

2021 NJ-1040NR
New Jersey Nonresident Income Tax Return

For Privacy Act Notification, See Instructions

NJ-1040NR
2021
Page 1



040NV01210

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

1555

Your Social Security Number
166173131

Last Name, First Name, Initial (Joint filers enter first name and middle initial of each. Enter spouse/CU partner last name only if different.)
JANGILI VAMSHI JAYAPRAKASH V

Spouse's/CU Partner's Social Security Number

State of Residency (outside NJ)
PENNSYLVANIA

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

Driver's License # (Voluntary)	State	City, Town, Post Office	State	ZIP Code
J524-8608-7246	IL	NORRISTOWN	PA	19403

This is an amended return

Federal extension application attached or enter confirmation number _____

The address above is a foreign address

Your address has changed

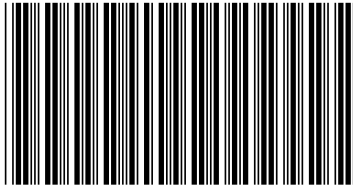
Death certificate for deceased taxpayer is attached (See instructions page 9)

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. From: To:

Gubernatorial Elections Fund	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.	Yes	No
		Yes	No





040NV02210

Name(s) as shown on Form NJ-1040NR

JANGILI VAMSHI JAYAPRAKASH V

Your Social Security Number

166173131

1555

Filing Status

(Check only ONE box)

- 1. Single
- 2. Married/CU Couple, filing joint return
- 3. Married/CU Partner, filing separate return N TULA 786015574
- 4. Head of Household Name and SSN of Spouse/CU Partner
- 5. Qualifying Widow(er)/Surviving CU Partner

Exemptions

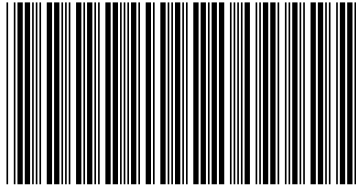
- 6. Regular Self Spouse/CU Partner Domestic Partner 6. 1
- 7. Age 65 or over Self Spouse/CU Partner 7.
- 8. Blind or Disabled Self Spouse/CU Partner 8.
- 9. Veteran Exemption Self Spouse/CU Partner 9.
- 10. Number of your qualified dependent children 10.
- 11. Number of other dependents 11.
- 12. Dependents attending colleges (See Instructions) 12.
- 13. For line 13a – Add lines 6, 7, 8, and 12. For line 13b – Add lines 10 and 11. For line 13c – Enter amount from line 9. 13a. 1 13b. 13c.

Dependent Information

- | 14. Dependent's Last Name, First Name, Middle Initial | Dependent's Social Security Number | Birth Year |
|---|------------------------------------|------------|
| a. _____ | | |
| b. _____ | | |
| c. _____ | | |
| d. _____ | | |

COL. A - AMOUNT OF GROSS INCOME (EVERYWHERE) COL. B - AMOUNT FROM NEW JERSEY SOURCES

15. Wages, salaries, tips, and other employee compensation Check box if you completed lines 68 through 74	15.	63343	.	15.	21658	.
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.	13884	.	19.	0	.
20. Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part II, line 4)	20.	.	.	20.	.	.
21. Net gambling winnings (See Instructions)	21.	.	.	21.	.	.
22. Taxable pensions, annuities, and IRA distributions/withdrawals	22.	.	.	22.	.	.
23. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part III, line 4)	23.	.	.	23.	.	.
24. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part IV, line 4)	24.	.	.	24.	.	.
25. Alimony and separate maintenance payments received	25.	.	.	25.	.	.
26. Other – State Nature and Source _____	26.	.	.	26.	.	.
27. TOTAL INCOME (Add lines 15 through 26)	27.	77227	.	27.	21658	.
28a. Pension/Retirement Exclusion (See Instructions)	28a.	.	.	28a.	.	.
28b. Other Retirement Income Exclusion (See Worksheet and Instructions)	28b.	.	.	28b.	.	.
28c. Total Exclusion Amount (Add line 28a and line 28b)	28c.	.	.	28c.	.	.
29. Gross Income (Subtract line 28c from line 27)	29.	77227	.	29.	21658	.
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 NJ-BUS-2, line 11)	35.	0	.			



040NV03210

Name(s) as shown on Form NJ-1040NR
JANGILI VAMSHI JAYAPRAKASH V

Your Social Security Number
166173131

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.	76227	.
39.	Tax on amount on line 38 (From Tax Table page 34)	39.	2729	.
40.	Income Percentage B. (line 29) / A. (line 29) = <u>28.04</u> %			
41.	New Jersey Tax (Multiply amount from line 39 by income percentage from line 40)	41.	765	.
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.	765	.
47.	Penalty for Underpayment of Estimated Tax. Check box if Form NJ-2210NR is enclosed	47.	.	.
48.	Total Tax and Penalty (Add line 46 and line 47)	48.	765	.
49.	Total New Jersey Income Tax Withheld (From enclosed Forms W-2 and 1099) (Part-year, see instr)	49.	776	.
50.	New Jersey Estimated Tax Payments/Credit from 2020 return	50.	.	.
51.	Tax paid on your behalf by Partnership(s)	51.	.	.
52.	Excess NJ UI/WF/SWF Withheld (Enclose Form NJ-2450)	52.	.	.
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.	776	.
57.	If line 56 is less than line 48, you have tax due. Subtract line 56 from line 48 and enter the amount you owe	57.	.	.
58.	If line 56 is more than line 48, you have an overpayment. Subtract line 48 from line 56 and enter the overpayment	58.	11	.
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.	.	.
	(B) N.J. Children's Trust Fund	60B.	.	.
	(C) N.J. Vietnam Veterans' Memorial Fund	60C.	.	.
	(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.	11	.

Also enter on line 50:
• Payments made in connection with sale of NJ real property
• Payments by S corporation for nonresident shareholder

NOTE:
An entry on lines 59 through 60F will reduce your tax refund

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than taxpayer, this declaration is based on all information of which the preparer has any knowledge.

> _____
Your Signature Date

> _____
Spouse's/CU Partner's Signature (if filing jointly, BOTH must sign)

Paid Preparer's Signature

Federal Identification Number

SYAM PRIYA RAM SAGAR GUPTA TALLAM

P02082703

Firm's Name

Firm's Federal Employer Identification Number

GLOBAL TAXES LLC

30-1017196

Pay amount on line 62 in full. Write Social Security number(s) on check or money order and make payable to:

State of New Jersey - TGI
Division of Taxation
Revenue Processing Center
PO Box 244
Trenton, NJ 08646-0244

You can also make a payment on our website:
nj.gov/taxation

Name(s) as shown on Form NJ-1040NR: JANGILI VAMSHI JAYAPRAKASH V
 Your Social Security Number: 166173131

Part I Net Gains or Income From Disposition of Property List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible as reported on federal Schedule D.

(a) Kind of property and description	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Gross sales price	(e) Cost or other basis as adjusted (see instructions) and expense of sale	(f) Gain or (loss) (d less e)
64. Robinhood Securiti	01/01/2021	12/31/2021	52577	38693	13884
65. Capital Gains Distribution					65.
66. Other Net Gains					66.
67. Net Gains (Add lines 64, 65, and 66) (Enter here and on line 19) (If loss, enter zero)					67. 13884

Part II Allocation of Wage and Salary Income Earned Partly Inside and Outside New Jersey (See instructions if compensation depends entirely on volume of business transacted or if other basis of allocation is used.)

68. Amount reported on line 15 in column A required to be allocated	68.	
69. Total days in taxable year	69.	
70. Deduct nonworking days (Sundays, Saturdays, holidays, sick leave, vacation, etc.)	70.	
71. Total days worked in taxable year (subtract line 70 from line 69)	71.	
72. Deduct days worked outside New Jersey	72.	
73. Days worked in New Jersey (subtract line 72 from line 71)	73.	

74. Allocation Formula _____ x _____ = _____ (Include this amount on line 15, col. B)
 (Enter amount from line 68) (Salary earned inside N.J.)

Part III Allocation of Business Income to New Jersey (See instructions if other than Formula Basis of allocation is used.)

Business Allocation Percentage (From Schedule NJ-NR-A)
 Enter below the line number and amount of each item of business income reported in column A that is required to be allocated and multiply by allocation percentage to determine amount of income from New Jersey sources.

From Line No. _____ \$ _____ x _____ % = \$ _____

From Line No. _____ \$ _____ x _____ % = \$ _____

From Line No. _____ \$ _____ x _____ % = \$ _____



2021

DELAWARE DIVISION OF REVENUE
Electronic Filer Payment Voucher
Individual Form 200-V

DO NOT WRITE OR STAPLE IN THIS AREA



1. Social Security Number

1 6 6 1 7 3 1 3 1

2. First four letters of your last name

J A N G

3. Amount of the payment you are making

\$ 256

4. Spouse's Social Security Number
if a joint return

7 8 6 0 1 5 5 7 4

5. Name(s)

VAMSHI JAYAPRAKASH V JANGILI

Address

917 MILLGROVE DR

City

NORRISTOWN

State

PA

Zip Code

19403

(Rev 09/2021)

Mail To:
Delaware Division of Revenue
P.O. Box 830
Wilmington, DE 19899-0830



DF21421011555

1555 REV 03/22/22 PRO

DETACH HERE AND MAIL TOP PORTION WITH YOUR PAYMENT





DELAWARE 2021

DIVISION OF REVENUE F O R M PIT-NON

DELAWARE INDIVIDUAL NON-RESIDENT INCOME TAX RETURN



For Fiscal Year beginning _____ and ending _____ Amended Return
Must include page 3

Your Taxpayer ID: 1 6 6 1 7 3 1 3 1 Spouse Taxpayer ID: 7 8 6 0 1 5 5 7 4

Filing Status (Must check one)
 1. Single, Divorced, Widow(er) 3. Married & Filing Separate Forms
 2. Joint 5. Head of Household

Your First Name: VAMSHI JAYAPRAKASH M.I.: V Last Name: JANGILI Suffix: Form PIT-UND: 2. Joint 5. Head of Household

Spouse First Name: NANDITHA M.I.: Last Name: TULA Suffix: Attached

Present Home Address (Number and Street): 917 MILLGROVE DR Apartment #: Check if FULL-YEAR Non-Resident in 2021: If you were a part-year resident in 2021, give the dates you resided in Delaware: mm-dd-yyyy mm-dd-yyyy

City: NORRISTOWN State: PA Zip Code: 19403 X

SECTION A - INCOME AND ADJUSTMENTS FROM FEDERAL RETURN

	FEDERAL COLUMN A		DELAWARE SOURCE INCOME/LOSS COLUMN B
1. WAGES, SALARIES, TIPS, ETC.	56280	.00	7063
2. INTEREST		.00	.00
3. DIVIDENDS		.00	.00
4. STATE REFUNDS, CREDITS OR OFFSETS OF STATE & LOCAL INCOME TAXES		.00	.00
5. ALIMONY RECEIVED		.00	.00
6. BUSINESS INCOME OR (LOSS) (See instructions)		.00	.00
7a. CAPITAL GAIN OR (LOSS)	13884	.00	0
7b. OTHER GAINS OR (LOSSES)		.00	.00
8. IRA DISTRIBUTIONS		.00	.00
9. TAXABLE PENSIONS AND ANNUITIES		.00	.00
10. RENTS, ROYALTIES, PARTNERSHIPS, S CORPS, ESTATES, TRUSTS, ETC.		.00	.00
11. FARM INCOME OR (LOSS)		.00	.00
12. UNEMPLOYMENT COMPENSATION (INSURANCE)		.00	.00
13. TAXABLE SOCIAL SECURITY BENEFITS		.00	.00
14. OTHER INCOME (State nature and source)		.00	.00
15. TOTAL INCOME - Add Line 1 through Line 14	70164	.00	7063
16. TOTAL FEDERAL ADJUSTMENTS (See instructions)		.00	.00
17. FEDERAL ADJUSTED GROSS INCOME FOR DELAWARE PURPOSES Subtract Line 16 from Line 15	70164	.00	7063

SECTION B - ADDITIONS

18. INTEREST RECEIVED ON OBLIGATIONS OF ANY STATE OTHER THAN DELAWARE		.00	.00
19. FIDUCIARY ADJUSTMENT, OIL DEPLETION		.00	.00
20. TOTAL - Add Line 18 to Line 19		.00	.00
21. Add Line 17 to Line 20	70164	.00	7063

SECTION C - SUBTRACTIONS

22. INTEREST RECEIVED ON U.S. OBLIGATIONS		.00	.00
23. PENSION/RETIREMENT EXCLUSIONS (For a definition of eligible income, see instructions)		.00	.00
24. DELAWARE STATE TAX REFUND		.00	.00
25. Fiduciary Adjustment, Work Opportunity Credit, Delaware NOL Carryforward, etc.		.00	.00
26. Taxable Social Security Benefits/Railroad Retirement Benefits/Higher Education Exclusion		.00	.00
27. TOTAL Add Line 22 through Line 26		.00	.00
28. Subtract Line 27 from Line 21	70164	.00	7063
29. EXCLUSION FOR CERTAIN PERSONS 60 AND OVER OR DISABLED (See instructions)		.00	.00
30a. COLUMN B- Subtract Line 29 from Line 28. This is your modified Delaware Source Income. Enter on Page 2, Line 42, Box A			7063
30b. COLUMN A - Subtract Line 29 from Line 28. This is your Delaware Adjusted Gross Income. Enter on Page 2, Line 37 and Line 42, Box B	70164	.00	

BALANCE DUE WITH PAYMENT ENCLOSED (LINE 59) MAIL COMPLETED FORM TO:
 Delaware Division of Revenue
 PO Box 508, Wilmington, DE 19899-0508
 Make check payable to:
 Delaware Division of Revenue

REFUND (LINE 60) MAIL COMPLETED FORM TO:
 Delaware Division of Revenue
 PO Box 8710
 Wilmington, DE 19899-8710

ALL OTHER RETURNS MAIL COMPLETED FORM TO:
 Delaware Division of Revenue
 PO Box 8711
 Wilmington, DE 19899-8711



DELAWARE 2021

DIVISION OF REVENUE F O R M
PIT-NON

DELAWARE INDIVIDUAL NON-RESIDENT INCOME TAX RETURN



SECTION D - DEDUCTIONS

31.	ENTER TOTAL ITEMIZED DEDUCTIONS (If Filing Status 3, See instructions)	31.	.00
32.	ENTER FOREIGN TAXES PAID (See instructions)	32.	.00
33.	ENTER CHARITABLE MILEAGE DEDUCTION (See instructions)	33.	.00
34.	TOTAL - Add Line 31 through Line 33	34.	.00
35.	ENTER FORM PIT-CRS TAX CREDIT ADJUSTMENT (See instructions)	35.	.00
36.	Subtract Line 35 from Line 34. Enter here and on Line 38.	36.	.00

SECTION E - CALCULATIONS

37.	DELAWARE ADJUSTED GROSS INCOME - Enter amount from Line 30b here	37.	70164 .00
38.	If you elect the STANDARD DEDUCTION check here a. <input checked="" type="checkbox"/> Filing Statuses 1, 3, & 5 enter \$3250; Filing Status 2 enter \$6500; If you elect the DELAWARE ITEMIZED DEDUCTIONS check here b. Enter amount from Line 36.	38.	3250 .00
39.	ADDITIONAL STANDARD DEDUCTIONS (Not Allowed with Itemized Deductions - See instructions) Check Box(es)- if SPOUSE was: 65 or over blind Check box(es) - if YOU were: 65 or over blind	39.	.00
40.	TOTAL DEDUCTIONS - Add Line 38 to Line 39 and enter here	40.	3250 .00
41.	TAXABLE INCOME - Subtract Line 40 from Line 37, and compute tax on this amount	41.	66914 .00
42.	TAX LIABILITY COMPUTATION (See instructions) PRORATION DECIMAL Tax Liability from Tax Rate Table/ A. Line 30a 7063 .00 (See instructions) Schedule Amount B. Line 30b 70164 .00 = 0 . 1 0 0 7 x 3400 .00	42.	342 .00
43a.	PERSONAL CREDITS If you are Filing Status 3, see instructions. Enter number of exemptions listed on Federal return 1 x \$110 = 110 Multiply this amount by the proration decimal on Line 42 (x 0 . 1007) and enter total here	43a.	11 .00
43b.	CHECK BOX(ES) SPOUSE 60 or over (if filing status 2) SELF 60 or over Enter number of boxes checked on Line 43b x \$110 = Multiply this amount by the proration decimal on Line 42 (x) and enter total here	43b.	.00
44.	TAX IMPOSED BY STATE OF Must attach copy of PIT-NNS and other state return - Part-Year Residents Only (See instructions)	44.	.00
45.	OTHER NON-REFUNDABLE CREDITS (See instructions)	45.	.00
46.	TOTAL NON-REFUNDABLE CREDITS - Add Line 43a through Line 45	46.	11 .00
47.	BALANCE - Subtract Line 46 from Line 42. If Line 46 is greater than Line 42, enter 0.	47.	331 .00
48.	DELAWARE TAX WITHHELD - (Attach W-2s/1099s)	48.	75 .00
49.	ESTIMATED TAX PAID & PAYMENTS WITH EXTENSIONS	49.	.00
50.	S CORP PAYMENTS (See instructions)	50.	.00
51.	REFUNDABLE BUSINESS CREDITS (See instructions)	51.	.00
52.	CAPITAL GAINS TAX PAYMENTS (Attach form REW-EST)	52.	.00
53.	TOTAL REFUNDABLE CREDITS - Add Line 48 through Line 52	53.	75 .00
54.	BALANCE DUE If Line 47 is greater than Line 53, Subtract Line 53 from Line 47 and enter here.	54.	256 .00
55.	OVERPAYMENT If Line 53 is greater than Line 47, Subtract Line 47 from Line 53 and enter here.	55.	.00
56.	CONTRIBUTIONS TO SPECIAL FUNDS (If electing a contribution, complete and attach PIT-NNS) TOTAL	56.	.00
57.	AMOUNT OF LINE 55 TO BE APPLIED TO 2022 ESTIMATED TAX ACCOUNT ENTER	57.	.00
58.	PENALTIES AND INTEREST DUE (If Line 54 is greater than \$800, see estimated tax instructions) ENTER	58.	.00
59.	NET BALANCE DUE - Add Line 54, Line 56, and Line 58 PAY IN FULL	59.	256 .00
60.	NET REFUND - Subtract Lines 56, 57, and 58 from Line 55 ZERO DUE/TO BE REFUNDED	60.	.00

SECTION F - DIRECT DEPOSIT INFORMATION

If you would like your refund deposited directly to your checking or savings account, complete below. See instructions for details.

ACCOUNT TYPE	ROUTING NUMBER	ACCOUNT NUMBER
CHECKING		
SAVINGS		

Is this refund going to or through an account that is located outside of the United States?

YES NO

PLEASE REMEMBER TO ATTACH APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN

BE SURE TO SIGN YOUR RETURN BELOW AND KEEP A COPY FOR YOUR RECORDS

YOUR SIGNATURE _____ DATE _____

SPOUSE SIGNATURE _____ DATE _____

HOME PHONE NUMBER _____ BUSINESS PHONE NUMBER _____

@ EMAIL ADDRESS _____

PAID PREPARER INFORMATION

SYAM PRIYA RAM SAGAR GUPTA TALLAM 0 4 1 4 2 2

PAID PREPARER SIGNATURE _____ DATE _____

ADDRESS 2530 PEBBLE CREEK LN CUMMING GA

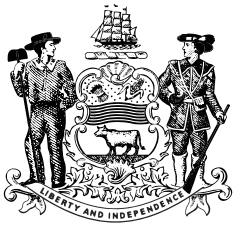
CITY STATE ZIP CODE

CUMMING GA 30041

EIN, SSN or PTIN 301017196 PHONE NO. (678)965-9522

@ EMAIL ADDRESS

SYAM@GTAXFILE.COM



DELAWARE 2021

DIVISION OF REVENUE F O R M
PIT-NON

DELAWARE INDIVIDUAL NON-RESIDENT INCOME TAX RETURN



FOR AMENDED RETURNS ONLY

COLUMN B

61. TOTAL REFUNDABLE CREDITS - From Line 53	61.		.00
62. AMOUNT PAID ON ORIGINAL RETURN	62.		.00
63. SUBTOTAL - Add Lines 61 and 62	63.		.00
64. REFUND RECEIVED (If any, see instructions)	64.		.00
65. Estimated tax carryover and/or Special Funds contributions as shown on original return	65.		.00
66. Subtract Line 64 and Line 65 from Line 63	66.		.00
67. BALANCE DUE - If Line 47 is greater than Line 66, Subtract Line 66 from Line 47 and enter here	67.		.00
68. OVERPAYMENT - If Line 66 is greater than Line 47, Subtract Line 47 from Line 66 and enter here	68.		.00
69. AMOUNT OF LINE 68 TO BE APPLIED TO YOUR ESTIMATED TAX ACCOUNT (See Instructions)	69.		.00
70. PENALTIES AND INTEREST DUE	70.		.00
71. NET BALANCE DUE - Add Line 67 and Line 69 to Line 70	71.	PAY IN FULL	.00
72. NET REFUND - Subtract Line 69 and Line 70 from Line 68	72.	ZERO DUE/TO BE REFUNDED	.00

73. **Is an amended Federal return being filed?** Yes No
 If no, please explain. If the changes pertain to the Delaware return only, list the line numbers being amended.

74. **Has the Delaware Division of Revenue advised you your original return is being audited?** Yes No
 75. **Is this amended return being filed as a protective claim?** Yes No
 A detailed explanation of all changes must be provided in this space. All supporting schedules and/or documentation must be attached.

**NET BALANCE DUE WITH
PAYMENT ENCLOSED (LINE 71)
MAIL COMPLETED FORM TO:**
 Delaware Division of Revenue
 PO Box 508, Wilmington, DE 19899-0508
 Make check payable to: Delaware Division of Revenue

**NET REFUND (LINE 72)
MAIL COMPLETED FORM TO:**
 Delaware Division of Revenue
 PO Box 8710
 Wilmington, DE 19899-8710

**ALL OTHER RETURNS
MAIL COMPLETED FORM TO:**
 Delaware Division of Revenue
 PO Box 8711
 Wilmington, DE 19899-8711

PLEASE REMEMBER TO ATTACH APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN

Filing Status 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 ► **NANDITHA TULA**

Your first name and middle initial VAMSHI JAYAPRAKASH V	Last name JANGILI	Your social security number 166-17-3131
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number 786-01-5574
Home address (number and street). If you have a P.O. box, see instructions. 917 MILLGROVE DR		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. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. NORRISTOWN	State PA	ZIP code 19403
Foreign country name	Foreign province/state/county	Foreign postal code

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? Yes 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

Dependents (see instructions): If more than four dependents, see instructions and check here ► <input type="checkbox"/>	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
					Child tax credit	Credit for other dependents
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required. Standard Deduction for— • Single or Married filing separately, \$12,550 • Married filing jointly or Qualifying widow(er), \$25,100 • Head of household, \$18,800 • If you checked any box under Standard Deduction , see instructions.	1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	56,280.	
	2a	Tax-exempt interest	2a		
	3a	Qualified dividends	3a		
	4a	IRA distributions	4a		
	5a	Pensions and annuities	5a		
	6a	Social security benefits	6a		
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here	<input type="checkbox"/>	7	13,884.
	8	Other income from Schedule 1, line 10		8	
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income		9	70,164.
	10	Adjustments to income from Schedule 1, line 26		10	
	11	Subtract line 10 from line 9. This is your adjusted gross income		11	70,164.
	12a	Standard deduction or itemized deductions (from Schedule A)	12a	12,550.	
	b	Charitable contributions if you take the standard deduction (see instructions)	12b		
	c	Add lines 12a and 12b		12c	12,550.
	13	Qualified business income deduction from Form 8995 or Form 8995-A		13	
14	Add lines 12c and 13		14	12,550.	
15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-		15	57,614.	

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	8,426.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	8,426.
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	8,426.
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	8,426.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	5,534.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	5,534.
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC) 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"/>	27a	
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	5,534.
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	
b	Routing number X X X X X X X X X X c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number X X X X X X X X X X X X X X X X X X		
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	2,934.
38	Estimated tax penalty (see instructions)	38	42.

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 **COMPUTER SYSTEM ENGINEER** 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. **(270) 227-9439** Email address **NANDITHA.TULA@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: Self-employed

Firm's name **GLOBAL TAXES LLC** Phone no. **(678) 965-9522**

Firm's address **2530 Pebble Creek Ln Cumming GA 30041** Firm's EIN **30-1017196**

SCHEDULE D
(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

2021

Attachment
Sequence No. **12**

Department of the Treasury
Internal Revenue Service (99)

▶ **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.**

Name(s) shown on return

VAMSHI JAYAPRAKASH V JANGILI

Your social security number

166-17-3131

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? **Yes** **No**

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
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	52,577.	38,892.	199.	13,884.
2 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				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7 13,884.

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 lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back				15

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	13,884.
	<ul style="list-style-type: none"> • 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 line 22. • 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? <input type="checkbox"/> Yes. Go to line 18. <input checked="" type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet ▶	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet ▶	19	
20	Are lines 18 and 19 both zero or blank and are you not filing Form 4952? <input type="checkbox"/> 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. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } Note: When figuring which amount is smaller, treat both amounts as positive numbers.	21	()
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. <input checked="" type="checkbox"/> 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

► 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.

Name(s) shown on return

VAMSHI JAYAPRAKASH V JANGILI

Social security number or taxpayer identification number

166-17-3131

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.

- (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 to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	Robinhood Securities LLC	01/01/21	12/31/21	52,577.	38,892.	W	199.	13,884.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ►				52,577.	38,892.		199.	13,884.

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.

MAKE CHECK PAYABLE TO: PA DEPARTMENT OF REVENUE
MAIL TO:
PA DEPARTMENT OF REVENUE
BUREAU OF IMAGING AND DOCUMENT MANAGEMENT
PO BOX 280403
HARRISBURG, PA 17128-0403

2022 DECLARATION OF ESTIMATED INCOME TAX FOR INDIVIDUAL, FIDUCIARY OR PARTNERSHIP

DUE DATE 04-18-22
FISCAL FILER ONLY

166-17-3131 JA

DECLARATION OF EST TAX PAYMENT AMOUNT

JANGILI
VAMSHI JAYAP V

\$ 1304.00 \$ 326.00

917 MILLGROVE DR
NORRISTOWN
PA
19403

DEPARTMENT USE ONLY

Make check or money order
payable to the Pennsylvania
Department of Revenue

2202514564

2022 ESTIMATED 2022 ESTIMATED 2022 ESTIMATED
PA-40ES

MAKE CHECK PAYABLE TO: PA DEPARTMENT OF REVENUE
MAIL TO:
PA DEPARTMENT OF REVENUE
BUREAU OF IMAGING AND DOCUMENT MANAGEMENT
PO BOX 280403
HARRISBURG, PA 17128-0403

2022 DECLARATION OF ESTIMATED INCOME TAX FOR INDIVIDUAL, FIDUCIARY OR PARTNERSHIP

DUE DATE 06-15-22
FISCAL FILER ONLY

166-17-3131 JA

DECLARATION OF EST TAX PAYMENT AMOUNT

JANGILI
VAMSHI JAYAP V

\$ 1304.00 \$ 326.00

917 MILLGROVE DR
NORRISTOWN
PA
19403

DEPARTMENT USE ONLY

Make check or money order
payable to the Pennsylvania
Department of Revenue

2202514564

2022 ESTIMATED 2022 ESTIMATED 2022 ESTIMATED
PA-40ES

MAKE CHECK PAYABLE TO: PA DEPARTMENT OF REVENUE
MAIL TO:
PA DEPARTMENT OF REVENUE
BUREAU OF IMAGING AND DOCUMENT MANAGEMENT
PO BOX 280403
HARRISBURG, PA 17128-0403

2022 DECLARATION OF ESTIMATED INCOME TAX FOR INDIVIDUAL, FIDUCIARY OR PARTNERSHIP

DUE DATE 09-15-22
FISCAL FILER ONLY

166-17-3131 JA

DECLARATION OF EST TAX PAYMENT AMOUNT

JANGILI
VAMSHI JAYAP V

\$ 1304.00 \$ 326.00

917 MILLGROVE DR
NORRISTOWN
PA
19403

DEPARTMENT USE ONLY

Make check or money order
payable to the Pennsylvania
Department of Revenue

2202514564

2022 ESTIMATED 2022 ESTIMATED 2022 ESTIMATED
PA-40ES

MAKE CHECK PAYABLE TO: PA DEPARTMENT OF REVENUE
MAIL TO:
PA DEPARTMENT OF REVENUE
BUREAU OF IMAGING AND DOCUMENT MANAGEMENT
PO BOX 280403
HARRISBURG, PA 17128-0403

2022 DECLARATION OF ESTIMATED INCOME TAX FOR INDIVIDUAL, FIDUCIARY OR PARTNERSHIP

DUE DATE 01-17-23
FISCAL FILER ONLY

166-17-3131 JA

DECLARATION OF EST TAX PAYMENT AMOUNT

JANGILI
VAMSHI JAYAP V

\$ 1304.00 \$ 326.00

917 MILLGROVE DR
NORRISTOWN
PA
19403

DEPARTMENT USE ONLY

Make check or money order
payable to the Pennsylvania
Department of Revenue

2202514564

2022 ESTIMATED 2022 ESTIMATED 2022 ESTIMATED
PA-40ES

MAKE CHECK PAYABLE TO:
PENNSYLVANIA DEPARTMENT OF REVENUE
MAIL TO:
PENNSYLVANIA DEPARTMENT OF REVENUE
PAYMENT ENCLOSED
1 REVENUE PLACE
HARRISBURG, PA 17129-0001

NOTE:
WRITE THE LAST FOUR DIGITS OF YOUR SSN (AND SPOUSE'S SSN IF FILING JOINT),
DAYTIME PHONE NUMBER AND TAX YEAR ON YOUR CHECK.

2021 PA-40 V PA PAYMENT VOUCHER

1555
REV 03/22/22 PRO

166-17-3131 JA

2100913793

PAYMENT AMOUNT

JANGILI
VAMSHI JAYAP V

₹ 1103.00

917 MILLGROVE DR
NORRISTOWN
PA
19403

DEPARTMENT USE ONLY

Make check or money order
payable to the Pennsylvania
Department of Revenue

PA-40 - 2021
Pennsylvania Income Tax Return
ENTER ONE LETTER OR NUMBER IN EACH BOX (06-21)

166173131 786015574
JANGILI
VAMSHI JAYAPRAK V Occupation COMPUTER S
Occupation

917 MILLGROVE DR
NORRISTOWN PA 19403
46560

N Extension. N Amended Return.
R Residency Status.
PA Resident/Nonresident/Part-Year Resident
from to
M Single, Married/Filing Jointly,
Married/Filing Separately, Final Return
N Deceased
N Taxpayer Date of Death
N Spouse Date of Death
N Farmers.
School District Name NORRISTOWN AR

- 1a Gross Compensation. Do not include exempt income, such as combat zone pay and
qualifying retirement benefits. See the instructions.
1b Unreimbursed Employee Business Expenses.
1c Net Compensation. Subtract Line 1b from Line 1a.
2 Interest Income. Complete PA Schedule A if required.
3 Dividend and Capital Gains Distributions Income. Complete PA Schedule B if required.
4 Net Income or Loss from the Operation of a Business, Profession or Farm.
5 Net Gain or Loss from the Sale, Exchange or Disposition of Property.
6 Net Income or Loss from Rents, Royalties, Patents or Copyrights.
7 Estate or Trust Income. Complete and submit PA Schedule J.
8 Gambling and Lottery Winnings. Complete and submit PA Schedule T.
9 Total PA Taxable Income. Add only the positive income amounts from Lines 1c,
2, 3, 4, 5, 6, 7 and 8. DO NOT ADD any losses reported on Lines 4, 5 or 6.
10 Other Deductions. Enter the appropriate code for the type of deduction.
See the instructions for additional information.
11 Adjusted PA Taxable Income. Subtract Line 10 from Line 9.

Table with 2 columns: Line Number, Amount. Rows include 1a (63343), 1b (0), 1c (63343), 2 (0), 3 (0), 4 (0), 5 (13685), 6 (0), 7 (0), 8 (0), 9 (77028), 10 (0), 11 (77028).



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[] [] [] [] [] [] [] []

PA-40 - 2021

Social Security Number

166173131

Name(s) VAMSHI JAYAPRAKA V JANGITI

- 12 **PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307).**
- 13 Total PA Tax Withheld. See the instructions.

- 14 Credit from your 2020 PA Income Tax return.
- 15 2021 Estimated Installment Payments. REV-459B included. N
- 16 2021 Extension Payment.
- 17 Nonresident Tax Withheld from your **PA Schedule(s) NRK-1.** (Nonresidents only)
- 18 **Total Estimated Payments and Credits.** Add Lines 14, 15, 16 and 17.

- Tax Forgiveness Credit. Submit PA Schedule SP.**
- 19a Filing Status: **01 Unmarried or Separated 02 Married 03 Deceased**
- 19b Dependents, Section II, Line 2, **PA Schedule SP**
- 20 Total Eligibility Income from Section III, Line 11, **PA Schedule SP.**
- 21 **Tax Forgiveness Credit** from Section IV, Line 16, **PA Schedule SP.**

- 22 Resident Credit. Submit your **PA Schedule(s) G-L** and/or **RK-1.**
- 23 Total Other Credits. Submit your **PA Schedule OC.**
- 24 **TOTAL PAYMENTS and CREDITS.** Add Lines 13, 18, 21, 22 and 23.
- 25 **USE TAX.** Due on internet, mail order or out-of-state purchases. See instructions.
- 26 **TAX DUE.** If the total of Line 12 and Line 25 is more than line 24, enter the difference here.
- 27 Penalties and Interest. See the instructions. Enter Code: **E**
If including form REV-1630/REV-1630A, mark the box. Y

- 28 **TOTAL PAYMENT DUE.** See the instructions.
- 29 **OVERPAYMENT.** If Line 24 is more than the total of Line 12, Line 25 and Line 27, enter the difference here.
The total of Lines 30 through 36 must equal Line 29.
- 30 **Refund** – Amount of Line 29 you want as a check mailed to you. **REFUND**
- 31 **Credit** – Amount of Line 29 you want as a credit to your 2022 estimated account.

- 32 Refund donation line. Enter the organization code and donation amount. See instructions.
- 33 Refund donation line. Enter the organization code and donation amount. See instructions.
- 34 Refund donation line. Enter the organization code and donation amount. See instructions.
- 35 Refund donation line. Enter the organization code and donation amount. See instructions.
- 36 Refund donation line. Enter the organization code and donation amount. See instructions.

12		2365
13		1063
14		0
15		0
16		0
17		0
18		0
19a	00	
19b	00	
20		0
21		0
22		217
23		0
24		1280
25		0
26		1085
27		18
28		1103
29		0
30		0
31		0
32		
33		
34		
35		
36		

Signature(s). Under penalties of perjury, I (we) declare that I (we) have examined this return, including all accompanying schedules and statements, and to the best of my (our) belief, they are true, correct, and complete.

Your Signature		Spouse's Signature, if filing jointly	
Preparer's Name and Telephone Number		Date	
SYAM PRIYA RAM SAGAR GUPTA TALLAM 6789659522		041422	

E-File Opt Out N

Firm FEIN 301017196

Preparer's PTIN P02082703



PA SCHEDULE D 2101310023
Sale, Exchange or Disposition of Property

PA-40 D (EX) 06-21 (I) PA Department of Revenue 2021

OFFICIAL USE ONLY

If you need more space, you may photocopy.

Name of the taxpayer filing this schedule VAMSHI JAYAPRAKA V JANGILI Social Security Number (shown first) 166-17-3131

Taxpayer Spouse Joint

Important: A taxpayer and spouse must complete separate schedules to report their gains or losses or if any amounts are reported on Lines 3 through 10 of PA Schedule D. However, if all the gains and losses were realized on a joint basis, one schedule may be completed.

Table with 6 columns: (a) Describe the property, (b) Date acquired, (c) Date sold, (d) Gross sales price less expenses of sale, (e) Cost or adjusted basis of the property sold, (f) Gain or loss: (d) minus (e). Includes entry for Robinhood Securities.

Summary lines for taxable gain/loss. Line 2: Net gain (loss) from above sales. Line 3: Gain from installment sales. Line 4: Taxable distributions from C corporations. Line 5: Net gain (loss) from the sale of 6-1-71 property. Line 6: Net PA S corporation and partnership gain (loss).

Taxable gain from selling a principal residence. Complete and submit PA Schedule 19. Complete Columns (a) through (e) and enter your total gain on Line 7.

Table for principal residence sale with columns (a) through (f). Includes line 7 for taxable gain from sale of principal residence, and line 11 for total PA taxable gain (loss).



PA SCHEDULE G-L
PA-40/PA-41 G-L
(10-20)
PA Department of Revenue

SECTION I - CALCULATION OF THE CREDIT

VAMSHI JAYAPRAKA V JANGILI

166173131

1. Name of other state	DELAWARE	Credit from a Pass-Through Entity (see the instructions)		
		A Amount of income subject to tax in PA per PA return	B Amount of income subject to tax in the other state	C Lesser of Column A or B
2. Class of income subject to tax in the other state				
a. Compensation		63343	7063	
b. Unreimbursed business expenses		0		
c. Net compensation		63343	7063	7063
d. Interest		0	0	0
e. Dividends		0	0	0
f. Net income or loss from business, profession or farm		0	0	0
g. Gain or loss from sale, exchange or disposition of property		13685	0	0
h. Income or Loss from rents, royalties, patents and copyrights		0	0	0
i. Estate or trust income		0	0	0
j. Gambling and lottery winnings		0	0	0
3. Income subject to tax in the other state - Add Lines 2c thru 2j for Column C. Enter the result here.				7063
4. a. Tax due or assessed in the other state				331
b. Tax paid in the other state				331
c. Enter the lesser of Line 4a or Line 4b				331
d. Less: adjustments - Enter the amount from Section III, Line 5.				0
e. Adjusted tax paid in the other state - Subtract Line 4d from Line 4c. Enter the result here.				331
5. Line 3 x 3.07 percent (0.0307)				217
6. PA Resident Credit. Enter the lesser of Line 4e or Line 5 here and on the appropriate form (see instructions).				217

SECTION II - SOURCES AND AMOUNTS OF INCOME SUBJECT TO TAX

	A	B	C	D	E
1. Source entity name					TOTALS
2. Income by class					
Compensation					7063
Interest					0
Dividends					0
Net income or loss from business, profession or farm					0
Gain or loss from sale, exchange or disposition of property					0
Income or loss from rents, royalties, patents and copyrights					0
Estate or trust income					0
Gambling and lottery winnings					0

SECTION III - ADJUSTED TAX PAID

1. Enter the amount from Section I, Column C, Line 3 here.	7063
2. Add the amounts from Section I, Column B, Lines 2c through 2j. Enter the result here.	7063
3. Divide the amount from Section III, Line 1 by Section III, Line 2. Enter the result here (calculate to six decimal places). If the amount on Section III, Line 3 equals 1.000000, you may stop here and enter "0" on Section I, Line 4d.	1.000000
4. If the amount on Section III, Line 3 is less than 1.000000, subtract the decimal from 1.000000. Enter the result here (calculate to six decimal places).	0.000000
5. Multiply the decimal on Section III, Line 4 by the amount on Section I, Line 4c. Enter the result here and on Section I, Line 4d.	0



REV-1630 - 2021
Underpayment of Estimated Tax
By Individuals (01-22)
PA Department of Revenue

VAMSHI JAYAPRAKA V JANGILI

166173131

BEFORE YOU BEGIN: Did you qualify for 100 percent tax forgiveness in 2020? If yes, stop here. You do not owe an estimated underpayment penalty and are not required to complete this form or include it with your return. If no, continue to see if you qualify for any of the exceptions.

SECTION I – CALCULATING THE UNDERPAYMENT

1a. 2021 Tax Liability from Line 12 of Form PA-40.	2365
1b. Multiply the amount on Line 1a by 0.90.	2129
2. Add the amounts reported on Lines 13, 17, 21, 22 and 23 of Form PA-40.	1280
3. Subtract Line 2 from Line 1a. If result is less than \$246, stop here.	1085
4. Subtract Line 2 from Line 1b.	849

ESTIMATED PAYMENT DUE DATES - Fiscal filers see instructions.

	a April 15, 2021	b June 15, 2021	c Sept. 15, 2021	d Jan. 18, 2022
5. Divide Line 4 by the number of payments required for the year (usually four). Enter the result in the appropriate columns.	212	212	212	213
6. Estimated tax paid including carryover credit from previous tax year. See instructions.	0	0	0	0
7. Overpayment (from Line 10) from a previous period. See instructions	0	0	0	0
8. Add Lines 6 and 7.	0	0	0	0
9. Underpayment. Subtract Line 8 from Line 5. If Columns a through d are all zero, stop here. No penalty is due.	212	212	212	213
10. Overpayment. Subtract Line 5 from Line 8. If Columns a through d all show an overpayment, stop here. No penalty is due.	0	0	0	0

SECTION II – EXCEPTIONS TO INTEREST

You will not have to pay interest on the underpayment if the tax payments you made as shown in Section II, Line 11 were paid on time and the amount shown on Section II, Line 11 is equal to or more than the amount in Section II, Line 12 or Line 13, for the same payment period. This exception does not apply if you did not file a return for the prior year or if the prior year's return was filed as a part-year resident.

EXCEPTION 1 WORKSHEET – Section II, Line 11 Calculation

	a April 15, 2021	b June 15, 2021	c Sept. 15, 2021	d Jan. 18, 2022
A. Divide the amount reported in Section I, Line 2 by 4. Enter the amount in each of the four columns.	0	0	0	0
B. Enter the estimated payments reported in Section I, Line 6. Enter the payments under the installment period in which they were paid.	0	0	0	0
C. Add Lines A and B under each column.	0	0	0	0
11. Enter the amounts listed on Exception 1 Worksheet, Line C. For Column a this is the amount from Line C above. For Column b add the amounts of Columns a and b from Line C; for Column c add the amounts from Columns a, b and c; and for Column d add the amounts from Columns a, b, c and d.	0	0	0	0
12. Exception 1 – Tax on 2020 income using 2021 tax rate. See instructions.	0	0	0	0

If the amount on Line 11 is equal to or greater than Line 12, you do not owe penalty for that quarter and you should place an X in the applicable box on Line 14a or 14b for that quarter.



REV-1630 - 2021
Underpayment of Estimated Tax
By Individuals (01-22)
PA Department of Revenue

SECTION II - EXCEPTIONS TO INTEREST cont.

EXCEPTION 2 WORKSHEET - Use this worksheet if your income was earned unevenly throughout 2021 and your 2021 estimated tax payments, tax withholdings and credits equal at least 90 percent of the tax on your taxable income for the periods.

EXCEPTION 2 WORKSHEET - Section II, Line 13 Calculation

Table with 5 columns: Description, 01/01/21 - 03/31/21, 01/01/21 - 05/31/21, 01/01/21 - 08/31/21, 01/01/21 - 12/31/21. Rows include A. Enter your actual taxable income for the period, B. Multiply Line A by 3.07 percent (0.0307), and 13. Exception 2 - Tax on 2021 income over three, five, eight and 12 month periods.

If the amount on Line 11 is equal to or greater than Line 13, you do not owe penalty for that payment period and you should place an X in the applicable box on Line 14a or 14b for that quarter.

SECTION III - CALCULATING INTEREST

COMPLETE LINES 15 THROUGH 16 IF NONE OF THE EXCEPTIONS APPLY. DO NOT USE FEDERAL CALCULATIONS.

Table with 5 columns: Description, 01/01/21 - 03/31/21, 01/01/21 - 05/31/21, 01/01/21 - 08/31/21, 01/01/21 - 12/31/21. Rows include 9. Enter the amounts from Section I, Line 9, 14a. Number of days after due date of estimated payment to and including date of annual payment or Dec. 31, 2021, 14b. Number of days after due date of estimated payment to and including date of annual payment or April 15, 2022, 14c. Number of days after Dec. 31, 2021 to and including date of annual payment or April 15, 2022, 15a. Number of days on Line 14a times 0.000082 times underpayment on Line 9, 15b. Number of days on Line 14b times 0.000082 times underpayment on Line 9, 15c. Number of days on Line 14c times 0.000082 times underpayment on Line 9, and 16. Interest. Add amounts on Lines 15a, b and c. Include on Line 27 of Form PA-40.

SPECIAL EXCEPTION INFORMATION

Please enter the following information to verify the correct application of the special exceptions rule:

A. Enter the amount of your 2020 PA Tax Liability (Line 12 from your 2020 PA-40 tax return), less the amounts from Lines 13, 17, 22 and 23 from your 2020 PA-40 tax return. 0

B. Did you make estimated payments beginning in the period in which it became known that your income not subject to tax exceeded \$8,000? N

If the amount for Line A is \$246 or greater, or if you answer "No" to Line B, you do not qualify for the special exception. To be eligible for the special exception, you must also make estimated payments beginning in the period in which it becomes known that income not subject to withholding will exceed \$8,000. See the instructions for "DETERMINING THE UNDERPAYMENT AMOUNT ON WHICH THE ADDITION OF INTEREST MAY BE ASSESSED" on Page 4 for additional information.

Filing Tips

The department calculates the following using two decimal places:

- Line 1b and Lines 4 through 10 of Section I;
Lines A, B, C and 11 of Exception 1 of Section II;
Line 13 of Exception 2 of Section II; and
Lines 14a through 16 of Section III

Rounding to whole dollars is utilized only on the following:

- Lines 1a, 2 and 3 of Section I;
Line 12 of Exception 1 of Section II; and
Lines A and B of Exception 2 of Section III.

FOR ADDITIONAL INFORMATION, PLEASE SEE THE "EXAMPLE OF INTEREST CALCULATION" ON THE LAST PAGE OF THE INSTRUCTIONS



Name
VAMSHI JAYAPRAKA V JANGILI

Social Security Number
166-17-3131

Federal Forms W-2

# of W2	* N T / T X B L	TS	N R H	Employer Name Employer identification number from box B	Federal wages from box 1 Medicare wages from box 5	Pennsylvania (state) compensation from box 16 (See Tax Help) Pennsylvania (state) income tax withheld from box 17	ST ID
1		T		LS SOLUTIONS INC 82-4336334	56,280. 12,491.	34,622. 1,063.	PA
1		T		LS SOLUTIONS INC 82-4336334		7,063. 0.	DE
1		T		LS SOLUTIONS INC 82-4336334		21,658. 0.	NJ

	Taxpayer	Spouse
Pennsylvania W-2	63,343.	0.
Pennsylvania W-2 to Schedule NRH, line 9		
Federal Form 4137, Unreported Tips, line 6		
Non-Pennsylvania W-2 to Schedule SP, line 6		
Withholding	1,063.	

Federal Forms W-2: Local Tax

# of W2	* N T / T X B L	TS	Employer identification number from box B	Locality name	Local wages, tips, etc. (local) from box 18	Local income tax (local) from box 19	ST ID
1		T	82-4336334	PHILADEL	34,622.	1,207.	PA

	Taxpayer	Spouse
Pennsylvania Local W-2	34,622.	
Federal Form 4137, Unreported Tips, line 6		
Withholding	1,207.	

Excess Reimbursements

*	Description	Employer's EIN	T/S	Amount

	Taxpayer	Spouse
Excess Reimbursements		

Miscellaneous Compensation from Federal Forms 1099MISC, 1099K, 1099NEC, and other statements

*	Payer Name	Payer EIN	T/S	Code	PA Taxable Comp.	PA Tax Withheld	Fed. Income
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							

Pennsylvania Payment type:

- | | |
|---|--|
| A Executor fee | H Other nonemployee compensation.
Describe: _____ |
| B Jury duty pay | I Employer sponsored retirement/pension/deferred compensation plan |
| C Director's fee | J Distribution from IRA (Traditional or Roth) |
| D Expert witness fee | K Distribution from Life Insurance, Annuity or Endowment Contracts |
| E Honorarium | L Distribution from Charitable Gift Annuities |
| F Covenant not to compete | M Distribution from Employee Stock Ownership Plan.
Describe: _____ |
| G Damages or settlement for lost wages, other than personal injury | N Fiduciary fees from a trust |
| | O Other income not listed above
Describe: _____ |

	Taxpayer	Spouse
Miscellaneous Compensation from Form 1099MISC/1099K/1099NEC.	_____	_____
Withholding	_____	_____

Compensation from Federal Forms 1099R

*	Payer's EIN Payer's Name	T S	Fed #	PA Type	Gross Distribution	Basis	PA Taxable	PA Tax Withheld
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

* Enter an 'X' if this income is **Not** subject to Pennsylvania tax - PA Part-Year and Nonresidents Only.

Pennsylvania Distribution type:

- | | |
|---|---|
| N No entry | I22 I'm not eligible yet; plan is eligible in PA |
| I31 PA school, state, or municipal employee plan | J1 Traditional or Roth IRA; I'm over 59.5 |
| I11 United Mine Workers pension | J2 Traditional or Roth IRA; I'm under 59.5 |
| I32 Military pension | K2 Non-qualified deferred compensation plan |
| I33 U.S. Civil service retirement/disability/annuity | K3 Life insurance or endowment |
| K1 Annuity or Non-civil service disability (including Qual Joint Survivorship Annuity) | L Distribution from Charitable Gift Annuities |
| I21 Early distribution from a retirement plan | M1 ESOP: Allocated ESOP Stock Dividend |
| I12 Rollover | M2 ESOP: Non-Allocated ESOP Stock Dividend |
| I13 I'm eligible; plan is eligible (no PA tax) | M3 KSOP: Taxable ESOP within a 401(k) |
| | M4 KSOP: Nontaxable ESOP within a 401(k) |

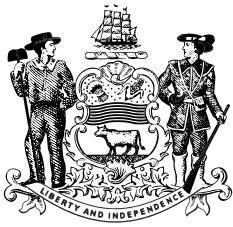
	Taxpayer	Spouse
Distribution from Life Insurance, Annuity, Endowment Contracts or ineligible retirement plans (see Tax Help FAQ's for more info)	_____	_____
Distribution from Charitable Gift Annuities	_____	_____
Compensation from Form 1099R (eligible retirement plans)	_____	_____
Withholding	_____	_____

Total Gross Compensation

	Taxpayer	Spouse
Total gross compensation to Form PA-40 line 1a	63,343.	0.
Total Schedule NRH gross compensation to PA-40, line 12	_____	_____
Withholding to Form PA-40 line 13	1,063.	_____

Total gross compensation to Form PA-40 line 1a	63,343.
--	---------

* Enter an 'X' if this income is **Not** subject to Pennsylvania tax.



DELAWARE 2021

DIVISION OF REVENUE F O R M PIT-NON

DELAWARE INDIVIDUAL NON-RESIDENT INCOME TAX RETURN



For Fiscal Year beginning _____ and ending _____ Amended Return
Must include page 3

Your Taxpayer ID: 1 6 6 1 7 3 1 3 1 Spouse Taxpayer ID: 7 8 6 0 1 5 5 7 4

Filing Status (Must check one)
 1. Single, Divorced, Widow(er) 3. Married & Filing Separate Forms
 2. Joint 5. Head of Household

Your First Name: VAMSHI JAYAPRAKASH M.I.: V Last Name: JANGILI Suffix: Form PIT-UND: 2. Joint 5. Head of Household

Spouse First Name: NANDITHA M.I.: Last Name: TULA Suffix: Attached

Present Home Address (Number and Street): 917 MILLGROVE DR Apartment #: Check if FULL-YEAR Non-Resident in 2021: If you were a part-year resident in 2021, give the dates you resided in Delaware: mm-dd-yyyy mm-dd-yyyy

City: NORRISTOWN State: PA Zip Code: 19403 X

SECTION A - INCOME AND ADJUSTMENTS FROM FEDERAL RETURN

	FEDERAL COLUMN A		DELAWARE SOURCE INCOME/LOSS COLUMN B
1. WAGES, SALARIES, TIPS, ETC.	56280	.00	7063
2. INTEREST		.00	.00
3. DIVIDENDS		.00	.00
4. STATE REFUNDS, CREDITS OR OFFSETS OF STATE & LOCAL INCOME TAXES		.00	.00
5. ALIMONY RECEIVED		.00	.00
6. BUSINESS INCOME OR (LOSS) (See instructions)		.00	.00
7a. CAPITAL GAIN OR (LOSS)	13884	.00	0
7b. OTHER GAINS OR (LOSSES)		.00	.00
8. IRA DISTRIBUTIONS		.00	.00
9. TAXABLE PENSIONS AND ANNUITIES		.00	.00
10. RENTS, ROYALTIES, PARTNERSHIPS, S CORPS, ESTATES, TRUSTS, ETC.		.00	.00
11. FARM INCOME OR (LOSS)		.00	.00
12. UNEMPLOYMENT COMPENSATION (INSURANCE)		.00	.00
13. TAXABLE SOCIAL SECURITY BENEFITS		.00	.00
14. OTHER INCOME (State nature and source)		.00	.00
15. TOTAL INCOME - Add Line 1 through Line 14	70164	.00	7063
16. TOTAL FEDERAL ADJUSTMENTS (See instructions)		.00	.00
17. FEDERAL ADJUSTED GROSS INCOME FOR DELAWARE PURPOSES Subtract Line 16 from Line 15	70164	.00	7063

SECTION B - ADDITIONS

18. INTEREST RECEIVED ON OBLIGATIONS OF ANY STATE OTHER THAN DELAWARE		.00	.00
19. FIDUCIARY ADJUSTMENT, OIL DEPLETION		.00	.00
20. TOTAL - Add Line 18 to Line 19		.00	.00
21. Add Line 17 to Line 20	70164	.00	7063

SECTION C - SUBTRACTIONS

22. INTEREST RECEIVED ON U.S. OBLIGATIONS		.00	.00
23. PENSION/RETIREMENT EXCLUSIONS (For a definition of eligible income, see instructions)		.00	.00
24. DELAWARE STATE TAX REFUND		.00	.00
25. Fiduciary Adjustment, Work Opportunity Credit, Delaware NOL Carryforward, etc.		.00	.00
26. Taxable Social Security Benefits/Railroad Retirement Benefits/Higher Education Exclusion		.00	.00
27. TOTAL Add Line 22 through Line 26		.00	.00
28. Subtract Line 27 from Line 21	70164	.00	7063
29. EXCLUSION FOR CERTAIN PERSONS 60 AND OVER OR DISABLED (See instructions)		.00	.00
30a. COLUMN B- Subtract Line 29 from Line 28. This is your modified Delaware Source Income. Enter on Page 2, Line 42, Box A			7063
30b. COLUMN A - Subtract Line 29 from Line 28. This is your Delaware Adjusted Gross Income. Enter on Page 2, Line 37 and Line 42, Box B	70164	.00	

BALANCE DUE WITH PAYMENT ENCLOSED (LINE 59) MAIL COMPLETED FORM TO:
 Delaware Division of Revenue
 PO Box 508, Wilmington, DE 19899-0508
 Make check payable to:
 Delaware Division of Revenue

REFUND (LINE 60) MAIL COMPLETED FORM TO:
 Delaware Division of Revenue
 PO Box 8710
 Wilmington, DE 19899-8710

ALL OTHER RETURNS MAIL COMPLETED FORM TO:
 Delaware Division of Revenue
 PO Box 8711
 Wilmington, DE 19899-8711



DELAWARE 2021

DIVISION OF REVENUE F O R M PIT-NON

DELAWARE INDIVIDUAL NON-RESIDENT INCOME TAX RETURN



SECTION D - DEDUCTIONS

31.	ENTER TOTAL ITEMIZED DEDUCTIONS (If Filing Status 3, See instructions)	31.	.00
32.	ENTER FOREIGN TAXES PAID (See instructions)	32.	.00
33.	ENTER CHARITABLE MILEAGE DEDUCTION (See instructions)	33.	.00
34.	TOTAL - Add Line 31 through Line 33	34.	.00
35.	ENTER FORM PIT-CRS TAX CREDIT ADJUSTMENT (See instructions)	35.	.00
36.	Subtract Line 35 from Line 34. Enter here and on Line 38.	36.	.00

SECTION E - CALCULATIONS

37.	DELAWARE ADJUSTED GROSS INCOME - Enter amount from Line 30b here	37.	70164 .00
38.	If you elect the STANDARD DEDUCTION check here a. <input checked="" type="checkbox"/> Filing Statuses 1, 3, & 5 enter \$3250; Filing Status 2 enter \$6500; If you elect the DELAWARE ITEMIZED DEDUCTIONS check here b. Enter amount from Line 36.	38.	3250 .00
39.	ADDITIONAL STANDARD DEDUCTIONS (Not Allowed with Itemized Deductions - See instructions) Check Box(es)- if SPOUSE was: 65 or over blind Check box(es) - if YOU were: 65 or over blind	39.	.00
40.	TOTAL DEDUCTIONS - Add Line 38 to Line 39 and enter here	40.	3250 .00
41.	TAXABLE INCOME - Subtract Line 40 from Line 37, and compute tax on this amount	41.	66914 .00
42.	TAX LIABILITY COMPUTATION (See instructions) PRORATION DECIMAL Tax Liability from Tax Rate Table/ A. Line 30a 7063 .00 (See instructions) Schedule Amount B. Line 30b 70164 .00 = 0 . 1 0 0 7 x 3400 .00	42.	342 .00
43a.	PERSONAL CREDITS If you are Filing Status 3, see instructions. Enter number of exemptions listed on Federal return 1 x \$110 = 110 Multiply this amount by the proration decimal on Line 42 (x 0 . 1007) and enter total here	43a.	11 .00
43b.	CHECK BOX(ES) SPOUSE 60 or over (if filing status 2) SELF 60 or over Enter number of boxes checked on Line 43b x \$110 = Multiply this amount by the proration decimal on Line 42 (x) and enter total here	43b.	.00
44.	TAX IMPOSED BY STATE OF Must attach copy of PIT-NNS and other state return - Part-Year Residents Only (See instructions)	44.	.00
45.	OTHER NON-REFUNDABLE CREDITS (See instructions)	45.	.00
46.	TOTAL NON-REFUNDABLE CREDITS - Add Line 43a through Line 45	46.	11 .00
47.	BALANCE - Subtract Line 46 from Line 42. If Line 46 is greater than Line 42, enter 0.	47.	331 .00
48.	DELAWARE TAX WITHHELD - (Attach W-2s/1099s)	48.	75 .00
49.	ESTIMATED TAX PAID & PAYMENTS WITH EXTENSIONS	49.	.00
50.	S CORP PAYMENTS (See instructions)	50.	.00
51.	REFUNDABLE BUSINESS CREDITS (See instructions)	51.	.00
52.	CAPITAL GAINS TAX PAYMENTS (Attach form REW-EST)	52.	.00
53.	TOTAL REFUNDABLE CREDITS - Add Line 48 through Line 52	53.	75 .00
54.	BALANCE DUE If Line 47 is greater than Line 53, Subtract Line 53 from Line 47 and enter here.	54.	256 .00
55.	OVERPAYMENT If Line 53 is greater than Line 47, Subtract Line 47 from Line 53 and enter here.	55.	.00
56.	CONTRIBUTIONS TO SPECIAL FUNDS (If electing a contribution, complete and attach PIT-NNS) TOTAL	56.	.00
57.	AMOUNT OF LINE 55 TO BE APPLIED TO 2022 ESTIMATED TAX ACCOUNT ENTER	57.	.00
58.	PENALTIES AND INTEREST DUE (If Line 54 is greater than \$800, see estimated tax instructions) ENTER	58.	.00
59.	NET BALANCE DUE - Add Line 54, Line 56, and Line 58 PAY IN FULL	59.	256 .00
60.	NET REFUND - Subtract Lines 56, 57, and 58 from Line 55 ZERO DUE/TO BE REFUNDED	60.	.00

SECTION F - DIRECT DEPOSIT INFORMATION

If you would like your refund deposited directly to your checking or savings account, complete below. See instructions for details.

ACCOUNT TYPE	ROUTING NUMBER	ACCOUNT NUMBER
CHECKING		
SAVINGS		

Is this refund going to or through an account that is located outside of the United States?

YES NO

PLEASE REMEMBER TO ATTACH APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN

BE SURE TO SIGN YOUR RETURN BELOW AND KEEP A COPY FOR YOUR RECORDS

YOUR SIGNATURE _____ DATE _____

SPOUSE SIGNATURE _____ DATE _____

HOME PHONE NUMBER _____ BUSINESS PHONE NUMBER _____

@ EMAIL ADDRESS _____

PAID PREPARER INFORMATION

SYAM PRIYA RAM SAGAR GUPTA TALLAM 0 4 1 4 2 2

PAID PREPARER SIGNATURE _____ DATE _____

ADDRESS 2530 PEBBLE CREEK LN CUMMING GA

CITY STATE ZIP CODE

CUMMING GA 30041

EIN, SSN or PTIN 301017196 PHONE NO. (678)965-9522

@ EMAIL ADDRESS

SYAM@GTAXFILE.COM



DELAWARE 2021

DIVISION OF REVENUE FORM

DELAWARE INDIVIDUAL NON-RESIDENT INCOME TAX RETURN



FOR AMENDED RETURNS ONLY

COLUMN B

61. TOTAL REFUNDABLE CREDITS - From Line 53	61.		.00
62. AMOUNT PAID ON ORIGINAL RETURN	62.		.00
63. SUBTOTAL - Add Lines 61 and 62	63.		.00
64. REFUND RECEIVED (If any, see instructions)	64.		.00
65. Estimated tax carryover and/or Special Funds contributions as shown on original return	65.		.00
66. Subtract Line 64 and Line 65 from Line 63	66.		.00
67. BALANCE DUE - If Line 47 is greater than Line 66, Subtract Line 66 from Line 47 and enter here	67.		.00
68. OVERPAYMENT - If Line 66 is greater than Line 47, Subtract Line 47 from Line 66 and enter here	68.		.00
69. AMOUNT OF LINE 68 TO BE APPLIED TO YOUR ESTIMATED TAX ACCOUNT (See Instructions)	69.		.00
70. PENALTIES AND INTEREST DUE	70.		.00
71. NET BALANCE DUE - Add Line 67 and Line 69 to Line 70	71.	PAY IN FULL	.00
72. NET REFUND - Subtract Line 69 and Line 70 from Line 68	72.	ZERO DUE/TO BE REFUNDED	.00

73. Is an amended Federal return being filed? **Yes** **No**
 If no, please explain. If the changes pertain to the Delaware return only, list the line numbers being amended.

74. Has the Delaware Division of Revenue advised you your original return is being audited? **Yes** **No**
75. Is this amended return being filed as a protective claim? **Yes** **No**

A detailed explanation of all changes must be provided in this space. All supporting schedules and/or documentation must be attached.

**NET BALANCE DUE WITH
 PAYMENT ENCLOSED (LINE 71)
 MAIL COMPLETED FORM TO:**
 Delaware Division of Revenue
 PO Box 508, Wilmington, DE 19899-0508
 Make check payable to: Delaware Division of Revenue

**NET REFUND (LINE 72)
 MAIL COMPLETED FORM TO:**
 Delaware Division of Revenue
 PO Box 8710
 Wilmington, DE 19899-8710

**ALL OTHER RETURNS
 MAIL COMPLETED FORM TO:**
 Delaware Division of Revenue
 PO Box 8711
 Wilmington, DE 19899-8711

PLEASE REMEMBER TO ATTACH APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN