

REV 04/03/22 PRO

2021

Indiana Full-Year Resident Individual Income Tax Return

Due April 18, 2022

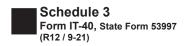
18	(R20 / 9-21) If filing for a fiscal year, enter the dates (see instructions) (MM/DD/YYYY		Place "X" in box
	from to:		f amending
	Your Social Security Number 746 21 5711 Spouse's Social Security Number Place (VI) in both in a facility for ITIN	h if annul ii	
`	Place "X" in box if applying for ITIN Place "X" in four first name	рох іт арріуі	ng for ITIN Suffix
	SAHITESH KUMAR REDDYPELLY		
 	f filing a joint return, spouse's first name Initial Last name		Suffix
	Present address (number and street or rural route)		
Ī	725 W WALNUT ST D		in box if you are
(married iii Postal code	ing separately.
	INDIANAPOLIS IN 4	6202	
F	Foreign country 2-character code (see instructions)		
	Enter below the 2-digit county code numbers (found on the back of Schedule CT-40) for the count worked on January 1, 2021.	ty where you	lived and
(County where County where County where County where	nty where	
)	you lived 49 you worked 00 spouse lived spous	ise worked	
1	Enter your federal adjusted gross income from your federal	Roun	d all entries
••	income tax return, Form 1040 or Form 1040-SR, line 11 Federal AGI		130986.00
2.	Enter amount from Schedule 1, line 7, and enclose Schedule 1 Indiana Add-Backs	2	.00
3.	Add line 1 and line 2	3	130986.00
4.	Enter amount from Schedule 2, line 12, and enclose Schedule 2 Indiana Deductions	4	.00
			130986.00
	Subtract line 4 from line 3	5	130980.00
6.	You must complete Schedule 3. Enter amount from Schedule 3, line 6, and enclose Schedule 3 Indiana Exemptions	6	1000.00
7	Subtract line 6 from line 5 Indiana Adjusted Gross Income	7	129986.00
	State adjusted gross income tax: multiply line 7 by 3.23% (.0323)		
9.	County tax. Enter county tax due from Schedule CT-40		
	(if answer is less than zero, leave blank) 99.	<u>) ()</u>	
10.	Other taxes. Enter amount from Schedule 4, line 4 (enclose sch.)	00	
11.	Add lines 8, 9 and 10. Enter total here and on line 15 on the back Indiana Taxes	11	6825.00



12.	Enter credits from Schedule 5, line 10 (enclose schedule)	12	7500.00		
13.	Enter offset credits from Schedule 6, line 8 (enclose schedule)	13	.00		
14.	Add lines 12 and 13		Indiana Credits	14	7500.00
15.	Enter amount from line 11		Indiana Taxes	15	6825.00
16.	If line 14 is equal to or more than line 15, subtract line 15 from I	line 14	(if smaller, skip to line 23)	16	675.00
17.	Enter donations from Schedule IN-DONATE (enclose schedule)); can	not be greater than line16	17	.00
18.	Subtract line 17 from line 16		Overpayment	18	675.00
19.	Amount from line 18 to be applied to your 2022 estimated tax a	ccour	t (see instructions).		
	Enter your county code county tax to be applied _\$	а	.00		
	Spouse's county code county tax to be applied _\$	b	.00		
	Indiana adjusted gross income tax to be applied\$	С	.00		
	Total to be applied to your estimated tax account (a + b + c; car	nnot b	e more than line 18)	19d	.00
20.	Penalty for underpayment of estimated tax from Schedule IT-22	210 or	IT-2210A	20	.00
21.	Refund: Line 18 minus lines 19d and 20. Note: If less than zero	line 23 Your Refund	21	675.00	
22.	Direct Deposit (see instructions) a. Routing Number 0 7 4 0 0 0 0 1 0 b. Account Number 3 6 8 8 8 5 9 7 c. Type: X Checking Savings Hoosier Works No. 10 Checking Savings Hoosier Works No. 10 Checking Savings Hoosier Works No. 10 Checking Savings Savings Hoosier Works No. 10 Checking Savings S		United States		
23.	If line 15 is more than line 14, subtract line 14 from line 15. Add (see instructions)		•	23	.00
24.	Penalty if filed after due date (see instructions)			24	.00
25.	Interest if filed after due date (see instructions)			25	.00
26.	Amount Due: Add lines 23, 24 and 25	-		26	.00
Sign	and date this return after reading the Authorization stateme	ent or	Schedule 7. You must en	close Sch	edule 7.
 Your	Signature Date	S _I	pouse's Signature		Date

- If enclosing payment mail to: Indiana Department of Revenue, P.O. Box 7224, Indianapolis, IN 46207-7224.
- Mail all other returns to: Indiana Department of Revenue, P.O. Box 40, Indianapolis, IN 46206-0040.





Schedule 3: Exemptions

2021

Enclosure Sequence No. **03**

Name(s) shown on Form IT-40	Security Number						
SAHITESH KUMAR REDDYPELLY	21	5711					
Complete and enclose Schedule IN-DEP: Dependent Information and Additional Dependent Child Information if you are claiming dependents on lines 2 and/or 3 bo	elow.		Round all entries				
1. Enter \$2000 if you are married filing jointly; otherwise, enter \$1000		1	1000.00				
Enter the number of dependents listed on Schedule IN-DEP, Box 6 x \$100 You MUST enclose Schedule IN-DEP.	2	.00					
 3. You may claim an additional exemption for each qualifying dependent child: who is a son, stepson, daughter, stepdaughter, foster child and/or child for who legal guardian, who was under the age of 19 by Dec. 31, 2021, or a full-time student who was under the age of 24 by Dec. 31, 2021, and who you are eligible to claim as a dependent on line 2 above. 	m you are a						
Enter the number of additional dependents listed on Schedule IN-DEP, Box 7. x \$1500		3	.00				
4. Place "X" in box(es) below if, by December 31, 2021 You were age 65 or older and/or blind Spouse was 65 or older and/or blind Total number of boxes with Xs x \$1000		4	.00				
 5. If age 65 or older, enter amount from Form IT-40, line 1. If filing as married filing separately and this amount is less than \$20,000, place the "You were age 65 or older" box below. For all other filers age 65 or older, if this amount is less than \$40,000, place "X" appropriate box(es) below. You were age 65 or older Spouse was 65 or older 			, • [• •				
Total number of boxes with Xs x \$500		5	.00				
6. Add lines 1, 2, 3, 4 and 5. Enter here and on Form IT-40, line 6 Tota	I Exemptions	6	1000.00				

a. Enter fund name

b. Enter fund name

REV 04/03/22 PRO

Enter fund name

Schedule 5: Credits

2021

Enclosure Sequence No. **04**

Your Social Security Number Name(s) shown on Form IT-40 21 746 5711 SAHITESH KUMAR REDDYPELLY Round all entries 4615 .00 1. Indiana state tax withheld: enclose W-2s, 1099s showing state tax withholding amounts 2885 2. Indiana county tax withheld: enclose W-2s, 1099s showing county tax withholding amounts _ 3. Estimated tax paid for 2021: include any extension payment made with Form IT-9 4. Unified tax credit for the elderly 5. Earned income credit: enclose Schedule IN-EIC and enter amount from line A-3 5 6. Lake County residential income tax credit 7. Economic development for a growing economy credit. Enter amount from Schedule IN-EDGE, 0 0 line 19 (enclose schedule) 8. Economic development for a growing economy retention credit. Enter amount from Schedule IN-EDGE-R, line 19 (enclose schedule) 8 9. Headquarters relocation credit (refundable portion - see instructions) 10. Add lines 1 through 9. Enter total here and on Form IT-40, line 12 Total Credits 7500. 10 **Schedule IN-DONATE** Important. The amount on line 2 cannot exceed the amount on Form IT-40/IT-40PNR, line 16. 1. Donations: List fund name, 3-digit code and amount to be donated (see instructions)



2. Add lines 1a through 1c. Enter total here and on Form IT-40/IT-40PNR, line 17 **Total Donations**

code no.

code no.

code no.

1a

1b

1c

00

0 0

Schedule 7 Form IT-40, State Form 54000 (R12 / 9-21)

Schedule 7: Additional Required Information 2021

Enclosure Sequence No. 06

Name(s) shown on Form IT-40	Your Social Security Number
SAHITESH KUMAR REDDYPELLY	746 21 5711
1. Federal filing information Are you filing a federal income tax return for 2021? Place "X" in approp	
2. Out-of-state income Complete if you and/or your spouse (if filing income from Illinois, Kentucky, Michigan, Ohio, Pennsylvania or Wiscon for state where you and/or your spouse worked.	
State where you worked Your income	State where spouse worked Spouse's income
\$.00	\$.00
3. Extension of time to file a. Place "X" in box if you have filed a federal extension of time to file.	, Form 4868, or made an online extension payment.
b. Place "X" in box if you have filed an Indiana extension of time to fil	le, Form IT-9, or made an Indiana extension payment online.
4. Farm / Fishing income Place "X" in box if at least two-thirds of your gross income was made fr Important: If you placed an "X" in the box, you MUST attach Schedule I	
5. Schedule IN-40PA filers. If you are eligible to file federal Form 8857, Indiana Schedule IN-40PA, enclose Schedule IN-40PA and check the b	
6. Date of death If any individual listed at the top of the IT-40 died <i>during</i> 2021, enter o	date of death (MM/DD).
Taxpayer's date of death 2021 Spouse's	s date of death 2021
Authorization Sign Form IT-40 after reading the following statemed Under penalty of perjury, I have examined this return and all attachment plete and correct. I understand that if this is a joint return, any refund we taxes due under this return. Also, my request for direct deposit of my request to furnish my financial institution with my routing number, accomy refund is properly deposited. I give permission to the Department to Social Security number(s) used on this return is correct.	nts and to the best of my knowledge and belief, it is true, com- rill be made payable to us jointly and each of us is liable for all efund includes my authorization to the Indiana Department of ount number, account type and Social Security number to ensure
7. Your daytime Your	
telephone number 4155289736 email addre	SAHITESHR@GMAIL.COM
I authorize the Department to discuss my return with my personal representative.	Paid Preparer: Firm's Name (or yours if self-employed)
Yes No If yes, complete the information below.	GLOBAL TAXES LLC
Personal Representative's Name (please print)	IN-OPT on file with paid preparer if not filing electronically
	PTIN P02082703
Telephone number	Address 2530 PEBBLE CREEK LN
Address	City CUMMING
City	State GA Zip Code 30041 Preparer's
State Zip Code	signature SYAM PRIYA RAM SAGAR GUPTA





County Tax Schedule for Full-Year Indiana Residents

2021

Enclosure Sequence No. **07**

1	Name(s) shown on Form IT-40	Security	y Number	
S.	AHITESH KUMAR REDDYPELLY	21	5711	
1.	Enter the amount from IT-40, line 7. Note: If both you and your spouse lived in the same county on January 1, enter the entire amount from Form IT-40, line 7 on line 1A (do not complete Column B). See instructions	Column A - Yourself 1A 129986.00	c	olumn B - Spouse's
2.	Enter the county tax rate from the chart on the back of this schedule for the county where you lived on Jan. 1, 2021	2A .0202000	2B .	
3.	Multiply line 1 by the rate on line 2 (leave blank if less than zero)	3A 2626.00	3B	.00
4.	Add lines 3A and 3B. Enter the total here. Note: Perry County r County and worked in the Kentucky counties of Breckinridge complete lines 5 and 6. Otherwise, enter the total here and on li	e, Hancock or Meade, you must	4	2626.00
5.	Enter the amount of income that was taxed by certain Kentucky lo	ocalities (see instructions)	5	.00
6.	Multiply line 5 by .0181 and enter total here		6	.00
7.	Enter total of line 4 minus line 6. Enter this amount on line 9 of Fo	orm IT-40	7	2626.00



Indiana Individual Income Tax DECLARATION OF ELECTRONIC FILING one Tay for the Tay Year January 1 - December 31, 2021

Do Not	Mail	This
Form	To D	OR

State Form 533	_{.99} In	come ra	x for the	ıax Y	ear	Janua	ry 1	- De	ecen	nbe	r 31	, 202	. 1		_				
(R17 / 9-21)		Subr	mission I	D _										_			\perp		
First Name and Middle SAHITESH KUMA							Your Social Security Number 746 21 5711 Spouse's Social Security							Number					
Spouse's First Name a	Spouse's	s Last Nam	ie				S	treet	Addı	ress			'						
Initial							7	25	W V	WAL	NUT	ST	D						
City INDIANAPOLIS							n		tate N			Zip Co 4620				Teleph 28 9			ber
	Part	I Tax	Return	Inforr	nati	on (Se	ee Ir	stru	ctio	ns c	n N	ext F	Page)						
Federal Adjusted G					T							1.						1	30986
Indiana Adjusted G												2.							29986
3. Total Indiana Tax												3.							6825
4. Total State Tax Wit												4.							4615
5. Total County Tax W												5.							2885
6. Total Indiana Tax C												6.							7500
7. Refund				·······								7.							675
8. Amount You Owe											. L	8.							
			P	art II	۱ (Direct	Dep	osit	t										
9. Routing number	0 7 4 0	0 0	0 1 (O No	te: 1	The firs	t two	diait	ts of	the	routi	na nu	ımber	must b	e 01	- 12 c	or 21	- 32.	
	3 6 8 8	8 8	5 9 -	7								5		Do					
11. Type of account: Σ		☐ Sav			or Ma	rks MC								Th	is F	orm	1		
	_		•					П						To	o Do	OR			
2. Place an "X" in the		-																	
My request for direct d with my routing number			•											-			ıstıtu	tion	
with my fouting number	er, account nur	ilbei, accoi		Part l		Decla			HISUI	emy	/ reiu	iiu is į	properi	y uepo	Sileu.				
corresponding lines of complete. I consent to using a computer syste pertaining to my use o and/or transmitter an a reason(s) for the rejec reason(s) for the delay	o my ERO sendem and software f the system a acknowledgem tion. If the prod	ding my re are to prepa nd software ent of rece cessing of	turn, this d are and tra e and to th ipt of trans my return o	leclarati nsmit m e transi missior	ion, a ny ret missi n and	and accourn election of my an indicate	ompa stronic y retu catior	nying cally, irn ele n of w	g sch I con ectro heth	edulensent nical er or	es ar toth lly. I a not i	nd star ne disc also co my ret	tement closure onsent urn is a	s to the to the to the l accepte	e DOI DOR DOR ed, an	R. In a of all sendin nd, if re	addit infor ng m eject	tion, t mation ny ER ted, th	by on IO ne
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I will enter my PIN own PIN and your														only if y	ou ar	e ente	əring	your	Α
Spouse's signature ▶						Date													
Part	IV Practit	ioner Ce	rtificatio	on and	d Aı	ıthent	icat	ion ·	- Pr	acti	ition	er P	IN Me	ethod	ON	LY			
ERO's EFIN/PIN. Ente	er your six-digit	EFIN follo	wed by you	ur five-c	digit s	elf sele	cted I	PIN.	5	8	7	2 7	8 t enter all	6 1	9	8	9		
I certify that the above taxpayer(s) indicated a												ally file	ed inco	me tax				d.	
ERO's Signature ▶						Date _													

1030 REV 04/03/22 PRO