

# 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 MANASA VINNAKOTA	Social security number 147-99-6844
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	92,825.
2	Total tax . . . . .	2	12,990.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	3	10,562.
4	Amount you want refunded to you . . . . .	4	
5	Amount you owe . . . . .	5	2,430.

## 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 

9	6	8	4	4
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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 ▶ \_\_\_\_\_

### 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
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**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**

IF you live in . . .	THEN use this address to send in your payment . . .
Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214
Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Oklahoma, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, South Dakota, Utah, Washington, Wyoming	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury  
Internal Revenue Service (99)

**2021**

**Form 1040-V Payment Voucher**

- ▶ Use this voucher when making a payment with Form 1040.
- ▶ Do not staple this voucher or your payment to Form 1040.
- ▶ Make your check or money order payable to the 'United States Treasury.'
- ▶ Write your social security number (SSN) on your check or money order.

Enter the amount of your payment . . . . . ▶	<b>2,430.</b>
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REV 02/17/22 PRO 1555

MANASA VINNAKOTA  
  
1314 N 113TH CT 4603  
OMAHA NE 68154

INTERNAL REVENUE SERVICE  
P.O. BOX 802501  
CINCINNATI, OH 45280-2501

147996844 TU VINN 30 0 202112 610

**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 ▶ **ROHAN RAJ MADISHETTY**

Your first name and middle initial <b>MANASA</b>	Last name <b>VINNAKOTA</b>	<b>Your social security number</b> 147-99-6844
If joint return, spouse's first name and middle initial	Last name	<b>Spouse's social security number</b> 758-76-4864
Home address (number and street). If you have a P.O. box, see instructions. <b>1314 N 113TH CT</b>		Apt. no. <b>4603</b>
City, town, or post office. If you have a foreign address, also complete spaces below. <b>OMAHA</b>		State <b>NE</b>
		ZIP code <b>68154</b>
Foreign country name	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"/>	<input type="checkbox"/>				

Attach Sch. B if required.	<b>1</b> Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	<b>1</b>	84,186.
	<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>7</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ▶ <input type="checkbox"/>	<b>7</b>	8,639.
	<b>8</b> Other income from Schedule 1, line 10 . . . . .	<b>8</b>	0.
	<b>9</b> Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . . ▶	<b>9</b>	92,825.
	<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>	92,825.
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> <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .	<b>12a</b>	12,550.
	<b>b</b> Charitable contributions if you take the standard deduction (see instructions)	<b>12b</b>	
	<b>c</b> Add lines 12a and 12b . . . . .	<b>12c</b>	12,550.
	<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>	12,550.
	<b>15</b> <b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . .	<b>15</b>	80,275.



**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: **MANASA VINNAKOTA** Your social security number: **147-99-6844**

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 . . . . .	6,276.	4,974.		1,302.
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .	4,064.	2,731.		1,333.
<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> 2,635.

**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 . . . . .	11,863.	5,859.		6,004.
<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> 6,004.

**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>	8,639.
<p><b>17</b> Are lines 15 and 16 <b>both</b> gains?  <input checked="" type="checkbox"/> <b>Yes.</b> Go to line 18.  <input 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?  <input checked="" 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.   <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?   <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.   <input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>		



Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

**Social security number or taxpayer identification number**

MANASA VINNAKOTA

147-99-6844

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part II Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box D, E, or F below. Check only one box.** If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). <b>See the separate instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	ROBINHOOD SECURITIES LLC	06/30/20	03/20/21	11,863.	5,859.			6,004.
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 8b</b> (if <b>Box D</b> above is checked), <b>line 9</b> (if <b>Box E</b> above is checked), or <b>line 10</b> (if <b>Box F</b> above is checked) ►				11,863.	5,859.			6,004.

**Note:** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.





# Health Savings Accounts (HSAs)

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**  
 ▶ **Go to [www.irs.gov/Form8889](http://www.irs.gov/Form8889) for instructions and the latest information.**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
 MANASA VINNAKOTA

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶ 147-99-6844

**Before you begin:** Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2021. See instructions . . . . .	▶	<input checked="" type="checkbox"/> Self-only	<input type="checkbox"/> Family
2	HSA contributions you made for 2021 (or those made on your behalf), including those made from January 1, 2022, through April 15, 2022, that were for 2021. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions . . . . .	2		0.
3	If you were under age 55 at the end of 2021 and, on the first day of <b>every</b> month during 2021, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,600 (\$7,200 for family coverage). <b>All others</b> , see the instructions for the amount to enter . . . . .	3		3,600.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2021 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2021, also include any amount contributed to your spouse's Archer MSAs . . . . .	4		
5	Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	5		3,600.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2021, see the instructions for the amount to enter . . . . .	6		3,600.
7	If you were age 55 or older at the end of 2021, married, and you or your spouse had family coverage under an HDHP at any time during 2021, enter your additional contribution amount. See instructions . . . . .	7		0.
8	Add lines 6 and 7 . . . . .	8		3,600.
9	Employer contributions made to your HSAs for 2021 . . . . .	9		1,500.
10	Qualified HSA funding distributions . . . . .	10		
11	Add lines 9 and 10 . . . . .	11		1,500.
12	Subtract line 11 from line 8. If zero or less, enter -0- . . . . .	12		2,100.
13	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 <b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	13		0.

**Part II HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2021 from all HSAs (see instructions) . . . . .	14a		251.
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions . . . . .	14b		
c	Subtract line 14b from line 14a . . . . .	14c		251.
15	Qualified medical expenses paid using HSA distributions (see instructions) . . . . .	15		251.
16	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8e . . . . .	16		0.
17a	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here . . . . . ▶ <input type="checkbox"/>			
b	<b>Additional 20% tax</b> (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c . . . . .	17b		

**Part III Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule . . . . .	18		
19	Qualified HSA funding distribution . . . . .	19		
20	<b>Total income.</b> Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8z, and enter "HSA" and the amount on the dotted line . . . . .	20		
21	<b>Additional tax.</b> Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d . . . . .	21		

# Nebraska Individual Estimated Income Tax

## Payment Voucher

FORM 1040N-ES  
**2022**

**1** Amount of this payment (net of the calculated payment and any 2021 overpayment applied to 2022's estimated income tax installments) ..... **1** 163.

Name that will be Shown First on your Income Tax Return Last Name  
MANASA VINNAKOTA

If a Joint Return, Spouse's First Name and Initial Last Name

Current Mailing Address (Number and Street or PO Box)  
1314 N 113TH CT, Apt. 4603

City State Zip Code  
OMAHA NE 68154

**1** This installment is due on or before  
**April 15, 2022.**

**Important:** Social Security numbers must be entered below.  
**First Social Security Number on your Income Tax Return**  
147-99-6844  
**Spouse's Social Security Number**

- File only if you are making a payment of estimated income tax by check or money order.
- Fiscal year taxpayers—see instructions.

[Consider paying electronically.](#) Otherwise, mail this voucher and your check or money order to:  
**Nebraska Department of Revenue, PO Box 98911, Lincoln, NE 68509-8911.**

CG REV 02/05/22 PRO

8-014-2021

# Nebraska Individual Estimated Income Tax

## Payment Voucher

FORM 1040N-ES  
**2022**

**1** Amount of this payment (net of the calculated payment and any 2021 overpayment applied to 2022's estimated income tax installments) ..... **1** 163.

Name that will be Shown First on your Income Tax Return Last Name  
MANASA VINNAKOTA

If a Joint Return, Spouse's First Name and Initial Last Name

Current Mailing Address (Number and Street or PO Box)  
1314 N 113TH CT, Apt. 4603

City State Zip Code  
OMAHA NE 68154

**2** This installment is due on or before  
**June 15, 2022.**

**Important:** Social Security numbers must be entered below.  
**First Social Security Number on your Income Tax Return**  
147-99-6844  
**Spouse's Social Security Number**

- File only if you are making a payment of estimated income tax by check or money order.
- Fiscal year taxpayers—see instructions.
- If your estimated tax needs to be amended, use the Amended Computation Schedule.

[Consider paying electronically.](#) Otherwise, mail this voucher and your check or money order to:  
**Nebraska Department of Revenue, PO Box 98911, Lincoln, NE 68509-8911.**

CG REV 02/05/22 PRO

8-014-2021

# Nebraska Individual Estimated Income Tax

## Payment Voucher

FORM 1040N-ES  
**2022**

**1** Amount of this payment (net of the calculated payment and any 2021 overpayment applied to 2022's estimated income tax installments) ..... **1** 163.

Name that will be Shown First on your Income Tax Return Last Name  
MANASA VINNAKOTA

If a Joint Return, Spouse's First Name and Initial Last Name

Current Mailing Address (Number and Street or PO Box)  
1314 N 113TH CT, Apt. 4603

City State Zip Code  
OMAHA NE 68154

**3** This installment is due on or before  
**September 15, 2022.**

**Important:** Social Security numbers must be entered below.  
**First Social Security Number on your Income Tax Return**  
147-99-6844  
**Spouse's Social Security Number**

- File only if you are making a payment of estimated income tax by check or money order.
- Fiscal year taxpayers—see instructions.
- If your estimated tax needs to be amended, use the Amended Computation Schedule.

[Consider paying electronically.](#) Otherwise, mail this voucher and your check or money order to:  
**Nebraska Department of Revenue, PO Box 98911, Lincoln, NE 68509-8911.**

CG REV 02/05/22 PRO

8-014-2021

# Nebraska Individual Estimated Income Tax

## Payment Voucher

**1** Amount of this payment (net of the calculated payment and any 2021 overpayment applied to 2022's estimated income tax installments) ..... **1** 163.

Name that will be Shown First on your Income Tax Return Last Name  
MANASA VINNAKOTA

If a Joint Return, Spouse's First Name and Initial Last Name

Current Mailing Address (Number and Street or PO Box)  
1314 N 113TH CT, Apt. 4603

City State Zip Code  
OMAHA NE 68154

**4** This installment is due on or before  
**January 15, 2023.**

<b>Important:</b> Social Security numbers must be entered below.	
<b>First Social Security Number on your Income Tax Return</b>	147-99-6844
<b>Spouse's Social Security Number</b>	

- File only if you are making a payment of estimated income tax by check or money order.
- Fiscal year taxpayers—see instructions.
- If your estimated tax needs to be amended, use the Amended Computation Schedule.

[Consider paying electronically.](#) Otherwise, mail this voucher and your check or money order to:

CG REV 02/05/22 PRO

**Nebraska Department of Revenue, PO Box 98911, Lincoln, NE 68509-8911.**

8-014-2021

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**Nebraska Individual Income Tax Payment Voucher**

PLEASE PRINT OR TYPE	Your First Name and Initial MANASA		Last Name VINNAKOTA		Please Do Not Write In This Space	
	If a Joint Return, Spouse's First Name and Initial		Last Name			
	Current Mailing Address (Number and Street or PO Box) 1314 N 113TH CT, Apt. 4603					
	City OMAHA		State NE	Zip Code 68154		Your Social Security Number 1 4 7   9 9   6 8 4 4
	Daytime Phone Number ( 708 ) 435-3829		Amount Remitted 171.	00		Spouse's Social Security Number 7 5 8   7 6   4 8 6 4

Use our safe and secure Nebraska e-pay system to make and manage your Nebraska income tax payments. Please visit [revenue.nebraska.gov](http://revenue.nebraska.gov) for additional information about e-pay.

If full payment is not made on or before April 15, 2022, the tax due is subject to penalty and interest.

**Do not mail this voucher if you are paying electronically.** If paying by check or money order, mail this voucher and payment to:  
**Nebraska Department of Revenue, PO Box 98903, Lincoln, NE 68509-8903.**  
**revenue.nebraska.gov, 800-742-7474 (NE and IA), 402-471-5729**

8-549-2021

**Nebraska Individual Income Tax Return**  
for the taxable year January 1, 2021 through December 31, 2021 or other taxable year:  
, 2021 through ,

Please Type or Print	Your First Name and Initial <b>MANASA</b>		Last Name <b>VINNAKOTA</b>		Please Do Not Write In This Space
	If a Joint Return, Spouse's First Name and Initial		Last Name		
	Current Mailing Address (Number and Street or PO Box) <b>1314 N 113TH CT, Apt. 4603</b>				
	City <b>OMAHA</b>		State <b>NE</b>	Zip Code <b>68154</b>	
Your Social Security Number <b>1 4 7 9 9 6 8 4 4</b>		Spouse's Social Security Number		<b>High School District Code</b> <b>2 8 2 8 0 0 1</b>	
At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
(1) <input type="checkbox"/> Farmer/Rancher		(2) <input type="checkbox"/> Active Military		(1) <input type="checkbox"/> Deceased Taxpayer(s) (first name & date of death): _____	

**1 Federal Filing Status:**  
 (1)  Single (3)  Married, filing separately—Spouse's SSN: 758-76-4864 (4)  Head of Household  
 (2)  Married, filing jointly and Full Name ROHAN RAJ MADISHETTY (5)  Widow(er) with dependent children

**2a Check if YOU were:** (1)  65 or older (2)  Blind **2b Check here if someone (such as your parent) can claim you or your spouse as a dependent:** (1)  You (2)  Spouse  
 SPOUSE was: (3)  65 or older (4)  Blind

**3 Type of Return:**  
 (1)  Resident (2)  Partial-year resident from \_\_\_\_\_, 2021 to \_\_\_\_\_, 2021 (attach Schedule III)  
 (3)  Nonresident (attach Schedule III)

**4 Nebraska personal exemptions.** (Enter 1 in each line of 4a or 4b that applies):

**a Yourself.** If someone can claim you as a dependent, leave blank. . . . . **4 a** 1

**b Spouse.** Married filing jointly returns, if someone can claim your spouse as a dependent leave blank. . . . . **4 b** \_\_\_\_\_

Dependents, if more than three, see instructions	Dependent's Social Security Number
First Name	Last Name

Total number of dependents listed . . . . . **4 c** \_\_\_\_\_

Total Nebraska personal exemptions – add lines 4a, 4b, and 4c . . . . .		<b>4</b>	1
<b>5 Federal adjusted gross income (AGI)</b> (line 11, Federal Form 1040 or 1040-SR) Do not leave blank . . . . .		<b>5</b>	92,825.00
<b>6 Nebraska standard deduction</b> (if you checked any boxes on line 2a or 2b above, see instructions; otherwise, enter \$7,100 if single; \$14,200 if married, filing jointly or qualified widow[er]; \$7,100 if married, filing separately; or \$10,450 if head of household) . . . . .	6	7,100.00	
<b>7 Total itemized deductions</b> (line 17, Federal Schedule A – see instructions) . . . . .	7	00	
<b>8 State and local income taxes</b> (line 5a, Schedule A, Federal Form 1040 or 1040-SR) . . . . .	8	0.00	
<b>9 Nebraska itemized deductions</b> (line 7 minus line 8) . . . . .	9	0.00	
<b>10 Nebraska standard deduction or the Nebraska itemized deductions, whichever is greater</b> (the larger of line 6 or line 9) . . . . .	10	7,100.00	
<b>11 Nebraska income before adjustments</b> (line 5 minus line 10) . . . . .	11	85,725.00	
<b>12 Adjustments increasing federal AGI</b> (line 9, from attached Nebraska Schedule I) . . . . .	12	00	
<b>13 Adjustments decreasing federal AGI</b> (line 31, from attached Nebraska Schedule I) . . . . .	13	0.00	
<b>14 Nebraska Taxable Income</b> (enter line 11 plus line 12 minus line 13). If less than -0-, enter -0-. Residents complete lines 15 and 16. Partial-year residents and nonresidents complete Nebr. Sch. III before continuing . . . . .	14	85,725.00	
<b>15 Nebraska income tax</b> (Partial-year residents and nonresidents enter the result from line 9, Nebraska Schedule III. Paper filers may use the Nebraska Tax Table. All others must use Tax Calculation Schedule.) . . . . .	15	4,939.00	
<b>16 Nebraska other tax calculation:</b>			
<b>a Federal Tax on Lump-Sum Distributions</b> (Federal Form 4972) <b>16 a</b> \$ _____			
<b>b Federal tax on early distributions</b> (lesser of Federal Form 5329 or line 8, Sch. 2, Federal Form 1040 or 1040-SR) <b>16 b</b> \$ _____			
<b>c Total</b> (add lines 16a and 16b) . . . . . <b>16 c</b> \$ _____			
Residents multiply line 16c by 29.6% (x .296) and enter the result on line 16.			
Partial-year residents and nonresidents enter the result from line 10, Nebraska Schedule III . . . . .	16	00	
<b>17 Total Nebraska tax before Nebraska personal exemption credit</b> (add lines 15 and 16). Do not pay the amount on this line. Pay the amount from line 43. . . . .	17	4,939.00	

18	Nebr. personal exemption credit for residents only (\$142 times the number on line 4)	18	142.	00
19	Credit for tax paid to another state, line 6, Nebraska Schedule II (attach Nebraska Schedule II and a copy of the other state's return)	19		00
20	Credit for the elderly or disabled (attach copy of Federal Schedule R)	20		00
21	Community Development Assistance Act credit (attach Form CDN)	21		00
22	Form 3800N nonrefundable credit (attach Form 3800N)	22		00
23	Nebraska child/dependent care nonrefundable credit, only if line 5 is more than \$29,000 (attach a copy of Federal Form 2441 and see instructions)	23		00
24	Credit for financial institution tax (attach Form NFC)	24		00
25	Employer's credit for expenses incurred for TANF (ADC) recipients (see instr.)	25		00
26	School Readiness Tax Credit for providers (see instructions)	26		00
27	Designated extremely blighted area tax credit (attach Form 1040N-EB)	27		00
28	Total nonrefundable credits (add lines 18 through 27)	28	142.	00
29	Nebraska tax after nonrefundable credits. Subtract line 28 from line 17 (if line 28 is more than line 17, enter -0-). If the result is greater than your federal tax liability, see page 9 in the instructions. If entering federal tax, check box <input type="checkbox"/> and attach a copy of the federal return	29	4,797.	00
30	Total Nebraska income tax withheld (attach 2021 Forms, see instructions) a W-2 \$ 4,626. b K-1N \$ c W-2G, 1099-R, 1099-MISC, 1099-NEC or others \$ 0.	30	4,626.	00
31	2021 estimated income tax payments (include any 2020 overpayment credited to 2021 and any payments submitted with an extension request)	31		00
32	Form 3800N refundable credit (attach Form 3800N)	32		00
33	Nebraska child/dependent care refundable credit, if line 5 is \$29,000 or less (attach a copy of Form 2441N)	33		00
34	Beginning Farmer credit from Form 1099 BFC (NDA NextGen)	34		00
35	Nebraska earned income credit. Enter number of qualifying children 97 <input type="checkbox"/> Federal credit 98 \$ <input type="text"/> .00 x .10 (10%) (attach pages 1-2 of federal return)	35		00
36	Nebraska Property Tax Incentive Act Credit (attach Form PTC)	36		00
37	Credit for qualified Volunteer Emergency Responders (see instructions)	37		00
38	School Readiness Tax Credit for qualified staff members (see instructions)	38		00
39	Total refundable credits (add lines 30 through 38)	39	4,626.	00
40	Penalty for underpayment of estimated tax (see instructions). If you calculated a Form 2210N penalty of -0- or greater, or used the annualized income method, attach Form 2210N, and check this box 96 <input type="checkbox"/>	40		00
41	Total tax and penalty. Add lines 29 and 40	41	4,797.	00
42	Use tax due on taxable purchases where applicable sales tax was not collected. (see instructions) Enter purchases subject to state tax 91 \$ _____ State tax 92 \$ _____ (purchases x 5.5%); Enter purchases subject to local tax 93 \$ _____ Local tax 94 \$ _____ (purchases x local rate of _____ %) 95 Local code _____ (see local rate schedule); Add state and local taxes and enter on line 42. If no use tax is due, enter -0- on line 42.	42	0.	00
43	Total amount due. If line 39 is less than total of lines 41 and 42, subtract line 39 from the total of lines 41 and 42. Pay this amount in full. For electronic or credit card payment, check here <input type="checkbox"/> and see instructions	43	171.	00
44	Overpayment. If line 39 is more than total of lines 41 and 42, subtract total of lines 41 and 42 from line 39.	44		00
45	Amount of line 44 you want applied to your 2022 estimated tax	45		00
46	Wildlife Conservation Fund donation of \$1 or more	46		00
47	Amount of line 44 you want refunded to you (line 44 minus lines 45 and 46) <b>Your refund will generally be issued by July 15, if your paper return is filed by April 15</b> (see instructions)	47	0.	00

48a Routing Number  48b Type of Account  1 = Checking 2 = Savings

48c Account Number

48d  Check this box if this refund will go to a bank account outside the United States.



Under penalties of perjury, I declare that, as taxpayer or preparer, 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  
708 435-3829

MANASA5267@GMAIL.COM

Email Address

Keep a copy of this return for your records.

Spouse's Signature (if filing jointly, both must sign)

Daytime Phone

paid preparer's use only

SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/25/2022  
Preparer's Signature Date  
GLOBAL TAXES LLC 2530 Pebble Creek Ln Cumming GA 30041  
Print Firm's Name (or yours if self-employed), Address and Zip Code

P02082703  
Preparer's PTIN  
30-1017196  
EIN

678 965-9522  
Daytime Phone

CG REV 02/05/22 PRO

Mail returns requesting a refund to: Nebraska Department of Revenue, PO Box 98912, Lincoln, NE 68509-8912.  
Mail returns not requesting a refund to: Nebraska Department of Revenue, PO Box 98934, Lincoln, NE 68509-8934.