

Your first name, middle initial, and last name SUMANTH REDDY PATHURI

Spouse's first name, middle initial, and last name _____

Your Social Security Number 655-15-9928

Spouse's Social Security Number _____

Home address, City, State, ZIP 39 HAMPSHIRE DR

NASHUA NH 03063

Part I Tax Return Information

	B. Spouse (filing status 3)	A. You or Joint
1. Iowa Net Income (IA 1040, line 26 A & B).....	1B _____ .00	1A <u>43,234</u> .00
2. Total Tax (IA 1040, line 42 A & B).....	2B _____ .00	2A <u>1,596</u> .00
3. Iowa Income Tax Withheld (IA 1040, line 63 A & B).....	3B _____ .00	3A <u>526</u> .00
4. Amount to be Refunded (IA 1040, line 68).....		4. <u>58</u> .00
5. Total Amount Due (IA 1040, line 73).....		5. _____ .00

Part II Declaration of Taxpayer (Be sure to keep a copy of the tax return.)

6. I do not want direct deposit or direct debit.
7. I consent that my refund be directly deposited as designated below. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.

I authorize the Iowa Department of Revenue (IDR) and its designated financial agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated below for payment of my individual Iowa taxes owed on this return, and the financial institution to debit the entry to this account on _____ (the payment/settlement date). I also authorize the financial institution involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. This authorization is to remain in full force and effect until I notify IDR to terminate the authorization. To revoke (cancel) a payment, I must contact IDR at 515-281-3114 or idreft@iowa.gov. Payment cancellation requests must be received no later than five business days prior to the payment/settlement date. Note: This electronic withdrawal from your bank account will be identified with the ACH Company ID 4426004574. If you currently have a debit block on this account, contact your financial institution to request that they allow a withdrawal from your bank account by this ACH Company ID.

Name of financial institution: BANK OF AMERICA

Routing Number

0	1	1	0	0	0	1	3	8
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 The first two digits must be 01 through 12 or 21 through 32.

Account Number

0	0	4	6	6	6	7	3	4	3	9	2
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Type of Account: Savings Checking

Will this refund go to (or payment come from) an account outside the United States? Yes No

Under penalties of perjury, I declare that I have examined the information on my electronic individual income tax return, including any schedules, attachments, and statements for tax year ending December 31, 2021 and certify to the best of my knowledge and belief, it is true, correct and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of my electronic income tax return. I consent that my return, including accompanying schedules, attachments, and statements be sent to the Iowa Department of Revenue (IDR) through the Internal Revenue Service (IRS) by my Electronic Return Originator (ERO). In addition, by using software to prepare and transmit my return electronically, I consent to the disclosure to IDR of all information pertaining to the transmission of my tax return electronically. I authorize IDR to inform my ERO and/or transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize IDR to identify the reasons for rejection so that the return can be corrected and re-transmitted. If I have filed a balance due return, I understand that if IDR does not receive full and timely payment of my tax liability I will remain liable for the tax liability and all applicable penalties and interest. I consent that my refund be directly deposited as designated in Part II and declare that the information shown in Part II is correct. If the processing of my return, refund, or direct debit is delayed, I authorize IDR to disclose to my ERO and/or transmitter the reason(s) for the delay or the date the refund was sent. I understand that this declaration with required attachments must be forwarded upon request to IDR.

Your Signature _____ Date _____

Spouse Signature If a joint return, both must sign. _____ Date _____

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer

I declare that I have reviewed the above taxpayer's return and that entries on form IA 8453-IND are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. I have obtained the taxpayer's signature before submitting this return to the IRS. I have provided the taxpayer with a copy of all forms and information to be filed with IDR and have followed all other requirements described in the Iowa Modernized e-File (MeF) Information for e-File Providers publication. I understand that the original form IA 8453-IND should not be sent to IDR, but must be retained by the ERO for a period of three years from the due date of the return or the filing date, whichever is later, to which the IA 8453-IND relates was filed. I will make a copy available to IDR upon request. If I am a paid preparer, under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules, attachments, and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I have based this declaration on all information available to me.

ERO Signature	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO PTIN
Firm's name (or yours if self-employed) <u>GLOBAL TAXES LLC</u>				FEIN <u>30-1017196</u>
Address, City, State, ZIP <u>2530 PEBBLE CREEK LN CUMMING GA 30041</u>				Phone Number <u>(678)965-9522</u>
Paid Preparer Signature <u>SYAM PRIYA RAM SAGAR GUPTA TALLAM</u>	Date <u>02/28/2022</u>	Check if self-employed <input type="checkbox"/>		Preparer PTIN <u>P02082703</u>
Firm's name (or yours if self-employed) <u>GLOBAL TAXES LLC</u>				FEIN <u>30-1017196</u>
Address, City, State, ZIP <u>2530 PEBBLE CREEK LN CUMMING GA 30041</u>				Phone Number <u>(678)965-9522</u>

2021 IA 1040 Iowa Individual Income Tax Return

For fiscal year beginning _____ / _____ / _____ and ending _____ / _____ / _____

Step 1: Fill in all spaces. You must fill in your Social Security Number (SSN).

Your last name: PATHURI Your first name/middle initial: SUMANTH REDDY

Spouse's last name: _____ Spouse's first name/middle initial: _____



Current mailing address (number and street, apartment, lot, or suite number) or PO Box:
39 HAMPSHIRE DR

City, State, ZIP:
NASHUA NH 03063

Spouse SSN: _____ Your SSN: 655-15-9928

Step 2 Filing Status: Mark one box only

1	<input checked="" type="checkbox"/> Single: Were you claimed as a dependent on another person's Iowa return? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Email Address: _____
2	Married filing a joint return. (Two-income families may benefit by using status 3 or 4.)	Check this box if you or your spouse were 65 or older as of 12/31/21. <input type="checkbox"/>
3	Married filing separately on this combined return. Spouse use column B.	Residence on 12/31/21: County No. <u>00</u> School District No. <u>9999</u>
4	Married filing separate returns. Spouse's name: _____ ▲ SSN: _____ Net Income: \$ _____	
5	Head of household with qualifying person. If qualifying person is not claimed as a dependent on this return, enter the person's name and SSN below.	
6	Qualifying widow(er) with dependent child. Name: _____ SSN: _____	

Step 3 Exemptions

	B. Spouse (Filing Status 3 ONLY)	A. You or Joint
a. Personal Credit: Col. A: Enter 1 (enter 2 if filing status 2 or 5); Col. B: Enter 1 if filing status 3..... ▲	X \$ 40 = \$ _____ ▲ <u>1</u>	X \$ 40 = \$ <u>40</u>
b. Enter 1 for each taxpayer who is 65 or older and/or 1 for each taxpayer who is blind..... ▲	X \$ 20 = \$ _____ ▲	X \$ 20 = \$ _____
c. Dependents: Enter 1 for each dependent..... ▲	X \$ 40 = \$ _____ ▲	X \$ 40 = \$ _____
d. Enter first names of dependents here _____	e. Total \$ _____	e. Total \$ <u>40</u>

Step 4 Reportable Social Security benefits as calculated on line 13 of Iowa Social Security Worksheet

	B. Spouse/Status 3 ▲	A. You or Joint ▲
	<u> </u>	<u> </u>

Step 5 Gross Income		B. Spouse/Status 3	A. You or Joint	B. Spouse/Status 3	A. You or Joint
1. Wages, salaries, tips, etc	1.	.00	<u>48,734.00</u>		
2. Taxable interest income. If more than \$1,500, complete Sch. B.....	2.	.00	.00		
3. Ordinary dividend income. If more than \$1,500, complete Sch. B....	3.	.00	.00		
4. Taxable alimony received.....	4.	.00	.00		
5. Business income/(loss). See instructions	5.	.00	.00		
6. Capital gain/(loss). See instructions	6.	.00	<u>-3,000.00</u>		
7. Other gains/(losses). See instructions.....	7.	.00	.00		
8. Taxable IRA distributions	8.	.00	.00		
9. Taxable pensions and annuities.....	9.	.00	.00		
10. Rents, royalties, partnerships, estates, etc. See instructions.....	10.	.00	.00		
11. Farm income/(loss). See instructions	11.	.00	.00		
12. Unemployment compensation. See instructions.....	12.	.00	.00		
13. Gambling winnings.....	13.	.00	.00		
14. Other income, bonus depreciation, and section 179 adjustment	14.	.00	.00		
15. Gross Income. Add lines 1-14.....	15.	.00 ▲	<u>45,734.00</u>		

NOTE: Use only blue or black ink, no pencils or red ink.

Step 6 Adjustments to Income		B. Spouse/Status 3	A. You or Joint	B. Spouse/Status 3	A. You or Joint
16. Payments to an IRA, Keogh, or SEP.....	16.	.00	.00		
17. Deductible part of self-employment tax.....	17.	.00	.00		
18. Health insurance premium	18.	.00	<u>0.00</u>		
19. Penalty on early withdrawal of savings.....	19.	.00	.00		
20. Alimony paid	20.	.00	.00		
21. Pension/retirement income exclusion.....	21.	.00 ▲	.00		
22. Moving expense deduction from federal form 3903.....	22.	.00	.00		
23. Iowa capital gain deduction. Must include corresponding IA 100 schedule	23.	.00 ▲	.00		
24. Other adjustments..... <u>STMT ADJ</u>	24.	.00	<u>2,500.00</u>		
25. Total adjustments. Add lines 16-24	25.	.00 ▲	<u>2,500.00</u>		
26. Net Income. Subtract line 25 from line 15	26.	.00 ▲	<u>43,234.00</u>		

Step 7 Federal Taxes and Qualified Deductions		B. Spouse/Status 3	A. You or Joint	B. Spouse/Status 3	A. You or Joint
27. Federal income tax refund/overpayment received in 2021	27.	.00 ▲	.00		
28. Self-employment/household employment/other federal taxes	28.	.00 ▲	.00		
29. Addition for federal taxes. Add lines 27 and 28	29.	.00	<u>0.00</u>		
30. Total. Add lines 26 and 29.....	30.	.00	<u>43,234.00</u>		
31. Federal tax withheld in 2021, federal estimated tax payments made in 2021, and federal taxes paid in 2021 for 2020 and prior years	31.	.00 ▲	<u>6,117.00</u>		
32. Qualified business income deduction. 50.0% (.50) of federal amount. See instructions.....	32.	.00 ▲	.00		
33. DPAD 199A(g) deduction. 50.0% (.5) of federal amount	33.	.00 ▲	.00		
34. Total federal tax and other qualified deductions. Add lines 31, 32, and 33.....	34.	.00	<u>6,117.00</u>		
35. Balance. Subtract line 34 from line 30. Enter here and on line 36, page 2	35.	.00 ▲	<u>37,117.00</u>		



2021 IA 1040, page 2

	B. Spouse/Status 3	A. You or Joint	B. Spouse/Status 3	A. You or Joint
Step 8 Taxable Income				
36. BALANCE. From side 1, line 35.....	36. _____	36. _____	37,117.00	
37. Deduction. Check one box <input checked="" type="checkbox"/> Itemized.(Include IA Schedule A) <input type="checkbox"/> Standard <input checked="" type="checkbox"/>	37. _____	37. _____	2,130.00	
38. TAXABLE INCOME. SUBTRACT line 37 from line 36.....	38. _____	38. _____	34,987.00	
Step 9 Tax, Credits, and Check-off Contributions				
39. Tax from tables or alternate tax.....	39. _____	39. _____	1,596.00	
40. Iowa lump-sum tax. See instructions.....	40. _____	40. _____	_____	
41. Iowa alternative minimum tax. Must include IA 6251.....	41. _____	41. _____	_____	
42. Total tax. ADD lines 39, 40, and 41.....	42. _____	42. _____	1,596.00	
43. Total exemption credit amount(s) from Step 3, side 1.....	43. _____	43. _____	40.00	
44. Tuition and textbook credit for dependents K-12.....	44. _____	44. _____	_____	
45. Volunteer firefighter/EMS/reserve peace officer credit.....	45. _____	45. _____	_____	
46. Total credits. ADD lines 43, 44, and 45.....	46. _____	46. _____	40.00	
47. BALANCE. SUBTRACT line 46 from line 42. If less than zero, enter zero.....	47. _____	47. _____	1,556.00	
48. Credit for nonresident or part-year resident. Must include IA 126 and federal return.....	48. _____	48. _____	1,088.00	
49. BALANCE. SUBTRACT line 48 from line 47. If less than zero, enter zero.....	49. _____	49. _____	468.00	
50. Out-of-state tax credit. Must include IA 130.....	50. _____	50. _____	_____	
51. BALANCE. SUBTRACT line 50 from line 49. If less than zero, enter zero.....	51. _____	51. _____	468.00	
52. Other nonrefundable Iowa credits. Must include IA 148 Tax Credits Schedule.....	52. _____	52. _____	_____	
53. BALANCE. SUBTRACT line 52 from line 51. If less than zero, enter zero.....	53. _____	53. _____	468.00	
54. School district surtax or EMS surtax. Take percentage from table; multiply by line 53.....	54. _____	54. _____	0.00	
55. Total state and local tax. ADD lines 53 and 54.....	55. _____	55. _____	468.00	
56. TOTAL state and local tax before contributions. Combine columns A and B on line 55 and enter here.....	56. _____	56. _____	468.00	
57. Contributions will reduce your refund or add to the amount you owe. Amounts must be in whole dollars.				
Fish/Wildlife 57a: <input type="checkbox"/> State Fair 57b: <input type="checkbox"/> Firefighters/Veterans 57c: <input type="checkbox"/> Child Abuse Prevention 57d: <input type="checkbox"/> Enter here....			_____	_____
58. TOTAL STATE AND LOCAL TAX, AND CONTRIBUTIONS. Add line 56 and line 57 and enter here.....	58. _____	58. _____	468.00	
Step 10 Credits				
59. Iowa Fuel Tax Credit. Must include IA 4136.....	59. _____	59. _____	_____	
60. Check One: Child and Dependent Care Credit <input type="checkbox"/> OR Early Childhood Development Credit <input type="checkbox"/>	60. _____	60. _____	_____	
61. Iowa earned income tax credit. 15.0% (.15) of federal credit.....	61. _____	61. _____	0.00	
62. Other refundable credits. Include IA 148 Tax Credits Schedule.....	62. _____	62. _____	_____	
63. Iowa income tax withheld.....	63. _____	63. _____	526.00	
64. Estimated and voucher payments made for tax year 2021.....	64. _____	64. _____	_____	
65. TOTAL. ADD lines 59 through 64 and enter here.....	65. _____	65. _____	526.00	
66. TOTAL CREDITS. ADD columns A and B on line 65 and enter here.....	66. _____	66. _____	526.00	
Step 11 Refund				
67. If line 66 is more than line 58, subtract line 58 from line 66. This is the amount you overpaid.....	67. _____	67. _____	58.00	
68. Amount of line 67 to be REFUNDED.....	68. _____	68. _____	58.00	
68a. Routing number: <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="3"/> <input type="text" value="8"/> 68b. Type <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings				
68c. Account number: <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="4"/> <input type="text" value="6"/> <input type="text" value="6"/> <input type="text" value="6"/> <input type="text" value="7"/> <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="3"/> <input type="text" value="9"/> <input type="text" value="2"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>				
69. Amount of line 67 to be applied to your 2022 estimated tax.....	69. _____	69. _____	_____	
Step 12 Pay				
70. If line 66 is less than line 58, subtract line 66 from line 58. This is the AMOUNT OF TAX YOU OWE.....	70. _____	70. _____	_____	
71. Penalty for underpayment of estimated tax from IA 2210, IA 2210S, or IA 2210F. Check if annualized income method is used. <input type="checkbox"/>	71. _____	71. _____	_____	
72. Penalty and interest <input checked="" type="checkbox"/> 72a. Penalty _____ 72b. Interest _____ ADD. Enter total.....	72. _____	72. _____	_____	
73. TOTAL AMOUNT DUE. ADD lines 70, 71, and 72. Enter here.....	73. _____	73. _____	_____	

Step 13 I, the undersigned, declare under penalties of perjury or false certificate, that I have examined this return, and, to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE

Your signature _____ Date _____ Check if deceased Date of death _____

SYAM PRIYA RAM SAGAR GUPTA TALLAM 2/28/2022
Preparer's signature _____ Date _____

SIGN HERE

Spouse's signature _____ Date _____ Check if deceased Date of death _____

P02082703 30-1017196
Preparer's PTIN _____ Firm's FEIN _____

(857)930-3350
Daytime telephone number

(678)965-9522
Daytime telephone number

This return is due May 2nd, 2022. Sign, enclose W-2s, and verify SSNs.
MAILING ADDRESS: Iowa Income Tax Document Processing,
PO BOX 9187, Des Moines IA 50306-9187
Make check payable to Iowa Department of Revenue



Name(s): SUMANTH REDDY PATHURI Social Security Number: 655-15-9928

Mark the appropriate box for you and your spouse

	B. Spouse	A. You or Joint
A nonresident of Iowa for all of 2021	<input type="checkbox"/> ▲	<input type="checkbox"/> ▲
A part-year resident of Iowa during 2021	<input type="checkbox"/> ▲	<input checked="" type="checkbox"/> ▲
	Date moved into Iowa: _____	_____
	Date moved out of Iowa: _____	<u>06/30/21</u>
A full-year resident of Iowa during 2021	<input type="checkbox"/>	<input type="checkbox"/>

Iowa-Source Income

	B. Spouse	A. You or Joint
1. Wages, salaries, tips, etc.	1. _____ .00	_____ 13,000.00
2. Taxable interest income	2. _____ .00	_____ .00
3. Ordinary dividend income.....	3. _____ .00	_____ .00
4. Taxable alimony received.....	4. _____ .00	_____ .00
5. Business income or (loss)	5. _____ .00	_____ .00
6. Capital gain or (loss)	6. _____ .00	_____ 0.00
7. Other gains or (losses).....	7. _____ .00	_____ .00
8. Taxable IRA distributions	8. _____ .00	_____ .00
9. Taxable pensions and annuities.....	9. _____ .00	_____ .00
10. Rents, royalties, partnerships, estates, etc.....	10. _____ .00	_____ .00
11. Farm income or (loss)	11. _____ .00	_____ .00
12. Unemployment compensation.....	12. _____ .00	_____ .00
13. Gambling winnings.....	13. _____ .00	_____ .00
14. Other income, bonus depreciation, and section 179 adjustment.....	14. _____ .00	_____ .00
15. Iowa gross income. Add lines 1-14	15. _____ .00	▲ _____ 13,000.00
16. Payments to an IRA, Keogh, or SEP.....	16. _____ .00	_____ .00
17. Deductible part of self-employment tax.....	17. _____ .00	_____ .00
18. Health insurance premium	18. _____ .00	_____ .00
19. Penalty on early withdrawal of savings	19. _____ .00	_____ .00
20. Alimony paid	20. _____ .00	_____ .00
21. Pension/retirement income exclusion.....	21. _____ .00	_____ .00
22. Moving expense deduction into Iowa only.....	22. _____ .00	_____ .00
23. Iowa capital gain deduction.....	23. _____ .00	_____ .00
24. Other adjustments.....	24. _____ .00	_____ 0.00
25. Total adjustments. Add lines 16-24	25. _____ .00	▲ _____ 0.00
26. Iowa net income. Subtract line 25 from line 15	26. _____ .00	_____ 13,000.00
27. All-source net income from IA 1040, line 26.....	27. _____ .00	_____ 43,234.00
28. Iowa income percentage: Divide line 26 by line 27 and enter percentage rounded to nearest tenth of a percent. This can be no more than 100.0% and no less than 0.0%	28. _____ %	_____ 30.1 %
29. Nonresident/part-year resident credit percentage: Subtract the percentage on line 28 from 100.0%	29. _____ %	_____ 69.9 %
30. Iowa tax on total income from IA 1040, line 39	30. _____ .00	_____ 1,596.00
31. Total credits from IA 1040, line 46.....	31. _____ .00	_____ 40.00
32. Tax after credits. Subtract line 31 from line 30.....	32. _____ .00	_____ 1,556.00
33. Nonresident/part-year resident credit. Multiply line 32 by the percentage on line 29. Enter this amount on IA 1040, line 48.....	33. _____ .00	_____ 1,088.00



Name
SUMANTH REDDY PATHURI

Social Security No.
655-15-9928

	Spouse/Status 3	You or Joint
a Accrual method		
b Active duty military pay included in line 15 Gross Income (see detailed IA 1040 instructions online)		
c Alternative motor vehicle deduction		
d Capital gains from installment sales reported on the 2001 Iowa return using the accrual method		
e Capital or ordinary gain from involuntary conversion related to eminent domain		
f Claim of right deduction may be taken on line 24, or you can calculate the tax reduction as a credit claimed on line 62, but not both		
g College Savings Iowa or Iowa Advisor 529 Plan contributions, up to \$3,474 per beneficiary		
h Disability income exclusion - Include Form IA 2440		
i RESERVED FOR FUTURE USE		
j First-time homebuyer savings account qualifying contributions up to \$2,097 per account holder. For joint account holders filing married filing jointly you may claim up to \$4,195		
k Employer social security credit from federal return		
l Federal alcohol and cellulosic biofuel fuels credit from federal return		
m Foreign-earned income exclusion and/or foreign housing deduction from federal return		
n Gains or losses from distressed sale transactions		
o Health savings account deduction from federal form 1040, Schedule 1, line 13		
p Injured veterans program, contributions to (do not put on IA Sch. A)		
q Injured veterans program, (only grants from)		
r In-home health care		
s Iowa Veterans Trust Fund		
t Military exemptions, not already excluded (see detailed IA 1040 instructions online)		
u Net operating loss, Iowa		
v Organ transplant expenses		
w Partnership income and/or S corporation income: Modifications that decreased the income		
x Segal Americorps Education Award Payments		
y Speculative shell buildings		
z Student loan interest deduction from federal 1040, Schedule 1, line 21		2,500.
aa Victim compensation awards		
bb Wages paid certain individuals		
cc Work Opportunity Credit from federal return		
dd Other federal adjustments prior to calculation of federal 1040 line 8b (federal adjusted gross income) not already taken on IA 1040: 1 Jury duty pay given to employer 2 Other: _____ _____ _____		
ee Educator expenses		
ff RESERVED FOR FUTURE USE		
gg Nonresident Electric Utility Worker Training and Emergency Response Work Reciprocity (see detailed IA 1040 instructions online)		
hh Rapid Response to State Disasters		
ii Iowa ABLE savings plan trust, up to \$3,474 per beneficiary		
jj RESERVED FOR FUTURE USE		
kk Federal, state or local grant to communications service provider		
ll Any qualifying COVID-19 grant identified in Iowa Admin Code 701-40.86 to the extent included on Schedule C, line 1		
mm Non-taxable legislative per diem included in wages		
Totals		2,500.