

IRS e-file Signature Authorization

OMB No. 1545-0074

- ▶ 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

KISHORE REDDY ANNAPUREDDY

Spouse's name

Social security number

890-16-5790

Spouse's social security number

Part I	Tax Return Information – Tax Year Ending December 31,	2021 (Enter year you are authorizing.)
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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	83,035.
2	Total tax	2	11,187.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	14,042.
4	Amount you want refunded to you	4	2,855.
5	Amount you owe	5	

Part II	Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)
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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

6	5	7	9	0
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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 _____ as my
 _____ ERO firm name
 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
---	---	---	---	---	---	---	---	---	---	---

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 KISHORE REDDY		Last name ANNAPUREDDY		Your social security number 890-16-5790	
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. 3352 BRIAROAK DR				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. DULUTH			State GA	ZIP code 30096	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
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

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
(1) First name	Last name			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"/>

Attach Sch. B if required.	1	Wages, salaries, tips, etc. Attach Form(s) W-2				1	95,535.
	2a	Tax-exempt interest	2a		b Taxable interest	2b	
	3a	Qualified dividends	3a		b Ordinary dividends	3b	
	4a	IRA distributions	4a		b Taxable amount	4b	
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.	5a	Pensions and annuities	5a		b Taxable amount	5b	
	6a	Social security benefits	6a		b Taxable amount	6b	
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>				7	-3,000.
	8	Other income from Schedule 1, line 10				8	-9,500.
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶				9	83,035.
	10	Adjustments to income from Schedule 1, line 26				10	
	11	Subtract line 10 from line 9. This is your adjusted gross income ▶				11	83,035.
	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	70,185.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (2021)

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	11,187.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	11,187.
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	11,187.
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	11,187.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	14,042.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	14,042.
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	14,042.
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	2,855.
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	2,855.
Direct deposit? See instructions.	b Routing number 0 2 1 1 0 0 3 6 1 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number 7 9 7 7 8 6 3 5 2		
	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	

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 Spouse's signature. If a joint return, both must sign.	Date Date	Your occupation SOFTWARE DEVELOPER Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
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Phone no. (475) 777-0136 Email address Kishore378reddy@gmail.com

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 04/07/2022	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 2530 Pebble Creek Ln Cumming GA 30041			Phone no. (678) 965-9522
				Firm's EIN 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

KISHORE REDDY ANNAPUREDDY

Your social security number

890-16-5790

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	-9,500.
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	-9,500.

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

Schedule 1 (Form 1040) 2021

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 D
(Form 1040)Department of the Treasury
Internal Revenue Service (99)**Capital Gains and Losses**

- 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.

OMB No. 1545-0074

2021Attachment
Sequence No. **12**

Name(s) shown on return

KISHORE REDDY ANNAPUREDDY

Your social security number

890-16-5790

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	611,977.	761,708.	90,694.	-59,037.
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				
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 -59,037.

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				
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

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

BAA REV 03/26/22 PRO

Schedule D (Form 1040) 2021

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	-59,037.
	<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. 		
17	Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
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 ►	18	
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 ►	19	
20	Are lines 18 and 19 both zero or blank and are you not filing Form 4952? <input 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.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) 	21	(3,000.)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
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 checked="" type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

Sales and Other Dispositions of Capital Assets

► 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

KISHORE REDDY ANNAPUREDDY

Social security number or taxpayer identification number

890-16-5790

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	01/01/21	12/31/21	47,163.	61,801.	W	7,060.	-7,578.
	Interactive Brokers LLC	01/01/21	12/31/21	482,872.	614,790.	W	83,634.	-48,284.
	CAPITAL MARKETS	01/01/21	12/31/21	81,942.	85,117.			-3,175.
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) ►				611,977.	761,708.		90,694.	-59,037.

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.

**SCHEDULE E
(Form 1040)**Department of the Treasury
Internal Revenue Service (99)**Supplemental Income and Loss**

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

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

OMB No. 1545-0074

2021
Attachment
Sequence No. **13**

Name(s) shown on return

KISHORE REDDY ANNAPUREDDY

Your social security number

890-16-5790

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	Bhavanipuram Vijayawada ANDHRA PRADESH IN 520012				
B					
C					
1b	Type of Property (from list below)	2 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.	Fair Rental Days	Personal Use Days	QJV
A	3		A 365	0	<input type="checkbox"/>
B			B		<input type="checkbox"/>
C			C		<input type="checkbox"/>

Type of Property:

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

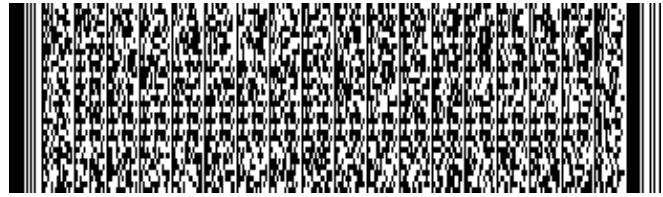
Income:	Properties:	A	B	C
3 Rents received	3	600.		
4 Royalties received	4			
Expenses:				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7	1,200.		
8 Commissions.	8			
9 Insurance	9			
10 Legal and other professional fees	10			
11 Management fees	11	1,000.		
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest.	13			
14 Repairs.	14	2,700.		
15 Supplies	15	2,200.		
16 Taxes	16			
17 Utilities.	17	3,000.		
18 Depreciation expense or depletion	18			
19 Other (list) ▶	19			
20 Total expenses. Add lines 5 through 19	20	10,100.		
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	-9,500.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(9,500.)	()	()
23a Total of all amounts reported on line 3 for all rental properties	23a	600.		
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	10,100.		
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	(9,500.)		
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	-9,500.		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2021



2200411513

**Georgia Form 500** (Rev. 08/02/21)

Individual Income Tax Return

Georgia Department of Revenue

2021 (Approved software version)**Page 1**Fiscal Year
BeginningSTATE
ISSUEDFiscal Year
EndingYOUR DRIVER'S
LICENSE/STATE ID

YOUR FIRST NAME

1. KISHORE REDDY

MI

YOUR SOCIAL SECURITY NUMBER

890-16-5790

LAST NAME (For Name Change See IT-511 Tax Booklet)

ANNAPUREDDY

SUFFIX

SPOUSE'S FIRST NAME

MI

SPOUSE'S SOCIAL SECURITY NUMBER

LAST NAME

SUFFIX

DEPARTMENT USE ONLY

ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number)

CHECK IF ADDRESS HAS CHANGED

2. 3352 BRIAROAK DR

CITY (Please insert a space if the city has multiple names)

3. DULUTH

STATE

GA

ZIP CODE

30096

(COUNTRY IF FOREIGN)

4. Enter your Residency Status with the appropriate number 4. 1

Residency Status

1. FULL- YEAR RESIDENT 2. PART- YEAR RESIDENT

TO

3. NONRESIDENT

Omit Lines 9 thru 14 and use Form 500 Schedule 3 if you are a part-year or nonresident filer.

5. Enter Filing Status with appropriate letter (See IT-511 Tax Booklet)..... 5. A

Filing Status

A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head of Household or Qualifying Widow(er)

6. Number of exemptions (Check appropriate box(es) and enter total in 6c.) 6a. Yourself X 6b. Spouse 6c. 1

7a. Number of Dependents (Enter details on Line 7b., and DO NOT include yourself or your spouse)..... 7a.

PAGES (1-5) ARE REQUIRED FOR PROCESSING

REV 03/22/22 PRO



YOUR SOCIAL SECURITY NUMBER
890-16-5790

7b. Dependents (If you have more than 4 dependents, attach a list of additional dependents)

First Name, MI.

Last Name

Social Security Number

Relationship to You

First Name, MI.

Last Name

Social Security Number

Relationship to You

First Name, MI.

Last Name

Social Security Number

Relationship to You

First Name, MI.

Last Name

Social Security Number

Relationship to You

INCOME COMPUTATIONS

If amount on line 8, 9, 10, 13 or 15 is negative, use the minus sign (-). Example -3456.

- | | | |
|--|------|-------|
| 8. Federal adjusted gross income (From Federal Form 1040)..... | 8. | 83035 |
| (Do not use FEDERAL TAXABLE INCOME) If the amount on Line 8 is \$40,000 or more, or your gross income is less than your W-2s you must include a copy of your Federal Form 1040 Pages 1, 2, and Schedule 1. | | |
| 9. Adjustments from Form 500 Schedule 1 (See IT-511 Tax Booklet) | 9. | -300 |
| 10. Georgia adjusted gross income (Net total of Line 8 and Line 9)..... | 10. | 82735 |
| 11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION)..... | 11a. | 4600 |
| (See IT-511 Tax Booklet) | | |
| b. Self: 65 or over? Blind? Total x 1,300=..... | 11b. | |
| Spouse: 65 or over? Blind? | | |
| c. Total Standard Deduction (Line 11a + Line 11b)..... | 11c. | 4600 |
| Use EITHER Line 11c OR Line 12c (Do not write on both lines) | | |
| 12. Total Itemized Deductions used in computing Federal Taxable Income. If you use itemized deductions, you must include Federal Schedule A. | | |
| a. Federal Itemized Deductions (Schedule A- Form 1040)..... | 12a. | |
| b. Less adjustments: (See IT-511 Tax Booklet) | 12b. | |
| c. Georgia Total Itemized Deductions..... | 12c. | |
| 13. Subtract either Line 11c or Line 12c from Line 10; enter balance..... | 13. | 78135 |

Georgia Form **500**
Individual Income Tax Return
Georgia Department of Revenue
2021



2200411533

YOUR SOCIAL SECURITY NUMBER
890-16-5790

Page 3

14a. Enter the number from Line 6c. **1** Multiply by \$2,700 for filing status A or D 14a. 2700
or multiply by \$3,700 for filing status B or C

14b. Enter the number from Line 7a. Multiply by \$3,000..... 14b.

14c. Add Lines 14a. and 14b. Enter total 14c. 2700

15a. Income before GA NOL (Line 13 less Line 14c or Schedule 3, Line 14)..... 15a. 75435

15b. Georgia NOL utilized (Cannot exceed Line 15a or the amount after
applying the 80% limitation, see IT-511 Tax Booklet for more information)....15b.

15c. Georgia Taxable Income (Line 15a less Line 15b)..... 15c. 75435

16. Tax (Use Tax Table or Tax Rate Schedule in the IT-511 Tax Booklet) 16. 4165

17. Low Income Credit 17a. 17b. 17c.

18. Other State(s) Tax Credit (Include a copy of the other state(s) return) 18.

19. Credits used from IND-CR Summary Worksheet 19.

20. **Total Credits Used from Schedule 2 Georgia Tax Credits (must be filed 20.
electronically)**

21. Total Credits Used (sum of Lines 17-20) cannot exceed Line 16 21. 0

22. Balance (Line 16 less Line 21) if zero or less than zero, enter zero 22. 4165

INCOME STATEMENT DETAILS Only enter income on which Georgia tax was withheld. Enter income from W-2s, 1099s, and G2-As on Line 4
GA Wages/Income. For other income statements complete Line 4 using the income reported from **Form G2-RP Line 12 or 13; Form G2-LP Line
11, or for Form G2-FL enter zero.**

(INCOME STATEMENT A)

1. WITHHOLDING TYPE:
☒ W-2 G2-A G2-LP
1099 G2-FL G2-RP

2. EMPLOYER/PAYER FEDERAL
ID NUMBER (FEIN) ☒ SSN
833389649

3. EMPLOYER/PAYER STATE WITHHOLDING ID
3484698ND

4. GA WAGES / INCOME
73664

5. GA TAX WITHHELD
3792

(INCOME STATEMENT B)

1. WITHHOLDING TYPE:
☒ W-2 G2-A G2-LP
1099 G2-FL G2-RP

2. EMPLOYER/PAYER FEDERAL
ID NUMBER (FEIN) ☒ SSN
833365194

3. EMPLOYER/PAYER STATE WITHHOLDING ID
3415190ZD

4. GA WAGES / INCOME
21871

5. GA TAX WITHHELD
1110

(INCOME STATEMENT C)

1. WITHHOLDING TYPE:
W-2 G2-A G2-LP
1099 G2-FL G2-RP

2. EMPLOYER/PAYER FEDERAL
ID NUMBER (FEIN) SSN

3. EMPLOYER/PAYER STATE WITHHOLDING ID

4. GA WAGES / INCOME

5. GA TAX WITHHELD

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

PAGES (1-5) ARE REQUIRED FOR PROCESSING

INTUIT

01 1555 115 2021 GA 004 T1 21

REV 03/22/22 PRO



YOUR SOCIAL SECURITY NUMBER
890-16-5790

Page 4

(INCOME STATEMENT D)

1. WITHHOLDING TYPE:
W-2 G2-A G2-LP
1099 G2-FL G2-RP
2. EMPLOYER/PAYER FEDERAL
ID NUMBER (FEIN) SSN
3. EMPLOYER/PAYER STATE WITHHOLDING ID
4. GA WAGES / INCOME
5. GA TAX WITHHELD

(INCOME STATEMENT E)

1. WITHHOLDING TYPE:
W-2 G2-A G2-LP
1099 G2-FL G2-RP
2. EMPLOYER/PAYER FEDERAL
ID NUMBER (FEIN) SSN
3. EMPLOYER/PAYER STATE WITHHOLDING ID
4. GA WAGES / INCOME
5. GA TAX WITHHELD

(INCOME STATEMENT F)

1. WITHHOLDING TYPE:
W-2 G2-A G2-LP
1099 G2-FL G2-RP
2. EMPLOYER/PAYER FEDERAL
ID NUMBER (FEIN) SSN
3. EMPLOYER/PAYER STATE WITHHOLDING ID
4. GA WAGES / INCOME
5. GA TAX WITHHELD

23. Georgia Income Tax Withheld on Wages and 1099s 23. 4902
(Enter Tax Withheld Only and include W-2s and/or 1099s)
24. Other Georgia Income Tax Withheld 24.
(Must include G2-A, G2-FL, G2-LP and/or G2-RP)
25. Estimated Tax paid for 2021 and Form IT-560 25.
26. Schedule 2B Refundable Tax Credits 26.
(Cannot be claimed unless filed electronically)
27. Total prepayment credits (Add Lines 23, 24, 25 and 26) 27. 4902
28. If Line 22 exceeds Line 27, subtract Line 27 from Line 22 and enter
balance due 28.
29. If Line 27 exceeds Line 22, subtract Line 22 from Line 27 and enter
overpayment 29. 737
30. Amount to be credited to 2022 ESTIMATED TAX 30. 0
31. Georgia Wildlife Conservation Fund (No gift of less than \$1.00) 31.
32. Georgia Fund for Children and Elderly (No gift of less than \$1.00) 32.
33. Georgia Cancer Research Fund (No gift of less than \$1.00) 33.
34. Georgia Land Conservation Program (No gift of less than \$1.00) 34.
35. Georgia National Guard Foundation (No gift of less than \$1.00) 35.
36. Dog & Cat Sterilization Fund (No gift of less than \$1.00) 36.
37. Saving the Cure Fund (No gift of less than \$1.00) 37.
38. Realizing Educational Achievement Can Happen (REACH) Program 38.
(No gift of less than \$1.00)



2200411553

YOUR SOCIAL SECURITY NUMBER
890-16-5790

Page 5

39. Public Safety Memorial Grant (No gift of less than \$1.00)..... 39.

40. Form 500 UET (Estimated tax penalty) 500 UET exception attached 40.

41. (If you owe) Add Lines 28, 31 thru 40 41.

MAKE CHECK PAYABLE TO GEORGIA DEPARTMENT OF REVENUE..

Amount Due Mail To:
GEORGIA DEPARTMENT OF REVENUE
PROCESSING CENTER, PO BOX 740399
ATLANTA, GA 30374-0399

42. (If you are due a refund) Subtract the sum of Lines 30 thru 40 from Line 29

THIS IS YOUR REFUND..... 42.

737

If you do not enter Direct Deposit information or if you are a first time filer you will be issued a paper check.

42a. Direct Deposit (U.S. Accounts Only)

Type: Checking ☒ Savings
Routing Number 021100361
Account Number 797786352

Refund Due Mail To:
GEORGIA DEPARTMENT OF REVENUE
PROCESSING CENTER, PO BOX 740380
ATLANTA, GA 30374-0380

INCLUDE ALL ITEMS IN ENVELOPE, **DO NOT** STAPLE YOUR CHECK, W-2s, OTHER WITHHOLDING DOCUMENTS, OR TAX RETURN.
I/We declare under the penalties of perjury that I/we have examined this return (including accompanying schedules and statements) and to the best of my/our knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer(s), this declaration is based on all information of which the preparer has knowledge.

Taxpayer's Signature (Check box if deceased)

Spouse's Signature (Check box if deceased)

Taxpayer's Date of Death

Spouse's Date of Death

Taxpayer's Signature Date

Taxpayer's Phone Number
475-777-0136

Spouse's Signature Date

By providing my e-mail address I am authorizing the Georgia Department of Revenue to electronically notify me at the below e-mail address regarding any updates to my account(s).

Taxpayer's E-mail Address

I authorize DOR to discuss this return with the named preparer.

SYAM PRIYA RAM SAGAR GUPTA TALLAM

Signature of Preparer

Name of Preparer Other Than Taxpayer

SYAM PRIYA RAM SAGAR GUPT

Preparer's Firm Name

GLOBAL TAXES LLC

Preparer's Phone Number
678-965-9522

Preparer's FEIN

30-1017196

Preparer's SSN/PTIN/SIDN

P02082703

Schedule 1
Adjustments to Income

2021 (Approved software version)



2207211513

YOUR SOCIAL SECURITY NUMBER
890-16-5790

SCHEDULE 1 ADJUSTMENTS to INCOME BASED on GEORGIA LAW

See IT-511 Tax Booklet

ADDITIONS to INCOME

- | | |
|---|----|
| 1. Interest on Non-Georgia Municipal and State Bonds | 1. |
| 2. Lump Sum Distributions | 2. |
| 3. Reserved..... | 3. |
| 4. Net operating loss carryover deducted on Federal return..... | 4. |
| 5. Other (Specify) | 5. |
| 6. Total Additions (Enter sum of Lines 1-5 here)..... | 6. |

SUBTRACTION from INCOME

7. Retirement Income Exclusion (See IT-511 Tax Booklet) Complete Schedule 1, page 2 if claiming Retirement Income Exclusion.

a. Self: Date of Birth Date of Disability: Type of Disability:

7a.

b. Spouse: Date of Birth Date of Disability: Type of Disability:

7b.

- | | |
|---|-----|
| 8. Social Security Benefits (Taxable portion from Federal return) | 8. |
| 9. Path2College 529 Plan | 9. |
| 10. Interest on United States Obligations (See IT-511 Tax Booklet) | 10. |
| 11. Reserved | 11. |
| 12. Other Adjustments (Specify) | |

Adjustment	CHARITABLE DED	Amount	300
Adjustment		Amount	
Adjustment		Amount	
Adjustment		Amount	

Total	12.	300
-------------	-----	-----

13. Total Subtractions (Enter sum of Lines 7-12 here)	13.	300
---	-----	-----

14. Net Adjustments (Line 6 less Line 13). Enter Net Total here and on Line 9 of Page 2 (+ or -) of Form 500 or 500X	14.	-300
---	-----	------



2207211523

YOUR SOCIAL SECURITY NUMBER

890-16-5790

SCHEDULE 1 RETIREMENT INCOME EXCLUSION

(TAXPAYER)

See IT-511 Tax Booklet

(SPOUSE)

1. Salary and wages.....
2. Other Earned Income (Losses).....
3. Total Earned Income.....
4. Maximum Earned Income.....
5. Smaller of Line 3 or 4; if zero or less, enter
zero
6. Interest Income.....
7. Dividend Income
8. Alimony.....
9. Capital Gains (Losses).....
10. Other Income (Losses).....
(See IT-511 Tax Booklet)
11. Taxable IRA Distributions.....
12. Taxable Pensions
13. Rental, Royalty, Partnership, S Corp, etc.
Income (Losses).....(See IT-511 Tax Booklet)
14. Total of Lines 6 through 13; if zero or less,
enter zero
15. Add Lines 5 and 14
16. Maximum Allowable Exclusion*
17. Smaller of Lines 15 and 16; enter here and on
Form 500, Schedule 1, Lines 7a. & b.....

*If age 62-64 or less than age 62 and permanently disabled enter \$35,000, or if age 65 or older enter \$65,000.

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 KISHORE REDDY		Last name ANNAPUREDDY		Your social security number 890-16-5790	
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. 3352 BRIAROAK DR				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. DULUTH			State GA	ZIP code 30096	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
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

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
(1) First name	Last name			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"/>

Attach Sch. B if required.	1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	95,535.
	2a	Tax-exempt interest	2b	
	3a	Qualified dividends	3b	
	4a	IRA distributions	4b	
	5a	Pensions and annuities	5b	
	6a	Social security benefits	6b	
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.	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	7	-3,000.
	8	Other income from Schedule 1, line 10	8	-9,500.
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶	9	83,035.
	10	Adjustments to income from Schedule 1, line 26	10	
	11	Subtract line 10 from line 9. This is your adjusted gross income ▶	11	83,035.
	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	70,185.

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	11,187.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	11,187.
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	11,187.
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	11,187.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	14,042.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	14,042.
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	14,042.
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	2,855.
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	2,855.
Direct deposit? See instructions.	b Routing number 0 2 1 1 0 0 3 6 1 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number 7 9 7 7 8 6 3 5 2		
	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	

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

Phone no. (475) 777-0136 Email address Kishore378reddy@gmail.com

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 04/07/2022	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 2530 Pebble Creek Ln Cumming GA 30041			Phone no. (678) 965-9522
				Firm's EIN 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

KISHORE REDDY ANNAPUREDDY

Your social security number

890-16-5790

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	-9,500.
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	-9,500.

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

Schedule 1 (Form 1040) 2021

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	