

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury  
Internal Revenue Service

Calendar Year —  
Due **04/18/2022**

# 2022 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2022 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

|  |        |
|--|--------|
| Amount of estimated tax<br>you are paying by check<br>or money order.....▶ | 1,134. |
|--|--------|

REV 03/07/22 PRO 1555

019-85-7466  
GEETHANJALI NANDIGAMA

1068 DOUGHERTY LAKE ESTATES DRIVE  
SAINT LOUIS MO 63122

INTERNAL REVENUE SERVICE  
PO BOX 931100  
LOUISVILLE KY 40293-1100

019857466 IW NAND 30 0 202212 430

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury  
Internal Revenue Service

Calendar Year —  
Due **06/15/2022**

# 2022 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2022 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

|  |        |
|--|--------|
| Amount of estimated tax<br>you are paying by check<br>or money order.....▶ | 1,134. |
|--|--------|

REV 03/07/22 PRO 1555

019-85-7466  
GEETHANJALI NANDIGAMA

1068 DOUGHERTY LAKE ESTATES DRIVE  
SAINT LOUIS MO 63122

INTERNAL REVENUE SERVICE  
PO BOX 931100  
LOUISVILLE KY 40293-1100

019857466 IW NAND 30 0 202212 430

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury  
Internal Revenue Service

Calendar Year —  
Due **09/15/2022**

# 2022 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2022 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax  
you are paying by check  
or money order.....▶

1,134.

REV 03/07/22 PRO 1555

019-85-7466  
GEETHANJALI NANDIGAMA

1068 DOUGHERTY LAKE ESTATES DRIVE  
SAINT LOUIS MO 63122

INTERNAL REVENUE SERVICE  
PO BOX 931100  
LOUISVILLE KY 40293-1100

019857466 IW NAND 30 0 202212 430

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury  
Internal Revenue Service

Calendar Year —  
Due **01/17/2023**

# 2022 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2022 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax  
you are paying by check  
or money order.....▶

1,134.

REV 03/07/22 PRO 1555

019-85-7466  
GEETHANJALI NANDIGAMA

1068 DOUGHERTY LAKE ESTATES DRIVE  
SAINT LOUIS MO 63122

INTERNAL REVENUE SERVICE  
PO BOX 931100  
LOUISVILLE KY 40293-1100

019857466 IW NAND 30 0 202212 430

# IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.  
▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

|   |  |
|---|--|
| Taxpayer's name<br><b>GEETHANJALI NANDIGAMA</b> | Social security number<br><b>019-85-7466</b> |
| 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.

|  |          |          |
|--|----------|----------|
| <b>1</b> Adjusted gross income . . . . .   | <b>1</b> | 157,218. |
| <b>2</b> Total tax . . . . .   | <b>2</b> | 25,600.  |
| <b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . . | <b>3</b> | 23,624.  |
| <b>4</b> Amount you want refunded to you . . . . .                               | <b>4</b> | 73.      |
| <b>5</b> Amount you owe . . . . .  | <b>5</b> |          |

## 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 

|   |   |   |   |   |
|---|---|---|---|---|
| 5 | 7 | 4 | 6 | 6 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing.  
ERO firm name
- 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
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

## Practitioner PIN Method Returns Only—continue below

### Part III Certification and Authentication – Practitioner PIN Method Only

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

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

  
Don't enter all zeros

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

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

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

Filing Status [ ] Single [ ] Married filing jointly [X] 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 VIGNESHWAR REDDY BAKKAGARI

Form fields for personal information: Your first name and middle initial (GEETHANJALI), Last name (NANDIGAMA), Your social security number (019-85-7466), Spouse's social security number (611-79-5142), Home address (1068 DOUGHERTY LAKE ESTATES DRIVE), City (SAINT LOUIS), State (MO), ZIP code (63122).

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 for Dependents with columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents.

Main tax calculation table with rows 1 through 15, including columns for taxable interest, dividends, social security benefits, and total income.

|                                      |  |            |         |
|--------------------------------------|--|------------|---------|
| <b>16</b>                            | <b>Tax</b> (see instructions). Check if any from Form(s): <b>1</b> <input type="checkbox"/> 8814 <b>2</b> <input type="checkbox"/> 4972 <b>3</b> <input type="checkbox"/> _____  | <b>16</b>  | 28,669. |
| <b>17</b>                            | Amount from Schedule 2, line 3   | <b>17</b>  |         |
| <b>18</b>                            | Add lines 16 and 17  | <b>18</b>  | 28,669. |
| <b>19</b>                            | Nonrefundable child tax credit or credit for other dependents from Schedule 8812   | <b>19</b>  |         |
| <b>20</b>                            | Amount from Schedule 3, line 8   | <b>20</b>  | 3,527.  |
| <b>21</b>                            | Add lines 19 and 20  | <b>21</b>  | 3,527.  |
| <b>22</b>                            | Subtract line 21 from line 18. If zero or less, enter -0-  | <b>22</b>  | 25,142. |
| <b>23</b>                            | Other taxes, including self-employment tax, from Schedule 2, line 21   | <b>23</b>  | 458.    |
| <b>24</b>                            | Add lines 22 and 23. This is your <b>total tax</b>   | <b>24</b>  | 25,600. |
| <b>25</b>                            | Federal income tax withheld from:  |            |         |
| <b>a</b>                             | Form(s) W-2  | <b>25a</b> | 23,624. |
| <b>b</b>                             | Form(s) 1099   | <b>25b</b> |         |
| <b>c</b>                             | Other forms (see instructions)   | <b>25c</b> | 0.      |
| <b>d</b>                             | Add lines 25a through 25c  | <b>25d</b> | 23,624. |
| <b>26</b>                            | 2021 estimated tax payments and amount applied from 2020 return  | <b>26</b>  |         |
| <b>27a</b>                           | Earned income credit (EIC)<br>Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/> | <b>27a</b> |         |
| <b>b</b>                             | Nontaxable combat pay election   | <b>27b</b> |         |
| <b>c</b>                             | Prior year (2019) earned income  | <b>27c</b> |         |
| <b>28</b>                            | Refundable child tax credit or additional child tax credit from Schedule 8812  | <b>28</b>  |         |
| <b>29</b>                            | American opportunity credit from Form 8863, line 8   | <b>29</b>  |         |
| <b>30</b>                            | Recovery rebate credit. See instructions   | <b>30</b>  |         |
| <b>31</b>                            | Amount from Schedule 3, line 15  | <b>31</b>  | 2,049.  |
| <b>32</b>                            | Add lines 27a and 28 through 31. These are your <b>total other payments and refundable credits</b>   | <b>32</b>  | 2,049.  |
| <b>33</b>                            | Add lines 25d, 26, and 32. These are your <b>total payments</b>  | <b>33</b>  | 25,673. |
| <b>Refund</b>                        | <b>34</b> If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>   | <b>34</b>  | 73.     |
|                                      | <b>35a</b> Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>   | <b>35a</b> | 73.     |
| Direct deposit?<br>See instructions. | <b>b</b> Routing number 1 2 1 0 0 0 3 5 8 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings   |            |         |
|                                      | <b>d</b> Account number 0 1 5 8 6 1 3 2 0 6  |            |         |
|                                      | <b>36</b> Amount of line 34 you want <b>applied to your 2022 estimated tax</b>   | <b>36</b>  |         |
| <b>Amount You Owe</b>                | <b>37</b> <b>Amount you owe</b> . Subtract line 33 from line 24. For details on how to pay, see instructions   | <b>37</b>  |         |
|                                      | <b>38</b> Estimated tax penalty (see instructions)   | <b>38</b>  |         |

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<br>SOFTWARE ENGINEER | If the IRS sent you an Identity Protection PIN, enter it here (see inst.)         |
| Spouse's signature. If a joint return, <b>both</b> must sign. | Date | Spouse's occupation                  | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |

Phone no. (330) 283-2841 Email address VIGNESHWAR05@GMAIL.COM

**Paid Preparer Use Only**

|  |   |                    |                             |   |
|--|---|--------------------|-----------------------------|---|
| Preparer's name<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM | Preparer's signature<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date<br>03/10/2022 | PTIN<br>P02082703           | Check if:<br><input type="checkbox"/> Self-employed |
| Firm's name<br>GLOBAL TAXES LLC                      | Firm's address<br>2530 Pebble Creek Ln Cumming GA 30041   |                    | Phone no.<br>(678) 965-9522 | Firm's EIN<br>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](http://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  
GEETHANJALI NANDIGAMA

Your social security number  
019-85-7466

**Part I Additional Income**

|           |   |           |          |
|-----------|---|-----------|----------|
| <b>1</b>  | Taxable refunds, credits, or offsets of state and local income taxes . . . . .  | <b>1</b>  |          |
| <b>2a</b> | Alimony received . . . . .  | <b>2a</b> |          |
| <b>b</b>  | Date of original divorce or separation agreement (see instructions) ▶ _____   |           |          |
| <b>3</b>  | Business income or (loss). Attach Schedule C . . . . .  | <b>3</b>  |          |
| <b>4</b>  | Other gains or (losses). Attach Form 4797 . . . . .   | <b>4</b>  |          |
| <b>5</b>  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .   | <b>5</b>  | -15,000. |
| <b>6</b>  | Farm income or (loss). Attach Schedule F . . . . .  | <b>6</b>  |          |
| <b>7</b>  | Unemployment compensation . . . . .   | <b>7</b>  |          |
| <b>8</b>  | Other income:   |           |          |
| <b>a</b>  | Net operating loss . . . . .  | <b>8a</b> | ( )      |
| <b>b</b>  | Gambling income . . . . .   | <b>8b</b> |          |
| <b>c</b>  | Cancellation of debt . . . . .  | <b>8c</b> |          |
| <b>d</b>  | Foreign earned income exclusion from Form 2555 . . . . .  | <b>8d</b> | ( )      |
| <b>e</b>  | Taxable Health Savings Account distribution . . . . .   | <b>8e</b> |          |
| <b>f</b>  | Alaska Permanent Fund dividends . . . . .   | <b>8f</b> |          |
| <b>g</b>  | Jury duty pay . . . . .   | <b>8g</b> |          |
| <b>h</b>  | Prizes and awards . . . . .   | <b>8h</b> |          |
| <b>i</b>  | Activity not engaged in for profit income . . . . .   | <b>8i</b> |          |
| <b>j</b>  | Stock options . . . . .   | <b>8j</b> |          |
| <b>k</b>  | 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 . . . . . | <b>8k</b> |          |
| <b>l</b>  | Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .   | <b>8l</b> |          |
| <b>m</b>  | Section 951(a) inclusion (see instructions) . . . . .   | <b>8m</b> |          |
| <b>n</b>  | Section 951A(a) inclusion (see instructions) . . . . .  | <b>8n</b> |          |
| <b>o</b>  | Section 461(l) excess business loss adjustment . . . . .  | <b>8o</b> |          |
| <b>p</b>  | Taxable distributions from an ABLE account (see instructions) . . . . .   | <b>8p</b> |          |
| <b>z</b>  | Other income. List type and amount ▶ _____  | <b>8z</b> |          |
| <b>9</b>  | Total other income. Add lines 8a through 8z . . . . .   | <b>9</b>  |          |
| <b>10</b> | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .   | <b>10</b> | -15,000. |

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

Schedule 1 (Form 1040) 2021



**Part II Adjustments to Income**

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

**SCHEDULE 2  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Taxes**

▶ Attach to Form 1040, 1040-SR, or 1040-NR.  
▶ Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2021**  
Attachment  
Sequence No. **02**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
GEETHANJALI NANDIGAMA

Your social security number  
019-85-7466

**Part I Tax**

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

**Part II Other Taxes**

|           |   |           |      |
|-----------|---|-----------|------|
| <b>4</b>  | Self-employment tax. Attach Schedule SE . . . . .   | <b>4</b>  |      |
| <b>5</b>  | Social security and Medicare tax on unreported tip income. Attach Form 4137 . . . . .                                     | <b>5</b>  |      |
| <b>6</b>  | Uncollected social security and Medicare tax on wages. Attach Form 8919 . . . . .   | <b>6</b>  |      |
| <b>7</b>  | Total additional social security and Medicare tax. Add lines 5 and 6 . . . . .  | <b>7</b>  |      |
| <b>8</b>  | Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required . . . . .                              | <b>8</b>  |      |
| <b>9</b>  | Household employment taxes. Attach Schedule H . . . . .   | <b>9</b>  |      |
| <b>10</b> | Repayment of first-time homebuyer credit. Attach Form 5405 if required . . . . .  | <b>10</b> |      |
| <b>11</b> | Additional Medicare Tax. Attach Form 8959 . . . . .   | <b>11</b> | 458. |
| <b>12</b> | Net investment income tax. Attach Form 8960 . . . . .   | <b>12</b> |      |
| <b>13</b> | Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12 . . . . . | <b>13</b> |      |
| <b>14</b> | Interest on tax due on installment income from the sale of certain residential lots and timeshares . . . . .              | <b>14</b> |      |
| <b>15</b> | Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000 . . . . .           | <b>15</b> |      |
| <b>16</b> | Recapture of low-income housing credit. Attach Form 8611 . . . . .  | <b>16</b> |      |

(continued on page 2)

**Part II Other Taxes** *(continued)*

|           |   |            |           |
|-----------|---|------------|-----------|
| <b>17</b> | Other additional taxes:   |            |           |
| <b>a</b>  | Recapture of other credits. List type, form number, and amount ► _____  | <b>17a</b> |           |
| <b>b</b>  | Recapture of federal mortgage subsidy. If you sold your home in 2021, see instructions . . . . .  | <b>17b</b> |           |
| <b>c</b>  | Additional tax on HSA distributions. Attach Form 8889 . . . . .   | <b>17c</b> |           |
| <b>d</b>  | Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889 . . . . .   | <b>17d</b> |           |
| <b>e</b>  | Additional tax on Archer MSA distributions. Attach Form 8853 . . . . .  | <b>17e</b> |           |
| <b>f</b>  | Additional tax on Medicare Advantage MSA distributions. Attach Form 8853 . . . . .  | <b>17f</b> |           |
| <b>g</b>  | Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property . . . . .   | <b>17g</b> |           |
| <b>h</b>  | Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A . . . . .                                      | <b>17h</b> |           |
| <b>i</b>  | Compensation you received from a nonqualified deferred compensation plan described in section 457A . . . . .  | <b>17i</b> |           |
| <b>j</b>  | Section 72(m)(5) excess benefits tax . . . . .  | <b>17j</b> |           |
| <b>k</b>  | Golden parachute payments . . . . .   | <b>17k</b> |           |
| <b>l</b>  | Tax on accumulation distribution of trusts . . . . .  | <b>17l</b> |           |
| <b>m</b>  | Excise tax on insider stock compensation from an expatriated corporation . . . . .  | <b>17m</b> |           |
| <b>n</b>  | Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866 . . . . .  | <b>17n</b> |           |
| <b>o</b>  | Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR . . . . .   | <b>17o</b> |           |
| <b>p</b>  | Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund . . . . .                                    | <b>17p</b> |           |
| <b>q</b>  | Any interest from Form 8621, line 24 . . . . .  | <b>17q</b> |           |
| <b>z</b>  | Any other taxes. List type and amount ► _____   | <b>17z</b> |           |
| <b>18</b> | Total additional taxes. Add lines 17a through 17z . . . . .   |            | <b>18</b> |
| <b>19</b> | Additional tax from Schedule 8812 . . . . .   |            | <b>19</b> |
| <b>20</b> | Section 965 net tax liability installment from Form 965-A . . . . .   | <b>20</b>  |           |
| <b>21</b> | Add lines 4, 7 through 16, 18, and 19. These are your <b>total other taxes</b> . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b . . . . . |            | <b>21</b> |
|           |   |            | 458.      |

**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](http://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  
GEETHANJALI NANDIGAMA

Your social security number  
019-85-7466

**Part I Nonrefundable Credits**

|          |  |           |        |
|----------|--|-----------|--------|
| <b>1</b> | Foreign tax credit. Attach Form 1116 if required . . . . .                                       | <b>1</b>  |        |
| <b>2</b> | Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 . . . . . | <b>2</b>  |        |
| <b>3</b> | Education credits from Form 8863, line 19 . . . . .  | <b>3</b>  |        |
| <b>4</b> | Retirement savings contributions credit. Attach Form 8880 . . . . .                              | <b>4</b>  |        |
| <b>5</b> | Residential energy credits. Attach Form 5695 . . . . .   | <b>5</b>  | 3,527. |
| <b>6</b> | Other nonrefundable credits:   |           |        |
| <b>a</b> | General business credit. Attach Form 3800 . . . . .  | <b>6a</b> |        |
| <b>b</b> | Credit for prior year minimum tax. Attach Form 8801 . . . . .                                    | <b>6b</b> |        |
| <b>c</b> | Adoption credit. Attach Form 8839 . . . . .  | <b>6c</b> |        |
| <b>d</b> | Credit for the elderly or disabled. Attach Schedule R . . . . .                                  | <b>6d</b> |        |
| <b>e</b> | Alternative motor vehicle credit. Attach Form 8910 . . . . .                                     | <b>6e</b> |        |
| <b>f</b> | Qualified plug-in motor vehicle credit. Attach Form 8936 . . . . .                               | <b>6f</b> |        |
| <b>g</b> | Mortgage interest credit. Attach Form 8396 . . . . .   | <b>6g</b> |        |
| <b>h</b> | District of Columbia first-time homebuyer credit. Attach Form 8859 . . . . .                     | <b>6h</b> |        |
| <b>i</b> | Qualified electric vehicle credit. Attach Form 8834 . . . . .                                    | <b>6i</b> |        |
| <b>j</b> | Alternative fuel vehicle refueling property credit. Attach Form 8911 . . . . .                   | <b>6j</b> |        |
| <b>k</b> | Credit to holders of tax credit bonds. Attach Form 8912 . . . . .                                | <b>6k</b> |        |
| <b>l</b> | Amount on Form 8978, line 14. See instructions . . . . .   | <b>6l</b> |        |
| <b>z</b> | Other nonrefundable credits. List type and amount ▶ _____  | <b>6z</b> |        |
| <b>7</b> | Total other nonrefundable credits. Add lines 6a through 6z . . . . .                             | <b>7</b>  |        |
| <b>8</b> | Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20 . . . . . | <b>8</b>  | 3,527. |

(continued on page 2)

**Part II Other Payments and Refundable Credits**

|           |  |            |           |        |
|-----------|--|------------|-----------|--------|
| <b>9</b>  | Net premium tax credit. Attach Form 8962 . . . . .   |            | <b>9</b>  |        |
| <b>10</b> | Amount paid with request for extension to file (see instructions) . . . . .  |            | <b>10</b> |        |
| <b>11</b> | Excess social security and tier 1 RRTA tax withheld . . . . .  |            | <b>11</b> | 2,049. |
| <b>12</b> | Credit for federal tax on fuels. Attach Form 4136 . . . . .  |            | <b>12</b> |        |
| <b>13</b> | Other payments or refundable credits:  |            |           |        |
| <b>a</b>  | Form 2439 . . . . .  | <b>13a</b> |           |        |
| <b>b</b>  | Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken before April 1, 2021 . . . . . | <b>13b</b> |           |        |
| <b>c</b>  | Health coverage tax credit from Form 8885 . . . . .  | <b>13c</b> |           |        |
| <b>d</b>  | Credit for repayment of amounts included in income from earlier years . . . . .  | <b>13d</b> |           |        |
| <b>e</b>  | Reserved for future use . . . . .  | <b>13e</b> |           |        |
| <b>f</b>  | Deferred amount of net 965 tax liability (see instructions) . . . . .  | <b>13f</b> |           |        |
| <b>g</b>  | Credit for child and dependent care expenses from Form 2441, line 10. Attach Form 2441 . . . . .                           | <b>13g</b> |           |        |
| <b>h</b>  | Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken after March 31, 2021 . . . . . | <b>13h</b> |           |        |
| <b>z</b>  | Other payments or refundable credits. List type and amount ► _____   | <b>13z</b> |           |        |
| <b>14</b> | Total other payments or refundable credits. Add lines 13a through 13z . . . . .  |            | <b>14</b> |        |
| <b>15</b> | Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31 . . . . .                         |            | <b>15</b> | 2,049. |

**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](http://www.irs.gov/ScheduleE) for instructions and the latest information.

Name(s) shown on return

Your social security number

GEETHANJALI NANDIGAMA

019-85-7466

**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

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

**Type of Property:**

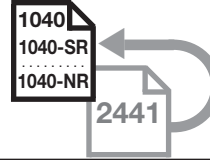
- 1 Single Family Residence      3 Vacation/Short-Term Rental      5 Land      7 Self-Rental
- 2 Multi-Family Residence      4 Commercial      6 Royalties      8 Other (describe)

| Income:          |   | Properties: |   | A        | B | C |
|------------------|---|-------------|---|----------|---|---|
| <b>3</b>         | Rents received . . . . .  | <b>3</b>    |   | 800.     |   |   |
| <b>4</b>         | Royalties received . . . . .  | <b>4</b>    |   |          |   |   |
| <b>Expenses:</b> |   |             |   |          |   |   |
| <b>5</b>         | Advertising . . . . .   | <b>5</b>    |   |          |   |   |
| <b>6</b>         | Auto and travel (see instructions) . . . . .  | <b>6</b>    |   |          |   |   |
| <b>7</b>         | Cleaning and maintenance . . . . .  | <b>7</b>    |   | 1,500.   |   |   |
| <b>8</b>         | Commissions. . . . .  | <b>8</b>    |   |          |   |   |
| <b>9</b>         | Insurance . . . . .   | <b>9</b>    |   |          |   |   |
| <b>10</b>        | Legal and other professional fees . . . . .   | <b>10</b>   |   |          |   |   |
| <b>11</b>        | Management fees . . . . .   | <b>11</b>   |   | 1,000.   |   |   |
| <b>12</b>        | Mortgage interest paid to banks, etc. (see instructions)  | <b>12</b>   |   |          |   |   |
| <b>13</b>        | Other interest. . . . .   | <b>13</b>   |   |          |   |   |
| <b>14</b>        | Repairs. . . . .  | <b>14</b>   |   | 4,500.   |   |   |
| <b>15</b>        | Supplies . . . . .  | <b>15</b>   |   | 3,800.   |   |   |
| <b>16</b>        | Taxes . . . . .   | <b>16</b>   |   |          |   |   |
| <b>17</b>        | Utilities. . . . .  | <b>17</b>   |   | 5,000.   |   |   |
| <b>18</b>        | Depreciation expense or depletion . . . . .   | <b>18</b>   |   |          |   |   |
| <b>19</b>        | Other (list) ▶ . . . . .  | <b>19</b>   |   |          |   |   |
| <b>20</b>        | Total expenses. Add lines 5 through 19 . . . . .  | <b>20</b>   |   | 15,800.  |   |   |
| <b>21</b>        | 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 . . . . .   | <b>21</b>   |   | -15,000. |   |   |
| <b>22</b>        | Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . .  | <b>22</b>   | ( | 15,000.) | ( | ) |
| <b>23a</b>       | Total of all amounts reported on line 3 for all rental properties . . . . .   | <b>23a</b>  |   | 800.     |   |   |
| <b>b</b>         | Total of all amounts reported on line 4 for all royalty properties . . . . .  | <b>23b</b>  |   |          |   |   |
| <b>c</b>         | Total of all amounts reported on line 12 for all properties . . . . .   | <b>23c</b>  |   |          |   |   |
| <b>d</b>         | Total of all amounts reported on line 18 for all properties . . . . .   | <b>23d</b>  |   |          |   |   |
| <b>e</b>         | Total of all amounts reported on line 20 for all properties . . . . .   | <b>23e</b>  |   | 15,800.  |   |   |
| <b>24</b>        | <b>Income.</b> Add positive amounts shown on line 21. Do not include any losses . . . . .   | <b>24</b>   |   |          |   |   |
| <b>25</b>        | <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .  | <b>25</b>   | ( | 15,000.) |   |   |
| <b>26</b>        | <b>Total rental real estate and royalty income or (loss).</b> 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 . . . . . | <b>26</b>   |   | -15,000. |   |   |

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2021

# Child and Dependent Care Expenses



Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040-SR, or 1040-NR.  
▶ Go to [www.irs.gov/Form2441](http://www.irs.gov/Form2441) for instructions and the latest information.

Name(s) shown on return

Your social security number

GEETHANJALI NANDIGAMA

019-85-7466

**A** You can't claim a credit for child and dependent care expenses if your filing status is married filing separately unless you meet the requirements listed in the instructions under "Married Persons Filing Separately." If you meet these requirements, check this box

**B** For 2021, your credit for child and dependent care expenses is refundable if you, or your spouse if married filing jointly, had a principal place of abode in the United States for more than half of 2021. If you meet these requirements, check this box

**Part I** **Persons or Organizations Who Provided the Care—You must complete this part.**

If you have more than three care providers, see the instructions and check this box

| 1 | (a) Care provider's name | (b) Address<br>(number, street, apt. no., city, state, and ZIP code) | (c) Identifying number<br>(SSN or EIN) | (d) Check here if the care provider is your household employee.<br>(see instructions) | (e) Amount paid<br>(see instructions) |
|---|--------------------------|--|--|---|---------------------------------------|
|   |                          |  |  | <input type="checkbox"/>  |                                       |
|   |                          |  |  | <input type="checkbox"/>  |                                       |
|   |                          |  |  | <input type="checkbox"/>  |                                       |

Did you receive dependent care benefits?   
 No → Complete only Part II below.   
 Yes → Complete Part III on page 2 next.

**Caution:** If the care was provided in your home, you may owe employment taxes. For details, see the instructions for Schedule H (Form 1040). If you incurred care expenses in 2021 but didn't pay them until 2022, or if you prepaid in 2021 for care to be provided in 2022, don't include these expenses in column (c) of line 2 for 2021. See the instructions.

**Part II** **Credit for Child and Dependent Care Expenses**

**2** Information about your **qualifying person(s)**. If you have more than three qualifying persons, see the instructions and check this box

| (a) Qualifying person's name |      | (b) Qualifying person's social security number | (c) Qualified expenses you incurred and paid in 2021 for the person listed in column (a) |
|------------------------------|------|--|--|
| First                        | Last |  |  |
|                              |      |  |  |
|                              |      |  |  |

|           |  |           |    |
|-----------|--|-----------|----|
| <b>3</b>  | Add the amounts in column (c) of line 2. <b>Don't</b> enter more than \$8,000 if you had one qualifying person or \$16,000 if you had two or more persons. If you completed Part III, enter the amount from line 31  | <b>3</b>  |    |
| <b>4</b>  | Enter your <b>earned income</b> . See instructions   | <b>4</b>  |    |
| <b>5</b>  | If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); <b>all others</b> , enter the amount from line 4   | <b>5</b>  | 0. |
| <b>6</b>  | Enter the <b>smallest</b> of line 3, 4, or 5   | <b>6</b>  |    |
| <b>7</b>  | Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11  | <b>7</b>  |    |
| <b>8</b>  | Enter on line 8 the decimal amount shown below that applies to the amount on line 7.<br>• If line 7 is \$125,000 or less, enter .50 on line 8.<br>• If line 7 is over \$125,000 and no more than \$438,000, see the instructions for line 8 for the amount to enter.<br>• If line 7 is over \$438,000, don't complete line 8. Enter zero on line 9a. You may be able to claim a credit on line 9b. | <b>8</b>  | X  |
| <b>9a</b> | Multiply line 6 by the decimal amount on line 8  | <b>9a</b> |    |
| <b>b</b>  | If you paid 2020 expenses in 2021, complete Worksheet A in the instructions. Enter the amount from line 13 of the worksheet here. Otherwise, go to line 10   | <b>9b</b> |    |
| <b>10</b> | Add lines 9a and 9b and enter the result. If you checked the box on line B above, this is your <b>refundable credit for child and dependent care expenses</b> ; enter the amount from this line on Schedule 3 (Form 1040), line 13g, and don't complete line 11. If you didn't check the box on line B above, go to line 11  | <b>10</b> |    |
| <b>11</b> | <b>Nonrefundable credit for child and dependent care expenses.</b> If you didn't check the box on line B above, your credit is nonrefundable and limited by the amount of your tax; see the instructions to figure the portion of line 10 that you can claim and enter that amount here and on Schedule 3 (Form 1040), line 2  | <b>11</b> |    |

**Part III Dependent Care Benefits**

|           |   |           |          |
|-----------|---|-----------|----------|
| <b>12</b> | Enter the total amount of <b>dependent care benefits</b> you received in 2021. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. <b>Don't</b> include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership . . . . . | <b>12</b> | 1,500.   |
| <b>13</b> | Enter the amount, if any, you carried over from 2020 and used in 2021. See instructions . . . . .   | <b>13</b> |          |
| <b>14</b> | If you forfeited or carried over to 2022 any of the amounts reported on line 12 or 13, enter the amount. See instructions . . . . .   | <b>14</b> | ( )      |
| <b>15</b> | Combine lines 12 through 14. See instructions . . . . .   | <b>15</b> | 1,500.   |
| <b>16</b> | Enter the total amount of <b>qualified expenses</b> incurred in 2021 for the care of the <b>qualifying person(s)</b> . . . . .  | <b>16</b> |          |
| <b>17</b> | Enter the <b>smaller</b> of line 15 or 16 . . . . .   | <b>17</b> | 0.       |
| <b>18</b> | Enter your <b>earned income</b> . See instructions . . . . .  | <b>18</b> | 170,707. |
| <b>19</b> | Enter the amount shown below that applies to you. <ul style="list-style-type: none"> <li>• If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions for line 5).</li> <li>• If married filing separately, see instructions.</li> <li>• All others, enter the amount from line 18.</li> </ul>                                     | <b>19</b> | 142,372. |
| <b>20</b> | Enter the <b>smallest</b> of line 17, 18, or 19 . . . . .   | <b>20</b> | 0.       |
| <b>21</b> | Enter \$10,500 (\$5,250 if married filing separately <b>and</b> you were required to enter your spouse's earned income on line 19). If you entered an amount on line 13, add it to the \$10,500 or \$5,250 amount you enter on line 21. However, don't enter more than the maximum amount allowed under your dependent care plan. See instructions . . . . .  | <b>21</b> | 5,250.   |
| <b>22</b> | Is any amount on line 12 or 13 from your sole proprietorship or partnership?<br><input checked="" type="checkbox"/> <b>No.</b> Enter -0-.<br><input type="checkbox"/> <b>Yes.</b> Enter the amount here . . . . .   | <b>22</b> | 0.       |
| <b>23</b> | Subtract line 22 from line 15 . . . . .   | <b>23</b> | 1,500.   |
| <b>24</b> | <b>Deductible benefits.</b> Enter the <b>smallest</b> of line 20, 21, or 22. Also, include this amount on the appropriate line(s) of your return. See instructions . . . . .  | <b>24</b> | 0.       |
| <b>25</b> | <b>Excluded benefits.</b> If you checked "No" on line 22, enter the smaller of line 20 or 21. Otherwise, subtract line 24 from the smaller of line 20 or line 21. If zero or less, enter -0- . . . . .  | <b>25</b> | 0.       |
| <b>26</b> | <b>Taxable benefits.</b> Subtract line 25 from line 23. If zero or less, enter -0-. Also, include this amount on Form 1040 or 1040-SR, line 1; or Form 1040-NR, line 1a. On the dotted line next to Form 1040 or 1040-SR, line 1; or Form 1040-NR, line 1a, enter "DCB" . . . . .   | <b>26</b> | 1,500.   |

To claim the child and dependent care credit, complete lines 27 through 31 below.

|           |  |           |  |
|-----------|--|-----------|--|
| <b>27</b> | Enter \$8,000 (\$16,000 if two or more qualifying persons) . . . . .   | <b>27</b> |  |
| <b>28</b> | Add lines 24 and 25 . . . . .  | <b>28</b> |  |
| <b>29</b> | Subtract line 28 from line 27. If zero or less, <b>stop</b> . You can't take the credit. <b>Exception.</b> If you paid 2020 expenses in 2021, see the instructions for line 9b . . . . . | <b>29</b> |  |
| <b>30</b> | Complete line 2 on page 1 of this form. <b>Don't</b> include in column (c) any benefits shown on line 28 above. Then, add the amounts in column (c) and enter the total here . . . . .   | <b>30</b> |  |
| <b>31</b> | Enter the <b>smaller</b> of line 29 or 30. Also, enter this amount on line 3 on page 1 of this form and complete lines 4 through 11 . . . . .  | <b>31</b> |  |



# 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](http://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  
**GEETHANJALI NANDIGAMA**

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶ **019-85-7466**

**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.

|           |  |                                    |  |
|-----------|--|------------------------------------|--|
| <b>1</b>  | Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2021. See instructions . . . . . ▶   | <input type="checkbox"/> Self-only | <input checked="" type="checkbox"/> Family |
| <b>2</b>  | 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. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions . . . . .                        | <b>2</b>                           | 0.   |
| <b>3</b>  | If you were under age 55 at the end of 2021 and, on the first day of <b>every</b> month during 2021, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,600 (\$7,200 for family coverage). <b>All others</b> , see the instructions for the amount to enter . . . . . | <b>3</b>                           | 7,200.                                     |
| <b>4</b>  | 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 . . . . .                                       | <b>4</b>                           | 0.   |
| <b>5</b>  | Subtract line 4 from line 3. If zero or less, enter -0- . . . . .  | <b>5</b>                           | 7,200.                                     |
| <b>6</b>  | 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 . . . . .   | <b>6</b>                           | 7,200.                                     |
| <b>7</b>  | 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 . . . . .   | <b>7</b>                           |  |
| <b>8</b>  | Add lines 6 and 7 . . . . .  | <b>8</b>                           | 7,200.                                     |
| <b>9</b>  | Employer contributions made to your HSAs for 2021 . . . . .  | <b>9</b>                           | 7,050.                                     |
| <b>10</b> | Qualified HSA funding distributions . . . . .  | <b>10</b>                          |  |
| <b>11</b> | Add lines 9 and 10 . . . . .   | <b>11</b>                          | 7,050.                                     |
| <b>12</b> | Subtract line 11 from line 8. If zero or less, enter -0- . . . . .   | <b>12</b>                          | 150.                                       |
| <b>13</b> | <b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 <b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax. See instructions.  | <b>13</b>                          | 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.

|            |  |            |  |
|------------|--|------------|--|
| <b>14a</b> | Total distributions you received in 2021 from all HSAs (see instructions) . . . . .  | <b>14a</b> |  |
| <b>b</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 . . . . . | <b>14b</b> |  |
| <b>c</b>   | Subtract line 14b from line 14a . . . . .  | <b>14c</b> |  |
| <b>15</b>  | Qualified medical expenses paid using HSA distributions (see instructions) . . . . .   | <b>15</b>  |  |
| <b>16</b>  | <b>Taxable HSA distributions.</b> 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 . . . . .  | <b>16</b>  |  |
| <b>17a</b> | If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here . . . . . ▶ <input type="checkbox"/>  |            |  |
| <b>b</b>   | <b>Additional 20% tax</b> (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 . . . . .                  | <b>17b</b> |  |

**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.

|           |   |           |  |
|-----------|---|-----------|--|
| <b>18</b> | Last-month rule . . . . .   | <b>18</b> |  |
| <b>19</b> | Qualified HSA funding distribution . . . . .  | <b>19</b> |  |
| <b>20</b> | <b>Total income.</b> 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 . . . . . | <b>20</b> |  |
| <b>21</b> | <b>Additional tax.</b> Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d . . . . .                        | <b>21</b> |  |

**Additional Medicare Tax**

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

Name(s) shown on return

Your social security number

GEETHANJALI NANDIGAMA

019-85-7466

**Part I Additional Medicare Tax on Medicare Wages**

|          |   |          |          |         |      |
|----------|---|----------|----------|---------|------|
| <b>1</b> | Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5 . . . . . | <b>1</b> | 175,852. |         |      |
| <b>2</b> | Unreported tips from Form 4137, line 6 . . . . .  | <b>2</b> |          |         |      |
| <b>3</b> | Wages from Form 8919, line 6 . . . . .  | <b>3</b> |          |         |      |
| <b>4</b> | Add lines 1 through 3 . . . . .   | <b>4</b> | 175,852. |         |      |
| <b>5</b> | Enter the following amount for your filing status:  |          |          |         |      |
|          | Married filing jointly . . . . . \$250,000  |          |          |         |      |
|          | Married filing separately . . . . . \$125,000   |          |          |         |      |
|          | Single, Head of household, or Qualifying widow(er) . . . . . \$200,000  | <b>5</b> | 125,000. |         |      |
| <b>6</b> | Subtract line 5 from line 4. If zero or less, enter -0- . . . . .   | <b>6</b> |          | 50,852. |      |
| <b>7</b> | Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II . . . . .                    | <b>7</b> |          |         | 458. |

**Part II Additional Medicare Tax on Self-Employment Income**

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

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

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

**Part IV Total Additional Medicare Tax**

|           |   |           |  |      |  |
|-----------|---|-----------|--|------|--|
| <b>18</b> | Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-PR or 1040-SS filers, see instructions), and go to Part V . . . . . | <b>18</b> |  | 458. |  |
|-----------|---|-----------|--|------|--|

**Part V Withholding Reconciliation**

|           |  |           |          |    |  |
|-----------|--|-----------|----------|----|--|
| <b>19</b> | Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6 . . . . .  | <b>19</b> | 2,550.   |    |  |
| <b>20</b> | Enter the amount from line 1 . . . . .   | <b>20</b> | 175,852. |    |  |
| <b>21</b> | Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages . . . . .  | <b>21</b> | 2,550.   |    |  |
| <b>22</b> | Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages . . . . .  | <b>22</b> |          | 0. |  |
| <b>23</b> | Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions) . . . . .  | <b>23</b> |          |    |  |
| <b>24</b> | <b>Total Additional Medicare Tax withholding.</b> Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-PR or 1040-SS filers, see instructions) . . . . . | <b>24</b> |          | 0. |  |

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

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form8960](http://www.irs.gov/Form8960) for instructions and the latest information.

Name(s) shown on your tax return

GEETHANJALI NANDIGAMA

Your social security number or EIN

019-85-7466

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

|           |   |                    |           |          |
|-----------|---|--------------------|-----------|----------|
| <b>1</b>  | Taxable interest (see instructions)   |                    | <b>1</b>  | 11.      |
| <b>2</b>  | Ordinary dividends (see instructions)   |                    | <b>2</b>  |          |
| <b>3</b>  | Annuities (see instructions)  |                    | <b>3</b>  |          |
| <b>4a</b> | Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)                                | <b>4a</b> -15,000. | <b>4c</b> | -15,000. |
| <b>b</b>  | Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions) | <b>4b</b>          |           |          |
| <b>c</b>  | Combine lines 4a and 4b   |                    |           |          |
| <b>5a</b> | Net gain or loss from disposition of property (see instructions)  | <b>5a</b>          | <b>5d</b> |          |
| <b>b</b>  | Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)           | <b>5b</b>          |           |          |
| <b>c</b>  | Adjustment from disposition of partnership interest or S corporation stock (see instructions)                               | <b>5c</b>          |           |          |
| <b>d</b>  | Combine lines 5a through 5c   |                    |           |          |
| <b>6</b>  | Adjustments to investment income for certain CFCs and PFICs (see instructions)  |                    | <b>6</b>  |          |
| <b>7</b>  | Other modifications to investment income (see instructions)   |                    | <b>7</b>  |          |
| <b>8</b>  | Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7  |                    | <b>8</b>  | -14,989. |

**Part II Investment Expenses Allocable to Investment Income and Modifications**

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

**Part III Tax Computation**

|                            |   |                    |           |    |
|----------------------------|---|--------------------|-----------|----|
| <b>12</b>                  | Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13-17. Estates and trusts, complete lines 18a-21. If zero or less, enter -0- |                    | <b>12</b> | 0. |
| <b>Individuals:</b>        |   |                    |           |    |
| <b>13</b>                  | Modified adjusted gross income (see instructions)   | <b>13</b> 157,218. | <b>16</b> | 0. |
| <b>14</b>                  | Threshold based on filing status (see instructions)   | <b>14</b> 125,000. |           |    |
| <b>15</b>                  | Subtract line 14 from line 13. If zero or less, enter -0-   | <b>15</b> 32,218.  |           |    |
| <b>16</b>                  | Enter the smaller of line 12 or line 15   |                    |           |    |
| <b>17</b>                  | Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). <b>Enter here and include on your tax return</b> (see instructions)                                |                    | <b>17</b> | 0. |
| <b>Estates and Trusts:</b> |   |                    |           |    |
| <b>18a</b>                 | Net investment income (line 12 above)   | <b>18a</b>         | <b>20</b> |    |
| <b>b</b>                   | Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)  | <b>18b</b>         |           |    |
| <b>c</b>                   | Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-   | <b>18c</b>         |           |    |
| <b>19a</b>                 | Adjusted gross income (see instructions)  | <b>19a</b>         | <b>21</b> |    |
| <b>b</b>                   | Highest tax bracket for estates and trusts for the year (see instructions)  | <b>19b</b>         |           |    |
| <b>c</b>                   | Subtract line 19b from line 19a. If zero or less, enter -0-   | <b>19c</b>         |           |    |
| <b>20</b>                  | Enter the smaller of line 18c or line 19c   |                    |           |    |
| <b>21</b>                  | Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). <b>Enter here and include on your tax return</b> (see instructions)                         |                    |           |    |



**Part II Nonbusiness Energy Property Credit**

|   |            |  |
|---|------------|--|
| <p><b>17a</b> Were the qualified energy efficiency improvements or residential energy property costs for your main home located in the United States? (see instructions) . . . . . ▶</p> <p><b>Caution:</b> If you checked the “No” box, you cannot claim the nonbusiness energy property credit. Do not complete Part II.</p> <p><b>b</b> Print the complete address of the main home where you made the qualifying improvements.<br/><b>Caution:</b> You can only have one main home at a time.</p> <p style="text-align: center;">_____<br/>Number and street <span style="float: right;">Unit No.</span></p> <p style="text-align: center;">_____<br/>City, State, and ZIP code</p> | <b>17a</b> | <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> |
| <p><b>c</b> Were any of these improvements related to the construction of this main home? . . . . . ▶</p> <p><b>Caution:</b> If you checked the “Yes” box, you can only claim the nonbusiness energy property credit for qualifying improvements that were not related to the construction of the home. Do not include expenses related to the construction of your main home, even if the improvements were made after you moved into the home.</p>  | <b>17c</b> | <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> |
| <p><b>18</b> Lifetime limitation. Enter the amount from the Lifetime Limitation Worksheet (see instructions) . . . . .</p>  | <b>18</b>  |  |
| <p><b>19</b> Qualified energy efficiency improvements (original use must begin with you and the component must reasonably be expected to last for at least 5 years; do not include labor costs) (see instructions).</p>   |            |  |
| <p><b>a</b> Insulation material or system specifically and primarily designed to reduce heat loss or gain of your home that meets the prescriptive criteria established by the 2009 IECC . . . . .</p>  | <b>19a</b> |  |
| <p><b>b</b> Exterior doors that meet or exceed the version 6.0 Energy Star program requirements . . . . .</p>   | <b>19b</b> |  |
| <p><b>c</b> Metal or asphalt roof that meets or exceeds the Energy Star program requirements and has appropriate pigmented coatings or cooling granules which are specifically and primarily designed to reduce the heat gain of your home . . . . .</p>  | <b>19c</b> |  |
| <p><b>d</b> Exterior windows and skylights that meet or exceed the version 6.0 Energy Star program requirements . . . . .</p>   | <b>19d</b> |  |
| <p><b>e</b> Maximum amount of cost on which the credit can be figured . . . . .</p>   | <b>19e</b> | \$2,000  |
| <p><b>f</b> If you claimed window expenses on your Form 5695 prior to 2021, enter the amount from the Window Expense Worksheet (see instructions); otherwise enter -0- . . . . .</p>  | <b>19f</b> | 0.   |
| <p><b>g</b> Subtract line 19f from line 19e. If zero or less, enter -0- . . . . .</p>   | <b>19g</b> | 2,000.   |
| <p><b>h</b> Enter the smaller of line 19d or line 19g . . . . .</p>   | <b>19h</b> | 0.   |
| <p><b>20</b> Add lines 19a, 19b, 19c, and 19h . . . . .</p>   | <b>20</b>  | 0.   |
| <p><b>21</b> Multiply line 20 by 10% (0.10) . . . . .</p>   | <b>21</b>  | 0.   |
| <p><b>22</b> Residential energy property costs (must be placed in service by you; include labor costs for onsite preparation, assembly, and original installation) (see instructions).</p>  |            |  |
| <p><b>a</b> Energy-efficient building property. Do not enter more than <b>\$300</b> . . . . .</p>   | <b>22a</b> | 0.   |
| <p><b>b</b> Qualified natural gas, propane, or oil furnace or hot water boiler. Do not enter more than <b>\$150</b> . . . . .</p>   | <b>22b</b> | 0.   |
| <p><b>c</b> Advanced main air circulating fan used in a natural gas, propane, or oil furnace. Do not enter more than <b>\$50</b> . . . . .</p>  | <b>22c</b> | 0.   |
| <p><b>23</b> Add lines 22a through 22c . . . . .</p>  | <b>23</b>  |  |
| <p><b>24</b> Add lines 21 and 23 . . . . .</p>  | <b>24</b>  |  |
| <p><b>25</b> Maximum credit amount. (If you jointly occupied the home, see instructions) . . . . .</p>  | <b>25</b>  |  |
| <p><b>26</b> Enter the amount, if any, from line 18 . . . . .</p>   | <b>26</b>  |  |
| <p><b>27</b> Subtract line 26 from line 25. If zero or less, <b>stop</b>; you cannot take the nonbusiness energy property credit . . . . .</p>  | <b>27</b>  |  |
| <p><b>28</b> Enter the smaller of line 24 or line 27 . . . . .</p>  | <b>28</b>  |  |
| <p><b>29</b> Limitation based on tax liability. Enter the amount from the Nonbusiness Energy Property Credit Limit Worksheet (see instructions) . . . . .</p>   | <b>29</b>  |  |
| <p><b>30</b> <b>Nonbusiness energy property credit.</b> Enter the smaller of line 28 or line 29. Also include this amount on Schedule 3 (Form 1040), line 5 . . . . .</p>   | <b>30</b>  |  |



2022 Declaration of Estimated Tax for Individuals (Form MO-1040ES)



22352011555

Social Security Number

019 - 85 - 7466

Name Control

NAND

1st Qtr.  2nd Qtr.  3rd Qtr.  4th Qtr.

Spouse's Social Security Number

[ ] - [ ] - [ ]

Name Control

[ ]

Amount Paid . . . . . \$ [ ] 36 . [ ] 00

Return this form with check or money order payable to the Missouri Department of Revenue P.O. Box 555, Jefferson City, MO 65105-0555. If you pay by check, you authorize the Department to process the check electronically. Any returned check may be presented again electronically.

Your Name (Last, First, Initial)
NANDIGAMA, GEETHANJALI
Spouse's Name (Last, First, Initial)
Address (Number and Street), City, State, and ZIP Code
1068 DOUGHERTY LAKE ESTATES DRIVE SAINT LOUIS MO 63122

Department Use Only [ ] [ ] [ ] [ ] [ ] [ ]

(Revised 12-2021)



2022 Declaration of Estimated Tax for Individuals (Form MO-1040ES)



22352011555

Social Security Number

019 - 85 - 7466

Name Control

NAND

1st Qtr. [X] 2nd Qtr. 3rd Qtr. 4th Qtr.

Spouse's Social Security Number

[ ] - [ ] - [ ]

Name Control

[ ]

Amount Paid . . . . . \$ 36 . 00

Return this form with check or money order payable to the Missouri Department of Revenue P.O. Box 555, Jefferson City, MO 65105-0555. If you pay by check, you authorize the Department to process the check electronically. Any returned check may be presented again electronically.

Your Name (Last, First, Initial)

NANDIGAMA, GEETHANJALI

Spouse's Name (Last, First, Initial)

Address (Number and Street), City, State, and ZIP Code

1068 DOUGHERTY LAKE ESTATES DRIVE SAINT LOUIS MO 63122

Department Use Only [ ] [ ] [ ]

(Revised 12-2021)



2022 Declaration of Estimated Tax for Individuals (Form MO-1040ES)



22352011555

Social Security Number

019 - 85 - 7466

Name Control

NAND

1st Qtr. 2nd Qtr. [X] 3rd Qtr. 4th Qtr.

Spouse's Social Security Number

[ ] - [ ] - [ ]

Name Control

[ ]

Amount Paid . . . . . \$ 36 . 00

Return this form with check or money order payable to the Missouri Department of Revenue P.O. Box 555, Jefferson City, MO 65105-0555. If you pay by check, you authorize the Department to process the check electronically. Any returned check may be presented again electronically.

Your Name (Last, First, Initial)
NANDIGAMA, GEETHANJALI
Spouse's Name (Last, First, Initial)
Address (Number and Street), City, State, and ZIP Code
1068 DOUGHERTY LAKE ESTATES DRIVE SAINT LOUIS MO 63122

Department Use Only [ ] [ ] [ ]

(Revised 12-2021)





**2022 Declaration of Estimated Tax  
for Individuals (Form MO-1040ES)**



22352011555

Social Security Number

019 - 85 - 7466

Name Control

NAND

1st Qtr.  2nd Qtr.  3rd Qtr.  4th Qtr.

Spouse's Social Security Number

Name Control

Amount Paid . . . . . \$ 36 . 00

Return this form with check or money order payable to the Missouri Department of Revenue P.O. Box 555, Jefferson City, MO 65105-0555. If you pay by check, you authorize the Department to process the check electronically. Any returned check may be presented again electronically.

Your Name (Last, First, Initial)

NANDIGAMA, GEETHANJALI

Spouse's Name (Last, First, Initial)

Address (Number and Street), City, State, and ZIP Code

1068 DOUGHERTY LAKE ESTATES DRIVE SAINT LOUIS MO 63122

Department Use Only

(Revised 12-2021)



MISSOURI DEPARTMENT OF REVENUE

REV 02/18/22 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   |       |          |
| GEETHANJALI NANDIGAMA  |       |          |
| Spouse's Name  |       |          |
|  |       |          |
| Street Address   |       |          |
| 1068 DOUGHERTY LAKE ESTATES DRIVE  |       |          |
| City   | State | ZIP Code |
| SAINT LOUIS  | MO    | 63122    |
| 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 019 - 85 - 7466

Name Control NAND

Spouse's Social Security Number

Spouse's Name Control

Amount of Payment (U.S. funds only) \$ 144.00

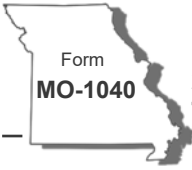


21347011555

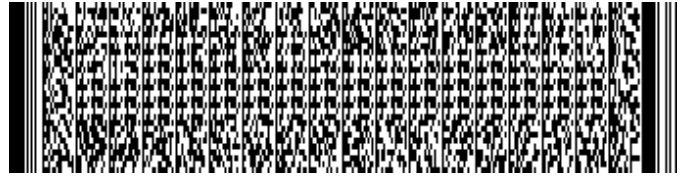
Department Use Only

Department Use Only

055 555 000000 0198574662 140114042 0000000000 21 000014400 7



MISSOURI DEPARTMENT OF  
**REVENUE**  
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     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

Yourself  Spouse     Yourself  Spouse     Yourself  Spouse     Yourself  Spouse     Yourself  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.)

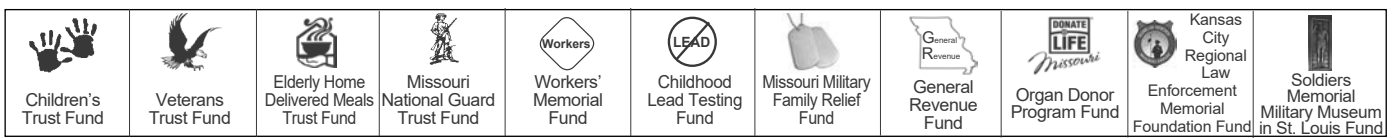
Address

Present Address (Include Apartment Number or Rural Route)  
 1068 DOUGHERTY LAKE ESTATES DRIVE

City, Town, or Post Office    State    ZIP Code  
 SAINT LOUIS     MO     63122 -

County of Residence  
 STCO

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<br>(see worksheet on page 7 of the instructions) . . . . . | 1Y           | 157218 .00 | 1S         | .00 |
| 2. Total additions (from <b>Form MO-A</b> , Part 1, Line 7) . . . . .   | 2Y           | .00        | 2S         | .00 |
| 3. Total income - Add Lines 1 and 2. . . . .  | 3Y           | 157218 .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           | 157218 .00 | 5S         | .00 |
| 6. Total Missouri adjusted gross income - Add columns 5Y and 5S . . . . .                                       | 6            | 157218 .00 |            |     |
| 7. Income percentages - Divide columns 5Y and 5S by total on<br>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  | 25142 .00 |
| 10. Other tax from federal return. . . . .  | 10 | .00       |
| 11. Total tax from federal return. Do not enter federal income tax withheld. . . . .  | 11 | 25142 .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 | 0.00 %    |

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 | 0 .00     |
| 14. Missouri standard deduction or itemized deductions. (If itemizing, See Form MO-A, Part 2)<br>• Single or Married Filing Separate-\$12,550      • Head of Household-\$18,800<br>• Married Filing Combined or Qualifying Widow(er)-\$25,100<br>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  | 12550                | .00                  |
| 24. Subtotal - Subtract Line 23 from Line 6.....                               |                         |                         | 24  | 144668               | .00                  |
| 25. Multiply Line 24 by appropriate percentages (%) on<br>Lines 7Y and 7S..... | 25Y                     | 144668                  | .00 | 25S                  | <input type="text"/> |
| 26. Enterprise zone or rural empowerment zone income<br>modification.....      | 26Y                     | <input type="text"/>    | .00 | 26S                  | <input type="text"/> |

Tax

|  |     |                      |     |     |                      |
|--|-----|----------------------|-----|-----|----------------------|
| 27. Taxable income - Subtract Line 26 from Line 25.....  | 27Y | 144668               | .00 | 27S | <input type="text"/> |
| 28. Tax (see tax chart on page 26 of the instructions),.....   | 28Y | 7625                 | .00 | 28S | <input type="text"/> |
| 29. Resident credit - Attach <b>Form MO-CR</b> and other states'<br>income tax return(s).....  | 29Y | <input type="text"/> | .00 | 29S | <input type="text"/> |
| 30. Missouri income percentage - Enter 100% unless you are<br>completing <b>Form MO-NRI</b> . Attach Form MO-NRI and a<br>copy of your federal return if less than 100%.....                                 | 30Y | 100                  | %   | 30S | <input type="text"/> |
| 31. Balance - Subtract Line 29 from Line 28; OR<br>multiply Line 28 by percentage on Line 30.....  | 31Y | 7625                 | .00 | 31S | <input type="text"/> |
| 32. Other taxes - Select box and attach federal form indicated.<br><input type="checkbox"/> Lump sum distribution (Form 4972)<br><input type="checkbox"/> Recapture of low income housing credit (Form 8611) | 32Y | <input type="text"/> | .00 | 32S | <input type="text"/> |
| 33. Subtotal - Add Lines 31 and 32.....  | 33Y | 7625                 | .00 | 33S | <input type="text"/> |
| 34. Total Tax - Add Lines 33Y and 33S.....   |     |                      |     | 34  | 7625                 |

Payments and Credits

|  |    |                      |     |
|--|----|----------------------|-----|
| 35. MISSOURI tax withheld - Attach Forms W-2 and 1099.....   | 35 | 7481                 | .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<br><b>MO-2NR</b> and <b>MO-NRP</b> ..... | 37 | <input type="text"/> | .00 |
| 38. Missouri tax payments for nonresident entertainers - Attach <b>Form MO-2ENT</b> .....  | 38 | <input type="text"/> | .00 |
| 39. Amount paid with Missouri extension of time to file ( <b>Form MO-60</b> ).....   | 39 | <input type="text"/> | .00 |
| 40. Miscellaneous tax credits (from <b>Form MO-TC</b> , Line 13) - Attach Form MO-TC.....  | 40 | <input type="text"/> | .00 |
| 41. Property tax credit - Attach <b>Form MO-PTS</b> .....  | 41 | <input type="text"/> | .00 |
| 42. Total payments and credits - Add Lines 35 through 41.....  | 42 | 7481                 | .00 |



21322031555



Amount Due

51. If Line 34 is larger than Line 42 or Line 45, enter the difference.  
 Amount of UNDERPAYMENT . . . . . 51 144 .00

52. Underpayment of estimated tax penalty - Attach **Form MO-2210**. Enter penalty amount here . . . 52 .00

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 . . . . . 53 144 .00

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 \_\_\_\_\_ Date (MM/DD/YY) \_\_\_\_\_

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

E-mail Address SYAM@GTAXFILE.COM Daytime Telephone \_\_\_\_\_

Preparer's Signature SYAM PRIYA RAM SAGAR GUPTA TALLAM Date (MM/DD/YY) 03 10 22

Preparer's FEIN, SSN, or PTIN 30-1017196 Preparer's Telephone 6789659522

Preparer's Address 2530 PEBBLE CREEK LN CUMMING State ZIP Code GA 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 329  
 Jefferson City, MO 65105-0329

**Phone:** (573) 751-7200



**Refund or No Amount Due:**  
 Missouri Department of Revenue  
 P.O. Box 500  
 Jefferson City, MO 65105-0500

**Phone:** (573) 751-3505

**Fax:** (573) 522-1762  
**Email:** [income@dor.mo.gov](mailto:income@dor.mo.gov)

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

If yes, visit [dor.mo.gov/military/](http://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/](http://veteranbenefits.mo.gov/state-benefits/).

Visit [dor.mo.gov/taxation/individual/tax-types/income/](http://dor.mo.gov/taxation/individual/tax-types/income/) for additional information.