

# 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 <b>MANASA VEERAPANENI</b>	Social security number 503-69-3438
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>	41,212.
<b>2</b> Total tax . . . . .	<b>2</b>	3,206.
<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	<b>3</b>	6,763.
<b>4</b> Amount you want refunded to you . . . . .	<b>4</b>	3,557.
<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 

9	3	4	3	8
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 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 

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 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: MANASA
Last name: VEERAPANENI
Your social security number: 503-69-3438
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.
667 FLARESTAR AVE UNIT A
Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below.
COLUMBUS
State: OH
ZIP code: 43240
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 'Dependents' section with instructions.

Main tax calculation table with 15 rows. Columns include line numbers, descriptions, and amounts. Total taxable income is 28,362.

<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	<b>16</b>	3,206.
<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
<b>18</b>	Add lines 16 and 17	<b>18</b>	3,206.
<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>	
<b>21</b>	Add lines 19 and 20	<b>21</b>	
<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	3,206.
<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 21	<b>23</b>	0.
<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	3,206.
<b>25</b>	Federal income tax withheld from:		
<b>a</b>	Form(s) W-2	<b>25a</b>	6,763.
<b>b</b>	Form(s) 1099	<b>25b</b>	
<b>c</b>	Other forms (see instructions)	<b>25c</b>	
<b>d</b>	Add lines 25a through 25c	<b>25d</b>	6,763.
<b>26</b>	2021 estimated tax payments and amount applied from 2020 return	<b>26</b>	
<b>27a</b>	Earned income credit (EIC) <span style="float:right">No</span> 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>	
<b>32</b>	Add lines 27a and 28 through 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>	
<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	6,763.
<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>	3,557.
	<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>	3,557.
Direct deposit? See instructions.	<b>b</b> Routing number 072000326 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<b>d</b> Account number 397178580		
	<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 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. (810) 285-6634 Email address MANASAVEERAPANENI.MV@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 03/06/2022	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](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  
MANASA VEERAPANENI

Your social security number  
503-69-3438

**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>	-4,500.
<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>	-4,500.

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 D**  
**(Form 1040)**

**Capital Gains and Losses**

OMB No. 1545-0074

**2021**

Attachment  
Sequence No. **12**

Department of the Treasury  
Internal Revenue Service (99)

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

Name(s) shown on return

MANASA VEERAPANENI

Your social security number

503-69-3438

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less** (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .	58 .	40 .		18 .
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .				
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>5</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>6</b> ( )
<b>7 Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .				18 .

**Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year** (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .				
<b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>11</b>
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>12</b>
<b>13</b> Capital gain distributions. See the instructions . . . . .				<b>13</b>
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>14</b> ( )
<b>15 Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then, go to Part III on the back . . . . .				<b>15</b>

**Part III Summary**

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



**Sales and Other Dispositions of Capital Assets**

Department of the Treasury  
Internal Revenue Service

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

Name(s) shown on return  
**MANASA VEERAPANENI**

Social security number or taxpayer identification number  
**503-69-3438**

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part I Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box A, B, or C below. Check only one box.** If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C)** Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). <b>See the separate instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	Robinhood Crypto LLC	01/01/21	12/31/21	50.	31.			19.
	Robinhood Securities LLC	01/01/21	12/31/21	8.	9.			-1.
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked) ►				58.	40.			18.

**Note:** If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.



**SCHEDULE E  
(Form 1040)**

**Supplemental Income and Loss**

OMB No. 1545-0074

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

**2021**

Department of the Treasury  
Internal Revenue Service (99)

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

Attachment  
Sequence No. **13**

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

Name(s) shown on return

Your social security number

MANASA VEERAPANENI

503-69-3438

**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>	2		365	0	<input type="checkbox"/>
<b>B</b>					<input type="checkbox"/>
<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>		400.		
<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>		800.		
<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>		800.		
<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>		850.		
<b>15</b>	Supplies . . . . .	<b>15</b>		850.		
<b>16</b>	Taxes . . . . .	<b>16</b>				
<b>17</b>	Utilities. . . . .	<b>17</b>		1,600.		
<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>		4,900.		
<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>		-4,500.		
<b>22</b>	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . .	<b>22</b>	(	4,500.)	(	)
<b>23a</b>	Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>		400.		
<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>		4,900.		
<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>	(	4,500.)		
<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>				-4,500.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2021

# 2021 MICHIGAN Individual Income Tax Return MI-1040

**Amended Return**   
(Include Schedule AMD)

**Return is due April 18, 2022.** Type or print in blue or black ink.

1. Filer's First Name <b>MANASA</b>		M.I.	Last Name <b>VEERAPANENI</b>		2. Filer's Full Social Security No. (Example: 123-45-6789) <b>503 — 69 — 3438</b>	
If a Joint Return, Spouse's First Name		M.I.	Last Name		3. Spouse's Full Social Security No. (Example: 123-45-6789) <b>— —</b>	
Home Address (Number, Street, or P.O. Box) <b>667 FLARESTAR AVE UNIT A</b>					4. School District Code (5 digits – see page 60) <b>10000</b>	
City or Town <b>COLUMBUS</b>			State <b>OH</b>	ZIP Code <b>43240</b>		
5. <b>STATE CAMPAIGN FUND</b> Check if you (and/or your spouse, if filing a joint return) want \$3 of your taxes to go to this fund. This will not increase your tax or reduce your refund. a. <input type="checkbox"/> Filer b. <input type="checkbox"/> Spouse				6. <b>FARMERS, FISHERMEN, OR SEAFARERS</b> <input type="checkbox"/> Check this box if 2/3 of your income is from farming, fishing, or seafaring.		
7. <b>2021 FILING STATUS.</b> Check one. a. <input checked="" type="checkbox"/> Single b. <input type="checkbox"/> Married filing jointly c. <input type="checkbox"/> Married filing separately* * If you check box "c," complete line 3 and enter spouse's full name below: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>				8. <b>2021 RESIDENCY STATUS.</b> Check all that apply. a. <input type="checkbox"/> Resident b. <input checked="" type="checkbox"/> Nonresident * c. <input type="checkbox"/> Part-Year Resident * * If you check box "b" or "c," you must complete and include Schedule NR.		

9. **EXEMPTIONS. NOTE:** If someone else can claim you as a dependent, check box 9e, enter 0 on line 9a and enter \$1,500 on line 9e (see instr.).

a. Number of exemptions (see instructions).....	9a.	1	x	\$4,900	9a.	4900	00
b. Number of individuals who qualify for one of the following special exemptions: deaf, blind, hemiplegic, paraplegic, quadriplegic, or totally and permanently disabled.....	9b.		x	\$2,800	9b.		00
c. Number of qualified disabled veterans.....	9c.		x	\$400	9c.		00
d. Number of Certificates of Stillbirth from MDHHS (see instructions).....	9d.		x	\$4,900	9d.		00
e. Claimed as dependent, see line 9 NOTE above.....	9e.	<input type="checkbox"/>			9e.		00
f. Add lines 9a, 9b, 9c, 9d and 9e. Enter here and on line 15.....	9f.				9f.	4900	00

10. <b>Adjusted Gross Income</b> from your U.S. Form 1040 (see instructions).....	10.	41212	00
11. Additions from Schedule 1, line 9. <b>Include Schedule 1</b> .....	11.		00
12. <b>Total.</b> Add lines 10 and 11.....	12.	41212	00
13. Subtractions from Schedule 1, line 29. <b>Include Schedule 1</b> .....	13.	38240	00
14. <b>Income subject to tax.</b> Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0".....	14.	2972	00
15. <b>Exemption allowance.</b> Enter amount from line 9f or Schedule NR, line 19.....	15.	353	00
16. <b>Taxable income.</b> Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0".....	16.	2619	00
17. <b>Tax.</b> Multiply line 16 by 4.25% (0.0425).....	17.	111	00

**NON-REFUNDABLE CREDITS**

	AMOUNT	CREDIT
18. Income Tax Imposed by government units outside Michigan. Include a copy of the return (see instructions).....	18a.	00
19. Michigan Historic Preservation Tax Credit carryforward (see instructions).....	19a.	00
20. <b>Income Tax.</b> Subtract the sum of lines 18b and 19b from line 17. If the sum of lines 18b and 19b is greater than line 17, enter "0".....	20.	111 00

Filer's Full Social Security Number

503 — 69 — 3438

21. Enter amount of Income Tax from line 20.....	21.	111	00
22. Voluntary Contributions from Form 4642, line 6. <b>Include Form 4642</b> .....	22.		00
23. <b>USE TAX.</b> Use tax due on Internet, mail order or other out-of-state purchases from Worksheet 1 (see instructions).....	23.	0	00
24. <b>Total Tax Liability.</b> Add lines 21, 22 and 23 .....	24.	111	00

**REFUNDABLE CREDITS AND PAYMENTS**

25. <b>Property Tax Credit. Include MI-1040CR or MI-1040CR-2</b> .....	25.		00
26. <b>Farmland Preservation Tax Credit. Include MI-1040CR-5</b> .....	26.		00
27. Earned Income Tax Credit. Multiply line 27a by 6% (0.06) and enter result on line 27b. ....	27a.		00
28. Michigan Historic Preservation Tax Credit (refundable). <b>Include Form 3581</b> .....	28.		00
29. Credit for allocated share of tax paid by an electing flow-through entity (see instructions).....	29.		00
30. Michigan tax withheld from Schedule W, line 6. <b>Include Schedule W (do not submit W-2s)</b> .....	30.	126	00
31. Estimated tax, extension payments and 2020 credit forward .....	31.		00
32. <b>2021 AMENDED RETURNS ONLY.</b> Taxpayers completing an original 2021 return should skip to line 33. Amended returns must <b>include Schedule AMD (see instructions)</b> .			
32a. <input type="checkbox"/> If you had a refund and/or credit forward on the original return, check box 32a and enter this amount as a negative number on line 32c.			
32b. <input type="checkbox"/> If you paid with the original return, check box 32b and enter the amount paid with the original return, plus any additional tax paid after filing, as a positive number on line 32c. Do not include interest or penalty.	32c.		00
33. Total refundable credits and payments. Add lines 25, 26, 27b, 28, 29, 30, 31 and 32c .....	33.	126	00

**REFUND OR TAX DUE**

34. If line 33 is less than line 24, subtract line 33 from line 24. If applicable, see instructions.	34.		00
Include interest <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> and penalty <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .....			
35. <b>Overpayment.</b> If line 33 is greater than line 24, subtract line 24 from line 33 .....	35.	15	00
36. <b>Credit Forward.</b> Amount of line 35 to be credited to your 2022 estimated tax for your 2022 tax return ...	36.		00
37. Subtract line 36 from line 35.....	37.	15	00

**DIRECT DEPOSIT**

Deposit your refund directly to your financial institution! See instructions and complete a, b and c.

a. Routing Transit Number	b. Account Number	c. Type of Account	
072000326	397178580	1. <input checked="" type="checkbox"/> Checking	2. <input type="checkbox"/> Savings

**Deceased Taxpayer.** If Filer and/or Spouse died after December 31, 2020, enter dates below. **ENTER DATE OF DEATH ONLY.** Example: 04-15-2021 (MM-DD-YYYY)

Filer	— —	Spouse	— —
-------	-----	--------	-----

**Preparer Certification.** I declare under penalty of perjury that this return is based on all information of which I have any knowledge.

Preparer's PTIN, FEIN or SSN  
P02082703

**Taxpayer Certification.** I declare under penalty of perjury that the information in this return and attachments is true and complete to the best of my knowledge.

Filer's Signature	Date
Spouse's Signature	Date

Preparer's Name (print or type)  
SYAM PRIYA RAM SAGAR GUPTA TA  
Preparer's Signature  
SYAM PRIYA RAM SAGAR GUPTA TA  
Preparer's Business Name, Address and Telephone Number  
GLOBAL TAXES LLC  
2530 PEBBLE CREEK LN  
CUMMING GA 30041  
678-965-9522

By checking this box, I authorize Treasury to discuss my return with my preparer.

**Refund, credit, or zero returns.** Mail your return to: **Michigan Department of Treasury, Lansing, MI 48956**  
**Pay amount on line 34 (see instructions).** Mail your check and return to: **Michigan Department of Treasury, Lansing, MI 48929**

# 2021 MICHIGAN Schedule 1 Additions and Subtractions

Issued under authority of Public Act 281 of 1967, as amended.

**Attachment 01**

Include with Form MI-1040. Type or print in blue or black ink.

Filer's First Name MANASA	M.I.	Last Name VEERAPANENI	Filer's Full Social Security No. (Example: 123-45-6789) 503 — 69 — 3438
------------------------------	------	--------------------------	--

**Additions to Income (all entries must be positive numbers)**

1. Gross interest and dividends from obligations issued by states (other than Michigan) or their political subdivisions.....	1.		00
2. Deduction for taxes on or measured by income, including self-employment tax, taken on your federal return, and allocated share of tax paid by an electing flow-through entity (see instructions) .....	2.		00
3. Gains from Michigan column of MI-1040D and MI-4797 .....	3.		00
4. Losses attributable to other states (see instructions) .....	4.		00
5. Net loss from federal column of your Michigan MI-1040D or MI-4797 .....	5.		00
6. Oil, gas, and nonferrous metallic mineral expenses (Michigan sourced) deducted to arrive at Adjusted Gross Income (AGI).....	6.		00
7. Federal Net Operating Loss deduction included in AGI.....	7.		00
8. Other (see instructions). Describe: _____	8.		00
9. <b>Total additions. Add lines 1 through 8. Enter here and on MI-1040, line 11</b> .....	9.	0	00

**Subtractions from Income (all entries must be positive numbers)**

10. Income from U.S. government bonds and other U.S. obligations included in MI-1040, line 10. Include U.S. <i>Schedule B</i> if over \$5,000.....	10.		00
11. Amount included in MI-1040, line 10, from military retirement benefits due to service in the U.S. Armed Forces or Michigan National Guard, or taxable railroad retirement benefits .....	11.		00
12. Gains from federal column of Michigan MI-1040D and MI-4797 .....	12.		00
13. Income attributable to another state. <b>Explain type and source:</b> <u>SCHEDULE NR</u> .....	13.	38240	00
14. Taxable Social Security benefits or military pay (not retirement) included on MI-1040, line 10 ..	14.		00
15. Income earned while a resident of a Renaissance Zone (see instructions). .....	15.		00
16. Michigan state and local income tax refunds received in 2021 and included on MI-1040, line 10 (see instructions) .....	16.		00
17. Michigan Education Savings Program, MI 529 Advisor Plan, and Michigan Achieving a Better Life Experience Program.....	17.		00
18. Michigan Education Trust .....	18.		00
19. Oil, gas, and nonferrous metallic minerals income (Michigan sourced) included in AGI.....	19.		00
20. Resident Tribal Member income exempted under a State/Tribal tax agreement or pursuant to <i>Revenue Administrative Bulletin 1988-47</i> .....	20.		00
21. Miscellaneous subtractions (see instructions). <b>Describe:</b> _____	21.		00

REV 03/01/22 PRO

## 2021 MICHIGAN Schedule 1 Additions and Subtractions

Filer's First Name MANASA	M.I.	Last Name VEERAPANENI	Filer's Full Social Security No. (Example: 123-45-6789) 503 — 69 — 3438
------------------------------	------	--------------------------	--

### Deduction Based on Year of Birth

Complete 22A through 22H if claiming the Michigan Standard Deduction, the retirement benefits deduction or the senior investment income deduction on lines 23, 24, 25, or 26. Check box(es) 22C and/or 22G **only** if you or your spouse received retirement benefits from employment with a governmental agency not covered by the federal Social Security Act (SSA exempt employment). **See instructions before continuing.**

22. FILER				SPOUSE			
A. Year of Birth (19xx)	B. Age as of 12-31-2021	C. Check if filer received benefits from SSA exempt employment	D. Check if filer retired as of 01-01-2013 and born after 1952	E. Year of Birth (19xx)	F. Age as of 12-31-2021	G. Check if spouse received benefits from SSA exempt employment	H. Check if spouse retired as of 01-01-2013 and born after 1952
1995	26	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

23. <b>Tier 2 Michigan Standard Deduction.</b> Complete this line if the older of you or your spouse (if married) was born during the period January 1, 1946 through December 31, 1952, and reached age 67. <b>Do not complete lines 24, 25 or 26.</b> .....	23.		00
24. <b>Tier 3 Michigan Standard Deduction.</b> Complete this line if the older of you or your spouse (if married) was born during the period January 1, 1953 through January 1, 1955, and reached age 67 on or before December 31, 2021. <b>Do not complete lines 23, 25 or 26.</b> Enter amount from line 6 of Worksheet 2.....	24.		00
25. <b>Retirement benefits.</b> Enter amount from line 16, 17 or 18 of Form 4884, <i>Michigan Pension Schedule</i> . <b>Include Form 4884.</b> .....	25.		00
26. Dividend/interest/capital gains deduction for taxpayers <b>76 years and older.</b> Deduction is limited to \$12,127 for single or married filing separately filers and \$24,254 for joint filers, less any deduction for retirement benefits (see instructions).....	26.		00

Check this box if you are the unremarried surviving spouse claiming a dividend, interest or capital gains deduction for someone born before 1946 who was at least age 65 at the time of death.

27. <b>Subtotal.</b> Add lines 10 through 26 .....	27.	38240	00
28. <b>2021 Michigan NOL Deduction.</b> Enter amount from line 11 or 12 of Form 5674, <i>Michigan Net Operating Loss Deduction</i> . <b>Include Form 5674</b> .....	28.		00
29. <b>Total Subtractions.</b> Add lines 27 and 28. Enter here and on MI-1040, line 13.....	29.	38240	00

**2021 MICHIGAN Nonresident and Part-Year Resident Schedule**

Issued under authority of Public Act 281 of 1967, as amended.

Type or print in blue or black ink.

Include with Form MI-1040. Read all instructions before completing this form.

**Attachment 02**

1. Filer's First Name <b>MANASA</b>	M.I.	Last Name <b>VEERAPANENI</b>	2. Filer's Full Social Security No. (Example: 123-45-6789) <b>503 — 69 — 3438</b>
If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123-45-6789) <b>— —</b>

**4. 2021 RESIDENCY STATUS:**

Check all that apply.

a.  Nonresident

b.  Part-Year Resident of Michigan.  
Enter dates of Michigan residency in 2021\*

\*Dates of Michigan residency in 2021 (Enter dates as MM-DD-YYYY, Example: 04-15-2021)

	FILER		SPOUSE	
FROM:	—	—	2021	— — 2021
TO:	—	—	2021	— — 2021

**Income Allocation**

	A. Total Income		B. Michigan Income		C. Other State(s) Income	
5. Wages, salaries, other payments (tips, etc.) .....	45694	00	2972	00	42722	00
6. Interest and dividends .....		00		00		00
7. Business and farm income (include U.S. Schedules C and F).....		00		00		00
8. Gains/losses from MI-1040D or U.S. Schedule D, and/or MI-4797 or U.S. Form 4797.....	18	00	0	00	18	00
9. Income reported on U.S. Schedule E (include U.S. Schedule E and supporting statements)....	-4500	00	0	00	-4500	00
10. Pensions, IRA distributions, annuities and Social Security (see Form 4884).....		00		00		00
11. Other (see instructions) .....		00		00		00
12. Total income. Add lines 5 through 11.....	41212	00	2972	00	38240	00
13. Enter the total adjustments from U.S. 1040 Describe: .....		00		00		00
14. Subtract line 13 from line 12. The amount in column A should equal MI-1040, line 10. Enter amount in column C on Schedule 1, line 13 or, if a negative amount, enter as a positive amount on Schedule 1, line 4.	41212	00	2972	00	38240	00

**Exemption Allowance** (If one spouse is a full-year resident, and the other is not, see instructions.)

15. Enter amount from MI-1040, line 9f.....	15.	4900	00
16. Enter Michigan source income from line 14, column B.....	16.	2972	00
17. Enter total income from line 14, column A.....	17.	41212	00
18. Divide line 16 by line 17 (if line 16 is greater than line 17, enter 100%).....	18.	7.21	%
19. If both spouses are part-year or nonresidents, multiply line 15 by the percentage on line 18 and enter here and on MI-1040, line 15. If one spouse is a full-year resident, complete Worksheet 6 and enter here and on MI-1040, line 15.....	19.	353	00

**2021 MICHIGAN Withholding Tax Schedule**

Issued under authority of Public Act 281 of 1967, as amended.

Type or print in blue or black ink.

**Attachment 13**

**INSTRUCTIONS:** If you had Michigan income tax withheld in 2021, you must complete a *Withholding Tax Schedule* (Schedule W) to claim the withholding on your *Individual Income Tax Return* (MI-1040, line 30). Report military pay in Table 1 and military retirement benefits and taxable railroad retirement benefits (both Tier 1 and Tier 2) in Table 2 even if no Michigan tax was withheld. Include your completed Schedule W with Form MI-1040. See complete instructions on page 2 of this form. If you need additional space, include another Schedule W.

1. Filer's First Name  MANASA	M.I.	Last Name  VEERAPANENI	2. Filer's Full Social Security No. (Example: 123-45-6789)  503 — 69 — 3438
If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123-45-6789)  — —

**TABLE 1: MICHIGAN TAX WITHHELD OR MILITARY PAY REPORTED ON W-2, W-2G or CORRECTED W-2 FORMS**

A		B	C	D		E	
Enter "X" for: Filer or Spouse		Employer's identification number (Example: 38-1234567)	Box c — Employer's name	Box 1 — Wages, tips, other compensation		Box 17 — Michigan income tax withheld	
X		27-5349365	SERVESYS CORPORA	45694	00	126	00
					00		00
					00		00
					00		00
					00		00
Enter Table 1 Subtotal from additional Schedule W forms (if applicable).....							00
4. <b>SUBTOTAL.</b> Enter total of Table 1, column E. ....						4.	126 00

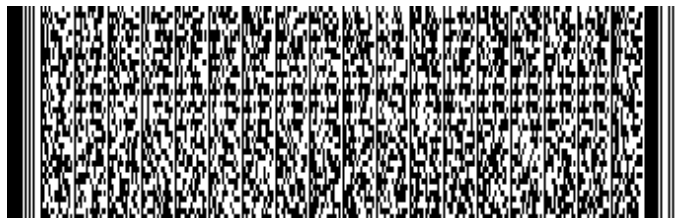
**TABLE 2: MICHIGAN TAX WITHHELD OR MILITARY RETIREMENT BENEFITS AND RAILROAD RETIREMENT BENEFITS (BOTH TIER 1 AND TIER 2) REPORTED ON 1099 FORMS**

A		B	C	D	E		
Enter "X" for: Filer or Spouse		Payer's federal identification number (Example: 38-1234567)	Payer's name	Taxable pension distribution, misc. income, etc. (see inst.)	Michigan income tax withheld		
					00	00	
					00	00	
					00	00	
					00	00	
					00	00	
Enter Table 2 Subtotal from additional Schedule W forms (if applicable).....							00
5. <b>SUBTOTAL.</b> Enter total of Table 2, column E. ....						5.	00
6. <b>TOTAL.</b> Add lines 4 and 5. Enter here and carry to MI-1040, line 30.....						6.	126 00



# FLINT

## 2021 INDIVIDUAL CITY INCOME TAX BARCODE DATASHEET



This datasheet is the cover sheet of your return. If the software generates this form please send this with your individual income tax return and all required attachments. Please do not staple your return.

Taxpayer's SSN 503-69-3438		Taxpayer's first name MANASA		Initial	Last name VEERAPANENI	
Spouse's SSN		If joint return spouse's first name		Initial	Last name	
Present home address (Number and street) 667 FLARESTAR AVE UNIT A						Apt. no.
Address line 2 (P.O. Box address for mailing use only)						
City, town or post office COLUMBUS				State OH	Zip code 43240	
Foreign country name		Foreign province/county			Foreign postal code	



MAIL TO ADDRESS:

{CITY NAME} INCOME TAX DEPARTMENT, ADDRESS, CITY, ST ZIP CODE

Revised 10/15/2020

**CITY OF FLINT - INCOME TAX**

PO BOX 529

EATON RAPIDS, MI 48827-0529

1555

REV 03/01/22 PRO

INDIVIDUAL RETURN DUE APRIL 30, 2022

Taxpayer's SSN 503-69-3438		Taxpayer's first name MANASA		Initial	Last name VEERAPANENI		<b>RESIDENCE STATUS</b>		
Spouse's SSN		If joint return spouse's first name		Initial	Last name		<input type="checkbox"/> Resident	<input checked="" type="checkbox"/> Nonresident	<input type="checkbox"/> Part-year resident
Mark (X) box if deceased <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse		Present home address (Number and street) 667 FLARESTAR AVE UNIT A			Apt. no.		Part-year resident - dates of residency (mm/dd/yyyy) From _____ To _____		
Enter date of death on page 2, right side of the signature area		Address line 2 (P.O. Box address for mailing use only)			City, town or post office COLUMBUS		State OH	Zip code 43240	
Mark box (X) below if: <input type="checkbox"/> Federal Form 1310 attached		Foreign country name			Foreign province/country		Foreign postal code		<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married filing jointly
<input type="checkbox"/> Itemized deductions on your Federal tax return for 2021									<input type="checkbox"/> Married filing separately. Enter spouse's SSN in Spouse's SSN box and Spouse's full name here.
									Spouse's full name if married filing separately _____

		ROUND ALL FIGURES TO NEAREST DOLLAR		Column A	Column B	Column C
		INCOME (Drop amounts under \$0.50 and increase amounts from \$.50 to \$0.99 to next dollar)		Federal Return Data	Exclusions/Adjustments	Taxable Income
SEND COPY OF PAGE 1 OF FEDERAL RETURN	1. Wages, salaries, tips, etc. (W-2 forms must be attached)	1		45694.00	0.00	45694.00
	2. Taxable interest	2		.00	.00	.00
	3. Ordinary dividends	3		.00	.00	.00
	4. Taxable refunds, credits or offsets of state and local income taxes	4		.00	.00	NOT TAXABLE
	5. Alimony received	5		.00	.00	.00
	6. Business income or (loss) (Attach copy of federal Schedule C)	6		.00	.00	.00
	7. Capital gain or (loss) (Attach copy of fed. Sch. D) 7a. <input type="checkbox"/> Mark if federal Sch. D not required	7		18.00	18.00	0.00
	8. Other gains or (losses) (Attach copy of federal Form 4797)	8		.00	.00	.00
	9. Taxable IRA distributions (Attach copy of Form(s) 1099-R)	9		.00	.00	.00
	10. Taxable pensions and annuities (Attach copy of Form(s) 1099-R)	10		.00	.00	.00
SEND W-2 FORMS	11. Rental real estate, royalties, partnerships, S corporations, trusts, etc. (Attach copy of federal Schedule E)	11		-4500.00	-4500.00	0.00
	12. Subchapter S corporation distributions (Att. copy of fed. Sch. K-1)	12		NOT APPLICABLE	.00	.00
	13. Farm income or (loss) (Attach copy of federal Schedule F)	13		.00	.00	.00
	14. Unemployment compensation	14		.00	.00	NOT TAXABLE
	15. Social security benefits	15		.00	.00	NOT TAXABLE
	16. Other income (Attach statement listing type and amount)	16		.00	.00	.00
	17. Total additions (Add lines 2 through 16)	17		-4482.00	-4482.00	0.00
	18. Total income (Add lines 1 through 16)	18		41212.00	-4482.00	45694.00
	19. Total deductions (Subtractions) (Total from page 2, Deductions schedule, line 7)	19				.00
	20. Total income after deductions (Subtract line 19 from line 18)	20				45694.00
ENCLOSE CHECK OR MONEY ORDER	21. Exemptions (Enter the total exemptions, from Form CF-1040, page 2, box 1h, on line 21a and multiply this number by the value of an exemption and enter on line 21b)	21a	1	21b		600.00
	22. Total income subject to tax (Subtract line 21b from line 20)	22				45094.00
	23. Tax at 0050 (Multiply line 22 by resident or nonresident tax rate for city and enter tax on line 23b, or if using Schedule TC to compute tax, check box 23a and enter tax from Schedule TC, line 23d)	23a		23b		225.00
	24. Payments and credits 24a. <b>FLINT</b> tax withheld 30.00 24b. Other tax payments (est. extension, or fwd. partnership & tax option corp) .00 24c. Credit for tax paid to another city .00	24d		Total payments & credits	24d	30.00
	25. Interest and penalty for: failure to make estimated tax payments; underpayment of estimated tax; or late payment of tax 25a. Interest .00 25b. Penalty .00	25c		Total interest & penalty	25c	.00
	<b>TAX DUE</b> 26. PAYABLE TO: CITY OF <b>FLINT</b> , OR TO PAY WITH A DIRECT WITHDRAWAL (for cities accepting this type of payment) mark (X) pay tax due, line 31b, and complete lines 31c, d & e	26		<b>PAY WITH RETURN</b>	26	195.00
	<b>OVERPAYMENT</b> 27. Tax overpayment (Subtract lines 23b and 25c from line 24d; choose overpayment options on lines 28 - 30)	27			27	.00
	28. Amount of overpayment donated 28a. Donation 1 .00 28b. Donation 2 .00 28c. Donation 3 .00	28d		Total donations	28d	.00
	29. Amount of overpayment credited forward to 2022	29		Amount of credit to 2022 >>	29	.00
	30. Amount of overpayment refunded (Line 27 less lines 28d and 29) (For refund to be directly deposited to your bank account, mark refund box, line 31a, and complete line 31 c, d & e)	30		Refund amount >>	30	.00
31. (Mark (X) appropriate box 31a or 31b and complete lines 31c, 31d and 31e)	31a	31b	31c	31d	31e	
Direct deposit refund or direct withdrawal payment	<input type="checkbox"/>	Refund (direct deposit)	<input type="checkbox"/>	Routing number		
(Mark (X) appropriate box 31a or 31b and complete lines 31c, 31d and 31e)	<input type="checkbox"/>	Pay tax due (direct withdrawal)	<input type="checkbox"/>	Account number		
			31e	Account Type:		
				31e1. Checking		
				31e2. Savings		

Taxpayer's name  
**MANASA VEERAPANENI**

Taxpayer's SSN  
**503-69-3438**

<b>EXEMPTIONS SCHEDULE</b>	Date of birth (mm/dd/yyyy)					Regular	65 or over	Blind	Deaf	Disabled	1e. Enter the number of boxes checked on lines 1a and 1b	1
	1a. You	09/22/1995				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	1b. Spouse					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1d. List Dependents	1c.	Check box if you can be claimed as a dependent on another person's tax return										
#	First Name	Last Name	Social Security Number	Relationship	Date of Birth	1f. Enter number of dependent children listed on line 1d						
1.												
2.												
3.												
4.												
5.												
6.												
7.												
8.												
										1g. Enter number of other dependents listed on line 1d		
										1h. Total exemptions (Add lines 1e, 1f and 1g; enter here and also on page 1, line 21a)	1	

**EXCLUDED WAGES AND TAX WITHHELD SCHEDULE (See instructions. Resident wages generally not excluded)**

W-2 #	Col. A T or S	COLUMN B SOCIAL SECURITY NUMBER (Form W-2, box a)	COLUMN C EMPLOYER'S ID NUMBER (Form W-2, box b)	COLUMN D EXCLUDED WAGES (Attach Excluded Wages Sch)	FAILURE TO ATTACH W-2 FORMS TO PAGE 1 WILL DELAY PROCESSING OF RETURN. WAGE INFORMATION STATEMENTS PRINTED FROM TAX PREPARATION SOFTWARE ARE NOT ACCEPTABLE	COLUMN E FLINT TAX WITHHELD (Form W-2, box 19)	COLUMN F LOCALITY NAME (Form W-2, box 20)
1.	T	503-69-3438	27-5349365	0.00		30.00	FLINT
2.				.00		.00	
3.				.00		.00	
4.				.00		.00	
5.				.00		.00	
6.				.00		.00	
7.				.00		.00	
8.				.00		.00	
9.				.00		.00	
10.				.00		.00	
11.	Totals (Enter here and on page 1; part-yr residents on Sch TC)			0.00	<< Enter on pg 1, ln 1, col B	30.00	<< Enter on pg 1, ln 24a

**DEDUCTIONS SCHEDULE (See instructions; deductions allocated on the same basis as related income)**

	DEDUCTIONS
1. IRA deduction (Attach copy of Schedule 1 of federal return & evidence of payment)	1 .00
2. Self-employed SEP, SIMPLE and qualified plans (Attach copy of Schedule 1 of federal return)	2 .00
3. Employee business expenses (Attach copy of CF-2106 and detailed list)	3 .00
4. Moving expenses (Into city area only, Military ONLY) (Attach copy of federal Form 3903)	4 .00
5. Alimony paid (DO NOT INCLUDE CHILD SUPPORT. Attach copy of Schedule 1 of federal return)	5 .00
6. Renaissance Zone deduction (Attach Schedule RZ OF 1040)	6 .00
7. Total deductions (Add line 1 through line 6, enter total here and on page 1, line 19)	7 .00

**ADDRESS SCHEDULE (Where taxpayer (T), spouse (S) or both (B) resided during year and dates of residency)**

MARK T, S, B	List all residence (domicile) addresses (Include city, state & zip code). Start with address used on last year's return. If the address on page 1 of this return is the same as listed on last year's return, print "Same." If no return filed last year, list reason. Continue listing this tax year's residence addresses. If address listed on page 1 of this return is in care of another person, enter current residence (domicile) address.	FROM		TO	
		MONTH	DAY	MONTH	DAY

**THIRD PARTY DESIGNEE**

Do you want to allow another person to discuss this return with the Income Tax Office? Yes, complete the following  No

Designee's name: \_\_\_\_\_ Phone No. \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

Under the penalty of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. If I am a resident claiming a credit for taxes paid to another city, I acknowledge and consent to the City's verification of unrefunded payment to that city. If prepared by a person other than taxpayer, the preparer's declaration is based on all information of which preparer has any knowledge.

**SIGN HERE ==>**

TAXPAYER'S SIGNATURE - If joint return, both spouses must sign	Date (MM/DD/YY)	Taxpayer's occupation	Daytime phone number	If deceased, date of death
		SOFTWARE ENGINEER	(810) 285-6634	
SPOUSE'S SIGNATURE	Date (MM/DD/YY)	Spouse's occupation		If deceased, date of death

**PREPARER'S SIGNATURE**

SIGNATURE OF PREPARER OTHER THAN TAXPAYER: \_\_\_\_\_ Date (MM/DD/YY) 03/06/22 PTIN, EIN or SSN 30-1017196

FIRM'S NAME (or yours if self-employed), ADDRESS AND ZIP CODE: GLOBAL TAXES LLC, 2530 PEBBLE CREEK LN CUMMING GA 30041

Preparer's phone no. (678) 965-9522

NACTP software number 1555

CF-1040ES

**FLINT**  
**ESTIMATED INCOME TAX PAYMENT VOUCHER**  
**FIRST QUARTER - PAYMENT DUE APRIL 30, 2022**

2022 EST 01Q

Taxpayer Name:

Social Security No:

Due on or Before: 04/30/2022, for tax year 2022\*

Payment:

- Payment Method:
- Make payment by check or money order payable to "City of **FLINT** ." Write your social security number, daytime phone number, and "2022 CF-1040ES" on your payment. DO NOT SEND CASH.
  - To pay by direct debit to your bank account, use form CF-1040ES-EFT.
  - To pay by credit card see income tax website of the City of **FLINT** . Not all cities accept credit card or direct debit payments.

Additional Information: The spouse of a joint filing taxpayer may use this payment voucher to make estimated income tax payments under his or her own social security number by listing their name and social security number as the taxpayer on this payment voucher.

Address for Payment:  
**CITY OF FLINT - INCOME TAX**  
**PO BOX 529**  
**EATON RAPIDS, MI 48827-0529**

\* Due Date If the due date falls on a Saturday, Sunday or holiday, the due date is the next business day.

Taxpayer Records: Amount Paid: \_\_\_\_\_  
Check Number: \_\_\_\_\_  
Date Mailed: \_\_\_\_\_

Revised: 08/11/2015

KEEP TOP PORTION FOR YOUR RECORDS. SEND BOTTOM PORTION WITH YOUR PAYMENT

V DETACH HERE V

CF-1040ES  
REV 03/01/22 PRO

**FLINT**  
**FIRST QUARTER ESTIMATED INCOME TAX PAYMENT VOUCHER**

2022 EST 01Q

Revised: 09/30/2017

Mail To: CITY OF FLINT - INCOME TAX

PO BOX 529


EATON RAPIDS, MI 48827-0529

NACTP #

EFIN #

ESTIMATED PAYMENT VOUCHER 1

Due Date: 04/30/2022

Taxpayer's first name, initial, last name <b>MANASA VEERAPANENI</b>			Taxpayer's SSN <b>503-69-3438</b>					
If joint estimated payment, spouse's first name, initial, last name			If joint payment, spouse's SSN					
Phone number <b>810-285-6634</b>								
Present home address (Number and street) Apt. no. <b>667 FLARESTAR AVE UNIT A</b>			Payment voucher 2D barcode 					
Address line 2 (P.O. Box address for mailing use only)								
City, town or post office <b>COLUMBUS</b>		State <b>OH</b>	Zip code <b>43240</b>					
Foreign country name, province/county, postal code			Amount of estimated tax you are paying by check or money order			Round to nearest dollar <b>32 .00</b>		

FLT503693438092022EST01Q0000003200

CF-1040ES

FLINT
ESTIMATED INCOME TAX PAYMENT VOUCHER
SECOND QUARTER - PAYMENT DUE JUNE 30, 2022

2022 EST 02Q

Taxpayer Name: MANASA VEERAPANENI

Social Security No: 503-69-3438

Due on or Before: 06/30/2022, for tax year 2022\*

Payment: \$ 32

- Payment Method: • Make payment by check or money order payable to "City of FLINT ." Write your social security number, daytime phone number, and "2022 CF-1040ES" on your payment. DO NOT SEND CASH.
• To pay by direct debit to your bank account, use form CF-1040ES-EFT.
• To pay by credit card see income tax website of the City of FLINT . Not all cities accept credit card or direct debit payments.

Additional Information: The spouse of a joint filing taxpayer may use this payment voucher to make estimated income tax payments under his or her own social security number by listing their name and social security number as the taxpayer on this payment voucher.

Address for Payment: CITY OF FLINT - INCOME TAX
PO BOX 529
EATON RAPIDS, MI 48827-0529

\* Due Date If the due date falls on a Saturday, Sunday or holiday, the due date is the next business day.

Taxpayer Records: Amount Paid:
Check Number:
Date Mailed:

Revised: 08/11/2015

KEEP TOP PORTION FOR YOUR RECORDS. SEND BOTTOM PORTION WITH YOUR PAYMENT

V DETACH HERE V

CF-1040ES

FLINT

2022 EST 02Q

REV 03/01/22 PRO

SECOND QUARTER ESTIMATED INCOME TAX PAYMENT VOUCHER

Revised: 09/30/2017

Mail To: CITY OF FLINT - INCOME TAX

PO BOX 529

EATON RAPIDS, MI 48827-0529

NACTP # 1555

EFIN # 587278

ESTIMATED PAYMENT VOUCHER 2

Due Date: 06/30/2022

Form with fields for Taxpayer's first name, initial, last name (MANASA VEERAPANENI), Taxpayer's SSN (503-69-3438), Phone number (810-285-6634), Present home address (667 FLARESTAR AVE UNIT A), City, town or post office (COLUMBUS), State (OH), Zip code (43240), and Amount of estimated tax (32.00).

FLT503693438092022EST02Q0000003200

CF-1040ES

**FLINT**  
**ESTIMATED INCOME TAX PAYMENT VOUCHER**  
**THIRD QUARTER - PAYMENT DUE SEPTEMBER 30, 2022**

2022 EST 03Q

Taxpayer Name:

Social Security No:

Due on or Before: 09/30/2022, for tax year 2022\*

Payment:

- Payment Method:
- Make payment by check or money order payable to "City of **FLINT** ." Write your social security number, daytime phone number, and "2022 CF-1040ES" on your payment. DO NOT SEND CASH.
  - To pay by direct debit to your bank account, use form CF-1040ES-EFT.
  - To pay by credit card see income tax website of the City of **FLINT** . Not all cities accept credit card or direct debit payments.

Additional Information: The spouse of a joint filing taxpayer may use this payment voucher to make estimated income tax payments under his or her own social security number by listing their name and social security number as the taxpayer on this payment voucher.

Address for Payment:  
**CITY OF FLINT - INCOME TAX**  
**PO BOX 529**  
**EATON RAPIDS, MI 48827-0529**

\* Due Date If the due date falls on a Saturday, Sunday or holiday, the due date is the next business day.

Taxpayer Records: Amount Paid: \_\_\_\_\_  
Check Number: \_\_\_\_\_  
Date Mailed: \_\_\_\_\_

Revised: 08/11/2015

KEEP TOP PORTION FOR YOUR RECORDS. SEND BOTTOM PORTION WITH YOUR PAYMENT

V DETACH HERE V

CF-1040ES

**FLINT**

2022 EST 03Q

REV 03/01/22 PRO

**THIRD QUARTER ESTIMATED INCOME TAX PAYMENT VOUCHER**

Revised: 09/30/2017

Mail To: CITY OF FLINT - INCOME TAX

PO BOX 529


EATON RAPIDS, MI 48827-0529

NACTP #

EFIN #

ESTIMATED PAYMENT VOUCHER 3

Due Date: 09/30/2022

Taxpayer's first name, initial, last name <b>MANASA VEERAPANENI</b>			Taxpayer's SSN <b>503-69-3438</b>					
If joint estimated payment, spouse's first name, initial, last name			If joint payment, spouse's SSN					
Phone number <b>810-285-6634</b>								
Present home address (Number and street) Apt. no. <b>667 FLARESTAR AVE UNIT A</b>			Payment voucher 2D barcode 					
Address line 2 (P.O. Box address for mailing use only)								
City, town or post office <b>COLUMBUS</b>		State <b>OH</b>	Zip code <b>43240</b>					
Foreign country name, province/county, postal code			Amount of estimated tax you are paying by check or money order			Round to nearest dollar <b>32 .00</b>		

FLT503693438092022EST03Q0000003200

CF-1040ES

**FLINT**  
**ESTIMATED INCOME TAX PAYMENT VOUCHER**  
**FOURTH QUARTER - PAYMENT DUE JANUARY 31, 2023**

2022 EST 04Q

Taxpayer Name:

Social Security No:

Due on or Before: 01/31/2023, for tax year 2022\*

Payment:

- Payment Method:
- Make payment by check or money order payable to "City of **FLINT** ." Write your social security number, daytime phone number, and "2022 CF-1040ES" on your payment. DO NOT SEND CASH.
  - To pay by direct debit to your bank account, use form CF-1040ES-EFT.
  - To pay by credit card see income tax website of the City of **FLINT** . Not all cities accept credit card or direct debit payments.

Additional Information: The spouse of a joint filing taxpayer may use this payment voucher to make estimated income tax payments under his or her own social security number by listing their name and social security number as the taxpayer on this payment voucher.

Address for Payment:  
**CITY OF FLINT - INCOME TAX**  
**PO BOX 529**  
**EATON RAPIDS, MI 48827-0529**

\* Due Date If the due date falls on a Saturday, Sunday or holiday, the due date is the next business day.

Taxpayer Records: Amount Paid: \_\_\_\_\_  
Check Number: \_\_\_\_\_  
Date Mailed: \_\_\_\_\_

Revised: 08/11/2015

KEEP TOP PORTION FOR YOUR RECORDS. SEND BOTTOM PORTION WITH YOUR PAYMENT

V DETACH HERE V

CF-1040ES  
REV 03/01/22 PRO


**FLINT**  
**FOURTH QUARTER ESTIMATED INCOME TAX PAYMENT VOUCHER**

2022 EST 04Q

Revised: 08/11/2015

Mail To: CITY OF FLINT - INCOME TAX  
PO BOX 529  
EATON RAPIDS, MI 48827-0529

NACTP #  EFIN #  ESTIMATED PAYMENT VOUCHER 4 Due Date: 01/31/2023

Taxpayer's first name, initial, last name <b>MANASA VEERAPANENI</b>		Taxpayer's SSN <b>503-69-3438</b>	
If joint estimated payment, spouse's first name, initial, last name		If joint payment, spouse's SSN	
Phone number <b>810-285-6634</b>		Payment voucher 2D barcode	
Present home address (Number and street) Apt. no. <b>667 FLARESTAR AVE UNIT A</b>			
Address line 2 (P.O. Box address for mailing use only)			
City, town or post office <b>COLUMBUS</b>	State <b>OH</b>	Zip code <b>43240</b>	
Foreign country name, province/county, postal code		Amount of estimated tax you are paying by check or money order	Round to nearest dollar <b>32.00</b>

FLT503693438092022EST04Q0000003200



CF-1040PV

FLINT

2021 RET RPV

INCOME TAX RETURN PAYMENT VOUCHER

You may pay your balance online at www.municonnect.com/payments {see appendix L}

Taxpayer Name: MANASA VEERAPANENI

Social Security No: 503-69-3438

Due on or Before: 4/30/2022, due date of 2021 return\*

Payment: \$ 195

Payment Method: Make payment by check or money order payable to "City of FLINT ." Include your social security number, daytime phone number, and "2021 CF-1040PV" on your check or money order. DO NOT SEND CASH. To pay by credit card or direct debit, see income tax website of the City of FLINT . Not all cities accept credit card or direct debit payments.

Paying with Return: This payment voucher is not used when including payment with your tax return. When paying with your return, place the payment on top of the return in the envelope. Do not attach the check to the return.

Address for Payment: CITY OF FLINT - INCOME TAX PO BOX 529 EATON RAPIDS, MI 48827-0529

\* Due Date If the due date falls on a Saturday, Sunday or holiday, the due date is the next business day.

Taxpayer Records: Amount Paid: Check Number: Date Mailed:

You may pay your balance online at www.municonnect.com/payments {see appendix L}

Revised: 11/05/2021

KEEP TOP PORTION FOR YOUR RECORDS. SEND BOTTOM PORTION WITH YOUR PAYMENT

V DETACH HERE V

CF-1040PV

FLINT INCOME TAX RETURN PAYMENT VOUCHER

2021 RET RPV

REV 03/01/22 PRO

Revised: 08/11/2015

Mail To: CITY OF FLINT - INCOME TAX PO BOX 529 EATON RAPIDS, MI 48827-0529

NACTP # 1555 EFIN #

Table with taxpayer information, SSN, contact details, address, and payment amount.

FLT503693438092021RETRPV0000019500

Taxpayer's name <b>MANASA VEERAPANENI</b>	Taxpayer's SSN <b>503-69-3438</b>	<b>2021 FLINT</b>	
--	--------------------------------------	-------------------	--

**WAGES AND EXCLUDIBLE WAGES SCHEDULE - CF-1040, PAGE 1, LINE 1, COLUMN B** **Attachment 2-1**  
*All W-2 forms must be attached to page 1 of the return* 1555 REV 03/01/22 PRO Revised 06/15/2017

Use this form to provide details for all Forms W-2 and all other wage income reported on federal Forms 1040 (line 7), 1040A (line 7), or 1040EZ (line 1) such as: wages received as a household employee for which you did not receive a W-2; tips reported on federal Form 4137; taxable dependent care benefits; employer-provided adoption benefits; scholarship and fellowship grants not reported on Form W-2; disability pensions shown on Form 1099-R if the taxpayer has not reached the minimum retirement age set by the employer; corrective distributions from a retirement plan shown on Form 1099-R from excess salary deferrals and/or excess contributions (plus earnings); wages from Form 8919, line 6; and other wage items not included in a Form W-2.

Use this form to calculate excludible (nontaxable) wages included in total wages reported on your federal tax return (Forms 1040, line 7; 1040A, line 7; or 1040EZ, line 1). Excludible wages for each employer are also reported on Form CF-1040, page 2, Excluded Wages and Tax Withheld Schedule and the total amount of excludible wages is reported on Form CF-1040, page 1, line 1, col. B.

<b>WAGES, ETC.</b>	<b>Employer (or source) 1</b>	<b>Employer (or source) 2</b>	<b>Employer (or source) 3</b>
1. Employer's ID number (W-2, box b) or source's ID Number if available	27-5349365		
2. Employer's name (Form W-2, box c) or source's name	SERVESYS CORPORATION		
3. SSN from Form W-2, box a	503-69-3438		
4. Enter T for taxpayer or S for spouse	T	<input type="checkbox"/>	<input type="checkbox"/>
5. Dates of employment during tax year	From 01/01/2021 To 12/31/2021	From <input type="checkbox"/> To <input type="checkbox"/>	From <input type="checkbox"/> To <input type="checkbox"/>
6. Mark (X) box if you work at multiple locations in and out of <b>FLINT</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Address of work station (Where you actually work, not address on Form W-2 unless you work there: include street number and street name, city, state and ZIP code; if line 6 is checked enter primary work location)	104 DECKER CT IRVING IRVING TX 75062		
8. Wages, tips, other compensation (Form W-2, Box 1); report statutory employee wages as zero	45694		
9. Wages not included in Form W-2, box 1 (See instructions)			
10. Code for wage type reported on line 9			

<b>NONRESIDENT WAGE ALLOCATION</b>	<b>Employer (or source) 1</b>	<b>Employer (or source) 2</b>	<b>Employer (or source) 3</b>
For use by nonresidents or part-year residents who worked both in and outside of the city for the employer while a nonresident. Part-year residents working both in and outside while a nonresident must use the wage allocation to determine wages earned in city while a nonresident (use only wages and days worked while a nonresident for computations.) Nonresidents working all of their work time for an employer in the city should skip this Nonresident Wage Allocation section for that employer as all of their wages are taxable.			
11. Enter actual number of days or hours on job for employer during period (Do not include weekends you did not work)			
12. Vacation, holiday and sick days or hours included in line 11, only if work performed in and outside the city			
13. Actual number of days or hours worked (Line 11 less line 12)			
14. Enter actual number of days or hours worked in city			
15. Percentage of days or hours worked in city (Line 14 divided by line 13; default is 100%)	%	%	%
16. Wages earned in city (Total of lines 8 and 9 multiplied by line 15; part-year residents use only the portion of wages earned while a nonresident)			

<b>EXCLUDIBLE WAGES</b>	<b>Employer (or source) 1</b>	<b>Employer (or source) 2</b>	<b>Employer (or source) 3</b>
17. Enter nonresident excludible wages (Total of lines 8 & 9 less line 16)			
18. Enter resident excludible wages			
19. Enter reason excludible wages reported on lines 17 and/or 18 are not taxable by <b>FLINT</b>			
20. Total excludible wages (Line 17 plus line 18; Enter here and on CF-1040, page 2, Excluded Wages schedule)			
21. Total taxable wages (Line 8 plus line 9 less line 20)	45694		
22. Total wages (Add lines 8 and 9 for all employers and other sources; must equal amount reported on Form CF-1040, page 1, line 1, column A; Part-year residents must equal amount reported on Schedule TC, line 1, column A)		45694	
23. Total excludible wages from all employers and other sources (Add line 20 for all columns; enter here and also on Form CF-1040, page 1, line 1, column B; part-year residents enter here and on Schedule TC, line 1, column B)			
24. Total taxable wages from all employers and other sources (Line 22 less line 23); enter here and also on Form CF-1040, page 1, line 1, column C; part-year residents enter here and allocate on Schedule TC, line 1, between columns C and D)			45694

**FAILURE TO ATTACH ALL FORMS W-2 OR PROPERLY COMPLETE AND ATTACH THIS SCHEDULE WILL DELAY PROCESSING OF RETURN.**

Taxpayer's name MANASA VEERAPANENI		Taxpayer's SSN 503-69-3438	2021 <b>FLINT</b>	
<b>EXCLUSIONS AND ADJUSTMENTS TO CAPITAL GAIN OR (LOSS) - CF-1040, PAGE 1, LINE 7, COLUMN B</b>				<b>Attachment 6</b>
Residents, nonresidents and part-year residents use this schedule to report exclusions and adjustments to capital gains or (losses)			RESIDENT COLUMN	NONRESIDENT COLUMN
1. Capital gain or (loss) on property located outside of city			NOT EXCLUDIBLE	18 .00
2. Capital gain or (loss) on securities issued by U.S. Government			.00	EXCLUDIBLE ON LINE 1
3. Portion of capital gain or (loss) from property owned prior to Ordinance inception (For residents on all such property; for nonresidents only on property located in city.) (Attach a schedule that identifies and shows the calculation for each.)			.00	.00
4. Capital gain or (loss) from Sub. S corporations (See instructions; not allowed for residents of Flint or Grand Rapids.) (Attach schedule.)			.00	.00
5. Adjustment for capital loss carryover from period prior to residency (A resident is not allowed to claim a capital loss carryover from property sold prior to their date of residency.)			.00	NO ADJUSTMENT ALLOWED
6. Adjustment for difference between federal and city's capital loss carryover from prior year (The city's capital loss carryover is usually different from the amount reported on federal return; an adjustment must be made for this difference.)			.00	.00
7. Adjustment to limit capital loss to \$3,000 for tax year			.00	.00
8. Total exclusions and adjustments to capital gains or (losses) (Enter total here and on Form CF-1040, page 1, line 7, column B, or for part-year residents, enter on Schedule TC, line 7, column B)			00	18 .00
Attach copy of federal Schedule D and all supporting schedules to return.				
Deferred gains from sales of property located in city or property sold while a resident of city are taxable when reported on federal return.				
				Revised 06/15/2017

Taxpayer's name MANASA VEERAPANENI	Taxpayer's SSN 503-69-3438	2021 <b>FLINT</b>	
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**EXCLUSIONS AND ADJUSTMENTS TO INCOME FROM RENTAL REAL ESTATE, ROYALTIES, PARTNERSHIPS, S CORPORATIONS, TRUSTS, ETC. - CF-1040, PAGE 1, LINE 11, COLUMN B** **Attachment 10**  
Revised 06/15/2017

Residents, nonresidents and part-year residents use this schedule to report exclusions and adjustments to income from rental real estate, royalties, partnerships, S corporations, estates, trusts, REMIC's and farm rentals.	RESIDENT COLUMN	NONRESIDENT COLUMN
1. Rental income (loss) from real estate located outside the City	NOT EXCLUDIBLE ON RESIDENT RETURN	-4,500 .00
2. Royalties (A resident may exclude only royalty income upon which Michigan severance tax was paid; a nonresident may exclude royalty income upon which Michigan severance tax was paid and royalty income from sources outside the city)	.00	.00
3. Partnership income (loss) from partnership business activity outside the City	NOT EXCLUDIBLE ON RESIDENT RETURN	.00
4. Subchapter S corporation income (loss) (See instructions; not excludible on Flint and Grand Rapids resident returns.)	.00	.00
5. Estate or trust income or loss (Enter the total amount from federal Schedule E, line 37)	NOT EXCLUDIBLE ON RESIDENT RETURN	.00
6. Real estate mortgage investment conduits (REMIC's) income or loss and net farm rental income or loss from property located outside the city	NOT EXCLUDIBLE ON RESIDENT RETURN	
7. Total adjustments to income from rental real estate, royalties, partnerships, trusts, etc. (Enter here and on Form CF-1040, page 1, line 11, column B, or for part-year residents enter total of resident and nonresident columns on Schedule TC, line 11, column B)	.00	-4,500 .00

Attach a schedule detailing the complete address of each piece of rental real estate.  
 Attach a schedule detailing name and ID number of each partnership and amount of adjustment.  
 Attach a schedule detailing name and ID number of each Subchapter S Corporation and amount of adjustment.  
 Attach copy of federal Schedule E.

**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  
MANASA VEERAPANENI

Your social security number  
503-69-3438

**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>	-4,500.
<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>	-4,500.

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 D**  
**(Form 1040)**

**Capital Gains and Losses**

OMB No. 1545-0074

**2021**

Attachment  
Sequence No. **12**

Department of the Treasury  
Internal Revenue Service (99)

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

Name(s) shown on return

MANASA VEERAPANENI

Your social security number

503-69-3438

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less** (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .	58 .	40 .		18 .
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .				
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>5</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>6</b> ( )
<b>7</b> <b>Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .				<b>7</b> 18 .

**Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year** (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .				
<b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>11</b>
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>12</b>
<b>13</b> Capital gain distributions. See the instructions . . . . .				<b>13</b>
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>14</b> ( )
<b>15</b> <b>Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then, go to Part III on the back . . . . .				<b>15</b>



**Part III Summary**

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

**Sales and Other Dispositions of Capital Assets**

Department of the Treasury  
Internal Revenue Service

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

Name(s) shown on return

MANASA VEERAPANENI

Social security number or taxpayer identification number

503-69-3438

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part I Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box A, B, or C below. Check only one box.** If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C)** Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). <b>See the separate instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	Robinhood Crypto LLC	01/01/21	12/31/21	50.	31.			19.
	Robinhood Securities LLC	01/01/21	12/31/21	8.	9.			-1.
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked) ►				58.	40.			18.

**Note:** If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

**SCHEDULE E  
(Form 1040)**

**Supplemental Income and Loss**

OMB No. 1545-0074

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

**2021**

Department of the Treasury  
Internal Revenue Service (99)

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

Attachment  
Sequence No. **13**

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

Name(s) shown on return

Your social security number

MANASA VEERAPANENI

503-69-3438

**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.	<b>Fair Rental Days</b>	<b>Personal Use Days</b>	<b>QJV</b>
<b>A</b>	2		365	0	<input type="checkbox"/>
<b>B</b>					<input type="checkbox"/>
<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>		400.		
<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>		800.		
<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>		800.		
<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>		850.		
<b>15</b>	Supplies . . . . .	<b>15</b>		850.		
<b>16</b>	Taxes . . . . .	<b>16</b>				
<b>17</b>	Utilities. . . . .	<b>17</b>		1,600.		
<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>		4,900.		
<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>		-4,500.		
<b>22</b>	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . .	<b>22</b>	(	4,500.)	(	)
<b>23a</b>	Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>		400.		
<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>		4,900.		
<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>	(	4,500.)		
<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>				-4,500.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2021



03 06 22

AMENDED RETURN - Check here and include Ohio IT RE.

NOL CARRYBACK - Check here and include Schedule IT NOL.

Primary taxpayer's SSN (required) 503 69 3438

✓ If deceased

Spouse's SSN (if filing jointly)

✓ If deceased

School district # 2503

First name MANASA

M.I. Last name VEERAPANENI

Spouse's first name (if filing jointly)

M.I. Last name

Address line 1 (number and street) or P.O. Box 667 FLARESTAR AVE UNIT A

Address line 2 (apartment number, suite number, etc.)

City COLUMBUS

State ZIP code OH 43240

Ohio county (first four letters) FRAN

Foreign country (if the mailing address is outside the U.S.)

Foreign postal code

Residency Status - Check only one for primary. X Resident Part-year resident Nonresident Indicate state. Check only one for spouse (if filing jointly). Resident Part-year resident Nonresident Indicate state.

Filing Status - Check one (as reported on federal income tax return). X Single, head of household or qualifying widow(er). Married filing jointly Spouse's SSN. Married filing separately.

Ohio Nonresident Statement - See instructions for required criteria. Primary meets the five criteria for irrefutable presumption as nonresident. Spouse meets the five criteria for irrefutable presumption as nonresident.

Federal extension filers - check here.

If someone can claim you (or your spouse if filing jointly) as a dependent, check here.

Do not staple or paper clip.

Table with 3 columns: Description, Amount, and Total. Rows include Federal adjusted gross income, Additions, Deductions, Exemption amount, Ohio income tax base, Taxable business income, and Taxable nonbusiness income.



MM-DD-YY Code

2021 Ohio IT 1040 Individual Income Tax Return

SSN 503 69 3438



21000298 Sequence No. 2

Table with 2 columns: Description and Amount. Rows include 7a. Amount from line 7 on page 1, 8a. Nonbusiness income tax liability, 8b. Business income tax liability, 8c. Income tax liability before credits, 9. Ohio nonrefundable credits, 10. Tax liability after nonrefundable credits, 11. Interest penalty on underpayment of estimated tax, 12. Unpaid use tax, 13. Total Ohio tax liability, 14. Ohio income tax withheld, 15. Estimated and extension payments, 16. Refundable credits, 17. Amended return only, 18. Total Ohio tax payments, 19. Amended return only, 20. Line 18 minus line 19, 21. Tax due, 22. Interest due on late payment of tax, 23. TOTAL AMOUNT DUE, 24. Overpayment, 25. Original return only, 26. Original return only (donations), 27. REFUND.

Sign Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the return and all enclosures are true, correct and complete.

Primary signature \_\_\_\_\_ Phone number (810) 285-6634

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

Check here to authorize your preparer to discuss this return with the Department.

Preparer's printed name SYAM PRIYA RAM SAGAR GUP Phone number (678) 965-9522

Preparer's TIN (PTIN) P 02082703

If your refund is \$1.00 or less, no refund will be issued. If you owe \$1.00 or less, no payment is necessary.

NO Payment Included - Mail to: Ohio Department of Taxation P.O. Box 2679 Columbus, OH 43270-2679

Payment Included - Mail to: Ohio Department of Taxation P.O. Box 2057 Columbus, OH 43270-2057



# 2021 Schedule of Ohio Withholding

Use only black ink/UPPERCASE letters.

Primary taxpayer's SSN

503 69 3438



21350198

Sequence No. 11

List your and your spouse's (if filing jointly) W-2, 1099, and W-2G forms **only if they have Ohio withholding**. Enter "P" in the "P/S" box if the form is the primary taxpayer's and enter "S" if it is the spouse's. If the Ohio ID number on a statement has 9 digits, enter only the first 8 digits. Complete additional copies if necessary. **Place state copies of your income statements after the last page of your return.**

### Part A - Total Withholding

1. Total of all Ohio state tax withheld on pages 1 and 2 as well as any additional pages. Enter here  
and on line 14 of your Ohio IT 1040 .....1. 1302 00

### Part B - W-2s

1. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
P	275349365	45694 00	6763 00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
	52788861	42722 00	1302 00
2. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00
3. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00
4. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00
5. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00
6. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00
7. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00



# 2021 Schedule of Ohio Withholding

Primary taxpayer's SSN  
503 69 3438



21350298

Sequence No. 12

### Part C - 1099-Rs

1. P/S Payer's TIN

Box 1 - Gross distribution  
00

Total distribution

Box 7 - Distribution code

Box 15 - Payer's Ohio number

Box 4 - Federal income tax withheld  
00

Box 14 - Ohio tax withheld  
00

2. P/S Payer's TIN

Box 1 - Gross distribution  
00

Total distribution

Box 7 - Distribution code

Box 15 - Payer's Ohio number

Box 4 - Federal income tax withheld  
00

Box 14 - Ohio tax withheld  
00

3. P/S Payer's TIN

Box 1 - Gross distribution  
00

Total distribution

Box 7 - Distribution code

Box 15 - Payer's Ohio number

Box 4 - Federal income tax withheld  
00

Box 14 - Ohio tax withheld  
00

4. P/S Payer's TIN

Box 1 - Gross distribution  
00

Total distribution

Box 7 - Distribution code

Box 15 - Payer's Ohio number

Box 4 - Federal income tax withheld  
00

Box 14 - Ohio tax withheld  
00

### Part D - W-2Gs

1. P/S Payer's federal ID number

Box 1 - Reportable winnings  
00

Box 4 - Federal income tax withheld  
00

Box 13 - Ohio state ID number

Box 14 - Ohio state winnings  
00

Box 15 - Ohio income tax withheld  
00

2. P/S Payer's federal ID number

Box 1 - Reportable winnings  
00

Box 4 - Federal income tax withheld  
00

Box 13 - Ohio state ID number

Box 14 - Ohio state winnings  
00

Box 15 - Ohio income tax withheld  
00

3. P/S Payer's federal ID number

Box 1 - Reportable winnings  
00

Box 4 - Federal income tax withheld  
00

Box 13 - Ohio state ID number

Box 14 - Ohio state winnings  
00

Box 15 - Ohio income tax withheld  
00

### Part E - 1099-NECs

1. P/S Payer's TIN

Box 1 - Nonemployee compensation  
00

Box 4 - Federal income tax withheld  
00

Box 6 - Payer's Ohio number

Box 7 - State income  
00

Box 5 - Ohio tax withheld  
00

2. P/S Payer's TIN

Box 1 - Nonemployee compensation  
00

Box 4 - Federal income tax withheld  
00

Box 6 - Payer's Ohio number

Box 7 - State income  
00

Box 5 - Ohio tax withheld  
00

Staple W-2s to the back of this page

<p><u>MANASA</u> <u>VEERAPANENI</u>                  First name and middle initial Last name</p> <p><u>667 FLARESTAR AVE UNIT A</u>                  CURRENT home address (number and street)</p> <p><u>COLUMBUS</u> <u>OH</u> <u>43240</u>                  City State Zip code</p> <p>Taxpayer phone number _____</p> <p>If you are a first time filer and payment is due, you must attach a check or money order for the amount due. This amount can be found in Box 5.</p>	<p>Primary Social Security Number <u>503 69 3438</u></p> <p>Spouse's Social Security Number _____</p> <p>Filing status:  <input type="checkbox"/> Single  <input type="checkbox"/> Married-Filing Jointly  <input type="checkbox"/> Married-Filing Separately</p> <p>Should your account be inactivated? <input type="checkbox"/> YES <input type="checkbox"/> NO                  If YES, explain _____</p> <p>Did you file a City return in 2020? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p><b>Residence change in 2021 (If applicable)</b></p> <p>Did you change residence during 2021? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, enter date of move: _____</p> <p>Previous Address (number and street) _____</p> <p>City, State, Zip Code _____</p>	

**For Tax Office Use**

Occupation or nature of business \_\_\_\_\_

Trade name /DBA \_\_\_\_\_

Cities of employment COLUMBUS  
COLUMBUS

City of residence COLUMBUS

**Part A TAXABLE WAGES** Attach W-2s and /or W-2 G.

Employer(s) and address where work was PHYSICALLY performed. If you worked from home, state percentage of time worked from home.	TAXABLE WAGES
SERVESYS CORPORATION, 104 DECKER CT IRVING	(+) 42,722.
SERVESYS CORPORATION, 104 DECKER CT IRVING	(+)
NET WAGES (enter in Column B below)	(=) 42,722.

**Part B TAX CALCULATION** Complete Form IR-21 for 2022 if 2021 net tax due is more than \$200.

COLUMN A	COLUMN B	COLUMN C	COLUMN D	COLUMN E	COLUMN F	COLUMN G		
CITY	CODE	INCOME FROM WAGES, SALARIES, COMMISSIONS, ETC. (from Net Wages in Part A)	INCOME FROM NET PROFITS, RENTS, AND OTHER TAXABLE INCOME (from Part C)	TOTAL NET TAXABLE INCOME	TAX RATE	TAX DUE	LESS TAX WITHHELD (W-2), PAID BY A PARTNERSHIP, PAID DIRECTLY TO CITY WHERE EARNED, OR CAMPAIGN CONTRIBUTION CREDIT	NET TAX DUE
COLUMBUS	01	42,722.	0.	42,722.	2.5%	1,068.	1,068.	0.

2. LESS CREDITS FOR ESTIMATED TAX PAYMENTS AND OVERPAYMENT FROM PRIOR YEAR RETURN ONLY..... **2**

3. BALANCE DUE (COLUMN G LESS LINE 2). If Line 2 is greater than Column G, enter amount (in brackets) here..... **3** 0.

4. PENALTY: 15% \$ \_\_\_\_\_ + INTEREST \$ \_\_\_\_\_ (see instructions) (see instructions) **4**

5. TOTAL AMOUNT DUE (ADD LINES 3 AND 4). NOTE: NO PAYMENT IS DUE IF AMOUNT IS \$10.00 or less ..... **5**

6. OVERPAYMENT CLAIMED (IF LINE 2 EXCEEDS COLUMN G)..... **6**

A. Enter the amount from Line 6 you want **CREDITED** to your next year tax estimate. **6A**

B. Enter the amount from Line 6 you want **REFUNDED** (must be greater than \$10.00) **6B**

**Third Party Designee** Do you want to allow another person to discuss this matter with the City of Columbus? (see instructions)  YES Complete the following  NO

Designee's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ SSN: \_\_\_\_\_

**SIGNATURE** The undersigned declares that this return (and accompanying schedules) is a true, correct, and complete return for the taxable period stated, and that the figures used are the same as used for federal income tax purposes and understands that this information may be released to the tax administration of the city of residence and the I.R.S. Columbus residents also declare that they have not claimed credit on this return for any taxes withheld to another municipality for which they have requested and/or received a refund. If a refund is subsequently requested, they must amend this return to reduce credit claimed accordingly.

**Sign Here** Your Signature \_\_\_\_\_ Date \_\_\_\_\_  
 If a joint return, both must sign Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Paid Preparer's Use Only** Signature \_\_\_\_\_ Date 03/06/2022 PTIN 30-1017196  
 Phone # (678)965-9522

**MAILING INFORMATION**

**NO Payment Enclosed:**  
 Mail to: Columbus Income Tax Division  
 PO Box 182437  
 Columbus, Ohio 43218-2437

**Payment Enclosed:**  
 Make payable to: **CITY TREASURER**  
 Mail to: Columbus Income Tax Division  
 PO Box 182158  
 Columbus, Ohio 43218-2158

Staple check or money order HERE



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: MANASA
Last name: VEERAPANENI
Your social security number: 503-69-3438
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.
667 FLARESTAR AVE UNIT A
Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below.
COLUMBUS
State: OH
ZIP code: 43240
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 'Dependents (see instructions):'.

Main tax calculation table with 15 rows. Columns include line numbers, descriptions (e.g., Wages, salaries, tips, etc.), and amounts. Total taxable income is 28,362.

<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	<b>16</b>	3,206.
<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
<b>18</b>	Add lines 16 and 17	<b>18</b>	3,206.
<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>	
<b>21</b>	Add lines 19 and 20	<b>21</b>	
<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	3,206.
<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 21	<b>23</b>	0.
<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	3,206.
<b>25</b>	Federal income tax withheld from:		
<b>a</b>	Form(s) W-2	<b>25a</b>	6,763.
<b>b</b>	Form(s) 1099	<b>25b</b>	
<b>c</b>	Other forms (see instructions)	<b>25c</b>	
<b>d</b>	Add lines 25a through 25c	<b>25d</b>	6,763.
<b>26</b>	2021 estimated tax payments and amount applied from 2020 return	<b>26</b>	
<b>27a</b>	Earned income credit (EIC) <span style="float:right">No</span> 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>	
<b>32</b>	Add lines 27a and 28 through 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>	
<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	6,763.
<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>	3,557.
	<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>	3,557.
Direct deposit? See instructions.	<b>b</b> Routing number 072000326 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<b>d</b> Account number 397178580		
	<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 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. (810) 285-6634 Email address MANASAVEERAPANENI.MV@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 03/06/2022	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](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  
MANASA VEERAPANENI

Your social security number  
503-69-3438

**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>	-4,500.
<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>	-4,500.

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

**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 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

MANASA VEERAPANENI

503-69-3438

**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.	<b>Fair Rental Days</b>	<b>Personal Use Days</b>	<b>QJV</b>
<b>A</b>	2		365	0	<input type="checkbox"/>
<b>B</b>					<input type="checkbox"/>
<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>		400.		
<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>		800.		
<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>		800.		
<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>		850.		
<b>15</b>	Supplies . . . . .	<b>15</b>		850.		
<b>16</b>	Taxes . . . . .	<b>16</b>				
<b>17</b>	Utilities. . . . .	<b>17</b>		1,600.		
<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>		4,900.		
<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>		-4,500.		
<b>22</b>	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . .	<b>22</b>	(	4,500.)	(	)
<b>23a</b>	Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>		400.		
<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>		4,900.		
<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>	(	4,500.)		
<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>				-4,500.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2021