



03 12 22

AMENDED RETURN - Check here and include Ohio IT RE.

NOL CARRYBACK - Check here and include Schedule IT NOL.

Primary taxpayer's SSN (required) 150 65 0871

✓ If deceased

Spouse's SSN (if filing jointly)

✓ If deceased

School district # 2503

First name HEMANTH VARMA

M.I. Last name CHINTALAPATI

Spouse's first name (if filing jointly)

M.I. Last name

Address line 1 (number and street) or P.O. Box 8302 WESTOWN PARKWAY, UNIT 9102

Address line 2 (apartment number, suite number, etc.)

City WEST DES MOINES

State ZIP code IA 50266

Ohio county (first four letters) COLU

Foreign country (if the mailing address is outside the U.S.)

Foreign postal code

Residency Status - Check only one for primary Resident [X] Part-year resident Nonresident IA

Check only one for spouse (if filing jointly) Resident Part-year resident Nonresident

Filing Status - Check one (as reported on federal income tax return) [X] Single, head of household or qualifying widow(er)

Married filing jointly Spouse's SSN Married filing separately

Ohio Nonresident Statement - See instructions for required criteria Primary meets the five criteria for irrefutable presumption as nonresident. Spouse meets the five criteria for irrefutable presumption as nonresident.

Federal extension filers - check here.

If someone can claim you (or your spouse if filing jointly) as a dependent, check here.

Do not staple or paper clip.

Table with 3 columns: Line number, Description, and Amount. Includes Federal adjusted gross income, Additions, Deductions, Exemption amount, Ohio income tax base, Taxable business income, and Taxable nonbusiness income.



MM-DD-YY Code

2021 Ohio IT 1040 Individual Income Tax Return



SSN 150 65 0871

Table with 2 columns: Description and Amount. Rows include 7a. Amount from line 7 on page 1, 8a. Nonbusiness income tax liability, 8b. Business income tax liability, 8c. Income tax liability before credits, 9. Ohio nonrefundable credits, 10. Tax liability after nonrefundable credits, 11. Interest penalty on underpayment of estimated tax, 12. Unpaid use tax, 13. Total Ohio tax liability, 14. Ohio income tax withheld, 15. Estimated and extension payments, 16. Refundable credits, 17. Amended return only, 18. Total Ohio tax payments, 19. Amended return only, 20. Line 18 minus line 19, 21. Tax due, 22. Interest due on late payment of tax, 23. TOTAL AMOUNT DUE, 24. Overpayment, 25. Original return only, 26. Original return only (donations), 27. REFUND.

Sign Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the return and all enclosures are true, correct and complete.

Primary signature _____ Phone number (937) 993-5927

Spouse's signature _____ Date _____

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

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

Preparer's TIN (PTIN) P 02082703

If your refund is \$1.00 or less, no refund will be issued. 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



21350198

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

1. Total of all Ohio state tax withheld on pages 1 and 2 as well as any additional pages. Enter here
and on line 14 of your Ohio IT 10401. 570 00

Part B - W-2s

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
2. 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
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
		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
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		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
		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

Part C - 1099-Rs

1. P/S Payer's TIN

Box 1 - Gross distribution
00

Total distribution

Box 7 - Distribution code

Box 15 - Payer's Ohio number

Box 4 - Federal income tax withheld
00

Box 14 - Ohio tax withheld
00

2. P/S Payer's TIN

Box 1 - Gross distribution
00

Total distribution

Box 7 - Distribution code

Box 15 - Payer's Ohio number

Box 4 - Federal income tax withheld
00

Box 14 - Ohio tax withheld
00

3. P/S Payer's TIN

Box 1 - Gross distribution
00

Total distribution

Box 7 - Distribution code

Box 15 - Payer's Ohio number

Box 4 - Federal income tax withheld
00

Box 14 - Ohio tax withheld
00

4. P/S Payer's TIN

Box 1 - Gross distribution
00

Total distribution

Box 7 - Distribution code

Box 15 - Payer's Ohio number

Box 4 - Federal income tax withheld
00

Box 14 - Ohio tax withheld
00

Part D - W-2Gs

1. P/S Payer's federal ID number

Box 1 - Reportable winnings
00

Box 4 - Federal income tax withheld
00

Box 13 - Ohio state ID number

Box 14 - Ohio state winnings
00

Box 15 - Ohio income tax withheld
00

2. P/S Payer's federal ID number

Box 1 - Reportable winnings
00

Box 4 - Federal income tax withheld
00

Box 13 - Ohio state ID number

Box 14 - Ohio state winnings
00

Box 15 - Ohio income tax withheld
00

3. P/S Payer's federal ID number

Box 1 - Reportable winnings
00

Box 4 - Federal income tax withheld
00

Box 13 - Ohio state ID number

Box 14 - Ohio state winnings
00

Box 15 - Ohio income tax withheld
00

Part E - 1099-NECs

1. P/S Payer's TIN

Box 1 - Nonemployee compensation
00

Box 4 - Federal income tax withheld
00

Box 6 - Payer's Ohio number

Box 7 - State income
00

Box 5 - Ohio tax withheld
00

2. P/S Payer's TIN

Box 1 - Nonemployee compensation
00

Box 4 - Federal income tax withheld
00

Box 6 - Payer's Ohio number

Box 7 - State income
00

Box 5 - Ohio tax withheld
00



2021 Ohio Schedule of Credits

Use only black ink/UPPERCASE letters.

Primary taxpayer's SSN

150 65 0871



21280198

Sequence No. 7

03 12 22

Nonrefundable Credits

Table with 3 columns: Line number, Description of credit, and Amount. Includes items like 'Tax liability before credits', 'Retirement income credit', 'Total (add lines 2 through 9)', and 'Tax less credits'.



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)	28.	0 00
29. Tax less additional credits (line 11 minus line 28; if negative, enter zero).....	29.	725 00

Nonresident Credit

Dates 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)	32a.	0.3794
32. Nonresident credit (line 29 times line 32a)	32.	275 00

Resident 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)	33.	00
34. Ohio adjusted gross income (Ohio IT 1040, line 3).....	34.	00
35a. Divide line 33 by line 34 (four decimals; do not round; if greater than 1, enter 1.0000).....	35a.	
35. Line 29 times line 35a	35.	00
36. 2021 income tax liability after credits paid to another state or the District of Columbia - Ohio IT RC, line 1b (include a copy)	36.	00
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	37.	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).....	39.	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).....	41.	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)	43.	00
44. Total refundable credits (add lines 39 through 43; enter here and on Ohio IT 1040, line 16).....	44.	00

Form R
File by

2021

COLUMBUS GROVE VILLAGE
INCOME TAX RETURN

2021

THIS RETURN MUST BE FILED BY EVERYONE REQUIRED TO SUBMIT A DECLARATION OF ESTIMATED TAX EVEN THOUGH DECLARATION WAS ACCURATE AND PAID IN FULL.

Fiscal Years Fill in Dates
Beginning
Ending
And File Within 4 Months of Ending Date

OCCUPATION OR PRINCIPAL BUSINESS ACTIVITY . . .

INDICATE WHETHER SOLE PROPRIETORSHIP EMPLOYEE OTHER

ACCOUNT NUMBER ACCOUNT TYPE SSN
150-65-0871

Date moved in
Date moved out
Spouse SSN

HEMANTH VARMA CHINTALAPATI

8302 WESTOWN PARKWAY, UNIT 9102
WEST DES MOINES IA 50266

Your Name, Address and Social Security Number/Federal ID Number Are Printed Above As They Appear On Our Records. Make Corrections Where Necessary. Add Social Security Number/Federal ID Number If Missing. Attach Copy of Federal Return And Schedules in Lieu of Page 2 Schedules C, E, and H. Otherwise, Returns Will Be Questioned if all lines Applicable to Taxpayer Are Not Completed.

Table with 2 columns: Yes, No. Rows include: ARE YOU A RESIDENT?, DID YOU FILE A RETURN FOR 2019?, HAS INTERNAL REVENUE SERVICE INCREASED YOUR INCOME TAX LIABILITY FOR ANY PRIOR YEAR?, IF SO, HAS AN AMENDED INCOME TAX RETURN BEEN FILED?, YOUR LOCAL PHONE NUMBER.

This Space For Tax Office Use Only

Enter Employer's Name, Where Employed, And 2021 Gross Wages, Salaries, Bonuses, Commissions, Tips, Etc. Attach Copy Of W-2 Form(s)

Table with 4 columns: Employer's Name (Attach Copy of W-2 Form(s)), City Where Employed, City Tax Withheld, Wages, Etc.

INCOME: 1a TOTALS (if above is fully taxable and your only income, go next to Line 7)
2 OTHER INCOME: FROM PAGE 2
3 TOTAL INCOME (TOTAL OF LINES 1 AND 2 OR PER FEDERAL RETURN ATTACHED)
ADJUSTMENTS TO INCOME: 4a ITEMS NOT DEDUCTIBLE (FROM LINE G SCHEDULE X) ADD
b ITEMS NOT TAXABLE (FROM LINE L SCHEDULE X) DEDUCT
c DIFFERENCE BETWEEN LINES 4a and b TO BE ADDED TO OR SUBTRACTED FROM LINE 3. (+ OR -)
5a ADJUSTED NET INCOME (Line 3 plus or minus Line 4c if Schedule X is used) 0
b Amount of Line 5a Allocable (% from step 5 Schedule Y)
c LESS ALLOCABLE NET LOSS PER PREVIOUS INCOME TAX RETURNS (Submit Schedule)
TAX: 6 AMOUNT SUBJECT TO COLUMBUS GROVE VILLAGE INCOME TAX (Line 5a OR 5b LESS LINE 5c)
7 COLUMBUS GROVE VILLAGE TAX RATE 1.250%
ALLOWABLE CREDITS: 8 CREDITS: a Tax withheld by employer(s) as shown on line 1a above
b Payments and credits on 2022 Declaration of Estimated Tax
c Earned income (Resident individuals only) taxes paid City of
9 BALANCE OF TAX DUE (Line 7 Less Line 8) Make Remittance Payable to City and Attach When Filing
10 OVERPAYMENT CLAIMED (If Line 8 Exceeds Line 7, Enter Difference in Box at Right)
Enter Amount of line 10 You Want: Credited to your 2022 Estimated Tax . . \$
Refunded \$

DECLARATION OF ESTIMATED TAX FOR 2022

Table with 2 columns: Description, Amount. Rows include: 11 Total Income Subject to Tax \$ x % \$, 12 Estimated Tax Withheld \$, 13 Total Estimated Tax (Line 11 - Line 12) \$, 14 Credit From Line 10 \$, 15 Net Estimated Tax Due (Line 13 - Line 14) \$, 16 First Quarter 2022 Estimated Payment Due (1/4 of Line 15) \$, 17 Total Due With This Return (Add Lines 9 and 16) \$

I CERTIFY I HAVE EXAMINED THIS RETURN INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE AND THAT THE FIGURES USED HEREIN ARE THE SAME AS FOR FEDERAL INCOME TAX PURPOSES. OHYB9901 09/27/16

SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/12/2022
SIGNATURE OF PERSON PREPARING IF OTHER THAN TAXPAYER DATE

SIGNATURE OF TAXPAYER OR AGENT DATE

GLOBAL TAXES LLC
2530 PEBBLE CREEK LN
CUMMING GA 30041
ADDRESS OR NAME AND ADDRESS OF FIRM OR EMPLOYER

SIGNATURE OF SPOUSE DATE

If this return was prepared by a tax practitioner, may we contact your practitioner directly with questions regarding the preparation of this return? YES NO

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** Iowa 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

cut here

Iowa Department of Revenue

INT REV 02/19/22 PRO

IA 1040V

Individual Income Tax Payment Voucher

200615065087121231216216 4

Print name: CHINTALAPATI HEMANTH VARMA
(Last, first MI)

Address: 8302 WESTOWN PARKWAY, UNIT 9102

City, state, ZIP: WEST DES MOINES IA 50266

Phone: 937-993-5927

SSN:

1	5	0	6	5	0	8	7	1
---	---	---	---	---	---	---	---	---

Period ending:

1	2	3	1	2	1
---	---	---	---	---	---

Payment amount:

				1	7	4	0	0
--	--	--	--	---	---	---	---	---

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

Make checks payable to:
Iowa Department of Revenue. When you pay by check, you authorize the Department of Revenue to convert your check to a one-time electronic banking transaction. 41-137 (09/10/2021)



2021 IA 1040 Iowa Individual Income Tax Return

For fiscal year beginning _____ / _____ / _____ and ending _____ / _____ / _____

Step 1: Fill in all spaces. You must fill in your Social Security Number (SSN).

Your last name: CHINTALAPATI Your first name/middle initial: HEMANTH VARMA

Spouse's last name: _____ Spouse's first name/middle initial: _____



Current mailing address (number and street, apartment, lot, or suite number) or PO Box:
8302 WESTOWN PARKWAY, UNIT 9102

City, State, ZIP:
WEST DES MOINES IA 50266

Spouse SSN: _____ Your SSN: 150-65-0871

Step 2 Filing Status: Mark one box only

1	<input checked="" type="checkbox"/> Single: Were you claimed as a dependent on another person's Iowa return? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Email Address: _____
2	Married filing a joint return. (Two-income families may benefit by using status 3 or 4.)	Check this box if you or your spouse were 65 or older as of 12/31/21. <input type="checkbox"/>
3	Married filing separately on this combined return. Spouse use column B.	Residence on 12/31/21: County No. <u>25</u> School District No. <u>6822</u>
4	Married filing separate returns. Spouse's name: _____ ▲ SSN: _____ Net Income: \$ _____	
5	Head of household with qualifying person. If qualifying person is not claimed as a dependent on this return, enter the person's name and SSN below.	
6	Qualifying widow(er) with dependent child. Name: _____ SSN: _____	

Step 3 Exemptions

	B. Spouse (Filing Status 3 ONLY)	A. You or Joint
a. Personal Credit: Col. A: Enter 1 (enter 2 if filing status 2 or 5); Col. B: Enter 1 if filing status 3..... ▲	X \$ 40 = \$ _____ ▲ <u>1</u>	X \$ 40 = \$ <u>40</u>
b. Enter 1 for each taxpayer who is 65 or older and/or 1 for each taxpayer who is blind..... ▲	X \$ 20 = \$ _____ ▲	X \$ 20 = \$ _____
c. Dependents: Enter 1 for each dependent..... ▲	X \$ 40 = \$ _____ ▲	X \$ 40 = \$ _____
d. Enter first names of dependents here _____	e. Total \$ _____	e. Total \$ <u>40</u>

Step 4 Reportable Social Security benefits as calculated on line 13 of Iowa Social Security Worksheet

	B. Spouse/Status 3 ▲	A. You or Joint ▲
	<u> </u>	<u> </u>

Step 5 Gross Income		B. Spouse/Status 3	A. You or Joint	B. Spouse/Status 3	A. You or Joint
1. Wages, salaries, tips, etc	1.	0.00	<u>43,350.00</u>		
2. Taxable interest income. If more than \$1,500, complete Sch. B.....	2.	0.00	0.00		
3. Ordinary dividend income. If more than \$1,500, complete Sch. B....	3.	0.00	0.00		
4. Taxable alimony received.....	4.	0.00	0.00		
5. Business income/(loss). See instructions	5.	0.00	0.00		
6. Capital gain/(loss). See instructions	6.	0.00	0.00		
7. Other gains/(losses). See instructions.....	7.	0.00	0.00		
8. Taxable IRA distributions	8.	0.00	0.00		
9. Taxable pensions and annuities.....	9.	0.00	0.00		
10. Rents, royalties, partnerships, estates, etc. See instructions.....	10.	0.00	0.00		
11. Farm income/(loss). See instructions	11.	0.00	0.00		
12. Unemployment compensation. See instructions.....	12.	0.00	0.00		
13. Gambling winnings.....	13.	0.00	0.00		
14. Other income, bonus depreciation, and section 179 adjustment	14.	0.00	0.00		
15. Gross Income. Add lines 1-14.....	15.	0.00 ▲	<u>43,350.00</u>		

NOTE: Use only blue or black ink, no pencils or red ink.

Step 6 Adjustments to Income		B. Spouse/Status 3	A. You or Joint	B. Spouse/Status 3	A. You or Joint
16. Payments to an IRA, Keogh, or SEP.....	16.	0.00	0.00		
17. Deductible part of self-employment tax.....	17.	0.00	0.00		
18. Health insurance premium	18.	0.00	<u>0.00</u>		
19. Penalty on early withdrawal of savings.....	19.	0.00	0.00		
20. Alimony paid	20.	0.00	0.00		
21. Pension/retirement income exclusion.....	21.	0.00 ▲	0.00		
22. Moving expense deduction from federal form 3903.....	22.	0.00	0.00		
23. Iowa capital gain deduction. Must include corresponding IA 100 schedule	23.	0.00 ▲	0.00		
24. Other adjustments..... <u>STMT ADJ</u>	24.	0.00	<u>2,500.00</u>		
25. Total adjustments. Add lines 16-24	25.	0.00 ▲	<u>2,500.00</u>		
26. Net Income. Subtract line 25 from line 15	26.	0.00 ▲	<u>40,850.00</u>		

Step 7 Federal Taxes and Qualified Deductions		B. Spouse/Status 3	A. You or Joint	B. Spouse/Status 3	A. You or Joint
27. Federal income tax refund/overpayment received in 2021	27.	0.00 ▲	0.00		
28. Self-employment/household employment/other federal taxes	28.	0.00 ▲	0.00		
29. Addition for federal taxes. Add lines 27 and 28	29.	0.00	<u>0.00</u>		
30. Total. Add lines 26 and 29.....	30.	0.00	<u>40,850.00</u>		
31. Federal tax withheld in 2021, federal estimated tax payments made in 2021, and federal taxes paid in 2020 and prior years	31.	0.00 ▲	<u>4,204.00</u>		
32. Qualified business income deduction. 50.0% (.50) of federal amount. See instructions.....	32.	0.00 ▲	0.00		
33. DPAD 199A(g) deduction. 50.0% (.5) of federal amount	33.	0.00 ▲	0.00		
34. Total federal tax and other qualified deductions. Add lines 31, 32, and 33.....	34.	0.00	<u>4,204.00</u>		
35. Balance. Subtract line 34 from line 30. Enter here and on line 36, page 2	35.	0.00 ▲	<u>36,646.00</u>		



2021 IA 1040, page 2

			B. Spouse/Status 3	A. You or Joint		B. Spouse/Status 3	A. You or Joint
Step 8 Taxable Income	36. BALANCE. From side 1, line 35.....				36.	00	36,646.00
	37. Deduction. Check one box <input checked="" type="checkbox"/> Itemized.(Include IA Schedule A) <input type="checkbox"/> Standard <input checked="" type="checkbox"/>				37.	00	2,130.00
	38. TAXABLE INCOME. SUBTRACT line 37 from line 36.....				38.	00	34,516.00
Step 9 Tax, Credits, and Check-off Contributions	39. Tax from tables or alternate tax.....	39.	00	▲	1,568.00		
	40. Iowa lump-sum tax. See instructions.....	40.	00	▲	0.00		
	41. Iowa alternative minimum tax. Must include IA 6251.....	41.	00	▲	0.00		
	42. Total tax. ADD lines 39, 40, and 41.....	42.	00			00	1,568.00
	43. Total exemption credit amount(s) from Step 3, side 1.....	43.	00		40.00		
	44. Tuition and textbook credit for dependents K-12.....	44.	00	▲	0.00		
	45. Volunteer firefighter/EMS/reserve peace officer credit.....	45.	00	▲	0.00		
	46. Total credits. ADD lines 43, 44, and 45.....	46.	00			00	40.00
	47. BALANCE. SUBTRACT line 46 from line 42. If less than zero, enter zero.....	47.	00	▲			1,528.00
	48. Credit for nonresident or part-year resident. Must include IA 126 and federal return.....	48.	00	▲			854.00
	49. BALANCE. SUBTRACT line 48 from line 47. If less than zero, enter zero.....	49.	00	▲			674.00
	50. Out-of-state tax credit. Must include IA 130.....	50.	00	▲			0.00
	51. BALANCE. SUBTRACT line 50 from line 49. If less than zero, enter zero.....	51.	00	▲			674.00
	52. Other nonrefundable Iowa credits. Must include IA 148 Tax Credits Schedule.....	52.	00	▲			0.00
	53. BALANCE. SUBTRACT line 52 from line 51. If less than zero, enter zero.....	53.	00	▲			674.00
	54. School district surtax or EMS surtax. Take percentage from table; multiply by line 53.....	54.	00	▲			0.00
	55. Total state and local tax. ADD lines 53 and 54.....	55.	00	▲			674.00
	56. TOTAL state and local tax before contributions. Combine columns A and B on line 55 and enter here.....	56.					674.00
	57. Contributions will reduce your refund or add to the amount you owe. Amounts must be in whole dollars.						
	Fish/Wildlife 57a: <input type="checkbox"/> State Fair 57b: <input type="checkbox"/> Firefighters/Veterans 57c: <input type="checkbox"/> Child Abuse Prevention 57d: <input type="checkbox"/> Enter here....	57.					0.00
	58. TOTAL STATE AND LOCAL TAX, AND CONTRIBUTIONS. Add line 56 and line 57 and enter here.....	58.		▲			674.00
Step 10 Credits	59. Iowa Fuel Tax Credit. Must include IA 4136.....	59.	00	▲			0.00
	60. Check One: Child and Dependent Care Credit <input type="checkbox"/> OR ▲ Early Childhood Development Credit <input type="checkbox"/>	60.	00	▲			0.00
	61. Iowa earned income tax credit. 15.0% (.15) of federal credit.....	61.	00	▲			0.00
	62. Other refundable credits. Include IA 148 Tax Credits Schedule.....	62.	00	▲			0.00
	63. Iowa income tax withheld.....	63.	00	▲			500.00
	64. Estimated and voucher payments made for tax year 2021.....	64.	00	▲			0.00
	65. TOTAL. ADD lines 59 through 64 and enter here.....	65.	00	▲			500.00
	66. TOTAL CREDITS. ADD columns A and B on line 65 and enter here.....	66.					500.00
Step 11 Refund	67. If line 66 is more than line 58, subtract line 58 from line 66. This is the amount you overpaid.....	67.		▲			0.00
	68. Amount of line 67 to be REFUNDED..... REFUND	68.		▲			0.00
	68a. Routing number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	68b. Type	Checking	<input type="checkbox"/>	Savings	<input type="checkbox"/>	
	68c. Account number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>						
	69. Amount of line 67 to be applied to your 2022 estimated tax.....	69.	00	▲			0.00
Step 12 Pay	70. If line 66 is less than line 58, subtract line 66 from line 58. This is the AMOUNT OF TAX YOU OWE.....	70.		▲			174.00
	71. Penalty for underpayment of estimated tax from IA 2210, IA 2210S, or IA 2210F. Check if annualized income method is used. <input type="checkbox"/>	71.		▲			0.00
	72. Penalty and interest <input checked="" type="checkbox"/> 72a. Penalty <input type="text"/> .00 <input checked="" type="checkbox"/> 72b. Interest <input type="text"/> .00 ADD. Enter total.....	72.					0.00
	73. TOTAL AMOUNT DUE. ADD lines 70, 71, and 72. Enter here..... PAY THIS AMOUNT	73.		▲			174.00

Step 13 I, the undersigned, declare under penalties of perjury or false certificate, that I have examined this return, and, to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE

Your signature _____ Date _____ Check if deceased _____ Date of death _____

SYAM PRIYA RAM SAGAR GUPTA TALLAM 3/12/2022
Preparer's signature _____ Date _____

SIGN HERE

Spouse's signature _____ Date _____ Check if deceased _____ Date of death _____

P02082703 30-1017196
Preparer's PTIN _____ Firm's FEIN _____

(937)993-5927
Daytime telephone number

(678)965-9522
Daytime telephone number

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



Name(s): HEMANTH VARMA CHINTALAPATI Social Security Number: 150-65-0871

Mark the appropriate box for you and your spouse

	B. Spouse	A. You or Joint
A nonresident of Iowa for all of 2021	<input type="checkbox"/> ▲	<input type="checkbox"/> ▲
A part-year resident of Iowa during 2021	<input type="checkbox"/> ▲	<input checked="" type="checkbox"/> ▲
	Date moved into Iowa: _____	<u>07/01/21</u>
	Date moved out of Iowa: _____	_____
A full-year resident of Iowa during 2021	<input type="checkbox"/>	<input type="checkbox"/>

Iowa-Source Income

	B. Spouse	A. You or Joint
1. Wages, salaries, tips, etc.	1. _____ .00	18,000.00
2. Taxable interest income	2. _____ .00	_____ .00
3. Ordinary dividend income.....	3. _____ .00	_____ .00
4. Taxable alimony received.....	4. _____ .00	_____ .00
5. Business income or (loss)	5. _____ .00	_____ .00
6. Capital gain or (loss)	6. _____ .00	_____ .00
7. Other gains or (losses).....	7. _____ .00	_____ .00
8. Taxable IRA distributions	8. _____ .00	_____ .00
9. Taxable pensions and annuities.....	9. _____ .00	_____ .00
10. Rents, royalties, partnerships, estates, etc.....	10. _____ .00	_____ .00
11. Farm income or (loss)	11. _____ .00	_____ .00
12. Unemployment compensation.....	12. _____ .00	_____ .00
13. Gambling winnings.....	13. _____ .00	_____ .00
14. Other income, bonus depreciation, and section 179 adjustment.....	14. _____ .00	_____ .00
15. Iowa gross income. Add lines 1-14	15. _____ .00	▲ 18,000.00
16. Payments to an IRA, Keogh, or SEP.....	16. _____ .00	_____ .00
17. Deductible part of self-employment tax.....	17. _____ .00	_____ .00
18. Health insurance premium	18. _____ .00	_____ .00
19. Penalty on early withdrawal of savings	19. _____ .00	_____ .00
20. Alimony paid	20. _____ .00	_____ .00
21. Pension/retirement income exclusion.....	21. _____ .00	_____ .00
22. Moving expense deduction into Iowa only.....	22. _____ .00	_____ .00
23. Iowa capital gain deduction.....	23. _____ .00	_____ .00
24. Other adjustments.....	24. _____ .00	0.00
25. Total adjustments. Add lines 16-24	25. _____ .00	▲ 0.00
26. Iowa net income. Subtract line 25 from line 15	26. _____ .00	18,000.00
27. All-source net income from IA 1040, line 26.....	27. _____ .00	40,850.00
28. Iowa income percentage: Divide line 26 by line 27 and enter percentage rounded to nearest tenth of a percent. This can be no more than 100.0% and no less than 0.0%	28. _____ %	44.1 %
29. Nonresident/part-year resident credit percentage: Subtract the percentage on line 28 from 100.0%	29. _____ %	55.9 %
30. Iowa tax on total income from IA 1040, line 39	30. _____ .00	1,568.00
31. Total credits from IA 1040, line 46.....	31. _____ .00	40.00
32. Tax after credits. Subtract line 31 from line 30.....	32. _____ .00	1,528.00
33. Nonresident/part-year resident credit. Multiply line 32 by the percentage on line 29. Enter this amount on IA 1040, line 48.....	33. _____ .00	854.00



Name
HEMANTH VARMA CHINTALAPATI

Social Security No.
150-65-0871

	Spouse/Status 3	You or Joint
a Accrual method		
b Active duty military pay included in line 15 Gross Income (see detailed IA 1040 instructions online)		
c Alternative motor vehicle deduction		
d Capital gains from installment sales reported on the 2001 Iowa return using the accrual method		
e 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		
g College Savings Iowa or Iowa Advisor 529 Plan contributions, 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		
k Employer social security credit from federal return		
l Federal alcohol and cellulosic biofuel fuels credit from federal return		
m Foreign-earned income exclusion and/or foreign housing deduction from federal return		
n Gains or losses from distressed sale transactions		
o Health savings account deduction from federal form 1040, Schedule 1, line 13		
p Injured veterans program, contributions to (do not put on IA Sch. A)		
q 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, Iowa		
v Organ transplant expenses		
w Partnership income and/or S corporation income: Modifications that decreased the income		
x Segal Americorps Education Award Payments		
y Speculative shell buildings		
z Student loan interest deduction from federal 1040, Schedule 1, line 21		2,500.
aa Victim compensation awards		
bb Wages paid certain individuals		
cc Work Opportunity Credit from federal return		
dd 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: _____ _____ _____		
ee Educator expenses		
ff RESERVED FOR FUTURE USE		
gg Nonresident Electric Utility Worker Training and Emergency Response Work Reciprocity (see detailed IA 1040 instructions online)		
hh Rapid Response to State Disasters		
ii Iowa ABLE savings plan trust, up to \$3,474 per beneficiary		
jj RESERVED FOR FUTURE USE		
kk Federal, state or local grant to communications service provider		
ll Any qualifying COVID-19 grant identified 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		
Totals		2,500.