

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 PRANATHI NALLURI | Social security number 094-39-2451 |
| 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 | 27,923. |
| 2 Total tax | 2 | 1,473. |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 3,592. |
| 4 Amount you want refunded to you | 4 | 2,119. |
| 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

| | | | | |
|---|---|---|---|---|
| 9 | 2 | 4 | 5 | 1 |
|---|---|---|---|---|

 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: PRANATHI
Last name: NALLURI
Your social security number: 094-39-2451
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.
9454 VALLEY RANCH PKWY
Apt. no.: E-1024
City, town, or post office. If you have a foreign address, also complete spaces below.
IRVING
State: TX
ZIP code: 75063
Foreign country name:
Foreign province/state/county:
Foreign postal code:
Presidential Election Campaign: [] 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'. Rows include: 1 Wages, salaries, tips, etc. Attach Form(s) W-2; 2a Tax-exempt interest; 3a Qualified dividends; 4a IRA distributions; 5a Pensions and annuities; 6a Social security benefits; 7 Capital gain or (loss); 8 Other income from Schedule 1, line 10; 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income; 10 Adjustments to income from Schedule 1, line 26; 11 Subtract line 10 from line 9. This is your adjusted gross income; 12a Standard deduction or itemized deductions (from Schedule A); 12b Charitable contributions if you take the standard deduction; 12c Add lines 12a and 12b; 13 Qualified business income deduction from Form 8995 or Form 8995-A; 14 Add lines 12c and 13; 15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-

| | | | |
|--------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------|
| 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 | 1,610. |
| 17 | Amount from Schedule 2, line 3 | 17 | |
| 18 | Add lines 16 and 17 | 18 | 1,610. |
| 19 | Nonrefundable child tax credit or credit for other dependents from Schedule 8812 | 19 | |
| 20 | Amount from Schedule 3, line 8 | 20 | 137. |
| 21 | Add lines 19 and 20 | 21 | 137. |
| 22 | Subtract line 21 from line 18. If zero or less, enter -0- | 22 | 1,473. |
| 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 | 1,473. |
| 25 | Federal income tax withheld from: | | |
| a | Form(s) W-2 | 25a | 3,592. |
| b | Form(s) 1099 | 25b | |
| c | Other forms (see instructions) | 25c | |
| d | Add lines 25a through 25c | 25d | 3,592. |
| 26 | 2021 estimated tax payments and amount applied from 2020 return | 26 | |
| 27a | Earned income credit (EIC) No 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 | 3,592. |
| Refund | 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 2,119. |
| | 35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 2,119. |
| Direct deposit? See instructions. | b Routing number 081000032 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| | d Account number 355004707957 | | |
| | 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 SOFTWAREDEVELOPER | 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. (602) 321-1284 Email address PRANATHI.NALLURI7@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 03/17/2022 | 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
PRANATHI NALLURI

Your social security number
094-39-2451

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 | |
| 6 | Farm income or (loss). Attach Schedule F | | 6 | |
| 7 | Unemployment compensation | | 7 | |
| 8 | Other income: | | | |
| a | Net operating loss | 8a () | | |
| b | Gambling income | 8b | | |
| c | Cancellation of debt | 8c | | |
| d | Foreign earned income exclusion from Form 2555 | 8d () | | |
| e | Taxable Health Savings Account distribution | 8e | | |
| f | Alaska Permanent Fund dividends | 8f | | |
| g | Jury duty pay | 8g | | |
| h | Prizes and awards | 8h | | |
| i | Activity not engaged in for profit income | 8i | | |
| j | Stock options | 8j | | |
| k | Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property | 8k | | |
| l | Olympic and Paralympic medals and USOC prize money (see instructions) | 8l | | |
| m | Section 951(a) inclusion (see instructions) | 8m | | |
| n | Section 951A(a) inclusion (see instructions) | 8n | | |
| o | Section 461(l) excess business loss adjustment | 8o | | |
| p | Taxable distributions from an ABLE account (see instructions) | 8p | | |
| z | Other income. List type and amount ▶ _____ | 8z | | |
| 9 | Total other income. Add lines 8a through 8z | | 9 | |
| 10 | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 | | 10 | |

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 | 2,500. |
| 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 | 2,500. |

**SCHEDULE 3
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

▶ **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. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
PRANATHI NALLURI

Your social security number
094-39-2451

Part I Nonrefundable Credits

| | | | |
|----------|--------------------------------------------------------------------------------------------------|-----------|------|
| 1 | Foreign tax credit. Attach Form 1116 if required | 1 | |
| 2 | Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 | 2 | |
| 3 | Education credits from Form 8863, line 19 | 3 | |
| 4 | Retirement savings contributions credit. Attach Form 8880 | 4 | 137. |
| 5 | Residential energy credits. Attach Form 5695 | 5 | |
| 6 | Other nonrefundable credits: | | |
| a | General business credit. Attach Form 3800 | 6a | |
| b | Credit for prior year minimum tax. Attach Form 8801 | 6b | |
| c | Adoption credit. Attach Form 8839 | 6c | |
| d | Credit for the elderly or disabled. Attach Schedule R | 6d | |
| e | Alternative motor vehicle credit. Attach Form 8910 | 6e | |
| f | Qualified plug-in motor vehicle credit. Attach Form 8936 | 6f | |
| g | Mortgage interest credit. Attach Form 8396 | 6g | |
| h | District of Columbia first-time homebuyer credit. Attach Form 8859 | 6h | |
| i | Qualified electric vehicle credit. Attach Form 8834 | 6i | |
| j | Alternative fuel vehicle refueling property credit. Attach Form 8911 | 6j | |
| k | Credit to holders of tax credit bonds. Attach Form 8912 | 6k | |
| l | Amount on Form 8978, line 14. See instructions | 6l | |
| z | Other nonrefundable credits. List type and amount ▶ _____ | 6z | |
| 7 | Total other nonrefundable credits. Add lines 6a through 6z | 7 | |
| 8 | Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20 | 8 | 137. |

(continued on page 2)

Part II Other Payments and Refundable Credits

| | | | | |
|-----------|----------------------------------------------------------------------------------------------------------------------------|------------|-----------|--|
| 9 | Net premium tax credit. Attach Form 8962 | | 9 | |
| 10 | Amount paid with request for extension to file (see instructions) | | 10 | |
| 11 | Excess social security and tier 1 RRTA tax withheld | | 11 | |
| 12 | Credit for federal tax on fuels. Attach Form 4136 | | 12 | |
| 13 | Other payments or refundable credits: | | | |
| a | Form 2439 | 13a | | |
| b | Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken before April 1, 2021 | 13b | | |
| c | Health coverage tax credit from Form 8885 | 13c | | |
| d | Credit for repayment of amounts included in income from earlier years | 13d | | |
| e | Reserved for future use | 13e | | |
| f | Deferred amount of net 965 tax liability (see instructions) | 13f | | |
| g | Credit for child and dependent care expenses from Form 2441, line 10. Attach Form 2441 | 13g | | |
| h | Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken after March 31, 2021 | 13h | | |
| z | Other payments or refundable credits. List type and amount ► _____ | 13z | | |
| 14 | Total other payments or refundable credits. Add lines 13a through 13z | | 14 | |
| 15 | Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31 | | 15 | |

Health Savings Accounts (HSAs)

Department of the Treasury
Internal Revenue Service

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

2021
Attachment
Sequence No. **52**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
PRANATHI NALLURI

Social security number of HSA
beneficiary. If both spouses
have HSAs, see instructions ▶ **094-39-2451**

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

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

| | | | |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------|
| 1 | Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2021. See instructions ▶ | <input checked="" type="checkbox"/> Self-only | <input type="checkbox"/> Family |
| 2 | HSA contributions you made for 2021 (or those made on your behalf), including those made from January 1, 2022, through April 15, 2022, that were for 2021. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions | 2 | 0. |
| 3 | If you were under age 55 at the end of 2021 and, on the first day of every month during 2021, you were, or were considered, an eligible individual with the same coverage, enter \$3,600 (\$7,200 for family coverage). All others , see the instructions for the amount to enter | 3 | 3,600. |
| 4 | Enter the amount you and your employer contributed to your Archer MSAs for 2021 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2021, also include any amount contributed to your spouse's Archer MSAs | 4 | 0. |
| 5 | Subtract line 4 from line 3. If zero or less, enter -0- | 5 | 3,600. |
| 6 | Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2021, see the instructions for the amount to enter | 6 | 3,600. |
| 7 | If you were age 55 or older at the end of 2021, married, and you or your spouse had family coverage under an HDHP at any time during 2021, enter your additional contribution amount. See instructions | 7 | 0. |
| 8 | Add lines 6 and 7 | 8 | 3,600. |
| 9 | Employer contributions made to your HSAs for 2021 | 9 | 70. |
| 10 | Qualified HSA funding distributions | 10 | |
| 11 | Add lines 9 and 10 | 11 | 70. |
| 12 | Subtract line 11 from line 8. If zero or less, enter -0- | 12 | 3,530. |
| 13 | HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions. | 13 | 0. |

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

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

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

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

Credit for Qualified Retirement Savings Contributions

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**
▶ **Go to www.irs.gov/Form8880 for the latest information.**

2021
Attachment
Sequence No. **54**

Name(s) shown on return

PRANATHI NALLURI

Your social security number

094-39-2451



You **cannot** take this credit if **either** of the following applies.

- The amount on Form 1040, 1040-SR, or 1040-NR, line 11, is more than \$33,000 (\$49,500 if head of household; \$66,000 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral **(a)** was born after January 1, 2004; **(b)** is claimed as a dependent on someone else's 2021 tax return; or **(c)** was a **student** (see instructions).

- Traditional and Roth IRA contributions, and ABLE account contributions by the designated beneficiary for 2021. **Do not** include rollover contributions
- Elective deferrals to a 401(k) or other qualified employer plan, voluntary employee contributions, and 501(c)(18)(D) plan contributions for 2021 (see instructions)
- Add lines 1 and 2
- Certain distributions received **after** 2018 and **before** the due date (including extensions) of your 2021 tax return (see instructions). If married filing jointly, include **both** spouses' amounts in **both** columns. See instructions for an exception
- Subtract line 4 from line 3. If zero or less, enter -0-
- In each column, enter the **smaller** of line 5 or \$2,000
- Add the amounts on line 6. If zero, **stop**; you can't take this credit
- Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11*
- Enter the applicable decimal amount from the table below.

| | (a) You | (b) Your spouse |
|----------|---------|-----------------|
| 1 | | |
| 2 | 1,373. | |
| 3 | 1,373. | |
| 4 | | |
| 5 | 1,373. | |
| 6 | 1,373. | |
| 7 | | 1,373. |
| 8 | 27,923. | |

| If line 8 is— | | And your filing status is— | | |
|------------------|---------------|----------------------------|-------------------|------------------------------------------------------------|
| Over— | But not over— | Married filing jointly | Head of household | Single, Married filing separately, or Qualifying widow(er) |
| Enter on line 9— | | | | |
| --- | \$19,750 | 0.5 | 0.5 | 0.5 |
| \$19,750 | \$21,500 | 0.5 | 0.5 | 0.2 |
| \$21,500 | \$29,625 | 0.5 | 0.5 | 0.1 |
| \$29,625 | \$32,250 | 0.5 | 0.2 | 0.1 |
| \$32,250 | \$33,000 | 0.5 | 0.1 | 0.1 |
| \$33,000 | \$39,500 | 0.5 | 0.1 | 0.0 |
| \$39,500 | \$43,000 | 0.2 | 0.1 | 0.0 |
| \$43,000 | \$49,500 | 0.1 | 0.1 | 0.0 |
| \$49,500 | \$66,000 | 0.1 | 0.0 | 0.0 |
| \$66,000 | --- | 0.0 | 0.0 | 0.0 |

Note: If line 9 is zero, **stop**; you can't take this credit.

| | | | |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------|
| 10 | Multiply line 7 by line 9 | 10 | 137. |
| 11 | Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet in the instructions | 11 | 1,610. |
| 12 | Credit for qualified retirement savings contributions. Enter the smaller of line 10 or line 11 here and on Schedule 3 (Form 1040), line 4 | 12 | 137. |

* See Pub. 590-A for the amount to enter if you claim any exclusion or deduction for foreign earned income, foreign housing, or income from Puerto Rico or for bona fide residents of American Samoa.



MISSOURI DEPARTMENT OF REVENUE

REV 03/12/22 PRO

2021 Individual Income Tax Payment Voucher (Form MO-1040V)

Please print. Make check payable to Missouri Department of Revenue. Mail Form MO-1040V and payment to the Missouri Department of Revenue, P.O. Box 371, Jefferson City, MO 65105-0371.

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------|
| Name | | |
| PRANATHI NALLURI | | |
| Spouse's Name | | |
| | | |
| Street Address | | |
| 9454 VALLEY RANCH PKWY #E-1024 | | |
| City | State | ZIP Code |
| IRVING | TX | 75063 |
| Full payment of taxes must be submitted by April 18, 2022 to avoid interest and additions to tax for failure to pay. If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically. | | |
| 1555 (12-2021) | | |

Social Security Number 094 - 39 - 2451

Name Control NALL

Spouse's Social Security Number

Spouse's Name Control

Amount of Payment (U.S. funds only) \$ 56.00

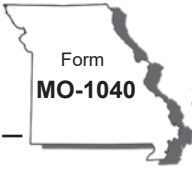


21347011555

Department Use Only

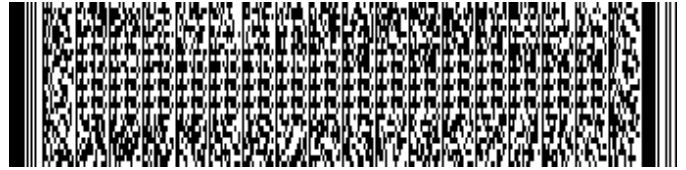
Department Use Only

055 555 000000 0943924514 140112129 0000000000 21 000005600 4



2021 Individual Income Tax Return - Long Form

For Calendar Year January 1 - December 31, 2021



Print in BLACK ink only and DO NOT STAPLE.

Amended Return Composite Return (For use by S corporations or Partnerships)

Federal Extension - Select this box if you have an approved federal extension. Attach a copy Federal Extension (Form 4868).

If filing a fiscal year return enter the beginning and ending dates here.

Fiscal Year Beginning (MM/DD/YY) Fiscal Year Ending (MM/DD/YY)

Vendor Code 1555 Department Use Only

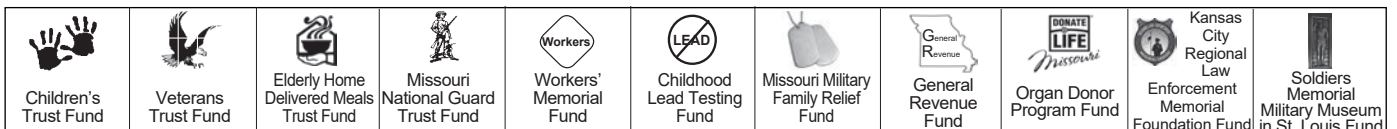
Filing Status: Single (checked), Claimed as a Dependent, Married Filing Combined, Married Filing Separately, Head of Household, Qualifying Widow(er)

Age 62 through 64, Age 65 or Older, Blind, 100% Disabled, Non-Obligated Spouse

Name: Social Security Number, Deceased in 2021, Spouse's Social Security Number, Deceased in 2021, First Name, M.I., Last Name, Suffix, Spouse's First Name, M.I., Spouse's Last Name, Suffix, In Care Of Name (Attorney, Executor, Personal Representative, etc.)

Address: Present Address (Include Apartment Number or Rural Route), City, Town, or Post Office, State, ZIP Code, County of Residence

You may contribute to any one or all of the trust funds on Line 48. See pages 11-12 of the instructions for more trust fund information.



Income

| | Yourself (Y) | | Spouse (S) | |
|-----------------------------------------------------------------------------------------------------------------|--------------|-----------|------------|-----|
| 1. Federal adjusted gross income from federal return (see worksheet on page 7 of the instructions) | 1Y | 27923 .00 | 1S | .00 |
| 2. Total additions (from Form MO-A , Part 1, Line 7) | 2Y | .00 | 2S | .00 |
| 3. Total income - Add Lines 1 and 2. | 3Y | 27923 .00 | 3S | .00 |
| 4. Total subtractions (from Form MO-A, Part 1, Line 18) | 4Y | .00 | 4S | .00 |
| 5. Missouri adjusted gross income - Subtract Line 4 from Line 3. | 5Y | 27923 .00 | 5S | .00 |
| 6. Total Missouri adjusted gross income - Add columns 5Y and 5S | 6 | 27923 .00 | | |
| 7. Income percentages - Divide columns 5Y and 5S by total on Line 6. (Must equal 100%) | 7Y | 100 % | 7S | % |

Exemptions and Deductions

| | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----------|
| 8. Pension, Social Security and Social Security Disability exemption (from Form MO-A, Part 3, Section D) | 8 | .00 |
| 9. Tax from federal return | 9 | 1473 .00 |
| 10. Other tax from federal return. | 10 | .00 |
| 11. Total tax from federal return. Do not enter federal income tax withheld. | 11 | 1473 .00 |
| 12. Federal tax percentage – Enter the percentage based on your Missouri Adjusted Gross Income, Line 6. Use the chart below to find your percentage | 12 | 25.00 % |

Missouri Adjusted Gross Income Range, Line 6: Federal Tax Percentage:

| | |
|----------------------------------|-----|
| \$25,000 or less | 35% |
| \$25,001 to \$50,000 | 25% |
| \$50,001 to \$100,000 | 15% |
| \$100,001 to \$125,000 | 5% |
| \$125,001 or more | 0% |

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----------|
| 13. Federal income tax deduction – Multiply Line 11 by the percentage on Line 12. Enter this amount not to exceed \$5,000 for an individual or \$10,000 for combined filers. | 13 | 368 .00 |
| 14. Missouri standard deduction or itemized deductions. (If itemizing, See Form MO-A, Part 2) • Single or Married Filing Separate-\$12,550 • Head of Household-\$18,800 • Married Filing Combined or Qualifying Widow(er)-\$25,100 Note: If age 65 or older, blind, or claimed as a dependent, see page 8 | 14 | 12550 .00 |
| 15. Long-term care insurance deduction | 15 | .00 |
| 16. Health care sharing ministry deduction. | 16 | .00 |
| 17. Active Duty Military income deduction | 17 | .00 |
| 18. Inactive Duty Military income deduction | 18 | .00 |
| 19. Bring jobs home deduction | 19 | .00 |
| 20. Transportation facilities deduction | 20 | .00 |

A. Port Cargo Expansion B. International Trade Facility C. Qualified Trade Activities



Deductions Continued

| | | | | | | | |
|--------------------------------------------------------------------------------|-----|----------------------|----|----------------------|-----|----------------------|-----|
| 21. First Time Home Buyers deduction. | A. | <input type="text"/> | B. | <input type="text"/> | 21 | <input type="text"/> | .00 |
| 22. Long Term Dignity Savings Account Deduction..... | | | | | 22 | <input type="text"/> | .00 |
| 23. Total deductions - Add Lines 8 and 13 through 22..... | | | | | 23 | 12918 | .00 |
| 24. Subtotal - Subtract Line 23 from Line 6..... | | | | | 24 | 15005 | .00 |
| 25. Multiply Line 24 by appropriate percentages (%) on Lines 7Y and 7S..... | 25Y | 15005 | | | 25S | <input type="text"/> | .00 |
| 26. Enterprise zone or rural empowerment zone income modification..... | 26Y | <input type="text"/> | | | 26S | <input type="text"/> | .00 |

Tax

| | | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------------------|---|--|-----|----------------------|-----|
| 27. Taxable income - Subtract Line 26 from Line 25..... | 27Y | 15005 | | | 27S | <input type="text"/> | .00 |
| 28. Tax (see tax chart on page 26 of the instructions),..... | 28Y | 623 | | | 28S | <input type="text"/> | .00 |
| 29. Resident credit - Attach Form MO-CR and other states' income tax return(s)..... | 29Y | <input type="text"/> | | | 29S | <input type="text"/> | .00 |
| 30. Missouri income percentage - Enter 100% unless you are completing Form MO-NRI . Attach Form MO-NRI and a copy of your federal return if less than 100%..... | 30Y | 9 | % | | 30S | <input type="text"/> | % |
| 31. Balance - Subtract Line 29 from Line 28; OR multiply Line 28 by percentage on Line 30..... | 31Y | 56 | | | 31S | <input type="text"/> | .00 |
| 32. Other taxes - Select box and attach federal form indicated. <input type="checkbox"/> Lump sum distribution (Form 4972) <input type="checkbox"/> Recapture of low income housing credit (Form 8611) | 32Y | <input type="text"/> | | | 32S | <input type="text"/> | .00 |
| 33. Subtotal - Add Lines 31 and 32..... | 33Y | 56 | | | 33S | <input type="text"/> | .00 |
| 34. Total Tax - Add Lines 33Y and 33S..... | | | | | 34 | 56 | .00 |

Payments and Credits

| | | | |
|------------------------------------------------------------------------------------------------------------------------------------------|----|----------------------|-----|
| 35. MISSOURI tax withheld - Attach Forms W-2 and 1099..... | 35 | <input type="text"/> | .00 |
| 36. 2021 Missouri estimated tax payments - Include overpayment from 2020 applied to 2021..... | 36 | <input type="text"/> | .00 |
| 37. Missouri tax payments for nonresident partners or S corporation shareholders - Attach Forms MO-2NR and MO-NRP | 37 | <input type="text"/> | .00 |
| 38. Missouri tax payments for nonresident entertainers - Attach Form MO-2ENT | 38 | <input type="text"/> | .00 |
| 39. Amount paid with Missouri extension of time to file (Form MO-60)..... | 39 | <input type="text"/> | .00 |
| 40. Miscellaneous tax credits (from Form MO-TC , Line 13) - Attach Form MO-TC..... | 40 | <input type="text"/> | .00 |
| 41. Property tax credit - Attach Form MO-PTS | 41 | <input type="text"/> | .00 |
| 42. Total payments and credits - Add Lines 35 through 41..... | 42 | <input type="text"/> | .00 |



21322031555

Skip Lines 43 through 45 if you are not filing an amended return.

| | | | |
|---------------------------------------------------------------------|----|--|-----|
| 43. Amount paid on original return | 43 | | .00 |
| 44. Overpayment as shown (or adjusted) on original return | 44 | | .00 |

Indicate Reason for Amending

Amended Return

| | | | | |
|------------------------------------------------------------------------|------------------------------------------------------------|--|--|--|
| <input type="checkbox"/> A. Federal audit | Enter date of IRS report (MM/DD/YY) | | | |
| <input type="checkbox"/> B. Net Operating Loss carryback | Enter year of loss (YY) | | | |
| <input type="checkbox"/> C. Investment tax credit carryback | Enter year of credit (YY) | | | |
| <input type="checkbox"/> D. Correction other than A, B, or C | Enter date of federal amended return, if filed. (MM/DD/YY) | | | |

| | | | |
|---------------------------------------------------------------------------------------------------------------------|----|--|-----|
| 45. Amended return total payments and credits - Add Lines 42 and 43; subtract Line 44. Enter on Line 45. | 45 | | .00 |
|---------------------------------------------------------------------------------------------------------------------|----|--|-----|

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------|----|--|-----|
| 46. If Line 42, or if amended return, Line 45, is larger than Line 34, enter the difference. Amount of OVERPAYMENT | 46 | | .00 |
|---------------------------------------------------------------------------------------------------------------------------------|----|--|-----|

| | | | |
|--------------------------------------------------------------------------|----|--|-----|
| 47. Amount of Line 46 to be applied to your 2022 estimated tax | 47 | | .00 |
|--------------------------------------------------------------------------|----|--|-----|

48. Enter the amount of your donation in the trust fund boxes below. See instructions for additional trust fund codes.

Refund

| | | | | | | | | | | | |
|-------------------------------|--|-----|--------------------------------------------------------------------|--|-----|----------------------------------------------------------|--|-----|-----------------------------------------|--|-----|
| 48a. Children's Trust Fund | | .00 | 48b. Veterans Trust Fund | | .00 | 48c. Elderly Home Delivered Meals Trust Fund | | .00 | 48d. Missouri National Guard Trust Fund | | .00 |
| 48e. Workers' Memorial Fund | | .00 | 48f. Childhood Lead Testing Fund | | .00 | 48g. Missouri Military Family Relief Fund | | .00 | 48h. General Revenue Fund | | .00 |
| 48i. Organ Donor Program Fund | | .00 | 48j. Kansas City Regional Law Enforcement Memorial Foundation Fund | | .00 | 48k. Soldiers Memorial Military Museum in St. Louis Fund | | .00 | | | |
| 48l. Additional Fund Code | | .00 | 48m. Additional Fund Code | | .00 | Additional Fund Amount | | .00 | | | |

| | | | |
|----------------------------------------------------------------------------------|----|--|-----|
| Total Donation - Add amounts from Boxes 48a through 48m and enter here | 48 | | .00 |
|----------------------------------------------------------------------------------|----|--|-----|

| | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|-----|
| 49. Amount of Line 46 to be deposited into a Missouri 529 Education Plan (MOST) account. Enter the total deposit amount from Form 5632 | 49 | | .00 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|-----|

| | | | |
|-----------------------------------------------------------------------------------------|----|--|-----|
| 50. REFUND - Subtract Lines 47, 48, and 49 from Line 46 and enter here | 50 | | .00 |
|-----------------------------------------------------------------------------------------|----|--|-----|

| | | |
|-------------------|--|-----------------------------------------------------------------------|
| a. Routing Number | | |
| b. Account Number | | |
| | | c. <input type="checkbox"/> Checking <input type="checkbox"/> Savings |



Amount Due

51. If Line 34 is larger than Line 42 or Line 45, enter the difference.
 Amount of UNDERPAYMENT 51

52. Underpayment of estimated tax penalty - Attach [Form MO-2210](#). Enter penalty amount here . . . 52

Select this box if you are a farmer exempt from the underpayment of estimated tax penalty.

53. **AMOUNT DUE** - Add Lines 51 and 52.
 If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically 53

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. By signing or entering my name in the "Signature" field(s) below, I am providing the Department of Revenue with my signature as required under [Section 143.561, RSMo](#). Declaration of preparer (other than taxpayer) is based on all information of which he or she has knowledge. As provided in [Chapter 143, RSMo](#), a penalty of up to \$500 shall be imposed on any individual who files a frivolous return. I also declare under penalties of perjury that I employ no illegal or unauthorized aliens as defined under federal law and that I am not eligible for any tax exemption, credit, or abatement if I employ such aliens.

Signature

| | | | | | | | |
|---------------------------------------------------------|----------------------------------------------------------------|--|--|----------------------|-----------------------------------------|---------------------------------|------------------------------------|
| Signature | <input type="text"/> | | | Date (MM/DD/YY) | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Spouse's Signature (If filing combined, BOTH must sign) | <input type="text"/> | | | Date (MM/DD/YY) | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| E-mail Address | <input type="text" value="SYAM@GTAXFILE.COM"/> | | | Daytime Telephone | <input type="text" value="6023211284"/> | | |
| Preparer's Signature | <input type="text" value="SYAM PRIYA RAM SAGAR GUPTA TALLAM"/> | | | Date (MM/DD/YY) | <input type="text" value="03"/> | <input type="text" value="17"/> | <input type="text" value="22"/> |
| Preparer's FEIN, SSN, or PTIN | <input type="text" value="30-1017196"/> | | | Preparer's Telephone | <input type="text" value="6789659522"/> | | |
| Preparer's Address | <input type="text" value="2530 PEBBLE CREEK LN CUMMING"/> | | | State | <input type="text" value="GA"/> | ZIP Code | <input type="text" value="30041"/> |

I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of the preparer's firm Yes No

Did you pay a tax return preparer to complete your return, but the preparer failed to sign the return or provide an Internal Revenue Service preparer tax identification number? If you marked yes, please insert the preparer's name, address, and phone number in the applicable sections of the signature block above. Yes No



21322051555

Department Use Only

A FA E10 DE F

Form MO-1040 (Revised 12-2021)

Mail to: **Balance Due:**
 Missouri Department of Revenue
 P.O. Box 3370
 Jefferson City, MO 65105-3370

Phone: (573) 751-7200

Refund or No Amount Due:
 Missouri Department of Revenue
 P.O. Box 3222
 Jefferson City, MO 65105-3222

Phone: (573) 751-3505

Fax: (573) 522-1762
Email: income@dor.mo.gov

Ever served on active duty in the United States Armed Forces?
 If yes, visit dor.mo.gov/military/ to see the services and benefits we offer to all eligible military individuals. A list of all state agency resources and benefits can be found at veteranbenefits.mo.gov/state-benefits/.

Visit dor.mo.gov/taxation/individual/tax-types/income/ for additional information.



Resident/Nonresident Status - Select your status in the appropriate box below.

Social Security Number

094 - 39 - 2451

Name

NALLURI, PRANATHI

Address

9454 VALLEY RANCH PKWY APT E-1024

City, State, ZIP Code

IRVING TX 75063

- 1. Nonresident of Missouri State of residence during 2021 TEXAS
Remote Work (See instructions on Form MO-NRI, page 3)
2. Part-Year Missouri Resident
Remote Work (See instructions on Form MO-NRI, page 3)

Indicate the dates you were a Missouri Resident in 2021.

- A. Date From: Date To:
B. Indicate the other state of residence and dates you resided there
Date From: Date To:

Spouse's Social Security Number

Spouse's Name

Address

City, State, ZIP Code

- 1. Nonresident of Missouri State of residence during 2021
Remote Work (See instructions on Form MO-NRI, page 3)
2. Part-Year Missouri Resident
Remote Work (See instructions on Form MO-NRI, page 3)

Indicate the dates you were a Missouri Resident in 2021.

- A. Date From: Date To:
B. Indicate the other state of residence and dates you resided there
Date From: Date To:

Part A

Based on the Military Spouse's Residency Relief Act, if you are the spouse of a military servicemember residing outside of Missouri solely because your spouse is there on military orders, and Missouri is your state of residence, any income you earn is taxable to Missouri. Do not complete Form MO-NRI. You must report 100% on Line 30 of Form MO-1040.

- 3. Military/Nonresident Tax Status - Indicate your tax status below and complete Part C - Missouri Income Percentage.
Missouri Home of Record
Non-Missouri Home of Record

- 3. Military/Nonresident Tax Status - Indicate your tax status below and complete Part C - Missouri Income Percentage.
Missouri Home of Record
Non-Missouri Home of Record

Worksheet for Missouri Source Income

Part B

| Adjusted Gross Income Computations | Federal Form 1040 or Federal Form 1040-SR Line No. | Yourself or One Income Filer | | Spouse (On A Combined Return) | |
|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------|----------|----------------------------------|-----|
| | | Missouri Sources | | Missouri Sources | |
| A. Wages, salaries, tips, etc. | 1 | A | 2485 .00 | A | .00 |
| B. Taxable interest income | 2b | B | .00 | B | .00 |
| C. Dividend income | 3b | C | .00 | C | .00 |
| D. State and local income tax refunds (from schedule 1, part 1) | 1 | D | .00 | D | .00 |
| E. Alimony received (from schedule 1, part 1) | 2a | E | .00 | E | .00 |
| F. Business income or (loss) (from schedule 1, part 1) | 3 | F | .00 | F | .00 |
| G. Capital gain or (loss) | 7 | G | .00 | G | .00 |
| H. Other gains or (losses) (from schedule 1, part 1) | 4 | H | .00 | H | .00 |
| I. Taxable IRA distributions | 4b | I | .00 | I | .00 |
| J. Taxable pensions and annuities | 5b | J | .00 | J | .00 |
| K. Rents, royalties, partnerships, S corporations, etc. (from schedule 1, part 1) | 5 | K | .00 | K | .00 |
| L. Farm income or (loss) (from schedule 1, part 1) | 6 | L | .00 | L | .00 |
| M. Unemployment compensation (from schedule 1, part 1) | 7 | M | .00 | M | .00 |
| N. Taxable social security benefits | 6b | N | .00 | N | .00 |
| O. Other income (from schedule 1, part 1) | 9 | O | .00 | O | .00 |
| P. Total - Add Lines A through O | | P | 2485 .00 | P | .00 |
| Q. Less: federal adjustments to income | 10 | Q | 0 .00 | Q | .00 |
| R. SUBTOTAL (Line P - Line Q) If no modifications to income, enter this amount on Part C, Line 1 | 11 | R | 2485 .00 | R | .00 |
| S. Missouri modifications - additions to federal adjusted gross income (Missouri source from Form MO-1040, Line 2) | | S | .00 | S | .00 |
| T. Missouri modifications - subtractions from federal adjusted gross income (Missouri source from Form MO-1040, Line 4) | | T | .00 | T | .00 |
| U. MISSOURI INCOME (Missouri sources) Line R plus Line S, less Line T. Enter this amount on Part C, Line 1 | | U | .00 | U | .00 |

Missouri Income Percentage

Part C

| | Yourself or One Income Filer | | Spouse (On A Combined Return) | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-----------|----------------------------------|-----|
| 1. Missouri Income - Enter wages, salaries, etc. from Missouri. (You must file a Missouri return if the amount on this line is more than \$600) | 1Y | 2485 .00 | 1S | .00 |
| 2. Taxpayer's total adjusted gross income (from Form MO-1040, Lines 5Y and 5S or from your federal form if you are a military nonresident and you are not required to file a Missouri return) | 2Y | 27923 .00 | 2S | .00 |
| 3. Missouri Income Percentage - Divide Line 1 by Line 2. If greater than 100%, enter 100%. (Round to a whole percent such as 91% instead of 90.5% and 90% instead of 90.4%. However, if percentage is less than 0.5%, use the exact percentage.) Enter percentage here and on Form MO-1040, Lines 30Y and 30S | 3Y | 9 % | 3S | % |

Under penalties of perjury, I declare that I have examined this form and to the best of my knowledge and believe it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which he/she has any knowledge. As provided in Chapter 143, RSMo, a penalty of up to \$500 shall be imposed on any individual who files a frivolous return.

Signature

Signature Date (MM/DD/YY)

Spouse's Signature (if filing combined, BOTH must sign) Date (MM/DD/YY)

Ever served on active duty in the United States Armed Forces?

If yes, visit dor.mo.gov/military/ to see the services and benefits we offer to all eligible military individuals. A list of all state agency resources and benefits can be found at veteranbenefits.mo.gov/state-benefits/.

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: PRANATHI
Last name: NALLURI
Your social security number: 094-39-2451
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.
9454 VALLEY RANCH PKWY
Apt. no. E-1024
City, town, or post office. If you have a foreign address, also complete spaces below.
IRVING TX ZIP code 75063
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 bullet points for filing status options. Rows include: 1 Wages, salaries, tips, etc. Attach Form(s) W-2; 2a Tax-exempt interest; 3a Qualified dividends; 4a IRA distributions; 5a Pensions and annuities; 6a Social security benefits; 7 Capital gain or (loss); 8 Other income from Schedule 1, line 10; 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income; 10 Adjustments to income from Schedule 1, line 26; 11 Subtract line 10 from line 9. This is your adjusted gross income; 12a Standard deduction or itemized deductions (from Schedule A); 12b Charitable contributions if you take the standard deduction; 12c Add lines 12a and 12b; 13 Qualified business income deduction from Form 8995 or Form 8995-A; 14 Add lines 12c and 13; 15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-

| | | | |
|--------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------|
| 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 | 1,610. |
| 17 | Amount from Schedule 2, line 3 | 17 | |
| 18 | Add lines 16 and 17 | 18 | 1,610. |
| 19 | Nonrefundable child tax credit or credit for other dependents from Schedule 8812 | 19 | |
| 20 | Amount from Schedule 3, line 8 | 20 | 137. |
| 21 | Add lines 19 and 20 | 21 | 137. |
| 22 | Subtract line 21 from line 18. If zero or less, enter -0- | 22 | 1,473. |
| 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 | 1,473. |
| 25 | Federal income tax withheld from: | | |
| a | Form(s) W-2 | 25a | 3,592. |
| b | Form(s) 1099 | 25b | |
| c | Other forms (see instructions) | 25c | |
| d | Add lines 25a through 25c | 25d | 3,592. |
| 26 | 2021 estimated tax payments and amount applied from 2020 return | 26 | |
| 27a | Earned income credit (EIC) No 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 | 3,592. |
| Refund | 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 2,119. |
| | 35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 2,119. |
| Direct deposit? See instructions. | b Routing number 081000032 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| | d Account number 355004707957 | | |
| | 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 SOFTWAREDEVELOPER | 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. (602) 321-1284 Email address PRANATHI.NALLURI7@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 03/17/2022 | 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
PRANATHI NALLURI

Your social security number
094-39-2451

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 |
| 6 | Farm income or (loss). Attach Schedule F | | 6 |
| 7 | Unemployment compensation | | 7 |
| 8 | Other income: | | |
| a | Net operating loss | 8a () | |
| b | Gambling income | 8b | |
| c | Cancellation of debt | 8c | |
| d | Foreign earned income exclusion from Form 2555 | 8d () | |
| e | Taxable Health Savings Account distribution | 8e | |
| f | Alaska Permanent Fund dividends | 8f | |
| g | Jury duty pay | 8g | |
| h | Prizes and awards | 8h | |
| i | Activity not engaged in for profit income | 8i | |
| j | Stock options | 8j | |
| k | Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property | 8k | |
| l | Olympic and Paralympic medals and USOC prize money (see instructions) | 8l | |
| m | Section 951(a) inclusion (see instructions) | 8m | |
| n | Section 951A(a) inclusion (see instructions) | 8n | |
| o | Section 461(l) excess business loss adjustment | 8o | |
| p | Taxable distributions from an ABLE account (see instructions) | 8p | |
| z | Other income. List type and amount ▶ _____ | 8z | |
| 9 | Total other income. Add lines 8a through 8z | | 9 |
| 10 | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 | | 10 |

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 | 2,500. |
| 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 | 2,500. |

**SCHEDULE 3
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

▶ **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. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
PRANATHI NALLURI

Your social security number
094-39-2451

Part I Nonrefundable Credits

| | | | |
|----------|--------------------------------------------------------------------------------------------------|-----------|------|
| 1 | Foreign tax credit. Attach Form 1116 if required | 1 | |
| 2 | Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 | 2 | |
| 3 | Education credits from Form 8863, line 19 | 3 | |
| 4 | Retirement savings contributions credit. Attach Form 8880 | 4 | 137. |
| 5 | Residential energy credits. Attach Form 5695 | 5 | |
| 6 | Other nonrefundable credits: | | |
| a | General business credit. Attach Form 3800 | 6a | |
| b | Credit for prior year minimum tax. Attach Form 8801 | 6b | |
| c | Adoption credit. Attach Form 8839 | 6c | |
| d | Credit for the elderly or disabled. Attach Schedule R | 6d | |
| e | Alternative motor vehicle credit. Attach Form 8910 | 6e | |
| f | Qualified plug-in motor vehicle credit. Attach Form 8936 | 6f | |
| g | Mortgage interest credit. Attach Form 8396 | 6g | |
| h | District of Columbia first-time homebuyer credit. Attach Form 8859 | 6h | |
| i | Qualified electric vehicle credit. Attach Form 8834 | 6i | |
| j | Alternative fuel vehicle refueling property credit. Attach Form 8911 | 6j | |
| k | Credit to holders of tax credit bonds. Attach Form 8912 | 6k | |
| l | Amount on Form 8978, line 14. See instructions | 6l | |
| z | Other nonrefundable credits. List type and amount ▶ _____ | 6z | |
| 7 | Total other nonrefundable credits. Add lines 6a through 6z | 7 | |
| 8 | Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20 | 8 | 137. |

(continued on page 2)

Part II Other Payments and Refundable Credits

| | | | | |
|-----------|----------------------------------------------------------------------------------------------------------------------------|------------|-----------|--|
| 9 | Net premium tax credit. Attach Form 8962 | | 9 | |
| 10 | Amount paid with request for extension to file (see instructions) | | 10 | |
| 11 | Excess social security and tier 1 RRTA tax withheld | | 11 | |
| 12 | Credit for federal tax on fuels. Attach Form 4136 | | 12 | |
| 13 | Other payments or refundable credits: | | | |
| a | Form 2439 | 13a | | |
| b | Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken before April 1, 2021 | 13b | | |
| c | Health coverage tax credit from Form 8885 | 13c | | |
| d | Credit for repayment of amounts included in income from earlier years | 13d | | |
| e | Reserved for future use | 13e | | |
| f | Deferred amount of net 965 tax liability (see instructions) | 13f | | |
| g | Credit for child and dependent care expenses from Form 2441, line 10. Attach Form 2441 | 13g | | |
| h | Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken after March 31, 2021 | 13h | | |
| z | Other payments or refundable credits. List type and amount ► _____ | 13z | | |
| 14 | Total other payments or refundable credits. Add lines 13a through 13z | | 14 | |
| 15 | Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31 | | 15 | |