

Mississippi Individual Income Tax Declaration For Electronic Filing 2021

Submission Number

| | | | | | |
|---|--------------------|---------------------|----------------------------|--|----------------------------------|
| Taxpayer First Name VAMSHI KRISHNA | | Initial | Last Name DAMERA | | YOU MUST ENTER SSN |
| Spouse First Name | | Initial | Last Name | | |
| Mailing Address (Number and Street, Including Rural Route) 9807 WILD BEGONIA LO | | | | | |
| City LAND O LAKES | State FL | Zip 34637 | County Code 0 | | Taxpayer SSN 651219740 |
| | | | | | Spouse SSN |

PART I: TAX RETURN INFORMATION (ROUND TO THE NEAREST DOLLAR)

| | | |
|--|---|-------|
| 1 Mississippi taxable income (Form 80-105, line 16; 80-205, line 19) | 1 | 71754 |
| 2 Total Mississippi tax (Form 80-105, line 23; 80-205, line 25) | 2 | 3318 |
| 3 Mississippi tax payments (Form 80-105, line 27; 80-205, line 29) | 3 | 3706 |
| 4 Refund (Form 80-105, line 33; 80-205, line 34) | 4 | 388 |
| 5 Amount you owe (Form 80-105, line 36; 80-205, line 37) | 5 | |

PART II: DIRECT DEPOSIT/DIRECT DEBIT

| | |
|------------------------------------|---|
| 1 Routing number 062203751 | 3 Type of account: |
| 2 Account number 1672865134 | Checking <input type="checkbox"/> Savings <input checked="" type="checkbox"/> |

My request for direct deposit/direct debit of my refund/payment includes my authorization for the Mississippi Department of Revenue to furnish my financial institution with my routing number, account number, account type, and social security number to insure my refund/payment is properly processed.

PART III: DECLARATION OF TAXPAYER

Under penalties of perjury, I declare that I have compared the information contained on my income tax return with the information I have provided to my electronic return originator and that the amounts described in Part I above agree with the amounts shown on the corresponding lines of my Mississippi income tax return. To the best of my knowledge and belief, my return is true, correct and complete. This declaration is to be maintained by the electronic return originator and provided to Mississippi Department of Revenue on request.

| | | | |
|--------------------|------|------------------|------|
| Taxpayer Signature | Date | Spouse Signature | Date |
|--------------------|------|------------------|------|

PART IV: DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER

Under penalties of perjury, I declare that I have reviewed the above taxpayer's return and that the entries on this form are complete and correctly represented to the best of my knowledge. I have obtained the taxpayer's signature and will maintain this return for the Mississippi Department of Revenue as part of my permanent records. Upon written request, I will furnish this return to the Mississippi Department of Revenue. I have provided the taxpayer with a copy of all forms and information to be filed electronically with the Mississippi Department of Revenue and have followed all other requirements described in the Mississippi Handbook for Electronic Filers and any additional requirements specified by the Mississippi Department of Revenue. If I am the paid preparer, under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer is based on all information of which preparer has any knowledge.

| | | | | | |
|---------------------|---|---|-----------------------------|------------------------|---|
| ERO Use Only | ERO Signature | Date 04182022 | Check if Also Paid Preparer | Check if Self-Employed | ERO SSN or PTIN |
| | Firm Name (or yours if self-employed), address and ZIP code | GLOBAL TAXES LLC 2530 Pebble Cr Cumming GA 30041 | | | EIN 301017196 Phone No. (678) 965-9522 |

Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

| | | | | | |
|-------------------------------|---|---|---|------------------------|---|
| Paid Preparer Use Only | Preparer Signature | Date 04182022 | Check if Also Paid Preparer <input checked="" type="checkbox"/> | Check if Self-Employed | Preparer SSN or PTIN P02082703 |
| | Firm Name (or yours if self-employed), address and ZIP code | GLOBAL TAXES LLC 2530 Pebble Cr Cumming GA 30041 | | | EIN 301017196 Phone No. (678) 965-9522 |



Mississippi Resident Individual Income Tax Return 2021

Amended

| | | | | |
|---|--|--------------------|----------------------------|-------------|
| Taxpayer First Name VAMSHI KRISHNA | | Initial | Last Name DAMERA | |
| Spouse First Name | | Initial | Last Name | |
| Mailing Address (Number and Street, Including Rural Route) 9807 WILD BEGONIA LOOP | | | | |
| City LAND O LAKES | | State FL | Zip 34637 | County Code |

SSN 651219740

Spouse SSN

- 1** Married - Combined or Joint Return (\$12,000)
- 2** Married - Spouse Died in Tax Year (\$12,000)
- 3** Married - Filing Separate Returns (\$12,000)
- 4** Head of Family (\$8,000)
- 5** Single (\$6,000)

EXEMPTIONS

| Dependents (in column B, enter "C" for child, "P" for parent or "R" for relative) | | | 8 | Taxpayer Age 65 or Over | Spouse Age 65 or Over |
|---|--|-----|-------------------|-------------------------|--|
| 6 | (A) Name | (B) | (C) Dependent SSN | Taxpayer Blind | Spouse Blind |
| | | | | | |
| 7 | Total number of dependents (from line 6 and Form 80-491) | | | 9 | Total dependents line 7 plus number of boxes checked line 8 |
| | | | | 10 | Line 9 x \$1,500 10 |
| | | | | 11 | Enter filing status exemption 11 6000 |
| | | | | 12 | Total (line 10 plus line 11) 12 6000 |

| MISSISSIPPI INCOME TAX | Column A (Taxpayer) | Column B (Spouse) |
|------------------------|---------------------|-------------------|
|------------------------|---------------------|-------------------|

| | | |
|---|-----------|---------|
| 13 Mississippi adjusted gross income (from page 2, line 65) | 13A 80054 | 13B |
| 14 Standard or itemized deductions (if itemized, attach Form 80-108) | 14A 2300 | 14B |
| 15 Exemptions (from line 12; if married filing separately use 1/2 amount) | 15A 6000 | 15B |
| 16 Mississippi taxable income (line 13 minus line 14 and line 15) | 16A 71754 | 16B |
| 17 Income tax due (from Schedule of Tax Computation, see instructions) | | 17 3318 |
| 18 Credit for tax paid to another state (from Form 80-160, line 14; attach other state return) | | 18 |
| 19 Other credits (from Form 80-401, line 1) | | 19 0 |
| 20 Net income tax due (line 17 minus line 18 and line 19) | | 20 3318 |
| 21 Consumer use tax (see instructions) | | 21 |
| 22 Catastrophe savings tax (see instructions) | | 22 |
| 23 Total Mississippi income tax due (line 20 plus line 21 and line 22) | | 23 3318 |

PAYMENTS

| | | | |
|--|--|----|------|
| 24 Mississippi income tax withheld (complete Form 80-107) | | 24 | 3706 |
| 25 Estimated tax payments, extension payments and/or amount paid on original return | | 25 | |
| 26 Refund received and/or amount carried forward from original return (amended return only) | | 26 | |
| 27 Total payments (line 24 plus line 25 minus line 26) | | 27 | 3706 |

REFUND OR BALANCE DUE

(If no overpayment is due on line 28, skip to line 34)

| | | | |
|--|---|----|-----|
| 28 Overpayment (if line 27 is more than line 23, subtract line 23 from line 27) | | 28 | 388 |
| 29 Interest and penalty (from Form 80-320, line 11 and/or line 12) | | 29 | |
| 30 Adjusted overpayment (line 28 minus line 29) | | 30 | 388 |
| 31 Overpayment to be applied to next year estimated tax account | Farmers or Fishermen (see instructions) | 31 | 0 |
| 32 Voluntary contribution (from Form 80-108, part III) | | 32 | |
| 33 Overpayment refund (line 30 minus line 31 and line 32) | REFUND | 33 | 388 |

Direct Deposit Request
(check box and go to page 3)

| | | | |
|--|-----------------------|----|--|
| 34 Balance due (if line 23 is more than line 27, subtract line 27 from line 23) | BALANCE DUE | 34 | |
| 35 Interest and penalty (from Form 80-320, line 19) | | 35 | |
| 36 Total due (line 34 plus line 35) | AMOUNT YOU OWE | 36 | |

Installment Agreement Request
(see instructions for eligibility; attach Form 71-661)



801052132163

Mississippi Resident Individual Income Tax Return 2021

Page 2

SSN

651219740

| INCOME | Column A (Taxpayer) | | Column B (Spouse) | |
|--|---------------------|-------|-------------------|--|
| 37 Wages, salaries, tips, etc. (complete Form 80-107) | 37A | 85454 | 37B | |
| 38 Business income (loss) (attach Federal Schedule C or C-EZ) | 38A | | 38B | |
| 39 Capital gain (loss) (attach Federal Schedule D, if applicable) | 39A | 0 | 39B | |
| 40 Rent, royalties, partnerships, S corporations, trusts, etc. (from Form 80-108, part IV) | 40A | -5400 | 40B | |
| 41 Farm income (loss) (attach Federal Schedule F) | 41A | | 41B | |
| 42 Interest income (from Form 80-108, part II, line 3) | 42A | | 42B | |
| 43 Dividend income (from Form 80-108, part II, line 6) | 43A | | 43B | |
| 44 Alimony received | 44A | | 44B | |
| 45 Taxable pensions and annuities (complete Form 80-107) | 45A | | 45B | |
| 46 Unemployment compensation (complete Form 80-107) | 46A | | 46B | |
| 47 Other income (loss) (from Form 80-108, part V, line 10) | 47A | | 47B | |
| 48 Total income (add lines 37 through 47) | 48A | 80054 | 48B | |

| ADJUSTMENTS | Column A (Taxpayer) | | Column B (Spouse) | |
|---|---------------------|-------|-------------------|--|
| 49 Payments to IRA | 49A | | 49B | |
| 50 Payments to self-employed SEP, SIMPLE and qualified retirement plans | 50A | | 50B | |
| 51 Interest penalty on early withdrawal of savings | 51A | 0 | 51B | |
| 52 Alimony paid (complete below) | 52A | | 52B | |
| Name | SSN | State | Date of Divorce | |
| 53 Moving expense (attach Federal Form 3903) | 53A | | 53B | |
| 54 National Guard or Reserve pay (enter the lesser of amount or \$15,000) | 54A | | 54B | |
| 55 Mississippi Prepaid Affordable College Tuition (MPACT) | 55A | | 55B | |
| 56 Mississippi Affordable College Savings (MACS) | 56A | | 56B | |
| 57 Self-employed health insurance deduction | 57A | | 57B | |
| 58 Health savings account deduction | 58A | | 58B | |
| 59 Catastrophe savings account deduction | 59A | | 59B | |
| 60 Self-employment tax deduction | 60A | | 60B | |
| 61 First-time home buyer savings account deduction | 61A | | 61B | |
| 62 Agricultural disaster program compensation deduction | 62A | | 62B | |
| 63 Mississippi Achieving a Better Life Experience (ABLE) Act deduction | 63A | | 63B | |
| 64 Total adjustments (add lines 49 through 63) | 64A | 0 | 64B | |
| 65 Mississippi adjusted gross income (line 48 minus line 64; enter on page 1, line 13) | 65A | 80054 | 65B | |

AMENDED RETURN - EXPLANATION OF CHANGES TO ORIGINAL RETURN (attach additional statement if needed)



801052133163

Mississippi Resident Individual Income Tax Return 2021

SSN 651219740

DIRECT DEPOSIT INFORMATION

1 Overpayment refund (from page 1, line 33) 1 388

| a Routing Number 1 | Account Number 1 | <input checked="" type="checkbox"/> Checking | Savings | Direct Deposit 1 Amount |
|--------------------|------------------|--|---------|-------------------------|
| 062203751 | 1672865134 | | | 1a 388 |
| b Routing Number 2 | Account Number 2 | Checking | Savings | Direct Deposit 2 Amount |
| | | | | 1b |

SIGNATURE

This return may be discussed with the preparer Yes No

I declare, under penalties of perjury, that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, this is a true, correct and complete return. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

| | | | |
|--------------------------|----------|-----------------------|---------------------|
| Taxpayer Signature | Date | 6013073743 | P02082703 |
| Spouse Signature | Date | 6789659522 | SYAM@GTAXFILE.COM |
| SYAM PRIYA RAM SAGAR GUP | 04182022 | 2530 Pebble Cr | Cumming GA 30041 |
| Paid Preparer Signature | Date | Paid Preparer Address | City State Zip Code |



Mississippi Adjustments And Contributions 2021

Taxpayer Name

DAMERA, VAMSHI KRISHNA

SSN 651219740

PART I: SCHEDULE A - ITEMIZED DEDUCTIONS (ATTACH FEDERAL FORM 1040 SCHEDULE A)

In the event you filed using the standard deduction on your federal return and wish to itemize for Mississippi purposes, use Federal Form 1040 Schedule A as a worksheet and transfer the information from the specific lines indicated to this Schedule A.

| | | | | |
|---|----|-------|----|-----|
| 1 Federal adjusted gross income from Federal Form 1040, line 11 | 1 | 80054 | | |
| 2 a Medical and dental expenses | 2a | | | |
| b Multiply line 1 by 7.5% (.075) | 2b | | | |
| c Medical and dental expense deduction (line 2a minus line 2b) | | | 2c | |
| 3 a Total taxes paid | 3a | 3706 | | |
| b Less state income taxes (or other taxes in lieu of) | 3b | 3706 | | |
| c Total taxes paid deduction (line 3a minus line 3b) | | | 3c | |
| 4 Total interest paid | | | 4 | |
| 5 Charitable contributions | | | 5 | 300 |
| 6 Total casualty or theft loss (attach Federal Form 4684) | | | 6 | |
| 7 a Other miscellaneous deductions | 7a | | | |
| b Less Mississippi gambling losses | 7b | | | |
| c Total other miscellaneous deductions (line 7a minus line 7b) | | | 7c | |
| 8 Mississippi itemized deductions (add lines 2c, 3c, 4, 5, 6, 7c); enter here and on Resident Form 80-105, page 1, line 14 or Non-Resident Form 80-205, page 1, line 14a | | | 8 | 300 |

PART II: SCHEDULE B - INTEREST AND DIVIDEND INCOME (FROM FEDERAL FORM 1040, SCHEDULE B)

| | | | | |
|--|---|--|--|---|
| 1 Interest income from all sources | 1 | | | 0 |
| 2 Amount of Mississippi nontaxable interest in line 1 | 2 | | | |
| 3 Total Mississippi interest (line 1 minus line 2, enter here and on Form 80-105, line 42 or Form 80-205, line 43) | 3 | | | 0 |
| 4 Total dividends from all sources | 4 | | | |
| 5 Amount of Mississippi nontaxable distributions reported in line 4 | 5 | | | |
| 6 Total Mississippi dividends (line 4 minus line 5, enter here and on Form 80-105, line 43 or Form 80-205, line 44) | 6 | | | |

PART III: VOLUNTARY CONTRIBUTION CHECK-OFFS (RESIDENTS ONLY)

You may elect to voluntarily contribute all or part (at least \$1) of your income tax refund to one or more of the funds listed below. Refer to the instruction booklet 80-100 (may be downloaded from our website at www.dor.ms.gov) for an explanation of the purpose of each of these funds and how the refund donations will be used.

Military Family Relief Fund
 Burn Care Fund
 Wildlife Heritage Fund
 Educational Trust Fund

Wildlife Fisheries and Parks Foundation
 Commission for Volunteer Service Fund

Enter total of check-offs here and on Form 80-105, page 1, line 32



Mississippi Adjustments And Contributions 2021

SSN 651219740

PART IV: INCOME (LOSS) FROM RENTS, ROYALTIES, PARTNERSHIPS, S CORPORATIONS, TRUSTS AND ESTATES

A INCOME (LOSS) FROM RENTAL REAL ESTATE AND ROYALTIES

| | | |
|--|----|-------|
| 1 Total rental real estate and royalty income (loss) (from Federal Schedule E, Part 1 and Part 5; attach Federal Schedule E) | A1 | -5400 |
| 2 Add: depletion claimed in excess of cost basis | A2 | |
| 3 Rental real estate and royalty income (loss) for Mississippi purposes (line 1 plus line 2) | A3 | -5400 |

B INCOME (LOSS) FROM PARTNERSHIPS, S CORPORATIONS, ESTATES AND TRUSTS

(ATTACH MISSISSIPPI K-1S AS APPLICABLE)

| NAME OF ENTITY | FEIN (MUST INCLUDE FEIN) | INCOME (LOSS) MISSISSIPPI K-1S |
|----------------|--------------------------|--------------------------------|
|----------------|--------------------------|--------------------------------|

Total for Section B

C Total of Section A and B (enter here and on Form 80-105, line 40 or Form 80-205, line 41) -5400

PART V: SCHEDULE N - OTHER INCOME (LOSS) AND SUPPLEMENTAL INCOME

| | | |
|---|---|--|
| 1 Net operating loss (enter from Form 80-155, line 2) | 1 | |
| 2 First-time home buyer unqualified expenses | 2 | |
| 3 Catastrophe savings taxable distribution | 3 | |

List other types of income (loss) _____

| | | |
|---|---|--|
| 4 | 4 | |
| 5 | 5 | |
| 6 | 6 | |
| 7 | 7 | |
| 8 | 8 | |
| 9 | 9 | |

10 Total Schedule N Other Income (Loss); enter here and on Form 80-105, page 2, line 47 or Form 80-205, page 2, line 48 10



Mississippi Income / Withholding Tax Schedule 2021

Primary Taxpayer Name (as shown on Forms 80-105, 80-205 and 81-110)
DAMERA, VAMSHI KRISHNA

THIS FORM MUST BE FILED EVEN IF YOU HAVE NO MISSISSIPPI WITHHOLDING

| 1 | A - Statement Information | B - Income and Withholding | C - Employer or Payer Information |
|---|---|--|---|
| X | Check appropriate box W-2 W-2G 1099 K-1 If 1099-R, Code in Box 7 581760235 Employer or Payer ID from W-2, 1099, K-1 VAMSHI KRISHNA DAME Taxpayer Name 651219740 Taxpayer Social Security Number | MS 5905 State State Wages, Tips, Etc. 251 Mississippi Withholding Only State Income from Other State | INFOSYS LIMITED Employer or payer name 2400 N GLENVILLE DR C150 Address RICHARDSON TX 75082 City, State, ZIP |

| 2 | A - Statement Information | B - Income and Withholding | C - Employer or Payer Information |
|---|---|--|--|
| X | Check appropriate box W-2 W-2G 1099 K-1 If 1099-R, Code in Box 7 611547778 Employer or Payer ID from W-2, 1099, K-1 VAMSHI KRISHNA DAME Taxpayer Name 651219740 Taxpayer Social Security Number | MS 79549 State State Wages, Tips, Etc. 3455 Mississippi Withholding Only State Income from Other State | FLEXTON INC Employer or payer name 5569 STONEY CREEK PLACE Address SAN JOSE CA 95138 City, State, ZIP |

| 3 | A - Statement Information | B - Income and Withholding | C - Employer or Payer Information |
|---|---|--|---|
| | Check appropriate box W-2 W-2G 1099 K-1 If 1099-R, Code in Box 7 Employer or Payer ID from W-2, 1099, K-1 Taxpayer Name Taxpayer Social Security Number | MS State State Wages, Tips, Etc. Mississippi Withholding Only State Income from Other State | Employer or payer name Address City, State, ZIP |

| 4 | A - Statement Information | B - Income and Withholding | C - Employer or Payer Information |
|---|---|--|---|
| | Check appropriate box W-2 W-2G 1099 K-1 If 1099-R, Code in Box 7 Employer or Payer ID from W-2, 1099, K-1 Taxpayer Name Taxpayer Social Security Number | MS State State Wages, Tips, Etc. Mississippi Withholding Only State Income from Other State | Employer or payer name Address City, State, ZIP |

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

| | | | |
|--|--|-------------------------------|--|
| Your first name and middle initial VAMSHI KRISHNA | | Last name DAMERA | Your social security number 651-21-9740 |
| If joint return, spouse's first name and middle initial | | Last name | Spouse's social security number |
| Home address (number and street). If you have a P.O. box, see instructions. 9807 WILD BEGONIA LOOP | | | Apt. no. |
| City, town, or post office. If you have a foreign address, also complete spaces below. LAND O LAKES | | State FL | ZIP code 34637 |
| Foreign country name | | Foreign province/state/county | Foreign postal code |

You Spouse

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? Yes No

Standard Deduction **Someone can claim:** You as a dependent Your spouse as a dependent
 Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** Were born before January 2, 1957 Are blind **Spouse:** Was born before January 2, 1957 Is blind

Dependents (see instructions):

| If more than four dependents, see instructions and check here ▶ <input type="checkbox"/> | (1) First name | | (2) Social security number | (3) Relationship to you | (4) <input checked="" type="checkbox"/> if qualifies for (see instructions): | |
|--|----------------|--|----------------------------|-------------------------|--|-----------------------------|
| | Last name | | | | Child tax credit | Credit for other dependents |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|--|--|------------|---------|
| Attach Sch. B if required. Standard Deduction for— • Single or Married filing separately, \$12,550 • Married filing jointly or Qualifying widow(er), \$25,100 • Head of household, \$18,800 • If you checked any box under <i>Standard Deduction</i> , see instructions. | 1 Wages, salaries, tips, etc. Attach Form(s) W-2 | 1 | 85,454. |
| | 2a Tax-exempt interest | 2a | |
| | 3a Qualified dividends | 3a | |
| | 4a IRA distributions | 4a | |
| | 5a Pensions and annuities | 5a | |
| | 6a Social security benefits | 6a | |
| | 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/> | 7 | |
| | 8 Other income from Schedule 1, line 10 | 8 | -5,400. |
| | 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶ | 9 | 80,054. |
| | 10 Adjustments to income from Schedule 1, line 26 | 10 | |
| | 11 Subtract line 10 from line 9. This is your adjusted gross income ▶ | 11 | 80,054. |
| | 12a Standard deduction or itemized deductions (from Schedule A) | 12a | 12,550. |
| | b Charitable contributions if you take the standard deduction (see instructions) | 12b | 300. |
| | c Add lines 12a and 12b | 12c | 12,850. |
| | 13 Qualified business income deduction from Form 8995 or Form 8995-A | 13 | |
| 14 Add lines 12c and 13 | 14 | 12,850. | |
| 15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- | 15 | 67,204. | |

| | | | |
|-----|--|-----|---------|
| 16 | Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | 16 | 10,538. |
| 17 | Amount from Schedule 2, line 3 | 17 | |
| 18 | Add lines 16 and 17 | 18 | 10,538. |
| 19 | Nonrefundable child tax credit or credit for other dependents from Schedule 8812 | 19 | |
| 20 | Amount from Schedule 3, line 8 | 20 | |
| 21 | Add lines 19 and 20 | 21 | |
| 22 | Subtract line 21 from line 18. If zero or less, enter -0- | 22 | 10,538. |
| 23 | Other taxes, including self-employment tax, from Schedule 2, line 21 | 23 | 0. |
| 24 | Add lines 22 and 23. This is your total tax | 24 | 10,538. |
| 25 | Federal income tax withheld from: | | |
| a | Form(s) W-2 | 25a | 13,256. |
| b | Form(s) 1099 | 25b | |
| c | Other forms (see instructions) | 25c | |
| d | Add lines 25a through 25c | 25d | 13,256. |
| 26 | 2021 estimated tax payments and amount applied from 2020 return | 26 | |
| 27a | Earned income credit (EIC) No | 27a | |
| | Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/> | | |
| b | Nontaxable combat pay election | 27b | |
| c | Prior year (2019) earned income | 27c | |
| 28 | Refundable child tax credit or additional child tax credit from Schedule 8812 | 28 | |
| 29 | American opportunity credit from Form 8863, line 8 | 29 | |
| 30 | Recovery rebate credit. See instructions | 30 | |
| 31 | Amount from Schedule 3, line 15 | 31 | |
| 32 | Add lines 27a and 28 through 31. These are your total other payments and refundable credits | 32 | |
| 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | 13,256. |
| 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 2,718. |
| 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 2,718. |
| b | Routing number 062203751 <input type="checkbox"/> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| d | Account number 1672865134 | | |
| 36 | Amount of line 34 you want applied to your 2022 estimated tax | 36 | |
| 37 | Amount you owe . Subtract line 33 from line 24. For details on how to pay, see instructions | 37 | |
| 38 | Estimated tax penalty (see instructions) | 38 | |

If you have a qualifying child, attach Sch. EIC.

Refund

Direct deposit? See instructions.

Amount You Owe

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. No

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

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

Joint return? See instructions. Keep a copy for your records.

Phone no. (601) 307-3743 Email address DVAMSHIKRISHNA567@GMAIL.COM

Paid Preparer Use Only

| | | | | |
|-----------------------------------|---------------------------------------|------------|----------------|--|
| Preparer's name | Preparer's signature | Date | PTIN | Check if: |
| SYAM PRIYA RAM SAGAR GUPTA TALLAM | SYAM PRIYA RAM SAGAR GUPTA TALLAM | 04/18/2022 | P02082703 | <input type="checkbox"/> Self-employed |
| Firm's name | Firm's address | | Phone no. | Firm's EIN |
| GLOBAL TAXES LLC | 2530 Pebble Creek Ln Cumming GA 30041 | | (678) 965-9522 | 30-1017196 |

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ Attach to Form 1040, 1040-SR, or 1040-NR.
▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2021
Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
VAMSHI KRISHNA DAMERA

Your social security number
651-21-9740

Part I Additional Income

| | | | |
|-----------|---|-----------|---------|
| 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) ▶ _____ | | |
| 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, trusts, etc. Attach Schedule E | 5 | -5,400. |
| 6 | Farm income or (loss). Attach Schedule F | 6 | |
| 7 | Unemployment compensation | 7 | |
| 8 | Other income: | | |
| a | Net operating loss | 8a | () |
| b | Gambling income | 8b | |
| c | Cancellation of debt | 8c | |
| d | Foreign earned income exclusion from Form 2555 | 8d | () |
| e | Taxable Health Savings Account distribution | 8e | |
| f | Alaska Permanent Fund dividends | 8f | |
| g | Jury duty pay | 8g | |
| h | Prizes and awards | 8h | |
| 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 property | 8k | |
| l | Olympic and Paralympic medals and USOC prize money (see instructions) | 8l | |
| m | Section 951(a) inclusion (see instructions) | 8m | |
| n | Section 951A(a) inclusion (see instructions) | 8n | |
| o | Section 461(l) excess business loss adjustment | 8o | |
| p | Taxable distributions from an ABLE account (see instructions) | 8p | |
| z | Other income. List type and amount ▶ _____ | 8z | |
| 9 | Total other income. Add lines 8a through 8z | 9 | |
| 10 | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 | 10 | -5,400. |

Part II Adjustments to Income

| | | | | |
|------------|--|------------|------------|--|
| 11 | Educator expenses | | 11 | |
| 12 | Certain business expenses of reservists, performing artists, and fee-basis government 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 | | 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 | ▶ _____ | | |
| c | Date of original divorce or separation agreement (see instructions) ▶ _____ | | | |
| 20 | IRA deduction | | 20 | |
| 21 | Student loan interest deduction | | 21 | |
| 22 | Reserved for future use | | 22 | |
| 23 | Archer MSA deduction | | 23 | |
| 24 | Other adjustments: | | | |
| a | Jury duty pay (see instructions) | 24a | | |
| b | Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit | 24b | | |
| c | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l | 24c | | |
| d | Reforestation amortization and expenses | 24d | | |
| e | Repayment of supplemental unemployment benefits under the Trade Act of 1974 | 24e | | |
| f | Contributions to section 501(c)(18)(D) pension plans | 24f | | |
| g | Contributions by certain chaplains to section 403(b) plans | 24g | | |
| 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 | 24i | | |
| j | Housing deduction from Form 2555 | 24j | | |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) | 24k | | |
| 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 adjustments to income . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a | | 26 | |

**SCHEDULE E
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Supplemental Income and Loss

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

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041.
▶ Go to www.irs.gov/ScheduleE for instructions and the latest information.

OMB No. 1545-0074

2021

Attachment
Sequence No. **13**

Name(s) shown on return

VAMSHI KRISHNA DAMERA

Your social security number

651-21-9740

Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

A Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions Yes No
B If "Yes," did you or will you file required Form(s) 1099? Yes No

| | | | | | |
|-----------|---|--|------------------|-------------------|--------------------------|
| 1a | Physical address of each property (street, city, state, ZIP code) | | | | |
| A | 14-202/21, RAGHAVA NAGAR HYDERABAD TELANGANA IN 500097 | | | | |
| B | | | | | |
| C | | | | | |
| 1b | Type of Property (from list below) | 2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. | Fair Rental Days | Personal Use Days | QJV |
| A | 3 | | 365 | 0 | <input type="checkbox"/> |
| B | | | | | <input type="checkbox"/> |
| C | | | | | <input type="checkbox"/> |

Type of Property:

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

| Income: | Properties: | A | B | C |
|---|-------------|------------|--------|---------|
| 3 Rents received | 3 | 400. | | |
| 4 Royalties received | 4 | | | |
| Expenses: | | | | |
| 5 Advertising | 5 | | | |
| 6 Auto and travel (see instructions) | 6 | | | |
| 7 Cleaning and maintenance | 7 | 500. | | |
| 8 Commissions | 8 | | | |
| 9 Insurance | 9 | | | |
| 10 Legal and other professional fees | 10 | | | |
| 11 Management fees | 11 | 800. | | |
| 12 Mortgage interest paid to banks, etc. (see instructions) | 12 | | | |
| 13 Other interest | 13 | | | |
| 14 Repairs | 14 | 1,200. | | |
| 15 Supplies | 15 | 1,500. | | |
| 16 Taxes | 16 | | | |
| 17 Utilities | 17 | 1,800. | | |
| 18 Depreciation expense or depletion | 18 | | | |
| 19 Other (list) ▶ | 19 | | | |
| 20 Total expenses. Add lines 5 through 19 | 20 | 5,800. | | |
| 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 | 21 | -5,400. | | |
| 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 | (5,400.) | | |
| 23a Total of all amounts reported on line 3 for all rental properties | 23a | | 400. | |
| b Total of all amounts reported on line 4 for all royalty properties | 23b | | | |
| c Total of all amounts reported on line 12 for all properties | 23c | | | |
| d Total of all amounts reported on line 18 for all properties | 23d | | | |
| e Total of all amounts reported on line 20 for all properties | 23e | | 5,800. | |
| 24 Income. Add positive amounts shown on line 21. Do not include any losses | 24 | | | |
| 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here | 25 | (5,400.) | | |
| 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 | 26 | | | -5,400. |

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2021