

2021 Ohio IT 1040

Individual Income Tax Return
Use only black ink/UPPERCASE letters.



AMENDED RETURN - Check here and include Ohio IT RE

NOL CARRYBACK - Check here and include Schedule IT NOL

	7						-,	271011 01.00			
	Primary taxpayer's SSN (requir 150 65 0871	ed) 🗸	If deceased	Sp	oouse's SSN (it	f filing joint	tly)	✓ If decease	ed	School district # 2503	
	First name HEMANTH VARMA			M.I.	Last name CHINTA	LAPAT	ΓI				
	Spouse's first name (if filing join	ntly)		M.I.	Last name						
	Address line 1 (number and street 8302 WESTOWN PA			102							
	Address line 2 (apartment num	ber, suite nur	mber, etc.)								
	City WEST DES MOINES	S				State IA	ZIP co		Ohio coun	nty (first four letters)	
	Foreign country (if the mailing a		tside the U.S.)				postal c		0010		
	Residency Status - Check Resident X Part-ye resident Check only one for spouse (if fine Resident Part-ye resident resident)	ear nt iling jointly) ear	Nonresident Indicate state Nonresident Indicate state	, ,	IA	× S	Single, he	_	old or qualit	ed on federal income tax fying widow(er) Spouse's SSN	return
	Ohio Nonresident State Primary meets the five crite					F	ederal e	extension filer	s - check he	re.	
	Spouse meets the five crite	eria for irrebut	table presumption	on as r	nonresident.	If someone can claim you (or your spouse if filing jointly) as a dependent, check here.					
paper clip.	Federal adjusted gross inc if negative							1.		40850	00
ō	2a. Additions – Ohio Schedule	of Adjustmen	ts, line 10 (incl	ude s	chedule)			2a.			00
stapl	2b. Deductions – Ohio Schedule	e of Adjustme	ents, line 39 (in	clude	schedule)			2b.			00
Do not staple	Ohio adjusted gross income if negative							3.		40850	00
	Exemption amount (include Number of exemptions include							4.		2150	00
	5. Ohio income tax base (line 3	3 minus line	4; if negative, e	nter ze	ero)			5.		38700	00
	6. Taxable business income –	Ohio Schedu	ıle IT BUS, line	13 (in	clude sched	ule)		6.			00
	7. Taxable nonbusiness incom	e (line 5 min	us line 6; if neg	ative,	enter zero)			7.		38700	00
	IIII NAA RAYAAAAA (AA 17)	K-KAYLINYSAKS	ieau kwaka paka	kiji Wela	irar nərəyadır.	V ≡ IIII					





REV 03/01/22 PRO

0098

2021 Ohio IT 1040

Individual Income Tax Return



SSN 150 65 0871

7a.Amount from line 7 on page 1	7a.	38700	00
8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables)	8a.	725	00
8b. Business income tax liability – Ohio Schedule IT BUS, line 14 (include schedule))8b.		00
8c. Income tax liability before credits (line 8a plus line 8b)	8c.	725	00
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 38 (include schedule	e)9.	275	00
10. Tax liability after nonrefundable credits (line 8c minus line 9; if negative, enter zero	o)10.	450	00
11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210)	11.		00
12. Unpaid use tax (see instructions)	12.		00
13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 1	1 and 12)13.	450	00
14. Ohio income tax withheld – Schedule of Ohio Withholding, part A, line 1 (include sincome statements)		570	00
15. Estimated and extension payments (from Ohio IT 1040ES and IT 40P), and credit from last year's return	•		00
16. Refundable credits – Ohio Schedule of Credits, line 44 (include schedule)	16.		00
17. <u>Amended return only</u> – amount previously paid with original and/or amended return	urn17.		00
18. Total Ohio tax payments (add lines 14, 15, 16 and 17)	18.	570	00
19. <u>Amended return only</u> – overpayment previously requested on original and/or ame	ended return19.		00
20. Line 18 minus line 19. Place a "-" in the box if negative		570	00
If line 20 is MORE THAN line 13, skip to line 24. OTHERWISE, continue 21. Tax due (line 13 minus line 20). If line 20 is negative, ignore the "-" and add line 20			00
22. Interest due on late payment of tax (see instructions)			00
23. TOTAL AMOUNT DUE (line 21 plus line 22). Include Ohio IT 40P (if original re			
(if amended return) and make check payable to "Ohio Treasurer of State"	AMOUNT DUE > 23.		00
24. Overpayment (line 20 minus line 13)	24.	120	00
25. <u>Original return only</u> – portion of line 24 carried forward to next year's tax liability 26. <u>Original return only</u> – portion of line 24 you wish to donate: a. Military Injury Relief b. Ohio History Fund c. Nature Preserves/			00
00 00 00			
d. Breast/Cervical Cancer e. Wishes for Sick Children f. Wildlife Species	Total 26g.		00
00 00 00			
27. REFUND (line 24 minus lines 25 and 26g)		120	00
Sign Here (required): I have read this return. Under penalties of perjury, I declare that, to the and belief, the return and all enclosures are true, correct and complete.		or less, no refund will be	

and belief, the return and all enclosures are true, correct and complete.

Phone number (937)993-5927 Primary signature

Check here to authorize your preparer to discuss this return with the Department.

Preparer's printed name <u>SYAM PRIYA RAM SAGAR GUP</u> Phone number <u>(678)965-9522</u>

Preparer's TIN (PTIN) P 02082703

If you owe \$1.00 or less, no payment is necessary.

NO Payment Included – Mail to: Ohio Department of Taxation P.O. Box 2679 Columbus, OH 43270-2679

Payment Included - Mail to: Ohio Department of Taxation P.O. Box 2057 Columbus, OH 43270-2057



2021 Schedule of Ohio Withholding

Use only black ink/UPPERCASE letters.



Primary taxpayer's SSN

150 65 0871

Sequence No. 11

List your and your spouse's (if filing jointly) W-2, 1099, and W-2G forms **only if they have Ohio withholding**. Enter "P" in the "P/S" box if the form is the primary taxpayer's and enter "S" if it is the spouse's. If the Ohio ID number on a statement has 9 digits, enter only the first 8 digits. Complete additional copies if necessary. **Place state copies of your income statements after the last page of your return.**

Part A - Total Withholding

Part B -	- W-2 <u>s</u>		
1. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
P	314316080	25350 00	2904 00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
	51148860	25350 00	570 00
0 0/0	B 4 5W	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
2. P/S	Box b - EIN	00	0 0
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00
3. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
	20x 10 2p.0/0. 0 00 12	00	00
4. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00
5. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Pay 15 Employer's Obje ID number	Poy 16. Ohio wagas ting ata	Box 17 - Ohio income tax
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	O O
		00	00
6. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00
7. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
1. F/3	DOV D - FIIA	00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00



2021 Schedule of Ohio Withholding Primary taxpayer's SSN

150 65 0871



21350298

Sequence No. 12

D1 0	4000 B-	150 65 0871		Sequence No.
	1099-Rs	Box 1 - Gross distribution		ocquence No.
1. P/S	Payer's TIN	0 0	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
		00		00
2. P/S	Payer's TIN	Box 1 - Gross distribution	Takal	D7
		00	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
		00		00
3. P/S	Payer's TIN	Box 1 - Gross distribution	Takal	D7
		00	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
		00		00
4. P/S	Payer's TIN	Box 1 - Gross distribution	Takal	Day 7
		00	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
		00		00
Part D -	W-2Gs			
1. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 -	Federal income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings		Box 15 - Ohio income tax withheld 0 0
2. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 -	Federal income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings		Box 15 - Ohio income tax withheld 0 0
3. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 -	Federal income tax withheld 0 0
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings		Box 15 - Ohio income tax withheld 0 0
Part E -	1099-NECs			
1. P/S	Payer's TIN	Box 1 - Nonemployee compensation 0 0	Box 4 -	Federal income tax withheld 0 0
	Box 6 - Payer's Ohio number	Box 7 - State income		Box 5 - Ohio tax withheld
	Box o Tayor o onio nambor	00		00
2. P/S	Payer's TIN	Box 1 - Nonemployee compensation 0 0	Box 4 -	Federal income tax withheld
	Box 6 - Payer's Ohio number	Box 7 - State income		Box 5 - Ohio tax withheld
		00		00



03 12 22

Department of Taxation

2021 Ohio Schedule of Credits

Use only black ink/UPPERCASE letters.

Primary taxpayer's SSN 150 65 0871



1280198 Seguer

Sequence No. 7

Nonrefundable Credits

1.	Tax liability before credits (from Ohio IT 1040, line 8c)	725	00
2.	Retirement income credit (see instructions for table; include 1099-R forms)		00
3.	Lump sum retirement credit (see instructions for worksheet; include a copy)		00
4.	Senior citizen credit (must be 65 or older to claim this credit)		00
5.	Lump sum distribution credit (see instructions for worksheet; include a copy)		00
6.	Child care & dependent care credit (see instructions for worksheet; include a copy)6.		00
7.	Displaced worker training credit (see instructions for all required documentation; include copies)7.		00
8.	Campaign contribution credit for Ohio statewide office or General Assembly	0	00
9.	Income-based exemption credit (\$20 times the number of exemptions)9.	0	00
10.	Total (add lines 2 through 9)	0	00
11.	Tax less credits (line 1 minus line 10; if negative, enter zero)	725	00
12.	Joint filing credit (see instructions for table). % times line 11, up to \$65012.	0	00
13.	Earned income credit		00
14.	Home school expenses credit		00
15.	Scholarship donation credit		00
16.	Nonchartered, nonpublic school tuition credit		00
17.	Ohio adoption credit		00
18.	Nonrefundable job retention credit (include a copy of the credit certificate)		00
19.	Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate) 19.		00
20.	Grape production credit		00
21.	InvestOhio credit (include a copy of the credit certificate)		00
22.	Lead abatement credit (include a copy of the credit certificate)		00
23.	Opportunity zone investment credit (include a copy of the credit certificate)		00
24.	Technology investment credit carryforward (include a copy of the credit certificate)24.		00
25.	Enterprise zone day care & training credits (include a copy of the credit certificate)		00
26.	Research & development credit (include a copy of the credit certificate)		00



0098

2021 Ohio Schedule of Credits

Primary taxpayer's SSN 150 65 0871



21280298

Sequence No. 8

27.	Nonrefundable Ohio historic preservation credit (include a copy of the credit certificate)27.		00
28.	Total (add lines 12 through 27)	0	00
29.	Tax less additional credits (line 11 minus line 28; if negative, enter zero)	725	00
Nonr	esident Credit		
Dates	s of Ohio residency 01 01 21 to 06 30 21 Other state of residency	IA	
30.	Nonresident Portion of Ohio adjusted gross income - Ohio IT NRC Section I, line 18 (include a copy)30. 15500 00		
31.	Ohio adjusted gross income (Ohio IT 1040, line 3)31. 40850 00		
32a.	Divide line 30 by line 31 (four decimals; do not round; if greater than 1, enter 1.0000)		
32.	Nonresident credit (line 29 times line 32a)	275	00
Resid	dent Credit		
33.	Portion of Ohio adjusted gross income taxed by another state or the District of Columbia while an Ohio resident - Ohio IT RC, line 1a (include a copy)		
34.	Ohio adjusted gross income (Ohio IT 1040, line 3)34.		
	Divide line 33 by line 34 (four decimals; do not round; if greater than 1, enter 1.0000)		
35.	Line 29 times line 35a		
36.	2021 income tax liability after credits paid to another state or the District of Columbia - Ohio IT RC, line 1b (include a copy)		
37.	Resident credit (enter the lesser of line 35 or line 36) Enter the two-letter state abbreviation in the boxes below for each state in which income was subject to tax		00
38.	Total nonrefundable credits (add lines 10, 28, 32 and 37; enter here and on Ohio IT 1040, line 9) 38.	275	00
	Refundable Credits		
39.	Refundable Ohio historic preservation credit (include a copy of the credit certificate)		00
40.	Refundable job creation credit & job retention credit (include a copy of the credit certificate)40.		00
41.	Pass-through entity credit (include a copy of the Ohio IT K-1s)		00
42.	Motion picture & Broadway theatrical production credit (include a copy of the credit certificate) 42.		00
43.	Venture capital credit (include a copy of the credit certificate)		00
44.	Total refundable credits (add lines 39 through 43; enter here and on Ohio IT 1040, line 16)		00

Form R	GOT:		- A CE			rs Fill in Dat	es
		UMBUS GROVE VILI OME TAX RETU		2021	Beginning Ending		
		ED BY EVERYONE REQUIRED	TO SUBMIT A DECL	ARATION	And File W	/ithin 4 Mont ding Date	ths
OCCUPATION OR PRINCIPAL	OF ESTIMATED TAX EVEN TI	IOOGII DEGLAKATION WAS A	ACCONATE AND FAI	D IN TOLL.	01 211	Ye	s No
BUSINESS ACTIVITY INDICATE SOLE PROPRIETOR	SHIP		ARE YOU A RESIDE	NT2			×
WHETHER			DID YOU FILE A RET				
ACCOUNT NUMBER	ACCOUNT TYPE	SSN	HAS INTERNAL REV	ENUE SERVICE	INCREASED YOUR		
		_50-65-0871 Spouse SSN	INCOME TAX LIABIL				
Date moved in		Spouse SSN	IF SO, HAS AN AME! BEEN FILED?				
Date moved out			YOUR LOCAL PHON		, ,	993-592	27
HEMANTH VARMA CHIN	ITALAPATI		This Space	For Tax Of	fice Use Only		
8302 WESTOWN PARKW	MAY, UNIT 9102						
WEST DES MOINES		TA 50266					
Your Name, Address and Social Securit On Our Records. Make Corrections Who Missing. Attach Copy of Federal Return Otherwise, Returns Will Be Questioned	y Number/Federal ID Number Are Printe ere Necessary. Add Social Security Num And Schedules in Lieu of Page 2 Sched if all lines Applicable to Taxpayer Are No	ed Above As They Appear nber/Federal ID Number If dules C, E, and H. ot Completed.					
	here Employed, And 2021 G		onuses, Commiss	sions, Tips,	Etc. Attach Co	py Of W-2 F	Form(s)
Employer's Name (Attach	n Copy of W-2 Form(s))	City Where En	nployed	City Tax	Withheld	Wages, E	tc
1a TOTALS (if	f above is fully taxable and ye	our only income, go next t	to Line 7)				
	COME: FROM PAGE 2						
3 TOTAL INC	COME (TOTAL OF LINES 1 A	ND 2 OR PER FEDERAL	RETURN ATTACI	HED)			
	T DEDUCTIBLE (FROM LINE	•					
AD ILIOT	T TAXABLE (FROM LINE L S	•					
MENTS TO	E BETWEEN LINES 4a and b TO BE		·	-			
	D NET INCOME (Line 3 plus o Line 5a Allocable (e x is used) step 5 Schedule Y				0
	OCABLE NET LOSS PER PRE		•	,			
	SUBJECT TO COLUMBUS GI		•	,			
TAX 7 COLUMBU	JS GROVE VILLAGE TA	AX RATE 1.250%					
	a Tax withheld by employer						
ALLOWADEL	b Payments and credits on 2	2022 Declaration of Estima					
CREDITS	c Earned income taxes paid City of		(Resident individuals only)				
		TOTAL CREDITS ALLOWA					
	E (Line 7 Less Line 8) Make				•		
10 OVERPAYMENT CLAIN Enter Amount of line 10	MED (If Line 8 Exceeds Line 7) You Want: Credited to you	, Enter Difference in Box a r 2022 Estimated Tax					
Littor / timodite of timo 10							
DECLARATION OF ESTIMAT	TED TAX FOR 2022		-		•		
11 Total Income Subject to	·						
	ne 11 - Line 12)				•		
	(Line 13 - Line 14)						
	nated Payment Due (1/4 of Lin						
	turn (Add Lines 9 and 16)						
I CERTIFY I HAVE EXAMINED THIS RI			FEDERAL INCOME TAX	PURPOSES.	DGE AND BELIEF	OHYB9901	09/27/16
SYAM PRIYA RAM SAG			URE OF TAXPAYER OF	R AGENT			DATE
GLOBAL TAXES LLC							
2530 PEBBLE CREEK		_					
CUMMING ADDRESS OR NAME AND ADDRESS	GA 3004		URE OF SPOUSE				DATE
If this return was prepared by a tax p				ion of this retur	n? YES [NO [





Iowa Individual Income Tax Declaration for an e-File Return

tax.iowa.gov

first name, middle initial, and las	st name <u>HEMANTH_VARM</u>	A CHINTALA	PATI	Spouse's fir	st name, ı	middle initial, and la	ast name _		
Social Security Number <u>150</u>	-65-0871			Spouse's S	ocial Secu	rity Number			
e address, City, State, ZIP <u>830</u>)2 WESTOWN PARI	KWAY, UN	IT 910	2 W1	EST DE	S MOINES I	A 5026	6	
Part I Tax Return Information						B. Spouse (filing status			A. You or Joint
1. Iowa Net Income (IA 1040					1	, -	•	1A	
2. Total Tax (IA 1040, line 4									
3. Iowa Income Tax Withhel									
4. Amount to be Refunded (.00
5. Total Amount Due (IA 104	40, line 73)								
Part II Declaration of Taxpayer									
	ct deposit or direct debit.		,						
7. I consent that my as an agent to rec	refund be directly deposi ceive the refund.	ited as design	ated below	. If I have file	ed a joint	return, this is an irr	evocable a	appointm	ent of the other spouse
to this account on electronic paymen authorization is to 515-281-3114 or i date. Note: This e	n account indicated below n nt of taxes to receive concernain in full force and idreft@iowa.gov. Paymer electronic withdrawal from bunt, contact your financia in:	(the payment of the payment of th	ent/settlem formation i otify IDR to requests ccount will	ent date). I a necessary to b terminate t must be rece be identified	also autho answer he authori eived no l with the <i>i</i>	rize the financial ir inquiries and reso zation. To revoke ater than five busir ACH Company ID	nstitution in plye issues (cancel) a ness days 44260045	nvolved is related payment prior to	n the processing of the to the payment. This t, I must contact IDR a the payment/settlemen I currently have a debi
Routing Number			The first t	wo digits m	ust be 01	through 12 or 21	1 through	32.	
Account Number			1 1 1						
	Savings	Checking							
Will this refund go to (or pa			اممال مما	Ctatas 2 Vas					
and statements for tax year en the amounts in Part I above are attachments, and statements by (ERO). In addition, by using stransmission of my tax return e is rejected, I authorize IDR to understand that if IDR does not consent that my refund be directed, or direct debit is delay understand that this declaration	the the amounts shown on the sent to the lowa Depa software to prepare and electronically. I authorize I identify the reasons for the receive full and timely pectly deposited as design yed, I authorize IDR to	the copy of martment of Revitransmit my riport to inform rejection so to payment of mated in Part II disclose to marting the control of the copy of the control of the copy of the c	ny electroniny electroniny electronic electr	c income tax) through the tronically, I c nd/or transmi turn can be ty I will rema ire that the ii d/or transmi	return. I on the consent to the consent to the consent to the corrected in liable for the return the return the return the consent the con	consent that my ref Revenue Service (o the disclosure to my electronic retur and re-transmitted or the tax liability an a shown in Part II is	turn, includ (IRS) by m IDR of all rn has bee d. If I have nd all appl s correct.	ding acco y Electro I informa n accepto ifiled a icable pe If the pro	impanying schedules, onic Return Originator tion pertaining to the ed. In the event that it balance due return, I enalties and interest. I cessing of my return,
Your Signature		Date		Spouse S	Signature	If a joint return, bot	h must sig	n.	Date
Part III Declaration of Electro I declare that I have reviewed only a collector, I am not resp taxpayer's signature before sulfollowed all other requirements 8453-IND should not be sent to later, to which the IA 8453-INE that I have examined the above are true, correct, and complete	the above taxpayer's ret ponsible for reviewing the ibmitting this return to the s described in the lowa No to IDR, but must be retain D relates was filed. I will be taxpayer's return and a	curn and that ever return and ever IRS. I have produced by the ER make a copy accompanying	entries on a only decla orovided th File (MeF) to for a pe available to schedules	form IA 8453 re that this fe taxpayer was information for three to IDR upon savailable to not available to not the savailable to not	orm accu vith a copy for e-File I years froi request. If ts, and sta	rately reflects the	data on the nformation on. I under the return are, under	to be file stand that or the fili penaltie	. I have obtained the ed with IDR and have at the original form IA ng date, whichever is s of perjury, I declare
ERO Signature		Date		Check if also paid preparer]	Check if self- employed □	ERO PT	IN	
Firm's name (or yours if GLO self-employed)	OBAL TAXES LLC						FEIN	30-10)17196
Address, City, State, ZIP ₂₅₃	30 PEBBLE CREE	K LN CUM	MING C	SA 30041	<u></u>		Phone Number	(678)	965-9522
Paid Preparer	IYA RAM SAGAR GUPTA TAI			3/12/202	Ch	eck if self- ployed □			202082703
Firm's name (or yours if	GLOBAL TAXES L	LC					FEIN)17196
self-employed)	2530 PEBBLE CR		TIMMTNO	4 GA 300)41		Phone		965-9522

2530 PEBBLE CREEK LN CUMMING GA 30041

Number (678)965-9522

tax.iowa.gov



Save time, file returns and pay online at tax.iowa.gov.

Instructions for Payment Vouchers

- 1. Complete using blue or black ink. Do not use gel pens or red ink on checks. **Do not staple.**
- 2. **SSN:** Enter the Social Security Number in the boxes provided below.
- 3. **Period ending:** Enter the date of the calendar or fiscal year end. Use MMDDYY format. MM: two-digit month. DD: two-digit day. YY: last two digits of the tax year. The period ending for December 31, 2021, would be entered as: 123121.
- 4. **Payment amount:** Enter dollars and cents. The two boxes separated to the right on the amount line are for cents. Do not enter any punctuation or symbols (for example ", or \$").
- 5. When paying by check, **make checks payable to** lowa Department of Revenue.
- 6. Mail your payment on or before the due date with this voucher to:

Iowa Department of Revenue PO Box 9187 Des Moines IA 50306-9187

Mail to:

PO Box 9187

Iowa Department of Revenue

Des Moines IA 50306-9187

	cu	t here									
owa Department of Revenue	INT	REV 02/19/22 PRO Individ	IA 1040V ridual Income Tax Payment Vouche								
200615065087121231216216 4											
		SSN:	1	5	0	6	5	0	8	7	1
Print name: CHINTALAPATI HEMANTH VARMA											
Address: 8302 WESTOWN PARKWAY, UNIT 910	2	Period ending:				1	2	3	1	2	1
City, state, ZIP: WEST DES MOINES IA 50266		Payment amount:					1	7	4	0	0
Phone: 937-993-5927											

Make checks payable to:

Iowa Department of Revenue. When you pay

Revenue to convert your check to a one-time

electronic banking transaction. 41-137 (09/10/2021)

by check, you authorize the Department of

			1040 Iowa Individual Income Tax Retui	n ,									
	-		spaces. You must fill in your Social Security Number (SSN).				NACINIA, MINA	NOORGANISADKI	PROMENTS:	<u>ውሳምንዊ ል</u> ክ	Su'Nort KS	ивельки	WA HIII
	st name:		Your first name/middle initial:				<u> </u>					<u> Menerol</u>	855 HIII
	N'I'ALı e's last na	_	PATI HEMANTH VARMA ne: Spouse's first name/middle initial:								WE SE	aaan	
Spouse	5 1d5l 11d	an	ie. Spouse's first flame/middle filidal.				(AB PS/ATTACK	COURCE FUNKS	(PXXIX	<u>vakaano</u> l	MAD MEN	XIXANZ	
830	2 WE	S	ddress (number and street, apartment, lot, or suite number) or PO Box: TOWN PARKWAY, UNIT 9102										
	tate, ZIP: Γ DE		MOINES IA 50266										
	se SSN:		Your SSN: 150-65-0871			-							
			tus: Mark one box only			-							
1 X			/ere you claimed as a dependent on another person's lowa return? Yes	No	X	Email Add	droce:						
2				NO				or your spouse w	ore 65 or 6	older as of 12/3	1/21		_
3		rried filing a joint return. (Two-income families may benefit by using status 3 or 4.) rried filing separately on this combined return. Spouse use column B.						<u> </u>		School Di		6022	
4			· · · · · · · · · · · · · · · · · · ·		A CON	Residenc	e on 12/31/2	21: County No. 2			STRICT INO.	3822	
5	+		iling separate returns. Spouse's name:	at an thi	▲ SSN:	- u th - w - u -		and CCN halaw	, in	Net Income: \$			
6	+		nousehold with qualifying person. If qualifying person is not claimed as a depende g widow(er) with dependent child. Name:	it on this	s return, end	er the pers	SON'S Hame a	and Son Delow.					
	Exempt					R Spour		atus 3 ONLY)			A. You o	ar loint	
•	•		edit: Col. A: Enter 1 (enter 2 if filing status 2 or 5); Col. B: Enter 1 if filing status 3		•	В. Орой	X \$ 40 =		•	1	X \$ 40		40
			each taxpayer who is 65 or older and/or 1 for each taxpayer who is blind		<u> </u>		X \$ 20 =	\$	— <u> </u> -		X \$ 20	<u> </u>	10
c. D	ependen	ıts:	: Enter 1 for each dependent		<u> </u>		X \$ 40 =	\$			X \$ 40) = \$	
d. E	nter first	na	ames of dependents here				e. Tota	\$			e. 1	Fotal \$	40
Step 4	Reporta	ıbl	le Social Security benefits as calculated on line 13 of Iowa Social Security W	orkshe	et	B. Spous	se/Status 3			A. You or	Joint ▲		
				В. :	Spouse/St	atus 3	A. `	You or Joint	B. Spo	 ouse/Status 3	3	A. Yo	ou or Joint
Step 5 Gross	1		Wages, salaries, tips, etc			.00		43,350.0					
Income	2		Taxable interest income. If more than \$1,500, complete Sch. B	2.		.00		.0	0				
_	3		Ordinary dividend income. If more than \$1,500, complete Sch. B \dots	3.		.00		.0	0				
	4	٠.	Taxable alimony received	4.		.00		.0	0				_
	5	i.	Business income/(loss). See instructions	5.		.00		.0	0		IOTE: U		
	6	i.	Capital gain/(loss). See instructions	6.		.00		.0	0		lue or bl nk, no pe		
	7		Other gains/(losses). See instructions	7		.00		.0	0		r red ink		
	8		Taxable IRA distributions	8.		.00		.0	0				
	9	١.	Taxable pensions and annuities	9.		.00		.0	0				
	10	١.	Rents, royalties, partnerships, estates, etc. See instructions	10.		.00		.0	0				
	11		Farm income/(loss). See instructions	11		.00		.0	0				
	12		Unemployment compensation. See instructions	_		.00		.0	0				
	13		Gambling winnings	_		.00		0.	0				
	14		Other income, bonus depreciation, and section 179 adjustment			.00		0	0			4.0	250
Step 6			Gross Income. Add lines 1-14.					15		00		43,	<u>35</u> 0 .00
Adjust-			Payments to an IRA, Keogh, or SEP			.00		0.	0				
ments Income)		Deductible part of self-employment tax.	_		.00		0					
	18		Health insurance premium	_		00		<u> </u>					
	19 20		Alimony paid	-		00		.0					
	21		Pension/retirement income exclusion	_		.00	_	.0					
	22		Moving expense deduction from federal form 3903	_		.00	- —	.0 0.					
	23		lows capital gain deduction. Must include corresponding IA 100	23.		00	_	0	U				
			schedule			.00	^	.0					
	24		-			.00		2,500.0	0				
	25		Total adjustments. Add lines 16-24 Net Income. Subtract line 25 from line 15					_		.00	. –	<u>2,</u>	500.00 850 _{.00}
Step 7	26									.00		40,	00.00
Federa Taxes	I 27 28		Federal income tax refund/overpayment received in 2021					.0					
and Qualific	20		Addition for federal taxes. Add lines 27 and 28	_		.00		0 29.	U	.00)		0.00
Deduc-	5u		Total. Add lines 26 and 29					_		,		40	
tions			Federal tax withheld in 2021, federal estimated tax payments made	31.				-		.00	' <u> </u>	40	<u>, 850</u> .00
			in 2021, and federal taxes paid in 2021 for 2020 and prior years	٥ı. —		.00		4,204	00				
	32		Qualified business income deduction. 50.0% (.50) of federal amount. See instructions	32.		.00	A	.(00				
	33	١.	DPAD 199A(g) deduction. 50.0% (.5) of federal amount	33.		.00	A		00				
	34		Total federal tax and other qualified deductions. Add lines 31, 32, and	33		<u>-</u>	·····	34.		.00) <u> </u>	4	, 204 .00
	35	·.	Balance. Subtract line 34 from line 30. Enter here and on line 36, page	e 2				35.		.00	_ 🔺	36	,646 .00





2021 Step 8	IA	1040, page 2 BALANCE. From side 1, line 35			e/Status 3 .00	A. You or Joint 36,646.00
Taxable ncome	37.	Deduction. Check one box ▲ Itemized.(Include IA Schedule A			.00 🛦	2,130.00
	38.	TAXABLE INCOME. SUBTRACT line 37 from line 36			.00 = _	34,516.00
Step 9	39.	Tax from tables or alternate tax		1,568.00		
Tax, Credits,	40.	Iowa lump-sum tax. See instructions				
and Check-	41.	lowa alternative minimum tax. Must include IA 6251	41.	.00		
off Contri-	42.	Total tax. ADD lines 39, 40, and 41			00	1,568.00
butions	43.	Total exemption credit amount(s) from Step 3, side 1		40.00		<u> </u>
	44.	Tuition and textbook credit for dependents K-12	44. 00 🛦	.00		
_	45.	Volunteer firefighter/EMS/reserve peace officer credit				
	46.	Total credits. ADD lines 43, 44, and 45		<u> </u>	.00	40.00
	47.	BALANCE. SUBTRACT line 46 from line 42. If less than zero	o, enter zero	47.	.00 🛦	1,528.00
	48.	Credit for nonresident or part-year resident. Must include IA	48.	.00 🔺	854.00	
	49.	BALANCE. SUBTRACT line 48 from 47. If less than zero, en	iter zero	49.	.00 ▲	674.00
	50.	Out-of-state tax credit. Must include IA 130		 50.	.00 ▲	.00
	51.	BALANCE. SUBTRACT line 50 from 49. If less than zero, en	iter zero	51.		674.00
	52.	Other nonrefundable lowa credits. Must include IA 148 Tax 0	Credits Schedule	 52.	.00 ▲	.00
	53.	BALANCE. SUBTRACT line 52 from line 51. If less than zero	o, enter zero	53.	.00 ▲	674.00
	54.	School district surtax or EMS surtax. Take percentage from t	table; multiply by line 53			0.00
	55.	Total state and local tax. ADD lines 53 and 54			.00 ▲	
	56.	TOTAL state and local tax before contributions. Combine col	lumns A and B on line 55 and enter here			674.00
	57.	Contributions will reduce your refund or add to the amount you	ou owe. Amounts must be in whole dolla	rs.	_	00
	Eigh	/Wildlife 57a: ▲ State Fair 57b: ▲ Firefighters/	/Veterans 57c: ▲ Child Abuse Prev	rantion 57d: A Enter he	ro	.00
						
Step 10	59.	Iowa Fuel Tax Credit. Must include IA 4136				071.00
Credits	60.	Check One: Child and Dependent Care Credit OR		00		_
	•	▲ Early Childhood Development Credit	6000 ▲	.00		
	61.					
	62.	Other refundable credits. Include IA 148 Tax Credits Schedu		.00		
	63.	lowa income tax withheld	-			
	64.	Estimated and voucher payments made for tax year 2021	6400 🛦	.00		
	65.	TOTAL. ADD lines 59 through 64 and enter here				
	66.	TOTAL CREDITS. ADD columns A and B on line 65 and ent			66.	500 .00
Step 11 Refund	67.	If line 66 is more than line 58, subtract line 58 from line 66. T	his is the amount you overpaid		67. 🔺 _	.00
	68.	Amount of line 67 to be REFUNDED.		REFUI	ND 68. 🔺 _	.00
	68	8a. Routing number:	68b.	Type Checking	Savings	
	61	8c. Account number:				_
Step 12		Amount of line 67 to be applied to your 2022 estimated tax		00		
Pay	70. 71.	•				<u>174</u> .00
	72.				71. ▲ _ 72.	.00.
	73.	· —	·		_	174.00
Stop 13	I. the	e undersigned, declare under penalties of perjury or false certif	ficate, that I have examined this return, a	and, to the best of my knowled	dge and belief. it	
Step 13		plete.	,	,	-g,	,,
SIGN						
HERE			A	SYAM PRIYA RAM SAG	GAR GUPTA TALLA	.03/12/2022
	Your	r signature Date	Check if deceased Date of death	Preparer's signature		Date
SIGN HERE			A	P02082703	30-	-1017196
	Spot	use's signature Date	Check if deceased Date of death	Preparer's PTIN		Firm's FEIN
		-	(937)993-5927		678)965-9	
			Daytime telephone number	Day	time telephone n	umber

This return is due May 2nd, 2022. Sign, enclose W-2s, and verify SSNs. MAILING ADDRESS: lowa Income Tax Document Processing, PO BOX 9187, Des Moines IA 50306-9187 Make check payable to Iowa Department of Revenue





tax.iowa.gov

Name(s):	HEMANTH VARMA CHINTALAPATI	Social Security Numb	oer:150	0-65-0871
Mark the	appropriate box for you and you	r spouse	B. Spouse	A. You or Joint
A nonresid	dent of lowa for all of 2021			
A part-yea	r resident of Iowa during 2021			$\boxtimes \blacktriangle$
	C	Date moved into lowa:		07/01/21
		Date moved out of lowa:		
A full-year	resident of lowa during 2021	Bate meved out or lowe.		
lowa-Sou	rce Income		B. Spouse	A. You or Joint
	es, salaries, tips, etc			
2. Taxa	ble interest income		2.	.00 .00
	ary dividend income			
	ble alimony received			
	ness income or (loss)			
	al gain or (loss)			
	r gains or (losses)			
	ble IRA distributions			
	ble pensions and annuities			
	s, royalties, partnerships, estates, o			
	income or (loss)			
	nployment compensation			
	bling winnings			
	r income, bonus depreciation, and			
	gross income. Add lines 1-14			
16. Payn	nents to an IRA, Keogh, or SEP	1	6.	.00 .00
	ctible part of self-employment tax.			
	h insurance premium			
	lty on early withdrawal of savings .			
	ony paid			
21.Pens	ion/retirement income exclusion	2	1.	.00 .00
	ng expense deduction into lowa o			.0000
23. lowa	capital gain deduction	2	3.	.0000
	r adjustments			.000.00
25. Total	adjustments. Add lines 16-24	2	5.	.00.0
26. lowa	net income. Subtract line 25 from	ine 152	6.	$.00 \underline{18,000}.00$
27. All-so	ource net income from IA 1040, line	262	7.	.00 40,850.00
28. lowa	income percentage: Divide line 26	by line 27 and enter		
	entage rounded to nearest tenth of			
no m	ore than 100.0% and no less than	0.0%2	8	_ %44.1_%
	esident/part-year resident credit pe			
Subti	act the percentage on line 28 from	100.0%2	9	_ % _{55.9} %
	tax on total income from IA 1040,			
	credits from IA 1040, line 46			
	after credits. Subtract line 31 from l		2	.001,528.00
	esident/part-year resident credit. N			
perce	entage on line 29. Enter this amour	nt on IA 1040, line 483	3.	.00 854.00





Form IA 1040 Line 24

Other Adjustments Statement Attach to return

2021 Statement ADJ

Name Social Security No. 150-65-0871

		Spouse/Status 3	You or Joint
	Accrual method		
b	Active duty military pay included in line 15 Gross Income		
	(see detailed IA 1040 instructions online)		
	Alternative motor vehicle deduction		
a	Capital gains from installment sales reported on the 2001 lowa		
_	return using the accrual method		
е	Capital or ordinary gain from involuntary conversion related to eminent domain		
f	Claim of right deduction may be taken on line 24, or you can		_
•	calculate the tax reduction as a credit claimed on line 62, but		
	not both		
а	College Savings Iowa or Iowa Advisor 529 Plan contributions,		_
9	up to \$3,474 per beneficiary		
h	Disability income exclusion - Include Form IA 2440.		
i	RESERVED FOR FUTURE USE		
j	First-time homebuyer savings account qualifying contributions		
	up to \$2,097 per account holder. For joint account holders		
	filing married filing jointly you may claim up to \$4,195		
	Employer social security credit from federal return		
I	Federal alcohol and cellulosic biofuel fuels credit from		
m	federal return		
1111	deduction from federal return		
n	Gains or losses from distressed sale transactions		
	Health savings account deduction from federal form 1040,		-
•	Schedule 1, line 13		
р	Injured veterans program, contributions to (do not put on IA Sch. A)		
	Injured veterans program, (only grants from)		
r	In-home health care		
S	Iowa Veterans Trust Fund		
t	Military exemptions, not already excluded (see detailed		
	IA 1040 instructions online)		
u	Net operating loss, lowa		
V	Partnership income and/or S corporation income: Modifications		-
vv	that decreased the income		
x	Segal Americorps Education Award Payments		-
	Speculative shell buildings		
	Student loan interest deduction from federal 1040,		
	Schedule 1, line 21		2,500.
	Victim compensation awards		
bb	Wages paid certain individuals		
	Work Opportunity Credit from federal return		
uc	Other federal adjustments prior to calculation of federal 1040 line 8b (federal adjusted gross income) not already taken on		
	IA 1040:		
	1 Jury duty pay given to employer		
	2 Other:		-
	Educator expenses		
	RESERVED FOR FUTURE USE		
95	Response Work Reciprocity (see detailed IA 1040 instructions		
	online)		
hh	Rapid Response to State Disasters		
	Iowa ABLE savings plan trust, up to \$3,474 per beneficiary	-	
	RESERVED FOR FUTURE USE		-
kk	Federal, state or local grant to communications service provider .		
Ш	Any qualifying COVID-19 grant identifed in Iowa Admin Code		
	701-40.86 to the extent included on Schedule C, line 1		
mm	Non-taxable legislative per diem included in wages		2 500
	Totals		2,500.