

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 MOUNIKA REDDY GOTUMUKKULA	Social security number 175-41-8840
Spouse's name SANTOSH KUMAR REDDY KONNI	Spouse's social security number 744-14-1822

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	248,249.
2	Total tax	2	41,593.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	47,384.
4	Amount you want refunded to you	4	7,982.
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

1	8	8	4	0
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 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

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

4	1	8	2	2
---	---	---	---	---

 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 [] Single [X] 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

Form fields for personal information: Your first name and middle initial (MOUNIKA REDDY), Last name (GOTUMUKKULA), Your social security number (175-41-8840), Spouse's social security number (744-14-1822), Home address (718 MINGLEWOOD DR), Apt. no. (11307), City, town, or post office (CHARLOTTE), State (NC), ZIP code (28262), Foreign country name, Foreign province/state/county, Foreign postal code.

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

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

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

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 (with instructions for different filing statuses), and final Taxable income calculation (222,538).

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	41,441.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	41,441.
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3, line 8	20	4.
21	Add lines 19 and 20	21	4.
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	41,437.
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	156.
24	Add lines 22 and 23. This is your total tax	24	41,593.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	47,384.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	0.
d	Add lines 25a through 25c	25d	47,384.
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	
31	Amount from Schedule 3, line 15	31	2,191.
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	2,191.
33	Add lines 25d, 26, and 32. These are your total payments	33	49,575.
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	7,982.
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	7,982.
Direct deposit? See instructions.	b Routing number 053000196 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number 237047168901		
	36 Amount of line 34 you want applied to your 2022 estimated tax	36	
Amount You Owe	37 Amount you owe . Subtract line 33 from line 24. For details on how to pay, see instructions	37	
	38 Estimated tax penalty (see instructions)	38	

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

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

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

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

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

Phone no. (440) 570-2236 Email address MONIRE0310@GMAIL.COM

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 03/08/2022	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 2530 Pebble Creek Ln Cumming GA 30041		Phone no. (678) 965-9522	Firm's EIN 30-1017196

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

2021
Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
M GOTUMUKKULA & S KONNI

Your social security number
175-41-8840

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	-12,130.
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	-12,130.

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 2
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Taxes

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

OMB No. 1545-0074

2021
Attachment
Sequence No. **02**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
M GOTUMUKKULA & S KONNI

Your social security number
175-41-8840

Part I Tax

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

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5	
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6	
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	156.
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	

(continued on page 2)

Part II Other Taxes *(continued)*

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

**SCHEDULE 3
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

▶ **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. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
M GOTUMUKKULA & S KONNI

Your social security number
175-41-8840

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	4.
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	
5	Residential energy credits. Attach Form 5695	5	
6	Other nonrefundable credits:		
a	General business credit. Attach Form 3800	6a	
b	Credit for prior year minimum tax. Attach Form 8801	6b	
c	Adoption credit. Attach Form 8839	6c	
d	Credit for the elderly or disabled. Attach Schedule R	6d	
e	Alternative motor vehicle credit. Attach Form 8910	6e	
f	Qualified plug-in motor vehicle credit. Attach Form 8936	6f	
g	Mortgage interest credit. Attach Form 8396	6g	
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h	
i	Qualified electric vehicle credit. Attach Form 8834	6i	
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j	
k	Credit to holders of tax credit bonds. Attach Form 8912	6k	
l	Amount on Form 8978, line 14. See instructions	6l	
z	Other nonrefundable credits. List type and amount ▶ _____	6z	
7	Total other nonrefundable credits. Add lines 6a through 6z	7	
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	8	4.

(continued on page 2)

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions)		10	
11	Excess social security and tier 1 RRTA tax withheld		11	2,191.
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
a	Form 2439	13a		
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken before April 1, 2021	13b		
c	Health coverage tax credit from Form 8885	13c		
d	Credit for repayment of amounts included in income from earlier years	13d		
e	Reserved for future use	13e		
f	Deferred amount of net 965 tax liability (see instructions)	13f		
g	Credit for child and dependent care expenses from Form 2441, line 10. Attach Form 2441	13g		
h	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken after March 31, 2021	13h		
z	Other payments or refundable credits. List type and amount ► _____	13z		
14	Total other payments or refundable credits. Add lines 13a through 13z		14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31		15	2,191.

SCHEDULE D
(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

2021

Attachment
Sequence No. **12**

Department of the Treasury
Internal Revenue Service (99)

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

Name(s) shown on return

M GOTUMUKKULA & S KONNI

Your social security number

175-41-8840

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

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

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

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

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

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	3,606.	6,039.		-2,433.
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked	1,057.	998.		59.
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824			4	
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			5	
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions			6 ()	
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back			7	-2,374.

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

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

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

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked	394.	329.		65.
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824			11	
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			12	
13 Capital gain distributions. See the instructions			13	4.
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions			14 ()	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back			15	69.

Part III Summary

<p>16 Combine lines 7 and 15 and enter the result</p> <ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 	16	-2,305.
<p>17 Are lines 15 and 16 both gains?</p> <p><input type="checkbox"/> Yes. Go to line 18.</p> <p><input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p>		
<p>18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet ▶</p>	18	
<p>19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet ▶</p>	19	
<p>20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952?</p> <p><input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below.</p> <p><input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.</p>		
<p>21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:</p> <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p>	21	(2,305.)
<p>22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?</p> <p><input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.</p> <p><input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>		

Sales and Other Dispositions of Capital Assets

Department of the Treasury
Internal Revenue Service

► Go to www.irs.gov/Form8949 for instructions and the latest information.
► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

M GOTUMUKKULA & S KONNI

Social security number or taxpayer identification number

175-41-8840

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

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	ROBINHOOD CRYPTO LLC	05/05/21	12/12/21	1,057.	998.			59.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ►				1,057.	998.			59.

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

**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

M GOTUMUKKULA & S KONNI

175-41-8840

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 8-6-359/C, ATHREYA VEEDHI, 12TH STREET, ALKAPURI COLONY KARIMNAGAR, TELANGANA IN 505001
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	B	C
A	3			365	0	<input type="checkbox"/>
B						<input type="checkbox"/>
C						<input type="checkbox"/>

Type of Property:

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

Income:	Properties:	A	B	C
3 Rents received	3	630.		
4 Royalties received	4			

Expenses:

5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7	1,870.		
8 Commissions.	8			
9 Insurance	9			
10 Legal and other professional fees	10			
11 Management fees	11	2,950.		
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest.	13			
14 Repairs.	14	1,990.		
15 Supplies	15	2,970.		
16 Taxes	16			
17 Utilities	17	2,980.		
18 Depreciation expense or depletion	18			
19 Other (list) ▶	19			
20 Total expenses. Add lines 5 through 19	20	12,760.		

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** -12,130.

22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) **22** (12,130.) () ()

23a Total of all amounts reported on line 3 for all rental properties	23a	630.		
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	12,760.		

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** (12,130.)

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** -12,130.

For Paperwork Reduction Act Notice, see the separate instructions. NPA -12,130. Schedule E (Form 1040) 2021

**Qualified Business Income Deduction
Simplified Computation**

Department of the Treasury
Internal Revenue Service

▶ **Attach to your tax return.**

Attachment
Sequence No. **55**

▶ **Go to www.irs.gov/Form8995 for instructions and the latest information.**

Name(s) shown on return

M GOTUMUKKULA & S KONNI

Your taxpayer identification number

175-41-8840

Note. You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$164,900 (\$164,925 if married filing separately; \$329,800 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i			
ii			
iii			
iv			
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	
3	Qualified business net (loss) carryforward from the prior year	3 ()	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	
5	Qualified business income component. Multiply line 4 by 20% (0.20)		5
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6 57.	
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7 ()	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8 57.	
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		9 11.
10	Qualified business income deduction before the income limitation. Add lines 5 and 9		10 11.
11	Taxable income before qualified business income deduction (see instructions)	11 222,549.	
12	Net capital gain (see instructions)	12 108.	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13 222,441.	
14	Income limitation. Multiply line 13 by 20% (0.20)		14 44,488.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions) ▶		15 11.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-		16 (0.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-		17 (0.)

Additional Medicare Tax

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

Name(s) shown on return

M GOTUMUKKULA & S KONNI

Your social security number

175-41-8840

Part I Additional Medicare Tax on Medicare Wages

1	Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5	1	267,278.	
2	Unreported tips from Form 4137, line 6	2		
3	Wages from Form 8919, line 6	3		
4	Add lines 1 through 3	4	267,278.	
5	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	5	250,000.	
6	Subtract line 5 from line 4. If zero or less, enter -0-	6		17,278.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II	7		156.

Part II Additional Medicare Tax on Self-Employment Income

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

Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation

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

Part IV Total Additional Medicare Tax

18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-PR or 1040-SS filers, see instructions), and go to Part V	18		156.
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Part V Withholding Reconciliation

19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6	19	3,875.	
20	Enter the amount from line 1	20	267,278.	
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	3,876.	
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages	22		0.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions)	23		
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-PR or 1040-SS filers, see instructions)	24		0.



11 Alternative minimum tax (enclose Schedule M1MT) 11 ■ _____

12 Add lines 10 and 11 12 _____ 15393

13 **Full-year residents:** Enter the amount from line 12 on line 13. Skip lines 13a and 13b.
Part-year residents and nonresidents: From Schedule M1NR, enter the amount from line 32 on line 13, from line 28 on line 13a, and from line 29 on line 13b (enclose Schedule M1NR) 13 _____ 8753


13a ■ 1 4 1 1 6 3 13b ■ 2 4 8 2 4 9

14 Other taxes, such as recapture amounts and the tax on lump-sum distributions (check appropriate boxes)
 (a) Schedule M1HOME (b) Schedule M1529 (c) Schedule M1LS 14 ■ _____

15 Tax before credits. Add lines 13 and 14 15 _____ 8753

16 Amount from line 18 of Schedule M1C, *Nonrefundable Credits* (enclose Schedule M1C) 16 ■ _____ 143

17 Subtract line 16 from line 15 (if result is zero or less, leave blank) 17 _____ 8610

18 Nongame Wildlife Fund contribution (see instructions)
This will reduce your refund or increase the amount you owe  18 ■ _____

19 Add lines 17 and 18 19 _____ 8610

20 **Minnesota income tax withheld.** Complete and enclose Schedule M1W to report
Minnesota withholding from Forms W-2, 1099, and W-2G (do not send) 20 ■ _____ 9142

21 Minnesota estimated tax and extension payments made for 2021 21 ■ _____

22 Amount from line 11 of Schedule M1REF, *Refundable Credits* (see instructions; enclose Schedule M1REF) . . . 22 ■ _____

23 Total payments. Add lines 20 through 22 23 _____ 9142

24 **REFUND.** If line 23 is more than line 19, subtract line 19 from line 23 (see instructions).
For direct deposit, complete line 25 24 ■ _____ 532

25 Direct deposit of your refund (you must use an account not associated with a foreign bank):
 Checking Savings 053000196 237047168901
Routing Number Account Number

26 **AMOUNT YOU OWE.** If line 19 is more than line 23, subtract line 23 from line 19 (see instructions) 26 ■ _____

27 Penalty amount from Schedule M15 (see instructions). Also subtract
this amount from line 24 or add it to line 26 (enclose Schedule M15) 27 ■ _____

IF YOU PAY ESTIMATED TAX and want part of your refund credited to estimated tax, complete lines 28 and 29.

28 Amount from line 24 you want sent to you 28 ■ _____

29 Amount from line 24 you want applied to your 2022 estimated tax 29 ■ _____

Taxpayer: I declare that this return is correct and complete to the best of my knowledge and belief.

Your Signature _____
4405702236
Daytime Phone

SYAM PRIYA RAM SAGAR GUPTA TALLAM
Paid Preparer's Signature
6789659522
Preparer's Daytime Phone

Spouse's Signature (If Filing Jointly) _____ Date (MM/DD/YYYY) _____

MONIRE0310@GMAIL.COM
Email Address

03082022
Date (MM/DD/YYYY)

SYAM@GTAXFILE.COM
Preparer's Email Address

P02082703
PTIN or VITA/TCE # (required)

I do not want my paid preparer to file my return electronically.

I authorize the Minnesota Department of Revenue to discuss this tax return with the preparer or the third-party designee indicated on my federal return.

Include a copy of your 2021 federal return and schedules.

Mail to: Minnesota Individual Income Tax, Mail Station 0010, 600 N. Robert St., St. Paul, MN 55145-0010



2021 Schedule M1M, Income Additions and Subtractions

Complete this schedule to determine line 2 and line 7 of Form M1.

MOUNIKA REDDY
Your First Name and Initial

GOTUMUKKULA
Your Last Name

175418840
Your Social Security Number

Additions to Income

- 1 Interest from municipal bonds of another state or its governmental units included on line 2a of federal Form 1040 **1** ■ _____
- 2 Federally tax-exempt dividends from mutual funds investing in bonds of another state or its governmental units included on line 2a of federal Form 1040 **2** ■ _____
- 3 Expenses deducted on your federal return attributable to income not taxed by Minnesota (*other than interest or mutual fund dividends from U.S. bonds*) **3** ■ _____
- 4 Capital gain portion of a lump-sum distribution (*from line 6 of federal Form 4972; enclose Form 4972*) . . . **4** ■ _____
- 5 Addition from line 7 of Schedule M1HOME (*enclose Schedule M1HOME*) **5** ■ _____
- 6 Distributions from higher education savings accounts used for K-12 tuition (*see instructions*) **6** ■ _____
- 7 This line intentionally left blank. **7** ■ _____
- 8 This line intentionally left blank. **8** ■ _____
- 9 Addition from line 35 of Schedule M1NC **9** ■ _____
- 10 Add lines 1 through 9. Enter the total here and on line 2 of Form M1 **10** _____

Subtractions from Income

- 11 If you are not filing Schedule M1SA, and your charitable contributions were more than \$500, see instructions. **11** ■ _____ 50
- 12 Social Security benefit subtraction (*determine from worksheet in instructions*) **12** ■ _____
- 13 Education expenses you paid for your qualifying children in grades K-12 (*see instructions*)
Enter the name and grade of each child on the line below. **13** ■ _____

- 14 Net interest or mutual fund dividends from U.S. bonds (*see instructions*) **14** ■ _____
- 15 Subtraction for contributions to a qualified education savings plan (*enclose Schedule M1529*) **15** ■ _____
- 16 Subtraction for persons age 65 or older, or permanently and totally disabled (*enclose Schedule M1R*) . . . **16** ■ _____
- 17 Railroad Retirement Board benefits (*see instructions*) **17** ■ _____
- 18 If you are a resident of Michigan or North Dakota filing Form M1 only to receive a refund of all Minnesota tax withheld, enter the amount from line 1 of Form M1. If the amount is zero or less, enter 0 **18** ■ _____
 - Place an X in one box to indicate the reciprocity state of which you were a resident during 2021 Michigan North Dakota
- 19 Subtraction of reservation income for American Indians (*see instructions*) **19** ■ _____
- 20 Federal active duty military pay received for services performed while a Minnesota resident, to the extent the income is federally taxable. If you received a military pension, see line 25 . . . **20** ■ _____
- 21 **Minnesota National Guard members and reservists:** See instructions **21** ■ _____





- 22 **Residents of another state:** Enter your federal active service military pay, to the extent the income is federally taxable. If you received a military pension, see line 25. 22 ■ _____
- 23 Organ Donor Subtraction (*see instructions*) 23 ■ _____
- 24 Volunteer mileage reimbursement subtraction 24 ■ _____
- 25 Subtraction for military pensions or other military retirement pay (*see instructions*) 25 ■ _____
- 26 Post-service education awards received for service in an AmeriCorps National Service program 26 ■ _____
- 27 Subtraction for interest earned from a designated first-time homebuyer savings account (*enclose Schedule M1HOME*) 27 ■ _____
- 28 Subtraction for discharge of indebtedness of educational loans (*see instructions*) 28 ■ _____
- 29 This line intentionally left blank 29 ■ _____
- 30 This line intentionally left blank 30 ■ _____
- 31 Subtraction from line 35 of Schedule M1NC. Enter as a positive number 31 ■ _____
- 32 Add lines 11 through 31. Enter the total here and on line 7 of Form M1. 32 _____ 50

You must include this schedule with your Form M1.



2021 Schedule M1MA, Marriage Credit

MOUNIKA REDDY
Your First Name and Initial

GOTUMUKKULA
Your Last Name

175418840
Your Social Security Number

SANTOSH KUMAR REDDY
Spouse's First Name and Initial

KONNI
Spouse's Last Name

744141822
Spouse's Social Security Number

Part 1

A — Taxpayer B — Spous

1	Wages, salaries, tips, etc. (see instructions)	1	<u>84367</u>	<u>178152</u>
2	Self-employment income (from line 3 of federal Schedule SE, less the self-employment tax deduction from line 13 of federal Schedule SE).	2	_____	_____
3	Taxable pension income (see instructions)	3	_____	_____
4	Taxable Social Security income (see instructions)	4	_____	_____
5	Add lines 1 through 4 for each column	5	<u>84367</u>	<u>178152</u>
6	Amount from line 5, Column A or B, whichever is less (If less than \$26,000, STOP HERE . You do not qualify)	6	<u>84367</u>	_____
7	Joint taxable income from line 9 of Form M1. (If less than \$40,000, STOP HERE . You do not qualify)	7	<u>224601</u>	_____
8	If line 6 is less than \$104,000 , determine the amount of your credit using lines 6 and 7 and the table in the instructions. — Full-year residents: Enter the result here and on line 1 of Schedule M1C — Part-year residents and nonresidents: Skip ahead to Part 3	8	<u>252</u>	_____

If line 6 is \$104,000 or more, continue to Part 2

Part 2 — If Line 6 is \$104,000 or More

9	Enter the amount from line 6	9	_____	_____
1	Value of one-half of the standard deduction for Married Filing Jointly	10	<u>12,525</u>	_____
11	Subtract line 10 from line 9	11	_____	_____
12	Using the tax schedule for single persons in the M1 instructions, compute the tax for the amount on line 11	12	_____	_____
13	Amount from line 7	13	_____	_____
14	Amount from line 11	14	_____	_____
15	Subtract line 14 from line 13 (If zero or less, STOP HERE . You do not qualify).	15	_____	_____
16	Using the tax schedule for single persons in the Form M1 instructions, compute the tax for the amount on line 15.	16	_____	_____
17	Tax from line 10 of Form M1	17	_____	_____
18	Add lines 12 and 16	18	_____	_____
19	Subtract line 18 from line 17. If the result is more than \$1,548, enter \$1,548. If result is zero or less, you do not qualify. Full-year residents: Enter the result here and on line 1 of Schedule M1C Part-year residents and nonresidents: Continue to Part 3 .	19	_____	_____

Part 3 — Part-Year Residents and Nonresidents

20	Part-year residents and nonresidents: Enter the percentage from line 30 of Schedule M1NR	20	<u>0.56863</u>	_____
21	Multiply line 8 or line 19, whichever is applicable, by line 20. Enter the result here and on line 1 of Schedule M1C	21	<u>143</u>	_____



21	Penalty on early withdrawal of savings (from line 18 of federal Schedule 1)	21	_____	_____
22	Net operating loss carryover adjustment from line 13 of Schedule M1MB (see instructions) 22 ■	22	_____	_____
23	Social Security benefit from line 12 of Schedule M1M (see instructions).	23	_____	_____
24	Subtraction for federal bonus depreciation from line 10 of Schedule M1MB	24	_____	_____
25	Net U.S. bond interest and active military pay received while a nonresident (add lines 14 and 22 of Schedule M1M)	25	_____	_____
26	Subtraction for federal section 179 expensing (from line 11 of Schedule M1MB)	26	_____	_____
27	Add lines 16 through 26 for each column	27	_____	0 0
28	Subtract line 27, column B, from line 15, column B. Enter here and on line 13a of Form M1. If your Minnesota gross income is below \$12,525 or the result is zero or less, enter 0	28	_____	141163
29	Subtract line 27, column A, from line 15, column A. Enter the result here and on line 13b of Form M1	29	_____	248249
30	Divide line 28 by line 29, and enter the result as a decimal (carry to five decimal places . If line 28 is more than line 29, enter 1.0. If line 28 is zero, enter 0	30	_____	.56863
31	Amount from line 12 of Form M1	31	_____	15393
32	Multiply line 30 by line 31. Enter the result here and on line 13 of Form M1	32	_____	8753

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





2021 Schedule M1W, Minnesota Income Tax Withheld

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

<u>MOUNIKA REDDY</u> Your First Name and Initial	<u>GOTUMUKKULA</u> Last Name	<u>175418840</u> Your Social Security Number
<u>SANTOSH KUMAR REDDY</u> If a Joint Return, Spouse's First Name and Initial	<u>KONNI</u> Spouse's Last Name	<u>744141822</u> Spouse's Social Security Number

If you received a federal Form W-2, 1099, W-2G, 1042-S, or Minnesota Schedule KPI, KS, or KF showing Minnesota income tax withheld, complete this schedule to determine line 20 of Form M1. List only the forms that report Minnesota income tax withheld. Round dollar amounts to the nearest whole dollar. You must include this schedule when you file your return. **DO NOT** send in your Forms W-2, 1099, or W-2G; keep them with your tax records. All instructions are included on this schedule.

1 Minnesota wages and Minnesota tax withheld on Forms W-2, other than from Forms W-2G. If you have more than five Forms W-2, complete line 5 on the back.

A	B—Box 13	C—Box 15	D—Box 16	E—Box 17
If the Form W-2 is for: • you, enter 1 • spouse, enter 2	If Retirement Plan box is checked, mark an X below.	Employer's seven-digit Minnesota Tax ID Number	State wages, tips, etc. <i>(round to nearest whole dollar)</i>	Minnesota tax withheld <i>(round to nearest whole dollar)</i>
a1 <u>2</u>	b1 <input type="checkbox"/>	c1 MN <u>8672056</u>	d1 <u>141163</u>	e1 <u>9142</u>
a2 _____	b2 <input type="checkbox"/>	c2 MN _____	d2 _____	e2 _____
a3 _____	b3 <input type="checkbox"/>	c3 MN _____	d3 _____	e3 _____
a4 _____	b4 <input type="checkbox"/>	c4 MN _____	d4 _____	e4 _____
a5 _____	b5 <input type="checkbox"/>	c5 MN _____	d5 _____	e5 _____

Subtotal for additional Forms W-2 (from line 5 on page 2) _____

Total Minnesota tax withheld on all Forms W-2 (add amounts in line 1, column E) 1 ■ 9142

2 Minnesota tax withheld on Forms 1099, W-2G, and 1042-S. If you have more than four forms, complete line 6 on the back.

A	B	C	D
If the Form 1099, W-2G, or 1042-S is for: • you, enter 1 • spouse, enter 2	Payer's seven-digit Minnesota Tax ID Number (if unknown, contact the payer)	Income amount (see the table on the back for amounts to include)	Minnesota tax withheld <i>(round to nearest whole dollar)</i>
a1 _____	b1 MN _____	c1 _____	d1 _____
a2 _____	b2 MN _____	c2 _____	d2 _____
a3 _____	b3 MN _____	c3 _____	d3 _____
a4 _____	b4 MN _____	c4 _____	d4 _____

Subtotal for additional 1099, W-2G, and 1042-S (from line 6 on page 2) _____

Total Minnesota tax withheld on all 1099, W-2G, and 1042-S (add amounts in line 2, column D) 2 ■ _____

3 Total Minnesota tax withheld by partnerships, S corporations, and fiduciaries (from line 7 on page 2) 3 ■ _____

4 Total. Add the Minnesota tax withheld on lines 1, 2, and 3.
Enter the total here and on line 20 of Form M1 **4 ■ 9142**

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

Instructions for Form D-400V, Payment Voucher

What Is Form D-400V and Why Should You Use It?

It is a statement you send with your payment of a balance due on Form D-400. Using Form D-400V allows the Department to process your payment more accurately and efficiently. We strongly encourage you to use Form D-400V. (Do not use Form D-400V when making a payment of a balance due on an amended Form D-400. Use Form D-400V Amended.)

Making an Online Payment

To pay your tax via our online payment portal please visit www.ncdor.gov or use your mobile device to scan the QR code below.



Benefits of Paying Taxes Online

- Secure and convenient
- Schedule payments in advance
- Bank drafts (free), MasterCard or Visa (\$2 convenience fee for every \$100 paid)
- Your payment will be processed efficiently and you will receive receipt of payment.

Preparing and Sending Your Payment

- Make your check or money order payable in U.S. dollars to the **NC Department of Revenue**. **Note:** The Department will not accept a check, money order, or cashier's check unless it is drawn on a U.S. (domestic) bank and the funds are payable in U.S. dollars.
- Make sure your name and address appear on your check or money order.
- Enter "Tax Year and Form D-400," your daytime phone number, and your SSN on your check or money order. If you are filing a joint return, enter the SSN shown first on your return.

- Cut across the dotted line and send the completed voucher and your check or money order.

What if You File Electronically?

If you choose to file electronically and have a balance due, follow your transmitter's or preparer's instructions for making your payment.

Important Reminders

- **Do not** use this payment voucher if you pay your tax online.
- **Do not** staple, tape, paper clip or otherwise attach your check or money order to the voucher.
- **Do not** fold the voucher or check.
- **Do not** use this voucher to pay quarterly estimated tax.
- **Do not** use a photocopy of the voucher.
- **Do not** use another person's voucher.
- **Do not** send cash.



Cut Here



D-400V (50)		Individual Income Payment Voucher			
9-16-08		North Carolina Department of Revenue			
175418840	GOTU	718	28262	744141822	
MOUNIKA REDDY	GOTUMUKKULA			SANTOSH KUMAR	KONNI
718 MINGLEWOOD DR APT 11307		For Calendar Year		2021	
CHARLOTTE	NC	28262			
Taxpayer/Paid Preparer: SYAM PRIYA RAM SAGAR G					
Date: 03 08 22		Phone: (678) 965-9522			

REV 03/01/22 PRO

AMOUNT OF THIS PAYMENT
This must match the amount shown on your check or money order.

\$ 118 .00

7270150106



20214 1754188401 0000000 06408

Mail to:
NCDOR, PO Box 25000,
Raleigh, NC 27640-0640

D-400 (50) 8-23-21 **2021 Individual Income Tax Return**

< Staple All Pages of Your Return and W-2s Here

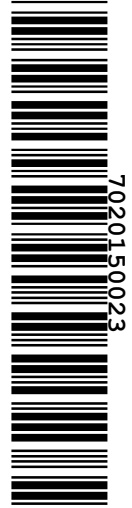
North Carolina Department of Revenue

Amended Return

DOR
Use
Only

For calendar year 2021, or fiscal year beginning <u>21</u> and ending _____		Are you a veteran? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
MOUNIKA REDDY GOTUMUKKULA SANTOSH KUMAR KONNI 718 MINGLEWOOD DR 11307 Your SSN: 175418840 CHARLOT NC 28262 MECKL Spouse's SSN: 744141822		Is your spouse a veteran? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Filing Status <input type="checkbox"/> 1. Single <input checked="" type="checkbox"/> 2. Married Filing Jointly <input type="checkbox"/> 3. Married Filing Separately <input type="checkbox"/> 4. Head of Household <input type="checkbox"/> 5. Qualifying Widow(er)		Were you granted an automatic extension to file your 2021 federal income tax return, e.g., Form 1040? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Were you a resident of N.C. for the entire year? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Return for deceased taxpayer. Date of death: _____		Year spouse died: _____
Was your spouse a resident for the entire year? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Return for deceased spouse. Date of death: _____		
N.C. Education Endowment Fund: You may contribute to the N.C. Education Endowment Fund by making a contribution or designating some or all of your overpayment to the Fund. To make a contribution, enclose Form NC-EDU and your payment of \$ <u>0</u> To designate your overpayment to the Fund, enter the amount of your designation on Page 2, Line 31. (See instructions for information about the Fund.)		
<input type="checkbox"/> Select box if you, or if married filing jointly, your spouse were out of the country on April 15, 2022, and a U.S. citizen or resident.		
<input type="checkbox"/> Select box if return is filed and signed by Executor, Administrator, or Court-Appointed Personal Representative.		

FS	2	PP	Y	DT	N	OC	N	TPRES	N	SPRES	N	VT	N	SVT	N
GOTU	718	28262	DS	N	EA	N	TD			SD				FDEXT	N
MOUNIKA REDDY			GOTUMUKKULA					175418840				MECKL			
SANTOSH KUMAR			KONNI					744141822		NC	28262				
718 MINGLEWOOD DR							11307	CHARLOTTE							
06		248249		16				0		26C				0	
07		0		18	Y			0		26E				0	
09		0		20A				491		EU					
10A		0		20B				1837		27				118	
10B		0		21A				0		29				0	
11	S	Y	I	N				0		30				0	
11		21500		21C				0		31				0	
13		02055		21D				0		32				0	
14		46597		26A				118		34				0	
15		2446		26B				0							
TN	4405702236		PN	6789659522						PP	P02082703				



Sign Return Below <input type="checkbox"/> Refund Due <u>0</u> <input checked="" type="checkbox"/> Payment Due <u>118</u>	
I declare and certify 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. <input type="checkbox"/> Check here if you authorize the North Carolina Department of Revenue to discuss this return and attachments with the paid preparer below.	
Your Signature _____ Date _____	Spouse's Signature (If filing joint return, both must sign.) _____ Date _____
4405702236 Contact Phone No. (Include area code)	
PAID PREPARER USE ONLY If prepared by a person other than taxpayer, this certification is based on all information of which the preparer has any knowledge.	
SYAM PRIYA RAM SAGAR GUPT 03 08 2 6789659522	P02082703
Paid Preparer's Signature _____ Date _____	Preparer's Contact Phone Number (Include area code) _____ Preparer's FEIN, SSN, or PTIN _____

If REFUND, mail return to: N.C. DEPT. OF REVENUE, P.O. BOX R, RALEIGH, NC 27634-0001
If you ARE NOT due a refund, mail return, any payment, and D-400V to: N.C. DEPT. OF REVENUE, P.O. BOX 25000, RALEIGH, NC 27640-0640

D-400 Line-by-Line Information

6.	Federal Adjusted Gross Income	6.	248249
7.	Additions to Federal Adjusted Gross Income	7.	0
8.	Add Lines 6 and 7	8.	248249
9.	Deductions From Federal Adjusted Gross Income	9.	0
10.	Child Deduction		
	a. Enter the number of qualifying children for whom you were allowed a federal child tax credit	10a.	0
	b. Enter the amount of the child deduction	10b.	0
11.	N.C. Standard Deduction	11.	Y
11.	N.C. Itemized Deduction	11.	N
11.	Deduction amount	11.	21500
12.	a. Add Lines 9, 10b, and 11	12a.	21500
	b. Subtract amount on Line 12a from Line 8	12b.	226749
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.2055
14.	N.C. Taxable Income	14.	46597
15.	N.C. Income Tax	15.	2446
16.	Tax Credits	16.	0
17.	Subtract Line 16 from Line 15	17.	2446
18.	Consumer Use Tax	18.	0
	You certify that no Consumer Use Tax is due		Y
19.	Add Lines 17 and 18	19.	2446

North Carolina Income Tax Withheld

20a.	Your tax withheld	20a.	491
20b.	Spouse's tax withheld	20b.	1837

Other Tax Payments

21a.	2021 estimated tax	21a.	0
21b.	Paid with extension	21b.	0
21c.	Partnership	21c.	0
21d.	S Corporation	21d.	0
22.	Amended Returns Only - Previous payments	22.	0
23.	Total Payments	23.	2328
24.	Amended Returns Only - Previous refunds	24.	0
25.	Subtract Line 24 from Line 23	25.	2328
26a.	Tax Due	26a.	118
26b.	Penalties	26b.	0
26c.	Interest	26c.	0
26d.	Add Lines 26b and 26c and enter the total on 26d	26d.	0
EU	Exception to Underpayment of Estimated Tax	EU	
26e.	Interest on the Underpayment of Estimated Income Tax	26e.	0
27.	Pay this Amount	27.	118
28.	Overpayment	28.	0

Amount of Refund to Apply to:

29.	Amount of Line 28 to be applied to 2022 Estimated Income Tax	29.	0
30.	N.C. Nongame and Endangered Wildlife Fund	30.	0
31.	N.C. Education Endowment Fund	31.	0
32.	N.C. Breast and Cervical Cancer Control Program	32.	0
33.	Add Lines 29 through 32	33.	0
34.	Amount to be Refunded	34.	0

D-400 Sch PN (50)

8-23-21

2021 Part-Year Resident and Nonresident Schedule
 North Carolina Department of Revenue

DOR
Use
Only

If you enter a taxable percentage on Form D-400, Line 13 because you or your spouse, if married filing jointly, were not full-year residents of North Carolina during tax year 2021, you must attach this schedule to Form D-400. Importantly, you must attach both pages of this schedule to Form D-400. If you do not, the Department may be unable to process your return.

Last Name (First 10 Characters) GOTUMUKKUL	Your Social Security Number 175418840
---	--

A part-year resident or a nonresident who receives income from N.C. sources must complete this form to determine the percentage of total income from all sources that is subject to N.C. tax. You are a **"part-year resident"** if you moved to N.C. and became a resident during the tax year, or you moved out of N.C. and became a resident of another state during the tax year. You are a **"nonresident"** if you were not a resident of N.C. at any time during the tax year.

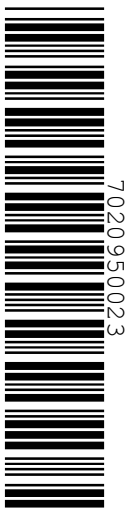
Important: Refer to the Instructions before completing this form.

NRT	Y	PYT	N	22	51016
NRS	Y	PYS	N	23	248249

Part A. Residency Status	
Taxpayer is: (Select applicable box) <input type="checkbox"/> Full-Year Resident <input checked="" type="checkbox"/> Nonresident <input type="checkbox"/> Part-Year Resident Date N.C. residency began _____ Date N.C. residency ended _____	Spouse is: (Select applicable box) <input type="checkbox"/> Full-Year Resident <input checked="" type="checkbox"/> Nonresident <input type="checkbox"/> Part-Year Resident Date N.C. residency began _____ Date N.C. residency ended _____

If you and your spouse were both full-year residents of N.C., **stop here**; do not complete Parts B and C. Do not attach Schedule PN to Form D-400.

Part B. Allocation of Income for Part-Year Residents and Nonresidents		COLUMN A	COLUMN B
Total Income		Total Income from all sources	Amount of Column A subject to N.C. tax
1. Wages, Salaries, Tips, Etc.	1.	262519	51016
2. Taxable Interest	2.	0	0
3. Taxable Dividends	3.	165	0
4. Taxable Refunds, Credits, or Offsets of State and Local Income Taxes	4.	0	0
5. Alimony Received	5.	0	0
6. Business Income or (Loss)	6.	0	0
7. Capital Gain or (Loss)	7.	-2305	0
8. Other Gains or (Losses)	8.	0	0
9. Taxable Amount of IRA Distributions	9.	0	0
10. Taxable Amount of Pensions and Annuities	10.	0	0
11. Rental Real Estate, Royalties, Partnerships, S-Corps, Estates, Trusts, Etc.	11.	-12130	0
12. Farm Income or (Loss)	12.	0	0
13. Unemployment Compensation	13.	0	0
14. Taxable Portion of Social Security Benefit and Railroad Retirement Benefits	14.	0	0
15. Other Income	15.	0	0
16. Total Income	16.	248249	51016
North Carolina Adjustments		COLUMN A	COLUMN B
		Enter the amount from Form D-400 Schedule S	Amount of Column A subject to N.C. tax
17. Additions			
a. Interest Income From Obligations of States Other Than N.C.	17a.	0	0
b. Deferred Gains Reinvested Into an Opportunity Fund	17b.	0	0
c. Bonus Depreciation	17c.	0	0
d. IRC Section 179 Expense	17d.	0	0
e. Other Additions to Federal Adjusted Gross Income That Relate to Gross Income	17e.	0	0
18. Total Additions	18.	0	0



Last Name (First 10 Characters) GOTUMUKKUL	Your Social Security Number	175418840
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Part B. Allocation of Income for Part-Year Residents and Nonresidents (continued)

	COLUMN A	COLUMN B
	Enter the amount from Form D-400 Schedule S	Amount of Column A subject to N.C. tax
19. Deductions		
a. State or Local Income Tax Refund	19a. 0	0
b. Interest Income From Obligations of the United States or United States' Possessions	19b. 0	0
c. Taxable Portion of Social Security and Railroad Retirement Benefits	19c. 0	0
d. Bailey Retirement Benefits	19d. 0	0
e. Bonus Asset Basis	19e. 0	0
f. Bonus Depreciation	19f. 0	0
g. IRC Section 179 Expense	19g. 0	0
h. Other Deductions From Federal Adjusted Gross Income That Relate to Gross Income	19h. 0	0
20. Total Deductions	20. 0	0
21. Total Income Modified by N.C. Adjustments	21. 248249	51016

Part C. Part-Year Residents and Nonresidents Taxable Percentage

22. Enter the Amount From Column B, Line 21		22. 51016
23. Enter the Amount From Column A, Line 21		23. 248249
24. Part-Year Residents and Nonresident Taxable Percentage		24. 0.2055

DO NOT STAPLE ANY ITEMS TO THE RETURN.

82F Check box 82F if filing under extension OR FISCAL YEAR BEGINNING 2021 AND ENDING 66F

Your First Name and Middle Initial MOUNIKA REDDY Last Name GOTUMUKKULA Your Social Security Number 175 41 8840

Spouse's First Name and Middle Initial (if box 4 or 6 checked) SANTOSH KUMAR REDDY Last Name KONNI Spouse's Social Security No. 744 14 1822

Current Home Address - number and street, rural route 718 MINGLEWOOD DR Apt. No. 11307 Daytime Phone (with area code) 94 (440) 570-2236

City, Town or Post Office CHARLOTTE State NC ZIP Code 28262 Last Names Used in Last Four Prior Year(s) (if different) 97

FILING STATUS 4 Married filing joint return 4a Injured Spouse Protection of Joint Overpayment 5 Head of household. Enter name of qualifying child or dependent on next line: 6 Married filing separate return. Enter spouse's name and Social Security Number above. 7 Single

Enter the number claimed. Do not put a check mark. 8 Age 65 or over (you and/or spouse) 9 Blind (you and/or spouse) 10a Dependents: Under age of 17. 10b Dependents: Age 17 and over. 11a Qualifying parents and grandparents

Table with 6 columns: (a) FIRST AND LAST NAME, (b) SOCIAL SECURITY NO., (c) RELATIONSHIP, (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2021, (e) Dependent Age included in, (f) if you did not claim this person on your federal return due to educational credits. Rows 10c, 10d, 10e.

Table with 6 columns: (a) FIRST AND LAST NAME, (b) SOCIAL SECURITY NO., (c) RELATIONSHIP, (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2021, (e) IF AGE 65 OR OVER, (f) IF DIED IN 2021. Rows 11b, 11c.

Table with 3 columns: Line number, Description, Amount. Rows 12-24 including Federal adjusted gross income, Small Business Income, Modified federal adjusted gross income, Non-Arizona municipal interest, Partnership Income adjustment, Total federal depreciation, Other Additions to Income, Subtotal, Total net capital gain or (loss).

Table with 3 columns: Line number, Description, Amount. Rows 25-34 including Net capital gain - qualified small business, Recalculated Arizona depreciation, Partnership Income adjustment, Interest on U.S. obligations, Exclusion for fed., AZ state or local govt. pensions, Exclusion for retired/retainer pay uniform services, U.S. Social Security or Railroad Retirement Act, Certain wages of American Indians, Pay received for being an active service member, Net operating loss adjustment, Contributions: 34a 529 plans.

Place any required federal and AZ schedules or other documents after Form 140.

Exemptions 8, 9, and 11a - Dependents 10a and 10b

Additions

Subtractions

2021 Form 140 - Standard Deduction Increase for Charitable Contributions

You must complete this worksheet if you are taking an increased standard deduction for charitable contributions. Include the completed worksheet with your tax return, when filed. If you do not include the completed worksheet, your standard deduction will not be increased.

Taxpayers electing to take the Standard Deduction on their Arizona tax return may *increase* the standard deduction amount by 25% (.25) of the total amount of the taxpayer’s charitable deductions that would have been allowed if the taxpayer elected to claim itemized deductions on the Arizona tax return.

Charitable contributions (lines 1C, 2C, and 3C) are those gifts allowed on federal 1040 Schedule A (Gifts to Charity) that you would have claimed had you elected to take itemized deductions on your federal return.

NOTE 1: You must reduce your contribution amount by the total charitable contributions you made during January 1, 2021 through December 31, 2021 for which you are claiming an Arizona tax credit under Arizona law for the current tax year return or claimed on the prior tax year return. Enter this amount on 5C.

NOTE 2: If you itemized deductions on your federal return (1040 Schedule A) and were required to adjust the amount of your allowable contributions on your federal 1040 Schedule A for the amount claimed as a tax credit on your Arizona income tax return, include the amount of the federal contribution adjustment to line 1C and enter the amount of the Arizona tax credit on line 5C.

Complete the worksheet to determine your allowable increased standard deduction for charitable contributions.

1C	2021 Gifts by cash or check.....	1C	600	00
2C	2021 Other than by cash or check.....	2C		00
3C	Carryover from prior year.....	3C		00
4C	Add lines 1C through 3C and enter the total.....	4C	600	00
5C	Total charitable contributions made in 2021 for which you are claiming a credit under Arizona law for the current (2021) or prior (2020) tax year.....	5C		00
6C	Subtract line 5C from line 4C and enter the difference. If less than zero, enter "0".....	6C	600	00
7C	Multiply line 6C by 25% (.25) and enter the result.....	7C	150	00

- Enter the amount shown on line 7C on page 2, line 44.
- Be sure to check box **43S** for Standard Deduction on line 43.
- Check box **44C** for charitable contributions on line 44. If you do not check this box, you may be denied the increased standard deduction.

Your Name (as shown on page 1) M GOTUMUKKULA & S KONNI	Your Social Security Number 175-41-8840
---	--

Part 2 Application of Tax Credits and Recapture: Enter tax, recapture tax, and tax credits used this taxable year.

27 Tax from Form 140, lines 46a and 46b; or Form 140PY, lines 56a and 56b; or Form 140NR, line 56a and 56b; or Form 140X, lines 37a and 37b.....	27	7,959	00
28 Tax from Recapture of Credits for Healthy Forest Enterprises from Form 332, Part 9, line 39, and Part 10, line 45.....	28		00
29 Tax from Recapture of Credit for Qualified Facilities from Form 349, Part 7, line 19.....	29		00
30 Recapture Total: Add lines 28 and 29. Enter here and on Form 140, line 47; or Form 140PY, line 57; or Form 140NR, line 57; or Form 140X, line 38.....	30		00
31 Subtotal: Add lines 27 and 30.....	31	7,959	00
32 Family Income Tax Credit from Form 140, line 50; or Form 140PY, line 60; or Form 140X, box 40a; plus Dependent Tax Credit from Form 140, line 49; or Form 140PY, line 59; or Form 140NR, line 59; or Form 140X, box 40b.....	32		00
33 Subtract line 32 from line 31. Enter the difference. If less than zero, enter "0".....	33	7,959	00

Nonrefundable Tax Credits Used This Taxable Year: Enter amounts actually used from Part 1.

34 Military Reuse Zone Credit.....Form 306 ▶	34		00
35 Credit for Increased Research Activities – Individuals..... Form 308-I ▶	35		00
36 Credit for Taxes Paid to Another State or Country.....Form 309 ▶	36	4,975	00
37 Credit for Solar Energy Devices.....Form 310 ▶	37		00
38 Agricultural Water Conservation System Credit.....Form 312 ▶	38		00
39 Pollution Control Credit.....Form 315 ▶	39		00
40 Credit for Solar Hot Water Heater Plumbing Stub Outs and Electric Vehicle Recharge Outlets.....Form 319 ▶	40		00
41 Credit for Contributions to Qualifying Charitable Organizations.....Form 321 ▶	41		00
42 Credit for Contributions Made or Fees Paid to Public Schools.....Form 322 ▶	42		00
43 Credit for Contributions to Private School Tuition Organizations.....Form 323 ▶	43		00
44 Agricultural Pollution Control Equipment Credit.....Form 325 ▶	44		00
45 Credit for Donation of School Site.....Form 331 ▶	45		00
46 Credit for Employment by Healthy Forest Enterprises.....Form 332 ▶	46		00
47 Credit for Employing National Guard Members.....Form 333 ▶	47		00
48 Credit for Business Contribution by an S Corporation to School Tuition Organizations - Individual..... Form 335-I ▶	48		00
49 Credit for Solar Energy Devices – Commercial and Industrial Applications.....Form 336 ▶	49		00
50 Credit for Investment in Qualified Small Businesses.....Form 338 ▶	50		00
51 Credit for Donations to the Military Family Relief Fund: Enter the smaller of Form 301, Part 1, line 18 or Part 2, line 31.....Form 340 ▶	51	0	00
52 Credit for Business Contributions by an S Corporation to School Tuition Organizations for Displaced Students or Students with Disabilities - Individual.. Form 341-I ▶	52		00
53 Renewable Energy Production Tax Credit.....Form 343 ▶	53		00
54 Credit for New Employment.....Form 345 ▶	54		00
55 Additional Credit for Increased Research Activities for Basic Research Payments..Form 346 ▶	55		00
56 Credit for Contributions to Certified School Tuition Organizations (for contributions that exceed the maximum allowable credit on Arizona Form 323) ..Form 348 ▶	56		00
57 Credit for Contributions to Qualifying Foster Care Charitable Organizations.....Form 352 ▶	57		00
58 Healthy Forest Production Tax Credit.....Form 353 ▶	58		00
59 Tax credits used from Form 301: Add lines 34 through 58.....	59	4,975	00
60 Tax credits used from Form 301-SBI, line 65.....	60		00
61 Total Tax Credits Used: add lines 59 and 60. Enter this amount on Form 140, line 51; or Form 140PY, line 61; or Form 140NR, line 60; or Form 140X, line 41. Total credits used cannot be more than line 33.....	61	4,975	00

Schedule of Income Allocation

Complete this schedule only if you are an Arizona resident who is also considered to be a resident of another state under the laws of that other state (dual resident); otherwise, skip this schedule. See pages 2 and 9 of the instructions.

	(a) Amount reported on your 2021 federal return	(b) Amount entered in column (a) reported on your 2021 Form 140	(c) Amount entered in column (a) reported on your 2021 return filed to your statutory state of residence	(d) Amount entered in column (c) that would be sourced to your statutory state of residence as income of a nonresident of that state
1 Wages, salaries, tips, etc.....	\$ 00	\$ 00	\$ 00	\$ 00
2 Interest.....	\$ 00	\$ 00	\$ 00	\$ 00
3 Dividends.....	\$ 00	\$ 00	\$ 00	\$ 00
4 Business income or (loss) from federal Schedule C.....	\$ 00	\$ 00	\$ 00	\$ 00
5 Gains or (losses) from federal Schedule D.....	\$ 00	\$ 00	\$ 00	\$ 00
6 Rents, royalties, partnerships, estates, trusts, small business corporations from federal Schedule E	\$ 00	\$ 00	\$ 00	\$ 00
7 Other income reported on your federal return	\$ 00	\$ 00	\$ 00	\$ 00
8 Total Income: Add lines 1 through 7 .	\$ 00	\$ 00	\$ 00	\$ 00
9 Other federal adjustments: List on lines 9a through 9c:				
9a	\$ 00	\$ 00	\$ 00	\$ 00
9b	\$ 00	\$ 00	\$ 00	\$ 00
9c	\$ 00	\$ 00	\$ 00	\$ 00
9d Total adjustments: Add lines 9a through 9c for each column.....	\$ 00	\$ 00	\$ 00	\$ 00
10 Adjusted Gross Income: Subtract line 9d from line 8 for each column....	\$ 00	\$ 00	\$ 00	\$ 00

Schedule of Income Allocation

Complete this schedule only if you are an Arizona resident who is also considered to be a resident of another state under the laws of that other state (dual resident); otherwise, skip this schedule. See pages 2 and 9 of the instructions.

	(a) Amount reported on your 2021 federal return	(b) Amount entered in column (a) reported on your 2021 Form 140	(c) Amount entered in column (a) reported on your 2021 return filed to your statutory state of residence	(d) Amount entered in column (c) that would be sourced to your statutory state of residence as income of a nonresident of that state
1 Wages, salaries, tips, etc.....	\$ 00	\$ 00	\$ 00	\$ 00
2 Interest.....	\$ 00	\$ 00	\$ 00	\$ 00
3 Dividends.....	\$ 00	\$ 00	\$ 00	\$ 00
4 Business income or (loss) from federal Schedule C.....	\$ 00	\$ 00	\$ 00	\$ 00
5 Gains or (losses) from federal Schedule D.....	\$ 00	\$ 00	\$ 00	\$ 00
6 Rents, royalties, partnerships, estates, trusts, small business corporations from federal Schedule E	\$ 00	\$ 00	\$ 00	\$ 00
7 Other income reported on your federal return	\$ 00	\$ 00	\$ 00	\$ 00
8 Total Income: Add lines 1 through 7 .	\$ 00	\$ 00	\$ 00	\$ 00
9 Other federal adjustments: List on lines 9a through 9c:				
9a	\$ 00	\$ 00	\$ 00	\$ 00
9b	\$ 00	\$ 00	\$ 00	\$ 00
9c	\$ 00	\$ 00	\$ 00	\$ 00
9d Total adjustments: Add lines 9a through 9c for each column	\$ 00	\$ 00	\$ 00	\$ 00
10 Adjusted Gross Income: Subtract line 9d from line 8 for each column....	\$ 00	\$ 00	\$ 00	\$ 00

Your First Name and Middle Initial 1 MOUNIKA REDDY		Last Name GOTUMUKKULA	Enter your SSN(s).	Your Social Security Number 175 41 8840
Spouse's First Name and Middle Initial 1 SANTOSH KUMAR REDDY		Last Name KONNI		Spouse's Social Security No. 744 14 1822
Current Home Address - number and street, rural route 2 718 MINGLEWOOD DR		Apt. No. 11307	Daytime Phone (with area code) 94 (440) 570-2236	
City, Town or Post Office 3 CHARLOTTE		State NC	ZIP Code 28262	

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

88

Please indicate the filing status below:

Married filing joint return

Head of household: Enter name of qualifying child or dependent on next line.

Married filing separate return: Enter spouse's name and Social Security Number above.

Single

81 PM **80** RCVD

Enter the amount of payment enclosed..... \$

915	00
-----	----

If you are mailing this payment

To ensure proper application of this payment, be sure that you:

- ✓ Do **not** send cash.
- ✓ Make your check or money order payable to Arizona Department of Revenue.
- ✓ Write your SSN, "2021 Tax" and 140 on your payment.
- ✓ Include your payment with this form.
- ✓ **Mail to** Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.

If you are making an electronic payment

You can make this 140V payment by eCheck or credit card!
American Express ♦ Visa ♦ Discover Card ♦ MasterCard

www.AZTaxes.gov

- ✓ Click on "Make a Payment" and select "140V" as the Payment Type.
- ✓ Do not mail this form. We will apply this payment to your account.

NOTE: To avoid interest and penalties you must pay the full amount of your tax by April 18, 2022. You will not receive an additional notice from the Arizona Department of Revenue unless an error exists with your return.

DO NOT STAPLE ANY ITEMS TO THE FORM.

This estimated payment is for tax year ending December 31, 2022, or for tax year ending: 20

Form fields for personal information: Your First Name and Middle Initial (MOUNIKA REDDY), Last Name (GOTUMUKKULA), Social Security Number (175 41 8840), Spouse's First Name and Middle Initial (SANTOSH KUMAR REDDY), Last Name (KONNI), Spouse's Social Security No. (744 14 1822), Current Home Address (718 MINGLEWOOD DR), Apt. No. (11307), Daytime Phone ((440) 570-2236), City, Town or Post Office (CHARLOTTE), State (NC), ZIP Code (28262).

Check if this payment is on behalf of a Nonresident Composite return - 140NR

STOP DO NOT USE THIS FORM TO MAKE DELINQUENT INCOME TAX PAYMENTS. Use this form only for mailing estimated payments.

1 Payment: You must round your estimated payment to a whole dollar (no cents).

Enter the amount of payment enclosed \$ 229.00

2 Check only one box for the quarter for which this payment is made.

Do not select more than one quarter. You must submit a separate form for each quarter for which a payment is made.

Payment for calendar year filers are due as follows:

Calendar year filers options: 1st Quarter (checked), 2nd Quarter, 3rd Quarter, 4th Quarter.

Payment for fiscal year filers are due as follows:

Fiscal year filers options: 1st Quarter, 2nd Quarter, 3rd Quarter, 4th Quarter.

If any of the due dates fall on a Saturday, Sunday, or legal holiday, you may make the required payment for that quarter by midnight on the next business day following that day.

If you are mailing this payment:

To ensure proper application of this payment, be sure that you:

- Complete and submit this form in its entirety. Do not cut this page in half.
Make your check or money order payable to Arizona Department of Revenue.
Write your SSN, "Tax Year 2022" and "140ES" on your payment.
If payment is made on behalf of a Nonresident Composite return, write "Composite 140NR", "Tax Year 2022" and the entity's EIN on your payment.
Include your payment with this form.
Mail to Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.

Be sure to review your estimated income and adjust your payments as necessary during the year.

If you are making an electronic payment

You can make this estimated payment by eCheck or credit card!

American Express ♦ Visa ♦ Discover Card ♦ MasterCard

www.AZTaxes.gov

- Click on "Make a Payment" and select "140ES" as the Payment Type.
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Payment for calendar year filers are due as follows:

Calendar year filers options: 1st Quarter (Due April 15, 2022), 2nd Quarter (Due June 15, 2022), 3rd Quarter (Due September 15, 2022), 4th Quarter (Due January 15, 2023).

Payment for fiscal year filers are due as follows:

Fiscal year filers options: 1st Quarter (15th day of 4th month), 2nd Quarter (15th day of 6th month), 3rd Quarter (15th day of 9th month), 4th Quarter (15th day of 1st month of next year).

If any of the due dates fall on a Saturday, Sunday, or legal holiday, you may make the required payment for that quarter by midnight on the next business day following that day.

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Payment for calendar year filers are due as follows:

Quarter selection checkboxes: 1st Quarter (Jan-Mar), 2nd Quarter (Apr-Jun), 3rd Quarter (Jul-Sep) [checked], 4th Quarter (Oct-Dec).

Payment for fiscal year filers are due as follows:

Fiscal year selection checkboxes: 1st Quarter (15th day of 4th month), 2nd Quarter (15th day of 6th month), 3rd Quarter (15th day of 9th month), 4th Quarter (15th day of 1st month).

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