Form <b>8879</b>
(Rev. January 2021)
Depertment of the Treesury

#### Department of the Treasury Internal Revenue Service

### **IRS e-file Signature Authorization**

OMB No. 1545-0074

ERO must obtain and retain completed Form 8879. ► Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

T.....

Taxpayer's name	Social security number
ANUDEEP REDDY SURKANTI	185-19-3470
Spouse's name	Spouse's social security number
Part I Tax Return Information – Tax Year Ending December 31, 2021 (Ent	ter 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> 93,267.
<b>2</b> Total tax	<b>2</b> 13,442.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	<b>3</b> 18,441.
4 Amount you want refunded to you	<b>4</b> 4,999.
<b>5</b> Amount you owe	5

#### Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of periury. 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

X I authorize GLOBAL TAXES LLC to enter or generate my PIN	X	I authorize	GLOBAL TAXES	LLC	to enter or generate my PIN
--	---	-------------	--------------	-----	-----------------------------

	9	3	4	7	0	25		
Enter five digits, but don't enter all zeros								

my

ERO firm name 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 am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

Date

#### Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

as mv Enter five digits, but don't enter all zeros

ERO firm name 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 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 I						 			
Practitioner PIN Method Returns Only—continue below										
Part III Certification and Authentication – Practitioner PIN Method Only										
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.	5	8	7			8 nter a	 	9	8 9	9

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 Re Don't Submit This Fo								
For Paperwork Reduction Act Notice, see your tax return	instructions. RAA	REV 03/12/22 PRO	Form <b>8879</b> (Rev. 01-2021)					

<b>104</b>		artment of the Treasury-Internal Revenue Serv 5. Individual Income Tax		(99) <b>urn</b>	202	21	OMB No. 1	545-007	74 IRS	Use Only	y—Do not v	write or staple	in this space.
Filing Status Check only one box.	lf yo	Single Married filing jointly u checked the MFS box, enter the r son is a child but not your dependen	name of	-									dow(er) (QW) he qualifying
Your first name		, ,	Last na	ame							Your se	ocial securi	itv number
											-19-347	-	
										curity number			
_24326 P	INE (	er and street). If you have a P.O. box, see GROVE CT							Apt. no	).	Check	here if you	ion Campaign , or your ntly, want \$3
		ce. If you have a foreign address, also co	omplete s	spaces be	low.	Sta			code				Checking a
FARMING	TON 1	HILLS				M	I	4	8335		-	low will not	0
Foreign countr	y name			Foreign p	rovince/state	e/coun	ity	Fo	eign post	al code	your ta	x or refund	
												You	Spouse
At any time du	uring 20	021, did you receive, sell, exchange	, or othe	erwise di	spose of a	ny fina	ancial intere	st in a	ny virtua	al curre	ency?	Yes	X No
Standard Deduction		eone can claim: DYou as a de Spouse itemizes on a separate retur	n or you		•		a depender	nt					
	-	Were born before January 2, 1	957	Are bl		ouse	e: 🗌 Was	born b	1		2, 1957	Is b	
Dependent				(2) 5	Social securi number	ty	(3) Relatio					or (see instru	
If more	(1) F	irst name Last name		humber					Child tax o		credit	Credit for of	ther dependents
than four dependents,													
see instruction	s ——												
and check here ►													
	1	Wages, salaries, tips, etc. Attach I	Form(s)	W-2							. 1	1	02,906.
Attach	2a		2a				 Taxable inter	· ·	• •	• •	2		21.
Sch. B if	3a	· · –	3a				Drdinary divi		• •	• •	. 21	-	
required.	- <u>4a</u>		4a				Taxable amo		• •	• •	. 4	-	
	5a		5a				axable amo				. 51	-	
Standard	6a		6a				axable amo				. 61		
Deduction for-	7	Capital gain or (loss). Attach Sche	dule D i	f require	d. If not rea	quired	l, check here	е.		. 🕨 [	7	,	340.
<ul> <li>Single or Married filing</li> </ul>	8	Other income from Schedule 1, lin	ne 10			·					. 8	- 18	10,000.
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8	This is yc	our <b>total in</b>	come					▶ 9		93,267.
<ul> <li>Married filing</li> </ul>	10	Adjustments to income from Sche	edule 1,	line 26							. 10	0	
jointly or Qualifying	11	Subtract line 10 from line 9. This is	s your <b>a</b>	djusted	gross inco	ome					▶ 1	1	93,267.
widow(er), \$25,100	12a	Standard deduction or itemized	deduct	t <b>ions</b> (fro	m Schedu	e A)		12a	1	2,55	0.		
Head of	b	Charitable contributions if you take	the sta	ndard de	duction (se	e insti	ructions)	12b		30	0.		
household, \$18,800	с	Add lines 12a and 12b									. 12	c	12,850.
<ul> <li>If you checked</li> </ul>	13	Qualified business income deduct	tion fron	n Form 8	995 or For	m 899	95-A				. 1:	3	
any box under Standard	14	Add lines 12c and 13									. 14	4	12,850.
Deduction, see instructions.	15	Taxable income. Subtract line 14	from lir	ne 11. lf z	zero or less	, ente	er-0				. 1	5	80,417.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2021)

USU Uniy	Firn	n's address ► 2530 Pebbl	le Creek L	n Cumming	g GA 30041	L	Firm	's EIN ▶	30-1017196
Use Only		n's name 🕨 GLOBAL TAX					Pho	ne no. (	678)965-9522
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLA	M 03/22/2022	P0208		Self-employed
Paid		parer's name	Preparer's signat			Date	PTIN		Check if:
		one no. (940)391-6353		Email address	SURKANTIANUD	EEPREDDY@GMAIL.C			
Keep a copy for your records.				Date	Spouse's occup		lden (see		nt your spouse an ection PIN, enter it her
Joint return? See instructions.	- Cre	ouse's signature. If a joint return, <b>b</b>	oth must sign	Data		ENGINEER		inst.) ►	
Here	Υοι	ur signature		Date	Your occupation		Prot	ection P	nt you an Identity N, enter it here
Sign		der penalties of perjury, I declare the first declare the first sector and compare true, correct, and compared the first sector and compared the first sector and the first secto							
		signee's ne ▶		Phone no.			onal identi ber (PIN) 🖡		
Third Party Designee	ins	you want to allow another tructions	•		m with the IRS	. 🕨 🗌 Yes. C	•		X No
You Owe	38	Estimated tax penalty (see in							
Amount	37	Amount you owe. Subtract					. 🕨	37	
	36	Amount of line 34 you want a							
See instructions.	►d	Account number 0 7 7							
Direct deposit?	►b	Routing number 2 7 1			► c Type:	X Checking	Savings		
neruna	35a	Amount of line 34 you want	efunded to you	I. If Form 8888	is attached, ch	eck here		35a	4,999.
Refund	34	If line 33 is more than line 24	, subtract line 24	4 from line 33.	This is the amo	unt you <b>overpaid</b>		34	4,999.
	33	Add lines 25d, 26, and 32. The second		•				33	18,441.
	32	Add lines 27a and 28 throug	h 31. These are	your <b>total oth</b>	er payments a	nd refundable cree	dits 🕨	32	
	31	Amount from Schedule 3, lin				31			
	30	Recovery rebate credit. See		·		30			
	29	American opportunity credit				29			
	28	Refundable child tax credit or			Schedule 8812	28			
	c	Prior year (2019) earned inco							
	b	Nontaxable combat pay elec							
		January 2, 2004, and you taxpayers who are at least ag	,		_				
attach Sch. EIC.		Check here if you were b	orn after Janu	ary 1, 1998,	and before				
qualifying child,	27a	Earned income credit (EIC)			No	27a			
If you have a	26	2021 estimated tax payment						26	
	d	Add lines 25a through 25c						25d	18,441.
	с	Other forms (see instructions				25c			
	b	Form(s) 1099				25b			
	a	Form(s) W-2				<b>25a</b> 18	3,441.		
	25	Federal income tax withheld	•				. •	27	13,112.
	23 24	Add lines 22 and 23. This is			-			23	0. 13,442.
	22 23	Subtract line 21 from line 18. Other taxes, including self-er	-					22 23	
	21 22	Add lines 19 and 20						21	13,442.
	20	Amount from Schedule 3, lin						20	
	19	Nonrefundable child tax cred		-				19	
	18	Add lines 16 and 17						18	13,442.
	17	Amount from Schedule 2, lin						17	
	16	Tax (see instructions). Check						16	13,442.

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Internal Revenue Service

# **Additional Income and Adjustments to Income**

► Attach to Form 1040, 1040-SR, or 1040-NR. ► Go to www.irs.gov/Form1040 for instructions and the latest information OMB No. 1545-0074 2021 Attachment Sequence No. **01** 

	•
or 1040-NR	Your soc

our	social	security	number
185	-19-3	3470	

### Part I Additional Income

ANUDEEP REDDY SURKANTI

Name(s) shown on Form 1040, 1040-SR,

1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions) $\blacktriangleright$			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trus Schedule E		5	-10,000.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	Ba ( )		
b	Gambling income	Bb		
С	Cancellation of debt	BC		
d	Foreign earned income exclusion from Form 2555	Bd ( )		
е	Taxable Health Savings Account distribution	Be		
f	Alaska Permanent Fund dividends	8f		
g	Jury duty pay	3g		
h	Prizes and awards	3h		
i	Activity not engaged in for profit income	8i		
j	Stock options	8j		
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such			
		3k		
I	Olympic and Paralympic medals and USOC prize money (see instructions)	81		
m	Section 951(a) inclusion (see instructions)	ßm		
n	Section 951A(a) inclusion (see instructions)	3n		
0	Section 461(I) excess business loss adjustment	Зо		
р	Taxable distributions from an ABLE account (see instructions) .	Вр		
z	Other income. List type and amount ►	Bz		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 104 1040-NR, line 8	40, 1040-SR, or	10	_10_000
Ter De				-10,000.

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

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basic officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	3	14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions) $\blacktriangleright$			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
а	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit <b>24b</b>			
С	Nontaxable amount of the value of Olympic and Paralympicmedals and USOC prize money reported on line 81 <b>24c</b>			
d	Reforestation amortization and expenses			
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans 24f			
g	Contributions by certain chaplains to section 403(b) plans <b>24g</b>			
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) <b>24h</b>			
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations			
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1         (Form 1041) <b>24k</b>			
z	Other adjustments. List type and amount ► 24z			
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to in</b> here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	

Page **2** 

REV 03/12/22 PRO

# SCHEDULE D

(Form 1040)

# **Capital Gains and Losses**

OMB No. 1545-0074

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.

20 21 Attachment Sequence No. 12

Internal Revenue Service (99) Name(s) shown on return

Department of the Treasury

ANUDEEP REDDY SURKANTI

► Go

Your social security number

185-19-3470

Did you	dispose of a	<pre>ny investment(</pre>	s) in a qualified	l opportunity f	und during the ta	x year?	Yes	🗡 No	
If "Yes,"	' attach Form	8949 and see	its instructions	s for additiona	l requirements for	r reporting v	your gain c	or loss.	

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

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	(g) Adjustment to gain or loss Form(s) 8949, F	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result
	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.			line 2, column	r (g)	with column (g)
1b	Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked	607.	267.			340.
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked					
3	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1		,	usts from	5	
6	Short-term capital loss carryover. Enter the amount, if an <b>Worksheet</b> in the instructions	6	( )			
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	, ,	7	340.		

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

See instructions for how to figure the amounts to enter on the lines below.		<b>(d)</b> Proceeds	(e) Cost	(g) Adjustmen		(h) Gain or (loss) Subtract column (e) from column (d) and
	form may be easier to complete if you round off cents to le dollars.	(sales price)	(or other basis)	to gain or loss from Form(s) 8949, Part II, line 2, column (g)		combine the result with column (g)
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 <b>Box D</b> checked					
9	Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked					
10	Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked.					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824	, ,	11			
12	Net long-term gain or (loss) from partnerships, S corporat	12				
13	Capital gain distributions. See the instructions	13				
14	Long-term capital loss carryover. Enter the amount, if any <b>Worksheet</b> in the instructions	-	14	( )		
15	Net long-term capital gain or (loss). Combine lines 8a on the back .		15			

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	<b>16</b> 340.
	• 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.	
	• 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.	
	• 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.	
17	Are lines 15 and 16 <b>both</b> gains?	
	No. Skip lines 18 through 21, and go to line 22.	
18	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	18
19	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	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.	
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.	
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:	
	The loss on line 16; or     (\$3,000), or if married filing separately, (\$1,500)	21 ()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.	
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?	
	☐ 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.	

REV 03/12/22 PRO

Schedule D (Form 1040) 2021

Form **8949** 

Department of the Treasury

Internal Revenue Service

## Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

Go to 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.

2021 Attachment Sequence No. 12A

Name(s) shown on return	Social security number or taxpayer identification number					
ANUDEEP REDDY SURKANTI	185-19-3470					

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.

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

<b>1</b> (a) Description of property	<b>(b)</b> Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the <b>Note</b> below	Adjustment, if any, to gain or los If you enter an amount in column (g enter a code in column (f). See the separate instructions.		If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		), (h) Gain or (loss). Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g)			
Robinhood Securities LLC	2 01/01/21	12/31/21	607.	267.			340.			
2 Totals. Add the amounts in colum negative amounts). Enter each to Schedule D, line 1b (if Box A abov above is checked), or line 3 (if Box	tal here and inc ve is checked), <b>li</b>	lude on your ne 2 (if Box B	607.	267.			340.			

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.

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

SCHEDULE	E
(Form 1040)	

### **Supplemental Income and Loss**

OMB No. 1545-0074

6 12

Attachment

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

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

Department of the Treasury Internal Revenue Service (99)

Internal F	Revenue Service (99)	► Go to www.irs.	gov/ScheduleE f	or insti	ructions	and the	e latest	information	•	Sequ	ience No. <b>13</b>
Name(s)	shown on return								Your	social securi	
ANUD	EEP REDDY SURK									5-19-347	
Part	Income or Los	s From Rental Rea	Estate and Ro	yalties	s Note	: If you	are in th	e business c	of renting	g personal p	oroperty, use
	Schedule C. See	e instructions. If you are	an individual, rep	ort farn	n rental i	ncome	or loss f	rom Form 48	<b>335</b> on p	age 2, line 4	40.
	l you make any payme										Yes 🔀 No
<b>B</b> If "	Yes," did you or will y									🗆	Yes 🗌 No
<b>1</b> a	Physical address of	each property (stree	t, city, state, ZIF	<sup>o</sup> code	e)						
Α											
В											
С											
1b	Type of Property	2 For each renta	Tor each rentairear estate property listed							onal Use	QJV
	(from list below)	personal use of	days. Check the e requirements to	QJV b	ar and ox only <sub>r</sub>		L	Days	L	Days	
<u>A</u>	3	if you meet the	e requirements to venture. See inst	o file as	sa	A		365		0	
		quaimed joint	venture. See mst	liuctioi	15.	B					
						С					
	of Property:			- I			7 0 10	<b>D</b>			
-	le Family Residence	3 Vacation/Sho	rt-Term Rental				7 Self-				
Incom	ti-Family Residence	4 Commercial	Properties:	6 KO	yalties		8 Othe	r (describe)			С
	-		•	3		Α	600.	E			C
<u>3</u> 4	Rents received			4			600.				
Expen	Royalties received .			4							
5	Advertising			5							
6	Auto and travel (see			6							
7	Cleaning and mainte	-		7		1	400.				
8	Commissions			8		<u> </u>	100.				
9	Insurance			9							
10	Legal and other profe			10							
11	Management fees .			11		1.	200.				
12	Mortgage interest pa			12		± /	200.				
13	Other interest			13							
14	Repairs			14		2,	500.				
15	Supplies			15			500.				
16	Taxes			16							
17	Utilities			17		3,	000.				
18	Depreciation expens			18							
19	Other (list) 🕨			19							
20	Total expenses. Add	lines 5 through 19		20		10,	600.				
21	Subtract line 20 from	n line 3 (rents) and/or	r 4 (royalties). If								
	result is a (loss), see	. ,									
	file Form 6198			21		-10,	000.				
22	Deductible rental rea		mitation, if any,								
	on Form 8582 (see in			22	(	10,0	00.)	(		)(	)
23a	Total of all amounts	•					23a		600	0.	
b	Total of all amounts						23b				
С	Total of all amounts						23c				
d	Total of all amounts						23d	-	0		
e	Total of all amounts						23e	1	.0,600		
24	Income. Add positiv				-					24	10.000.
25	Losses. Add royalty lo									25 (	10,000.)
26	Total rental real est										
	here. If Parts II, III, Schedule 1 (Form 10									26	-10,000.
			o, monuae uno al	nount		star OII		on page Z	4		±0,000.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2021

Form <b>8582</b>
Department of the Treasurv

Part I

Internal Revenue Service (99) Name(s) shown on return

ANUDEEP REDDY SURKANTI

2021 Passive Activity Loss

### **Passive Activity Loss Limitations**

► See separate instructions.

► Attach to Form 1040, 1040-SR, or 1041.

▶ Go to www.irs.gov/Form8582 for instructions and the latest information.

OMB No. 1545-1008

Identifying number 185-19-3470

Renta Allow			
1a b c d	Activities with net income (enter the amount from Part IV, column (a))1a0.Activities with net loss (enter the amount from Part IV, column (b))1b( 10,000.)Prior years' unallowed losses (enter the amount from Part IV, column (c))1c( )Combine lines 1a, 1b, and 1c	1d	-10,000.
All Ot	her Passive Activities		
2a b c d	Activities with net income (enter the amount from Part V, column (a))       .       2a         Activities with net loss (enter the amount from Part V, column (b))       .       .       2b (       )         Prior years' unallowed losses (enter the amount from Part V, column (c))       .	2d	
3	Combine lines 1d and 2d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used	3	-10,000.

If line 3 is a loss and: • Line 1d is a loss, go to Part II.

• Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

**Caution:** If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II. Instead, go to line 10.

Par	t II Special Allowance for Re	ntal Real Estate	Activities With	Active Partici	pation		
	Note: Enter all numbers in Par	rt II as positive amo	ounts. See instruc	tions for an exam	nple.		
4	Enter the smaller of the loss on line 1	ld or the loss on lir	ne3			4	10,000.
5	Enter \$150,000. If married filing separ	rately, see instructi	ons	5	150,000.		
6	Enter modified adjusted gross income	e, but not less thar	n zero. See instruc	tions 6	103,267.		
	<b>Note:</b> If line 6 is greater than or equa on line 9. Otherwise, go to line 7.	I to line 5, skip line	s 7 and 8 and ent	er -0-			
7	Subtract line 6 from line 5			7	46,733.		
8	Multiply line 7 by 50% (0.50). Do not e	nter more than \$25	,000. If married filin	ng separately, see	e instructions	8	23,367.
9	Enter the smaller of line 4 or line 8					9	10,000.
Par	t III Total Losses Allowed						
10	Add the income, if any, on lines 1a ar	nd 2a and enter the	total			10	0.
11	Total losses allowed from all passiv	ve activities for 20	21. Add lines 9 ar	nd 10. See instruc	tions to find		
	out how to report the losses on your t	tax return				11	10,000.
Par	t IV Complete This Part Befor	e Part I, Lines 1	<b>a, 1b, and 1c.</b> S	ee instructions			
	Name of activity	Currer	nt year	Prior years	Ove	erall ga	ain or loss
	Name of activity	(a) Net income (line 1a)	<b>(b)</b> Net loss (line 1b)	(c) Unallowed loss (line 1c)	<b>(d)</b> Gair	n	<b>(e)</b> Loss
		0.	10,000.				10,000.

10,000.

0.

For Paperwork Reduction Act Notice, see instructions. BAA

Total. Enter on Part I, lines 1a, 1b, and 1c ►

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Form 8582 (2021)

Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.

(a) Net income (line 2a)       (b) Net loss (line 2b)       (c) Unallowed (loss (line 2c)       (d) Gain       (e) Loss         (ine 2a)       (ine 2b)       (c) Unallowed (line 2b)       (c) Gain       (e) Loss         (ine 2a)       (ine 2b)       (c) Section 2c)       (c) Gain       (e) Loss         (ine 2b)       (c) Section 2c)       (c) Section 2c)       (c) Section 2c)       (c) Section 2c)         Total. Enter on Part I, lines 2a, 2b, and 2c ▶       Form or schedule to be reported on (see instructions)       (a) Loss       (b) Ratio       (c) Special allowance       (d) Subtract column (c) from column (c) from column (c).         Name of activity       Form or schedule to be reported on (see instructions)       (a) Loss       (b) Ratio       (c) Special allowance       (d) Subtract column (c) from column (c).         Total       E Ln 22       10,000.       1.0000000       10,000.       0         Total       E Ln 22       10,000.       1.00       10,000.       0         Part VII       Allocation of Unallowed Losses. See instructions.       (a) Loss       (b) Ratio       (c) Unallowed loss         Name of activity       Form or schedule and line number to be reported on (see instructions)       (a) Loss       (b) Ratio       (c) Unallowed loss         Total       E       E       E       E		Name of activity	Currer	nt year		Prior y	ears	Overall gain or loss		
Total. Enter on Part I, lines 2a, 2b, and 2c ▶         Part VI       Use This Part if an Amount Is Shown on Part II, Line 9. See instructions.         Name of activity       Form or schedule and line number to be reported on (see instructions.         E       Ln         Image: Description of Unallowed Losses. See instructions.       Image: Description of Unallowed Losses. See instructions.         Total.       Form or schedule and line number to be reported on (see instructions.)       Image: Description of Unallowed Losses. See instructions.         Total       Form or schedule and line number to see instructions.       Image: Description of Unallowed Losses. See instructions.         Form or schedule and line number to see instructions.       Form or schedule and line number to be reported on (see instructions)       (a) Loss       (b) Ratio       (c) Unallowed loss         Total       Form or schedule and line number to be reported on (see instructions)       Image: Description of Unallowed loss       (c) Unallowed loss         Total       Image: Description of Unallowed Losses. See instructions.       Image: Description of Unallowed loss       (c) Unallowed loss         Total       Image: Description of Unallowed Losses. See instructions.       Image: Description of Unallowed loss       (c) Allowed loss         Total       Image: Description of Unallowed Losses. See instructions.       Image: Description of Unallowed Losses       (c) Allowed Losse         To		Name of activity						<b>(d)</b> Gain		(e) Loss
Part VI       Use This Part if an Amount Is Shown on Part II, Line 9. See instructions.         Name of activity       Form or schedule and line number (see instructions)       (a) Loss       (b) Ratio       (c) Special allowance       (d) Subtract column (c) from column (a).         E       Ln<22			(into Za)	(11)	10 20)	1000 (111	0 20)			
Part VI       Use This Part if an Amount Is Shown on Part II, Line 9. See instructions.         Name of activity       Form or schedule and line number (see instructions)       (a) Loss       (b) Ratio       (c) Special allowance       (d) Subtract column (c) from column (a).         E       Ln<22										
Part VI       Use This Part if an Amount Is Shown on Part II, Line 9. See instructions.         Name of activity       Form or schedule and line number to be reported on (see instructions)       (a) Loss       (b) Ratio       (c) Special allowance       (d) Subtract column (c) from column (c) from column (c) from column (c).         E       Ln<22										
Part VI       Use This Part if an Amount Is Shown on Part II, Line 9. See instructions.         Name of activity       Form or schedule and line number to be reported on (see instructions)       (a) Loss       (b) Ratio       (c) Special allowance       (d) Subtract column (c) from column (c) from column (c) from column (c).         E       Ln<22										
Part VI       Use This Part if an Amount Is Shown on Part II, Line 9. See instructions.         Name of activity       Form or schedule and line number (see instructions)       (a) Loss       (b) Ratio       (c) Special allowance       (d) Subtract column (c) from column (a).         E       Ln<22	Total Enter	an Dart L lines 0a. 0b. and 0a 🕨								
Name of activity       Form or schedule and line number to be reported on (see instructions)       (a) Loss       (b) Ratio       (c) Special allowance       (d) Subtract column (a).         E       Ln 22       10,000.       1.0000000       10,000.       0         Image: See instructions         Image: See instructions       Image: See instructions       Image: See instructions       Image: See instructions       Image: See instructions         Image: See instructions       Image: See instructions       Image: See instructions       Image: See instructions       Image: See instructions         Name of activity       Form or schedule and line number to be reported on (see instructions)       (a) Loss       (b) Ratio       (c) Unallowed loss         Image: See instructions         Image: See instructions       Image: See instructions       Image: See instructions       Image: See instructions       Image: See instructions         Image: See instructions       Image: See instructions       Image: See instructions       Image: See instructions         Image: See instructions       Image: See instructions       Image: See instructions       Image: See instructions <td></td> <td></td> <td>nt Is Shown on F</td> <td>Part II.</td> <td>Line 9. S</td> <td>ee instruc</td> <td>ctions.</td> <td></td> <td></td> <td></td>			nt Is Shown on F	Part II.	Line 9. S	ee instruc	ctions.			
Name of activity     and line number to be reported on (see instructions)     (a) Loss     (b) Ratio     (c) Special allowance     (d) Subtract column (c) from column (a).       E     Ln     2     10,000.     1.0000000     10,000.     0       Image: See instructions       Total     Image: See instructions       Name of activity     Form or schedule and line number to be reported on (see instructions)     (a) Loss     (b) Ratio     (c) Unallowed loss       Total     Image: See instructions       Name of activity     Form or schedule and line number to be reported on image: See instructions     Image: See instructions     Image: See instructions       Total     Image: See instructions     Image: See instructions     Image: See instructions     Image: See instructions       Total     Image: See instructions     Image: See instructions     Image: See instructions     Image: See instructions       Total     Image: See instructions     Image: See instructions     Image: See instructions     Image: See instructions       Total				,						
Total       Image: construction of Unallowed Losses. See instructions.         Part VII       Allocation of Unallowed Losses. See instructions.         Name of activity       Form or schedule and line number to be reported on (see instructions)         Image: construction of Unallowed Losses. See instructions.       (a) Loss         Image: construction of Unallowed Losses. See instructions.       (b) Ratio         Image: construction of Unallowed Losses. See instructions.       (a) Loss         Image: construction of Unallowed Losses. See instructions.       Image: construction of (see instructions)         Image: construction of Unallowed Losses. See instructions.       Image: construction of (see instruction		Name of activity	and line number to be reported on	(a	) Loss	<b>(b)</b> Ra	atio			column (c) from
Part VII       Allocation of Unallowed Losses. See instructions.         Name of activity       Form or schedule and line number to be reported on (see instructions)       (a) Loss       (b) Ratio       (c) Unallowed loss         Image: Construction of the second of			E Ln 22		10,000.	1.0000	0000	10,00	0.	0.
Part VII       Allocation of Unallowed Losses. See instructions.         Name of activity       Form or schedule and line number to be reported on (see instructions)       (a) Loss       (b) Ratio       (c) Unallowed loss         Image: Construction of the provide on to be reported on (see instructions)       Image: Construction of the provide on to be reported on (see instructions)       Image: Construction of the provide on to be reported on (see instructions)       Image: Construction of the provide on to be reported on (see instructions)       Image: Construction of the provide on to be reported on (see instructions)         Total       Image: Construction of the provide on to be reported on to be reported on to be reported on       (a) Loss       (b) Unallowed loss       (c) Allowed loss										
Part VII       Allocation of Unallowed Losses. See instructions.         Name of activity       Form or schedule and line number to be reported on (see instructions)       (a) Loss       (b) Ratio       (c) Unallowed loss         Image: Construction of the provide on to be reported on (see instructions)       Image: Construction of the provide on to be reported on (see instructions)       Image: Construction of the provide on to be reported on (see instructions)       Image: Construction of the provide on to be reported on (see instructions)       Image: Construction of the provide on to be reported on (see instructions)         Total       Image: Construction of the provide on to be reported on to be reported on to be reported on       (a) Loss       (b) Unallowed loss       (c) Allowed loss										
Part VII       Allocation of Unallowed Losses. See instructions.         Name of activity       Form or schedule and line number to be reported on (see instructions)       (a) Loss       (b) Ratio       (c) Unallowed loss         Image: Comparison of Unallowed Losses. See instructions       Image: Comparison of Unallowed Losses. See instructions       (a) Loss       (b) Ratio       (c) Unallowed loss         Image: Comparison of Unallowed Losses. See instructions       Image: Comparison of Unallowed Losses       Image: Comparison of Unallowed Losses       Image: Comparison of Unallowed Losses         Image: Comparison of Unallowed Losses. See Instructions.       Image: Comparison of Unallowed Losses       Image: Comparison of Unallowed Losses       Image: Comparison of Unallowed Losses         Image: Comparison of Unallowed Losses. See Instructions.       Image: Comparison of Unallowed Losses       Image: Comparison of Unallowed Losse       Image: Comparison of Unallowed Losse         Image: Comparison of Unallowed Losses       Form or Schedule and line number to be reported on	Total .				10,000.	1.0	0	10.00	0.	0.
Name of activity       and line number to be reported on (see instructions)       (a) Loss       (b) Ratio       (c) Unallowed loss         Image: Construction of the second o										
Part VIII       Allowed Losses. See instructions.         Name of activity       Form or schedule and line number to be reported on         (a) Loss       (b) Unallowed loss         (c) Allowed loss		Name of activity	and line nur to be reporte	nber ed on	(a) I	LOSS	(	<b>b)</b> Ratio	(c)	Unallowed loss
Part VIII       Allowed Losses. See instructions.         Name of activity       Form or schedule and line number to be reported on         (a) Loss       (b) Unallowed loss         (c) Allowed loss										
Part VIII       Allowed Losses. See instructions.         Name of activity       Form or schedule and line number to be reported on         (a) Loss       (b) Unallowed loss         (c) Allowed loss										
Part VIII       Allowed Losses. See instructions.         Name of activity       Form or schedule and line number to be reported on         (a) Loss       (b) Unallowed loss         (c) Allowed loss										
Name of activityForm or schedule and line number to be reported on(a) Loss(b) Unallowed loss(c) Allowed loss				. 🕨				1.00		
to be reported on (a) Loss (b) Unanowed loss (c) Anowed loss				edule						
Image: Sector		Name of activity	to be reporte	ed on	(a) l	_OSS	<b>(b)</b> Ur	nallowed loss	(	c) Allowed loss
Image: sector										
Image: second se										

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Form **8582** (2021)

# REVENUE

7.

### **2021 IA 8453-IND** Iowa Individual Income Tax Declaration for an e-File Return

tax.iowa.gov

	Your first name,	, middle initial,	and last name	ANUDEEP	REDDY	SURKANTI
--	------------------	-------------------	---------------	---------	-------	----------

Spouse's first name, middle initial, and last name

Spouse's Social Security Number

Your Social Security Number <u>185-19-3470</u> Home address, City, State, ZIP <u>24326</u> PINE GROVE CT

FARMINGTON	HILLS	ΜI	48335

Part I Tax Return Information	B. Spouse (filing status 3)		A. You or Joint
1. Iowa Net Income (IA 1040, line 26 A & B)	1B	.00	1A <u>93,267</u> .00
2. Total Tax (IA 1040, line 42 A & B)	2B	.00	2A <u>4,058</u> .00
3. Iowa Income Tax Withheld (IA 1040, line 63 A & B)	3B	.00	3A <u>186</u> .00
4. Amount to be Refunded (IA 1040, line 68)			400
5. Total Amount Due (IA 1040, line 73)			5. 11.00

Part II Declaration of Taxpayer (Be sure to keep a copy of the tax return.)

6. X I do not want direct deposit or direct debit.

I consent that my refund be directly deposited as designated below. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.

Routing Number			The first two digits must be 01 through 12 or 21 through 32.
Account Number			
Type of Account:	Savings 🗆	Checking	

Will this refund go to (or payment come from) an account outside the United States? Yes

Under penalties of perjury, I declare that I have examined the information on my electronic individual income tax return, including any schedules, attachments, and statements for tax year ending December 31, 2021 and certify 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 shown on the copy of my electronic income tax return. I consent that my return, including accompanying schedules, attachments, and statements be sent to the lowa Department of Revenue (IDR) through the Internal Revenue Service (IRS) by my Electronic Return Originator (ERO). In addition, by using software to prepare and transmit my return electronically, I consent to the disclosure to IDR of all information pertaining to the transmission of my tax return electronically. I authorize IDR to inform my ERO and/or transmitter when my electronic return has been accepted. In the event that if is rejected, I authorize IDR to identify the reasons for rejection so that the return can be corrected and re-transmitted. If I have filed a balance due return, I consent that my refund be directly deposited as designated in Part II and declare that the information shown in Part II is correct. If the processing of my return, refund, or direct debit is delayed, I authorize IDR to disclose to my ERO and/or transmitter the reason(s) for the delay or the date the refund was sent. I understand that this declaration with required attachments must be forwarded upon request to IDR.

Your	Signature
------	-----------

Date

Spouse Signature If a joint return, both must sign.

Date

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer

I declare that I have reviewed the above taxpayer's return and that entries on form IA 8453-IND are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. I have obtained the taxpayer's signature before submitting this return to the IRS. I have provided the taxpayer with a copy of all forms and information to be filed with IDR and have followed all other requirements described in the Iowa Modernized e-File (MeF) Information for e-File Providers publication. I understand that the original form IA 8453-IND should not be sent to IDR, but must be retained by the ERO for a period of three years from the due date of the return or the filing date, whichever is later, to which the IA 8453-IND relates was filed. I will make a copy available to IDR upon request. If I am a paid preparer, under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules, attachments, and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I have based this declaration on all information available to me.

ERO Signature	Date	Check if also paid preparer □	Check if self- employed □	ERO PTIN
Firm's name (or yours if <sub>GL</sub> self-employed) Address, City, State, ZIP <sub>25</sub>	OBAL TAXES LLC 30 PEBBLE CREEK LN CUM	MING GA 30041		FEIN 30-1017196 Phone Number (678)965-9522
Paid Preparer	RIYA RAM SAGAR GUPTA TALLAM	Date 03/22/2022	Check if self- employed □	Preparer PTIN P02082703
Firm's name (or yours if self-employed)	GLOBAL TAXES LLC	FEIN 30-1017196		
Address, City, State, ZIP	2530 PEBBLE CREEK LN C	Phone Number (678)965-9522		

tax.iowa.gov

Save time, file returns and pay online at tax.iowa.gov.

### **Instructions for Payment Vouchers**

- 1. Complete using blue or black ink. Do not use gel pens or red ink on checks. **Do not staple.**
- 2. **SSN:** Enter the Social Security Number in the boxes provided below.
- 3. **Period ending:** Enter the date of the calendar or fiscal year end. Use MMDDYY format. MM: two-digit month. DD: two-digit day. YY: last two digits of the tax year. The period ending for December 31, 2021, would be entered as: 123121.
- 4. **Payment amount:** Enter dollars and cents. The two boxes separated to the right on the amount line are for cents. Do not enter any punctuation or symbols (for example ", or \$").
- 5. When paying by check, **make checks payable to** lowa Department of Revenue.
- 6. Mail your payment on or before the due date with this voucher to:

Iowa Department of Revenue PO Box 9187 Des Moines IA 50306-9187

	cu	t here									
Iowa Department of Revenue	INT	REV 02/19/22 PRO	ual	Inco	ome	Тах			<b>10</b> ent \		
500P79274303753757P57P P											
		SSN:	1	8	5	1	9	3	4	7	0
Print name:       SURKANTI ANUDEEP REDDY         (Last, first MI)       24326 PINE GROVE CT		Period ending:				1	2	3	1	2	1
City, state, ZIP: FARMINGTON HILLS MI 48335		Payment amount:						1	1	0	0
Phone: 940-391-6353											
lowa Department of Revenue by check, you auth	of Reve orize th t your c	nue. When you pay ne Department of check to a one-time									

### 2021 IA 1040 lowa Individual Incomo Tax Poturn

		1040 Iowa Individual Income Tax Return	,						
		I spaces. You must fill in your Social Security Number (SSN).			er Balla, Mele, Chiener Zhanze, Balle	I INNELAPINA	ALEY LENDER AND	ante magi	arwa IIII
Your last r	name:	Your first name/middle initial:					aran far	HE BY	
SURKA						ir e e e e e e e e e e e e e e e e e e e		(BURE	
Spouse's I	last nai	me: Spouse's first name/middle initial:			2. KV E KOLONNI SVI PANA NA	18.808 F	aksennix fo	12474	MAX III
		address (number and street, apartment, lot, or suite number) or PO Box: ${ m INE}\ { m GROVE}\ { m CT}$							
City, State FARMI		CON HILLS MI 48335							
Spouse S	SSN	Your SSN: 185-19-3470							
Step 2 Fili	ng Sta	atus: Mark one box only							
1 🗙 Si	ingle: V	Nere you claimed as a dependent on another person's lowa return? Yes N	lo 🗙	Email Addr	ress:				
2 M	larried	filing a joint return. (Two-income families may benefit by using status 3 or 4.)		Check this	box if you or your spouse we	ere 65 or old	ler as of 12/31/21.		
3 M	larried	filing separately on this combined return. Spouse use column B.		Residence	on 12/31/21: County No. ()	0	School District I	No. 000	C
4 M	larried	filing separate returns. Spouse's name:	▲SSN	:		Net	t Income: \$		
		household with qualifying person. If qualifying person is not claimed as a dependent on the			on's name and SSN below				
		ng widow(er) with dependent child. Name:	no rotani, er		SSN:				
				D. 0			A \/		
Step 3 Ex	•			B. Spous	e (Filing Status 3 ONLY)			ou or Joint	4.0
		redit: Col. A: Enter 1 (enter 2 if filing status 2 or 5); Col. B: Enter 1 if filing status 3 each taxpayer who is 65 or older and/or 1 for each taxpayer who is blind			X \$ 40 = X \$ 20 = \$		<u> </u>	\$40 = <u></u> \$20 = <del>\$</del>	-
		s: Enter 1 for each dependent	-		$x = \frac{3}{20} = \frac{3}{5}$	- 1-		$520 - \frac{1}{3}$	
		ames of dependents here	• <u> </u>		e. Total \$	_ ^ _		e. Total \$	
					1				<u> </u>
Step 4 Re	portab	ole Social Security benefits as calculated on line 13 of Iowa Social Security Worksho	eet	B. Spouse	e/Status 3 ▲		A. You or Joint		
Stan E			. Spouse/S	Status 3	A. You or Joint	•	ise/Status 3	A.	You or Joint
Step 5 Gross				.00	102,906.0				
Income	2.	—		.00	21.0	0			
	3.	-		.00	0	D			
	4.	Taxable alimony received 4.		.00	0	D			
	5.	Business income/(loss). See instructions 5.		.00	0	D		: Use onl r black	у
	6.	Capital gain/(loss). See instructions 6.		.00	340.0	D		pencils	
	7.	Other gains/(losses). See instructions		.00	0	D	or red	ink.	
	8.	Taxable IRA distributions		.00	0	D			
	9.	Taxable pensions and annuities   9.		.00	0	D			
	10.	Rents, royalties, partnerships, estates, etc. See instructions 10.		.00	-10,000.0	D			
	11.	Farm income/(loss). See instructions 11.		.00	0	D			
	12.	Unemployment compensation. See instructions 12.		.00	0	D			
	13.	Gambling winnings 13.		.00	0	D			
	14.	Other income, bonus depreciation, and section 179 adjustment 14.		.00	.0	D			
	15.	Gross Income. Add lines 1-14					.00 🔺	93	3 <u>,26</u> 7 .00
Step 6 Adjust-	16.	Payments to an IRA, Keogh, or SEP 16.		.00	.0	0			
ments to	17.	Deductible part of self-employment tax 17.		.00	.0	0			
Income	18.	Health insurance premium 18.		.00	0.0	0			
	19.	Penalty on early withdrawal of savings 19.		.00	.0	0			
	20.	Alimony paid 20.		.00	.0	0			
	21.	Pension/retirement income exclusion 21.		.00	.0	0			
	22.	Moving expense deduction from federal form 3903 22.		.00	.0	0			
	23.	Iowa capital gain deduction. Must include corresponding IA 100 schedule		.00	<u>۵</u>	n			
	24.	Other adjustments		.00	.00				
	25.	 Total adjustments. Add lines 16-24				0	.00 🔺		0.00
	26.	Net Income. Subtract line 25 from line 15			<u> </u>		00 ▲	9	<u>0.00</u> <u>3,26</u> 7.00
Step 7	27.	Federal income tax refund/overpayment received in 2021		.00	•	0	.00 -		· .00
Federal Taxes	28.	Self-employment/household employment/other federal taxes		00					
and Qualified	20.	Addition for federal taxes. Add lines 27 and 28				U	.00		0.00
Deduc-	30.	Total. Add lines 26 and 29							
tions		Edderal tax withhold in 2021, foderal estimated tax navments made					.00		<u>93,267</u> .00
		in 2021, and federal taxes paid in 2021 for 2020 and prior years		.00	▲ <u>18,441</u> .0	00			
	32.	Qualified business income deduction. 50.0% (.50) of federal amount. See instructions		.00	<u>۸</u>	00			
	33.	DPAD 199A(g) deduction. 50.0% (.5) of federal amount		.00 .00		0			
	34.	Total federal tax and other qualified deductions. Add lines 31, 32, and 33				.0	00	1	.8,441.00
	35.	Balance. Subtract line 34 from line 30. Enter here and on line 36, page 2			-		.00. <b>A</b> 00.		4,826.00
							00 _	/	<u> </u>
			02/19/22 PF	RO			41-	IN 001 (10/	T '08/2021)

2021 Step 8	<b>IA</b>	<b>1040, page 2</b> BALANCE. From side 1, line 35			e/Status 3	A. You or Joint	B. Spouse/St	atus 3 .00	A	A. You or Joint 74 <b>,</b> 826.00
Taxable	37	Deduction. Check one box  Itemized.(Include IA Schedule							. —	4,289.00
Income	38.	``````````````````````````````````````						.00	<b>^</b> -	70,537.00
Step 9	39.			20				.00		10,557.00
Tax, Credits,					.00		<u>8</u> .00			
and Check-	40.	lowa lump-sum tax. See instructions			.00		00			
off	41.				.00	-	.00			4 050
Contri- butions	42.	Total tax. ADD lines 39, 40, and 41.				72.		.00	-	4,058.00
	43.	Total exemption credit amount(s) from Step 3, side 1			.00		<u>0 .</u> 00			
	44.	Tuition and textbook credit for dependents K-12			.00		.00			
	45.	Volunteer firefighter/EMS/reserve peace officer credit Total credits. ADD lines 43, 44, and 45			.00		.00			4.0
-	46. 47.							.00		40.00
		Credit for nonresident or part-year resident. Must include IA	,					.00	<u> </u>	<u>4,018</u> .00
	48.							.00	<u> </u>	3,821.00
	49. 50	BALANCE. SUBTRACT line 48 from 47. If less than zero, e						.00	<b>^</b> _	197.00
	50.	Out-of-state tax credit. Must include IA 130.						.00	<b>^</b> _	.00
	51.	BALANCE. SUBTRACT line 50 from 49. If less than zero, e						.00	<b>_</b>	197.00
	52.	Other nonrefundable lowa credits. Must include IA 148 Tax						.00	<b>_</b>	.00
	53.	BALANCE. SUBTRACT line 52 from line 51. If less than ze	,					.00	<b>_</b>	<u>    197</u> .00
	54.	School district surtax or EMS surtax. Take percentage from	,					.00	<b>^</b>	<u> </u>
	55.	Total state and local tax. ADD lines 53 and 54						.00	<b>^</b>	<u>    197</u> .00
	56.	TOTAL state and local tax before contributions. Combine or						. 56.		197.00
	57.	Contributions will reduce your refund or add to the amount	Jou owe. Al	mounts musi	t be in whole di	oliars.				
	Fish	/Wildlife 57a: ▲ State Fair 57b: ▲ Firefighter	s/Veterans 5	7c: 🔺	Child Abuse F	Prevention 57d:	Enter here	. 57.		.00
	58.	TOTAL STATE AND LOCAL TAX, AND CONTRIBUTIONS.	Add line 56	6 and line 57	and enter her	e		. 58.	<b></b>	197.00
Step 10 Credits	59.	Iowa Fuel Tax Credit. Must include IA 4136	5	59.	.00	L	.00			
Credits	60.	Check One: Child and Dependent Care Credit OR								
		Early Childhood Development Credit	6	60.	.00		.00			
	61.	lowa earned income tax credit. 15.0% (.15) of federal credi	i 6	51.	.00	۱ <u> </u>	<u>0</u> .00			
	62.	Other refundable credits. Include IA 148 Tax Credits Sched	ule 6	62.	.00	L	.00			
	63.	Iowa income tax withheld			.00	18	<u>5 .</u> 00			
	64.	Estimated and voucher payments made for tax year 2021.	6	64.	.00	L	.00			
	65.	5			.00	<u>+</u> •				
	66.									186.00
Step 11 Refund	67.			,	'				▲	.00
	68.	Amount of line 67 to be REFUNDED.					REFUND	68.	<u>م</u>	.00
	6	8a. Routing number:			68	<sup>8b.</sup> Type Checkir	ng	Savi	ngs	
	6	8c. Account number:							76	
				<u>.</u> 39.						
Step 12		Amount of line 67 to be applied to your 2022 estimated tax. If line 66 is less than line 58, subtract line 66 from line 58. 1					00	70.	•	
Pay	70. 71.						is used 🔺 🗔	70. 71.		11.00
	72.		00	▲ 72b. In			Enter total		<b>-</b>	.00. .00
		TOTAL AMOUNT DUE. ADD lines 70, 71, and 72. Enter he						73.	<u>ــــــــــــــــــــــــــــــــــــ</u>	1 1.00
Step 13		e undersigned, declare under penalties of perjury or false cer plete.	ificate, that	l have exam	nined this return	n, and, to the best o	f my knowledge	and beli	ief, it is	
	2011									
SIGN HERE										
	You	r signature Date	Check if d	eceased	Date of dea		r's signature	GUPTA 1	l'ALLAM	03/22/2022 Date
SIGN	Tour	Signature Date	Checkind	eceased	Date of dea		0			
HERE	Snot	use's signature Date	Check if d	ocoocod	Date of dea		082703 r's PTIN		30-1	<u>017196</u>
	Зро			)391-6		ui Fiepaie		IN Firm's FEIN (678)965-9522		
				ytime telepho				e telepho		
			·	·			•			
								ocumer Moines	nt Proc IA 503	essing, 06-9187



REV 02/19/22 PRO

### 2021 IA 1040 Schedule A

Iowa Itemized Deductions

If you itemize deductions, include this schedule with your return. Use whole dollar amounts.

Iowa Department of **EVENUE** 

tax.iowa.gov

Name(s): ANU	DEEP REDDY SURKANTI Social Security Number: 185-19-	3470	
Medical and	1. Medical and dental expenses (Exclude health insurance premiums claimed on IA 1040, line 18)	1	
Dental Expenses	2. Multiply the amount on federal form 1040, line 11, as modified for lowa purposes, by 7.5% (.075). Enter result See IA 1040 expanded instructions.		
	3. Subtract line 2 from line 1. If less than zero, enter 0	3	
Taxes You Paid (Not subject to federal deduction dollar limitations)	4. State and local taxes. Check only one box.     a 凶 Other state and local income taxes. Do not include any general sales tax or lowa income tax.     Include school district surtax and EMS surtax from prior years paid in 2021, OR     b □ General sales tax from federal form 1040, Schedule A, line 5a	0	3,989
Interest You Paid	9. Home mortgage interest and points.         a. Interest and points reported on federal form 1098		
	12. Investment interest. Include federal form 4952 if required		
Gifts to Charity	14. Contributions by cash or check.       14		300
Casualty/ Theft Loss	18. Casualty or theft loss(es). Include federal form 4684. See IA 1040 expanded instructions	18.	
Other temized Deductions	19. Other expenses. List type and amount:		
	20. Other Iowa deductions. See IA 1040 expanded instructions.	20.	
otal Itemized Deductions	21. Total deductions. Add lines 3, 8, 13, 17 through 20. If using filing statuses 1, 2, 5, or 6, enter the amount on the IA 1040, Step 8, line 37	21.	4,289
Proration of	Complete lines 22-26 only if you are using filing status 3 or 4.       Spouse         22. Net income of both spouses from IA 1040, line 26       22b.         23. Total lowa net income, add columns 22a and 22b. Enter total here.       22b.	22a.	
Deductions Between Spouses	<ul> <li>23. Total lowa net income, add columns 22a and 22b. Enter total nere</li></ul>	24.	%
	<ul> <li>26. Subtract line 25 from line 21. Enter here and on IA 1040, line 37, column B. If you are using filing status 4, enter this amount on your spouse's return, line 37, column A</li></ul>		



2021 IA 126

tax.iowa.gov



Name(s):	ANUDEEP REDDY SURKANTI	Social Security Number:	185-1	9-3470
Mark the	appropriate box for you and your s	bouse B.	. Spouse	A. You or Joint
A nonresid	dent of Iowa for all of 2021			$\Join$
A part-vea	ar resident of Iowa during 2021			
, i part joe	-	ate moved into Iowa:		
		ate moved out of lowa:	· · · · · · · · · · · · · · · · · · ·	
Δ full-vear	resident of Iowa during 2021			
-	-	P		
	rce Income		Spouse	A. You or Joint 0 4,560.00
	es, salaries, tips, etc ble interest income			
		-		
	nary dividend income			
	ble alimony received			
	ness income or (loss)			
	tal gain or (loss)			
	r gains or (losses)			
	ble IRA distributions			
	ble pensions and annuities			
	s, royalties, partnerships, estates, etc.			
	n income or (loss)			
	nployment compensation			
	bling winnings			
	r income, bonus depreciation, and sec			
15. IOWa	gross income. Add lines 1-14		.0.	$0  \underline{4,560}.00$
10. Payn	nents to an IRA, Keogh, or SEP		.0.	0.00
	uctible part of self-employment tax			
	th insurance premium			
	alty on early withdrawal of savings			
20. Alimo	ony paid		.0	0.00
21.Pens	sion/retirement income exclusion		.0	0.00
22. IVIOVI	ng expense deduction <b>into</b> lowa only.		.0	
	capital gain deduction			
24. Othe	r adjustments		.0	
25. I otal	adjustments. Add lines 16-24		.0	
26. Iowa	net income. Subtract line 25 from line	15	.0	
27.All-so	ource net income from IA 1040, line 26		.0	0 93,267.00
28. lowa	income percentage: Divide line 26 by	line 27 and enter		
	entage rounded to nearest tenth of a p			
no m	ore than 100.0% and no less than $0.0$	%	0	<b>6</b> 4.9 <b>%</b>
29. Nonr	esident/part-year resident credit perce	entage:		
Subt	ract the percentage on line 28 from 10	0.0%	0	6 <u>95.1</u> %
30. lowa	tax on total income from IA 1040, line	39	.0	0 4,058.00
31.Tota	credits from IA 1040, line 46		.0	
32. Tax a	after credits. Subtract line 31 from line	30	.0	
	esident/part-year resident credit. Mult	-		
	entage on line 29. Enter this amount o		.0	0 <u>3,821</u> .00



INT 41-126a (07/07/2021)

REVENUE	Z Iowa Alternative Minimum T	2021 IA 625 <sup>,</sup> ax - Individual
		tax.iowa.go
Name(s): ANUDEEP REDDY SURKANTI	_ Social Security Number: 185-19-347	0
PART I - Iowa Adjustments and Preferences. See	instructions.	
If you itemized deductions on Schedule A (IA 1040) start on line 2.	), start on line 1. If you did not itemize or	ו your IA 1040
1. Taxes from IA 1040 Schedule A, line 8	1	3,989.
2. Refunds of taxes (exclude lowa income tax)	2.	(
3. Investment interest expense (difference betwee	en regular tax and AMT)3	, 
4. Qualified small business stock		'- <u></u>
5. Exercise of incentive stock options (excess of A	AMT income over regular tax income) . 5	·
6. Estates and trusts [amount from federal Sched	ule K-1 (Form 1041)]6	
7. Disposition of property (difference between AM	T and regular tax gain or loss)7	•
8. Depreciation on assets placed in service after <sup>2</sup>	1986 (difference between regular	
tax and AMT)	8	3
9. Passive activities (difference between AMT and	d regular tax income or loss)9	
10.Loss limitations (difference between AMT and r	egular tax income or loss)	I <u>.</u>
11. Circulation costs (difference between regular ta	ax and AMT)11	
12.Long-term contracts (difference between AMT	and regular tax income)12	·
13. Mining costs (difference between regular tax ar	nd AMT)13	). 
14. Research and experimental costs (difference b	etween regular tax and AMT)	·
15. Income from certain installment sales before Ja	anuary 1, 198715	.(
16. Other adjustments, including income-based rel	ated adjustments16	j.
17. Total adjustments and preferences. Add lines 1	through 16 17	3,989.
PART II - Iowa Alternative Minimum Taxable Inco	ome	
18. Taxable income from IA 1040, line 38		70,537.
19. Net operating loss deduction. Do not enter as a	a negative amount19	·
20. Add lines 17, 18, and 19		. 74,526.
21. Iowa Alternative Minimum Tax net operating los	ss deduction. See instructions	
22. Iowa Alternative Minimum Taxable Income. Su	btract line 21 from line 2022	. 74,526.



PART III - Iowa Exemption Amount and Iowa Alternative Minimum Tax Based on Iowa F	iling Status
23. Enter the applicable amount below based on your lowa filing status:	
<ul> <li>If filing status 1, 5, or 6, enter \$26,000.</li> </ul>	
<ul> <li>If filing status 2, enter \$35,000.</li> </ul>	
• If filing status 3 or 4, enter \$17,50023.	26,000.
24. Enter the applicable amount below based on your lowa filing status:	
• If filing status 1, 5, or 6, enter \$112,500.	
<ul> <li>If filing status 2, enter \$150,000.</li> </ul>	
• If filing status 3 or 4, enter \$75,00024.	112,500.
25. Subtract line 24 from line 22. If zero or less, enter zero	0.
26. Multiply line 25 by 25% (.25)	0.
27. Subtract line 26 from line 23. If zero or less, enter zero	26,000.
28. Subtract line 27 from line 22. If zero or less, enter zero	48,526.
29. Tentative Iowa Alternative Minimum Tax. Multiply line 28 by 6.4% (.064)	3,106.
30. Regular tax less exemption credits. IA 1040, line 39, less IA 1040, line 43	4,018.
31. Iowa Alternative Minimum Tax. Subtract line 30 from 29; enter here and on IA	
1040, line 41. If zero or less, enter zero. See instructions for lowa Alternative	
Minimum Tax Limited to Net Worth	0.
PART IV - Nonresidents and Part-Year Residents Only – Complete Lines 32-35.	
32. Enter lowa net income plus lowa adjustments and preferences. If zero or less,	
enter zero. See instructions	4,560.
33. Total net income plus total adjustments and preferences. See instructions	97,256.
34. Divide line 32 by line 33 and enter the result to three decimal places. If greater than	
one, enter 1.000	.047
35. Iowa Alternative Minimum Tax. Multiply line 31 by 34. Enter here and on	
IA 1040, line 41. See instructions	0.

REV 02/19/22 PRO

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41-131b (06/18/2021)

<b>104</b>		artment of the Treasury-Internal Revenue Serv 5. Individual Income Tax		(99) <b>urn</b>	202	21	OMB No. 1	545-007	74 IRS	Use Only	y—Do not v	write or staple	in this space.
Filing Status Check only one box.	lf yo	Single Married filing jointly u checked the MFS box, enter the r son is a child but not your dependen	name of	-									dow(er) (QW) he qualifying
Your first name		, ,	Last na	ame							Your se	ocial securi	itv number
ANUDEEP				KANTI								-19-347	-
If joint return, s	Last na										curity number		
24326 PINE GROVE CT							Check	Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3					
		ce. If you have a foreign address, also co	omplete s	spaces be	low.	Sta			code				Checking a
FARMING	TON 1	HILLS				M	I	4	8335		-	low will not	0
Foreign countr	y name			Foreign p	rovince/state	e/coun	ity	Fo	eign post	al code	your ta	x or refund	
								You	Spouse				
At any time du	uring 20	021, did you receive, sell, exchange	, or othe	erwise di	spose of a	ny fina	ancial intere	st in a	ny virtua	al curre	ency?	Yes	X No
Standard Deduction		eone can claim: DYou as a de Spouse itemizes on a separate retur	n or you		•		a depender	nt					
	-	Were born before January 2, 1	957	Are bl		ouse	e: 🗌 Was	born b	1		2, 1957	Is b	
Dependent				(2) 5	Social securi number	ty	(3) Relatio					or (see instru	
If more	(1) F	irst name Last name			4	Child tax cred		credit	Credit for of	ther dependents			
than four dependents,									+				
see instruction	s ——												
and check here ►													
	1	Wages, salaries, tips, etc. Attach I	Form(s)	W-2							. 1	1	02,906.
Attach	2a		2a				· · · ·	· ·	• •	• •	2		21.
Sch. B if	3a	· · –	3a				<ul><li>b Taxable interest</li><li>b Ordinary dividend</li><li>b Taxable amount</li></ul>		• •	• •	. 21	-	
required.	- <u>4a</u>		4a						• •	• •	. 4	-	
	5a		5a				axable amo				. 51	-	
Standard	6a		6a				axable amo				. 61		
Deduction for-	7	Capital gain or (loss). Attach Sche	dule D i	f require	d. If not rea	quired	l, check here	е.		. 🕨 [	7	,	340.
<ul> <li>Single or Married filing</li> </ul>	8	Other income from Schedule 1, lin	ne 10			·					. 8	- 18	10,000.
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8	This is yc	our <b>total in</b>	come					▶ 9		93,267.
<ul> <li>Married filing</li> </ul>	10	Adjustments to income from Sche	edule 1,	line 26							. 10	0	
jointly or Qualifying	11	Subtract line 10 from line 9. This is	s your <b>a</b>	djusted	gross inco	ome					▶ 1	1	93,267.
widow(er), \$25,100	12a	Standard deduction or itemized	deduct	t <b>ions</b> (fro	m Schedu	e A)		12a	1	2,55	0.		
Head of	b	Charitable contributions if you take	the sta	ndard de	duction (se	e insti	ructions)	12b		30	0.		
household, \$18,800	с	Add lines 12a and 12b									. 12	c	12,850.
<ul> <li>If you checked</li> </ul>	13	Qualified business income deduct	tion fron	n Form 8	995 or For	m 899	95-A				. 1:	3	
any box under Standard	14	Add lines 12c and 13									. 14	4	12,850.
Deduction, see instructions.	15	Taxable income. Subtract line 14	from lir	ne 11. lf z	zero or less	, ente	er-0				. 1	5	80,417.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2021)

USU Uniy	Firn	n's address ► 2530 Pebbl	le Creek L	n Cumming	g GA 30041	L	Firm	's EIN ▶	30-1017196
Use Only		n's name 🕨 GLOBAL TAX					Pho	ne no. (	678)965-9522
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLA	M 03/22/2022	P0208		Self-employed
Paid		parer's name	Preparer's signat			Date	PTIN		Check if:
		one no. (940)391-6353		Email address	SURKANTIANUD	EEPREDDY@GMAIL.C			
Keep a copy for your records.				Date Spouse's occupation			lden (see		nt your spouse an ection PIN, enter it her
Joint return? See instructions.	- Cre	ouse's signature. If a joint return, <b>b</b>	oth must sign	Data		ENGINEER		inst.) ►	
Here	Υοι	ur signature		Date	Your occupation			ection P	nt you an Identity N, enter it here
Sign		der penalties of perjury, I declare the first declare the first sector and compare true, correct, and compared the first sector and compared the first sector and the first secto							
		signee's ne ▶		Phone no. ►			onal identi ber (PIN) 🖡		
Third Party Designee	ins	you want to allow another tructions	•		m with the IRS	. 🕨 🗌 Yes. C	•		X No
You Owe	38	Estimated tax penalty (see in							
Amount	37	Amount you owe. Subtract					. 🕨	37	
	36	Amount of line 34 you want a							
See instructions.	►d	Account number 0 7 7							
Direct deposit?	►b	Routing number 2 7 1			► c Type:	X Checking	Savings		
neruna	35a	Amount of line 34 you want	efunded to you	I. If Form 8888	is attached, ch	eck here		35a	4,999.
Refund	34	If line 33 is more than line 24	, subtract line 24	4 from line 33.	This is the amo	unt you <b>overpaid</b>		34	4,999.
	33	Add lines 25d, 26, and 32. The second		•				33	18,441.
	32	Add lines 27a and 28 throug	h 31. These are	your <b>total oth</b>	er payments a	nd refundable cree	dits 🕨	32	
	31	Amount from Schedule 3, lin				31			
	30	Recovery rebate credit. See		·		30			
	29	American opportunity credit				29			
	28	Refundable child tax credit or			Schedule 8812	28			
	c	Prior year (2019) earned inco							
	b	Nontaxable combat pay elec							
		January 2, 2004, and you taxpayers who are at least ag	,		_				
attach Sch. EIC.		Check here if you were b	orn after Janu	ary 1, 1998,	and before				
qualifying child,	27a	Earned income credit (EIC)			No	27a			
If you have a	26	2021 estimated tax payment						26	
	d	Add lines 25a through 25c						25d	18,441.
	с	Other forms (see instructions				25c			
	b	Form(s) 1099				25b			
	a	Form(s) W-2				<b>25a</b> 18	3,441.		
	25	Federal income tax withheld	•				. •	27	13,112.
	23 24	Add lines 22 and 23. This is			-			23	0. 13,442.
	22 23	Subtract line 21 from line 18. Other taxes, including self-er	-					22 23	
	21 22	Add lines 19 and 20						21	13,442.
	20	Amount from Schedule 3, lin						20	
	19	Nonrefundable child tax cred		-				19	
	18	Add lines 16 and 17						18	13,442.
	17	Amount from Schedule 2, lin						17	
	16	Tax (see instructions). Check						16	13,442.

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Internal Revenue Service

# **Additional Income and Adjustments to Income**

► Attach to Form 1040, 1040-SR, or 1040-NR. ► Go to www.irs.gov/Form1040 for instructions and the latest information OMB No. 1545-0074 2021 Attachment Sequence No. **01** 

	•
or 1040-NR	Your soc

our	social	security	number
185	-19-3	3470	

### Part I Additional Income

ANUDEEP REDDY SURKANTI

Name(s) shown on Form 1040, 1040-SR,

1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions) $\blacktriangleright$			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trus Schedule E		5	-10,000.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	Ba ( )		
b	Gambling income	Bb		
С	Cancellation of debt	BC		
d	Foreign earned income exclusion from Form 2555	Bd ( )		
е	Taxable Health Savings Account distribution	Be		
f	Alaska Permanent Fund dividends	8f		
g	Jury duty pay	3g		
h	Prizes and awards	3h		
i	Activity not engaged in for profit income	8i		
j	Stock options	8j		
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such			
		3k		
I	Olympic and Paralympic medals and USOC prize money (see instructions)	81		
m	Section 951(a) inclusion (see instructions)	ßm		
n	Section 951A(a) inclusion (see instructions)	3n		
0	Section 461(I) excess business loss adjustment	Зо		
р	Taxable distributions from an ABLE account (see instructions) .	Вр		
z	Other income. List type and amount ►	Bz		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 104 1040-NR, line 8	40, 1040-SR, or	10	_10_000
Ter De				-10,000.

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

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basic officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	3	14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions) $\blacktriangleright$			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
а	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit <b>24b</b>			
С	Nontaxable amount of the value of Olympic and Paralympicmedals and USOC prize money reported on line 81 <b>24c</b>			
d	Reforestation amortization and expenses			
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans 24f			
g	Contributions by certain chaplains to section 403(b) plans <b>24g</b>			
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) 24h			
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations			
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1         (Form 1041) <b>24k</b>			
z	Other adjustments. List type and amount ► 24z			
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to in</b> here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	

Page **2** 

REV 03/12/22 PRO

# SCHEDULE D

(Form 1040)

# **Capital Gains and Losses**

OMB No. 1545-0074

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.

20 21 Attachment Sequence No. 12

Internal Revenue Service (99) Name(s) shown on return

Department of the Treasury

ANUDEEP REDDY SURKANTI

► Go

Your social security number

185-19-3470

Did you	dispose of a	<pre>ny investment(</pre>	s) in a qualified	l opportunity f	und during the ta	x year?	Yes	🗡 No	
If "Yes,"	' attach Form	8949 and see	its instructions	s for additiona	l requirements for	r reporting v	your gain c	or loss.	

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

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars. (d) (e) Adjustments to gain or loss for Cost (or other basis) Form(s) 8949, P line 2, column					(h) Gain or (loss) Subtract column (e) from column (d) and combine the result
	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.				r (g)	with column (g)
1b	Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked	607.	267.			340.
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked					
3	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1	usts from	5			
6	Short-term capital loss carryover. Enter the amount, if an <b>Worksheet</b> in the instructions	6	( )			
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	0	()	, ,	7	340.

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

	instructions for how to figure the amounts to enter on the below.	<b>(d)</b> Proceeds	(e) Cost	<b>(g)</b> Adjustmen to gain or loss		(h) Gain or (loss) Subtract column (e) from column (d) and
This who	Part II, n (g)	combine the result with column (g)				
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 <b>Box D</b> checked					
9	Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked					
10	Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked.					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824		• •	, ,	11	
12	Net long-term gain or (loss) from partnerships, S corporat			( )	12	
13	Capital gain distributions. See the instructions Long-term capital loss carryover. Enter the amount, if any		13			
14	14	( )				
15	Net long-term capital gain or (loss). Combine lines 8a on the back .	•			15	

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	<b>16</b> 340.
	• 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.	
	• 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.	
	• 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.	
17	Are lines 15 and 16 <b>both</b> gains?	
	No. Skip lines 18 through 21, and go to line 22.	
18	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	18
19	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	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.	
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.	
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:	
	The loss on line 16; or     (\$3,000), or if married filing separately, (\$1,500)	21 ()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.	
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?	
	☐ 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.	

REV 03/12/22 PRO

Schedule D (Form 1040) 2021

Form **8949** 

Department of the Treasury

Internal Revenue Service

## Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

Go to 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.

2021 Attachment Sequence No. 12A

Name(s) shown on return	Social security number or taxpayer identification number
ANUDEEP REDDY SURKANTI	185-19-3470

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.

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

<b>1</b> (a) Description of property	<b>(b)</b> Date acquired	(c) Date sold or	(d) Proceeds	eds See the Note below See the separate instructions.		(h) Gain or (loss). Subtract column (e)		
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) (g) Code(s) from instructions Amount of adjustment		from column (d) and combine the result with column (g)	
Robinhood Securities LLC	2 01/01/21	12/31/21	607.	267.			340.	
2 Totals. Add the amounts in colum negative amounts). Enter each to Schedule D, line 1b (if Box A abov above is checked), or line 3 (if Box	tal here and inc ve is checked), <b>li</b>	lude on your ne 2 (if Box B	607.	267.			340.	

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.

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

SCHEDULE	E
(Form 1040)	

### **Supplemental Income and Loss**

OMB No. 1545-0074

6 12

Attachment

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

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

Department of the Treasury Internal Revenue Service (99)

Internal F	Revenue Service (99)	► Go to www.irs.	gov/ScheduleE f	or insti	ructions	and the	e latest	information	•	Sequ	ience No. <b>13</b>
Name(s)	shown on return								Your	social securi	
ANUD	EEP REDDY SURK									5-19-347	
Part	Income or Los	s From Rental Rea	Estate and Ro	yalties	s Note	: If you	are in th	e business c	of renting	g personal p	oroperty, use
	Schedule C. See	e instructions. If you are	an individual, rep	ort farn	n rental i	ncome	or loss f	rom Form 48	<b>335</b> on p	age 2, line 4	40.
	l you make any payme										Yes 🔀 No
<b>B</b> If "	Yes," did you or will y									🗆	Yes 🗌 No
<b>1</b> a	Physical address of	each property (stree	t, city, state, ZIF	o code	e)						
Α											
В											
С											
1b	Type of Property	2 For each renta	al real estate prop	perty li	sted			Rental		onal Use	QJV
	(from list below)	personal use of	the number of fa days. Check the e requirements to	QJV b	ar and ox only <sub>r</sub>		L	Days	L	Days	
<u>A</u>	3	if you meet the	e requirements to venture. See inst	o file as	sa	A		365		0	
		quaimed joint	venture. See mst	liuctioi	15.	B					
						С					
	of Property:			- I			7 0 10	<b>D</b>			
-	le Family Residence	3 Vacation/Sho	rt-Term Rental				7 Self-				
Incom	ti-Family Residence	4 Commercial	Properties:	6 KO	yalties		8 Othe	r (describe)			С
	-		•	3		Α	600.	E			C
<u>3</u> 4	Rents received			4			600.				
Expen	Royalties received .			4							
5	Advertising			5							
6	Auto and travel (see			6							
7	Cleaning and mainte	-		7		1	400.				
8	Commissions			8		<u> </u>	100.				
9	Insurance			9							
10	Legal and other profe			10							
11	Management fees .			11		1.	200.				
12	Mortgage interest pa			12		± /	200.				
13	Other interest			13							
14	Repairs			14		2,	500.				
15	Supplies			15			500.				
16	Taxes			16							
17	Utilities			17		3,	000.				
18	Depreciation expens			18							
19	Other (list) 🕨			19							
20	Total expenses. Add	lines 5 through 19		20		10,	600.				
21	Subtract line 20 from	n line 3 (rents) and/or	r 4 (royalties). If								
	result is a (loss), see	. ,									
	file Form 6198			21		-10,	000.				
22	Deductible rental rea		mitation, if any,								
	on Form 8582 (see in			22	(	10,0	00.)	(		)(	)
23a	Total of all amounts	•					23a		600	0.	
b	Total of all amounts						23b				
С	Total of all amounts						23c				
d	Total of all amounts						23d	-	0		
e	Total of all amounts						23e	1	.0,600		
24	Income. Add positiv				-					24	10.000.
25	Losses. Add royalty lo									25 (	10,000.)
26	Total rental real est										
	here. If Parts II, III, Schedule 1 (Form 10									26	-10,000.
			o, monuae uno al	nount		star OII		on page Z	4		±0,000.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2021

Form <b>8582</b>
Department of the Treasurv

Part I

Internal Revenue Service (99) Name(s) shown on return

ANUDEEP REDDY SURKANTI

2021 Passive Activity Loss

### **Passive Activity Loss Limitations**

► See separate instructions.

► Attach to Form 1040, 1040-SR, or 1041.

▶ Go to www.irs.gov/Form8582 for instructions and the latest information.

OMB No. 1545-1008

Identifying number 185-19-3470

	Caution: Complete Parts IV and V before completing Part I.		
Renta Allow			
1a b c d	Activities with net income (enter the amount from Part IV, column (a))1a0.Activities with net loss (enter the amount from Part IV, column (b))1b( 10,000.)Prior years' unallowed losses (enter the amount from Part IV, column (c))1c( )Combine lines 1a, 1b, and 1c	1d	-10,000.
All Ot	her Passive Activities		
2a b c d	Activities with net income (enter the amount from Part V, column (a))       .       2a         Activities with net loss (enter the amount from Part V, column (b))       .       .       2b (       )         Prior years' unallowed losses (enter the amount from Part V, column (c))       .	2d	
3	Combine lines 1d and 2d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used	3	-10,000.

If line 3 is a loss and: • Line 1d is a loss, go to Part II.

• Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

**Caution:** If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II. Instead, go to line 10.

Par	t II Special Allowance for Re	ntal Real Estate	Activities With	Active Partici	pation				
	Note: Enter all numbers in Par	rt II as positive amo	ounts. See instruc	tions for an exam	nple.				
4	Enter the smaller of the loss on line 1	ld or the loss on lir	ne3			4	10,000.		
5	Enter \$150,000. If married filing separ	rately, see instructi	ons	5	150,000.				
6	Enter modified adjusted gross income	e, but not less thar	n zero. See instruc	tions 6	103,267.				
	<b>Note:</b> If line 6 is greater than or equa on line 9. Otherwise, go to line 7.	I to line 5, skip line	s 7 and 8 and ent	er -0-					
7	Subtract line 6 from line 5			7	46,733.				
8	Multiply line 7 by 50% (0.50). Do not e	nter more than \$25	,000. If married filin	ng separately, see	e instructions	8	23,367.		
9	9 Enter the smaller of line 4 or line 8						10,000.		
Par	t III Total Losses Allowed								
10	Add the income, if any, on lines 1a ar	nd 2a and enter the	total			10	0.		
11	Total losses allowed from all passiv	ve activities for 20	21. Add lines 9 ar	nd 10. See instruc	tions to find				
	out how to report the losses on your t	ax return					10,000.		
Par	t IV Complete This Part Befor	e Part I, Lines 1	<b>a, 1b, and 1c.</b> S	ee instructions					
	Name of activity	Currer	nt year	Prior years	Ove	erall ga	ain or loss		
Name of activity				(c) Unallowed loss (line 1c)	<b>(d)</b> Gair	n	<b>(e)</b> Loss		
		0.	10,000.				10,000.		

10,000.

0.

For Paperwork Reduction Act Notice, see instructions. BAA

Total. Enter on Part I, lines 1a, 1b, and 1c ►

REV 03/12/22 PRO

Form 8582 (2021)

Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.

(a) Net income (line 2a)       (b) Net loss (line 2b)       (c) Unallowed (loss (line 2c)       (d) Gain       (e) Loss         (ine 2a)       (ine 2b)       (c) Unallowed (line 2b)       (c) Gain       (e) Loss         (ine 2a)       (ine 2b)       (c) Section 2c)       (c) Gain       (e) Loss         (ine 2b)       (c) Section 2c)       (c) Section 2c)       (c) Section 2c)       (c) Section 2c)         Total. Enter on Part I, lines 2a, 2b, and 2c ▶       Form or schedule to be reported on (see instructions)       (a) Loss       (b) Ratio       (c) Special allowance       (d) Subtract column (c) from column (c) from column (c).         Name of activity       Form or schedule to be reported on (see instructions)       (a) Loss       (b) Ratio       (c) Special allowance       (d) Subtract column (c) from column (c).         Total       E Ln 22       10,000.       1.0000000       10,000.       0         Total       E Ln 22       10,000.       1.00       10,000.       0         Part VII       Allocation of Unallowed Losses. See instructions.       (a) Loss       (b) Ratio       (c) Unallowed loss         Name of activity       Form or schedule and line number to be reported on (see instructions)       (a) Loss       (b) Ratio       (c) Unallowed loss         Total       E       E       E       E		Name of activity	Currer	nt year				Overall gain or loss		
Total. Enter on Part I, lines 2a, 2b, and 2c ▶         Part VI       Use This Part if an Amount Is Shown on Part II, Line 9. See instructions.         Name of activity       Form or schedule and line number to be reported on (see instructions.         E       Ln         Image: Description of Unallowed Losses. See instructions.       Image: Description of Unallowed Losses. See instructions.         Total.       Form or schedule and line number to be reported on (see instructions.)       Image: Description of Unallowed Losses. See instructions.         Total       Form or schedule and line number to see instructions.       Image: Description of Unallowed Losses. See instructions.         Form or schedule and line number to see instructions.       Form or schedule and line number to be reported on (see instructions)       (a) Loss       (b) Ratio       (c) Unallowed loss         Total       Form or schedule and line number to be reported on (see instructions)       Image: Description of Unallowed loss       (c) Unallowed loss         Total       Image: Description of Unallowed Losses. See instructions.       Image: Description of Unallowed loss       (c) Unallowed loss         Total       Image: Description of Unallowed Losses. See instructions.       Image: Description of Unallowed loss       (c) Allowed loss         Total       Image: Description of Unallowed Losses. See instructions.       Image: Description of Unallowed Losses       (c) Allowed Losse         To		Name of activity						(d) Gain		(e) Loss
Part VI       Use This Part if an Amount Is Shown on Part II, Line 9. See instructions.         Name of activity       Form or schedule and line number (see instructions)       (a) Loss       (b) Ratio       (c) Special allowance       (d) Subtract column (c) from column (a).         E       Ln<22			(into Za)	(11)	10 20)	1000 (111	0 20)			
Part VI       Use This Part if an Amount Is Shown on Part II, Line 9. See instructions.         Name of activity       Form or schedule and line number to be reported on (see instructions)       (a) Loss       (b) Ratio       (c) Special allowance       (d) Subtract column (c) from column (c) from column (c) from column (c).         E       Ln<22										
Part VI       Use This Part if an Amount Is Shown on Part II, Line 9. See instructions.         Name of activity       Form or schedule and line number to be reported on (see instructions)       (a) Loss       (b) Ratio       (c) Special allowance       (d) Subtract column (c) from column (c) from column (c) from column (c).         E       Ln<22										
Part VI       Use This Part if an Amount Is Shown on Part II, Line 9. See instructions.         Name of activity       Form or schedule and line number to be reported on (see instructions)       (a) Loss       (b) Ratio       (c) Special allowance       (d) Subtract column (c) from column (c) from column (c) from column (c).         E       Ln<22										
Part VI       Use This Part if an Amount Is Shown on Part II, Line 9. See instructions.         Name of activity       Form or schedule and line number (see instructions)       (a) Loss       (b) Ratio       (c) Special allowance       (d) Subtract column (c) from column (a).         E       Ln<22	Total Enter	an Dart L lines 0a. 0b. and 0a 🕨								
Name of activity       Form or schedule and line number to be reported on (see instructions)       (a) Loss       (b) Ratio       (c) Special allowance       (d) Subtract column (a).         E       Ln 22       10,000.       1.0000000       10,000.       0         Image: See instructions         Image: See instructions       Image: See instructions       Image: See instructions       Image: See instructions       Image: See instructions         Image: See instructions       Image: See instructions       Image: See instructions       Image: See instructions       Image: See instructions         Name of activity       Form or schedule and line number to be reported on (see instructions)       (a) Loss       (b) Ratio       (c) Unallowed loss         Image: See instructions         Image: See instructions       Image: See instructions       Image: See instructions       Image: See instructions       Image: See instructions         Image: See instructions       Image: See instructions       Image: See instructions       Image: See instructions         Image: See instructions       Image: See instructions       Image: See instructions       Image: See instructions <td></td> <td></td> <td>nt Is Shown on F</td> <td>Part II.</td> <td>Line 9. S</td> <td>ee instruc</td> <td>ctions.</td> <td></td> <td></td> <td></td>			nt Is Shown on F	Part II.	Line 9. S	ee instruc	ctions.			
Name of activity     and line number to be reported on (see instructions)     (a) Loss     (b) Ratio     (c) Special allowance     (d) Subtract column (c) from column (a).       E     Ln     2     10,000.     1.0000000     10,000.     0       Image: See instructions       Total     Image: See instructions       Name of activity     Form or schedule and line number to be reported on (see instructions)     (a) Loss     (b) Ratio     (c) Unallowed loss       Total     Image: See instructions       Name of activity     Form or schedule and line number to be reported on image: See instructions     Image: See instructions     Image: See instructions       Total     Image: See instructions     Image: See instructions     Image: See instructions     Image: See instructions       Total     Image: See instructions     Image: See instructions     Image: See instructions     Image: See instructions       Total     Image: See instructions     Image: See instructions     Image: See instructions     Image: See instructions       Total										
Total       Image: construction of Unallowed Losses. See instructions.         Part VII       Allocation of Unallowed Losses. See instructions.         Name of activity       Form or schedule and line number to be reported on (see instructions)         Image: construction of Unallowed Losses. See instructions.       (a) Loss         Image: construction of Unallowed Losses. See instructions.       (b) Ratio         Image: construction of Unallowed Losses. See instructions.       (a) Loss         Image: construction of Unallowed Losses. See instructions.       Image: construction of (see instructions)         Image: construction of Unallowed Losses. See instructions.       Image: construction of (see instruction		Name of activity	and line number to be reported on	(a	) Loss	<b>(b)</b> Ra	atio			column (c) from
Part VII       Allocation of Unallowed Losses. See instructions.         Name of activity       Form or schedule and line number to be reported on (see instructions)       (a) Loss       (b) Ratio       (c) Unallowed loss         Image: Construction of the second of			E Ln 22		10,000.	1.0000	0000	10,00	0.	0.
Part VII       Allocation of Unallowed Losses. See instructions.         Name of activity       Form or schedule and line number to be reported on (see instructions)       (a) Loss       (b) Ratio       (c) Unallowed loss         Image: Construction of the provide on to be reported on (see instructions)       Image: Construction of the provide on to be reported on (see instructions)       Image: Construction of the provide on to be reported on (see instructions)       Image: Construction of the provide on to be reported on (see instructions)       Image: Construction of the provide on to be reported on (see instructions)         Total       Image: Construction of the provide on to be reported on to be reported on to be reported on       (a) Loss       (b) Unallowed loss       (c) Allowed loss										
Part VII       Allocation of Unallowed Losses. See instructions.         Name of activity       Form or schedule and line number to be reported on (see instructions)       (a) Loss       (b) Ratio       (c) Unallowed loss         Image: Construction of the provide on to be reported on (see instructions)       Image: Construction of the provide on to be reported on (see instructions)       Image: Construction of the provide on to be reported on (see instructions)       Image: Construction of the provide on to be reported on (see instructions)       Image: Construction of the provide on to be reported on (see instructions)         Total       Image: Construction of the provide on to be reported on to be reported on to be reported on       (a) Loss       (b) Unallowed loss       (c) Allowed loss										
Part VII       Allocation of Unallowed Losses. See instructions.         Name of activity       Form or schedule and line number to be reported on (see instructions)       (a) Loss       (b) Ratio       (c) Unallowed loss         Image: Comparison of Unallowed Losses. See instructions       Image: Comparison of Unallowed Losses. See instructions       (a) Loss       (b) Ratio       (c) Unallowed loss         Image: Comparison of Unallowed Losses. See instructions       Image: Comparison of Unallowed Losses       Image: Comparison of Unallowed Losses       Image: Comparison of Unallowed Losses         Image: Comparison of Unallowed Losses. See Instructions.       Image: Comparison of Unallowed Losses       Image: Comparison of Unallowed Losses       Image: Comparison of Unallowed Losses         Image: Comparison of Unallowed Losses. See Instructions.       Image: Comparison of Unallowed Losses       Image: Comparison of Unallowed Losse       Image: Comparison of Unallowed Losse         Image: Comparison of Unallowed Losses       Form or Schedule and line number to be reported on	Total .				10,000.	1.0	0	10.00	0.	0.
Name of activity       and line number to be reported on (see instructions)       (a) Loss       (b) Ratio       (c) Unallowed loss         Image: Construction of the second o										
Part VIII       Allowed Losses. See instructions.         Name of activity       Form or schedule and line number to be reported on         (a) Loss       (b) Unallowed loss         (c) Allowed loss		Name of activity	and line nur to be reporte	nber ed on	(a) I	LOSS	(	<b>b)</b> Ratio	(c)	Unallowed loss
Part VIII       Allowed Losses. See instructions.         Name of activity       Form or schedule and line number to be reported on         (a) Loss       (b) Unallowed loss         (c) Allowed loss										
Part VIII       Allowed Losses. See instructions.         Name of activity       Form or schedule and line number to be reported on         (a) Loss       (b) Unallowed loss         (c) Allowed loss										
Part VIII       Allowed Losses. See instructions.         Name of activity       Form or schedule and line number to be reported on         (a) Loss       (b) Unallowed loss         (c) Allowed loss										
Name of activityForm or schedule and line number to be reported on(a) Loss(b) Unallowed loss(c) Allowed loss				. 🕨				1.00		
to be reported on (a) Loss (b) Unanowed loss (c) Anowed loss				edule						
Image: Sector		Name of activity	to be reporte	mber ed on (a) L		_OSS	<b>(b)</b> Ur	nallowed loss	(	c) Allowed loss
Image: sector										
Image: second se										

REV 03/12/22 PRO

Form **8582** (2021)

2021 MICHIGAN Indiv Return is due April 18, 2022. T					n MI-1	040				ended Return	
1. Filer's First Name	<u>урс о</u> Т м.і.	Last Name				2 Filer	e Ful	Social Se	curity	No. (Example: 123-45-678	30)
ANUDEEP REDDY		SURKANTI				2.1 1101	51 ui		curity	No. (Example: 120-40-070	55)
If a Joint Return, Spouse's First Name	M.I.	Last Name				-  1	85		19	<u> </u>	
						3. Spou	se's	Full Social	Secu	rity No. (Example: 123-45-	6789)
Home Address (Number, Street, or P.O. Box)											
24326 PINE GROVE CT											
City or Town		State		P Code		4. Scho			(5 dig	jits – see page 60)	
FARMINGTON HILLS		MI		48335				3200			
<ol> <li>STATE CAMPAIGN FUND Check if you (and/or your spouse, filing a joint return) want \$3 of you to go to this fund. This will not incr your tax or reduce your refund.</li> </ol>	r taxes ease	a Filer b Spouse	}		f	Check this ishing, or	box seafa	if 2/3 of y aring.	our ii	ncome is from farming,	
7. 2021 FILING STATUS. Check one	э.						CYS	STATUS.	Chec	k all that apply.	
a. X Single		ou check box "c," com			a. X	Resident				+ L <b>f</b>	
h . Manufad Ellin a taiatha	line 3 belov	and enter spouse's fu	ull nar	ne		N				* If you check box "b" o "c," you must complete	
b. Married filing jointly		v			b	Nonreside	ent *			and include Schedule	
c. Married filing separately*					c.	Part-Year	Res	ident *		NR.	
9. EXEMPTIONS. NOTE: If some	one els	e can claim you as a c	lepen	dent, che	ck box 9e, e	nter 0 on	ine 9	a and en	ter \$	1,500 on line 9e (see ir	nstr.).
							]				Т
a. Number of exemptions (see in	structi	ons)				1	x	\$4,900	9a.	4900	) 00
b. Number of individuals who qua		0.1		•							
blind, hemiplegic, paraplegic,				-			×	\$2,800	9b.		00
c. Number of qualified disabled v							×	\$400	9c.		00
d. Number of Certificates of Still	Dirth fro	m MDHHS (see Instru	lctions	5)			x	\$4,900	9d.		00
e. Claimed as dependent, see lir	ne 9 N(	DTE above			9e.				9e.		00
f. Add lines 9a, 9b, 9c, 9d and 9	e. Ent	er here and on line 15						г	9f.	4900	) 00
10. Adjusted Gross Income from yo	our U.S	5. Form 1040 (see inst	ructio	ns)				. 10.		93267	7 00
11. Additions from Schedule 1, line 9	. Inclu	de Schedule 1						. 11.			00
12. Total. Add lines 10 and 11								. 12.		93267	7 00
13. Subtractions from Schedule 1, lin	ie 29.	Include Schedule 1						. 13.			00
14. Income subject to tax. Subtract	line 13	from line 12. If line 1	3 is g	reater tha	an line 12, ei	nter "0"		. 14.		93267	7 00
15. Exemption allowance. Enter am	nount f	om line 9f or Schedul	e NR,	line 19				. 15.		4900	) 00
16. Taxable income. Subtract line 1	5 from	line 14. If line 15 is gr	reater	than line	14, enter "0	"		. 16.		88367	7 00
17. <b>Tax.</b> Multiply line 16 by 4.25% (0.	04251							. 17.		3756	
NON-REFUNDABLE CREDITS	.5725)				AMOUN			· ···L		CREDIT	100
18. Income Tax Imposed by governm Include a copy of the return (see			18a.			197	00	18b.		139	00
<ol> <li>Michigan Historic Preservation Ta instructions)</li> </ol>	ax Cree	it carryforward (see	19a.				00	19b.			00
20. <b>Income Tax.</b> Subtract the sum of lift the sum of lines 18b and 19b is	f lines	18b and 19b from line	17.					Γ		3617	

REV 03/01/22 PRO

2021 N	II-1040, Page 2 of 2		Filer's	Full Social Se	ecurity Numbe	r 185		19 —	3470	
21.	Enter amount of Income Tax from lin	ne 20					21.		3617	7 00
22.	Voluntary Contributions from Form	4642, line 6	. Include F	orm 4642			22.			00
23.	<b>USE TAX.</b> Use tax due on Internet, Worksheet 1 (see instructions)						23.		0	) 00
24	Total Tax Liability. Add lines 21, 22	) and 22				2	4.		3617	7 00
	JNDABLE CREDITS AND PAYM					2	4			100
25.	Property Tax Credit. Include MI-10	040CR or N	/II-1040CR-	2			25.			00
26.	Farmland Preservation Tax Credi	/II-1040CR-	-5		DERAL	26.	міс	HIGAN	00	
27.	Earned Income Tax Credit. Multiply enter result on line 27b					00	27b.			00
28.	Michigan Historic Preservation Tax				3581		<b>.</b> 28.			00
29.	Credit for allocated share of tax paid	•								00
30.	Michigan tax withheld from Schedul	le W, line 6.	Include Se	chedule W (	do not subr	nit W-2s)	30.		3989	00
31.	Estimated tax, extension normants	and 2020 c	rodit forwa	-d			31.			00
31. 32.	Estimated tax, extension payments 2021 AMENDED RETURNS ONLY. Amended returns must include Sci	Taxpayers	completing	an original 2						
	32a. If you had a refund and/or negative number on line 32	credit forward		,	eck box 32a an	d enter this amount	as a			
	32b. If you paid with the original any additional tax paid after									00
33.	Total refundable credits and payme	nts. Add line	es 25, 26, 2	7b, 28, 29, 3	30, 31 and 32	2c 3	3.		3989	00
	JND OR TAX DUE									
34.	If line 33 is less than line 24, subtra	ct line 33 tr	om line 24.		, see instruc	tions.				
	Include interest 00 a	and penalty		00	····· `	YOU OWE 3	4.			00
35.	Overpayment. If line 33 is greater t	than line 24	, subtract li	ne 24 from li	ne 33	3	5.	I	372	2 00
36.	Credit Forward. Amount of line 35	to be credit	ed to your 2	2022 estimat	ed tax for yo	our 2022 tax returr	<u>36.</u>			00
37.	Subtract line 36 from line 35					. <b>REFUND</b> 3	7.		372	2 00
	ECT DEPOSIT	a. Rou	ting Transit	Number		Account Number		c. Type of		
	it your refund directly to your financial ion! See instructions and complete a, b	27118	6423		07715	50106	1.	X Checking	2. Savi	ings
Dece	eased Taxpayer. If Filer and/or Spous ER DATE OF DEATH ONLY. Example:				dates below.	Preparer Certing this return is based				
Filer	-iler — — Spouse -			Preparer's PTIN, FEI P02082703						
Taxpayer Certification. I declare under penalty of perjury that the and attachments is true and complete to the best of my knowledge.				information in	this return	Preparer's Name (p SYAM PRI			GUPTA I	ΓA
	s Signature	,	<u> </u>	Date		Preparer's Signatur SYAM PRI	re			
Spous	Spouse's Signature					Preparer's Busines	s Name, Ad	dress and Telepho		
	By checking this box, I authorize Tre	eturn with my	/ preparer.	GLOBAL TAXES LLC 2530 PEBBLE CREEK LN CUMMING GA 30041 678-965-9522						

Refund, credit, or zero returns. Mail your return to:Michigan Department of Treasury, Lansing, MI48956Pay amount on line 34 (see instructions). Mail your check and return to:Michigan Department of Treasury, Lansing, MI48929

# 2021 MICHIGAN Withholding Tax Schedule

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

Type or print in blue or black ink.

**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	M.I.	Last Name	2. Filer's Full Social Security No. (Example: 123-45-6789)
ANUDEEP REDDY		SURKANTI	185 — 19 — 3470
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

Α		В	С	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	27-0383222		GENERAL MOTORS L	98346 <sub>00</sub>		3989	
					00		00
					00		00
					00		00
					00		00
Enter	Table			00			
4.	SUB	TOTAL. Enter total of Table 1, c	3989	00			

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

AB		С	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 Sche	dule W forms (if applicable)		00		
5. SUB	5. SUBTOTAL. Enter total of Table 2, column E 5.					
6. <b>TOT</b> A	<b>AL.</b> Add lines 4 and 5. Enter her	e and carry to MI-1040, line 30		. 3989 00		

+ 1555 2021 57 01 27 1

## Schedule W

### Attachment 13

			cial Security Number 5-19-3470				
• 6	• QuickZoom to another copy of this worksheet						
	• <b>Part-year residents</b> : You can claim this credit only when your income from another state was earned while you were a Michigan resident.						
	urisdiction code ► <u>IA</u> urisdiction name <u>Iowa</u>						
1	Income earned in another state or locality subject to Michigan tax	. 1	3,456.				
2	Enter the amount from Form MI-1040, line 14	. 2	93,267.				
3	Divide line 1 by line 2	. 3	0.0371				
4	Enter the amount from Form MI-1040, line 17	. 4	3,756.				
5	Multiply line 4 by line 3	. 5	139.				
6	Enter the amount of tax imposed by another state or locality	. 6	197.				
7	Credit. Enter line 6 or the smaller of line 5 or line 6	. 7	139.				

MIIW1801.SCR 04/30/15

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Internal Revenue Service

# **Additional Income and Adjustments to Income**

► Attach to Form 1040, 1040-SR, or 1040-NR. ► Go to www.irs.gov/Form1040 for instructions and the latest information OMB No. 1545-0074 2021 Attachment Sequence No. **01** 

	•
or 1040-NR	Your soc

our	social	security	number
185	-19-3	3470	

### Part I Additional Income

ANUDEEP REDDY SURKANTI

Name(s) shown on Form 1040, 1040-SR,

1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions) $\blacktriangleright$			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trus Schedule E		5	-10,000.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	Ba ( )		
b	Gambling income	Bb		
С	Cancellation of debt	BC		
d	Foreign earned income exclusion from Form 2555	Bd ( )		
е	Taxable Health Savings Account distribution	Be		
f	Alaska Permanent Fund dividends	8f		
g	Jury duty pay	3g		
h	Prizes and awards	3h		
i	Activity not engaged in for profit income	8i		
j	Stock options	8j		
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such			
		3k		
I	Olympic and Paralympic medals and USOC prize money (see instructions)	81		
m	Section 951(a) inclusion (see instructions)	ßm		
n	Section 951A(a) inclusion (see instructions)	Bn		
0	Section 461(I) excess business loss adjustment	Зо		
р	Taxable distributions from an ABLE account (see instructions) .	Вр		
z	Other income. List type and amount ►	Bz		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 104 1040-NR, line 8	40, 1040-SR, or	10	_10_000
Ter De				-10,000.

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

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basic officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	3	14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions) $\blacktriangleright$			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
а	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit <b>24b</b>			
С	Nontaxable amount of the value of Olympic and Paralympicmedals and USOC prize money reported on line 81 <b>24c</b>			
d	Reforestation amortization and expenses			
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans 24f			
g	Contributions by certain chaplains to section 403(b) plans <b>24g</b>			
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) <b>24h</b>			
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations			
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1         (Form 1041) <b>24k</b>			
z	Other adjustments. List type and amount ► 24z			
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to in</b> here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	

Page **2** 

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# SCHEDULE D

(Form 1040)

# **Capital Gains and Losses**

OMB No. 1545-0074

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.

20 21 Attachment Sequence No. 12

Internal Revenue Service (99) Name(s) shown on return

Department of the Treasury

ANUDEEP REDDY SURKANTI

► Go

Your social security number

185-19-3470

Did you	dispose of a	<pre>ny investment(</pre>	s) in a qualified	l opportunity f	und during the ta	x year?	Yes	🗡 No	
If "Yes,"	' attach Form	8949 and see	its instructions	s for additiona	l requirements for	r reporting v	your gain c	or loss.	

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

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	(g) Adjustment to gain or loss Form(s) 8949, F	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result
	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.			line 2, column	r (g)	with column (g)
1b	Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked	607.	267.			340.
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked					
3	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1		,	usts from	5	
6	Short-term capital loss carryover. Enter the amount, if an <b>Worksheet</b> in the instructions		-	-	6	( )
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	0	()	, ,	7	340.

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

	instructions for how to figure the amounts to enter on the below.	<b>(d)</b> Proceeds	(e) Cost	<b>(g)</b> Adjustmen to gain or loss		(h) Gain or (loss) Subtract column (e) from column (d) and
	form may be easier to complete if you round off cents to le dollars.	(sales price)	(or other basis)	Form(s) 8949, I line 2, colum	Part II,	combine the result with column (g)
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 <b>Box D</b> checked					
9	Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked					
10	Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked.					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824		• •	, ,	11	
12	Net long-term gain or (loss) from partnerships, S corporat			( )	12	
13	Capital gain distributions. See the instructions				13	
14	Long-term capital loss carryover. Enter the amount, if any <b>Worksheet</b> in the instructions			-	14	( )
15	Net long-term capital gain or (loss). Combine lines 8a on the back .	•			15	

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	<b>16</b> 340.
	• 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.	
	• 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.	
	• 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.	
17	Are lines 15 and 16 <b>both</b> gains?	
	No. Skip lines 18 through 21, and go to line 22.	
18	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	18
19	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	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.	
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.	
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:	
	The loss on line 16; or     (\$3,000), or if married filing separately, (\$1,500)	21 ()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.	
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?	
	☐ 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.	

REV 03/12/22 PRO

Schedule D (Form 1040) 2021

Form **8949** 

Department of the Treasury

Internal Revenue Service

## Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

Go to 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.

2021 Attachment Sequence No. 12A

Name(s) shown on return	Social security number or taxpayer identification number
ANUDEEP REDDY SURKANTI	185-19-3470

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.

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

<b>1</b> (a) Description of property	<b>(b)</b> Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the <b>Note</b> below	If you enter an enter a co	f <b>any, to gain or loss</b> . amount in column (g), ode in column (f). <b>arate instructions.</b>	(h) Gain or (loss). Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g)
Robinhood Securities LLC	2 01/01/21	12/31/21	607.	267.			340.
2 Totals. Add the amounts in colum negative amounts). Enter each to Schedule D, line 1b (if Box A abov above is checked), or line 3 (if Box	tal here and inc ve is checked), <b>li</b>	lude on your ne 2 (if Box B	607.	267.			340.

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.

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

SCHEDULE	E
(Form 1040)	

OMB No. 1545-0074 

**Supplemental Income and Loss** (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

	ent of the Treasury evenue Service (99)	<ul> <li>Attach to Form 1040</li> <li>Go to www.irs.gov/ScheduleE for</li> </ul>							Attao Segu	chment uence No. <b>13</b>
lame(s)	shown on return							Your	social secur	
ANUD	EEP REDDY SURK	ANTI						185	5-19-34	70
Part		<b>S From Rental Real Estate and Ro</b> instructions. If you are an individual, rep	-		-					
A Did		ents in 2021 that would require you to								
		vou file required Form(s) 1099?		• • •						
1a	Physical address of	each property (street, city, state, ZIF	, code	)						
Α										
В										
С										
1b	Type of Property (from list below)	2 For each rental real estate prop above, report the number of fa personal use days. Check the if you meet the requirements to	perty lis ir renta	sted al and			<sup>.</sup> Rental Days		onal Use Days	QJV
Α	3	<ul> <li>personal use days. Check the if you meet the requirements to</li> </ul>	QJV bo	ox only	Α		365		0	
В		qualified joint venture. See inst	ruction	is.	В				-	
С				Ē	С					
ype o	of Property:									
	le Family Residence	3 Vacation/Short-Term Rental	5 Lan	nd		7 Self-	Rental			
0	i-Family Residence	4 Commercial	6 Roy	alties		8 Othe	er (describe)	)		
ncom	e:	Properties:			Α		E	3		С
3	Rents received		3			600.				
4	Royalties received .		4							
xpen										
5	Advertising		5							
6	Auto and travel (see	instructions)	6							
7	Cleaning and mainte	nance	7		1,	400.				
8	Commissions		8							
9	Insurance		9							
10	Legal and other prof	essional fees	10							
11	Management fees .		11		1,	200.				
		aid to banks, etc. (see instructions)	12							
13	Other interest		13							
14	Repairs		14			500.				
15	Supplies		15		2,	500.				
			16							
			17		3,	000.				
	Depreciation expens	e or depletion	18							
	Other (list)		19							
	•	lines 5 through 19	20		10,	600.				
	result is a (loss), see	n line 3 (rents) and/or 4 (royalties). If instructions to find out if you must								
		al estate loss after limitation, if any,	21		-10,	000.				
	on Form 8582 (see in	-	22	(	10,0	000.)	(		)(	
		reported on line 3 for all rental prope				<b>23</b> a		600	0.	
		reported on line 4 for all royalty prop				23b				
		reported on line 12 for all properties				23c				
		reported on line 18 for all properties		• •		23d			_	
		reported on line 20 for all properties		· ·		23e	1	0,600		
	-	ve amounts shown on line 21. Do no		-					24	10
		osses from line 21 and rental real estate							25 (	10,000.
		tate and royalty income or (loss).								
		IV, and line 40 on page 2 do not								10 000
	Schedule 1 (Form 10	040), line 5. Otherwise, include this ar	nount	in the t	otal on	line 41	on page 2		26	-10,000

### 2021 IA 1040 Jowa Individual Incomo Tax Poturn

ur last na		spaces. You must fill in your Social Security Number (SSN). Your first name/middle initial:		— III N'	1,011,03,702,055	W.R.3.00	620103.B2-B7-1	Y KAZIL	i de de N	8 11
JRKAI								la Il Fili		9.
ouse's la	ast nan	ne: Spouse's first name/middle initial:				MIQN.		ŇЮЙ		ý.
		ddress (number and street, apartment, lot, or suite number) or PO Box: $\operatorname{NE}\ \operatorname{GROVE}\ \operatorname{CT}$								
, State, RMT		'ON HILLS MI 48335								
ouse S		Your SSN: 185-19-3470								
		tus: Mark one box only								
Г Г	-	Vere you claimed as a dependent on another person's lowa return? Yes	No X	Email Addr	200					
	-	illing a joint return. (Two-income families may benefit by using status 3 or 4.)		-		ouse were 6	65 or older as of 12/3	31/21		1
		illing separately on this combined return. Spouse use column B.		-	on 12/31/21: Count			istrict No.	0000	
		illing separate returns. Spouse's name:	▲ ssi		on 12/0 //2 11 000011		Net Income: \$		0000	
		household with qualifying person. If qualifying person is not claimed as a dependent			n's name and SSN	pelow				
		g widow(er) with dependent child. Name:	t on this return, c	siller the perso	SSN:	JC10W.				
p 3 Exe				B Spouse	e (Filing Status 3 ON	I Y)		A. You c	r Joint	
	•	edit: Col. A: Enter 1 (enter 2 if filing status 2 or 5); Col. B: Enter 1 if filing status 3			X\$40 = \$	_ ,	<b>▲</b> 1			4
		each taxpayer who is 65 or older and/or 1 for each taxpayer who is blind			X \$ 20 = \$		<u></u>	X \$ 20	) = \$	
Deper	ndents	: Enter 1 for each dependent			X \$ 40 = \$		<b>A</b>	X \$ 40	) = \$	
Enter	first na	ames of dependents here			e. Total \$			е.	fotal \$	4
p 4 Rep	ortab	le Social Security benefits as calculated on line 13 of lowa Social Security Wo	orksheet	B. Spouse	/Status 3 ▲		A. You o	r Joint 🔺		
_			B. Spouse/	Status 3	A. You or J	oint B	3. Spouse/Status	3	A. You	or Jo
5 55		Wages, salaries, tips, etc 1		.00	102,9					
me		Taxable interest income. If more than \$1,500, complete Sch. B 2		.00		<u>21</u> .00				
	3.	Ordinary dividend income. If more than \$1,500, complete Sch. B 3		.00		.00				
	4.	Taxable alimony received				.00	Г			
	5.	Business income/(loss). See instructions		.00		.00		NOTE: U blue or bl	,	
	6. 7	Capital gain/(loss). See instructions		.00		<u>340</u> .00		nk, no pe or red ink		
	8.	Taxable IRA distributions		.00		.00				
	9.	Taxable pensions and annuities		.00		.00 .00				
	10.	Rents, royalties, partnerships, estates, etc. See instructions		.00	-10,0					
	11.	Farm income/(loss). See instructions 1		.00		00. <u>000</u>				
	12.	Unemployment compensation. See instructions	2.	.00		.00				
	13.	Gambling winnings	3.	.00		.00				
	14.	Other income, bonus depreciation, and section 179 adjustment 14	4.	.00		.00				
	15.	Gross Income. Add lines 1-14				15	.0	0 🔺	93,2	<u>6</u> 7 .
o 6 Ist-	16.	Payments to an IRA, Keogh, or SEP 10	6.	.00		.00				
ts to me	17.	Deductible part of self-employment tax 1	7.	.00		.00				
	18.	Health insurance premium		.00		0.00				
	19.	Penalty on early withdrawal of savings		.00		.00				
	20. 21.	Alimony paid		.00		.00				
	21.	Moving expense deduction from federal form 3903		.00	·	00				
	23.	lowa capital gain deduction. Must include corresponding IA 100	3.	.00		.00				
		schedule		.00	·	.00				
	24.	Other adjustments		.00		00 25.				
	25. 26.	Total adjustments. Add lines 16-24 Net Income. Subtract line 25 from line 15				· · · · · · · · · · · · · · · · · · ·	.0	· _	93,2	<u>0</u> . 267
7	20.	Federal income tax refund/overpayment received in 2021		.00			.0	₀ ▲		<u>. , or</u>
eral es	28.	Self-employment/household employment/other federal taxes		.00		.00. .00				
lified	29.	Addition for federal taxes. Add lines 27 and 28				00 29.	.0	0		0
uc- S	30.	Total. Add lines 26 and 29				30.	.0 .0		93,	
-		in 2021, and federal taxes paid in 2021 for 2020 and prior years	31.	.00	▲ <u>18,</u>	<u>141</u> .00	0	· _	, د ر	201
	JZ.	amount. See instructions	32.	.00	▲	.00				
	33.	DPAD 199A(g) deduction. 50.0% (.5) of federal amount 3	33.	.00	▲	.00				
	34.	Total federal tax and other qualified deductions. Add lines 31, 32, and	33			34.	.0	0	18,	441
	35.	Balance. Subtract line 34 from line 30. Enter here and on line 36, page	2			35.	.0	₀ ▲	74,	826
			REV 02/19/22 F							

2021 Step 8	<b>IA</b>	<b>1040, page 2</b> BALANCE. From side 1, line 35			e/Status 3	A. You or Joint	B. Spouse/St	atus 3 .00	A	A. You or Joint 74 <b>,</b> 826.00			
Taxable	37	Deduction. Check one box  Itemized.(Include IA Schedule							. —	4,289.00			
Income	38.	``````````````````````````````````````						.00	<b>^</b> -	70,537.00			
Step 9	39.			20				.00		10,557.00			
Tax, Credits,					.00		<u>8</u> .00						
and Check-	40.	lowa lump-sum tax. See instructions			.00		00						
off	41.				.00	-	.00			4 050			
Contri- butions	42.	Total tax. ADD lines 39, 40, and 41.				72.		.00	-	4,058.00			
	43.	Total exemption credit amount(s) from Step 3, side 1			.00		<u>0 .</u> 00						
	44.	Tuition and textbook credit for dependents K-12			.00		.00						
	45.	Volunteer firefighter/EMS/reserve peace officer credit Total credits. ADD lines 43, 44, and 45			.00		.00			4.0			
	46. 47.							.00		40.00			
		Credit for nonresident or part-year resident. Must include IA	,					.00	<u> </u>	<u>4,018</u> .00			
	48.							.00	<u> </u>	3,821.00			
	49. 50	BALANCE. SUBTRACT line 48 from 47. If less than zero, e					·	.00	<b>^</b> _	197.00			
	50.	Out-of-state tax credit. Must include IA 130.						.00	<b>^</b> _	.00			
	51.	BALANCE. SUBTRACT line 50 from 49. If less than zero, e						.00	<b>_</b>	197.00			
	52.	Other nonrefundable lowa credits. Must include IA 148 Tax						.00	<b>_</b>	.00			
	53.	BALANCE. SUBTRACT line 52 from line 51. If less than ze	,					.00	<b>_</b>	<u>    197</u> .00			
	54.	School district surtax or EMS surtax. Take percentage from	,					.00	<b>^</b>	<u> </u>			
	55.	Total state and local tax. ADD lines 53 and 54						.00	<b>^</b>	<u>    197</u> .00			
	56.	TOTAL state and local tax before contributions. Combine or						. 56.		197.00			
	57.	57. Contributions will reduce your refund or add to the amount you owe. Amounts must be in whole dollars.											
	Fish	/Wildlife 57a: ▲ State Fair 57b: ▲ Firefighter	s/Veterans 5	7c: 🔺	Child Abuse F	Prevention 57d:	Enter here	. 57.		.00			
	58.	TOTAL STATE AND LOCAL TAX, AND CONTRIBUTIONS.	Add line 56	6 and line 57	and enter her	e		. 58.	<b></b>	197.00			
Step 10 Credits	59.	Iowa Fuel Tax Credit. Must include IA 4136	5	59.	.00	L	.00						
	60.	Check One: Child and Dependent Care Credit OR											
		Early Childhood Development Credit	6	60.	.00		.00						
	61.	lowa earned income tax credit. 15.0% (.15) of federal credi	i 6	51.	.00	۱ <u> </u>	<u>0</u> .00						
	62.	Other refundable credits. Include IA 148 Tax Credits Sched	ule 6	62.	.00	L	.00						
	63.	Iowa income tax withheld			.00	18	<u>5 .</u> 00						
	64.	Estimated and voucher payments made for tax year 2021.	6	64.	.00	L	.00						
	65.	5			.00	<u>+</u> •							
	66.									186.00			
Step 11 Refund	67.			,	'				▲	.00			
	68.	Amount of line 67 to be REFUNDED.					REFUND	68.	<u>م</u>	.00			
	6	8a. Routing number:			68	<sup>8b.</sup> Type Checkir	ng	Savi	ngs				
	6	8c. Account number:							76				
				<u>.</u> 39.									
Step 12		Amount of line 67 to be applied to your 2022 estimated tax. If line 66 is less than line 58, subtract line 66 from line 58. 1					00	70.	•				
Pay	70. 71.						is used 🔺 🗔	70. 71.		11.00			
	72.		00	▲ 72b. In			Enter total		<b>-</b>	.00. .00			
		TOTAL AMOUNT DUE. ADD lines 70, 71, and 72. Enter he						73.	<u>ــــــــــــــــــــــــــــــــــــ</u>	1 1.00			
Step 13		e undersigned, declare under penalties of perjury or false cer plete.	ificate, that	l have exam	nined this return	n, and, to the best o	f my knowledge	and beli	ief, it is				
	2011												
SIGN HERE													
	You	r signature Date	Check if d	eceased	Date of dea		r's signature	GUPTA 1	l'ALLAM	03/22/2022 Date			
SIGN	Tour	Signature Date	Checkind	eceased	Date of dea		0						
HERE	Snot	use's signature Date	Check if d	ocoocod	Date of dea		082703 r's PTIN		30-1	<u>.017196</u> Firm's FEIN			
	Зро			)391-6		ui Fiepaie		8)96	5-95				
				ytime telepho				e telepho					
			·	·			•						
								ocumer Moines	nt Proc IA 503	essing, 06-9187			



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### 2021 IA 1040 Schedule A

Iowa Itemized Deductions

If you itemize deductions, include this schedule with your return. Use whole dollar amounts.

Iowa Department of **EVENUE** 

tax.iowa.gov

Name(s): ANU	DEEP REDDY SURKANTI Social Security Number: 185-19-	3470	
Nedical and	1. Medical and dental expenses (Exclude health insurance premiums claimed on IA 1040, line 18)	1.	
Dental Expenses	2. Multiply the amount on federal form 1040, line 11, as modified for Iowa purposes, by 7.5% (.075). Enter result See IA 1040 expanded instructions.		
	3. Subtract line 2 from line 1. If less than zero, enter 0	3.	
Faxes You Paid (Not subject to ederal deduction dollar imitations)	<ul> <li>4. State and local taxes. Check only one box.</li> <li>a X Other state and local income taxes. Do not include any general sales tax or lowa income tax. Include school district surtax and EMS surtax from prior years paid in 2021, OR</li> <li>b □ General sales tax from federal form 1040, Schedule A, line 5a</li></ul>	0	3,989
nterest	9. Home mortgage interest and points. a. Interest and points reported on federal form 1098		
lou	b. Interest not reported on federal form 1098		
aid	10. Points not reported on federal form 1098		
	11. Mortgage insurance premiums		
	12. Investment interest. Include federal form 4952 if required		
	13. Add lines 9a-12. Enter total here	13	•
	14. Contributions by cash or check		
ifts to	15. Contributions other than by cash or check. Include federal form 8283 if more than \$500		
harity	16. Contributions carryover from prior year. See IA 1040 expanded instructions		
	17. Add lines 14-16. Enter total here	17	300
asualty/ heft Loss	18. Casualty or theft loss(es). Include federal form 4684. See IA 1040 expanded instructions	18	·
Other	19. Other expenses. List type and amount:		
emized Deductions			·
otal Itemized	20. Other Iowa deductions. See IA 1040 expanded instructions.	20	
eductions	21. Total deductions. Add lines 3, 8, 13, 17 through 20. If using filing statuses 1, 2, 5, or 6, enter the amount on the IA 1040, Step 8, line 37	21	4,289
	Complete lines 22-26 only if you are using filing status 3 or 4. Spouse		You
	22. Net income of both spouses from IA 1040, line 26		
roration of eductions	23. Total lowa net income, add columns 22a and 22b. Enter total here		
etween	24. Divide the amount on line 22a by the amount on line 23. Enter to the nearest tenth of a percent		
pouses	25. Multiply line 21 by the percentage on line 24. Enter here and on IA 1040, line 37, column A		
	26. Subtract line 25 from line 21. Enter here and on IA 1040, line 37, column B. If you are using filing status 4, enter this amount on your spouse's return, line 37, column A		



2021 IA 126

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Name(s): ANUDEEP REDDY SURKANTI	Social Security Number: _	185-19-	3470
Mark the appropriate box for you and your spous	B.S	Spouse	A. You or Joint
A nonresident of Iowa for all of 2021			$\mathbf{X}$
A part-year resident of Iowa during 2021			
	noved into Iowa:		
	noved out of lowa:	• · · · · · · · · · · · · · · · · · · ·	<u> </u>
A full-year resident of Iowa during 2021		·	
Iowa-Source Income	ВС	Spouse	A. You or Joint
1. Wages, salaries, tips, etc		•	
2. Taxable interest income		0	
3. Ordinary dividend income			.00
4. Taxable alimony received			.00
5. Business income or (loss)			.00
6. Capital gain or (loss)			0.00
7. Other gains or (losses)			.00
8. Taxable IRA distributions			.00
9. Taxable pensions and annuities			.00
10. Rents, royalties, partnerships, estates, etc			0.00
11. Farm income or (loss)			.00
12. Unemployment compensation			.00
13. Gambling winnings		0	.00
14. Other income, bonus depreciation, and section			.00
15. Iowa gross income. Add lines 1-14			
16. Payments to an IRA, Keogh, or SEP			<u>4,560</u> .00
17. Deductible part of self-employment tax			.00
18. Health insurance premium			.00
19. Penalty on early withdrawal of savings			.00
20. Alimony paid		.00	.00
21. Pension/retirement income exclusion		.00	.00
22. Moving expense deduction <b>into</b> lowa only			.00
23. Iowa capital gain deduction			.00
			.00
24. Other adjustments 25. Total adjustments. Add lines 16-24			
26. Iowa net income. Subtract line 25 from line 15.		.00	
			<u>4,560</u> .00
27. All-source net income from IA 1040, line 26		.00	<u>93,267</u> . <b>00</b>
28. Iowa income percentage: Divide line 26 by line	27 and enter		
percentage rounded to nearest tenth of a perce			_
no more than 100.0% and no less than 0.0%		%	4.9 <b>%</b>
29. Nonresident/part-year resident credit percentac			
Subtract the percentage on line 28 from 100.09		%	<u>95.1</u> %
30. Iowa tax on total income from IA 1040, line 39.		.00	4,058.00
31. Total credits from IA 1040, line 46		.00	40.00
32. Tax after credits. Subtract line 31 from line 30		00	4,018.00
33. Nonresident/part-year resident credit. Multiply I			
percentage on line 29. Enter this amount on IA		.00	3,821.00



INT 41-126a (07/07/2021)

REVENUE	Z Iowa Alternative Minimum T	2021 IA 625 <sup>,</sup> ax - Individual
		tax.iowa.go
Name(s): ANUDEEP REDDY SURKANTI	_ Social Security Number: 185-19-347	0
PART I - Iowa Adjustments and Preferences. See	instructions.	
If you itemized deductions on Schedule A (IA 1040) start on line 2.	), start on line 1. If you did not itemize or	ו your IA 1040
1. Taxes from IA 1040 Schedule A, line 8	1	3,989.
2. Refunds of taxes (exclude lowa income tax)	2.	(
3. Investment interest expense (difference betwee	en regular tax and AMT)3	, 
4. Qualified small business stock		'- <u></u>
5. Exercise of incentive stock options (excess of A	AMT income over regular tax income) . 5	·
6. Estates and trusts [amount from federal Sched	ule K-1 (Form 1041)]6	
7. Disposition of property (difference between AM	T and regular tax gain or loss)7	•
8. Depreciation on assets placed in service after <sup>2</sup>	1986 (difference between regular	
tax and AMT)	8	3
9. Passive activities (difference between AMT and	d regular tax income or loss)9	
10.Loss limitations (difference between AMT and r	egular tax income or loss)	I <u>.</u>
11. Circulation costs (difference between regular ta	ax and AMT)11	
12.Long-term contracts (difference between AMT	and regular tax income)12	·
13. Mining costs (difference between regular tax ar	nd AMT)13	). 
14. Research and experimental costs (difference b	etween regular tax and AMT)	·
15. Income from certain installment sales before Ja	anuary 1, 198715	.(
16. Other adjustments, including income-based rel	ated adjustments16	j.
17. Total adjustments and preferences. Add lines 1	through 16 17	3,989.
PART II - Iowa Alternative Minimum Taxable Inco	ome	
18. Taxable income from IA 1040, line 38		70,537.
19. Net operating loss deduction. Do not enter as a	a negative amount19	·
20. Add lines 17, 18, and 19		. 74,526.
21. Iowa Alternative Minimum Tax net operating los	ss deduction. See instructions	
22. Iowa Alternative Minimum Taxable Income. Su	btract line 21 from line 2022	. 74,526.



PART III - Iowa Exemption Amount and Iowa Alternative Minimum Tax Based on Iowa Filing Status	
23. Enter the applicable amount below based on your lowa filing status:	
<ul> <li>If filing status 1, 5, or 6, enter \$26,000.</li> </ul>	
<ul> <li>If filing status 2, enter \$35,000.</li> </ul>	
• If filing status 3 or 4, enter \$17,50023.	26,000.
24. Enter the applicable amount below based on your lowa filing status:	
• If filing status 1, 5, or 6, enter \$112,500.	
<ul> <li>If filing status 2, enter \$150,000.</li> </ul>	
• If filing status 3 or 4, enter \$75,00024.	112,500.
25. Subtract line 24 from line 22. If zero or less, enter zero	0.
26. Multiply line 25 by 25% (.25)	0.
27. Subtract line 26 from line 23. If zero or less, enter zero	26,000.
28. Subtract line 27 from line 22. If zero or less, enter zero	48,526.
29. Tentative Iowa Alternative Minimum Tax. Multiply line 28 by 6.4% (.064)	3,106.
30. Regular tax less exemption credits. IA 1040, line 39, less IA 1040, line 43	4,018.
31. Iowa Alternative Minimum Tax. Subtract line 30 from 29; enter here and on IA	
1040, line 41. If zero or less, enter zero. See instructions for lowa Alternative	
Minimum Tax Limited to Net Worth31.	0.
PART IV - Nonresidents and Part-Year Residents Only – Complete Lines 32-35.	
32. Enter lowa net income plus lowa adjustments and preferences. If zero or less,	
enter zero. See instructions	4,560.
33. Total net income plus total adjustments and preferences. See instructions	97,256.
34. Divide line 32 by line 33 and enter the result to three decimal places. If greater than	
one, enter 1.000	.047
35. Iowa Alternative Minimum Tax. Multiply line 31 by 34. Enter here and on	
IA 1040, line 41. See instructions35.	0.

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