

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 PRAVEEN C DANDAMUDI	Social security number 628-78-0372
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	159,375.
2 Total tax	2	28,901.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	31,413.
4 Amount you want refunded to you	4	2,512.
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

8	0	3	7	2
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 as my signature on the income tax return (original or amended) I am now authorizing.
- 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.
- 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

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial PRAVEEN C	Last name DANDAMUDI	Your social security number 628-78-0372
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. 4109 BAY POINTE DR,		Apt. no.	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. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. LOUISVILLE	State KY	ZIP code 40241	
Foreign country name	Foreign province/state/county	Foreign postal code	

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

	(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
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

	1 Wages, salaries, tips, etc. Attach Form(s) W-2			1	162,108.
Attach Sch. B if required.	2a Tax-exempt interest	2a		2b	
	3a Qualified dividends	3a		3b	
	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			7	
	8 Other income from Schedule 1, line 10			8	-2,733.
	9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income			9	159,375.
	10 Adjustments to income from Schedule 1, line 26			10	
	11 Subtract line 10 from line 9. This is your adjusted gross income			11	159,375.
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.	12a Standard deduction or itemized deductions (from Schedule A)	12a	14,040.		
	b Charitable contributions if you take the standard deduction (see instructions)	12b			
	c Add lines 12a and 12b			12c	14,040.
	13 Qualified business income deduction from Form 8995 or Form 8995-A			13	
	14 Add lines 12c and 13			14	14,040.
	15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-			15	145,335.

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	28,901.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	28,901.
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	28,901.
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
24	Add lines 22 and 23. This is your total tax	24	28,901.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	31,413.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	31,413.
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC) No	27a	
	Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/>		
b	Nontaxable combat pay election	27b	
c	Prior year (2019) earned income	27c	
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 15	31	
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	31,413.
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	2,512.
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	2,512.
Direct deposit? See instructions.	b Routing number 1 1 3 0 0 0 0 2 3 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number 0 0 5 7 4 5 3 0 9 6 0 5		
	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.)
		SOFTWARE ARCHITECT	<input type="text"/>
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.)
			<input type="text"/>

Phone no. (717) 514-8075 Email address PRAVEENCD@GMAIL.COM

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
SYAM PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA RAM SAGAR GUPTA TALLAM	03/29/2022	P02082703	<input type="checkbox"/> Self-employed
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
PRAVEEN C DANDAMUDI

Your social security number
628-78-0372

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	0.
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶ _____		
3	Business income or (loss). Attach Schedule C	3	-2,733.
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
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	-2,733.

For Paperwork Reduction Act Notice, see your tax return instructions.

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	
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	

**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

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

▶ Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074

2021

Attachment
Sequence No. **07**

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

Name(s) shown on Form 1040 or 1040-SR

PRAVEEN C DANDAMUDI

Your social security number

628-78-0372

Medical and Dental Expenses

Caution: Do not include expenses reimbursed or paid by others.

1	Medical and dental expenses (see instructions)		1	
2	Enter amount from Form 1040 or 1040-SR, line 11	2		
3	Multiply line 2 by 7.5% (0.075)		3	
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			4

Taxes You Paid

5	State and local taxes.			
a	State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input type="checkbox"/>		5a	11,796.
b	State and local real estate taxes (see instructions)		5b	1,759.
c	State and local personal property taxes		5c	
d	Add lines 5a through 5c		5d	13,555.
e	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)		5e	10,000.
6	Other taxes. List type and amount ▶		6	
7	Add lines 5e and 6			7 10,000.

Interest You Paid

Caution: Your mortgage interest deduction may be limited (see instructions).

8	Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/>			
a	Home mortgage interest and points reported to you on Form 1098. See instructions if limited		8a	4,040.
b	Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶		8b	
c	Points not reported to you on Form 1098. See instructions for special rules		8c	
d	Mortgage insurance premiums (see instructions)		8d	0.
e	Add lines 8a through 8d		8e	4,040.
9	Investment interest. Attach Form 4952 if required. See instructions.		9	
10	Add lines 8e and 9			10 4,040.

Gifts to Charity

Caution: If you made a gift and got a benefit for it, see instructions.

11	Gifts by cash or check. If you made any gift of \$250 or more, see instructions		11	
12	Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500.		12	
13	Carryover from prior year		13	
14	Add lines 11 through 13			14

Casualty and Theft Losses

15	Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions			15
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Other Itemized Deductions

16	Other—from list in instructions. List type and amount ▶			16
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Total Itemized Deductions

17	Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12a			17 14,040.
18	If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/>			

**SCHEDULE C
(Form 1040)**

**Profit or Loss From Business
(Sole Proprietorship)**

OMB No. 1545-0074

2021

Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service (99)

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

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065.

Name of proprietor PRAVEEN C DANDAMUDI		Social security number (SSN) 628-78-0372
A Principal business or profession, including product or service (see instructions) DIGITAL RISHI LLC	B Enter code from instructions ▶ 5 4 1 5 1 0	
C Business name. If no separate business name, leave blank. DIGITAL RISHI LLC	D Employer ID number (EIN) (see instr.) 8 4 4 8 6 0 8 1 0	
E Business address (including suite or room no.) ▶ 4109 BAY POINTE DR, City, town or post office, state, and ZIP code LOUISVILLE, KY 40241		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶		
G Did you "materially participate" in the operation of this business during 2021? If "No," see instructions for limit on losses		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2021, check here		<input type="checkbox"/>
I Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J If "Yes," did you or will you file required Form(s) 1099?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ▶ <input type="checkbox"/>	1	
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6 ▶	7	

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8 Advertising	8		18	
9 Car and truck expenses (see instructions)	9		19	
10 Commissions and fees	10		20	
11 Contract labor (see instructions)	11		a	
12 Depletion	12		b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	
14 Employee benefit programs (other than on line 19)	14		22	
15 Insurance (other than health)	15		23	
16 Interest (see instructions):			24	
a Mortgage (paid to banks, etc.)	16a		a	
b Other	16b		b	
17 Legal and professional services 233.	17	233.	24a	
			24b	1,000.
			25	1,500.
			26	
			27a	
			b	
			27b	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a ▶	28		28	2,733.
29 Tentative profit or (loss). Subtract line 28 from line 7	29		29	-2,733.
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		30	
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32.	31		31	-2,733.
32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198. Your loss may be limited.			32a	<input checked="" type="checkbox"/> All investment is at risk.
			32b	<input type="checkbox"/> Some investment is not at risk.

Name(s) Shown on Return PRAVEEN C DANDAMUDI	Social Security Number 628-78-0372
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Part I State and Local Income Tax Refunds from 2020 Tax Returns

1	(a) State or Local Code	(b) Refund Amount	(c) Estimated Tax Paid After 12/31/2020	(d) Extension Payments	(e) Total Payments and Withholding	(f) Refund Allocated to Column (c)	(g) Refund Allocated to Column (d)
	KY	341.				0.	0.
	Totals	341.				0.	0.

2	Total state and local refunds. Total line 1 column (b).	341.
3	Refund allocated to tax paid after 12/31/2020. Total line 1 columns (f) and (g). (Include net tax paid after 12/31/2020 on Schedule A, line 5a.)	0.
4	Net refund. Line 2 less line 3.	341.

Part II Recovery Amount

The **recovery amount** is the state and local income tax deducted in 2020 refunded in 2021.

5	Total state and local income tax deduction from line 5a of your 2020 Schedule A	11,810.
6	Recovery amount. Lesser of line 4 or line 5.	341.

Part III Recovery Exclusion

The **recovery exclusion** is the part of the recovery amount which did **not** reduce tax in 2020.

7	Recovery exclusion from sales tax deduction, SALT limitation and standard deduction:	
a	Allowable itemized deductions, from 2020 Schedule A, line 17	22,011.
b	Allowable itemized deductions, refigured by excluding recovery amount:	
(1)	Refigured state and local tax deduction (Schedule A, line 5a):	
(a)	Refigured state income tax deduction	11,469.
(b)	Sales tax deduction	
(c)	Refigured deduction. Larger of (a) or (b)	11,469.
(2)	Refigured total itemized deductions	22,011.
(3)	Refigured allowable itemized deductions from line 7b(2)	22,011.
c	2020 standard deduction based on 2020 filing status and deductions.	12,400.
d	Larger of lines 7b(3) or 7c.	22,011.
e	Subtract line 7d from line 7a	0.
f	Subtract line 7e from line 6	341.
8	Recovery exclusion from negative taxable income. If 2020 taxable income was negative, enter here as a positive number, else enter zero.	0.
9	Recovery exclusion from alternative minimum tax. If no alternative minimum tax (AMT) in 2020 enter zero. If did pay AMT in 2020, enter amt from line 24	0.
10	Recovery exclusion from unused tax credits. If no unused credits in 2020, enter zero. If there were unused credits in 2020, enter amount from line 35.	0.
11	Total recovery exclusion. Add lines 7f, 8, 9, and 10.	341.

Part IV Taxable Refund

The **recovery amount** less the **recovery exclusion** is a **taxable refund**.

12	Taxable refund from 2020. Line 6 less line 11.	0.
13	Total taxable refunds from 2019 or prior tax returns. Total line 36 column (d).	
14	Total taxable refunds. Add lines 12 and 13. Enter here and on Schedule 1, line 1	0.

Additional information from your 2021 Federal Tax Return**Schedule C (DIGITAL RISHI LLC): Profit or Loss from Business****Line 25****Itemization Statement**

Description	Amount
PHONE	720.
INTERNET	780.
Total	1,500.

Schedule C (DIGITAL RISHI LLC): Profit or Loss from Business**Line 17****Itemization Statement**

Description	Amount
RENEWAL FEE	119.
KY STATE FEE	15.
INCFE SERVICE FEE	99.
Total	233.



2 1 0 0 0 1 1 5 5 5

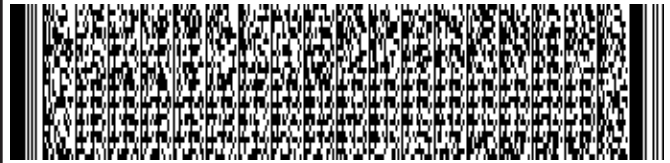
KENTUCKY
INDIVIDUAL INCOME TAX RETURN
Residents Only

2021

Check if deceased: Spouse Taxpayer For calendar year or other taxable year beginning _____, and ending _____.

A. Spouse's Social Security Number _____

B. Your Social Security Number
628-78-0372



Name—Last, First, Middle Initial (Joint or combined return, give both names and initials.)

DANDAMUDI PRAVEEN C

Mailing Address (Number and Street including Apartment Number or P.O. Box)

4109 BAY POINTE DR,

City, Town or Post Office State ZIP Code

LOUISVILLE KY 40241

FILING STATUS (see instructions)

1 Single

2 Married, filing separately on this combined return. (If both had income.)

3 Married, filing joint return.

4 Married, filing separate returns. Enter spouse's Social Security number above and full name here.

Check if applicable:

Amended (Enclose copy of 1040X, if applicable.)

POLITICAL PARTY FUND
Designating \$2 will not change your refund or tax due.

	A. Spouse	B. Yourself
Democratic	(1) <input type="checkbox"/>	(4) <input type="checkbox"/>
Republican	(2) <input type="checkbox"/>	(5) <input type="checkbox"/>
No Designation	(3) <input type="checkbox"/>	(6) <input checked="" type="checkbox"/>

	A. Spouse (Use if Filing Status 2 is checked.)		B. Yourself (or Joint)	
5 Enter amount from federal Form 1040 or 1040-SR, line 11. (If total of Columns A and B is \$35,245 or less, you may qualify for the Family Size Tax Credit. See instructions.)	5	00	5	159,375.00
6 Additions from Schedule M, line 6	6	00	6	00
7 Add lines 5 and 6	7	00	7	159,375.00
8 Subtractions from Schedule M, line 17	8	00	8	0.00
9 Subtract line 8 from line 7. This is your Kentucky Adjusted Gross Income	9	00	9	159,375.00
10 Itemizers: Enter itemized deductions from Kentucky Schedule A. Nonitemizers: Enter \$2,690 in Columns A and/or B	10	00	10	4,040.00
11 Subtract line 10 from line 9. This is your Taxable Income	11	00	11	155,335.00
12 Tax Computation: Multiply line 11 by 5% (.05) or amount from Schedule J <input type="checkbox"/> ...	12	00	12	7,767.00
13 Enter tax from Form 4972-K <input type="checkbox"/> ; Schedule RC-R <input type="checkbox"/> ; Schedule DS-R <input type="checkbox"/> ; Angel Investor Recapture <input type="checkbox"/>	13	00	13	00
14 Add lines 12 and 13 and enter total here	14	00	14	7,767.00
15 Enter amounts from Schedule ITC, Section A, lines 26E and 26F	15	00	15	00
16 Subtract line 15 from line 14. If line 15 is larger than line 14, enter zero	16	00	16	7,767.00
17 Enter personal tax credit amounts from Schedule ITC, Section B	17	00	17	00
18 Subtract line 17 from line 16. If line 17 is larger than line 16, enter zero	18	00	18	7,767.00
19 Add tax amount(s) in Columns A and B, line 18 and enter here, continue to page 2	19	00	19	7,767.00



20	Check the box that represents your total family size (see instructions before completing lines 20 and 21)	20	1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
21	Multiply line 19 by Family Size Tax Credit decimal amount <u>0.00</u> (<u>0</u> %) from Schedule ITC.....	21	0.00
22	Subtract line 21 from line 19.....	22	7,767.00
23	Enter the Education Tuition Tax Credit from Form 8863-K, line 17.....	23	00
24	Enter Child and Dependent Care Credit from Form 2441-K, line 12.....	24	00
25	RESERVED.....	25	
26	Income Tax Liability. Subtract lines 23 through 25 from line 22. If zero or less, enter zero.....	26	7,767.00
27	Enter KENTUCKY USE TAX due on Internet, mail order, or other out-of-state purchases (see instructions)....	27	00
28	Add lines 26 and 27. This is your TOTAL TAX LIABILITY	28	7,767.00
29	For amended return; overpayment, if any, shown on original return	29	00
30	Add lines 28 and 29, enter here	30	7,767.00
31	a Enter Kentucky income tax withheld as shown on enclosed Schedule KW-2	31a	7,971.00
	b Enter 2021 Kentucky estimated tax/extension payments	31b	00
	c Enter 2021 refundable certified rehabilitation credit	31c	00
	d For amended return; enter amount paid with original return plus additional payment(s) made after it was filed	31d	00
32	Add lines 31(a) through 31(d)	32	7,971.00
33	If line 30 is larger than line 32, subtract line 32 from line 30, enter ADDITIONAL TAX DUE	33	00
34	a Estimated tax penalty <input type="checkbox"/> Check if Form 2210-K attached	34a	00
	b Interest	34b	00
	c Late payment penalty	34c	00
	d Late filing penalty.....	34d	00
35	Add lines 34(a) through 34(d). Enter here.....	35	00
36	If the total of lines 30 and 35 is more than line 32, subtract line 32 from the total of lines 30 and 35. This is the AMOUNT YOU OWE , continue to page 3..... OWE	36	00
37	If line 32 is more than line 30, subtract lines 30 and 35 from line 32. This is the AMOUNT YOU OVERPAID , continue to page 3.....	37	204.00



2 1 0 0 4 0 1 5 5 5

38 FUND CONTRIBUTIONS; see instructions.

a Nature and Wildlife Fund.....	38a	00
b Child Victims' Trust Fund.....	38b	00
c Veterans' Program Trust Fund.....	38c	00
d Breast Cancer Research/Education Trust Fund.....	38d	00
e Farms to Food Banks Trust Fund.....	38e	00
f Local History Trust Fund.....	38f	00
g Special Olympics Kentucky.....	38g	00
h Pediatric Cancer Research Trust Fund.....	38h	00
i Rape Crisis Center Trust Fund.....	38i	00
j Court Appointed Special Advocate Trust Fund.....	38j	00
k YMCA Youth Association Fund.....	38k	00

39 Add lines 38(a) through 38(k).....	39	00
40 Amount of line 37 to be CREDITED TO YOUR 2022 ESTIMATED TAX CREDIT FORWARD	40	00
(Credit forwards not available for amended returns)		
41 Subtract lines 39 and 40 from line 37. Amount to be REFUNDED TO YOU REFUND	41	204.00

I, the undersigned, declare under penalties of perjury that I have examined this return, including all accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I also understand and agree that our election to file a combined return under the provisions of Regulation 103 KAR 17:020 will result in refunds being made payable to us jointly and in each of us being jointly and severally liable for all taxes accruing under this return.

Sign Here	Signature of Taxpayer	Driver's License/State Issued ID No. D17-892-346	Date	Telephone Number (daytime) (717) 514-8075
	Signature of Spouse	Driver's License/State Issued ID No.	Date	
Paid Preparer Use	Signature of Preparer SYAM PRIYA RAM SAGAR GUPTA TALLAM		Date 03/29/2022	
	Name of Preparer or Firm GLOBAL TAXES LLC		ID Number P02082703	
	Email syam@gtaxfile.com	Telephone No. (678) 965-9522	May the DOR discuss this return with this preparer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Enclose	Include a complete copy of federal Form 1040, if you received farm, business, or rental income or loss. If not required, check here. <input type="checkbox"/>		Refund or No Payment	Kentucky Department of Revenue Frankfort, KY 40618-0006
Payment	Check Payable: Kentucky State Treasurer E-Pay Options: revenue.ky.gov Include: Your Social Security number and "KY Income Tax—2021"		With Payment	Kentucky Department of Revenue Frankfort, KY 40619-0008



2 1 0 3 4 9 1 5 5 5

➤ **Enclose with Form 740 or 740-NP**

Enter name(s) as shown on tax return.

Your Social Security Number

DANDAMUDI, PRAVEEN C

628-78-0372

SECTION A—BUSINESS INCENTIVES AND OTHER TAX CREDITS

A	B Preapproval Required	C Credit Name	D Required Attachment	E		F	
				Spouse		Yourself	
1	No	Nonrefundable Limited Liability Entity	Kentucky Limited Liability Entity Tax Credit Worksheet C/Schedule K-1		00		00
2	Yes	Kentucky Small Business	Schedule K-1		00		00
3	Yes	Kentucky Selling Farmers	Schedule K-1		00		00
4	Yes	Skills Training Investment	Schedule K-1		00		00
5	Yes	Certified Rehabilitation	Certification Copies		00		00
6	No	Tax Paid to Another State	Copy(ies) of Other State(s) return or Worksheet A		00		00
7	No	Unemployment	Schedule UTC		00		00
8	Yes	Recycling/Composting Equipment	Schedule RC		00		00
9	Yes	Kentucky Investment Fund	KEDFA notification		00		00
10	No	Qualified Research Facility	Schedule QR		00		00
11	No	GED Incentive	Form DAEL-31		00		00
12	Yes	Voluntary Environmental Remediation	Schedule VERB		00		00
13	Yes	Biodiesel	Schedule BIO		00		00
14	Yes	Clean Coal Incentive	Schedule CCI		00		00
15	Yes	Ethanol	Schedule ETH		00		00
16	Yes	Cellulosic Ethanol	Schedule CELL		00		00
17	No	Railroad Maintenance & Improvement	Schedule RR-I		00		00
18	Yes	Endow Kentucky	Schedule ENDOW		00		00
19	Yes	New Markets Development Program	Form 8874(K)-A		00		00
20	No	Food Donation (Carryover only)	Schedule FD		00		00
21	No	Distilled Spirits	Schedule DS		00		00
22	Yes	Angel Investor	Certification Letter		00		00
23	Yes	Film Industry	Film Office Certification		00		00
24	No	Inventory	Schedule INV		00		00
25	Yes	Renewable Chemical Production	Schedule CHEM		00		00
26	Total of Other Tax Credits (add lines 1 through 25). Enter here and on Form 740, page 1, line 15, Columns A and B, or enter combined totals of Columns E and F on Form 740-NP, page 1, line 15				00		00



SECTION B—PERSONAL TAX CREDITS

Taxpayer

Spouse

Complete only if filing joint or married,
filing separately on a combined return

Enter your date of birth (MM/DD/YYYY)	06/05/1979	Enter your date of birth (MM/DD/YYYY)	
1 If you were 65 on or before 12/31/2021, enter 40.....	1	5 If you were 65 on or before 12/31/2021, enter 40...	5
2 If you were legally blind on 12/31/2021, enter 40.....	2	6 If you were legally blind on 12/31/2021, enter 40...	6
3 If you were a member of the Kentucky National Guard on 12/31/2021, enter 20.....	3	7 If you were a member of the Kentucky National Guard on 12/31/2021, enter 20.....	7
4 Allowable Taxpayer Credit—Add lines 1 through 3...	4	8 Allowable Spouse Credit—Add lines 5 through 7..	8

Assignment of Personal Tax Credits

9 For filing status Single or Married, filing separate returns , enter the amount from line 4 here and in Column B of Form 740, line 17 or Form 740-NP, line 17 (Not to exceed 100).....	9
10 For filing status Married, filing separately on this combined return , enter the amount from line 4 here and in column B of Form 740, line 17 (Not to exceed 100).....	10
11 For filing status Married, filing separately on this combined return , enter the amount from line 8 here and in column A of Form 740, line 17. (Not to exceed 100).....	11
12 For filing status Married, filing jointly , add line 4 and line 8 and enter here and in Column B of Form 740, line 17 or Form 740-NP, line 17. (Not to exceed 200).....	12

SECTION C—FAMILY SIZE TAX CREDIT

Enter dependents qualifying for family size credit. See instructions to determine family size and your qualifying dependents. Your family size will be used to determine your family size tax credit percentage.

First and Last Name	Dependent's Social Security number	Dependent's relationship to you	Check if qualifying child for family size tax credit
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Use this **Family Size Tax Credit Table** to determine the percentage of family size credit. You will need to know your family size and your modified gross income (a worksheet is located within the instructions). You will enter the percentage for the family size tax credit on Form 740 or 740-NP, line 21.

Family Size	One		Two		Three		Four or More		Credit Percentage is
	is over	is not over	is over	is not over	is over	is not over	is over	is not over	
Tax Year 2021	\$ ---	\$ 12,880	\$ ---	\$ 17,420	\$ ---	\$ 21,960	\$ ---	\$ 26,500	100
	12,880	13,395	17,420	18,117	21,960	22,838	26,500	27,560	90
	13,395	13,910	18,117	18,814	22,838	23,717	27,560	28,620	80
	13,910	14,426	18,814	19,510	23,717	24,595	28,620	29,680	70
	14,426	14,941	19,510	20,207	24,595	25,474	29,680	30,740	60
	14,941	15,456	20,207	20,904	25,474	26,352	30,740	31,800	50
	15,456	15,971	20,904	21,601	26,352	27,230	31,800	32,860	40
	15,971	16,358	21,601	22,123	27,230	27,889	32,860	33,655	30
	16,358	16,744	22,123	22,646	27,889	28,548	33,655	34,450	20
	16,744	17,130	22,646	23,169	28,548	29,207	34,450	35,245	10
17,130	---	23,169	---	29,207	---	35,245	---	0	

Multiply tax from Form 740 or 740-NP, line 19, by the applicable family size tax credit percentage and enter on Form 740 or 740-NP line 21. This is your **Family Size Tax Credit**.



2 1 0 0 1 2 1 5 5 5

Enter name(s) as shown on Form 740, page 1.

Your Social Security Number

DANDAMUDI, PRAVEEN C

628-78-0372

Interest Expense	1 Home mortgage interest and points reported to you on federal Form 1098.....	1	4,040.00	
	2 Home mortgage interest not reported to you on federal Form 1098 (if paid to an individual, provide that person's name, identifying number and address) _____	2		00
	3 Points not reported to you on federal Form 1098.....	3		00
	4 Qualified mortgage insurance premiums	4		00
	5 Investment interest (enclose federal Form 4952 if required).....	5		00
	6 Total Interest. Add lines 1 through 5. Enter here..... ➤	6	4,040.00	
Contributions <i>Note:</i> For any contribution of \$250 or more, see instructions.	7 Contributions by cash or check	7		00
	8 Other than cash or check (enclose federal Form 8283 if over \$500)	8		00
	9 Artistic charitable contributions deduction (enclose copy of appraisal).....	9		00
	10 Carryover from prior year.....	10		00
	11 Total Contributions. Add lines 7 through 10. Enter here..... ➤	11		00
Other Miscellaneous Deductions	12 Gambling losses.....	12		00
	13 Other (see instructions) _____	13		00
	14 Total Other Miscellaneous Deductions. Add lines 12 and 13. Enter here	14		00
Total Itemized Deductions	15 Add lines 6, 11, and 14. Enter here..... ➤	15	4,040.00	

DIVIDING DEDUCTIONS BETWEEN SPOUSES

Use this schedule if married filing separately on a combined return.

16	Total itemized deductions, line 15.....	.00
17	Percent of income (Form 740, line 9, Column A) to total income (Form 740, total of line 9, Columns A and B)	%
18	Percent of income (Form 740, line 9, Column B) to total income (Form 740, total of line 9, Columns A and B)	%
19	Percent on line 17 times total deductions entered on line 16 (enter here and on Form 740, line 10, Column A)00
20	Percent on line 18 times total deductions entered on line 16 (enter here and on Form 740, line 10, Column B)00



2 1 0 0 1 0 1 5 5 5

Complete this Schedule KW-2 to determine the total Kentucky income tax withholding to be entered on Kentucky Form 740, 740-NP, or 740-NP-R. This schedule must be fully completed in order to receive proper credit for Kentucky income tax withheld. Include multiple Schedule KW-2(s) as needed to report all Kentucky income tax withholdings. Do not send in your W-2, 1099, or W2-G forms; keep them with your tax records.

NAME(S) AS SHOWN ON THE TAX RETURN

SPOUSE'S SOCIAL SECURITY NUMBER

YOUR SOCIAL SECURITY NUMBER

DANDAMUDI, PRAVEEN C

628-78-0372

Part I-Form W-2 Enter all W-2s with Kentucky income tax withheld (round to the nearest whole dollar). Do not include other state withholding or local income tax.

	A Employee's Social Security Number	B Employer's Identification Number (EIN)	C State	D Employer's State I.D. Number (Box 15 of Form W-2)	E KY State Wages (Box 16 of Form W-2)		F KY Income Tax Withheld (Box 17 of Form W-2)		
1	628-78-0372	39-1263473	KY	149415	162,108.	00	7,971.	00	
2						00		00	
3						00		00	
4						00		00	
5						00		00	
6						00		00	
7						00		00	
8						00		00	
9						00		00	
10						00		00	
11	TOTAL FROM ALL W-2s					162,108.	00	7,971.	00

Part II-Form 1099 and W-2G Enter all 1099s and W-2Gs with Kentucky income tax withheld (round to the nearest whole dollar).

	A Recipient's Social Security Number	B Payer's Identification Number (EIN)	C State	D Payer's State I.D. Number	E KY Income Amount		F KY Income Tax Withheld		
12						00		00	
13						00		00	
14						00		00	
15						00		00	
16						00		00	
17	TOTAL FROM ALL 1099s AND W-2-Gs						00		00

Part III-Totals Enter total Kentucky income tax withheld (round to the nearest whole dollar) from line 18, Column F on your Kentucky income tax return (Form 740 and 740-NP, line 31(a) or 740-NP-R, line 1).

		F Total Kentucky Income Tax Withheld
18	Enter combined totals from Column F, lines 11 and 17.	7,971.00