =

x \$2,200 = 2d

e. Medical/dental

2e

f. Adoption

2f

g. Total exemptions. Add items 2a through 2f. Enter here and on line 18

2g

4400

**SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.**

Your signature

Date

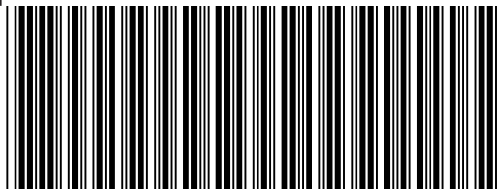
Spouse's signature

Date

440-984-8924

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST





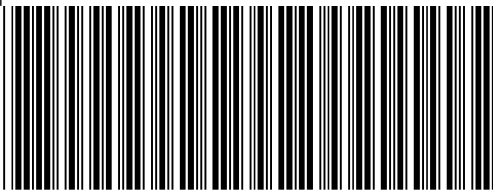
**2021 Form 1, pg. 2**

MA21001021555

Massachusetts Resident Income Tax Return  
147438024

|      |                                                                                       |                |          |        |
|------|---------------------------------------------------------------------------------------|----------------|----------|--------|
| 3.   | Wages, salaries, tips                                                                 |                | 3        | 100292 |
| 4.   | Taxable pensions and annuities                                                        |                | 4        |        |
| 5.   | Mass. bank interest: a.                                                               | - b. exemption | = 5      |        |
| 6a.  | Business/profession income/loss                                                       |                | 6a       |        |
| 6b.  | Farming income/loss                                                                   |                | 6b       |        |
| 7.   | Rental, royalty and REMIC, partnership, S corp., trust income/loss                    |                | 7        | -9680  |
| 8a.  | Unemployment                                                                          |                | 8a       |        |
| 8b.  | Mass. lottery winnings                                                                |                | 8b       |        |
| 9.   | Other income from Schedule X, line 6                                                  |                | 9        |        |
| 10.  | <b>TOTAL 5.0% INCOME</b>                                                              |                | 10       | 90612  |
| 11a. | Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass. Retirement                     |                | 11a      | 2000   |
| 11b. | Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement        |                | 11b      |        |
| 12.  | Reserved for future use                                                               |                | 12       |        |
| 13.  | Reserved for future use                                                               |                | 13       |        |
| 14.  | Rental deduction. a.                                                                  | 9600           | ÷ 2 = 14 | 3000   |
| 15.  | Other deductions from Schedule Y, line 19                                             |                | 15       |        |
| 16.  | <b>Total deductions.</b> Add lines 11 through 15                                      |                | 16       | 5000   |
| 17.  | <b>5.0% INCOME AFTER DEDUCTIONS.</b> Subtract line 16 from line 10. Not less than "0" |                | 17       | 85612  |
| 18.  | Exemption amount                                                                      |                | 18       | 4400   |
| 19.  | <b>5.0% INCOME AFTER EXEMPTIONS.</b> Subtract line 18 from line 17. Not less than "0" |                | 19       | 81212  |
| 20.  | <b>INTEREST AND DIVIDEND INCOME</b>                                                   |                | 20       |        |
| 21.  | <b>TOTAL TAXABLE 5.0% INCOME.</b> Add lines 19 and 20                                 |                | 21       | 81212  |

**BE SURE TO INCLUDE THIS PAGE WITH FORM 1, PAGE 1**

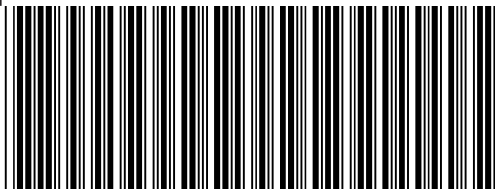


**2021 Form 1, pg. 3**

MA21001031555

Massachusetts Resident Income Tax Return  
147438024

|                                                                                                                                                                               |            |      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------|
| <b>22. TAX ON 5.0% INCOME. Note:</b> If choosing the optional 5.85% tax rate, fill in and multiply line 21 and the amount in Schedule D, line 21 by .0585                     | <b>22</b>  | 4061 |
| <b>23. 12% INCOME.</b> Not less than "0" a.                                                                                                                                   | <b>23</b>  |      |
|                                                                                                                                                                               | x .12 =    |      |
| <b>24. TAX ON LONG-TERM CAPITAL GAINS. Not less than "0."</b> Fill in if filing Schedule D-IS<br>Fill in if any excess exemptions were used in calculating lines 20, 23 or 24 | <b>24</b>  |      |
| <b>25. Credit recapture amount</b> (from Credit Recapture Schedule)                                                                                                           | <b>25</b>  |      |
| <b>26. Additional tax on installment sale</b>                                                                                                                                 | <b>26</b>  |      |
| <b>27. If you qualify for No Tax Status, fill in and enter "0" on line 28</b>                                                                                                 |            |      |
| <b>28. TOTAL INCOME TAX.</b> Add lines 22 through 26                                                                                                                          | <b>28</b>  | 4061 |
| <b>29. Limited Income Credit</b>                                                                                                                                              | <b>29</b>  |      |
| <b>30. Income tax due to another state or jurisdiction</b>                                                                                                                    | <b>30</b>  |      |
| <b>31. Other credits from Credit Manager Schedule</b>                                                                                                                         | <b>31</b>  |      |
| <b>32. INCOME TAX AFTER CREDITS.</b> Subtract the total of lines 29 through 31 from line 28. <b>Not less than "0"</b>                                                         | <b>32</b>  | 4061 |
| <b>33. Voluntary Contributions</b>                                                                                                                                            |            |      |
| a. Endangered Wildlife Conservation                                                                                                                                           | <b>33a</b> |      |
| b. Organ Transplant Fund                                                                                                                                                      | <b>33b</b> |      |
| c. Massachusetts Public Health HIV and Hepatitis Fund                                                                                                                         | <b>33c</b> |      |
| d. Massachusetts U.S. Olympic Fund                                                                                                                                            | <b>33d</b> |      |
| e. Massachusetts Military Family Relief Fund                                                                                                                                  | <b>33e</b> |      |
| f. Homeless Animal Prevention and Care                                                                                                                                        | <b>33f</b> |      |
| Total. Add lines 33a through 33f                                                                                                                                              | <b>33</b>  |      |
| <b>34. Use tax due on Internet, mail order and other out-of-state purchases</b>                                                                                               | <b>34</b>  |      |
| <b>35. Health care penalty</b> a. You + b. Spouse                                                                                                                             | <b>35</b>  |      |
| <b>36. Amended return only.</b> Overpayment from original return                                                                                                              | <b>36</b>  |      |
| <b>37. INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX.</b> Add lines 32 through 36                                                                                   | <b>37</b>  | 4061 |



2021 Form 1, pg. 4

MA21001041555

Massachusetts Resident Income Tax Return
147438024

Table with 3 columns: Line number, Description, and Amount. Includes lines 38-52 with various tax items like income tax withheld, credits, and overpayment.

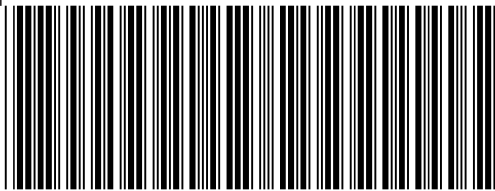
Direct deposit of refund. Type of account X checking
savings
RTN # 044000037 account # 871599069

53. Tax due. Pay online at www.mass.gov/dor/payonline. Mail to: Mass. DOR, PO Box 7003, Boston, MA 02204
Interest Penalty M-2210 amt. 53 EX enclose Form M-2210

May the Department of Revenue discuss this return with the preparer shown here?

I do not want preparer to file my return electronically (this may delay your refund) Paid preparer's
Print paid preparer's name Date Check if self-employed SSN/PTIN
SYAM PRIYA RAM SAGAR GUPTA TALLAM 03012022 P02082703
Paid preparer's signature Paid preparer's phone Paid preparer's EIN
SYAM PRIYA RAM SAGAR GUPTA TALLAM 678-965-9522 30-1017196

BE SURE TO INCLUDE THIS PAGE WITH FORM 1, PAGE 1



**2021 Schedule INC**

MA21INC011555

ANUHYA

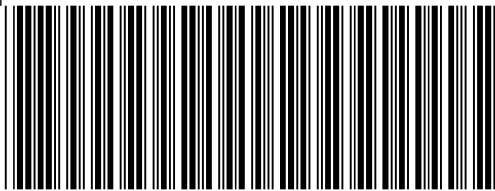
KANAKAMEDALA

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**Form W-2 and 1099 Information**

| A. FEDERAL ID NUMBER | B. STATE TAX WITHHELD | C. STATE WAGES/INCOME | D. TAXPAYER SS WITHHELD | E. SPOUSE SS WITHHELD | F. SOURCE OF WITHHOLDING |
|----------------------|-----------------------|-----------------------|-------------------------|-----------------------|--------------------------|
| 270425334            | 4915                  | 100292                | 7672                    |                       | W2                       |

|        |      |        |      |  |  |
|--------|------|--------|------|--|--|
| TOTALS | 4915 | 100292 | 7672 |  |  |
|--------|------|--------|------|--|--|



# 2021 Schedule HC

MA21029011555

Schedule HC, Health Care Information, must be completed by all full-year residents and certain part-year residents (see instructions).

**Note:** Schedule HC must be enclosed with your Form 1 or Form 1-NR/PY. Failure to do so will delay the processing of your return.

ANUHYA

KANAKAMEDALA

147438024

1a. Date of birth    07131995    1b. Spouse's date of birth    1c. Family size    1

2. Federal adjusted gross income    2    90612

3. Indicate the time period that you were enrolled in a Minimum Creditable Coverage (MCC) health insurance plan(s). The Form MA 1099-HC from your insurer will indicate whether your insurance met MCC requirements. Note: MassHealth, Medicare, and health coverage for U.S. Military, including Veterans Administration and Tri-Care, meet the MCC requirements. If you did not receive a Form MA 1099-HC from your insurer, or you had insurance that did not meet MCC requirements, see the special section on MCC requirements in the instructions.

See instructions if, during 2021, you turned 18, you were a part-year resident or a taxpayer was deceased. If you filled in the full-year or part-year MCC oval, go to line 4. If you filled in No MCC/None, go to line 6.

|                   |                                                   |                                        |                                      |
|-------------------|---------------------------------------------------|----------------------------------------|--------------------------------------|
| <b>3a</b> You:    | <input checked="" type="checkbox"/> Full-year MCC | <input type="checkbox"/> Part-year MCC | <input type="checkbox"/> No MCC/None |
| <b>3a</b> Spouse: | <input type="checkbox"/> Full-year MCC            | <input type="checkbox"/> Part-year MCC | <input type="checkbox"/> No MCC/None |

4. Indicate the health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements in which you were enrolled in 2021, as shown on Form MA 1099-HC (check all that apply). If you did not receive this form, fill in line(s) 4f and/or 4g and see instructions. Fill in if you were enrolled in private insurance and MassHealth or Commonwealth Care and enter your private insurance information in line(s) 4f and/or 4g and go to line 5.

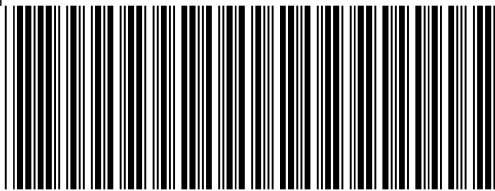
|                                                                                                                                                                            |                                         |                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|---------------------------------|
| <b>4a.</b> Private insurance, including ConnectorCare (completes line(s) 4f and/or 4g below)                                                                               | <input type="checkbox"/> You            | <input type="checkbox"/> Spouse |
| <b>4b.</b> MassHealth. Fill in and go to line 5                                                                                                                            | <input checked="" type="checkbox"/> You | <input type="checkbox"/> Spouse |
| <b>4c.</b> Medicare (including a replacement or supplemental plan). Fill in and go to line 5                                                                               | <input type="checkbox"/> You            | <input type="checkbox"/> Spouse |
| <b>4d.</b> U.S. Military (including Veterans Administration and Tri-Care). Fill in and go to line 5                                                                        | <input type="checkbox"/> You            | <input type="checkbox"/> Spouse |
| <b>4e.</b> Other program (enter the program name(s) only in lines 4f and/or 4g below). Note: Health Safety Net is not considered insurance or minimum creditable coverage. | <input type="checkbox"/> You            | <input type="checkbox"/> Spouse |

4f. Your Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5.

4g. Spouse Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5.

5. If you had health insurance that met MCC requirements for the full-year, including private insurance, MassHealth, Commonwealth Care or ConnectorCare, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Other wise, go to line 6.

If you had Medicare (including a replacement or supplemental plan), U.S. Military (including Veterans Administration and Tri-Care), or other government insurance at any point during 2021, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Otherwise, go to line 6.



# 2021 Schedule HC, pg. 2

147438024 MA21029021555

## You might be eligible for low- or no-cost health insurance coverage.

If you (and/or your spouse, if married filing jointly) do not have health insurance coverage, you might be eligible for health insurance coverage programs made available by the Commonwealth of Massachusetts. By filling in the oval below, you authorize DOR to share information from your tax return and attached schedules with the Health Connector. If you are married filing jointly, both spouses must check the box for the Health Connector to receive all of your information. The Health Connector will assess your eligibility for those coverage options, including low- or no-cost coverage, and contact you with information. See instructions.

You: I authorize DOR to share this tax return including attached schedules with the Massachusetts Health Connector for the purpose of assessing my eligibility for insurance affordability programs and contacting me with information about the same.

Spouse: I authorize DOR to share this tax return including attached schedules with the Massachusetts Health Connector for the purpose of assessing my eligibility for insurance affordability programs and contacting me with information about the same.

### Your Health Insurance

6. Was your income in 2021 at or below 150% of the federal poverty level? 6 Yes No

If you answer Yes, you are not subject to a penalty in 2021. Skip the remainder of this schedule and complete your tax return. If you answer No and you were enrolled in a health insurance plan that met the MCC requirements for part, but not all, of 2021, go to line 7. If you answer No and you had no insurance or you were enrolled in a plan that did not meet the MCC requirements during the period that the mandate applied, go to line 8a.

7. Complete this section **only if** you, and/or your spouse if married filing jointly, were enrolled in a health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements for part, but not all of 2021. Fill in below the months that met the MCC requirements, as shown on Form MA 1099-HC. If you did not receive this form, fill in the months you were covered by a plan that met the MCC requirements at least **15 days or more**. If, during 2021, you **turned 18**, you were a **part-year resident** or a taxpayer was **deceased**, fill in the oval(s) below for the month(s) that met the MCC requirements during the period that the mandate applied. See instructions.

You may only fill in the month(s) you had health insurance that met MCC requirements. If you had health insurance, but it did not meet MCC requirements, you must skip this section and go to line 8a.

### Months Covered By Health Insurance

|         |      |      |       |       |     |      |      |      |       |      |      |      |
|---------|------|------|-------|-------|-----|------|------|------|-------|------|------|------|
| You:    | Jan. | Feb. | March | April | May | June | July | Aug. | Sept. | Oct. | Nov. | Dec. |
| Spouse: | Jan. | Feb. | March | April | May | June | July | Aug. | Sept. | Oct. | Nov. | Dec. |

If you had four or more consecutive months either with no insurance or insurance that did not meet the MCC requirements (four or more blank months in a row), go to line 8a. Otherwise, a penalty does not apply to you in 2021. Skip the remainder of this schedule and complete your tax return.

### Religious Exemption and Certificate of Exemption

8a. **Religious exemption:** Are you claiming an exemption from the requirement to purchase health insurance based on your sincerely held religious beliefs that cause you to object to substantially all forms of treatment covered by health insurance? 8a You Yes No  
Spouse Yes No

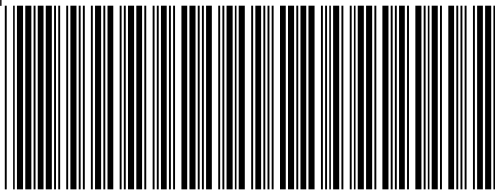
If you answer Yes, go to line 8b. If you answer No, go to line 9.

8b. If you are claiming a religious exemption in line 8a, did you receive medical health care during the 2021 tax year? 8b You Yes No  
Spouse Yes No

If you answer No to line 8b, skip the remainder of this schedule and continue completing your tax return. If you answer Yes to line 8b, go to line 9.

9. **Certificate of exemption:** Have you obtained a Certificate of Exemption issued by the Massachusetts Health Connector for the 2021 tax year? 9 You Yes No  
Spouse Yes No

If you answer Yes, enter the certificate number, skip the remainder of this schedule and continue completing your tax return. If you answer No to line 9, go to line 10.



# 2021 Schedule HC, pg. 3

MA21029031555

ANUHYA

KANAKAMEDALA

147438024

## Affordability as Determined By State Guidelines

**Note:** This section will require the use of worksheets and tables found in the instructions. You must complete the worksheet(s) to determine if health insurance was affordable to you during the 2021 tax year.

|                                                                                                                                                                                                         |               |     |    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----|----|
| <b>10.</b> Did your employer offer affordable health insurance that met minimum creditable coverage requirements as determined by completing the Schedule HC Worksheet for Line 10 in the instructions? | <b>10</b> You | Yes | No |
|                                                                                                                                                                                                         | Spouse        | Yes | No |

Fill in No if your employer did not offer health insurance that met minimum creditable coverage requirements, you were not eligible for health insurance offered by your employer, you were self-employed or you were unemployed.

|                                                                                                                                                                |               |     |    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----|----|
| <b>11.</b> Were you eligible for government-subsidized health insurance as determined by completing the Schedule HC Worksheet for Line 11 in the instructions? | <b>11</b> You | Yes | No |
|                                                                                                                                                                | Spouse        | Yes | No |

If you answer No, go to line 12. If you answer Yes, go to the Health Care Penalty Worksheet in the instructions to calculate your penalty amount.

|                                                                                                                                                                                                                   |               |     |    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----|----|
| <b>12.</b> Were you able to purchase affordable private health insurance that met minimum creditable coverage requirements as determined by completing the Schedule HC Worksheet for Line 12 in the instructions? | <b>12</b> You | Yes | No |
|                                                                                                                                                                                                                   | Spouse        | Yes | No |

If you answer No, you are not subject to a penalty. Continue completing your tax return. If you answer Yes, go to the Health Care Penalty Worksheet in the instructions to calculate your penalty amount.

## Complete Only If You Are Filing An Appeal

**You must complete the Health Care Penalty Worksheet to determine your penalty amount before completing this section.**

You may have grounds to appeal if you were unable to obtain affordable insurance that meets the minimum creditable coverage requirements in 2021 due to a hardship or other circumstances. The grounds for appeal are explained in more detail in the instructions. If you believe you have grounds for appealing the penalty, fill in the field(s) below. The appeal will be heard by the Massachusetts Health Connector. By filling in the field below, you (or your spouse if married filing jointly) are authorizing DOR to share information from your tax return, including this schedule, with the Massachusetts Health Connector for purposes of deciding your appeal.

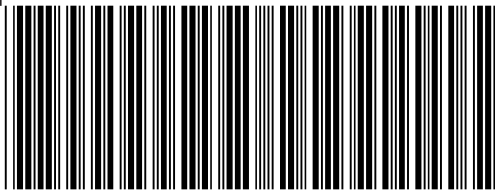
**You will receive a follow-up letter asking you to state your grounds for appeal in writing, and submit supporting documentation. Failure to respond to that letter within the time specified in the letter will lead to dismissal of your appeal and will result in a future assessment of a penalty.** Once your documentation is received, it will be reviewed by the Massachusetts Health Connector and you may be required to attend a hearing on your case. You will be required to file your claims under the pains and penalties of perjury.

**Note:** If you are filing an appeal, make sure you have calculated the penalty amount that you are appealing, but do not assess yourself or enter a penalty amount on your Form 1 or Form 1-NR/PY. Also, do not include any hardship documentation with your original return. You will be required to submit substantiating hardship documentation at a later date during the appeal process.

You: I wish to appeal the penalty. I authorize DOR to share this tax return including this schedule with the Massachusetts Health Connector for purposes of deciding this appeal.

Spouse: I wish to appeal the penalty. I authorize DOR to share this tax return including this schedule with the Massachusetts Health Connector for purposes of deciding this appeal.





**2021 Schedule E**

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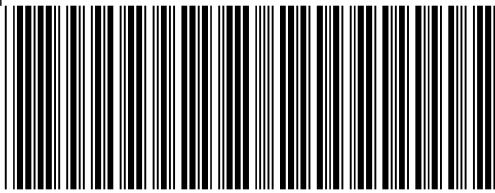
**Income or Loss from Real Estate and Royalties**

**Income**

|                       |   |     |
|-----------------------|---|-----|
| 1. Rents received     | 1 | 620 |
| 2. Royalties received | 2 |     |

**Expenses**

|                                                                                 |    |       |
|---------------------------------------------------------------------------------|----|-------|
| 3. Advertising                                                                  | 3  |       |
| 4. Auto and travel                                                              | 4  |       |
| 5. Cleaning and maintenance                                                     | 5  | 1650  |
| 6. Commissions                                                                  | 6  |       |
| 7. Insurance                                                                    | 7  |       |
| 8. Legal and other professional fees                                            | 8  |       |
| 9. Management fees                                                              | 9  | 2100  |
| 10. Mortgage interest paid to banks, etc.                                       | 10 |       |
| 11. Other interest                                                              | 11 |       |
| 12. Repairs                                                                     | 12 | 2350  |
| 13. Supplies                                                                    | 13 | 2250  |
| 14. Taxes                                                                       | 14 |       |
| 15. Utilities                                                                   | 15 | 1950  |
| 16. Other expenses                                                              | 16 |       |
| 17. Add lines 3 through 16                                                      | 17 | 10300 |
| 18. Depreciation expense or depletion                                           | 18 |       |
| 19. Total expenses. Add lines 17 and 18                                         | 19 | 10300 |
| 20. Income or loss from rental real estate or royalty properties                | 20 | -9680 |
| 21. Deductible rental real estate loss                                          | 21 | -9680 |
| 22. Income. Enter positive amounts shown on line 20                             | 22 |       |
| 23. Losses. Add royalty losses from line 20 and real estate losses from line 21 | 23 | -9680 |
| 24. Rental real estate and royalty income or loss                               | 24 | -9680 |



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### Income or Loss from Partnerships and S Corporations

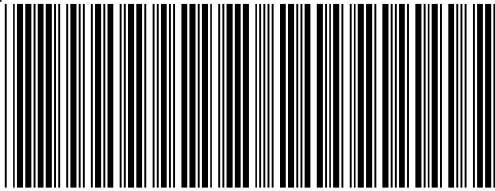
|                                                                                                                                                                                                                                               |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| 25. Passive loss allowed                                                                                                                                                                                                                      | 25 |
| 26. Passive income                                                                                                                                                                                                                            | 26 |
| 27. Non-passive loss                                                                                                                                                                                                                          | 27 |
| 28. Section 179 expense deduction                                                                                                                                                                                                             | 28 |
| 29. Non-passive income                                                                                                                                                                                                                        | 29 |
| 30. Combine lines 26 and 29                                                                                                                                                                                                                   | 30 |
| 31. Combine lines 25, 27 and 28                                                                                                                                                                                                               | 31 |
| 32. Partnership and S corporation income or loss. Combine lines 30 and 31                                                                                                                                                                     | 32 |
| 33. Interest (other than MA banks) and dividends if included in line 32                                                                                                                                                                       | 33 |
| 34. Interest from Massachusetts banks if included in line 32                                                                                                                                                                                  | 34 |
| 35. Total income or loss from partnerships and S corporations                                                                                                                                                                                 | 35 |
| 36. Check if you are reporting any loss not allowed in a prior year due to the at-risk, or basis limitations; a prior year disallowed loss from a passive activity (was not reported on U.S. Form 8582) or un-reimbursed partnership expenses |    |

### Income or Loss from Estates and Trusts

|                                                                      |    |
|----------------------------------------------------------------------|----|
| 37. Passive deduction or loss allowed                                | 37 |
| 38. Passive income                                                   | 38 |
| 39. Non-passive deduction or loss                                    | 39 |
| 40. Non-passive other income                                         | 40 |
| 41. Add lines 38 and 40                                              | 41 |
| 42. Add lines 37 and 39                                              | 42 |
| 43. Estate and trust income or loss. Combine lines 41 and 42         | 43 |
| 44. Estate or non-grantor-type trust income                          | 44 |
| 45. Grantor-type trust and non-Massachusetts estate and trust income | 45 |
| 46. Interest and dividends if included in line 45                    | 46 |
| 47. Adjustments to 5.0% income                                       | 47 |
| 48. Subtotal. Combine lines 46 and 47                                | 48 |
| 49. Income or loss from grantor type and non-Mass estates and trusts | 49 |

### Income or Loss from REMICs

|                             |    |
|-----------------------------|----|
| 50. Excess inclusion        | 50 |
| 51. Taxable income or loss  | 51 |
| 52. Income                  | 52 |
| 53. Combine lines 51 and 52 | 53 |



**2021 Schedule E, pg. 3**

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**Farm Income**

54. Net farm rental income or loss

54

**Summary**

55. Income or loss. Combine lines 24, 35, 49, 53 and 54

55

-9680

56. Massachusetts differences Enclose statements

56

57. Abandoned building renovation deduction

57

58. Total income or loss. Combine lines 55 through 57

58

-9680

