

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 SUJITHA DEVI MUTYALA | Social security number 685-52-9090 |
| 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 | 55,814. |
| 2 Total tax | 2 | 5,203. |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 9,502. |
| 4 Amount you want refunded to you | 4 | 4,299. |
| 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

| | | | | |
|---|---|---|---|---|
| 2 | 9 | 0 | 9 | 0 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize _____ to enter or generate my PIN

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 5 | 8 | 7 | 2 | 7 | 8 | 6 | 1 | 9 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|---|

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

Filing Status [X] 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: SUJITHA DEVI
Last name: MUTYALA
Your social security number: 685-52-9090
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.
9427 LEMONA AVE UNIT 15
Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below.
NORTH HILLS
State: CA
ZIP code: 91343
Foreign country name:
Foreign province/state/county:
Foreign postal code:
Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
[] You [] Spouse

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? [] Yes [X] 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

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) if qualifies for (see instructions): Child tax credit, Credit for other dependents. Includes a checkbox for 'If more than four dependents, see instructions and check here'.

Main tax calculation table with 15 rows. Includes sections for 'Attach Sch. B if required' and 'Standard Deduction for-' with sub-rows for various income types and deductions. Total taxable income is 42,964.

| | | | |
|--------------------------------------|--|------------|--------|
| 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 | 5,203. |
| 17 | Amount from Schedule 2, line 3 | 17 | |
| 18 | Add lines 16 and 17 | 18 | 5,203. |
| 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 | 5,203. |
| 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 | 5,203. |
| 25 | Federal income tax withheld from: | | |
| a | Form(s) W-2 | 25a | 9,502. |
| b | Form(s) 1099 | 25b | |
| c | Other forms (see instructions) | 25c | |
| d | Add lines 25a through 25c | 25d | 9,502. |
| 26 | 2021 estimated tax payments and amount applied from 2020 return | 26 | |
| 27a | Earned income credit (EIC) Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/> | 27a | |
| b | Nontaxable combat pay election | 27b | |
| c | Prior year (2019) earned income | 27c | |
| 28 | Refundable child tax credit or additional child tax credit from Schedule 8812 | 28 | |
| 29 | American opportunity credit from Form 8863, line 8 | 29 | |
| 30 | Recovery rebate credit. See instructions | 30 | |
| 31 | Amount from Schedule 3, line 15 | 31 | |
| 32 | Add lines 27a and 28 through 31. These are your total other payments and refundable credits | 32 | |
| 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | 9,502. |
| Refund | 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 4,299. |
| | 35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 4,299. |
| Direct deposit? See instructions. | b Routing number 081000032 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| | d Account number 355009234195 | | |
| | 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 SOFTWARE ENGINEER | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |

Phone no. (816) 616-6440 Email address SUJITHA.DEVI90@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 04/04/2022 | 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
SUJITHA DEVI MUTYALA

Your social security number
685-52-9090

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 | -7,500. |
| 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 | |
| | Other Income from box 3 of 1099-Misc 21. | | 21. |
| 9 | Total other income. Add lines 8a through 8z | 9 | 21. |
| 10 | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 | 10 | -7,479. |

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)

Capital Gains and Losses

OMB No. 1545-0074

2021

Attachment
Sequence No. **12**

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**
▶ **Go to www.irs.gov/ScheduleD for instructions and the latest information.**
▶ **Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.**

Name(s) shown on return

SUJITHA DEVI MUTYALA

Your social security number

685-52-9090

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 | 4,127. | 3,679. | 19. | 467. |
| 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 | | | | 7 467. |

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 |

Part III Summary

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

Sales and Other Dispositions of Capital Assets

Department of the Treasury
Internal Revenue Service

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

Name(s) shown on return

SUJITHA DEVI MUTYALA

Social security number or taxpayer identification number

685-52-9090

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 | |
| | APEX CLEARING | 02/11/21 | 09/08/21 | 4,127. | 3,679. | W | 19. | 467. |
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| | | | | | | | | |
| 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) ► | | | | 4,127. | 3,679. | | 19. | 467. |

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)**

Supplemental Income and Loss

OMB No. 1545-0074

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

2021

Department of the Treasury
Internal Revenue Service (99)

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

Attachment
Sequence No. **13**

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

Name(s) shown on return

Your social security number

SUJITHA DEVI MUTYALA

685-52-9090

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 | | | | | |
| 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 | | 1,000. | | |
| 8 | Commissions. | 8 | | | | |
| 9 | Insurance | 9 | | | | |
| 10 | Legal and other professional fees | 10 | | | | |
| 11 | Management fees | 11 | | 800. | | |
| 12 | Mortgage interest paid to banks, etc. (see instructions) | 12 | | | | |
| 13 | Other interest. | 13 | | | | |
| 14 | Repairs. | 14 | | 2,000. | | |
| 15 | Supplies | 15 | | 1,800. | | |
| 16 | Taxes | 16 | | | | |
| 17 | Utilities. | 17 | | 2,500. | | |
| 18 | Depreciation expense or depletion | 18 | | | | |
| 19 | Other (list) ▶ | 19 | | | | |
| 20 | Total expenses. Add lines 5 through 19 | 20 | | 8,100. | | |
| 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 | | -7,500. | | |
| 22 | Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 | (| 7,500.) | (|) |
| 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 | | 8,100. | | |
| 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 | (| 7,500.) | | |
| 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 | | | | -7,500. |

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2021

PA-40 - 2021
Pennsylvania Income Tax Return
ENTER ONE LETTER OR NUMBER IN EACH BOX (06-21)

685529090

MUTYALA

SUJITHA DEVI

Occupation SOFTWARE E

Occupation

9427 LEMONA AVE UNIT 15

NORTH HILLS CA 91343

816-616-6440 99999

N Extension. N Amended Return.

N Residency Status. PA Resident/Nonresident/Part-Year Resident from to

S Single, Married/Filing Jointly, Married/Filing Separately, Final Return

N Deceased

N Taxpayer Date of Death

N Spouse Date of Death

N Farmers.

School District Name NOT IN PA

- 1a Gross Compensation. Do not include exempt income, such as combat zone pay and qualifying retirement benefits. See the instructions.
1b Unreimbursed Employee Business Expenses.
1c Net Compensation. Subtract Line 1b from Line 1a.
2 Interest Income. Complete PA Schedule A if required.
3 Dividend and Capital Gains Distributions Income. Complete PA Schedule B if required.
4 Net Income or Loss from the Operation of a Business, Profession or Farm.
5 Net Gain or Loss from the Sale, Exchange or Disposition of Property.
6 Net Income or Loss from Rents, Royalties, Patents or Copyrights.
7 Estate or Trust Income. Complete and submit PA Schedule J.
8 Gambling and Lottery Winnings. Complete and submit PA Schedule T.
9 Total PA Taxable Income. Add only the positive income amounts from Lines 1c, 2, 3, 4, 5, 6, 7 and 8. DO NOT ADD any losses reported on Lines 4, 5 or 6.
10 Other Deductions. Enter the appropriate code for the type of deduction. See the instructions for additional information.
11 Adjusted PA Taxable Income. Subtract Line 10 from Line 9.

Table with 2 columns: Line Number and Amount. Rows include 1a (1338), 1b (0), 1c (1338), 2 (0), 3 (0), 4 (0), 5 (448), 6 (0), 7 (0), 8 (0), 9 (1786), 10 (0), 11 (1786).



EC OFFICIAL USE ONLY FC
[] [] [] [] [] [] [] []

PA-40 - 2021

Social Security Number

685529090 Name(s) SUJITHA DEVI MUTYALA

- 12 PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307).
- 13 Total PA Tax Withheld. See the instructions.

- 14 Credit from your 2020 PA Income Tax return.
- 15 2021 Estimated Installment Payments. REV-459B included. N
- 16 2021 Extension Payment.
- 17 Nonresident Tax Withheld from your PA Schedule(s) NRK-1. (Nonresidents only)
- 18 Total Estimated Payments and Credits. Add Lines 14, 15, 16 and 17.

- Tax Forgiveness Credit. Submit PA Schedule SP.**
- 19a Filing Status: 01 Unmarried or Separated 02 Married 03 Deceased
- 19b Dependents, Section II, Line 2, PA Schedule SP
- 20 Total Eligibility Income from Section III, Line 11, PA Schedule SP.
- 21 Tax Forgiveness Credit from Section IV, Line 16, PA Schedule SP.

- 22 Resident Credit. Submit your PA Schedule(s) G-L and/or RK-1.
- 23 Total Other Credits. Submit your PA Schedule OC.
- 24 TOTAL PAYMENTS and CREDITS. Add Lines 13, 18, 21, 22 and 23.
- 25 USE TAX. Due on internet, mail order or out-of-state purchases. See instructions.
- 26 TAX DUE. If the total of Line 12 and Line 25 is more than line 24, enter the difference here.
- 27 Penalties and Interest. See the instructions. Enter Code:
If including form REV-1630/REV-1630A, mark the box. N

- 28 TOTAL PAYMENT DUE. See the instructions.
- 29 OVERPAYMENT. If Line 24 is more than the total of Line 12, Line 25 and Line 27, enter the difference here.
The total of Lines 30 through 36 must equal Line 29.
- 30 Refund – Amount of Line 29 you want as a check mailed to you. REFUND
- 31 Credit – Amount of Line 29 you want as a credit to your 2022 estimated account.

- 32 Refund donation line. Enter the organization code and donation amount. See instructions.
- 33 Refund donation line. Enter the organization code and donation amount. See instructions.
- 34 Refund donation line. Enter the organization code and donation amount. See instructions.
- 35 Refund donation line. Enter the organization code and donation amount. See instructions.
- 36 Refund donation line. Enter the organization code and donation amount. See instructions.

| | | |
|-----|----|------|
| 12 | | 55 |
| 13 | | 41 |
| 14 | | 0 |
| 15 | | 0 |
| 16 | | 0 |
| 17 | | 0 |
| 18 | | 0 |
| 19a | 01 | |
| 19b | 00 | |
| 20 | | 1786 |
| 21 | | 55 |
| 22 | | 0 |
| 23 | | 0 |
| 24 | | 96 |
| 25 | | 0 |
| 26 | | 0 |
| 27 | | 0 |
| 28 | | 0 |
| 29 | | 41 |
| 30 | | 41 |
| 31 | | 0 |
| 32 | | |
| 33 | | |
| 34 | | |
| 35 | | |
| 36 | | |

Signature(s). Under penalties of perjury, I (we) declare that I (we) have examined this return, including all accompanying schedules and statements, and to the best of my (our) belief, they are true, correct, and complete.

| | | | |
|---|--|---------------------------------------|--|
| Your Signature | | Spouse's Signature, if filing jointly | |
| Preparer's Name and Telephone Number | | Date | |
| SYAM PRIYA RAM SAGAR GUPTA TALLAM 6789659522 | | 040422 | |

E-File Opt Out N

Firm FEIN 301017196

Preparer's PTIN P02082703



PA SCHEDULE E
Rents and Royalty Income (Loss)

2101410021

PA-40 E (EX) 06-21 (I)
PA Department of Revenue

2021

OFFICIAL USE ONLY

Name of the taxpayer filing this schedule: **SUJITHA DEVI MUTYALA** Social Security Number (shown first) or EIN: **685-52-9090**

Sales Tax License Number (if applicable). See the instructions. Are rental payments made by lessees through a third party broker? Yes No

See the instructions. Report the income and expenses for the use of your personal property by others. Also, report the income you received for the extraction of oil, gas and other minerals from your property, and the use of your patents and copyrights. **Note:** If you are in the business of renting your property, extracting minerals from your property or producing products from your patents and copyrights – use PA Schedule C.

SECTION I PROPERTY DESCRIPTION

Enter the type and complete address of each rental real estate property, and/or each source of royalty income. See the instructions.

| Type | Description of Property | For Profit Property | Complete Address (street, city, state and ZIP code) |
|------|-------------------------|---|---|
| A | 3 | YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| B | | YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| C | | YES <input type="checkbox"/> NO <input type="checkbox"/> | |

Property type: 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: _____

SECTION II INCOME & EXPENSES

| | Property A | Property B | Property C |
|--|---|--|--|
| Line a: Identify the property from Section I and indicate ownership (T/S/J) | <input checked="" type="checkbox"/> T <input type="checkbox"/> S <input type="checkbox"/> J | <input type="checkbox"/> T <input type="checkbox"/> S <input type="checkbox"/> J | <input type="checkbox"/> T <input type="checkbox"/> S <input type="checkbox"/> J |
| Line b: Is the property rental location in PA? | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Line c: Is the property rented for any period less than 30 days? | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Income: 1. Rent received | 600 | | |
| 2. Royalties received | | | |
| Expenses: 3. Advertising | | | |
| 4. Automobile and travel | | | |
| 5. Cleaning and maintenance | 1,000 | | |
| 6. Commissions | | | |
| 7. Insurance | | | |
| 8. Legal and professional fees | | | |
| 9. Management fees | 800 | | |
| 10. Mortgage interest | | | |
| 11. Other interest | | | |
| 12. Repairs | 2,000 | | |
| 13. Supplies | 1,800 | | |
| 14. Taxes - not based on net income | | | |
| 15. Utilities | 2,500 | | |
| 16. Depreciation expense - See the instructions | | | |
| 17. Other expenses (itemize): | | | |
| 18. Total Expenses - Add Lines 3 through 17 | 8,100 | | |
| Income or Loss: 19. Income – Subtract Line 18 from Line 1 or 2 | | | |
| 20. Loss – Subtract Line 1 or 2 from Line 18. (fill in the oval, if a net loss) | <input type="checkbox"/> 0 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Net Income or Loss - Total Lines 19 and 20 for short-term rentals. See the instructions. (fill in the oval, if a net loss) | | | |
| 22. Net Income or Loss - Total Lines 19 and 20 for non short-term rentals. See the instructions. (fill in the oval, if a net loss) | | | 0 |
| 23. Rent or royalty income (loss) from PA S corporation(s) and partnerships from your PA Schedule(s) RK-1 or NRK-1. (fill in the oval, if a net loss) | | | |
| 24. Net Rent and Royalty Income (Loss). Add Lines 22 and 23. If submitting more than one schedule, total all Line 22 and 23 amounts and include on Line 6 of your PA-40. (fill in the oval, if a net loss) | | | 0 |

REV 03/22/22 PRO

1555



2101410021

2101410021

PA SCHEDULE SP - 2021
Special Tax Forgiveness
PA-40 SP (10-21)
PA Department of Revenue

2109513826

SUJITHA DEVI MUTYALA

685529090

Eligibility Questions

1. Are you a dependent on another taxpayer's (parent, guardian, step-parent, etc.) federal tax return? **N**
2. If you answered "Yes" above, does the taxpayer on whose return you are a dependent qualify for tax forgiveness? **N**

IMPORTANT: If you answered "No" to Question 1, please proceed with completing Schedule SP.

If you answered "Yes" to Question 1, you must also have answered "Yes" to Question 2 to be eligible for tax forgiveness and complete Line 1b. or Line 3c. from Section I below.

SECTION I – FILING STATUS FOR TAX FORGIVENESS

1. **Y** Unmarried - use **Column A** to calculate your **Eligibility Income**. Enter "01" for Unmarried on Line 19a of the PA-40. Enter a Y in the space that describes your situation:
- a. **Y** Single. Unmarried/divorced on Dec. 31, 2020
- b. Single and claimed as a dependent on another person's PA Schedule SP. Enter the other person's:
2. Separated – use **Column A** to calculate your **Eligibility Income**. Enter a "Y" in this space only if (a) you are separated pursuant to a written agreement or (b) you were married, but separated and lived apart for the last six months of the year. Enter a "01" in the space for Unmarried on Line 19a of the PA-40.
3. Married - Enter "02" for Married on Line 19a of your PA-40. Enter your spouse's name and SSN above. Enter a "Y" in the space that describes your situation:
- a. Married and claiming Tax Forgiveness together with my spouse. Use **Column A** to calculate **Eligibility Income**.
- b. Married and filing separate PA tax returns.
Certification. Enter a "Y" in this space certifying that you and your spouse are submitting the same information on each PA Schedule SP.
Use **Columns B and C** to calculate your **Eligibility Income**.
- c. Married with a spouse who is a dependent on another person's PA Schedule SP or federal income tax return. Use **Columns B and C** to calculate **Eligibility Income**. Enter the other person's:
- d. Separated and lived apart from my spouse but for less than the last six months of the year. Use **Columns B and C** to calculate **Eligibility Income**. Enter your spouse's name and SSN above.
4. Deceased - use **Column A** to calculate your **Eligibility Income**. Enter "03" for Deceased on Line 19a of the PA-40. You must annualize the decedent's income (see the instructions) and briefly describe your method:

SECTION II – DEPENDENT CHILDREN

Provide all the information for each dependent child. If more than nine dependent children, submit additional sheets in this format.

| 1. | DEPENDENT'S NAME | AGE | RELATIONSHIP | SOCIAL SECURITY NO. |
|----|------------------|-----|--------------|---------------------|
|----|------------------|-----|--------------|---------------------|

2. Number of dependent children. Enter on Line 19b of your PA-40.

Important: Only claim the child or children that you claimed as your dependent(s) on your 2021 Federal Income Tax return.



PA SCHEDULE SP - 2021
Special Tax Forgiveness
PA-40 SP (10-21)
PA Department of Revenue

2109613832

SUJITHA DEVI MUTYALA

685529090

SECTION III – ELIGIBILITY INCOME

Married taxpayers filing jointly use **Column A** and **Eligibility Income Table 2**.
 Single filers, qualifying separated filers, and if filing for a decedent use
Column A and **Eligibility Income Table 1**.

Married taxpayers filing separately, and taxpayers separated
 but not for the last six months of the year use
Columns B and C, and **Eligibility Income Table 2**.

| | Column A Unmarried or Married Filing Jointly | The Eligibility Income Tables are on page 39 of the PA-40 booklet. | | Column B Taxpayer | Column C Spouse |
|--|--|---|-----|----------------------|--------------------|
| 1. | 1786 | PA taxable income from Line 9 of your PA-40 | 1. | 0 | 0 |
| 2. | 0 | Nontaxable interest, dividends and gains and/or annualized income | 2. | 0 | 0 |
| 3. | 0 | Alimony | 3. | 0 | 0 |
| 4. | 0 | Insurance proceeds and inheritances | 4. | 0 | 0 |
| 5. | 0 | Gifts, awards and prizes | 5. | 0 | 0 |
| 6. | 0 | Non-PA income - part-year residents and nonresidents | 6. | 0 | 0 |
| 7. | 0 | Nontaxable military income – Do not include combat pay | 7. | 0 | 0 |
| 8. | 0 | Gain excluded from the sale of a residence | 8. | 0 | 0 |
| 9. | 0 | Nontaxable educational assistance | 9. | 0 | 0 |
| 10. | 0 | Cash received for personal purposes from outside your home | 10. | 0 | 0 |
| 11. | 1786 | ← Total Eligibility Income for Column A | | | |
| Total Eligibility Income for Columns B and C – add Lines 1 through 10 for each spouse and enter the total → | | | | 11. | 0 |

SECTION IV – CALCULATING YOUR TAX FORGIVENESS CREDIT

| | | | | |
|-----|------|---|-----|---|
| 12. | 55 | PA Tax Liability from your PA-40, Line 12 (if amended return, see instructions) | 12. | 0 |
| 13. | 0 | Less Resident Credit from your PA-40, Line 22 | 13. | 0 |
| 14. | 55 | Net PA Tax Liability. Subtract Line 13 from Line 12 | 14. | 0 |
| 15. | 1.00 | Percentage of Tax Forgiveness entered as a decimal from the Eligibility Income Table using your dependents from Section II and your Total Eligibility Income from Line 11 | 15. | |
| 16. | 55 | Tax Forgiveness Credit . Multiply Line 14 by the decimal on Line 15. | 16. | 0 |



2109613832

2109613832



PENNSYLVANIA E-FILE SIGNATURE AUTHORIZATION

PA-8879 (EX) 10-21

2021

Declaration Control Number/Submission ID

Table with 2 columns: Taxpayer Name and Social Security Number. Rows for Primary and Secondary Taxpayer.

SECTION I TAX RETURN INFORMATION - TAX YEAR ENDING DEC. 31, 2021 (whole dollars only)

Table with 2 columns: Line number and Amount. Rows for Adjusted PA taxable income, PA tax liability, Total PA tax withheld, Amount to be refunded, and Total payment.

SECTION II DECLARATION AND SIGNATURE AUTHORIZATION OF TAXPAYER

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements of my 2021 PA Tax Return (Form PA-40), and to the best of my knowledge and belief, it is true, correct and complete.

PRIMARY TAXPAYER'S PERSONAL IDENTIFICATION NUMBER (PIN) Mark one oval only.

- I authorize GLOBAL TAXES LLC to enter my PIN 29090 as my signature on my tax year 2021 electronically filed income tax return.
I will enter my PIN as my signature on my tax year 2021 electronically filed income tax return.

Signature and Date fields for Primary Taxpayer.

SECONDARY TAXPAYER'S PIN Mark one oval only.

- I authorize to enter my PIN as my signature on my tax year 2021 electronically filed income tax return.
I will enter my PIN as my signature on my tax year 2021 electronically filed income tax return.

Signature and Date fields for Secondary Taxpayer.

SECTION III CERTIFICATION AND AUTHENTICATION - PRACTITIONER PIN PROGRAM PARTICIPANTS ONLY

ERO'S EFIN/PIN Enter your six-digit EFIN followed by your five-digit self-selected PIN 587278 / 61989

As a participant in the Practitioner PIN Program, I certify the above numeric entry is my PIN, which is my signature on the tax year 2021 electronically filed income tax return for the taxpayer(s) indicated above.

ERO's Signature and Date fields.

The ERO must retain this form and supporting documents for three years. DO NOT SUBMIT THIS FORM TO THE PA DEPARTMENT OF REVENUE UNLESS REQUESTED TO DO SO.

Name
SUJITHA DEVI MUTYALA

Social Security Number
685-52-9090

Federal Forms W-2

| # of W2 | * N T / T X B L | TS | N R H | Employer Name Employer identification number from box B | Federal wages from box 1 Medicare wages from box 5 | Pennsylvania (state) compensation from box 16 (See Tax Help) Pennsylvania (state) income tax withheld from box 17 | ST ID |
|---------|-----------------|----|-------|--|---|---|-------|
| 1 | | T | | RAGAN CONSULTING SOLUTIONS LLC 83-3804666 | 1,338. 1,338. | 1,338. 41. | PA |
| 2 | X | T | | INFOSYS LIMITED 58-1760235 | | 15,471. 0. | NC |
| 2 | X | T | | INFOSYS LIMITED 58-1760235 | | 15,471. 0. | CA |
| 3 | X | T | | STATE OF KANSAS 48-6029925 | 46,017. | 46,017. 0. | KS |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| | Taxpayer | Spouse |
|---|----------|--------|
| Pennsylvania W-2 | 1,338. | 0. |
| Pennsylvania W-2 to Schedule NRH, line 9 | | |
| Federal Form 4137, Unreported Tips, line 6 | | |
| Non-Pennsylvania W-2 to Schedule SP, line 6 | 76,959. | |
| Withholding | 41. | |

Federal Forms W-2: Local Tax

| # of W2 | * N T / T X B L | TS | Employer identification number from box B | Locality name | Local wages, tips, etc. (local) from box 18 | Local income tax (local) from box 19 | ST ID |
|---------|-----------------|----|---|---------------|---|--------------------------------------|-------|
| 1 | | T | 83-3804666 | 230303 | 1,338. | 17. | PA |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| | Taxpayer | Spouse |
|--|----------|--------|
| Pennsylvania Local W-2 | 1,338. | |
| Federal Form 4137, Unreported Tips, line 6 | | |
| Withholding | 17. | |

Excess Reimbursements

| * | Description | Employer's EIN | T/S | Amount |
|---|-------------|----------------|-----|--------|
| | | | | |
| | | | | |
| | | | | |

| | Taxpayer | Spouse |
|---------------------------------|----------|--------|
| Excess Reimbursements | | |

Miscellaneous Compensation from Federal Forms 1099MISC, 1099K, 1099NEC, and other statements

| * | Payer Name | Payer EIN | T/S | Code | PA Taxable Comp. | PA Tax Withheld | Fed. Income |
|--------------------------|---------------|------------|-----|------|------------------|-----------------|-------------|
| <input type="checkbox"/> | APEX CLEARING | 13-2967453 | T | | 0. | | 21. |
| <input type="checkbox"/> | | | | | | | |
| <input type="checkbox"/> | | | | | | | |

Pennsylvania Payment type:

- | | |
|---|--|
| A Executor fee | H Other nonemployee compensation. Describe: _____ |
| B Jury duty pay | I Employer sponsored retirement/pension/deferred compensation plan |
| C Director's fee | J Distribution from IRA (Traditional or Roth) |
| D Expert witness fee | K Distribution from Life Insurance, Annuity or Endowment Contracts |
| E Honorarium | L Distribution from Charitable Gift Annuities |
| F Covenant not to compete | M Distribution from Employee Stock Ownership Plan. Describe: _____ |
| G Damages or settlement for lost wages, other than personal injury | N Fiduciary fees from a trust |
| | O Other income not listed above Describe: _____ |

| | | |
|--|-----------------|---------------|
| Miscellaneous Compensation from Form 1099MISC/1099K/1099NEC. | Taxpayer | Spouse |
| Withholding | 0. | _____ |

Compensation from Federal Forms 1099R

| * | Payer's EIN Payer's Name | T S | Fed # | PA Type | Gross Distribution | Basis | PA Taxable | PA Tax Withheld |
|--------------------------|-----------------------------|--------|----------|------------|-----------------------|-------|------------|--------------------|
| <input type="checkbox"/> | _____ | | | | | | | |
| <input type="checkbox"/> | _____ | | | | | | | |
| <input type="checkbox"/> | _____ | | | | | | | |
| <input type="checkbox"/> | _____ | | | | | | | |

* Enter an 'X' if this income is **Not** subject to Pennsylvania tax - PA Part-Year and Nonresidents Only.

Pennsylvania Distribution type:

- | | |
|---|---|
| N No entry | I22 I'm not eligible yet; plan is eligible in PA |
| I31 PA school, state, or municipal employee plan | J1 Traditional or Roth IRA; I'm over 59.5 |
| I11 United Mine Workers pension | J2 Traditional or Roth IRA; I'm under 59.5 |
| I32 Military pension | K2 Non-qualified deferred compensation plan |
| I33 U.S. Civil service retirement/disability/annuity | K3 Life insurance or endowment |
| K1 Annuity or Non-civil service disability (including Qual Joint Survivorship Annuity) | L Distribution from Charitable Gift Annuities |
| I21 Early distribution from a retirement plan | M1 ESOP: Allocated ESOP Stock Dividend |
| I12 Rollover | M2 ESOP: Non-Allocated ESOP Stock Dividend |
| I13 I'm eligible; plan is eligible (no PA tax) | M3 KSOP: Taxable ESOP within a 401(k) |
| | M4 KSOP: Nontaxable ESOP within a 401(k) |

| | | |
|--|-----------------|---------------|
| Distribution from Life Insurance, Annuity, Endowment Contracts or ineligible retirement plans (see Tax Help FAQ's for more info) | Taxpayer | Spouse |
| Distribution from Charitable Gift Annuities | _____ | _____ |
| Compensation from Form 1099R (eligible retirement plans) | _____ | _____ |
| Withholding | _____ | _____ |

Total Gross Compensation

| | | |
|---|-----------------|---------------|
| Total gross compensation to Form PA-40 line 1a | Taxpayer | Spouse |
| Total Schedule NRH gross compensation to PA-40, line 12 | 1,338. | 0. |
| Withholding to Form PA-40 line 13 | 41. | _____ |

Total gross compensation to Form PA-40 line 1a 1,338.

* Enter an 'X' if this income is **Not** subject to Pennsylvania tax.

D-400 (50) 8-23-21 **2021 Individual Income Tax Return**

< Staple All Pages of Your Return and W-2s Here

North Carolina Department of Revenue

Amended Return

DOR
Use
Only

| | | |
|--|--|---|
| For calendar year 2021, or fiscal year beginning <u>21</u> and ending | | Are you a veteran? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| SUJITHA DEVI MUTYALA 9427 LEMONA AVE UNIT 15 NORTH H CA 91343 | | Is your spouse a veteran? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Your SSN: 685529090 Spouse's SSN: | | Were you granted an automatic extension to file your 2021 federal income tax return, e.g., Form 1040? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Filing Status <input checked="" type="checkbox"/> 1. Single <input type="checkbox"/> 2. Married Filing Jointly <input type="checkbox"/> 3. Married Filing Separately <input type="checkbox"/> 4. Head of Household <input type="checkbox"/> 5. Qualifying Widow(er) | | |
| Were you a resident of N.C. for the entire year? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | Return for deceased taxpayer. Date of death: |
| Was your spouse a resident for the entire year? Yes <input type="checkbox"/> No <input type="checkbox"/> | | Return for deceased spouse. Date of death: |
| N.C. Education Endowment Fund: You may contribute to the N.C. Education Endowment Fund by making a contribution or designating some or all of your overpayment to the Fund. To make a contribution, enclose Form NC-EDU and your payment of \$ <u>0</u> To designate your overpayment to the Fund, enter the amount of your designation on Page 2, Line 31. (See instructions for information about the Fund.) | | |
| <input type="checkbox"/> Select box if you, or if married filing jointly, your spouse were out of the country on April 15, 2022, and a U.S. citizen or resident. | | |
| <input type="checkbox"/> Select box if return is filed and signed by Executor, Administrator, or Court-Appointed Personal Representative. | | |

FS 1 PP Y DT N OC N TPRES N SPRES N VT N SVT N

MUTY 9427 91343 DS N EA N TD SD FDEXT N

SUJITHA DEVI MUTYALA 685529090

CA 91343

9427 LEMONA AVE UNIT 15 NORTH HILLS

06 55814 16 0 26C 0

07 0 18 Y 0 26E 0

09 0 20A 829 EU

10A 0 20B 0 27 0

10B 0 21A 0 29 0

11 S Y I N 21B 0 30 0

11 10750 21C 0 31 0

13 02772 21D 0 32 0

14 12492 26A 0 34 173

15 656 26B 0

TN 8166166440 PN 6789659522 PP P02082703



| | | | |
|---|--|---|--|
| Sign Return Below <input checked="" type="checkbox"/> Refund Due <u>173</u> | | <input type="checkbox"/> Payment Due <u>0</u> | |
| I declare and certify 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. | | | |
| Your Signature _____ Date _____ | | Spouse's Signature (If filing joint return, both must sign.) _____ Date _____ | |
| | | 8166166440 Contact Phone No. (Include area code) | |
| PAID PREPARER USE ONLY If prepared by a person other than taxpayer, this certification is based on all information of which the preparer has any knowledge. | | | |
| SYAM PRIYA RAM SAGAR GUPT 04 04 22 | | 6789659522 | |
| Paid Preparer's Signature _____ Date _____ | | Preparer's Contact Phone Number (Include area code) _____ | |
| | | P02082703 Preparer's FEIN, SSN, or PTIN | |
| If REFUND, mail return to: N.C. DEPT. OF REVENUE, P.O. BOX R, RALEIGH, NC 27634-0001 If you ARE NOT due a refund, mail return, any payment, and D-400V to: N.C. DEPT. OF REVENUE, P.O. BOX 25000, RALEIGH, NC 27640-0640 | | | |

D-400 Line-by-Line Information

| | | | |
|-----|---|------|--------|
| 6. | Federal Adjusted Gross Income | 6. | 55814 |
| 7. | Additions to Federal Adjusted Gross Income | 7. | 0 |
| 8. | Add Lines 6 and 7 | 8. | 55814 |
| 9. | Deductions From Federal Adjusted Gross Income | 9. | 0 |
| 10. | Child Deduction | | |
| | a. Enter the number of qualifying children for whom you were allowed a federal child tax credit | 10a. | 0 |
| | b. Enter the amount of the child deduction | 10b. | 0 |
| 11. | N.C. Standard Deduction | 11. | Y |
| 11. | N.C. Itemized Deduction | 11. | N |
| 11. | Deduction amount | 11. | 10750 |
| 12. | a. Add Lines 9, 10b, and 11 | 12a. | 10750 |
| | b. Subtract amount on Line 12a from Line 8 | 12b. | 45064 |
| 13. | Part-year Residents and Nonresidents Taxable Percentage | 13. | 0.2772 |
| 14. | N.C. Taxable Income | 14. | 12492 |
| 15. | N.C. Income Tax | 15. | 656 |
| 16. | Tax Credits | 16. | 0 |
| 17. | Subtract Line 16 from Line 15 | 17. | 656 |
| 18. | Consumer Use Tax | 18. | 0 |
| | You certify that no Consumer Use Tax is due | | Y |
| 19. | Add Lines 17 and 18 | 19. | 656 |

North Carolina Income Tax Withheld

| | | | |
|------|-----------------------|------|-----|
| 20a. | Your tax withheld | 20a. | 829 |
| 20b. | Spouse's tax withheld | 20b. | 0 |

Other Tax Payments

| | | | |
|------|--|------|------------|
| 21a. | 2021 estimated tax | 21a. | 0 |
| 21b. | Paid with extension | 21b. | 0 |
| 21c. | Partnership | 21c. | 0 |
| 21d. | S Corporation | 21d. | 0 |
| 22. | Amended Returns Only - Previous payments | 22. | 0 |
| 23. | Total Payments | 23. | 829 |
| 24. | Amended Returns Only - Previous refunds | 24. | 0 |
| 25. | Subtract Line 24 from Line 23 | 25. | 829 |
| 26a. | Tax Due | 26a. | 0 |
| 26b. | Penalties | 26b. | 0 |
| 26c. | Interest | 26c. | 0 |
| 26d. | Add Lines 26b and 26c and enter the total on 26d | 26d. | 0 |
| EU | Exception to Underpayment of Estimated Tax | EU | |
| 26e. | Interest on the Underpayment of Estimated Income Tax | 26e. | 0 |
| 27. | Pay this Amount | 27. | 0 |
| 28. | Overpayment | 28. | 173 |

Amount of Refund to Apply to:

| | | | |
|-----|--|-----|------------|
| 29. | Amount of Line 28 to be applied to 2022 Estimated Income Tax | 29. | 0 |
| 30. | N.C. Nongame and Endangered Wildlife Fund | 30. | 0 |
| 31. | N.C. Education Endowment Fund | 31. | 0 |
| 32. | N.C. Breast and Cervical Cancer Control Program | 32. | 0 |
| 33. | Add Lines 29 through 32 | 33. | 0 |
| 34. | Amount to be Refunded | 34. | 173 |

D-400 Sch PN (50)

8-23-21

2021 Part-Year Resident and Nonresident Schedule
 North Carolina Department of Revenue

DOR
Use
Only

If you enter a taxable percentage on Form D-400, Line 13 because you or your spouse, if married filing jointly, were not full-year residents of North Carolina during tax year 2021, you must attach this schedule to Form D-400. Importantly, you must attach both pages of this schedule to Form D-400. If you do not, the Department may be unable to process your return.

| | |
|--|--|
| Last Name (First 10 Characters) MUTYALA | Your Social Security Number 685529090 |
|--|--|

A part-year resident or a nonresident who receives income from N.C. sources must complete this form to determine the percentage of total income from all sources that is subject to N.C. tax. You are a **"part-year resident"** if you moved to N.C. and became a resident during the tax year, or you moved out of N.C. and became a resident of another state during the tax year. You are a **"nonresident"** if you were not a resident of N.C. at any time during the tax year.

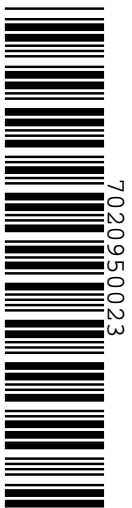
Important: Refer to the Instructions before completing this form.

| | | | | | |
|-----|---|-----|---|----|-------|
| NRT | Y | PYT | N | 22 | 15471 |
| NRS | N | PYS | N | 23 | 55814 |

| Part A. Residency Status | |
|---|--|
| Taxpayer is: (Select applicable box) <input type="checkbox"/> Full-Year Resident <input checked="" type="checkbox"/> Nonresident <input type="checkbox"/> Part-Year Resident Date N.C. residency began Date N.C. residency ended | Spouse is: (Select applicable box) <input type="checkbox"/> Full-Year Resident <input type="checkbox"/> Nonresident <input type="checkbox"/> Part-Year Resident Date N.C. residency began Date N.C. residency ended |

If you and your spouse were both full-year residents of N.C., **stop here**; do not complete Parts B and C. Do not attach Schedule PN to Form D-400.

| Part B. Allocation of Income for Part-Year Residents and Nonresidents | | | |
|--|------|--|---|
| Total Income | | COLUMN A Total Income from all sources | COLUMN B Amount of Column A subject to N.C. tax |
| 1. Wages, Salaries, Tips, Etc. | 1. | 62826 | 15471 |
| 2. Taxable Interest | 2. | 0 | 0 |
| 3. Taxable Dividends | 3. | 0 | 0 |
| 4. Taxable Refunds, Credits, or Offsets of State and Local Income Taxes | 4. | 0 | 0 |
| 5. Alimony Received | 5. | 0 | 0 |
| 6. Business Income or (Loss) | 6. | 0 | 0 |
| 7. Capital Gain or (Loss) | 7. | 467 | 0 |
| 8. Other Gains or (Losses) | 8. | 0 | 0 |
| 9. Taxable Amount of IRA Distributions | 9. | 0 | 0 |
| 10. Taxable Amount of Pensions and Annuities | 10. | 0 | 0 |
| 11. Rental Real Estate, Royalties, Partnerships, S-Corps, Estates, Trusts, Etc. | 11. | -7500 | 0 |
| 12. Farm Income or (Loss) | 12. | 0 | 0 |
| 13. Unemployment Compensation | 13. | 0 | 0 |
| 14. Taxable Portion of Social Security Benefit and Railroad Retirement Benefits | 14. | 0 | 0 |
| 15. Other Income | 15. | 21 | 0 |
| 16. Total Income | 16. | 55814 | 15471 |
| | | COLUMN A | COLUMN B |
| North Carolina Adjustments | | Enter the amount from Form D-400 Schedule S | Amount of Column A subject to N.C. tax |
| 17. Additions | | | |
| a. Interest Income From Obligations of States Other Than N.C. | 17a. | 0 | 0 |
| b. Deferred Gains Reinvested Into an Opportunity Fund | 17b. | 0 | 0 |
| c. Bonus Depreciation | 17c. | 0 | 0 |
| d. IRC Section 179 Expense | 17d. | 0 | 0 |
| e. Other Additions to Federal Adjusted Gross Income That Relate to Gross Income | 17e. | 0 | 0 |
| 18. Total Additions | 18. | 0 | 0 |



| | | |
|--|-----------------------------|-----------|
| Last Name (First 10 Characters) MUTYALA | Your Social Security Number | 685529090 |
|--|-----------------------------|-----------|

Part B. Allocation of Income for Part-Year Residents and Nonresidents (continued)

| | COLUMN A | COLUMN B |
|---|--|---|
| | Enter the amount from Form D-400 Schedule S | Amount of Column A subject to N.C. tax |
| 19. Deductions | | |
| a. State or Local Income Tax Refund | 19a. 0 | 0 |
| b. Interest Income From Obligations of the United States or United States' Possessions | 19b. 0 | 0 |
| c. Taxable Portion of Social Security and Railroad Retirement Benefits | 19c. 0 | 0 |
| d. Bailey Retirement Benefits | 19d. 0 | 0 |
| e. Bonus Asset Basis | 19e. 0 | 0 |
| f. Bonus Depreciation | 19f. 0 | 0 |
| g. IRC Section 179 Expense | 19g. 0 | 0 |
| h. Other Deductions From Federal Adjusted Gross Income That Relate to Gross Income | 19h. 0 | 0 |
| 20. Total Deductions | 20. 0 | 0 |
| 21. Total Income Modified by N.C. Adjustments | 21. 55814 | 15471 |

Part C. Part-Year Residents and Nonresidents Taxable Percentage

| | | |
|--|--|-----------------------|
| 22. Enter the Amount From Column B, Line 21 | | 22. 15471 |
| 23. Enter the Amount From Column A, Line 21 | | 23. 55814 |
| 24. Part-Year Residents and Nonresident Taxable Percentage | | 24. 0.2772 |

Filing Status [X] 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: SUJITHA DEVI
Last name: MUTYALA
Your social security number: 685-52-9090
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.
9427 LEMONA AVE UNIT 15
Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below.
NORTH HILLS
State: CA
ZIP code: 91343
Foreign country name:
Foreign province/state/county:
Foreign postal code:
Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
[] You [] Spouse

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? [] Yes [X] 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

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) if qualifies for (see instructions): Child tax credit, Credit for other dependents. Includes a checkbox for 'If more than four dependents, see instructions and check here'.

Main tax calculation table with 15 rows. Columns include line numbers, descriptions, sub-rows (a, b, c), and final amounts. Total taxable income is 42,964.

| | | | |
|--------------------------------------|--|------------|--------|
| 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 | 5,203. |
| 17 | Amount from Schedule 2, line 3 | 17 | |
| 18 | Add lines 16 and 17 | 18 | 5,203. |
| 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 | 5,203. |
| 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 | 5,203. |
| 25 | Federal income tax withheld from: | | |
| a | Form(s) W-2 | 25a | 9,502. |
| b | Form(s) 1099 | 25b | |
| c | Other forms (see instructions) | 25c | |
| d | Add lines 25a through 25c | 25d | 9,502. |
| 26 | 2021 estimated tax payments and amount applied from 2020 return | 26 | |
| 27a | Earned income credit (EIC) Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/> | 27a | |
| b | Nontaxable combat pay election | 27b | |
| c | Prior year (2019) earned income | 27c | |
| 28 | Refundable child tax credit or additional child tax credit from Schedule 8812 | 28 | |
| 29 | American opportunity credit from Form 8863, line 8 | 29 | |
| 30 | Recovery rebate credit. See instructions | 30 | |
| 31 | Amount from Schedule 3, line 15 | 31 | |
| 32 | Add lines 27a and 28 through 31. These are your total other payments and refundable credits | 32 | |
| 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | 9,502. |
| Refund | 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 4,299. |
| | 35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 4,299. |
| Direct deposit? See instructions. | b Routing number 081000032 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| | d Account number 355009234195 | | |
| | 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 SOFTWARE ENGINEER | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |

Phone no. (816) 616-6440 Email address SUJITHA.DEVI90@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 04/04/2022 | 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
SUJITHA DEVI MUTYALA

Your social security number
685-52-9090

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 | -7,500. |
| 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 | |
| | Other Income from box 3 of 1099-Misc 21. | | 21. |
| 9 | Total other income. Add lines 8a through 8z | 9 | 21. |
| 10 | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 | 10 | -7,479. |

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)

Capital Gains and Losses

OMB No. 1545-0074

2021

Attachment
Sequence No. **12**

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**
▶ **Go to www.irs.gov/ScheduleD for instructions and the latest information.**
▶ **Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.**

Name(s) shown on return

SUJITHA DEVI MUTYALA

Your social security number

685-52-9090

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 | 4,127. | 3,679. | 19. | 467. |
| 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 | | | | 7 467. |

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 |

Part III Summary

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

Sales and Other Dispositions of Capital Assets

Department of the Treasury
Internal Revenue Service

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

Name(s) shown on return

SUJITHA DEVI MUTYALA

Social security number or taxpayer identification number

685-52-9090

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 | |
| | APEX CLEARING | 02/11/21 | 09/08/21 | 4,127. | 3,679. | W | 19. | 467. |
| | | | | | | | | |
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| | | | | | | | | |
| 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) ► | | | | 4,127. | 3,679. | | 19. | 467. |

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)**

Supplemental Income and Loss

OMB No. 1545-0074

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

2021

Department of the Treasury
Internal Revenue Service (99)

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

Attachment
Sequence No. **13**

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

Name(s) shown on return

Your social security number

SUJITHA DEVI MUTYALA

685-52-9090

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 | | | | | |
| 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 | | 1,000. | | |
| 8 | Commissions. | 8 | | | | |
| 9 | Insurance | 9 | | | | |
| 10 | Legal and other professional fees | 10 | | | | |
| 11 | Management fees | 11 | | 800. | | |
| 12 | Mortgage interest paid to banks, etc. (see instructions) | 12 | | | | |
| 13 | Other interest. | 13 | | | | |
| 14 | Repairs. | 14 | | 2,000. | | |
| 15 | Supplies | 15 | | 1,800. | | |
| 16 | Taxes | 16 | | | | |
| 17 | Utilities. | 17 | | 2,500. | | |
| 18 | Depreciation expense or depletion | 18 | | | | |
| 19 | Other (list) ▶ | 19 | | | | |
| 20 | Total expenses. Add lines 5 through 19 | 20 | | 8,100. | | |
| 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 | | -7,500. | | |
| 22 | Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 | (| 7,500.) | (|) |
| 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 | | 8,100. | | |
| 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 | (| 7,500.) | | |
| 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 | | | | -7,500. |

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2021

TAXABLE YEAR

FORM

2021

California e-file Signature Authorization for Individuals

8879

Table with 2 columns: Name (SUJITHA DEVI MUTYALA), Spouse's/RDP's name, SSN or ITIN (685-52-9090), Spouse's/RDP's SSN or ITIN.

Part I Tax Return Information (whole dollars only)

Table with 2 columns: Line number (1-3), Description (California adjusted gross income, Amount You Owe, Refund or No Amount Due), Amount (55,814, 40).

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

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2021, and to the best of my knowledge and belief, it is true, correct, and complete.

Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter my PIN 2 9 0 9 0 as my signature on my 2021 e-filed California individual income tax return.
I will enter my PIN as my signature on my 2021 e-filed California individual income tax return.

Your signature Date

Spouse's/RDP's PIN: check one box only

- I authorize to enter my PIN as my signature on my 2021 e-filed California individual income tax return.
I will enter my PIN as my signature on my 2021 e-filed California individual income tax return.

Spouse's/RDP's signature Date

Practitioner PIN Method Returns Only -- continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's Electronic Filer Identification Number (EFIN)/PIN.

Enter your six-digit EFIN followed by your five-digit self-selected PIN.

Table with 11 cells containing digits: 5, 8, 7, 2, 7, 8, 6, 1, 9, 8, 9

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the 2021 California individual income tax return for the taxpayer(s) indicated above.

ERO's signature Date 04/04/2022

2021 California Resident Income Tax Return

540

APE

ATTACH FEDERAL RETURN

685-52-9090 MUTY
SUJITHADEVI MUTYALA

21

9427 LEMONA AVE UNIT 15
NORTH HILLS CA 91343

08-08-1990

Principal Residence

Enter your county at time of filing (see instructions)

LOS ANGELES

If your address above is the same as your principal/physical residence address at the time of filing, check this box

If not, enter below your principal/physical residence address at the time of filing.

Street address (number and street) (If foreign address, see instructions.)

Apt. no/ste. no.

City

State

ZIP code

If your California filing status is different from your federal filing status, check the box here

Filing Status

1 Single

4 Head of household (with qualifying person). See instructions.

2 Married/RDP filing jointly. See inst.

5 Qualifying widow(er). Enter year spouse/RDP died.

See instructions.

3 Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here.

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst 6

Exemptions

▶ For line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line.

Whole dollars only

7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. 7 1 X \$129 = \$ 129

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. 8 X \$129 = \$

9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions. 9 X \$129 = \$

Your name: Your SSN or ITIN:

10 Dependents: Do not include yourself or your spouse/RDP.

| | Dependent 1 | Dependent 2 | Dependent 3 |
|---------------------------------|----------------------|----------------------|----------------------|
| First Name | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Last Name | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| SSN. See instructions. | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Dependent's relationship to you | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Total dependent exemptions ● 10 X \$400 = ● \$

11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32 ● 11 \$

12 State wages from your federal Form(s) W-2, box 16 ● 12 .00

13 Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11 ● 13 .00

14 California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B. ● 14 .00

15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15 .00

16 California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 27, column C. ● 16 .00

17 California adjusted gross income. Combine line 15 and line 16 ● 17 .00

18 Enter the larger of {
 Your California **itemized deductions** from Schedule CA (540), Part II, line 30; **OR**
 Your California **standard deduction** shown below for your filing status:
 • Single or Married/RDP filing separately. \$4,803
 • Married/RDP filing jointly, Head of household, or Qualifying widow(er) . . . \$9,606
 If Married/RDP filing separately or the box on line 6 is checked, **STOP.** See instructions ● 18 .00

19 Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0- ● 19 .00

31 Tax. Check the box if from: Tax Table Tax Rate Schedule

● FTB 3800 ● FTB 3803 ● 31 .00

32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$212,288, see instructions. ● 32 .00

33 Subtract line 32 from line 31. If less than zero, enter -0- ● 33 .00

34 Tax. See instructions. Check the box if from: ● Schedule G-1 ● FTB 5870A. . . ● 34 .00

35 Add line 33 and line 34. ● 35 .00

40 Nonrefundable Child and Dependent Care Expenses Credit. See instructions. ● 40 .00

43 Enter credit name code ● and amount. . . ● 43 .00

44 Enter credit name code ● and amount. . . ● 44 .00

Your name: Your SSN or ITIN:

Special Credits

45 To claim more than two credits. See instructions. Attach Schedule P (540). 45 .00

46 Nonrefundable Renter's Credit. See instructions 46 .00

47 Add line 40 through line 46. These are your total credits 47 .00

48 Subtract line 47 from line 35. If less than zero, enter -0- 48 .00

Other Taxes

61 Alternative Minimum Tax. Attach Schedule P (540) 61 .00

62 Mental Health Services Tax. See instructions 62 .00

63 Other taxes and credit recapture. See instructions 63 .00

64 Excess Advance Premium Assistance Subsidy (APAS) repayment. See instructions. 64 .00

65 Add line 48, line 61, line 62, line 63, and line 64. This is your total tax 65 .00

Payments

71 California income tax withheld. See instructions 71 .00

72 2021 CA estimated tax and other payments. See instructions 72 .00

73 Withholding (Form 592-B and/or 593). See instructions 73 .00

74 Excess SDI (or VPD) withheld. See instructions 74 .00

75 Earned Income Tax Credit (EITC) 75 .00

76 Young Child Tax Credit (YCTC). See instructions 76 .00

77 Net Premium Assistance Subsidy (PAS). See instructions 77 .00

78 Add line 71 through line 77. These are your total payments. See instructions 78 .00

Use Tax

91 **Use Tax.** Do not leave blank. See instructions. 91 .00

If line 91 is zero, check if: No use tax is owed. You paid your use tax obligation directly to CDTFA.

ISR Penalty

92 If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or C coverage is qualifying health care coverage.

If you did not check the box, see instructions.

Individual Shared Responsibility (ISR) Penalty. See instructions 92 .00

Overpaid Tax/Tax Due

93 Payments balance. If line 78 is more than line 91, subtract line 91 from line 78 93 .00

94 **Use Tax balance.** If line 91 is more than line 78, subtract line 78 from line 91 94 .00

95 Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93. 95 .00

96 Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, then subtract line 93 from line 92. 96 .00

Your name: Your SSN or ITIN:

| | |
|-----------------------------|---|
| Overpaid Tax/Tax Due | 97 Overpaid tax. If line 95 is more than line 65, subtract line 65 from line 95. <input checked="" type="radio"/> 97 <input type="text" value="40"/> <input type="text" value=".00"/> |
| | 98 Amount of line 97 you want applied to your 2022 estimated tax <input type="radio"/> 98 <input type="text" value="0"/> <input type="text" value=".00"/> |
| | 99 Overpaid tax available this year. Subtract line 98 from line 97 <input type="radio"/> 99 <input type="text" value="40"/> <input type="text" value=".00"/> |
| | 100 Tax due. If line 95 is less than line 65, subtract line 95 from line 65 <input checked="" type="radio"/> 100 <input type="text" value=""/> <input type="text" value=".00"/> |

| Contributions | | Code | Amount |
|----------------------|---|----------------------------------|--|
| | California Seniors Special Fund. See instructions | <input type="radio"/> 400 | <input type="text" value=""/> <input type="text" value=".00"/> |
| | Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund | <input type="radio"/> 401 | <input type="text" value=""/> <input type="text" value=".00"/> |
| | Rare and Endangered Species Preservation Voluntary Tax Contribution Program | <input type="radio"/> 403 | <input type="text" value=""/> <input type="text" value=".00"/> |
| | California Breast Cancer Research Voluntary Tax Contribution Fund. | <input type="radio"/> 405 | <input type="text" value=""/> <input type="text" value=".00"/> |
| | California Firefighters' Memorial Voluntary Tax Contribution Fund | <input type="radio"/> 406 | <input type="text" value=""/> <input type="text" value=".00"/> |
| | Emergency Food for Families Voluntary Tax Contribution Fund | <input type="radio"/> 407 | <input type="text" value=""/> <input type="text" value=".00"/> |
| | California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund. | <input type="radio"/> 408 | <input type="text" value=""/> <input type="text" value=".00"/> |
| | California Sea Otter Voluntary Tax Contribution Fund | <input type="radio"/> 410 | <input type="text" value=""/> <input type="text" value=".00"/> |
| | California Cancer Research Voluntary Tax Contribution Fund | <input type="radio"/> 413 | <input type="text" value=""/> <input type="text" value=".00"/> |
| | School Supplies for Homeless Children Voluntary Tax Contribution Fund | <input type="radio"/> 422 | <input type="text" value=""/> <input type="text" value=".00"/> |
| | State Parks Protection Fund/Parks Pass Purchase | <input type="radio"/> 423 | <input type="text" value=""/> <input type="text" value=".00"/> |
| | Protect Our Coast and Oceans Voluntary Tax Contribution Fund. | <input type="radio"/> 424 | <input type="text" value=""/> <input type="text" value=".00"/> |
| | Keep Arts in Schools Voluntary Tax Contribution Fund | <input type="radio"/> 425 | <input type="text" value=""/> <input type="text" value=".00"/> |
| | Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund | <input type="radio"/> 431 | <input type="text" value=""/> <input type="text" value=".00"/> |
| | California Senior Citizen Advocacy Voluntary Tax Contribution Fund | <input type="radio"/> 438 | <input type="text" value=""/> <input type="text" value=".00"/> |
| | Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund. | <input type="radio"/> 439 | <input type="text" value=""/> <input type="text" value=".00"/> |
| | Rape Kit Backlog Voluntary Tax Contribution Fund | <input type="radio"/> 440 | <input type="text" value=""/> <input type="text" value=".00"/> |
| | Schools Not Prisons Voluntary Tax Contribution Fund | <input type="radio"/> 443 | <input type="text" value=""/> <input type="text" value=".00"/> |
| | Suicide Prevention Voluntary Tax Contribution Fund | <input type="radio"/> 444 | <input type="text" value=""/> <input type="text" value=".00"/> |
| | Mental Health Crisis Prevention Voluntary Tax Contribution Fund. | <input type="radio"/> 445 | <input type="text" value=""/> <input type="text" value=".00"/> |
| | California Community and Neighborhood Tree Voluntary Tax Contribution Fund | <input type="radio"/> 446 | <input type="text" value=""/> <input type="text" value=".00"/> |
| | 110 Add code 400 through code 446. This is your total contribution | <input type="radio"/> 110 | <input type="text" value=""/> <input type="text" value=".00"/> |

Your name: Your SSN or ITIN:

Amount You Owe 111 **AMOUNT YOU OWE.** If you do not have an amount on line 99, add line 94, line 96, line 100, and line 110. See instructions. **Do not send cash.**
Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** ● 111 .00
Pay Online – Go to **ftb.ca.gov/pay** for more information.

Interest and Penalties 112 Interest, late return penalties, and late payment penalties 112 .00
113 Underpayment of estimated tax.
Check the box: ● **FTB 5805 attached** ● **FTB 5805F attached** ● 113 .00
114 Total amount due. See instructions. Enclose, but **do not** staple, any payment 114 .00

115 **REFUND OR NO AMOUNT DUE.** Subtract the sum of line 110, line 112 and line 113 from line 99. See instructions.
Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001** ● 115 .00

Refund and Direct Deposit Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip. See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.
All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:

● Routing number ● Type Checking Savings ● Account number ● 116 Direct deposit amount .00

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:
● Routing number ● Type Checking Savings ● Account number ● 117 Direct deposit amount .00

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.

Our privacy notice can be found in annual tax booklets or online. Go to **ftb.ca.gov/privacy** to learn about our privacy policy statement, or go to **ftb.ca.gov/forms** and search for **1131** to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed.
Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature Date Spouse's/RDP's signature (if a joint tax return, both must sign)

● Your email address. Enter only one email address. ● Preferred phone number

Sign Here

It is unlawful to forge a spouse's/RDP's signature.

Paid preparer's signature (**declaration of preparer is based on all information of which preparer has any knowledge**)

Firm's name (or yours, if self-employed) ● PTIN

Firm's address ● Firm's FEIN

Joint tax return? (See instructions)

Do you want to allow another person to discuss this tax return with us? See instructions. ● Yes No

Print Third Party Designee's Name Telephone Number

2021 California Adjustments – Residents

CA (540)

Important: Attach this schedule behind Form 540, Side 5 as a supporting California schedule.

| | |
|---|---------------------------------|
| Name(s) as shown on tax return SUJITHA DEVI MUTYALA | SSN or ITIN 685529090 |
|---|---------------------------------|

| Part I Income Adjustment Schedule | | A Federal Amounts <small>(taxable amounts from your federal tax return)</small> | B Subtractions <small>See instructions</small> | C Additions <small>See instructions</small> |
|--|--|---|--|---|
| Section A – Income from federal Form 1040 or 1040-SR | | | | |
| 1 Wages, salaries, tips, etc. See instructions before making an entry in column B or C 1 | <input checked="" type="radio"/> | 62,826. | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 2 Taxable interest. a <input checked="" type="radio"/> | 2b <input checked="" type="radio"/> | | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 3 Ordinary dividends. See instructions. a <input checked="" type="radio"/> | 3b <input checked="" type="radio"/> | | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 4 IRA distributions. See instructions. a <input checked="" type="radio"/> | 4b <input checked="" type="radio"/> | | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 5 Pensions and annuities. See instructions. a <input checked="" type="radio"/> | 5b <input checked="" type="radio"/> | | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 6 Social security benefits. a <input checked="" type="radio"/> | 6b <input checked="" type="radio"/> | | <input checked="" type="radio"/> | |
| 7 Capital gain or (loss). See instructions. 7 | <input checked="" type="radio"/> | 467. | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| Section B – Additional Income from federal Schedule 1 (Form 1040) | | | | |
| 1 Taxable refunds, credits, or offsets of state and local income taxes 1 | <input checked="" type="radio"/> | | <input checked="" type="radio"/> | |
| 2a Alimony received. See instructions. 2a | <input checked="" type="radio"/> | | | <input checked="" type="radio"/> |
| 3 Business income or (loss). See instructions. . . . 3 | <input checked="" type="radio"/> | | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 4 Other gains or (losses) 4 | <input checked="" type="radio"/> | | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. 5 | <input checked="" type="radio"/> | -7,500. | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 6 Farm income or (loss) 6 | <input checked="" type="radio"/> | | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 7 Unemployment compensation 7 | <input checked="" type="radio"/> | | <input checked="" type="radio"/> | |
| 8 Other income: | | | | |
| a Federal net operating loss. 8a | <input checked="" type="radio"/> | | | <input checked="" type="radio"/> |
| b Gambling income. 8b | <input checked="" type="radio"/> | | <input checked="" type="radio"/> | |
| c Cancellation of debt 8c | <input checked="" type="radio"/> | | | <input checked="" type="radio"/> |
| d Foreign earned income exclusion from federal Form 2555 8d | <input checked="" type="radio"/> | | | <input checked="" type="radio"/> |
| e Taxable Health Savings Account distribution . . 8e | <input checked="" type="radio"/> | | <input checked="" type="radio"/> | |
| f Alaska Permanent Fund dividends 8f | <input checked="" type="radio"/> | | | |
| g Jury duty pay. 8g | <input checked="" type="radio"/> | | | |
| h Prizes and awards 8h | <input checked="" type="radio"/> | | | |

| Section B – Additional Income Continued | A Federal Amounts <small>(taxable amounts from your federal tax return)</small> | B Subtractions <small>See instructions</small> | C Additions <small>See instructions</small> |
|--|--|---|--|
| i Activity not engaged in for profit income 8i | <input type="radio"/> | | |
| j Stock options 8j | <input type="radio"/> | | |
| 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 | <input type="radio"/> | | |
| l Olympic and Paralympic medals and USOC prize money 8l | <input type="radio"/> | | |
| m IRC Section 951(a) inclusion 8m | <input type="radio"/> | <input type="radio"/> | |
| n IRC Section 951A(a) inclusion. 8n | <input type="radio"/> | <input type="radio"/> | |
| o IRC Section 461(l) excess business loss adjustment 8o | <input type="radio"/> | | <input type="radio"/> |
| p Taxable distributions from an ABLÉ account . . 8p | <input type="radio"/> | | |
| z Other income. List type and amount. <input type="radio"/> _____ 8z | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9 a Total other income. Add lines 8a through 8z. 9a | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b1 Disaster loss deduction from form FTB 3805V . 9b1 | | <input type="radio"/> | |
| b2 NOL deduction from form FTB 3805V 9b2 | | <input type="radio"/> | |
| b3 NOL from form FTB 3805Z, 3807, or 3809 . . 9b3 | | <input type="radio"/> | |
| b4 Student loan discharged due to closure of a for-profit school. 9b4 | <input type="radio"/> | <input type="radio"/> | |
| 10 Total. Combine Section A, line 1 through line 7, and Section B, line 1 through line 7, line 9a, and line 9b4 in column A (as applicable). Add Section A, line 1 through line 7, and Section B, line 1 through line 7, line 9a and line 9b1 through line 9b4 in column B and column C (as applicable). See instructions. 10 | <input type="radio"/> | 55,793. <input type="radio"/> | <input type="radio"/> |

Section C – Adjustments to Income
from federal Schedule 1 (Form 1040)

| | | | |
|---|-----------------------|-----------------------|-----------------------|
| 11 Educator expenses 11 | <input type="radio"/> | <input type="radio"/> | |
| 12 Certain business expenses of reservists, performing artists, and fee-basis government officials. 12 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13 Health savings account deduction 13 | <input type="radio"/> | <input type="radio"/> | |
| 14 Moving expenses. Attach form FTB 3913. See instructions 14 | <input type="radio"/> | | <input type="radio"/> |
| 15 Deductible part of self-employment tax. See instructions. 15 | <input type="radio"/> | <input type="radio"/> | |
| 16 Self-employed SEP, SIMPLE, and qualified plans. . 16 | <input type="radio"/> | | |
| 17 Self-employed health insurance deduction. See instructions. 17 | <input type="radio"/> | <input type="radio"/> | |

| Section C – Adjustments to Income Continued | A Federal Amounts <small>(taxable amounts from your federal tax return)</small> | B Subtractions <small>See instructions</small> | C Additions <small>See instructions</small> |
|---|---|--|---|
| 18 Penalty on early withdrawal of savings. 18 | <input checked="" type="radio"/> | | |
| 19 a Alimony paid. 19a | <input checked="" type="radio"/> | | <input checked="" type="radio"/> |
| b Recipient's: SSN <input checked="" type="radio"/> _____ Last Name <input checked="" type="radio"/> _____ | | | |
| 20 IRA deduction. 20 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 21 Student loan interest deduction 21 | <input checked="" type="radio"/> | | <input checked="" type="radio"/> |
| 22 Reserved for future use 22 | | | |
| 23 Archer MSA deduction 23 | <input checked="" type="radio"/> | | |
| 24 Other adjustments: | | | |
| a Jury duty pay 24a | <input checked="" type="radio"/> | | |
| b Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit. 24b | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l 24c | <input checked="" type="radio"/> | <input checked="" type="radio"/> | |
| d Reforestation amortization and expenses. 24d | <input checked="" type="radio"/> | <input checked="" type="radio"/> | |
| e Repayment of supplemental unemployment benefits under the Trade Act of 1974 24e | <input checked="" type="radio"/> | | |
| f Contributions to IRC Section 501(c)(18)(D) pension plans 24f | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| g Contributions by certain chaplains to IRC Section 403(b) plans 24g | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| h Attorney fees and court costs for actions involving certain unlawful discrimination claims 24h | <input checked="" type="radio"/> | | |
| 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 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | |
| j Housing deduction from federal Form 2555 24j | <input checked="" type="radio"/> | <input checked="" type="radio"/> | |
| k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041) 24k | <input checked="" type="radio"/> | <input checked="" type="radio"/> | |
| z Other adjustments. List type and amount. <input checked="" type="radio"/> _____ 24z | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 25 Total other adjustments. Add lines 24a through 24z 25 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 26 Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions 26 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 27 Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions 27 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| | 55,793. | <input checked="" type="radio"/> | <input checked="" type="radio"/> |

REV 03/29/22 PRO

Part II Adjustments to Federal Itemized Deductions

Check the box if you did NOT itemize for federal but will itemize for California

| | A Federal Amounts (from federal Schedule A (Form 1040)) | B Subtractions See instructions | C Additions See instructions |
|---|--|---|--|
| Medical and Dental Expenses See instructions. | | | |
| 1 Medical and dental expenses <input checked="" type="radio"/> _____ 1 | | | |
| 2 Enter amount from federal Form 1040 or 1040-SR, line 11.. <input checked="" type="radio"/> 55,814. 2 | | | |
| 3 Multiply line 2 by 7.5% (0.075).... <input checked="" type="radio"/> 4,186. 3 | | | |
| 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 <input checked="" type="radio"/> 4 | | | <input checked="" type="radio"/> |
| Taxes You Paid | | | |
| 5 a State and local income tax or general sales taxes. <input checked="" type="radio"/> 5a 2,991. <input checked="" type="radio"/> | 2,991. | <input checked="" type="radio"/> 2,991. | |
| b State and local real estate taxes <input checked="" type="radio"/> 5b | | | |
| c State and local personal property taxes <input checked="" type="radio"/> 5c | | | |
| d Add line 5a through line 5c. <input checked="" type="radio"/> 5d 2,991. | 2,991. | | |
| e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B. Enter the difference from line 5d and line 5e, column A in line 5e, column C <input checked="" type="radio"/> 5e 2,991. <input checked="" type="radio"/> | 2,991. | <input checked="" type="radio"/> 2,991. | <input checked="" type="radio"/> 0. |
| 6 Other taxes. List type <input checked="" type="radio"/> _____ 6 | | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 7 Add line 5e and line 6. <input checked="" type="radio"/> 7 2,991. <input checked="" type="radio"/> | 2,991. | <input checked="" type="radio"/> 2,991. | <input checked="" type="radio"/> 0. |
| Interest You Paid | | | |
| 8 a Home mortgage interest and points reported to you on federal Form 1098 <input checked="" type="radio"/> 8a | | | <input checked="" type="radio"/> |
| b Home mortgage interest not reported to you on federal Form 1098. <input checked="" type="radio"/> 8b | | | <input checked="" type="radio"/> |
| c Points not reported to you on federal Form 1098. <input checked="" type="radio"/> 8c | | | <input checked="" type="radio"/> |
| d Mortgage insurance premiums <input checked="" type="radio"/> 8d | | <input checked="" type="radio"/> | |
| e Add line 8a through line 8d <input checked="" type="radio"/> 8e | | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 9 Investment interest. <input checked="" type="radio"/> 9 | | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 10 Add line 8e and line 9. <input checked="" type="radio"/> 10 | | <input checked="" type="radio"/> | <input checked="" type="radio"/> |

| Part II Adjustments to Federal Itemized Deductions Continued | A Federal Amounts (from federal Schedule A (Form 1040)) | B Subtractions See instructions | C Additions See instructions |
|---|--|---|--|
| Gifts to Charity | | | |
| 11 Gifts by cash or check. 11 | <input checked="" type="radio"/> 300. | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 12 Other than by cash or check. 12 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 13 Carryover from prior year. 13 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 14 Add line 11 through line 13 14 | <input checked="" type="radio"/> 300. | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| Casualty and Theft Losses | | | |
| 15 Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions . . 15 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| Other Itemized Deductions | | | |
| 16 Other—from list in federal instructions. 16 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 17 Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C. 17 | <input checked="" type="radio"/> 3,291. | <input checked="" type="radio"/> 2,991. | <input checked="" type="radio"/> 0. |

18 Total. Combine line 17 column A less column B plus column C **18** 300.

Job Expenses and Certain Miscellaneous Deductions

| | | | |
|--|--|-----------|--------|
| 19 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions <input checked="" type="radio"/> 19 | | | |
| 20 Tax preparation fees <input checked="" type="radio"/> 20 | | | |
| 21 Other expenses - investment, safe deposit box, etc. List type. <input checked="" type="radio"/> 21 | | 0. | |
| 22 Add line 19 through line 21 <input checked="" type="radio"/> 22 | | 0. | |
| 23 Enter amount from federal Form 1040 or 1040-SR, line 11 <input checked="" type="radio"/> 55,814. | | | |
| 24 Multiply line 23 by 2% (0.02). If less than zero, enter 0. <input checked="" type="radio"/> 24 | | 1,116. | |
| 25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0. <input checked="" type="radio"/> 25 | | | 0. |
| 26 Total Itemized Deductions. Add line 18 and line 25 <input checked="" type="radio"/> 26 | | | 300. |
| 27 Other adjustments. See instructions. Specify. <input checked="" type="radio"/> 27 | | | |
| 28 Combine line 26 and line 27. <input checked="" type="radio"/> 28 | | | 300. |
| 29 Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status? | | | |
| Single or married/RDP filing separately | | \$212,288 | |
| Head of household | | \$318,437 | |
| Married/RDP filing jointly or qualifying widow(er) | | \$424,581 | |
| No. Transfer the amount on line 28 to line 29. | | | |
| Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29. <input checked="" type="radio"/> 29 | | | 300. |
| 30 Enter the larger of the amount on line 29 or your standard deduction listed below | | | |
| Single or married/RDP filing separately. See instructions | | \$4,803 | |
| Married/RDP filing jointly, head of household, or qualifying widow(er) | | \$9,606 | |
| Transfer the amount on line 30 to Form 540, line 18. <input checked="" type="radio"/> 30 | | | 4,803. |

2021 Other State Tax Credit

S

Attach to Form 540, Form 540NR, or Form 541.

| | |
|---|---------------------------------|
| Name(s) as shown on your California tax return S U J I T H A D E V I M U T Y A L A | SSN, ITIN, or FEIN 685529090 |
|---|---------------------------------|

Part I Double-Taxed Income (Read specific line instructions for Part I before completing.)

| (a) Income item(s) description | (b) Double-taxed income taxable by California | (c) Double-taxed income taxable by other state |
|--|---|--|
| <input checked="" type="radio"/> WAGES, SALARIES, TIPS | <input checked="" type="radio"/> 46,017. | <input checked="" type="radio"/> 46,017. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 1 Total double-taxed income | <input checked="" type="radio"/> 46,017. | <input checked="" type="radio"/> 46,017. |

Part II Figure Your Other State Tax Credit (Read specific line instructions for Part II before completing.)

| | | | |
|--|--|---------|----|
| 2 California tax liability. See instructions | <input checked="" type="radio"/> 2 | 1,749. | 00 |
| 3 Double-taxed income taxable by California. Enter the amount from Part I, line 1, column (b) | <input checked="" type="radio"/> 3 | 46,017. | 00 |
| 4 California adjusted gross income. See instructions | <input checked="" type="radio"/> 4 | 55,814. | 00 |
| 5 Divide line 3 by line 4. Do not enter more than 1.0000. | <input checked="" type="radio"/> 5 | 0.8245 | |
| 6 Multiply line 2 by line 5. | <input checked="" type="radio"/> 6 | 1,442. | 00 |
| 7 Income tax liability paid to other state (use state's abbreviation) <input checked="" type="radio"/> <u>KS</u> See instructions | <input checked="" type="radio"/> 7 | 1,976. | 00 |
| 8 Double-taxed income taxable by other state. Enter the amount from Part I, line 1, column (c) | <input checked="" type="radio"/> 8 | 46,017 | 00 |
| 9 Adjusted gross income taxable by other state. See instructions. | <input checked="" type="radio"/> 9 | 46,017. | 00 |
| 10 Divide line 8 by line 9. Do not enter more than 1.0000. | <input checked="" type="radio"/> 10 | 1.0000 | |
| 11 Multiply line 7 by line 10. | <input checked="" type="radio"/> 11 | 1,976. | 00 |
| 12 Other state tax credit. Enter the smaller of line 6 or line 11. Use credit code 187 . See instructions | <input checked="" type="radio"/> 12 | 1,442. | 00 |

2021 Other State Tax Credit

S

Attach to Form 540, Form 540NR, or Form 541.

| | |
|---|---------------------------------|
| Name(s) as shown on your California tax return S U J I T H A D E V I M U T Y A L A | SSN, ITIN, or FEIN 685529090 |
|---|---------------------------------|

Part I Double-Taxed Income (Read specific line instructions for Part I before completing.)

| (a) Income item(s) description | (b) Double-taxed income taxable by California | (c) Double-taxed income taxable by other state |
|--|---|--|
| <input checked="" type="radio"/> WAGES, SALARIES, TIPS | <input checked="" type="radio"/> 15,471. | <input checked="" type="radio"/> 15,471. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 1 Total double-taxed income | <input checked="" type="radio"/> 15,471. | <input checked="" type="radio"/> 15,471. |

Part II Figure Your Other State Tax Credit (Read specific line instructions for Part II before completing.)

| | | | |
|---|--|---------|----|
| 2 California tax liability. See instructions | <input checked="" type="radio"/> 2 | 1,749. | 00 |
| 3 Double-taxed income taxable by California. Enter the amount from Part I, line 1, column (b) | <input checked="" type="radio"/> 3 | 15,471. | 00 |
| 4 California adjusted gross income. See instructions | <input checked="" type="radio"/> 4 | 55,814. | 00 |
| 5 Divide line 3 by line 4. Do not enter more than 1.0000. | <input checked="" type="radio"/> 5 | 0.2772 | |
| 6 Multiply line 2 by line 5. | <input checked="" type="radio"/> 6 | 485. | 00 |
| 7 Income tax liability paid to other state (use state's abbreviation) <input checked="" type="radio"/> NC See instructions | <input checked="" type="radio"/> 7 | 656. | 00 |
| 8 Double-taxed income taxable by other state. Enter the amount from Part I, line 1, column (c) | <input checked="" type="radio"/> 8 | 15,471. | 00 |
| 9 Adjusted gross income taxable by other state. See instructions. | <input checked="" type="radio"/> 9 | 15,471. | 00 |
| 10 Divide line 8 by line 9. Do not enter more than 1.0000. | <input checked="" type="radio"/> 10 | 1.0000 | |
| 11 Multiply line 7 by line 10. | <input checked="" type="radio"/> 11 | 656. | 00 |
| 12 Other state tax credit. Enter the smaller of line 6 or line 11. Use credit code 187 . See instructions | <input checked="" type="radio"/> 12 | 485. | 00 |

Filing Status [X] 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: SUJITHA DEVI
Last name: MUTYALA
Your social security number: 685-52-9090
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.
9427 LEMONA AVE UNIT 15
Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below.
NORTH HILLS
State: CA
ZIP code: 91343
Foreign country name:
Foreign province/state/county:
Foreign postal code:
Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
[] You [] Spouse

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? [] Yes [X] 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

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) if qualifies for (see instructions): Child tax credit, Credit for other dependents. Includes instructions for dependents.

Main tax calculation table with 15 rows. Includes sections for Attach Sch. B if required, Standard Deduction for (with bullet points for filing status), and final taxable income calculation. Total taxable income: 42,964.

| | | | |
|--------------------------------------|--|------------|--------|
| 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 | 5,203. |
| 17 | Amount from Schedule 2, line 3 | 17 | |
| 18 | Add lines 16 and 17 | 18 | 5,203. |
| 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 | 5,203. |
| 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 | 5,203. |
| 25 | Federal income tax withheld from: | | |
| a | Form(s) W-2 | 25a | 9,502. |
| b | Form(s) 1099 | 25b | |
| c | Other forms (see instructions) | 25c | |
| d | Add lines 25a through 25c | 25d | 9,502. |
| 26 | 2021 estimated tax payments and amount applied from 2020 return | 26 | |
| 27a | Earned income credit (EIC) Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/> | 27a | |
| b | Nontaxable combat pay election | 27b | |
| c | Prior year (2019) earned income | 27c | |
| 28 | Refundable child tax credit or additional child tax credit from Schedule 8812 | 28 | |
| 29 | American opportunity credit from Form 8863, line 8 | 29 | |
| 30 | Recovery rebate credit. See instructions | 30 | |
| 31 | Amount from Schedule 3, line 15 | 31 | |
| 32 | Add lines 27a and 28 through 31. These are your total other payments and refundable credits | 32 | |
| 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | 9,502. |
| Refund | 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 4,299. |
| | 35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 4,299. |
| Direct deposit? See instructions. | b Routing number 081000032 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| | d Account number 355009234195 | | |
| | 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 SOFTWARE ENGINEER | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |

Phone no. (816) 616-6440 Email address SUJITHA.DEVI90@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 04/04/2022 | 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
SUJITHA DEVI MUTYALA

Your social security number
685-52-9090

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 | -7,500. |
| 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 | |
| | Other Income from box 3 of 1099-Misc 21. | | 21. |
| 9 | Total other income. Add lines 8a through 8z | 9 | 21. |
| 10 | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 | 10 | -7,479. |

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)

Capital Gains and Losses

OMB No. 1545-0074

2021

Attachment
Sequence No. **12**

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**
▶ **Go to www.irs.gov/ScheduleD for instructions and the latest information.**
▶ **Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.**

Name(s) shown on return

SUJITHA DEVI MUTYALA

Your social security number

685-52-9090

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 | 4,127. | 3,679. | 19. | 467. |
| 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 | | | | 7 467. |

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 |

Part III Summary

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

Sales and Other Dispositions of Capital Assets

Department of the Treasury
Internal Revenue Service

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

Name(s) shown on return

SUJITHA DEVI MUTYALA

Social security number or taxpayer identification number

685-52-9090

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 | |
| | APEX CLEARING | 02/11/21 | 09/08/21 | 4,127. | 3,679. | W | 19. | 467. |
| | | | | | | | | |
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| | | | | | | | | |
| 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) ► | | | | 4,127. | 3,679. | | 19. | 467. |

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)**

Supplemental Income and Loss

OMB No. 1545-0074

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

2021

Department of the Treasury
Internal Revenue Service (99)

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

Attachment
Sequence No. **13**

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

Name(s) shown on return

Your social security number

SUJITHA DEVI MUTYALA

685-52-9090

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 | | | | | |
| 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 | | 1,000. | | |
| 8 | Commissions. | 8 | | | | |
| 9 | Insurance | 9 | | | | |
| 10 | Legal and other professional fees | 10 | | | | |
| 11 | Management fees | 11 | | 800. | | |
| 12 | Mortgage interest paid to banks, etc. (see instructions) | 12 | | | | |
| 13 | Other interest. | 13 | | | | |
| 14 | Repairs. | 14 | | 2,000. | | |
| 15 | Supplies | 15 | | 1,800. | | |
| 16 | Taxes | 16 | | | | |
| 17 | Utilities. | 17 | | 2,500. | | |
| 18 | Depreciation expense or depletion | 18 | | | | |
| 19 | Other (list) ▶ | 19 | | | | |
| 20 | Total expenses. Add lines 5 through 19 | 20 | | 8,100. | | |
| 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 | | -7,500. | | |
| 22 | Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 | (| 7,500.) | (|) |
| 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 | | 8,100. | | |
| 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 | (| 7,500.) | | |
| 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 | | | | -7,500. |

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2021

SUJITHA DEVI MUTYALA 8166166440 MUTY 685529090

9427 LEMONA AVE UNIT 15
NORTH HILLS CA 91343

Name or address has changed? Taxpayer or (spouse if filing joint) died during this tax year Taxpayer was engaged in commercial farming/fishing in 2021

Amended Return: Amended affects Kansas only Amended Federal tax return Adjustment by the IRS

Filing Status: Single Married Filing Joint (Even if only one had income) Married Filing Separate Head of Household (Do not check if filing joint return)

Residency Status: Resident NonResident (Complete Sch S, Part B) CA State of Legal Residence

Part-Year Resident (Complete Sch S, Part B) From To

Exemptions: 1 Enter the total exemptions for you, your spouse (if applicable), and each person you claim as a dependent. If filing status above is Head of Household, add one exemption. 1 **Total Kansas exemptions**

In the following spaces, provide the requested information for all persons you claimed as dependents. **DO NOT include you or your spouse.** If additional space is needed, enclose a separate sheet, only after completing all nine lines below.

Dependent Name - First, Middle and Last **Date of Birth** - MMDDYYYY **Relationship** **SSN**

Food Sales Tax Credit: You must have been a Kansas resident for **ALL** of 2021. Complete this section to determine your qualifications and credit.

- A.** Had a dependent child who lived with you all year and was under the age of 18 all of 2021?
- B.** Were you (or spouse) 55 years of age or older all of 2021 (born prior to January 1, 1966)?
- C.** Were you (or spouse) totally and permanently disabled or blind all of 2021, regardless of age? If you answered NO to A, B, and C, **STOP HERE**, you do not qualify for this credit.
- D.** If you answered YES to A, B, or C, enter your FAGI from line 1 of this return. 0
If Line D is more than \$30,615 **STOP HERE**, you do not qualify for this credit.
- E.** Number of exemptions claimed
- F.** Number of dependents that are 18 years of age or older (born on or before January 1, 2004)
- G.** Total qualifying exemptions (subtract line F from line E)
- H.** Food Sales Tax Credit (multiply line G by \$125). Enter result here and on line 18 of this form. 0

SUJITHA DEVI MUTYALA

MUTY 685529090

| | | | |
|---|---------|---|------|
| 1. Federal adjusted gross income | 55814 | 23. Estimated tax paid | 0 |
| 2. Modifications | 0 | 24. Amount paid with Kansas extension | 0 |
| 3. Kansas adjusted gross income | 55814 | 25. Refundable portion of earned income tax credit | 0 |
| 4. Standard or itemized deductions. (If itemizing, complete KS Sch A) | 3500 | 26. Refundable portion of tax credits | 0 |
| 5. Exemption allowance | 2250 | 27. Payments remitted with original return | 0 |
| 6. Total deductions | 5750 | 28. Overpayment from original return. This figure is a subtraction. | 0 |
| 7. Taxable income | 50064 | 29. Total refundable credits | 2063 |
| 8. Tax | 2397 | 30. Underpayment | 0 |
| 9. Nonresident percentage | 82.4471 | 31. Interest | 0 |
| 10. Nonresident tax | 1976 | 32. Penalty | 0 |
| 11. KS tax on lump sum distributions | 0 | 33. Estimated tax penalty | 0 |
| 12. TOTAL INCOME TAX | 1976 | 34. AMOUNT YOU OWE | 0 |
| 13. Credit for taxes paid to other states | 0 | 35. Overpayment | 87 |
| 14. Credit for child and dependent care expenses | 0 | 36. CREDIT FORWARD | 0 |
| 15. Other credits | 0 | 37. Chickadee Checkoff | 0 |
| 16. Subtotal | 1976 | 38. Senior Citizens Meals On Wheels Contribution Program | 0 |
| 17. Earned Income Credit | 0 | 39. Breast Cancer Research Fund | 0 |
| 18. Food Sales Tax Credit | 0 | 40. Military Emergency Relief Fund | 0 |
| 19. Tax balance after credits | 1976 | 41. Kansas Hometown Heroes Fund | 0 |
| 20. Use Tax Due (out of state and internet purchases) | 0 | 42. Kansas Creative Arts Industry Fund | 0 |
| 21. Total Tax Balance | 1976 | 43. Local School District Contribution Fund. School District Number | 0 |
| 22. KS income tax withheld from W-2, 1099 or K-19 | 2063 | 44. REFUND | 87 |

I authorize the Director of Taxation or the Director's designee to discuss my K-40 and any enclosures with my preparer.
I declare under the penalties of perjury that to the best of my knowledge and belief this is a true, correct, and complete return.

| | | | |
|--|---|--|------------|
| Taxpayer Signature (Required) _____ | Date _____ | Spouse Signature (Required) _____ | Date _____ |
| Preparer Signature (Required) <u>SYAM PRIYA RAM SAGAR GUPT</u> | Preparer Phone Number <u>6789659522</u> | Preparer PTIN, EIN, or SSN (Required) <u>P02082703</u> | |

PART A - MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME

ADDITIONS TO FEDERAL ADJUSTED GROSS INCOME:

A1. State and municipal bond interest not specifically exempt from KS income tax (reduced by related expenses)

A5. Business interest expense carryforward deduction (I.R.C. § 163(J))

A2. Contributions to all KPERS (Kansas Public Employee's Retirement Systems)

A6. Other additions to FAGI (enclose list)

A3. Kansas Expensing Recapture (enclose applicable schedules)

A7. Total additions to FAGI (add lines A1 - A6)

A4. Low income student scholarship contribution (enclose Schedule K-70)

SUBTRACTIONS FROM FEDERAL ADJUSTED GROSS INCOME:

A8. Social Security benefits

A16. Global Intangible Low-Taxed Income (GILTI) (I.R.C. § 951A)

A9. KPERS lump sum distributions exempt from income tax

A17. Disallowed business interest deduction (I.R.C. § 163(J))

A10. Interest on U.S. Government obligations (reduced by related expenses)

A18. Disallowed business meal expenses (I.R.C. § 274)

A11. State or local income tax refund (if included in line 1 of Form K-40)

A19. Contributions to an ABLÉ savings account

A12. Retirement benefits specifically exempt from Kansas Income Tax

A20. Kansas Expensing Deduction (Enclose K-120EX)

A13. Military compensation of a nonresident servicemember (Non-Residents only)

A21. Other subtractions from FAGI (enclose list)

A14. Contributions to Learning Quest or other states' qualified tuition program

A22. Total subtractions from FAGI (add lines A8 through A21)

A15. Armed forces recruitment, sign-up, or retention bonus

NET MODIFICATIONS:

A23. Net modifications to FAGI (subtract line A22 from line A7). Enter total here and on line 2, Form K-40.

SUJITHA DEVI MUTYALA

MUTY

685529090

PART B - PART-YEAR RESIDENT/NONRESIDENT ALLOCATION

| INCOME: | Total From Federal Return: | Amount From Kansas Sources: |
|---|----------------------------|-----------------------------|
| B1. Wages, salaries, tips, etc | 62826 | 46017 |
| B2. Interest and dividend income | | |
| B3. Pensions, IRA distributions and annuities | | |
| Additional Income: (Lines B4 - B12) | | |
| B4. Refunds of state and local income taxes | | |
| B5. Alimony received | | |
| B6. Business income or loss | | |
| B7. Capital gain or loss | 467 | 0 |
| B8. Other gains or losses | | |
| B9. Rental real estate, royalties, partnerships, S corps, trusts, estates, REMICS, etc | -7500 | 0 |
| B10. Farm income or loss | | |
| B11. Unemployment compensation, taxable social security benefits and other income | 21 | 0 |
| B12. Total income from Kansas sources (Add lines B1 through B11) | | 46017 |

| ADJUSTMENTS AND MODIFICATIONS TO KANSAS SOURCE INCOME: Total From Federal Return: | Amount From Kansas Sources: |
|---|-----------------------------|
| B13. IRA Retirement Deductions | |
| B14. Penalty on early withdrawal of savings | |
| B15. Alimony paid | |
| B16. Moving expenses for members of the armed forces | |
| B17. Other federal adjustments | |
| B18. Total federal adjustments to Kansas source income (Add lines B13 through B17) | |
| B19. Kansas source income after federal adjustments (Subtract line B18 from line B12) | 46017 |
| B20. Net modifications from Part A that are applicable to Kansas source income | |
| B21. Modified Kansas source income (Line B19 plus or minus line B20) | 46017 |
| B22. Kansas adjusted gross income (From line 3, Form K-40) | 55814 |
| B23. Nonresident allocation percentage (Divide line B21 by line B22 and round to the fourth decimal place: not to exceed 100.0000). Enter result here and on line 9 of Form K-40. | 82.4471 |

D-400 (50) 8-23-21 **2021 Individual Income Tax Return**

< Staple All Pages of Your Return and W-2s Here

North Carolina Department of Revenue

Amended Return

DOR
Use
Only

| | | |
|--|--|---|
| For calendar year 2021, or fiscal year beginning <u>21</u> and ending | | Are you a veteran? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| SUJITHA DEVI MUTYALA 9427 LEMONA AVE UNIT 15 NORTH H CA 91343 | | Is your spouse a veteran? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Your SSN: 685529090 Spouse's SSN: | | Were you granted an automatic extension to file your 2021 federal income tax return, e.g., Form 1040? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Filing Status <input checked="" type="checkbox"/> 1. Single <input type="checkbox"/> 2. Married Filing Jointly <input type="checkbox"/> 3. Married Filing Separately <input type="checkbox"/> 4. Head of Household <input type="checkbox"/> 5. Qualifying Widow(er) | | |
| Were you a resident of N.C. for the entire year? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | Return for deceased taxpayer. Date of death: |
| Was your spouse a resident for the entire year? Yes <input type="checkbox"/> No <input type="checkbox"/> | | Return for deceased spouse. Date of death: |
| N.C. Education Endowment Fund: You may contribute to the N.C. Education Endowment Fund by making a contribution or designating some or all of your overpayment to the Fund. To make a contribution, enclose Form NC-EDU and your payment of \$ <u>0</u> To designate your overpayment to the Fund, enter the amount of your designation on Page 2, Line 31. (See instructions for information about the Fund.) | | |
| <input type="checkbox"/> Select box if you, or if married filing jointly, your spouse were out of the country on April 15, 2022, and a U.S. citizen or resident. | | |
| <input type="checkbox"/> Select box if return is filed and signed by Executor, Administrator, or Court-Appointed Personal Representative. | | |

FS 1 PP Y DT N OC N TPRES N SPRES N VT N SVT N

MUTY 9427 91343 DS N EA N TD SD FDEXT N

SUJITHA DEVI MUTYALA 685529090

CA 91343

9427 LEMONA AVE UNIT 15

NORTH HILLS

06 55814 16 0 26C 0

07 0 18 Y 0 26E 0

09 0 20A 829 EU

10A 0 20B 0 27 0

10B 0 21A 0 29 0

11 S Y I N 21B 0 30 0

11 10750 21C 0 31 0

13 02772 21D 0 32 0

14 12492 26A 0 34 173

15 656 26B 0

TN 8166166440 PN 6789659522 PP P02082703



| | | | |
|---|--|--|--|
| Sign Return Below <input checked="" type="checkbox"/> Refund Due <u>173</u> | | <input type="checkbox"/> Payment Due <u>0</u> | |
| I declare and certify 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. | | | |
| Your Signature _____ Date _____ | | Spouse's Signature (If filing joint return, both must sign.) _____ Date _____ | |
| | | Contact Phone No. (Include area code) <u>8166166440</u> | |
| PAID PREPARER USE ONLY If prepared by a person other than taxpayer, this certification is based on all information of which the preparer has any knowledge. | | | |
| Paid Preparer's Signature <u>SYAM PRIYA RAM SAGAR GUPT</u> | | Preparer's Contact Phone Number (Include area code) <u>04 04 22 6789659522</u> | |
| | | Preparer's FEIN, SSN, or PTIN <u>P02082703</u> | |
| If REFUND, mail return to: N.C. DEPT. OF REVENUE, P.O. BOX R, RALEIGH, NC 27634-0001 If you ARE NOT due a refund, mail return, any payment, and D-400V to: N.C. DEPT. OF REVENUE, P.O. BOX 25000, RALEIGH, NC 27640-0640 | | | |

D-400 Line-by-Line Information

| | | | |
|-----|---|------|--------|
| 6. | Federal Adjusted Gross Income | 6. | 55814 |
| 7. | Additions to Federal Adjusted Gross Income | 7. | 0 |
| 8. | Add Lines 6 and 7 | 8. | 55814 |
| 9. | Deductions From Federal Adjusted Gross Income | 9. | 0 |
| 10. | Child Deduction | | |
| | a. Enter the number of qualifying children for whom you were allowed a federal child tax credit | 10a. | 0 |
| | b. Enter the amount of the child deduction | 10b. | 0 |
| 11. | N.C. Standard Deduction | 11. | Y |
| 11. | N.C. Itemized Deduction | 11. | N |
| 11. | Deduction amount | 11. | 10750 |
| 12. | a. Add Lines 9, 10b, and 11 | 12a. | 10750 |
| | b. Subtract amount on Line 12a from Line 8 | 12b. | 45064 |
| 13. | Part-year Residents and Nonresidents Taxable Percentage | 13. | 0.2772 |
| 14. | N.C. Taxable Income | 14. | 12492 |
| 15. | N.C. Income Tax | 15. | 656 |
| 16. | Tax Credits | 16. | 0 |
| 17. | Subtract Line 16 from Line 15 | 17. | 656 |
| 18. | Consumer Use Tax | 18. | 0 |
| | You certify that no Consumer Use Tax is due | | Y |
| 19. | Add Lines 17 and 18 | 19. | 656 |

North Carolina Income Tax Withheld

| | | | |
|------|-----------------------|------|-----|
| 20a. | Your tax withheld | 20a. | 829 |
| 20b. | Spouse's tax withheld | 20b. | 0 |

Other Tax Payments

| | | | |
|------|--|------|------------|
| 21a. | 2021 estimated tax | 21a. | 0 |
| 21b. | Paid with extension | 21b. | 0 |
| 21c. | Partnership | 21c. | 0 |
| 21d. | S Corporation | 21d. | 0 |
| 22. | Amended Returns Only - Previous payments | 22. | 0 |
| 23. | Total Payments | 23. | 829 |
| 24. | Amended Returns Only - Previous refunds | 24. | 0 |
| 25. | Subtract Line 24 from Line 23 | 25. | 829 |
| 26a. | Tax Due | 26a. | 0 |
| 26b. | Penalties | 26b. | 0 |
| 26c. | Interest | 26c. | 0 |
| 26d. | Add Lines 26b and 26c and enter the total on 26d | 26d. | 0 |
| EU | Exception to Underpayment of Estimated Tax | EU | |
| 26e. | Interest on the Underpayment of Estimated Income Tax | 26e. | 0 |
| 27. | Pay this Amount | 27. | 0 |
| 28. | Overpayment | 28. | 173 |

Amount of Refund to Apply to:

| | | | |
|-----|--|-----|------------|
| 29. | Amount of Line 28 to be applied to 2022 Estimated Income Tax | 29. | 0 |
| 30. | N.C. Nongame and Endangered Wildlife Fund | 30. | 0 |
| 31. | N.C. Education Endowment Fund | 31. | 0 |
| 32. | N.C. Breast and Cervical Cancer Control Program | 32. | 0 |
| 33. | Add Lines 29 through 32 | 33. | 0 |
| 34. | Amount to be Refunded | 34. | 173 |

D-400 Sch PN (50)

8-23-21

2021 Part-Year Resident and Nonresident Schedule
North Carolina Department of Revenue

DOR
Use
Only

If you enter a taxable percentage on Form D-400, Line 13 because you or your spouse, if married filing jointly, were not full-year residents of North Carolina during tax year 2021, you must attach this schedule to Form D-400. Importantly, you must attach both pages of this schedule to Form D-400. If you do not, the Department may be unable to process your return.

Last Name (First 10 Characters) **MUTYALA** Your Social Security Number **685529090**

A part-year resident or a nonresident who receives income from N.C. sources must complete this form to determine the percentage of total income from all sources that is subject to N.C. tax. You are a **"part-year resident"** if you moved to N.C. and became a resident during the tax year, or you moved out of N.C. and became a resident of another state during the tax year. You are a **"nonresident"** if you were not a resident of N.C. at any time during the tax year.

Important: Refer to the Instructions before completing this form.

NRT Y PYT N 22 15471
NRS N PYS N 23 55814

Part A. Residency Status

Taxpayer is: (Select applicable box) Full-Year Resident Nonresident Part-Year Resident
Date N.C. residency began _____ Date N.C. residency ended _____

Spouse is: (Select applicable box) Full-Year Resident Nonresident Part-Year Resident
Date N.C. residency began _____ Date N.C. residency ended _____

If you and your spouse were both full-year residents of N.C., **stop here**; do not complete Parts B and C. Do not attach Schedule PN to Form D-400.

Part B. Allocation of Income for Part-Year Residents and Nonresidents

| Total Income | COLUMN A Total Income from all sources | COLUMN B Amount of Column A subject to N.C. tax |
|--|--|---|
| 1. Wages, Salaries, Tips, Etc. | 1. 62826 | 15471 |
| 2. Taxable Interest | 2. 0 | 0 |
| 3. Taxable Dividends | 3. 0 | 0 |
| 4. Taxable Refunds, Credits, or Offsets of State and Local Income Taxes | 4. 0 | 0 |
| 5. Alimony Received | 5. 0 | 0 |
| 6. Business Income or (Loss) | 6. 0 | 0 |
| 7. Capital Gain or (Loss) | 7. 467 | 0 |
| 8. Other Gains or (Losses) | 8. 0 | 0 |
| 9. Taxable Amount of IRA Distributions | 9. 0 | 0 |
| 10. Taxable Amount of Pensions and Annuities | 10. 0 | 0 |
| 11. Rental Real Estate, Royalties, Partnerships, S-Corps, Estates, Trusts, Etc. | 11. -7500 | 0 |
| 12. Farm Income or (Loss) | 12. 0 | 0 |
| 13. Unemployment Compensation | 13. 0 | 0 |
| 14. Taxable Portion of Social Security Benefit and Railroad Retirement Benefits | 14. 0 | 0 |
| 15. Other Income | 15. 21 | 0 |
| 16. Total Income | 16. 55814 | 15471 |

| North Carolina Adjustments | COLUMN A Enter the amount from Form D-400 Schedule S | COLUMN B Amount of Column A subject to N.C. tax |
|---|--|---|
| 17. Additions | | |
| a. Interest Income From Obligations of States Other Than N.C. | 17a. 0 | 0 |
| b. Deferred Gains Reinvested Into an Opportunity Fund | 17b. 0 | 0 |
| c. Bonus Depreciation | 17c. 0 | 0 |
| d. IRC Section 179 Expense | 17d. 0 | 0 |
| e. Other Additions to Federal Adjusted Gross Income That Relate to Gross Income | 17e. 0 | 0 |
| 18. Total Additions | 18. 0 | 0 |

| | | |
|--|-----------------------------|-----------|
| Last Name (First 10 Characters) MUTYALA | Your Social Security Number | 685529090 |
|--|-----------------------------|-----------|

Part B. Allocation of Income for Part-Year Residents and Nonresidents (continued)

| | COLUMN A Enter the amount from Form D-400 Schedule S | COLUMN B Amount of Column A subject to N.C. tax |
|---|--|---|
| 19. Deductions | | |
| a. State or Local Income Tax Refund | 19a. 0 | 0 |
| b. Interest Income From Obligations of the United States or United States' Possessions | 19b. 0 | 0 |
| c. Taxable Portion of Social Security and Railroad Retirement Benefits | 19c. 0 | 0 |
| d. Bailey Retirement Benefits | 19d. 0 | 0 |
| e. Bonus Asset Basis | 19e. 0 | 0 |
| f. Bonus Depreciation | 19f. 0 | 0 |
| g. IRC Section 179 Expense | 19g. 0 | 0 |
| h. Other Deductions From Federal Adjusted Gross Income That Relate to Gross Income | 19h. 0 | 0 |
| 20. Total Deductions | 20. 0 | 0 |
| 21. Total Income Modified by N.C. Adjustments | 21. 55814 | 15471 |

Part C. Part-Year Residents and Nonresidents Taxable Percentage

| | | |
|--|--|-----------------------|
| 22. Enter the Amount From Column B, Line 21 | | 22. 15471 |
| 23. Enter the Amount From Column A, Line 21 | | 23. 55814 |
| 24. Part-Year Residents and Nonresident Taxable Percentage | | 24. 0.2772 |

SUJITHA DEVI MUTYALA 8166166440 MUTY 685529090

9427 LEMONA AVE UNIT 15
NORTH HILLS CA 91343

Name or address has changed? Taxpayer or (spouse if filing joint) died during this tax year Taxpayer was engaged in commercial farming/fishing in 2021

Amended Return: Amended affects Kansas only Amended Federal tax return Adjustment by the IRS

Filing Status: Single Married Filing Joint (Even if only one had income) Married Filing Separate Head of Household (Do not check if filing joint return)

Residency Status: Resident NonResident (Complete Sch S, Part B) CA State of Legal Residence

Part-Year Resident (Complete Sch S, Part B) From To

Exemptions: 1 Enter the total exemptions for you, your spouse (if applicable), and each person you claim as a dependent. If filing status above is Head of Household, add one exemption. 1 **Total Kansas exemptions**

In the following spaces, provide the requested information for all persons you claimed as dependents. **DO NOT include you or your spouse.** If additional space is needed, enclose a separate sheet, only after completing all nine lines below.

Dependent Name - First, Middle and Last **Date of Birth** - MMDDYYYY **Relationship** **SSN**

Food Sales Tax Credit: You must have been a Kansas resident for **ALL** of 2021. Complete this section to determine your qualifications and credit.

- A.** Had a dependent child who lived with you all year and was under the age of 18 all of 2021?
- B.** Were you (or spouse) 55 years of age or older all of 2021 (born prior to January 1, 1966)?
- C.** Were you (or spouse) totally and permanently disabled or blind all of 2021, regardless of age? If you answered NO to A, B, and C, **STOP HERE**, you do not qualify for this credit.
- D.** If you answered YES to A, B, or C, enter your FAGI from line 1 of this return. 0
If Line D is more than \$30,615 **STOP HERE**, you do not qualify for this credit.
- E.** Number of exemptions claimed
- F.** Number of dependents that are 18 years of age or older (born on or before January 1, 2004)
- G.** Total qualifying exemptions (subtract line F from line E)
- H.** Food Sales Tax Credit (multiply line G by \$125). Enter result here and on line 18 of this form. 0

SUJITHA DEVI MUTYALA

MUTY 685529090

| | | | |
|---|---------|---|------|
| 1. Federal adjusted gross income | 55814 | 23. Estimated tax paid | 0 |
| 2. Modifications | 0 | 24. Amount paid with Kansas extension | 0 |
| 3. Kansas adjusted gross income | 55814 | 25. Refundable portion of earned income tax credit | 0 |
| 4. Standard or itemized deductions. (If itemizing, complete KS Sch A) | 3500 | 26. Refundable portion of tax credits | 0 |
| 5. Exemption allowance | 2250 | 27. Payments remitted with original return | 0 |
| 6. Total deductions | 5750 | 28. Overpayment from original return. This figure is a subtraction. | 0 |
| 7. Taxable income | 50064 | 29. Total refundable credits | 2063 |
| 8. Tax | 2397 | 30. Underpayment | 0 |
| 9. Nonresident percentage | 82.4471 | 31. Interest | 0 |
| 10. Nonresident tax | 1976 | 32. Penalty | 0 |
| 11. KS tax on lump sum distributions | 0 | 33. Estimated tax penalty | 0 |
| 12. TOTAL INCOME TAX | 1976 | 34. AMOUNT YOU OWE | 0 |
| 13. Credit for taxes paid to other states | 0 | 35. Overpayment | 87 |
| 14. Credit for child and dependent care expenses | 0 | 36. CREDIT FORWARD | 0 |
| 15. Other credits | 0 | 37. Chickadee Checkoff | 0 |
| 16. Subtotal | 1976 | 38. Senior Citizens Meals On Wheels Contribution Program | 0 |
| 17. Earned Income Credit | 0 | 39. Breast Cancer Research Fund | 0 |
| 18. Food Sales Tax Credit | 0 | 40. Military Emergency Relief Fund | 0 |
| 19. Tax balance after credits | 1976 | 41. Kansas Hometown Heroes Fund | 0 |
| 20. Use Tax Due (out of state and internet purchases) | 0 | 42. Kansas Creative Arts Industry Fund | 0 |
| 21. Total Tax Balance | 1976 | 43. Local School District Contribution Fund. School District Number | 0 |
| 22. KS income tax withheld from W-2, 1099 or K-19 | 2063 | 44. REFUND | 87 |

I authorize the Director of Taxation or the Director's designee to discuss my K-40 and any enclosures with my preparer.
I declare under the penalties of perjury that to the best of my knowledge and belief this is a true, correct, and complete return.

| | | | | | | | |
|-------------------------------|----------------------------------|-----------------------|-------------------|---------------------------------------|------------------|------|-------|
| Taxpayer Signature (Required) | _____ | Date | _____ | Spouse Signature (Required) | _____ | Date | _____ |
| Preparer Signature (Required) | <u>SYAM PRIYA RAM SAGAR GUPT</u> | Preparer Phone Number | <u>6789659522</u> | Preparer PTIN, EIN, or SSN (Required) | <u>P02082703</u> | | |

PART A - MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME

ADDITIONS TO FEDERAL ADJUSTED GROSS INCOME:

A1. State and municipal bond interest not specifically exempt from KS income tax (reduced by related expenses)

A5. Business interest expense carryforward deduction (I.R.C. § 163(J))

A2. Contributions to all KPERS (Kansas Public Employee's Retirement Systems)

A6. Other additions to FAGI (enclose list)

A3. Kansas Expensing Recapture (enclose applicable schedules)

A7. Total additions to FAGI (add lines A1 - A6)

A4. Low income student scholarship contribution (enclose Schedule K-70)

SUBTRACTIONS FROM FEDERAL ADJUSTED GROSS INCOME:

A8. Social Security benefits

A16. Global Intangible Low-Taxed Income (GILTI) (I.R.C. § 951A)

A9. KPERS lump sum distributions exempt from income tax

A17. Disallowed business interest deduction (I.R.C. § 163(J))

A10. Interest on U.S. Government obligations (reduced by related expenses)

A18. Disallowed business meal expenses (I.R.C. § 274)

A11. State or local income tax refund (if included in line 1 of Form K-40)

A19. Contributions to an ABLÉ savings account

A12. Retirement benefits specifically exempt from Kansas Income Tax

A20. Kansas Expensing Deduction (Enclose K-120EX)

A13. Military compensation of a nonresident servicemember (Non-Residents only)

A21. Other subtractions from FAGI (enclose list)

A14. Contributions to Learning Quest or other states' qualified tuition program

A22. Total subtractions from FAGI (add lines A8 through A21)

A15. Armed forces recruitment, sign-up, or retention bonus

NET MODIFICATIONS:

A23. Net modifications to FAGI (subtract line A22 from line A7). Enter total here and on line 2, Form K-40.

SUJITHA DEVI MUTYALA

MUTY

685529090

PART B - PART-YEAR RESIDENT/NONRESIDENT ALLOCATION

| INCOME: | Total From Federal Return: | Amount From Kansas Sources: |
|---|----------------------------|-----------------------------|
| B1. Wages, salaries, tips, etc | 62826 | 46017 |
| B2. Interest and dividend income | | |
| B3. Pensions, IRA distributions and annuities | | |
| Additional Income: (Lines B4 - B12) | | |
| B4. Refunds of state and local income taxes | | |
| B5. Alimony received | | |
| B6. Business income or loss | | |
| B7. Capital gain or loss | 467 | 0 |
| B8. Other gains or losses | | |
| B9. Rental real estate, royalties, partnerships, S corps, trusts, estates, REMICS, etc | -7500 | 0 |
| B10. Farm income or loss | | |
| B11. Unemployment compensation, taxable social security benefits and other income | 21 | 0 |
| B12. Total income from Kansas sources (Add lines B1 through B11) | | 46017 |

| ADJUSTMENTS AND MODIFICATIONS TO KANSAS SOURCE INCOME: Total From Federal Return: | Amount From Kansas Sources: |
|---|-----------------------------|
| B13. IRA Retirement Deductions | |
| B14. Penalty on early withdrawal of savings | |
| B15. Alimony paid | |
| B16. Moving expenses for members of the armed forces | |
| B17. Other federal adjustments | |
| B18. Total federal adjustments to Kansas source income (Add lines B13 through B17) | |
| B19. Kansas source income after federal adjustments (Subtract line B18 from line B12) | 46017 |
| B20. Net modifications from Part A that are applicable to Kansas source income | |
| B21. Modified Kansas source income (Line B19 plus or minus line B20) | 46017 |
| B22. Kansas adjusted gross income (From line 3, Form K-40) | 55814 |
| B23. Nonresident allocation percentage (Divide line B21 by line B22 and round to the fourth decimal place: not to exceed 100.0000). Enter result here and on line 9 of Form K-40. | 82.4471 |

Filing Status [X] 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: SUJITHA DEVI
Last name: MUTYALA
Your social security number: 685-52-9090
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.
9427 LEMONA AVE UNIT 15
Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below.
NORTH HILLS
State: CA
ZIP code: 91343
Foreign country name:
Foreign province/state/county:
Foreign postal code:
Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
[] You [] Spouse

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? [] Yes [X] 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

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) if qualifies for (see instructions): Child tax credit, Credit for other dependents. Includes a checkbox for 'If more than four dependents, see instructions and check here'.

Main tax calculation table with 15 rows. Columns include line numbers, descriptions, and amounts. Total taxable income is 42,964. Includes a 'Standard Deduction for' box with details for different filing statuses.

| | | | |
|--------------------------------------|--|------------|--------|
| 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 | 5,203. |
| 17 | Amount from Schedule 2, line 3 | 17 | |
| 18 | Add lines 16 and 17 | 18 | 5,203. |
| 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 | 5,203. |
| 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 | 5,203. |
| 25 | Federal income tax withheld from: | | |
| a | Form(s) W-2 | 25a | 9,502. |
| b | Form(s) 1099 | 25b | |
| c | Other forms (see instructions) | 25c | |
| d | Add lines 25a through 25c | 25d | 9,502. |
| 26 | 2021 estimated tax payments and amount applied from 2020 return | 26 | |
| 27a | Earned income credit (EIC) Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/> | 27a | |
| b | Nontaxable combat pay election | 27b | |
| c | Prior year (2019) earned income | 27c | |
| 28 | Refundable child tax credit or additional child tax credit from Schedule 8812 | 28 | |
| 29 | American opportunity credit from Form 8863, line 8 | 29 | |
| 30 | Recovery rebate credit. See instructions | 30 | |
| 31 | Amount from Schedule 3, line 15 | 31 | |
| 32 | Add lines 27a and 28 through 31. These are your total other payments and refundable credits | 32 | |
| 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | 9,502. |
| Refund | 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 4,299. |
| | 35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 4,299. |
| Direct deposit? See instructions. | b Routing number 081000032 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| | d Account number 355009234195 | | |
| | 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 SOFTWARE ENGINEER | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |

Phone no. (816) 616-6440 Email address SUJITHA.DEVI90@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 04/04/2022 | 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
SUJITHA DEVI MUTYALA

Your social security number
685-52-9090

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 | -7,500. |
| 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 | |
| | Other Income from box 3 of 1099-Misc 21. | | 21. |
| 9 | Total other income. Add lines 8a through 8z | 9 | 21. |
| 10 | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 | 10 | -7,479. |

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)

Capital Gains and Losses

OMB No. 1545-0074

2021

Attachment
Sequence No. **12**

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**
▶ **Go to www.irs.gov/ScheduleD for instructions and the latest information.**
▶ **Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.**

Name(s) shown on return

SUJITHA DEVI MUTYALA

Your social security number

685-52-9090

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 | 4,127. | 3,679. | 19. | 467. |
| 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 | | | | 7 467. |

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 |

Part III Summary

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

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

OMB No. 1545-0074

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

2021

Department of the Treasury
Internal Revenue Service (99)

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

Attachment
Sequence No. **13**

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

Name(s) shown on return

Your social security number

SUJITHA DEVI MUTYALA

685-52-9090

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 | | | | | |
| 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 | 1,000. | | |
| 8 | Commissions. | 8 | | | |
| 9 | Insurance | 9 | | | |
| 10 | Legal and other professional fees | 10 | | | |
| 11 | Management fees | 11 | 800. | | |
| 12 | Mortgage interest paid to banks, etc. (see instructions) | 12 | | | |
| 13 | Other interest. | 13 | | | |
| 14 | Repairs. | 14 | 2,000. | | |
| 15 | Supplies | 15 | 1,800. | | |
| 16 | Taxes | 16 | | | |
| 17 | Utilities. | 17 | 2,500. | | |
| 18 | Depreciation expense or depletion | 18 | | | |
| 19 | Other (list) ▶ | 19 | | | |
| 20 | Total expenses. Add lines 5 through 19 | 20 | 8,100. | | |

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** -7,500.

22 Deductible rental real estate loss after limitation, if any, on **Form 8582** (see instructions) **22** (7,500.) () ()

| | | | | |
|------------|--|------------|--------|--|
| 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 | 8,100. | |

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** (7,500.)

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** -7,500.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2021