(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Submis	ssion Identification Number (SID)		-		
Taxpayer	's name	Social security	y numb	er	
MOUN	IKA REDDY GOTUMUKKULA	175-41-	-8840		
Spouse's		Spouse's soci			
SANT	OSH KUMAR REDDY KONNI	744-14-	-1822	2	
Part I	Tax Return Information — Tax Year Ending December 31, 2021 (Enter	year you ar	e autl	horizing.)
Enter w	hole dollars only on lines 1 through 5.				
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
	Adjusted gross income		1		<u>,249.</u>
	Total tax		2		<u>,</u> 593.
	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		,384.
	Amount you want refunded to you		4	7	<u>,982.</u>
	Amount you owe		5 / of w	our rotu	rn)
Part I	enalties of perjury, I declare that I have examined a copy of the income tax return (original or amended)				
Agent to payment authorize payment business taxes to personal	delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indict of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution ation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate to, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 . Payment cancellation requise days prior to the payment (settlement) date. I also authorize the financial institutions involved in the preceive confidential information necessary to answer inquiries and resolve issues related to the publication number (PIN) below is my signature for the income tax return (original or amended) I aric Funds Withdrawal Consent.	cated in the ta n to debit the the authoriza ests must be processing of ayment. I furtle	x preparently to the tion. To receive the element of the element of the telement of teleme	aration sof this acco revoke (ed ed no late ectronic pa knowledge	tware for bunt. This cancel) a er than 2 syment of that the
	ver's PIN: check one box only				
Тахрау	l authorize GLOBAL TAXES LLC to enter or generate r	my DINI 1	8 8	4 0	00 m)/
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř Ent		ligits, but all zeros	as my
	I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN and your return is filed using the Practitioner PIN metholelow.				
Your si	gnature ▶ Date ▶				
Spouse	e's PIN: check one box only				
X	l authorize GLOBAL TAXES LLC to enter or generate r	nv PIN 4	1 8	2 2	as my
	ERO firm name	,		ligits, but	asiny
	signature on the income tax return (original or amended) I am now authorizing.	dor	't enter	all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am notifyou are entering your own PIN and your return is filed using the Practitioner PIN metholelow.				
Spouse	e's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below				
Part II	<u> </u>				
	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5 8	7 2 7 8 Don't ente	3 6 er all zer	1 9 8	9
authorize	that the above numeric entry is my PIN, which is my signature for the electronic individual income ta ed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of In	tting this retu	rn in a	ccordance	

ERO's signature ▶ Date ▶

E 1040 Department of the Treasury—Internal Revenue Service (99) U.S. Individual Income Tax Return

202	1

OMB No. 1545-0074

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

Filing Status Check only one box.	If you	Single X Married filing jointly [u checked the MFS box, enter the r on is a child but not your dependen	— name of	ied filing separately your spouse. If you	` ′			,	_	, ,	. , . ,
Your first name	and mi	ddle initial	Last na	ame					Your s	ocial securi	ty number
MOUNIKA	REDI	Y	GOT	UMUKKULA					175-	41-884	0
If joint return, sp	ouse's	first name and middle initial	Last na	ame					Spouse	e's social se	curity number
SANTOSH	KUMA	AR REDDY	KON	NI					744-	-14-182	2
Home address (numbe	r and street). If you have a P.O. box, see	instruct	tions.				Apt. no.	Presid	ential Election	on Campaign
718 MING	LEWO	OOD DR						11307	1	here if you,	•
City, town, or po	st offic	ce. If you have a foreign address, also co	omplete :	spaces below.	Sta	te	ZIP	code			ntly, want \$3 Checking a
CHARLOTT	E				No	C	28	3262		o inis iuna. elow will not	•
Foreign country	name			Foreign province/stat	e/coun	ty	Fore	eign postal code	_	ax or refund.	•
At any time dur	ing 20	21, did you receive, sell, exchange	, or oth	erwise dispose of a	ny fina	ancial interest	in an	y virtual curre	ency?	X Yes	☐ No
Standard Deduction	_	eone can claim:	•			•					
Age/Blindness	You:	Were born before January 2, 1	957	Are blind S	pouse	: Was bo	orn be	efore January	2, 1957	☐ Is bl	lind
Dependents	_			(2) Social secur	itv	(3) Relations				or (see instru	
If more			Child tax	•	1 '	her dependents					
than four											
dependents,											
see instructions and check											
here ▶ □											
	1	Wages, salaries, tips, etc. Attach	Form(s)	W-2					. 1	1 2	62,519.
Attach	2a	Tax-exempt interest	2a		b T	axable interes	st		. 2	b	
Sch. B if required.	3a	Qualified dividends	3a	108.	b (Ordinary divide	ends		. 3	b	165.
required.	4a	IRA distributions	4a		b T	axable amoui	nt .		. 4	b	
	5a	Pensions and annuities	5a		b T	axable amoui	nt .		. 5	b	
Standard	6a	Social security benefits	6a		b T	axable amoui	nt .		. 6	b	
Deduction for—	7	Capital gain or (loss). Attach Sche	dule D	if required. If not re	quired	, check here		•		, .	-2 , 305.
Single or Married filing	8	Other income from Schedule 1, lin	ne 10						. 8	3 -:	12,130.
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your total in	come				▶ 9	2	48,249.
Married filing	10	Adjustments to income from Sche	edule 1,	line 26					. 1	0	
jointly or Qualifying	11	Subtract line 10 from line 9. This is	s your a	adjusted gross inc	ome				▶ 1	1 2	48,249.
widow(er), \$25,100	12a	Standard deduction or itemized	deduc	tions (from Schedu	le A)	12	2a	25,10	0.		
Head of	b	Charitable contributions if you take	the sta	andard deduction (se	e insti	ructions) 12	2b	60	00.		
household, \$18,800	С	Add lines 12a and 12b							. 12	2c	25,700.
If you checked	13	Qualified business income deduct	tion fror	m Form 8995 or Foi	m 899	95-A			. 1	3	11.
any box under Standard	14	Add lines 12c and 13							. 1	4	25 , 711.
Deduction, see instructions.	15	Taxable income. Subtract line 14	from li	ne 11. If zero or les	s, ente	er-0			. 1	5 2	22,538.

	16	Tax (see instructions). Check if any from Form	(s): 1 🗌 881	4 2 🗌 4972	3 🗌		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 o	ther depender	nts 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	e 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:						
	а	Form(s) W-2			25a 4	7,384.		
	b	Form(s) 1099			25b			
	С	Other forms (see instructions)			25c	0.		
	d	Add lines 25a through 25c					25d	47,384.
16	26	2021 estimated tax payments and amount a					26	·
If you have a lqualifying child,	27a	Earned income credit (EIC)		No	27a			
attach Sch. EIC.		Check here if you were born after Janu						
		January 2, 2004, and you satisfy all the						
		taxpayers who are at least age 18, to claim to	1 1	structions				
	b	Nontaxable combat pay election			-			
	С	Prior year (2019) earned income		0 1 1 1 22 2				
	28	Refundable child tax credit or additional child to			28		-	
	29	American opportunity credit from Form 8863			29			
	30	Recovery rebate credit. See instructions .			30	0 101		
	31	Amount from Schedule 3, line 15				2 , 191.		0 101
	32	Add lines 27a and 28 through 31. These are	-				32	2,191.
	33	Add lines 25d, 26, and 32. These are your to					33	49,575.
Refund	34	If line 33 is more than line 24, subtract line 24			•		34	7,982.
Di	35a	Amount of line 34 you want refunded to you					35a	7,982.
Direct deposit? See instructions.	▶b	Routing number 0 5 3 0 0 0 1 Account number 2 3 7 0 4 7 1			Checking	Savings		
	► d							
A	36	Amount of line 34 you want applied to your			36		07	
Amount You Owe	37	Amount you owe. Subtract line 33 from line			1 1	. ▶	37	
	38	Estimated tax penalty (see instructions) .			38			
Third Party Designee		you want to allow another person to disc tructions				Complete b	nelow.	X No
Designee		signee's	Phone			sonal identi		Z NO
		ne ►	no.			nber (PIN)		
Sign		der penalties of perjury, I declare that I have examine ief, they are true, correct, and complete. Declaration of						
Here	You	ur signature	Date	Your occupation		If the	IRS ser	nt vou an Identity
						l l		N, enter it here
Joint return?	L			SOFTWARE E		,	inst.) 🕨	
See instructions. Keep a copy for	Spo	ouse's signature. If a joint return, both must sign.	Date	Spouse's occupati	on			nt your spouse an ection PIN, enter it here
your records.				SOFTWARE E	NGINEER		inst.) ▶	Solidit in, Chief it ficie
	———Pho	one no. (440) 570-2236	Email address	MONIRE0310		<u> </u>	·	
		parer's name Preparer's signati		11014111110010	Date	PTIN		Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	03/08/2022	P02082	2703	Self-employed
Preparer		m's name ► GLOBAL TAXES LLC			1 - 2 / 2 3 / 2 3 2 2			678) 965-9522
Use Only		m's address ▶ 2530 Pebble Creek L	n Cummino	g GA 30041			s EIN ▶	
Go to www irs a		n1040 for instructions and the latest information.		BAA	REV 02/17/22 PRO	1 7 8 111	• /	Form 1040 (2021)
				מאט	INEV UZITIZZ FRU			. 5 10 10 (2021)

Form 1040 (2021)

Page 2

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2021

Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

M GOTUMUKKULA & S KONNI

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

Your social security number 175-41-8840

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxe	S	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, tr Schedule E		5	-12,130.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation	,	7	
8	Other income:			
а	Net operating loss	8a (
b	Gambling income	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()		
е	Taxable Health Savings Account distribution	8e		
f	Alaska Permanent Fund dividends	8f		
g	Jury duty pay	8g		
h	Prizes and awards	8h		
i	Activity not engaged in for profit income	8i		
j	Stock options	8j		
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8k		
	Olympic and Paralympic medals and USOC prize money (see	OK	-	
•	instructions)	81		
m	Section 951(a) inclusion (see instructions)	8m		
n	Section 951A(a) inclusion (see instructions)	8n		
0	Section 461(I) excess business loss adjustment	80		
р	Taxable distributions from an ABLE account (see instructions) .	8p		
Z	Other income. List type and amount ▶	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1	040, 1040-SR, or		
	1040-NR, line 8		10	-12.130

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

Par	Adjustments to Income			
11	Educator expenses		. 11	
12	Certain business expenses of reservists, performing artists, and fee-officials. Attach Form 2106			
13	Health savings account deduction. Attach Form 8889		. 13	
14	Moving expenses for members of the Armed Forces. Attach Form	3903	. 14	
15	Deductible part of self-employment tax. Attach Schedule SE		. 15	
16	Self-employed SEP, SIMPLE, and qualified plans		. 16	
17	Self-employed health insurance deduction		. 17	
18	Penalty on early withdrawal of savings		. 18	
19a	Alimony paid		. 19a	
b	Recipient's SSN	>	_	
С	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:			
а	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	24b		
С	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l	24c		
d	Reforestation amortization and expenses	24d		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i		
j	Housing deduction from Form 2555	24 j		
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 t here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line			

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

Pa	tl 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	
Par	t II Other Taxes		
4	Self-employment tax. Attach Schedule SE	4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137		
6	Uncollected social security and Medicare tax on wages. Attach Form 8919		
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	
	(co	ontinu	ued on page 2)

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

Part II Other Taxes (continued)

7	Other additional taxes:				
а	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			
С	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			
е	Additional tax on Archer MSA distributions. Attach Form 8853 .	17e			
	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f	-		
_		17g			
h	· · · · · · · · · · · · · · · · · · ·	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	-		
1	Tax on accumulation distribution of trusts	171			
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			
0	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	170			
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			
8	Total additional taxes. Add lines 17a through 17z		18		
9	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 and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b		21	15	6.
		DEV 03/17/33 DDO	Cabad.	la 0 (Farma 1040)	0004

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

Pai	Nonrefundable Credits			
1	Foreign tax credit. Attach Form 1116 if required		1	4.
2	Credit for child and dependent care expenses from Form 2441 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:			
а	General business credit. Attach Form 3800	6a		
b	Credit for prior year minimum tax. Attach Form 8801	6b		
С	Adoption credit. Attach Form 8839	6c		
d	Credit for the elderly or disabled. Attach Schedule R	6d		
е	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		
I	Amount on Form 8978, line 14. See instructions	61		
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-line 20	SR, or 1040-NR,	8	4.
		(cc	ntinu	ed on page 2)

Schedule 3 (Form 1040) 2021 Page **2**

Par	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:			
а	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		
С	Health coverage tax credit from Form 8885	13c		
d	Credit for repayment of amounts included in income from earlier years	13d		
е	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-line 31		15	2,191.

SCHEDULE D (Form 1040)

Capital Gains and Losses

► 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.

2021

OMB No. 1545-0074

Attachment Sequence No. **12**

Department of the Treasury Internal Revenue Service (99)

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? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) Part I See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part I, combine the result whole dollars. with column (g) line 2. column (a) 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. 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. Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any longterm 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 (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part II, combine the result whole dollars. line 2. column (a) with column (a) 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 329. 394. 65. 9 Totals for all transactions reported on Form(s) 8949 with 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 4. 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

BAA

69.

14

15

Schedule D (Form 1040) 2021 Page 2

Part III Summary -2,305. 16 Combine lines 7 and 15 and enter the result 16 • 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 • 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. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 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 18 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 . 19 20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? ☐ 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. □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 2,305.) • (\$3,000), or if married filing separately, (\$1,500) **Note:** When figuring which amount is smaller, treat both amounts as positive numbers. Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

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.

Attachment Sequence No. 12A

Nar	me(s) shown on return			
Μ	GOTUMUKKULA	&	S	KONN

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.

X (A) Short-term transactions☐ (B) Short-term transactions☐ (C) Short-term transactions	reported on	Form(s) 1099	9-B showing bas				e)
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below	If you enter an enter a co	amy, to gain or loss. amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss). Subtract column (e)
(Example: 100 sh. XYZ Co.)		disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
CHARLES SCHWAB & CO.INC.	05/05/21	12/12/21	311.	288.			23.
USDT	01/02/21	05/05/21	291.	291.			0.
XLM	03/02/21	06/02/21	282.	285.			-3.
Robinhood Securities LLC	05/05/21	12/12/21	2,722.	5,175.			-2,453.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C	al here and inc is checked), lir	lude on your ne 2 (if Box B	3,606.	6,039.			-2,433.

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.

Form 8949 (2021) Attachment Sequence No. **12A** Page **2**

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side M GOTUMUKKULA & S KONNI

Social security number or taxpayer identification number 175-41-8840

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

Part II

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

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

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

X	(D)	Long-term transactions reported	l on Form(s) 1099-E	3 showing basis was	reported to the IRS	(see Note above)
П	(E)	Long-term transactions reported	on Form(s) 1099-F	Showing basis was	sn't reported to the IF	RS

(F) Long-term transactions not reported to you on Form 1099-B

(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</i> (e) 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. (f) Code(s) from instructions Amount of adjustment		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
CHARLES SCHWAB & CO., INC.	04/09/21	12/31/21	96.	48.			48.
LTC	05/21/21	12/12/21	298.	281.			17.
	(0.4).	14) (11					
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	al here and ince is checked), lir	lude on your ne 9 (if Box E	394.	329.			65.

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

8949

Sales and Other Dispositions of Capital Assets

Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Part I

▶ 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. Sequence No. 12A

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.

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 X (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss. 1 If you enter an amount in column (a). (h) (e) enter a code in column (f). (d) Cost or other basis Gain or (loss). (c) (a) (b) Date sold or Proceeds See the **Note** below See the separate instructions. Subtract column (e) Description of property Date acquired disposed of and see Column (e) (sales price) from column (d) and (Example: 100 sh. XYZ Co.) (Mo., day, yr.) (Mo., day, yr.) combine the result (see instructions) in the separate (g) Code(s) from Amount of adjustment instructions with column (a) instructions 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

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.

1,057.

59.

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) ▶

998.

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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

OMB No. 1545-0074 Attachment

Department of the Treasury Internal Revenue Service (99)

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

Sequence No. 13

Name(s) shown on return Your social security number 175-41-8840 M GOTUMUKKULA & S KONNI Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Part I 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 Physical address of each property (street, city, state, ZIP code) Α 8-6-359/C, ATHREYA VEEDHI, 12TH STREET, ALKAPURI COLONY KARIMNAGAR, TELANGANA IN 505001 В C 1b Fair Rental **Personal Use** Type of Property For each rental real estate property listed QJV above, report the number of fair rental and (from list below) **Days Days** personal use days. Check the **QJV** box only if you meet the requirements to file as a Α 365 Α 0 qualified joint venture. See instructions. В В С С Type of Property: 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: Α 3 Rents received . 3 630. 4 4 Royalties received Expenses: 5 Advertising 5 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance . . . 7 1,870. 8 8 Commissions. 9 Insurance 9 10 Legal and other professional fees . . . 10 11 11 2,950. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 Other interest. 14 Repairs. 14 1,990. 15 2,970. 15 Supplies . Taxes 16 16 17 2,980. 17 18 Depreciation expense or depletion . . 18 Other (list) 19 19 Total expenses. Add lines 5 through 19 20 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) 12,130.) 630 23a Total of all amounts reported on line 3 for all rental properties 23a **b** Total of all amounts reported on line 4 for all royalty properties 23b 23c **c** Total of all amounts reported on line 12 for all properties d Total of all amounts reported on line 18 for all properties 23d 23e Total of all amounts reported on line 20 for all properties 12,760. Income. Add positive amounts shown on line 21. Do not include any losses 24 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.

8995

Qualified Business Income Deduction Simplified Computation

► Attach to your tax return.

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

OMB No. 1545-2294

Attachment Sequence No. 55

Name(s) shown on return

Department of the Treasury

Internal Revenue Service

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	(a) Trade, business, or aggregation name (b) Taxpayer identification number			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)				
7	(see instructions)	6	57.	-	
'	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 ar	1	I .	10	11.
11	Taxable income before qualified business income deduction (see instructions)	11	,		
12	Net capital gain (see instructions)	12		-	
13 14	Subtract line 12 from line 11. If zero or less, enter -0			14	44 400
		14	44,488.		
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also the applicable line of your return (see instructions)	15	11.		
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater tha		16	(0.)	
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6				· · · /
	zero, enter -0			17	(0.)
	years Ast and Denominals Deducation Ast Notice and instructions				Form 8005 (2021)

Form **8959**

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0074

2021

Attachment Sequence No. 71

Name(s) shown on return

M GOTUMUKKULA & S KONNI

1.75-41-8840

Part	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		
2	Unreported tips from Form 4137, line 6	-	
3	Wages from Form 8919, line 6	-	
4	Add lines 1 through 3	-	
5	Enter the following amount for your filing status:	-	
•	Married filing jointly \$250,000		
	Married filing separately		
	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		17,270.
,	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		
Ü	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		
	Single, Head of household, or Qualifying widow(er) \$200,000 9		
10	Enter the amount from line 4		
11	Subtract line 10 from line 9. If zero or less, enter -0		
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	Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation	1	
14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14		
	(see instructions)		
15	Enter the following amount for your filing status:		
	Married filing jointly		
	Married filing separately		
	Single, Head of household, or Qualifying widow(er) \$200,000		
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	V 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.
Part			
19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form		
00	W-2, enter the total of the amounts from box 6	-	
20	Enter the amount from line 1		
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax		
	withholding on Medicare wages	-	
22	Subtract line 21 from line 19. If zero or less, enter -0 This is your Additional Medicare Tax	00	•
00	withholding on Medicare wages	22	0.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions)	00	
0.4		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.
	,	1	J •

BAA





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

MOUNIKA REDDY Your First Name and Initial	GOTUMUKKULZ Last Name	A 175418840 Your Social Security Nui		3 1 0 1 9 9 3 ur Date of Birth (MM/DD/YYYY
SANTOSH KUMAR REDDY If a Joint Return, Spouse's First Name and Initial	KONNI Spouse's Last Name	744141822 Spouse's Social Security		4 1 8 1 9 9 1 ouse's Date of Birth
718 MINGLEWOOD DR 2	APT #11307	Check if Address is:		New Foreign
CHARLOTTE City		NC State		3262 Code
2021 Federal Filing Status (p (1) Single (2) Married Filing Join		()	usehold	(5) Qualifying Widow(er
Dependents (see instruction	Spouse SSN			
Dependent 1 First Name	Dependent 1 Last Name	Dependent 1 SSN	Depen	dent 1 Relationship to You
Dependent 2 First Name	Dependent 2 Last Name	Dependent 2 SSN	Depen	dent 2 Relationship to You
Dependent 3 First Name	Dependent 3 Last Name	Dependent 3 SSN	Depen	dent 3 Relationship to You
From Your Federal Return (see 262519 A. Wages, salaries, tips, etc. B.	e instructions) O IRA, pensions, and annuities	O C. Unemployment		22538 axable income
		10 and 1040-SR)		248249
		Schedule M1MB (see instructions)	3	248249
4 Itemized deductions (from Sch	nedule M1SA) or your standard de	duction (see instructions)	4 ■	23598
5 Exemptions (determine from in	nstructions)		5 ■	
6 State income tax refund from I	ine 1 of federal Schedule 1		6■	
7 Subtractions from line 32 of Sc	chedule M1M and line 22 of Sched	lule M1MB (see instructions)	7	50
8 Total subtractions. Add lines 4	through 7		8	23648
9 Minnesota taxable income. Su	ubtract line 8 from line 3. If zero or	less, leave blank	9	224601
10 Tax from the table in the Form	M1 instructions		10	15393

2021 M1, page 2



Add lines 10 and 11 Add lines 12 and nonresidents: Finer the amount from line 12 on line 13, Skip lines 13a and 13b. Part-year residents: Enter the amount from Schedule M1NR, enter the amount from line 23 on line 13, from line 28 on line 13b, and nonresidents: From Schedule M1NR, enter the amount from line 23 on line 13b, and nonresidents: From Schedule M1NR, enter the amount from line 23 on line 13b, and from line 29 on line 13b, glerclose Schedule M1NR). 13 875 13a	11	Alternative minimum tax (enclose Schedule M1MT)		11 ■	
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 13b, from line 28 on line 13b, and from line 29 on line 13b, enclose Schedule M1NR). 13 ■ 141163 13b ■ 248249 14 Other taxes, such as recepture amounts and the tax on lump-sum distributions (check appropriote boxes) 15 Tax before credits. Add lines 13 and 14. 16 Amount from line 18 of Schedule M1C, Nonrefundable Credits (enclose Schedule M1C). 16 ■ 14 17 Subtract line 16 from line 15 (if result is zero or less, leave blank). 18 ■ 361 18 Nongame Wildlife Fund contribution (see instructions) 19 Add lines 17 and 18. 19 Add lines 17 and 18. 19 Add lines 17 and 18. 19 Minnesota income tax withheld. Complete and enclose Schedule M1W to report 19 Minnesota withholding from Forms W-2, 1099, and W-26 (do not send) 20 Minnesota withholding from Forms W-2, 1099, and W-26 (do not send) 21 Minnesota estimated tax and extension payments made for 2021 22 Amount from line 11 of Schedule M1REF, Refundable Credits (see Instructions). 24 FEFUDIA (file 28 is more than line 19, subtract line 19 from line 23 (see Instructions). 25 Direct deposit of your refund (you must use an account not associated with a foreign bank): 26 AMOUNT YOU OWE. If line 19 is more than line 29, subtract line 23 from line 19 (see instructions) 25 Direct deposit of your refund (you must use an account not associated with a foreign bank): 26 AMOUNT YOU OWE. If line 19 is more than line 23, subtract line 23 from line 19 (see instructions) 27 Penalty amount from Schedule M1REF, Refundable Credits to estimated tax, complete lines 28 and 29. 28 Amount from line 24 or add it to line 26 (enclose Schedule M1S). 29 Amount from line 24 or add it to line 26 (enclose Schedule M1S). 20 Amount from line 24 or add it to line 26 (enclose Schedule M1S). 21 Penalty amount from Schedule M1REF, Penalty amount from Schedule M1S (see instructions). Shows button. 22 Penal					15393
13		Full-year residents: Enter the amount from line 12 on line 13. Part-year residents and nonresidents: From Schedule M1NR, 6	. Skip lines 13a and 13b. enter the amount from line 32 on		8753
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		line 13, from line 28 on line 13a, and from line 29 on line 13b	(enclose Schedule M1NR)	13 -	0733
(a) Schedule M1HOME (b) Schedule M1529 (c) Schedule M1LS 14 15 875		13a ■ <u>141163</u> 13b ■ <u>248249</u>	<u>9</u>		
15 Tax before credits. Add lines 13 and 14	14	Other taxes, such as recapture amounts and the tax on lump-	-sum distributions (check appropriate boxes)		
16 Amount from line 18 of Schedule M1C, Nonrefundable Credits (enclose Schedule M1C). 16 ■ 14 17 Subtract line 16 from line 15 (if result is zero or less, leave blank). 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. 20 Minnesota income tax withhold. Complete and enclose Schedule M1W to report Minnesota withholding from Forms W-2, 1099, and W-2G (do not send). 21 Minnesota estimated tax and extension payments made for 2021. 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 Total payments. Add lines 20 through 22. 24 REFUND. If line 23 is more than line 19, subtract line 19 from line 23 (see instructions). For direct deposit, complete line 25. 25 Direct deposit of your refund (you must use an account not associated with a foreign bank): 26 AMOUNT YOU OWE. If line 19 is more than line 23, subtract line 23 from line 19 (see instructions). 26 Penalty amount from line 24 or add it to line 26 (enclose Schedule M15). 27 Penalty amount from line 24 or add it to line 26 (enclose Schedule M15). 28 Amount from line 24 you want sent to you. 29 Amount from line 24 you want applied to your refund credited to estimated tax, complete lines 28 and 29. 29 Amount from line 24 you want applied to your 2022 estimated tax 29 ■ 10 Add lines 17 and 18. 10 Add lines 17 and 18. 10 Add lines 17 and 18. 11 Add lines 17 and 18. 12 Amount from line 24 you want applied to your 2022 estimated tax. 29 ■ 10 Amount from line 24 you want applied to your 2022 estimated tax. 10 Add lines 20 that this return is correct and complete to the best of my knowledge and belief. 10 Add lines 18 and 18		(a) Schedule M1HOME (b) Schedule M1529	(c) Schedule M1LS	14 ■ .	
17 Subtract line 16 from line 15 (if result is zero or less, leave blank)	15	Tax before credits. Add lines 13 and 14		15	8753
18 Nongame Wildlife Fund contribution (see instructions) This will reduce your refund or increase the amount you owe	16	Amount from line 18 of Schedule M1C, Nonrefundable Credit	rs (enclose Schedule M1C)	16 ■	143
This will reduce your refund or increase the amount you owe	17	Subtract line 16 from line 15 (if result is zero or less, leave bla	ınk)	17	8610
Minnesota income tax withheld. Complete and enclose Schedule M1W to report Minnesota withholding from Forms W-2, 1099, and W-2G (do not send) Minnesota estimated tax and extension payments made for 2021 Minnesota estimated tax and extension payments and extension sections. Minnesota estimated tax and extension payments and extension sections. Minnesota estimated tax and extension payments and extension payment from line 24 for add it to line 23, subtract line 23 from line 19 (see instructions). Minnesota estimated tax formations. Minnesota estimated tax format	18				
Minnesota income tax withholding from Forms W-2, 1099, and W-2G (do not send) 20 ■ 914 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 91.4 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 ■ 53 25 Direct deposit of your refund (you must use an account not associated with a foreign bank): □ Checking □ Savings 053000196 237047168901 Account Number Account Number Account Number Account Number Account from line 19 is more than line 23, subtract line 23 from line 19 (see instructions) 26 ■ 18 □ 18 □ 18 □ 18 □ 18 □ 18 □ 18 □ 18		This will reduce your refund or increase the amount you owe	· · · · · · · · · · · · · · · · · · ·	18 ■ .	
Minnesota withholding from Forms W-2, 1099, and W-2G (do not send)	19	Add lines 17 and 18		19 .	8610
21 Minnesota estimated tax and extension payments made for 2021	20				01.40
22 Amount from line 11 of Schedule M1REF, Refundable Credits (see instructions; enclose Schedule M1REF) 22 23 914 24 REFUND. If line 23 is more than line 19, subtract line 19 from line 23 (see instructions). For direct deposit, complete line 25		Minnesota withholding from Forms W-2, 1099, and W-2G (do n	not send)	20 ■ .	9142
23 914 24 REFUND. If line 23 is more than line 19, subtract line 19 from line 23 (see instructions). For direct deposit, complete line 25	21	Minnesota estimated tax and extension payments made for 2	2021	21 ■ .	
24 REFUND. If line 23 is more than line 19, subtract line 19 from line 23 (see instructions). For direct deposit, complete line 25	22	Amount from line 11 of Schedule M1REF, Refundable Credits	(see instructions; enclose Schedule M1REF)	22 ■ .	
For direct deposit, complete line 25 Direct deposit of your refund (you must use an account not associated with a foreign bank): X Checking Savings 053000196 237047168901 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 applied to your 2022 estimated tax 29 29 Amount from line 24 you want applied to your 2022 estimated tax 29 29 Amount from line 24 you want applied to the best of my knowledge and belief. Your Signature Spouse's Signature (if Filing Jointly) Date (MM/DD/YYYY) 44 05 7 0 2 2 3 6 MONIRE 0 31 0 @GMATL . COM Email Address Part of Preparer's Signature Date (MM/DD/YYYY) PO2 08 2 7 0 3 Part of Preparer's Signature Date (MM/DD/YYYY) Prin or VITA/TCE # (required) Oate (MM/DD/YYYY) Prin or VITA/TCE # (required) Oate (MM/DD/YYYY) Prin or VITA/TCE # (required) Oate (MM/DD/YYYY) Prin or VITA/TCE # (required) Oate (MM/DD/YYYY) Prin or VITA/TCE # (required) Oate (MM/DD/YYYY) Prin or VITA/TCE # (required) Oate (MM/DD/YYYY) Prin or VITA/TCE # (required) Oate (MM/DD/YYYY) Prin or VITA/TCE # (required) Oate (MM/DD/YYYY) Prin or VITA/TCE # (required) Oate (MM/DD/YYYY) Prin or VITA/TCE # (required) Oate (MM/DD/YYYY) Prin or VITA/TCE # (required) Oate (MM/DD/YYYY) Prin or VITA/TCE # (required) Oate (MM/DD/YYYY) Prin or VITA/TCE # (required) Oate (MM/DD/YYYY) Prin or VITA/TCE # (required) Oate (MM/DD/YYYY) Prin or VITA/TCE # (required) Oate (MM/DD/YYYY) Prin or VITA/TCE # (required) Oate (MM/DD/YYYY) Prin or VITA/TCE # (required) Oate (MM/DD/YYYY) Prin or VITA/TCE # (required) Oate (MM/	23	Total payments. Add lines 20 through 22		23	9142
25 Direct deposit of your refund (you must use an account not associated with a foreign bank): X Checking Savings D53000196 Account Number	24			_	532
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)	25			24 ■ .	332
Account Number 26 AMOUNT YOU OWE. If line 19 is more than line 23, subtract line 23 from line 19 (see instructions) 27 Penalty amount from Schedule M15 (see instructions). Also subtract this amount from line 24 or add it to line 26 (enclose Schedule M15) 28 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 29 Amount from line 24 you want applied to your 2022 estimated tax 29 Image: I declare that this return is correct and complete to the best of my knowledge and belief. 29 Image: I declare that this return is correct and complete to the best of my knowledge and belief. 29 Image: I declare that this return is correct and complete to the best of my knowledge and belief. 29 Image: I declare that this return is correct and complete to the best of my knowledge and belief. 29 Image: I declare that this return is correct and complete to the best of my knowledge and belief. 29 Image: I declare that this return is correct and complete to the best of my knowledge and belief. 29 Image: I declare that this return is correct and complete to the best of my knowledge and belief. 29 Image: I declare that this return is correct and complete to the best of my knowledge and belief. 29 Image: I declare that this return is correct and complete to the best of my knowledge and belief. 29 Image: I declare that this return is correct and complete to the best of my knowledge and belief. 29 Image: I declare that this return is correct and complete to the best of my knowledge and belief. 29 Image: I declare that this return is correct and complete to the best of my knowledge and belief. 29 Image: I declare that this return is correct and complete to the best of my knowledge and belief. 29 Image: I declare that this return is correct and complete to the best of my knowledge and belief. 29 Image: I declare that this return is correct and complete to the best of my knowledge and belief. 29 Image: I declare that this retu		X Checking Savings 05300019	6 237047168901		
Penalty amount from Schedule M15 (see instructions). Also subtract this amount from line 24 or add it to line 26 (enclose Schedule M15)		Routing Number	Account Number		
this amount from line 24 or add it to line 26 (enclose Schedule M15)			· · · · · · · · · · · · · · · · · · ·	26■ .	
IF YOU PAY ESTIMATED TAX and want part of your refund credited to estimated tax, complete lines 28 and 29. 28 ■ 29 Amount from line 24 you want applied to your 2022 estimated tax 29 Paraxpayer: I declare that this return is correct and complete to the best of my knowledge and belief: Your Signature Spouse's Signature (If Filing Jointly) Date (MM/DD/YYYY) 44 0 5 7 0 2 2 3 6 MONIRE 0 31 0 @GMAIL. COM Email Address PO2082703 Paid Preparer's Signature Date (MM/DD/YYYY) PTIN or VITA/TCE # (requing law) 67 8 9 6 5 9 5 2 2 SYAM@GTAXFILE.COM PTIN or VITA/TCE # (requing law) Preparer's Daytime Phone Preparer's Email Address I do not want my paid preparer to file my return electronically. I authorize the Minnesota Department of Revenue to discuss this tax return	27			27 ■	
Amount from line 24 you want sent to you 28 ■ 29 Amount from line 24 you want applied to your 2022 estimated tax Faxpayer: I declare that this return is correct and complete to the best of my knowledge and belief. Your Signature Spouse's Signature (If Filing Jointly) Date (MM/DD/YYYY) 44 0 5 7 0 2 2 3 6 Daytime Phone SYAM PRIYA RAM SAGAR GUPTA TALLAM Preparer's Signature Bate (MM/DD/YYYY) Date (MM/DD/YYYY) Date (MM/DD/YYYY) Email Address SYAM PRIYA RAM SAGAR GUPTA TALLAM Date (MM/DD/YYYY) Preparer's Signature Bate (MM/DD/YYYY) Preparer's Daytime Phone I do not want my paid preparer to file my return electronically. I authorize the Minnesota Department of Revenue to discuss this tax return	IF Y			2/ -	
Faxpayer: I declare that this return is correct and complete to the best of my knowledge and belief. Spouse's Signature (If Filing Jointly) 4405702236 Daytime Phone SYAM PRIYA RAM SAGAR GUPTA TALLAM Preparer's Signature 6789659522 Preparer's Daytime Phone I do not want my paid preparer to file my return electronically. Spouse's Signature (If Filing Jointly) MONIRE0310@GMAIL.COM Email Address 902082703 PTIN or VITA/TCE # (requirely Email Address) 1 authorize the Minnesota Department of Revenue to discuss this tax return				28 ■ .	
Faxpayer: I declare that this return is correct and complete to the best of my knowledge and belief. Spouse's Signature (If Filing Jointly) 4405702236 Daytime Phone SYAM PRIYA RAM SAGAR GUPTA TALLAM Preparer's Signature 6789659522 Preparer's Daytime Phone I do not want my paid preparer to file my return electronically. Spouse's Signature (If Filing Jointly) MONIRE0310@GMAIL.COM Email Address 902082703 PTIN or VITA/TCE # (requirely Email Address) 1 authorize the Minnesota Department of Revenue to discuss this tax return	20	Amount from line 24 year went applied to your 2022 actimate	ad toy	20 =	
Your Signature 4405702236 Daytime Phone SYAM PRIYA RAM SAGAR GUPTA TALLAM Preparer's Signature 6789659522 Preparer's Daytime Phone I do not want my paid preparer to file my return electronically. Spouse's Signature (If Filing Jointly) MONIRE0310@GMAIL.COM Email Address 03082022 Date (MM/DD/YYYY) Preparer's Signature Syam@GTAXFILE.COM Preparer's Email Address I authorize the Minnesota Department of Revenue to discuss this tax return				23	
MONIRE 0310@GMAIL.COM Email Address SYAM PRIYA RAM SAGAR GUPTA TALLAM Preparer's Signature 6789659522 Preparer's Daytime Phone I do not want my paid preparer to file my return electronically. MONIRE 0310@GMAIL.COM Email Address 03082022 Date (MM/DD/YYYY) Preparer's Email Address SYAM@GTAXFILE.COM Preparer's Email Address I authorize the Minnesota Department of Revenue to discuss this tax return	·	•	, , , , , ,		
Daytime Phone Email Address SYAM PRIYA RAM SAGAR GUPTA TALLAM Paid Preparer's Signature Date (MM/DD/YYYY) Preparer's Daytime Phone I do not want my paid preparer to file my return electronically. Email Address D3082022 P02082703 PTIN or VITA/TCE # (requirely foregated and preparer to file my return electronically. Email Address Date (MM/DD/YYYY) SYAM@GTAXFILE.COM Preparer's Email Address I authorize the Minnesota Department of Revenue to discuss this tax return	Your	Signature	Spouse's Signature (If Filing Jointly)	Date	(MM/DD/YYYY)
SYAM PRIYA RAM SAGAR GUPTA TALLAM Preparer's Signature 6789659522 Preparer's Daytime Phone I do not want my paid preparer to file my return electronically. 93082022 Date (MM/DD/YYYY) Preparer's Email Address I authorize the Minnesota Department of Revenue to discuss this tax return					•
Paid Preparer's Signature 6789659522 SYAM@GTAXFILE.COM Preparer's Daytime Phone I do not want my paid preparer to file my return electronically. Date (MM/DD/YYYY) SYAM@GTAXFILE.COM Preparer's Email Address I authorize the Minnesota Department of Revenue to discuss this tax return	•			PΩ	2082703
Preparer's Daytime Phone Preparer's Email Address I do not want my paid preparer to file my return electronically. I authorize the Minnesota Department of Revenue to discuss this tax return					
I do not want my paid preparer to file my return electronically.			SYAM@GTAXFILE.COM		
	repa	·			
		I do not want my paid preparer to file my return electronically.	I authorize the Minnesota Department of Revenue with the preparer or the third-party designee indic		





2021 Schedule M1M, Income Additions and Subtractions

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

10Ul	NIKA REDDY	GOTUMUKKULA	175418840
	st Name and Initial	Your Last Name	Your Social Security Number
Δd	ditions to Income		
		nds of another state or its governmental units	
-		ral Form 1040	1 🔳
2		ends from mutual funds investing in bonds of another state	
2			. =
_	_	ncluded on line 2a of federal Form 1040	2 -
3		r federal return attributable to income not taxed	
	by Minnesota (other than i	interest or mutual fund dividends from U.S. bonds)	3 🔳
			_
4	Capital gain portion of a lui	mp-sum distribution (from line 6 of federal Form 4972; enclose Form 4972)	. 4
5	Addition from line 7 of Sch	edule M1HOME (enclose Schedule M1HOME)	. 5 🔳
6	Distributions from higher e	ducation savings accounts used for K-12 tuition (see instructions)	6 🔳
7	This line intentionally left b	olank	7 🔳
8	This line intentionally left b	olank	. 8 🔳
9	Addition from line 35 of Sc	hedule M1NC	9 🔳
10	Add lines 1 through 9. Ente	er the total here and on line 2 of Form M1	10
	· ·		
Suk	tractions from Incon	ne	
11	If you are not filing Schedu	le M1SA, and your charitable contributions	
		instructions	11 ■ 50
	11 c. c 11 c. c 11 c. c 4 c. c 4 c 5 c 5 c 5 c 5 c 5 c 5 c 5 c 5 c 5		 _
12	Social Security benefit subt	traction (determine from worksheet in instructions)	12
13		nid for your qualifying children in grades K–12 (see instructions)	
13		of each child on the line below	12 🗏
	Enter the name and grade	or each child on the line below	13 🖷
14	Net interest or mutual fund	d dividends from U.S. bonds (see instructions)	14 📕
15	Subtraction for contributio	ns to a qualified education savings plan (enclose Schedule M1529)	15 📕
16	Subtraction for persons age	e 65 or older, or permanently and totally disabled (enclose Schedule M1R)	16 🔳
17		benefits (see instructions)	
18	If you are a resident of Mic	higan or North Dakota filing Form M1 only to receive a refund of all Minnesota	a e e e e e e e e e e e e e e e e e e e
	tax withheld, enter the am	ount from line 1 of Form M1. If the amount is zero or less, enter 0	18 🔳
		indicate the reciprocity state	
		ident during 2021 Michigan North Dak	ota
19		income for American Indians (see instructions)	
20		pay received for services performed while a Minnesota	<u></u>
20	·	income is federally taxable. If you received a military pension, see line 25	20 ■
	resident, to the extent the	income is rederany taxable. Il you received a military pension, see line 25	40 =
	Bathana and Birth 100	Lancard and a constitute Constitute of	24 =
21	iviinnesota National Guard	I members and reservists: See instructions	Z1 =

2021 M1M, page 2



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 27	Post-service education awards received for service in an AmeriCorps National Service program Subtraction for interest earned from a designated first-time homebuyer savings account (enclose Schedule M1HOME)		
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	 <u>50</u>

You must include this schedule with your Form M1.

1031





2021 Schedule M1C, Nonrefundable Credits

Complete this schedule to determine line 16 of Form M1. Include this schedule when filing your return.

MOI	JNIKA REDDY		L75418840
Your	First Name and Initial	Your Last Name	our Social Security Number
1	Marriago Cradit for joint ratus	rn when both spouses have taxable earned income	
1		e (enclose Schedule M1MA)	143
	or taxable retirement meome	[CITCLOSE SCITCUME WITHIN]	
2	Credit for long-term care insu	rance premiums paid (enclose Schedule M1LTI)	·
3	Credit for taxes paid to anoth	ner state (enclose Schedule(s) M1CR and M1RCR)	.
4	Credit for Past Military Service	te (see instructions)	.
5	Employer Transit Pass Credit ((enclose Schedule ETP)	.
6	SEED Capital Investment Cred	dit (see instructions; enclose certification)	.
7	Education Savings Account Co	ontribution Credit (enclose Schedule M1529)	.
8	Credit for Attaining Master's I	Degree in Teacher's Licensure Field (enclose Schedule M1CMD)	.
9	Student Loan Credit (enclose	Schedule M1SLC) 9	.
10		ent Credit	.
		from the certificate you received from the Rural Finance Authority:	
11	BF 21		<u> </u>
11	Enter the credit certificate nu		
12		cultural Assets	
	_	from the certificate you received from the Rural Finance Authority:	
	AO 21		
	AO 21		
	AO 21		_
13	Credit for increasing research	n activities (enclose Schedule KPI, KS, or KF)	<u> </u>
14	Carryforward of prior year Be	eginning Farmer Management Credits (see instructions)	.
	BF		
	BF		
1		wners of Agricultural Assets Credits (see instructions)	
	AO		
	AO		
16		redit for Increasing Research Activities	<u> </u>
	List the years the credits were	e reported to you on Schedule KPI, KS, or KF:	
17	Alternative Minimum Tax Cre	edit (enclose Schedule M1MTC)	•
1	Add lines 1 through 17. Enter	r total here and on line 16 of Form M1	143
Yα	u must include this sche	dule with your Form M1.	





2021 Schedule M1MA, Marriage Credit

	JNIKA REDDY First Name and Initial	GOTUMUKKULA Your Last Name		175418840 Your Social Security Number	
SA:	NTOSH KUMAR REDDY se's First Name and Initial	KONNI Spouse's Last Name	7 4 4 1 4 Spouse's So		ırity Number
Part 1 2	1 Wages, salaries, tips, etc. (see instructions)	the self-employment tax			— Spous 178152
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	84367		178152
6	Amount from line 5, Column A or B, whichever is less (If less than	\$26,000, STOP HERE. You do i	not qualify)	. 6	84367
7 8					
Part 9	2 — If Line 6 is \$104,000 or More Enter the amount from line 6			9	
1	Value of one-half of the standard deduction for Married Filing Join				40.505
	Subtract line 10 from line 9				
12	Using the tax schedule for single persons in the M1 instructions, or				
13	Amount from line 7	•			
14	Amount from line 11			14	
15	Subtract line 14 from line 13 (If zero or less, STOP HERE . You do no	ot qualify)		15	
16	Using the tax schedule for single persons in the Form M1 instruct	ons, compute the tax for the	amount on line 15	16	
17	Tax from line 10 of Form M1			17	
18 19	Add lines 12 and 16	ter \$1,548. If result is zero or I	ess, you do not qualify.		
Part 20	3 — Part-Year Residents and Nonresidents Part-year residents and nonresidents: Enter the percentage from	line 30 of Schedule M1NR		20	0.56863
21	Multiply line 8 or line 19, whichever is applicable, by line 20. Ente	r the result here and on line 1	of Schedule M1C	21	143

Include this schedule when you file Form M1. Keep a copy for your records.

REV 02/15/22 PRO

1031





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

	UNIKA REDDY First Name and Initial	GOTUMUKKULA Your Last Name		$\frac{17541}{\text{Your Social}}$	8840 Security Number
SAI	NTOSH KUMAR REDDY	KONNI		74414	1822
Spou	se's First Name and Initial	Spouse's Last Name		Spouse's So	ocial Security Number
You:	nesota Residency (Place an X in one box a	Part-Year Resident fromto(MM/DD/YYYY) (MM/DD/YY	Other	State of Residency: <u>A</u>	Z
Your	Spouse: X Full-year Nonresident	Part-Year Resident fromtoto(MM/DD/YYYY)	Other	State of Residency: A	Z
			A	A. Total Amount	B. Minnesota Portion
1	Wages, salaries, tips, etc. (from line	1 of federal Form 1040 or 1040-SR)	1	262519	141163
2	Taxable interest and ordinary divide	nd income (lines 2b and 3b of Form 1040 or 1040-	SR) . 2	165	0
3	Business income or loss (from line 3	of federal Schedule 1)	3		
4	Capital gain or loss (from line 7 of Fo	orm 1040 or 1040-SR)	4	-2305	0
5 6	Net income from rents, royalties, pa	nuities (from lines 4b and 5b of Form 1040 or 1040- artnerships, S corporations, deral Schedule 1)			0
8	Other income (add lines 6b of Form lines 1, 2a, 4, 7, and 9 of federal Sch Interest and dividends from non-Mi	edule 1)	8		
10	Bonus depreciation addition from li	ne 1 of Schedule M1MB	10■		
11	If you entered an amount on line 9	of Schedule M1REF, see instructions	11■		
12	Suspended loss from line 4 of Scheo	dule M1MB	12 ■		_
13	Other required additions from Sche	dule M1M and M1AR (see instructions)	13■		_
14	Federal adjustments from Schedule	M1NC (See instructions)	14■		
15	Add lines 1 through 14 for each colu	umn	15■	248249	1 41163
If yo	ur Minnesota gross income is below	\$12,525, see instructions.			
1	_	s expenses, and Armed Forces moving expenses			
	(add lines 11, 12, and 14 of federal 3	Schedule 1	16		
17	Self-employed SEP, SIMPLE, and qua				
		dule 1)	17		
1	Health savings account and Archer I				
		dule 1)	18		
1	One-half of self-employment tax an				
		dule 1)	19		
20	Deductions for alimony paid and stu			_	•
_	(see instructions for line 20, column	В)	20	0	0

2021 Form M1NR, page 2



21	Penalty on early withdrawal of savings (from line 18 of federal Schedule 1)	
22	Net operating loss carryover adjustment from line 13 of Schedule M1MB (see instructions) 22	■
23	Social Security benefit from line 12 of Schedule M1M (see instructions) 23	•
24 25	Subtraction for federal bonus depreciation from line 10 of Schedule M1MB	
26	Subtraction for federal section 179 expensing (from line 11 of Schedule M1MB)	
27 28	Add lines 16 through 26 for each column	0
29	M1. If your Minnesota gross income is below \$12,525 or the result is zero or less, enter 0	141163
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	.56863
31	Amount from line 12 of Form M1	15393
32	Multiply line 30 by line 31. Enter the result here and on line 13 of Form M1	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.

MOUNIKA REDD Your First Name and Initia		GOTUMUKKULA Last Name	175418840 Your Social Security Number	
SANTOSH KUMA		KONNI		744141822
If a Joint Return, Spouse's F		Spouse's Last Name		Spouse's Social Security Number
complete this schedul amounts to the neares W-2G; keep them with	e to determine line st whole dollar. You n your tax records. A nd Minnesota tax wi	W-2G, 1042-S, or Minnesota Sci 20 of Form M1. List only the for must include this schedule whe All instructions are included on the thheld on Forms W-2, other than for	ms that report Minnesota incom n you file your return. DO NOT s nis schedule.	ne tax withheld. Round dollar send in your Forms W-2, 1099, or
Α	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 Numbe	State wages, tips, etc. (round to nearest whole dollar)	Minnesota tax withheld (round to nearest whole dollar
a1 <u>2</u>	b1	c1 MN8672056	d1141163	e19142
a2	b2	c2 MN	d2	e2
a3	b3	c3 MN	d3	e3
a4	b4	c4 MN	d4	e4
a5	b5	c5 MN	d5	e5
	held on Forms 1099,	rms W-2 (add amounts in line 1, co W-2G, and 1042-S. If you have mo B Payer's seven-digit Minnesota Tax ID Number (if unknown, contact the pa	ore than four forms, complete line C Income amount (see the table on	
• spouse, enter 2			, , ,	,
a1		b1 MN	c1	d1
a2		b2 MN	c2	d2
a3		b3 MN	c3	d3
a4		b4 MN	c4	d4
Subtotal for addition	nal 1099, W-2G, and	1042-S (from line 6 on page 2)		
Total Minnesota tax	x withheld on all 109	99, W-2G, and 1042-S (add amoun	ts in line 2, column D)	2■
3 Total Minnesota tax	withheld by partne	erships, S corporations, and fiduci	aries	
	•			3■
4 Total. Add the Minn Enter the total here		on lines 1, 2, and 3. orm 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?

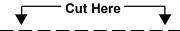
If you choose to file electronically and have a balance due, follow your transmitter's or preparer's instructions for making your payment.

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.



D-400V (50) 9-16-08





Individual Income Payment Voucher
North Carolina Department of Revenue

For Calendar Year

REV 03/01/22 PRO

175418840 GOTU 718 28262 744141822

MOUNIKA REDDY GOTUMUKKUI.A SANTOSH KUMAR KONNT

28262 CHARLOTTE NC

AMOUNT OF THIS PAYMENT

This must match the amount shown on your check or money order.

118.00

Taxpayer/Paid Preparer: SYAM PRIYA RAM SAGAR G

718 MINGLEWOOD DR APT 11307

Date: 03 08 22 Phone: (678)965-9522



2021

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

D-40 < Stapl	e All	Pages	of Yo	our	2021	_		<u>i</u> na C	epartmen	Tax Returi		DOR Use Only			
		d W-2		e or fiscal year	heainning	1			ended Return and ending		+	you a vet	eran?	Yes D N	lo X
MOUN				-	JMUKKU:				SH KUMAR	KONNI	1 1		e a veteran?	Yes N	lo X
		GLEWO						1130		SN: 175418840		, ,	nted an automat		, ,
Filing S			1. Sing	MECKL The	X	2 Marri	ed Filing	Jointly		SN: 744141822 ied Filing Separately	2021	federal i	ncome tax retur	n, e.g., Form 1	040?
- Iming (Jiaius			nd of Househo			fying Wid			led I lillig deparately	Yea	ar spous		,	
				C. for the enti	•		Yes	No		Return for deceased		-	Date of deat		
				ent for the e			Yes to the N	No C Edi	<u> </u>	Return for deceased wment Fund by mak			Date of deat		all of
your o	verpa	yment t	o the F	und. To ma	ke a contr	ibution,	enclose	Form I	NC-EDU and y	our payment of	\$	0	To designate	your overpay	
										tions for information				4	
		-							-	on April 15, 2022, a pinted Personal Rep			en or residen	t.	
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10A				0		20B			1837	27			118		ω
10B				0		21A			0	29			0		
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11			215	500		21C			0	31			0		
13			020)55		21D			0	32			0		
14			465	597		26A			118	34			0		
15			24	146		26B			0						
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		urn B			fund D					ment Due		118			
the best of	nd cert my kno	fy that I h owledge a	ave exa ind belie	mined this return f, they are true,	orrect, and o	complete.	nedules an	d statem	ents, and to	Check here if you to discuss this ret	ı authori: urn and	ze the No attachm	orth Carolina De ents with the pa	epartment of Re iid preparer bel	evenue ow.
													440570	2236	
Your Signate PAID PRE		USF ON	LY If	prepared by a n	erson other t	Date				nt return, both must sign.) ormation of which the prep		Date		e No. (Include are	ea code)
TAID THE		002 011		propured by a p	ordori otrici ti	тап тахраў	or, triio oor	unoduon	io bacca cir all line	omaton or whom the prop	parer nae	any mon	louge.		
			AM S	SAGAR GU	JPT 0	3 08		3965					P02082		
Paid Preparent	arer's S	ignature				Date	<u>.</u>			er (Include area code)			<u> </u>	EIN, SSN, or PTIN	
	If yo	u ARE	NOT d		-					O. BOX R, RALEIGH PT. OF REVENUE, P.				27640-0640	

	(First 10 Characters) GOTUMUKKUL Your Social Security Number	1754	10040
	D-400 Line-by-Line Information		
6.	Federal Adjusted Gross Income	6.	248249
7.	Additions to Federal Adjusted Gross Income	7.	
8.	Add Lines 6 and 7	8.	24824
9.	Deductions From Federal Adjusted Gross Income	9.	
10.	Child Deduction		
	a. Enter the number of qualifying children for whom you were allowed a federal child tax credit	10a.	
44	b. Enter the amount of the child deduction	10b.	
11.	N.C. Standard Deduction	11.	
11.	N.C. Itemized Deduction	11.	04.50
11.	Deduction amount	11.	2150
12.	a. Add Lines 9, 10b, and 11	12a.	2150
40	b. Subtract amount on Line 12a from Line 8	12b.	22674
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.205
14.	N.C. Taxable Income	14.	4659
15.	N.C. Income Tax	15.	244
16.	Tax Credits	16.	
17.	Subtract Line 16 from Line 15	17.	244
18.	Consumer Use Tax	18.	
	You certify that no Consumer Use Tax is due		
19.	Add Lines 17 and 18	19.	244
	Carolina Income Tax Withheld		
20a.	Your tax withheld	20a.	49
20a. 20b.	Your tax withheld Spouse's tax withheld Tax Payments	20a. 20b.	49 183
20a. 20b.	Spouse's tax withheld		
20a. 20b. Other	Spouse's tax withheld Tax Payments	20b.	
20a. 20b. Other 21a.	Spouse's tax withheld Tax Payments 2021 estimated tax	20b. 21a.	
20a. 20b. Other 21a. 21b.	Spouse's tax withheld Tax Payments 2021 estimated tax Paid with extension	20b. 21a. 21b.	
20a. 20b. <u>Other</u> 21a. 21b. 21c.	Spouse's tax withheld Tax Payments 2021 estimated tax Paid with extension Partnership	20b. 21a. 21b. 21c.	
20a. 20b. Other 21a. 21b. 21c. 21d.	Spouse's tax withheld Tax Payments 2021 estimated tax Paid with extension Partnership S Corporation	21a. 21b. 21c. 21d.	183
20a. 20b. Other 21a. 21b. 21c. 21d.	Spouse's tax withheld Tax Payments 2021 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments	20b. 21a. 21b. 21c. 21d. 22.	183
20a. 20b. Other 21a. 21b. 21c. 21d. 22. 23.	Tax Payments 2021 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments	21a. 21b. 21c. 21d. 22. 23.	232
20a. 20b. Other 21a. 21b. 21c. 21d. 22. 23. 24.	Tax Payments 2021 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments Amended Returns Only - Previous refunds	21a. 21b. 21c. 21d. 22. 23. 24.	232
20a. 20b. Other 21a. 21b. 21c. 21d. 22. 23. 24. 25.	Tax Payments 2021 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments Amended Returns Only - Previous refunds Subtract Line 24 from Line 23	21a. 21b. 21c. 21d. 22. 23. 24. 25.	232
20a. 20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a.	Tax Payments 2021 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments Amended Returns Only - Previous refunds Subtract Line 24 from Line 23 Tax Due	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a.	232
20a. 20b. Other 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b.	Tax Payments 2021 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments Amended Returns Only - Previous refunds Subtract Line 24 from Line 23 Tax Due Penalties	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b.	232
20a. 20b. Other 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c.	Tax Payments 2021 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments Amended Returns Only - Previous refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b.	232
20a. 20b. Other 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c.	Tax Payments 2021 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments Amended Returns Only - Previous refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c.	232
20a. 20b. Other 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. EU	Tax Payments 2021 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments Amended Returns Only - Previous refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU	232 232 11
20a. 20b. Other 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU	Tax Payments 2021 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments Amended Returns Only - Previous refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU	232 232 11
20a. 20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26c. 26d. EU 26e. 27. 28.	Tax Payments 2021 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments Amended Returns Only - Previous refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax Pay this Amount	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27.	
20a. 20b. Other 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26d. EU 26e. 27. 28.	Tax Payments 2021 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments Amended Returns Only - Previous refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax Pay this Amount Overpayment int of Refund to Apply to:	20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28.	232 232 11
20a. 20b. Other 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26d. EU 26e. 27. 28.	Tax Payments 2021 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments Amended Returns Only - Previous refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax Pay this Amount Overpayment unt of Refund to Apply to:	20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28.	232 232 11
20a. 20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26d. EU 26e. 27. 28. Amou	Tax Payments 2021 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments Amended Returns Only - Previous refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax Pay this Amount Overpayment Int of Refund to Apply to: Amount of Line 28 to be applied to 2022 Estimated Income Tax N.C. Nongame and Endangered Wildlife Fund	20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28.	232 232 11
20a. 20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26d. EU 26e. 27. 28. Amou 29. 30. 31.	Tax Payments 2021 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments Amended Returns Only - Previous refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax Pay this Amount Overpayment unt of Refund to Apply to: Amount of Line 28 to be applied to 2022 Estimated Income Tax N.C. Nongame and Endangered Wildlife Fund N.C. Education Endowment Fund	20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28.	232 232 11
20a. 20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26c. 26d. EU 26e. 27. 28. Amou 29. 30. 31. 32.	Tax Payments 2021 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments Amended Returns Only - Previous refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax Pay this Amount Overpayment Int of Refund to Apply to: Amount of Line 28 to be applied to 2022 Estimated Income Tax N.C. Nongame and Endangered Wildlife Fund N.C. Education Endowment Fund N.C. Breast and Cervical Cancer Control Program	20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28.	232 232 11
20a. 20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26d. EU 26e. 27. 28. Amou 29. 30. 31.	Tax Payments 2021 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments Amended Returns Only - Previous refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax Pay this Amount Overpayment unt of Refund to Apply to: Amount of Line 28 to be applied to 2022 Estimated Income Tax N.C. Nongame and Endangered Wildlife Fund N.C. Education Endowment Fund	20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28.	232 232 11

D-400 Sch PN (50)

Total Additions

8-23-21

2021 Part-Year Resident and Nonresident Schedule

North Carolina Department of Revenue

	DOR Use Only				
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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 N	Name (First 10 Characters)	GOTUM	UKKUL		Your	Social Security Num	ber 175418840
sources	ear resident or a nonresident that is subject to N.C. tax. \ I became a resident of anoth	You are a "pa er state durir	art-year resident" if you	moved to N.C. and tends if you	oecame a u were no	resident during the t t a resident of N.C. a	ax year, or you moved out
	NRT Y	PYT	N			22	51016
	NRS Y	PYS	N			23 2	248249
Part A	A. Residency Status						
☐ Fu	Taxpayer is: (Se	nresident	Part-Year Resident te N.C. residency ended	Full-Year F	Resident	e is: (Select applicable bo X Nonresident pan D	Part-Year Resident ate N.C. residency ended
	u and your spouse were both				ts B and	C. Do not attach Sch	edule PN to Form D-400.
Part	B. Allocation of Income	e for Part-Y	ear Residents and No	onresidents		COLUMN A	COLUMN B
Total	otal Income					Total Income om 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				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)			0 2	8.	0	0
9.	Taxable Amount of IRA Dis	stributions		O	9.	0	0
10.	Taxable Amount of Pensio			<u></u>	٥.	Ŭ	· ·
10.	and Annuities			02	10.	0	0
11.	Rental Real Estate, Royal	ties Partners	shins	ω	10.	Ŭ	· ·
	S-Corps, Estates, Trusts,		,		11.	-12130	0
12.	Farm Income or (Loss)	_10.			12.	0	0
13.	Unemployment Compensa	ation			13.	0	0
14.	Taxable Portion of Social S		efit ===		10.	•	-
	and Railroad Retirement E	-			14.	0	0
15.	Other Income	301101110			15.	0	0
16.	Total Income				16.	248249	51016
North	Carolina Adjustments					COLUMN A the amount from D-400 Schedule S	COLUMN B Amount of Column A subject to N.C. tax
17.	Additions						
	a. Interest Income From 0	-			17a.	0	0
	b. Deferred Gains Reinve	sted Into an	Opportunity Fund		17b.	0	0
	c. Bonus Depreciation				17c.	0	0
	d. IRC Section 179 Exper	nse			17d.	0	0
	e. Other Additions to Fede	eral Adjusted	Gross Income That Rela	te to Gross Income	17e.	0	0

18.

0

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

		(COLUMN A	COLUMN B
		Enter	the amount from	Amount of Column A
		Form I	0-400 Schedule S	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
art (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	
24.	Part-Year Residents and Nonresident Taxable Percentage		24	

REV 03/01/22 PRO

E-file Signature Authorization

2021

(Arizona Forms 140, 140A, 140EZ, 140NR and 140PY) Do not mail this form to the Arizona Department of Revenue. The ERO must retain this document a minimum of four years. Your First Name and Initial Last Name Your Social Security Number* **Enter** MOUNIKA REDDY GOTUMUKKULA 175 1 41 | 8840 vour Your Spouse's First Name and Initial (if filed joint) Last Name Spouse's Social Security No.* SSN(s). SANTOSH KUMAR REDDY KONNI 14 ı 1822 PART 1 – PURPOSE (If you are e-filing a Small Business Income Tax Return, also complete Form AZ-8879 SBI)*Do Not Truncate • To certify the truthfulness, correctness, and completeness of the taxpayer's electronic income tax return. • To authorize the Electronic Return Originator (ERO) to affirm that the taxpayer wishes to use the taxpayer's electronic signature to the taxpayer's federal individual income tax return as the taxpayer's signature to the taxpayer's electronic Arizona individual income tax return. **PART 2 – TAX RETURN INFORMATION** PART 3 - FINANCIAL INSTITUTION INFORMATION Must be present when requesting direct debit or deposit. 248,249 00 1 Arizona Adjusted Gross Income ☐ Foreign Account Deposit/Debit: See instructions below. 2 Balance of Tax 2,984 00 ROUTING NUMBER 2,069 00 ☐ Checking ■ Savings 3 Arizona Income Tax Withheld... ACCOUNT NUMBER Check box 4 or box 5: 00 **4** ■ **REFUND**: Enter the amount of refund...... 915 nn DIRECT DEBIT REQUEST DATE DIRECT DEBIT PAYMENT AMOUNT 5 ★ AMOUNT YOU OWE: Enter the amount owed 00 Box 4 Checkbox - Refund: You are due a refund based on the information Foreign Account Deposit/Debit Checkbox: Check the "Foreign Account Deposit/Debit" box if your deposit will be ultimately placed in or come provided on your tax return. Your refund amount will be deposited in the account listed in the Financial Institution Information Section (Part 3). from a foreign account. If you check this box, do not enter your account numbers. If this box is checked, we will not direct deposit or debit your Box 5 Checkbox - Amount You Owe: You owe taxes based on the information provided on your tax return. You have elected to direct debit account. If you are due a refund, we will send you a check instead. If you owe tax, you must mail a check to the Arizona Department of Revenue. for payment. The payment will be withdrawn from the account and on the PO Box 29085, Phoenix, AZ 85038-9085. date listed in the Financial Institution Information Section (Part 3). PART 4 - DECLARATION AND SIGNATURE AUTHORIZATION (Sign only after completing Part 2) I consent to my Electronic Return Originator (ERO) or On-Line Service Under penalties of perjury, I declare that I have examined a copy of my Provider (OLSP) sending my electronic Arizona individual income tax electronic Arizona individual income tax return and accompanying schedules return and accompanying schedules and statements to ADOR, and I and statements for the year ending December 31, 2021, and to the best of consent to my ERO or OLSP sending such information to ADOR through a my knowledge and belief, it is true, correct, and complete. I further declare transmitter. I consent to ADOR sending my ERO, OLSP and/or transmitter that the amounts of Arizona adjusted gross income, total tax, Arizona an acknowledgement of receipt of transmission and an indication of income tax withheld, and refund (or amount owed) listed above are the whether or not the transmission of my return is accepted and, if the return amounts shown on the copy of my electronic Arizona income tax return. is rejected, the reason(s) for the rejection. If the processing of my return **6a** I consent that my refund be directly deposited as designated in the or refund is delayed, I authorize ADOR to disclose to my ERO, OLSP and/ electronic portion of my 2021 Arizona individual income tax return. or transmitter the reason(s) for the delay, or when the refund was sent. If I have filed a joint return, this is an irrevocable appointment of If ADOR contacts my ERO for a copy of my return, any documents or the other spouse as an agent to receive the refund. schedules to my return, and/or this authorization form, I authorize my ERO **6b** X I do not want direct deposit of my refund or I am not receiving a to release copies of the requested documents to ADOR. refund 6c I authorize the Arizona Department of Revenue (ADOR) and its designated Financial Agent to initiate an ACH electronic funds I authorize GLOBAL TAXES LLC withdrawal (direct debit) entry to the financial institution account (ELECTRONIC RETURN ORIGINATOR) indicated in the tax preparation software for payment of my Arizona taxes owed on this return. I also authorize the financial institutions to make the election that I want my electronic signature to my electronic involved in the processing of the electronic payment of taxes to federal individual income tax return to serve as my signature to my receive confidential information necessary to answer inquiries and electronic Arizona individual income tax return for the year ending December 31, 2021. I understand that when my ERO makes the election resolve issues related to the payment. that my electronic signature to my federal individual income tax return will If I have filed a balance due return, I understand that if the ADOR does not serve as my signature to my Arizona individual income tax return, I will receive full and timely payment of my tax liability by April 18, 2022, I will have signed my Arizona individual income tax return and declared under remain liable for the tax liability and all applicable interest and penalties. penalties of perjury that to the best of my knowledge and belief the return When electronically filing my federal and state tax returns, I understand is true, correct and complete. that if there is an error on my federal return, my state return will also be rejected. PLEASE SIGN HERE YOUR PEN AND INK SIGNATURE DATE

SPOUSE'S PEN AND INK SIGNATURE

DATE

URN.			Arizona Form 140	Resident P	Return	for calendar year 2021				
ш	82F		heck box 82F filing under extension	OR FISCAL YEAR BEGIN	NING I I I I	12.0.2.1	AND ENDING			
		<u> </u>	First Name and Middle Initial	OTT TOOKE TEAT BEGIN	Last Name	12 0 2 1	AND LINDING		Security Number	
IO IHE	1		UNIKA REDDY		GOTUMUKKU	Τ. Δ	Enter	\	41 8840	
	-		se's First Name and Middle Initia	al (if box 4 or 6 checked)	Last Name	117.1	your		ocial Security No.	
IEMS	1	SAI	NTOSH KUMAR REDDY		KONNI		SSN(s).	744 _I	14 1822	
Ξ.			nt Home Address - number and	street, rural route		Apt. No.	Daytime	Phone (with a		
ANY	2		8 MINGLEWOOD DR			11307		0)570-22		
	_		Town or Post Office	State	ZIP Code		Last Names Used in L	ast Four Prior `	· · · · · · · · · · · ·	
벌.	3		ARLOTTE	NC	28262				97	
₹	ΙΞ	4		4a Injured Spouse Pr		erpayment/	REVENUE USE ONLY	. DO NOT MAI	RK IN THIS AREA.	
က	STATUS	5	Head of household. Enter	name of qualifying child or dep	endent on next line:					
9	100									
DO NOT STAPLE	FILING	6		urn. Enter spouse's name and	Social Security Numl	oer above.				
\Box	ĮΨ	7	Single ↓ Enter the number claime	d. Do not put a check ma	ork					
		8	Age 65 or over (you and/o	-	s 8, 9, and 11a, also con	nplete lines 38.				
	9	9	Blind (you and/or spouse)	00	es 10a and 10b, also co		81 PM	80	RCVD	
	nd 1	10a	Dependents: Under age o		ndents: Age 17 and	l over.				
	oa a	11a	Qualifying parents and gra	andparents						
	and 11a - Dependents 10a and 10b		(Box 10a and 10b): Depende	ent Information. See instruc		pace, check t	he box 🔲 and com	plete page 4	, Part 1.	
	den		(a) FIRST AND LAS	T NIAME S	(b) OCIAL SECURITY NO.	(c) RELATIONSHII	(d) NO. OF MONTHS ✓ D	(e) ependent Age	(f)	
	ben		(Do not list yourself		OOIAL OLOOKITTINO.	RELATIONOTHI	LIVED IN YOUR	included in:	if you did not claim this person on your federal return due to	
	-D						HOME IN 2021 (Box	1 2 (10a) (Box 10b)	educational credits	
	11a	10c								
	and	10d								
	დ	10e							Ш	
<u>.</u>			(Box 11a): Qualifying parents	and grandparents. See in						
14	Exemptions		(a) FIRST AND LAS	ST NAME S	(b) OCIAL SECURITY NO.	(c) RELATIONSHII	(d) P NO. OF MONTHS ✓ IF	(e) FAGE 65 OR	(f) ✓ IF DIED IN	
Ē	xen		(Do not list yourself	or spouse.)			LIVED IN YOUR HOME IN 2021	OVER	2021	
9	ш									
after Form 140										
at		11c							248,249 00	
nts			Federal adjusted gross incom Small Business Income: 135 ch	-					240,249 00	
me	S		Modified federal adjusted gross						248,249 00	
20	dditions		Non-Arizona municipal interest.						00	
ĕ	Addi		Partnership Income adjustment						00	
he	`		Total federal depreciation						00	
ਰ		18	Other Additions to Income: Cor	mplete Other Additions to A	rizona Gross Incom	e schedule or	ı page 5	18	00	
S 0			Subtotal: Add lines 14 through 18					19	248,249 00	
E			Total net capital gain or (loss).							
ed			Total net short-term capital gain					9 00		
S			Total net long-term capital gain of Net long-term capital gain from					0 00		
2			Multiply line 23 by 25% (.25) an						0 00	
þ		This I	box may be blank or may contain a p	printed barcode of data from you			ified small business		00	
a	ns						depreciation		00	
<u>a</u>	Subtractions						djustment		00	
ge	btra				ALMA (C) MINI I I I I I		itions		00	
2	Su		. 1977 - 1976 - 1974 - 1987 - 1988 - 1976 - 1976 - 1976 - 1976 - 1976 - 1976 - 1976 - 1976 - 1976 - 1976 - 197 1975 - 1976 - 1976 - 1976 - 1976 - 1976 - 1976 - 1976 - 1976 - 1976 - 1976 - 1976 - 1976 - 1976 - 1976 - 1976	1, 1947, 11, 1948, 11, 1948, 11, 1948, 11, 1948, 11, 1948, 11, 11, 11, 11, 11, 11, 11, 11, 11, 1	29a Exclus	ion for fed., AZ st	ate or local govt. pension	s. 29a	00	
ē					29b Exclus	sion for retired/reta	ainer pay uniform services	s. 29b	00	
b							r Railroad Retirement A		00	
re					01000411111111		erican Indians		00	
any required federal and AZ schedules or other docume					. 127.07.		an active service member		00	
g					(L()).		ustment		00	
Place			s and a company of the company of th	KONT PRINCIPYSETYSA (KAUS NEOSTOS S'ENES		ibutions: 34 a 529	<u> </u>	00		
_					I 34b 52	9A (ABLE)	00 add 34a and 34	4b. 34C	00	

	Your	Name (as shown on page 1)	Your Social Security N	umber		
	M (GOTUMUKKULA & S KONNI	175-41-884	0		
		Subtract lines 24 through 34c from line 19		25	248,249	
	35	Other Subtractions from Income. Complete Other Subtraction from Arizona Gross Income sched			240,245	0
	36				248,249	
ons	37	Subtract line 36 from line 35. Enter the difference		T I	240,245	0
Exemptions	38	Age 65 or over: Multiply the number in box 8 by \$2,100				0
xen	39	Blind: Multiply the number in box 9 by \$1,500				$\overline{}$
Ш	40	Other Exemptions. See instructions40E Multiply the number in box 40E by \$2,300				0
	41	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000			248,249	0
	42	Arizona adjusted gross income: Subtract lines 38 through 41 from line 37. If less than zero, enter "0".				$\overline{}$
	43	Deductions: Check box and enter amount. See instructions			25 , 100 150	
	44	If you checked box 43 S and claim charitable contributions, check 44 C Complete page 3 . See in:			222,999	
Balance of Tax	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0"		- [
o of		a Compute the tax using amount on line 45 and Tax Tables X and Y or Optional Tax Tables			7,959	$\overline{}$
ance		b If line 45 is \$250,001 or more (single/mfs) or \$500,001 or more (mfj/hoh) compute the tax surcha				0
Bala	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 30			7,959	0
	48	Subtotal of tax: Add lines 46a, 46b and 47. Enter the total		[7,939	$\overline{}$
	49	Dependent Tax Credit. See instructions		[0
	50	Family income tax credit (from the worksheet - see instructions)			4 075	0
	51	Nonrefundable Credits from Arizona Form 301, Part 2, line 61		T I	4,975	
and	52	Balance of tax: Subtract lines 49, 50 and 51 from line 48. If the sum of lines 49, 50 and 51 is greater than			2,984	
Payments and Indable Credits	53	2021 AZ income tax withheld			2,069	$\overline{}$
ayme	54	2021 AZ estimated tax payments 54a 00 Claim of Right 54b	00 Add 54a and 54b			0
Total Paymer Refundable (55	2021 AZ extension payment (Form 204)		T I		0
Tot Re	56	Increased Excise Tax Credit (from the worksheet - see instructions)				0
	57	Property Tax Credit from Arizona Form 140PTC				0
or ient	58	Other refundable credits: Check the box(es) and enter the total amount	308- 582 3 49	9 58		0
Tax Due or Overpayment	59	Total payments and refundable credits: Add lines 53 through 58. Enter the total		. 59	2,069	
Tax	60	TAX DUE: If line 52 is larger than line 59, subtract line 59 from line 52. Enter amount of tax due. Skip lines 6	61, 62 and 63	. 60	915	$\overline{}$
. 0	61	OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 59. Enter amount of overpayme	nt	. 61		00
Gifts	62	Amount of line 61 to be applied to 2022 estimated tax		. 62		00
ē >	63	Balance of overpayment: Subtract line 62 from line 61. Enter the difference		. 63		0
Voluntary	64	- 74 Voluntary Gifts to: Solutions Teams Assigned to Schools		-		
흥		Child Abuse Prevention		_		
>		Neighbors Helping Neighbors 69 00 Special Olympics		_		
enalty		I Didn't Pay Enough Fund72 00 Sustainable State Parks and Road Fund73 00 Spay/Neuter of Anima	ls 74 00)		
ens	75	Political Party (if amount is entered on line 68 - check only one): 751 Democratic 752 Libertarian	753 Republican			_
ď	76	Estimated payment penalty		. 76		0
_	77	771 ☐ Annualized/Other 772 ☐ Farmer or Fisherman 773 ☐ Form 221 included				
or We	78	Add lines 64 through 74 and 76; enter the total		. 78		00
Refund or Amount Owed	79	REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed on line 80		. 79		0
Ref mou		Direct Deposit of Refund: Check box 79A if your deposit will be ultimately placed in a foreign account; see	instructions. 79A	1		
₹		C Checking or Savings Account Number				
	80	3	our SSN on payment	.		_
	00	and include with your return			915	0
		Under penalties of perjury, I declare that I have read this return and any documents with it, and to				e
		true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information	on of which prepare	er has a	ny knowledge.	
HERE	→					
直			OFTWARE ENG	INEE	R	-
エ		YOUR SIGNATURE DATE OC	CUPATION			
(5)	→	2	OFTWARE ENG	TNEEI	D	
SIGN			OF I WARE ENG	TIVEE	N.	-
		SYAM PRIYA RAM SAGAR GUPTA TALLAM 03082022 GLOBAL TAXES L				
PLEASE		PAID PREPARER'S SIGNATURE DATE DATE GLOBAL TAXES L. FIRM'S NAME (PREPARER'S IF				-
Ē		2530 Pebble Creek Ln	30-101	7196		
L		PAID PREPARER'S STREET ADDRESS	PAID PREPAR		I	-
		Cumming GA 30041	(678)9			
		PAID PREPARER'S CITY STATE ZIP CODE			ONE NUMBER	-

If you are also sending a payment, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016 (PO Box 29204, Phoenix, AZ 85038-9204 if your return has a barcode). If you are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138 (PO Box 29205, Phoenix, AZ 85038-9205 if your return has a barcode).

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.

ADOR 10413 (21) 1 5 5 5 AZ Form 140 (2021) REV 02/10/22 PRO Page 3 of 6

Arizona Form 301

Nonrefundable Individual Tax Credits and Recapture

2021

Continued on page 2 ->

Include with your return.

For the calendar v	ear 2021 or fiscal v	ear beginning	 12.0.2.1	1 ⊢and ending ⊢	. 1	. 1	Ι.		1
roi lile calelluai v	ear 2021 or listar v	real bedillillid	 12.0.2.	i Tanu enumu i	1 1		1 1	1 1	

Your Name as shown on Form 140, 140PY, 140NR or 140X	Your Social Security Number						
MOUNIKA REDDY GOTUMUKKULA	175 41 8840						
Spouse's Name as shown on Form 140, 140PY, 140NR or 140X (if a joint return)	Spouse's Social Security Number						
SANTOSH KIMAR REDDY KONNI	744 14 1822						

Nonrefundable Individual Tax Credits Available: Enter total available tax credits (c) Current Available Total Year Credit Carryover Available Credit (a) + (b)00 Military Reuse Zone Credit Form 306 ▶ 2 Credit for Increased Research Activities – Individuals...... Form 308-I ▶ 00 4,975 4,975 00 3 Credit for Taxes Paid to Another State or Country...... Form 309 ▶ 00 4 00 Agricultural Water Conservation System Credit Form 312 ▶ Pollution Control Credit...... Form 315 ▶ 00 6 Credit for Solar Hot Water Heater Plumbing Stub Outs and 00 Electric Vehicle Recharge Outlets Form 319 ▶ 00 8 Credit for Contributions to Qualifying Charitable Organizations.. Form 321 ▶ 8 00 Credit for Contributions Made or Fees Paid to Public Schools.... Form 322 ▶ Credit for Contributions to Private School Tuition Organizations Form 323 ▶ 00 Agricultural Pollution Control Equipment Credit Form 325 ▶ 00 00 00 Credit for Employment by Healthy Forest Enterprises Form 332 ▶ 14 Credit for Employing National Guard Members...... Form 333 ▶ 00 Credit for Business Contributions by an S Corporation to 00 School Tuition Organizations - Individual Form 335-I ▶ 15 **16** Credit for Solar Energy Devices – Commercial and 00 Industrial Applications...... Form 336 ▶ 16 00 17 Credit for Investment in Qualified Small Businesses...... Form 338 ▶ 17 00 18 Credit for Donations to the Military Family Relief Fund Form 340 ▶ 18 Credit for Business Contributions by an S Corporation to School Tuition Organizations for Displaced Students or Students with 00 00 20 Renewable Energy Production Tax Credit...... Form 343 ▶ 00 21 Credit for New Employment...... Form 345 ▶ 21 22 Additional Credit for Increased Research Activities for 00 Basic Research Payments Form 346 ▶ 22 Credit for Contributions to Certified School Tuition Organizations 00 (for contributions that exceed the allowable credit on Arizona Form 323). Form 348 ▶ 23 24 Credit for Contributions to Qualifying Foster Care Charitable 00 00 4,975 00

IMPORTANT

You must include Form 301 and the corresponding credit form(s) for which you computed your credit(s) with your individual income tax return.

ADOR 10127 (21) 1 5 5 5 REV 02/10/22 PRO

Your	Name (as shown on page 1)		1	Your Social Security	Nur	mbe	er	
	OTUMUKKULA & S KONNI			175-41-8840				
Par	Application of Tax Credits and Recapture: Enter tax, recapture	tax			sec	d th	nis taxable vear.	
	Tax from Form 140, lines 46a and 46b; or Form 140PY, lines 56a and 56b; or Form 140N Form 140X, lines 37a and 37b	IR, Iir	ne 5	6a and 56b; or		27	7 , 959	
28	Tax from Recapture of Credits for Healthy Forest Enterprises from Form 332, Part 9, line 39, and Part 10, line 45				00			100
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 14					20		
24	Form 140NR, line 57;or Form 140X, line 38					30 31	7,959	00
31	Family Income Tax Credit from Form 140, line 50; or Form 140PY, line 60; or Form 140X					,,	1,333	100
32	Tax Credit from Form 140, line 49; or Form 140PY, line 59; or Form 140NR, line 50; or Form 140NR, line			•	2	32		00
22	Subtract line 32 from line 31. Enter the difference. If less than zero, enter "0"					33	7,959	
33	Subtract line 32 from line 31. Effet the difference. If less than zero, effet 0					,5	,,,,,,,	100
Noi	nrefundable Tax Credits Used This Taxable Year: Enter amounts acti	uall	v us	sed from Part 1.		-		
	Military Reuse Zone CreditForm 306	_			00)		
35	Credit for Increased Research Activities – Individuals				00	_		
36	Credit for Taxes Paid to Another State or CountryForm 309	▶ 3	36	4,975	00	וֹ		
37	Credit for Solar Energy DevicesForm 310				00	_		
38	Agricultural Water Conservation System CreditForm 312				00	וֹ		
39	Pollution Control CreditForm 315				00)		
40	Credit for Solar Hot Water Heater Plumbing Stub Outs and							
	Electric Vehicle Recharge OutletsForm 319	> 4	40		00)		
41	Credit for Contributions to Qualifying Charitable OrganizationsForm 321	▶ 4	11		00)		
42	Credit for Contributions Made or Fees Paid to Public SchoolsForm 322	▶ 4	12		00)		
43	Credit for Contributions to Private School Tuition OrganizationsForm 323	A	43		00)		
44	Agricultural Pollution Control Equipment CreditForm 325	▶ 4	14		00)		
45	Credit for Donation of School SiteForm 331				00	<u>)</u>		
46	Credit for Employment by Healthy Forest EnterprisesForm 332	▶ 4	16		00	<u>)</u>		
47	Credit for Employing National Guard MembersForm 333	A	47		00	<u>)</u>		
48	Credit for Business Contribution by an S Corporation to							
	School Tuition Organizations - Individual				00	_		
	Credit for Solar Energy Devices – Commercial and Industrial ApplicationsForm 336				00	7		
	Credit for Investment in Qualified Small BusinessesForm 338	▶ 5	50		00	4		
51	Credit for Donations to the Military Family Relief Fund: Enter the smaller of			0				
	Form 301, Part 1, line 18 or Part 2, line 31	> 5	51	U	00	4		
52	Credit for Business Contributions by an S Corporation to School Tuition							
	Organizations for Displaced Students or Students with Disabilities - Individual Form 341-I				00	_		
53	Renewable Energy Production Tax Credit		53		00	_		
54	Credit for New EmploymentForm 345		54		00	_		
55	Additional Credit for Increased Research Activities for Basic Research Payments Form 346		55		00	4		
56	Credit for Contributions to Certified School Tuition Organizations		-6		00			
5 7	(for contributions that exceed the maximum allowable credit on Arizona Form 323)Form 348				00	_		
57 58	Credit for Contributions to Qualifying Foster Care Charitable OrganizationsForm 352 Healthy Forest Production Tax CreditForm 353				00	_		
58	FOITH 303		00		100	1		Т
59	Tax credits used from Form 301: Add lines 34 through 58				. 5	59	4,975	00
60	Tay credits used from Form 301-SRI line 65					60		nn

4,975 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

Arizona Form 309

Credit for Taxes Paid to Another State or Country

2021

	For the calendar year 2021 or fiscal year beginning		•				
Your Na	ame as shown on Form 140, 140NR, 140PY, or 140X			Your Soc	ial Secu	rity Number	
MOUNI	KA REDDY GOTUMUKKULA			175	5	41 8840	
Spouse'	e's Name as shown on Form 140, 140NR, 140PY, or 140X (if join	t return)		Spouse's	Social S	Security Number	
SANTO	SH KUMAR REDDY KONNI			74	4	14 1822	
Part 1	Computation of Income Subject to Tax by Bo	th Arizona	a and the Other St	ate or Coi	ıntrv [During 2021	
A. Oth	See last page of the instructions for a list of state: If claiming a credit for taxes paid to another state See last page of the instructions for a list of state If claiming a credit for taxes paid to another If claiming a credit for taxes paid to more the	ate, enter the ate abbrevia country, en	e two-letter abbreviati tions ter the country name	on for that		<u>g</u>	
	(a)		(b)			(c)	
1	Description of income item(s). List each income item separately. Do <i>not</i> include any income item reported on your small business income tax return.						
	(a)		(b)	l		(c)	
3		63 00	\$	00	\$		00
4	included in Arizona adjusted gross income		\$	00	\$		00
5	Arizona and the other state or country. Enter the smaller of the amount entered on line 3 or line 4 5 \$ 141,10	r state or co	•	, , ,	\$ 6 \$		00
Part 2	_		oro, enter o . Gee ms	didelions	0 \$	141,100	100
	(Read specific line instructions for Part 2 before comple		rt.)				
7	Arizona tax liability less any credits (except other state				7	7 , 959	00
8	, -					141,163	00
9	·					248,249	00
10	,					0.5686	-
11	Multiply the amount on line 7 by the decimal on line 10.			4,525			
12	,				12b	8,610	
13	,					141,163	-
14				141,163			
15 16			•			8,610	-
	Allowable credit for taxes paid to the above named other				10	0,010	00
.,	more than one state or country, see instructions. Enter						
	Arizona Form 301, Part 1, line 3, column (a)				17	4 , 525	00

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

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)		(b)		(c)		(d) Amount entered in	
		Amount reported on your 2021 federal return		Amount entered in column (a) reported on your 2021 Form 140		Amount entered in column (a) reported on your 2021 return filed to your statutory state of residence		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
	Gains or (losses) from federal Schedule D	\$	00	\$	00	\$	00	\$	00
	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 line	es 9a through 9c:				I			
9a		\$	00	\$	00	\$	00	\$	00
9b		\$	00	\$	00	\$	00	\$	00
9с		\$	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

1555 REV 02/10/22 PRO

Arizona Form 309

Credit for Taxes Paid to Another State or Country

2021

ı	or the calendar year 202	1 or fiscal	year b	eginning		and	ending			٠ ــــــــ	
Your Na	me as shown on Form 140, 140	NR, 140PY,	or 140X				Your Sc	cial Se	curity Nu	ımber	
MOUNI	KA REDDY GOTUMUKKUL	LΑ					17	75	41	8840	
Spouse	s Name as shown on Form 140,	, 140NR, 140	PY, or	140X (if joint ret	urn)		Spouse	's Socia	al Securi	ty Number	
SANTO	SH KUMAR REDDY KONN	1I					74	14	14	1822	
Part 1	Computation of Incor	me Subiec	t to T	ax by Both	Arizor	na and the Other	State or Co	ountry	/ Durin	na 2021	
	er State: If claiming a credit									.5	
	_	-				ations		N,C			
	1 0										
B. Oth	er Country: If claiming a cre	edit for taxe	s paid	to another co	untry, e	nter the country nar	me				
	If claiming a cre	edit for taxe	s paid	to more than	one co	untry, see instructio	ns.				
			(2	1		(b)			(c)		
4	Description of income item(s)		(a	1)		(b)			(c)		
1	Description of income item(s). List each income item	WAGES									
	separately. Do <i>not</i> include any										
	income item reported on your										
	small business income tax return.										
				(a)	_	(b)				(c)	
2	Amount of income from iten										
	on line 1 reportable to both			F1 01C	00				_		
	and the other state or coun	try 2	\$	51,016	00	\$	00		\$		00
3	Portion of income on line 2										
3	included in Arizona adjuste										
	gross income		\$	14,027	00	\$	00		\$		00
	5					-					
4	Portion of income on line 2										
	included in the other state of	or									
	country's equivalent of Arize										
	adjusted gross income	4	\$	14,027	00	\$	00		\$		00
-	Income subject to tax by bo	oth									
5	Arizona and the other state										
	country. Enter the smaller of										
	amount entered on line 3 or		\$	14,027	00	\$	00		\$		00
6	Total income subject to tax			,				,			
	(b), and (c). Include total fr	om addition	nal sch	edules. If less	s than z	zero, enter "0". See	instructions.	. 6	\$	14,027	00
	•	.	_		•••						
Part 2	· · · · · · · · · · · · · · · · · · ·								1		
-	(Read specific line instruction							_		7 050	00
8	Arizona tax liability less any Amount from Part 1, line 6.									7,959 14,027	
9	Entire income upon which A									248,249	
10	Divide the amount on line 8									0.0565	
11								_		450	-
12	Income tax paid to: Name of							12b		2,446	
13	Amount from Part 1, line 6.									14,027	00
14	Entire income upon which of			-						51,016	
15	Divide the amount on line 1	-		•		- ,			0	0.2750	-
16	Multiply the amount on line									673	00
17	Allowable credit for taxes pomore than one state or cou										
	Arizona Form 301, Part 1, I	-						17		450	00
	=	5, 55,411	(~/	 		 			1	100	I UU

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

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)		(b)		(c)		(d) Amount entered in	
		Amount reported on your 2021 federal return		Amount entered in column (a) reported on your 2021 Form 140		Amount entered in column (a) reported on your 2021 return filed to your statutory state of residence		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
	Gains or (losses) from federal Schedule D	\$	00	\$	00	\$	00	\$	00
	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 line	es 9a through 9c:				I			
9a		\$	00	\$	00	\$	00	\$	00
9b		\$	00	\$	00	\$	00	\$	00
9с		\$	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

1555 REV 02/10/22 PRO

Arizona Form AZ-140V

Arizona Individual Income Tax Payment Voucher for Electronic Filing

EPV 2021

	our First Name and Middle Initial		Last Name		- ·	Your So	ocial Security	/ Number	
1	MOUNIKA REDDY		GOTUMUKKUI	ıΑ	Enter	175	5 41 8	8840	
	Spouse's First Name and Middle Initial		Last Name		your	Spous	e's Social Se	curity No.	
1	SANTOSH KUMAR REDDY		KONNI		SSN(s)	744	1 14 1	822	
	Current Home Address - number and s	treet, rural route		Apt. No.	Daytim	ie Phone (v	with area coo	de)	
2	718 MINGLEWOOD DR			11307	94 (4	140)570	-2236		
	City, Town or Post Office	State	ZIP Code		REVENUE USE C	NLY. DO NO	OT MARK IN T	HIS AREA.	
3	CHARLOTTE	NC	28262		88				
	Ase indicate the filing status Married filing joint return Head of household: Enter name Married filing separate return: Single	81 PM		80 RCVD					
Enter the amount of payment enclosed\$									

If you are mailing this payment

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

- ✓ Do not send cash.
- \checkmark 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.

ADOR 10944 (21) 1555 REV 02/10/22 PRO

FORM.		Arizona Form 140ES	140ES Individual Estimated Income Tax Payment 20										
里	This	s estimated payment is for t	ax vear ending Decemb	er 31 2022 d	or for tax ve	ear ending:							
2		r First Name and Middle Initial	ax year enaing becemb	Last Name	n for tax ye	bar criding.	Your Social Security Number						
	1 MC	OUNIKA REDDY		GOTUMUKKU:	LA	Enter	175 41 8840						
ANY ITEMS	Spc	ouse's First Name and Middle Initia	l (if filing joint)	Last Name		your	Spouse's Social Security No.						
		ANTOSH KUMAR REDDY		KONNI		SSN(s).	744 14 1822						
		rent Home Address - number and	street, rural route		Apt. No.		Phone (with area code)						
<u>H</u>		.8 MINGLEWOOD DR	01.1	710.0	11307		0)570-2236						
STA		y, Town or Post Office	State NC	ZIP Code 28262		88	Y. DO NOT MARK IN THIS AREA.						
<u>0</u>													
	STOP	neck if this payment is on be ■ DO NOT USE THIS FORM ■ Use this form only for mailing yment: You must round your e	ΓΟ MAKE DELINQUENT I g estimated payments.	NCOME TAX P	AYMENTS.								
		•	• •			81 PM	80 RCVD						
	En	ter the amount of payment en	closed	5 2	29 00								
2	Do	not select more than one quant yment for calendar year filers 1st Quarter – January to Marc Because April 15, 2022 is a federal	ter. You must submit a se are due as follows: h Due date is April 15, 202	parate form for		Ler for which a payn	nent is made.						
	-	2nd Quarter – April to June		1022 to make this pe	iyinent.								
	F	3rd Quarter – July to Septemb		15. 2022.									
		4th Quarter – October to Dece Because January 15, 2023 falls on	mber Due date is January	15, 2023.	e until January	17, 2023 to make this p	ayment.						
	Pa	yment for fiscal year filers are	e due as follows:										
		1st Quarter – 15th day of the f	ourth month of the current fis	cal year.									
		2nd Quarter – 15th day of the	sixth month of the current fisc	cal year.									
		3rd Quarter – 15th day of the i	ninth month of the current fisc	cal year.									
		4th Quarter – 15th day of the f	irst month of the next fiscal y	ear.									
			due dates fall on a Satu ent for that quarter by m payment:										
		To ensure proper applic	ation of this navment	he sure that vo	u:								
			ubmit this form in its enti	•		in half.							
			k or money order payable										
			, "Tax Year 2022" and "14			Revenue.							
			ade on behalf of a Nonre			write "Composit	140NR"						
			and the entity's EIN on y		site returi	i, write composit	E 140IVIK,						
		✓ Include your pa	yment with this form.										
		✓ Mail to Arizona	Department of Revenue, F	PO Box 29085,	Phoenix, AZ	85038-9085.							
		Be sure to review your est	imated income and adjust	t your payment	s as necess	ary during the yea	ar.						
		If you are making an el	ectronic payment										
		A	make this estimated merican Express ♦ Visa www./	Discover (AZTaxes.gov	Card ♦ Mas	sterCard							

FORM.		Arizona Form 140ES	Individual Esti	mated Inco	ome Tax	Payment	FOR CALENDAR YEAR 2022		
뿌	This e	estimated payment is for t	ax vear ending Decemb	er 31 2022 <i>(</i>	or for tax ve	ear ending: 1	2.0		
2		First Name and Middle Initial	ax year erraing 2 coorns	Last Name	or ror tare y		Your Social Security Number		
	MOU	NIKA REDDY		GOTUMUKKU	LA	Enter	175 41 8840		
ANY ITEMS	Spous	se's First Name and Middle Initia	al (if filing joint)	Last Name		your	Spouse's Social Security No.		
≥ [1		TOSH KUMAR REDDY		KONNI		SSN(s)	744 14 1822		
	_	nt Home Address - number and	street, rural route		Apt. No.		ne Phone (with area code)		
밀모		MINGLEWOOD DR		715.0	11307		40) 570-2236		
STA	_ `	own or Post Office RLOTTE	State NC	ZIP Code 28262		88	NLY. DO NOT MARK IN THIS AREA.		
DO NOT STAPLE	•	ck if this payment is on be DO NOT USE THIS FORM Use this form only for mailin	TO MAKE DELINQUENT I	•					
1		nent: You must round your		nole dollar (no d	cents).	D PM	80 RCVD		
•	-	r the amount of payment en			29 00	81 PM	80 1.0 4 D		
2		ck only <u>one</u> box for the qua		is made					
2		ot select more than one qua			each quarte	e <i>r</i> for which a pay	yment is made.		
	Paym	nent for calendar year filers	are due as follows:		-				
	T ayıı	1st Quarter – January to Marc		22.					
		Because April 15, 2022 is a federa			ayment.				
	\boxtimes	2nd Quarter – April to June	Due date is June 15, 2022 .						
		3rd Quarter – July to Septemb	er Due date is September	15, 2022.					
		4th Quarter – October to Dece Because January 15, 2023 falls on			re until January	17, 2023 to make this	s payment.		
	Paym	nent for fiscal year filers are	e due as follows:						
		1st Quarter – 15th day of the f	ourth month of the current fis	scal year.					
		2nd Quarter – 15th day of the	sixth month of the current fisc	cal year.					
		3rd Quarter – 15th day of the	ninth month of the current fisc	cal year.					
		4th Quarter – 15th day of the	first month of the next fiscal y	ear.					
			due dates fall on a Satu ent for that quarter by m						
	1	,	·						
		To ensure proper applic				:			
		•	submit this form in its enti						
		,	ck or money order payable		•	Revenue.			
		•	, "Tax Year 2022" and "14				:: 4.40NP//		
			nade on behalf of a Nonre " and the entity's EIN on y		osite returi	n , write "Compos	site 140NR",		
		✓ Include your pa	yment with this form.						
		✓ Mail to Arizona	Department of Revenue, F	PO Box 29085,	Phoenix, AZ	85038-9085.			
		Be sure to review your es	timated income and adjust	t your paymen	ts as necess	ary during the y	ear.		
If you are making an electronic payment									
			make this estimated merican Express ♦ Visa				!!		
			www.ick on "Make a Payment":	AZTaxes.gov		Doument To-			

TO THE FORM.		Arizona Form 140ES	Individual Esti	Individual Estimated Income Tax Payment									
뿓	TI	his estimated payment is	for tax year ending Decemb	er 31, 2022, d	or for tax y	ear ending:	2 0	ı					
10		Your First Name and Middle Initi		Last Name			Your Social Security Numb	er					
MS	_	MOUNIKA REDDY		GOTUMUKKU	LA	Enter	175 41 8840						
ANY ITEMS		Spouse's First Name and Middle		Last Name		your SSN(s).	Spouse's Social Security N	lo.					
₹	_	SANTOSH KUMAR REDDY		KONNI			744 14 1822	_					
		Current Home Address - numbe	r and street, rural route		Apt. No.		e Phone (with area code)						
H		718 MINGLEWOOD DR City, Town or Post Office	Ctata	ZIP Code	11307		40) 570-2236 LY. DO NOT MARK IN THIS ARE	_					
STA		CHARLOTTE	State NC	28262		88	LI. DO NOT MARK IN THIS ARE	Α.					
0	ा	CHARLOTTE	INC	20202		 							
DO NOT STAPLE		Check if this payment is o	on behalf of a Nonresident Co	omposite retu	rn - 140NR								
Δ		● DO NOT USE THIS FO	RM TO MAKE DELINQUENT I	NCOME TAX F	PAYMENTS	.							
	STO		nailing estimated payments.										
	1 I	Payment: You must round y	our estimated payment to a wh	nole dollar (no c	ents)	При	□ BCVD	_					
		•			29 00	81 PM	80 RCVD						
	ı	Enter the amount of payme	nt enclosed	p	<u> </u>								
			quarter for which this payment					_					
	[Do not select more than one	quarter. You must submit a se	parate form for	each quart	er for which a pay	ment is made.						
	F	Payment for calendar year	filers are due as follows:										
	j		March Due date is April 15, 202	22.				\neg					
		 	federal holiday, you have until April 18, 2		ayment.								
		2nd Quarter – April to Ju	ne Due date is June 15, 2022 .										
	ŀ	3rd Quarter – July to Se	otember Due date is September	15, 2022.				\exists					
	ŀ	4th Quarter – October to	December Due date is January	, 15. 2023.				\exists					
		l 	alls on a Sunday and January 16, 2023 is		e until January	/ 17, 2023 to make this	payment.						
	Ē	Payment for fiscal year file	rs are due as follows:										
		1st Quarter – 15th day o	f the fourth month of the current fis	scal year.									
		2nd Quarter – 15th day	of the sixth month of the current fis	cal year.									
		3rd Quarter – 15th day o	f the ninth month of the current fisc	cal year.									
		4th Quarter – 15th day o	f the first month of the next fiscal y	ear.									
	_		f the due dates fall on a Satu ayment for that quarter by m										
		If you are mailing t		, J. 12 3.1 311	2.22 2.23		5						
				ho ours H+									
			pplication of this payment,			in half							
		, ,	and submit this form in its enti	•									
		, ,	check or money order payable			r Kevenue.							
		✓ Write your SSN, "Tax Year 2022" and "140ES" on your payment.											
			t is made on behalf of a Nonre 2022" and the entity's EIN on y		osite retur	n , write "Composi	ite 140NR",						
		✓ Include yo	ur 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 American Express ♦ Visa	a ♦ Discover (Card ♦ Ma		!						
			www. ✓ Click on "Make a Payment"	AZTaxes.gov		Payment Type							
			✓ Click on "Make a Payment" ✓ Do not mail this form. We ✓										

TO THE FORM.			Arizona Form 140ES	Individual Esti	Individual Estimated Income Tax Payment 2									
뿓	TI	his estima	ated payment is for t	ax year ending Decemb	er 31, 2022, d	or for tax y	ear ending:		_ 2 ()				
	Y	our First N	ame and Middle Initial		Last Name		En		Social Sec	urity Number				
ANY ITEMS	$\overline{}$	MOUNIKA			GOTUMUKKU	LA	you	ter 175		8840				
Ξ			rst Name and Middle Initia	al (if filing joint)	Last Name KONNI			M(s)		Security No.				
≥	_	SANTOSH	/44		1822									
			me Address - number and	street, rural route		Apt. No.		aytime Phone		code)				
Ы			NGLEWOOD DR	Ctata	710.0-4-	11307		(440)57 E ONLY. DO N		N TUIC ADEA				
STA		•		State	ZIP Code		88	DE ONLY. DO N	OI WARK II	N THIS AREA.				
5	3	CHARLOT	TE	NC	28262		-							
DO NOT STAPLE		Check if	this payment is on be	ehalf of a Nonresident Co	omposite retu	rn - 140NR								
_	STO			TO MAKE DELINQUENT I	NCOME TAX F	PAYMENTS.								
	Olo	Use t	his form only for mailin	g estimated payments.										
	1 F	Payment:	You must round your	estimated payment to a wh	nole dollar (no d	ents).	81 PM		80 RCV	'D				
		•	amount of payment en	• •		29 00	[61]		80	_				
				•										
				rter for which this payment rter. You must submit a se		each guart	er for which a	navmant is	mada	·				
	L	JU HUL SEN	ect more than one qua	rter. Tou must submit a se	parate form for	eacii quaii	er ioi wilicii a	i payment is	mau c .					
	F	Payment fo	or calendar year filers	are due as follows:										
			•	ch Due date is April 15, 202										
		Beca	use April 15, 2022 is a federa	I holiday, you have until April 18, 2	2022 to make this pa	ayment.								
		2nd	Quarter – April to June	Due date is June 15, 2022 .										
		3rd (Quarter – July to Septemb	per Due date is September	15, 2022.									
		★ 4th 0	Quarter – October to Dece	ember Due date is January	15, 2023.									
				a Sunday and January 16, 2023 is		e until January	/ 17, 2023 to mak	e this payment.						
	F	Payment fo	or fiscal year filers are	e due as follows:										
		1st C	Quarter – 15th day of the	fourth month of the current fis	scal year.									
		2nd	Quarter – 15th day of the	sixth month of the current fise	cal year.									
		3rd (Quarter – 15th day of the	ninth month of the current fisc	cal year.									
		4th (Quarter – 15th day of the	first month of the next fiscal y	ear.									
	_			due dates fall on a Satu ent for that quarter by m					dav.					
		Tf v	ou are mailing this		5.12 5.1 6116	2 2 2 2 2 2 3 1	,,	.5	- /-					
				-						\neg				
		То		cation of this payment,										
			•	submit this form in its enti	•									
			•	ck or money order payable			f 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.												
				ayment 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													
				make this estimated merican Express ♦ Visa	d ♦ Discover (Card ♦ Ma		ard!						
			2		AZTaxes.gov		Dover ont T							
				lick on "Make a Payment" a o not mail this form. We v										