

# IRS e-file Signature Authorization

▶ **ERO must obtain and retain completed Form 8879.**  
▶ **Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.**

Submission Identification Number (SID) ▶

Taxpayer's name PRASHANTH BOMMIDENI	Social security number 678-73-6211
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	88,453.
2	Total tax . . . . .	2	12,076.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	3	13,445.
4	Amount you want refunded to you . . . . .	4	1,369.
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 

3	6	2	1	1
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 as my signature on the income tax return (original or amended) I am now authorizing. **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 ▶ 17/02/2022

### 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. **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**  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 PRASHANTH	Last name BOMMIDENI	Your social security number 678-73-6211
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. 4092 TPC PKWY		Apt. no. 1331
City, town, or post office. If you have a foreign address, also complete spaces below. SAN ANTONIO		State TX
Foreign country name		ZIP code 78261
Foreign province/state/county		Foreign postal code

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

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

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

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

**Dependents** (see instructions):

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

Attach Sch. B if required.	<b>1</b> Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	<b>1</b>	95,294.
	<b>2a</b> Tax-exempt interest . . . . .	<b>2a</b>	
	<b>3a</b> Qualified dividends . . . . .	<b>3a</b>	
	<b>4a</b> IRA distributions . . . . .	<b>4a</b>	
	<b>5a</b> Pensions and annuities . . . . .	<b>5a</b>	
	<b>6a</b> Social security benefits . . . . .	<b>6a</b>	
	<b>b</b> Taxable interest . . . . .	<b>2b</b>	
	<b>b</b> Ordinary dividends . . . . .	<b>3b</b>	
	<b>b</b> Taxable amount . . . . .	<b>4b</b>	
	<b>b</b> Taxable amount . . . . .	<b>5b</b>	
	<b>b</b> Taxable amount . . . . .	<b>6b</b>	
	<b>7</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . .	<b>7</b>	674.
	<b>8</b> Other income from Schedule 1, line 10 . . . . .	<b>8</b>	-7,515.
	<b>9</b> Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . .	<b>9</b>	88,453.
	<b>10</b> Adjustments to income from Schedule 1, line 26 . . . . .	<b>10</b>	
	<b>11</b> Subtract line 10 from line 9. This is your <b>adjusted gross income</b> . . . . .	<b>11</b>	88,453.
Standard Deduction for— • Single or Married filing separately, \$12,550 • Married filing jointly or Qualifying widow(er), \$25,100 • Head of household, \$18,800 • If you checked any box under Standard Deduction, see instructions.	<b>12a</b> Standard deduction or itemized deductions (from Schedule A) . . . . .	<b>12a</b>	12,550.
	<b>b</b> Charitable contributions if you take the standard deduction (see instructions)	<b>12b</b>	300.
	<b>c</b> Add lines 12a and 12b . . . . .	<b>12c</b>	12,850.
	<b>13</b> Qualified business income deduction from Form 8995 or Form 8995-A . . . . .	<b>13</b>	
	<b>14</b> Add lines 12c and 13 . . . . .	<b>14</b>	12,850.
	<b>15</b> Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- . . . . .	<b>15</b>	75,603.

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	12,386.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	12,386.
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3, line 8	20	310.
21	Add lines 19 and 20	21	310.
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	12,076.
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
24	Add lines 22 and 23. This is your <b>total tax</b>	24	12,076.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	13,445.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	13,445.
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC) <span style="float:right">No</span>	27a	
	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"/>		
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 <b>total other payments and refundable credits</b>	32	
33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	13,445.
34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	1,369.
35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	35a	1,369.
b	Routing number 074000010 <input type="checkbox"/> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 792553930		
36	Amount of line 34 you want <b>applied to your 2022 estimated tax</b>	36	
37	<b>Amount you owe.</b> 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.

Refund

Direct deposit? See instructions.

Amount You Owe

Third Party Designee

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

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

Sign Here

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

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

Joint return? See instructions. Keep a copy for your records.

Phone no. (813) 534-3112 Email address PBOMMIDENI@GMAIL.COM

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
SYAM PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA RAM SAGAR GUPTA TALLAM	02/17/2022	P02082703	
Firm's name	Firm's address		Phone no.	Firm's EIN
GLOBAL TAXES LLC	2530 Pebble Creek Ln Cumming GA 30041		(678) 965-9522	30-1017196

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

▶ Attach to Form 1040, 1040-SR, or 1040-NR.  
▶ Go to [www.irs.gov/Form1040](http://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  
PRASHANTH BOMMIDENI

Your social security number  
678-73-6211

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	0.
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions) ▶ _____		
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .	<b>5</b>	-7,515.
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	
<b>8</b>	Other income:		
<b>a</b>	Net operating loss . . . . .	<b>8a</b>	( )
<b>b</b>	Gambling income . . . . .	<b>8b</b>	
<b>c</b>	Cancellation of debt . . . . .	<b>8c</b>	
<b>d</b>	Foreign earned income exclusion from Form 2555 . . . . .	<b>8d</b>	( )
<b>e</b>	Taxable Health Savings Account distribution . . . . .	<b>8e</b>	
<b>f</b>	Alaska Permanent Fund dividends . . . . .	<b>8f</b>	
<b>g</b>	Jury duty pay . . . . .	<b>8g</b>	
<b>h</b>	Prizes and awards . . . . .	<b>8h</b>	
<b>i</b>	Activity not engaged in for profit income . . . . .	<b>8i</b>	
<b>j</b>	Stock options . . . . .	<b>8j</b>	
<b>k</b>	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 . . . . .	<b>8k</b>	02/17/2022
<b>l</b>	Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .	<b>8l</b>	
<b>m</b>	Section 951(a) inclusion (see instructions) . . . . .	<b>8m</b>	
<b>n</b>	Section 951A(a) inclusion (see instructions) . . . . .	<b>8n</b>	
<b>o</b>	Section 461(l) excess business loss adjustment . . . . .	<b>8o</b>	
<b>p</b>	Taxable distributions from an ABLE account (see instructions) . . . . .	<b>8p</b>	
<b>z</b>	Other income. List type and amount ▶ _____	<b>8z</b>	
<b>9</b>	Total other income. Add lines 8a through 8z . . . . .	<b>9</b>	
<b>10</b>	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .	<b>10</b>	-7,515.

**Part II Adjustments to Income**

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

**SCHEDULE 3  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Credits and Payments**

▶ Attach to Form 1040, 1040-SR, or 1040-NR.  
▶ Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2021**  
Attachment  
Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
PRASHANTH BOMMIDENI

**Your social security number**  
678-73-6211

**Part I Nonrefundable Credits**

<b>1</b>	Foreign tax credit. Attach Form 1116 if required . . . . .	<b>1</b>	
<b>2</b>	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 . . . . .	<b>2</b>	
<b>3</b>	Education credits from Form 8863, line 19 . . . . .	<b>3</b>	310.
<b>4</b>	Retirement savings contributions credit. Attach Form 8880 . . . . .	<b>4</b>	
<b>5</b>	Residential energy credits. Attach Form 5695 . . . . .	<b>5</b>	
<b>6</b>	Other nonrefundable credits:		
<b>a</b>	General business credit. Attach Form 3800 . . . . .	<b>6a</b>	
<b>b</b>	Credit for prior year minimum tax. Attach Form 8801 . . . . .	<b>6b</b>	
<b>c</b>	Adoption credit. Attach Form 8839 . . . . .	<b>6c</b>	
<b>d</b>	Credit for the elderly or disabled. Attach Schedule R . . . . .	<b>6d</b>	
<b>e</b>	Alternative motor vehicle credit. Attach Form 8910 . . . . .	<b>6e</b>	
<b>f</b>	Qualified plug-in motor vehicle credit. Attach Form 8936 . . . . .	<b>6f</b>	
<b>g</b>	Mortgage interest credit. Attach Form 8396 . . . . .	<b>6g</b>	
<b>h</b>	District of Columbia first-time homebuyer credit. Attach Form 8859 . . . . .	<b>6h</b>	
<b>i</b>	Qualified electric vehicle credit. Attach Form 8834 . . . . .	<b>6i</b>	
<b>j</b>	Alternative fuel vehicle refueling property credit. Attach Form 8911 . . . . .	<b>6j</b>	
<b>k</b>	Credit to holders of tax credit bonds. Attach Form 8912 . . . . .	<b>6k</b>	
<b>l</b>	Amount on Form 8978, line 14. See instructions . . . . .	<b>6l</b>	
<b>z</b>	Other nonrefundable credits. List type and amount ▶ _____	<b>6z</b>	
<b>7</b>	Total other nonrefundable credits. Add lines 6a through 6z . . . . .	<b>7</b>	
<b>8</b>	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20 . . . . .	<b>8</b>	310.

(continued on page 2)

**Part II Other Payments and Refundable Credits**

<b>9</b>	Net premium tax credit. Attach Form 8962 . . . . .		<b>9</b>	
<b>10</b>	Amount paid with request for extension to file (see instructions) . . . . .		<b>10</b>	
<b>11</b>	Excess social security and tier 1 RRTA tax withheld . . . . .		<b>11</b>	
<b>12</b>	Credit for federal tax on fuels. Attach Form 4136 . . . . .		<b>12</b>	
<b>13</b>	Other payments or refundable credits:			
<b>a</b>	Form 2439 . . . . .	<b>13a</b>		
<b>b</b>	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken before April 1, 2021 . . . . .	<b>13b</b>		
<b>c</b>	Health coverage tax credit from Form 8885 . . . . .	<b>13c</b>		
<b>d</b>	Credit for repayment of amounts included in income from earlier years . . . . .	<b>13d</b>		
<b>e</b>	Reserved for future use . . . . .	<b>13e</b>		
<b>f</b>	Deferred amount of net 965 tax liability (see instructions) . . . . .	<b>13f</b>		
<b>g</b>	Credit for child and dependent care expenses from Form 2441, line 10. Attach Form 2441 . . . . .	<b>13g</b>		
<b>h</b>	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken after March 31, 2021 . . . . .	<b>13h</b>		
<b>z</b>	Other payments or refundable credits. List type and amount ► _____	<b>13z</b>		
<b>14</b>	Total other payments or refundable credits. Add lines 13a through 13z . . . . .		<b>14</b>	
<b>15</b>	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31 . . . . .		<b>15</b>	

**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](http://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: PRASHANTH BOMMIDENI  
Your social security number: 678-73-6211

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)
<b>1a</b> 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 .				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .	1,286.	612.		674.
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .				
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>5</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>6</b> ( )
<b>7</b> <b>Net short-term capital gain or (loss)</b> . 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 . . . . .				<b>7</b> 674.

**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)
<b>8a</b> 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 .				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .				
<b>11</b> 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 . . . . .				<b>11</b>
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>12</b>
<b>13</b> Capital gain distributions. See the instructions . . . . .				<b>13</b>
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>14</b> ( )
<b>15</b> <b>Net long-term capital gain or (loss)</b> . Combine lines 8a through 14 in column (h). Then, go to Part III on the back . . . . .				<b>15</b>



**Part III Summary**

<p><b>16</b> Combine lines 7 and 15 and enter the result . . . . .</p> <ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li> </ul>	<b>16</b>	674.
<p><b>17</b> Are lines 15 and 16 <b>both</b> gains?</p> <p><input type="checkbox"/> <b>Yes.</b> Go to line 18.</p> <p><input checked="" type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.</p>		
<p><b>18</b> If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . ▶</p>	<b>18</b>	
<p><b>19</b> If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . . ▶</p>	<b>19</b>	
<p><b>20</b> Are lines 18 and 19 both zero or blank and are you not filing Form 4952?</p> <p><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16. <b>Don't</b> complete lines 21 and 22 below.</p> <p><input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.</p>		
<p><b>21</b> If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of:</p> <ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } . . . . .</li> </ul> <p><b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.</p>	<b>21</b> ( )	
<p><b>22</b> Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?</p> <p><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16.</p> <p><input checked="" type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>		



**SCHEDULE E  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Supplemental Income and Loss**  
(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041.  
▶ Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

OMB No. 1545-0074

**2021**

Attachment  
Sequence No. **13**

Name(s) shown on return

PRASHANTH BOMMIDENI

Your social security number

678-73-6211

**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

<b>1a</b>	Physical address of each property (street, city, state, ZIP code)					
<b>A</b>	AMBEDKAR NAGAR BHADRADRI KOTHAGUDEM TELANGANA IN 507119					
<b>B</b>						
<b>C</b>						
<b>1b</b>	Type of Property (from list below)	<b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions.	<b>Fair Rental Days</b>	<b>Personal Use Days</b>	<b>QJV</b>	
<b>A</b>	3		<b>A</b>	344	0	<input type="checkbox"/>
<b>B</b>			<b>B</b>			<input type="checkbox"/>
<b>C</b>			<b>C</b>			<input type="checkbox"/>

**Type of Property:**

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

<b>Income:</b>	<b>Properties:</b>	<b>A</b>	<b>B</b>	<b>C</b>
<b>3</b> Rents received . . . . .	<b>3</b>	500.		
<b>4</b> Royalties received . . . . .	<b>4</b>			
<b>Expenses:</b>				
<b>5</b> Advertising . . . . .	<b>5</b>	80.		
<b>6</b> Auto and travel (see instructions) . . . . .	<b>6</b>	280.		
<b>7</b> Cleaning and maintenance . . . . .	<b>7</b>	600.		
<b>8</b> Commissions . . . . .	<b>8</b>			
<b>9</b> Insurance . . . . .	<b>9</b>			
<b>10</b> Legal and other professional fees . . . . .	<b>10</b>			
<b>11</b> Management fees . . . . .	<b>11</b>	900.		
<b>12</b> Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>			
<b>13</b> Other interest . . . . .	<b>13</b>			
<b>14</b> Repairs . . . . .	<b>14</b>	2,455.		
<b>15</b> Supplies . . . . .	<b>15</b>	2,100.		
<b>16</b> Taxes . . . . .	<b>16</b>			
<b>17</b> Utilities . . . . .	<b>17</b>	1,600.		
<b>18</b> Depreciation expense or depletion . . . . .	<b>18</b>			
<b>19</b> Other (list) ▶ . . . . .	<b>19</b>			
<b>20</b> Total expenses. Add lines 5 through 19 . . . . .	<b>20</b>	8,015.		
<b>21</b> 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 . . . . .	<b>21</b>	-7,515.		
<b>22</b> Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . .	<b>22</b>	( 7,515. )	( )	( )
<b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>		500.	
<b>b</b> Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>			
<b>c</b> Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>			
<b>d</b> Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>			
<b>e</b> Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b>		8,015.	
<b>24</b> <b>Income.</b> Add positive amounts shown on line 21. Do not include any losses . . . . .	<b>24</b>			
<b>25</b> <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .	<b>25</b>	( 7,515. )		
<b>26</b> <b>Total rental real estate and royalty income or (loss).</b> 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 . . . . .	<b>26</b>			-7,515.

For Paperwork Reduction Act Notice, see the separate instructions.

NPA

-7,515.

Schedule E (Form 1040) 2021

**Education Credits**  
**(American Opportunity and Lifetime Learning Credits)**

▶ Attach to Form 1040 or 1040-SR.  
 ▶ Go to [www.irs.gov/Form8863](http://www.irs.gov/Form8863) for instructions and the latest information.

Name(s) shown on return: PRASHANTH BOMMIDENI  
 Your social security number: 678-73-6211



Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.

**Part I Refundable American Opportunity Credit**

<b>1</b>	After completing Part III for each student, enter the total of all amounts from all Parts III, line 30 . . . . .	<b>1</b>	
<b>2</b>	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er) . . . . .	<b>2</b>	
<b>3</b>	Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter . . . . .	<b>3</b>	
<b>4</b>	Subtract line 3 from line 2. If zero or less, <b>stop</b> ; you can't take any education credit . . . . .	<b>4</b>	
<b>5</b>	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er) . . . . .	<b>5</b>	
<b>6</b>	If line 4 is: • Equal to or more than line 5, enter 1.000 on line 6 . . . . . • Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places) . . . . .	<b>6</b>	
<b>7</b>	Multiply line 1 by line 6. <b>Caution:</b> If you were under age 24 at the end of the year <b>and</b> meet the conditions described in the instructions, you <b>can't</b> take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box . . . . . ▶ <input type="checkbox"/>	<b>7</b>	
<b>8</b>	<b>Refundable American opportunity credit.</b> Multiply line 7 by 40% (0.40). Enter the amount here and on Form 1040 or 1040-SR, line 29. Then go to line 9 below. . . . .	<b>8</b>	

**Part II Nonrefundable Education Credits**

<b>9</b>	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions) . . . . .	<b>9</b>	
<b>10</b>	After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19 . . . . .	<b>10</b>	16,250.
<b>11</b>	Enter the smaller of line 10 or \$10,000 . . . . .	<b>11</b>	10,000.
<b>12</b>	Multiply line 11 by 20% (0.20) . . . . .	<b>12</b>	2,000.
<b>13</b>	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er) . . . . .	<b>13</b>	90,000.
<b>14</b>	Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter . . . . .	<b>14</b>	88,453.
<b>15</b>	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19 . . . . .	<b>15</b>	1,547.
<b>16</b>	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er) . . . . .	<b>16</b>	10,000.
<b>17</b>	If line 15 is: • Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 • Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places) . . . . .	<b>17</b>	0.155
<b>18</b>	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) ▶	<b>18</b>	310.
<b>19</b>	<b>Nonrefundable education credits.</b> Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Schedule 3 (Form 1040), line 3 . . . . .	<b>19</b>	310.

Name(s) shown on return PRASHANTH BOMMIDENI	Your social security number 678-73-6211
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**Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.**

**Part III Student and Educational Institution Information.** See instructions.

<b>20</b> Student name (as shown on page 1 of your tax return) PRASHANTH BOMMIDENI	<b>21</b> Student social security number (as shown on page 1 of your tax return)  678-73-6211
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**22 Educational institution information (see instructions)**

<b>a.</b> Name of first educational institution UNIVERSITY OF THE CUMBERLANDS	<b>b.</b> Name of second educational institution (if any)
<b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 6178 COLLEGE STATION DR Williamsburg KY 40769	<b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.
<b>(2)</b> Did the student receive Form 1098-T from this institution for 2021? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>(2)</b> Did the student receive Form 1098-T from this institution for 2021? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>(3)</b> Did the student receive Form 1098-T from this institution for 2020 with box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>(3)</b> Did the student receive Form 1098-T from this institution for 2020 with box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>(4)</b> Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in <b>(2)</b> or <b>(3)</b> . You can get the EIN from Form 1098-T or from the institution.  61-0470593	<b>(4)</b> Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in <b>(2)</b> or <b>(3)</b> . You can get the EIN from Form 1098-T or from the institution.

**23** Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2021?  Yes — **Stop!** Go to line 31 for this student.  No — Go to line 24.

**24** Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2021 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions.  Yes — Go to line 25.  No — **Stop!** Go to line 31 for this student.

**25** Did the student complete the first 4 years of postsecondary education before 2021? See instructions.  Yes — **Stop!** Go to line 31 for this student.  No — Go to line 26.

**26** Was the student convicted, before the end of 2021, of a felony for possession or distribution of a controlled substance?  Yes — **Stop!** Go to line 31 for this student.  No — Complete lines 27 through 30 for this student.



**You can't take the American opportunity credit and the lifetime learning credit for the same student in the same year. If you complete lines 27 through 30 for this student, don't complete line 31.**

**American Opportunity Credit**

<b>27</b> Adjusted qualified education expenses (see instructions). <b>Don't enter more than \$4,000</b> . . . . .	<b>27</b>
<b>28</b> Subtract \$2,000 from line 27. If zero or less, enter -0- . . . . .	<b>28</b>
<b>29</b> Multiply line 28 by 25% (0.25) . . . . .	<b>29</b>
<b>30</b> If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30, on Part I, line 1 . . . . .	<b>30</b>

**Lifetime Learning Credit**

<b>31</b> Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10 . . . . .	<b>31</b>
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16,250.

Nonresident & part-year resident Wisconsin income tax

For the year Jan. 1-Dec. 31, 2021, or other tax year beginning \_\_\_\_\_, 2021 ending \_\_\_\_\_, 20\_\_\_\_.

Note

Check here if this is an amended return Complete form using BLACK INK

DO NOT STAPLE

Form fields for personal information: Your legal last name (BOMMIDENI), Legal first name (PRASHANTH), M.I., Your social security number (678736211), Home address (4092 TPC PKWY), City (SAN ANTONIO), State (TX), Zip code (78261), Filing status (Single), Resident status (Nonresident of Wisconsin), etc.

PAPER CLIP withholding statements here



Resident status Check the status that applies

- You Spouse
Full-year resident of Wisconsin
Nonresident of Wisconsin; state of residence TX (2-letter state abbreviation)
Part-year resident of Wisconsin from mm dd yyyy to mm dd yyyy

Note: Complete residence questionnaire, page 61.

PAPER CLIP check or money order here

Table with 4 columns: Income, Print numbers like this (0123456789), NO COMMAS NO CENTS, A. Federal column, B. Wisconsin column. Rows include Wages, salaries, tips, etc. (95294.00), Taxable interest (.00), Ordinary dividends (.00), etc.

1-0501

**Adjustments to Income**

	A. Federal column	B. Wisconsin column
<b>17</b> Educator expenses (see page 26) . . . . .	.00	.00
<b>18</b> Certain business expenses of reservists, performing artists, and fee-basis government officials (see page 26) . . . . .	.00	.00
<b>19</b> Health savings account deduction (see page 26) . . . . .	.00	.00
<b>20</b> Moving expenses for members of the Armed Forces (see page 26) . . . . .	.00	.00
<b>21</b> Deductible part of self-employment tax (see page 27) . . . . .	.00	.00
<b>22</b> Self-employed SEP, SIMPLE, and qualified plans (see page 27) . . . . .	.00	.00
<b>23</b> Self-employed health insurance deduction (see page 28) . . . . .	.00	.00
<b>24</b> Penalty on early withdrawal of savings (see page 29) . . . . .	.00	0.00
<b>25</b> Alimony paid (see page 29) . . . . .	.00	.00
<b>26</b> IRA deduction (see page 29) . . . . .	.00	.00
<b>27</b> Student loan interest deduction (see page 30) . . . . .	.00	.00
<b>28</b> Other adjustments (see page 30). Enclose Schedule M if line 28b has an amount . . . . .	.00	.00
<b>29</b> Total adjustments to income. Add lines 17 through 28 . . . . .	.00	0.00

**Adjusted Gross Income**

<b>30</b> Wisconsin income. Subtract line 29, column B from line 16, column B . . . . .		95968.00
<b>31</b> Federal income. Subtract line 29, column A from line 16, column A . . . . .	88453.00	
<b>32</b> Divide line 30 by line 31. Carry the decimal to four places. If amount on line 30 is more than amount on line 31, fill in 1.0000. (See page 31) . . . . .		1.0000

**Tax Computation**

<b>33</b> Fill in the <b>larger</b> of Wisconsin income from line 30, column B or federal income from line 31, column A. <b>But</b> , if Wisconsin income from line 30 is zero or less, fill in 0 (zero) . . . . .	<b>33</b>	95968.00
<b>34a</b> If you (or your spouse) can be claimed as a dependent on anyone else's return, check here and see the "Exception" in the instructions for line 34c on page 31 . . . . .	<b>34a</b>	<input type="checkbox"/>
<b>34b</b> Aliens (see page 31 to determine if you must check line 34b) . . . . .	<b>34b</b>	<input type="checkbox"/>
<b>34c</b> Find the standard deduction for amount on line <b>31</b> using table on page 50 . . . . .	<b>34c</b>	2548.00
<b>35</b> Subtract line 34c from line 33. If line 34c is more than line 33, fill in 0 (zero) . . . . .	<b>35</b>	93420.00
<b>36</b> Exemptions ( <b>Caution: see page 32</b> )		
<b>a</b> Fill in exemptions allowed . . . . . <u>1</u> x \$700 . . . . .	<b>36a</b>	700.00
<b>b</b> Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = <input type="checkbox"/> x \$250 . . . . .	<b>36b</b>	.00
<b>c</b> Add lines 36a and 36b . . . . .	<b>36c</b>	700.00
<b>37</b> Subtract line 36c from line 35. If line 36c is more than line 35, fill in 0 (zero) . . . . .	<b>37</b>	92720.00
<b>38</b> Tax (see table on page 52) . . . . .	<b>38</b>	4624.00
<b>39</b> Itemized deduction credit. Complete Schedule 1 (page 4, Form 1NPR) . . . . .	<b>39</b>	0.00
<b>40</b> School property tax credits (part-year and full-year residents only)		
<b>a</b> Rent paid in 2021—heat included . . . . . <u>.00</u> } Find credit from table page 35 . . . . .	<b>40a</b>	.00
Rent paid in 2021—heat not included . . . . . <u>.00</u> }		
<b>b</b> Property taxes paid on home in 2021 . . . . . <u>.00</u> } Find credit from table page 36 . . . . .	<b>40b</b>	.00
<b>41</b> Add credits on lines 39, 40a, and 40b . . . . .	<b>41</b>	0.00
<b>42</b> Subtract line 41 from line 38. If line 41 is more than line 38, fill in 0 (zero) . . . . .	<b>42</b>	4624.00
<b>43</b> Fill in ratio from line 32 . . . . .	<b>43</b>	1.0000
<b>44</b> Multiply line 42 by ratio on line 43 . . . . .	<b>44</b>	4624.00



Name(s) shown on Form 1NPR <b>PRASHANTH BOMMIDENI</b>	Your social security number <b>678736211</b>
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<b>45</b>	Fill in amount from line 44	<b>45</b>		4 624 .00
<b>46</b>	Working families tax credit. (Full-year Wisconsin residents only)	<b>46</b>	.00	
<b>47</b>	Married couple credit. Complete Schedule 2 (page 4, Form 1NPR)	<b>47</b>	.00	
<b>48</b>	Nonrefundable credits from Schedule CR, line 34. Enclose Schedule CR	<b>48</b>	.00	
<b>49</b>	Net income tax paid to another state. Enclose Schedule OS	<b>49</b>	.00	
<b>50</b>	Add lines 46 through 49	<b>50</b>	.00	
<b>51</b>	Subtract line 50 from line 45. If line 50 is more than line 45, fill in 0 (zero). This is your net tax	<b>51</b>	4 624 .00	
<b>52</b>	Sales and use tax due on internet, mail order, or other out-of-state purchases (see page 39) If you certify that no sales or use tax is due, check here <input checked="" type="checkbox"/>	<b>52</b>	.00	
<b>53</b>	Donations (decreases refund or increases amount owed)			
<b>a</b>	Endangered resources	<b>e</b>	Military family relief	.00
<b>b</b>	Cancer research	<b>f</b>	Second Harvest/Feeding Amer.	.00
<b>c</b>	Veterans trust fund	<b>g</b>	Red Cross WI Disaster Relief	.00
<b>d</b>	Multiple sclerosis	<b>h</b>	Special Olympics Wisconsin	.00
	Total (add lines a through h) .. →			<b>53i</b> .00
<b>54</b>	Penalties on IRAs, other retirement plans, MSAs, etc. (see page 40)	<b>54</b>	.00 x .33 =	.00
<b>55</b>	Other penalties (see page 41)	<b>55</b>	.00	
<b>56</b>	Add lines 51 through 55	<b>56</b>	4 624 .00	

**Payments and Credits**

<b>57</b>	Wisconsin income tax withheld. Enclose readable withholding statements	<b>57</b>		5 608.00
<b>58</b>	2021 Wisconsin estimated tax paid and amount applied from 2020 return	<b>58</b>	.00	
<b>59</b>	Earned income credit. (Full-year Wisconsin residents only)			
	Number of qualifying children ▶			
	Federal credit ▶		.00 x	% = <b>59</b> .00
<b>60</b>	Farmland preservation credit.			
	<b>a.</b> Schedule FC, line 17	<b>60a</b>	.00	
	<b>b.</b> Schedule FC-A, line 13	<b>60b</b>	.00	
<b>61</b>	Repayment credit	<b>61</b>	.00	
<b>62</b>	Homestead credit. (Full-year Wisconsin residents only)	<b>62</b>	.00	
<b>63</b>	Eligible veterans and surviving spouses property tax credit	<b>63</b>	.00	
<b>64</b>	Refundable credits from Schedule CR, line 40	<b>64</b>	.00	
<b>65</b>	AMENDED RETURN ONLY – amount previously paid (see page 46)	<b>65</b>	.00	
<b>66</b>	Add lines 57 through 65	<b>66</b>	5 608.00	
<b>67</b>	AMENDED RETURN ONLY – amount previously refunded (see page 47)	<b>67</b>	.00	
<b>68</b>	Subtract line 67 from line 66	<b>68</b>	5 608 .00	

**NOTE:** You must use your 2021 earned income (see page 42).

**Refund or Amount You Owe**

<b>69</b>	If line 68 is more than line 56, subtract line 56 from line 68. This is the <b>AMOUNT OVERPAID</b>	<b>69</b>		984 .00
<b>70</b>	Amount of line 69 you want <b>REFUNDED TO YOU</b>	<b>70</b>	984 .00	
<b>71</b>	Amount of line 69 to be <b>APPLIED TO YOUR 2022 ESTIMATED TAX</b>	<b>71</b>	0 .00	





Paper clip a copy of your federal income tax return and schedules to this return.

72a If line 68 is less than line 56, subtract line 68 from line 56 . . . This is the AMOUNT YOU OWE 72a .00
72b Interest (see page 47) . . . . . 72b .00
73 Underpayment interest. Fill in exception code – see Sch. U → [ ] 73 .00
Also include on line 72a (see page 48).

Third Party Designee Do you want to allow another person to discuss this return with the department (see page 49)? [ ] Yes Complete the following. [X] No
Designee's name [ ] Phone no. [ ] Personal identification number (PIN) [ ] [ ] [ ] [ ] [ ]

Under penalties of law, I declare that this return and all attachments are true, correct, and complete to the best of my knowledge and belief.

Sign here Your signature [Signature] Date 02/17/2022 Wisconsin Identity Protection PIN (7 characters)
Spouse's signature (if filing jointly, BOTH must sign) Date Wisconsin Identity Protection PIN (7 characters)

Mail your return to: Wisconsin Department of Revenue
(if tax is due) (if refund or no tax due)
PO Box 268 PO Box 59
Madison WI 53790-0001 Madison WI 53785-0001

Schedule 1 – Wisconsin Itemized Deduction Credit (see line 39 instructions)

Table with 9 rows and 3 columns: Line number, Description, Amount. Includes Medical and dental expenses, interest paid, gifts to charity, casualty losses, and standard deduction.

Schedule 2 – Married Couple Credit May be claimed only when both spouses have earned income taxable by Wisconsin.

Table with 8 rows and 4 columns: Line number, Description, (A) YOURSELF, (B) YOUR SPOUSE. Includes wages, salaries, tips, self-employment, and net profit.



**Schedule WD**

Wisconsin  
Department of Revenue

**Capital Gains and Losses**

◆ Enclose with Wisconsin Form 1 or 1NPR ◆

**2021**

Name(s) shown on Form 1 or Form 1NPR

PRASHANTH BOMMIDENI

Your social security number

678-73-6211

**Part I Short-Term Capital Gains and Losses – Assets Held One Year or Less**

<b>Note:</b> Round all amounts (use a minus sign (-) for negative amounts)	<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost or other basis	<b>(g)</b> Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	<b>(h) Gain or loss</b> Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Amount from line 1a of Schedule D	.00	.00		.00
<b>1b</b> Amount from line 1b of Schedule D	1 286.00	612.00	.00	674.00
<b>2</b> Amount from line 2 of Schedule D	.00	.00	.00	.00
<b>3</b> Amount from line 3 of Schedule D	.00	.00	.00	.00
<b>4</b> Short-term gain from Form 6252 and short-term gain or loss from Forms 4684, 6781, and 8824			<b>4</b>	.00
<b>5</b> Net short-term gain or loss from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			<b>5</b>	.00
<b>6</b> Adjustment from Wisconsin Schedule T (see Basis Difference in instructions)			<b>6</b>	.00
<b>7</b> Short-term capital loss carryover from 2020 Wisconsin Schedule WD, line 34. Enter amount as a negative number			<b>7</b>	.00
<b>8 Net short-term capital gain or loss.</b> Combine lines 1a through 7 in column (h)			<b>8</b>	674.00

**Part II Long-Term Capital Gains and Losses – Assets Held More Than One Year**

<b>Note:</b> Round all amounts (use a minus sign (-) for negative amounts)	<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost or other basis	<b>(g)</b> Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	<b>(h) Gain or loss</b> Subtract column (e) from column (d) and combine the result with column (g)
<b>9a</b> Amount from line 8a of Schedule D	.00	.00		.00
<b>9b</b> Amount from line 8b of Schedule D	.00	.00	.00	.00
<b>10</b> Amount from line 9 of Schedule D	.00	.00	.00	.00
<b>11</b> Amount from line 10 of Schedule D	.00	.00	.00	.00
<b>12</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or loss from from Forms 4684, 6781, and 8824			<b>12</b>	.00
<b>13</b> Net long-term gain or loss from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			<b>13</b>	.00
<b>14</b> Capital gain distributions			<b>14</b>	.00
<b>15</b> Adjustment from Wisconsin Schedule T (see Basis Difference in instructions)			<b>15</b>	.00
<b>15a</b> Adjustment from Wisconsin Schedule QI. Enter amount as a negative number			<b>15a</b>	.00
<b>16</b> Long-term capital loss carryover from 2020 Wisconsin Schedule WD, line 39. Enter amount as a negative number			<b>16</b>	.00
<b>17 Net long-term capital gain or loss.</b> Combine lines 9a through 16 in column (h)			<b>17</b>	.00

Go on to Part III →



Name PRASHANTH BOMMIDENI	Social Security Number 678-73-6211
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**Part III Summary of Parts I and II** (see instructions) - use a minus sign (-) for negative amounts.

<b>18</b> Combine lines 8 and 17, and fill in the net gain or loss here (if line 18 is a loss, go to line 28) . . . . .	<b>18</b>	674.00
<b>19</b> Fill in the smaller of line 17 or 18, or -0- if a loss or no entry on line 17 . . . . .	<b>19</b>	0.00
<b>20</b> Fill in 30% of line 19 . . . . .	<b>20</b>	0.00
<b>21</b> Fill in the amount of long-term capital gain from the sale of farm assets listed on Form 8949 and taxable to Wisconsin plus gain from the sale of farm assets that is included on line 12 or 13 of Schedule WD. If zero, skip lines 22 through 25 and fill in the amount from line 20 on line 26 . . . . .	<b>21</b>	.00
<b>22</b> Gain included in line 17. Do not include any losses in this amount . . . . .	<b>22</b>	.00
<b>23</b> Divide line 21 by line 22. Carry the decimal to 4 places . . . . .	<b>23</b>	_____
<b>24</b> Multiply line 19 by the decimal amount on line 23 . . . . .	<b>24</b>	.00
<b>25</b> Fill in 30% of line 24 . . . . .	<b>25</b>	.00
<b>26</b> Add lines 20 and 25 . . . . .	<b>26</b>	0.00
<b>27</b> Subtract line 26 from line 18 . . . . .	<b>27</b>	674.00
<b>28</b> If line 18 shows a loss, fill in the smaller of:	(a) The loss on line 18,	
	(b) \$500, or	
	(c) Wisconsin ordinary income (see instructions) . . . . .	<b>28</b> .00

**Note:** When figuring whether a, b, or c is smaller, treat all numbers as if they are positive. If filing Form 1, complete Part IV. If filing Form 1NPR, fill in amount from line 27 or 28 on line 7, column B, of Form 1NPR.

**Part IV Computation of Wisconsin Adjustment to Income** (Do not complete this part if you are filing on Form 1NPR)

<b>29</b> Adjustment (see instructions for Part IV and Schedule I adjustments)		
<b>a</b> Fill in gain from line 7 of federal Form 1040 or 1040-SR, or gain from line 2e of Schedule I, if filed (if a loss, fill in -0-) . . . . .	<b>29a</b>	674.00
<b>b</b> Fill in gain from Part III, line 27, (if blank, fill in -0-) . . . . .	<b>29b</b>	.00
<b>c</b> If line 29b is more than 29a, subtract line 29a from line 29b. Fill in amount on line 2 of Schedule AD (Form 1) . . . . .	<b>29c</b>	.00
<b>d</b> If line 29b is less than 29a, subtract line 29b from line 29a. Fill in amount on line 5 of Schedule SB (Form 1) . . . . .	<b>29d</b>	.00
<b>e</b> Fill in loss from line 7 of federal Form 1040 or 1040-SR, as a positive amount or the loss from line 4c of Schedule I, if filed (if a gain, fill in -0-) . . . . .	<b>29e</b>	0.00
<b>f</b> Fill in loss from Part III, line 28 as a positive amount . . . . .	<b>29f</b>	.00
<b>g</b> If line 29f is more than 29e, subtract line 29e from line 29f. Fill in amount on line 5 of Schedule SB (Form 1) . . . . .	<b>29g</b>	.00
<b>h</b> If line 29f is less than 29e, subtract line 29f from line 29e. Fill in amount on line 2 of Schedule AD (Form 1) . . . . .	<b>29h</b>	.00

**Part V Computation of Capital Loss Carryovers from 2021 to 2022** (Complete this part if the loss on line 18 is more than the loss on line 28.)

<b>30</b> Fill in loss shown on line 8 as a positive amount. If none, fill in -0- and skip lines 31 through 34 . . . . .	<b>30</b>	.00
<b>31</b> Fill in gain shown on line 17. If that line is blank or shows a loss, fill in -0- . . . . .	<b>31</b>	.00
<b>32</b> Subtract line 31 from line 30 . . . . .	<b>32</b>	.00
<b>33</b> Fill in the smaller of line 28 or line 32, treating both as positive amounts . . . . .	<b>33</b>	.00
<b>34</b> Subtract line 33 from line 32. This is your <b>short-term capital loss carryover</b> from 2021 to 2022 . . . . .	<b>34</b>	.00
<b>35</b> Fill in loss from line 17 as a positive amount. If none, fill in -0- and skip lines 36 through 39 . . . . .	<b>35</b>	.00
<b>36</b> Fill in gain shown on line 8. If that line is blank or shows a loss, fill in -0- . . . . .	<b>36</b>	.00
<b>37</b> Subtract line 36 from line 35 . . . . .	<b>37</b>	.00
<b>38</b> Subtract line 33 from line 28, treating both as positive amounts. ( <b>Note:</b> If you skipped lines 31 through 34, fill in amount from line 28 as a positive amount.) . . . . .	<b>38</b>	.00
<b>39</b> Subtract line 38 from line 37. This is your <b>long-term capital loss carryover</b> from 2021 to 2022 . . . . .	<b>39</b>	.00

