

IRS e-file Signature Authorization

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

Submission Identification Number (SID) ▶

Taxpayer's name NAVATHA REDDY GAJJELA	Social security number 113-06-7068
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	73,934.
2	Total tax	9,185.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	11,943.
4	Amount you want refunded to you	4,158.
5	Amount you owe	

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

6	7	0	6	8
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 as my signature on the income tax return (original or amended) I am now authorizing.

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 ▶ *Navatha Reddy Gajjela* Date ▶ 02/17/2022

Spouse's PIN: check one box only

I authorize _____ to enter or generate my PIN

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 as my signature on the income tax return (original or amended) I am now authorizing.

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: NAVATHA REDDY
Last name: GAJJELA
Your social security number: 113-06-7068
If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number:

Home address (number and street): 7101 SUMNER ST
Apt. no.: 3
City, town, or post office: THE COLONY
State: TX
ZIP code: 75056
Foreign country name:
Foreign province/state/county:
Foreign postal code:
Presidential Election Campaign: [] 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) Child tax credit, Credit for other dependents. Includes instructions for dependents.

Main tax calculation table with 15 rows. Includes sections for Attach Sch. B if required, Standard Deduction for, and final taxable income calculation. Total income: 73,934. Taxable income: 61,084.

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	9,185.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	9,185.
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3, line 8	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	9,185.
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
24	Add lines 22 and 23. This is your total tax	24	9,185.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	11,943.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	11,943.
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC) No	27a	
	Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/>		
b	Nontaxable combat pay election	27b	
c	Prior year (2019) earned income	27c	
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	1,400.
31	Amount from Schedule 3, line 15	31	
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	1,400.
33	Add lines 25d, 26, and 32. These are your total payments	33	13,343.
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	4,158.
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	4,158.
Direct deposit? See instructions.	b Routing number 074000010 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number 105873753		
	36 Amount of line 34 you want applied to your 2022 estimated tax	36	
Amount You Owe	37 Amount you owe . Subtract line 33 from line 24. For details on how to pay, see instructions	37	
	38 Estimated tax penalty (see instructions)	38	

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

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

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

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

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

Phone no. (317) 922-3351 Email address GAJJELANAVATHAREDDY@GMAIL.COM

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	02/18/2022	P02082703	
Firm's name	Firm's address		Phone no.	Firm's EIN
GLOBAL TAXES LLC	2530 Pebble Creek Ln Cumming GA 30041		(678) 965-9522	30-1017196

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

2021
Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
NAVATHA REDDY GAJJELA

Your social security number
113-06-7068

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶ _____		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-7,930.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling income	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Taxable Health Savings Account distribution	8e	
f	Alaska Permanent Fund dividends	8f	
g	Jury duty pay	8g	
h	Prizes and awards	8h	
i	Activity not engaged in for profit income	8i	
j	Stock options	8j	
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8k	
l	Olympic and Paralympic medals and USOC prize money (see instructions)	8l	
m	Section 951(a) inclusion (see instructions)	8m	
n	Section 951A(a) inclusion (see instructions)	8n	
o	Section 461(l) excess business loss adjustment	8o	
p	Taxable distributions from an ABLE account (see instructions)	8p	
z	Other income. List type and amount ▶ _____	8z	
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	-7,930.

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

Schedule 1 (Form 1040) 2021

Part II Adjustments to Income

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

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

OMB No. 1545-0074

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

2021

Department of the Treasury
Internal Revenue Service (99)

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

Attachment
Sequence No. **13**

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

Name(s) shown on return

Your social security number

NAVATHA REDDY GAJJELA

113-06-7068

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 FLAT NO 401 VENKATA SAI RESIDENCY CHAITANYA NAGAR, B N REDDY NAGAR, HYDERABAD, TELANGANA IN 500070
B
C

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

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

Income:	Properties:	A	B	C
3 Rents received	3	520.		
4 Royalties received	4			

Expenses:		A	B	C
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7	1,750.		
8 Commissions.	8			
9 Insurance	9			
10 Legal and other professional fees	10			
11 Management fees	11	1,710.		
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest.	13			
14 Repairs.	14	1,650.		
15 Supplies	15	1,720.		
16 Taxes	16			
17 Utilities	17	1,620.		
18 Depreciation expense or depletion	18			
19 Other (list) ▶	19			
20 Total expenses. Add lines 5 through 19	20	8,450.		

21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	-7,930.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(7,930.)	()	()

23a Total of all amounts reported on line 3 for all rental properties	23a	520.		
b Total of all amounts reported on line 4 for all royalty properties	23b			
c Total of all amounts reported on line 12 for all properties	23c			
d Total of all amounts reported on line 18 for all properties	23d			
e Total of all amounts reported on line 20 for all properties	23e	8,450.		

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** (7,930.)

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** -7,930.

**Indiana Part-Year or Full-Year Nonresident
Individual Income Tax Return**

2021

Due April 18, 2022

If filing for a fiscal year, enter the dates (see instructions) (MM/DD/YYYY):

from to:

Place "X" in box
if amending

Your Social Security Number 113 06 7068

Spouse's Social Security Number

Place "X" in box if applying for ITIN

Place "X" in box if applying for ITIN

Your first name NAVATHA REDDY Initial Last name GAJJELA Suffix

If filing a joint return, spouse's first name Initial Last name Suffix

Present address (number and street or rural route) 7101 SUMNER ST 3 Place "X" in box if you are married filing separately.

City THE COLONY State TX Zip/Postal code 75056

Foreign country 2-character code (see instructions)

Enter below the **2-digit county code** numbers (found on the back of Schedule CT-40PNR) for the county where you lived and worked on January 1, 2021.

County where you lived 00 County where you worked 29 County where spouse lived County where spouse worked

Round all entries

1. Complete Schedule A first. Enter here the amount from Section 3, line 36B, and enclose Schedule A _____ **Indiana Income** 1 47910 .00
2. Enter amount from Schedule B, line 6, and enclose Schedule B _____ **Indiana Add-Backs** 2 .00
3. Add line 1 and line 2 _____ 3 47910 .00
4. Enter amount from Schedule C, line 12, and enclose Schedule C _____ **Indiana Deductions** 4 .00
5. Subtract line 4 from line 3 _____ 47910 .00
6. You must complete Schedule D. Enter amount from Schedule D, line 8, and enclose Schedule D _____ **Indiana Exemptions** 6 648 .00
7. Subtract line 6 from line 5 _____ **Indiana Adjusted Gross Income** 7 47262 .00
8. State adjusted gross income tax: multiply line 7 by 3.23% (.0323) (if answer is less than zero, leave blank) _____ 8 1527 .00
9. County tax. Enter county tax due from Schedule CT-40PNR (if answer is less than zero, leave blank) _____ 9 520 .00
10. Other taxes. Enter amount from Schedule E, line 5 (enclose sch.) _____ 10 .00
11. Add lines 8, 9 and 10. Enter total here and on line 15 on the back _____ **Indiana Taxes** 11 2047 .00



12. Enter credits from Schedule F, line 10 (enclose schedule) .00

13. Enter offset credits from Schedule G, line 8 (enclose schedule) .00

14. Add lines 12 and 13 _____ **Indiana Credits** .00

15. Enter amount from line 11 _____ **Indiana Taxes** .00

16. If line 14 is equal to or more than line 15, subtract line 15 from line 14 (if smaller, skip to line 23) .00

17. Enter donations from Schedule IN-DONATE (enclose schedule); cannot be greater than line 16 .00

18. Subtract line 17 from line 16 _____ **Overpayment** .00

19. Amount from line 18 to be applied to your 2022 estimated tax account (see instructions).

Enter your county code county tax to be applied \$.00

Spouse's county code county tax to be applied \$.00

Indiana adjusted gross income tax to be applied _____ \$.00

Total to be applied to your estimated tax account (a + b + c; cannot be more than line 18) .00

20. Penalty for underpayment of estimated tax from Schedule IT-2210 or IT-2210A _____ .00

21. **Refund:** Line 18 minus lines 19d and 20. Note: If less than zero, see line 23 instructions **Your Refund** .00

22. **Direct Deposit** (see instructions)

a. Routing Number

b. Account Number

c. Type: Checking Savings Hoosier Works MC

d. Place an "X" in the box if refund will go to an account outside the United States

23. If line 15 is more than line 14, subtract line 14 from line 15. Add to this any amount on line 20 (see instructions) _____ .00

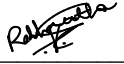
24. Penalty if filed after due date (see instructions) _____ .00

25. Interest if filed after due date (see instructions) _____ .00

26. **Amount Due:** Add lines 23, 24 and 25 _____ **Amount You Owe** .00

Do not send cash. Please make your check or money order payable to:
Indiana Department of Revenue. Credit card payers must see instructions.

Sign and date this return after reading the Authorization statement on Schedule H. You must enclose Schedule H (both pages).

 _____ 02/17/2022 _____
Your Signature Date Spouse's Signature Date

- If enclosing payment mail to: Indiana Department of Revenue, P.O. Box 7224, Indianapolis, IN 46207-7224.
- Mail all other returns to: Indiana Department of Revenue, P.O. Box 40, Indianapolis, IN 46206-0040.

Name(s) shown on Form IT-40PNR

Your Social Security Number

NAVATHA REDDY GAJJELA

113 06 7068

Section 1: Income or (Loss) Enter in Column A the same income or loss you reported on your 2021 federal income tax return, Form 1040, Form 1040-SR, and Form 1040 Schedule 1 (except for line 19B and/or a net operating loss carryforward on line 20B; see instructions). Round all entries.

	Column A Income from Federal Return		Column B Income Taxed by Indiana	
1. Your wages, salaries, tips, commissions, etc _____	1A	81864.00	1B	47910.00
2. Spouse's wages, salaries, tips, commissions, etc _____	2A	.00	2B	.00
3. Taxable interest income _____	3A	.00	3B	.00
4. Dividend income _____	4A	.00	4B	.00
5. Taxable refunds, credits, or offsets of state and local taxes from your federal return _____	5A	.00	5B	.00
6. Alimony received _____	6A	.00	6B	.00
7. Business income or loss from federal Schedule C _____	7A	.00	7B	.00
8. Capital gain or loss from sale or exchange of property from your federal return _____	8A	.00	8B	.00
9. Other gains or (losses) from Form 4797 _____	9A	.00	9B	.00
10. Taxable IRA distribution _____	10A	.00	10B	.00
11. Taxable pensions and annuities _____	11A	.00	11B	.00
12. Net rent or royalty income or loss reported on federal Schedule E _____	12A	-7930.00	12B	0.00
13. Income or loss from partnerships _____	13A	.00	13B	.00
14. Income or loss from trusts and estates _____	14A	.00	14B	.00
15. Income or loss from S corporations _____	15A	.00	15B	.00
16. Farm income or loss from federal Schedule F _____	16A	.00	16B	.00
17. Unemployment compensation _____	17A	.00	17B	.00
18. Taxable Social Security benefits _____	18A	.00	18B	.00
19. Indiana apportioned income from Schedule IT-40PNRA _____			19B	.00
20. Other income reported on your federal return _____	20A	.00	20B	.00
List source(s). (Do not include federal net operating loss in Column B. See instructions.)				
21. Subtotal: add lines 1 through 20 _____	21A	73934.00	21B	47910.00



Proration Section See instructions.

21C. **Note:** Nonresident military personnel see special instructions and complete worksheet _____ 21C .00

21D. For all other individuals, divide the amount on line 21B by the amount on line 21A (see instructions if either line 21A and/or 21B are less than zero). Please round your answer to a decimal followed by three numbers. Example: $\$3,100 \div \$8,000 = .3875$, which rounds to .388 (do not enter a number greater than 1.00). Enter result here and on Schedule D, line 7 _____ 21D 0.648

Section 2: Adjustments to Income Note: Enter in Column A only those deductions claimed on your 2021 federal income tax return, Form 1040, Form 1040-SR, and Form 1040, Schedule 1, Part II. Round all entries.

	Column A Federal Adjustments		Column B Indiana Adjustments	
22. Educator expenses (see instructions) _____	22A	<input type="text"/> .00	22B	<input type="text"/> .00
23. Certain business expenses of reservists, performing artists, etc _____	23A	<input type="text"/> .00	23B	<input type="text"/> .00
24. Health savings account deduction _____	24A	<input type="text"/> .00	24B	<input type="text"/> .00
25. Moving expenses (see instructions) _____	25A	<input type="text"/> .00	25B	<input type="text"/> .00
26. Deductible part of self-employment tax _____	26A	<input type="text"/> .00	26B	<input type="text"/> .00
27. Self-employed, SEP, SIMPLE, and qualified plans _____	27A	<input type="text"/> .00	27B	<input type="text"/> .00
28. Self-employed health insurance deduction _____	28A	<input type="text"/> .00	28B	<input type="text"/> .00
29. Penalty on early withdrawal of savings _____	29A	<input type="text"/> .00	29B	<input type="text"/> .00
30. Alimony paid _____	30A	<input type="text"/> .00	30B	<input type="text"/> .00
31. IRA deduction _____	31A	<input type="text"/> .00	31B	<input type="text"/> .00
32. Student loan interest deduction (see instructions) _____	32A	<input type="text"/> .00	32B	<input type="text"/> .00
33. Reserved for future use _____	33A	<input type="text"/> .00	33B	<input type="text"/> .00
34. Other (see instructions) <input type="text"/>	34A	<input type="text"/> .00	34B	<input type="text"/> .00
35. Add lines 22 through 34 _____	35A	<input type="text"/> .00	35B	<input type="text"/> .00

Section 3: Totals

36. Subtract line 35 from line 21 of Section 1. Carry amount from line 36B to Form IT-40PNR, line 1 _____ 36A 73934 .00 36B 47910 .00



Name(s) shown on Form IT-40PNR

NAVATHA REDDY GAJJELA

Your Social Security Number

113 06 7068

Complete and enclose Schedule IN-DEP: Dependent Information and Additional
Dependent Child Information if you are claiming dependents on lines 2 and/or 3 below.

Round all entries

1. Enter \$2000 if you are married filing jointly; otherwise, enter \$1000 1 1000 .00

2. Enter the number of dependents listed on Schedule IN-DEP, Box 6 x \$1000 2 .00
You **MUST** enclose Schedule IN-DEP.

3. You may claim an additional exemption for each qualifying dependent child:
- who is a son, stepson, daughter, stepdaughter, foster child and/or child for whom you are a legal guardian,
 - who was under the age of 19 by Dec. 31, 2021,
 - or a full-time student who was under the age of 24 by Dec. 31, 2021, and
 - who you are eligible to claim as a dependent on line 2 above.

Enter the number of additional dependents listed on Schedule IN-DEP, Box 7. x \$1500 3 .00

4. Place "X" in box(es) below if, by December 31, 2021

You were age 65 or older and/or blind

Spouse was 65 or older and/or blind

Total number of boxes with Xs x \$1000 4 .00

5. If age 65 or older, enter amount from Schedule A, line 36A \$

- If filing as married filing separately and this amount is less than \$20,000, place "X" in the "You were age 65 or older" box below.
- For all other filers age 65 or older, if this amount is less than \$40,000, place "X" in appropriate box(es) below.

You were age 65 or older

Spouse was 65 or older

Total number of boxes with Xs x \$500 5 .00

6. Add lines 1, 2, 3, 4 and 5 6 1000 .00

7. Enter the number from Schedule A, Proration Section, line 21D 7 0.648

8. Multiply line 6 by line 7. Enter here and on Form IT-40PNR, line 6 **Total Exemptions** 8 648 .00



Name(s) shown on Form IT-40PNR

Your Social Security Number

NAVATHA REDDY GAJJELA

113 06 7068

Round all entries

1. Indiana state tax withheld: enclose W-2s, 1099s, IN K-1s showing state tax withholding amounts	1	1548	.00
2. Indiana county tax withheld: enclose W-2s, 1099s, IN K-1s showing county tax withholding amts.	2	527	.00
3. Estimated tax paid for 2021: include any extension payment made with Form IT-9	3		.00
4. Unified tax credit for the elderly	4		.00
5. Earned income credit: see instructions Enter earned income credit from Schedule IN-EIC, line A-3 _____ Box A _____			.00
Enter number from Schedule A, Proration Section, line 21D _____ Box B _____			
Multiply Box A by Box B, enter total here _____	5		.00
6. Lake County residential income tax credit _____	6		.00
7. Economic development for a growing economy credit. Enter amount from Schedule IN-EDGE, line 19 (enclose schedule) _____	7		.00
8. Economic development for a growing economy retention credit. Enter amount from Schedule IN-EDGE-R, line 19 (enclose schedule) _____	8		.00
9. Headquarters relocation credit (refundable portion - see instructions) _____	9		.00
10. Add lines 1 through 9. Enter total here and on Form IT-40PNR, line 12 Total Credits	10	2075	.00

Schedule IN-DONATE

Important. The amount on line 2 cannot exceed the amount on Form IT-40/IT-40PNR, line 16.

1. Donations: List fund name, 3-digit code and amount to be donated (see instructions)

a. Enter fund name	_____	code no. _____	1a	_____	.00
b. Enter fund name	_____	code no. _____	1b	_____	.00
c. Enter fund name	_____	code no. _____	1c	_____	.00
2. Add lines 1a through 1c. Enter total here and on Form IT-40/IT-40PNR, line 17 Total Donations			2	_____	.00



Name(s) shown on Form IT-40PNR

Your Social Security Number

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Section 1: Residency Information

List all state(s) and dates of your (and your spouse's, if filing jointly) residency during 2021. Enter 2-letter state name (e.g. "IL" for Illinois) or the letters "OC" if you were a resident of a foreign country (see instructions).

Example

State of Residence	Date From (MM/DD)	Date To (MM/DD)	Did you file a tax return with the state/country? Place "X" in appropriate box.
IL	01 01 2021	06 01 2021	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
IN	06 02 2021	12 31 2021	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Your information

	(a) State of Residence	(b) Date From (MM/DD)	(c) Date To (MM/DD)	Did you file a tax return with the state/country? Place "X" in appropriate box.
1A	TX	01 01 2021	12 31 2021	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
1B				Yes <input type="checkbox"/> No <input type="checkbox"/>
1C				Yes <input type="checkbox"/> No <input type="checkbox"/>
1D				Yes <input type="checkbox"/> No <input type="checkbox"/>

Spouse's information if married filing jointly

	(a) State of Residence	(b) Date From (MM/DD)	(c) Date To (MM/DD)	Did you file a tax return with the state/country? Place "X" in appropriate box.
2A				Yes <input type="checkbox"/> No <input type="checkbox"/>
2B				Yes <input type="checkbox"/> No <input type="checkbox"/>
2C				Yes <input type="checkbox"/> No <input type="checkbox"/>
2D				Yes <input type="checkbox"/> No <input type="checkbox"/>

Turn over to complete Section 2



Section 2: Additional Information

1. Federal filing information

Are you filing a federal income tax return for 2021? Place "X" in appropriate box. Yes No

2. Extension of time to file

- a. Place "X" in box if you have filed a federal extension of time to file, Form 4868, or made an online extension payment.
- b. Place "X" in box if you have filed an Indiana extension of time to file, Form IT-9, or made an Indiana extension payment online.

3. Farm / Fishing income

Place "X" in box if at least two-thirds of your gross income was made from farming or fishing.
Important: If you placed an "X" in the box, you MUST attach Schedule IT-2210.

4. Schedule IN-40PA filers. If you are eligible to file federal Form 8857, Request for Innocent Spouse Relief, and are completing Indiana Schedule IN-40PA, enclose Schedule IN-40PA and check the box.

5. Date of death

If any individual listed at the top of the IT-40PNR died during 2021, enter date of death (MM/DD).

Taxpayer's date of death 2021 Spouse's date of death 2021

Authorization Sign Form IT-40PNR after reading the following statement.

Under penalty of perjury, I have examined this return and all attachments and to the best of my knowledge and belief, it is true, complete and correct. I understand that if this is a joint return, any refund will be made payable to us jointly and each of us is liable for all taxes due under this return. Also, my request for direct deposit of my refund includes my authorization to the Indiana Department of Revenue to furnish my financial institution with my routing number, account number, account type and Social Security number to ensure my refund is properly deposited. I give permission to the Department to contact the Social Security Administration to confirm that the Social Security number(s) used on this return is correct.

6. Your daytime telephone number

Your email address

I authorize the Department to discuss my return with my personal representative.

Yes No If yes, complete the information below.

Personal Representative's Name (please print)

Telephone number

Address

City

State ZIP Code

Paid Preparer: Firm's Name (or yours if self-employed)

IN-OPT on file with paid preparer if not filing electronically

PTIN

Address

City

State ZIP Code

Preparer's signature



Name(s) shown on Form IT-40PNR

Your Social Security Number

NAVATHA REDDY GAJJELA

113

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SECTION 1: To be completed by those taxpayers who were residents of an Indiana county as of Jan. 1, 2021.

1. Enter the amount from IT-40PNR, line 7. Note: If both you and your spouse lived in the same county on January 1, enter the entire amount from Form IT-40PNR, line 7 on line 1A only (see instructions) _____

Column A - Yourself

Column B - Spouse's

1A		.00	1B		.00
----	--	-----	----	--	-----

2. Enter the county tax rate from the chart on the back of this schedule for the county where you lived on Jan. 1, 2021 _____

2A			2B		
----	--	--	----	--	--

3. Multiply line 1 by the rate on line 2 (leave blank if less than zero) _____

3A		.00	3B		.00
----	--	-----	----	--	-----

4. Add lines 3A and 3B. Enter the total here. **Note: Perry County residents: If you live in Perry County and worked in the Kentucky counties of Breckinridge, Hancock or Meade, you must complete lines 5 and 6.** Otherwise, enter the total here and on line 7 below. _____

4		.00
---	--	-----

5. Enter the amount of income that was taxed by certain Kentucky localities (see instructions) _____

5		.00
---	--	-----

6. Multiply line 5 by .0181 and enter total here _____

6		.00
---	--	-----

7. Enter total of line 4 minus line 6. Continue with Section 2 below if you are married filing jointly and you/spouse need to complete it. Otherwise, enter this amount on line 9 of Form IT-40PNR _____

7		.00
---	--	-----

SECTION 2: To be completed by those taxpayers who, on Jan. 1, 2021, were not residents of an Indiana county, but who worked in Indiana as of Jan. 1, 2021

1. Enter your principal employment income (see instructions) _____

Column A - Yourself

Column B - Spouse's

1A	47910	.00	1B		.00
----	-------	-----	----	--	-----

2. Enter deductions. See the complete list of allowable deductions in the instructions _____

2A		.00	2B		.00
----	--	-----	----	--	-----

3. Subtract line 2 from line 1 _____

3A	47910	.00	3B		.00
----	-------	-----	----	--	-----

4. Enter some or all of the exemptions from line 8 of Schedule D (see instructions) _____

4A	648	.00	4B		.00
----	-----	-----	----	--	-----

5. Subtract line 4 from line 3 (if less than zero, leave blank) _____

5A	47262	.00	5B		.00
----	-------	-----	----	--	-----

6. Enter the county tax rate from the chart on the back of this schedule for the county where you worked on Jan. 1, 2021 _____

6A	.0110000		6B		
----	----------	--	----	--	--

7. Multiply the income on line 5 by the rate on line 6 _____

7A	520	.00	7B		.00
----	-----	-----	----	--	-----

8. Enter total of 7A plus 7B; carry to Form IT-40PNR, line 9. (If you have an amount on Section 1, line 7 above, combine that with the amount on line 8 and enter total on Form IT-40PNR, line 9) _____

8	520	.00
---	-----	-----





Form IT-8879

State Form 53399 (R17/9-21)

Indiana Individual Income Tax DECLARATION OF ELECTRONIC FILING Income Tax for the Tax Year January 1 - December 31, 2021

Do Not Mail This Form To DOR

Submission ID [] [] [] [] [] [] - [] [] [] [] [] [] - [] [] [] [] [] []

Table with 4 columns: First Name and Middle Initial, Last Name, Your Social Security Number, Spouse's Social Security Number, Spouse's First Name and Middle Initial, Spouse's Last Name, Street Address, City, State, Zip Code, Daytime Telephone Number.

Part I Tax Return Information (See Instructions on Next Page)

Table with 2 columns: Line number and Amount. Lines 1-8 for Federal Adjusted Gross Income, Indiana Adjusted Gross Income, Total Indiana Tax, Total State Tax Withheld, Total County Tax Withheld, Total Indiana Tax Credits, Refund, and Amount You Owe.

Part II Direct Deposit

Form for Direct Deposit including routing number (074000010), account number (105873753), and account type (Checking).

Do Not Mail This Form To DOR

Part III Declaration

Under penalties of perjury, I declare that the information I have given my ERO and the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of my income tax return.

Your PIN: check one box only

Form for PIN declaration: I authorize GLOBAL TAXES LLC to enter my PIN 67068 as my signature on my tax year 2021 electronically filed income tax return.

Your signature [Signature] Date 02/17/2022

Spouse's PIN: check one box only

Form for Spouse's PIN declaration: I authorize [] to enter my PIN [] as my signature on my tax year 2021 electronically filed income tax return.

Spouse's signature [] Date []

Part IV Practitioner Certification and Authentication - Practitioner PIN Method ONLY

Form for Practitioner PIN: ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self selected PIN. 58727861989

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2021 electronically filed income tax return for the taxpayer(s) indicated above.

ERO's Signature [] Date []

Attach W-2 Forms Here

INDIANA