

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 SNEHA DARURI	Social security number 112-61-0869
Spouse's name	Spouse's social security number

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

Enter whole dollars only on lines 1 through 5.

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

1 Adjusted gross income	1	101,756.
2 Total tax	2	15,363.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	17,636.
4 Amount you want refunded to you	4	2,273.
5 Amount you owe	5	

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

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

Taxpayer's PIN: check one box only

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

1	0	8	6	9
---	---	---	---	---

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

Your signature ▶  Date ▶ 03/16/2022

Spouse's PIN: check one box only

- I authorize _____ to enter or generate my PIN

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

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

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

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

Don't enter all zeros

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

ERO's signature ▶ _____ Date ▶ _____

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

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

Your first name and middle initial: SNEHA
Last name: DARURI
Your social security number: 112-61-0869
If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number:

Home address (number and street). If you have a P.O. box, see instructions.
6949W 141ST TER
Apt. no. 1207
City, town, or post office. If you have a foreign address, also complete spaces below.
Overland Park
State: KS
ZIP code: 66223
Foreign country name:
Foreign province/state/county:
Foreign postal code:
Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
[] You [] Spouse

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

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

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

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

Main tax calculation table with 15 rows. Columns include line numbers, descriptions, and amounts. Total income: 101,756. Taxable income: 88,906.

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	15,363.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	15,363.
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	15,363.
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
24	Add lines 22 and 23. This is your total tax	24	15,363.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	17,636.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	17,636.
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC) No Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/>	27a	
b	Nontaxable combat pay election	27b	
c	Prior year (2019) earned income	27c	
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 15	31	
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	17,636.
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	2,273.
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	2,273.
Direct deposit? See instructions.	b Routing number 1 0 1 0 0 0 1 8 7 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number 1 4 5 5 7 4 6 0 5 8 5 6		
	36 Amount of line 34 you want applied to your 2022 estimated tax	36	
Amount You Owe	37 Amount you owe . Subtract line 33 from line 24. For details on how to pay, see instructions	37	
	38 Estimated tax penalty (see instructions)	38	

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

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

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

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

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

Phone no. (323) 599-7842 Email address SNEHA.SAI42@GMAIL.COM

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 03/09/2022	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 2530 Pebble Creek Ln Cumming GA 30041		Phone no. (678) 965-9522	Firm's EIN 30-1017196

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

2021
Attachment
Sequence No. **01**

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

Your social security number
112-61-0869

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶ _____		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-9,550.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling income	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Taxable Health Savings Account distribution	8e	
f	Alaska Permanent Fund dividends	8f	
g	Jury duty pay	8g	
h	Prizes and awards	8h	
i	Activity not engaged in for profit income	8i	
j	Stock options	8j	
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8k	
l	Olympic and Paralympic medals and USOC prize money (see instructions)	8l	
m	Section 951(a) inclusion (see instructions)	8m	
n	Section 951A(a) inclusion (see instructions)	8n	
o	Section 461(l) excess business loss adjustment	8o	
p	Taxable distributions from an ABLE account (see instructions)	8p	
z	Other income. List type and amount ▶ _____	8z	
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	-9,550.

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 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
SNEHA DARURI

Your social security number
112-61-0869

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	5,502.	5,152.	1.	351.
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				7 351.

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	351.
	<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 		
17	Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input checked="" type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet ▶	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet ▶	19	
20	Are lines 18 and 19 both zero or blank and are you not filing Form 4952? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } Note: When figuring which amount is smaller, treat both amounts as positive numbers.	21	()
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. <input checked="" type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

**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

SNEHA DARURI

112-61-0869

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	18-78-35/105/A, PEERZADIGUD MEDCHAL-MALKAJGIRI TELANGANA IN 500039				
B					
C					
1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	3		A 365	0	<input type="checkbox"/>
B			B		<input type="checkbox"/>
C			C		<input type="checkbox"/>

Type of Property:

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

Income:		Properties:		A	B	C
3	Rents received	3		550.		
4	Royalties received	4				
Expenses:						
5	Advertising	5				
6	Auto and travel (see instructions)	6				
7	Cleaning and maintenance	7		1,200.		
8	Commissions.	8				
9	Insurance	9				
10	Legal and other professional fees	10				
11	Management fees	11		1,500.		
12	Mortgage interest paid to banks, etc. (see instructions)	12				
13	Other interest.	13				
14	Repairs.	14		2,100.		
15	Supplies	15		2,500.		
16	Taxes	16				
17	Utilities.	17		2,800.		
18	Depreciation expense or depletion	18				
19	Other (list) ▶	19				
20	Total expenses. Add lines 5 through 19	20		10,100.		
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21		-9,550.		
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(9,550.)	()
23a	Total of all amounts reported on line 3 for all rental properties	23a		550.		
b	Total of all amounts reported on line 4 for all royalty properties	23b				
c	Total of all amounts reported on line 12 for all properties	23c				
d	Total of all amounts reported on line 18 for all properties	23d				
e	Total of all amounts reported on line 20 for all properties	23e		10,100.		
24	Income. Add positive amounts shown on line 21. Do not include any losses	24				
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	(9,550.)		
26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2	26		-9,550.		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2021

Passive Activity Loss Limitations

▶ See separate instructions.
 ▶ Attach to Form 1040, 1040-SR, or 1041.
 ▶ Go to www.irs.gov/Form8582 for instructions and the latest information.

Name(s) shown on return
 SNEHA DARURI

Identifying number
 112-61-0869

Part I 2021 Passive Activity Loss

Caution: Complete Parts IV and V before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** in the instructions.)

1a Activities with net income (enter the amount from Part IV, column (a))	1a	0 .		
b Activities with net loss (enter the amount from Part IV, column (b))	1b	(9,550 .)		
c Prior years' unallowed losses (enter the amount from Part IV, column (c))	1c	()		
d Combine lines 1a, 1b, and 1c	1d			-9,550 .

All Other Passive Activities

2a Activities with net income (enter the amount from Part V, column (a))	2a			
b Activities with net loss (enter the amount from Part V, column (b))	2b	()		
c Prior years' unallowed losses (enter the amount from Part V, column (c))	2c	()		
d Combine lines 2a, 2b, and 2c	2d			
3 Combine lines 1d and 2d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used	3			-9,550 .

If line 3 is a loss and: • Line 1d is a loss, go to Part II.
 • Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II. Instead, go to line 10.

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

4 Enter the smaller of the loss on line 1d or the loss on line 3	4	9,550 .
5 Enter \$150,000. If married filing separately, see instructions	5	150,000 .
6 Enter modified adjusted gross income, but not less than zero. See instructions Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7.	6	111,306 .
7 Subtract line 6 from line 5	7	38,694 .
8 Multiply line 7 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions	8	19,347 .
9 Enter the smaller of line 4 or line 8	9	9,550 .

Part III Total Losses Allowed

10 Add the income, if any, on lines 1a and 2a and enter the total	10	0 .
11 Total losses allowed from all passive activities for 2021. Add lines 9 and 10. See instructions to find out how to report the losses on your tax return	11	9,550 .

Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
18-78-35/105/A, PEERZADIGUD	0 .	9,550 .			9,550 .
Total. Enter on Part I, lines 1a, 1b, and 1c ▶	0 .	9,550 .			

For Paperwork Reduction Act Notice, see instructions.

BAA

REV 02/17/22 PRO

Form **8582** (2021)

Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 2a)	(b) Net loss (line 2b)	(c) Unallowed loss (line 2c)	(d) Gain	(e) Loss
Total. Enter on Part I, lines 2a, 2b, and 2c ▶					

Part VI Use This Part if an Amount Is Shown on Part II, Line 9. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a).
18-78-35/105/A, PEERZADIGUD	E Ln 22	9,550.	1.00000000	9,550.	0.
Total ▶		9,550.	1.00	9,550.	0.

Part VII Allocation of Unallowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
Total ▶			1.00	

Part VIII Allowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
Total ▶				



Mississippi Non-Resident / Part-Year Resident Individual Income Tax Return 2021

Amended

Non-Resident Part-Year, Tax Year Beginning and Ending

Taxpayer First Name SNEHA	Initial	Last Name DARURI
Spouse First Name	Initial	Last Name
Mailing Address (Number and Street, Including Rural Route) 6949W 141ST TER Apt. 1207		
City Overland Par	State KS	Zip 66223
		County Code 90

SSN 112610869

Spouse SSN

- 1 Married - Combined or Joint Return (\$12,000)
- 2 Married - Spouse Died in Tax Year (\$12,000)
- 3 Married - Filing Separate Returns (\$12,000)
- 4 Head of Family (\$8,000)
- 5 Single (\$6,000)

EXEMPTIONS

Dependents (in column B, enter "C" for child, "P" for parent or "R" for relative)

6 (A) Name	(B)	(C) Dependent SSN

7 Total number of dependents (from line 6 and Form 80-491)

8 Taxpayer Age 65 or Over Spouse Age 65 or Over
Taxpayer Blind Spouse Blind

9 Total dependents line 7 plus number of boxes checked line 8

10 Line 9 x **\$1,500** 10
11 Enter filing status exemption 11 6000
12 Total (line 10 plus line 11) 12 6000

PRORATION (COMPLETE PAGE 2 BEFORE PROCEEDING FURTHER)

<p>13a Mississippi adjusted gross income 35038</p> <p>b Adjusted gross income from all sources 111306</p> <p>c Line 13a divided by line 13b 31.479</p>	<p>14a Standard or itemized deductions 2300</p> <p>b Mississippi deductions (line 14a multiplied by line 13c) 724</p>	<p>15a Exemptions (from line 12; if married filing separate, use 1/2 amount) 6000</p> <p>b Mississippi exemption (line 15a multiplied by line 13c) 1889</p>
---	---	---

MISSISSIPPI INCOME TAX **Column A (Taxpayer)** **Column B (Spouse)**

16 Mississippi adjusted gross income (from page 2, line 66 or line 67)	16A	35038	16B	
17 Deductions (from line 14b; if itemized, attach Form 80-108)	17A	724	17B	
18 Exemptions (from line 15b)	18A	1889	18B	
19 Mississippi taxable income (line 16 minus line 17 and line 18)	19A	32425	19B	
20 Income tax due (from Schedule of Tax Computation, see instructions)			20	1351
21 Other credits (from Form 80-401, line 1)			21	0
22 Net income tax due (line 20 minus line 21)			22	1351
23 Consumer use tax (see instructions)			23	
24 Catastrophe savings tax (see instructions)			24	
25 Total Mississippi income tax due (line 22 plus line 23 and line 24)			25	1351
26 Mississippi income tax withheld (complete Form 80-107)			26	1374
27 Estimated tax payments, extension payments and/or amount paid on original return			27	
28 Refund received and/or amount carried forward from original return (amended return only)			28	
29 Total payments (line 26 plus line 27 minus line 28)			29	1374
(If no overpayment is due on line 30, skip to line 35)				
30 Overpayment (if line 29 is more than line 25, subtract line 25 from line 29)			30	23
31 Interest and penalty (from Form 80-320, line 11 and/or line 12)			31	
32 Adjusted overpayment (line 30 minus line 31)			32	23
33 Overpayment to be applied to next year estimated tax account	Farmers or Fishermen (see instructions)		33	0
34 Overpayment refund (line 32 minus line 33)		REFUND	34	23
<input checked="" type="checkbox"/> Direct Deposit Request (check box and go to page 3)				
35 Balance due (if line 25 is more than line 29, subtract line 29 from line 25)		BALANCE DUE	35	
36 Interest and penalty (from Form 80-320, line 19)			36	
37 Total due (line 35 plus line 36)		AMOUNT YOU OWE	37	

Installment Agreement Request
(see instructions for eligibility; attach Form 71-661)



Mississippi
Non-Resident / Part-Year Resident
Individual Income Tax Return
2021

SSN 112610869

INCOME	Total Income From All Sources		Mississippi Income ONLY	
38 Wages, salaries, tips, etc. (complete Form 80-107)	38	110955	38	35038
39 Business income (loss) (attach Federal Schedule C or C-EZ)	39		39	
40 Capital gain (loss) (attach Federal Schedule D, if applicable)	40	351	40	0
41 Rent, royalties, partnerships, S corporations, trusts, etc. (from Form 80-108, part IV)	41	0	41	0
42 Farm income (loss) (attach Federal Schedule F)	42		42	
43 Interest income (from Form 80-108, part II, line 3)	43		43	
44 Dividend income (from Form 80-108, part II, line 6)	44		44	
45 Alimony received	45		45	
46 Taxable pensions and annuities (complete Form 80-107)	46		46	
47 Unemployment compensation (complete Form 80-107)	47		47	
48 Other income (loss) (from Form 80-108, part V, line 10)	48		48	
49 Total income (add lines 38 through 48)	49	111306	49	35038

ADJUSTMENTS	Total Income From All Sources		Mississippi Income ONLY	
50 Payments to IRA	50		50	
51 Payments to self-employed SEP, SIMPLE and qualified retirement plans	51		51	
52 Interest penalty on early withdrawal of savings	52		52	
53 Alimony paid (complete below)	53		53	
Name	SSN	State	Date of Divorce	
54 Moving expense (attach Federal Form 3903)	54		54	
55 National Guard or Reserve pay (enter the lesser of amount or \$15,000)	55		55	
56 Mississippi Prepaid Affordable College Tuition (MPACT)	56		56	
57 Mississippi Affordable College Savings (MACS)	57		57	
58 Self-employed health insurance deduction	58		58	
59 Health savings account deduction	59		59	
60 Catastrophe savings account deduction	60		60	
61 Self-employment tax deduction	61		61	
62 First-time home buyer saving account deduction	62		62	
63 Agricultural disaster program compensation deduction	63		63	
64 Mississippi Achieving a Better Life Experience (ABLE) Act deduction	64		64	
65 Total adjustments (add lines 50 through 64)	65		65	
66 Adjusted gross income (line 49 minus line 65; enter total AGI on page 1, line 13b and Mississippi AGI line 13a)	66	111306	66	35038
67 Split Mississippi AGI on line 66 between taxpayer and spouse	T 67	35038	S 67	

AMENDED RETURN - EXPLANATION OF CHANGES TO ORIGINAL RETURN (attach additional statement if needed)



802052133163

Mississippi Non-Resident / Part-Year Resident Individual Income Tax Return 2021

SSN 112610869

DIRECT DEPOSIT INFORMATION

1 Overpayment refund (from page 1, line 34) 1 23

<p>a Routing Number 1</p> <p style="margin-left: 20px;">101000187</p>	<p>Account Number 1</p> <p style="margin-left: 20px;">145574605856</p>	<p><input checked="" type="checkbox"/> Checking Savings</p>	<p>Direct Deposit 1 Amount</p> <p style="margin-left: 20px;">1a 23</p>
<p>b Routing Number 2</p>	<p>Account Number 2</p>	<p>Checking Savings</p>	<p>Direct Deposit 2 Amount</p> <p style="margin-left: 20px;">1b</p>

SIGNATURE

This return may be discussed with the preparer Yes No

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

Taxpayer Signature	Date	3235997842	Taxpayer Phone Number	P02082703	Paid Preparer PTIN
Spouse Signature	Date	6789659522	Paid Preparer Phone Number	SYAM@GTAXFILE.COM	
SYAM PRIYA RAM SAGAR GU	0309202	2530 Pebble Cr		Cumming	GA 30041
Paid Preparer Signature	Date	Paid Preparer Address		City	State Zip Code

Mail REFUND returns to: Department of Revenue, P.O. Box 23058, Jackson, MS 39225-3058
Mail all other returns to: Department of Revenue, P.O. Box 23050, Jackson, MS 39225-3050

Duplex and Photocopies NOT Acceptable



Mississippi Adjustments And Contributions 2021

Taxpayer Name

DARURI, SNEHA

SSN 112610869

PART I: SCHEDULE A - ITEMIZED DEDUCTIONS (ATTACH FEDERAL FORM 1040 SCHEDULE A)

In the event you filed using the standard deduction on your federal return and wish to itemize for Mississippi purposes, use Federal Form 1040 Schedule A as a worksheet and transfer the information from the specific lines indicated to this Schedule A.

1 Federal adjusted gross income from Federal Form 1040, line 11	1	101756		
2 a Medical and dental expenses	2a			
b Multiply line 1 by 7.5% (.075)	2b			
c Medical and dental expense deduction (line 2a minus line 2b)			2c	
3 a Total taxes paid	3a	4220		
b Less state income taxes (or other taxes in lieu of)	3b	4220		
c Total taxes paid deduction (line 3a minus line 3b)			3c	
4 Total interest paid			4	
5 Charitable contributions			5	300
6 Total casualty or theft loss (attach Federal Form 4684)			6	
7 a Other miscellaneous deductions	7a			
b Less Mississippi gambling losses	7b			
c Total other miscellaneous deductions (line 7a minus line 7b)			7c	
8 Mississippi itemized deductions (add lines 2c, 3c, 4, 5, 6, 7c); enter here and on Resident Form 80-105, page 1, line 14 or Non-Resident Form 80-205, page 1, line 14a			8	300

PART II: SCHEDULE B - INTEREST AND DIVIDEND INCOME (FROM FEDERAL FORM 1040, SCHEDULE B)

1 Interest income from all sources	1			0
2 Amount of Mississippi nontaxable interest in line 1	2			
3 Total Mississippi interest (line 1 minus line 2, enter here and on Form 80-105, line 42 or Form 80-205, line 43)	3			0
4 Total dividends from all sources	4			
5 Amount of Mississippi nontaxable distributions reported in line 4	5			
6 Total Mississippi dividends (line 4 minus line 5, enter here and on Form 80-105, line 43 or Form 80-205, line 44)	6			

PART III: VOLUNTARY CONTRIBUTION CHECK-OFFS (RESIDENTS ONLY)

You may elect to voluntarily contribute all or part (at least \$1) of your income tax refund to one or more of the funds listed below. Refer to the instruction booklet 80-100 (may be downloaded from our website at www.dor.ms.gov) for an explanation of the purpose of each of these funds and how the refund donations will be used.

Military Family Relief Fund
Burn Care Fund
Wildlife Heritage Fund
Educational Trust Fund

Wildlife Fisheries and Parks Foundation
Commission for Volunteer Service Fund

Enter total of check-offs here and on Form 80-105, page 1, line 32



Mississippi Adjustments And Contributions 2021

SSN 112610869

PART IV: INCOME (LOSS) FROM RENTS, ROYALTIES, PARTNERSHIPS, S CORPORATIONS, TRUSTS AND ESTATES

A INCOME (LOSS) FROM RENTAL REAL ESTATE AND ROYALTIES

1 Total rental real estate and royalty income (loss) (from Federal Schedule E, Part 1 and Part 5; attach Federal Schedule E)	A1	0
2 Add: depletion claimed in excess of cost basis	A2	
3 Rental real estate and royalty income (loss) for Mississippi purposes (line 1 plus line 2)	A3	0

B INCOME (LOSS) FROM PARTNERSHIPS, S CORPORATIONS, ESTATES AND TRUSTS

(ATTACH MISSISSIPPI K-1S AS APPLICABLE)

NAME OF ENTITY	FEIN (MUST INCLUDE FEIN)	INCOME (LOSS) MISSISSIPPI K-1S

Total for Section B

C Total of Section A and B (enter here and on Form 80-105, line 40 or Form 80-205, line 41) 0

PART V: SCHEDULE N - OTHER INCOME (LOSS) AND SUPPLEMENTAL INCOME

1 Net operating loss (enter from Form 80-155, line 2)	1	
2 First-time home buyer unqualified expenses	2	
3 Catastrophe savings taxable distribution	3	

List other types of income (loss) _____

4	4	
5	5	
6	6	
7	7	
8	8	
9	9	

10 Total Schedule N Other Income (Loss); enter here and on Form 80-105, page 2, line 47 or Form 80-205, page 2, line 48 10



Mississippi Income / Withholding Tax Schedule 2021

Primary Taxpayer Name (as shown on Forms 80-105, 80-205 and 81-110)
DARURI, SNEHA

THIS FORM MUST BE FILED EVEN IF YOU HAVE NO MISSISSIPPI WITHHOLDING

1	A - Statement Information	B - Income and Withholding	C - Employer or Payer Information
X	Check appropriate box W-2 W-2G 1099 K-1 If 1099-R, Code in Box 7 581760235 Employer or Payer ID from W-2, 1099, K-1 SNEHA DARURI Taxpayer Name 112610869 Taxpayer Social Security Number	MS 35038 State State Wages, Tips, Etc. 1374 Mississippi Withholding Only KS 35038 State Income from Other State	INFOSYS LIMITED Employer or payer name 2400 N GLENNVILLE DR C150 Address RICHARDSON TX 75082 City, State, ZIP

2	A - Statement Information	B - Income and Withholding	C - Employer or Payer Information
X	Check appropriate box W-2 W-2G 1099 K-1 If 1099-R, Code in Box 7 061454513 Employer or Payer ID from W-2, 1099, K-1 SNEHA DARURI Taxpayer Name 112610869 Taxpayer Social Security Number	MS 0 State State Wages, Tips, Etc. 0 Mississippi Withholding Only AZ 28955 State Income from Other State	DELOITTE CONSSULTING LLP4 Employer or payer name 4022 SELLS DRIVE Address HERMITAGE TN 37076 City, State, ZIP

3	A - Statement Information	B - Income and Withholding	C - Employer or Payer Information
X	Check appropriate box W-2 W-2G 1099 K-1 If 1099-R, Code in Box 7 813673584 Employer or Payer ID from W-2, 1099, K-1 SNEHA DARURI Taxpayer Name 112610869 Taxpayer Social Security Number	MS 0 State State Wages, Tips, Etc. 0 Mississippi Withholding Only TX 27300 State Income from Other State	WELKIN TECHNOLOGIES LLC Employer or payer name 4080 MC GINNIS FERRY RD Address ALPHARETTA GA 30005 City, State, ZIP

4	A - Statement Information	B - Income and Withholding	C - Employer or Payer Information
	Check appropriate box W-2 W-2G 1099 K-1 If 1099-R, Code in Box 7 Employer or Payer ID from W-2, 1099, K-1 Taxpayer Name Taxpayer Social Security Number	MS State State Wages, Tips, Etc. Mississippi Withholding Only State Income from Other State	Employer or payer name Address City, State, ZIP

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

Your first name and middle initial: SNEHA
Last name: DARURI
Your social security number: 112-61-0869
If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number:

Home address (number and street). If you have a P.O. box, see instructions.
6949W 141ST TER
Apt. no.: 1207
City, town, or post office. If you have a foreign address, also complete spaces below.
Overland Park
State: KS
ZIP code: 66223
Foreign country name:
Foreign province/state/county:
Foreign postal code:
Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
[] You [] Spouse

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

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

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

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

Main tax calculation table with 15 rows. Includes sections for Attach Sch. B if required, Standard Deduction for, and final taxable income calculation. Total income: 101,756. Taxable income: 88,906.

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	15,363.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	15,363.
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	15,363.
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
24	Add lines 22 and 23. This is your total tax	24	15,363.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	17,636.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	17,636.
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC) No Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/>	27a	
b	Nontaxable combat pay election	27b	
c	Prior year (2019) earned income	27c	
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 15	31	
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	17,636.
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	2,273.
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	2,273.
Direct deposit? See instructions.	b Routing number 1 0 1 0 0 0 1 8 7 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number 1 4 5 5 7 4 6 0 5 8 5 6		
	36 Amount of line 34 you want applied to your 2022 estimated tax	36	
Amount You Owe	37 Amount you owe . Subtract line 33 from line 24. For details on how to pay, see instructions	37	
	38 Estimated tax penalty (see instructions)	38	

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

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

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

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

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

Phone no. (323) 599-7842 Email address SNEHA.SAI42@GMAIL.COM

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 03/09/2022	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 2530 Pebble Creek Ln Cumming GA 30041		Phone no. (678) 965-9522	Firm's EIN 30-1017196

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

2021
Attachment
Sequence No. **01**

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

Your social security number
112-61-0869

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶ _____		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-9,550.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling income	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Taxable Health Savings Account distribution	8e	
f	Alaska Permanent Fund dividends	8f	
g	Jury duty pay	8g	
h	Prizes and awards	8h	
i	Activity not engaged in for profit income	8i	
j	Stock options	8j	
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8k	
l	Olympic and Paralympic medals and USOC prize money (see instructions)	8l	
m	Section 951(a) inclusion (see instructions)	8m	
n	Section 951A(a) inclusion (see instructions)	8n	
o	Section 461(l) excess business loss adjustment	8o	
p	Taxable distributions from an ABLE account (see instructions)	8p	
z	Other income. List type and amount ▶ _____	8z	
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	-9,550.

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 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
SNEHA DARURI

Your social security number
112-61-0869

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	5,502.	5,152.	1.	351.
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				7 351.

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	351.
	<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 type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. <input checked="" type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

**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

SNEHA DARURI

112-61-0869

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	18-78-35/105/A, PEERZADIGUD MEDCHAL-MALKAJGIRI TELANGANA IN 500039				
B					
C					
1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	3		A 365	0	<input type="checkbox"/>
B			B		<input type="checkbox"/>
C			C		<input type="checkbox"/>

Type of Property:

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

Income:		Properties:		A	B	C
3	Rents received	3		550.		
4	Royalties received	4				
Expenses:						
5	Advertising	5				
6	Auto and travel (see instructions)	6				
7	Cleaning and maintenance	7		1,200.		
8	Commissions.	8				
9	Insurance	9				
10	Legal and other professional fees	10				
11	Management fees	11		1,500.		
12	Mortgage interest paid to banks, etc. (see instructions)	12				
13	Other interest.	13				
14	Repairs.	14		2,100.		
15	Supplies	15		2,500.		
16	Taxes	16				
17	Utilities.	17		2,800.		
18	Depreciation expense or depletion	18				
19	Other (list) ▶	19				
20	Total expenses. Add lines 5 through 19	20		10,100.		
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21		-9,550.		
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(9,550.)	()
23a	Total of all amounts reported on line 3 for all rental properties	23a		550.		
b	Total of all amounts reported on line 4 for all royalty properties	23b				
c	Total of all amounts reported on line 12 for all properties	23c				
d	Total of all amounts reported on line 18 for all properties	23d				
e	Total of all amounts reported on line 20 for all properties	23e		10,100.		
24	Income. Add positive amounts shown on line 21. Do not include any losses	24				
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	(9,550.)		
26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2	26		-9,550.		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2021

Passive Activity Loss Limitations

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.
▶ Attach to Form 1040, 1040-SR, or 1041.
▶ Go to www.irs.gov/Form8582 for instructions and the latest information.

Name(s) shown on return
SNEHA DARURI

Identifying number
112-61-0869

Part I 2021 Passive Activity Loss

Caution: Complete Parts IV and V before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** in the instructions.)

1a Activities with net income (enter the amount from Part IV, column (a))	1a	0 .		
b Activities with net loss (enter the amount from Part IV, column (b))	1b	(9,550 .)		
c Prior years' unallowed losses (enter the amount from Part IV, column (c))	1c	()		
d Combine lines 1a, 1b, and 1c	1d			-9,550 .

All Other Passive Activities

2a Activities with net income (enter the amount from Part V, column (a))	2a			
b Activities with net loss (enter the amount from Part V, column (b))	2b	()		
c Prior years' unallowed losses (enter the amount from Part V, column (c))	2c	()		
d Combine lines 2a, 2b, and 2c	2d			
3 Combine lines 1d and 2d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used	3			-9,550 .

If line 3 is a loss and: • Line 1d is a loss, go to Part II.
• Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II. Instead, go to line 10.

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

4 Enter the smaller of the loss on line 1d or the loss on line 3	4	9,550 .
5 Enter \$150,000. If married filing separately, see instructions	5	150,000 .
6 Enter modified adjusted gross income, but not less than zero. See instructions Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7.	6	111,306 .
7 Subtract line 6 from line 5	7	38,694 .
8 Multiply line 7 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions	8	19,347 .
9 Enter the smaller of line 4 or line 8	9	9,550 .

Part III Total Losses Allowed

10 Add the income, if any, on lines 1a and 2a and enter the total	10	0 .
11 Total losses allowed from all passive activities for 2021. Add lines 9 and 10. See instructions to find out how to report the losses on your tax return	11	9,550 .

Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
18-78-35/105/A, PEERZADIGUD	0 .	9,550 .			9,550 .
Total. Enter on Part I, lines 1a, 1b, and 1c ▶	0 .	9,550 .			

For Paperwork Reduction Act Notice, see instructions.

BAA

Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 2a)	(b) Net loss (line 2b)	(c) Unallowed loss (line 2c)	(d) Gain	(e) Loss
Total. Enter on Part I, lines 2a, 2b, and 2c ▶					

Part VI Use This Part if an Amount Is Shown on Part II, Line 9. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a).
18-78-35/105/A, PEERZADIGUD	E Ln 22	9,550.	1.00000000	9,550.	0.
Total ▶		9,550.	1.00	9,550.	0.

Part VII Allocation of Unallowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
Total ▶			1.00	

Part VIII Allowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
Total ▶				

DO NOT STAPLE ANY ITEMS TO THE RETURN. Place any required federal and AZ schedules or other documents after Form 140NR.

Arizona Form 140NR

Nonresident Personal Income Tax Return

FOR CALENDAR YEAR 2021

82F Check box 82F if filing under extension OR FISCAL YEAR BEGINNING 2,0,2,1 AND ENDING 66F

Your First Name and Middle Initial SNEHA Last Name DARURI Your Social Security Number 112 61 0869 Spouse's First Name and Middle Initial (if box 4 or 6 checked) Last Name Spouse's Social Security No.

Current Home Address - number and street, rural route Apt. No. Daytime Phone (with area code) 6949W 141ST TER 1207 (323) 599-7842 City, Town or Post Office State ZIP Code Overland Park KS 66223 Last Names Used in Last Four Prior Year(s) (if different) 97

FILING STATUS 4 Married filing joint return 4a Injured Spouse Protection of Joint Overpayment 5 Head of household: Enter name of qualifying child or dependent on next line: 6 Married filing separate return: Enter spouse's name and Social Security Number above. 7 Single Enter the number claimed. Do not put a check mark. 8 Age 65 or over (you and/or spouse) If completing lines 8 and 9, also complete lines 47 and 48. For lines 10a and 10b, complete line 59. 9 Blind (you and/or spouse) 10a Dependents: Under age of 17. 10b Dependents: Age 17 and over. 88R 81P PM 80R RCVD

11-13 Residency Status (check one): 11 Nonresident 12 Nonresident Active Military 13 Composite Return (see instructions - page 28)

Table with 6 columns: (a) FIRST AND LAST NAME, (b) SOCIAL SECURITY NO., (c) RELATIONSHIP, (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2021, (e) Dependent Age included in: 1 (Box 10a), 2 (Box 10b), (f) if you did not claim this person on your federal return due to educational credits. Rows 10c, 10d, 10e, 10f.

Table with 3 columns: Description, 2021 FEDERAL Amount from Federal Return, 2021 ARIZONA Source Amount Only. Rows 14-42 including Arizona income, wages, interest, dividends, and depreciation.



Your Name (as shown on page 1) **SNEHA DARURI** Your Social Security Number **112-61-0869**

Subtractions - cont. from page 1	43	Interest on U.S. obligations such as U.S. savings bonds and treasury bills.....	43		00
	44	Agricultural crops contributed to Arizona charitable organizations.....	44		00
	45	Other Subtractions from Income: Complete <i>Other Subtractions from Arizona Gross Income</i> schedule on page 6.....	45		00
	46	Subtract lines 43 through 45 from line 42. Enter the difference	46	28,955	00
Exemptions	47	Age 65 or over: Multiply the number in box 8 by \$2,100.....	47	00	
	48	Blind: Multiply the number in box 9 by \$1,500	48	00	
	49	Other Exemptions: See instructions.....49E <input type="text"/> Multiply the number in box 49E by \$2,300.....	49	00	
	50	Add lines 47, 48, and 49. Enter the total	50	00	
Balance of Tax	51	Multiply line 50 by the Arizona ratio on line 27	51		00
	52	Arizona adjusted gross income: Subtract line 51 from line 46. If less than zero, enter "0"	52	28,955	00
	53	Deductions: Check box and enter amount. See instructions.....53I <input type="checkbox"/> ITEMIZED 53S <input checked="" type="checkbox"/> STANDARD	53	3,577	00
	54	If you checked box 53S and claim charitable contributions, check 54C <input checked="" type="checkbox"/> Complete page 3. See instructions.....	54	21	00
	55	Arizona taxable income: Subtract lines 53 and 54 from line 52. If less than zero, enter "0".....	55	25,357	00
	56a	Compute the tax using amount from line 55 and Tax TableS X and Y.....	56a	657	00
	56b	If line 55 is \$250,001 or more (single/mfs) or \$500,001 or more (mf/hoh) compute the tax surcharge. Enter the amount..	56b		00
	57	Tax from recapture of credits from Arizona Form 301, Part 2, line 30	57		00
	58	Subtotal of tax: Add lines 56a, 56b and 57. Enter the total.....	58	657	00
	59	Dependent Tax Credit. See instructions.....	59		00
Total Payments and Refundable Credits	60	Nonrefundable credits from Arizona Form 301, Part 2, line 61.....	60		00
	61	Balance of tax: Subtract lines 59 and 60 from line 58. If the sum of lines 59 and 60 is more than line 58, enter "0"	61	657	00
	62	2021 AZ income tax withheld.....	62	1,477	00
	63	2021 AZ estimated tax payments..63a <input type="text"/> 00 Claim of Right 63b <input type="text"/> 00 Add 63a and 63b..	63c		00
	64	2021 AZ extension payment (Form 204)	64		00
	65	Other refundable credits: Check the box(es) and enter the total amount..... 651 <input type="checkbox"/> 308-I 652 <input type="checkbox"/> 349	65		00
	66	Total payments and refundable credits: Add lines 62 through 65. Enter the total	66	1,477	00
	Tax Due or Overpayment	67	TAX DUE: If line 61 is larger than line 66, subtract line 66 from line 61. Enter amount of tax due. Skip lines 68, 69 and 70.....	67	
68		OVERPAYMENT: If line 66 is larger than line 61, subtract line 61 from line 66. Enter amount of overpayment.....	68	820	00
69		Amount of line 68 to be applied to 2022 estimated tax.....	69		00
70		Balance of overpayment: Subtract line 69 from line 68. Enter the difference.....	70	820	00
Voluntary Gifts	71 - 81 Voluntary Gifts to:		Solutions Teams Assigned to Schools..... 71 <input type="text"/> 00 Arizona Wildlife..... 72 <input type="text"/> 00		
	Child Abuse Prevention..... 73 <input type="text"/> 00	Domestic Violence Services..... 74 <input type="text"/> 00	Political Gift..... 75 <input type="text"/> 00		
	Neighbors Helping Neighbors.. 76 <input type="text"/> 00	Special Olympics..... 77 <input type="text"/> 00	Veterans' Donations Fund..... 78 <input type="text"/> 00		
	I Didn't Pay Enough Fund..... 79 <input type="text"/> 00	Sustainable State Parks and Road Fund..... 80 <input type="text"/> 00	Spay/Neuter of Animals.. 81 <input type="text"/> 00		
	82 Political Party (if amount is entered on line 75 - check only one): 821 <input type="checkbox"/> Democratic 822 <input type="checkbox"/> Libertarian 823 <input type="checkbox"/> Republican				
	83 Estimated payment penalty				
	84 841 <input type="checkbox"/> Annualized/Other 842 <input type="checkbox"/> Farmer or Fisherman 843 <input type="checkbox"/> Form 221 included				
	85 Add lines 71 through 81 and 83. Enter the total				
Refund or Amount Owed	86 REFUND: Subtract line 85 from line 70. If less than zero, enter amount owed on line 87		86 820 00		
	Direct Deposit of Refund: Check box 86A if your deposit will be ultimately placed in a foreign account ; see instructions. 86A <input type="checkbox"/>				
	<input checked="" type="checkbox"/> C <input checked="" type="checkbox"/> Checking or <input type="checkbox"/> S <input type="checkbox"/> Savings ROUTING NUMBER: 1 0 1 0 0 0 1 8 7 ACCOUNT NUMBER: 1 4 5 5 7 4 6 0 5 8 5 6				
87 AMOUNT OWED: Add lines 67 and 85. Make check payable to Arizona Department of Revenue; write your SSN on payment... 87					

Under penalties of perjury, I declare that I have read this return and any documents with it, 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 _____ SOFTWARE DEVELOPER
 OCCUPATION _____
 SPOUSE'S SIGNATURE _____ DATE _____ SPOUSE'S OCCUPATION _____
 SYAM PRIYA RAM SAGAR GUPTA TALLAM 03092022 GLOBAL TAXES LLC
 PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)
 2530 Pebble Creek Ln 30-1017196
 PAID PREPARER'S STREET ADDRESS PAID PREPARER'S TIN
 Cumming GA 30041 (678) 965-9522
 PAID PREPARER'S CITY STATE ZIP CODE PAID PREPARER'S PHONE NUMBER

If you are also sending a payment, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016 (PO Box 29204, Phoenix, AZ 85038-9204 if your return has a barcode). If you are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138 (PO Box 29205, Phoenix, AZ 85038-9205 if your return has a barcode).

2021 Form 140NR - Standard Deduction Increase for Charitable Contributions

You must complete this worksheet if you are taking an increased standard deduction for charitable contributions. Include the completed worksheet with your tax return, when filed. If you do not include the completed worksheet, your standard deduction will not be increased.

Taxpayers electing to take the Standard Deduction may *increase* the standard deduction amount by 25% (.25) of the total amount of the taxpayer's charitable deductions that would have been allowed if the taxpayer elected to claim itemized deductions on the Arizona tax return.

Charitable contributions (lines 1C, 2C, and 3C) are those gifts allowed on federal Form 1040 Schedule A (Gifts to Charity) that you would have claimed had you elected to take itemized deductions on your federal return.

NOTE 1: As a nonresident filing Form 140NR, you are required to apportion your allowable increased standard deduction based on your Arizona income ratio computed on page 1, line 27.

NOTE 2: You must reduce your contribution amount by the total charitable contributions you made during January 1, 2021 through December 31, 2021 for which you are claiming an Arizona tax credit under Arizona law for the current tax year return or claimed on the prior tax year return. Enter this amount on line 5C.

NOTE 3: If you itemized deductions on your federal return (1040 Schedule A) and were required to adjust the amount of your allowable contributions on your federal 1040 Schedule A for the amount claimed as a tax credit on your Arizona income tax return, include the amount of the federal contribution adjustment to line 1C and enter the amount of the Arizona tax credit on line 5C.

Complete the worksheet to determine your allowable increased standard deduction for charitable contributions.

1C	2021 Gifts by cash or check.....	1C	300	00
2C	2021 Other than by cash or check.....	2C		00
3C	Carryover from prior year.....	3C		00
4C	Add lines 1C through 3C and enter the total.....	4C	300	00
5C	Total charitable contributions made in 2021 for which you are claiming a credit under Arizona law for the current (2021) or prior (2020) tax year.....	5C		00
6C	Subtract line 5C from line 4C and enter the difference. If less than zero, enter "0".....	6C	300	00
7C	Multiply line 6C by 25% (.25) and enter the result.....	7C	75	00
8C	Enter your Arizona income ratio from page 1, line 27.....	8C	0.285	
9C	Multiply line 7C by the ratio on line 8C and enter the result.....	9C	21	00

- Enter the amount shown on line 9C on page 2, line 54
- Be sure to check box **53S** for Standard Deduction on line 53.
- Check box **54C** for charitable contributions on line 54. If you do not check this box, you may be denied the increased standard deduction.

NOTE: If *any due* date falls on a Saturday, Sunday, or legal holiday, *substitute* the next regular workday.

DO NOT SEND A PHOTOCOPY OF THIS VOUCHER

or risk the chance of our automated system not capturing your data correctly.

SEND THE ORIGINAL

MAIL THIS VOUCHER TO:
KANSAS DOR - ESTIMATED TAX
P.O. BOX 3506
TOPEKA, KS 66625-3506

REV 02/14/22 PRO

K-40ES

Rev. 7-21

2022 Kansas
INDIVIDUAL ESTIMATED
INCOME TAX VOUCHER

305



SNEHA DARURI

DARU

6949W 141ST TER APT 1207
OVERLAND PARK KS 66223
Daytime Phone Number: 3235997842

112610869

Name or Address
Change

- If married filing a joint return, include both names and Social Security numbers

- Make check or money order payable to: Kansas Individual Estimated Tax

1

1ST QUARTER PAYMENT DUE BY APRIL 15, 2022

Payment Amount \$ 410.00

182522DARU112610869XXXX0000000000

NOTE: If *any due* date falls on a Saturday, Sunday, or legal holiday, *substitute* the next regular workday.

DO NOT SEND A PHOTOCOPY OF THIS VOUCHER

or risk the chance of our automated system not capturing your data correctly.

SEND THE ORIGINAL

MAIL THIS VOUCHER TO:
KANSAS DOR - ESTIMATED TAX
P.O. BOX 3506
TOPEKA, KS 66625-3506

REV 02/14/22 PRO

K-40ES

Rev. 7-21

2022 Kansas
INDIVIDUAL ESTIMATED
INCOME TAX VOUCHER

305



SNEHA DARURI

DARU

6949W 141ST TER APT 1207
OVERLAND PARK KS 66223
Daytime Phone Number: 3235997842

112610869

Name or Address
Change

- If married filing a joint return, include both names and Social Security numbers
- Make check or money order payable to: Kansas Individual Estimated Tax

2

2ND QUARTER PAYMENT DUE BY JUNE 15, 2022

Payment Amount \$ 410.00

182522DARU112610869XXXX0000000000

NOTE: If *any due* date falls on a Saturday, Sunday, or legal holiday, *substitute* the next regular workday.

DO NOT SEND A PHOTOCOPY OF THIS VOUCHER

or risk the chance of our automated system not capturing your data correctly.

SEND THE ORIGINAL

MAIL THIS VOUCHER TO:
KANSAS DOR - ESTIMATED TAX
P.O. BOX 3506
TOPEKA, KS 66625-3506

REV 02/14/22 PRO

K-40ES

Rev. 7-21

2022 Kansas
INDIVIDUAL ESTIMATED
INCOME TAX VOUCHER

305



SNEHA DARURI

DARU

6949W 141ST TER APT 1207
OVERLAND PARK KS 66223
Daytime Phone Number: 3235997842

112610869

Name or Address
Change

- If married filing a joint return, include both names and Social Security numbers

- Make check or money order payable to: Kansas Individual Estimated Tax

3

3RD QUARTER PAYMENT DUE BY SEPTEMBER 15, 2022

Payment Amount \$ 410.00

182522DARU112610869XXXX0000000000

NOTE: If *any due* date falls on a Saturday, Sunday, or legal holiday, *substitute* the next regular workday.

DO NOT SEND A PHOTOCOPY OF THIS VOUCHER

or risk the chance of our automated system not capturing your data correctly.

SEND THE ORIGINAL

MAIL THIS VOUCHER TO:
KANSAS DOR - ESTIMATED TAX
P.O. BOX 3506
TOPEKA, KS 66625-3506

REV 02/14/22 PRO

K-40ES

Rev. 7-21

2022 Kansas

INDIVIDUAL ESTIMATE
INCOME TAX VOUCHER



305



SNEHA DARURI

DARU

6949W 141ST TER APT 1207
OVERLAND PARK KS 66223
Daytime Phone Number: 3235997842

112610869

Name or Address
Change

- If married filing a joint return, include both names and Social Security numbers

- Make check or money order payable to: Kansas Individual Estimated Tax

4

4TH QUARTER PAYMENT DUE BY JANUARY 15, 2023

Payment Amount \$ 410.00

182522DARU112610869XXXX0000000000

FORM K-40V INSTRUCTIONS

Type your name, address, Social Security number, and the first four letters of your last name in the spaces provided.

If you are filing a joint return, type your spouse's name, Social Security number, and first four letters of their last name in the spaces provided.

If your name or address information has changed since last year, be sure to mark the "Name or Address Change" box with "XX".

If you are paying for an amended return, mark the appropriate box with "XX".

If you are filing an extension of time to file your return, mark the appropriate box with "XX". Note that an extension of time is an extension to file, NOT an extension to pay.

Make your check or money order payable to "Kansas Income Tax" for the full amount of your tax due. Write the last 4 digits

of your Social Security number on your check or money order, ensure it contains a valid telephone number, and make it payable to "Kansas Income Tax."

If you are making a payment for someone else (i.e., daughter, son, parent), write that person's name, telephone number and the last 4 digits of their Social Security number on the check. DO NOT send cash. If payment is not made on or before **April 15, 2022**, the tax due is subject to penalty and interest.

Do not attach the payment voucher or payment to your return or to each other. **Place them loosely** in the envelope with your return. If you have already mailed your return, or you filed electronically and didn't pay electronically, mail your payment and the voucher to:

KANSAS INCOME TAX
KANSAS DEPARTMENT OF REVENUE
PO BOX 750260
TOPEKA KS 66699-0260

NOTE: If any due date falls on a Saturday, Sunday, or legal holiday, substitute the next regular work day.

K-40V
Rev. 7-21

2021 Kansas
INDIVIDUAL INCOME
PAYMENT VOUCHER

REV 02/14/22 PRO

305



SNEHA DARURI

DARU

6949W 141ST TER APT 1207
OVERLAND PARK KS 66223

112610869

Daytime Phone Number: 3235997842

Name or Address
Change

- If married filing a joint return, include both names and Social Security numbers

- Make check or money order payable to: Kansas Income Tax

Amended
Return

Extension
Payment

Payment
Amount \$

1639.00

112221DARU112610869XXXX00000000



SNEHA DARURI 3235997842 DARU 112610869

6949W 141ST TER APT 1207 WY 500
OVERLAND PARK KS 66223

Name or address has changed? Taxpayer or (spouse if filing joint) died during this tax year Taxpayer was engaged in commercial farming/fishing in 2021

Amended Return: Amended affects Kansas only Amended Federal tax return Adjustment by the IRS

Filing Status: Single Married Filing Joint (Even if only one had income) Married Filing Separate Head of Household (Do not check if filing joint return)

Residency Status: Resident NonResident (Complete Sch S, Part B) State of Legal Residence

Part-Year Resident (Complete Sch S, Part B) From To

Exemptions: 1 Enter the total exemptions for you, your spouse (if applicable), and each person you claim as a dependent. If filing status above is Head of Household, add one exemption. 1 Total Kansas exemptions

In the following spaces, provide the requested information for all persons you claimed as dependents. **DO NOT include you or your spouse.** If additional space is needed, enclose a separate sheet, only after completing all nine lines below.

Dependent Name - First, Middle and Last Date of Birth - MMDDYYYY Relationship SSN

Food Sales Tax Credit: You must have been a Kansas resident for ALL of 2021. Complete this section to determine your qualifications and credit.

- A. Had a dependent child who lived with you all year and was under the age of 18 all of 2021?
- B. Were you (or spouse) 55 years of age or older all of 2021 (born prior to January 1, 1966)?
- C. Were you (or spouse) totally and permanently disabled or blind all of 2021, regardless of age? If you answered NO to A, B, and C, **STOP HERE**, you do not qualify for this credit.
- D. If you answered YES to A, B, or C, enter your FAGI from line 1 of this return. 0
If Line D is more than \$30,615 **STOP HERE**, you do not qualify for this credit.
- E. Number of exemptions claimed
- F. Number of dependents that are 18 years of age or older (born on or before January 1, 2004)
- G. Total qualifying exemptions (subtract line F from line E)
- H. Food Sales Tax Credit (multiply line G by \$125). Enter result here and on line 18 of this form. 0



SNEHA DARURI DARU 112610869

1. Federal adjusted gross income	101756	23. Estimated tax paid	0
2. Modifications	0	24. Amount paid with Kansas extension	0
3. Kansas adjusted gross income	101756	25. Refundable portion of earned income tax credit	0
4. Standard or itemized deductions. (If itemizing, complete KS Sch A)	3500	26. Refundable portion of tax credits	0
5. Exemption allowance	2250	27. Payments remitted with original return	0
6. Total deductions	5750	28. Overpayment from original return. This figure is a subtraction.	0
7. Taxable income	96006	29. Total refundable credits	1369
8. Tax	5016	30. Underpayment	1639
9. Nonresident percentage	0.0000	31. Interest	0
10. Nonresident tax	0	32. Penalty	0
11. KS tax on lump sum distributions	0	33. Estimated tax penalty	0
12. TOTAL INCOME TAX	5016	34. AMOUNT YOU OWE	1639
13. Credit for taxes paid to other states	2008	35. Overpayment	0
14. Credit for child and dependent care expenses	0	36. CREDIT FORWARD	0
15. Other credits	0	37. Chickadee Checkoff	0
16. Subtotal	3008	38. Senior Citizens Meals On Wheels Contribution Program	0
17. Earned Income Credit	0	39. Breast Cancer Research Fund	0
18. Food Sales Tax Credit	0	40. Military Emergency Relief Fund	0
19. Tax balance after credits	3008	41. Kansas Hometown Heroes Fund	0
20. Use Tax Due (out of state and internet purchases)	0	42. Kansas Creative Arts Industry Fund	0
21. Total Tax Balance	3008	43. Local School District Contribution Fund. School District Number	0
22. KS income tax withheld from W-2, 1099 or K-19	1369	44. REFUND	0

I authorize the Director of Taxation or the Director's designee to discuss my K-40 and any enclosures with my preparer.
I declare under the penalties of perjury that to the best of my knowledge and belief this is a true, correct, and complete return.

Taxpayer Signature (Required) _____	Date _____	Spouse Signature (Required) _____	Date _____
Preparer Signature (Required) <u>SYAM PRIYA RAM SAGAR GUPT</u>	Preparer Phone Number <u>6789659522</u>	Preparer PTIN, EIN, or SSN (Required) <u>P02082703</u>	

DO NOT STAPLE ANY ITEMS TO THE RETURN. Place any required federal and AZ schedules or other documents after Form 140NR.

Arizona Form 140NR

Nonresident Personal Income Tax Return

FOR CALENDAR YEAR 2021

82F Check box 82F if filing under extension OR FISCAL YEAR BEGINNING 2021 AND ENDING 66F

Your First Name and Middle Initial SNEHA Last Name DARURI Your Social Security Number 112 61 0869 Spouse's First Name and Middle Initial (if box 4 or 6 checked) Last Name Spouse's Social Security No.

Current Home Address - number and street, rural route Apt. No. Daytime Phone (with area code) 6949W 141ST TER 1207 (323) 599-7842 City, Town or Post Office State ZIP Code Overland Park KS 66223 Last Names Used in Last Four Prior Year(s) (if different) 97

FILING STATUS 4 Married filing joint return 4a Injured Spouse Protection of Joint Overpayment 5 Head of household: Enter name of qualifying child or dependent on next line: 6 Married filing separate return: Enter spouse's name and Social Security Number above. 7 Single Enter the number claimed. Do not put a check mark. 8 Age 65 or over (you and/or spouse) If completing lines 8 and 9, also complete lines 47 and 48. For lines 10a and 10b, complete line 59. 9 Blind (you and/or spouse) 10a Dependents: Under age of 17. 10b Dependents: Age 17 and over. 81P PM 80R RCVD

11-13 Residency Status (check one): 11 Nonresident 12 Nonresident Active Military 13 Composite Return (see instructions - page 28)

Table with 6 columns: (a) FIRST AND LAST NAME, (b) SOCIAL SECURITY NO., (c) RELATIONSHIP, (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2021, (e) Dependent Age included in: 1 (Box 10a), 2 (Box 10b), (f) if you did not claim this person on your federal return due to educational credits. Rows 10c, 10d, 10e, 10f.

Table with 3 columns: Description, 2021 FEDERAL Amount from Federal Return, 2021 ARIZONA Source Amount Only. Rows 14-42 including Arizona income, federal adjustments, and depreciation.

Your Name (as shown on page 1) **SNEHA DARURI** Your Social Security Number **112-61-0869**

Subtractions - cont. from page 1	43	Interest on U.S. obligations such as U.S. savings bonds and treasury bills.....	43		00
	44	Agricultural crops contributed to Arizona charitable organizations.....	44		00
	45	Other Subtractions from Income: Complete <i>Other Subtractions from Arizona Gross Income</i> schedule on page 6.....	45		00
	46	Subtract lines 43 through 45 from line 42. Enter the difference	46	28,955	00
Exemptions	47	Age 65 or over: Multiply the number in box 8 by \$2,100.....	47	00	
	48	Blind: Multiply the number in box 9 by \$1,500	48	00	
	49	Other Exemptions: See instructions.....49E <input type="text"/> Multiply the number in box 49E by \$2,300.....	49	00	
	50	Add lines 47, 48, and 49. Enter the total	50	00	
Balance of Tax	51	Multiply line 50 by the Arizona ratio on line 27	51		00
	52	Arizona adjusted gross income: Subtract line 51 from line 46. If less than zero, enter "0"	52	28,955	00
	53	Deductions: Check box and enter amount. See instructions.....53I <input type="checkbox"/> ITEMIZED 53S <input checked="" type="checkbox"/> STANDARD	53	3,577	00
	54	If you checked box 53S and claim charitable contributions, check 54C <input checked="" type="checkbox"/> Complete page 3. See instructions.....	54	21	00
	55	Arizona taxable income: Subtract lines 53 and 54 from line 52. If less than zero, enter "0".....	55	25,357	00
	56a	Compute the tax using amount from line 55 and Tax TableS X and Y.....	56a	657	00
	56b	If line 55 is \$250,001 or more (single/mfs) or \$500,001 or more (mf/hoh) compute the tax surcharge. Enter the amount..	56b		00
	57	Tax from recapture of credits from Arizona Form 301, Part 2, line 30	57		00
	58	Subtotal of tax: Add lines 56a, 56b and 57. Enter the total.....	58	657	00
	59	Dependent Tax Credit. See instructions.....	59		00
Total Payments and Refundable Credits	60	Nonrefundable credits from Arizona Form 301, Part 2, line 61.....	60		00
	61	Balance of tax: Subtract lines 59 and 60 from line 58. If the sum of lines 59 and 60 is more than line 58, enter "0"	61	657	00
	62	2021 AZ income tax withheld.....	62	1,477	00
	63	2021 AZ estimated tax payments..63a <input type="text"/> 00 Claim of Right 63b <input type="text"/> 00 Add 63a and 63b..	63c		00
	64	2021 AZ extension payment (Form 204)	64		00
	65	Other refundable credits: Check the box(es) and enter the total amount..... 651 <input type="checkbox"/> 308-I 652 <input type="checkbox"/> 349	65		00
	66	Total payments and refundable credits: Add lines 62 through 65. Enter the total	66	1,477	00
	Tax Due or Overpayment	67	TAX DUE: If line 61 is larger than line 66, subtract line 66 from line 61. Enter amount of tax due. Skip lines 68, 69 and 70.....	67	
68		OVERPAYMENT: If line 66 is larger than line 61, subtract line 61 from line 66. Enter amount of overpayment.....	68	820	00
69		Amount of line 68 to be applied to 2022 estimated tax.....	69		00
70		Balance of overpayment: Subtract line 69 from line 68. Enter the difference.....	70	820	00
Voluntary Gifts	71 - 81 Voluntary Gifts to:		Solutions Teams Assigned to Schools..... 71 <input type="text"/> 00 Arizona Wildlife..... 72 <input type="text"/> 00		
	Child Abuse Prevention..... 73 <input type="text"/> 00	Domestic Violence Services..... 74 <input type="text"/> 00	Political Gift..... 75 <input type="text"/> 00		
	Neighbors Helping Neighbors.. 76 <input type="text"/> 00	Special Olympics..... 77 <input type="text"/> 00	Veterans' Donations Fund..... 78 <input type="text"/> 00		
	I Didn't Pay Enough Fund..... 79 <input type="text"/> 00	Sustainable State Parks and Road Fund..... 80 <input type="text"/> 00	Spay/Neuter of Animals.. 81 <input type="text"/> 00		
	82 Political Party (if amount is entered on line 75 - check only one): 821 <input type="checkbox"/> Democratic 822 <input type="checkbox"/> Libertarian 823 <input type="checkbox"/> Republican				
	83 Estimated payment penalty				
	84 841 <input type="checkbox"/> Annualized/Other 842 <input type="checkbox"/> Farmer or Fisherman 843 <input type="checkbox"/> Form 221 included				
	85 Add lines 71 through 81 and 83. Enter the total				
Refund or Amount Owed	86 REFUND: Subtract line 85 from line 70. If less than zero, enter amount owed on line 87		86 820 00		
	Direct Deposit of Refund: Check box 86A if your deposit will be ultimately placed in a foreign account; see instructions. 86A <input type="checkbox"/>				
	<input checked="" type="checkbox"/> C <input checked="" type="checkbox"/> Checking or <input type="checkbox"/> S <input type="checkbox"/> Savings ROUTING NUMBER: 1 0 1 0 0 0 1 8 7 ACCOUNT NUMBER: 1 4 5 5 7 4 6 0 5 8 5 6				
87 AMOUNT OWED: Add lines 67 and 85. Make check payable to Arizona Department of Revenue; write your SSN on payment... 87					

Under penalties of perjury, I declare that I have read this return and any documents with it, 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 _____ SOFTWARE DEVELOPER
 OCCUPATION _____
 SPOUSE'S SIGNATURE _____ DATE _____ SPOUSE'S OCCUPATION _____
 SYAM PRIYA RAM SAGAR GUPTA TALLAM 03092022 GLOBAL TAXES LLC
 PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)
 2530 Pebble Creek Ln 30-1017196
 PAID PREPARER'S STREET ADDRESS PAID PREPARER'S TIN
 Cumming GA 30041 (678) 965-9522
 PAID PREPARER'S CITY STATE ZIP CODE PAID PREPARER'S PHONE NUMBER

If you are also sending a payment, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016 (PO Box 29204, Phoenix, AZ 85038-9204 if your return has a barcode). If you are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138 (PO Box 29205, Phoenix, AZ 85038-9205 if your return has a barcode).

2021 Form 140NR - Standard Deduction Increase for Charitable Contributions

You must complete this worksheet if you are taking an increased standard deduction for charitable contributions. Include the completed worksheet with your tax return, when filed. If you do not include the completed worksheet, your standard deduction will not be increased.

Taxpayers electing to take the Standard Deduction may *increase* the standard deduction amount by 25% (.25) of the total amount of the taxpayer's charitable deductions that would have been allowed if the taxpayer elected to claim itemized deductions on the Arizona tax return.

Charitable contributions (lines 1C, 2C, and 3C) are those gifts allowed on federal Form 1040 Schedule A (Gifts to Charity) that you would have claimed had you elected to take itemized deductions on your federal return.

NOTE 1: As a nonresident filing Form 140NR, you are required to apportion your allowable increased standard deduction based on your Arizona income ratio computed on page 1, line 27.

NOTE 2: You must reduce your contribution amount by the total charitable contributions you made during January 1, 2021 through December 31, 2021 for which you are claiming an Arizona tax credit under Arizona law for the current tax year return or claimed on the prior tax year return. Enter this amount on line 5C.

NOTE 3: If you itemized deductions on your federal return (1040 Schedule A) and were required to adjust the amount of your allowable contributions on your federal 1040 Schedule A for the amount claimed as a tax credit on your Arizona income tax return, include the amount of the federal contribution adjustment to line 1C and enter the amount of the Arizona tax credit on line 5C.

Complete the worksheet to determine your allowable increased standard deduction for charitable contributions.

1C	2021 Gifts by cash or check.....	1C	300	00
2C	2021 Other than by cash or check.....	2C		00
3C	Carryover from prior year.....	3C		00
4C	Add lines 1C through 3C and enter the total.....	4C	300	00
5C	Total charitable contributions made in 2021 for which you are claiming a credit under Arizona law for the current (2021) or prior (2020) tax year.....	5C		00
6C	Subtract line 5C from line 4C and enter the difference. If less than zero, enter "0".....	6C	300	00
7C	Multiply line 6C by 25% (.25) and enter the result.....	7C	75	00
8C	Enter your Arizona income ratio from page 1, line 27.....	8C	0.285	
9C	Multiply line 7C by the ratio on line 8C and enter the result.....	9C	21	00

- Enter the amount shown on line 9C on page 2, line 54
- Be sure to check box **53S** for Standard Deduction on line 53.
- Check box **54C** for charitable contributions on line 54. If you do not check this box, you may be denied the increased standard deduction.



Mississippi Non-Resident / Part-Year Resident Individual Income Tax Return 2021

Amended

Non-Resident Part-Year, Tax Year Beginning and Ending

Taxpayer First Name SNEHA	Initial	Last Name DARURI
Spouse First Name	Initial	Last Name
Mailing Address (Number and Street, Including Rural Route) 6949W 141ST TER Apt. 1207		
City Overland Par	State KS	Zip 66223
		County Code 90

SSN **112610869**
Spouse SSN

- 1 Married - Combined or Joint Return (\$12,000)
- 2 Married - Spouse Died in Tax Year (\$12,000)
- 3 Married - Filing Separate Returns (\$12,000)
- 4 Head of Family (\$8,000)
- 5 Single (\$6,000)

EXEMPTIONS

Dependents (in column B, enter "C" for child, "P" for parent or "R" for relative)

6 (A) Name	(B)	(C) Dependent SSN

7 Total number of dependents (from line 6 and Form 80-491)

8 Taxpayer Age 65 or Over Spouse Age 65 or Over
Taxpayer Blind Spouse Blind

9 Total dependents line 7 plus number of boxes checked line 8

10 Line 9 x **\$1,500** 10
11 Enter filing status exemption 11 **6000**
12 Total (line 10 plus line 11) 12 **6000**

PRORATION (COMPLETE PAGE 2 BEFORE PROCEEDING FURTHER)

13a Mississippi adjusted gross income 35038 b Adjusted gross income from all sources 111306 c Line 13a divided by line 13b 31.479	14a Standard or itemized deductions 2300 b Mississippi deductions (line 14a multiplied by line 13c) 724	15a Exemptions (from line 12; if married filing separate, use 1/2 amount) 6000 b Mississippi exemption (line 15a multiplied by line 13c) 1889
--	---	---

MISSISSIPPI INCOME TAX **Column A (Taxpayer)** **Column B (Spouse)**

16 Mississippi adjusted gross income (from page 2, line 66 or line 67)	16A	35038	16B	
17 Deductions (from line 14b; if itemized, attach Form 80-108)	17A	724	17B	
18 Exemptions (from line 15b)	18A	1889	18B	
19 Mississippi taxable income (line 16 minus line 17 and line 18)	19A	32425	19B	
20 Income tax due (from Schedule of Tax Computation, see instructions)			20	1351
21 Other credits (from Form 80-401, line 1)			21	0
22 Net income tax due (line 20 minus line 21)			22	1351
23 Consumer use tax (see instructions)			23	
24 Catastrophe savings tax (see instructions)			24	
25 Total Mississippi income tax due (line 22 plus line 23 and line 24)			25	1351
26 Mississippi income tax withheld (complete Form 80-107)			26	1374
27 Estimated tax payments, extension payments and/or amount paid on original return			27	
28 Refund received and/or amount carried forward from original return (amended return only)			28	
29 Total payments (line 26 plus line 27 minus line 28)			29	1374
(If no overpayment is due on line 30, skip to line 35)				
30 Overpayment (if line 29 is more than line 25, subtract line 25 from line 29)			30	23
31 Interest and penalty (from Form 80-320, line 11 and/or line 12)			31	
32 Adjusted overpayment (line 30 minus line 31)			32	23
33 Overpayment to be applied to next year estimated tax account	Farmers or Fishermen (see instructions)		33	0
34 Overpayment refund (line 32 minus line 33)		REFUND	34	23
<input checked="" type="checkbox"/> Direct Deposit Request (check box and go to page 3)				
35 Balance due (if line 25 is more than line 29, subtract line 29 from line 25)		BALANCE DUE	35	
36 Interest and penalty (from Form 80-320, line 19)			36	
37 Total due (line 35 plus line 36)		AMOUNT YOU OWE	37	

Installment Agreement Request
(see instructions for eligibility; attach Form 71-661)



Mississippi
Non-Resident / Part-Year Resident
Individual Income Tax Return
2021

SSN 112610869

INCOME	Total Income From All Sources		Mississippi Income ONLY	
38 Wages, salaries, tips, etc. (complete Form 80-107)	38	110955	38	35038
39 Business income (loss) (attach Federal Schedule C or C-EZ)	39		39	
40 Capital gain (loss) (attach Federal Schedule D, if applicable)	40	351	40	0
41 Rent, royalties, partnerships, S corporations, trusts, etc. (from Form 80-108, part IV)	41	0	41	0
42 Farm income (loss) (attach Federal Schedule F)	42		42	
43 Interest income (from Form 80-108, part II, line 3)	43		43	
44 Dividend income (from Form 80-108, part II, line 6)	44		44	
45 Alimony received	45		45	
46 Taxable pensions and annuities (complete Form 80-107)	46		46	
47 Unemployment compensation (complete Form 80-107)	47		47	
48 Other income (loss) (from Form 80-108, part V, line 10)	48		48	
49 Total income (add lines 38 through 48)	49	111306	49	35038

ADJUSTMENTS	Total Income From All Sources		Mississippi Income ONLY	
50 Payments to IRA	50		50	
51 Payments to self-employed SEP, SIMPLE and qualified retirement plans	51		51	
52 Interest penalty on early withdrawal of savings	52		52	
53 Alimony paid (complete below)	53		53	
Name	SSN	State	Date of Divorce	
54 Moving expense (attach Federal Form 3903)	54		54	
55 National Guard or Reserve pay (enter the lesser of amount or \$15,000)	55		55	
56 Mississippi Prepaid Affordable College Tuition (MPACT)	56		56	
57 Mississippi Affordable College Savings (MACS)	57		57	
58 Self-employed health insurance deduction	58		58	
59 Health savings account deduction	59		59	
60 Catastrophe savings account deduction	60		60	
61 Self-employment tax deduction	61		61	
62 First-time home buyer saving account deduction	62		62	
63 Agricultural disaster program compensation deduction	63		63	
64 Mississippi Achieving a Better Life Experience (ABLE) Act deduction	64		64	
65 Total adjustments (add lines 50 through 64)	65		65	
66 Adjusted gross income (line 49 minus line 65; enter total AGI on page 1, line 13b and Mississippi AGI line 13a)	66	111306	66	35038
67 Split Mississippi AGI on line 66 between taxpayer and spouse	T 67	35038	S 67	

AMENDED RETURN - EXPLANATION OF CHANGES TO ORIGINAL RETURN (attach additional statement if needed)



802052133163

Mississippi Non-Resident / Part-Year Resident Individual Income Tax Return 2021

SSN 112610869

DIRECT DEPOSIT INFORMATION

1 Overpayment refund (from page 1, line 34) 1 23

a Routing Number 1	Account Number 1	<input checked="" type="checkbox"/> Checking	Savings	Direct Deposit 1 Amount
101000187	145574605856			1a 23
b Routing Number 2	Account Number 2	Checking	Savings	Direct Deposit 2 Amount
				1b

SIGNATURE

This return may be discussed with the preparer Yes No

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

Taxpayer Signature	Date	Taxpayer Phone Number	Paid Preparer PTIN
		3235997842	P02082703
Spouse Signature	Date	Paid Preparer Phone Number	Paid Preparer Email Address
SYAM PRIYA RAM SAGAR GU	0309202	6789659522	SYAM@GTAXFILE.COM
Paid Preparer Signature	Date	Paid Preparer Address	City State Zip Code
		2530 Pebble Cr	Cumming GA 30041

Mail REFUND returns to: Department of Revenue, P.O. Box 23058, Jackson, MS 39225-3058
Mail all other returns to: Department of Revenue, P.O. Box 23050, Jackson, MS 39225-3050

Duplex and Photocopies NOT Acceptable



Mississippi Adjustments And Contributions 2021

Taxpayer Name

DARURI, SNEHA

SSN 112610869

PART I: SCHEDULE A - ITEMIZED DEDUCTIONS (ATTACH FEDERAL FORM 1040 SCHEDULE A)

In the event you filed using the standard deduction on your federal return and wish to itemize for Mississippi purposes, use Federal Form 1040 Schedule A as a worksheet and transfer the information from the specific lines indicated to this Schedule A.

1 Federal adjusted gross income from Federal Form 1040, line 11	1	101756		
2 a Medical and dental expenses	2a			
b Multiply line 1 by 7.5% (.075)	2b			
c Medical and dental expense deduction (line 2a minus line 2b)			2c	
3 a Total taxes paid	3a	4220		
b Less state income taxes (or other taxes in lieu of)	3b	4220		
c Total taxes paid deduction (line 3a minus line 3b)			3c	
4 Total interest paid			4	
5 Charitable contributions			5	300
6 Total casualty or theft loss (attach Federal Form 4684)			6	
7 a Other miscellaneous deductions	7a			
b Less Mississippi gambling losses	7b			
c Total other miscellaneous deductions (line 7a minus line 7b)			7c	
8 Mississippi itemized deductions (add lines 2c, 3c, 4, 5, 6, 7c); enter here and on Resident Form 80-105, page 1, line 14 or Non-Resident Form 80-205, page 1, line 14a			8	300

PART II: SCHEDULE B - INTEREST AND DIVIDEND INCOME (FROM FEDERAL FORM 1040, SCHEDULE B)

1 Interest income from all sources	1		0
2 Amount of Mississippi nontaxable interest in line 1	2		
3 Total Mississippi interest (line 1 minus line 2, enter here and on Form 80-105, line 42 or Form 80-205, line 43)	3		0
4 Total dividends from all sources	4		
5 Amount of Mississippi nontaxable distributions reported in line 4	5		
6 Total Mississippi dividends (line 4 minus line 5, enter here and on Form 80-105, line 43 or Form 80-205, line 44)	6		

PART III: VOLUNTARY CONTRIBUTION CHECK-OFFS (RESIDENTS ONLY)

You may elect to voluntarily contribute all or part (at least \$1) of your income tax refund to one or more of the funds listed below. Refer to the instruction booklet 80-100 (may be downloaded from our website at www.dor.ms.gov) for an explanation of the purpose of each of these funds and how the refund donations will be used.

Military Family Relief Fund
Burn Care Fund
Wildlife Heritage Fund
Educational Trust Fund

Wildlife Fisheries and Parks Foundation
Commission for Volunteer Service Fund

Enter total of check-offs here and on Form 80-105, page 1, line 32



Mississippi Adjustments And Contributions 2021

SSN 112610869

PART IV: INCOME (LOSS) FROM RENTS, ROYALTIES, PARTNERSHIPS, S CORPORATIONS, TRUSTS AND ESTATES

A INCOME (LOSS) FROM RENTAL REAL ESTATE AND ROYALTIES

1 Total rental real estate and royalty income (loss) (from Federal Schedule E, Part 1 and Part 5; attach Federal Schedule E)	A1	0
2 Add: depletion claimed in excess of cost basis	A2	
3 Rental real estate and royalty income (loss) for Mississippi purposes (line 1 plus line 2)	A3	0

B INCOME (LOSS) FROM PARTNERSHIPS, S CORPORATIONS, ESTATES AND TRUSTS

(ATTACH MISSISSIPPI K-1S AS APPLICABLE)

NAME OF ENTITY	FEIN (MUST INCLUDE FEIN)	INCOME (LOSS) MISSISSIPPI K-1S

Total for Section B

C Total of Section A and B (enter here and on Form 80-105, line 40 or Form 80-205, line 41) 0

PART V: SCHEDULE N - OTHER INCOME (LOSS) AND SUPPLEMENTAL INCOME

1 Net operating loss (enter from Form 80-155, line 2)	1	
2 First-time home buyer unqualified expenses	2	
3 Catastrophe savings taxable distribution	3	

List other types of income (loss) _____

4	4	
5	5	
6	6	
7	7	
8	8	
9	9	

10 Total Schedule N Other Income (Loss); enter here and on Form 80-105, page 2, line 47 or Form 80-205, page 2, line 48 10



Mississippi Income / Withholding Tax Schedule 2021

Primary Taxpayer Name (as shown on Forms 80-105, 80-205 and 81-110)
DARURI, SNEHA

THIS FORM MUST BE FILED EVEN IF YOU HAVE NO MISSISSIPPI WITHHOLDING

1	A - Statement Information	B - Income and Withholding	C - Employer or Payer Information
X	Check appropriate box W-2 W-2G 1099 K-1 If 1099-R, Code in Box 7 581760235 Employer or Payer ID from W-2, 1099, K-1 SNEHA DARURI Taxpayer Name 112610869 Taxpayer Social Security Number	MS 35038 State State Wages, Tips, Etc. 1374 Mississippi Withholding Only KS 35038 State Income from Other State	INFOSYS LIMITED Employer or payer name 2400 N GLENNVILLE DR C150 Address RICHARDSON TX 75082 City, State, ZIP

2	A - Statement Information	B - Income and Withholding	C - Employer or Payer Information
X	Check appropriate box W-2 W-2G 1099 K-1 If 1099-R, Code in Box 7 061454513 Employer or Payer ID from W-2, 1099, K-1 SNEHA DARURI Taxpayer Name 112610869 Taxpayer Social Security Number	MS 0 State State Wages, Tips, Etc. 0 Mississippi Withholding Only AZ 28955 State Income from Other State	DELOITTE CONSSULTING LLP4 Employer or payer name 4022 SELLS DRIVE Address HERMITAGE TN 37076 City, State, ZIP

3	A - Statement Information	B - Income and Withholding	C - Employer or Payer Information
X	Check appropriate box W-2 W-2G 1099 K-1 If 1099-R, Code in Box 7 813673584 Employer or Payer ID from W-2, 1099, K-1 SNEHA DARURI Taxpayer Name 112610869 Taxpayer Social Security Number	MS 0 State State Wages, Tips, Etc. 0 Mississippi Withholding Only TX 27300 State Income from Other State	WELKIN TECHNOLOGIES LLC Employer or payer name 4080 MC GINNIS FERRY RD Address ALPHARETTA GA 30005 City, State, ZIP

4	A - Statement Information	B - Income and Withholding	C - Employer or Payer Information
	Check appropriate box W-2 W-2G 1099 K-1 If 1099-R, Code in Box 7 Employer or Payer ID from W-2, 1099, K-1 Taxpayer Name Taxpayer Social Security Number	MS State State Wages, Tips, Etc. Mississippi Withholding Only State Income from Other State	Employer or payer name Address City, State, ZIP