

IRS e-file Signature Authorization

▶ **ERO must obtain and retain completed Form 8879.**
▶ **Go to www.irs.gov/Form8879 for the latest information.**

Submission Identification Number (SID) ▶

Taxpayer's name MANASA ENUGALA	Social security number 678-87-9475
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	179,222.
2 Total tax	2	31,106.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	33,145.
4 Amount you want refunded to you	4	2,039.
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

7	9	4	7	5
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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
---	---	---	---	---	---	---	---	---	---	---

 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 ▶ **PRADEEP KATUKURI**

Your first name and middle initial MANASA	Last name ENUGALA	Your social security number 678-87-9475
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number 665-12-7841
Home address (number and street). If you have a P.O. box, see instructions. 1151 EAST KENSINGTON RD		Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below. GILBERT		State AZ
Foreign country name		ZIP code 85297
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):

(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. 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 <i>Standard Deduction</i> , see instructions.	1	Wages, salaries, tips, etc. Attach Form(s) W-2		1	135,608.	
	2a	Tax-exempt interest	2a	2b	2.	
	3a	Qualified dividends	3a	445.	3b	445.
	4a	IRA distributions	4a		4b	
	5a	Pensions and annuities	5a		5b	
	6a	Social security benefits	6a		6b	
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>			7	59,467.
	8	Other income from Schedule 1, line 10			8	-10,300.
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶			9	185,222.
	10	Adjustments to income from Schedule 1, line 26			10	6,000.
	11	Subtract line 10 from line 9. This is your adjusted gross income ▶			11	179,222.
	12a	Standard deduction or itemized deductions (from Schedule A)	12a	12,550.		
	b	Charitable contributions if you take the standard deduction (see instructions)	12b	300.		
	c	Add lines 12a and 12b	12c			12,850.
	13	Qualified business income deduction from Form 8995 or Form 8995-A	13			
14	Add lines 12c and 13	14			12,850.	
15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15			166,372.	

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	29,126.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	29,126.
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3, line 8	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	29,126.
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	1,980.
24	Add lines 22 and 23. This is your total tax	24	31,106.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	33,145.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	0.
d	Add lines 25a through 25c	25d	33,145.
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC) 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"/>	27a	
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 total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	33,145.
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	2,039.
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	2,039.
Direct deposit? See instructions.	b Routing number 1 2 1 0 0 0 3 5 8 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number 3 2 5 0 9 0 6 8 5 2 4		
	36 Amount of line 34 you want applied to your 2022 estimated tax	36	
Amount You Owe	37 Amount you owe . 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.

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.)

Phone no. (408) 887-8252 Email address MANASAE26@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	03/11/2022	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 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
MANASA ENUGALA

Your social security number
678-87-9475

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶ _____		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-10,300.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling income	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Taxable Health Savings Account distribution	8e	
f	Alaska Permanent Fund dividends	8f	
g	Jury duty pay	8g	
h	Prizes and awards	8h	
i	Activity not engaged in for profit income	8i	
j	Stock options	8j	
k	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	8k	
l	Olympic and Paralympic medals and USOC prize money (see instructions)	8l	
m	Section 951(a) inclusion (see instructions)	8m	
n	Section 951A(a) inclusion (see instructions)	8n	
o	Section 461(l) excess business loss adjustment	8o	
p	Taxable distributions from an ABLE account (see instructions)	8p	
z	Other income. List type and amount ▶ _____	8z	
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	-10,300.

Part II Adjustments to Income

11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN	▶ _____		
c	Date of original divorce or separation agreement (see instructions) ▶ _____			
20	IRA deduction		20	6,000.
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
a	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	24b		
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l	24c		
d	Reforestation amortization and expenses	24d		
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		
i	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	24i		
j	Housing deduction from Form 2555	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
z	Other adjustments. List type and amount ▶ _____	24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	6,000.

**SCHEDULE 2
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Taxes

▶ Attach to Form 1040, 1040-SR, or 1040-NR.
▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2021
Attachment
Sequence No. **02**

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

Your social security number
678-87-9475

Part I Tax

1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	3	

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5	
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6	
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	95.
12	Net investment income tax. Attach Form 8960	12	1,885.
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	

(continued on page 2)

Part II Other Taxes *(continued)*

17	Other additional taxes:		
a	Recapture of other credits. List type, form number, and amount ▶ _____	17a	
b	Recapture of federal mortgage subsidy. If you sold your home in 2021, see instructions	17b	
c	Additional tax on HSA distributions. Attach Form 8889	17c	
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d	
e	Additional tax on Archer MSA distributions. Attach Form 8853	17e	
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f	
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g	
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h	
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i	
j	Section 72(m)(5) excess benefits tax	17j	
k	Golden parachute payments	17k	
l	Tax on accumulation distribution of trusts	17l	
m	Excise tax on insider stock compensation from an expatriated corporation	17m	
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n	
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o	
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p	
q	Any interest from Form 8621, line 24	17q	
z	Any other taxes. List type and amount ▶ _____	17z	
18	Total additional taxes. Add lines 17a through 17z		18
19	Additional tax from Schedule 8812		19
20	Section 965 net tax liability installment from Form 965-A	20	
21	Add lines 4, 7 through 16, 18, and 19. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b		21
			1,980.

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 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 ENUGALA Your social security number: 678-87-9475

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)
1a 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				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	69,008.	59,696.		9,312.
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked	0.	3,000.		-3,000.
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss) . 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				7 6,312.

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)
8a 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				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked	80,570.	27,415.		53,155.
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 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				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss) . Combine lines 8a through 14 in column (h). Then, go to Part III on the back				15 53,155.

Part III Summary

<p>16 Combine lines 7 and 15 and enter the result</p> <ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 	16	59,467.
<p>17 Are lines 15 and 16 both gains? <input checked="" type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p>		
<p>18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet ▶</p>	18	
<p>19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet ▶</p>	19	
<p>20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? <input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.</p>		
<p>21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:</p> <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p>	21 ()	
<p>22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. <input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>		

Sales and Other Dispositions of Capital Assets

Department of the Treasury
Internal Revenue Service

► Go to www.irs.gov/Form8949 for instructions and the latest information.
► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return MANASA ENUGALA	Social security number or taxpayer identification number 678-87-9475
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Before you check Box A, B, or C 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 I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-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 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-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.

- (A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C)** Short-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 Note 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). See the separate instructions.		(h) Gain or (loss). 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	01/03/21	09/15/21	69,008.	59,696.			9,312.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ►				69,008.	59,696.			9,312.

Note: If you checked Box A 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.

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 ENUGALA

678-87-9475

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 Note 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). See the separate instructions.		(h) Gain or (loss). 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	03/02/20	01/02/21	80,570.	27,415.			53,155.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ►				80,570.	27,415.			53,155.

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.

**SCHEDULE E
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

MANASA ENUGALA

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 for instructions and the latest information.

OMB No. 1545-0074

2021

Attachment
Sequence No. **13**

Your social security number

678-87-9475

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

1a Physical address of each property (street, city, state, ZIP code)

A H.NO:2-7-468/4 EXCISE COLONY HANAMKONDA TELANGANA IN 506001

B

C

1b	Type of Property (from list below)	2	Fair Rental Days	Personal Use Days	QJV
A	3	For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	A 365	0	<input type="checkbox"/>
B			B		<input type="checkbox"/>
C			C		<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)

Income: **Properties:** **A** **B** **C**

3 Rents received **3** 760.

4 Royalties received **4**

Expenses:

5 Advertising **5** 100.

6 Auto and travel (see instructions) **6** 260.

7 Cleaning and maintenance **7** 680.

8 Commissions **8**

9 Insurance **9**

10 Legal and other professional fees **10**

11 Management fees **11** 1,350.

12 Mortgage interest paid to banks, etc. (see instructions) **12**

13 Other interest **13**

14 Repairs **14** 3,950.

15 Supplies **15** 2,860.

16 Taxes **16**

17 Utilities **17** 1,860.

18 Depreciation expense or depletion **18**

19 Other (list) ▶ **19**

20 Total expenses. Add lines 5 through 19 **20** 11,060.

21 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 **21** -10,300.

22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) **22** (10,300.)() ()

23a Total of all amounts reported on line 3 for all rental properties **23a** 760.

b Total of all amounts reported on line 4 for all royalty properties **23b**

c Total of all amounts reported on line 12 for all properties **23c**

d Total of all amounts reported on line 18 for all properties **23d**

e Total of all amounts reported on line 20 for all properties **23e** 11,060.

24 **Income.** Add positive amounts shown on line 21. Do not include any losses **24**

25 **Losses.** Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here **25** (10,300.)

26 **Total rental real estate and royalty income or (loss).** 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 **26** -10,300.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2021

Additional Medicare Tax

▶ If any line does not apply to you, leave it blank. See separate instructions.
 ▶ Attach to Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.
 ▶ Go to www.irs.gov/Form8959 for instructions and the latest information.

Name(s) shown on return: **MANASA ENUGALA** Your social security number: **678-87-9475**

Part I Additional Medicare Tax on Medicare Wages

1	Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5	1	135,608.	
2	Unreported tips from Form 4137, line 6	2		
3	Wages from Form 8919, line 6	3		
4	Add lines 1 through 3	4	135,608.	
5	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	5	125,000.	
6	Subtract line 5 from line 4. If zero or less, enter -0-	6		10,608.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II	7		95.

Part II Additional Medicare Tax on Self-Employment Income

8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0- (Form 1040-PR or 1040-SS filers, see instructions.)	8		
9	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	9		
10	Enter the amount from line 4	10		
11	Subtract line 10 from line 9. If zero or less, enter -0-	11		
12	Subtract line 11 from line 8. If zero or less, enter -0-	12		
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III	13		

Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation

14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions)	14		
15	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	15		
16	Subtract line 15 from line 14. If zero or less, enter -0-	16		
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV	17		

Part IV Total Additional Medicare Tax

18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-PR or 1040-SS filers, see instructions), and go to Part V	18		95.
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Part V Withholding Reconciliation

19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6	19	1,966.	
20	Enter the amount from line 1	20	135,608.	
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	1,966.	
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages	22		0.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions)	23		
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-PR or 1040-SS filers, see instructions)	24		0.

**Net Investment Income Tax—
Individuals, Estates, and Trusts**

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form8960 for instructions and the latest information.

Name(s) shown on your tax return

MANASA ENUGALA

Your social security number or EIN

678-87-9475

- Part I Investment Income**
- Section 6013(g) election (see instructions)
 - Section 6013(h) election (see instructions)
 - Regulations section 1.1411-10(g) election (see instructions)

1	Taxable interest (see instructions)		1	2.
2	Ordinary dividends (see instructions)		2	445.
3	Annuities (see instructions)		3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	4a -10,300.	4c	-10,300.
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b		
c	Combine lines 4a and 4b			
5a	Net gain or loss from disposition of property (see instructions)	5a 59,467.	5d	59,467.
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b		
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c		
d	Combine lines 5a through 5c			
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)		6	
7	Other modifications to investment income (see instructions)		7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7		8	49,614.

Part II Investment Expenses Allocable to Investment Income and Modifications

9a	Investment interest expenses (see instructions)	9a	9d	
b	State, local, and foreign income tax (see instructions)	9b		
c	Miscellaneous investment expenses (see instructions)	9c		
d	Add lines 9a, 9b, and 9c			
10	Additional modifications (see instructions)		10	
11	Total deductions and modifications. Add lines 9d and 10		11	

Part III Tax Computation

12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13-17. Estates and trusts, complete lines 18a-21. If zero or less, enter -0-		12	49,614.
Individuals:				
13	Modified adjusted gross income (see instructions)	13 179,222.	16	49,614.
14	Threshold based on filing status (see instructions)	14 125,000.		
15	Subtract line 14 from line 13. If zero or less, enter -0-	15 54,222.		
16	Enter the smaller of line 12 or line 15			
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include on your tax return (see instructions)		17	1,885.
Estates and Trusts:				
18a	Net investment income (line 12 above)	18a	20	
b	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)	18b		
c	Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-	18c		
19a	Adjusted gross income (see instructions)	19a	21	
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b		
c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c		
20	Enter the smaller of line 18c or line 19c			
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and include on your tax return (see instructions)			

**Nonbusiness Bad Debt
Explanation Statement**

2021

Name(s)

MANASA ENUGALA

Social Security Number

678-87-9475

Form/Line: Form 8949

Line 1

Explanation of: Nonbusiness Bad Debt

Description of debt: LOAN TO NAVEEN

Amount: \$3,000

Date debt became due: 09/23/2021

Name of debtor: NAVEEN

Relationship to debtor: FRIEND

Efforts to collect:

EFFORTS MADE TO COLLECT THE DEBT

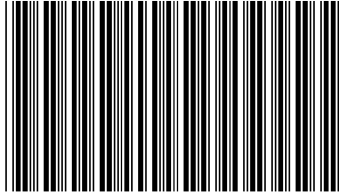
Why decided debt was worthless:

DECLARED THAT HE IS UNABLE TO PAY THE DEBT

2021 NJ-1040NR
New Jersey Nonresident Income Tax Return

For Privacy Act Notification, See Instructions

NJ-1040NR
2021
Page 1



040NV01210

For Taxable Year January 1, 2021 – December 31, 2021 or Other Tax Year
Beginning _____, 2021 Ending _____, 2022

1555

Your Social Security Number
678879475

Last Name, First Name, Initial (Joint filers enter first name and middle initial of each. Enter spouse/CU partner last name only if different.)
ENUGALA MANASA

Spouse's/CU Partner's Social Security Number

State of Residency (outside NJ)
Arizona

Home Address (Number and Street, incl. apt. # or rural route)
1151 EAST KENSINGTON RD

Driver's License # (Voluntary)
N95323407

State
AZ

City, Town, Post Office
GILBERT

State ZIP Code
AZ 85297

This is an amended return

Federal extension application attached or enter confirmation number _____

The address above is a foreign address

Your address has changed

Death certificate for deceased taxpayer is attached (See instructions page 9)

I authorize the Division of Taxation to discuss my return and enclosures with my preparer

NJ Residency Status If you were a New Jersey resident for ANY part of the tax year, give the period of New Jersey residency.

From:

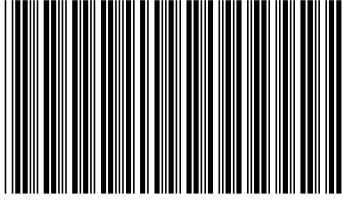
To:

Gubernatorial Elections Fund Do you want to designate \$1 of your taxes for this fund? If joint return, does your spouse/CU partner want to designate \$1? Note: If you check the "Yes" box(es), it will not increase your tax or reduce your refund.

Yes
Yes

No
No





040NV02210

Name(s) as shown on Form NJ-1040NR
ENUGALA MANASA

Your Social Security Number
678879475

1555

Filing Status
(Check only ONE box)

- 1. Single
- 2. Married/CU Couple, filing joint return
- 3. Married/CU Partner, filing separate return
- 4. Head of Household
- 5. Qualifying Widow(er)/Surviving CU Partner

P KATUKURI 665127841
Name and SSN of Spouse/CU Partner

Exemptions

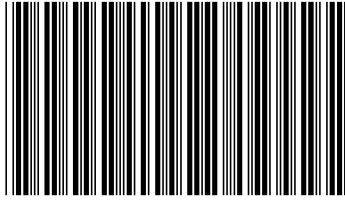
- | | | | | | | | |
|---|------|-------------------|------------------|------|---|------|------|
| 6. Regular | Self | Spouse/CU Partner | Domestic Partner | 6. | 1 | | |
| 7. Age 65 or over | Self | Spouse/CU Partner | | 7. | | | |
| 8. Blind or Disabled | Self | Spouse/CU Partner | | 8. | | | |
| 9. Veteran Exemption | Self | Spouse/CU Partner | | | | | 9. |
| 10. Number of your qualified dependent children | | | | | | | 10. |
| 11. Number of other dependents | | | | | | | 11. |
| 12. Dependents attending colleges (See Instructions) | | | | 12. | | | |
| 13. For line 13a – Add lines 6, 7, 8, and 12. For line 13b – Add lines 10 and 11.
For line 13c – Enter amount from line 9. | | | | 13a. | 1 | 13b. | 13c. |

Dependent Information

- | 14. Dependent's Last Name, First Name, Middle Initial | Dependent's Social Security Number | Birth Year |
|---|------------------------------------|------------|
| a. _____ | | |
| b. _____ | | |
| c. _____ | | |
| d. _____ | | |

COL. A - AMOUNT OF GROSS INCOME (EVERYWHERE) COL. B - AMOUNT FROM NEW JERSEY SOURCES

15. Wages, salaries, tips, and other employee compensation Check box if you completed lines 68 through 74	15.	72360 .	15.	72360 .
16. Interest	16.	2 .	16.	0 .
17. Dividends	17.	445 .	17.	0 .
18. Net profits from business (Schedule NJ-BUS-1, Part I, line 4)	18.	. .	18.	. .
19. Net gains or income from disposition of property (From line 65)	19.	. .	19.	0 .
20. Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part II, line 4)	20.	0 .	20.	0 .
21. Net gambling winnings (See Instructions)	21.	. .	21.	. .
22. Taxable pensions, annuities, and IRA distributions/withdrawals	22.	. .		
23. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part III, line 4)	23.	. .	23.	. .
24. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part IV, line 4)	24.	. .	24.	. .
25. Alimony and separate maintenance payments received	25.	. .		
26. Other – State Nature and Source _____	26.	. .	26.	. .
27. TOTAL INCOME (Add lines 15 through 26)	27.	72807 .	27.	72360 .
28a. Pension/Retirement Exclusion (See Instructions)	28a.	. .		
28b. Other Retirement Income Exclusion (See Worksheet and Instructions)	28b.	. .	28b.	. .
28c. Total Exclusion Amount (Add line 28a and line 28b)	28c.	. .	28c.	. .
29. Gross Income (Subtract line 28c from line 27)	29.	72807 .	29.	72360 .
30. Total Exemption Amount (See Instructions)	30.	1000 .		
31. Medical Expenses (See Worksheet and Instructions)	31.	. .		
32. Alimony and separate maintenance payments	32.	. .		
33. Qualified Conservation Contribution	33.	. .		
34. Health Enterprise Zone Deduction	34.	. .		
35. Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)	35.	0 .		



040NV03210

Name(s) as shown on Form NJ-1040NR
ENUGALA MANASA

Your Social Security Number
678879475

1555

36. Organ/Bone Marrow Donation Deduction (See instructions)	36.	.	.
37. Total Exemptions and Deductions (Add lines 30 through 36)	37.	1000	.
38. Taxable Income (Subtract line 37 from line 29, column A)	38.	71807	.
39. Tax on amount on line 38 (From Tax Table page 34)	39.	2476	.
40. Income Percentage B. (line 29) / A. (line 29) = <u>99.39</u> %			
41. New Jersey Tax (Multiply amount from line 39 by income percentage from line 40)	41.		2461 .
42. Sheltered Workshop Tax Credit (Enclose GIT-317. See Instructions)	42.		.
43. Gold Star Family Counseling Credit (See Instructions)	43.		.
44. Credit for Employer of Organ/Bone Marrow Donor (See instructions)	44.		.
45. Total Credits (Add lines 42, 43, and 44)	45.		.
46. Balance of Tax After Credits (Subtract line 45 from line 41)	46.		2461 .
47. Penalty for Underpayment of Estimated Tax. Check box if Form NJ-2210NR is enclosed	47.		.
48. Total Tax and Penalty (Add line 46 and line 47)	48.		2461 .
49. Total New Jersey Income Tax Withheld (From enclosed Forms W-2 and 1099) (Part-year, see instr)	49.	2739	.
50. New Jersey Estimated Tax Payments/Credit from 2020 return	50.		.
51. Tax paid on your behalf by Partnership(s)	51.		.
52. Excess NJ UI/WF/SWF Withheld (Enclose Form NJ-2450)	52.		.
53. Excess NJ Disability Insurance Withheld (Enclose Form NJ-2450)	53.		.
54. Excess NJ Family Leave Insurance Withheld (Enclose Form NJ-2450)	54.		.
55. Pass-Through Business Alternative Income Tax Credit (See instructions)	55.		.
56. Total Payments/Credits (Add lines 49 through 55)	56.		2739 .
57. If line 56 is less than line 48, you have tax due. Subtract line 56 from line 48 and enter the amount you owe	57.		.
58. If line 56 is more than line 48, you have an overpayment. Subtract line 48 from line 56 and enter the overpayment	58.		278 .
59. Amount from line 58 you want to credit to your 2022 tax	59.		.
60. Amount you want to credit to:			
(A) N.J. Endangered Wildlife Fund	60A.		.
(B) N.J. Children's Trust Fund	60B.		.
(C) N.J. Vietnam Veterans' Memorial Fund	60C.		.
(D) N.J. Breast Cancer Research Fund	60D.		.
(E) U.S.S. N.J. Educational Museum Fund	60E.		.
(F) Designated Contribution Code	60F.		.
61. Total Adjustments to Tax Due/ Overpayment (Add lines 59 through 60F)	61.		.
62. Balance due (If line 57 is more than zero, add line 57 and 61)	62.		.
63. Refund amount (If line 58 is more than zero, subtract line 61 from line 58)	63.		278 .

Also enter on line 50:
 • Payments made in connection with sale of NJ real property
 • Payments by S corporation for nonresident shareholder

NOTE:
 An entry on lines 59 through 60F will reduce your tax refund

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than taxpayer, this declaration is based on all information of which the preparer has any knowledge.

> _____
 Your Signature Date

> _____
 Spouse's/CU Partner's Signature (if filing jointly, BOTH must sign)

Paid Preparer's Signature Federal Identification Number

SYAM PRIYA RAM SAGAR GUPTA TALLAM P02082703
 Firm's Name Firm's Federal Employer Identification Number

GLOBAL TAXES LLC 30-1017196

Pay amount on line 62 in full. Write Social Security number(s) on check or money order and make payable to:

State of New Jersey - TGI
 Division of Taxation
 Revenue Processing Center
 PO Box 244
 Trenton, NJ 08646-0244

You can also make a payment on our website:
 nj.gov/taxation

Name(s) as shown on Form NJ-1040NR ENUGALA MANASA						Your Social Security Number 678879475	
Part I		Net Gains or Income From Disposition of Property		List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible as reported on federal Schedule D.			
(a) Kind of property and description	(b) Date aquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Gross sales price		(e) Cost or other basis as adjusted (see instructions) and expense of sale		(f) Gain or (loss) (d less e)
64.							
65. Capital Gains Distribution						65.	
66. Other Net Gains.....						66.	
67. Net Gains (Add lines 64, 65, and 66) (Enter here and on line 19) (If loss, enter zero)						67.	
Part II		Allocation of Wage and Salary Income Earned Partly Inside and Outside New Jersey		(See instructions if compensation depends entirely on volume of business transacted or if other basis of allocation is used.)			
68. Amount reported on line 15 in column A required to be allocated						68.	
69. Total days in taxable year						69.	
70. Deduct nonworking days (Sundays, Saturdays, holidays, sick leave, vacation, etc.)						70.	
71. Total days worked in taxable year (subtract line 70 from line 69)						71.	
72. Deduct days worked outside New Jersey.....						72.	
73. Days worked in New Jersey (subtract line 72 from line 71).....						73.	
74. Allocation Formula _____ x _____ = _____						(Include this amount on line 15, col. B)	
						(Enter amount from line 68) (Salary earned inside N.J.)	
Part III		Allocation of Business Income to New Jersey		(See instructions if other than Formula Basis of allocation is used.)			
Business Allocation Percentage (From Schedule NJ-NR-A)							
Enter below the line number and amount of each item of business income reported in column A that is required to be allocated and multiply by allocation percentage to determine amount of income from New Jersey sources.							
From Line No. _____ \$ _____ x _____ % = \$ _____							
From Line No. _____ \$ _____ x _____ % = \$ _____							
From Line No. _____ \$ _____ x _____ % = \$ _____							

Name(s) as shown on Form NJ-1040NR ENUGALA, MANASA	Social Security Number 678-87-9475
---	---------------------------------------

Schedule NJ-BUS-1
(Form NJ-1040NR)

New Jersey Gross Income Tax
Business Income Summary Schedule

2021

Part I Net Profits From Business		List the net profit (loss) from business(es). See instructions.	
	Business Name	Social Security Number/ Federal EIN	Profit or (Loss)
1.			
2.			
3.			
4.	Net Profit or (Loss). (Add lines 1, 2, and 3) (Enter here and on line 18, column A. If loss, enter zero on line 18, column A.)		4.

Part II Net Gains or Income From Rents, Royalties, Patents, and Copyrights		List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights. See instructions. Type of Property: 1-Rental real estate 2-Royalties 3-Patents 4-Copyrights	
	Source of Income or Loss. If rental real estate, enter physical address of property.	Social Security Number/ Federal EIN	Type - Enter number from list above
1.	H.NO:2-7-468/4 EXCISE	678879475	1
2.			
3.			
4.	Net Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 20, column A. If loss, enter zero on line 20, column A.)		4.

Part III Distributive Share of Partnership Income		List the distributive share of income (loss) from partnership(s). See instructions.	
	Partnership Name	Federal EIN	Share of Partnership Income or (Loss)
1.			
2.			
3.			
4.	Distributive Share of Partnership Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 23, column A. If loss, enter zero on line 23, column A.)		
5.	Total Share of tax paid on your behalf by Partnerships (Add lines 1, 2, and 3.) Enter total here and include on line 51.		
6.	Total Share of Pass-Through Business Alternative Income Tax (Add lines 1, 2, and 3.) (Enter here and include on line 55.)		

Part IV Net Pro Rata Share of S Corporation Income		List the pro rata share of income (usable loss) from S corporation(s). See instructions.	
	S Corporation Name	Federal EIN	Pro Rata Share of S Corporation Income or (Usable Loss)
1.			
2.			
3.			
4.	Net Pro Rata Share of S Corporation Income or (Usable Loss). (Add lines 1, 2, and 3.) (Enter here and on line 24, column A. If loss, enter zero on line 24, column A.)		4.
5.	Total Share of Pass-Through Business Alternative Income Tax (Add lines 1, 2, and 3.) (Enter here and include on line 55.)		5.

Name(s) as shown on Form NJ-1040NR ENUGALA, MANASA	Social Security Number 678-87-9475
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Schedule NJ-BUS-2
(Form NJ-1040NR)

New Jersey Gross Income Tax
Alternative Business Calculation Adjustment

2021

		Column A			Column B		
Part I Income (Loss)		Reportable Regular Business Income			Alternative Business Income (Loss)		
1.	Net Profits From Business	1a.	0.		1b.	0.	
2.	Net Gain or Income From Rents, Royalties, Patents, and Copyrights	2a.	0.		2b.	-10,300.	
3.	Distributive Share of Partnership Income	3a.	0.		3b.	0.	
4.	Net Pro Rata Share of S Corporation Income	4a.	0.		4b.	0.	
5.	Loss Carryforward From Tax Year 2020				5b.	()	
6.	Totals	6a.	0.		6b.	-10,300.	
Part II Adjustment Calculation							
7.	Total Regular Business Income	7.	0.				
8.	Total Alternative Business Income/(Loss) (If loss, enter zero)	8.	0.				
9.	Business Increment (Subtract line 8 from line 7)	9.	0.				
10.	Adjustment Percentage	10.	0.50				
11.	Alternative Business Calculation Adjustment (line 9 x 0.50)	11.	0.				
Part III Loss Carryforward to Tax Year 2022							
12.	Loss Carryforward to Tax Year 2022	12.	(10,300.)		

Instructions

- Line 1a. Enter the amount from line 18, column A, Form NJ-1040NR.
- Line 1b. Enter the amount from Part I, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 2a. Enter the amount from line 20, column A, Form NJ-1040NR.
- Line 2b. Enter the amount from Part II, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 3a. Enter the amount from line 23, column A, Form NJ-1040NR.
- Line 3b. Enter the amount from Part III, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 4a. Enter the amount from line 24, column A, Form NJ-1040NR.
- Line 4b. Enter the amount from Part IV, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 5b. Enter the amount from line 12 of your 2020 Schedule NJ-BUS-2 (Form NJ-1040NR).
- Line 6a. Enter the total of lines 1a through 4a.
- Line 6b. Enter the total of lines 1b through 5b, netting gains with losses.
- Line 7. Enter the amount from line 6a of this schedule.
- Line 8. Enter the amount from line 6b of this schedule. If loss, enter zero here.
- Line 9. Subtract line 8 from line 7. If the result is zero, enter zero on line 11 and on line 35 of Form NJ-1040NR, and continue with line 12.
- Line 10. The adjustment percentage for Tax Year 2021 is 50% (0.50).
- Line 11. Multiply the amount on line 9 by 50% (0.50). Enter here and on line 35 of Form NJ-1040NR.
- Line 12. If the amount on 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

Keep a copy of this schedule for your records

DO NOT STAPLE ANY ITEMS TO THE RETURN.

82F [] Check box 82F if filing under extension OR FISCAL YEAR BEGINNING [2,0,2,1] AND ENDING [] [66F]

Your First Name and Middle Initial: MANASA; Last Name: ENUGALA; Your Social Security Number: 678 87 9475; Spouse's First Name and Middle Initial: PRADEEP; Last Name: KATUKURI; Spouse's Social Security Number: 665 12 7841

Current Home Address - number and street, rural route: 1151 EAST KENSINGTON RD; Apt. No.: ; Daytime Phone (with area code): (408) 887-8252; City, Town or Post Office: GILBERT; State: AZ; ZIP Code: 85297; Last Names Used in Last Four Prior Year(s) (if different):

FILING STATUS: 4 [] Married filing joint return; 5 [] Head of household; 6 [X] Married filing separate return; 7 [] Single; Enter the number claimed. Do not put a check mark.

8 [] Age 65 or over (you and/or spouse); 9 [] Blind (you and/or spouse); 10a [] Dependents: Under age of 17; 10b [] Dependents: Age 17 and over; 11a [] Qualifying parents and grandparents; 81 PM; 80 RCVD

(Box 10a and 10b): Dependent Information. See instructions. For more space, check the box [] and complete page 4, Part 1.

Table with 6 columns: (a) FIRST AND LAST NAME, (b) SOCIAL SECURITY NO., (c) RELATIONSHIP, (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2021, (e) Dependent Age included in: 1 (Box 10a), 2 (Box 10b), (f) if you did not claim this person on your federal return due to educational credits.

(Box 11a): Qualifying parents and grandparents. See instructions. For more space, check the box [] and complete page 4, Part 2.

Table with 6 columns: (a) FIRST AND LAST NAME, (b) SOCIAL SECURITY NO., (c) RELATIONSHIP, (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2021, (e) IF AGE 65 OR OVER, (f) IF DIED IN 2021.

Table with 3 columns: Line number, Description, Amount. Includes Federal adjusted gross income (12), Modified federal adjusted gross income (14), Subtotal (19), Total net capital gain (20-24).

Table with 3 columns: Line number, Description, Amount. Includes Subtractions (25-34) such as Net capital gain - qualified small business, Recalculated Arizona depreciation, etc.

Your Name (as shown on page 1) **MANASA ENUGALA** Your Social Security Number **678-87-9475**

Exemptions	35	Subtract lines 24 through 34c from line 19.....	35	179,222	00										
	36	Other Subtractions from Income. Complete <i>Other Subtraction from Arizona Gross Income</i> schedule on page 6.....	36		00										
	37	Subtract line 36 from line 35. Enter the difference	37	179,222	00										
	38	Age 65 or over: Multiply the number in box 8 by \$2,100.....	38		00										
	39	Blind: Multiply the number in box 9 by \$1,500	39		00										
	40	Other Exemptions. See instructions..... 40E <input type="checkbox"/> Multiply the number in box 40E by \$2,300.....	40		00										
	41	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000.....	41		00										
	42	Arizona adjusted gross income: Subtract lines 38 through 41 from line 37. If less than zero, enter "0".....	42	179,222	00										
	Balance of Tax	43	Deductions: Check box and enter amount. See instructions..... 43I <input type="checkbox"/> ITEMIZED ... 43S <input checked="" type="checkbox"/> STANDARD	43	12,550	00									
		44	If you checked box 43S and claim charitable contributions, check 44C <input checked="" type="checkbox"/> Complete page 3. See instructions.....	44	75	00									
45		Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0".....	45	166,597	00										
46a		Compute the tax using amount on line 45 and Tax Tables X and Y or Optional Tax Tables.....	46a	6,277	00										
46b		If line 45 is \$250,001 or more (single/mfs) or \$500,001 or more (mfj/hoh) compute the tax surcharge. Enter the amount.....	46b		00										
47		Tax from recapture of credits from Arizona Form 301, Part 2, line 30	47		00										
48		Subtotal of tax: Add lines 46a, 46b and 47. Enter the total.....	48	6,277	00										
49		Dependent Tax Credit. See instructions	49		00										
50		Family income tax credit (from the worksheet - see instructions).....	50		00										
51		Nonrefundable Credits from Arizona Form 301, Part 2, line 61.....	51	2,151	00										
Total Payments and Refundable Credits	52	Balance of tax: Subtract lines 49, 50 and 51 from line 48. If the sum of lines 49, 50 and 51 is greater than line 48, enter "0"	52	4,126	00										
	53	2021 AZ income tax withheld.....	53	1,714	00										
	54	2021 AZ estimated tax payments. 54a <input type="text"/> 00 Claim of Right 54b <input type="text"/> 00 Add 54a and 54b. 54c	54c		00										
	55	2021 AZ extension payment (Form 204).....	55		00										
	56	Increased Excise Tax Credit (from the worksheet - see instructions).....	56		00										
	57	Property Tax Credit from Arizona Form 140PTC.....	57		00										
	58	Other refundable credits: Check the box(es) and enter the total amount..... 581 <input type="checkbox"/> 308-I 582 <input type="checkbox"/> 349	58		00										
	59	Total payments and refundable credits: Add lines 53 through 58. Enter the total.....	59	1,714	00										
	60	TAX DUE: If line 52 is larger than line 59, subtract line 59 from line 52. Enter amount of tax due. Skip lines 61, 62 and 63.....	60	2,412	00										
	Tax Due or Overpayment	61	OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 59. Enter amount of overpayment.....	61		00									
62		Amount of line 61 to be applied to 2022 estimated tax.....	62		00										
63		Balance of overpayment: Subtract line 62 from line 61. Enter the difference	63		00										
Voluntary Gifts		64 - 74 Voluntary Gifts to:													
			Solutions Teams Assigned to Schools.....	64	<input type="text"/>	<input type="text"/>									
			Arizona Wildlife.....	65	<input type="text"/>	<input type="text"/>									
		Child Abuse Prevention.....	Domestic Violence Services.....	67	<input type="text"/>	<input type="text"/>									
		Neighbors Helping Neighbors.....	Special Olympics.....	70	<input type="text"/>	<input type="text"/>									
		I Didn't Pay Enough Fund.....	Sustainable State Parks and Road Fund.....	73	<input type="text"/>	<input type="text"/>									
Penalty		<table border="0"> <tr> <td>Political Party (if amount is entered on line 68 - check only one):</td> <td>751 <input type="checkbox"/> Democratic</td> <td>752 <input type="checkbox"/> Libertarian</td> <td>753 <input type="checkbox"/> Republican</td> <td></td> <td></td> </tr> </table>					Political Party (if amount is entered on line 68 - check only one):	751 <input type="checkbox"/> Democratic	752 <input type="checkbox"/> Libertarian	753 <input type="checkbox"/> Republican					
	Political Party (if amount is entered on line 68 - check only one):	751 <input type="checkbox"/> Democratic	752 <input type="checkbox"/> Libertarian	753 <input type="checkbox"/> Republican											
	76	Estimated payment penalty	76		00										
	77	771 <input type="checkbox"/> Annualized/Other 772 <input type="checkbox"/> Farmer or Fisherman 773 <input type="checkbox"/> Form 221 included													
	78	Add lines 64 through 74 and 76; enter the total.....	78		00										
	79	REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed on line 80	79		00										
	Direct Deposit of Refund: Check box 79A if your deposit will be ultimately placed in a foreign account ; see instructions. 79A <input type="checkbox"/>														
	<table border="0"> <tr> <td><input checked="" type="checkbox"/> C <input type="checkbox"/> Checking or</td> <td>ROUTING NUMBER</td> <td>ACCOUNT NUMBER</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> S <input type="checkbox"/> Savings</td> <td><input type="text"/></td> <td><input type="text"/></td> <td></td> <td></td> </tr> </table>					<input checked="" type="checkbox"/> C <input type="checkbox"/> Checking or	ROUTING NUMBER	ACCOUNT NUMBER			<input type="checkbox"/> S <input type="checkbox"/> Savings	<input type="text"/>	<input type="text"/>		
	<input checked="" type="checkbox"/> C <input type="checkbox"/> Checking or	ROUTING NUMBER	ACCOUNT NUMBER												
	<input type="checkbox"/> S <input type="checkbox"/> Savings	<input type="text"/>	<input type="text"/>												
80	AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write your SSN on payment; and include with your return.....	80	2,412	00											

Under penalties of perjury, I declare that I have read this return and any documents with it, 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.

PLEASE SIGN HERE

YOUR SIGNATURE _____ DATE _____ IT OCCUPATION _____

SPOUSE'S SIGNATURE _____ DATE _____ IT SPOUSE'S OCCUPATION _____

SYAM PRIYA RAM SAGAR GUPTA TALLAM 03112022 GLOBAL TAXES LLC
 PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)

2530 Pebble Creek Ln 30-1017196
 PAID PREPARER'S STREET ADDRESS PAID PREPARER'S TIN

Cumming GA 30041 (678) 965-9522
 PAID PREPARER'S CITY STATE ZIP CODE PAID PREPARER'S PHONE NUMBER

2021 Form 140 - Standard Deduction Increase for Charitable Contributions

You must complete this worksheet if you are taking an increased standard deduction for charitable contributions. Include the completed worksheet with your tax return, when filed. If you do not include the completed worksheet, your standard deduction will not be increased.

Taxpayers electing to take the Standard Deduction on their Arizona tax return may *increase* the standard deduction amount by 25% (.25) of the total amount of the taxpayer's charitable deductions that would have been allowed if the taxpayer elected to claim itemized deductions on the Arizona tax return.

Charitable contributions (lines 1C, 2C, and 3C) are those gifts allowed on federal 1040 Schedule A (Gifts to Charity) that you would have claimed had you elected to take itemized deductions on your federal return.

NOTE 1: You must reduce your contribution amount by the total charitable contributions you made during January 1, 2021 through December 31, 2021 for which you are claiming an Arizona tax credit under Arizona law for the current tax year return or claimed on the prior tax year return. Enter this amount on 5C.

NOTE 2: If you itemized deductions on your federal return (1040 Schedule A) and were required to adjust the amount of your allowable contributions on your federal 1040 Schedule A for the amount claimed as a tax credit on your Arizona income tax return, include the amount of the federal contribution adjustment to line 1C and enter the amount of the Arizona tax credit on line 5C.

Complete the worksheet to determine your allowable increased standard deduction for charitable contributions.

1C	2021 Gifts by cash or check.....	1C	300	00
2C	2021 Other than by cash or check.....	2C		00
3C	Carryover from prior year.....	3C		00
4C	Add lines 1C through 3C and enter the total.....	4C	300	00
5C	Total charitable contributions made in 2021 for which you are claiming a credit under Arizona law for the current (2021) or prior (2020) tax year.....	5C		00
6C	Subtract line 5C from line 4C and enter the difference. If less than zero, enter "0".....	6C	300	00
7C	Multiply line 6C by 25% (.25) and enter the result.....	7C	75	00

- Enter the amount shown on line 7C on page 2, line 44.
- Be sure to check box **43S** for Standard Deduction on line 43.
- Check box **44C** for charitable contributions on line 44. If you do not check this box, you may be denied the increased standard deduction.

Your Name (as shown on page 1) MANASA ENUGALA	Your Social Security Number 678-87-9475
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Part 2 Application of Tax Credits and Recapture: Enter tax, recapture tax, and tax credits used this taxable year.

27 Tax from Form 140, lines 46a and 46b; or Form 140PY, lines 56a and 56b; or Form 140NR, line 56a and 56b; or Form 140X, lines 37a and 37b.....	27	6,277	00
28 Tax from Recapture of Credits for Healthy Forest Enterprises from Form 332, Part 9, line 39, and Part 10, line 45.....	28	00	
29 Tax from Recapture of Credit for Qualified Facilities from Form 349, Part 7, line 19.....	29	00	
30 Recapture Total: Add lines 28 and 29. Enter here and on Form 140, line 47; or Form 140PY, line 57; or Form 140NR, line 57; or Form 140X, line 38.....	30		00
31 Subtotal: Add lines 27 and 30.....	31	6,277	00
32 Family Income Tax Credit from Form 140, line 50; or Form 140PY, line 60; or Form 140X, box 40a; plus Dependent Tax Credit from Form 140, line 49; or Form 140PY, line 59; or Form 140NR, line 59; or Form 140X, box 40b.....	32		00
33 Subtract line 32 from line 31. Enter the difference. If less than zero, enter "0".....	33	6,277	00

Nonrefundable Tax Credits Used This Taxable Year: Enter amounts actually used from Part 1.

34 Military Reuse Zone Credit.....Form 306 ▶	34		00
35 Credit for Increased Research Activities – Individuals.....Form 308-I ▶	35		00
36 Credit for Taxes Paid to Another State or Country.....Form 309 ▶	36	2,151	00
37 Credit for Solar Energy Devices.....Form 310 ▶	37		00
38 Agricultural Water Conservation System Credit.....Form 312 ▶	38		00
39 Pollution Control Credit.....Form 315 ▶	39		00
40 Credit for Solar Hot Water Heater Plumbing Stub Outs and Electric Vehicle Recharge Outlets.....Form 319 ▶	40		00
41 Credit for Contributions to Qualifying Charitable Organizations.....Form 321 ▶	41		00
42 Credit for Contributions Made or Fees Paid to Public Schools.....Form 322 ▶	42		00
43 Credit for Contributions to Private School Tuition Organizations.....Form 323 ▶	43		00
44 Agricultural Pollution Control Equipment Credit.....Form 325 ▶	44		00
45 Credit for Donation of School Site.....Form 331 ▶	45		00
46 Credit for Employment by Healthy Forest Enterprises.....Form 332 ▶	46		00
47 Credit for Employing National Guard Members.....Form 333 ▶	47		00
48 Credit for Business Contribution by an S Corporation to School Tuition Organizations - Individual.....Form 335-I ▶	48		00
49 Credit for Solar Energy Devices – Commercial and Industrial Applications.....Form 336 ▶	49		00
50 Credit for Investment in Qualified Small Businesses.....Form 338 ▶	50		00
51 Credit for Donations to the Military Family Relief Fund: Enter the smaller of Form 301, Part 1, line 18 or Part 2, line 31.....Form 340 ▶	51	0	00
52 Credit for Business Contributions by an S Corporation to School Tuition Organizations for Displaced Students or Students with Disabilities - Individual..Form 341-I ▶	52		00
53 Renewable Energy Production Tax Credit.....Form 343 ▶	53		00
54 Credit for New Employment.....Form 345 ▶	54		00
55 Additional Credit for Increased Research Activities for Basic Research Payments..Form 346 ▶	55		00
56 Credit for Contributions to Certified School Tuition Organizations (for contributions that exceed the maximum allowable credit on Arizona Form 323)..Form 348 ▶	56		00
57 Credit for Contributions to Qualifying Foster Care Charitable Organizations.....Form 352 ▶	57		00
58 Healthy Forest Production Tax Credit.....Form 353 ▶	58		00
59 Tax credits used from Form 301: Add lines 34 through 58.....	59	2,151	00
60 Tax credits used from Form 301-SBI, line 65.....	60		00
61 Total Tax Credits Used: add lines 59 and 60. Enter this amount on Form 140, line 51; or Form 140PY, line 61; or Form 140NR, line 60; or Form 140X, line 41. Total credits used cannot be more than line 33.....	61	2,151	00

Schedule of Income Allocation

Complete this schedule only if you are an Arizona resident who is also considered to be a resident of another state under the laws of that other state (dual resident); otherwise, skip this schedule. See pages 2 and 9 of the instructions.

	(a) Amount reported on your 2021 federal return	(b) Amount entered in column (a) reported on your 2021 Form 140	(c) Amount entered in column (a) reported on your 2021 return filed to your statutory state of residence	(d) Amount entered in column (c) that would be sourced to your statutory state of residence as income of a nonresident of that state
1 Wages, salaries, tips, etc.....	\$ 00	\$ 00	\$ 00	\$ 00
2 Interest.....	\$ 00	\$ 00	\$ 00	\$ 00
3 Dividends.....	\$ 00	\$ 00	\$ 00	\$ 00
4 Business income or (loss) from federal Schedule C.....	\$ 00	\$ 00	\$ 00	\$ 00
5 Gains or (losses) from federal Schedule D.....	\$ 00	\$ 00	\$ 00	\$ 00
6 Rents, royalties, partnerships, estates, trusts, small business corporations from federal Schedule E	\$ 00	\$ 00	\$ 00	\$ 00
7 Other income reported on your federal return	\$ 00	\$ 00	\$ 00	\$ 00
8 Total Income: Add lines 1 through 7 .	\$ 00	\$ 00	\$ 00	\$ 00
9 Other federal adjustments: List on lines 9a through 9c:				
9a	\$ 00	\$ 00	\$ 00	\$ 00
9b	\$ 00	\$ 00	\$ 00	\$ 00
9c	\$ 00	\$ 00	\$ 00	\$ 00
9d Total adjustments: Add lines 9a through 9c for each column.....	\$ 00	\$ 00	\$ 00	\$ 00
10 Adjusted Gross Income: Subtract line 9d from line 8 for each column....	\$ 00	\$ 00	\$ 00	\$ 00

Your First Name and Middle Initial 1 MANASA		Last Name ENUGALA	Enter your SSN(s).	Your Social Security Number 678 87 9475
Spouse's First Name and Middle Initial 1		Last Name		Spouse's Social Security No.
Current Home Address - number and street, rural route 2 1151 EAST KENSINGTON RD			Apt. No.	Daytime Phone (with area code) 94 (408) 887-8252
City, Town or Post Office 3 GILBERT	State AZ	ZIP Code 85297	REVENUE USE ONLY. DO NOT MARK IN THIS AREA. 88	

Please indicate the filing status below:

- Married filing joint return
- Head of household: Enter name of qualifying child or dependent on next line.

- Married filing separate return: Enter spouse's name and Social Security Number above.
- Single

81 PM

80 RCVD

Enter the amount of payment enclosed..... \$

2,412	00
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If you are mailing this payment

To ensure proper application of this payment, be sure that you:

- ✓ Do **not** send cash.
- ✓ Make your check or money order payable to Arizona Department of Revenue.
- ✓ Write your SSN, "2021 Tax" and 140 on your payment.
- ✓ Include your payment with this form.
- ✓ **Mail to** Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.

If you are making an electronic payment

You can make this 140V payment by eCheck or credit card!

American Express ♦ Visa ♦ Discover Card ♦ MasterCard

www.AZTaxes.gov

- ✓ Click on "Make a Payment" and select "140V" as the Payment Type.
- ✓ Do not mail this form. We will apply this payment to your account.

NOTE: To avoid interest and penalties you must pay the full amount of your tax by April 18, 2022. You will not receive an additional notice from the Arizona Department of Revenue unless an error exists with your return.

DO NOT STAPLE ANY ITEMS TO THE FORM.

This estimated payment is for tax year ending December 31, 2022, or for tax year ending: 20

Form fields for personal information: Your First Name and Middle Initial (MANASA), Last Name (ENUGALA), Your Social Security Number (678 87 9475), Spouse's First Name and Middle Initial, Last Name, Current Home Address (1151 EAST KENSINGTON RD), Apt. No., Daytime Phone (94 (408) 887-8252), City, Town or Post Office (GILBERT), State (AZ), ZIP Code (85297).

Enter your SSN(s).

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

Revenue use only section with boxes 88, 81 PM, and 80 RCVD.

Check if this payment is on behalf of a Nonresident Composite return - 140NR

STOP DO NOT USE THIS FORM TO MAKE DELINQUENT INCOME TAX PAYMENTS. Use this form only for mailing estimated payments.

1 Payment: You must round your estimated payment to a whole dollar (no cents). Enter the amount of payment enclosed \$ 603.00

2 Check only one box for the quarter for which this payment is made. Do not select more than one quarter. You must submit a separate form for each quarter for which a payment is made.

Payment for calendar year filers are due as follows:

Calendar year filers payment options: 1st Quarter (checked), 2nd Quarter, 3rd Quarter, 4th Quarter.

Payment for fiscal year filers are due as follows:

Fiscal year filers payment options: 1st Quarter, 2nd Quarter, 3rd Quarter, 4th Quarter.

If any of the due dates fall on a Saturday, Sunday, or legal holiday, you may make the required payment for that quarter by midnight on the next business day following that day.

If you are mailing this payment:

To ensure proper application of this payment, be sure that you: Complete and submit this form in its entirety. Do not cut this page in half. Make your check or money order payable to Arizona Department of Revenue. Write your SSN, "Tax Year 2022" and "140ES" on your payment. If payment is made on behalf of a Nonresident Composite return, write "Composite 140NR", "Tax Year 2022" and the entity's EIN on your payment. Include your payment with this form. Mail to Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085. Be sure to review your estimated income and adjust your payments as necessary during the year.

If you are making an electronic payment

You can make this estimated payment by eCheck or credit card! American Express ♦ Visa ♦ Discover Card ♦ MasterCard www.AZTaxes.gov Click on "Make a Payment" and select "140ES" as the Payment Type. Do not mail this form. We will apply this payment to your account.

DO NOT STAPLE ANY ITEMS TO THE FORM.

This estimated payment is for tax year ending December 31, 2022, or for tax year ending: 20

Form fields for personal information: Your First Name and Middle Initial (MANASA), Last Name (ENUGALA), Your Social Security Number (678 87 9475), Spouse's First Name and Middle Initial, Last Name, Current Home Address (1151 EAST KENSINGTON RD), Apt. No., Daytime Phone (94 (408) 887-8252), City, Town or Post Office (GILBERT), State (AZ), ZIP Code (85297).

Enter your SSN(s).

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

Revenue use only section with boxes 88, 81 PM, and 80 RCVD.

Check if this payment is on behalf of a Nonresident Composite return - 140NR

STOP DO NOT USE THIS FORM TO MAKE DELINQUENT INCOME TAX PAYMENTS. Use this form only for mailing estimated payments.

1 Payment: You must round your estimated payment to a whole dollar (no cents). Enter the amount of payment enclosed \$ 603 00

2 Check only one box for the quarter for which this payment is made. Do not select more than one quarter. You must submit a separate form for each quarter for which a payment is made.

Payment for calendar year filers are due as follows:

Form with checkboxes for 1st, 2nd, 3rd, and 4th quarters. 2nd Quarter is selected.

Payment for fiscal year filers are due as follows:

Form with checkboxes for 1st, 2nd, 3rd, and 4th quarters of the fiscal year.

If any of the due dates fall on a Saturday, Sunday, or legal holiday, you may make the required payment for that quarter by midnight on the next business day following that day.

If you are mailing this payment:

To ensure proper application of this payment, be sure that you: Complete and submit this form in its entirety. Do not cut this page in half. Make your check or money order payable to Arizona Department of Revenue. Write your SSN, "Tax Year 2022" and "140ES" on your payment. If payment is made on behalf of a Nonresident Composite return, write "Composite 140NR", "Tax Year 2022" and the entity's EIN on your payment. Include your payment with this form. Mail to Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085. Be sure to review your estimated income and adjust your payments as necessary during the year.

If you are making an electronic payment

You can make this estimated payment by eCheck or credit card! American Express ♦ Visa ♦ Discover Card ♦ MasterCard www.AZTaxes.gov Click on "Make a Payment" and select "140ES" as the Payment Type. Do not mail this form. We will apply this payment to your account.

DO NOT STAPLE ANY ITEMS TO THE FORM.

Arizona Form 140ES

Individual Estimated Income Tax Payment

FOR CALENDAR YEAR 2022

This estimated payment is for tax year ending December 31, 2022, or for tax year ending: 20

Form fields for personal information: Your First Name and Middle Initial (MANASA), Last Name (ENUGALA), Your Social Security Number (678 87 9475), Spouse's First Name and Middle Initial, Last Name, Current Home Address (1151 EAST KENSINGTON RD), Apt. No., Daytime Phone (94 (408) 887-8252), City, Town or Post Office (GILBERT), State (AZ), ZIP Code (85297).

Enter your SSN(s).

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

Check if this payment is on behalf of a Nonresident Composite return - 140NR

STOP DO NOT USE THIS FORM TO MAKE DELINQUENT INCOME TAX PAYMENTS. Use this form only for mailing estimated payments.

1 Payment: You must round your estimated payment to a whole dollar (no cents). Enter the amount of payment enclosed \$ 603 00

Form fields for payment processing: 81 PM, 80 RCVD

2 Check only one box for the quarter for which this payment is made. Do not select more than one quarter. You must submit a separate form for each quarter for which a payment is made.

Payment for calendar year filers are due as follows:

Form with checkboxes for calendar year quarters: 1st Quarter (April 15, 2022), 2nd Quarter (June 15, 2022), 3rd Quarter (September 15, 2022 - checked), 4th Quarter (January 15, 2023).

Payment for fiscal year filers are due as follows:

Form with checkboxes for fiscal year quarters: 1st Quarter (15th day of the 4th month), 2nd Quarter (15th day of the 6th month), 3rd Quarter (15th day of the 9th month), 4th Quarter (15th day of the 1st month).

If any of the due dates fall on a Saturday, Sunday, or legal holiday, you may make the required payment for that quarter by midnight on the next business day following that day.

If you are mailing this payment:

To ensure proper application of this payment, be sure that you: Complete and submit this form in its entirety. Do not cut this page in half. Make your check or money order payable to Arizona Department of Revenue. Write your SSN, "Tax Year 2022" and "140ES" on your payment. If payment is made on behalf of a Nonresident Composite return, write "Composite 140NR", "Tax Year 2022" and the entity's EIN on your payment. Include your payment with this form. Mail to Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085. Be sure to review your estimated income and adjust your payments as necessary during the year.

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Enter your SSN(s).

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81 PM 80 RCVD

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Form with checkboxes for calendar year quarters: 1st Quarter (April 15, 2022), 2nd Quarter (June 15, 2022), 3rd Quarter (September 15, 2022), 4th Quarter (January 15, 2023) - selected.

Payment for fiscal year filers are due as follows:

Form with checkboxes for fiscal year quarters: 1st Quarter (15th day of 4th month), 2nd Quarter (15th day of 6th month), 3rd Quarter (15th day of 9th month), 4th Quarter (15th day of 1st month).

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