

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 SANJAYAVARMA MANTENA | Social security number 724-25-6484 |
| 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 | 82,114. |
| 2 Total tax | 2 | 10,987. |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 13,287. |
| 4 Amount you want refunded to you | 4 | 2,300. |
| 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

| | | | | |
|---|---|---|---|---|
| 5 | 6 | 4 | 8 | 4 |
|---|---|---|---|---|

 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

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

 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: SANJAYAVARMA
Last name: MANTENA
Your social security number: 724-25-6484
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.
36992 meadowbrook cmn
Apt. no.: 201
Presidential Election Campaign: Check here if you, or your spouse if filing jointly, want \$3 to go to this fund.
City, town, or post office: FREMONT
State: CA
ZIP code: 94536
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 [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) Child tax credit, Credit for other dependents. Includes instructions for dependents.

Main tax calculation table with 15 rows. Includes sections for Attach Sch. B if required, Standard Deduction for, and final taxable income calculation. Total taxable income: 69,264.

| | | | |
|--------------------------------------|--|------------|---------|
| 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 | 10,987. |
| 17 | Amount from Schedule 2, line 3 | 17 | |
| 18 | Add lines 16 and 17 | 18 | 10,987. |
| 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 | 10,987. |
| 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 | 10,987. |
| 25 | Federal income tax withheld from: | | |
| a | Form(s) W-2 | 25a | 13,287. |
| b | Form(s) 1099 | 25b | |
| c | Other forms (see instructions) | 25c | |
| d | Add lines 25a through 25c | 25d | 13,287. |
| 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 | 13,287. |
| Refund | 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 2,300. |
| | 35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 2,300. |
| Direct deposit? See instructions. | b Routing number 2 1 1 3 9 1 8 2 5 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| | d Account number 4 2 4 0 4 3 9 2 | | |
| | 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 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. (203) 522-9993 Email address MANTENA1989@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 04/15/2022 | 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
SANJAYAVARMA MANTENA

Your social security number
724-25-6484

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 | -9,750. |
| 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 | -9,750. |

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 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

SANJAYAVARMA MANTENA

Your social security number

724-25-6484

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 | 3 . | 2 . | | 1 . |
| 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 1 . |

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 | 78 . | 23 . | | 55 . |
| 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 55 . |

Part III Summary

| | | |
|---|---------------|-----|
| <p>16 Combine lines 7 and 15 and enter the result</p> <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. | 16 | 56. |
| <p>17 Are lines 15 and 16 both gains?</p> <p><input checked="" type="checkbox"/> Yes. Go to line 18.</p> <p><input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p> | | |
| <p>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 ▶</p> | 18 | |
| <p>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 ▶</p> | 19 | |
| <p>20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952?</p> <p><input checked="" 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.</p> <p><input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.</p> | | |
| <p>21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:</p> <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p> | 21 () | |
| <p>22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?</p> <p><input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.</p> <p><input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p> | | |

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

SANJAYAVARMA MANTENA

Social security number or taxpayer identification number

724-25-6484

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 | 10/02/21 | 12/24/21 | 3. | 2. | | | 1. |
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| 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) ► | | | | 3. | 2. | | | 1. |

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.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side
SANJAYAVARMA MANTENA

Social security number or taxpayer identification number
724-25-6484

Before you check Box D, E, or F 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 II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-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 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-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.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-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 | 10/06/20 | 12/21/21 | 78. | 23. | | | 55. |
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| | | | | | | | | |
| | | | | | | | | |
| 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 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ▶ | | | | 78. | 23. | | | 55. |

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

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

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

SANJAYAVARMA MANTENA

724-25-6484

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 | dasc sdc IN | | | | |
| 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 | 3 | | A 365 | 0 | <input type="checkbox"/> |
| B | | | B | | <input type="checkbox"/> |
| C | | | 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 | 400. | | |
| 4 | Royalties received | 4 | | | |

Expenses:

| | | | | | |
|-----------|--|-----------|---------|--|--|
| 5 | Advertising | 5 | | | |
| 6 | Auto and travel (see instructions) | 6 | | | |
| 7 | Cleaning and maintenance | 7 | 1,300. | | |
| 8 | Commissions. | 8 | | | |
| 9 | Insurance | 9 | | | |
| 10 | Legal and other professional fees | 10 | | | |
| 11 | Management fees | 11 | 1,250. | | |
| 12 | Mortgage interest paid to banks, etc. (see instructions) | 12 | | | |
| 13 | Other interest. | 13 | | | |
| 14 | Repairs. | 14 | 2,300. | | |
| 15 | Supplies | 15 | 2,400. | | |
| 16 | Taxes | 16 | | | |
| 17 | Utilities. | 17 | 2,900. | | |
| 18 | Depreciation expense or depletion | 18 | | | |
| 19 | Other (list) ▶ | 19 | | | |
| 20 | Total expenses. Add lines 5 through 19 | 20 | 10,150. | | |

| | | | | | |
|-----------|--|-----------|------------|-----|-----|
| 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 | -9,750. | | |
| 22 | Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 | (9,750.) | () | () |

| | | | | |
|------------|--|------------|---------|--|
| 23a | Total of all amounts reported on line 3 for all rental properties | 23a | 400. | |
| 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 | 10,150. | |

| | | | |
|-----------|--|-----------|------------|
| 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 | (9,750.) |

| | | | |
|-----------|---|-----------|---------|
| 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 | -9,750. |
|-----------|---|-----------|---------|

For Paperwork Reduction Act Notice, see the separate instructions. NPA -9,750. Schedule E (Form 1040) 2021

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

724-25-6484 MA

2100913793

PAYMENT AMOUNT

MANTENA
SANJAYAVARMA

203-522-9993

\$ 2.00

APT 201
36992 MEADOWBROOK CMN
FREMONT
CA
94536

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)

724256484

MANTENA

SANJAYAVARMA

Occupation SOFTWARE E

Occupation

APT 201

36992 MEADOWBROOK CMN

FREMONT

CA 94536

203-522-9993

99999

N Extension. N Amended Return.

N Residency Status. PA Resident/Nonresident/Part-Year Resident from to

S 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 NOT IN PA

- 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 and Amount. Rows include 1a (72523), 1b (0), 1c (72523), 2 (0), 3 (0), 4 (0), 5 (56), 6 (0), 7 (0), 8 (0), 9 (72579), 10 (0), 11 (72579).



EC OFFICIAL USE ONLY FC
[] [] [] [] [] [] [] []

PA-40 - 2021

Social Security Number

724256484

Name(s) SANJAYAVARMA MANTENA

- 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:
If including form REV-1630/REV-1630A, mark the box. N

- 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 | | | | | | | | | |
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| 16 | | | | | | | | | |
| 17 | | | | | | | | | |
| 18 | | | | | | | | | |
| 19a | 00 | | | | | | | | |
| 19b | 00 | | | | | | | | |
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| 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 | | 04/22 |

E-File Opt Out N

Firm FEIN 301017196

Preparer's PTIN P02082703



PA SCHEDULE E
Rents and Royalty Income (Loss)

2101410021

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

2021

OFFICIAL USE ONLY

Name of the taxpayer filing this schedule
SANJAYAVARMA MANTENA

Social Security Number (shown first) or EIN
724-25-6484

Sales Tax License Number (if applicable). See the instructions. _____ Are rental payments made by lessees through a third party broker? Yes No

See the instructions. Report the income and expenses for the use of your personal property by others. Also, report the income you received for the extraction of oil, gas and other minerals from your property, and the use of your patents and copyrights. **Note:** If you are in the business of renting your property, extracting minerals from your property or producing products from your patents and copyrights – use PA Schedule C.

SECTION I PROPERTY DESCRIPTION

Enter the type and complete address of each rental real estate property, and/or each source of royalty income. See the instructions.

| Type | Description of Property | For Profit Property | Complete Address (street, city, state and ZIP code) |
|--------|-------------------------|--|---|
| A 3 | SAD | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | DASC sdc, India |
| B | | YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| C | | YES <input type="checkbox"/> NO <input type="checkbox"/> | |

Property type: 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: _____

SECTION II INCOME & EXPENSES

| | Property A | Property B | Property C |
|---|---|--|--|
| Line a: Identify the property from Section I and indicate ownership (T/S/J) | <input checked="" type="checkbox"/> T <input type="checkbox"/> S <input type="checkbox"/> J | <input type="checkbox"/> T <input type="checkbox"/> S <input type="checkbox"/> J | <input type="checkbox"/> T <input type="checkbox"/> S <input type="checkbox"/> J |
| Line b: Is the property rental location in PA? | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Line c: Is the property rented for any period less than 30 days? | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Income: 1. Rent received | 400 | | |
| 2. Royalties received | | | |
| Expenses: 3. Advertising | | | |
| 4. Automobile and travel | | | |
| 5. Cleaning and maintenance | 1,300 | | |
| 6. Commissions | | | |
| 7. Insurance | | | |
| 8. Legal and professional fees | | | |
| 9. Management fees | 1,250 | | |
| 10. Mortgage interest | | | |
| 11. Other interest | | | |
| 12. Repairs | 2,300 | | |
| 13. Supplies | 2,400 | | |
| 14. Taxes - not based on net income | | | |
| 15. Utilities | 2,900 | | |
| 16. Depreciation expense - See the instructions | | | |
| 17. Other expenses (itemize): | | | |
| 18. Total Expenses - Add Lines 3 through 17 | 10,150 | | |
| Income or Loss: 19. Income – Subtract Line 18 from Line 1 or 2 | | | |
| 20. Loss – Subtract Line 1 or 2 from Line 18. (fill in the oval, if a net loss) | <input type="checkbox"/> 0 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Net Income or Loss - Total Lines 19 and 20 for short-term rentals. See the instructions. (fill in the oval, if a net loss) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Net Income or Loss - Total Lines 19 and 20 for non short-term rentals. See the instructions. (fill in the oval, if a net loss) | <input type="checkbox"/> | <input type="checkbox"/> | 0 |
| 23. Rent or royalty income (loss) from PA S corporation(s) and partnerships from your PA Schedule(s) RK-1 or NRK-1. (fill in the oval, if a net loss) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 24. Net Rent and Royalty Income (Loss). Add Lines 22 and 23. If submitting more than one schedule, total all Line 22 and 23 amounts and include on Line 6 of your PA-40. (fill in the oval, if a net loss) | <input type="checkbox"/> | <input type="checkbox"/> | 0 |

REV 03/22/22 PRO

1555



2101410021

2101410021

Declaration Control Number/Submission ID

| | |
|---|---------------------------------------|
| Primary Taxpayer's Name SANJAYAVARMA MANTENA | Social Security Number 724-25-6484 |
| Secondary Taxpayer's Name | Social Security Number |

SECTION I TAX RETURN INFORMATION – TAX YEAR ENDING DEC. 31, 2021 (whole dollars only)

| | | |
|---|----|--------|
| 1. Adjusted PA taxable income (Form PA-40, Line 11) | 1. | 72,579 |
| 2. PA tax liability (Form PA-40, Line 12) | 2. | 2,228 |
| 3. Total PA tax withheld (Form PA-40, Line 13) | 3. | 2,226 |
| 4. Amount to be refunded (Form PA-40, Line 30) | 4. | |
| 5. Total payment (tax due) (Form PA-40, Line 28) | 5. | 2 |

SECTION II DECLARATION AND SIGNATURE AUTHORIZATION OF TAXPAYER

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements of my 2021 PA Tax Return (Form PA-40), and to the best of my knowledge and belief, it is true, correct and complete. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure of all information pertaining to my use of the system and software and to the transmission of my tax return electronically to the PA Department of Revenue. I further declare that the amounts in Section I above are the amounts shown on the copy of my electronic income tax return. If applicable, I authorize the PA Department of Revenue and its designated financial agents to initiate an electronic funds withdrawal (direct debit) entry to my designated account for Pennsylvania taxes owed. I also authorize my financial institution to debit the entry to my account and the financial institutions involved in the processing of my electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to payment. I certify the funds for this withdraw are originating from an account within the United States or one of its territories. I have selected a personal identification number as my signature for my electronic income tax return and, if applicable, my electronic funds withdrawal consent.

PRIMARY TAXPAYER'S PERSONAL IDENTIFICATION NUMBER (PIN) Mark one oval only.

- I authorize GLOBAL TAXES LLC to enter my PIN 56484 as my signature on my tax year 2021 electronically filed income tax return.
- I will enter my PIN as my signature on my tax year 2021 electronically filed income tax return.

| | |
|-----------|------|
| Signature | Date |
|-----------|------|

SECONDARY TAXPAYER'S PIN Mark one oval only.

- I authorize _____ to enter my PIN _____ as my signature on my tax year 2021 electronically filed income tax return.
- I will enter my PIN as my signature on my tax year 2021 electronically filed income tax return.

| | |
|-----------|------|
| Signature | Date |
|-----------|------|

SECTION III CERTIFICATION AND AUTHENTICATION – PRACTITIONER PIN PROGRAM PARTICIPANTS ONLY

ERO'S EFIN/PIN Enter your six-digit EFIN followed by your five-digit self-selected PIN 587278 / 61989

As a participant in the Practitioner PIN Program, I certify the above numeric entry is my PIN, which is my signature on the tax year 2021 electronically filed income tax return for the taxpayer(s) indicated above. I confirm I am participating in the Practitioner PIN Program in accordance with the requirements established for this program.

| | |
|-----------------|------|
| ERO's Signature | Date |
|-----------------|------|

**The ERO must retain this form and supporting documents for three years.
DO NOT SUBMIT THIS FORM TO THE PA DEPARTMENT OF REVENUE UNLESS REQUESTED TO DO SO.**

Name
SANJAYAVARMA MANTENA

Social Security Number
724-25-6484

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 | | JNIT TECHNOLOGIES INC 27-3331256 | 91,805. 91,805. | 72,523. 2,226. | PA |
| 1 | X | T | | JNIT TECHNOLOGIES INC 27-3331256 | | 19,282. 0. | GA |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| | Taxpayer | Spouse |
|---|----------|--------|
| Pennsylvania W-2 | 72,523. | 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 | 19,282. | |
| Withholding | 2,226. | |

Federal Forms W-2: Local Tax

| # of W2 | * | 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 |
|---------|---|----|---|---------------|---|--------------------------------------|-------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| | Taxpayer | Spouse |
|--|----------|--------|
| Pennsylvania Local W-2 | | |
| Federal Form 4137, Unreported Tips, line 6 | | |
| Withholding | | |

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 | 72,523. | 0. |
| Total Schedule NRH gross compensation to PA-40, line 12 | _____ | _____ |
| Withholding to Form PA-40 line 13 | 2,226. | _____ |

| | |
|--|---------|
| Total gross compensation to Form PA-40 line 1a | 72,523. |
|--|---------|

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

Form at bottom of page.



Payment Form 1 – File and Pay by April 18, 2022. **If amount of payment is zero, do not mail this form.**
When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

WHERE TO FILE: Using black or blue ink, make check or money order payable to the “Franchise Tax Board.” Write the taxpayer’s social security number (SSN) or individual taxpayer identification number (ITIN) and “2022 Form 540-ES” on the check or money order. Detach the form below. Enclose, but **do not** staple, payment with the form and mail to:
**FRANCHISE TAX BOARD
PO BOX 942867
SACRAMENTO CA 94267-0008**
Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

ONLINE SERVICES: Use Web Pay and enjoy the ease of our free online payment service. Go to **ftb.ca.gov/pay** for more information. You can schedule your payments up to one year in advance.
Do not mail this form if you use Web Pay.

___ DETACH HERE ___ IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM ___ DETACH HERE ___

CAUTION: You may be required to pay electronically. See instructions.
TAXABLE YEAR

File and Pay by April 18, 2022

CALIFORNIA FORM

2022 Estimated Tax for Individuals

540-ES

724-25-6484 MANT 22 APE 0
SANJAYAVARM MANTENA

36992 MEADOWBROOK CMN APT 201
FREMONT CA 94536

Amount of Payment 304.

Form at bottom of page.



Payment Form 2 – File and Pay by June 15, 2022. **If amount of payment is zero, do not mail this form.**
When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

WHERE TO FILE: Using black or blue ink, make check or money order payable to the “Franchise Tax Board.” Write the taxpayer’s social security number (SSN) or individual taxpayer identification number (ITIN) and “2022 Form 540-ES” on the check or money order. Detach the form below. Enclose, but **do not** staple, payment with the form and mail to:
**FRANCHISE TAX BOARD
PO BOX 942867
SACRAMENTO CA 94267-0008**
Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

ONLINE SERVICES: Use Web Pay and enjoy the ease of our free online payment service. Go to **ftb.ca.gov/pay** for more information. You can schedule your payments up to one year in advance.
Do not mail this form if you use Web Pay.

___ DETACH HERE ___ IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM ___ DETACH HERE ___

CAUTION: You may be required to pay electronically. See instructions.
TAXABLE YEAR

File and Pay by June 15, 2022

CALIFORNIA FORM

2022 Estimated Tax for Individuals 540-ES

724-25-6484 MANT 22 APE 0
SANJAYAVARM MANTENA

36992 MEADOWBROOK CMN APT 201
FREMONT CA 94536

Amount of Payment 405.

Form at bottom of page.



Payment Form 4 – File and Pay by Jan. 17, 2023. **If amount of payment is zero, do not mail this form.**

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

WHERE TO FILE: Using black or blue ink, make check or money order payable to the “Franchise Tax Board.” Write the taxpayer’s social security number (SSN) or individual taxpayer identification number (ITIN) and “2022 Form 540-ES” on the check or money order. Detach the form below. Enclose, but **do not** staple, payment with the form and mail to:

**FRANCHISE TAX BOARD
PO BOX 942867
SACRAMENTO CA 94267-0008**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

ONLINE SERVICES: Use Web Pay and enjoy the ease of our free online payment service. Go to **ftb.ca.gov/pay** for more information. You can schedule your payments up to one year in advance.
Do not mail this form if you use Web Pay.

___ DETACH HERE ___ IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM ___ DETACH HERE ___

CAUTION: You may be required to pay electronically. See instructions.
TAXABLE YEAR

File and Pay by Jan. 17, 2023

CALIFORNIA FORM

2022 Estimated Tax for Individuals

540-ES

724-25-6484 MANT 22 APE 0
SANJAYAVARM MANTENA

36992 MEADOWBROOK CMN APT 201
FREMONT CA 94536

Amount of Payment 304.

TAXABLE YEAR

FORM

2021

California e-file Signature Authorization for Individuals

8879

Table with 2 columns: Field Name, Value. Fields include Your name (SANJAYAVARMA MANTENA), Your SSN or ITIN (724-25-6484), Spouse's/RDP's name, Spouse's/RDP's SSN or ITIN.

Part I Tax Return Information (whole dollars only)

Table with 3 rows: Line 1 California adjusted gross income (AGI) 82,114; Line 2 Amount You Owe 1,031; Line 3 Refund or No Amount Due.

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

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2021, and to the best of my knowledge and belief, it is true, correct, and complete.

Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter my PIN 5 6 4 8 4 as my signature on my 2021 e-filed California individual income tax return. I will enter my PIN as my signature on my 2021 e-filed California individual income tax return.

Your signature Date

Spouse's/RDP's PIN: check one box only

- I authorize to enter my PIN as my signature on my 2021 e-filed California individual income tax return. I will enter my PIN as my signature on my 2021 e-filed California individual income tax return.

Spouse's/RDP's signature Date

Practitioner PIN Method Returns Only -- continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's Electronic Filer Identification Number (EFIN)/PIN.

Enter your six-digit EFIN followed by your five-digit self-selected PIN.

Table with 11 cells containing the PIN: 5 8 7 2 7 8 6 1 9 8 9

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the 2021 California individual income tax return for the taxpayer(s) indicated above.

ERO's signature Date 04/15/2022

Voucher at bottom of page.

DO NOT MAIL A PAPER COPY OF YOUR TAX RETURN WITH THE PAYMENT VOUCHER.
If amount of payment is zero, do not mail this voucher.

WHERE TO FILE: Using black or blue ink, make your check or money order payable to the "Franchise Tax Board." Write the taxpayer's social security number (SSN) or individual taxpayer identification number (ITIN) and "2021 FTB 3582" on the check or money order. Detach the voucher below. Enclose, but **do not** staple, payment with the voucher and mail to:

**FRANCHISE TAX BOARD
PO BOX 942867
SACRAMENTO CA 94267-0008**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE: Calendar Year – File and pay by April 18, 2022.

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

ONLINE SERVICES: Use Web Pay and enjoy the ease of our free online payment service. Go to **ftb.ca.gov/pay** for more information.
Do not mail this voucher if you use Web Pay.

--- DETACH HERE --- IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER --- DETACH HERE ---

CAUTION: You may be required to pay electronically. See instructions.

TAXABLE YEAR

CALIFORNIA FORM

2021 Payment Voucher for Individual e-filed Returns

3582 (e-file)

724-25-6484 MANT
SANJAYAVARM MANTENA

21

36992 MEADOWBROOK CMN
FREMONT CA 94536

APT 201

Amount of Payment 1031.

2021 California Resident Income Tax Return

540

APE

ATTACH FEDERAL RETURN

724-25-6484 MANT
SANJAYAVARM MANTENA

21

36992 MEADOWBROOK CMN APT 201
FREMONT CA 94536

11-22-1989

Principal Residence

Enter your county at time of filing (see instructions)

ALAMEDA

If your address above is the same as your principal/physical residence address at the time of filing, check this box

If not, enter below your principal/physical residence address at the time of filing.

Street address (number and street) (If foreign address, see instructions.)

Apt. no/ste. no.

City

State

ZIP code

If your California filing status is different from your federal filing status, check the box here

Filing Status

1 Single

4 Head of household (with qualifying person). See instructions.

2 Married/RDP filing jointly. See inst.

5 Qualifying widow(er). Enter year spouse/RDP died.

See instructions.

3 Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here.

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst.

Exemptions

For line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line.

Whole dollars only

7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. 7 X \$129 = \$ 129

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. 8 X \$129 = \$

9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions. 9 X \$129 = \$

Your name: Your SSN or ITIN:

10 Dependents: Do not include yourself or your spouse/RDP.

| | Dependent 1 | Dependent 2 | Dependent 3 |
|---------------------------------|----------------------|----------------------|----------------------|
| First Name | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Last Name | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| SSN. See instructions. | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Dependent's relationship to you | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Total dependent exemptions ● 10 X \$400 = ● \$

11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32 ● 11 \$

| | | | |
|-----------|---|------------------------------------|----------------------------------|
| 12 | State wages from your federal Form(s) W-2, box 16 ● 12 | <input type="text" value="91805"/> | <input type="text" value=".00"/> |
| 13 | Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11 ● 13 | <input type="text" value="82114"/> | <input type="text" value=".00"/> |
| 14 | California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B. ● 14 | <input type="text"/> | <input type="text" value=".00"/> |
| 15 | Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15 | <input type="text" value="82114"/> | <input type="text" value=".00"/> |
| 16 | California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 27, column C. ● 16 | <input type="text"/> | <input type="text" value=".00"/> |
| 17 | California adjusted gross income. Combine line 15 and line 16 ● 17 | <input type="text" value="82114"/> | <input type="text" value=".00"/> |
| 18 | Enter the larger of { Your California itemized deductions from Schedule CA (540), Part II, line 30; OR Your California standard deduction shown below for your filing status: • Single or Married/RDP filing separately. \$4,803 • Married/RDP filing jointly, Head of household, or Qualifying widow(er) . . . \$9,606 If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions ● 18 | <input type="text" value="4803"/> | <input type="text" value=".00"/> |
| 19 | Subtract line 18 from line 17. This is your taxable income . If less than zero, enter -0- ● 19 | <input type="text" value="77311"/> | <input type="text" value=".00"/> |

| | | | |
|-----------|--|-----------------------------------|----------------------------------|
| 31 | Tax. Check the box if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule ● <input type="checkbox"/> FTB 3800 ● <input type="checkbox"/> FTB 3803 ● 31 | <input type="text" value="4191"/> | <input type="text" value=".00"/> |
| 32 | Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$212,288, see instructions. ● 32 | <input type="text" value="129"/> | <input type="text" value=".00"/> |
| 33 | Subtract line 32 from line 31. If less than zero, enter -0- ● 33 | <input type="text" value="4062"/> | <input type="text" value=".00"/> |
| 34 | Tax. See instructions. Check the box if from: ● <input type="checkbox"/> Schedule G-1 ● <input type="checkbox"/> FTB 5870A. . . ● 34 | <input type="text"/> | <input type="text" value=".00"/> |
| 35 | Add line 33 and line 34 ● 35 | <input type="text" value="4062"/> | <input type="text" value=".00"/> |

| | | | |
|-----------|---|-----------------------------------|----------------------------------|
| 40 | Nonrefundable Child and Dependent Care Expenses Credit. See instructions. ● 40 | <input type="text"/> | <input type="text" value=".00"/> |
| 43 | Enter credit name <input type="text" value="OTHER STATE"/> code ● <input type="text" value="187"/> and amount. . . ● 43 | <input type="text" value="3050"/> | <input type="text" value=".00"/> |
| 44 | Enter credit name <input type="text"/> code ● <input type="text"/> and amount. . . ● 44 | <input type="text"/> | <input type="text" value=".00"/> |

Your name:

Your SSN or ITIN:

Special Credits

- 45 To claim more than two credits. See instructions. Attach Schedule P (540). 45 .00
- 46 Nonrefundable Renter's Credit. See instructions 46 .00
- 47 Add line 40 through line 46. These are your total credits 47 .00
- 48 Subtract line 47 from line 35. If less than zero, enter -0- 48 .00

Other Taxes

- 61 Alternative Minimum Tax. Attach Schedule P (540) 61 .00
- 62 Mental Health Services Tax. See instructions 62 .00
- 63 Other taxes and credit recapture. See instructions 63 .00
- 64 Excess Advance Premium Assistance Subsidy (APAS) repayment. See instructions. 64 .00
- 65 Add line 48, line 61, line 62, line 63, and line 64. This is your total tax 65 .00

Payments

- 71 California income tax withheld. See instructions 71 .00
- 72 2021 CA estimated tax and other payments. See instructions 72 .00
- 73 Withholding (Form 592-B and/or 593). See instructions 73 .00
- 74 Excess SDI (or VPD) withheld. See instructions 74 .00
- 75 Earned Income Tax Credit (EITC) 75 .00
- 76 Young Child Tax Credit (YCTC). See instructions 76 .00
- 77 Net Premium Assistance Subsidy (PAS). See instructions 77 .00
- 78 Add line 71 through line 77. These are your total payments. See instructions 78 .00

Use Tax

- 91 **Use Tax.** Do not leave blank. See instructions. 91 .00
- If line 91 is zero, check if: No use tax is owed. You paid your use tax obligation directly to CDTFA.

ISR Penalty

- 92 If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or C coverage is qualifying health care coverage.
- Individual Shared Responsibility (ISR) Penalty. See instructions 92 .00

Overpaid Tax/Tax Due

- 93 Payments balance. If line 78 is more than line 91, subtract line 91 from line 78 93 .00
- 94 **Use Tax balance.** If line 91 is more than line 78, subtract line 78 from line 91 94 .00
- 95 Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93. 95 .00
- 96 Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, then subtract line 93 from line 92. 96 .00

Your name: Your SSN or ITIN:

| | |
|-----------------------------|--|
| Overpaid Tax/Tax Due | 97 Overpaid tax. If line 95 is more than line 65, subtract line 65 from line 95. <input checked="" type="radio"/> 97 <input type="text"/> .00 |
| | 98 Amount of line 97 you want applied to your 2022 estimated tax <input type="radio"/> 98 <input type="text"/> .00 |
| | 99 Overpaid tax available this year. Subtract line 98 from line 97 <input type="radio"/> 99 <input type="text"/> .00 |
| | 100 Tax due. If line 95 is less than line 65, subtract line 95 from line 65 <input checked="" type="radio"/> 100 <input type="text" value="1012"/> .00 |

| Contributions | | Code | Amount |
|----------------------|---|----------------------------------|--------------------------|
| | California Seniors Special Fund. See instructions | <input type="radio"/> 400 | <input type="text"/> .00 |
| | Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund | <input type="radio"/> 401 | <input type="text"/> .00 |
| | Rare and Endangered Species Preservation Voluntary Tax Contribution Program | <input type="radio"/> 403 | <input type="text"/> .00 |
| | California Breast Cancer Research Voluntary Tax Contribution Fund. | <input type="radio"/> 405 | <input type="text"/> .00 |
| | California Firefighters' Memorial Voluntary Tax Contribution Fund | <input type="radio"/> 406 | <input type="text"/> .00 |
| | Emergency Food for Families Voluntary Tax Contribution Fund | <input type="radio"/> 407 | <input type="text"/> .00 |
| | California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund. | <input type="radio"/> 408 | <input type="text"/> .00 |
| | California Sea Otter Voluntary Tax Contribution Fund | <input type="radio"/> 410 | <input type="text"/> .00 |
| | California Cancer Research Voluntary Tax Contribution Fund | <input type="radio"/> 413 | <input type="text"/> .00 |
| | School Supplies for Homeless Children Voluntary Tax Contribution Fund | <input type="radio"/> 422 | <input type="text"/> .00 |
| | State Parks Protection Fund/Parks Pass Purchase | <input type="radio"/> 423 | <input type="text"/> .00 |
| | Protect Our Coast and Oceans Voluntary Tax Contribution Fund. | <input type="radio"/> 424 | <input type="text"/> .00 |
| | Keep Arts in Schools Voluntary Tax Contribution Fund | <input type="radio"/> 425 | <input type="text"/> .00 |
| | Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund | <input type="radio"/> 431 | <input type="text"/> .00 |
| | California Senior Citizen Advocacy Voluntary Tax Contribution Fund | <input type="radio"/> 438 | <input type="text"/> .00 |
| | Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund. | <input type="radio"/> 439 | <input type="text"/> .00 |
| | Rape Kit Backlog Voluntary Tax Contribution Fund | <input type="radio"/> 440 | <input type="text"/> .00 |
| | Schools Not Prisons Voluntary Tax Contribution Fund | <input type="radio"/> 443 | <input type="text"/> .00 |
| | Suicide Prevention Voluntary Tax Contribution Fund | <input type="radio"/> 444 | <input type="text"/> .00 |
| | Mental Health Crisis Prevention Voluntary Tax Contribution Fund. | <input type="radio"/> 445 | <input type="text"/> .00 |
| | California Community and Neighborhood Tree Voluntary Tax Contribution Fund | <input type="radio"/> 446 | <input type="text"/> .00 |
| | 110 Add code 400 through code 446. This is your total contribution | <input type="radio"/> 110 | <input type="text"/> .00 |

Your name: Your SSN or ITIN:

Amount You Owe **111 AMOUNT YOU OWE.** If you do not have an amount on line 99, add line 94, line 96, line 100, and line 110. See instructions. **Do not send cash.**
Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** ● **111** .00
Pay Online – Go to **ftb.ca.gov/pay** for more information.

Interest and Penalties **112** Interest, late return penalties, and late payment penalties **112** .00
113 Underpayment of estimated tax.
Check the box: ● **FTB 5805 attached** ● **FTB 5805F attached** ● **113** .00
114 Total amount due. See instructions. Enclose, but **do not** staple, any payment **114** .00

115 REFUND OR NO AMOUNT DUE. Subtract the sum of line 110, line 112 and line 113 from line 99. See instructions.
Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001** ● **115** .00

Refund and Direct Deposit Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip. See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.
All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:

● Routing number ● Type Checking ● Account number ● **116** Direct deposit amount .00
 Savings

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:
● Routing number ● Type Checking ● Account number ● **117** Direct deposit amount .00
 Savings

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.

Our privacy notice can be found in annual tax booklets or online. Go to **ftb.ca.gov/privacy** to learn about our privacy policy statement, or go to **ftb.ca.gov/forms** and search for **1131** to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed.

Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature Date Spouse's/RDP's signature (if a joint tax return, both must sign)

● Your email address. Enter only one email address. ● Preferred phone number

Sign Here

It is unlawful to forge a spouse's/RDP's signature.

Paid preparer's signature (**declaration of preparer is based on all information of which preparer has any knowledge**)

Firm's name (or yours, if self-employed) ● PTIN

Firm's address ● Firm's FEIN

Joint tax return? (See instructions)

Do you want to allow another person to discuss this tax return with us? See instructions. ● Yes No

Print Third Party Designee's Name Telephone Number

2021 California Adjustments – Residents

CA (540)

Important: Attach this schedule behind Form 540, Side 5 as a supporting California schedule.

| | |
|---|---------------------------------|
| Name(s) as shown on tax return SANJAYAVARMA MANTENA | SSN or ITIN 724256484 |
|---|---------------------------------|

| Part I Income Adjustment Schedule | | A Federal Amounts <small>(taxable amounts from your federal tax return)</small> | B Subtractions <small>See instructions</small> | C Additions <small>See instructions</small> |
|---|-----------|---|--|---|
| Section A – Income from federal Form 1040 or 1040-SR | | | | |
| 1 Wages, salaries, tips, etc. See instructions before making an entry in column B or C | 1 | 91,805. | | |
| 2 Taxable interest. a <input checked="" type="radio"/> | 2b | | | |
| 3 Ordinary dividends. See instructions. a <input checked="" type="radio"/> | 3 | 3. | | |
| 4 IRA distributions. See instructions. a <input checked="" type="radio"/> | 4b | | | |
| 5 Pensions and annuities. See instructions. a <input checked="" type="radio"/> | 5b | | | |
| 6 Social security benefits. a <input checked="" type="radio"/> | 6b | | | |
| 7 Capital gain or (loss). See instructions. | 7 | 56. | | |
| Section B – Additional Income from federal Schedule 1 (Form 1040) | | | | |
| 1 Taxable refunds, credits, or offsets of state and local income taxes | 1 | | | |
| 2a Alimony received. See instructions. | 2a | | | |
| 3 Business income or (loss). See instructions. | 3 | | | |
| 4 Other gains or (losses) | 4 | | | |
| 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. | 5 | -9,750. | | |
| 6 Farm income or (loss) | 6 | | | |
| 7 Unemployment compensation | 7 | | | |
| 8 Other income: | | | | |
| a Federal net operating loss. | 8a | | | |
| b Gambling income. | 8b | | | |
| c Cancellation of debt | 8c | | | |
| d Foreign earned income exclusion from federal 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 | | | |

REV 03/29/22 PRO

| Section B – Additional Income Continued | A Federal Amounts (taxable amounts from your federal tax return) | B Subtractions See instructions | C Additions See instructions |
|--|--|--|---|
| i Activity not engaged in for profit income 8i | <input type="radio"/> | | |
| j Stock options 8j | <input type="radio"/> | | |
| 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 | <input type="radio"/> | | |
| l Olympic and Paralympic medals and USOC prize money 8l | <input type="radio"/> | | |
| m IRC Section 951(a) inclusion 8m | <input type="radio"/> | <input type="radio"/> | |
| n IRC Section 951A(a) inclusion 8n | <input type="radio"/> | <input type="radio"/> | |
| o IRC Section 461(l) excess business loss adjustment 8o | <input type="radio"/> | | <input type="radio"/> |
| p Taxable distributions from an ABLÉ account . . . 8p | <input type="radio"/> | | |
| z Other income. List type and amount. <input type="radio"/> _____ 8z | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9 a Total other income. Add lines 8a through 8z. 9a | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b1 Disaster loss deduction from form FTB 3805V . 9b1 | | <input type="radio"/> | |
| b2 NOL deduction from form FTB 3805V 9b2 | | <input type="radio"/> | |
| b3 NOL from form FTB 3805Z, 3807, or 3809 . . 9b3 | | <input type="radio"/> | |
| b4 Student loan discharged due to closure of a for-profit school 9b4 | <input type="radio"/> | <input type="radio"/> | |
| 10 Total. Combine Section A, line 1 through line 7, and Section B, line 1 through line 7, line 9a, and line 9b4 in column A (as applicable). Add Section A, line 1 through line 7, and Section B, line 1 through line 7, line 9a and line 9b1 through line 9b4 in column B and column C (as applicable). See instructions. 10 | <input type="radio"/> | 82,114 . <input type="radio"/> | <input type="radio"/> |

Section C – Adjustments to Income
from federal Schedule 1 (Form 1040)

| | | | |
|--|-----------------------|-----------------------|-----------------------|
| 11 Educator expenses 11 | <input type="radio"/> | <input type="radio"/> | |
| 12 Certain business expenses of reservists, performing artists, and fee-basis government officials. 12 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13 Health savings account deduction 13 | <input type="radio"/> | <input type="radio"/> | |
| 14 Moving expenses. Attach form FTB 3913. See instructions 14 | <input type="radio"/> | | <input type="radio"/> |
| 15 Deductible part of self-employment tax. See instructions. 15 | <input type="radio"/> | <input type="radio"/> | |
| 16 Self-employed SEP, SIMPLE, and qualified plans. . 16 | <input type="radio"/> | | |
| 17 Self-employed health insurance deduction. See instructions. 17 | <input type="radio"/> | <input type="radio"/> | |

| Section C – Adjustments to Income Continued | A Federal Amounts <small>(taxable amounts from your federal tax return)</small> | B Subtractions <small>See instructions</small> | C Additions <small>See instructions</small> |
|---|---|--|---|
| 18 Penalty on early withdrawal of savings. 18 | <input checked="" type="radio"/> | | |
| 19 a Alimony paid. 19a | <input checked="" type="radio"/> | | <input checked="" type="radio"/> |
| b Recipient's: SSN <input checked="" type="radio"/> _____ | | | |
| Last Name <input checked="" type="radio"/> _____ | | | |
| 20 IRA deduction. 20 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 21 Student loan interest deduction 21 | <input checked="" type="radio"/> | | <input checked="" type="radio"/> |
| 22 Reserved for future use 22 | | | |
| 23 Archer MSA deduction 23 | <input checked="" type="radio"/> | | |
| 24 Other adjustments: | | | |
| a Jury duty pay 24a | <input checked="" type="radio"/> | | |
| b Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit. 24b | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l 24c | <input checked="" type="radio"/> | <input checked="" type="radio"/> | |
| d Reforestation amortization and expenses. 24d | <input checked="" type="radio"/> | <input checked="" type="radio"/> | |
| e Repayment of supplemental unemployment benefits under the Trade Act of 1974 24e | <input checked="" type="radio"/> | | |
| f Contributions to IRC Section 501(c)(18)(D) pension plans 24f | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| g Contributions by certain chaplains to IRC Section 403(b) plans 24g | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| h Attorney fees and court costs for actions involving certain unlawful discrimination claims 24h | <input checked="" type="radio"/> | | |
| 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 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | |
| j Housing deduction from federal Form 2555 24j | <input checked="" type="radio"/> | <input checked="" type="radio"/> | |
| k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041) 24k | <input checked="" type="radio"/> | <input checked="" type="radio"/> | |
| z Other adjustments. List type and amount. <input checked="" type="radio"/> _____ 24z | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 25 Total other adjustments. Add lines 24a through 24z 25 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 26 Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions 26 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 27 Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions 27 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| | 82,114. | <input checked="" type="radio"/> | <input checked="" type="radio"/> |

REV 03/29/22 PRO

Part II Adjustments to Federal Itemized Deductions

Check the box if you did NOT itemize for federal but will itemize for California

| | A Federal Amounts (from federal Schedule A (Form 1040)) | B Subtractions See instructions | C Additions See instructions |
|--|--|---|--|
| Medical and Dental Expenses See instructions. | | | |
| 1 Medical and dental expenses <input checked="" type="radio"/> _____ 1 | | | |
| 2 Enter amount from federal Form 1040 or 1040-SR, line 11.. <input checked="" type="radio"/> 82,114. 2 | | | |
| 3 Multiply line 2 by 7.5% (0.075).... <input checked="" type="radio"/> 6,159. 3 | | | |
| 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 4 <input checked="" type="radio"/> | | | <input checked="" type="radio"/> |
| Taxes You Paid | | | |
| 5 a State and local income tax or general sales taxes. 5a <input checked="" type="radio"/> 3,193. <input checked="" type="radio"/> 3,193. | | | |
| b State and local real estate taxes 5b <input checked="" type="radio"/> | | | |
| c State and local personal property taxes 5c <input checked="" type="radio"/> | | | |
| d Add line 5a through line 5c. 5d <input checked="" type="radio"/> 3,193. | | | |
| e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B. Enter the difference from line 5d and line 5e, column A in line 5e, column C 5e <input checked="" type="radio"/> 3,193. <input checked="" type="radio"/> 3,193. <input checked="" type="radio"/> 0. | | | |
| 6 Other taxes. List type <input checked="" type="radio"/> _____ 6 <input checked="" type="radio"/> | | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 7 Add line 5e and line 6. 7 <input checked="" type="radio"/> 3,193. <input checked="" type="radio"/> 3,193. <input checked="" type="radio"/> 0. | | | |
| Interest You Paid | | | |
| 8 a Home mortgage interest and points reported to you on federal Form 1098 8a <input checked="" type="radio"/> | | | <input checked="" type="radio"/> |
| b Home mortgage interest not reported to you on federal Form 1098. 8b <input checked="" type="radio"/> | | | <input checked="" type="radio"/> |
| c Points not reported to you on federal Form 1098. 8c <input checked="" type="radio"/> | | | <input checked="" type="radio"/> |
| d Mortgage insurance premiums 8d <input checked="" type="radio"/> | | <input checked="" type="radio"/> | |
| e Add line 8a through line 8d 8e <input checked="" type="radio"/> | | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 9 Investment interest. 9 <input checked="" type="radio"/> | | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 10 Add line 8e and line 9. 10 <input checked="" type="radio"/> | | <input checked="" type="radio"/> | <input checked="" type="radio"/> |

| Part II Adjustments to Federal Itemized Deductions Continued | A Federal Amounts (from federal Schedule A (Form 1040)) | B Subtractions See instructions | C Additions See instructions |
|---|--|---|--|
| Gifts to Charity | | | |
| 11 Gifts by cash or check. 11 | 300. | | |
| 12 Other than by cash or check. 12 | | | |
| 13 Carryover from prior year. 13 | | | |
| 14 Add line 11 through line 13 14 | 300. | | |
| Casualty and Theft Losses | | | |
| 15 Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions . . 15 | | | |
| Other Itemized Deductions | | | |
| 16 Other—from list in federal instructions. 16 | | | |
| 17 Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C. 17 | 3,493. | 3,193. | 0. |
| 18 Total. Combine line 17 column A less column B plus column C 18 | | | 300. |

Job Expenses and Certain Miscellaneous Deductions

| | | | |
|---|-----------|--------|--------|
| 19 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions 19 | | | |
| 20 Tax preparation fees 20 | | | |
| 21 Other expenses - investment, safe deposit box, etc. List type. 21 | | 0. | |
| 22 Add line 19 through line 21 22 | | 0. | |
| 23 Enter amount from federal Form 1040 or 1040-SR, line 11 23 | 82,114. | | |
| 24 Multiply line 23 by 2% (0.02). If less than zero, enter 0. 24 | | 1,642. | |
| 25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0. 25 | | | 0. |
| 26 Total Itemized Deductions. Add line 18 and line 25 26 | | | 300. |
| 27 Other adjustments. See instructions. Specify. 27 | | | |
| 28 Combine line 26 and line 27. 28 | | | 300. |
| 29 Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status? | | | |
| Single or married/RDP filing separately | \$212,288 | | |
| Head of household | \$318,437 | | |
| Married/RDP filing jointly or qualifying widow(er) | \$424,581 | | |
| No. Transfer the amount on line 28 to line 29. | | | |
| Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29. 29 | | | 300. |
| 30 Enter the larger of the amount on line 29 or your standard deduction listed below | | | |
| Single or married/RDP filing separately. See instructions | \$4,803 | | |
| Married/RDP filing jointly, head of household, or qualifying widow(er) | \$9,606 | | |
| Transfer the amount on line 30 to Form 540, line 18. 30 | | | 4,803. |

2021 Other State Tax Credit

S

Attach to Form 540, Form 540NR, or Form 541.

| | |
|---|---------------------------------|
| Name(s) as shown on your California tax return S A N J A Y A V A R M A M A N T E N A | SSN, ITIN, or FEIN 724256484 |
|---|---------------------------------|

Part I Double-Taxed Income (Read specific line instructions for Part I before completing.)

| (a) Income item(s) description | (b) Double-taxed income taxable by California | (c) Double-taxed income taxable by other state |
|--|---|--|
| <input checked="" type="radio"/> WAGES, SALARIES, TIPS | <input checked="" type="radio"/> 19,282. | <input checked="" type="radio"/> 19,282. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 1 Total double-taxed income | <input checked="" type="radio"/> 19,282. | <input checked="" type="radio"/> 19,282. |

Part II Figure Your Other State Tax Credit (Read specific line instructions for Part II before completing.)

| | | | |
|---|--|---------|----|
| 2 California tax liability. See instructions | <input checked="" type="radio"/> 2 | 4,062. | 00 |
| 3 Double-taxed income taxable by California. Enter the amount from Part I, line 1, column (b) | <input checked="" type="radio"/> 3 | 19,282. | 00 |
| 4 California adjusted gross income. See instructions | <input checked="" type="radio"/> 4 | 82,114. | 00 |
| 5 Divide line 3 by line 4. Do not enter more than 1.0000. | <input checked="" type="radio"/> 5 | 0.2348 | |
| 6 Multiply line 2 by line 5. | <input checked="" type="radio"/> 6 | 954. | 00 |
| 7 Income tax liability paid to other state (use state's abbreviation) <input checked="" type="radio"/> GA See instructions | <input checked="" type="radio"/> 7 | 822. | 00 |
| 8 Double-taxed income taxable by other state. Enter the amount from Part I, line 1, column (c) | <input checked="" type="radio"/> 8 | 19,282 | 00 |
| 9 Adjusted gross income taxable by other state. See instructions. | <input checked="" type="radio"/> 9 | 18,982. | 00 |
| 10 Divide line 8 by line 9. Do not enter more than 1.0000. | <input checked="" type="radio"/> 10 | 1.0000 | |
| 11 Multiply line 7 by line 10. | <input checked="" type="radio"/> 11 | 822. | 00 |
| 12 Other state tax credit. Enter the smaller of line 6 or line 11. Use credit code 187 . See instructions | <input checked="" type="radio"/> 12 | 822. | 00 |

2021 Other State Tax Credit

S

Attach to Form 540, Form 540NR, or Form 541.

| | |
|---|---------------------------------|
| Name(s) as shown on your California tax return S A N J A Y A V A R M A M A N T E N A | SSN, ITIN, or FEIN 724256484 |
|---|---------------------------------|

Part I Double-Taxed Income (Read specific line instructions for Part I before completing.)

| (a) Income item(s) description | (b) Double-taxed income taxable by California | (c) Double-taxed income taxable by other state |
|--|---|--|
| <input checked="" type="radio"/> WAGES, SALARIES, TIPS | <input checked="" type="radio"/> 72,523. | <input checked="" type="radio"/> 72,523. |
| <input checked="" type="radio"/> CAPITAL GAINS OR (LOSSES) | <input checked="" type="radio"/> 56. | <input checked="" type="radio"/> 56. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 1 Total double-taxed income | <input checked="" type="radio"/> 72,579. | <input checked="" type="radio"/> 72,579. |

Part II Figure Your Other State Tax Credit (Read specific line instructions for Part II before completing.)

| | | | |
|---|--|---------|----|
| 2 California tax liability. See instructions | <input checked="" type="radio"/> 2 | 4,062. | 00 |
| 3 Double-taxed income taxable by California. Enter the amount from Part I, line 1, column (b) | <input checked="" type="radio"/> 3 | 72,579. | 00 |
| 4 California adjusted gross income. See instructions | <input checked="" type="radio"/> 4 | 82,114. | 00 |
| 5 Divide line 3 by line 4. Do not enter more than 1.0000. | <input checked="" type="radio"/> 5 | 0.8839 | |
| 6 Multiply line 2 by line 5. | <input checked="" type="radio"/> 6 | 3,590. | 00 |
| 7 Income tax liability paid to other state (use state's abbreviation) <input checked="" type="radio"/> PA See instructions | <input checked="" type="radio"/> 7 | 2,228. | 00 |
| 8 Double-taxed income taxable by other state. Enter the amount from Part I, line 1, column (c) | <input checked="" type="radio"/> 8 | 72,579 | 00 |
| 9 Adjusted gross income taxable by other state. See instructions. | <input checked="" type="radio"/> 9 | 72,579. | 00 |
| 10 Divide line 8 by line 9. Do not enter more than 1.0000. | <input checked="" type="radio"/> 10 | 1.0000 | |
| 11 Multiply line 7 by line 10. | <input checked="" type="radio"/> 11 | 2,228. | 00 |
| 12 Other state tax credit. Enter the smaller of line 6 or line 11. Use credit code 187 . See instructions | <input checked="" type="radio"/> 12 | 2,228. | 00 |

Underpayment of Estimated Tax by Individuals and Fiduciaries

2021

5805

Attach this form to the **back** of your Form 540, Form 540NR, or Form 541. Also, check the box for underpayment of estimated tax located on Form 540, line 113; Form 540NR, line 123; or Form 541, line 44, whichever applies.

Name(s) as shown on return

SSN, ITIN, or FEIN

SANJAYAVARMA MANTENA

724256484

IMPORTANT: In most cases, the Franchise Tax Board (FTB) can figure the penalty for you and you do not have to complete this form. See General Information B.

If you meet **any** of the following conditions, you do not owe a penalty for underpayment of estimated tax. **Do not complete or file this form if:**

- The amount of your tax liability (not including tax on lump-sum distributions and accumulation distribution of trusts) less credits (including the withholding credit) but not including estimated tax payments for either 2020 or 2021 was less than \$500 (or less than \$250 if married/RDP filing a separate return).
- Your 2020 return was for a full 12 months (or would have been if you were required to file) and you did not have any tax liability on that return.
- The amount of your withholding plus your estimated tax payments, **if paid in the required installments**, is at least 90% of the tax shown on your 2021 return or 100% of the tax shown on your 2020 return (110% if California adjusted gross income (AGI) was more than \$150,000 or \$75,000 if married/RDP filing a separate return) **and** you are not using the annualized income installment method. Taxpayers with California AGI equal to or greater than \$1,000,000 (or \$500,000 if married/RDP filing a separate return), must use the tax shown on their 2021 tax return if they do not meet one of the two conditions above.

Part I Questions. All filers must complete this part. Estates and Trusts, see General information E.

1 Are you requesting a waiver of the penalty? If "Yes," provide an explanation below and be sure to check the box on Form 540, line 113; Form 540NR, line 123; or Form 541, line 44. If you need additional space, attach a statement. See General Information C1 Yes No

2 Did you use the annualized income installment method? If "Yes," see instructions for Part III and be sure to check the box on Form 540, line 113; Form 540NR, line 123; or Form 541, line 442 Yes No

3 Was your California withholding not withheld in equal installments and are you able to show the actual amounts withheld per period and the actual dates withheld?3 Yes No
 N/A

If "Yes," enter the **actual uneven amounts withheld** on the spaces provided below. The total of the four amounts must equal the total withholding reported on Form 540, line 71 and line 73; Form 540NR, line 81 and line 83; or Form 541, line 29 and line 31.

4/15/21 \$; 6/15/21 \$;
9/15/21 \$; 1/15/22 \$.

4 For estates and trusts: Was the date of death less than two years from the end of the taxable year? See General Information E4 Yes No

Part II Required Annual Payment. All filers must complete this part.

| | | | | |
|---|---|---|------|-----|
| 1 | Current year tax. Enter your 2021 tax after credits. See instructions | 1 | 1012 | .00 |
| 2 | Multiply line 1 by 90% (.90). | 2 | 911 | .00 |
| 3 | Withholding taxes. Do not include any estimated tax payments on this line. See instructions. | 3 | | .00 |
| 4 | Subtract line 3 from line 1. If less than \$500 (or less than \$250 if married/RDP filing a separate return), stop here. You do not owe the penalty. Do not file form FTB 5805 | 4 | 1012 | .00 |
| 5 | Enter the tax shown on your 2020 tax return. See instructions. (110% (1.10) of that amount if the adjusted gross income shown on that return is more than \$150,000, or if married/RDP filing a separate return for 2021, more than \$75,000). | 5 | | .00 |
| 6 | Required annual payment. Enter the smaller of line 2 or line 5. (If your California AGI is equal to or greater than \$1,000,000/\$500,000 for married/RDP filing a separate return, use line 2). | 6 | 911 | .00 |

Short Method

Caution: See the instructions to find out if you can use the short method. If you answered "Yes" to Question 2 in Part I, skip this part and go to Part III. If you answered "No" to Question 2 in Part I **and** you cannot use the short method, go to Worksheet II in the instructions (page 4).

| | | | | |
|----|--|----|-----|-----|
| 7 | Enter the amount, if any, from Part II, line 3 above | 7 | | .00 |
| 8 | Enter the total amount, if any, of estimated tax payments you made. | 8 | | .00 |
| 9 | Add line 7 and line 8 | 9 | | .00 |
| 10 | Total underpayment for the year. Subtract line 9 from line 6. If zero or less, stop here. You do not owe the penalty. Do not file form FTB 5805. | 10 | 911 | .00 |
| 11 | Multiply line 10 by .02121370 | 11 | 19 | .00 |
| 12 | <ul style="list-style-type: none"> • If the amount on line 10 was paid on or after 4/15/22, enter -0- • If the amount on line 10 was paid before 4/15/22, enter the result of the following computation: | | | |
| | Amount on line 10 X Number of days paid before 4/15/22 X .00008 | 12 | 0 | .00 |
| 13 | PENALTY. Subtract line 12 from line 11. Enter the result here and on Form 540, line 113; Form 540NR, line 123; or Form 541, line 44. Also, check the box for "FTB 5805." ► | 13 | 19 | .00 |



Part III Annualized Income Installment Method Schedule.

Use this schedule ONLY if you earned taxable income at an UNEVEN RATE during 2021 (see Example A). If you earned your income at approximately the same rate each month (see Example B), then you should not complete this schedule. If you choose to figure the penalty, see Worksheet II, Regular Method to Figure Your Underpayment and Penalty, on page 4 of the instructions.

Example A: If you were a commissioned salesperson who earned no income during the first three months of the year, earned most of your income during the following six months, and earned very little during the last three months, you should complete this schedule. You may be able to benefit by using the annualized income installment method. The required installment of estimated tax figured using the annualized method may be less than your required installment figured using the required installment method.

Example B: If you worked all year and earned a monthly salary that did not change much during the year, you should not complete this schedule.

| | | | | |
|--|---------------------------------|---------------------------------|---------------------------------|----------------------------------|
| To complete this schedule correctly, you must first complete Side 2, Part II, line 1 through line 6. | | | | |
| Estates and trusts, do not use the period ending dates shown to the right. Instead, use the following: 2/28/21, 4/30/21, 7/31/21, and 11/30/21. | | | | |
| Fiscal year filers must adjust dates accordingly. | (a) 1/1/21 to 3/31/21 | (b) 1/1/21 to 5/31/21 | (c) 1/1/21 to 8/31/21 | (d) 1/1/21 to 12/31/21 |

| | | | | | |
|--|-----------|---|-----|-----|---|
| 1 Enter your California adjusted gross income (AGI) for each period. Form 540NR filers, see instructions. Estates or Trusts, enter the amount from Form 541, line 20 attributable to each period. See instructions | 1 | | | | |
| 2 Annualization amounts. Estates or Trusts, see instructions | 2 | 4 | 2.4 | 1.5 | 1 |
| 3 Annualized income. Multiply line 1 by line 2 | 3 | | | | |
| 4 Enter your itemized deductions for the period shown in each column. If you do not itemize deductions, enter -0- here and on line 6. Estates or Trusts, enter -0- here, skip to line 9, and enter the amount from line 3 on line 9 | 4 | | | | |
| 5 Annualization amounts. | 5 | 4 | 2.4 | 1.5 | 1 |
| 6 Annualized itemized deductions. Multiply line 4 by line 5. See instructions | 6 | | | | |
| 7 Enter your standard deduction from your 2021 Form 540 or Form 540NR, line 18. Enter the total standard deduction amount in each column. See instructions | 7 | | | | |
| 8 Enter line 6 or line 7, whichever is larger | 8 | | | | |
| 9 Subtract line 8 from line 3 | 9 | | | | |
| 10 Figure the tax on the amount in each column of line 9 using the tax table or the tax rate schedule in the instructions for Form 540, Form 540NR, or Form 541. Also, include any tax from form FTB 3803. Estates or Trusts, see instructions. . | 10 | | | | |
| 11 Enter the total amount of exemption credits from your 2021 Form 540, line 32 or Form 541, line 22. If you filed Form 540NR, see instructions | 11 | | | | |
| 12 Subtract line 11 from line 10. Form 540NR filers, complete Worksheet I on page 3 of the instructions | 12 | | | | |
| 13 Enter the total credit amount from your 2021 Form 540, line 47; or Form 541, line 23. Form 540NR filers, see instructions | 13 | | | | |

Part III Annualized Income Installment Method Schedule. continued

| | (a) 1/1/21 to 3/31/21 | (b) 1/1/21 to 5/31/21 | (c) 1/1/21 to 8/31/21 | (d) 1/1/21 to 12/31/21 |
|---|--------------------------|--------------------------|--------------------------|---------------------------|
| 14 a Subtract line 13 from line 12. If zero or less, enter -0- 14a | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| b Enter the alternative minimum tax and mental health tax. See instructions. 14b | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| c Add line 14a and line 14b 14c | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| d Enter the excess SDI from Form 540, line 74 or Form 540NR, line 84 14d | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| e Subtract line 14d from line 14c. If zero or less, enter -0- 14e | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 15 Applicable percentage 15 | 27% | 63% | 63% | 90% |
| 16 Multiply line 14e by line 15 16 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Complete Line 17 through Line 23 of each column before you go to the next column.

| | | | | |
|---|----------------------|----------------------|----------------------|----------------------|
| 17 Enter the combined amounts shown on line 23 from all preceding columns. 17 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 18 Subtract line 17 from line 16. If zero or less, enter -0-. 18 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 19 Enter 30% of the amount shown on form FTB 5805, Part II, line 6 in columns (a & d), enter 40% of the amount on line 6 in column b, enter -0- in column c. 19 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 20 Enter the amount from line 22 from the preceding column 20 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 21 Add line 19 and line 20 21 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 22 Subtract line 18 from line 21. If zero or less, enter -0-. 22 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 23 Enter line 18 or line 21, whichever is less, for each column. Transfer these amounts to Worksheet II, Regular Method to Figure Your Underpayment and Penalty, line 1. | | | | |

| (a) 1/1/21 to 3/31/21 | (b) 1/1/21 to 5/31/21 | (c) 1/1/21 to 8/31/21 | (d) 1/1/21 to 12/31/21 |
|--|--|--|--|
| <input type="radio"/> <input type="text"/> | <input type="radio"/> <input type="text"/> | <input type="radio"/> <input type="text"/> | <input type="radio"/> <input type="text"/> |

If you use the annualized income installment method for one payment due date, you must use it for all payment due dates. This schedule automatically selects the smaller of your annualized income installment or your regular installment.

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: SANJAYAVARMA
Last name: MANTENA
Your social security number: 724-25-6484
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.
36992 meadowbrook cmn
Apt. no.: 201
Presidential Election Campaign: Check here if you, or your spouse if filing jointly, want \$3 to go to this fund.
City, town, or post office. If you have a foreign address, also complete spaces below.
FREMONT
State: CA
ZIP code: 94536
Foreign country name:
Foreign province/state/county:
Foreign postal code:
[] 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) Child tax credit, Credit for other dependents. Includes instructions for dependents.

Main tax calculation table with 15 rows. Includes sections for Attach Sch. B if required, Standard Deduction for, and final taxable income calculation. Total taxable income: 69,264.

| | | | |
|--------------------------------------|--|------------|---------|
| 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 | 10,987. |
| 17 | Amount from Schedule 2, line 3 | 17 | |
| 18 | Add lines 16 and 17 | 18 | 10,987. |
| 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 | 10,987. |
| 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 | 10,987. |
| 25 | Federal income tax withheld from: | | |
| a | Form(s) W-2 | 25a | 13,287. |
| b | Form(s) 1099 | 25b | |
| c | Other forms (see instructions) | 25c | |
| d | Add lines 25a through 25c | 25d | 13,287. |
| 26 | 2021 estimated tax payments and amount applied from 2020 return | 26 | |
| 27a | Earned income credit (EIC) No 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 | 13,287. |
| Refund | 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 2,300. |
| | 35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 2,300. |
| Direct deposit? See instructions. | b Routing number 2 1 1 3 9 1 8 2 5 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| | d Account number 4 2 4 0 4 3 9 2 | | |
| | 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 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. (203) 522-9993 Email address MANTENA1989@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 04/15/2022 | 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
SANJAYAVARMA MANTENA

Your social security number
724-25-6484

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 | -9,750. |
| 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 | -9,750. |

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 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

SANJAYAVARMA MANTENA

Your social security number

724-25-6484

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 | 3 . | 2 . | | 1 . |
| 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 1 . |

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 | 78 . | 23 . | | 55 . |
| 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 55 . |

Part III Summary

| | | |
|---|---------------|-----|
| <p>16 Combine lines 7 and 15 and enter the result</p> <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. | 16 | 56. |
| <p>17 Are lines 15 and 16 both gains?</p> <p><input checked="" type="checkbox"/> Yes. Go to line 18.</p> <p><input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p> | | |
| <p>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 ▶</p> | 18 | |
| <p>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 ▶</p> | 19 | |
| <p>20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952?</p> <p><input checked="" 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.</p> <p><input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.</p> | | |
| <p>21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:</p> <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p> | 21 () | |
| <p>22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?</p> <p><input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.</p> <p><input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p> | | |

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

SANJAYAVARMA MANTENA

Social security number or taxpayer identification number

724-25-6484

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 | 10/02/21 | 12/24/21 | 3. | 2. | | | 1. |
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| | | | | | | | | |
| 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) ► | | | | 3. | 2. | | | 1. |

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.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side
SANJAYAVARMA MANTENA

Social security number or taxpayer identification number
724-25-6484

Before you check Box D, E, or F 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 II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-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 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-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.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-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 | 10/06/20 | 12/21/21 | 78. | 23. | | | 55. |
| | | | | | | | | |
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| | | | | | | | | |
| 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 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ► | | | | 78. | 23. | | | 55. |

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

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

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

SANJAYAVARMA MANTENA

724-25-6484

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 | dasc sdc IN | | | | |
| 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 | 3 | | A 365 | 0 | <input type="checkbox"/> |
| B | | | B | | <input type="checkbox"/> |
| C | | | 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 | 400. | | |
| 4 | Royalties received | 4 | | | |

Expenses:

| | | | | | |
|-----------|--|-----------|---------|--|--|
| 5 | Advertising | 5 | | | |
| 6 | Auto and travel (see instructions) | 6 | | | |
| 7 | Cleaning and maintenance | 7 | 1,300. | | |
| 8 | Commissions. | 8 | | | |
| 9 | Insurance | 9 | | | |
| 10 | Legal and other professional fees | 10 | | | |
| 11 | Management fees | 11 | 1,250. | | |
| 12 | Mortgage interest paid to banks, etc. (see instructions) | 12 | | | |
| 13 | Other interest. | 13 | | | |
| 14 | Repairs. | 14 | 2,300. | | |
| 15 | Supplies | 15 | 2,400. | | |
| 16 | Taxes | 16 | | | |
| 17 | Utilities. | 17 | 2,900. | | |
| 18 | Depreciation expense or depletion | 18 | | | |
| 19 | Other (list) ▶ | 19 | | | |
| 20 | Total expenses. Add lines 5 through 19 | 20 | 10,150. | | |

| | | | | | |
|-----------|---|-----------|------------|-----|-----|
| 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 | -9,750. | | |
| 22 | Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 | (9,750.) | () | () |

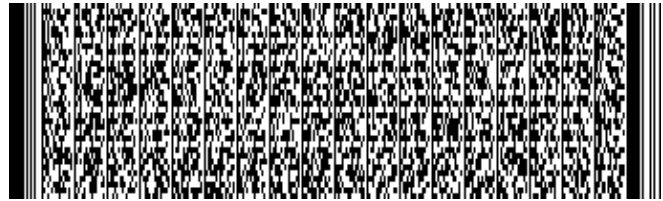
| | | | | | |
|------------|--|------------|---------|--|--|
| 23a | Total of all amounts reported on line 3 for all rental properties | 23a | 400. | | |
| b | Total of all amounts reported on line 4 for all royalty properties | 23b | | | |
| c | Total of all amounts reported on line 12 for all properties | 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 | 10,150. | | |

| | | | | | |
|-----------|--|-----------|------------|--|--|
| 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 | (9,750.) | | |

| | | | | | |
|-----------|---|-----------|---------|--|--|
| 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 | -9,750. | | |
|-----------|---|-----------|---------|--|--|



2200411513



Georgia Form **500** (Rev. 08/02/21)

Individual Income Tax Return

Georgia Department of Revenue

2021 (Approved software version)

Page **1**

Fiscal Year
Beginning

STATE **CA**
ISSUED

Fiscal Year
Ending

YOUR DRIVER'S
LICENSE/STATE ID

Y5276630

YOUR FIRST NAME
1. **SANJAYAVARMA**

MI YOUR SOCIAL SECURITY NUMBER
724-25-6484

LAST NAME (For Name Change See IT-511 Tax Booklet)
MANTENA

SUFFIX

SPOUSE'S FIRST NAME

MI SPOUSE'S SOCIAL SECURITY NUMBER

LAST NAME

SUFFIX

DEPARTMENT USE ONLY

ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number) CHECK IF ADDRESS HAS CHANGED
2. **36992 MEADOWBROOK CMN**

APT NO 201

CITY (Please insert a space if the city has multiple names)
3. **FREMONT**

STATE ZIP CODE
CA 94536

(COUNTRY IF FOREIGN)

4. Enter your Residency Status with the appropriate number **4. 3**

Residency Status

1. FULL- YEAR RESIDENT 2. PART- YEAR RESIDENT TO 3. NONRESIDENT

Omit Lines 9 thru 14 and use Form 500 Schedule 3 if you are a part-year or nonresident filer.

5. Enter Filing Status with appropriate letter (See IT-511 Tax Booklet)..... **5. A**

Filing Status

A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head of Household or Qualifying Widow(er)

6. Number of exemptions (Check appropriate box(es) and enter total in 6c.) 6a. Yourself 6b. Spouse 6c. **1**

7a. Number of Dependents (Enter details on Line 7b., and DO NOT include yourself or your spouse)..... **7a.**



2200411523

YOUR SOCIAL SECURITY NUMBER
 724-25-6484

7b. Dependents (If you have more than 4 dependents, attach a list of additional dependents)

| | |
|-------------------------------|----------------------------|
| First Name, MI. | Last Name |
| Social Security Number | Relationship to You |
| First Name, MI. | Last Name |
| Social Security Number | Relationship to You |
| First Name, MI. | Last Name |
| Social Security Number | Relationship to You |
| First Name, MI. | Last Name |
| Social Security Number | Relationship to You |

INCOME COMPUTATIONS

If amount on line 8, 9, 10, 13 or 15 is negative, use the minus sign (-). Example -3456.

8. Federal adjusted gross income (From Federal Form 1040)..... 8. 82114
 (Do not use FEDERAL TAXABLE INCOME) If the amount on Line 8 is \$40,000 or more, or your gross income is less than your W-2s you must include a copy of your Federal Form 1040 Pages 1, 2, and Schedule 1.

9. Adjustments from Form 500 Schedule 1 (See IT-511 Tax Booklet) 9.

10. Georgia adjusted gross income (Net total of Line 8 and Line 9)..... 10.

11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION)..... 11a.
 (See IT-511 Tax Booklet)

| | | | | |
|----------------------|--------|-------|----------|------|
| b. Self: 65 or over? | Blind? | Total | x 1,300= | 11b. |
| Spouse: 65 or over? | Blind? | | | |

c. Total Standard Deduction (Line 11a + Line 11b)..... 11c.
 Use EITHER Line 11c OR Line 12c (Do not write on both lines)

12. Total Itemized Deductions used in computing Federal Taxable Income. If you use itemized deductions, you must include Federal Schedule A.

| | |
|---|------|
| a. Federal Itemized Deductions (Schedule A- Form 1040)..... | 12a. |
| b. Less adjustments: (See IT-511 Tax Booklet) | 12b. |
| c. Georgia Total Itemized Deductions..... | 12c. |

13. Subtract either Line 11c or Line 12c from Line 10; enter balance..... 13.



2200411533

YOUR SOCIAL SECURITY NUMBER
724-25-6484

| | | | |
|--|------|-------|------|
| 14a. Enter the number from Line 6c. Multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C | 14a. | | |
| 14b. Enter the number from Line 7a. Multiply by \$3,000..... | 14b. | | |
| 14c. Add Lines 14a. and 14b. Enter total | 14c. | | |
| 15a. Income before GA NOL (Line 13 less Line 14c or Schedule 3, Line 14)..... | 15a. | 17288 | |
| 15b. Georgia NOL utilized (Cannot exceed Line 15a or the amount after applying the 80% limitation, see IT-511 Tax Booklet for more information)..... | 15b. | | |
| 15c. Georgia Taxable Income (Line 15a less Line 15b)..... | 15c. | 17288 | |
| 16. Tax (Use Tax Table or Tax Rate Schedule in the IT-511 Tax Booklet) | 16. | 822 | |
| 17. Low Income Credit | 17a. | 17b. | 17c. |
| 18. Other State(s) Tax Credit (Include a copy of the other state(s) return) | 18. | | |
| 19. Credits used from IND-CR Summary Worksheet | 19. | | |
| 20. Total Credits Used from Schedule 2 Georgia Tax Credits (must be filed electronically) | 20. | | |
| 21. Total Credits Used (sum of Lines 17-20) cannot exceed Line 16 | 21. | | 0 |
| 22. Balance (Line 16 less Line 21) if zero or less than zero, enter zero | 22. | | 822 |

INCOME STATEMENT DETAILS Only enter income on which Georgia tax was withheld. Enter income from W-2s, 1099s, and G2-As on Line 4 GA Wages/Income. For other income statements complete Line 4 using the income reported from **Form G2-RP Line 12 or 13; Form G2-LP Line 11, or for Form G2-FL enter zero.**

| (INCOME STATEMENT A) | | | | (INCOME STATEMENT B) | | | | (INCOME STATEMENT C) | | | |
|--|-------|-------|--|--|-------|-------|--|--|-------|-------|--|
| 1. WITHHOLDING TYPE: | | | | 1. WITHHOLDING TYPE: | | | | 1. WITHHOLDING TYPE: | | | |
| X W-2 | G2-A | G2-LP | | W-2 | G2-A | G2-LP | | W-2 | G2-A | G2-LP | |
| 1099 | G2-FL | G2-RP | | 1099 | G2-FL | G2-RP | | 1099 | G2-FL | G2-RP | |
| 2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) X SSN | | | | 2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN | | | | 2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN | | | |
| 273331256 | | | | | | | | | | | |
| 3. EMPLOYER/PAYER STATE WITHHOLDING ID | | | | 3. EMPLOYER/PAYER STATE WITHHOLDING ID | | | | 3. EMPLOYER/PAYER STATE WITHHOLDING ID | | | |
| 30506220Q | | | | | | | | | | | |
| 4. GA WAGES / INCOME | | | | 4. GA WAGES / INCOME | | | | 4. GA WAGES / INCOME | | | |
| 19282 | | | | | | | | | | | |
| 5. GA TAX WITHHELD | | | | 5. GA TAX WITHHELD | | | | 5. GA TAX WITHHELD | | | |
| 922 | | | | | | | | | | | |

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

PAGES (1-5) ARE REQUIRED FOR PROCESSING

REV 03/22/22 PRO



2200411543

YOUR SOCIAL SECURITY NUMBER
 724-25-6484

Page 4

(INCOME STATEMENT D)

1. **WITHHOLDING TYPE:**
 W-2 G2-A G2-LP
 1099 G2-FL G2-RP
2. **EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN**
3. **EMPLOYER/PAYER STATE WITHHOLDING ID**
4. **GA WAGES / INCOME**
5. **GA TAX WITHHELD**

(INCOME STATEMENT E)

1. **WITHHOLDING TYPE:**
 W-2 G2-A G2-LP
 1099 G2-FL G2-RP
2. **EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN**
3. **EMPLOYER/PAYER STATE WITHHOLDING ID**
4. **GA WAGES / INCOME**
5. **GA TAX WITHHELD**

(INCOME STATEMENT F)

1. **WITHHOLDING TYPE:**
 W-2 G2-A G2-LP
 1099 G2-FL G2-RP
2. **EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN**
3. **EMPLOYER/PAYER STATE WITHHOLDING ID**
4. **GA WAGES / INCOME**
5. **GA TAX WITHHELD**

| | | |
|--|-----|-----|
| 23. Georgia Income Tax Withheld on Wages and 1099s | 23. | 922 |
| <small>(Enter Tax Withheld Only and include W-2s and/or 1099s)</small> | | |
| 24. Other Georgia Income Tax Withheld | 24. | |
| <small>(Must include G2-A, G2-FL, G2-LP and/or G2-RP)</small> | | |
| 25. Estimated Tax paid for 2021 and Form IT-560 | 25. | |
| 26. Schedule 2B Refundable Tax Credits | 26. | |
| <small>(Cannot be claimed unless filed electronically)</small> | | |
| 27. Total prepayment credits (Add Lines 23, 24, 25 and 26) | 27. | 922 |
| 28. If Line 22 exceeds Line 27, subtract Line 27 from Line 22 and enter balance due | 28. | |
| 29. If Line 27 exceeds Line 22, subtract Line 22 from Line 27 and enter overpayment | 29. | 100 |
| 30. Amount to be credited to 2022 ESTIMATED TAX | 30. | 0 |
| 31. Georgia Wildlife Conservation Fund (No gift of less than \$1.00) | 31. | |
| 32. Georgia Fund for Children and Elderly (No gift of less than \$1.00) | 32. | |
| 33. Georgia Cancer Research Fund (No gift of less than \$1.00) | 33. | |
| 34. Georgia Land Conservation Program (No gift of less than \$1.00) | 34. | |
| 35. Georgia National Guard Foundation (No gift of less than \$1.00) | 35. | |
| 36. Dog & Cat Sterilization Fund (No gift of less than \$1.00) | 36. | |
| 37. Saving the Cure Fund (No gift of less than \$1.00) | 37. | |
| 38. Realizing Educational Achievement Can Happen (REACH) Program | 38. | |
| <small>(No gift of less than \$1.00)</small> | | |



2200411553

YOUR SOCIAL SECURITY NUMBER
724-25-6484

Page 5

- 39. Public Safety Memorial Grant (No gift of less than \$1.00)..... 39.
- 40. Form 500 UET (Estimated tax penalty) 500 UET exception attached 40.
- 41. (If you owe) Add Lines 28, 31 thru 40 41.
MAKE CHECK PAYABLE TO GEORGIA DEPARTMENT OF REVENUE..

Amount Due Mail To:
GEORGIA DEPARTMENT OF REVENUE
PROCESSING CENTER, PO BOX 740399
ATLANTA, GA 30374-0399

42. (If you are due a refund) Subtract the sum of Lines 30 thru 40 from Line 29
THIS IS YOUR REFUND..... 42. 100
If you do not enter Direct Deposit information or if you are a first time filer you will be issued a paper check.

42a. Direct Deposit (U.S. Accounts Only)

Type: Checking Savings
Routing Number 211391825
Account Number 42404392

Refund Due Mail To:
GEORGIA DEPARTMENT OF REVENUE
PROCESSING CENTER, PO BOX 740380
ATLANTA, GA 30374-0380

INCLUDE ALL ITEMS IN ENVELOPE, **DO NOT STAPLE YOUR CHECK, W-2s, OTHER WITHHOLDING DOCUMENTS, OR TAX RETURN.**
I/We declare under the penalties of perjury that I/we have examined this return (including accompanying schedules and statements) and to the best of my/our knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer(s), this declaration is based on all information of which the preparer has knowledge.

Taxpayer's Signature (Check box if deceased)

Spouse's Signature (Check box if deceased)

Taxpayer's Date of Death

Spouse's Date of Death

Taxpayer's Signature Date

Taxpayer's Phone Number
203-522-9993

Spouse's Signature Date

By providing my e-mail address I am authorizing the Georgia Department of Revenue to electronically notify me at the below e-mail address regarding any updates to my account(s).

Taxpayer's E-mail Address

I authorize DOR to discuss this return with the named preparer.

SYAM PRIYA RAM SAGAR GUPTA TALLAM

Signature of Preparer

Name of Preparer Other Than Taxpayer

SYAM PRIYA RAM SAGAR GUPT

Preparer's Phone Number
678-965-9522

Preparer's FEIN
30-1017196

Preparer's Firm Name
GLOBAL TAXES LLC

Preparer's SSN/PTIN/SIDN
P02082703



2207211513

YOUR SOCIAL SECURITY NUMBER
724-25-6484

SCHEDULE 1 ADJUSTMENTS to INCOME BASED on GEORGIA LAW

See IT-511 Tax Booklet

ADDITIONS to INCOME

- 1. Interest on Non-Georgia Municipal and State Bonds
2. Lump Sum Distributions
3. Reserved
4. Net operating loss carryover deducted on Federal return
5. Other (Specify)
6. Total Additions (Enter sum of Lines 1-5 here)

SUBTRACTION from INCOME

7. Retirement Income Exclusion (See IT-511 Tax Booklet) Complete Schedule 1, page 2 if claiming Retirement Income Exclusion.
a. Self: Date of Birth Date of Disability: Type of Disability:

7a.

b. Spouse: Date of Birth Date of Disability: Type of Disability:

7b.

- 8. Social Security Benefits (Taxable portion from Federal return)
9. Path2College 529 Plan
10. Interest on United States Obligations (See IT-511 Tax Booklet)
11. Reserved
12. Other Adjustments (Specify)

Table with 4 columns: Adjustment, CHARITABLE DED, Amount, 300

Total 12. 300

13. Total Subtractions (Enter sum of Lines 7-12 here) 13. 300

14. Net Adjustments (Line 6 less Line 13). Enter Net Total here and on Line 9 of Page 2 (+ or -) of Form 500 or 500X 14. -300



2207211523

YOUR SOCIAL SECURITY NUMBER
724-25-6484

SCHEDULE 1 RETIREMENT INCOME EXCLUSION

(TAXPAYER)

See IT-511 Tax Booklet
(SPOUSE)

- 1. Salary and wages.....
- 2. Other Earned Income (Losses).....
- 3. Total Earned Income.....
- 4. Maximum Earned Income.....
- 5. Smaller of Line 3 or 4; if zero or less, enter zero
- 6. Interest Income.....
- 7. Dividend Income
- 8. Alimony.....
- 9. Capital Gains (Losses).....
- 10. Other Income (Losses).....
(See IT-511 Tax Booklet)
- 11. Taxable IRA Distributions.....
- 12. Taxable Pensions
- 13. Rental, Royalty, Partnership, S Corp, etc. Income (Losses).....(See IT-511 Tax Booklet)
- 14. Total of Lines 6 through 13; if zero or less, enter zero
- 15. Add Lines 5 and 14
- 16. Maximum Allowable Exclusion*
- 17. Smaller of Lines 15 and 16; enter here and on Form 500, Schedule 1, Lines 7a. & b.....

*If age 62-64 or less than age 62 and permanently disabled enter \$35,000, or if age 65 or older enter \$65,000.



2207411513

YOUR SOCIAL SECURITY NUMBER

724-25-6484

DO NOT USE LINES 9 THRU 14 OF PAGES 2 AND 3 FORM 500 or 500X

SCHEDULE 3 COMPUTATION OF GEORGIA TAXABLE INCOME FOR ONLY PART-YEAR RESIDENTS AND NONRESIDENTS.

Income earned in another state as a Georgia resident is taxable but other state(s) tax credit may apply. See IT-511 Tax Booklet.

| FEDERAL INCOME AFTER GEORGIA ADJUSTMENT (COLUMN A) | INCOME NOT TAXABLE TO GEORGIA (COLUMN B) | GEORGIA INCOME (COLUMN C) |
|---|--|--|
| 1. WAGES, SALARIES, TIPS, etc 91805 | 1. WAGES, SALARIES, TIPS, etc 72523 | 1. WAGES, SALARIES, TIPS, etc 19282 |
| 2. INTEREST AND DIVIDENDS 3 | 2. INTEREST AND DIVIDENDS 3 | 2. INTEREST AND DIVIDENDS 0 |
| 3. BUSINESS INCOME OR (LOSS) | 3. BUSINESS INCOME OR (LOSS) | 3. BUSINESS INCOME OR (LOSS) |
| 4. OTHER INCOME OR (LOSS) -9694 | 4. OTHER INCOME OR (LOSS) -9694 | 4. OTHER INCOME OR (LOSS) 0 |
| 5. TOTAL INCOME: TOTAL LINES 1 THRU 4 82114 | 5. TOTAL INCOME: TOTAL LINES 1 THRU 4 62832 | 5. TOTAL INCOME: TOTAL LINES 1 THRU 4 19282 |
| 6. TOTAL ADJUSTMENTS FROM FORM 1040 | 6. TOTAL ADJUSTMENTS FROM FORM 1040 | 6. TOTAL ADJUSTMENTS FROM FORM 1040 |
| 7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1 -300 | 7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1 0 | 7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1 -300 |
| 8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 81814 | 8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 62832 | 8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 18982 |
| 9. RATIO: Divide Line 8, Column C by Line 8, Column A enter percentage or check the box for Time Ratio. Enter percentage..... | 9. 23.20 | % Not to exceed 100% |
| 10a. Itemized or Standard Deduction <input checked="" type="checkbox"/> or Georgia Itemized (See IT-511 Tax Booklet) | 10a. 4600 | |
| 10b. Additional Standard Deduction Self: 65 or over? Blind? Spouse: 65 or over? Blind? Total X 1,300= | 10b. | |
| 11. Personal Exemptions from Form 500 or Form 500X (See IT-511 Tax Booklet) | | |
| 11a. Enter the number on Line 6c from Form 500 or Form 500X <u>1</u> multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C..... | 11a. 2700 | |
| 11b. Enter the number on Line 7a from Form 500 or Form 500X multiply by \$3,000 .. | 11b. | |
| 12. Total Deductions and Exemptions: Add Lines 10a, 10b, 11a, and 11b | 12. 7300 | |
| 13. Multiply Line 12 by Ratio on Line 9 and enter result..... | 13. 1694 | |
| 14. Income before GA NOL: Subtract Line 13 from Line 8, Column C Enter here and on Line 15a, Page 3 of Form 500 or Form 500X..... | 14. 17288 | |