Department of the Treasury Calendar Year -Internal Revenue Service

Due 04/18/2022

2022 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2022 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....

1,000.

REV 04/01/22 PRO

1555

169-94-5664 HARITHA KURAPATI

2112 SUMMER BREEZE RD CHEZAPEAKE VA 53353

Department of the Treasury Calendar Year — Internal Revenue Service

Due 06/15/2022

2022 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2022 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....

1,000.

REV 04/01/22 PRO

1555

169-94-5664 HARITHA KURAPATI

2112 SUMMER BREEZE RD CHEZAPEAKE VA 53353

Department of the Treasury Calendar Year — Internal Revenue Service

Due 09/15/2022

2022 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2022 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....

1,000.

REV 04/01/22 PRO

1555

169-94-5664 HARITHA KURAPATI

2112 SUMMER BREEZE RD CHEZAPEAKE VA 53353

Department of the Treasury Calendar Year — Internal Revenue Service

Due 01/17/2023

2022 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2022 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....

1,000.

REV 04/01/22 PRO

1555

169-94-5664 HARITHA KURAPATI

2112 SUMMER BREEZE RD CHEZAPEAKE VA 53353

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

- Internal n	nevertue Service						
Submis	ssion Identification Number (SID)						
Taxpayer	r's name		Social secu	rity numb	er		
HARI	THA KURAPATI		169-94	1-5664	1		
Spouse's		5	Spouse's so			mber	
Dowl	Tou Deturn Information Tou Very Finding December 04	/Ft				·! \	
Part	<u> </u>	(Enter y	ear you	are aut	noriz	ing.)	
	vhole dollars only on lines 1 through 5. Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.						
	Adjusted gross income			11		8 9	002.
	Total tax			2			507.
	Federal income tax withheld from Form(s) W-2 and Form(s) 1099			3			761.
	Amount you want refunded to you			4		٦,	701.
	Amount you owe			5		2	776.
Part I		t and ke	ep a co		our r	eturi	<u> </u>
my know return (o to send for any o Agent to payment authoriza payment business taxes to persona Electron	penalties of perjury, I declare that I have examined a copy of the income tax return (original or a wledge and belief, it is true, correct, and complete. I further declare that the amounts in Pateriginal or amended) I am now authorizing. I consent to allow my intermediate service provider my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize in initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accounts of my federal taxes owed on this return and/or a payment of estimated tax, and the financial ration is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to the payment (settlement) date. I also authorize the financial institutions involved to receive confidential information necessary to answer inquiries and resolve issues related alidentification number (PIN) below is my signature for the income tax return (original or amendic FIN) to enter or getter authorize and resolve issues to enter or getter authorize and resolve issues related alidentification number (PIN) below is my signature for the income tax return (original or amendic FIN) to enter or getter authorize and resolve issues related and income tax return (original or amendic FIN) and the income tax return (original or amended) I am now authorizing. I will enter my PIN as my signature on the income tax return (original or amended)	art I above r, transmitte in for reject ize the U.S. count indications institution terminate the tition requested in the paynded) I am	are the an er, or election of the . Treasury ted in the to debit the authorists must be occassing ownent. I funow authory y PIN	nounts fironic ret transmisiand its c tax prepe entry t zation. To pe receive of the elerther ac rizing ar	rom thurn or ssion, (designaration to this for revolved no ectroniknowled, if a digits, r all zero	ne inco iginato (b) the ated F n softv accou oke (ca o later ic payi edge t applica	ome tax or (ERO) reason inancial vare for nt. This ancel) a than 2 ment of that the ble, my
	if you are entering your own PIN and your return is filed using the Practitioner Pl below.						
Your sig	ignature ▶ D	ate►					
Spouse	e's PIN: check one box only						
· 🗆	I authorize to enter or ge	enerate m	v PIN				as my
	ERO firm name	•	E	nter five			,
	signature on the income tax return (original or amended) I am now authorizing.			on't ente			
	I will enter my PIN as my signature on the income tax return (original or amended if you are entering your own PIN and your return is filed using the Practitioner Pl below.						
Spouse	e's signature ▶ D	ate ►					
	Practitioner PIN Method Returns Only—continue	below					
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 6	9
			Don't er	iter all ze	ros		
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual in the ted to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I aments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providence.	am submitt	ing this re	turn in a	ccord	anće v	
ERO's	signature ▶ D	ate ►					
	ERO Must Retain This Form — See Instruct	ions					
	Don't Submit This Form to the IRS Unless Requeste		So				

Form 1040-V 2021 Page **2**

IF you live in	THEN use this address to send in your payment
Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214
Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Oklahoma, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, South Dakota, Utah, Washington, Wyoming	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

Form **1040-V** 2021

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury Internal Revenue Service

(99) **202**

Form 1040-V Payment Voucher

► Use this voucher when making a payment with Form 1040.

► Do not staple this voucher or your payment to Form 1040.

► Make your check or money order payable to the 'United States Treasury.'

► Write your social security number (SSN) on your check or money order.

Enter the amount of your payment ► PREV 04/01/22 PRO 1555

HARITHA KURAPATI

2112 SUMMER BREEZE RD CHESAPEAKE VA 23323

INTERNAL REVENUE SERVICE P.O. BOX 931000 LOUISVILLE, KY 40293-1000

£1040

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

2021

OMB No. 1545-007

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

Filing Status Check only one box.	If yo	ou checked the MFS box, enter the r	ame of	your spouse. If you	checl	ked the HOH		, ,	_	, ,	` , ` ,
Your first name	and m	iddle initial	Last na	ame					Your so	cial securi	ity number
HARITHA			KUR	APATI					169-9	94-566	54
If joint return, s	pouse's	s first name and middle initial	Last na	ame					Spouse's	s social se	curity number
									608-	73-532	25
Home address	(numbe	er and street). If you have a P.O. box, see	instruct	ions.				Apt. no.	Presider	ntial Electi	ion Campaigr
2112 SUI	MMER	BREEZE RD									
City, town, or p	ost offi	ce. If you have a foreign address, also co	omplete s	spaces below.	Sta	ite	ZIP	code		0,	•
CHESAPE	AKE				V	A	23	323			0
Foreign countr	y name			Foreign province/state	e/coun	ty	Fore	ign postal code			
At any time du	ring 20	D21, did you receive, sell, exchange	, or othe	erwise dispose of a	ny fina	ancial interest	in an	y virtual curre	ncy?	Yes	⊠ No
Standard Deduction		_	•								
Age/Blindness	You	: Were born before January 2, 1	957 [Are blind Sp	oouse	: Was bo	orn be	fore January 2	2, 1957	☐ Is b	lind
Dependent	s (see	instructions):		(2) Social securi	ty	(3) Relations	ship	(4) ✓ if q	ualifies for	(see instru	uctions):
If more	If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name in person is a child but not your dependent	Credit for o	ther dependents								
than four											
dependents, see instructions											
and check	5 —										
here ▶											
	1	Wages, salaries, tips, etc. Attach	Form(s)	W-2					. 1		98,202.
Attach	2a	Tax-exempt interest	2a		b T	axable interes	st		. 2b		
Sch. B if required.	3a	Qualified dividends	3a						. 3b		
required.	4a	IRA distributions	4a		b T	axable amou	nt .		. 4b		
	5a	Pensions and annuities	5a		b T	axable amou	nt .		. 5b		
Standard	6a	Social security benefits	6a		b T	axable amou	nt .		. 6b		
Deduction for—	7	Capital gain or (loss). Attach Sche	dule D i	f required. If not red	quired	, check here		▶ [7		
 Single or Married filing 	8	Other income from Schedule 1, lir	ne 10						. 8		-9,200.
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your total in	come				▶ 9		89,002.
Married filing	10	Adjustments to income from Sche	edule 1,	line 26					. 10		
jointly or Qualifying	11	Subtract line 10 from line 9. This i	s your a	djusted gross inco	ome				▶ 11		89,002.
widow(er), \$25,100	12a		•	-		12	2a	12,55	0.		
Head of	b			•		ructions) 12	2b	30	0.		
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 Fori	m 899	95-A			. 13		
any box under Standard	14	Add lines 12c and 13							. 14		12,850.
Deduction,	15	Taxable income. Subtract line 14	from lir	ne 11. If zero or less	, ente	er -0			. 15		76,152.

	16	Tax (see instructions). Check it	f any from Form	(s): 1 881	4 2 🗌 4972	3 🗌			16	12,	,507.
	17	Amount from Schedule 2, line	3						17		
	18	Add lines 16 and 17							18	12,	,507.
	19	Nonrefundable child tax cred	it or credit for o	ther depender	nts from Schedule	e 8812			19		
	20	Amount from Schedule 3, line	8						20		
	21	Add lines 19 and 20							21		
	22	Subtract line 21 from line 18.	If zero or less, e	enter -0					22	12,	,507.
	23	Other taxes, including self-en	nployment tax, t	from Schedule	e 2, line 21 .				23		0.
	24	Add lines 22 and 23. This is y	our total tax					. ▶	24	12,	,507.
	25	Federal income tax withheld	from:								
	а	Form(s) W-2				25a	9 ,	761.			
	b	Form(s) 1099				25b					
	С	Other forms (see instructions))			25c					
	d	Add lines 25a through 25c .							25d	9 ,	,761.
If you have a	26	2021 estimated tax payments	s and amount ap	oplied from 20	20 return				26		
qualifying child, attach Sch. EIC.	27a	Earned income credit (EIC) .				27a					
attach Sch. Elc.		Check here if you were be January 2, 2004, and you taxpayers who are at least ag	satisfy all the je 18, to claim t	e other requi he EIC. See in	rements for						
	b	Nontaxable combat pay elect									
	С	Prior year (2019) earned incom									
	28	Refundable child tax credit or				28					
	29	American opportunity credit f				29					
	30	Recovery rebate credit. See i				30			-		
	31	Amount from Schedule 3, line				31					
	32	Add lines 27a and 28 through							32		
-	33	Add lines 25d, 26, and 32. Th						. •	33	9 ,	761.
Refund	34	If line 33 is more than line 24,				•	=		34		
	35a	Amount of line 34 you want re						▶ □	35a		
Direct deposit? See instructions.	►b	Routing number X X X X X X X X X X X X X CHARLES CHECKING Savings Account number X X X X X X X X X X X X X X X X X X X									
occ mondonone.	►d					i i					
	36	Amount of line 34 you want a				36					
Amount	37	Amount you owe. Subtract I				1 1	ructions	. ▶	37	2,	,776.
You Owe	38	Estimated tax penalty (see in:				38		30.			
Third Party Designee	ins	you want to allow another tructions	•				Yes. Cor	mplete b		X No	
		ne ►		no.				er (PIN)			
Sign		der penalties of perjury, I declare thief, they are true, correct, and comp					nd statement	s, and to	the bes		
Here	You	ur signature		Date	Your occupation			- 1		nt you an Ider N, enter it he	,
Joint return?					HOME MAKEI	R		- 1	inst.) ▶	IN, enter it he	ire
See instructions.	Spo	ouse's signature. If a joint return, b	oth must sign.	Date	Spouse's occupat	ion				nt your spous	
Keep a copy for your records.	,								ity Prote inst.) ▶	ection PIN, er	nter it here
,		(221)215 222						(300)	11131./		
		one no. (201)916-3237	Preparer's signati	Email address		Data		PTIN		Check if:	
Paid					OIIDMA MATTAN	Date			7702	Self-en	anlovad
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GUPTA TALLAM	104/1	3/2022 1	202082			. ,
Use Only		m's name ► GLOBAL TAX		C '	- C7 20041					678)965	
		n's address ▶ 2530 Pebbl		n Cummin				Firm'	s EIN 🕨		
Go to www.irs.a	ov/Forn	11040 for instructions and the lates	t information.		BAA	REV 04	/01/22 PRO			Form 1 ()40 (2021)

Form 1040 (2021)

Page **2**

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2021

Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

HARITHA KURAPATI

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

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

Your social security number 169-94-5664

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes	3	1	
2a	Alimony received		2 a	
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, tro	·	5	-9,200.
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		
1	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 ▶	0-		
	Total ather income. Add lines On the same On	8z		
9 10	Total other income. Add lines 8a through 8z		9	
10	10/0-NR line 8	J+U, 1U+U-JN, UI	10	0.000

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

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

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.

Your social security number

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

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

Attachment Sequence No. **13**

OMB No. 1545-0074

HARI	THA KURAPATI							16	59-94-5	6664		
Part	Income or Loss	From Rental Real Estate and Roy	/altie	s Note:	f you a	are in th	e business o	f renti	ng person	al pro	perty,	use
		nstructions. If you are an individual, repo	ort farı	m rental inc	ome o	or loss fr	om Form 48	35 or	page 2, li	ne 40.		
A Dic		nts in 2021 that would require you to										No
		ou file required Form(s) 1099?										
1a		each property (street, city, state, ZIP										
Α	,	,,		- /								
В												
С												
1b	Type of Property	2 For each rental real estate prop	orty I	ietad		Fair	Rental	Per	sonal Us	е		
	(from list below)	above, report the number of fai personal use days. Check the of if you meet the requirements to	r rent	al and			ays		Days		Q,	JV
Α	3	personal use days. Check the	JJV b	ox only—	Α		365		0		Г	7
В		qualified joint venture. See inst	ructio	ns.	В		303					<u>-</u> 1
C					C							<u>-</u> 1
	of Property:											
	le Family Residence	3 Vacation/Short-Term Rental	5 la	nd		7 Self-l	Rental					
-	ti-Family Residence			yalties			r (describe)					
Incom		Properties:		yanios	A	5 Ollie	<u>(describe)</u> B				С	
3			3			600.						
4			4			000.						
Expen	eae.		7									
5			5									
6		nstructions)	6									
7	,	ance	7		1	000.						
8			8			000.						
9			9									
10		ssional fees	10									
11	_		11			800.						
12	_	d to banks, etc. (see instructions)	12			800.						
13			13									
14			14			500.						
15			15			000.						
16			16		۷,	000.						
17			17		2	500.						
18		or depletion	18		٥,	300.						
19	Other (list)		19									
20	` ′	ines 5 through 19	20			800.						
	•	•	20		,	000.						
21		line 3 (rents) and/or 4 (royalties). If nstructions to find out if you must										
			21		-9.	200.						
22		estate loss after limitation, if any,										
22	on Form 8582 (see in:		22	(9 2	00.)	()()
23a	·	eported on line 3 for all rental prope		1/	J , Z	23a	1	6	00.			
b		eported on line 4 for all royalty prope			•	23b			00.			
C		eported on line 12 for all properties	JI 1169		•	23c						
d		eported on line 18 for all properties			•	23d						
e		eported on line 20 for all properties			•	23e		9,8	00			
24		e amounts shown on line 21. Do no t				200		ر ر	24			
25	•	sses from line 21 and rental real estate		-		nter tota	 Il losses her	٠	25 (9,2	00)
									(ر ر	JU.)
26		ate and royalty income or (loss). (V, and line 40 on page 2 do not a										
		v, and line 40 on page 2 do not a In) line 5. Otherwise include this an		•				OII	26		_9	200.

2021 VA760CG Page 1





HARITHA

KURAPATI

2112 SUMMER BREEZE RD

CHESAPEAKE

VA 23323

_					
SSN - You KURA		169945664	Vendor ID 1555	5	xxxxx
SSN - Spouse		608735325			
Fed Adj Gross Income (FAGI)	1.	89002.	Withholding (VA) - You	19A.	5130.
Additions	2.		Withholding (VA) - Spouse	19B.	
Subtotal	3.	89002.	Estimated Payments	20.	
Age Deduction - You	4A.		2020 Overpayment	21.	
Age Deduction - Spouse	4B.		Extension Payments	22.	
Soc Sec & Tier 1 Railroad	5.		Credit - Low-Income or EIC	23.	
State Income Tax Overpayment	6.		Credit - Schedule OSC	24.	
Subtractions	7.		Credits - Schedule CR	25.	
Subtotal Subtractions	8.		Total Payments / Credits	26.	5130.
Total VA Adj Gross Income (VAGI)	9.	89002.	Tax You Owe	27.	
Itemized Deductions - VA Sch A	10.		Tax Overpayment	28.	582.
Standard Deduction	11.	4500.	Overpayment Credited to Next	Year 29.	
Exemptions	12.	930.	VAC - Virginia 529 / ABLE	30.	
Deductions	13.		VAC - Other Contributions	31.	
Subtotal (Deductions & Exemptions)	14.	5430.	Addition to Tax, Penalty & Inter	rest 32.	
VA Taxable Income	15.	83572.	Sales and Use Tax	33.	
Amount of Tax	16.	4548.	Amount You Owe	N	
Spouse Tax Adjustment (STA)	17.		Will Pay by Credit/Debit Card Your Refund	N	582.
VAGI - Spouse	17A.		Dools Douting #		021200220
Net Amount of Tax	18.	4548.	Bank Routing #	C 2010:	021200339
L			Bank Account #	3810.	15884600

__LAR __DLAR __DTD __LTD \$_____

Page 1 of 2





I			
Filing Status, Age & License Infor	rmation	Additional Filing Information	
Filing Status	3	Locality	550
Federal Head of Household		Uninsured & Authorize DMAS	
DOB - You	01081987	Name or Filing Status Change	
VA Driver's License ID - You	A62189967	Address Change	
VA Driver's License - Iss. Date - You	u 03252021	VA Return Not Filed Last Year	
Spouse Name (Filing Status 3 Only	,	Dependent on Another's Return	
SURESH MALISETTY		Farmer / Fisherman / Merchant Seaman	
DOB - Spouse		Amended	
VA Driver's License ID - Spouse		Reason Code	
VA Driver's License - Iss. Date - Sp		Overseas on Due Date	
You 1	xemptions (B) 65 & Over - You	Federal EIC & Amount	
Spouse	65 & Over - Spouse	Deceased Indicator	
Dependents	Blind - You	No Sales & Use Tax Due Indicator	X
Total (A)	Blind - Spouse	Obtain Electronic 1099G	
	Total (B)	ID Theft PIN	
I (We), the undersigned, declare under penal	·	best of my (our) knowledge, it is a true, correct & complete return. If you a mation provided is for a domestic account within the territorial jurisdiction of	•
Signature - You	Date	Phone - You	
Signature - Spouse	Date	Phone - Spouse	
Signature - Preparer <u>SYAM PRIYA RAM</u>	SAGAR GUPTA TALLAM Date 041322	2 Phone - Preparer 6789	9659522
The Tax Department may discuss my/ou	ur return with my/our preparer.	Preparer Information 7 P02	2082703

GLOBAL TAXES LLC

CUMMING

2530 PEBBLE CREEK LN

GA 30041

Page 2 of 2

1555 REV 03/22/22 PRO

File by May 1, 2022 Include Page 1, Page 2 and all

supporting 760CG documents.

2021 Schedule INC/CG

169945664

Report all W-2s, 1099s & VK-1s with VA Withholding

HARITHA

KURAPATI



Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
Г					コ
169945664	W	5130.	351835818	30351835818F001	98202.

Total VA Withholding

You

169945664

5130.

Spouse

Total # of W-2s,1099s & VK-1s

01

VA-8879 Virginia Department of Taxation

Virginia Individual Income Tax e-File Signature Authorization

Tax Year 2021

DO NOT SEND THIS VA-8879 TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS. IT MUST BE MAINTAINED IN YOUR FILES!

Your Name HARITHA KURAPATI Spouse's Name B Your Social Security Number 169-94-5664 A Spouse's Social Security Number 1 Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1) Yorginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 1) Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 19) Taxable Income Tax (Form 760CG, Line 15; 760PY, Line 17, columns A & B; Form 763, Line 18) Withholding (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763, Line 18) Mount you Owe (Form 760CG, Line 36; Form 760PY, Line 35; Form 763, Line 35) Refund (Form 760CG, Line 36; 760PY, Line 36; Form 763, Line 36) Part II Declaration of Taxpayer and Signature Authorization Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the year ending December 31, 2021, and to the best of my knowledge and belief, it is true, correct and complete. I further declare that the information I provided to my Electronic roumber) and the amount shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If I are the corresponding lines of my electronic income tax return. If I are the corresponding lines of my electronic income tax return. If I are the corresponding lines of my electronic income tax return. If I are the corresponding lines of my electronic income tax return. If I are the corresponding lines of my electronic income tax return. If I are the corresponding lines of my electronic income tax return. If I are the corresponding lines of my electronic income tax return. If I are the corresponding lines of my electronic income tax return. If I are the corresponding lines of my electronic income tax return. If I are the corresponding lines of my electronic income tax return. If I are the corresponding lines of my electronic income tax return. If I are th
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filing a balance due return, I understand that if the Virginia Department of Taxation (Virginia Tax) does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit my complete return to Virginia Tax. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, the direct deposit of my refund or direct debit of my tax due. In choosing either direct deposit or direct debit, I certify that the transaction does not directly involve a financial institution outsid of the territorial jurisdiction of the United States at any point in the process. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program. Taxpayer's e-File PIN: check one box only I authorize the ERO named below to enter my e-File PIN 4 5 6 6 4 as my signature on my 2021 e-filed Virginia individual income tax return. Do not enter all zeros GLOBAL TAXES LLC
ERO Firm Name
I will enter my e-File PIN as my signature on my 2021 e-filed Virginia individual income tax return. Check this box only if you are entering your own e-File PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.
Your Signature Date
Spouse's e-File PIN: check one box only
I authorize the ERO named below to enter my e-File PIN as my signature on my 2021 e-filed Virginia individual income tax return. Do not enter all zeros
ERO Firm Name
I will enter my e-File PIN as my signature on my 2021 e-filed Virginia individual income tax return. Check this box only if you are entering your own e-File PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.
Spouse's Signature Date
Spouse's Signature Date
Part III Certification and Authentication – Practitioner PIN Method Only
Part III Certification and Authentication – Practitioner PIN Method Only

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.

Department of the Treasury Internal Revenue Service (99) ▶ Go to www.irs.gov/ScheduleE for instructions and the latest information. Name(s) shown on return

Attachment Sequence No. **13**

Your social security number

OMB No. 1545-0074

HARI	THA KURAPATI							10	59-94	-5664	4	
Part	Income or Loss	From Rental Real Estate and Ro	yaltie	s Note: If	you a	are in th	e business c	of rent	ing pers	onal pr	operty,	use
	Schedule C. See	instructions. If you are an individual, rep	ort farr	m rental inco	ome o	r loss fr	om Form 48	335 or	n page 2	, line 40).	
A Dic	d you make any payme	nts in 2021 that would require you to	file F	orm(s) 109	9? Se	ee instr	uctions .			П	es X	No
		ou file required Form(s) 1099?									'es	No
1a	Physical address of	each property (street, city, state, ZIF	code	e)								
A	,	1 1 3 (,								
В												
С												
1b	Type of Property	2 For each rental real estate pro	nerty li	sted		Fair	Rental	Per	sonal l	Jse		D./
	(from list below)	above report the number of fa	ir ront	al and			ays		Days		Q	JV
Α	3	personal use days. Check the if you meet the requirements to	QJV b	ox only	Α		365		()	Г	7
В	† 	qualified joint venture. See inst	tructio		В						Ī	<u></u>
C	 				C						Ī	<u>-</u>
	of Property:											
	gle Family Residence	3 Vacation/Short-Term Rental	5 Lai	nd	7	Self-	Rental					
	ti-Family Residence	4 Commercial		valties			r (describe)	١				
Incom		Properties:	1		Ā	, Othic	<u>L (acsonbo</u>				С	
3	Rents received		3	-		500.		<u>- </u>				
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13			13									
14			14		2 1	500.						
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17			17		2 1	500.						
18		or depletion	18		٥,,	500.						
19	Other (list) ►	sol depletion	19									
20	` ′	lines 5 through 19	20		9 9	300.						
	•	•			J, (
21		line 3 (rents) and/or 4 (royalties). If instructions to find out if you must										
	file Form 6198	instructions to find out if you must	21		_9 . 1	200.						
22		estate loss after limitation, if any,			- 12							
22	on Form 8582 (see in		22	(9 2	00.)	()()
23a	·	eported on line 3 for all rental prope		1/	J 1 4	23a	\	6	00.			
b		eported on line 4 for all royalty prop			•	23b			33.			
C		eported on line 12 for all properties	01 1100		•	23c						
d		eported on line 18 for all properties			•	23d						
e		eported on line 20 for all properties			•	23e		9,8	00			
24		e amounts shown on line 21. Do no						<i>,</i> 0	24			
25	•	sses from line 21 and rental real estate		-		ter tota	 al losses her	e.	25 (9 7	200.)
									(J , Z	
26		ate and royalty income or (loss). V, and line 40 on page 2 do not										
		v, and line 40 on page 2 do not 10) line 5. Otherwise include this a		•					26		_9	200.