

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.
▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name PADMAVATI SRINIVAS PAPPALA	Social security number 117-41-4853
Spouse's name	Spouse's social security number

Part I Tax Return Information – Tax Year Ending December 31, 2021 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1 Adjusted gross income	1	84,896.
2 Total tax	2	11,594.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	12,472.
4 Amount you want refunded to you	4	878.
5 Amount you owe	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

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

1	4	8	5	3
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 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize _____ to enter or generate my PIN

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

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

5	8	7	2	7	8	6	1	9	8	9
---	---	---	---	---	---	---	---	---	---	---

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

Filing Status [X] Single [] Married filing jointly [] Married filing separately (MFS) [] Head of household (HOH) [] Qualifying widow(er) (QW)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent

Your first name and middle initial: PADMAVATI SRINIVAS
Last name: PAPPALA
Your social security number: 117-41-4853
If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number:

Home address (number and street). If you have a P.O. box, see instructions.
1673 FAIRWAY GLENS DRIVE
Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below.
SUPERIOR CHARTER TOWNSHIP
State: MI
ZIP code: 48198
Foreign country name:
Foreign province/state/county:
Foreign postal code:
Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
[] You [] Spouse

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

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

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

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) if qualifies for (see instructions): Child tax credit, Credit for other dependents. Includes dependents section with checkboxes for child tax credit and credit for other dependents.

Main income table with 15 rows. Columns include line numbers, descriptions (e.g., Wages, salaries, tips, etc.), and amounts. Total income is 84,896. Adjusted gross income is 84,896. Taxable income is 72,046.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	11,594.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	11,594.
19	Nonrefundable child tax credit or credit for other dependents from Schedule 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, enter -0-	22	11,594.
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
24	Add lines 22 and 23. This is your total tax	24	11,594.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	12,472.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	12,472.
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC) No	27a	
	Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/>		
b	Nontaxable combat pay election	27b	
c	Prior year (2019) earned income	27c	
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 15	31	
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	12,472.
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	878.
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	878.
Direct deposit? See instructions.	b Routing number 063100277 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number 5275180002299433		
	36 Amount of line 34 you want applied to your 2022 estimated tax	36	
Amount You Owe	37 Amount you owe . Subtract line 33 from line 24. For details on how to pay, see instructions	37	
	38 Estimated tax penalty (see instructions)	38	

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

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

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

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

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

Phone no. (321) 289-9206 Email address PADMAVATISRINIVAS30@GMAIL.COM

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 04/14/2022	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 2530 Pebble Creek Ln Cumming GA 30041		Phone no. (678) 965-9522	Firm's EIN 30-1017196

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

2021
Attachment
Sequence No. **01**

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

Your social security number
117-41-4853

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶ _____		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-8,450.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling income	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Taxable Health Savings Account distribution	8e	
f	Alaska Permanent Fund dividends	8f	
g	Jury duty pay	8g	
h	Prizes and awards	8h	
i	Activity not engaged in for profit income	8i	
j	Stock options	8j	
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8k	
l	Olympic and Paralympic medals and USOC prize money (see instructions)	8l	
m	Section 951(a) inclusion (see instructions)	8m	
n	Section 951A(a) inclusion (see instructions)	8n	
o	Section 461(l) excess business loss adjustment	8o	
p	Taxable distributions from an ABLE account (see instructions)	8p	
z	Other income. List type and amount ▶ _____	8z	
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	-8,450.

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2021

Part II Adjustments to Income

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

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

OMB No. 1545-0074

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

2021

Department of the Treasury
Internal Revenue Service (99)

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

Attachment
Sequence No. **13**

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

Name(s) shown on return

Your social security number

PADMAVATI SRINIVAS PAPPALA

117-41-4853

Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

A Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions Yes No
B If "Yes," did you or will you file required Form(s) 1099? Yes No

1a	Physical address of each property (street, city, state, ZIP code)				
A	9-35-6/5 OMSRI SAI ENCLAVE VISAKHAPATNAM ANDHRA PRADESH IN 530003				
B					
C					
1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	2		365	0	<input type="checkbox"/>
B					<input type="checkbox"/>
C					<input type="checkbox"/>

Type of Property:

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

Income:		Properties:		A	B	C
3	Rents received	3		550.		
4	Royalties received	4				
Expenses:						
5	Advertising	5				
6	Auto and travel (see instructions)	6				
7	Cleaning and maintenance	7		1,460.		
8	Commissions.	8				
9	Insurance	9				
10	Legal and other professional fees	10				
11	Management fees	11		1,200.		
12	Mortgage interest paid to banks, etc. (see instructions)	12				
13	Other interest.	13				
14	Repairs.	14		1,840.		
15	Supplies	15		2,100.		
16	Taxes	16				
17	Utilities.	17		2,400.		
18	Depreciation expense or depletion	18				
19	Other (list) ▶	19				
20	Total expenses. Add lines 5 through 19	20		9,000.		
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21		-8,450.		
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22		(8,450.)	()	()
23a	Total of all amounts reported on line 3 for all rental properties	23a			550.	
b	Total of all amounts reported on line 4 for all royalty properties	23b				
c	Total of all amounts reported on line 12 for all properties	23c				
d	Total of all amounts reported on line 18 for all properties	23d				
e	Total of all amounts reported on line 20 for all properties	23e			9,000.	
24	Income. Add positive amounts shown on line 21. Do not include any losses	24				
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25		(8,450.)		
26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2	26				-8,450.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2021

Qualified Disaster Retirement Plan Distributions and Repayments

► Go to www.irs.gov/Form8915F for instructions and the latest information.
► Attach to Form 1040, 1040-SR, or 1040-NR.

Name. If married, file a separate form for each spouse required to file Form 8915-F. See instructions.

Your social security number

PADMAVATI SRINIVAS PAPPALA

117-41-4853

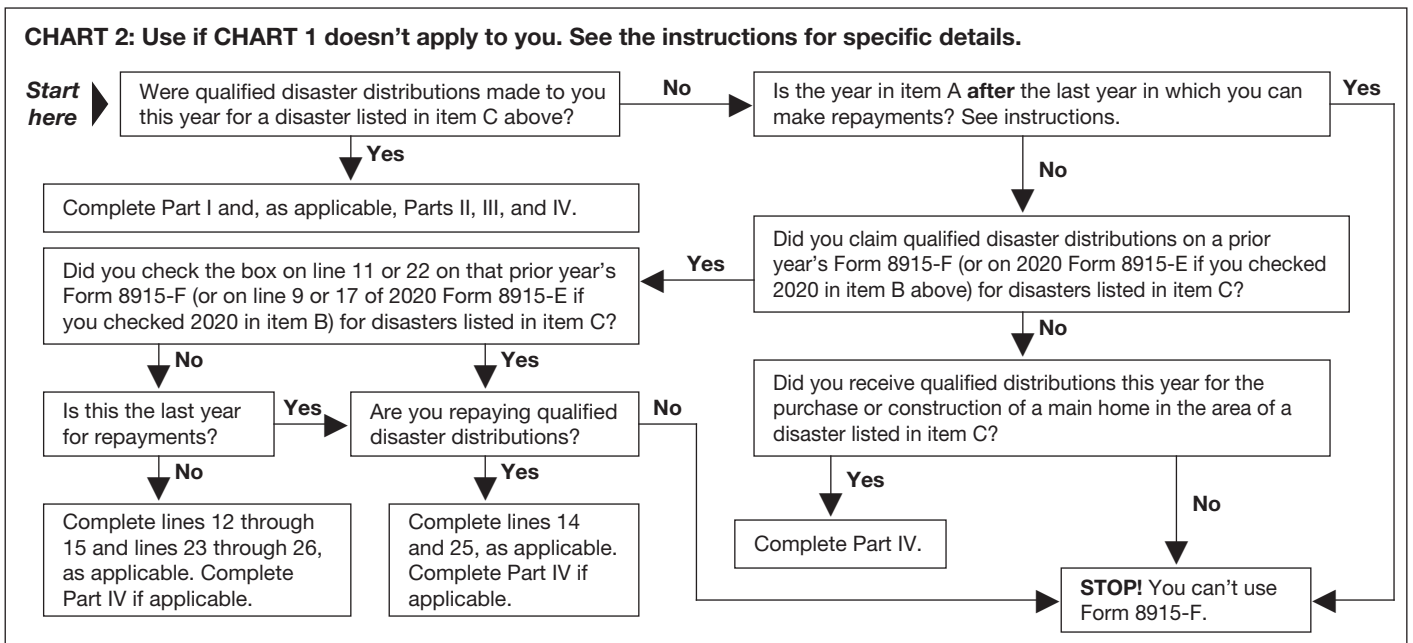
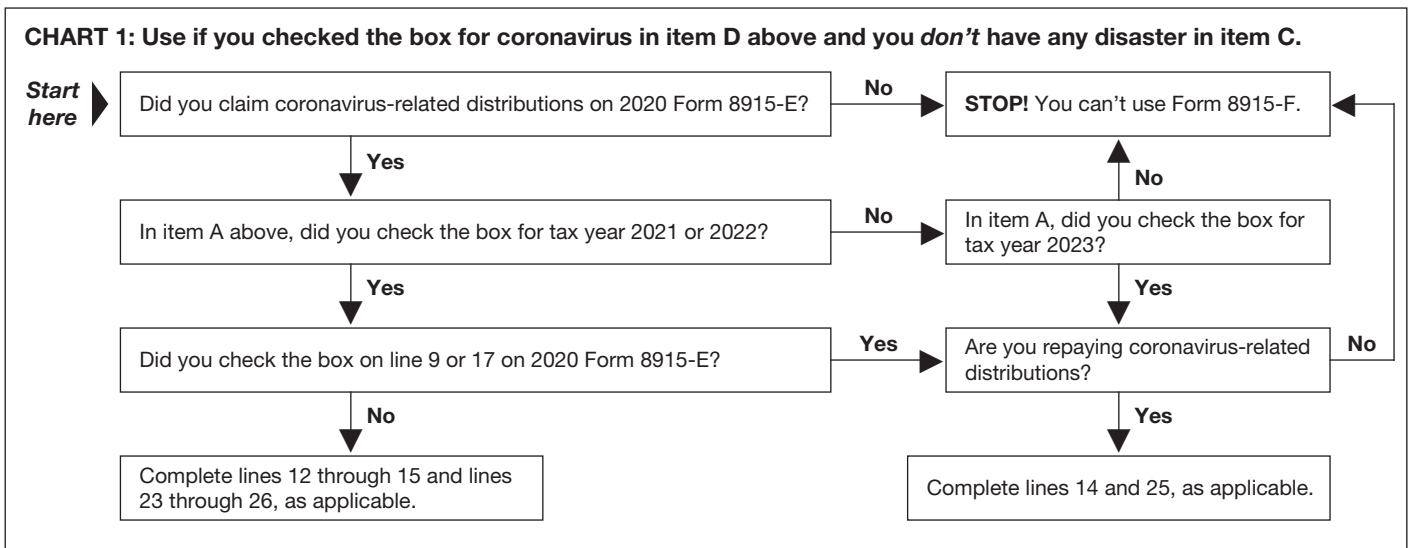
Before you begin (see instructions for details):

- Form 8915-F replaces Form 8915-E for 2021 and later years. Form 8915-E was used for coronavirus-related and other 2020 disaster distributions.
- Form 8915-F is also used for 2021 and later disaster distributions.
- See Appendix B in the instructions for the list of qualified disasters and their FEMA numbers for the year you check in item B next.
- “This year” (as used on this form) is the year of the form you check in item A next. For example, if you check 2021, “this year” is 2021.

Complete items A and B below. Complete item C and check the box in item D for the coronavirus, as applicable.

- A Tax year for which you are filing form** (check only one box) ► 2021 2022 2023 2024 Other _____
- B Calendar year in which disaster occurred** (check only one box) ► 2020 2021 2022 2023 Other _____
- C FEMA number for each of your disasters for the year checked in item B above.** Use item D, **not** item C, for the coronavirus.
(1) CORONAVIRUS (2) _____ (3) _____ (4) _____ (5) _____ (6) _____
- D If your disaster is the coronavirus, check this box** ► Don't list the coronavirus in item C.

Which lines on this form should I use? See CHARTS 1 and 2 below.



Part I Total Distributions From All Retirement Plans (Including IRAs) (see instructions)

Provide the information requested below for the disasters in item C earlier for which you are reporting qualified disaster distributions in this part.

Disaster FEMA number*	Disaster beginning date*	Disaster ending date*
CORONAVIRUS		

* See Appendix B at the end of the instructions for the FEMA number, and for disaster beginning and ending dates. If more than two disasters, see instructions and check this box

Date first distribution made this year ▶ _____
 Date last distribution made this year ▶ _____

Complete lines 1a through 1e first. If line 1e is zero, stop. Do not complete Part I.

1 Qualified disaster distribution limits (see instructions).

- a** Do the following.
 - Skip lines 1a through 1d. And, on line 1e, enter \$100,000 times the number of disasters you entered in item C earlier if:
 - You checked 2020 in item B earlier and either you didn't file 2020 Form 8915-E or you only reported the coronavirus disaster on 2020 Form 8915-E, **or**
 - You checked a year other than 2020 in item B and this is the first year you are filing a Form 8915-F for disasters for the year checked in item B.
 - **Otherwise**, on line 1a, enter \$100,000 times the number of different qualified disasters you have reported in item C on prior-year Forms 8915-F for disasters for the year you checked in item B. (Include, in your disaster number, if you checked 2020 in item B, qualified disaster(s) (other than the coronavirus) reported in Part I of 2020 Form 8915-E.) Also, complete lines 1b through 1e

b Enter the total qualified disaster distributions made to you in prior year(s) for all disasters (except the coronavirus) for the year you checked in item B

c Subtract line 1b from line 1a

d Enter \$100,000 times the number of qualified disasters, for the year checked in item B, that you reported in item C but didn't report in item C on a prior year's Form 8915-F, or in Part I of 2020 Form 8915-E if you checked 2020 in item B. Don't count the coronavirus in the number of qualified disasters

e Total available qualified disaster distribution amount for this year. Enter the sum of lines 1c and 1d. **If the amount on line 1e is zero, do NOT complete Part I**

2 Enter, in column (a), distributions from retirement plans (other than IRAs) made this year

3 Enter, in column (a), distributions from traditional, SEP, and SIMPLE IRAs made this year

4 Enter, in column (a), distributions from Roth IRAs made this year

5 Enter on line 5, column (a), the sum of lines 2 through 4 in column (a). If the amount on line 5, column (a):

- Is not greater than the amount on line 1e, enter on lines 2 through 5 in column (b) the amounts from lines 2 through 5, respectively, in column (a).
- Is greater than the amount on line 1e, enter on line 5, column (b), the amount from line 1e. Enter on lines 2 through 4 in column (b) the amounts from lines 2 through 4, respectively, in column (a) **adjusted** by any reasonable method so that the sum of lines 2 through 4 in column (b) equals the amount on line 5, column (b).

See instructions

6 Total qualified disaster distributions. Enter the amount from line 5, column (b). The 10% additional tax (25% for SIMPLE IRAs) for early withdrawals is waived for this amount. See Parts II and III, later, for the tax on this amount

7 Taxable amount. Enter the excess of the amount on line 5, column (a), over the amount on line 6. Report this excess as IRA and/or pension and annuity distributions, as applicable, in accordance with the instructions for your tax return. All or part of the amount on line 7 may be eligible for the tax benefits in Part IV. See instructions

	(a) Available distributions for this year (see instructions)	(b) Qualified disaster distributions for the disasters in item C (see instructions)
1a		
1b		
1c		0.
1d		0.
1e		0.
2		
3		
4		
5		
6		
7		

Part II Qualified Disaster Distributions From Retirement Plans (Other Than IRAs) for the Coronavirus and Disaster(s) Listed in Item C

8	Did you enter an amount on line 2, column (b)? <input checked="" type="checkbox"/> No. Skip lines 8 through 11, and go to line 12. <input type="checkbox"/> Yes. Enter the amount from line 2, column (b)		
9	Enter the applicable cost of distributions, if any. See instructions		
10	Subtract line 9 from line 8. This is the taxable amount of your other-than-IRA retirement plan qualified disaster distributions		
11	The entire taxable amount on line 10 will be spread over 3 years unless you elect to have it taxed in this year. If you elect NOT to spread the taxable amount over 3 years, check this box <input type="checkbox"/> and enter the amount from line 10 (see instructions). Otherwise, enter the amount from line 10 divided by 3.0. You must check the box on this line if you check the box on line 22		
12	Enter the amount, if any, from Worksheet 2 in the instructions. This is your income for prior years from other-than-IRA retirement plan qualified disaster distributions		
13	Add lines 11 and 12. This is your total income this year from other-than-IRA retirement plan qualified disaster distributions		
14	Total repayment. Enter the amount, if any, from Worksheet 3. This is your total repayment for this year of other-than-IRA retirement plan qualified disaster distributions		
15	Amount subject to tax this year. Subtract line 14 from line 13. If zero or less, enter -0-. Include this amount in the total on line 5b of this year's Form 1040, 1040-SR, or 1040-NR. See instructions		

Before you begin: Complete this year's Form 8606, Nondeductible IRAs, if required.

Part III Qualified Disaster Distributions From Traditional, SEP, SIMPLE, and Roth IRAs for the Coronavirus and Disaster(s) Listed in Item C

16	Did you enter an amount on line 3, column (b), or line 4, column (b)? <input type="checkbox"/> Yes. Go to line 17. <input checked="" type="checkbox"/> No. Skip lines 17 through 22, and go to line 23.		
17	Did you receive a qualified disaster distribution from a traditional, SEP, SIMPLE, or Roth IRA that is required to be reported on this year's Form 8606? <input type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 and 19, and go to line 20.		
18	Enter the amount, if any, from this year's Form 8606, line 15b. But if you are entering amounts here and on other Forms 8915-F for this year, only enter on line 18 the amount on Form 8606, line 15b, attributable to Form 8915-F distributions for this form. See the instructions for Form 8606, line 15b		
19	Enter the amount, if any, from this year's Form 8606, line 25b. But if you are entering amounts here and on other Forms 8915-F for this year, only enter on line 19 the amount on Form 8606, line 25b, attributable to Form 8915-F distributions for this form. See the instructions for Form 8606, line 25b		
20	Enter the amount from line 3, column (b), if any. Don't include on line 20 any amounts reported on Form 8606		
21	Add lines 18, 19, and 20. This is the taxable amount of your IRA qualified disaster distributions		
22	The entire taxable amount on line 21 will be spread over 3 years unless you elect to have it taxed in this year. If you elect NOT to spread the taxable amount over 3 years, check this box <input type="checkbox"/> and enter the amount from line 21 (see instructions). Otherwise, enter the amount from line 21 divided by 3.0. You must check the box on this line if you check the box on line 11		
23	Enter the amount, if any, from Worksheet 4 in the instructions. This is your income for prior years from IRA qualified disaster distributions		13,379.
24	Add lines 22 and 23. This is your total income this year from IRA qualified disaster distributions		13,379.
25	Total repayment. Enter the amount, if any, from Worksheet 5. This is your total repayment for this year of IRA qualified disaster distributions		0.
26	Amount subject to tax. Subtract line 25 from line 24. If zero or less, enter -0-. Include this amount in the total on line 4b of this year's Form 1040, 1040-SR, or 1040-NR. See instructions		13,379.

Before you begin: Complete this year's Form 8606, Nondeductible IRAs, if required.

Part IV Qualified Distributions for the Purchase or Construction of a Main Home in the Area of Disaster(s) Listed in Item C

Caution: Complete Part IV if, this year, you received a qualified distribution (as defined in the instructions) for a disaster listed in item C earlier. If you repay the distribution, in whole or in part, after this year, see the instructions. For the applicability of Part IV to other years for disasters listed in item C, see the instructions.

Disaster FEMA number*	Disaster beginning date*	Disaster ending date*

*See Appendix B at the end of the instructions for the FEMA number, and for disaster beginning and ending dates.

Date first distribution received this year ► _____ Date last distribution received this year ► _____

27	Did you receive a qualified distribution from a traditional, SEP, SIMPLE, or Roth IRA that is required to be reported on this year's Form 8606? <input type="checkbox"/> Yes. Complete lines 28 through 32 only if you also had qualified distributions not required to be reported on this year's Form 8606; otherwise, stop here. <input type="checkbox"/> No. Go to line 28.		
28	Enter the total amount of qualified distributions you received this year for the purchase or construction of a main home. Don't include any amounts reported on this year's Form 8606. Also, don't include any distributions you reported on line 8 or 20, or on other Forms 8915 for this year, if any		28
29	Enter the applicable cost of distributions, if any. See instructions		29
30	Subtract line 29 from line 28		30
31	Enter the total amount of any repayments you made. See instructions for allowable repayments. Don't include any repayments treated as rollovers on this year's Form 8606. See instructions		31
32	Taxable amount. Subtract line 31 from line 30. If the distribution is: • From an IRA, include this amount in the total on line 4b of this year's Form 1040, 1040-SR, or 1040-NR. • From a retirement plan (other than an IRA), include this amount in the total on line 5b of this year's Form 1040, 1040-SR, or 1040-NR.	}	32
Note: You may be subject to an additional tax on the amount on line 32. See instructions.			

Mail 760ES Voucher 1 To:

Director of Tax Administration, P.O. Box 1478, Richmond, VA 23218-1478

— Cut Here —

2022 FORM 760ES - Voucher 1

Doc ID 762

VIRGINIA ESTIMATED INCOME TAX
PAYMENT VOUCHER FOR INDIVIDUALS

DUE: 05-02-22

- Check if this is a new address.
 Check here if this is your first payment for
this taxable year.

REV 03/22/22 PRO 1555

LOCALITY NO.	FOR OFFICE USE
059	

1174148534 7621555 122051 059

Your Social Security Number (SSN) Spouses SSN (if filing a joint return)

117414853

PADMAVATI SRINIVAS PAPPALA

1673 FAIRWAY GLENS DRIVE

SUPERIOR CHARTER TOWNSHIP

MI 48198

Daytime Phone Number 321-289-9206

Mail your voucher and payment to the Virginia Department of Taxation, P. O. Box 1478, Richmond, VA 23218-1478, or see pages 7-8 and use the address listed for the city or county where you intend to file.

If you file with the Department, make your check payable to the Department of Taxation. If you file locally, make your check payable to your local Treasurer.

Amount of payment

58.00

Mail 760ES Voucher 2 To:

Director of Tax Administration, P.O. Box 1478, Richmond, VA 23218-1478

— Cut Here —

2022 FORM 760ES - Voucher 2

Doc ID 762

VIRGINIA ESTIMATED INCOME TAX
PAYMENT VOUCHER FOR INDIVIDUALS

DUE: 06-15-22

- Check if this is a new address.
 Check here if this is your first payment for
this taxable year.

REV 03/22/22 PRO 1555

LOCALITY NO.	FOR OFFICE USE
059	

1174148534 7621555 122068 059

Your Social Security Number (SSN) Spouses SSN (if filing a joint return)

117414853

PADMAVATI SRINIVAS PAPPALA

1673 FAIRWAY GLENS DRIVE

SUPERIOR CHARTER TOWNSHIP MI 48198

Daytime Phone Number 321-289-9206

Mail your voucher and payment to the Virginia Department of Taxation, P. O. Box 1478, Richmond, VA 23218-1478, or see pages 7-8 and use the address listed for the city or county where you intend to file.

If you file with the Department, make your check payable to the Department of Taxation. If you file locally, make your check payable to your local Treasurer.

Amount of payment

58.00

Mail 760ES Voucher 3 To:

Director of Tax Administration, P.O. Box 1478, Richmond, VA 23218-1478

— Cut Here —

2022 FORM 760ES - Voucher 3

Doc ID 762

VIRGINIA ESTIMATED INCOME TAX
PAYMENT VOUCHER FOR INDIVIDUALS

DUE: 09-15-22

- Check if this is a new address.
 Check here if this is your first payment for
this taxable year.

REV 03/22/22 PRO 1555

LOCALITY NO.	FOR OFFICE USE
059	

1174148534 7621555 122092 059

Your Social Security Number (SSN) Spouses SSN (if filing a joint return)

117414853

PADMAVATI SRINIVAS PAPPALA

1673 FAIRWAY GLENS DRIVE

SUPERIOR CHARTER TOWNSHIP

MI 48198

Daytime Phone Number 321-289-9206

Mail your voucher and payment to the Virginia Department of Taxation, P. O. Box 1478, Richmond, VA 23218-1478, or see pages 7-8 and use the address listed for the city or county where you intend to file.

If you file with the Department, make your check payable to the Department of Taxation. If you file locally, make your check payable to your local Treasurer.

Amount of payment

58.00

Mail 760ES Voucher 4 To:

Director of Tax Administration, P.O. Box 1478, Richmond, VA 23218-1478

— Cut Here —

2022 FORM 760ES - Voucher 4

Doc ID 762

VIRGINIA ESTIMATED INCOME TAX
PAYMENT VOUCHER FOR INDIVIDUALS

DUE: 01-17-23

- Check if this is a new address.
 Check here if this is your first payment for
this taxable year.

REV 03/22/22 PRO 1555

LOCALITY NO.	FOR OFFICE USE
059	

1174148534 7621555 123013 059

Your Social Security Number (SSN) Spouses SSN (if filing a joint return)

117414853

PADMAVATI SRINIVAS PAPPALA

1673 FAIRWAY GLENS DRIVE

SUPERIOR CHARTER TOWNSHIP

MI 48198

Daytime Phone Number 321-289-9206

Mail your voucher and payment to the Virginia Department of Taxation, P. O. Box 1478, Richmond, VA 23218-1478, or see pages 7-8 and use the address listed for the city or county where you intend to file.

If you file with the Department, make your check payable to the Department of Taxation. If you file locally, make your check payable to your local Treasurer.

Amount of payment

58.00

– Cut Here –

Form 760-PMT 2021 Payment Coupon
(DOC ID 761) **Please do not staple**
To Be Used For Payments On Previously
Filed 2021 Individual Income Tax Returns Only

Your Social Security Number
117414853

Spouse's Social Security Number

1174148534 7611555 121002

If your return was filed through e-File or submitted directly to the Department, make your check payable to the Department of Taxation and mail to the VA Department of Taxation, P. O. Box 1478, Richmond, VA 23218-1478.

If your return was filed with your local Commissioner of the Revenue, make your check payable to your local Treasurer and send your payment to the locality where you filed the return.

Name(s) and Address

PADMAVATI SRINIVAS PAPPALA

1673 FAIRWAY GLENS DRIVE
SUPERIOR CHARTER TOWNSHI MI 48198

Amount of
Payment

230.00

Daytime Phone Number: 321-289-9206



PADMAVATI SR PAPPALA
1673 FAIRWAY GLENS DRIVE
SUPERIOR CHARTER TOW MI 48198

SSN - You PAPP 117414853 Vendor ID 1555 XXXXX

SSN - Spouse

Fed Adj Gross Income (FAGI)	1.	84896.	Withholding (VA) - You	19A.	4082.
Additions	2.		Withholding (VA) - Spouse	19B.	
Subtotal	3.	84896.	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.	4082.
Total VA Adj Gross Income (VAGI)	9.	84896.	Tax You Owe	27.	230.
Itemized Deductions - VA Sch A	10.		Tax Overpayment	28.	
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 & Interest	32.	
VA Taxable Income	15.	79466.	Sales and Use Tax	33.	
Amount of Tax	16.	4312.	Amount You Owe		230.
Spouse Tax Adjustment (STA)	17.		Will Pay by Credit/Debit Card	IN	
VAGI - Spouse	17A.		Your Refund		
Net Amount of Tax	18.	4312.	Bank Routing #		
			Bank Account #		





Filing Status, Age & License Information

Additional Filing Information

Filing Status 1
 Federal Head of Household
 DOB - You 03301992
 VA Driver's License ID - You
 VA Driver's License - Iss. Date - You
 Spouse Name (Filing Status 3 Only)
 DOB - Spouse
 VA Driver's License ID - Spouse
 VA Driver's License - Iss. Date - Spouse

Locality 059
 Uninsured & Authorize DMAS
 Name or Filing Status Change
 Address Change
 VA Return Not Filed Last Year
 Dependent on Another's Return
 Farmer / Fisherman / Merchant Seaman
 Amended
 Reason Code
 Overseas on Due Date
 Federal EIC & Amount
 Deceased Indicator
 No Sales & Use Tax Due Indicator X
 Obtain Electronic 1099G
 ID Theft PIN

Exemptions (A)

Exemptions (B)

You 1 65 & Over - You
 Spouse 65 & Over - Spouse
 Dependents Blind - You
 Total (A) 1 Blind - Spouse
 Total (B)

Contact Information

I (We), the undersigned, declare under penalty of law that I (we) have examined this return & to the best of my (our) knowledge, it is a true, correct & complete return. If you are requesting direct deposit of your refund by providing bank information on your return, you are certifying that the information provided is for a domestic account within the territorial jurisdiction of the United States.

Signature - You _____ Date Phone - You 3212899206
 Signature - Spouse _____ Date Phone - Spouse
 Signature - Preparer SYAM PRIYA RAM SAGAR GUPTA TALLAM Date 041422 Phone - Preparer 6789659522
 The Tax Department may discuss my/our return with my/our preparer. Preparer Information 7 P02082703

File by May 1, 2022

Include Page 1, Page 2 and all supporting 760CG documents.

GLOBAL TAXES LLC

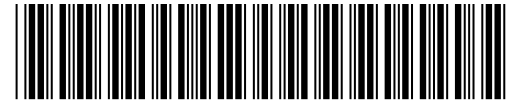
2530 PEBBLE CREEK LN
CUMMING

GA 30041

2021 Schedule INC/CG

117414853

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



PADMAVATI SR PAPPALA

Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
117414853	W	4082.	592124491	30592124491F001	79967.

Total VA Withholding	SSN	VA Withholding
You	117414853	4082.
Spouse		
Total # of W-2s, 1099s & VK-1s	01	

To avoid delays - be sure to enter all information, including the Employer's FEIN.

