	braska Indivitaxable year January 1, 202					FORM	л 1040)21	N
Your First Name and Initial SAI KRISHNA If a Joint Return, Spouse's First Name and	Last Name GADUPUTISUBE		Please Do Not Write In This Space					
Current Mailing Address (Number and Stree	et or PO Box)		_					
6506 UNIVERSITY DRIVE								
City	State	Zip Code						
OMAHA	NE	68182						
Your Social Security Number	Spouse's Social Security Nur			High School D	istrict Code	9		
641 79 3503			5	5 5 5	0	0 1		
At any time during 2021, did you rece	eive, sell, exchange, or othe	rwise dispose of any fir	nancial in	terest in any virtual	currency?	🗌 Yes	XN	0
(1) Farmer/Rancher (2) Acti		eased Taxpayer(s) - name & date of death):						
 Federal Filing Status: (1) ∑ Single (3) [(2) [Married, filing jointly] Married, filing separately and Full Name	'-Spouse's SSN:			ad of Hou dow(er) wi	sehold th depende	ent chilc	dren
2a Check if YOU were: (1)] 65 or older (2) 🗌 B	lind 2b Check h	ere if so	meone (such as y	our parent) can claim	i you oi	r
SPOUSE was: (3)	65 or older (4) 🗌 B			a dependent: (1)		(2) 🗌 Sp	-	
3 Type of Return: (1) ☑ Resident (2) □ (3) □] Partial-year resident fror] Nonresident (attach Sch		, 2021 ti	0	, 202 ⁻	I (attach So	chedule	ə III
 4 Nebraska personal exemptions a Yourself. If someone can cla b Spouse. Married filing jointly 	im you as a dependent, le returns, if someone can c	ave blank	a depend					
C Dependents, if more the First Name	an three, see instructions Last Nam	Dependent e Social Security N	I 1					
	East Nam		turriber					
				Total number of				
				dependents liste	d4 c			
Total Nebraska personal exemp	otions – add lines 4a, 4b, a	and 4c					4	-
5 Federal adjusted gross income							420.	00
6 Nebraska standard deduction (-							
see instructions; otherwise, enter	.		-					
qualified widow[er]; \$7,100 if marr				7,100.	00			
7 Total itemized deductions (line					00			
8 State and local income taxes (li			· · · · · · · · · · · · · · · · · · ·	0.				
9 Nebraska itemized deductions				0.	00			
10 Nebraska standard deduction of					10		100	
(the larger of line 6 or line 9)11 Nebraska income before adjust							100.	00
12 Adjustments increasing federal					00	-4,	680.	00
13 Adjustments decreasing federa					00			
14 Nebraska Taxable Income (ent	-							
complete lines 15 and 16. Parti	-				ing . 14		Ο.	0
15 Nebraska income tax (Partial-y	-							
from line 9, Nebraska Schedule								
All others must use Tax Calcula				0.	00			
16 Nebraska other tax calculation:								
a Federal Tax on Lump-Sum Di	stributions (Federal Form 4	972) 16 a \$						
b Federal tax on early distribut	ions (lesser of Federal							
Form 5329 or line 8, Sch. 2, F		-						
c Total (add lines 16a and 16b								
Residents multiply line 16c b								
Partial-year residents and no								
Nebraska Schedule III					00			
17 Total Nebraska tax before Neb		-						-
Do not pay the amount on this	line. Pay the amount from	line 43			17		0.	0

18	Nebr. personal exemption credit for residents only (\$142 times the number on line 4) 18 142. 00			
19	Credit for tax paid to another state, line 6, Nebraska Schedule II			
	(attach Nebraska Schedule II and a copy of the other state's return) 19 00			
20	Credit for the elderly or disabled (attach copy of Federal Schedule R) 20 00			
21	Community Development Assistance Act credit (attach Form CDN) 21 00			
22	Form 3800N nonrefundable credit (attach Form 3800N) 22 00			
23	Nebraska child/dependent care nonrefundable credit, only if line 5 is more			
	than \$29,000 (attach a copy of Federal Form 2441 and see instructions) 23 0. 00			
24	Credit for financial institution tax (attach Form NFC) 24 00			
25	Employer's credit for expenses incurred for TANF (ADC) recipients (see instr.) 25 00			
26	School Readiness Tax Credit for providers (see instructions) 26 00			
27	Designated extremely blighted area tax credit (attach Form 1040N-EB) 27 00		_	
28	Total nonrefundable credits (add lines 18 through 27)	28	142	. 00
29	Nebraska tax after nonrefundable credits. Subtract line 28 from line 17 (if line 28 is more than line 17,			
	enter -0-). If the result is greater than your federal tax liability, see page 9 in the instructions. If entering			
	federal tax, check box and attach a copy of the federal return	29	0	. 00
30	Total Nebraska income tax withheld (attach 2021 Forms, see instructions)			
	a W-2\$b K-1N\$			
	c W-2G, 1099-R,1099-MISC, 1099-NEC or others \$ 0 30 41. 00			
31	2021 estimated income tax payments (include any 2020 overpayment credited to			
	2021 and any payments submitted with an extension request)			
32	Form 3800N refundable credit (attach Form 3800N) 32 00			
33	Nebraska child/dependent care refundable credit, if line 5 is \$29,000 or less			
	(attach a copy of Form 2441N)			
34	Beginning Farmer credit from Form 1099 BFC (NDA NextGen)			
35	Nebraska earned income credit. Enter number of qualifying children 97			
	Federal credit 98 \$.00 x .10 (10%) (attach pages 1-2 of federal return) 35 00			
36	Nebraska Property Tax Incentive Act Credit (attach Form PTC)			
37	Credit for qualified Volunteer Emergency Responders (see instructions)			
38	School Readiness Tax Credit for qualified staff members (see instructions) 38 00			
39	Total refundable credits (add lines 30 through 38)	39	41.	. 00
40	Penalty for underpayment of estimated tax (see instructions). If you calculated a Form 2210N penalty of -0-			
	or greater, or used the annualized income method, attach Form 2210N, and check this box 96 🗌	40		00
41	Total tax and penalty. Add lines 29 and 40	41	0.	. 00
42	Use tax due on taxable purchases where applicable sales tax was not collected. (see instructions)			
	Enter purchases subject to state tax 91 \$ State tax 92 \$ (purchases x 5.5%);			
	Enter purchases subject to local tax 93 \$Local tax 94 \$ (purchases x local rate of%)		
	95 Local code(see local rate schedule);			
	Add state and local taxes and enter on line 42. If no use tax is due, enter -0- on line 42	42	0.	. 00
43	Total amount due. If line 39 is less than total of lines 41 and 42, subtract line 39 from the total of lines 41			
	and 42. Pay this amount in full. For electronic or credit card payment, check here and see instructions	43		00
44	Overpayment. If line 39 is more than total of lines 41 and 42, subtract total of lines 41 and 42 from line 39	44	41	. 00
45	Amount of line 44 you want applied to your 2022 estimated tax 45 00			
	Wildlife Conservation Fund donation of \$1 or more 00			
47	Amount of line 44 you want refunded to you (line 44 minus lines 45 and 46) Your refund will generally be			
	issued by July 15, if your paper return is filed by April 15 (see instructions)	47	41	. 00
48	a Routing Number 1 0 4 0 0 0 2 9 48b Type of Account 1 1 = Checking	2 =	Savings	
			Direct	P
48	c Account Number 1 5 0 8 7 5 6 4 7 7 9 7		Depos	
48	d 🗌 Check this box if this refund will go to a bank account outside the United States.			
	Under penalties of perjury, I declare that, as taxpayer or preparer, I have examined this return and to the best of my knowledge and beli	ef. it is	s true, correct, and cor	nplete.
S	ign		,	
-	SATIRISINAGSUS@GMAIL.C	OM		
	402 506-1165			
this retive	copy of Unit of Spouse's Signature (if filing jointly, both must sign) Daytime Phone			
,50118	paid			
prep	arer's SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/18/2022 P02082703			
	e only Preparer's Signature Date Preparer's PTIN GLOBAL TAXES LLC 2530 Pebble Creek Ln Cumming GA 30041 30-1017196		678 965-	-9522
	GLOBAL TAXES LLC 2530 PEDDTE Creek Ln Cutiliting GA 30041 30-1017196 Print Firm's Name (or yours if self-employed), Address and Zip Code EIN CG REV 02/05/221		Daytime Phone	
		NO		

Mail returns requesting a refund to: Nebraska Department of Revenue, PO Box 98912, Lincoln, NE 68509-8912. Mail returns not requesting a refund to: Nebraska Department of Revenue, PO Box 98934, Lincoln, NE 68509-8934.