Form **8879**

(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

	1.07.01.00				
Submis	ssion Identification Number (SID)				
Taxpaye	r's name	Social securi	ty numl	per	
ASHC	OK KUMAR REDDY MANDLEM	742-98	-689	2	
Spouse's	s name	Spouse's soo	ial secu	urity numbe	r
Dort	Tax Return Information — Tax Year Ending December 31, 2021 (En	or voor vou c	ro ou	thorizina	1
Part	whole dollars only on lines 1 through 5.	ter year you a	ire au	unonzing	.)
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
	Adjusted gross income		1	l 44	,354.
	Total tax		2		,584.
	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		5,580.
	Amount you want refunded to you		4		5,396.
	Amount you owe		5		7,000.
Part I		d keep a cop	y of y	our retu	ırn)
my knoreturn (of to send for any Agent to payment authorize payment business taxes to personal	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amend wledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I also briginal or amended) I am now authorizing. I consent to allow my intermediate service provider, transmy return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for my delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the point initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account in the financial institution account in the financial institution involved in the financial information necessary to answer inquiries and resolve issues related to the all identification number (PIN) below is my signature for the income tax return (original or amended) in the Financial information in the financial income tax return (original or amended) in the Financial information in the financial income tax return (original or amended) in Financial indentification number (PIN) below is my signature for the income tax return (original or amended) in Financial income tax return (original or amended) in Financial information in the financial income tax return (original or amended) in Financial information in the financial income tax return (original or amended) in Financial in Financial in the financial in the financial information in the financial	ove are the ame mitter, or electrejection of the tus. Treasury andicated in the tution to debit the authorize equests must be the processing of a payment. I fur	ounts for the counts of the co	rom the in turn origina ssion, (b) the designated paration so to this accor- fo revoke ved no late ectronic paratically	come tax ator (ERO) he reason Financial ftware for ount. This (cancel) a er than 2 ayment of e that the
	yer's PIN: check one box only				
X	-	e my DINI 8	6 8	3 9 2	as my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř En		digits, but er all zeros	as my
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN me below.				
Your si	ignature ▶ Date ▶				
Spaus	e's PIN: check one box only				
Spous		o my DIN			00 1001
Ш	I authorize to enter or general to enter or general	-	ter five	digits, but	as my
	signature on the income tax return (original or amended) I am now authorizing.			r all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I amif you are entering your own PIN and your return is filed using the Practitioner PIN me below.				
Spouse	e's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue belo	w			
Part I	Certification and Authentication — Practitioner PIN Method Only				
ERO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5	8 7 2 7	8 6	1 9 8	9
		Don't ent	er dii Ze	7103	
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income ted to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am sulments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Pub. 1345, Hand	omitting this retu	urn in a	accordance	
FRO's	signature ▶ Date ▶				
	ERO Must Retain This Form — See Instructions				
	Don't Submit This Form to the IRS Unless Requested To	Do So			

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

|--|

OMB No. 1545-0074

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

Filing Status Check only one box.	If yo	Single Married filing jointly [u checked the MFS box, enter the r on is a child but not your depender	name of	ed filing separately your spouse. If you	. ,	_		,	· —	_		
Your first name	and mi	ddle initial	Last na	ame					Y	our so	cial securit	y number
ASHOK K	JMAR	REDDY	MAN	DLEM					-	742-9	98-689	2
If joint return, s	pouse's	first name and middle initial	Last na	ame					S	Spouse's	s social sec	curity number
	•	er and street). If you have a P.O. box, see RIDGE LN	e instruct	ions.				Apt. no.	0	Check h	nere if you,	,
							spouse if filing jointly, want \$3					
						to go to this fund. Checking a box below will not change						
DC DC							or refund.					
At any time du	ring 20	021, did you receive, sell, exchange						y virtual cu	urrenc	:y?	X Yes	☐ No
Standard Deduction	_	eone can claim:	•	_ '			t					
Age/Blindness	You:	☐ Were born before January 2, 1	1957 [Are blind S	pouse	: Was b	orn be	efore Janua	ary 2,	1957	☐ Is bl	ind
Dependents	•	instructions): rst name Last name		(2) Social secur number	rity	(3) Relation to you	ship	(4) ✓ Child ta		1	r (see instru Credit for otl	ctions): her dependents
If more than four	• • •							Г				<u> </u>
dependents,								[_		[
see instruction: and check	s ——							[[
here ▶											[<u> </u>
	1	Wages, salaries, tips, etc. Attach	Form(s)	W-2						1		49,347.
Attach	2a	Tax-exempt interest	2a		b T	axable intere	est			2b		
Sch. B if required.	3a	Qualified dividends	За		b C	ordinary divid	lends			3b		
required.	4a	IRA distributions	4a		b T	axable amou	ınt .			4b		
	5a	Pensions and annuities	5a		b T	axable amou	ınt .			5b		
Standard	6a	Social security benefits	6a		b T	axable amou	ınt .			6b		
Deduction for—	7	Capital gain or (loss). Attach Sche	dule D	if required. If not re	quired	, check here		1	▶ □	7		121.
Single or Married filing	8	Other income from Schedule 1, lir	ne 10							8	-	-5,114.
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your total ir	come				. ▶	9	4	44,354.
Married filing	10	Adjustments to income from Sche	edule 1,	line 26						10		
jointly or Qualifying	11	Subtract line 10 from line 9. This is	s your a	djusted gross inc	ome				. ▶	11	4	44,354.
widow(er), \$25,100	12a	Standard deduction or itemized	deduc	tions (from Schedu	ıle A)	1	2a	12,	550.			
Head of	b	Charitable contributions if you take	the sta	ndard deduction (se	e instr	ructions) 1	2b		300.			
household, \$18,800	С	Add lines 12a and 12b								120	;	12,850.
If you checked	13	Qualified business income deduct	tion fron	n Form 8995 or Foi	m 899	5-A				13		
any box under Standard	14	Add lines 12c and 13								14		12,850.
Deduction, see instructions.	15	Taxable income. Subtract line 14	from lin	ne 11. If zero or les	s, ente	er-0				15		31,504.

	16	Tax (see instructions). Check if any from Form	(s): 1 🗌 881	4 2 🗌 4972	3 🗌		. 1	6	3,584.
	17	Amount from Schedule 2, line 3					. 1	7	
	18	Add lines 16 and 17					. 1	8	3,584.
	19	Nonrefundable child tax credit or credit for o	ther depender	nts from Schedule	8812 .		. 1	9	
	20	Amount from Schedule 3, line 8					. 2	20	2,000.
	21	Add lines 19 and 20					. 2	1	2,000.
	22	Subtract line 21 from line 18. If zero or less,	enter -0				. 2	2	1,584.
	23	Other taxes, including self-employment tax,	from Schedule	e 2, line 21			. 2	:3	0.
	24	Add lines 22 and 23. This is your total tax					▶ 2	4	1,584.
	25	Federal income tax withheld from:							
	а	Form(s) W-2			25a	6,5	80.		
	b	Form(s) 1099			25b				
	С	Other forms (see instructions)			25c				
	d	Add lines 25a through 25c					. 25	5d	6,580.
If you have a	26	2021 estimated tax payments and amount a	oplied from 20	20 return			. 2	:6	
qualifying child,	27a	Earned income credit (EIC)		No	27a				
attach Sch. EIC.		Check here if you were born after Janu	ary 1, 1998,	and before					
		January 2, 2004, and you satisfy all the							
		taxpayers who are at least age 18, to claim t	1 1	structions					
	b	Nontaxable combat pay election			-				
	C	Prior year (2019) earned income		O - b d - d - 0010	00				
	28				28				
	29	American opportunity credit from Form 8863			29	1,4	00		
	30	Recovery rebate credit. See instructions .			30	1,4	00.		
	31	Amount from Schedule 3, line 15							1 400
	32	Add lines 27a and 28 through 31. These are	-					2	1,400. 7,980.
	33	Add lines 25d, 26, and 32. These are your to						3	6,396.
Refund	34	If line 33 is more than line 24, subtract line 24			-	=		5a	6,396.
Direct deposit?	35a	Amount of line 34 you want refunded to you Routing number 1 2 1 0 0 0 3			Checking			а	
See instructions.	►b ►d	Account number 3 2 5 0 5 5 8							
	36	Amount of line 34 you want applied to your			36				
Amount	37	Amount you owe. Subtract line 33 from line				ione	▶ 3	7	
You Owe	38	Estimated tax penalty (see instructions) .			38	10115 .	3	_	
Third Party		you want to allow another person to disc							
Designee		tructions				es. Comp	lete belo	w. [× No
	Des	signee's	Phone		_		identificati		
		me ►	no. ►			number (l			
Sign		der penalties of perjury, I declare that I have examine							
Here		ief, they are true, correct, and complete. Declaration of			ised on all int	ormation of			, ,
	You	ur signature	Date	Your occupation				,	ou an Identity enter it here
Joint return?				SOFTWARE E	ENGINEE	R	(see inst.)	_	
See instructions.	Spo	ouse's signature. If a joint return, both must sign.	Date	Spouse's occupati					our spouse an
Keep a copy for your records.	,								ion PIN, enter it here
your rootius.							(see inst.)		
		one no. (510) 366-9455	Email address	ASHOKCHERR			INI		h1. 16.
Paid		eparer's name Preparer's signat			Date	PT		-	heck if:
Preparer		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	04/07/2	2022 PO	208270		Self-employed
Use Only		m's name ► GLOBAL TAXES LLC							78) 965-9522
		m's address ▶ 2530 Pebble Creek L	n Cummin				Firm's El	N >	30-1017196
Go to www.irs.go	ov/Form	n1040 for instructions and the latest information.		BAA	REV 03/26/2	2 PRO			Form 1040 (2021)

Form 1040 (2021)

Page 2

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2021

Attachment

Department of the Treasury Internal Revenue Service

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

ASHOK KUMAR REDDY MANDLEM

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

Attachment Sequence No. 01 Your social security number

742-98-6892

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	-5,114.
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		
I	Olympic and Paralympic medals and USOC prize money (see 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	040 1040 00 ~~	9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1 1040-NR line 8	040, 1040-5H, Or	10	F 114

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	•	12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form	3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN	>	_	
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	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
Z	Other adjustments. List type and amount ▶	24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, lin		26	

SCHEDULE 3 (Form 1040)

Internal Revenue Service

Department of the Treasury

Additional Credits and Payments

OMB No. 1545-0074

2021

Attachment Sequence No. 03

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
ASHOK KUMAR REDDY MANDLEM

742-98-6892

Pai	Nonrefundable Credits			
1	Foreign tax credit. Attach Form 1116 if required		1	
2	Credit for child and dependent care expenses from Form 2441 Form 2441		2	
3	Education credits from Form 8863, line 19		3	2,000.
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		
-1	Amount on Form 8978, line 14. See instructions	6I		
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	2,000.
		/		

Schedule 3 (Form 1040) 2021

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	
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		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	

BAA

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.

OMB No. 1545-0074

Attachment Sequence No. **12**

Department of the Treasury Internal Revenue Service (99)

Name(s) shown on return

ASHOK KUMAR REDDY MANDLEM

Your social security number

742-98-6892 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 1,624. 14. 121. 1,731. 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 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 7 121. 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 (or other basis) Form(s) 8949, Part II, (sales price) 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 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 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III 15

Schedule D (Form 1040) 2021 Page 2

Part III Summary 16 Combine lines 7 and 15 and enter the result 16 121. • 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 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 • (\$3,000), or if married filing separately, (\$1,500) **Note:** When figuring which amount is smaller, treat both amounts as positive numbers. 22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? ☐ 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

Department of the Treasury Internal Revenue Service Name(s) shown on return

▶ 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

OMB No. 1545-0074

- (-)			
ASHOK	KUMAR	REDDY	MANDLEM

Social security number or taxpayer identification number

742-98-6892

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 reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(C) Short-term transactions	not reported	d to you on F	orm 1099-B				
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	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)
Robinhood Securities LLC	05/05/21	12/21/21	1,731.	1,624.	W	14.	121.
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above should be should	al here and inc is checked), lir	lude on your ne 2 (if Box B	1 731	1 624		1./	121

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

SCHEDULE E (Form 1040)

Supplemental Income and Loss

(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

Department of the Treasury Internal Revenue Service (99)

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

Attachment Sequence No. **13**

Name(s)	shown on return								Your	social securi	ty number
ASHO:	K KUMAR REDDY M	IANDLEM							742	-98-689	2
Part		s From Rental Real Estate instructions. If you are an indi		-		•			•		
A Did		nts in 2021 that would requ									
		ou file required Form(s) 109	•								
		each property (street, city,								· · <u> </u>	
A		URAM VILLAGE KURNO			·	SH T	N 518	1512			
В	1 10 / / 111111111	OTTAL VILLIES ROTAL	001 1111	J111 (2.1	110101	1011 1.	., 010	7012			
1b	Type of Property	2 For each rental real e	estate prop	perty l	isted			Rental		onal Use	QJV
	(from list below)	above, report the nur	nber of fa Sheck the	ır renti QJV b	aı and oox only			Days	L	ays	
A	3	personal use days. C if you meet the requir qualified joint venture	rements to	o file a	as a	Α		365		0	
В		qualified joint venture	e. See inst	ructio	ns.						
C						С					
Type o	of Property:										
1 Sing	le Family Residence	3 Vacation/Short-Tern	n Rental	5 La	nd		7 Self-	Rental			
2 Mult	i-Family Residence	4 Commercial		6 Ro	yalties		8 Othe	er (describe)			
Incom	e:	Pro	perties:			Α		В	3		С
3	Rents received			3			340.				
4				4							
Expen											
5				5							
6		nstructions)		6							
7	•	nance		7		1.	320.				
8				8			020.				
9				9							
10		ssional fees		10							
11	-			11			000				
12				12			990.				
		d to banks, etc. (see instru									
13				13			0.5.7				
14				14			057.				
15				15			987.				
16				16							
17				17		1,	100.				
18		or depletion		18							
19	Other (list)	lines 5 through 19		19							
20	Total expenses. Add	lines 5 through 19		20		5,	454.				
21	result is a (loss), see	line 3 (rents) and/or 4 (roy instructions to find out if y	,	21		-5	114.				
22	Deductible rental real	estate loss after limitation	n, if any,								
	on Form 8582 (see in	•		22	(5,1	14.)	()()
23a		eported on line 3 for all rer					23a		340).	
b		eported on line 4 for all roy		erties			23b				
С		eported on line 12 for all p					23c				
d		eported on line 18 for all p	•				23d				
е	Total of all amounts re	eported on line 20 for all pr	roperties				23e		5,454	1.	
24	Income. Add positive	e amounts shown on line 2	21. Do no	t inclu	ude any	losses			. 2	24	
25	Losses. Add royalty lo	sses from line 21 and rental i	real estate	losse	s from li	ne 22. E	nter tot	al losses her	e. 🔽	25 (5,114.)
26		ate and royalty income o									•
	here. If Parts II, III, I	V, and line 40 on page 2 40), line 5. Otherwise, inclu	do not	apply	to you	, also e	enter tl	nis amount	on	26	-5,114.

Education Credits (American Opportunity and Lifetime Learning Credits)

► Attach to Form 1040 or 1040-SR.

▶ Go to www.irs.gov/Form8863 for instructions and the latest information.

OMB No. 1545-0074 Attachment Sequence No. **50**

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

ASHOK KUMAR REDDY MANDLEM

742-98-6892

Your social security number



Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.

Par	Refundable American Opportunity Credit				
1	After completing Part III for each student, enter the total of all amounts from all P	arts I	I, line 30	1	
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er)	2			
3	Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter	3			
4	Subtract line 3 from line 2. If zero or less, stop ; you can't take any education credit	4			
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	5			
6	If line 4 is:				
	• Equal to or more than line 5, enter 1.000 on line 6				
	• Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rou at least three places)		I	6	
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of th conditions described in the instructions, you can't take the refundable America skip line 8, enter the amount from line 7 on line 9, and check this box	an op	portunity credit;	7	
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter			_	
	on Form 1040 or 1040-SR, line 29. Then go to line 9 below.			8	
Part			,		
9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet	(see	instructions) .	9	
10	After completing Part III for each student, enter the total of all amounts from a zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19			10	10,000.
11	Enter the smaller of line 10 or \$10,000			11	10,000.
12	Multiply line 11 by 20% (0.20)			12	2,000.
13	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er)	13	90,000.		
14	Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter	14	44,354.		
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19	15	45,646.		
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	16	10,000.		
17	If line 15 is:				
	• Equal to or more than line 16, enter 1.000 on line 17 and go to line 18				
	• Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rour places)			17	1.000
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet	(see i	nstructions) ►	18	2,000.
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit instructions) here and on Schedule 3 (Form 1040), line 3			19	2,000.

BAA

Name(s) shown on return

ASHOK KUMAR REDDY MANDLEM

Your social security number
742-98-6892

	Î	
CA	UT	ION

Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.

Part	Student and Educational Institution Information	Soc instructions						
20	Student name (as shown on page 1 of your tax return)	21 Student social security number (as shown on page 1 of your tax return)						
	ASHOK KUMAR REDDY							
	MANDLEM	742-98-6892						
22	Educational institution information (see instructions)							
а	. Name of first educational institution	 b. Name of second educational institution (if any) 						
	UNIVERSITY OF THE CUMBERLANDS							
(Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 6178 COLLEGE STATION DR 	(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.						
	WILLIAMSBURG KY 40769							
(:	P) Did the student receive Form 1098-T	(2) Did the student receive Form 1098-T ☐ Yes ☐ No from this institution for 2021?						
(:	B) Did the student receive Form 1098-T from this institution for 2020 with box ☐ Yes ☒ No 7 checked?	(3) Did the student receive Form 1098-T from this institution for 2020 with box ☐ Yes ☐ No 7 checked?						
(4	 (4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution. (4) Enter the institution's employer (EIN) if you're claiming the American if you checked "Yes" in (2) or (3) or (3). 							
	61-0470593							
23	Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2021?	\square Yes — Stop! Go to line 31 for this student. \bowtie No — Go to line 24.						
24	Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2021 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions.	▼ Yes — Go to line 25. No — Stop! Go to line 31 for this student.						
25	Did the student complete the first 4 years of postsecondary education before 2021? See instructions.	Yes − Stop! X Go to line 31 for this student. No − Go to line 26.						
26	Was the student convicted, before the end of 2021, of a felony for possession or distribution of a controlled substance?	Yes — Stop! Go to line 31 for this student. No — Complete lines 27 through 30 for this student.						
CAUT	you complete lines 27 through 30 for this student, don't d	fetime learning credit for the same student in the same year. If complete line 31.						
	American Opportunity Credit							
27	Adjusted qualified education expenses (see instructions). Dor	't enter more than \$4,000						
28	Subtract \$2,000 from line 27. If zero or less, enter -0							
29	Multiply line 28 by 25% (0.25)	29						
30	If line 28 is zero, enter the amount from line 27. Otherwise, a enter the result. Skip line 31. Include the total of all amounts f	add \$2,000 to the amount on line 29 and						
	Lifetime Learning Credit	on an ration, into oo, on ratt, into r. 30						
	<u> </u>	and the total of all accounts from the D. C.						
31	Adjusted qualified education expenses (see instructions). Incl III, line 31, on Part II, line 10							

or for fiscal year ending _ Over 80% of taxpayers file electronically. It is easy and you will get your refund faster. Visit tax.illinois.gov.

Step 1: Personal Information

1993

742-98-6892

ASHOK KUMAR REDDY MANDLEM

35810 BRIAR RIDGE LN

ASHOKCHERRY6@GMAIL.COM

FARMINGTON ΜI 48335



B Filing status: X Single Married filing jointly Married filing separately Widowed Head of household D Check the box if this applies to you during 2021: X Nonresident - Attach Sch. NR Part-year resident - Attach Sch. NR Step 2: Income Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11. Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a. 3 3 Other additions. Attach Schedule M. .00 44,354.00 Total income. Add Lines 1 through 3. 4 Step 3: Base Income TTEN ENTRIES ON T Staple W-2 and 1099 forms here Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return. Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, Schedule 1, Ln. 1. Other subtractions. Attach Schedule M. Check if Line 7 includes any amount from Schedule 1299-C. Add Lines 5, 6, and 7. This is the total of your subtractions. Illinois base income. Subtract Line 8 from Line 4. Step 4: Exemptions 10 a Enter the exemption amount for yourself and your spouse. See instructions. ☐ You + ☐ Spouse # of checkboxes X \$1,000 = **b** Check if 65 or older: c Check if legally blind: ☐ You + ☐ Spouse # of checkboxes X \$1,000 = d If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1. Attach Schedule IL-E/EIC. 2,375.00 Exemption allowance. Add Lines 10a through 10d. Step 5: Net Income and Tax Residents: Net income. Subtract Line 10 from Line 9. 11,206.00 Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule NR. 11_ Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero. 555.00 Nonresidents and part-year residents: Enter the tax from Schedule NR. Staple your check and IL-1040-V 13 Recapture of investment tax credits. Attach Schedule 4255. 13 .00 Income tax. Add Lines 12 and 13. Cannot be less than zero. Step 6: Tax After Nonrefundable Credits 15 Income tax paid to another state while an Illinois resident. Attach Schedule CR. 16 Property tax and K-12 education expense credit amount from Schedule ICR. Attach Schedule ICR. 16 .00 Credit amount from Schedule 1299-C. Attach Schedule 1299-C. 0.00 Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14. 555<u>.00</u> Tax after nonrefundable credits. Subtract Line 18 from Line 14. Step 7: Other Taxes 20 Household employment tax. See instructions. 20

> This form is authorized as outlined under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information could result in a penalty.

Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table

Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges.

21

0.00

.00

in the instructions. Do not leave blank.

Total Tax. Add Lines 19, 20, 21, and 22.

21



24 Tot	al tax from Page 1,	Line 23.					24	555 <u>.00</u>
Step 8:	Payments and F	Refundable (Credit					
	ois Income Tax withle mated payments fro					25	586 <u>.00</u>	Z
	iding any overpaym					26	.00	
	s-through withholdin					27	.00	HANDW
	s-through entity tax					28	.00	
					ttach Schedule IL-E/EIC	. 29	<u>.00</u> 30	586 <u>.00</u>
Step 9:	l payments and re	eiundable cre	alt. Add Lines	25 through	29.		30	
-	ie 30 is greater than	Line 24 subtr	act Line 24 from	n Line 30			31	31.00 m
	e 24 is greater than						32	
Step 10	: Underpayment	of Estimate	d Tax Penalt	y and Don	ations - Only com y charitable dona		or late-paym	ent penalty
	-payment penalty for				•	33	.00	<u>O</u>
_	Check if at least to	,	•		· ·			OTHER
_		•			ntly living in a nursing		- F II. 004	, X
c L	Cneck if your incol Attach Form IL-22		ceived evenly	during the y	ear and you annualiz	zea your income of	n Form IL-221	0. H
dГ			to file an Illinoi	is Individual	Income Tax return in	the previous tax v	ear.	
	ntary charitable do	-				34	.00	G
35 Tota	I penalty and don	ations. Add L	ines 33 and 34	4.			35	.00 .00
Step 11	: Refund							URE
36 If yo	u have an amount d	on Line 31 and	d this amount i	is greater tha	an Line 35, subtract l	ine 35 from Line	31.	
	is your overpayme						36	31.00
	-		led to you . Ch	ieck one box	on Line 38. See inst	ructions.	37	31.00
	oose to receive my	•			1.412.1			31.00 TIS OR
a 🔼	direct deposit - C							S S
	You may also cont to college savings		ing number	1 2 1 0	0 0 3 5 8	X Checkin	g or Savir	igs Ž
	here. See instruct	Acco	unt number 3	3 2 5 0	5 5 8 4 6	5 4 1		
b 🗆	paper check.							
39 Amo	unt to be credited f	orward. Subtr	act Line 37 fro	m Line 36. S	See instructions.		39	.00
Step 12	: Amount You O	we						
40 If yo	u have an amount o	on Line 32, ad	ld Lines 32 and	d 35. - or -				
•	u have an amount o				Line 35,			
subt	ract Line 31 from Li	ine 35. This is	the amount y	ou owe . Se	e instructions.		40	.00
Step 13	3: If this is a joint retu Under penalties o	-	•	-	pelow. return and, to the bes	t of my knowledge,	it is true, corre	ct, and complete.
Sign Here	Your signature	Da	ate (mm/dd/yyyy)	Spouse's sigi	nature	Date (mm/dd/yyyy)	Daytime phone	
	Dist/Fil			D. 'd	de electrical co	-	<u> </u>	5-9455
Paid	Print/Type paid prepa		i i i		Date (mm/dd/yyyy)	Check if self-employed	Paid Preparer's PTIN P02082703	
Preparer	SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 04/07/2022							
Use Only	Firm's name GLOBAL TAXES LLC Firm's FEIN							6
Third	Firm's address Designee's name (pl		e Creek LnC	ummıng		Firm's phone		5-9522
Party Designee		одос ріпіт)			Designee's phone num ()	per	discuss this re	e Department may eturn with the third e shown in this step.
		the 2021 I	I -1040 Inc	struction	s for the addre	ss to mail vo		and deep.
	. 10.01 10				J. Liio adaic	an yo	J. W. III.	

IL-1040 Back (R-12/21) DR______ AP____ RR DC IR ID ID: 3WM REV 03/29/22 PRO





Illinois Department of Revenue 2021 Schedule NR

Attach to your Form IL-1040

Nonresident and Part-Year Resident Computation of Illinois Tax IL Attachment No. 2

ASHOK KUMAR REDDY MANDLEM	7 4 2 _ 9 8 _ 6 8 9 2	
Your name as shown on your Form IL-1040	Your Social Security number	
tep 1: Provide the following information		
Were you, or your spouse if "married filing jointly," a full-year residen	of Illinois during the tax year?	

		2 - 3 0 - 0 0 3 2	
	Your name as shown on your Form IL-1040 Your Social	al Security number	
St	Step 1: Provide the following information		
1	1 Were you, or your spouse if "married filing jointly," a full-year resident of Illinois	during the tax year?	
	Yes X No If you answered "Yes," STOP you cannot us	se this form (see instructions).	
2	2 If you, or your spouse if "married filing jointly," were a part-year resident during	the tax year, tell us your residency da	tes for 2021.
а	a I lived in Illinois from//2_1 to//2_1		// <u>2</u> <u>1</u> onth Day Year
k	b My spouse lived in Illinois from / / $\underline{2}$ $\underline{1}$ to / / $\underline{2}$ $\underline{1}$, and _ Month Day Year Month Day Year	State from / / 2_ 1_ to _	
3	3 If you were a resident of any of the states listed below during the tax year, if yo was in the military, or if you elected to use your service member spouse's state		
	☐ Iowa ☐ Kentucky ☐ Michigan ☐ Wisco	onsin Military Spouse	
4	4 List any state other than Illinois or any states already indicated on Line 2 or 3 a Enter the two-letter abbreviation of that state.	bove, that you claimed residency for	tax purposes in 2021.
Со	Step 2: Complete Form IL-1040 Complete Lines 1 through 10 of your Form IL-1040, Individual Income Tax Retur the remainder of this schedule following the instructions for your residency. Attach		
	Step 3: Figure the Illinois portion of your federal a Enter the amounts from your federal return in Column A. Before completing		
		Column A	Column B

_	_			Column A Federal Total	Column B Illinois Portion
ı	5	Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1)	5_	49,347.00	11,840.00
ı	6	Taxable interest (federal Form 1040 or 1040-SR, Line 2b)	6_	.00	.00
ı	7	Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b)	7_	.00.	.00
ı	8	Taxable refunds, credits, or offsets of state and local income taxes			
ı		(federal Form 1040 or 1040-SR, Schedule 1, Line 1)	8_	.00	.00.
ı	9	Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2a)	9 _	.00	.00
ı	10	Business income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 3)	10_	.00.	.00.
ı	11	Capital gain or loss (federal Form 1040 or 1040-SR, Line 7)	11 _	121.00	0.00
ı	12	Other gains or losses (federal Form 1040 or 1040-SR, Schedule 1, Line 4)	12 _	.00	
	13	Taxable IRA distributions (federal Form 1040 or 1040-SR, Line 4b)	13 _	.00	
	5 14	Pensions and annuities (federal Form 1040 or 1040-SR, Line 5b)	14_	.00	
2	15	Rental real estate, royalties, partnerships, S corporations, trusts, etc.			
ı		(federal Form 1040 or 1040-SR, Schedule 1, Line 5)	15 _	-5,114 <u>.00</u>	0.00
ı	16	Farm income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 6)	16	.00.	.00.
ı	17	Unemployment compensation (federal Form 1040 or 1040-SR, Schedule 1, Line 7)	17_	.00	.00
ı	18	Taxable Social Security benefits (federal Form 1040 or 1040-SR, Line 6b)	18_	.00.	.00.
ı	19	Other income. See instructions. (federal Form 1040 or 1040-SR, Schedule 1, Line 9	9)		
		Include winnings from the Illinois State Lottery as Illinois income in Column B.	19	.00	.00
L	20	Add Column B, Lines 5 through 19. This is the Illinois portion of your federal total in Continue with Step 3 on Page 2	- K	. 20	11,840.00



Schedule NR - Page 2

		Schedule Nn - Page 2			
St	ер	3: Continued		Column A Federal Total	Column B Illinois Portion
	21	Enter the Illinois portion of your federal total income from Page 1, Step 3, Line 20.		21	11,840 <u>.00</u>
	22	Educator expenses (federal Form 1040 or 1040-SR, Schedule 1, Line 11)	22 _	.00	.00
	23	Certain business expenses of reservists, performing artists, and fee-basis			
				.00	
		Health savings account deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 13)	24	.00	.00
Income	25	Moving expenses for members of the Armed Forces (federal Form 1040 or 1040-SR,			
5					
12		Deductible part of self-employment tax (federal Form 1040 or 1040-SR, Schedule 1, Line 15)	26	.00	.00
阜	27	Self-employed SEP, SIMPLE, and qualified plans (federal Form 1040 or 1040-SR,	07	00	00
۲		Schedule 1, Line 16)	21	.00	.00
발	28	Self-employed health insurance deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 17) Penalty on early withdrawal of savings (federal Form 1040 or 1040-SR, Schedule 1, Line 18) Alimony paid (federal Form 1040 or 1040-SR, Schedule 1, Line 19a) IRA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 20) Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 21) RESERVED			
<u> </u>	29	Penalty on early withdrawal of savings (federal Form 1040 or 1040-SR, Schedule 1, Line 18)			
١Ë	30	Alimony paid (federal Form 1040 or 1040-SR, Schedule 1, Line 19a)		.00	
S	31	IRA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 20)			.00
	32	Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 21)	32	.00.	
١٩	33	RESERVED			
		Archer MSA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 23)		.00	.00
		Other adjustments (see instructions)	35	.00	.00
	36	Add Column B, Lines 22 through 35. This is the Illinois portion of your federal			
		adjustments to income.		36	
L	37	Enter your adjusted gross income as reported on your Form IL-1040, Line 1.	37	44,354.00	
	38	Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gro	ss inco	ome. 38	11,840 _{.00}
Adjustments	39 40	Federally tax-exempt interest and dividend income (Form IL-1040, Line 2) Other additions (Form IL-1040, Line 3)		.00.	.00
탏	41	Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.		41	11,840.00
<u> <u> </u></u>	40			00	
P	42	Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR,	42	.00	
ois,		Schedule 1, Line 1. (Form IL-1040, Line 6)	12	00	.00
<u>آ</u> و	1	Other subtractions (Form IL-1040, Line 7)	43 <u> </u>	.00. 00.	
Ì≣		Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions.		<u>00</u> 45	.00
		5: Figure your Illinois income and tax			
		Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is			
	~	your Illinois base income.		46	11,840.00
1.		If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52.		40	
Calculations	47	· · · · · · · · · · · · · · · · · · ·	47	44,354.00	
먎		Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate	¬''	/	
<u>a</u>	"	decimal. If Line 46 is greater than Line 47, enter 1.000.	48 0	• 267	
밍	40			2,375.00	
<u>a</u>					
IO	30	Enter your exemption allowance from your Form IL-1040, Line 10.	49	2,373.00	
		Enter your exemption allowance from your Form IL-1040, Line 10. Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption			634.00
		Enter your exemption allowance from your Form IL-1040, Line 10. Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance.		50	634.00
Tax (Enter your exemption allowance from your Form IL-1040, Line 10. Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance. Subtract Line 50 from Line 46. This is your Illinois net income.		50	
	51	Enter your exemption allowance from your Form IL-1040, Line 10. Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance. Subtract Line 50 from Line 46. This is your Illinois net income. Enter the amount here and on your Form IL-1040, Line 11.	49		634.00 11,206.00
	51	Enter your exemption allowance from your Form IL-1040, Line 10. Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance. Subtract Line 50 from Line 46. This is your Illinois net income. Enter the amount here and on your Form IL-1040, Line 11. Multiply the amount on Line 51 by 4.95% (.0495). This amount may not be less than z	49	50	
	51	Enter your exemption allowance from your Form IL-1040, Line 10. Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance. Subtract Line 50 from Line 46. This is your Illinois net income. Enter the amount here and on your Form IL-1040, Line 11.	49	50	





Illinois Department of Revenue

2021 Schedule IL-WIT Illinois Income Tax Withheld

Attach to your Form IL-1040. If you have more than five withholding forms, complete multiple copies of this schedule.

IL Attachment No. 31

Use the reference for Column A shown in the chart below.

Form Type	Letter Code for Column A	Form Type	Letter Code for Column A
W-2	W	1099-DIV	D
W-2G	WG	1099-INT	I
1099-R	R	1042-S	S
1099-G	G	1099-B	В
1099-MISC	М	1099-K	K
1099-OID	0	1099-NEC	N

Step 1: Provide your withholding records (include all W-2 and 1099 forms that show Illinois withholding)

ur name as shown o	on Form IL-1040							
Column A Form type	Column B Employer/Payer Identification Number	Federal Wage	lumn C es, Winnings, Gross Compensation, etc.	Illinois Wa	Column D ages, Winnings, Grosons, Compensation, e	s Illir	Column E Illinois Income Tax Withheld	
W	83-4081684 000	\$	11,840 .00	\$	11,840 .00	\$	586 .0 0	
		\$	•00	\$	•00	\$	<u>•0</u>	
		\$	•00	\$	•00	\$	<u>•00</u>	
		\$	•00	\$	•00	\$	•00	
		•	00	¢	•00	¢	•00	
ep 2: Provide s	pouse's withholding re	ecords (inclu	de all W-2 and 1	هـــــــ 1099 forn		nois w		
ep 2: Provide s	pouse's withholding re	\$ecords (inclu			ns that show Illi	nois w		
ep 2: Provide s		Co Federal Wage	de all W-2 and 1	Social Secu	ns that show Illi	Cas Illir		
ep 2: Provide s ur spouse's name a	s shown on Form IL-1040 Column B Employer/Payer	Co Federal Wage	de all W-2 and 1 Your spouse's S Iumn C es, Winnings, Gross	Social Secu	rity number Column D ages, Winnings, Gros	Cas Illir	olumn E	
ep 2: Provide s ur spouse's name a	s shown on Form IL-1040 Column B Employer/Payer	Co Federal Wage	Your spouse's Sulumn C ss, Winnings, Gross Compensation, etc.	Social Secu Illinois Wa Distributio	rity number Column D ages, Winnings, Grosons, Compensation, e	Cas Illir	ithholding	

Step 3: Total Illinois withholding

ASHOK KUMAR REDDY MANDLEM

11 Add the amounts in Column E for Lines 1 through 10 (and the amounts from Column E of any additional copies you attached). This is the total amount of your Illinois income tax withheld. Enter this amount here and on Form IL-1040, Line 25.

586.00 11 \$___

•00

•00



•00



•00

•00



Illinois Department of Revenue

_						_				
	9	uhmi	eeion	<u> </u>						

2021 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration

Step 1: Provide taxpayer information ABROK NUMBAR REDO'S MANDLEM 7 4 2 9 8 6 6 8 9 2	<u>~</u>	,	the Illinois Depa	rtment of Revenue u	nless it is requested for review.)
First same and middle hitels Sociale Storation and elast name (and last name if different) Lest name Social Security number Print 3.910 BRTAR RIDGE IN	Step		አ// አ ኣ ፐ	NT E'M	7 1 2 0 0 6 0 0 6
Print 3 5 8 0 SRIAR RIDGE LN State 21P Dayline phone number					
Special Security numbers Sec	Print	•	(,	
Stape Stap	or type	Mailing address			Spouse's Social Security number
Step 2: Complete information from tax return 1 Not income from Form IL-1040, Line 11 2 1, 20 6 1, 000 3 Illinois Income Tax withheld from Form IL-1040, Line 25 only (enter "0" if none) 3 Illinois Income Tax withheld from Form IL-1040, Line 36 5 Total amount due from Form IL-1040, Line 36 6 Filling status: X Single Married Jiming jointly Married filling separately Widowed Head of household Step 3: Complete direct deposit of refund or electronic funds withdrawal information (Optional) To initiate a payment or refund transaction, the information in this Step must be included within the electronic transmission. Illinois does not support international ACH transactions, 1DOR will only perform direct transactions (e.g., debti, deposit) with Infancial institutions located within the United States or those not funded by international funds, Electronic payments will not be accepted and refunds will be via paper check on the state of those not funded by international funds, Electronic payments will not be accepted and refunds will be via paper check on the state of those not funded by international funds, Electronic payments will not be accepted and refunds will be via paper check on the state of the sta	typo		MI	48335	(510) 366-9455
Next income from From IL-1040, Line 11 11, 20.6 100 13 15.5 15.5 100 13 100		City	State	ZIP	Daytime phone number
Next income from From IL-1040, Line 11 11, 20.6 100 13 15.5 15.5 100 13 100	Step	2: Complete information from tax	return		
2 Tak from Form IL-1040, Line 14 3 586 300 1 Illinois Income Tax withheld from Form IL-1040, Line 25 only (enter "0" if none) 3 586 300 2 Overpayment from Form IL-1040, Line 26 4 3.1 000 3 Total amount due from Form IL-1040, Line 40 5 1.90 5 Filing status: X Single Married filing jointly Married filing separately Widowed Head of household Step 3: Complete direct deposit of refund or electronic funds withdrawal information (Optional) To initiate a payment or refund transaction, the information in this Step must be included within the electronic transmission. Illinois ose not support international CAP transactions. ISOPs will only perform direct transactions (ag., debit, deposit) with financial institutions located within the United States or those not funded by international funds. Electronic payments will not be accepted and refunds will be via paper check of Routing no (RN): 1 2 1 0 0 3 5 8 4 6 5 4 1 9 Type of account: X Checking Savings 10 Date the payment is to be electronically withdrawn: 1000 11 Electronic funds withdrawal amount: 1 100 12 Name on account: Step 4: Taxpayer declaration and signature (Sign only after completing Step 2 and, if applicable, Step 3.) Variety Lonsent that my refund may be directly deposited as designated in Step 3 and declare the information on Lines 7 through 9 is correct. If I have filled a joint return, this is an inveroceable appointment of the other spouse as an agent to receive the refund.		•			1 11,206 _ 00
3 Illinois Income Tax withheld from Form IL-1040, Line 25 only (enter "0" if none) 3 5.86 00 Coverpayment from Form IL-1040, Line 30 1.00 Total amount due from Form IL-1040, Line 40 5 1.00 Total amount due from Form IL-1040, Line 40 5 1.00 Total amount due from Form IL-1040, Line 40 5 1.00 Total amount due from Form IL-1040, Line 40 5 1.00 Total amount due from Form IL-1040, Line 40 5 1.00 Total amount due from Form IL-1040, Line 40 5 1.00 Total amount due from Form IL-1040, Line 40 5 1.00 Total amount due from Form IL-1040, Line 40 5 1.00 Total amount due from Form IL-1040, Line 40 5 1.00 Total amount due from Form IL-1040, Line 40 5 1.00 Total amount due from Form IL-1040, Line 40 5 1.00 Total amount due from Form IL-1040, Line 40 5 1.00 Total amount due from Form IL-1040, The Indiana Silvation social within the United States or those on turnded by international fittings. Electronic payments will not be accepted and refunds will be via paper check of Routing no. (RN); 1 2 1 0 0 0 3 5 8 4 5 5 4 1 Total Electronic funds withdrawal amount:		•			2 <u>555 00</u>
4 Overpayment from Form IL-1040, Line 36 5 Total amount due from Form IL-1040, Line 40 6 Filing status: X Single Married filing jointly Married filing separately Widowed Head of household Step 3: Complete direct deposit of refund or electronic funds withdrawal information (Optional) To initiate a payment or refund transaction, the information in this Step must be included within the electronic transmission. Illinois does not support international ACH transactions. IDOR will only perform direct transactions (e.g., debit, deposit) with financial institutions located within the United States or those not funded by international funds. Electronic payments will not be accepted and refunds will be via paper check 7 Routing no. (RN): 1 2 1 0 0 0 3 5 8 8 4 6 5 4 1 9 Type of account: Checking Savings 10 Date the payment is to be electronically withdrawn:			-1040, Line 25 only	(enter "0" if none)	3586 <u>J 00</u>
Step 3: Complete direct deposit of refund or electronic funds withdrawal information (Optional)					431 <u>00</u>
Step 3: Complete direct deposit of refund or electronic funds withdrawal information (Optional) To initiate a payment or refund transaction, the information in this Step must be included within the electronic transmission. Illinois does not support international ACH transactions. IDOR will only perform direct transactions (e.g., debit, deposit) with financial institutions located within the United States or those not funded by international funds. Electronic payments will not be accepted and refunds will be via paper check 7 Routing no. (RN): \(\frac{1}{2} \) \(\frac{1} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\f	5	Total amount due from Form IL-1040, Lin	ne 40		5I <u>_00</u>
To initiate a payment or refund transaction, the information in this Step must be included within the electronic transmission. Illinois does not support international ACH transactions. IDOR will only perform direct transactions (e.g., debit, deposit) with financial institutions located within the United States or those not funded by international unds. Electronic payments will not be accepted and refunds will be via paper check Routing no. (RN); 1 2 1 0 0 0 3 5 8 4 6 5 4 1 9 9 Type of account: Checking Savings 10 Date the payment is to be electronically withdrawn:	6	Filing status: 🗶 Single Married fili	ng jointly Marri	ed filing separatelyV	Vidowed Head of household
I authorize the Illinois Department of Revenue (IDOR) and its designated financial agent to initiate an ACH electronic funds withdrawal as designated in the electronic portion of my 2021 Illinois Individual Income Tax return. I authorize the financial institutions involved in the processing of an electronic overpayment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. ☐ I do not want direct deposit of my refund, or an electronic funds withdrawal (direct debit) of my balance due. Under penalties of perjury, I declare the information on my electronic Form IL-1040 and the information I provided to my electronic return originator (ERO) are identical. To the best of my knowledge, my return is true, correct, and complete. I consent that my return, this declaration, and accompanying information may be sent to IDOR by my ERO. I authorize IDOR to inform my ERO and/or the transmitter when my return has been accepted or rejected. If rejected, I authorize IDOR to identify the reason(s) so the return may be corrected and retransmitted if possible. Sign ☐ Prover signature ☐ Date ☐ Spouse's signature (if joint return, both must sign) ☐ Date ☐ Date ☐ Spouse's signature (if joint return, both must sign) ☐ Date ☐ Date ☐ Date ☐ Check if paid preparer: ☑ (See instructions.) ☐ ERO's signature ☐ Date ☐ Date ☐ Check if paid preparer: ☑ (See instructions.) ☐ ERO's signature ☐ Date ☐ Dat	8 / 9 - 10 11 12 Step	Account no. (AN): 3 2 5 0 5 Type of account: X Checking Date the payment is to be electronically withdrawal amount: Name on account: 4: Taxpayer declaration and signal I consent that my refund may be directed.	5 8 4 6 5 Savings withdrawn:/ I_00 ture (Sign only af	ter completing Step 2	clare the information on Lines 7 through 9 is
Under penalties of perjury, I declare the information on my electronic Form IL-1040 and the information I provided to my electronic return originator (ERO) are identical. To the best of my knowledge, my return is true, correct, and complete. I consent that my return, this declaration, and accompanying information may be sent to IDOR by my ERO. I authorize IDOR to inform my ERO and/or the transmitter when my return has been accepted or rejected. If rejected, I authorize IDOR to identify the reason(s) so the return may be corrected and retransmitted if possible. Sign		I authorize the Illinois Department of F withdrawal as designated in the electr involved in the processing of an electr and resolve issues related to the payr	Revenue (IDOR) and conic portion of my 2 conic overpayment onent.	d its designated financial a 021 Illinois Individual Inco f taxes to receive confide	agent to initiate an ACH electronic funds ome Tax return. I authorize the financial institutions ntial information necessary to answer inquiries
been accepted or rejected. If rejected, I authorize IDOR to identify the reason(s) so the return may be corrected and retransmitted if possible. Sign	origin	er penalties of perjury, I declare the inform nator (ERO) are identical. To the best of m	ation on my electron y knowledge, my ret	ic Form IL-1040 and the in	nformation I provided to my electronic return omplete. I consent that my return, this declaration,
Nere Your signature Date Spouse's signature (if joint return, both must sign) Date Step 5: Electronic return originator (ERO) and paid preparer declaration and signature I declare that I have examined this taxpayer's electronic Form IL-1040, the information on this Form IL-8453, and accompanying information. In have followed all requirements of this program and declare, under penalties of perjury, that to the best of my knowledge the taxpayer's return and accompanying information are true, correct, and complete. ERO's signature O4/07/2022 Date Check if paid preparer: ☑ (See instructions.) ERO's signature Date P 0 2 0 8 2 7 0 3 3 Firm's name or your name if self-employed Your PTIN 3 0 - 1 0 1 7 1 9 6 Use only 25 30 Pebble Creek Ln 3 0 - 1 0 1 7 1 9 6 6 Mailing address GA 30041 (678) 965-9522	been	accepted or rejected. If rejected, I author			
Step 5: Electronic return originator (ERO) and paid preparer declaration and signature I declare that I have examined this taxpayer's electronic Form IL-1040, the information on this Form IL-8453, and accompanying information. I have followed all requirements of this program and declare, under penalties of perjury, that to the best of my knowledge the taxpayer's return and accompanying information are true, correct, and complete. ERO GLOBAL TAXES LLC			Data	Snouse's signatur	re (if joint return hath must sign).
I declare that I have examined this taxpayer's electronic Form IL-1040, the information on this Form IL-8453, and accompanying information. I have followed all requirements of this program and declare, under penalties of perjury, that to the best of my knowledge the taxpayer's return and accompanying information are true, correct, and complete. O4/07/2022 Check if paid preparer:					- · ·
ERO's signature Date Date	I dec have	lare that I have examined this taxpayer's followed all requirements of this progran	electronic Form IL-1 n and declare, under	1040, the information on t	his Form IL-8453, and accompanying information.
P O 2 O 8 2 7 O 3					Check if paid preparer: (See instructions.)
Firm's name or your name if self-employed use only 2530 Pebble Creek In Mailing address Cumming GA 30041 Your PTIN 3 0 - 1 0 1 7 1 9 6 Federal employer identification number (FEIN) (678) 965-9522		_		Date	
September Firms name or your hame it self-employed	ERO				
Mailing address Cumming GA 30041 Federal employer identification number (FEIN) (678) 965-9522		Firm's name or your name it self-employed			
Cumming GA 30041 (678) 965-9522	only				
		•	GA	30041	/
		City			Daytime phone number

Step 6: Attach required documents (e.g., W-2 forms, 1099 forms, IL-1310).

<u>Do not mail</u> Form IL-8453 and these documents unless requested for review.



NJ-1040NR

2021

Page 1



2021 NJ-1040NR New Jersey Nonresident Income Tax Return

For Privacy Act Notification, See Instructions

For Taxable Year January 1, 2021 – December 31, 2021 or Other Tax Year Beginning _______, 2021 Ending _______, 2022

1555

Your Social Security Number

742986892

 $Last\ Name,\ First\ Name,\ Initial\ (\textit{Joint filers enter first name and middle initial of each}.\ Enter\ spouse/CU\ partner\ last\ name\ only\ if\ different.)$

MANDLEM ASHOK KUMAR REDDY

Spouse's/CU Partner's Social Security Number

State of Residency (outside NJ)

Michigan

Gubernatorial

Elections Fund

Home Address (Number and Street, incl. apt. # or rural route)

35810 BRIAR RIDGE LN

Driver's License # (Voluntary) Y440853

State CA City, Town, Post Office FARMINGTON

 $\begin{array}{ll} \text{State} & \text{ZIP Code} \\ \text{MI} & 48335 \end{array}$

This is an amended return

Federal extension application attached or enter confirmation number _____

The address above is a foreign address

Your address has changed

Death certificate for deceased taxpayer is attached (See instructions page 9)

I authorize the Division of Taxation to discuss my return and enclosures with my preparer

NJ Residency Status
If you were a New Jersey resident for ANY part of the tax year,

give the period of New Jersey residency.

Do you want to designate \$1 of your taxes for this fund? If joint

return, does your spouse/CU partner want to designate \$1? Note: If you check the "Yes" box(es), it will not increase your tax or

reduce your refund.

From:

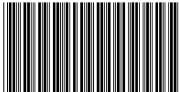
Yes Yes No No

To:



NJ-1040NR 2021

Page 2



Name(s) as shown on Form NJ-1040NR MANDLEM ASHOK KUMAR REDDY

Your Social Security Number 742986892

1555

Filing Status (Check only ONE box)

1.	X Single							
2.	Married/CU Couple, filing joint return							
3.	Married/CU Partner, filing separate return							
4.	Head of Household	Name and SSN of Spous	e/CU Partner					
5.	Qualifying Widow(er)/Surviving CU Partner							
Exe	nptions							
6.	Regular Self	Spouse/CU Partne	er	Domestic	6.	1		
7.	Age 65 or over Self	Spouse/CU Partne	er	Partner	7.			
8.	Blind or Disabled Self	Spouse/CU Partne	er		8.			
9.	Veteran Exemption Self	Spouse/CU Partne	er					9.
10.	Number of your qualified dependent children						10.	
11.	Number of other dependents						11.	
12.	Dependents attending colleges (See Instructions)				12.			
13.	For line 13a – Add lines 6, 7, 8, and 12. For line 13b – Add lines 10 ar	nd 11.			13a.	1	13b.	13c.
	For line 13c – Enter amount from line 9.							
Dep	endent Information							
14.	Dependent's Last Name, First Name, Middle Initial	Depender	nt's Social Sec	urity Number		Birth	Year	
	a							
	b							
	c							
	d							
			COL A AMOUN	T OF CROSS BY	OME (EVERYW	HEBE) C	OL D. AMOUN	T FROM NEW JERSEY SOURCES
			COL. A - AMOUN			HEKE) C	OL. B - AMOUN	
15.	Wages, salaries, tips, and other employee compensation		15.	2	3900	•	15.	23900
	Check box if you completed lines 68 through 74							
16.	Interest		16.			•	16.	
17.	Dividends		17.			•	17.	
18.	Net profits from business (Schedule NJ-BUS-1, Part I, line 4)		18.			•	18.	_
19.	Net gains or income from disposition of property (From line 65)		19.		121	•	19.	0
20.	Net gains or income from rents, royalties, patents, and copyrights (Sch	hedule NJ-BUS-1, Part II, line 4)	20.		0	•	20.	0
21.	Net gambling winnings (See Instructions)		21.			•	21.	
22.	Taxable pensions, annuities, and IRA distributions/withdrawals		22.			•		
23.	Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part		23.			•	23.	
24.	Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Pa	rt IV, line 4)	24.			•	24.	
25.	Alimony and separate maintenance payments received		25.			•		
26.	Other – State Nature and Source		26.			•	26.	
27.	TOTAL INCOME (Add lines 15 through 26)		27.	2	4021	•	27.	23900
28a.	Pension/Retirement Exclusion (See Instructions)		28a.			•		
28b.	Other Retirement Income Exclusion (See Worksheet and Instructions	s)	28b.			•	28b.	
28c.	Total Exclusion Amount (Add line 28a and line 28b)		28c.			•	28c.	
29.	Gross Income (Subtract line 28c from line 27)		29.	2	4021	•	29.	23900
30.	Total Exemption Amount (See Instructions)		30.		1000	•		
31.	Medical Expenses (See Worksheet and Instructions)		31.			•		
32.	Alimony and separate maintenance payments		32.			•		
33.	Qualified Conservation Contribution		33.			•		
34.	Health Enterprise Zone Deduction		34.			•		
35	Alternative Business Calculation Adjustment (Schedule NI-BUS-2 1	line 11)	35		\cap	_		

REV 03/22/22 PRO

NJ-1040NR 2021 Page 3



Name(s) as shown on Form NJ-1040NR MANDLEM ASHOK KUMAR REDDY

Your Social Security Number

742986892

1555

36.	Organ/Bone Marrow Donation Deduction (See instructions)	36.			
37.	Total Exemptions and Deductions (Add lines 30 through 36)	37.	1000		
38.	Taxable Income (Subtract line 37 from line 29, column A)	38.	23021		
39.	Tax on amount on line 38 (From Tax Table page 34)	39.	333		
40.	Income Percentage B. (line 29) / A. (line 29) =99.50 %				
41.	New Jersey Tax (Multiply amount from line 39 by income percentage from line 40)			41.	331 .
42.	Sheltered Workshop Tax Credit (Enclose GIT-317. See Instructions)			42.	
43.	Gold Star Family Counseling Credit (See Instructions)			43.	
44.	Credit for Employer of Organ/Bone Marrow Donor (See instructions)			44.	
45.	Total Credits (Add lines 42, 43, and 44)			45.	
46.	Balance of Tax After Credits (Subtract line 45 from line 41)			46.	331 .
47.	Penalty for Underpayment of Estimated Tax.			47.	
	Check box if Form NJ-2210NR is enclosed				
48.	Total Tax and Penalty (Add line 46 and line 47)			48.	331 .
49.	Total New Jersey Income Tax Withheld (From enclosed Forms W-2 and 1099) (Part-year, se	e instr) 49.	1103	• 41	
50.	New Jersey Estimated Tax Payments/Credit from 2020 return	50.			er on line 50: yments made in connection
51.	Tax paid on your behalf by Partnership(s)	51.			th sale of NJ real property
52.	Excess NJ UI/WF/SWF Withheld (Enclose Form NJ-2450)	52.			yments by S corporation for nresident shareholder
53.	Excess NJ Disability Insurance Withheld (Enclose Form NJ-2450)	53.			
54.	Excess NJ Family Leave Insurance Withheld (Enclose Form NJ-2450)	54.		•	
55.	Pass-Through Business Alternative Income Tax Credit (See instructions)	55.		•	
56.	Total Payments/Credits (Add lines 49 through 55)			56.	1103 .
57.	If line 56 is less than line 48, you have tax due. Subtract line 56 from line 48 and ente	r the amount you owe		57.	
58.	If line 56 is more than line 48, you have an overpayment. Subtract line 48 from line 5	and enter the overpayment	t	58.	772 .
59.	Amount from line 58 you want to credit to your 2022 tax			59.	•
60.	Amount you want to credit to:				
	(A) N.J. Endangered Wildlife Fund	60A.		· NOTE:	
	(B) N.J. Children's Trust Fund	60B.		• An entry	on lines 59 through 60F will
	(C) N.J. Vietnam Veterans' Memorial Fund	60C.		· reduce yo	our tax refund
	(D) N.J. Breast Cancer Research Fund	60D.			
	(E) U.S.S. N.J. Educational Museum Fund	60E.		•	
	(F) Designated Contribution Code	60F.			
61.	Total Adjustments to Tax Due/ Overpayment (Add lines 59 through 60F)			61.	•
62.	Balance due (If line 57 is more than zero, add line 57 and 61)			62.	•
63.	Refund amount (If line 58 is more than zero, subtract line 61 from line 58)			63.	772 .

my knowledge and belief, it is true, correct, and complete. If prepared by a person other than taxpayer, this declaration is based on all							Pay amount on line 62 in full. Write Social Security number(s) on check or money order and make payable to:
>Your Signatu	ure	D	late		> Spouse's/CU	J Partner's Signature (if filing jointly, BOTH must sign)	State of New Jersey - TGI Division of Taxation Revenue Processing Center PO Box 244 Trenton, NJ 08646-0244
Paid Preparer's S	Signature					Federal Identification Number	Trenton, NJ 08040-0244
MAYP	DR T Y Z	RΔM	SACAR	СПРТА	TALLAM	P02082703	You can also make a payment on our website: nj.gov/taxation
Firm's Name		1(711-1	DIIOIII	001 171	1111111111	Firm's Federal Employer Identification Number	1
GT.OBZ	AT. TAXI	ES LI	.C			30-1017196	

REV 03/22/22 PRO

Division Use:	1	2	3	4	5	6	7	8

Name(s) as show	wn on Form NJ-1040NR							Social Security Num	iber
MANDLEM A	SHOK KUMAR REDDY						7429	86892	
Part I	Net Gains or Income Fron Disposition of Property	dispo		income, less net l ty including real o D.					orted
(a) Kind of	property and description	(b) Date aquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Gross sales	price	(e) Cost or oth basis as adjus (see instructio and expense of	ted ns)	(f) Gain or (los (d less e)	ss)
64. Robinho	ood Securiti	05/05/2021	12/21/2021	1731		1610		121	
65. Capital Ga	ins Distribution						65.		
66. Other Net	Gains						66.		
67. Net Gains	(Add lines 64, 65, and 66) (E	inter here and or	n line 19) (If los	s, enter zero)			67.	121	
Part II	Allocation of Wage and S Income Earned Partly Ins Outside New Jersey	ide and		if compensation do her basis of alloca			me of b	usiness	
68. Amount rep	ported on line 15 in column A	required to be a	allocated				68.		
	in taxable year						69.		
	nworking days (Sundays, Sa						70.		
71. Total days	worked in taxable year (subt	ract line 70 from	line 69)				71.		
72. Deduct day	ys worked outside New Jerse	y					72.		
73. Days work	ed in New Jersey (subtract li	ne 72 from line 7	71)				73.		
74. Allocation	Formula	x(Ent	ter amount from	= line 68) (Sala	ry earı	ned inside N.J.)	(Include line 15	e this amount on , col. B)	
Part III	Allocation of Business Income to New Jersey	(S	ee instructions	if other than Form	ula Ba	sis of allocation is	s used.))	
Business Alloc	ation Percentage (From Sch	edule NJ-NR-A)							
	e line number and amount of entage to determine amount				n A tha	t is required to be	e alloca	ted and multiply b	ру
Fron	n Line No \$. X	% = \$					
Fron	n Line No \$		- x	% = \$					
Fron	n Line No \$. x	% = \$					

1555 REV 03/22/22 PRO

Schedule NJ-BUS-1 (Form NJ-1040NR) New Jersey Gross Income Tax Business Income Summary Schedule

2021

Pa	art Net Profits From Busine	ess		Lis	st the net profi	it (los	ss) from	busin	ess(e	es). S	ee Instructions.	
	Business Name		Social Security Number/ Federal EIN			Profit or (Loss)				(Loss)		
1.						_						<u> </u>
2. 3.						\dashv						
3. 4.	Net Profit or (Loss). (Add lines 1, 2, and	2) (Ento	r boro and	on		\dashv						-
4.	line 18, column A. If loss, enter zero on li			OH		1.						
Pa	Net Gains or Income From Rents, Royalties, Patents, and Copyrights	S	form Type	of I		s, pa	tents, ar	nd co	pyrigh	its. S	ived from or in to ee instructions. -Copyrights	he
	Source of Income or Loss. If rental real enter physical address of property				urity Number/ ral EIN		ype – Ei umber fi list abo	rom		Inc	ome or (Loss)	
1.	1-107, THIMMAPURAM VILLAGE		742986	89	2		-	L			-5,114.	
2.						$oxed{igspace}$						
3.												
4.	Net Income or (Loss). (Add lines 1, 2, an (Enter here and on line 20, column A. If I		er zero on	line	e 20, column A	۹.)		4.			-5,114.	
Pa	rt III Distributive Share of Pa	artners	ship Inco	m							income (loss) tructions.	
	Partnership Name	Fed	Federal EIN		Snare of Partnership on		p on	Share of tax paid on your behalf by Partnerships		by	Share of Pass- Through Business Alternative Income Tax	
1.												
2.												
3.												
4.	Distributive Share of Partnership Income or (I (Add lines 1, 2, and 3.) (Enter here and on line If loss, enter zero on line 23, column A.)	e 23, colu	umn A.									
5.	Total Share of tax paid on your behalf by Part 2, and 3.) Enter total here and include on line		(Add lines 1	,								
6.	Total Share of Pass-Through Business Alternal lines 1, 2, and 3.) (Enter here and include on		ome Tax (Add	d								
Pa	art IV Net Pro Rata Share of	S Corp	ooration	ln							ome (usable See instructions	·.
	S Corporation Name	Fe	ederal EIN		Pro Rata Shai Income or				Shar		Pass-Through Busi native Income Tax	
1.												
2.												
3.												
4.	Net Pro Rata Share of S Corporation Income (Add lines 1, 2, and 3.) (Enter here and on line If loss, enter zero on line 24, column A.)			4.								
5.	Total Share of Pass-Through Business Alterna (Add lines 1, 2, and 3.) (Enter here and include			5.								

Name(s) as shown on Form NJ-1040NR	Social Security Number
MANDLEM, ASHOK KUMAR REDDY	742-98-6892

Schedule NJ-BUS-2 (Form NJ-1040NR)

New Jersey Gross Income Tax Alternative Business Calculation Adjustment

2021

			Column A			Column B	
Par	t I Income (Loss)		Reportable Regular Business Income			Alternative Business Income (Loss)	
1.	Net Profits From Business	1a.	0.		1b.	0.	
2.	Net Gain or Income From Rents, Royalties, Patents, and Copyrights	2a.	0.		2b.	-5,114.	
3.	Distributive Share of Partnership Income	3a.	0.		3b.	0.	
4.	Net Pro Rata Share of S Corporation Income	4a.	0.		4b.	0.	
5.	Loss Carryforward From Tax Year 2020				5b.	()
6.	Totals	6a.	0.		6b.	-5,114.	
Par	II Adjustment Calculation						
7.	Total Regular Business Income	7.	0.				
8.	Total Alternative Business Income/(Loss) (If loss, enter zero)	8.	0.				
9.	Business Increment (Subtract line 8 from line 7)	9.	0.				
10.	Adjustment Percentage	10.		0.50			
11.	Alternative Business Calculation Adjustment (line 9 x 0.50)	11.	0.				
Part III Loss Carryforward to Tax Year 2022							
12.	Loss Carryforward to Tax Year 2022				12.	5,114.)

Instructions

Line 1a.	Enter the amount from line 18, column A, Form NJ-1040NR.
Line 1b.	Enter the amount from Part I, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
Line 2a.	Enter the amount from line 20, column A, Form NJ-1040NR.
Line 2b.	Enter the amount from Part II, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
Line 3a.	Enter the amount from line 23, column A, Form NJ-1040NR.
Line 3b.	Enter the amount from Part III, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
Line 4a.	Enter the amount from line 24, column A, Form NJ-1040NR.
Line 4b.	Enter the amount from Part IV, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
Line 5b.	Enter the amount from line 12 of your 2020 Schedule NJ-BUS-2 (Form NJ-1040NR).
Line 6a.	Enter the total of lines 1a through 4a.
Line 6b.	Enter the total of lines 1b through 5b, netting gains with losses.
Line 7.	Enter the amount from line 6a of this schedule.
Line 8.	Enter the amount from line 6b of this schedule. If loss, enter zero here.
Line 9.	Subtract line 8 from line 7. If the result is zero, enter zero on line 11 and on line 35 of Form NJ-1040NR, and continue with line 12.
Line 10.	The adjustment percentage for Tax Year 2021 is 50% (0.50).
Line 11.	Multiply the amount on line 9 by 50% (0.50). Enter here and on line 35 of Form NJ-1040NR.
Line 12.	If the amount on 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

Important Information

If you are married and plan to file your annual return as "married filing separately," DO NOT use preprinted vouchers containing the Social Security numbers (SSN) or correspondence identification numbers (CID) for both you and your spouse; separate vouchers and payments must be submitted for each filer.

Failure to provide a complete Social Security number on Form MI-1040ES will result in processing delays.

Who Must File Estimated Tax Payments

You must make estimated income tax payments if you expect to owe more than \$500 when you file your 2022 MI-1040 return. If you owe more than \$500, you may not have to make estimated payments if you expect your 2022 withholding to be at least:

- 90 percent of your total 2022 tax (qualified farmers, fishermen and seafarers use 66 and 2/3 percent),
- 100 percent of your 2021 tax, or
- 110 percent of your total 2021 tax if your 2021 adjusted gross income is more than \$150,000 (\$75,000 for married filing separately).

Total 2021 tax is the amount on your 2021 MI-1040, line 21 less the sum of your tax credits on lines 25, 26, 27b, and 28. Estimated tax payments are not needed if two-thirds of your gross income is from farming, fishing or seafaring and you meet the qualifications. Estimate filing requirements apply whether or not you are a Michigan resident.

Do not submit this form for any quarter that you do not have estimated tax due.

Payment Due Dates

You may pay in full with the first estimate voucher due April 18, 2022. You may also pay in equal installments due on or before April 18, 2022, June 15, 2022, September 15, 2022, and January 17, 2023.

NOTE: You will not receive reminder notices; save this set of forms for all of your 2022 payments.

How to Pay Estimated Tax

e-Payments

You may choose to make your estimated income tax payments electronically instead of mailing a payment with the personalized form provided. Paying electronically is easy, fast and secure. Payment options include direct debit (eCheck) from your checking or savings account, or payment by credit or debit card. If you choose to make your payment electronically, you do not need to mail the MI-1040ES form to Treasury. Visit www.michigan.gov/iit for more information.

Mail Your Payment

If you choose to mail your payment, make your check payable to "State of Michigan." Print the last four digits of your SSN and "2022 MI-1040ES" on the check. If paying on behalf of another filer, write the filer's name and the last four digits of the filer's SSN on the check. For accurate processing of your payment, do not combine this payment with any other payments. Send your check with the MI-1040ES voucher for that installment. Do not staple your check to the voucher.

Send your voucher and check to:

Michigan Department of Treasury P.O. Box 30774 Lansing, MI 48909

DETACH HERE AND MAIL THE RETURN WITH YOUR PAYMENT. DO NOT FOLD OR STAPLE THE RETURN.

2022 MICHIGAN	Issued under authority of Public Act 281 of 1967, as amended.	Due Date for Calendar Year Filers
MI-1040ES Estimated Individual Income Tax Vo		04-18-2022
Filer's Name(s)	Filer's Full Social Security Number	Spouse's Full Social Security Number
ASHOK KUMAR REDDY MANDLEM	742-98-6892	
Address (Street, City, State, ZIP Code)	WRITE PAYMENT	
35810 BRIAR RIDGE LN	AMOUNT HERE	\$ 201 .00
FARMINGTON MI 48335	MAIL TO: Michigan Department of Treasury P.O. Box 30774 Lansing, MI 48909	Enclose check payable to "State of Michigan." Write last four digits of filer's SSN and "2022 MI-1040ES" on the front of your check. Do not fold or staple.

Important Information

If you are married and plan to file your annual return as "married filing separately," DO NOT use preprinted vouchers containing the Social Security numbers (SSN) or correspondence identification numbers (CID) for both you and your spouse; separate vouchers and payments must be submitted for each filer.

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Send your voucher and check to:

Michigan Department of Treasury P.O. Box 30774 Lansing, MI 48909

DETACH HERE AND MAIL THE RETURN WITH YOUR PAYMENT. DO NOT FOLD OR STAPLE THE RETURN.

2022 MICHIGAN	Issued under authority of Public Act 281 of 1967, as amended.	Due Date for Calendar Year Filers
MI-1040ES Estimated Individual Income Tax Vo	ucher See instructions for filing guidelines.	06-15-2022
Filer's Name(s)	Filer's Full Social Security Number	Spouse's Full Social Security Number
ASHOK KUMAR REDDY MANDLEM	742-98-6892	
Address (Street, City, State, ZIP Code)	WRITE PAYMENT	
35810 BRIAR RIDGE LN	AMOUNT HERE	\$ 201 .00
FARMINGTON MI 48335	MAIL TO: Michigan Department of Treasury P.O. Box 30774 Lansing, MI 48909	Enclose check payable to "State of Michigan." Write last four digits of filer's SSN and "2022 MI-1040ES" on the front of your check. Do not fold or staple.

Important Information

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Failure to provide a complete Social Security number on Form MI-1040ES will result in processing delays.

Who Must File Estimated Tax Payments

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- 110 percent of your total 2021 tax if your 2021 adjusted gross income is more than \$150,000 (\$75,000 for married filing separately).

Total 2021 tax is the amount on your 2021 MI-1040, line 21 less the sum of your tax credits on lines 25, 26, 27b, and 28. Estimated tax payments are not needed if two-thirds of your gross income is from farming, fishing or seafaring and you meet the qualifications. Estimate filing requirements apply whether or not you are a Michigan resident.

Do not submit this form for any quarter that you do not have estimated tax due.

Payment Due Dates

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Mail Your Payment

If you choose to mail your payment, make your check payable to "State of Michigan." Print the last four digits of your SSN and "2022 MI-1040ES" on the check. If paying on behalf of another filer, write the filer's name and the last four digits of the filer's SSN on the check. For accurate processing of your payment, do not combine this payment with any other payments. Send your check with the MI-1040ES voucher for that installment. Do not staple your check to the voucher.

Send your voucher and check to:

Michigan Department of Treasury P.O. Box 30774 Lansing, MI 48909

DETACH HERE AND MAIL THE RETURN WITH YOUR PAYMENT. DO NOT FOLD OR STAPLE THE RETURN.

2022 MICHIGAN MI-1040ES Estimated Individual Income Tax Vo	Issued under authority of Public Act 281 of 1967, as amended. See instructions for filing guidelines.	Due Date for Calendar Year Filers 09-15-2022
Filer's Name(s)	Filer's Full Social Security Number	Spouse's Full Social Security Number
ASHOK KUMAR REDDY MANDLEM	742-98-6892	
Address (Street, City, State, ZIP Code)	WRITE PAYMENT	
35810 BRIAR RIDGE LN	AMOUNT HERE	\$ 201 .00
FARMINGTON MI 48335	MAIL TO: Michigan Department of Treasury P.O. Box 30774 Lansing, MI 48909	Enclose check payable to "State of Michigan." Write last four digits of filer's SSN and "2022 MI-1040ES" on the front of your check. Do not fold or staple.

Important Information

If you are married and plan to file your annual return as "married filing separately," DO NOT use preprinted vouchers containing the Social Security numbers (SSN) or correspondence identification numbers (CID) for both you and your spouse; separate vouchers and payments must be submitted for each filer.

Failure to provide a complete Social Security number on Form MI-1040ES will result in processing delays.

Who Must File Estimated Tax Payments

You must make estimated income tax payments if you expect to owe more than \$500 when you file your 2022 MI-1040 return. If you owe more than \$500, you may not have to make estimated payments if you expect your 2022 withholding to be at least:

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- 100 percent of your 2021 tax, or
- 110 percent of your total 2021 tax if your 2021 adjusted gross income is more than \$150,000 (\$75,000 for married filing separately).

Total 2021 tax is the amount on your 2021 MI-1040, line 21 less the sum of your tax credits on lines 25, 26, 27b, and 28. Estimated tax payments are not needed if two-thirds of your gross income is from farming, fishing or seafaring and you meet the qualifications. Estimate filing requirements apply whether or not you are a Michigan resident.

Do not submit this form for any quarter that you do not have estimated tax due.

Payment Due Dates

You may pay in full with the first estimate voucher due April 18, 2022. You may also pay in equal installments due on or before April 18, 2022, June 15, 2022, September 15, 2022, and January 17, 2023.

NOTE: You will not receive reminder notices; save this set of forms for all of your 2022 payments.

How to Pay Estimated Tax

e-Payments

You may choose to make your estimated income tax payments electronically instead of mailing a payment with the personalized form provided. Paying electronically is easy, fast and secure. Payment options include direct debit (eCheck) from your checking or savings account, or payment by credit or debit card. If you choose to make your payment electronically, you do not need to mail the MI-1040ES form to Treasury. Visit www.michigan.gov/iit for more information.

Mail Your Payment

If you choose to mail your payment, make your check payable to "State of Michigan." Print the last four digits of your SSN and "2022 MI-1040ES" on the check. If paying on behalf of another filer, write the filer's name and the last four digits of the filer's SSN on the check. For accurate processing of your payment, do not combine this payment with any other payments. Send your check with the MI-1040ES voucher for that installment. Do not staple your check to the voucher.

Send your voucher and check to:

Michigan Department of Treasury P.O. Box 30774 Lansing, MI 48909

DETACH HERE AND MAIL THE RETURN WITH YOUR PAYMENT. DO NOT FOLD OR STAPLE THE RETURN.

2022 MICHIGAN MI-1040ES Estimated Individual Income Tax Vo	Issued under authority of Public Act 281 of 1967, as amended. See instructions for filing guidelines.	Due Date for Calendar Year Filers 01-17-2023
Filer's Name(s)	Filer's Full Social Security Number	Spouse's Full Social Security Number
ASHOK KUMAR REDDY MANDLEM	742-98-6892	
Address (Street, City, State, ZIP Code) 35810 BRIAR RIDGE LN	WRITE PAYMENT AMOUNT HERE	\$ 201.00
FARMINGTON MI 48335	MAIL TO: Michigan Department of Treasury P.O. Box 30774 Lansing, MI 48909	Enclose check payable to "State of Michigan." Write last four digits of filer's SSN and "2022 MI-1040ES" on the front of your check. Do not fold or staple.

Instructions for Form MI-1040-V 2021 Michigan Individual Income Tax Payment Voucher

Important Information

Use this voucher only if making your payment after you file your MI-1040 return.

Do not use this voucher to do any of the following:

- Make any other payments to the State of Michigan
- Make estimated income tax payments. Estimated income tax payments should be made using the MI-1040ES
- Pay tax owed on your City of Detroit return. The City of Detroit tax due should be paid using the CITY-V.

Failure to provide a complete Social Security number on Form MI-1040-V will result in processing delays.

Enter on Form MI-1040-V below the tax due as shown on your *Individual Income Tax Return* (MI-1040), line 33.

Your payment and MI-1040-V are due April 18, 2022. If your payment is late, you will owe interest and penalty in addition to the tax due. The annual interest rate is 1 percent above the current prime rate. Penalty is 5 percent of the tax due for the first two months, then 5 percent for each month thereafter until the full payment is received, up to a maximum penalty of 25 percent. If you pay late, you may calculate and add interest and penalty to your payment or Treasury will send you a bill for any additional amount due. Interest rates are adjusted on July 1 and January 1. For current interest rates visit www. michigan.gov/taxes.

If you do not owe any tax on your MI-1040, do not file this form.

Electronic Payments

You may choose to make your Individual Income Tax payment electronically. Paying electronically is easy, fast and secure. Payment options include direct debit (eCheck) from your checking or savings account, or payment by credit or debit card.

You can also make your Individual Income Tax payment using direct debit when supported by your e-file software provider.

If you choose to make your payment electronically, you do not need to mail the MI-1040-V to Treasury. Visit www.michigan.gov/iit for more information.

Mailing Instructions

- Make your check payable to the "State of Michigan."
 Print "2021 MI-1040-V" and the last four digits of your
 Social Security number on the check. If paying on behalf
 of another filer, write the filer's name and the last four
 digits of the filer's Social Security number on the check.
- Detach Form MI-1040-V along the dotted line.
- Do not attach your payment to Form MI-1040-V. Instead, place both items loose in the envelope and mail to:

Michigan Department of Treasury P.O. Box 30774 Lansing, MI 48909

- Do not attach a copy of your return to the MI-1040-V.
 Attaching a copy of your return will delay the application of payment to your account.
- Do not write notes on the MI-1040-V or submit the voucher without payment.
- If you mail your payment with your paper filed return, you do not need to mail the MI-1040-V to Treasury.

If you have questions, you may call 517-636-4486. Assistance is available using TTY through the Michigan Relay Service by calling 711.

Visit www.michigan.gov/taxes for additional information.

Mail this form with payment for your MI-1040 return. Do not file with your paper return.

Detach here and mail with your payment. Do not fold or staple the voucher.

Michigan Department of Treasury (Rev. 03-21)

2021 MICHIGAN Individual Income Tax Payment Voucher

MI-1040-V

Issued under authority of Public Act 281 of 1967, as amended. See instructions for filing guidelines.

Mail Form MI-1040-V with your payment after you file your MI-1040 return. Do not use this form to make any other payments to the State of Michigan.

REV 03/29/22 PRO

Filer's Name(s) (First, Middle Initial, Last) and Home Address (Street, City, State, ZIP Code)	Filer's Full Social Security Number 742-98-6892	Spouse's Full Social Security Number
ASHOK KUMAR REDDY MANDLEM 35810 BRIAR RIDGE LN FARMINGTON MI 48335	WRITE PAYMENT AMOUNT HERE	\$ 802 .00
	MAIL TO: Michigan Department of Treasury P.O. Box 30774 Lansing, MI 48909	Make check payable to "State of Michigan." Write the last four digits of filer's Social Security number and "2021 MI-1040-V" on the check. Do not fold or staple.

2021 MICHIGAN Individual Income Tax Return MI-1040

2021 MICHIGAN INCI Return is due April 18, 2022					n IVII-10	140		,		ended Return [ude Schedule AMD)	
1. Filer's First Name	I M.I.	Last Name	DIACK II	IIK.		2 Eilor's	o Eull	Social Soc	vurity (No. (Example: 122.45.6	790)
ASHOK KUMAR REDDY		MANDLEM				Z. Filel s	S Full	Social Sec	unity	No. (Example: 123-45-6	709)
If a Joint Return, Spouse's First Name	M.I.	Last Name				7	42		98	 6892	
Homo Address (Number Street or DO E	, ov,					3. Spou	se's F	ull Social	Secur	ity No. (Example: 123-4	5-6789
Home Address (Number, Street, or P.O. B 35810 BRIAR RIDGE											
City or Town	ши		State	ZIP Code		4. Scho	ol Dis	trict Code	(5 dia	its – see page 60)	
City or Town State ZIP Code 4. School District Code (5 digits – see p							e oue page co,				
5. STATE CAMPAIGN FUND					6. FARMI	ERS, FIS	HER	MEN, OR	SEA	AFARERS	
Check if you (and/or your spous filing a joint return) want \$3 of y to go to this fund. This will not in your tax or reduce your refund.	our taxes		ler			heck this shing, or s			our ir	ncome is from farmin	g,
7. 2021 FILING STATUS. Check of	one.						CY S	TATUS.	Chec	k all that apply.	
a. X Single		ou check box "c,"			a. X F	Resident				* If	,
b. Married filing jointly	line : belo	3 and enter spous w·	e's full n	name	ر ا ا	Nonreside	nt *			* If you check box "b" "c," you must comple	
b. Married filing jointly					b	vonreside	HIL			and include Schedu	
c. Married filing separately*					c. F	Part-Year	Resi	dent *	NR.		
9. EXEMPTIONS. NOTE: If som	neone els	e can claim you a	s a depe	endent, che	ck box 9e, e <u>r</u>	nter 0 on I	ine 9	a and en	ter \$	1,500 on line 9e (see	instr.)
						1				400	
a. Number of exemptions (see		,			T T	1	х	\$4,900	9a.	490	00 00
 b. Number of individuals who oblind, hemiplegic, paraplegit 							x	\$2,800	9b.		loc
c. Number of qualified disable		-		-	- I		x	\$400	9c.		00
d. Number of Certificates of Stillbirth from MDHHS (see instructions)					x	\$4,900	9d.		00		
e. Claimed as dependent, see	line 9 N	OTE above			e.				9e.		oc
f. Add lines 9a, 9b, 9c, 9d and	d 9e. Ent	ter here and on lin	ie 15						9f.	490	0 00
10. Adjusted Gross Income from	vour U.S	S. Form <i>1040</i> (see	e instruct	tions)						4435	4 00
	. ,	(655									
11. Additions from Schedule 1, line	e 9. Incl u	ide Schedule 1						11.			00
12. Total. Add lines 10 and 11								-		4435	4 00
13. Subtractions from Schedule 1,	line 29.	Include Schedul	e 1					13			00
14. Income subject to tax. Subtra	act line 1	3 from line 12. If I	ine 13 is	s greater tha	an line 12, en	ter "0"		14.		4435	4 00
15. Exemption allowance. Enter	amount f	rom line 9f or Sch	edule NI	R, line 19				15.		490	0 00
16. Taxable income. Subtract line	15 from	line 14. If line 15	is great	er than line	14, enter "0"					3945	4 00
17. Tax. Multiply line 16 by 4.25%	(0.0425)							17.		167	7 00
ION-REFUNDABLE CREDITS	,				AMOUN			_		CREDIT	
18. Income Tax Imposed by gover Include a copy of the return (se				За.		331	00	18b.		33	1 00
19. Michigan Historic Preservation instructions)		,		9a.			00	19b.		-	00
20. Income Tax. Subtract the sum	of lines	18b and 19b from	line 17.					,		134	6 00

2021 M	/II-1040, Page 2 of 2		=: . = ::0 :		7	4.0			
		F	Filer's Full Social S	Security Number	r /	42 -	- у	98 6892	
21.	Enter amount of Income Tax from lin						21.	1346	
22.	Voluntary Contributions from Form 4						22.		00
23.	USE TAX. Use tax due on Internet, Worksheet 1 (see instructions)		•			············	23.	(00
24	Total Tax Liability. Add lines 21, 22	2 and 23				24		1346	5 ₀₀
	JNDABLE CREDITS AND PAYM					4.7 ∟		· · · · · · · · · · · · · · · · · · ·	700
25.	Property Tax Credit. Include MI-10	040CR or MI-1040	ICR-2						00
26.	Farmland Preservation Tax Credit	t. Include MI-1040)CR-5		DERAL		26.	MICHIGAN	00
27.	Earned Income Tax Credit. Multiply enter result on line 27b					00	27b.		00
28.	Michigan Historic Preservation Tax (_	า 3581			28		00
29.	Credit for allocated share of tax paid	d by an electing flo	w-through entity	y (see instruct	tions)		29.		00
30.	Michigan tax withheld from Schedule	le W, line 6. Includ	le Schedule W	(do not subn	nit W-2 s)		30.	544	1 00
31.	Estimated tax, extension payments	and 2020 credit fo	nward				3		00
32.		. Taxpayers comple	eting an original						
	32a. If you had a refund and/or on negative number on line 32	credit forward on the 2c.	original return, ch						
	32b. If you paid with the original any additional tax paid after						32c.		00
	Total refundable credits and paymer	nts. Add lines 25, 2	26, 27b, 28, 29,	30, 31 and 32	2c	33		544	1 00
_	JND OR TAX DUE If line 33 is less than line 24, subtract	ot line 33 from line	24 If annlicable	o see instruct	tione	Г			\top
О -т.	II IIIIe 55 is iess tian iiio 24, sabta	St line 33 Hom Mile	Z4. II applicable	e, see mande	.10113.				
	Include interest 00 a	and penalty	00	\	YOU OWE	34.		802	2 00
35.	Overpayment. If line 33 is greater the	than line 24, subtra	act line 24 from l	line 33		35.			00
36.	Credit Forward. Amount of line 35 t	to be credited to yo	our 2022 estima	ated tax for yo	ur 2022 tax re	turn	36.		00
27	Outstand the 26 from line 25				REFUND	27			
	Subtract line 36 from line 35 ECT DEPOSIT	a. Routing Tra			Account Number	37. er	\neg	c. Type of Account	00
Depos	sit your refund directly to your financial tion! See instructions and complete a, b						1.	Checking 2. Sav	ings
Dece	eased Taxpayer. If Filer and/or Spous							eclare under penalty of perjury	
ENTE	ER DATE OF DEATH ONLY. Example:	04-15-2021 (MM-DD)-YYYY)		this return is ba			ion of which I have any knowled	dge.
Filer		Spouse		-	P02082	703			
and att	payer Certification. I declare under particular to the best		it the information ii	n this return		RÏYA		SAGAR GUPTA	ГΑ
Filer's	s Signature		Date		Preparer's Sign		RAM	SAGAR GUPTA T	ГА
Spous	se's Signature By checking this box, I authorize Tre	eacury to discuse r	Date	av preparer	Preparer's Bus GLOBAL 2530 PI CUMMIN	TAXI EBBLI	ES LI E CRE	EEK LN	
	by checking this box, I authorize Tre	asury to discuss it	ny return with m	ly preparer.	678-96			11	

Refund, credit, or zero returns. Mail your return to:

Michigan Department of Treasury, Lansing, MI 48956

Pay amount on line 34 (see instructions). Mail your check and return to: Michigan Department of Treasury, Lansing, MI 48929

2021 MICHIGAN Withholding Tax Schedule

Issued under authority of Public Act 281 of 1967, as amended.

Type or print in blue or black ink.

Attachment 13

INSTRUCTIONS: If you had Michigan income tax withheld in 2021, you must complete a *Withholding Tax Schedule* (Schedule W) to claim the withholding on your *Individual Income Tax Return* (MI-1040, line 30). Report military pay in Table 1 and military retirement benefits and taxable railroad retirement benefits (both Tier 1 and Tier 2) in Table 2 even if no Michigan tax was withheld. Include your completed Schedule W with Form MI-1040. See complete instructions on page 2 of this form. If you need additional space, include another Schedule W.

1. Filer's First Name	M.I.	Last Name	2. Filer's Full Social Security No. (Example: 123-45-6789)
ASHOK KUMAR REDDY		MANDLEM	742 — 98 — 6892
If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123-45-6789)

TABLE 1: MICHIGAN TAX WITHHELD OR MILITARY PAY REPORTED ON W-2, W-2G or CORRECTED W-2 FORMS

TIELE II MICHIGARY INC. WITHIELD ON MILLIAM TO THE ONLY IN 10 OF CONNECTED WITH CONNECTED WITHIN								
P	١ .	В	С	D		E		
Enter "		Employer's identification number (Example: 38-1234567)	Box c — Employer's name	Box 1 — Wages, tips, other compensation		Box 17 — Michigan income tax withheld		
Х		26-3259621	KEYPIXEL SOFTWAR	37507	00	544	00	
					00		00	
					00		00	
					00		00	
					00		00	
Enter Table 1 Subtotal from additional Schedule W forms (if applicable)							00	
		TOTAL. Enter total of Table 1, c		544	00			

TABLE 2: MICHIGAN TAX WITHHELD OR MILITARY RETIREMENT BENEFITS AND RAILROAD RETIREMENT BENEFITS (BOTH TIER 1 AND TIER 2) REPORTED ON 1099 FORMS

Α	В	С	D	E	
Enter "X" for: Filer or Spouse	Payer's federal identification number (Example: 38-1234567)	Payer's name	Taxable pension distribution, misc. income, etc. (see inst.)	Michigan income tax withheld	
			00	00	
			oc	00	
			00	00	
			00	00	
			00	00	
Enter Table	Enter Table 2 Subtotal from additional Schedule W forms (if applicable)				
5. SUE	BTOTAL. Enter total of Table 2, co	olumn E	5	00	
6. TOT	AL. Add lines 4 and 5. Enter her	e and carry to MI-1040, line 3	0 6	544 0	

REV 03/29/22 PRO

MI-1040 Line 18

Credit for Income Tax Paid to Another State

 $\begin{array}{c} \textbf{2021} \\ \textbf{Statement} \ \, \underline{\text{NJ}} \end{array}$

		Social Sec	curity Number -6892
• Q	uickZoom to another copy of this worksheet		. →
	art-year residents: You can claim this credit only when your income from another hile you were a Michigan resident.	state was	earned
	urisdiction code · · · · · · ► <u>NJ</u> urisdiction name · · · · · · <u>New</u> Jersey		
1	Income earned in another state or locality subject to Michigan tax	1	22,906.
2	Enter the amount from Form MI-1040, line 14	2	44,354.
3	Divide line 1 by line 2	3	0.5164
4	Enter the amount from Form MI-1040, line 17	4	1,677.
5	Multiply line 4 by line 3	5	866.
6	Enter the amount of tax imposed by another state or locality	6	331.
7	Credit. Enter line 6 or the smaller of line 5 or line 6	7	331.

MIIW1801.SCR 04/30/15