(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

▶ Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Submission Identification Number (SID)			
Taxpayer's name	Social security	number	
RAVI VARMA MANJALA	752-73-	9828	
Spouse's name	Spouse's socia		ber
SONY DANDUGULA	APPLIED	FOR	
Part I Tax Return Information — Tax Year Ending December 31, 2021 (En	nter year you ar	e authorizir	ng.)
Enter whole dollars only on lines 1 through 5.			
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	1	1	
1 Adjusted gross income			75,281.
2 Total tax		2	5,623.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	F		10,479.
4 Amount you want refunded to you	H	4	4,856.
5 Amount you owe		5 of your re	turn)
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amen-			
return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, trait to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to termi payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation business days prior to the payment (settlement) date. I also authorize the financial institutions involved in taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended) Electronic Funds Withdrawal Consent.	rejection of the tra ne U.S. Treasury and indicated in the tax itution to debit the control inate the authorizat requests must be the processing of the payment. I furth	Insmission, (b) d its designat x preparation entry to this action. To revok received no the electronic per acknowled	the reason ed Financial software for ccount. This is (cancel) a later than 2 payment of the details and the count of the c
Taxpayer's PIN: check one box only			
X I authorize GLOBAL TAXES LLC to enter or general	ate my PIN		as my
ERO firm name	Ente	er five digits, bu 't enter all zero	
signature on the income tax return (original or amended) I am now authorizing.			
I will enter my PIN as my signature on the income tax return (original or amended) I at if you are entering your own PIN and your return is filed using the Practitioner PIN m below.			
Your signature ► Date ■	>		
On according DINL should not be a sub-			
Spouse's PIN: check one box only	ata and DINI		
X I authorize GLOBAL TAXES LLC to enter or general ERO firm name	, —	er five digits, bu	as my
signature on the income tax return (original or amended) I am now authorizing.		't enter all zero	
I will enter my PIN as my signature on the income tax return (original or amended) I all if you are entering your own PIN and your return is filed using the Practitioner PIN m below.			
Spouse's signature ▶ Date ▶	•		
Practitioner PIN Method Returns Only—continue bel	low		
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 Don't enter		
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am surrequirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers	ubmitting this retur	n in accordar	nce with the
ERO's signature ▶ Date ▶	•		
ERO Must Retain This Form — See Instructions			

Don't Submit This Form to the IRS Unless Requested To Do So

E 1040 Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

202	1

IRS Use Only-Do not write or staple in this space.

Filing Status Check only one box.	If yo	Single Married filing jointly under the new son is a child but not your dependent	– ame of	ied filing separately (,	_		,	_	_		
Your first name	and m	iddle initial	Last n	ame					Y	our so	cial securi	ty number
RAVI VA	RMA		MAN	JALA					7	752-	73-982	8
If joint return, s	pouse's	s first name and middle initial	Last n	ame					S	Spouse's	s social se	curity number
SONY			DAN	DUGULA					1	APPL:	IED FO	R
Home address	(numbe	er and street). If you have a P.O. box, see	instruct	tions.				Apt. no.	F	resider	ntial Electi	on Campaign
117 MAPI	LE A	VE, UNIT D									nere if you,	
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete	spaces below.	Sta	ite	ZIP	code				ntly, want \$3 Checking a
DAYTON					OI	Н	45	459		_	ow will not	•
Foreign country	/ name			Foreign province/state,	coun	ty	Fore	ign postal co			or refund	
At any time du	ring 20	021, did you receive, sell, exchange,	or oth	erwise dispose of an	y fina	ancial interest i	in an	y virtual cu	irrenc	y?	Yes	⊠ No
Standard Deduction	_	leone can claim: You as a de Spouse itemizes on a separate retur	•			•						
Age/Blindness	You:	: Were born before January 2, 1	957	Are blind Sp	ouse	: Was bo	rn be	fore Janua	ry 2,	1957	☐ Is b	lind
Dependents	s (see	instructions):		(2) Social securit	/	(3) Relationsh	nip	(4) 🗸	if qua	lifies for	r (see instru	uctions):
If more	(1) F	irst name Last name		number		to you		Child ta	ax cred	dit	Credit for ot	ther dependents
than four												
dependents, see instructions												
and check												
here ▶ □												
	1_	Wages, salaries, tips, etc. Attach F	orm(s)	W-2						1		75,268.
Attach	2a	Tax-exempt interest	2a		b T	axable interes	t			2b		
Sch. B if required.	3a	Qualified dividends	3a	3.	b C	Ordinary divide	nds			3b		5.
required.	4a	IRA distributions	4a		b T	axable amoun	t.			4b		
	5a	Pensions and annuities	5a		b T	axable amoun	t.			5b		
Standard	6a	Social security benefits	6a		b T	axable amoun	t.			6b		
Deduction for—	7	Capital gain or (loss). Attach Schee	dule D	if required. If not req	uired	, check here		🕨	▶ □	7		8.
 Single or Married filing 	8	Other income from Schedule 1, lin	e 10							8		
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your total inc	ome				. ▶	9	,	75,281.
Married filing	10	Adjustments to income from Sche	dule 1,	line 26						10		
jointly or Qualifying	11	Subtract line 10 from line 9. This is	your a	adjusted gross inco	me				. ▶	11		75,281.
widow(er), \$25,100 12a Standard deduction or itemized deductions (from Schedule A) 12a 25,100.												
Head of	b	Charitable contributions if you take	the sta	indard deduction (see	instr	ructions) 12	b					
household, \$18,800	С	Add lines 12a and 12b	, , , , , , , , , , , , , , , , , , , ,							120	;	25,100.
If you checked	13	Qualified business income deduct	ion fror	n Form 8995 or Forn	า 899	95-A				13		
any box under Standard	14	Add lines 12c and 13								14		25,100.
Deduction, see instructions.	15	Taxable income. Subtract line 14	from li	ne 11. If zero or less,	ente	er -0				15		50,181.

	16	Tax (see instructions). Check if any from Form(s): 1 🗌 8814 2 🔲 4972 3 🔲	16	5,623.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	5,623.
	19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	5,623.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
	24	Add lines 22 and 23. This is your total tax	24	5,623.
	25	Federal income tax withheld from:		
	а	Form(s) W-2		
	b	Form(s) 1099		
	С	Other forms (see instructions)		
	d	Add lines 25a through 25c	25d	10,479.
If you have a	26	2021 estimated tax payments and amount applied from 2020 return	26	
qualifying child,	27a	Earned income credit (EIC)		
attach Sch. EIC.		Check here if you were born after January 1, 1998, and before		
		January 2, 2004, and you satisfy all the other requirements for		
		taxpayers who are at least age 18, to claim the EIC. See instructions ▶ ☐		
	b	Nontaxable combat pay election		
	С	Prior year (2019) earned income		
	28	Refundable child tax credit or additional child tax credit from Schedule 8812 28	-	
	29	American opportunity credit from Form 8863, line 8	-	
	30	Recovery rebate credit. See instructions	-	
	31	Amount from Schedule 3, line 15	-	
	32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	10,479.
	33	Add lines 25d, 26, and 32. These are your total payments	33	4,856.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34 35a	4,856.
Direct deposit?	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here ▶ □ Routing number 0 4 4 0 0 0 0 3 7 ▶ c Type: ☒ Checking □ Savings	SSA	4,050.
See instructions.	►b ►d	Routing number 0 4 4 0 0 0 0 3 7 Account number 8 7 1 9 0 2 3 6 2 ▶ c Type: ★ Checking Savings		
	36	Amount of line 34 you want applied to your 2022 estimated tax 36		
Amount	37	Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions . •	37	
You Owe	38	Estimated tax penalty (see instructions)	31	
Third Party		you want to allow another person to discuss this return with the IRS? See		
Designee		tructions	selow.	X No
200.900	Des	signee's Phone Personal identi		
	nar	ne ▶ no. ▶ number (PIN) ▶	>	
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to		
Here		ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which		,
	You			nt you an Identity N, enter it here
Joint return?			inst.) ▶	11, enter it fiere
See instructions.	Spo		IRS ser	nt your spouse an
Keep a copy for		Iden	, ,	ection PIN, enter it here
your records.		HOME MAKER (see	inst.) ▶	
		one no. (937)782-9787 Email address RAVI.84MV@GMAIL.COM		
Paid		eparer's name Preparer's signature Date PTIN		Check if:
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/23/2022 P0208		Self-employed
Use Only			ne no. (678)965-9522
	Firr	n's address ▶ 2530 Pebble Creek Ln Cumming GA 30041 Firm	's EIN ▶	30-1017196
Go to www.irs.go	ov/Form	n1040 for instructions and the latest information. BAA REV 02/16/22 PRO		Form 1040 (2021)

Form 1040 (2021)

Page **2**

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

Attachment

8.

Department of the Treasury Internal Revenue Service (99) ► Attach to Form 1040, 1040-SR, or 1040-NR.

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

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Sequence No. 12 Name(s) shown on return Your social security number

752-73-9828 RAVI VARMA MANJALA & SONY DANDUGULA Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? 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 (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. (e) Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to Form(s) 8949, Part I, combine the result (sales price) (or other basis) whole dollars. line 2. column (a) with column (a)

				1 '	(0)	, ,	,
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.						
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	68.	60.				8.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked						
3	Totals for all transactions reported on Form(s) 8949 with Box C checked						
4	Short-term gain from Form 6252 and short-term gain or (I	loss) from Forms 4	684, 6781, and 88	324	4		
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1	•			5		
6	Short-term capital loss carryover. Enter the amount, if ar Worksheet in the instructions				6	(
7	Net short-term capital gain or (loss). Combine lines 1a	a through 6 in colu	ımn (h). If you have	e any long-			

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

term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back

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

Schedule D (Form 1040) 2021 Page **2**

Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 8. • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

8949

Sales and Other Dispositions of Capital Assets

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form8949 for instructions and the latest information.

Attachment Sequence No. 12A

OMB No. 1545-0074

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Social security number or taxpayer identification number

752-73-9828 RAVI VARMA MANJALA & SONY DANDUGULA

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.

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I 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. X (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 Adjustment, if any, to gain or loss. 1 If you enter an amount in column (a). (h) enter a code in column (f). Cost or other basis Gain or (loss). (d) (c) (a) (b) Date sold or Proceeds See the **Note** below See the separate instructions. Subtract column (e) Description of property Date acquired (sales price) from column (d) and disposed of and see Column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) combine the result (Mo., day, yr.) (see instructions) in the separate (g) Code(s) from Amount of adjustment instructions with column (g) instructions Robinhood Securities LLC 01/08/21 08/03/21 68. 60. 8. 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your

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.

68.

Schedule D, line 1b (if Box A above is checked), line 2 (if Box B

above is checked), or line 3 (if Box C above is checked) ▶

60.



Application for IRS Individual Taxpayer Identification Number

► For use by individuals who are not U.S. citizens or permanent residents.

► See separate instructions.

OMB No. 1545-0074

An IRS individual taxpayer identification number (ITIN) is for U.S. federal tax purposes only. Application type (check one box): Apply for a new ITIN Renew an existing ITIN Don't submit this form if you have, or are eligible to get, a U.S. social security number (SSN). Reason vou're submitting Form W-7. Read the instructions for the box you check. Caution: If you check box b, c, d, e, f, or g, you must file a U.S. federal tax return with Form W-7 unless you meet one of the exceptions (see instructions). a Nonresident alien required to get an ITIN to claim tax treaty benefit **b** Nonresident alien filing a U.S. federal tax return c U.S. resident alien (based on days present in the United States) filing a U.S. federal tax return If d, enter relationship to U.S. citizen/resident alien (see instructions) ▶ d Dependent of U.S. citizen/resident alien e X Spouse of U.S. citizen/resident alien If d or e, enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ▶ RAVI VARMA MANJALA f Union Nonresident alien student, professor, or researcher filing a U.S. federal tax return or claiming an exception g Dependent/spouse of a nonresident alien holding a U.S. visa h ☐ Other (see instructions) ▶ Additional information for a and f: Enter treaty country and treaty article number ▶ 1a First name Last name Middle name Name SONY DANDUGULA (see instructions) Middle name 1b First name Last name Name at birth if different . . > 2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. Applicant's 117 MAPLE AVE, UNIT D **Mailing** City or town, state or province, and country. Include ZIP code or postal code where appropriate. **Address** 45459 DAYTON USA Street address, apartment number, or rural route number. Don't use a P.O. box number. Foreign (non-**U.S.) Address** City or town, state or province, and country. Include postal code where appropriate. (see instructions) 4 Date of birth (month / day / year) Country of birth City and state or province (optional) Male **Birth** 12/17/1995 Information TNDTA ▼ Female 6a Country(ies) of citizenship **6b** Foreign tax I.D. number (if any) 6c Type of U.S. visa (if any), number, and expiration date Other **TNDTA** Information 6d Identification document(s) submitted (see instructions) X Passport Driver's license/State I.D. Other USCIS documentation Date of entry into the United States No.: S8846379 Exp. date: 01/01/2029 Issued by: INDIA (MM/DD/YYYY): 6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)? No/Don't know. Skip line 6f. Yes. Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions). 6f Enter ITIN and/or IRSN ▶ **IRSN** and name under which it was issued ▶ First name Middle name Last name 6g Name of college/university or company (see instructions) ▶ City and state ▶ Length of stay ▶ Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying Sign documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to share information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number. Here Signature of applicant (if delegate, see instructions) Date (month / day / year) Phone number Keep a copy for your records. Name of delegate, if applicable (type or print) Delegate's relationship Parent Court-appointed guardian to applicant Power of attorney Date (month / day / year) Signature Phone **Acceptance** Fax Agent's Name and title (type or print) Name of company **Use ONLY** Office code



2021 Ohio IT 1040

Individual Income Tax Return
Use only black ink/UPPERCASE letters.



AMENDED RETURN - Check here and include Ohio IT RE

NOL CARRYBACK - Check here and include Schedule IT NOI

	AMENDED RETORN - Chec	R Here and include Offi	01111	•		NOL	AKKI BACK - OI	leck fiere and	include Schedule II NC	<i>)</i> L.
	Primary taxpayer's SSN (required) 752 73 9828	✓ If deceased		ouse's APP		filing jointly FOR	y) ✓ If dece	ased	School district #	
	First name RAVI VARMA		M.I.	Last i	name NJAL	A				
	Spouse's first name (if filing jointly) SONY		M.I.	Last i	name NDUG	ULA				
	Address line 1 (number and street) 117 MAPLE AVE, U									
	Address line 2 (apartment number,	suite number, etc.)								
	City DAYTON					State OH	ZIP code 45459	Ohio cour	nty (first four letters)	
	Foreign country (if the mailing addr	ess is outside the U.S.)	l			Foreign p	oostal code			
	Residency Status - Check or	nly one for primary				Filing	Status - Check	one (as renorte	ed on federal income tax	return)
	X Resident Part-year resident	Nonresident Indicate state					ngle, head of hous			roturri
	Check only one for spouse (if filing	jointly)				X Ma	arried filing jointly			
	X Resident Part-year resident	Nonresident Indicate state	, ,			Ma	arried filing separa	itely	Spouse's SSN	
	Ohio Nonresident Stateme					Fe	deral extension fi	lers - check he	ere.	
	Spouse meets the five criteria f	or irrebuttable presumpt	ion as n	onresio	dent.		someone can claim pendent, check hei		pouse if filing jointly) as a	a
paper clip.	Federal adjusted gross incomif negative								75281	00
_	2a. Additions – Ohio Schedule of Ad	djustments, line 10 (inc	lude so	hedul	e)		2a.			00
tap	2b. Deductions - Ohio Schedule of	Adjustments, line 39 (ir	nclude	sched	ule)		2b.			00
Do not staple or	Ohio adjusted gross income (lin if negative	e 1 plus line 2a minus l	ine 2b).	Place	a "-" in	the box			75281	00
_	Exemption amount (include Sc Number of exemptions including	hedule of Dependents you and your spouse/de	if appli	icable) ts. if an	oplicable	······································	4.		4300	00
	5. Ohio income tax base (line 3 mi		•		•	_	5.		70981	00
	6. Taxable business income – Ohio	o Schedule IT BUS, line	e 13 (in	clude	schedu	le)	6.			00
	7. Taxable nonbusiness income (li	ne 5 minus line 6; if neg	gative, e	enter ze	ero)		7.		70981	00
	MILL BLOOD ALL COLD AND ALL			BARTHA A.		=				





2021 Ohio IT 1040

Individual Income Tax Return

b. Ohio History Fund

0098	2021 Ohio IT 1040		
SSN 752 73 9828	Individual Income Tax Return	21000298 Sequence	e No. 2
7a. Amount from line 7 on page 1	7a.	70981	
8a. Nonbusiness income tax liability on line 7a (see in	nstructions for tax tables)8a.	1741	00
, ,	BUS, line 14 (include schedule)8b.		00
		1741	
8c. Income tax liability before credits (line 8a plus line	e 8b)8c.	1/41	00
9. Ohio nonrefundable credits – Ohio Schedule of C	redits, line 38 (include schedule)9.	0	00
10. Tax liability after nonrefundable credits (line 8c mi	inus line 9; if negative, enter zero)10.	1741	00
11. Interest penalty on underpayment of estimated ta	x (include Ohio IT/SD 2210)11.		00
12.Unpaid use tax (see instructions)	12.		00
13. Total Ohio tax liability before withholding or esti	mated payments (add lines 10, 11 and 12)13.	1741	00
14. Ohio income tax withheld – Schedule of Ohio Witincome statements)	hholding, part A, line 1 (include schedule and	2168	00
15. Estimated and extension payments (from Ohio IT from last year's return	1040ES and IT 40P), and credit carryforward15.		00
16. Refundable credits – Ohio Schedule of Credits, lin	ne 44 (include schedule)16.		00
17. Amended return only – amount previously paid	with original and/or amended return17.		00
18. Total Ohio tax payments (add lines 14, 15, 16 a	nd 17)18.	2168	00
19. Amended return only – overpayment previously	requested on original and/or amended return19.		00
	ve20.	2168	00
	line 24. OTHERWISE, continue to line 21. ive, ignore the "-" and add line 20 to line 1321.		00
21. Tax due (inte 13 fillitus inte 20). Il litte 20 is fiegat	ive, ignore the - and add line 20 to line 13		
	ons)		00
23. TOTAL AMOUNT DUE (line 21 plus line 22). In (if amended return) and make check payable to	clude Ohio IT 40P (if original return) or IT 40XP "Ohio Treasurer of State" AMOUNT DUE ▶ 23.		00
24. Overpayment (line 20 minus line 13)	24.	427	00
25. Original return only – portion of line 24 carried for	orward to next year's tax liability25.		00

27. REFUND (line 24 minus lines 25 and 26g)		YOUR REFUND >	27.
Sign Here (required): I have read this return. Under penalties and belief, the return and all enclosures are true, correct and complete		, to the best of my knowledge	lf
Primary signature	Phone number	(937)782-9787	
Spouse's signature	Date		

00

00

e. Wishes for Sick Children f. Wildlife Species

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

26. Original return only - portion of line 24 you wish to donate:

00

a. Military Injury Relief

d. Breast/Cervical Cancer

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

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

00

427 00

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

c. Nature Preserves/Scenic Rivers

00

Total 26g



2021 Schedule of Ohio Withholding

Use only black ink/UPPERCASE letters.



Primary taxpayer's SSN

0.....

Sequence No. 11

752 73 9828

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

<u>Part B -</u> 1. P/S P	W-2s Box b - EIN 541312235	Box 1 - Wages, tips, other compensation 75268 00	Box 2 - Federal income tax withheld 10479 00
	Box 15 - Employer's Ohio ID number 52676209	Box 16 - Ohio wages, tips, etc. 75268 00	Box 17 - Ohio income tax 2168 00
2. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation 0 0	Box 2 - Federal income tax withheld 0 0
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax 0 0
3. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation 0 0	Box 2 - Federal income tax withheld 0 0
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax 0 0
4. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation 0 0	Box 2 - Federal income tax withheld 0 0
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax 0 0
5. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation 0 0	Box 2 - Federal income tax withheld 0 0
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax 0 0
6. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation 0 0	Box 2 - Federal income tax withheld 0 0
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
7. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation 0 0	Box 2 - Federal income tax withheld 0 0
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax



0098

2021 Schedule of Ohio Withholding Primary taxpayer's SSN

752 73 9828



Sequence No. 12

Dowt C	4000 P-	752 73 9828		Sequence No.
1. P/S	1099-Rs Payer's TIN	Box 1 - Gross distribution		Coquence No.
1. F/3	rayers illy	00	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
		00		00
2. P/S	Payer's TIN	Box 1 - Gross distribution	Takal	Day 7
		00	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
		00		00
3. P/S	Payer's TIN	Box 1 - Gross distribution	Total	Box 7 -
		00	distribution	Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
		00		00
4. P/S	Payer's TIN	Box 1 - Gross distribution	Total	Box 7 -
		00	distribution	Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
		00		00
Part D -	W-2Gs			
1. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 -	Federal income tax withheld 0 0
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings		Box 15 - Ohio income tax withheld
		00		00
2. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 -	Federal income tax withheld
		00		00
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings		Box 15 - Ohio income tax withheld
		00		00
3. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 -	Federal income tax withheld
		00		00
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings		Box 15 - Ohio income tax withheld
		00		00
	1099-NECs			
1. P/S	Payer's TIN	Box 1 - Nonemployee compensation 0 0	Box 4 -	Federal income tax withheld 0 0
	Box 6 - Payer's Ohio number	Box 7 - State income		Box 5 - Ohio tax withheld
	Box 0 - Fayer S Offic Humber	0 0		0 0
2. P/S	Payer's TIN	Box 1 - Nonemployee compensation	Box 4 -	Federal income tax withheld
2. 170	. 4701 0 1111	00	20% +	00
	Box 6 - Payer's Ohio number	Box 7 - State income		Box 5 - Ohio tax withheld
		00		00

E 1040 Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

202	1

IRS Use Only-Do not write or staple in this space.

Filing Status Check only one box.	If yo	Single Married filing jointly under the new son is a child but not your dependent	– ame of	ied filing separately (,	_		,	_	_		
Your first name	and m	iddle initial	Last n	ame					Y	our so	cial securi	ty number
RAVI VA	RMA		MAN	JALA					7	752-	73-982	8
If joint return, s	pouse's	s first name and middle initial	Last n	ame					S	Spouse's	s social se	curity number
SONY			DAN	DUGULA					1	APPL:	IED FO	R
Home address	(numbe	er and street). If you have a P.O. box, see	instruct	tions.				Apt. no.	F	resider	ntial Electi	on Campaign
117 MAPI	LE A	VE, UNIT D									nere if you,	
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete	spaces below.	Sta	ite	ZIP	code				ntly, want \$3 Checking a
DAYTON					OI	Н	45	459		_	ow will not	•
Foreign country	/ name			Foreign province/state,	coun	ty	Fore	ign postal co			or refund	
At any time du	ring 20	021, did you receive, sell, exchange,	or oth	erwise dispose of an	y fina	ancial interest i	in an	y virtual cu	irrenc	y?	Yes	⊠ No
Standard Deduction	_	leone can claim: You as a de Spouse itemizes on a separate retur	•			•						
Age/Blindness	You:	: Were born before January 2, 1	957	Are blind Sp	ouse	: Was bo	rn be	fore Janua	ry 2,	1957	☐ Is b	lind
Dependents	s (see	instructions):		(2) Social securit	/	(3) Relationsh	nip	(4) 🗸	if qua	lifies for	r (see instru	uctions):
If more	(1) F	irst name Last name		number		to you		Child ta	ax cred	dit	Credit for ot	ther dependents
than four												
dependents, see instructions												
and check												
here ▶ □												
	1_	Wages, salaries, tips, etc. Attach F	orm(s)	W-2						1		75,268.
Attach	2a	Tax-exempt interest	2a		b T	axable interes	t			2b		
Sch. B if required.	3a	Qualified dividends	3a	3.	b C	Ordinary divide	nds			3b		5.
required.	4a	IRA distributions	4a		b T	axable amoun	t.			4b		
	5a	Pensions and annuities	5a		b T	axable amoun	t.			5b		
Standard	6a	Social security benefits	6a		b T	axable amoun	t.			6b		
Deduction for—	7	Capital gain or (loss). Attach Schee	dule D	if required. If not req	uired	, check here		🕨	▶ □	7		8.
 Single or Married filing 	8	Other income from Schedule 1, lin	e 10							8		
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your total inc	ome				. ▶	9	,	75,281.
Married filing	10	Adjustments to income from Sche	dule 1,	line 26						10		
jointly or Qualifying	11	Subtract line 10 from line 9. This is	your a	adjusted gross inco	me				. ▶	11		75,281.
widow(er), \$25,100 12a Standard deduction or itemized deductions (from Schedule A) 12a 25,100.												
Head of	b	Charitable contributions if you take	the sta	indard deduction (see	instr	ructions) 12	b					
household, \$18,800	С	Add lines 12a and 12b	, , , , , , , , , , , , , , , , , , , ,							120	;	25,100.
If you checked	13	Qualified business income deduct	ion fror	n Form 8995 or Forn	า 899	95-A				13		
any box under Standard	14	Add lines 12c and 13								14		25,100.
Deduction, see instructions.	15	Taxable income. Subtract line 14	from li	ne 11. If zero or less,	ente	er -0				15		50,181.

	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	5,623.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	5,623.
	19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	5,623.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
	24	Add lines 22 and 23. This is your total tax	24	5,623.
	25	Federal income tax withheld from:		<u> </u>
	а	Form(s) W-2		
	b	Form(s) 1099		
	С	Other forms (see instructions)	1	
	d	Add lines 25a through 25c	25d	10,479.
If you have a qualifying child, attach Sch. EIC.	26	2021 estimated tax payments and amount applied from 2020 return	26	·
	27a	Earned income credit (EIC)		
		Check here if you were born after January 1, 1998, and before	1	
		January 2, 2004, and you satisfy all the other requirements for		
		taxpayers who are at least age 18, to claim the EIC. See instructions ▶ ☐		
	b	Nontaxable combat pay election 27b		
	С	Prior year (2019) earned income		
	28	Refundable child tax credit or additional child tax credit from Schedule 8812 28	-	
	29	American opportunity credit from Form 8863, line 8	-	
	30	Recovery rebate credit. See instructions	-	
	31	Amount from Schedule 3, line 15		
	32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	10 450
	33	Add lines 25d, 26, and 32. These are your total payments	33	10,479.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	4,856.
Direct deposit? See instructions.	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	35a	4,856.
	▶b	Routing number 0 4 4 0 0 0 0 3 7 ▶ c Type: X Checking Savings		
	► d	Account number 8 7 1 9 0 2 3 6 2		
A	36	Amount of line 34 you want applied to your 2022 estimated tax	07	
Amount You Owe	37	Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions .	37	
	38	Estimated tax penalty (see instructions)		
Third Party Designee		you want to allow another person to discuss this return with the IRS? See tructions	nelow	X No
Designee		signee's Phone Personal identif		
		ne ▶ no. ▶ number (PIN) ▶		
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to		
Here	beli	ef, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which		,
	You	19-11-1		nt you an Identity N, enter it here
Joint return? See instructions.			inst.) ▶	N, enter it here
	Spo		IRS ser	nt vour spouse an
Keep a copy for		Ident	,	ection PIN, enter it here
your records.		HOME MAKER (see	inst.) ▶	
		one no. (937)782-9787 Email address RAVI.84MV@GMAIL.COM		
Paid Preparer Use Only		parer's name Preparer's signature Date PTIN		Check if:
	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/23/2022 P02082		Self-employed
			ie no. (678)965-9522
	Firr	n's address ▶ 2530 Pebble Creek Ln Cumming GA 30041 Firm	's EIN ▶	30-1017196
Go to www.irs.go	ov/Form	a1040 for instructions and the latest information. BAA REV 02/16/22 PRO		Form 1040 (2021)

Form 1040 (2021)

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