

VERMONT
Individual Income Tax Declaration for Electronic Filing
(SEE INSTRUCTIONS IN THE VT FED/STATE E-FILE HANDBOOK)

For office use only
Date received

Part I Remember to write in your Social Security Number	Last Name MANNEPALLI	First Name and Initial SAI NIKHIL	Enter Social Security Number (SSN) 880 - 15 - 9302		
	Spouse's Last Name (if different and joint return)	First Name and Initial	Enter Spouse's SSN, if joint return - -		
	Current Mailing Address 4950 KEY LIME DR 107		E-mail Address NIKKIM.NIKHIL94@GMAIL.COM		
	City or Town JACKSONVILLE	State FL	Zip Code 32256	Telephone Number (480) 479-1236	

Part II Tax Return Information (whole dollars only)

1.	Federal Taxable Income	1.	41401
2.	Vermont Taxable Income	2.	30701
3.	Adjusted VT Income Tax	3.	1015
4.	Vermont Income Tax Withheld	4.	1496
5.	Vermont Earned Income Tax Credit	5.	0
6.	Refund credited to next years estimated tax	6.	0
7.	Refund credited to property tax bill	7.	0
8.	<input checked="" type="checkbox"/> Refund Amount (check applicable box)	8.	481
	<input type="checkbox"/> Amount Due		

→ DO NOT MAIL THIS FORM -- KEEP THIS FORM AND REQUIRED ATTACHMENTS ON FILE FOR 3 YEARS ←

Part III Form HS-122 For Vermont Residents Only (check box)

Check here if Property Tax Adjustment Claim filed

Part IV **Direct Deposit of Refund** **ACH Debit Payment** Amount \$ 481 Payment Date _____

Routing transit number (RTN) 1 2 2 1 0 0 0 2 4 The first two numbers of the RTN must be 01 through 12 or 21 through 32.

Depositor account number (DAN) 5 2 5 5 5 3 2 3 3 Type of account: Savings Checking

Part V Declaration of Taxpayer By signing below, you agree that:

- Under penalties of perjury, I declare the information I provided to my Electronic Return Originator (ERO) and the amounts shown in Part II agree with the amounts shown on the corresponding lines of my Vermont Personal Income tax return noted above, and is, to the best of my knowledge and belief, true, accurate and complete.
- If making an ACH Debit Payment, I authorize the Department to withdraw funds from my account in the amount and on the date specified.
- I consent to have the ERO forward my return, including this declaration and accompanying schedules and statements, to the Vermont Department of Taxes upon the Department's request.
- If the Vermont Department of Taxes does not receive full and timely payment of the amount due, I am liable for the tax and any applicable charges.

Please Sign Here

Your Signature	Date	Spouse's Signature (if joint return, BOTH must sign)	Date
----------------	------	--	------

Part VI Declaration of Electronic Return Originator (ERO) Only

As an ERO, I am not responsible for review of the taxpayer's return but declare this form accurately reflects the data on the return. The taxpayer(s) signed this form before I submitted the return. I will give the taxpayer a copy of all forms and information to be filed with Vermont.

Electronic Return Originator's Use Only	ERO's signature	Date 04112022	Check if: paid preparer <input checked="" type="checkbox"/> self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed) and address	EIN 301017196	Phone Number 6789659522
	GLOBAL TAXES LLC 2530 PEBBLE CREEK LN CUMMING GA 3004 E-mail address: SYAM@GTAXFILE.COM		

Part VII Declaration of Paid Preparer

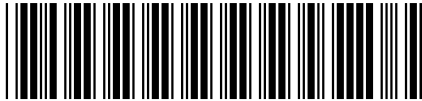
Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statement. To the best of my knowledge and belief, they are true, correct and complete. This declaration is based on all information of which I have knowledge.

Paid Preparer's Use Only	Preparer's signature	Date 04112022	Check if: self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed) and address	EIN 301017196	Phone Number 6789659522
	GLOBAL TAXES LLC 2530 PEBBLE CREEK LN CUMMING GA 3004 E-mail address: SYAM@GTAXFILE.COM		

2021 Form IN-111

Vermont Income Tax Return

DEPT
USE
ONLY



* 2 1 1 1 1 1 1 7 3 *

FILE YOUR RETURN
ELECTRONICALLY FOR A
FASTER REFUND. GO TO
TAX.VERMONT.GOV FOR
MORE INFORMATION.

Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name MANNEPALLI		First Name SAI NIKHIL		MI	Social Security Number 880159302	<input type="checkbox"/> Check if Deceased
Spouse's/CU Partner's Last Name		First Name		MI	Social Security Number	<input type="checkbox"/> Check if Deceased
Mailing Address (Number and Street/Road or PO Box) 4950 KEY LIME DR 107				911/Physical Street Address on 12/31/2021 4950 KEY LIME DR		
City JACKSONVILLE		State FL	ZIP Code or Foreign Postal Code 32256		Foreign Country	
Vermont School District Code 011	<input type="checkbox"/> Enter Healthcare Coverage Code (See instructions for code options)	Check all that apply		<input type="checkbox"/> AMENDED Return	<input type="checkbox"/> RECOMPUTED Return	<input type="checkbox"/> EXTENDED Return
Filing Status and Standard Deduction	<input checked="" type="checkbox"/> Single (\$6,350)	<input type="checkbox"/> Married/CU Filing Jointly (\$12,700)	<input type="checkbox"/> Married/CU Filing Separately (\$6,350)	<input type="checkbox"/> Head of Household (\$9,500)	<input type="checkbox"/> Qualifying Widow(er) (\$12,700)	

1. Federal Adjusted Gross Income (federal Form 1040, Line 11) 1. 41401.00

2. Net Modifications to Federal AGI (Schedule IN-112, Part I, Line 17) 2. 0.00

3. Federal AGI with Modifications (ADD Lines 1 and 2)..... 3. 41401.00

4. 2021 Vermont Standard Deduction from filing status section above. 4. 6350.00
Please see instructions if you or your spouse checked any standard deduction boxes on federal Form 1040, page 1.

5. Personal Exemptions:

5a. Enter "1" for yourself if no one can claim you as a dependent 5a. 1

5b. Enter "1" for your jointly filed spouse or CU partner if no one can claim them as a dependent or if you are a qualifying widow(er) 5b. 0

5c. Enter number of other dependents claimed on federal Form 1040. This includes any dependents other than yourself and/or your spouse. 5c. 0

5d. ADD Lines 5a through 5c..... 5d. 1

5e. MULTIPLY Line 5d by \$4,350 (2021 Personal Exemption)..... 5e. 4350.00

6. ADD Lines 4 and 5e 6. 10700.00

7. Vermont Taxable Income (SUBTRACT Line 6 from Line 3. If less than zero, enter -0-)..... 7. 30701.00

8. Vermont Income Tax from tax table or tax rate schedule 8. 1030.00
(If Line 1 is greater than \$150,000, see instructions)

9. Net Adjustment to Vermont Tax (Schedule IN-119, Part I, Line 16)..... 9. 0.00

10. Vermont Income Tax with Adjustment (ADD Lines 8 and 9. If less than zero, enter -0-) 10. 1030.00

11. Tax-Deductible Charitable Contribution (See instructions) <u>300.00</u>	12. Multiply Line 11 by 5% (0.05) <u>15.00</u>	13. Charitable Contribution Deduction (Enter the lesser of Line 12 or \$1,000) 13. <u>15.00</u>
---	--	---

14. Vermont Income Tax (Line 10 MINUS Line 13. If less than zero, enter -0-) 14. 1015.00

15. Income Adjustment (Schedule IN-113, Line 36, or 100.0000%)..... 15. 100.0000 %

16. Adjusted Vermont Income Tax (MULTIPLY Line 14 by Line 15)..... 16. 1015.00

Taxpayer's Last Name	Social Security Number
MANNEPALLI	880159302



Amount from Line 16 **1015.00**

Other State Credit (Schedule IN-117, Line 21) 17. 0.00 + **Vermont Tax Credits** (Schedule IN-119, Part II) 18. 0.00 = **Total Vermont Credits** (Add Lines 17 and 18) 19. 0.00

20. Vermont Income Tax after credits (**SUBTRACT Line 19 from Line 16.**
If Line 19 is greater than Line 16, enter -0-). 20. 1015.00

21. Use Tax for taxable items on which no sales tax was charged, including online purchases. (See instructions, worksheet, and chart). . . Check to certify no Use Tax is due. **OR** 21. 0.00

22. Total Vermont Taxes (**ADD Lines 20 and 21**) 22. 1015.00

Vermont Veterans Fund Green Up Vermont Nongame Wildlife Fund Children's Trust Fund **Total Contributions**

23a. 0.00 + 23b. 0.00 + 23c. 0.00 + 23d. 0.00 = 23e. 0.00

24. Total of Vermont Taxes and Voluntary Contributions (**ADD Lines 22 and 23e**) 24. 1015.00

25a. 2021 Vermont Tax Withheld from W-2, 1099 25a. 1496.00

25b. 2021 Estimated Tax payments, amount carried forward from 2020, and/or payment made with 2021 extension. 25b. 0.00

25c. Refundable Credits (Schedule IN-112, Part II, Line 11) 25c. 0.00

25d. 2021 Vermont Real Estate Withholding from Form RW-171 25d. 0.00

25e. 2021 Nonresident Estimated Tax payments (nonresident withholding) allocated on Schedule K-1VT, Line 5 25e. 0.00

25f. Total Payments and Credits (**ADD Lines 25a through 25e**) 25f. 1496.00

26. Overpayment. **If Line 24 is less than Line 25f, SUBTRACT Line 24 from Line 25f** 26. 481.00

27a. Refund to be credited to 2022 Estimated Tax Payment 27a. 0.00

27b. Refund to be credited to 2022 Property Tax Bill 27b. 0.00

28. REFUND AMOUNT (**SUBTRACT Lines 27a and 27b from Line 26**) 28. 481.00

29. **If Line 24 is more than Line 25f, subtract Line 25f from Line 24.**
See instructions on tax due 29. 0.00

30. **Interest and Penalty on Underpayment of Estimated Tax.** . 30. 0.00 31. **AMOUNT DUE** (ADD Lines 29 and 30) 31. 0.00
(Worksheet IN-152 or IN-152A)

For Amended Returns Only:	Original refund received <u>0.00</u>	Refund due now <u>0.00</u>	Original payment <u>0.00</u>	Amount due now <u>0.00</u>
----------------------------------	--------------------------------------	----------------------------	------------------------------	----------------------------

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. Preparers cannot use return information for purposes other than preparing returns.

Signature	Date (MM/DD/YYYY)	Date of Birth (MM/DD/YYYY)	Daytime Telephone Number
		05 / 06 / 1996	480-479-1236
Signature (If a joint return, BOTH must sign.)	Date (MM/DD/YYYY)	Date of Birth (MM/DD/YYYY)	Daytime Telephone Number
		/ /	
Paid Preparer's Signature	Date	Preparer's Telephone Number	
	04 / 11 / 2022	678-965-9522	
Firm's Name (or yours if self-employed) and address	Preparer's SSN or PTIN	FEIN	
GLOBAL TAXES LLC 2530 PEBBLE CREEK L	P02082703	301017196	

Check if the Department of Taxes may discuss this return with the preparer shown.
1555

Keep a copy for your records.