

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 KARTHIK VALAPALA	Social security number 791-20-1516
Spouse's name MOUNIKA VELURI	Spouse's social security number 713-38-7101

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	265,210.
2 Total tax	2	46,259.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	49,100.
4 Amount you want refunded to you	4	3,841.
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

0	1	5	1	6
---	---	---	---	---

 as my signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) 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 ▶ *Karthik V* Date ▶ 03/21/2022

Spouse's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN

8	7	1	0	1
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 as my signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) 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 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 KARTHIK		Last name VALAPALA		Your social security number 791-20-1516	
If joint return, spouse's first name and middle initial MOUNIKA		Last name VELURI		Spouse's social security number 713-38-7101	
Home address (number and street). If you have a P.O. box, see instructions. 71 WOODLAND TRL				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. LINCOLNSHIRE			State IL	ZIP code 60069	
Foreign country name		Foreign province/state/county		Foreign postal code	

Presidential Election Campaign
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
 You Spouse

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

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

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

Dependents (see instructions): If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
					Child tax credit	Credit for other dependents
	DEVAANSHI	VALAPALA	851-73-3154	Daughter	<input checked="" type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required. Standard Deduction for— • Single or Married filing separately, \$12,550 • Married filing jointly or Qualifying widow(er), \$25,100 • Head of household, \$18,800 • If you checked any box under Standard Deduction , see instructions.	1	Wages, salaries, tips, etc. Attach Form(s) W-2		1	254,807.	
	2a	Tax-exempt interest	2a	2b	5.	
	3a	Qualified dividends	3a	270.	3b	270.
	4a	IRA distributions	4a		4b	
	5a	Pensions and annuities	5a		5b	
	6a	Social security benefits	6a		6b	
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>			7	22,188.
	8	Other income from Schedule 1, line 10			8	-12,060.
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶			9	265,210.
	10	Adjustments to income from Schedule 1, line 26			10	
	11	Subtract line 10 from line 9. This is your adjusted gross income ▶			11	265,210.
	12a	Standard deduction or itemized deductions (from Schedule A)	12a	25,100.		
	b	Charitable contributions if you take the standard deduction (see instructions)	12b			
	c	Add lines 12a and 12b			12c	25,100.
	13	Qualified business income deduction from Form 8995 or Form 8995-A			13	
14	Add lines 12c and 13			14	25,100.	
15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-			15	240,110.	

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	45,645.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	45,645.
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	45,645.
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	614.
24	Add lines 22 and 23. This is your total tax	24	46,259.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	49,100.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	0.
d	Add lines 25a through 25c	25d	49,100.
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC) Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/>	27a	
b	Nontaxable combat pay election	27b	
c	Prior year (2019) earned income	27c	
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	1,000.
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	1,000.
33	Add lines 25d, 26, and 32. These are your total payments	33	50,100.
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	3,841.
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	3,841.
Direct deposit? See instructions.	b Routing number 211391825 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number 18660027		
	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	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. (251) 408-7165 Email address VALAPALAKARTHIK@GMAIL.COM

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
SYAM PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA RAM SAGAR GUPTA TALLAM	03/16/2022	P02082703	
Firm's name	Firm's address		Phone no.	Firm's EIN
GLOBAL TAXES LLC	2530 Pebble Creek Ln Cumming GA 30041		(678) 965-9522	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
KARTHIK VALAPALA & MOUNIKA VELURI

Your social security number
791-20-1516

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	-12,060.
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	-12,060.

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

Schedule 1 (Form 1040) 2021

Part II Adjustments to Income

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

**SCHEDULE 2
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Taxes

▶ **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. **02**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
KARTHIK VALAPALA & MOUNIKA VELURI

Your social security number
791-20-1516

Part I Tax

1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	3	

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5	
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6	
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	219.
12	Net investment income tax. Attach Form 8960	12	395.
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	

(continued on page 2)

Part II Other Taxes *(continued)*

17	Other additional taxes:		
a	Recapture of other credits. List type, form number, and amount ► _____	17a	
b	Recapture of federal mortgage subsidy. If you sold your home in 2021, see instructions	17b	
c	Additional tax on HSA distributions. Attach Form 8889	17c	
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d	
e	Additional tax on Archer MSA distributions. Attach Form 8853	17e	
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f	
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g	
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h	
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i	
j	Section 72(m)(5) excess benefits tax	17j	
k	Golden parachute payments	17k	
l	Tax on accumulation distribution of trusts	17l	
m	Excise tax on insider stock compensation from an expatriated corporation	17m	
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n	
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o	
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p	
q	Any interest from Form 8621, line 24	17q	
z	Any other taxes. List type and amount ► _____	17z	
18	Total additional taxes. Add lines 17a through 17z		18
19	Additional tax from Schedule 8812		19
20	Section 965 net tax liability installment from Form 965-A	20	
21	Add lines 4, 7 through 16, 18, and 19. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b		21

614.

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
KARTHIK VALAPALA & MOUNIKA VELURI

Your social security number
791-20-1516

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	78,548.	56,411.	51.	22,188.
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 22,188.

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

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

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	22,188.
	<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 		
17	Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input checked="" type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet ▶	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet ▶	19	
20	Are lines 18 and 19 both zero or blank and are you not filing Form 4952? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } 	21	()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? <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. <input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

Sales and Other Dispositions of Capital Assets

Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/Form8949 for instructions and the latest information.
▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

2021
Attachment
Sequence No. **12A**

Name(s) shown on return
KARTHIK VALAPALA & MOUNIKA VELURI

Social security number or taxpayer identification number
791-20-1516

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 CRYPTO LLC	01/01/21	12/31/21	28,957.	18,258.			10,699.	
	ROBINHOOD SECURITIES LLC	01/01/21	12/31/21	49,591.	38,153.	W	51.	11,489.	
	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) ▶				78,548.	56,411.		51.	22,188.

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

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

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

KARTHIK VALAPALA & MOUNIKA VELURI

791-20-1516

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	301 SAI SUJA APT M R PALLI TIRUPATI ANDHRA PRADESH IN 517501				
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		365	0	<input type="checkbox"/>
B					<input type="checkbox"/>
C					<input type="checkbox"/>

Type of Property:

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

Income:	Properties:	A	B	C
3 Rents received	3	500.		
4 Royalties received	4			

Expenses:

5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7	1,550.		
8 Commissions.	8			
9 Insurance	9			
10 Legal and other professional fees	10			
11 Management fees	11	1,300.		
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest.	13			
14 Repairs.	14	3,700.		
15 Supplies	15	2,900.		
16 Taxes	16			
17 Utilities.	17	3,110.		
18 Depreciation expense or depletion	18			
19 Other (list) ▶	19			
20 Total expenses. Add lines 5 through 19	20	12,560.		

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** -12,060.

22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) **22** (12,060.) () ()

23a Total of all amounts reported on line 3 for all rental properties	23a	500.	
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	12,560.	

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** (12,060.)

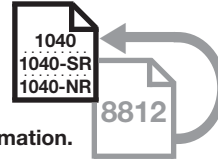
26 **Total rental real estate and royalty income or (loss).** Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 **26** -12,060.

**SCHEDULE 8812
(Form 1040)**

**Credits for Qualifying Children
and Other Dependents**

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

▶ Go to www.irs.gov/Schedule8812 for instructions and the latest information.



OMB No. 1545-0074

2021

Attachment
Sequence No. **47**

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

KARTHIK VALAPALA & MOUNIKA VELURI

Your social security number

791-20-1516

Part I-A Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR		1	265,210.
2a	Enter income from Puerto Rico that you excluded	2a		
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b	0.	
c	Enter the amount from line 15 of your Form 4563	2c		
d	Add lines 2a through 2c	2d	0.	
3	Add lines 1 and 2d	3	265,210.	
4a	Number of qualifying children under age 18 with the required social security number	4a	1.	
b	Number of children included on line 4a who were under age 6 at the end of 2021	4b	1.	
c	Subtract line 4b from line 4a	4c	0.	
5	If line 4a is more than zero, enter the amount from the Line 5 Worksheet ; otherwise, enter -0-	5	2,000.	
6	Number of other dependents, including any qualifying children who are not under age 18 or who do not have the required social security number	6	0.	
Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4a.				
7	Multiply line 6 by \$500	7		
8	Add lines 5 and 7	8	2,000.	
9	Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 } • All other filing statuses—\$200,000 }	9	400,000.	
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. }	10	0.	
11	Multiply line 10 by 5% (0.05)	11	0.	
12	Subtract line 11 from line 8. If zero or less, enter -0-	12	2,000.	
13	Check all the boxes that apply to you (or your spouse if married filing jointly). A Check here if you (or your spouse if married filing jointly) had a principal place of abode in the United States for more than half of 2021 <input checked="" type="checkbox"/> B Check here if you (or your spouse if married filing jointly) were a bona fide resident of Puerto Rico for 2021 <input type="checkbox"/>			

Part I-B Filers Who Check a Box on Line 13

Caution: If you did not check a box on line 13, do not complete Part I-B; instead, skip to Part I-C.

14a	Enter the smaller of line 7 or line 12	14a	0.	
b	Subtract line 14a from line 12	14b	2,000.	
c	If line 14a is zero, enter -0-; otherwise, enter the amount from the Credit Limit Worksheet A	14c	0.	
d	Enter the smaller of line 14a or line 14c	14d	0.	
e	Add lines 14b and 14d	14e	2,000.	
f	Enter the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) received for 2021. See your Letter(s) 6419 for the amounts to include on this line. If you are missing Letter 6419, see the instructions before entering an amount on this line. If you didn't receive any advance child tax credit payments for 2021, enter -0-	14f	1,000.	
Caution: If the amount on this line doesn't match the aggregate amounts reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.				
g	Subtract line 14f from line 14e. If zero or less, enter -0- on lines 14g through 14i and go to Part III	14g	1,000.	
h	Enter the smaller of line 14d or line 14g. This is your credit for other dependents. Enter this amount on line 19 of your Form 1040, 1040-SR, or 1040-NR	14h	0.	
i	Subtract line 14h from line 14g. This is your refundable child tax credit. Enter this amount on line 28 of your Form 1040, 1040-SR, or 1040-NR	14i	1,000.	

Part I-C Filers Who Do Not Check a Box on Line 13

Caution: If you checked a box on line 13, do not complete Part I-C.

15a	Enter the amount from the Credit Limit Worksheet A	15a	
b	Enter the smaller of line 12 or line 15a	15b	
	Additional child tax credit. Complete Parts II-A through II-C if you meet each of the following items.		
	1. You are not filing Form 2555.		
	2. Line 4a is more than zero.		
	3. Line 12 is more than line 15a.		
c	If you completed Parts II-A through II-C, enter the amount from line 27; otherwise, enter -0-	15c	
d	Add lines 15b and 15c	15d	
e	Enter the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) received for 2021. See your Letter(s) 6419 for the amounts to include on this line. If you are missing Letter 6419, see the instructions before entering an amount on this line. If you didn't receive any advance child tax credit payments for 2021, enter -0-	15e	
	Caution: If the amount on this line doesn't match the aggregate amounts reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.		
f	Subtract line 15e from line 15d. If zero or less, enter -0- on lines 15f through 15h and go to Part III	15f	
g	Enter the smaller of line 15b or line 15f. This is your nonrefundable child tax credit and credit for other dependents. Enter this amount on line 19 of your Form 1040, 1040-SR, or 1040-NR.	15g	
h	Subtract line 15g from line 15f. This is your additional child tax credit. Enter this amount on line 28 of your Form 1040, 1040-SR, or 1040-NR	15h	

Part II-A Additional Child Tax Credit (use only if completing Part I-C)

Caution: If you file Form 2555, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit.

Caution: If you checked a box on line 13, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit.

16a	Subtract line 15b from line 12. If zero, skip Parts II-A and II-B and enter -0- on line 27	16a	
b	Number of qualifying children under 18 with the required social security number: _____ x \$1,400. Enter the result. If zero, skip Parts II-A and II-B and enter -0- on line 27	16b	
	TIP: The number of children you use for this line is the same as the number of children you used for line 4a.		
17	Enter the smaller of line 16a or line 16b	17	
18a	Earned income (see instructions)	18a	
b	Nontaxable combat pay (see instructions)	18b	
19	Is the amount on line 18a more than \$2,500? <input type="checkbox"/> No. Leave line 19 blank and enter -0- on line 20. <input type="checkbox"/> Yes. Subtract \$2,500 from the amount on line 18a. Enter the result	19	
20	Multiply the amount on line 19 by 15% (0.15) and enter the result	20	
	Next. On line 16b, is the amount \$4,200 or more? <input type="checkbox"/> No. If line 20 is zero, enter -0- on line 15c. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. <input type="checkbox"/> Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.		

Part II-B Certain Filers Who Have Three or More Qualifying Children

21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions	21	
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13	22	
23	Add lines 21 and 22	23	
24	1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27a, and Schedule 3 (Form 1040), line 11. } 1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11. }	24	
25	Subtract line 24 from line 23. If zero or less, enter -0-	25	
26	Enter the larger of line 20 or line 25	26	
	Next, enter the smaller of line 17 or line 26 on line 27.		

Part II-C Additional Child Tax Credit

27	Enter this amount on line 15c	27	
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Part III Additional Tax (use only if line 14g or line 15f, whichever applies, is zero)

28a	Enter the amount from line 14f or line 15e, whichever applies	28a	
b	Enter the amount from line 14e or line 15d, whichever applies	28b	
29	Excess advance child tax credit payments. Subtract line 28b from line 28a. If zero, stop; you do not owe the additional tax	29	
30	Enter the number of qualifying children taken into account in determining the annual advance amount you received for 2021. See your Letter 6419 for this number. If you are missing your Letter 6419, you are filing a joint return, or you received more than one Letter 6419, see the instructions before entering a number on this line Caution: If the amount on this line doesn't match the number of qualifying children reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.	30	
31	Enter the smaller of line 4a or line 30	31	
32	Subtract line 31 from line 30. If zero, skip to line 40 and enter the amount from line 29; otherwise, continue to line 33	32	
33	Enter the amount shown below for your filing status. <ul style="list-style-type: none"> • Married filing jointly or Qualifying widow(er)—\$60,000 • Head of household—\$50,000 • All other filing statuses—\$40,000 	33	
34	Subtract line 33 from line 3. If zero or less, enter -0-	34	
35	Enter the amount from line 33	35	
36	Divide line 34 by line 35. Enter the result as a decimal (rounded to at least three places). If the result is 1.000 or more, enter 1.000	36	
37	Multiply line 32 by \$2,000	37	
38	Multiply line 37 by line 36	38	
39	Subtract line 38 from line 37	39	
40	Subtract line 39 from line 29. If zero or less, enter -0-. This is your additional tax. If more than zero, enter this amount on Schedule 2 (Form 1040), line 19	40	

Health Savings Accounts (HSAs)

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**
▶ **Go to www.irs.gov/Form8889 for instructions and the latest information.**

2021
Attachment
Sequence No. **52**

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

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶ **713-38-7101**

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2021. See instructions ▶	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family
2	HSA contributions you made for 2021 (or those made on your behalf), including those made from January 1, 2022, through April 15, 2022, that were for 2021. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	0.
3	If you were under age 55 at the end of 2021 and, on the first day of every month during 2021, you were, or were considered, an eligible individual with the same coverage, enter \$3,600 (\$7,200 for family coverage). All others , see the instructions for the amount to enter	3	
4	Enter the amount you and your employer contributed to your Archer MSAs for 2021 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2021, also include any amount contributed to your spouse's Archer MSAs	4	
5	Subtract line 4 from line 3. If zero or less, enter -0-	5	
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2021, see the instructions for the amount to enter	6	
7	If you were age 55 or older at the end of 2021, married, and you or your spouse had family coverage under an HDHP at any time during 2021, enter your additional contribution amount. See instructions	7	0.
8	Add lines 6 and 7	8	0.
9	Employer contributions made to your HSAs for 2021	9	
10	Qualified HSA funding distributions	10	
11	Add lines 9 and 10	11	
12	Subtract line 11 from line 8. If zero or less, enter -0-	12	0.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	13	0.

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2021 from all HSAs (see instructions)	14a	696.
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b	
c	Subtract line 14b from line 14a	14c	696.
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	696.
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8e	16	0.
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here ▶ <input type="checkbox"/>		
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b	

Part III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8z, and enter "HSA" and the amount on the dotted line	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	21	

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

▶ To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.
▶ Go to www.irs.gov/Form8867 for instructions and the latest information.

OMB No. 1545-0074

Attachment
Sequence No. **70**

Taxpayer name(s) shown on return KARTHIK VALAPALA & MOUNIKA VELURI	Taxpayer identification number 791-20-1516
Enter preparer's name and PTIN SYAM PRIYA RAM SAGAR GUPTA TALLAM	P02082703

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply). EIC CTC/ACTC/ODC AOTC HOH

	Yes	No	N/A
1 Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you? (See instructions if relying on prior year earned income.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input type="checkbox"/>	<input type="checkbox"/>	
b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	<input type="checkbox"/>	<input type="checkbox"/>	
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s) List those documents provided by the taxpayer, if any, that you relied on: _____ _____ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a Did you complete the required recertification Form 8862?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

	Yes	No	N/A
9a Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	<input type="checkbox"/>	<input type="checkbox"/>	
b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	<input type="checkbox"/>	<input type="checkbox"/>	
c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

	Yes	No	N/A
10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

	Yes	No
13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	<input type="checkbox"/>	<input type="checkbox"/>

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

	Yes	No
14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	<input type="checkbox"/>	<input type="checkbox"/>

Part VI Eligibility Certification

- ▶ **You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:**
 - A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
 - B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
 - C. Submit Form 8867 in the manner required; **and**
 - D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 1. A copy of this Form 8867.
 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

▶ **If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).**

	Yes	No
15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Medicare Tax

▶ If any line does not apply to you, leave it blank. See separate instructions.
 ▶ Attach to Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.
 ▶ Go to www.irs.gov/Form8959 for instructions and the latest information.

Name(s) shown on return

Your social security number

KARTHIK VALAPALA & MOUNIKA VELURI

791-20-1516

Part I Additional Medicare Tax on Medicare Wages

1	Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5	1	274,307.		
2	Unreported tips from Form 4137, line 6	2			
3	Wages from Form 8919, line 6	3			
4	Add lines 1 through 3	4	274,307.		
5	Enter the following amount for your filing status:				
	Married filing jointly \$250,000				
	Married filing separately \$125,000				
	Single, Head of household, or Qualifying widow(er) \$200,000	5	250,000.		
6	Subtract line 5 from line 4. If zero or less, enter -0-	6		24,307.	
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II	7			219.

Part II Additional Medicare Tax on Self-Employment Income

8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0- (Form 1040-PR or 1040-SS filers, see instructions.)	8			
9	Enter the following amount for your filing status:				
	Married filing jointly \$250,000				
	Married filing separately \$125,000				
	Single, Head of household, or Qualifying widow(er) \$200,000	9			
10	Enter the amount from line 4	10			
11	Subtract line 10 from line 9. If zero or less, enter -0-	11			
12	Subtract line 11 from line 8. If zero or less, enter -0-	12			
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III	13			

Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation

14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions)	14			
15	Enter the following amount for your filing status:				
	Married filing jointly \$250,000				
	Married filing separately \$125,000				
	Single, Head of household, or Qualifying widow(er) \$200,000	15			
16	Subtract line 15 from line 14. If zero or less, enter -0-	16			
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV	17			

Part IV Total Additional Medicare Tax

18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-PR or 1040-SS filers, see instructions), and go to Part V	18		219.	
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Part V Withholding Reconciliation

19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6	19	3,977.		
20	Enter the amount from line 1	20	274,307.		
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	3,977.		
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages	22		0.	
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions)	23			
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-PR or 1040-SS filers, see instructions)	24		0.	

**Net Investment Income Tax—
Individuals, Estates, and Trusts**

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form8960 for instructions and the latest information.

Name(s) shown on your tax return

KARTHIK VALAPALA & MOUNIKA VELURI

Your social security number or EIN
791-20-1516

Part I Investment Income Section 6013(g) election (see instructions)
 Section 6013(h) election (see instructions)
 Regulations section 1.1411-10(g) election (see instructions)

1	Taxable interest (see instructions)		1	5.
2	Ordinary dividends (see instructions)		2	270.
3	Annuities (see instructions)		3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	4a -12,060.	4c	-12,060.
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b		
c	Combine lines 4a and 4b			
5a	Net gain or loss from disposition of property (see instructions)	5a 22,188.	5d	22,188.
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b		
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c		
d	Combine lines 5a through 5c			
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)		6	
7	Other modifications to investment income (see instructions)		7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7		8	10,403.

Part II Investment Expenses Allocable to Investment Income and Modifications

9a	Investment interest expenses (see instructions)	9a	9d	
b	State, local, and foreign income tax (see instructions)	9b		
c	Miscellaneous investment expenses (see instructions)	9c		
d	Add lines 9a, 9b, and 9c			
10	Additional modifications (see instructions)		10	
11	Total deductions and modifications. Add lines 9d and 10		11	

Part III Tax Computation

12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13–17. Estates and trusts, complete lines 18a–21. If zero or less, enter -0-		12	10,403.
Individuals:				
13	Modified adjusted gross income (see instructions)	13 265,210.	16	10,403.
14	Threshold based on filing status (see instructions)	14 250,000.		
15	Subtract line 14 from line 13. If zero or less, enter -0-	15 15,210.		
16	Enter the smaller of line 12 or line 15			
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include on your tax return (see instructions)		17	395.
Estates and Trusts:				
18a	Net investment income (line 12 above)	18a	20	
b	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)	18b		
c	Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-	18c		
19a	Adjusted gross income (see instructions)	19a	21	
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b		
c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c		
20	Enter the smaller of line 18c or line 19c			
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and include on your tax return (see instructions)			



Illinois Department of Revenue
2021 Form IL-1040

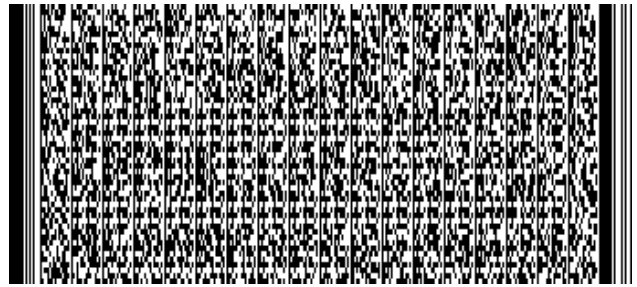
Individual Income Tax Return

or for fiscal year ending ___/___/___

Over 80% of taxpayers file electronically. It is easy and you will get your refund faster. Visit tax.illinois.gov.

Step 1: Personal Information

1989
 791-20-1516 713-38-7101 1991
 KARTHIK VALAPALA
 MOUNIKA VELURI
 71 WOODLAND TRL
 LINCOLNSHIRE IL 60069 LAKE



VALAPALAKARTHIK@GMAIL.COM

- B** Filing status: Single Married filing jointly Married filing separately Widowed Head of household
C Check if someone can claim you, or your spouse if filing jointly, as a dependent. See instructions. You Spouse
D Check the box if this applies to you during 2021: Nonresident - Attach Sch. NR Part-year resident - Attach Sch. NR

Step 2: Income

	(Whole dollars only)
1 Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11.	1 265,210.00
2 Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a.	2 .00
3 Other additions. Attach Schedule M.	3 .00
4 Total income. Add Lines 1 through 3.	4 265,210.00

Step 3: Base Income

5 Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return.	5 .00
6 Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, Schedule 1, Ln. 1.	6 .00
7 Other subtractions. Attach Schedule M. Check if Line 7 includes any amount from Schedule 1299-C. <input type="checkbox"/>	7 20,000.00
8 Add Lines 5, 6, and 7. This is the total of your subtractions.	8 20,000.00
9 Illinois base income. Subtract Line 8 from Line 4.	9 245,210.00

Step 4: Exemptions

10 a Enter the exemption amount for yourself and your spouse. See instructions.	a 4,750.00
b Check if 65 or older: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 =	b .00
c Check if legally blind: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 =	c .00
d If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1. Attach Schedule IL-E/EIC.	d 2,375.00
Exemption allowance. Add Lines 10a through 10d.	10 7,125.00

Step 5: Net Income and Tax

11 Residents: Net income. Subtract Line 10 from Line 9. Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule NR.	11 238,085.00
12 Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero. Nonresidents and part-year residents: Enter the tax from Schedule NR.	12 11,785.00
13 Recapture of investment tax credits. Attach Schedule 4255.	13 .00
14 Income tax. Add Lines 12 and 13. Cannot be less than zero.	14 11,785.00

Step 6: Tax After Nonrefundable Credits

15 Income tax paid to another state while an Illinois resident. Attach Schedule CR.	15 232.00
16 Property tax and K-12 education expense credit amount from Schedule ICR. Attach Schedule ICR.	16 3.00
17 Credit amount from Schedule 1299-C. Attach Schedule 1299-C.	17 .00
18 Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14.	18 235.00
19 Tax after nonrefundable credits. Subtract Line 18 from Line 14.	19 11,550.00

Step 7: Other Taxes

20 Household employment tax. See instructions.	20 .00
21 Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table in the instructions. Do not leave blank.	21 0.00
22 Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges.	22 .00
23 Total Tax. Add Lines 19, 20, 21, and 22.	23 11,550.00

Staple W-2 and 1099 forms here

Staple your check and IL-1040-V

NO HANDWRITTEN ENTRIES ON THIS FORM

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





24 Total tax from Page 1, Line 23.

24 11,550.00

Step 8: Payments and Refundable Credit

- 25 Illinois Income Tax withheld. Attach Schedule IL-WIT. 25 12,081.00
26 Estimated payments from Forms IL-1040-ES and IL-505-I, including any overpayment applied from a prior year return. 26 .00
27 Pass-through withholding. Attach Schedule K-1-P or K-1-T. 27 .00
28 Pass-through entity tax credit. Attach Schedule K-1-P or K-1-T. 28 .00
29 Earned Income Credit from Schedule IL-E/EIC, Step 4, Line 8. Attach Schedule IL-E/EIC. 29 .00
30 Total payments and refundable credit. Add Lines 25 through 29. 30 12,081.00

Step 9: Total

- 31 If Line 30 is greater than Line 24, subtract Line 24 from Line 30. 31 531.00
32 If Line 24 is greater than Line 30, subtract Line 30 from Line 24. 32 .00

Step 10: Underpayment of Estimated Tax Penalty and Donations - Only complete Step 10 for late-payment penalty for underpayment of estimated tax or to make a voluntary charitable donation.

- 33 Late-payment penalty for underpayment of estimated tax. 33 .00
a Check if at least two-thirds of your federal gross income is from farming.
b Check if you or your spouse are 65 or older and permanently living in a nursing home.
c Check if your income was not received evenly during the year and you annualized your income on Form IL-2210. Attach Form IL-2210.
d Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year.
34 Voluntary charitable donations. Attach Schedule G. 34 .00
35 Total penalty and donations. Add Lines 33 and 34. 35 .00

Step 11: Refund

- 36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 31. This is your overpayment. 36 531.00
37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions. 37 531.00
38 I choose to receive my refund by
a direct deposit - Complete the information below if you check this box.

You may also contribute to college savings funds here. See instructions!

Routing number 2 1 1 3 9 1 8 2 5 X Checking or Savings
Account number 1 8 6 6 0 0 2 7

- b paper check.
39 Amount to be credited forward. Subtract Line 37 from Line 36. See instructions. 39 .00

Step 12: Amount You Owe

- 40 If you have an amount on Line 32, add Lines 32 and 35. - or -
If you have an amount on Line 31 and this amount is less than Line 35, subtract Line 31 from Line 35. This is the amount you owe. See instructions. 40 .00

Step 13: If this is a joint return, both you and your spouse must sign below.

Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Table with 6 columns: Sign Here, Your signature, Date (mm/dd/yyyy), Spouse's signature, Date (mm/dd/yyyy), Daytime phone number. Includes fields for Paid Preparer Use Only and Third Party Designee.

Refer to the 2021 IL-1040 Instructions for the address to mail your return.

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE ON THIS FORM



Illinois Department of Revenue

2021 Schedule M Other Additions and Subtractions for Individuals

Attach to your Form IL-1040

IL Attachment No. 15

Read this information first

Complete this schedule if you are required to add certain income on Form IL-1040, Line 3, or if you are entitled to take subtractions on Form IL-1040, Line 7.

Note If you are required to complete Schedule 1299-C, Schedule F, or Form IL-4562, you must do so before you complete this schedule.

Step 1: Provide the following information

KARTHIK VALAPALA & MOUNIKA VELURI

Your name as shown on Form IL-1040

7 9 1 - 2 0 - 1 5 1 6
Your Social Security number

Step 2: Figure your additions for Form IL-1040, Line 3

Enter the amount of

(Whole dollars only)

- 1 Your child's federally tax-exempt interest and dividend income as reported on federal Form 8814. **1** _____ **.00**
- 2 Distributive share of additions you received from a partnership, S corporation, trust, or estate. **2** _____ **.00**
Attach Illinois Schedule K-1-P or Schedule K-1-T and enter the additions from Column A on this line.
- 3 Lloyd's plan of operation loss, if reported on your behalf on Form IL-1065 and included in your adjusted gross income. **3** _____ **.00**
- 4 Earnings distributed from IRC Section 529 college savings, tuition, and ABLE programs if not included in your adjusted gross income. (Do not include distributions from "Bright Start," "Bright Directions," or "College Illinois" programs, or other college savings and tuition programs that meet certain disclosure requirements, or Illinois ABLE account programs. See instructions.) **4** _____ **.00**
- 5 Illinois special depreciation addition amount from Form IL-4562, Step 2, Line 4. **Attach** Form IL-4562. **5** _____ **.00**
- 6 Business expense recapture (nonresidents only). **6** _____ **.00**
- 7 Recapture of deductions for contributions to Illinois college savings plans and ABLE plans transferred to an out-of-state plan. **7** _____ **.00**
- 8 Student-Assistance Contribution Credit taken on Schedule 1299-C. **8** _____ **.00**
- 9 Recapture of deductions for contributions to college savings plans and ABLE plans withdrawn for nonqualified expenses or refunded. **9** _____ **.00**
- 10 RESERVED **10** _____
- 11 Other income - Identify each item. _____ **11** _____ **.00**
- 12 **Total Additions.** Add Lines 1 through 11. Enter the amount here and on Form IL-1040, Line 3. **12** _____ **.00**

Step 3: Figure your subtractions for Form IL-1040, Line 7

Enter the amount of

- 13 Contributions made to "Bright Start" and "Bright Directions" College Savings Programs and "College Illinois" Prepaid Tuition Program - Enter the account number and amount contributed for each. Check the box in Column C if your contribution was a gift. See Instructions.

Column A: Account Number	Column B: Contribution Amount	Column C: Gift
1 852915056	20,000	<input type="checkbox"/>
2		<input type="checkbox"/>
3		<input type="checkbox"/>
4		<input type="checkbox"/>
5		<input type="checkbox"/>
6		<input type="checkbox"/>
7		<input type="checkbox"/>
8		<input type="checkbox"/>
9		<input type="checkbox"/>
10		<input type="checkbox"/>

Total - Add Column B, Lines 1-10 and enter here.

13a _____ **20,000.00**



Step 3: Continued

- 13 Enter the lesser amount from Page 1, Line 13a or \$10,000 (\$20,000 if married filing a joint return). 13 20,000.00
- 14 Distributive share of subtractions from a partnership, S corporation, trust, or estate. (Do not claim these same subtractions on any other line of this schedule. See instructions.) **Attach** Illinois Schedule K-1-P or K-1-T identifying you as the partner, shareholder, or beneficiary and listing your Social Security number. **Enter** the subtractions from Column A on this line. 14 .00
- 15 Restoration of amounts held under claim of right under IRC Section 1341. 15 .00
- 16 Contributions to a job training project. 16 .00
- 17 Expenses related to federal credits or federally tax-exempt income. 17 .00
- 18 RESERVED 18 .00
- 19 Illinois special depreciation subtraction amount from Form IL-4562, Step 3, Line 11. **Attach** Form IL-4562. 19 .00
- 20 Contributions made to a qualified Illinois ABLE account - *Enter the account number and amount contributed for each Illinois ABLE account. Check the box in Column C if your contribution was a gift. See Instructions.*

Column A: Account Number	Column B: Contribution Amount	Column C: Gift
1		<input type="checkbox"/>
2		<input type="checkbox"/>
3		<input type="checkbox"/>
4		<input type="checkbox"/>

Total - Add Column B, Lines 1-4 and enter here. **20a** .00
Enter the lesser amount of Line 20a or \$10,000 (\$20,000 if married filing a joint return). **20** .00

Enter the following only if included in Form IL-1040, Lines 1, 2, or 3:

- 21 Military pay earned. **Attach** military W-2. 21 .00
- 22 U.S. Treasury bonds, bills, notes, savings bonds, and U.S. agency interest from federal Form 1040 or 1040-SR. **Attach** a copy of federal Form 1040 or 1040-SR, Schedule B, if required federally. 22 .00
- 23 August 1, 1969, valuation limitation amount from your Schedule F, Line 17. **Attach** Schedule F and required federal forms. 23 .00
- 24 River edge redevelopment zone and high impact business dividend subtraction amount from your Schedule 1299-C, Step 1, Line 7. **Attach** Schedule 1299-C. 24 .00
- 25 Recovery of items previously deducted on federal Form 1040 or 1040-SR, Schedule A (including refunds of any state and local income taxes, other than Illinois). **Attach** a copy of federal Form 1040 or 1040-SR, Page 1, Schedule 1, and any other required federal forms. 25 .00
- 26 Ridesharing money and other benefits. See instructions. 26 .00
- 27 Payment of life insurance, endowment, or annuity benefits received. 27 .00
- 28 Lloyd's plan of operation income if reported on your behalf on Form IL-1065. 28 .00
- 29 Income from Illinois pre-need funeral, burial, and cemetery trusts. 29 .00
- 30 Education loan repayments made for primary care physicians who agree to practice in designated shortage areas under the Family Practice Residency Act. 30 .00
- 31 Reparations or other amounts received as a victim of persecution by Nazi Germany. 31 .00
- 32 Add Lines 13 through 31 and enter the amount here and on Page 3, Line 33. 32 20,000.00



Step 3: Continued

33	Enter the amount from Page 2, Line 32.	33	<u>20,000.00</u>
34	Interest on the following tax-exempt obligations of Illinois state and local government. Do not include interest you received indirectly through owning shares in a mutual fund.		
a	Illinois Housing Development Authority bonds and notes (except housing-related commercial facilities bonds and notes)	34a	<u>.00</u>
b	Tri-County River Valley Development Authority bonds	34b	<u>.00</u>
c	Illinois Development Finance Authority bonds, notes, and other obligations (venture fund and infrastructure bonds only)	34c	<u>.00</u>
d	Quad Cities Regional Economic Development Authority bonds and notes (if declared to be exempt from taxation by the Authority)	34d	<u>.00</u>
e	College savings bonds issued under the General Obligation Bond Act in accordance with the Baccalaureate Savings Act	34e	<u>.00</u>
f	Illinois Sports Facilities Authority bonds	34f	<u>.00</u>
g	Higher Education Student Assistance Act bonds	34g	<u>.00</u>
h	Illinois Development Finance Authority bonds issued under the Illinois Development Finance Authority Act, Sections 7.80 through 7.87	34h	<u>.00</u>
i	Rural Bond Bank Act bonds and notes	34i	<u>.00</u>
j	Illinois Development Finance Authority bonds issued under the Asbestos Abatement Finance Act	34j	<u>.00</u>
k	Quad Cities Interstate Metropolitan Authority bonds	34k	<u>.00</u>
l	Southwestern Illinois Development Authority bonds	34l	<u>.00</u>
m	Illinois Finance Authority bonds issued under the Illinois Finance Authority Act, Sections 820.60 and 825.55, or the Asbestos Abatement Finance Act	34m	<u>.00</u>
n	Illinois Power Agency bonds issued by the Illinois Finance Authority	34n	<u>.00</u>
o	Central Illinois Economic Development Authority bonds	34o	<u>.00</u>
p	Eastern Illinois Economic Development Authority bonds	34p	<u>.00</u>
q	Southeastern Illinois Economic Development Authority bonds	34q	<u>.00</u>
r	Southern Illinois Economic Development Authority bonds	34r	<u>.00</u>
s	Illinois Urban Development Authority bonds	34s	<u>.00</u>
t	Downstate Illinois Sports Facilities Authority bonds	34t	<u>.00</u>
u	Western Illinois Economic Development Authority bonds	34u	<u>.00</u>
v	Upper Illinois River Valley Development Authority Act bonds	34v	<u>.00</u>
w	Will-Kankakee Regional Development Authority bonds	34w	<u>.00</u>
x	Export Development Act of 1983 bonds	34x	<u>.00</u>
y	New Harmony Bridge Authority bonds	34y	<u>.00</u>
z	New Harmony Bridge Bi-State Commission bonds	34z	<u>.00</u>
35	Interest on the following non-U.S. government bonds.		
a	Bonds issued by the government of Guam	35a	<u>.00</u>
b	Bonds issued by the government of Puerto Rico	35b	<u>.00</u>
c	Bonds issued by the government of the Virgin Islands	35c	<u>.00</u>
d	Bonds issued by the government of American Samoa	35d	<u>.00</u>
e	Bonds issued by the government of the Northern Mariana Islands	35e	<u>.00</u>
f	Mutual mortgage insurance fund bonds	35f	<u>.00</u>
36	Amount of your child's interest from U.S. Treasury and U.S. agency obligations or from sources in Line 22, 34, or 35 as reported on federal Form 8814.	36	<u>.00</u>
37	Railroad sick pay and railroad unemployment income. Attach Form 1099-G or W-2 and a copy of your federal return.	37	<u>.00</u>
38	Unjust imprisonment compensation awarded by Illinois Court of Claims.	38	<u>.00</u>
39	Distributions from "Bright Start," "College Illinois," and "Bright Directions" college savings plans if included in Line 1 because you claimed a federal American Opportunity Credit or Lifetime Learning Credit.	39	<u>.00</u>
40	Total Subtractions. Add Lines 33 through 39. Enter the amount here and on Form IL-1040, Line 7.	40	<u>20,000.00</u>



Read this information first

Complete this schedule only if you are eligible for the

- Illinois Property Tax Credit - See Publication 108.
K-12 Education Expense Credit - See Publications 112, 119, and 132.

- You must complete Form IL-1040 through Line 14 and Schedule CR, if applicable, before completing this schedule.
The total amount of Illinois Property Tax Credit and K-12 Education Expense Credit cannot exceed tax due.

Step 1: Provide the following information

KARTHIK VALAPALA & MOUNIKA VELURI

Your name as shown on your Form IL-1040

7 9 1 2 0 1 5 1 6

Your Social Security number

Step 2: Figure your nonrefundable credit

Table with 3 rows: 1 Enter the amount of tax from your Form IL-1040, Line 14. 2 Enter the amount of credit for tax paid to other states from your Form IL-1040, Line 15. 3 Subtract Line 2 from Line 1.

Section A - Illinois Property Tax Credit (See instructions for directions on how to obtain your property number)

Table with 6 rows: 4 a Enter the total amount of Illinois Property Tax paid during the tax year for the real estate that includes your principal residence. 4a 59.00
b Enter the county and property number of your principal residence. See instructions. 4b LAKE County 71 WOODLAND TRL Property number
c Enter the county and property number of an adjoining lot, if included in Line 4a. 4c
d Enter the county and property number of another adjoining lot, if included in Line 4a. 4d
e Enter the portion of your tax bill that is deductible as a business expense on U.S. income tax forms or schedules, even if you did not take the federal deduction. 4e .00
f Subtract Line 4e from Line 4a. 4f 59.00
g Multiply Line 4f by 5% (.05). 4g 3.00
5 Compare Lines 3 and 4g, and enter the lesser amount here. 5 3.00
6 Subtract Line 5 from Line 3. 6 11,550.00

Section B - K-12 Education Expense Credit

Note - You must complete the K-12 Education Expense Credit Worksheet on the back of this schedule and attach any receipt(s) you received from your student's school to claim an education expense credit.

Table with 4 rows: 7 a Enter the total amount of K-12 education expenses from Line 11 of the worksheet on the back of this schedule. 7a .00
b You may not take a credit for the first \$250 paid. 7b 250.00
c Subtract Line 7b from Line 7a. If the result is negative, enter "zero." 7c .00
d Multiply Line 7c by 25% (.25). Compare the result and \$750, and enter the lesser amount here. 7d .00
8 Compare Lines 6 and 7d, and enter the lesser amount here. 8 .00

Section C - Total Nonrefundable Credit

Table with 1 row: 9 Add Lines 5 and 8. This is your nonrefundable credit amount. Enter this amount on Form IL-1040, Line 16. 9 3.00



K-12 Education Expense Credit Worksheet

Note → You must complete this worksheet and attach any receipt(s) you received from your student's school to claim an education expense credit.

10 Complete the following information for each of your qualifying students. If a student attended more than one qualifying school during the calendar year, please list separately. If you need more space, attach a separate piece of paper following this format.

A	B	C	D	E	F	G
Student's name	Social Security number	Grade (K-12 only)	School name (IL K-12 schools only or enter "home school," if applicable)	School city (IL cities only)	School type (check only one) P = Public N = Non-public H = Home school	Total tuition, book/lab fees
a _____	-----	_____	_____	_____	<input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> H	_____
b _____	-----	_____	_____	_____	<input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> H	_____
c _____	-----	_____	_____	_____	<input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> H	_____
d _____	-----	_____	_____	_____	<input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> H	_____
e _____	-----	_____	_____	_____	<input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> H	_____
f _____	-----	_____	_____	_____	<input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> H	_____
g _____	-----	_____	_____	_____	<input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> H	_____
h _____	-----	_____	_____	_____	<input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> H	_____
i _____	-----	_____	_____	_____	<input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> H	_____
j _____	-----	_____	_____	_____	<input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> H	_____

11 Add the amounts in Column G for Lines 10a through 10j (and the amounts from Column G of any additional pages you attached). This is the total amount of your qualified **education expenses** for this year. Enter this amount here and on Step 2, Line 7a of this schedule.

→ 11 _____ .00

Warning: Intentionally submitting false information is a crime under Section 1301 of the Illinois Income Tax Act.



Illinois Department of Revenue
2021 Schedule IL-E/EIC
 Attach to your Form IL-1040



Illinois Exemption and Earned Income Credit

IL Attachment No. 30

Read this information first

Complete this schedule only if you are claiming dependents or are eligible for the Illinois Earned Income Credit. If you fraudulently claim the Earned Income Credit, you may not be allowed to claim the credit for up to ten years. You also may have to pay penalties.

You must have claimed the federal Earned Income Credit in order to claim the Illinois Earned Income Credit. The total amount of Illinois Earned Income Credit may exceed the amount of tax.

Note → If claiming the Illinois Earned Income Credit, you must attach a copy of pages 1 and 2 of your federal Form 1040 or 1040-SR to this schedule.

Step 1: Provide the following information

KARTHIK VALAPALA & MOUNIKA VELURI

Your name as shown on your Form IL-1040

7 9 1 - 2 0 - 1 5 1 6

Your Social Security number

Illinois Dependent Exemption Allowance

Step 2: Dependent information

Complete the table for each person you are claiming as a dependent. **Note:** If you are claiming more than ten dependents, complete and attach additional Dependent information tables.

Dependent's first name	Dependent's last name	Social Security number	Dependent's relationship to you	Dependent's date of birth (mm/dd/yyyy)	Full time student	Person with disability	Number of months living with you	Eligible for Earned Income Credit
DEVAANSHI	VALAPALA	851-73-3154	Daughter	01/23/2018	<input type="checkbox"/>	<input type="checkbox"/>	12	<input checked="" type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

1 Multiply the total number of dependents you are claiming by \$2,375. 1 X \$2,375

Enter the result here and on Form IL-1040, Line 10d.

1 2,375.00

Continue to Page 2 to calculate Illinois Earned Income Credit





Illinois Earned Income Credit

Complete this section **only** if you qualify for the Illinois Earned Income Credit. Attach a copy of federal Form 1040 or 1040-SR, Pages 1 and 2.
Note If you are not claiming a qualifying child, do not complete the table below.

Step 3: Qualifying Child Information

Complete the table for qualifying children that are **not** included in Step 2.

Child's first name	Child's last name	Social Security number	Child's relationship to you	Child's date of birth (mm/dd/yyyy)	Full time student	Person with disability	Number of months living with you
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	

- 1 Enter your wages, salaries and tips from your federal Form 1040 or 1040-SR, Line 1. 1 _____ .00
- 2 Enter your business income or (loss) from your federal Form 1040 or 1040-SR, Schedule 1, Line 3. 2 _____ .00
If you report an amount on Line 2, you must answer the question in Line 2a below.
- 2a Does your occupation require a city, state, or county issued professional license, registration, or certification? 2a Yes No
- 2b If you answered "Yes" to Line 2a, you must enter the name of the issuing agency and your license, registration, or certification number.

Issuing Agency	License, Registration, or Certification Number

- 3 If you are filing your 2021 federal return as married filing jointly but are filing your 2021 Illinois return as married filing separately, enter your federal adjusted gross income (AGI) from your married filing jointly federal Form 1040 or 1040-SR, Line 11. 3 _____ .00
- 3a If you entered an amount on Line 3, enter your spouse's Social Security number from your married filing jointly federal return. 3a _____
- 4 Is the statutory employee box marked on your W-2, Wage and Tax Statement, Box 13? 4 Yes No

Step 4: Figure your Illinois Earned Income Credit

- 5 Enter the amount of federal Earned Income Credit from your federal Form 1040 or 1040-SR, Line 27a. 5 _____ .00
- 6 Multiply the amount on Line 5 by 18% (.18). 6 _____ .00
- 7 **Illinois residents:** Enter 1.0. 7 _____
Nonresidents and part-year residents: Enter the decimal from Schedule NR, Line 48. 7 _____
- 8 Multiply Line 6 by the decimal on Line 7. This is your Illinois Earned Income Credit. 8 _____ .00
Enter this amount here and on your Form IL-1040, Line 29. ➔

Remember: Intentionally submitting false information is a crime under Section 1301 of the Illinois Income Tax Act



2021 Schedule CR Credit for Tax Paid to Other States

Attach to your Form IL-1040

Read this information first

You should file Schedule CR if

- you were either a resident or a part-year resident of Illinois during the tax year; **and**
- you paid income tax to another state on income you earned while you were an Illinois resident; **and**
- the income subject to the other state's tax is included in your Illinois base income; **and**
- you did not deduct the income tax paid to the other state when you figured your federal adjusted gross income as shown on your Illinois tax return.

You should **not** file this schedule if

- you were a **nonresident** of Illinois during the entire tax year; **or**
- you did **not** pay income tax to Illinois and another state.

For purposes of this schedule, "state" means any state of the United States, the District of Columbia, the Commonwealth of Puerto Rico, any territory or possession of the United States, or political subdivision of any of these (e.g., county, city, local). The term "state" does not refer to any foreign country.

Note If you earned income in Iowa, Kentucky, Michigan, or Wisconsin, you may be covered by a reciprocal agreement. This agreement applies only to income from wages, salaries, tips, and other employee compensation. See the Schedule CR Instructions.

Step 1: Provide the following information

KARTHIK VALAPALA & MOUNIKA VELURI

Your name as shown on your Form IL-1040

7 9 1 - 2 0 - 1 5 1 6

Your Social Security number

Step 2: Figure the Illinois and non-Illinois portions of your federal adjusted gross income



Illinois residents: In Column A of each line, except Line 15, enter the amounts exactly as reported on the corresponding line of your federal income tax return.

Part-year residents: In Column A of each line, enter the amounts as reported on the equivalent line of your Schedule NR, Column B.

Column A Total	Column B Non-Illinois Portion
(Whole dollars only)	(Whole dollars only)

Read the instructions before completing this step.

Income		Column A Total	Column B Non-Illinois Portion
		(Whole dollars only)	(Whole dollars only)
1	Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1)	254,807.00	4,800.00
2	Taxable interest (federal Form 1040 or 1040-SR, Line 2b)	5.00	0.00
3	Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b)	270.00	0.00
4	Taxable refunds, credits, or offsets of state and local income taxes (federal Form 1040 or 1040-SR, Schedule 1, Line 1)	.00	
5	Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2a)	.00	
6	Business income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 3)	.00	.00
7	Capital gain or loss (federal Form 1040 or 1040-SR, Line 7)	22,188.00	0.00
8	Other gains or losses (federal Form 1040 or 1040-SR, Schedule 1, Line 4)	.00	.00
9	Taxable IRA distributions (federal Form 1040 or 1040-SR, Line 4b)	.00	
10	Pensions and annuities (federal Forms 1040 or 1040-SR, Line 5b)	.00	
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (federal Form 1040 or 1040-SR, Schedule 1, Line 5)	-12,060.00	0.00
12	Farm income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 6)	.00	.00
13	Unemployment compensation (federal Form 1040 or 1040-SR, Schedule 1, Line 7)	.00	.00
14	Taxable Social Security benefits (federal Form 1040 or 1040-SR, Line 6b)	.00	
15	Other income. See instructions. (federal Form 1040 or 1040-SR, Schedule 1, Line 9) Identify each item. _____	.00	0.00
16	Add Columns A and B, Lines 1 through 15.	265,210.00	4,800.00

Continue with Step 2 on Page 2 →

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



	Column A Total (Whole dollars only)	Column B Non-Illinois Portion (Whole dollars only)
17 Enter the amounts from Page 1, Line 16.	17 265,210.00	4,800.00
Adjustments to Income		
18 Educator expenses (federal Form 1040 or 1040-SR, Schedule 1, Line 11)	18 .00	.00
19 Certain business expenses of reservists, performing artists, and fee-basis government officials (federal Form 1040 or 1040-SR, Schedule 1, Line 12)	19 .00	.00
20 Health savings account deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 13)	20 .00	.00
21 Moving expenses for members of the Armed Forces (federal Form 1040 or 1040-SR, Schedule 1, Line 14)	21 .00	.00
22 Deductible part of self-employment tax (federal Form 1040 or 1040-SR, Schedule 1, Line 15)	22 .00	.00
23 Self-employed SEP, SIMPLE, and qualified plans (fed. Form 1040 or 1040-SR, Schedule 1, Line 16)	23 .00	.00
24 Self-employed health insurance deduction (fed. Form 1040 or 1040-SR, Schedule 1, Line 17)	24 .00	.00
25 Penalty on early withdrawal of savings (federal Form 1040 or 1040-SR, Schedule 1, Line 18)	25 .00	.00
26 Alimony paid (federal Form 1040 or 1040-SR, Schedule 1, Line 19a)	26 .00	.00
27 IRA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 20)	27 .00	.00
28 Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 21)	28 .00	.00
29 RESERVED	29	
30 Archer MSA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 23)	30 .00	.00
31 Other adjustments. See instructions.	31 .00	.00
32 Add Columns A and B, Lines 18 through 31.	32 .00	.00
33 Subtract Columns A and B, Line 32 from Line 17.	33 265,210.00	4,800.00

Step 3: Figure your Illinois additions and subtractions

In Column A, enter the total amounts from your Form IL-1040. You must read the instructions for Column B to properly complete this step.

	Column A Form IL-1040 Total (Whole dollars only)	Column B Non-Illinois Portion (Whole dollars only)
Illinois Adjustments		
34 Federally tax-exempt interest and dividend income (Form IL-1040, Line 2)	34 .00	.00
35 Other additions (Form IL-1040, Line 3)	35 .00	.00
36 Add Columns A and B, Lines 33, 34, and 35.	36 265,210.00	4,800.00
37 Federally taxed Social Security and retirement income (Form IL-1040, Line 5)	37 .00	.00
38 Illinois Income Tax overpayment included on your federal Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6)	38 .00	0.00
39 Other subtractions (Form IL-1040, Line 7)	39 20,000.00	0.00
40 Add Columns A and B, Lines 37 through 39.	40 20,000.00	0.00
41 Subtract Columns A and B, Line 40 from Line 36. If Line 40 is larger than Line 36, enter zero.	41 245,210.00	4,800.00

Continue to Page 3 →



Step 4: Figure your Schedule CR decimal

		Column A	Column B
Decimal	42	245,210.00	4,800.00
	43		0.020

Step 5: Part-year residents only (Full year residents, go to Step 6.)

Part-Year Only	44	.00
	45	.00
	46	.00
	47	.00
	48	.00
	49	.00

Step 6: Figure your credit

Credit for Tax Paid to Other States	50	If you are claiming a credit for tax paid to any of the states listed below, check the box for the appropriate state. See instructions. <input type="checkbox"/> Iowa <input type="checkbox"/> Kentucky <input type="checkbox"/> Michigan <input type="checkbox"/> Wisconsin	
	51	Enter the total amount of income tax paid to other states on Illinois base income (see instructions). Include only : <ul style="list-style-type: none"> • State tax, city, or local government tax paid from the return filed with that entity. Do not use the withholding listed on Form W-2. • City or local government withholding from Form W-2 when a tax return is not required to be filed. 	
	52	11,785.00	
	53	0.020	
	54	236.00	
	55	232.00	



Keep your out-of-state tax returns and any Schedules K-1-P and K-1-T with your records. You must send us this information if we request it.





Illinois Department of Revenue

2021 Schedule IL-WIT Illinois Income Tax Withheld

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

IL Attachment No. 31

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

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

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

KARTHIK VALAPALA

Your name as shown on Form IL-1040

7 9 1 - 2 0 - 1 5 1 6
Your Social Security number

Column A Form type	Column B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.	Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.	Column E Illinois Income Tax Withheld
1 W	47-2411549 000	\$ 146,159.00	\$ 141,359.00	\$ 6,703.00
2		\$.00	\$.00	\$.00
3		\$.00	\$.00	\$.00
4		\$.00	\$.00	\$.00
5		\$.00	\$.00	\$.00

Step 2: Provide spouse's withholding records (include all W-2 and 1099 forms that show Illinois withholding)

MOUNIKA VELURI

Your spouse's name as shown on Form IL-1040

7 1 3 - 3 8 - 7 1 0 1
Your spouse's Social Security number

Column A Form type	Column B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.	Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.	Column E Illinois Income Tax Withheld
6 W	27-3572632 000 1	\$ 108,648.00	\$ 108,648.00	\$ 5,378.00
7		\$.00	\$.00	\$.00
8		\$.00	\$.00	\$.00
9		\$.00	\$.00	\$.00
10		\$.00	\$.00	\$.00

Step 3: Total Illinois withholding

11 Add the amounts in Column E for Lines 1 through 10 (and the amounts from Column E of any additional copies you attached). This is the total amount of your Illinois income tax withheld.

Enter this amount here and on Form IL-1040, Line 25.

11 \$ 12,081.00

➔ Attach all Schedules IL-WIT to your IL-1040. ➔



Illinois Department of Revenue

Submission ID

2021 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration

(Do not mail Form IL-8453 to the Illinois Department of Revenue unless it is requested for review.)

Step 1: Provide taxpayer information

KARTHIK MOUNIKA VELURI VALAPALA
First name and middle initial Spouse's first name (and last name if different) Last name
7 9 1 - 2 0 - 1 5 1 6
Social Security number
7 1 3 - 3 8 - 7 1 0 1
Spouse's Social Security number
(251) 408-7165
Daytime phone number

Step 2: Complete information from tax return

1 Net income from Form IL-1040, Line 11 1 238,085 | 00
2 Tax from Form IL-1040, Line 14 2 11,785 | 00
3 Illinois Income Tax withheld from Form IL-1040, Line 25 only (enter "0" if none) 3 12,081 | 00
4 Overpayment from Form IL-1040, Line 36 4 531 | 00
5 Total amount due from Form IL-1040, Line 40 5 | 00
6 Filing status: Single X Married filing jointly Married filing separately Widowed Head of household

Step 3: Complete direct deposit of refund or electronic funds withdrawal information (Optional)

To initiate a payment or refund transaction, the information in this Step must be included within the electronic transmission. Illinois does not support international ACH transactions. IDOR will only perform direct transactions (e.g., debit, deposit) with financial institutions located within the United States or those not funded by international funds. Electronic payments will not be accepted and refunds will be via paper check.

7 Routing no. (RN): 2 1 1 3 9 1 8 2 5
8 Account no. (AN): 1 8 6 6 0 0 2 7
9 Type of account: X Checking Savings
10 Date the payment is to be electronically withdrawn: / /
11 Electronic funds withdrawal amount: | 00
12 Name on account:

Step 4: Taxpayer declaration and signature (Sign only after completing Step 2 and, if applicable, Step 3.)

- I consent that my refund may be directly deposited as designated in Step 3 and declare the information on Lines 7 through 9 is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
I authorize the Illinois Department of Revenue (IDOR) and its designated financial agent to initiate an ACH electronic funds withdrawal as designated in the electronic portion of my 2021 Illinois Individual Income Tax return. I authorize the financial institutions involved in the processing of an electronic overpayment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
I do not want direct deposit of my refund, or an electronic funds withdrawal (direct debit) of my balance due.

Under penalties of perjury, I declare the information on my electronic Form IL-1040 and the information I provided to my electronic return originator (ERO) are identical. To the best of my knowledge, my return is true, correct, and complete. I consent that my return, this declaration, and accompanying information may be sent to IDOR by my ERO. I authorize IDOR to inform my ERO and/or the transmitter when my return has been accepted or rejected. If rejected, I authorize IDOR to identify the reason(s) so the return may be corrected and retransmitted if possible.

Sign here Your signature Date Spouse's signature (if joint return, both must sign) Date

Step 5: Electronic return originator (ERO) and paid preparer declaration and signature

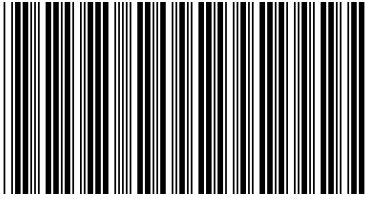
I declare that I have examined this taxpayer's electronic Form IL-1040, the information on this Form IL-8453, and accompanying information. I have followed all requirements of this program and declare, under penalties of perjury, that to the best of my knowledge the taxpayer's return and accompanying information are true, correct, and complete.

ERO's signature Date 03/16/2022
GLOBAL TAXES LLC
Firm's name or your name if self-employed
2530 Pebble Creek Ln
Mailing address
Cumming GA 30041
City State ZIP
Check if paid preparer: X (See instructions.)
P 0 2 0 8 2 7 0 3
Your PTIN
3 0 - 1 0 1 7 1 9 6
Federal employer identification number (FEIN)
(678) 965-9522
Daytime phone number

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

Do not mail Form IL-8453 and these documents unless requested for review.





0130201010

2021 NJ-1040NR-V PAYMENT VOUCHER

Payment by Credit Card

You may pay your 2021 New Jersey income taxes or make payment of estimated tax for 2022 by credit card by visiting the Division's website at nj.gov/taxation.

Payment by E-Check

You may pay your 2021 New Jersey income taxes or make a payment of estimated tax for 2022 by e-check. This option is available on the Division's Website at: nj.gov/taxation. Taxpayers who do not have access to the Internet can make a payment by calling the Division's Customer Service Call Center at 609-292-6400.

Do not use the payment voucher if you pay your taxes by e-check.

Payment by Check

If you are paying your 2021 New Jersey income taxes, with your return, by check, be sure to enclose the payment voucher printed below with your check or money order. Mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 244, Trenton, NJ 08646-0244.

If you are paying your 2021 New Jersey income taxes, separate from your return, by check, be sure to enclose the payment voucher printed below with your check or money order. Mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 643, Trenton, NJ 08646-0643.

If you are making your first installment payment of estimated tax for 2022, use separate checks or money orders for each payment. Send your 2022 estimated tax payment with a NJ-1040-ES voucher to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 222, Trenton, NJ 08646-0222.

DO NOT CUT THIS PAGE

New Jersey Gross Income Tax
Nonresident Payment Voucher
NJ-1040NR-V

791-20-1516 VALA 713-38-7101
VALAPALA, KARTHIK & VELURI, MOUNIKA
71 WOODLAND TRL
LINCOLNSHIRE, IL 60069

1555 2021

Make your check payable to "State of New Jersey - TGI".
Write your Social Security number and tax year on your check.

State of New Jersey
Division of Taxation
Revenue Processing Center
PO Box 643
Trenton, NJ 08646-0643

Enter amount of payment here:

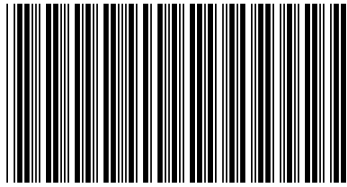
86.00



2021 NJ-1040NR
New Jersey Nonresident Income Tax Return

For Privacy Act Notification, See Instructions

NJ-1040NR
2021
Page 1



040NV01210

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

1555

Your Social Security Number
791201516

Last Name, First Name, Initial (Joint filers enter first name and middle initial of each. Enter spouse/CU partner last name only if different.)
VALAPALA KARTHIK & VELURI MOUNIKA

Spouse's/CU Partner's Social Security Number
713387101

State of Residency (outside NJ)
Illinois

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

Driver's License # (Voluntary)	State	City, Town, Post Office	State	ZIP Code
V414-5008-9169	IL	LINCOLNSHIRE	IL	60069

This is an amended return

Federal extension application attached or enter confirmation number _____

The address above is a foreign address

Your address has changed

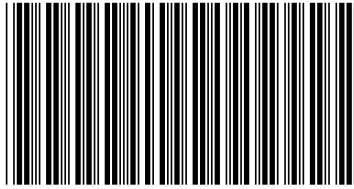
Death certificate for deceased taxpayer is attached (See instructions page 9)

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

NJ Residency Status If you were a New Jersey resident for ANY part of the tax year, give the period of New Jersey residency. From: To:

Gubernatorial Elections Fund	Do you want to designate \$1 of your taxes for this fund? If joint return, does your spouse/CU partner want to designate \$1? Note: If you check the "Yes" box(es), it will not increase your tax or reduce your refund.	Yes	No
		Yes	No





040NV02210

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

VALAPALA KARTHIK & VELURI MOUNIKA

Your Social Security Number

791201516

1555

Filing Status

(Check only ONE box)

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

Exemptions

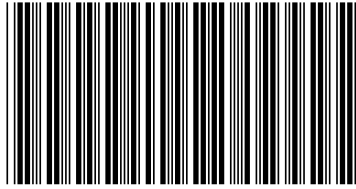
- 6. Regular Self Spouse/CU Partner Domestic Partner 6. 2
- 7. Age 65 or over Self Spouse/CU Partner 7.
- 8. Blind or Disabled Self Spouse/CU Partner 8.
- 9. Veteran Exemption Self Spouse/CU Partner 9.
- 10. Number of your qualified dependent children 10. 1
- 11. Number of other dependents 11.
- 12. Dependents attending colleges (See Instructions) 12.
- 13. For line 13a – Add lines 6, 7, 8, and 12. For line 13b – Add lines 10 and 11. For line 13c – Enter amount from line 9. 13a. 2 13b. 1 13c.

Dependent Information

- 14. Dependent's Last Name, First Name, Middle Initial Dependent's Social Security Number Birth Year
- a. VALAPALA DEVAANSHI 851733154 2018
- b. _____
- c. _____
- d. _____

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

15. Wages, salaries, tips, and other employee compensation Check box if you completed lines 68 through 74	15.	254807	.	15.	4800	.
16. Interest	16.	5	.	16.	0	.
17. Dividends	17.	270	.	17.	0	.
18. Net profits from business (Schedule NJ-BUS-1, Part I, line 4)	18.		.	18.		.
19. Net gains or income from disposition of property (From line 65)	19.	22188	.	19.	0	.
20. Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part II, line 4)	20.	0	.	20.	0	.
21. Net gambling winnings (See Instructions)	21.		.	21.		.
22. Taxable pensions, annuities, and IRA distributions/withdrawals	22.		.			.
23. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part III, line 4)	23.		.	23.		.
24. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part IV, line 4)	24.		.	24.		.
25. Alimony and separate maintenance payments received	25.		.			.
26. Other – State Nature and Source _____	26.		.	26.		.
27. TOTAL INCOME (Add lines 15 through 26)	27.	277270	.	27.	4800	.
28a. Pension/Retirement Exclusion (See Instructions)	28a.		.			.
28b. Other Retirement Income Exclusion (See Worksheet and Instructions)	28b.		.	28b.		.
28c. Total Exclusion Amount (Add line 28a and line 28b)	28c.		.	28c.		.
29. Gross Income (Subtract line 28c from line 27)	29.	277270	.	29.	4800	.
30. Total Exemption Amount (See Instructions)	30.	3500	.			.
31. Medical Expenses (See Worksheet and Instructions)	31.		.			.
32. Alimony and separate maintenance payments	32.		.			.
33. Qualified Conservation Contribution	33.		.			.
34. Health Enterprise Zone Deduction	34.		.			.
35. Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)	35.	0	.			.



040NV03210

Name(s) as shown on Form NJ-1040NR
VALAPALA KARTHIK & VELURI MOUNIKA

Your Social Security Number
791201516

1555

36. Organ/Bone Marrow Donation Deduction (See instructions)	36.	.	.
37. Total Exemptions and Deductions (Add lines 30 through 36)	37.	3500	.
38. Taxable Income (Subtract line 37 from line 29, column A)	38.	273770	.
39. Tax on amount on line 38 (From Tax Table page 34)	39.	13397	.
40. Income Percentage B. (line 29) / A. (line 29) = <u>1.73</u> %			
41. New Jersey Tax (Multiply amount from line 39 by income percentage from line 40)	41.		232 .
42. Sheltered Workshop Tax Credit (Enclose GIT-317. See Instructions)	42.		.
43. Gold Star Family Counseling Credit (See Instructions)	43.		.
44. Credit for Employer of Organ/Bone Marrow Donor (See instructions)	44.		.
45. Total Credits (Add lines 42, 43, and 44)	45.		.
46. Balance of Tax After Credits (Subtract line 45 from line 41)	46.		232 .
47. Penalty for Underpayment of Estimated Tax. Check box if Form NJ-2210NR is enclosed	47.		.
48. Total Tax and Penalty (Add line 46 and line 47)	48.		232 .
49. Total New Jersey Income Tax Withheld (From enclosed Forms W-2 and 1099) (Part-year, see instr)	49.	146	.
50. New Jersey Estimated Tax Payments/Credit from 2020 return	50.		.
51. Tax paid on your behalf by Partnership(s)	51.		.
52. Excess NJ UI/WF/SWF Withheld (Enclose Form NJ-2450)	52.		.
53. Excess NJ Disability Insurance Withheld (Enclose Form NJ-2450)	53.		.
54. Excess NJ Family Leave Insurance Withheld (Enclose Form NJ-2450)	54.		.
55. Pass-Through Business Alternative Income Tax Credit (See instructions)	55.		.
56. Total Payments/Credits (Add lines 49 through 55)	56.		146 .
57. If line 56 is less than line 48, you have tax due. Subtract line 56 from line 48 and enter the amount you owe	57.		86 .
58. If line 56 is more than line 48, you have an overpayment. Subtract line 48 from line 56 and enter the overpayment	58.		.
59. Amount from line 58 you want to credit to your 2022 tax	59.		.
60. Amount you want to credit to:			
(A) N.J. Endangered Wildlife Fund	60A.	.	
(B) N.J. Children's Trust Fund	60B.	.	
(C) N.J. Vietnam Veterans' Memorial Fund	60C.	.	
(D) N.J. Breast Cancer Research Fund	60D.	.	
(E) U.S.S. N.J. Educational Museum Fund	60E.	.	
(F) Designated Contribution Code	60F.	.	
61. Total Adjustments to Tax Due/ Overpayment (Add lines 59 through 60F)	61.		.
62. Balance due (If line 57 is more than zero, add line 57 and 61)	62.		86 .
63. Refund amount (If line 58 is more than zero, subtract line 61 from line 58)	63.		.

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

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

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

> _____
 Your Signature Date

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

Paid Preparer's Signature

Federal Identification Number

SYAM PRIYA RAM SAGAR GUPTA TALLAM

P02082703

Firm's Name

Firm's Federal Employer Identification Number

GLOBAL TAXES LLC

30-1017196

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

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

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

Name(s) as shown on Form NJ-1040NR: VALAPALA KARTHIK & VELURI MOUNIKA
 Your Social Security Number: 791201516

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

(a) Kind of property and description	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Gross sales price	(e) Cost or other basis as adjusted (see instructions) and expense of sale	(f) Gain or (loss) (d less e)
64. ROBINHOOD CRYPTO L	01/01/2021	12/31/2021	28957	18258	10699
ROBINHOOD SECURITI	01/01/2021	12/31/2021	49591	38102	11489
65. Capital Gains Distribution					65.
66. Other Net Gains					66.
67. Net Gains (Add lines 64, 65, and 66) (Enter here and on line 19) (If loss, enter zero)					67. 22188

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

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

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

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

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

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

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

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

Name(s) as shown on Form NJ-1040NR VALAPALA, KARTHIK & VELURI, MOUNIKA	Social Security Number 791-20-1516
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Schedule NJ-BUS-1
(Form NJ-1040NR)

New Jersey Gross Income Tax
Business Income Summary Schedule

2021

Part I Net Profits From Business List the net profit (loss) from business(es). See Instructions.

	Business Name	Social Security Number/ Federal EIN	Profit or (Loss)
1.			
2.			
3.			
4.	Net Profit or (Loss). (Add lines 1, 2, and 3) (Enter here and on line 18, column A. If loss, enter zero on line 18, column A.)		4.

Part II Net Gains or Income From Rents, Royalties, Patents, and Copyrights List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights. See instructions.
Type of Property:
1-Rental real estate 2-Royalties 3-Patents 4-Copyrights

	Source of Income or Loss. If rental real estate, enter physical address of property.	Social Security Number/ Federal EIN	Type – Enter number from list above	Income or (Loss)
1.	301 SAI SUJA APT M R PALLI	791201516	1	-12,060.
2.				
3.				
4.	Net Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 20, column A. If loss, enter zero on line 20, column A.)			4. -12,060.

Part III Distributive Share of Partnership Income List the distributive share of income (loss) from partnership(s). See instructions.

	Partnership Name	Federal EIN	Share of Partnership Income or (Loss)	Share of tax paid on your behalf by Partnerships	Share of Pass-Through Business Alternative Income Tax
1.					
2.					
3.					
4.	Distributive Share of Partnership Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 23, column A. If loss, enter zero on line 23, column A.)				
5.	Total Share of tax paid on your behalf by Partnerships (Add lines 1, 2, and 3.) Enter total here and include on line 51.				
6.	Total Share of Pass-Through Business Alternative Income Tax (Add lines 1, 2, and 3.) (Enter here and include on line 55.)				

Part IV Net Pro Rata Share of S Corporation Income List the pro rata share of income (usable loss) from S corporation(s). See instructions.

	S Corporation Name	Federal EIN	Pro Rata Share of S Corporation Income or (Usable Loss)	Share of Pass-Through Business Alternative Income Tax
1.				
2.				
3.				
4.	Net Pro Rata Share of S Corporation Income or (Usable Loss). (Add lines 1, 2, and 3.) (Enter here and on line 24, column A. If loss, enter zero on line 24, column A.)		4.	
5.	Total Share of Pass-Through Business Alternative Income Tax (Add lines 1, 2, and 3.) (Enter here and include on line 55.)		5.	

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

New Jersey Gross Income Tax
Alternative Business Calculation Adjustment

2021

Part I Income (Loss)		Column A		Column B	
		Reportable Regular Business Income		Alternative Business Income (Loss)	
1.	Net Profits From Business	1a.	0.	1b.	0.
2.	Net Gain or Income From Rents, Royalties, Patents, and Copyrights	2a.	0.	2b.	-12,060.
3.	Distributive Share of Partnership Income	3a.	0.	3b.	0.
4.	Net Pro Rata Share of S Corporation Income	4a.	0.	4b.	0.
5.	Loss Carryforward From Tax Year 2020			5b.	()
6.	Totals	6a.	0.	6b.	-12,060.
Part II Adjustment Calculation					
7.	Total Regular Business Income	7.	0.		
8.	Total Alternative Business Income/(Loss) (If loss, enter zero)	8.	0.		
9.	Business Increment (Subtract line 8 from line 7)	9.	0.		
10.	Adjustment Percentage	10.	0.50		
11.	Alternative Business Calculation Adjustment (line 9 x 0.50)	11.	0.		
Part III Loss Carryforward to Tax Year 2022					
12.	Loss Carryforward to Tax Year 2022	12.			(12,060.)

Instructions

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

Keep a copy of this schedule for your records