

# IRS e-file Signature Authorization

▶ **ERO must obtain and retain completed Form 8879.**  
▶ **Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.**

Submission Identification Number (SID) ▶

Taxpayer's name SAI VAMSI NAGULAPALLI	Social security number 122-55-0713
Spouse's name	Spouse's social security number

## Part I Tax Return Information — Tax Year Ending December 31, 2021 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

**Note:** Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

<b>1</b> Adjusted gross income . . . . .	<b>1</b>	54,680.
<b>2</b> Total tax . . . . .	<b>2</b>	5,016.
<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	<b>3</b>	8,274.
<b>4</b> Amount you want refunded to you . . . . .	<b>4</b>	3,258.
<b>5</b> Amount you owe . . . . .	<b>5</b>	

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

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

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

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

5	0	7	1	3
---	---	---	---	---

 as my signature on the income tax return (original or amended) I am now authorizing.   
ERO firm name  
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

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

- I authorize \_\_\_\_\_ to enter or generate my PIN 

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 as my signature on the income tax return (original or amended) I am now authorizing.   
ERO firm name  
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

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

### Practitioner PIN Method Returns Only—continue below

## Part III Certification and Authentication — Practitioner PIN Method Only

**ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN. 

5	8	7	2	7	8	6	1	9	8	9
---	---	---	---	---	---	---	---	---	---	---

  
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form — See Instructions**  
**Don't Submit This Form to the IRS Unless Requested To Do So**

**Filing Status**  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 SAI VAMSI	Last name NAGULAPALLI	Your social security number 122-55-0713
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. 3319 W 4TH STREET #208, LA MAISON APARTMENTS		Apt. no. 208
City, town, or post office. If you have a foreign address, also complete spaces below. HATTIESBURG		State MS
		ZIP code 39401
Foreign country name	Foreign province/state/county	Foreign postal code

**Presidential Election Campaign**  
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.  
 You  Spouse

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?  Yes  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.  <b>Standard Deduction for—</b> • 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.	<b>1</b>	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .		56,023.
	<b>2a</b>	Tax-exempt interest . . . . .	<b>2a</b>	
	<b>3a</b>	Qualified dividends . . . . .	<b>3a</b>	
	<b>4a</b>	IRA distributions . . . . .	<b>4a</b>	
	<b>5a</b>	Pensions and annuities . . . . .	<b>5a</b>	
	<b>6a</b>	Social security benefits . . . . .	<b>6a</b>	
	<b>7</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ▶ <input type="checkbox"/>	<b>7</b>	-1,343.
	<b>8</b>	Other income from Schedule 1, line 10 . . . . .	<b>8</b>	
	<b>9</b>	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . . ▶	<b>9</b>	54,680.
	<b>10</b>	Adjustments to income from Schedule 1, line 26 . . . . .	<b>10</b>	
	<b>11</b>	Subtract line 10 from line 9. This is your <b>adjusted gross income</b> . . . . . ▶	<b>11</b>	54,680.
	<b>12a</b>	<b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .	<b>12a</b>	12,550.
	<b>b</b>	Charitable contributions if you take the standard deduction (see instructions)	<b>12b</b>	
	<b>c</b>	Add lines 12a and 12b . . . . .	<b>12c</b>	12,550.
	<b>13</b>	Qualified business income deduction from Form 8995 or Form 8995-A . . . . .	<b>13</b>	
<b>14</b>	Add lines 12c and 13 . . . . .	<b>14</b>	12,550.	
<b>15</b>	<b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . .	<b>15</b>	42,130.	

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	5,016.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	5,016.
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3, line 8	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	5,016.
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
24	Add lines 22 and 23. This is your <b>total tax</b>	24	5,016.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	8,274.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	8,274.
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC) <span style="float:right">No</span>	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 <b>total other payments and refundable credits</b>	32	
33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	8,274.
34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	3,258.
35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	35a	3,258.
b	Routing number 062203751 <span style="float:right">c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings</span>		
d	Account number 1673152573		
36	Amount of line 34 you want <b>applied to your 2022 estimated tax</b>	36	
37	<b>Amount you owe</b> . 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.

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

Your signature	Date	Your occupation SOFTWARE ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. (601) 307-7499 Email address SAIVAMSI.N@GMAIL.COM

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 03/19/2022	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 2530 Pebble Creek Ln Cumming GA 30041			Phone no. (678) 965-9522
Firm's EIN				30-1017196

**SCHEDULE D**  
**(Form 1040)**

**Capital Gains and Losses**

OMB No. 1545-0074

**2021**

Attachment  
Sequence No. **12**

Department of the Treasury  
Internal Revenue Service (99)

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

Name(s) shown on return SAI VAMSI NAGULAPALLI	Your social security number 122-55-0713
--------------------------------------------------	--------------------------------------------

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No  
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .	156,794.	158,380.	243.	-1,343.
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .				
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . .				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>5</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>6</b> ( )
<b>7</b> <b>Net short-term capital gain or (loss)</b> . Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .				<b>7</b> -1,343.

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

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

**Part III Summary**

<p><b>16</b> Combine lines 7 and 15 and enter the result . . . . .</p> <ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li> </ul>	<b>16</b>	-1,343.
<p><b>17</b> Are lines 15 and 16 <b>both</b> gains?  <input type="checkbox"/> <b>Yes.</b> Go to line 18.  <input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.</p>		
<p><b>18</b> If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . ▶</p>	<b>18</b>	
<p><b>19</b> If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . . ▶</p>	<b>19</b>	
<p><b>20</b> Are lines 18 and 19 both zero or blank and are you not filing Form 4952?  <input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16. <b>Don't</b> complete lines 21 and 22 below.   <input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.</p>		
<p><b>21</b> If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of:  <ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } . . . . .</li> </ul> <p><b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.</p> </p>	<b>21</b>	( 1,343. )
<p><b>22</b> Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?   <input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16.   <input checked="" type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>		





TAXABLE YEAR

FORM

2021

California e-file Signature Authorization for Individuals

8879

Table with 2 columns: Field Name, Value. Rows: Your name (SAI VAMSI NAGULAPALLI), Your SSN or ITIN (122-55-0713), Spouse's/RDP's name, Spouse's/RDP's SSN or ITIN.

Part I Tax Return Information (whole dollars only)

Table with 2 columns: Line Number, Amount. Rows: 1 California adjusted gross income (AGI) 51,360; 2 Amount You Owe; 3 Refund or No Amount Due 2,049.

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

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2021, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider, including my name, address, and social security number (SSN) or individual tax identification number (ITIN), and the amounts shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that direct deposit refund amount on line 3 agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointment of the other spouse/registered domestic partner (RDP) as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediate service provider to transmit my complete return to the Franchise Tax Board (FTB). If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, and/or transmitter the reason(s) for the delay or the date when the refund was sent. If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

[X] I authorize GLOBAL TAXES LLC to enter my PIN 5 0 7 1 3 as my signature on my 2021 e-filed California individual income tax return. ERO firm name Do not enter all zeros

[ ] I will enter my PIN as my signature on my 2021 e-filed California individual income tax return. 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/RDP's PIN: check one box only

[ ] I authorize to enter my PIN as my signature on my 2021 e-filed California individual income tax return. ERO firm name Do not enter all zeros

[ ] I will enter my PIN as my signature on my 2021 e-filed California individual income tax return. 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/RDP's signature Date

Practitioner PIN Method Returns Only -- continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's Electronic Filer Identification Number (EFIN)/PIN.

Enter your six-digit EFIN followed by your five-digit self-selected PIN.

5 8 7 2 7 8 6 1 9 8 9

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the 2021 California individual income tax return 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 FTB Pub. 1345, 2021 Handbook for Authorized e-file Providers.

ERO's signature Date 03/19/2022

# California Nonresident or Part-Year Resident Income Tax Return

2021

540NR

APE

ATTACH FEDERAL RETURN

122-55-0713 NAGU  
SAIVAMSI NAGULAPALLI

21

3319 W 4TH STREET 208 LA MAISON APA APT 208  
HATTIESBURG MS 39401

06-25-1996

If your California filing status is different from your federal filing status, check the box here

Filing Status

- 1  Single
- 2  Married/RDP filing jointly. See inst.
- 3  Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here
- 4  Head of household (with qualifying person). See instructions.
- 5  Qualifying widow(er). Enter year spouse/RDP died.

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst.

► For line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line.

Whole dollars only

- 7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2. If you checked the box on line 6, see instructions.  7  X \$129 =  \$
- 8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2.  8  X \$129 =  \$
- 9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions.  9  X \$129 =  \$

Exemptions

- 10 **Dependents: Do not include yourself or your spouse/RDP.**
- |                                 | Dependent 1          | Dependent 2          | Dependent 3          |
|---------------------------------|----------------------|----------------------|----------------------|
| First Name                      | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Last Name                       | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| SSN. See instructions.          | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Dependent's relationship to you | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Total dependent exemptions  10  X \$400 =  \$



Your name:  Your SSN or ITIN:

**11 Exemption amount:** Add line 7 through line 10 .....  **11 \$**

<b>Total Taxable Income</b>	<b>12</b> Total California wages from your federal Form(s) W-2, box 16 ..... <input checked="" type="radio"/> <b>12</b> <input type="text" value="51360"/> <input type="text" value=".00"/>
	<b>13</b> Enter federal AGI from federal Form 1040, 1040-SR, or 1040-NR, line 11 ..... <input checked="" type="radio"/> <b>13</b> <input type="text" value="54680"/> <input type="text" value=".00"/>
	<b>14</b> California adjustments – subtractions. Enter the amount from Schedule CA (540NR), Part II, line 27, column B ..... <input checked="" type="radio"/> <b>14</b> <input type="text" value=""/> <input type="text" value=".00"/>
	<b>15</b> Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions ..... <input checked="" type="radio"/> <b>15</b> <input type="text" value="54680"/> <input type="text" value=".00"/>
	<b>16</b> California adjustments – additions. Enter the amount from Schedule CA (540NR), Part II, line 27, column C ..... <input checked="" type="radio"/> <b>16</b> <input type="text" value=""/> <input type="text" value=".00"/>
	<b>17</b> Adjusted gross income from all sources. Combine line 15 and line 16 ..... <input checked="" type="radio"/> <b>17</b> <input type="text" value="54680"/> <input type="text" value=".00"/>
	<b>18</b> Enter the <b>larger</b> of: Your California <b>itemized deductions</b> from Schedule CA (540NR), Part III, line 30; <b>OR</b> Your California <b>standard deduction</b> . See instructions ..... <input checked="" type="radio"/> <b>18</b> <input type="text" value="4803"/> <input type="text" value=".00"/>
	<b>19</b> Subtract line 18 from line 17. This is your <b>total taxable income</b> . If less than zero, enter -0- ..... <input checked="" type="radio"/> <b>19</b> <input type="text" value="49877"/> <input type="text" value=".00"/>

<b>CA Taxable Income</b>	<b>31</b> Tax. Check the box if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule
	<input checked="" type="radio"/> <b>31</b> <input type="text" value="1790"/> <input type="text" value=".00"/>
	<b>32</b> CA adjusted gross income from Schedule CA (540NR), Part IV, line 1. .... <input checked="" type="radio"/> <b>32</b> <input type="text" value="51360"/> <input type="text" value=".00"/>
	<b>35</b> CA Taxable Income from Schedule CA (540NR), Part IV, line 5. .... <input checked="" type="radio"/> <b>35</b> <input type="text" value="46849"/> <input type="text" value=".00"/>
	<b>36</b> CA Tax Rate. Divide line 31 by line 19. .... <input checked="" type="radio"/> <b>36</b> <input type="text" value="0.0359"/>
	<b>37</b> CA Tax Before Exemption Credits. Multiply line 35 by line 36 ..... <input checked="" type="radio"/> <b>37</b> <input type="text" value="1682"/> <input type="text" value=".00"/>
	<b>38</b> CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000 ..... <input checked="" type="radio"/> <b>38</b> <input type="text" value="0.9393"/>
	<b>39</b> CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$212,288, see instructions ..... <input checked="" type="radio"/> <b>39</b> <input type="text" value="121"/> <input type="text" value=".00"/>
	<b>40</b> CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0- ... <input checked="" type="radio"/> <b>40</b> <input type="text" value="1561"/> <input type="text" value=".00"/>
<b>41</b> Tax. See instructions. Check the box if from: <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> FTB 5870A <input checked="" type="radio"/> <b>41</b> <input type="text" value=""/> <input type="text" value=".00"/>	
<b>42</b> Add line 40 and line 41 ..... <input checked="" type="radio"/> <b>42</b> <input type="text" value="1561"/> <input type="text" value=".00"/>	

<b>Special Credits</b>	<b>50</b> Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form FTB 3506. .... <input checked="" type="radio"/> <b>50</b> <input type="text" value=""/> <input type="text" value=".00"/>
	<b>51</b> Credit for joint custody head of household. See instructions ..... <input checked="" type="radio"/> <b>51</b> <input type="text" value=""/> <input type="text" value=".00"/>
	<b>52</b> Credit for dependent parent. See instructions. .... <input checked="" type="radio"/> <b>52</b> <input type="text" value=""/> <input type="text" value=".00"/>
	<b>53</b> Credit for senior head of household. See instructions. .... <input checked="" type="radio"/> <b>53</b> <input type="text" value=""/> <input type="text" value=".00"/>
	<b>54</b> Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions ..... <input checked="" type="radio"/> <b>54</b> <input type="text" value=""/> <input type="text" value=".00"/>
	<b>55</b> Credit amount. See instructions ..... <input checked="" type="radio"/> <b>55</b> <input type="text" value=""/> <input type="text" value=".00"/>

Your name:  Your SSN or ITIN:

**Special Credits continued**

58	Enter credit name <input type="text"/> code <input type="text"/> and amount. . . . .	●	58	<input type="text"/>	.00
59	Enter credit name <input type="text"/> code <input type="text"/> and amount. . . . .	●	59	<input type="text"/>	.00
60	To claim more than two credits. See instructions. . . . .	●	60	<input type="text"/>	.00
61	Nonrefundable Renter's Credit. See instructions . . . . .	●	61	<input type="text"/>	.00
62	Add line 50 and line 55 through 61. These are your total credits . . . . .	⊙	62	<input type="text"/>	.00
63	Subtract line 62 from line 42. If less than zero, enter -0- . . . . .	⊙	63	<input type="text" value="1561"/>	.00

**Other Taxes**

71	Alternative Minimum Tax. Attach Schedule P (540NR). . . . .	●	71	<input type="text"/>	.00
72	Mental Health Services Tax. See instructions . . . . .	●	72	<input type="text"/>	.00
73	Other taxes and credit recapture. See instructions . . . . .	●	73	<input type="text"/>	.00
74	Excess Advance Premium Assistance Subsidy (APAS) repayment. See instructions . . . . .	●	74	<input type="text"/>	.00
75	Add line 63, line 71, line 72, line 73, and line 74. This is your total tax . . . . .	●	75	<input type="text" value="1561"/>	.00

**Payments**

81	California income tax withheld. See instructions . . . . .	●	81	<input type="text" value="3610"/>	.00
82	2021 CA estimated tax and other payments. See instructions . . . . .	●	82	<input type="text"/>	.00
83	Withholding (Form 592-B and/or 593). See instructions . . . . .	●	83	<input type="text"/>	.00
84	Excess SDI (or VPDI) withheld. See instructions . . . . .	●	84	<input type="text"/>	.00
85	Earned Income Tax Credit (EITC) . . . . .	●	85	<input type="text"/>	.00
86	Young Child Tax Credit (YCTC). See instructions . . . . .	●	86	<input type="text"/>	.00
87	Net Premium Assistance Subsidy (PAS). See instructions . . . . .	●	87	<input type="text"/>	.00
88	Add line 81 through line 87. These are your total payments. See instructions . . . . .	⊙	88	<input type="text" value="3610"/>	.00

**ISR Penalty**

91 If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or C coverage is qualifying health care coverage. . . . .

If you did not check the box, see instructions.

Individual Shared Responsibility (ISR) Penalty. See instructions . . . . . ● 91  .00

**Overpaid Tax/Tax Due**

92	Payments after Individual Shared Responsibility Penalty. If line 88 is more than line 91, subtract line 91 from line 88. . . . .	⊙	92	<input type="text" value="3610"/>	.00
93	Individual Shared Responsibility Penalty Balance. If line 91 is more than line 88, subtract line 88 from line 91. . . . .	⊙	93	<input type="text"/>	.00
101	Overpaid tax. If line 92 is more than line 75, subtract line 75 from line 92. . . . .	⊙	101	<input type="text" value="2049"/>	.00
102	Amount of line 101 you want applied to your 2022 estimated tax . . . . .	●	102	<input type="text" value="0"/>	.00

Your name:

Your SSN or ITIN:

**103** Overpaid tax available this year. Subtract line 102 from line 101 ..... ● **103**  .00

**104** Tax due. If line 92 is less than line 75, subtract line 92 from line 75 ..... ● **104**  .00

**Contributions**

**Code Amount**

California Seniors Special Fund. See instructions ..... ● **400**  .00

Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund ..... ● **401**  .00

Rare and Endangered Species Preservation Voluntary Tax Contribution Program ..... ● **403**  .00

California Breast Cancer Research Voluntary Tax Contribution Fund ..... ● **405**  .00

California Firefighters' Memorial Voluntary Tax Contribution Fund ..... ● **406**  .00

Emergency Food for Families Voluntary Tax Contribution Fund ..... ● **407**  .00

California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund ..... ● **408**  .00

California Sea Otter Voluntary Tax Contribution Fund ..... ● **410**  .00

California Cancer Research Voluntary Tax Contribution Fund ..... ● **413**  .00

School Supplies for Homeless Children Voluntary Tax Contribution Fund ..... ● **422**  .00

State Parks Protection Fund/Parks Pass Purchase ..... ● **423**  .00

Protect Our Coast and Oceans Voluntary Tax Contribution Fund ..... ● **424**  .00

Keep Arts in Schools Voluntary Tax Contribution Fund ..... ● **425**  .00

Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund ..... ● **431**  .00

California Senior Citizen Advocacy Voluntary Tax Contribution Fund ..... ● **438**  .00

Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund ..... ● **439**  .00

Rape Kit Backlog Voluntary Tax Contribution Fund ..... ● **440**  .00

Schools Not Prisons Voluntary Tax Contribution Fund ..... ● **443**  .00

Suicide Prevention Voluntary Tax Contribution Fund ..... ● **444**  .00

Mental Health Crisis Prevention Voluntary Tax Contribution Fund ..... ● **445**  .00

California Community and Neighborhood Tree Voluntary Tax Contribution Fund ..... ● **446**  .00

**120** Add code 400 through code 446. This is your total contribution ..... ● **120**  .00

Your name:  Your SSN or ITIN:

**Amount You Owe** 121 **AMOUNT YOU OWE.** Add line 93, line 104, and line 120. See instructions. **Do not send cash.**  
Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001.** . . . . ● 121  .00  
Pay Online – Go to **ftb.ca.gov/pay** for more information.

**Interest and Penalties** 122 Interest, late return penalties, and late payment penalties. . . . . 122  .00

123 Underpayment of estimated tax.  
Check the box: ●  **FTB 5805 attached** ●  **FTB 5805F attached** . . . . . ● 123  .00

124 Total amount due. See instructions. Enclose, but **do not** staple, any payment . . . . . 124  .00

125 **REFUND OR NO AMOUNT DUE.** Subtract line 120 from line 103. See instructions.  
Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001.** . . . . . ● 125  .00

**Refund and Direct Deposit**  
Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip.  
See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.  
All or the following amount of my refund (line 125) is authorized for direct deposit into the account shown below:

● Type  
● Routing number  Checking  Savings ● Account number  ● 126 Direct deposit amount  .00

The remaining amount of my refund (line 125) is authorized for direct deposit into the account shown below:  
● Type  
● Routing number  ● Account number  ● 127 Direct deposit amount  .00  
 Checking  Savings

**IMPORTANT:** Attach a copy of your complete federal return.  
Our privacy notice can be found in annual tax booklets or online. Go to **ftb.ca.gov/privacy** to learn about our privacy policy statement, or go to **ftb.ca.gov/forms** and search for **1131** to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed.  
Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature  Date  Spouse's/RDP's signature (if a joint tax return, both must sign)

● Your email address. Enter only one email address.   
● Preferred phone number

**Sign Here**  
It is unlawful to forge a spouse's/ RDP's signature.

Paid preparer's signature (**declaration of preparer is based on all information of which preparer has any knowledge**)

Firm's name (or yours, if self-employed)  ● PTIN

Firm's address  ● Firm's FEIN

Do you want to allow another person to discuss this tax return with us? See instructions. . . . . ●  Yes  No

Print Third Party Designee's Name  Telephone Number

# California Adjustments — Nonresidents or Part-Year Residents

**2021**

**CA (540NR)**

**Important:** Attach this schedule behind Form 540NR, Side 5 as a supporting California schedule.

Name(s) as shown on tax return

SAI VAMSI NAGULAPALLI

SSN or ITIN

122550713

**Part I Residency Information. Complete all lines that apply to you and your spouse/RDP for taxable year 2021.**

**During 2021:**

1 My California (CA) Residency (Check one)

a Myself:  Nonresident  Part-Year Resident  Resident

b Spouse:  Nonresident  Part-Year Resident  Resident

	Yoursself	Spouse/RDP
2 a I was domiciled in (enter two letter code, see instructions) . . . . .	<input checked="" type="radio"/> M S	<input type="radio"/> ___
b I was in the military and stationed in (enter two letter code) . . . . .	<input type="radio"/> ___	<input type="radio"/> ___
3 I became a CA resident (enter state of prior residence and date (mm/dd/yyyy) of move) . . .	<input type="radio"/> ___/___/___	<input type="radio"/> ___/___/___
4 I became a CA nonresident (enter new state of residence and date (mm/dd/yyyy) of move) . . .	<input type="radio"/> ___/___/___	<input type="radio"/> ___/___/___
5 I was a CA nonresident the entire year (enter state of residence) . . . . .	<input type="radio"/> M S	<input type="radio"/> ___
6 The number of days I spent in CA for any purpose was: . . . . .	<input type="radio"/> ___	<input type="radio"/> ___
7 I owned a home/property in CA (enter Y for Yes, N for No) . . . . .	<input type="radio"/> N	<input type="radio"/> ___
8 Before 2021: I was a CA resident for the period of . . . . .	<input type="radio"/> ___/___/___ - ___/___/___	<input type="radio"/> ___/___/___ - ___/___/___

**Part II Income Adjustment Schedule**

	A	B	C	D	E
Section A — Income from federal Form 1040 or 1040-SR	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
1 Wages, salaries, tips, etc. See instructions before making an entry in col. B or C. . . . . 1	<input checked="" type="radio"/> 56,023.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> 56,023.	<input checked="" type="radio"/> 51,360.
2 Taxable interest. a <input type="radio"/> . . . . . 2b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 Ordinary dividends. See instructions. a <input type="radio"/> . . . . . 3b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 IRA distributions. See instructions. a <input type="radio"/> . . . . . 4b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Pensions and annuities. See instructions. a <input type="radio"/> . . . . . 5b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6 Social security benefits. a <input type="radio"/> . . . . . 6b	<input type="radio"/>	<input type="radio"/>			
7 Capital gain or (loss). See instructions . . . . . 7	<input checked="" type="radio"/> -1,343.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> -1,343.	<input checked="" type="radio"/> 0.
<b>Section B — Additional Income</b> from federal Schedule 1 (Form 1040)					
1 Taxable refunds, credits, or offsets of state and local income taxes. . . . . 1	<input type="radio"/>	<input type="radio"/>			
2a Alimony received. See instructions. . . . . 2a	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 Business income or (loss). See instructions. . . . . 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 Other gains or (losses) . . . . . 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc . . . . . 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6 Farm income or (loss) . . . . . 6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7 Unemployment compensation . . . . . 7	<input type="radio"/>	<input type="radio"/>			

	A	B	C	D	E
<b>Section B — Additional Income</b> Continued	<b>Federal Amounts</b> (taxable amounts from your federal tax return)	<b>Subtractions</b> See instructions (difference between CA & federal law)	<b>Additions</b> See instructions (difference between CA & federal law)	<b>Total Amounts Using CA Law As If You Were a CA Resident</b> (subtract col. B from col. A; add col. C to the result)	<b>CA Amounts</b> (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
<b>8 Other income:</b>					
<b>a</b> Federal net operating loss . . . . . <b>8a</b>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>b</b> Gambling income . . . . . <b>8b</b>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
<b>c</b> Cancellation of debt . . . . . <b>8c</b>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>d</b> Foreign earned income exclusion from federal Form 2555 . . . . . <b>8d</b>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>e</b> Taxable Health Savings Account distribution . . . . . <b>8e</b>	<input type="radio"/>	<input type="radio"/>			
<b>f</b> Alaska Permanent Fund dividends . . <b>8f</b>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
<b>g</b> Jury duty pay . . . . . <b>8g</b>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
<b>h</b> Prizes and awards . . . . . <b>8h</b>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
<b>i</b> Activity not engaged in for profit income <b>8i</b>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
<b>j</b> Stock options . . . . . <b>8j</b>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
<b>k</b> Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property . . . . . <b>8k</b>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
<b>l</b> Olympic and Paralympic medals and USOC prize money . . . . . <b>8l</b>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
<b>m</b> IRC Section 951(a) inclusion . . . . . <b>8m</b>	<input type="radio"/>	<input type="radio"/>			
<b>n</b> IRC Section 951A(a) inclusion . . . . . <b>8n</b>	<input type="radio"/>	<input type="radio"/>			
<b>o</b> IRC Section 461(l) excess business loss adjustment . . . . . <b>8o</b>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>p</b> Taxable distributions from an ABLE account . . . . . <b>8p</b>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
<b>z</b> Other income. List type and amount. <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>8z</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>9 a</b> Total other income. Add lines 8a through 8z . . . . . <b>9a</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>b1</b> Disaster loss deduction from form FTB 3805V . . . . . <b>9b1</b>		<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
<b>b2</b> NOL deduction from form FTB 3805V . . . . . <b>9b2</b>		<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
<b>b3</b> NOL from form FTB 3805Z, FTB 3807, or FTB 3809 . . . . . <b>9b3</b>		<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
<b>b4</b> Student loan discharged due to closure of a for-profit school . . . . . <b>9b4</b>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
<b>10 Total.</b> Combine Section A, line 1 through line 7, and Section B, line 1 through line 7, line 9a and line 9b1 through line 9b4 (as applicable) in each column. See instructions. Go to Section C . . . . . <b>10</b>	<input type="radio"/> 54,680.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 54,680.	<input type="radio"/> 51,360.



	A	B	C	D	E
<b>Section C — Adjustments to Income</b> from federal Schedule 1 (Form 1040)	<b>Federal Amounts</b> (taxable amounts from your federal tax return)	<b>Subtractions</b> See instructions (difference between CA & federal law)	<b>Additions</b> See instructions (difference between CA & federal law)	<b>Total Amounts Using CA Law As If You Were a CA Resident</b> (subtract col. B from col. A; add col. C to the result)	<b>CA Amounts</b> (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
<b>11</b> Educator expenses . . . . . <b>11</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
<b>12</b> Certain business expenses of reservists, performing artists, and fee-basis government officials . . . . . <b>12</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>13</b> Health savings account deduction . . . . . <b>13</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
<b>14</b> Moving expenses. Attach form FTB 3913. See instructions . . . . . <b>14</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>15</b> Deductible part of self-employment tax. See instructions . . . . . <b>15</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>16</b> Self-employed SEP, SIMPLE, and qualified plans . . . . . <b>16</b>	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>17</b> Self-employed health insurance deduction. See instructions . . . . . <b>17</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>18</b> Penalty on early withdrawal of savings . . . . <b>18</b>	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>19a</b> Alimony paid. <b>b</b> Enter recipient's: SSN <input checked="" type="radio"/> _____ Last name <input checked="" type="radio"/> _____ <b>19a</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>20</b> IRA deduction . . . . . <b>20</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>21</b> Student loan interest deduction . . . . . <b>21</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 0.
<b>22</b> Reserved for future use . . . . . <b>22</b>					
<b>23</b> Archer MSA deduction . . . . . <b>23</b>	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>24 Other adjustments:</b>					
<b>a</b> Jury duty pay . . . . . <b>24a</b>	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>b</b> Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit . . . . . <b>24b</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>c</b> Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l <b>24c</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
<b>d</b> Reforestation amortization and expenses . . . . . <b>24d</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>e</b> Repayment of supplemental unemployment benefits under the Trade Act of 1974 . . . . . <b>24e</b>	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>f</b> Contributions to IRC Section 501(c)(18)(D) pension plans. . <b>24f</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>g</b> Contributions by certain chaplains to IRC Section 403(b) plans . . . . . <b>24g</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>h</b> Attorney fees and court costs for actions involving certain unlawful discrimination claims . . . . . <b>24h</b>	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>i</b> Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations . . . . . <b>24i</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
<b>j</b> Housing deduction from federal Form 2555 . . . . . <b>24j</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
<b>k</b> Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041) . . . . . <b>24k</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
<b>z</b> Other adjustments. List type and amount. <input checked="" type="radio"/> _____ <b>24z</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

	A	B	C	D	E
<b>Section C — Adjustments to Income</b> Continued	<b>Federal Amounts</b> (taxable amounts from your federal tax return)	<b>Subtractions</b> See instructions (difference between CA & federal law)	<b>Additions</b> See instructions (difference between CA & federal law)	<b>Total Amounts Using CA Law As If You Were a CA Resident</b> (subtract col. B from col. A; add col. C to the result)	<b>CA Amounts</b> (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
<b>25</b> Total other adjustments. Add lines 24a through 24z . . . . . <b>25</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>26</b> Add line 11 through line 23 and line 25 in each column, A through E . . . . . <b>26</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 0.
<b>27 Total.</b> Subtract line 26 from line 10 in each column, A through E. See instructions. . . . . <b>27</b>	<input checked="" type="radio"/> 54,680.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 54,680.	<input checked="" type="radio"/> 51,360.

**Part III Adjustments to Federal Itemized Deductions**  
Check the box if you did NOT itemize for federal but will itemize for California

	<b>A</b> Federal Amounts (from federal Schedule A (Form 1040))	<b>B</b> Subtractions See instructions	<b>C</b> Additions See instructions
<b>Medical and Dental Expenses</b> See instructions.			
<b>1</b> Medical and dental expenses . . . . . <b>1</b>	<input checked="" type="radio"/>		
<b>2</b> Enter amount from federal Form 1040 or 1040-SR, line 11 . . . . . <b>2</b>	<input checked="" type="radio"/> 54,680.		
<b>3</b> Multiply line 2 by 7.5% (0.075) . . . . . <b>3</b>	<input checked="" type="radio"/> 4,101.		
<b>4</b> Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 . . . . . <b>4</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>

**Taxes You Paid**

<b>5a</b> State and local income tax or general sales taxes . . . . . <b>5a</b>	<input checked="" type="radio"/> 4,227.	<input checked="" type="radio"/> 4,227.	
<b>5b</b> State and local real estate taxes . . . . . <b>5b</b>	<input checked="" type="radio"/>		
<b>5c</b> State and local personal property taxes . . . . . <b>5c</b>	<input checked="" type="radio"/>		
<b>5d</b> Add line 5a through line 5c. . . . . <b>5d</b>	<input checked="" type="radio"/> 4,227.		
<b>5e</b> Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A . . . . . Enter the amount from line 5a, column B in line 5e, column B . . . . . Enter the difference from line 5d and line 5e, column A in line 5e, column C. . . . . <b>5e</b>	<input checked="" type="radio"/> 4,227.	<input checked="" type="radio"/> 4,227.	<input checked="" type="radio"/> 0.
<b>6</b> Other taxes. List type <input checked="" type="radio"/> . . . . . <b>6</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>7</b> Add line 5e and line 6 . . . . . <b>7</b>	<input checked="" type="radio"/> 4,227.	<input checked="" type="radio"/> 4,227.	<input checked="" type="radio"/> 0.

**Interest You Paid**

<b>8a</b> Home mortgage interest and points reported to you on federal Form 1098 . . . . . <b>8a</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>
<b>8b</b> Home mortgage interest not reported to you on federal Form 1098 . . . . . <b>8b</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>
<b>8c</b> Points not reported to you on federal Form 1098 . . . . . <b>8c</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>
<b>8d</b> Mortgage insurance premiums . . . . . <b>8d</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
<b>8e</b> Add line 8a through line 8d. . . . . <b>8e</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>9</b> Investment interest . . . . . <b>9</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>10</b> Add line 8e and line 9 . . . . . <b>10</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

**Gifts to Charity**

<b>11</b> Gifts by cash or check . . . . . <b>11</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>12</b> Other than by cash or check . . . . . <b>12</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>13</b> Carryover from prior year . . . . . <b>13</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>14</b> Add line 11 through line 13 . . . . . <b>14</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

**Casualty and Theft Losses**

<b>15</b> Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions . . . . . <b>15</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
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**Other Itemized Deductions**

<b>16</b> Other—from list in federal instructions . . . . . <b>16</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>17</b> Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C . . . . . <b>17</b>	<input checked="" type="radio"/> 4,227.	<input checked="" type="radio"/> 4,227.	<input checked="" type="radio"/> 0.

<b>18 Total.</b> Combine line 17 column A less column B plus column C . . . . . <input checked="" type="radio"/> <b>18</b>			<input type="text" value="0."/>
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**Job Expenses and Certain Miscellaneous Deductions**

19 Unreimbursed employee expenses - job travel, union dues, job education, etc.  
Attach federal Form 2106 if required. See instructions.  19

20 Tax preparation fees.  20

21 Other expenses- investment, safe deposit box, etc. List type    21

22 Add line 19 through line 21  22

23 Enter amount from federal Form 1040 or 1040-SR, line 11  54,680.

24 Multiply line 23 by 2% (0.02). If less than zero, enter 0  24

25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0.  25

26 **Total Itemized Deductions.** Add line 18 and line 25.  26

27 Other adjustments. See instructions. Specify.    27

28 Combine line 26 and line 27.  28

29 **Is your federal AGI (Form 540NR, line 13) more than the amount shown below for your filing status?**  
 Single or married/RDP filing separately ..... \$212,288  
 Head of household ..... \$318,437  
 Married/RDP filing jointly or qualifying widow(er) ..... \$424,581  
**No.** Transfer the amount on line 28 to line 29.  
**Yes.** Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 29  29 .

30 **Enter the larger of the amount on line 29 or your standard deduction listed below**  
 Single or married/RDP filing separately. See instructions. .... \$4,803  
 Married/RDP filing jointly, head of household, or qualifying widow(er) .... \$9,606  30 .

**Part IV California Taxable Income**

1 **California AGI.** Enter your California AGI from Part II, line 27, column E  1 51,360.

2 Enter your deductions from line 30  2 4,803.

3 **Deduction Percentage.** Divide Part II, line 27, column E by Part II, line 27, column D. Carry the decimal to four places. If the result is greater than 1.0000, enter 1.0000. If less than zero, enter -0-  3 0.9393

4 **California Itemized/Standard Deductions.** Multiply line 2 by the percentage on line 3  4 4,511.

5 **California Taxable Income.** Subtract line 4 from line 1. Transfer this amount to Form 540NR, line 35. If less than zero, enter -0-  5 46,849.

# Health Coverage Exemptions and Individual Shared Responsibility Penalty

## 2021

## 3853

Attach to your California Form 540, Form 540NR, or Form 540 2EZ.

Name(s) as shown on your California tax return SAI VAMSI NAGULAPALLI	SSN or ITIN 122-55-0713
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**Part I Applicable Household Members.** List all members of your applicable household whether or not they have an exemption or an Exemption Certificate Number (ECN) granted by the Marketplace. See instructions.

	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
<b>1</b>	<input checked="" type="radio"/> SAI VAMSI	<input checked="" type="radio"/>	<input checked="" type="radio"/> 122-55-0713	<input checked="" type="radio"/> 06/25/1996	<input checked="" type="radio"/> 54,680.
	Last Name <input checked="" type="radio"/> NAGULAPALLI		ECN 1 <input type="radio"/>	ECN 2 <input type="radio"/>	ECN 3 <input type="radio"/>
<b>2</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Last Name <input type="radio"/>		ECN 1 <input type="radio"/>	ECN 2 <input type="radio"/>	ECN 3 <input type="radio"/>
<b>3</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Last Name <input type="radio"/>		ECN 1 <input type="radio"/>	ECN 2 <input type="radio"/>	ECN 3 <input type="radio"/>
<b>4</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Last Name <input type="radio"/>		ECN 1 <input type="radio"/>	ECN 2 <input type="radio"/>	ECN 3 <input type="radio"/>
<b>5</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Last Name <input type="radio"/>		ECN 1 <input type="radio"/>	ECN 2 <input type="radio"/>	ECN 3 <input type="radio"/>
<b>6</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Last Name <input type="radio"/>		ECN 1 <input type="radio"/>	ECN 2 <input type="radio"/>	ECN 3 <input type="radio"/>
<b>7</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Last Name <input type="radio"/>		ECN 1 <input type="radio"/>	ECN 2 <input type="radio"/>	ECN 3 <input type="radio"/>
<b>8</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Last Name <input type="radio"/>		ECN 1 <input type="radio"/>	ECN 2 <input type="radio"/>	ECN 3 <input type="radio"/>
<b>9</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Last Name <input type="radio"/>		ECN 1 <input type="radio"/>	ECN 2 <input type="radio"/>	ECN 3 <input type="radio"/>
<b>10</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Last Name <input type="radio"/>		ECN 1 <input type="radio"/>	ECN 2 <input type="radio"/>	ECN 3 <input type="radio"/>
<b>11</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Last Name <input type="radio"/>		ECN 1 <input type="radio"/>	ECN 2 <input type="radio"/>	ECN 3 <input type="radio"/>
<b>12</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Last Name <input type="radio"/>		ECN 1 <input type="radio"/>	ECN 2 <input type="radio"/>	ECN 3 <input type="radio"/>

**Part II Coverage Exemption Claimed on Your Tax Return for Your Household**

**1** If you are claiming a coverage exemption because your applicable household income or gross income is below the filing threshold, check the box here. See instructions.

**Part III Coverage and Exemptions Claimed on Your Tax Return for Individuals.** If you and/or a member of your applicable household are reporting any coverage or are claiming exemptions for the tax year, complete Part III. See instructions.

**Coverage and Exemption Codes**

		(a) Full-year	(b) Jan	(c) Feb	(d) Mar	(e) Apr	(f) May	(g) June	(h) July	(i) Aug	(j) Sept	(k) Oct	(l) Nov	(m) Dec
1	First Name <input checked="" type="radio"/> SAI VAMSI	<input checked="" type="radio"/> E	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
	Initial <input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
	Last Name <input checked="" type="radio"/> NAGULAPALLI		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
			<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
2	First Name <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Initial <input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Last Name <input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	First Name <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Initial <input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Last Name <input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	First Name <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Initial <input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Last Name <input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	First Name <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Initial <input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Last Name <input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	First Name <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Initial <input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Last Name <input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	First Name <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Initial <input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Last Name <input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	First Name <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Initial <input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Last Name <input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	First Name <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Initial <input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Last Name <input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10	First Name <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Initial <input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Last Name <input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11	First Name <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Initial <input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Last Name <input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12	First Name <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Initial <input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Last Name <input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Part IV Individual Shared Responsibility Penalty**

1 Your Individual Shared Responsibility Penalty. Enter on Form 540, line 92; Form 540NR, line 91; or Form 540 2EZ, line 27. See instructions ..... ● 1. \_\_\_\_\_ 0.

**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 SAI VAMSI	Last name NAGULAPALLI	Your social security number 122-55-0713
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. 3319 W 4TH STREET #208, LA MAISON APARTMENTS		Apt. no. 208	<b>Presidential Election Campaign</b> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. HATTIESBURG	State MS	ZIP code 39401	
Foreign country name	Foreign province/state/county	Foreign postal code	

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 Last name		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions): 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"/>

Attach Sch. B if required.  <b>Standard Deduction for—</b> • 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.	<b>1</b>	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .		<b>1</b>	56,023.
	<b>2a</b>	Tax-exempt interest . . . . .	<b>2a</b>	<b>2b</b>	
	<b>3a</b>	Qualified dividends . . . . .	<b>3a</b>	<b>3b</b>	
	<b>4a</b>	IRA distributions . . . . .	<b>4a</b>	<b>4b</b>	
	<b>5a</b>	Pensions and annuities . . . . .	<b>5a</b>	<b>5b</b>	
	<b>6a</b>	Social security benefits . . . . .	<b>6a</b>	<b>6b</b>	
	<b>7</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ▶ <input type="checkbox"/>		<b>7</b>	-1,343.
	<b>8</b>	Other income from Schedule 1, line 10 . . . . .		<b>8</b>	
	<b>9</b>	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . . ▶		<b>9</b>	54,680.
	<b>10</b>	Adjustments to income from Schedule 1, line 26 . . . . .		<b>10</b>	
	<b>11</b>	Subtract line 10 from line 9. This is your <b>adjusted gross income</b> . . . . . ▶		<b>11</b>	54,680.
	<b>12a</b>	<b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .	<b>12a</b>	12,550.	
	<b>b</b>	Charitable contributions if you take the standard deduction (see instructions)	<b>12b</b>		
	<b>c</b>	Add lines 12a and 12b . . . . .	<b>12c</b>		12,550.
	<b>13</b>	Qualified business income deduction from Form 8995 or Form 8995-A . . . . .	<b>13</b>		
<b>14</b>	Add lines 12c and 13 . . . . .	<b>14</b>		12,550.	
<b>15</b>	<b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . .	<b>15</b>		42,130.	



<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	<b>16</b>	5,016.
<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
<b>18</b>	Add lines 16 and 17	<b>18</b>	5,016.
<b>19</b>	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	<b>19</b>	
<b>20</b>	Amount from Schedule 3, line 8	<b>20</b>	
<b>21</b>	Add lines 19 and 20	<b>21</b>	
<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	5,016.
<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 21	<b>23</b>	0.
<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	5,016.
<b>25</b>	Federal income tax withheld from:		
<b>a</b>	Form(s) W-2	<b>25a</b>	8,274.
<b>b</b>	Form(s) 1099	<b>25b</b>	
<b>c</b>	Other forms (see instructions)	<b>25c</b>	
<b>d</b>	Add lines 25a through 25c	<b>25d</b>	8,274.
<b>26</b>	2021 estimated tax payments and amount applied from 2020 return	<b>26</b>	
<b>27a</b>	Earned income credit (EIC) <span style="float:right">No</span>	<b>27a</b>	
	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>b</b>	Nontaxable combat pay election	<b>27b</b>	
<b>c</b>	Prior year (2019) earned income	<b>27c</b>	
<b>28</b>	Refundable child tax credit or additional child tax credit from Schedule 8812	<b>28</b>	
<b>29</b>	American opportunity credit from Form 8863, line 8	<b>29</b>	
<b>30</b>	Recovery rebate credit. See instructions	<b>30</b>	
<b>31</b>	Amount from Schedule 3, line 15	<b>31</b>	
<b>32</b>	Add lines 27a and 28 through 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>	
<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	8,274.
<b>Refund</b>	<b>34</b> If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>	3,258.
	<b>35a</b> Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>	3,258.
Direct deposit? See instructions.	<b>b</b> Routing number 062203751 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<b>d</b> Account number 1673152573		
<b>36</b>	Amount of line 34 you want <b>applied to your 2022 estimated tax</b>	<b>36</b>	
<b>Amount You Owe</b>	<b>37</b> <b>Amount you owe</b> . Subtract line 33 from line 24. For details on how to pay, see instructions	<b>37</b>	
	<b>38</b> Estimated tax penalty (see instructions)	<b>38</b>	

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

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

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

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

Your signature	Date	Your occupation SOFTWARE ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. (601) 307-7499 Email address SAIVAMSI.N@GMAIL.COM

**Paid Preparer Use Only**

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 03/19/2022	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 2530 Pebble Creek Ln Cumming GA 30041		Phone no. (678) 965-9522	Firm's EIN 30-1017196

**SCHEDULE D**  
**(Form 1040)**

**Capital Gains and Losses**

OMB No. 1545-0074

**2021**

Attachment  
Sequence No. **12**

Department of the Treasury  
Internal Revenue Service (99)

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

Name(s) shown on return SAI VAMSI NAGULAPALLI	Your social security number 122-55-0713
--------------------------------------------------	--------------------------------------------

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No  
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .	156,794.	158,380.	243.	-1,343.
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .				
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>5</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>6</b> ( )
<b>7</b> <b>Net short-term capital gain or (loss)</b> . Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .				<b>7</b> -1,343.

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

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

**Part III Summary**

<p><b>16</b> Combine lines 7 and 15 and enter the result . . . . .</p> <ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li> </ul>	<b>16</b>	-1,343.
<p><b>17</b> Are lines 15 and 16 <b>both</b> gains?</p> <p><input type="checkbox"/> <b>Yes.</b> Go to line 18.</p> <p><input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.</p>		
<p><b>18</b> If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . ▶</p>	<b>18</b>	
<p><b>19</b> If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . . ▶</p>	<b>19</b>	
<p><b>20</b> Are lines 18 and 19 both zero or blank and are you not filing Form 4952?</p> <p><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16. <b>Don't</b> complete lines 21 and 22 below.</p> <p><input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.</p>		
<p><b>21</b> If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of:</p> <ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } . . . . .</li> </ul> <p><b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.</p>	<b>21</b>	( 1,343. )
<p><b>22</b> Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?</p> <p><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16.</p> <p><input checked="" type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>		

**Sales and Other Dispositions of Capital Assets**

Department of the Treasury  
Internal Revenue Service

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

**2021**  
Attachment  
Sequence No. **12A**

Name(s) shown on return

Social security number or taxpayer identification number

SAI VAMSI NAGULAPALLI

122-55-0713

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

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

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

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	Robinhood Crypto LLC	01/01/21	12/31/21	140,735.	139,501.			1,234.
	Robinhood Securities LLC	01/01/21	12/31/21	16,059.	18,879.	W	243.	-2,577.
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked) ▶					156,794.	158,380.	243.	-1,343.

**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.

# Mississippi Individual / Fiduciary Income Tax Voucher

Estimated Tax for Individuals - Voucher 1 This payment is due on April 15, 2022

## Instructions

### Who Must Make Estimated Tax Payments

Every individual taxpayer who does not have at least eighty percent (80%) of his/her annual tax liability prepaid through withholding must make estimated tax payments if his/her annual tax liability exceeds two hundred dollars (\$200). For more information about the payment and calculation of estimated income tax payments, please see the Individual Income Tax Return Instructions, Form 80-100.

### Return Payments

This voucher may be used to make return payments for tax due on the Individual Income Tax Return (Form 80-105), Non-Resident Income Tax Return (Form 80-205) and the Fiduciary Income Tax Return (Form 81-110).

### Extension Payments

This voucher may be used to make extension payments for tax due on the Individual Income Tax Return (Form 80-105), Non-Resident Income Tax Return (Form 80-205) and the Fiduciary Income Tax Return (Form 81-110). Extension payments should be filed and paid on or before April 15th.

### Payment Options

- To pay this amount online, go to [www.dor.ms.gov](http://www.dor.ms.gov), click on Taxpayer Access Point (TAP) and follow the instructions.
- To pay by check or money order, complete the payment coupon below:
  - Make the check or money order payable to Department of Revenue
  - Mail the payment coupon and check/money order with return to: **P.O. Box 23050, Jackson, MS 39225-3050**
  - Mail the payment coupon and check/money order without return to: **P.O. Box 23192, Jackson, MS 39225-3192**
  - Check the appropriate box on the voucher for the payment type you are remitting.
  - Check the amended return box on the voucher if you are making a payment with an amended return.
  - Write the identification number on the check or money order.
  - Duplex forms or photocopies are NOT acceptable.

Cut Along the Dotted Line



## Mississippi Individual / Fiduciary Income Tax Payment Voucher

Tax Year Beginning 01 01 2022

Tax Year Ending 12 31 2022

Taxpayer SSN/ITIN 122550713  
Spouse SSN/ITIN

Trust FEIN  
Name of Estate / Trust  
(if fiduciary payment)

Taxpayer First Name	Initial	Last Name	<b>Payment Type (Check One)</b>		<b>Account Type (Check One)</b>	
SAI VAMSI		NAGULAPALLI	<input checked="" type="checkbox"/>	Quarterly Estimate Payment		
Spouse First Name	Initial	Last Name		Return Payment	<input checked="" type="checkbox"/>	Individual Income
Address				Extension Payment		Fiduciary Income
3319 W 4TH STREET 208 LA MAI APT 208				Amended Return Payment		
City	State	Zip				
HATTIESBURG	MS	39401				

**Amount Paid**

512

**Mail with return to:** Department of Revenue, P.O. Box 23050, Jackson, MS 39225-3050

**Mail without return to:** Department of Revenue, P.O. Box 23192, Jackson, MS 39225-3192

# Mississippi Individual / Fiduciary Income Tax Voucher

Estimated Tax for Individuals - Voucher 2 This payment is due on June 15, 2022

## Instructions

### Who Must Make Estimated Tax Payments

Every individual taxpayer who does not have at least eighty percent (80%) of his/her annual tax liability prepaid through withholding must make estimated tax payments if his/her annual tax liability exceeds two hundred dollars (\$200). For more information about the payment and calculation of estimated income tax payments, please see the Individual Income Tax Return Instructions, Form 80-100.

### Return Payments

This voucher may be used to make return payments for tax due on the Individual Income Tax Return (Form 80-105), Non-Resident Income Tax Return (Form 80-205) and the Fiduciary Income Tax Return (Form 81-110).

### Extension Payments

This voucher may be used to make extension payments for tax due on the Individual Income Tax Return (Form 80-105), Non-Resident Income Tax Return (Form 80-205) and the Fiduciary Income Tax Return (Form 81-110). Extension payments should be filed and paid on or before April 15th.

### Payment Options

- To pay this amount online, go to [www.dor.ms.gov](http://www.dor.ms.gov), click on Taxpayer Access Point (TAP) and follow the instructions.
- To pay by check or money order, complete the payment coupon below:
  - Make the check or money order payable to Department of Revenue
  - Mail the payment coupon and check/money order with return to: **P.O. Box 23050, Jackson, MS 39225-3050**
  - Mail the payment coupon and check/money order without return to: **P.O. Box 23192, Jackson, MS 39225-3192**
  - Check the appropriate box on the voucher for the payment type you are remitting.
  - Check the amended return box on the voucher if you are making a payment with an amended return.
  - Write the identification number on the check or money order.
  - Duplex forms or photocopies are NOT acceptable.

Cut Along the Dotted Line



## Mississippi Individual / Fiduciary Income Tax Payment Voucher

Tax Year Beginning 01 01 2022

Tax Year Ending 12 31 2022

Taxpayer SSN/ITIN 122550713  
Spouse SSN/ITIN

Trust FEIN  
Name of Estate / Trust  
(if fiduciary payment)

Taxpayer First Name	Initial	Last Name	<b>Payment Type (Check One)</b>		<b>Account Type (Check One)</b>
SAI VAMSI		NAGULAPALLI	<input checked="" type="checkbox"/>	Quarterly Estimate Payment	
Spouse First Name	Initial	Last Name		Return Payment	<input checked="" type="checkbox"/> Individual Income
Address				Extension Payment	<input type="checkbox"/> Fiduciary Income
3319 W 4TH STREET 208 LA MAI APT 208				Amended Return Payment	
City	State	Zip			
HATTIESBURG	MS	39401			

**Amount Paid**

512

**Mail with return to:** Department of Revenue, P.O. Box 23050, Jackson, MS 39225-3050

**Mail without return to:** Department of Revenue, P.O. Box 23192, Jackson, MS 39225-3192



# Mississippi Individual / Fiduciary Income Tax Voucher

Estimated Tax for Individuals - Voucher 3 This payment is due on September 15, 2022

## Instructions

### Who Must Make Estimated Tax Payments

Every individual taxpayer who does not have at least eighty percent (80%) of his/her annual tax liability prepaid through withholding must make estimated tax payments if his/her annual tax liability exceeds two hundred dollars (\$200). For more information about the payment and calculation of estimated income tax payments, please see the Individual Income Tax Return Instructions, Form 80-100.

### Return Payments

This voucher may be used to make return payments for tax due on the Individual Income Tax Return (Form 80-105), Non-Resident Income Tax Return (Form 80-205) and the Fiduciary Income Tax Return (Form 81-110).

### Extension Payments

This voucher may be used to make extension payments for tax due on the Individual Income Tax Return (Form 80-105), Non-Resident Income Tax Return (Form 80-205) and the Fiduciary Income Tax Return (Form 81-110). Extension payments should be filed and paid on or before April 15th.

### Payment Options

- To pay this amount online, go to [www.dor.ms.gov](http://www.dor.ms.gov), click on Taxpayer Access Point (TAP) and follow the instructions.
- To pay by check or money order, complete the payment coupon below:
  - Make the check or money order payable to Department of Revenue
  - Mail the payment coupon and check/money order with return to: **P.O. Box 23050, Jackson, MS 39225-3050**
  - Mail the payment coupon and check/money order without return to: **P.O. Box 23192, Jackson, MS 39225-3192**
  - Check the appropriate box on the voucher for the payment type you are remitting.
  - Check the amended return box on the voucher if you are making a payment with an amended return.
  - Write the identification number on the check or money order.
  - Duplex forms or photocopies are NOT acceptable.

Cut Along the Dotted Line



## Mississippi Individual / Fiduciary Income Tax Payment Voucher

Tax Year Beginning 01 01 2022

Tax Year Ending 12 31 2022

Taxpayer SSN/ITIN 122550713  
Spouse SSN/ITIN

Trust FEIN  
Name of Estate / Trust  
(if fiduciary payment)

Taxpayer First Name	Initial	Last Name	<b>Payment Type (Check One)</b>		<b>Account Type (Check One)</b>	
SAI VAMSI		NAGULAPALLI	<input checked="" type="checkbox"/>	Quarterly Estimate Payment		
Spouse First Name	Initial	Last Name		Return Payment	<input checked="" type="checkbox"/>	Individual Income
Address				Extension Payment		Fiduciary Income
3319 W 4TH STREET 208 LA MAI APT 208				Amended Return Payment		
City	State	Zip				
HATTIESBURG	MS	39401				

**Amount Paid**

512

**Mail with return to:** Department of Revenue, P.O. Box 23050, Jackson, MS 39225-3050

**Mail without return to:** Department of Revenue, P.O. Box 23192, Jackson, MS 39225-3192

# Mississippi Individual / Fiduciary Income Tax Voucher

Estimated Tax for Individuals - Voucher 4 This payment is due on January 17, 2023

## Instructions

### Who Must Make Estimated Tax Payments

Every individual taxpayer who does not have at least eighty percent (80%) of his/her annual tax liability prepaid through withholding must make estimated tax payments if his/her annual tax liability exceeds two hundred dollars (\$200). For more information about the payment and calculation of estimated income tax payments, please see the Individual Income Tax Return Instructions, Form 80-100.

### Return Payments

This voucher may be used to make return payments for tax due on the Individual Income Tax Return (Form 80-105), Non-Resident Income Tax Return (Form 80-205) and the Fiduciary Income Tax Return (Form 81-110).

### Extension Payments

This voucher may be used to make extension payments for tax due on the Individual Income Tax Return (Form 80-105), Non-Resident Income Tax Return (Form 80-205) and the Fiduciary Income Tax Return (Form 81-110). Extension payments should be filed and paid on or before April 15th.

### Payment Options

- To pay this amount online, go to [www.dor.ms.gov](http://www.dor.ms.gov), click on Taxpayer Access Point (TAP) and follow the instructions.
- To pay by check or money order, complete the payment coupon below:
  - Make the check or money order payable to Department of Revenue
  - Mail the payment coupon and check/money order with return to: **P.O. Box 23050, Jackson, MS 39225-3050**
  - Mail the payment coupon and check/money order without return to: **P.O. Box 23192, Jackson, MS 39225-3192**
  - Check the appropriate box on the voucher for the payment type you are remitting.
  - Check the amended return box on the voucher if you are making a payment with an amended return.
  - Write the identification number on the check or money order.
  - Duplex forms or photocopies are NOT acceptable.

Cut Along the Dotted Line



## Mississippi Individual / Fiduciary Income Tax Payment Voucher

Tax Year Beginning 01 01 2022

Tax Year Ending 12 31 2022

Taxpayer SSN/TIN 122550713  
Spouse SSN/TIN

Trust FEIN  
Name of Estate / Trust  
(if fiduciary payment)

Taxpayer First Name	Initial	Last Name	<b>Payment Type (Check One)</b>		<b>Account Type (Check One)</b>
SAI VAMSI		NAGULAPALLI	<input checked="" type="checkbox"/>	Quarterly Estimate Payment	
Spouse First Name	Initial	Last Name		Return Payment	<input checked="" type="checkbox"/> Individual Income
Address				Extension Payment	Fiduciary Income
3319 W 4TH STREET 208 LA MAI APT 208				Amended Return Payment	
City	State	Zip			
HATTIESBURG	MS	39401			

**Amount Paid**

512

**Mail with return to:** Department of Revenue, P.O. Box 23050, Jackson, MS 39225-3050

**Mail without return to:** Department of Revenue, P.O. Box 23192, Jackson, MS 39225-3192

# Mississippi Individual Income Tax Declaration For Electronic Filing 2021

Submission Number

Taxpayer First Name <b>SAI VAMSI</b>		Initial	Last Name <b>NAGULAPALLI</b>		<b>YOU MUST ENTER SSN</b>	
Spouse First Name		Initial	Last Name			Taxpayer SSN <b>122550713</b>
Mailing Address (Number and Street, Including Rural Route) <b>3319 W 4TH STREET #2 Apt. 208</b>						Spouse SSN
City <b>HATTIESBURG</b>	State <b>MS</b>	Zip <b>39401</b>	County Code <b>18</b>			

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

1 Mississippi taxable income (Form 80-105, line 16; 80-205, line 19)	1	46380
2 Total Mississippi tax (Form 80-105, line 23; 80-205, line 25)	2	488
3 Mississippi tax payments (Form 80-105, line 27; 80-205, line 29)	3	1
4 Refund (Form 80-105, line 33; 80-205, line 34)	4	
5 Amount you owe (Form 80-105, line 36; 80-205, line 37)	5	487

**PART II: DIRECT DEPOSIT/DIRECT DEBIT**

1 Routing number	3 Type of account:
2 Account number	Checking      Savings

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.

<b>ERO Use Only</b>	ERO Signature	Date <b>03192022</b>	Check if Also Paid Preparer	Check if Self-Employed	ERO SSN or PTIN
	Firm Name (or yours if self-employed), address and ZIP code	<b>GLOBAL TAXES LLC 2530 Pebble Cr Cumming GA 30041</b>		<b>301017196</b>	<b>301017196</b>
				Phone No.	<b>(678) 965-9522</b>

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.

<b>Paid Preparer Use Only</b>	Preparer Signature	Date <b>03192022</b>	Check if Also Paid Preparer <input checked="" type="checkbox"/>	Check if Self-Employed	Preparer SSN or PTIN
	Firm Name (or yours if self-employed), address and ZIP code	<b>GLOBAL TAXES LLC 2530 Pebble Cr Cumming GA 30041</b>		<b>301017196</b>	<b>P02082703</b>
				Phone No.	<b>(678) 965-9522</b>

# Mississippi Individual / Fiduciary Income Tax Voucher

## Instructions

### Who Must Make Estimated Tax Payments

Every individual taxpayer who does not have at least eighty percent (80%) of his/her annual tax liability prepaid through withholding must make estimated tax payments if his/her annual tax liability exceeds two hundred dollars (\$200). For more information about the payment and calculation of estimated income tax payments, please see the Individual Income Tax Return Instructions, Form 80-100.

### Return Payments

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### Extension Payments

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### Payment Options

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- To pay by check or money order, complete the payment coupon below:
  - Make the check or money order payable to Department of Revenue
  - Mail the payment coupon and check/money order with return to: **P.O. Box 23050, Jackson, MS 39225-3050**
  - Mail the payment coupon and check/money order without return to: **P.O. Box 23192, Jackson, MS 39225-3192**
  - Check the appropriate box on the voucher for the payment type you are remitting.
  - Check the amended return box on the voucher if you are making a payment with an amended return.
  - Write the identification number on the check or money order.
  - Duplex forms or photocopies are NOT acceptable.

Cut Along the Dotted Line



## Mississippi Individual / Fiduciary Income Tax Payment Voucher

Tax Year Beginning 01 01 2021

Tax Year Ending 12 31 2021

Taxpayer SSN/ITIN 122550713  
Spouse SSN/ITIN

Trust FEIN  
Name of Estate / Trust  
(if fiduciary payment)

Taxpayer First Name	Initial	Last Name	<b>Payment Type (Check One)</b>		<b>Account Type (Check One)</b>	
SAI VAMSI		NAGULAPALLI		<input type="checkbox"/> Quarterly Estimate Payment		
Spouse First Name	Initial	Last Name	<input checked="" type="checkbox"/>	Return Payment	<input checked="" type="checkbox"/>	Individual Income
Address				<input type="checkbox"/> Extension Payment		Fiduciary Income
3319 W 4TH STREET 208 LA MAI APT 208				<input type="checkbox"/> Amended Return Payment		
City	State	Zip				
HATTIESBURG	MS	39401				

**Amount Paid**

487

**Mail with return to:** Department of Revenue, P.O. Box 23050, Jackson, MS 39225-3050

**Mail without return to:** Department of Revenue, P.O. Box 23192, Jackson, MS 39225-3192



# Mississippi Resident Individual Income Tax Return 2021

Amended

Taxpayer First Name <b>SAI VAMSI</b>	Initial	Last Name <b>NAGULAPALLI</b>
Spouse First Name	Initial	Last Name
Mailing Address (Number and Street, Including Rural Route) <b>3319 W 4TH STREET #2 Apt. 208</b>		
City <b>HATTIESBURG</b>	State <b>MS</b>	Zip <b>39401</b>
		County Code <b>18</b>

SSN **122550713**  
 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	Taxpayer Blind	Spouse Blind
(B)		
(C) Dependent SSN		
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 54680	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 46380	16B
17 Income tax due (from Schedule of Tax Computation, see instructions)		17 2049
18 Credit for tax paid to another state (from Form 80-160, line 14; attach other state return)		18 1561
19 Other credits (from Form 80-401, line 1)		19 0
20 Net income tax due (line 17 minus line 18 and line 19)		20 488
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)		23 488

**PAYMENTS**

24 Mississippi income tax withheld (complete Form 80-107)	24	1
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	1

**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	
29 Interest and penalty (from Form 80-320, line 11 and/or line 12)	29	
30 Adjusted overpayment (line 28 minus line 29)	30	
31 Overpayment to be applied to next year estimated tax account	31	
32 Voluntary contribution (from Form 80-108, part III)	32	
33 Overpayment refund (line 30 minus line 31 and line 32)	33	REFUND

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	34 487
35 Interest and penalty (from Form 80-320, line 19)	35	
36 Total due (line 34 plus line 35)	AMOUNT YOU OWE	36 487

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



801052132163

# Mississippi Resident Individual Income Tax Return 2021

Page 2

SSN

122550713

INCOME	Column A (Taxpayer)		Column B (Spouse)
<b>37</b> Wages, salaries, tips, etc. ( <b>complete Form 80-107</b> )	37A	56023	37B
<b>38</b> Business income (loss) ( <b>attach Federal Schedule C or C-EZ</b> )	38A		38B
<b>39</b> Capital gain (loss) ( <b>attach Federal Schedule D, if applicable</b> )	39A	-1343	39B
<b>40</b> Rent, royalties, partnerships, S corporations, trusts, etc. (from Form 80-108, part IV)	40A		40B
<b>41</b> Farm income (loss) ( <b>attach Federal Schedule F</b> )	41A		41B
<b>42</b> Interest income (from Form 80-108, part II, line 3)	42A		42B
<b>43</b> Dividend income (from Form 80-108, part II, line 6)	43A		43B
<b>44</b> Alimony received	44A		44B
<b>45</b> Taxable pensions and annuities ( <b>complete Form 80-107</b> )	45A		45B
<b>46</b> Unemployment compensation ( <b>complete Form 80-107</b> )	46A		46B
<b>47</b> Other income (loss) (from Form 80-108, part V, line 10)	47A		47B
<b>48 Total income</b> (add lines 37 through 47)	48A	54680	48B

ADJUSTMENTS	Column A (Taxpayer)		Column B (Spouse)
<b>49</b> Payments to IRA	49A		49B
<b>50</b> Payments to self-employed SEP, SIMPLE and qualified retirement plans	50A		50B
<b>51</b> Interest penalty on early withdrawal of savings	51A	0	51B
<b>52</b> Alimony paid (complete below)	52A		52B
Name	SSN	State	Date of Divorce
<b>53</b> Moving expense ( <b>attach Federal Form 3903</b> )	53A		53B
<b>54</b> National Guard or Reserve pay (enter the lesser of amount or \$15,000)	54A		54B
<b>55</b> Mississippi Prepaid Affordable College Tuition (MPACT)	55A		55B
<b>56</b> Mississippi Affordable College Savings (MACS)	56A		56B
<b>57</b> Self-employed health insurance deduction	57A		57B
<b>58</b> Health savings account deduction	58A		58B
<b>59</b> Catastrophe savings account deduction	59A		59B
<b>60</b> Self-employment tax deduction	60A		60B
<b>61</b> First-time home buyer savings account deduction	61A		61B
<b>62</b> Agricultural disaster program compensation deduction	62A		62B
<b>63</b> Mississippi Achieving a Better Life Experience (ABLE) Act deduction	63A		63B
<b>64 Total adjustments</b> (add lines 49 through 63)	64A	0	64B
<b>65 Mississippi adjusted gross income</b> (line 48 minus line 64; enter on page 1, line 13)	65A	54680	65B

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





801052133163

# Mississippi Resident Individual Income Tax Return 2021

SSN 122550713

**DIRECT DEPOSIT INFORMATION**

1 Overpayment refund (from page 1, line 33)

1

a Routing Number 1	Account Number 1	Checking	Savings	Direct Deposit 1 Amount
				1a
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	6013077499	P02082703
Taxpayer Signature	Date	Taxpayer Phone Number	Paid Preparer PTIN
Spouse Signature	Date	6789659522	SYAM@GTAXFILE.COM
Spouse Signature	Date	Paid Preparer Phone Number	Paid Preparer Email Address
SYAM PRIYA RAM SAGAR GUP	03192022	2530 Pebble Cr	Cumming GA 30041
Paid Preparer Signature	Date	Paid Preparer Address	City State Zip Code



# Mississippi Income / Withholding Tax Schedule 2021

Primary Taxpayer Name (as shown on Forms 80-105, 80-205 and 81-110)  
**NAGULAPALLI, SAI VAMSI**

**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 646000818 Employer or Payer ID from W-2, 1099, K-1 <b>SAI VAMSI NAGULAPAL</b> Taxpayer Name 122550713 Taxpayer Social Security Number	<b>MS</b> 4663 State      State Wages, Tips, Etc.  1 <b>Mississippi Withholding Only</b>  State      Income from Other State	THE UNIV OF SOUTHERN MISS Employer or payer name 118 COLLEGE DRIVE Address HATTIESBURG      MS 39406 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 300749154 Employer or Payer ID from W-2, 1099, K-1 <b>SAI VAMSI NAGULAPAL</b> Taxpayer Name 122550713 Taxpayer Social Security Number	<b>MS</b> 0 State      State Wages, Tips, Etc.  0 <b>Mississippi Withholding Only</b>  CA      51360 State      Income from Other State	HUNTECH USA LLC Employer or payer name 111 NORTH MARKET STREET S Address SAN JOSE      CA 95113 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	<b>MS</b> State      State Wages, Tips, Etc.  <b>Mississippi Withholding Only</b>  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	<b>MS</b> State      State Wages, Tips, Etc.  <b>Mississippi Withholding Only</b>  State      Income from Other State	Employer or payer name  Address  City, State, ZIP

# Mississippi Tax Credit For Income Tax Paid To One Or More Other States

Name **NAGULAPALLI, SAI VAMSI**

SSN **122550713**

Tax credit, as determined below, is allowed only to LEGAL RESIDENTS of Mississippi who pay an income tax imposed by another state on income earned therein and taxed by Mississippi. If a credit is claimed for tax paid to another state, **there must be attached to the Mississippi income tax return a copy of the income tax return filed with the other state and proof of payment of tax.** A copy of the Wage and Tax Statement indicating tax withheld is not considered proof of payment of the liability to another state.

### INCOME SUMMARY

	TOTAL INCOME EARNED EVERYWHERE		INCOME EARNED IN STATE OF	INCOME EARNED IN STATE OF	INCOME EARNED IN STATE OF	TOTAL OUT OF STATE INCOME <small>(line 4, column 3 plus column 4 and column 5)</small>
	Taxpayer Joint or Single	Spouse	CA			
			(Name of State)	(Name of State)	(Name of State)	
	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6
<b>1</b> Total Income	54680		46849			
<b>2</b> Standard or Itemized Deduction(s)	2300		0			
<b>3</b> Exemption	6000		0			
<b>4</b> Taxable Income <small>(line 1 minus line 2 and line 3)</small>	46380		46849			46849

### COMPUTATION OF TAX CREDIT

	Column 3	Column 4	Column 5	
<b>5</b> Ratio (divide amounts on line 4, columns 3, 4 and 5 by the amount on line 4, column 6)	100.00			

OTHER STATES INCOME AT MISSISSIPPI RATES				TOTAL			
Enter amount from line 4, column 6	Column A	Rates	Total Income Tax Column B	MULTIPLY TAX COMPUTED AT LEFT BY RATIO ABOVE			Column 6
				Line 5, column 3 multiplied by column B	Line 5, column 4 multiplied by column B	Line 5, column 5 multiplied by column B	Line 12, column 3 plus column 4 and column 5
<b>6</b> First \$4,000 or part	4000	x 0 % =					
<b>7</b> Next \$1,000 or part	1000	x 3 % =	30	30			
<b>8</b> Next \$5,000 or part	5000	x 4 % =	200	200			
<b>9</b> Remaining Balance	36849	x 5 % =	1842	1842			
<b>10</b> Tax credit computed (add lines 6 through 9 in columns 3, 4 and 5)				2072			
<b>11</b> Income tax due to other states (from other states return(s), <b>attach other states return(s)</b> )				1561			
<b>12</b> Enter the lesser of line 10 or line 11 (column 3 through column 5)				1561		1561	

<b>13</b> Enter amount of income tax due (from Form 80-105, page 1, line 17 or Form 81-110, page 1, line 2)	13	2049
<b>14</b> Allowable tax credit for tax paid to other states (the lesser of line 12, column 6 or line 13; enter here and on Form 80-105, page 1, line 18 or on Form 81-110, page 1, line 3)	14	1561

# Mississippi Tax Credit For Income Tax Paid To One Or More Other States

If you are a resident of Mississippi who earns income in another state and are required to pay an income tax to that other state, you are allowed to take a credit against your Mississippi income tax due in the same year for the total income tax due to the other state (subject to certain limitations). The withholding amounts shown on your W-2 forms are **NOT** the same as actual tax paid to the other state. Copies of withholding statements are not sufficient to establish the credit. In order to be allowed this credit, you **MUST** file an income tax return with the other state **and** attach a copy of the other state returns along with this Form 80-160 to your Mississippi return.

## Limitations

Miss. Code Ann. Section 27-7-77 provides for the following three limitations:

- (1) The credit may not exceed the amount of income tax due the State of Mississippi, indicated on line 17;
- (2) The credit may not exceed the amount of income tax actually paid to the other state; and
- (3) The credit may not exceed an amount computed by applying the highest applicable Mississippi rates to the net taxable income reported to the other state. Highest rates is defined as the highest rates at which the net taxable income reported to the other state is taxable by the State of Mississippi.

## Specific Line Instructions

### Income Summary

- Line 1 Enter the total income earned everywhere in column 1 and column 2, if applicable. Enter the income earned in other states separately in columns 3, 4 and 5. The name of each state should be entered above columns 3, 4 and 5.
- Line 2 Enter the standard or itemized deduction(s) claimed on your Mississippi return in column 1 and column 2, if applicable. Enter the standard or itemized deduction(s) claimed on your other state return(s) in columns 3, 4 and 5.
- Line 3 Enter the exemption amount claimed on your Mississippi return in column 1 and column 2, if applicable. Enter the exemption amount claimed on your other state return(s) in columns 3, 4 and 5. Allocate deductions and exemptions to the taxpayer and/or spouse in the same manner as state return(s).
- Line 4 Enter the taxable income in columns 1 through 5 by subtracting line 2 and line 3 from line 1. Enter the total out of state taxable income in column 6 by adding columns 3, 4 and 5.

### Computation of Tax Credit

- Line 5 Enter the ratio by dividing amounts on line 4, columns 3, 4 and 5 by the amount on line 4, column 6.
- Line 6 Enter the first \$4,000 of taxable income or part (\$0 - \$4,000) of amount in line 4, column 6 on line 6, column A. Enter \$0 in column B (by multiplying column A by 0%) and in columns 3, 4 and 5.
- Line 7 Enter the next \$1,000 of taxable income or part (\$4,001 - \$5,000) of amount in line 4, column 6 on line 7, column A. Enter the total income tax in column B by multiplying column A by 3%. Enter the percentage of tax due by multiplying the amount in column B by the ratio amounts in line 5, columns 3, 4 and 5.
- Line 8 Enter the next \$5,000 of taxable income or part (\$5,001 - \$10,000) of amount in line 4, column 6 on line 7, column A. Enter the total income tax in column B by multiplying column A by 4%. Enter the percentage of tax due by multiplying the amount in column B by the ratio amounts in line 5, columns 3, 4 and 5.
- Line 9 Enter the remaining balance of taxable income (\$10,001 and above) of amount in line 4, column 6 on line 8, column A. Enter the total income tax in column B by multiplying column A by 5%. Enter the percentage of tax due by multiplying the amount in column B by the ratio amounts in line 5, columns 3, 4 and 5.
- Line 10 Enter the computed tax credit by adding lines 6 through 9 in columns 3, 4 and 5.
- Line 11 Enter the income tax due to other states (from other state return(s) and attach a copy of the other state return(s).)
- Line 12 Enter the lesser of line 10 or line 11, columns 3, 4 and 5. Enter in column 6 the total of columns 3 through 5.
- Line 13 Enter the amount of income tax due on Form 80-105, page 1, line 17 or Form 81-110, page 1, line 2.
- Line 14 Enter the amount of allowable tax credit for tax paid to other states (the lesser of line 12, column 6 or line 13; enter here and on Form 80-105, page 1, line 18 or on Form 81-110, page 1, line 3.)

**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 SAI VAMSI	Last name NAGULAPALLI	Your social security number 122-55-0713
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. 3319 W 4TH STREET #208, LA MAISON APARTMENTS		Apt. no. 208
City, town, or post office. If you have a foreign address, also complete spaces below. HATTIESBURG		State MS
Foreign country name		ZIP code 39401
Foreign province/state/county		Foreign postal code

**Presidential Election Campaign**  
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.  
 You  Spouse

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?  Yes  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	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions): 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"/>

Attach Sch. B if required.  <b>Standard Deduction for—</b> • 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 Standard Deduction, see instructions.	<b>1</b>	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .		<b>1</b>	56,023.
	<b>2a</b>	Tax-exempt interest . . . . .	<b>2a</b>	<b>2b</b>	
	<b>3a</b>	Qualified dividends . . . . .	<b>3a</b>	<b>3b</b>	
	<b>4a</b>	IRA distributions . . . . .	<b>4a</b>	<b>4b</b>	
	<b>5a</b>	Pensions and annuities . . . . .	<b>5a</b>	<b>5b</b>	
	<b>6a</b>	Social security benefits . . . . .	<b>6a</b>	<b>6b</b>	
	<b>7</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ▶ <input type="checkbox"/>		<b>7</b>	-1,343.
	<b>8</b>	Other income from Schedule 1, line 10 . . . . .		<b>8</b>	
	<b>9</b>	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . . ▶		<b>9</b>	54,680.
	<b>10</b>	Adjustments to income from Schedule 1, line 26 . . . . .		<b>10</b>	
	<b>11</b>	Subtract line 10 from line 9. This is your <b>adjusted gross income</b> . . . . . ▶		<b>11</b>	54,680.
	<b>12a</b>	<b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .	<b>12a</b>	12,550.	
	<b>b</b>	Charitable contributions if you take the standard deduction (see instructions)	<b>12b</b>		
	<b>c</b>	Add lines 12a and 12b . . . . .	<b>12c</b>		12,550.
	<b>13</b>	Qualified business income deduction from Form 8995 or Form 8995-A . . . . .	<b>13</b>		
<b>14</b>	Add lines 12c and 13 . . . . .	<b>14</b>		12,550.	
<b>15</b>	<b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . .	<b>15</b>		42,130.	

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	5,016.
17	Amount from Schedule 2, line 3 . . . . .	17	
18	Add lines 16 and 17 . . . . .	18	5,016.
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812 . . . . .	19	
20	Amount from Schedule 3, line 8 . . . . .	20	
21	Add lines 19 and 20 . . . . .	21	
22	Subtract line 21 from line 18. If zero or less, enter -0- . . . . .	22	5,016.
23	Other taxes, including self-employment tax, from Schedule 2, line 21 . . . . .	23	0.
24	Add lines 22 and 23. This is your <b>total tax</b> . . . . . ▶	24	5,016.
25	Federal income tax withheld from:		
a	Form(s) W-2 . . . . .	25a	8,274.
b	Form(s) 1099 . . . . .	25b	
c	Other forms (see instructions) . . . . .	25c	
d	Add lines 25a through 25c . . . . .	25d	8,274.
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 <b>total other payments and refundable credits</b> ▶	32	
33	Add lines 25d, 26, and 32. These are your <b>total payments</b> . . . . . ▶	33	8,274.
34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b> . . . . .	34	3,258.
35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here . . . ▶ <input type="checkbox"/>	35a	3,258.
b	Routing number 0 6 2 2 0 3 7 5 1 ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 1 6 7 3 1 5 2 5 7 3 ▶		
36	Amount of line 34 you want <b>applied to your 2022 estimated tax</b> . . ▶	36	
37	<b>Amount you owe.</b> 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.

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

Your signature	Date	Your occupation SOFTWARE ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) ▶
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) ▶

Phone no. (601) 307-7499 Email address SAIVAMSI.N@GMAIL.COM

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 03/19/2022	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name ▶ GLOBAL TAXES LLC	Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041			Phone no. (678) 965-9522
Firm's EIN ▶ 30-1017196				

**SCHEDULE D**  
**(Form 1040)**

**Capital Gains and Losses**

OMB No. 1545-0074

**2021**

Attachment  
Sequence No. **12**

Department of the Treasury  
Internal Revenue Service (99)

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

Name(s) shown on return SAI VAMSI NAGULAPALLI	Your social security number 122-55-0713
--------------------------------------------------	--------------------------------------------

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No  
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .	156,794.	158,380.	243.	-1,343.
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .				
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>5</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>6</b> ( )
<b>7</b> <b>Net short-term capital gain or (loss)</b> . Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .				-1,343.

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

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



**Part III Summary**

<p><b>16</b> Combine lines 7 and 15 and enter the result . . . . .</p> <ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li> </ul>	<b>16</b>	-1,343.
<p><b>17</b> Are lines 15 and 16 <b>both</b> gains?</p> <p><input type="checkbox"/> <b>Yes.</b> Go to line 18.</p> <p><input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.</p>		
<p><b>18</b> If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . ▶</p>	<b>18</b>	
<p><b>19</b> If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . . ▶</p>	<b>19</b>	
<p><b>20</b> Are lines 18 and 19 both zero or blank and are you not filing Form 4952?</p> <p><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16. <b>Don't</b> complete lines 21 and 22 below.</p> <p><input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.</p>		
<p><b>21</b> If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of:</p> <ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } . . . . .</li> </ul> <p><b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.</p>	<b>21</b>	( 1,343. )
<p><b>22</b> Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?</p> <p><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16.</p> <p><input checked="" type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>		

**Sales and Other Dispositions of Capital Assets**

Department of the Treasury  
Internal Revenue Service

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

Name(s) shown on return: SAI VAMSI NAGULAPALLI Social security number or taxpayer identification number: 122-55-0713

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

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

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

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). <b>See the separate instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	Robinhood Crypto LLC	01/01/21	12/31/21	140,735.	139,501.			1,234.
	Robinhood Securities LLC	01/01/21	12/31/21	16,059.	18,879.	W	243.	-2,577.
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked) ▶				156,794.	158,380.		243.	-1,343.

**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.

TAXABLE YEAR

FORM

2021

California e-file Signature Authorization for Individuals

8879

Table with 2 columns: Field Name, Value. Rows: Your name (SAI VAMSI NAGULAPALLI), Your SSN or ITIN (122-55-0713), Spouse's/RDP's name, Spouse's/RDP's SSN or ITIN.

Part I Tax Return Information (whole dollars only)

Table with 2 columns: Line Number, Amount. Rows: 1 California adjusted gross income (AGI) 51,360; 2 Amount You Owe; 3 Refund or No Amount Due 2,049.

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

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2021, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider, including my name, address, and social security number (SSN) or individual tax identification number (ITIN), and the amounts shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that direct deposit refund amount on line 3 agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointment of the other spouse/registered domestic partner (RDP) as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediate service provider to transmit my complete return to the Franchise Tax Board (FTB). If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, and/or transmitter the reason(s) for the delay or the date when the refund was sent. If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter my PIN 5 0 7 1 3 as my signature on my 2021 e-filed California individual income tax return.
I will enter my PIN as my signature on my 2021 e-filed California individual income tax return. 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/RDP's PIN: check one box only

- I authorize to enter my PIN as my signature on my 2021 e-filed California individual income tax return.
I will enter my PIN as my signature on my 2021 e-filed California individual income tax return. 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/RDP's signature Date

Practitioner PIN Method Returns Only -- continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's Electronic Filer Identification Number (EFIN)/PIN.

Enter your six-digit EFIN followed by your five-digit self-selected PIN.

5 8 7 2 7 8 6 1 9 8 9

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the 2021 California individual income tax return 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 FTB Pub. 1345, 2021 Handbook for Authorized e-file Providers.

ERO's signature Date 03/19/2022

# California Nonresident or Part-Year Resident Income Tax Return

2021

540NR

APE

ATTACH FEDERAL RETURN

122-55-0713 NAGU  
SAIVAMSI NAGULAPALLI

21

3319 W 4TH STREET 208 LA MAISON APA APT 208  
HATTIESBURG MS 39401

06-25-1996

If your California filing status is different from your federal filing status, check the box here

- Filing Status**
- 1  Single
  - 2  Married/RDP filing jointly. See inst.
  - 3  Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here
  - 4  Head of household (with qualifying person). See instructions.
  - 5  Qualifying widow(er). Enter year spouse/RDP died.
- See instructions.

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst . . . . . ● 6

► For line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line. **Whole dollars only**

- Exemptions**
- 7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2. If you checked the box on line 6, see instructions. ● 7  X \$129 = ● \$
  - 8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 . . . . . ● 8  X \$129 = ● \$
  - 9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions. . . . . ● 9  X \$129 = ● \$

**10 Dependents: Do not include yourself or your spouse/RDP.**

	Dependent 1	Dependent 2	Dependent 3
First Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
SSN. See instructions.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependent's relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total dependent exemptions . . . . . ● 10  X \$400 = ● \$

Your name:  Your SSN or ITIN:

**11 Exemption amount:** Add line 7 through line 10 .....  **11 \$**

<b>Total Taxable Income</b>	<b>12</b> Total California wages from your federal Form(s) W-2, box 16 ..... ● <b>12</b> <input type="text" value="51360"/> <input type="text" value=".00"/>
	<b>13</b> Enter federal AGI from federal Form 1040, 1040-SR, or 1040-NR, line 11 ..... <input checked="" type="radio"/> <b>13</b> <input type="text" value="54680"/> <input type="text" value=".00"/>
	<b>14</b> California adjustments – subtractions. Enter the amount from Schedule CA (540NR), Part II, line 27, column B ..... ● <b>14</b> <input type="text" value=""/> <input type="text" value=".00"/>
	<b>15</b> Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions ..... <b>15</b> <input type="text" value="54680"/> <input type="text" value=".00"/>
	<b>16</b> California adjustments – additions. Enter the amount from Schedule CA (540NR), Part II, line 27, column C ..... ● <b>16</b> <input type="text" value=""/> <input type="text" value=".00"/>
	<b>17</b> Adjusted gross income from all sources. Combine line 15 and line 16 ..... ● <b>17</b> <input type="text" value="54680"/> <input type="text" value=".00"/>
	<b>18</b> Enter the <b>larger</b> of: Your California <b>itemized deductions</b> from Schedule CA (540NR), Part III, line 30; <b>OR</b> Your California <b>standard deduction</b> . See instructions ..... ● <b>18</b> <input type="text" value="4803"/> <input type="text" value=".00"/>
	<b>19</b> Subtract line 18 from line 17. This is your <b>total taxable income</b> . If less than zero, enter -0- ..... <input checked="" type="radio"/> <b>19</b> <input type="text" value="49877"/> <input type="text" value=".00"/>

<b>CA Taxable Income</b>	<b>31</b> Tax. Check the box if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule
	● <input type="checkbox"/> FTB 3800 ● <input type="checkbox"/> FTB 3803 ..... ● <b>31</b> <input type="text" value="1790"/> <input type="text" value=".00"/>
	<b>32</b> CA adjusted gross income from Schedule CA (540NR), Part IV, line 1. .... ● <b>32</b> <input type="text" value="51360"/> <input type="text" value=".00"/>
	<b>35</b> CA Taxable Income from Schedule CA (540NR), Part IV, line 5. .... ● <b>35</b> <input type="text" value="46849"/> <input type="text" value=".00"/>
	<b>36</b> CA Tax Rate. Divide line 31 by line 19. .... <input checked="" type="radio"/> <b>36</b> <input type="text" value="0.0359"/>
	<b>37</b> CA Tax Before Exemption Credits. Multiply line 35 by line 36 ..... <input checked="" type="radio"/> <b>37</b> <input type="text" value="1682"/> <input type="text" value=".00"/>
	<b>38</b> CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000 ..... <input checked="" type="radio"/> <b>38</b> <input type="text" value="0.9393"/>
	<b>39</b> CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$212,288, see instructions ..... <input checked="" type="radio"/> <b>39</b> <input type="text" value="121"/> <input type="text" value=".00"/>
	<b>40</b> CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0- ... <input checked="" type="radio"/> <b>40</b> <input type="text" value="1561"/> <input type="text" value=".00"/>
<b>41</b> Tax. See instructions. Check the box if from: ● <input type="checkbox"/> Schedule G-1 ● <input type="checkbox"/> FTB 5870A ..... ● <b>41</b> <input type="text" value=""/> <input type="text" value=".00"/>	
<b>42</b> Add line 40 and line 41 ..... ● <b>42</b> <input type="text" value="1561"/> <input type="text" value=".00"/>	

<b>Special Credits</b>	<b>50</b> Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form FTB 3506. .... ● <b>50</b> <input type="text" value=""/> <input type="text" value=".00"/>
	<b>51</b> Credit for joint custody head of household. See instructions ..... ● <b>51</b> <input type="text" value=""/> <input type="text" value=".00"/>
	<b>52</b> Credit for dependent parent. See instructions. .... ● <b>52</b> <input type="text" value=""/> <input type="text" value=".00"/>
	<b>53</b> Credit for senior head of household. See instructions. .... ● <b>53</b> <input type="text" value=""/> <input type="text" value=".00"/>
	<b>54</b> Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions ..... <input checked="" type="radio"/> <b>54</b> <input type="text" value=""/>
	<b>55</b> Credit amount. See instructions ..... ● <b>55</b> <input type="text" value=""/> <input type="text" value=".00"/>

Your name:  Your SSN or ITIN:

**Special Credits continued**

<b>58</b>	Enter credit name <input type="text"/> code <input type="text"/> and amount. . . . .	<input type="radio"/>	<b>58</b>	<input type="text"/>	.00
<b>59</b>	Enter credit name <input type="text"/> code <input type="text"/> and amount. . . . .	<input type="radio"/>	<b>59</b>	<input type="text"/>	.00
<b>60</b>	To claim more than two credits. See instructions. . . . .	<input type="radio"/>	<b>60</b>	<input type="text"/>	.00
<b>61</b>	Nonrefundable Renter's Credit. See instructions . . . . .	<input type="radio"/>	<b>61</b>	<input type="text"/>	.00
<b>62</b>	Add line 50 and line 55 through 61. These are your total credits . . . . .	<input checked="" type="radio"/>	<b>62</b>	<input type="text"/>	.00
<b>63</b>	Subtract line 62 from line 42. If less than zero, enter -0- . . . . .	<input checked="" type="radio"/>	<b>63</b>	1561	.00

**Other Taxes**

<b>71</b>	Alternative Minimum Tax. Attach Schedule P (540NR). . . . .	<input type="radio"/>	<b>71</b>	<input type="text"/>	.00
<b>72</b>	Mental Health Services Tax. See instructions . . . . .	<input type="radio"/>	<b>72</b>	<input type="text"/>	.00
<b>73</b>	Other taxes and credit recapture. See instructions . . . . .	<input type="radio"/>	<b>73</b>	<input type="text"/>	.00
<b>74</b>	Excess Advance Premium Assistance Subsidy (APAS) repayment. See instructions . . . . .	<input type="radio"/>	<b>74</b>	<input type="text"/>	.00
<b>75</b>	Add line 63, line 71, line 72, line 73, and line 74. This is your total tax . . . . .	<input type="radio"/>	<b>75</b>	1561	.00

**Payments**

<b>81</b>	California income tax withheld. See instructions . . . . .	<input type="radio"/>	<b>81</b>	3610	.00
<b>82</b>	2021 CA estimated tax and other payments. See instructions . . . . .	<input type="radio"/>	<b>82</b>	<input type="text"/>	.00
<b>83</b>	Withholding (Form 592-B and/or 593). See instructions . . . . .	<input type="radio"/>	<b>83</b>	<input type="text"/>	.00
<b>84</b>	Excess SDI (or VPDI) withheld. See instructions . . . . .	<input type="radio"/>	<b>84</b>	<input type="text"/>	.00
<b>85</b>	Earned Income Tax Credit (EITC) . . . . .	<input type="radio"/>	<b>85</b>	<input type="text"/>	.00
<b>86</b>	Young Child Tax Credit (YCTC). See instructions . . . . .	<input type="radio"/>	<b>86</b>	<input type="text"/>	.00
<b>87</b>	Net Premium Assistance Subsidy (PAS). See instructions . . . . .	<input type="radio"/>	<b>87</b>	<input type="text"/>	.00
<b>88</b>	Add line 81 through line 87. These are your total payments. See instructions . . . . .	<input checked="" type="radio"/>	<b>88</b>	3610	.00

**ISR Penalty**

**91** If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or C coverage is qualifying health care coverage. . . . .

If you did not check the box, see instructions.

Individual Shared Responsibility (ISR) Penalty. See instructions . . . . .  **91**  .00

**Overpaid Tax/Tax Due**

<b>92</b>	Payments after Individual Shared Responsibility Penalty. If line 88 is more than line 91, subtract line 91 from line 88. . . . .	<input checked="" type="radio"/>	<b>92</b>	3610	.00
<b>93</b>	Individual Shared Responsibility Penalty Balance. If line 91 is more than line 88, subtract line 88 from line 91. . . . .	<input checked="" type="radio"/>	<b>93</b>	<input type="text"/>	.00
<b>101</b>	Overpaid tax. If line 92 is more than line 75, subtract line 75 from line 92. . . . .	<input checked="" type="radio"/>	<b>101</b>	2049	.00
<b>102</b>	Amount of line 101 you want applied to your <b>2022</b> estimated tax . . . . .	<input type="radio"/>	<b>102</b>	0	.00

Your name:

Your SSN or ITIN:

103 Overpaid tax available this year. Subtract line 102 from line 101 ..... ● 103  .00

104 Tax due. If line 92 is less than line 75, subtract line 92 from line 75 ..... ● 104  .00

Contributions

Code Amount

California Seniors Special Fund. See instructions ..... ● 400  .00

Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund ..... ● 401  .00

Rare and Endangered Species Preservation Voluntary Tax Contribution Program ..... ● 403  .00

California Breast Cancer Research Voluntary Tax Contribution Fund ..... ● 405  .00

California Firefighters' Memorial Voluntary Tax Contribution Fund ..... ● 406  .00

Emergency Food for Families Voluntary Tax Contribution Fund ..... ● 407  .00

California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund ..... ● 408  .00

California Sea Otter Voluntary Tax Contribution Fund ..... ● 410  .00

California Cancer Research Voluntary Tax Contribution Fund ..... ● 413  .00

School Supplies for Homeless Children Voluntary Tax Contribution Fund ..... ● 422  .00

State Parks Protection Fund/Parks Pass Purchase ..... ● 423  .00

Protect Our Coast and Oceans Voluntary Tax Contribution Fund ..... ● 424  .00

Keep Arts in Schools Voluntary Tax Contribution Fund ..... ● 425  .00

Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund ..... ● 431  .00

California Senior Citizen Advocacy Voluntary Tax Contribution Fund ..... ● 438  .00

Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund ..... ● 439  .00

Rape Kit Backlog Voluntary Tax Contribution Fund ..... ● 440  .00

Schools Not Prisons Voluntary Tax Contribution Fund ..... ● 443  .00

Suicide Prevention Voluntary Tax Contribution Fund ..... ● 444  .00

Mental Health Crisis Prevention Voluntary Tax Contribution Fund ..... ● 445  .00

California Community and Neighborhood Tree Voluntary Tax Contribution Fund ..... ● 446  .00

120 Add code 400 through code 446. This is your total contribution ..... ● 120  .00

Your name:  Your SSN or ITIN:

**Amount You Owe** 121 **AMOUNT YOU OWE.** Add line 93, line 104, and line 120. See instructions. **Do not send cash.**  
Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001.** . . . . ● 121  .00  
Pay Online – Go to **ftb.ca.gov/pay** for more information.

**Interest and Penalties** 122 Interest, late return penalties, and late payment penalties. . . . . 122  .00

123 Underpayment of estimated tax.  
Check the box: ●  **FTB 5805 attached** ●  **FTB 5805F attached** . . . . . ● 123  .00

124 Total amount due. See instructions. Enclose, but **do not** staple, any payment . . . . . 124  .00

**Refund and Direct Deposit** 125 **REFUND OR NO AMOUNT DUE.** Subtract line 120 from line 103. See instructions.  
Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001.** . . . . . ● 125  .00

Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip.  
See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.  
All or the following amount of my refund (line 125) is authorized for direct deposit into the account shown below:

● Type  
● Routing number  Checking  Savings ● Account number  ● 126 Direct deposit amount  .00

The remaining amount of my refund (line 125) is authorized for direct deposit into the account shown below:

● Type  
● Routing number  ● Account number  ● 127 Direct deposit amount  .00  
 Checking  Savings

**IMPORTANT:** Attach a copy of your complete federal return.  
Our privacy notice can be found in annual tax booklets or online. Go to **ftb.ca.gov/privacy** to learn about our privacy policy statement, or go to **ftb.ca.gov/forms** and search for **1131** to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed.  
Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature  Date  Spouse's/RDP's signature (if a joint tax return, both must sign)

● Your email address. Enter only one email address.   
● Preferred phone number

**Sign Here**  
It is unlawful to forge a spouse's/ RDP's signature.

Paid preparer's signature (**declaration of preparer is based on all information of which preparer has any knowledge**)

Firm's name (or yours, if self-employed)  ● PTIN

Firm's address  ● Firm's FEIN

Joint tax return? (See instructions)

Do you want to allow another person to discuss this tax return with us? See instructions. . . . . ●  Yes  No

Print Third Party Designee's Name  Telephone Number



# California Adjustments — Nonresidents or Part-Year Residents

**2021**

**CA (540NR)**

**Important:** Attach this schedule behind Form 540NR, Side 5 as a supporting California schedule.

Name(s) as shown on tax return

SAI VAMSI NAGULAPALLI

SSN or ITIN

122550713

**Part I Residency Information. Complete all lines that apply to you and your spouse/RDP for taxable year 2021.**

**During 2021:**

1 My California (CA) Residency (Check one)

a Myself:  Nonresident  Part-Year Resident  Resident

b Spouse:  Nonresident  Part-Year Resident  Resident

	Yoursself	Spouse/RDP
2 a I was domiciled in (enter two letter code, see instructions) . . . . .	<input checked="" type="radio"/> M S	<input type="radio"/> ___
b I was in the military and stationed in (enter two letter code) . . . . .	<input type="radio"/> ___	<input type="radio"/> ___
3 I became a CA resident (enter state of prior residence and date (mm/dd/yyyy) of move) . . .	<input type="radio"/> ___ / ___ / ___	<input type="radio"/> ___ / ___ / ___
4 I became a CA nonresident (enter new state of residence and date (mm/dd/yyyy) of move) . . .	<input type="radio"/> ___ / ___ / ___	<input type="radio"/> ___ / ___ / ___
5 I was a CA nonresident the entire year (enter state of residence) . . . . .	<input type="radio"/> M S	<input type="radio"/> ___
6 The number of days I spent in CA for any purpose was: . . . . .	<input type="radio"/> ___	<input type="radio"/> ___
7 I owned a home/property in CA (enter Y for Yes, N for No) . . . . .	<input type="radio"/> N	<input type="radio"/> ___
8 Before 2021: I was a CA resident for the period of . . . . .	<input type="radio"/> ___ / ___ / ___ - ___ / ___ / ___	<input type="radio"/> ___ / ___ / ___ - ___ / ___ / ___

**Part II Income Adjustment Schedule**

	A	B	C	D	E
Section A — Income from federal Form 1040 or 1040-SR	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
1 Wages, salaries, tips, etc. See instructions before making an entry in col. B or C. . . . . 1	<input checked="" type="radio"/> 56,023.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> 56,023.	<input checked="" type="radio"/> 51,360.
2 Taxable interest. a <input type="radio"/> . . . . . 2b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 Ordinary dividends. See instructions. a <input type="radio"/> . . . . . 3b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 IRA distributions. See instructions. a <input type="radio"/> . . . . . 4b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Pensions and annuities. See instructions. a <input type="radio"/> . . . . . 5b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6 Social security benefits. a <input type="radio"/> . . . . . 6b	<input type="radio"/>	<input type="radio"/>			
7 Capital gain or (loss). See instructions . . . . . 7	<input checked="" type="radio"/> -1,343.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> -1,343.	<input checked="" type="radio"/> 0.
<b>Section B — Additional Income</b> from federal Schedule 1 (Form 1040)					
1 Taxable refunds, credits, or offsets of state and local income taxes. . . . . 1	<input type="radio"/>	<input type="radio"/>			
2a Alimony received. See instructions. . . . . 2a	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 Business income or (loss). See instructions. . . . . 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 Other gains or (losses) . . . . . 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc . . . . . 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6 Farm income or (loss) . . . . . 6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7 Unemployment compensation . . . . . 7	<input type="radio"/>	<input type="radio"/>			

	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>
<b>Section B — Additional Income</b> Continued	<b>Federal Amounts</b> (taxable amounts from your federal tax return)	<b>Subtractions</b> See instructions (difference between CA & federal law)	<b>Additions</b> See instructions (difference between CA & federal law)	<b>Total Amounts Using CA Law As If You Were a CA Resident</b> (subtract col. B from col. A; add col. C to the result)	<b>CA Amounts</b> (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
<b>8 Other income:</b>					
<b>a</b> Federal net operating loss . . . . . <b>8a</b>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>b</b> Gambling income . . . . . <b>8b</b>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
<b>c</b> Cancellation of debt . . . . . <b>8c</b>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>d</b> Foreign earned income exclusion from federal Form 2555 . . . . . <b>8d</b>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>e</b> Taxable Health Savings Account distribution . . . . . <b>8e</b>	<input type="radio"/>	<input type="radio"/>			
<b>f</b> Alaska Permanent Fund dividends . . <b>8f</b>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
<b>g</b> Jury duty pay . . . . . <b>8g</b>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
<b>h</b> Prizes and awards . . . . . <b>8h</b>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
<b>i</b> Activity not engaged in for profit income <b>8i</b>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
<b>j</b> Stock options . . . . . <b>8j</b>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
<b>k</b> Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property . . . . . <b>8k</b>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
<b>l</b> Olympic and Paralympic medals and USOC prize money . . . . . <b>8l</b>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
<b>m</b> IRC Section 951(a) inclusion . . . . . <b>8m</b>	<input type="radio"/>	<input type="radio"/>			
<b>n</b> IRC Section 951A(a) inclusion . . . . . <b>8n</b>	<input type="radio"/>	<input type="radio"/>			
<b>o</b> IRC Section 461(l) excess business loss adjustment . . . . . <b>8o</b>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>p</b> Taxable distributions from an ABLE account . . . . . <b>8p</b>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
<b>z</b> Other income. List type and amount. <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>8z</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>9 a</b> Total other income. Add lines 8a through 8z . . . . . <b>9a</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>b1</b> Disaster loss deduction from form FTB 3805V . . . . . <b>9b1</b>		<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
<b>b2</b> NOL deduction from form FTB 3805V . . . . . <b>9b2</b>		<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
<b>b3</b> NOL from form FTB 3805Z, FTB 3807, or FTB 3809 . . . . . <b>9b3</b>		<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
<b>b4</b> Student loan discharged due to closure of a for-profit school . . . . . <b>9b4</b>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
<b>10 Total.</b> Combine Section A, line 1 through line 7, and Section B, line 1 through line 7, line 9a and line 9b1 through line 9b4 (as applicable) in each column. See instructions. Go to Section C . . . . . <b>10</b>	<input type="radio"/> 54,680.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 54,680.	<input type="radio"/> 51,360.

	A	B	C	D	E
<b>Section C — Adjustments to Income</b> from federal Schedule 1 (Form 1040)	<b>Federal Amounts</b> (taxable amounts from your federal tax return)	<b>Subtractions</b> See instructions (difference between CA & federal law)	<b>Additions</b> See instructions (difference between CA & federal law)	<b>Total Amounts Using CA Law As If You Were a CA Resident</b> (subtract col. B from col. A; add col. C to the result)	<b>CA Amounts</b> (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
<b>11</b> Educator expenses . . . . . <b>11</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
<b>12</b> Certain business expenses of reservists, performing artists, and fee-basis government officials . . . . . <b>12</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>13</b> Health savings account deduction . . . . . <b>13</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
<b>14</b> Moving expenses. Attach form FTB 3913. See instructions . . . . . <b>14</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>15</b> Deductible part of self-employment tax. See instructions. . . . . <b>15</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>16</b> Self-employed SEP, SIMPLE, and qualified plans . . . . . <b>16</b>	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>17</b> Self-employed health insurance deduction. See instructions. . . . . <b>17</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>18</b> Penalty on early withdrawal of savings . . . . <b>18</b>	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>19a</b> Alimony paid. <b>b</b> Enter recipient's: SSN <input checked="" type="radio"/> _____ Last name <input checked="" type="radio"/> _____ <b>19a</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>20</b> IRA deduction . . . . . <b>20</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>21</b> Student loan interest deduction . . . . . <b>21</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 0.
<b>22</b> Reserved for future use . . . . . <b>22</b>					
<b>23</b> Archer MSA deduction . . . . . <b>23</b>	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>24 Other adjustments:</b>					
<b>a</b> Jury duty pay . . . . . <b>24a</b>	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>b</b> Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit . . . . . <b>24b</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>c</b> Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l <b>24c</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
<b>d</b> Reforestation amortization and expenses. . . . . <b>24d</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>e</b> Repayment of supplemental unemployment benefits under the Trade Act of 1974 . . . . . <b>24e</b>	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>f</b> Contributions to IRC Section 501(c)(18)(D) pension plans. . <b>24f</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>g</b> Contributions by certain chaplains to IRC Section 403(b) plans . . . . . <b>24g</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>h</b> Attorney fees and court costs for actions involving certain unlawful discrimination claims . . . . . <b>24h</b>	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>i</b> Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations . . . . . <b>24i</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
<b>j</b> Housing deduction from federal Form 2555. . . . . <b>24j</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
<b>k</b> Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041) . . . . . <b>24k</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
<b>z</b> Other adjustments. List type and amount. <input checked="" type="radio"/> _____ <b>24z</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

	A	B	C	D	E
<b>Section C — Adjustments to Income</b> Continued	<b>Federal Amounts</b> (taxable amounts from your federal tax return)	<b>Subtractions</b> See instructions (difference between CA & federal law)	<b>Additions</b> See instructions (difference between CA & federal law)	<b>Total Amounts Using CA Law As If You Were a CA Resident</b> (subtract col. B from col. A; add col. C to the result)	<b>CA Amounts</b> (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
<b>25</b> Total other adjustments. Add lines 24a through 24z . . . . . <b>25</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>26</b> Add line 11 through line 23 and line 25 in each column, A through E . . . . . <b>26</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 0.
<b>27 Total.</b> Subtract line 26 from line 10 in each column, A through E. See instructions. . . . . <b>27</b>	<input checked="" type="radio"/> 54,680.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 54,680.	<input checked="" type="radio"/> 51,360.

**Part III Adjustments to Federal Itemized Deductions**  
Check the box if you did NOT itemize for federal but will itemize for California  

<b>A</b> Federal Amounts (from federal Schedule A (Form 1040))	<b>B</b> Subtractions See instructions	<b>C</b> Additions See instructions
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**Medical and Dental Expenses** See instructions.

<b>1</b> Medical and dental expenses . . . . . <b>1</b>	<input checked="" type="radio"/>			
<b>2</b> Enter amount from federal Form 1040 or 1040-SR, line 11 . . . . . <b>2</b>	<input checked="" type="radio"/>	54,680.		
<b>3</b> Multiply line 2 by 7.5% (0.075) . . . . . <b>3</b>	<input checked="" type="radio"/>	4,101.		
<b>4</b> Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 . . . . . <b>4</b>	<input checked="" type="radio"/>			<input checked="" type="radio"/>

**Taxes You Paid**

<b>5a</b> State and local income tax or general sales taxes . . . . . <b>5a</b>	<input checked="" type="radio"/>	4,227.	<input checked="" type="radio"/>	4,227.	
<b>5b</b> State and local real estate taxes . . . . . <b>5b</b>	<input checked="" type="radio"/>				
<b>5c</b> State and local personal property taxes . . . . . <b>5c</b>	<input checked="" type="radio"/>				
<b>5d</b> Add line 5a through line 5c. . . . . <b>5d</b>	<input checked="" type="radio"/>	4,227.			
<b>5e</b> Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A . . . . . Enter the amount from line 5a, column B in line 5e, column B . . . . . Enter the difference from line 5d and line 5e, column A in line 5e, column C . . . . . <b>5e</b>	<input checked="" type="radio"/>	4,227.	<input checked="" type="radio"/>	4,227.	<input checked="" type="radio"/> 0.
<b>6</b> Other taxes. List type <input checked="" type="radio"/> . . . . . <b>6</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>		<input checked="" type="radio"/>
<b>7</b> Add line 5e and line 6 . . . . . <b>7</b>	<input checked="" type="radio"/>	4,227.	<input checked="" type="radio"/>	4,227.	<input checked="" type="radio"/> 0.

**Interest You Paid**

<b>8a</b> Home mortgage interest and points reported to you on federal Form 1098 . . . . . <b>8a</b>	<input checked="" type="radio"/>			<input checked="" type="radio"/>
<b>8b</b> Home mortgage interest not reported to you on federal Form 1098 . . . . . <b>8b</b>	<input checked="" type="radio"/>			<input checked="" type="radio"/>
<b>8c</b> Points not reported to you on federal Form 1098 . . . . . <b>8c</b>	<input checked="" type="radio"/>			<input checked="" type="radio"/>
<b>8d</b> Mortgage insurance premiums . . . . . <b>8d</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	
<b>8e</b> Add line 8a through line 8d. . . . . <b>8e</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>9</b> Investment interest . . . . . <b>9</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>10</b> Add line 8e and line 9 . . . . . <b>10</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>

**Gifts to Charity**

<b>11</b> Gifts by cash or check . . . . . <b>11</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>12</b> Other than by cash or check . . . . . <b>12</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>13</b> Carryover from prior year . . . . . <b>13</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>14</b> Add line 11 through line 13 . . . . . <b>14</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>

**Casualty and Theft Losses**

<b>15</b> Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions . . . . . <b>15</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
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**Other Itemized Deductions**

<b>16</b> Other—from list in federal instructions . . . . . <b>16</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	
<b>17</b> Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C . . . . . <b>17</b>	<input checked="" type="radio"/>	4,227.	<input checked="" type="radio"/>	4,227.	<input checked="" type="radio"/> 0.

<b>18 Total.</b> Combine line 17 column A less column B plus column C . . . . . <input checked="" type="radio"/> <b>18</b>				<input checked="" type="radio"/> 0.
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**Job Expenses and Certain Miscellaneous Deductions**

19 Unreimbursed employee expenses - job travel, union dues, job education, etc.  
Attach federal Form 2106 if required. See instructions.  19

20 Tax preparation fees.  20

21 Other expenses- investment, safe deposit box, etc. List type    21

22 Add line 19 through line 21  22

23 Enter amount from federal Form 1040 or 1040-SR, line 11  54,680.

24 Multiply line 23 by 2% (0.02). If less than zero, enter 0  24

25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0.  25

26 **Total Itemized Deductions.** Add line 18 and line 25.  26

27 Other adjustments. See instructions. Specify.    27

28 Combine line 26 and line 27.  28

29 **Is your federal AGI (Form 540NR, line 13) more than the amount shown below for your filing status?**  
 Single or married/RDP filing separately ..... \$212,288  
 Head of household ..... \$318,437  
 Married/RDP filing jointly or qualifying widow(er) ..... \$424,581

**No.** Transfer the amount on line 28 to line 29.

**Yes.** Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 29  29 .

30 **Enter the larger of the amount on line 29 or your standard deduction listed below**  
 Single or married/RDP filing separately. See instructions. .... \$4,803  
 Married/RDP filing jointly, head of household, or qualifying widow(er) .... \$9,606  30 .

**Part IV California Taxable Income**

1 **California AGI.** Enter your California AGI from Part II, line 27, column E  1 .

2 Enter your deductions from line 30  2 .

3 **Deduction Percentage.** Divide Part II, line 27, column E by Part II, line 27, column D. Carry the decimal to four places. If the result is greater than 1.0000, enter 1.0000. If less than zero, enter -0-  3 .

4 **California Itemized/Standard Deductions.** Multiply line 2 by the percentage on line 3  4 .

5 **California Taxable Income.** Subtract line 4 from line 1. Transfer this amount to Form 540NR, line 35. If less than zero, enter -0-  5 .

# Health Coverage Exemptions and Individual Shared Responsibility Penalty

## 2021

## 3853

Attach to your California Form 540, Form 540NR, or Form 540 2EZ.

Name(s) as shown on your California tax return SAI VAMSI NAGULAPALLI	SSN or ITIN 122-55-0713
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### Part I Applicable Household Members. List all members of your applicable household whether or not they have an exemption or an Exemption Certificate Number (ECN) granted by the Marketplace. See instructions.

#	First Name <input type="radio"/> SAI VAMSI	Initial <input type="radio"/>	SSN <input type="radio"/> 122-55-0713	Date of Birth (mm/dd/yyyy) <input type="radio"/> 06/25/1996	Modified AGI <input type="radio"/> 54,680.
1	Last Name <input type="radio"/> NAGULAPALLI		ECN 1 <input type="radio"/>	ECN 2 <input type="radio"/>	ECN 3 <input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	Last Name <input type="radio"/>		ECN 1 <input type="radio"/>	ECN 2 <input type="radio"/>	ECN 3 <input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	Last Name <input type="radio"/>		ECN 1 <input type="radio"/>	ECN 2 <input type="radio"/>	ECN 3 <input type="radio"/>
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	Last Name <input type="radio"/>		ECN 1 <input type="radio"/>	ECN 2 <input type="radio"/>	ECN 3 <input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	Last Name <input type="radio"/>		ECN 1 <input type="radio"/>	ECN 2 <input type="radio"/>	ECN 3 <input type="radio"/>
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	Last Name <input type="radio"/>		ECN 1 <input type="radio"/>	ECN 2 <input type="radio"/>	ECN 3 <input type="radio"/>
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	Last Name <input type="radio"/>		ECN 1 <input type="radio"/>	ECN 2 <input type="radio"/>	ECN 3 <input type="radio"/>
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	Last Name <input type="radio"/>		ECN 1 <input type="radio"/>	ECN 2 <input type="radio"/>	ECN 3 <input type="radio"/>
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	Last Name <input type="radio"/>		ECN 1 <input type="radio"/>	ECN 2 <input type="radio"/>	ECN 3 <input type="radio"/>
10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10	Last Name <input type="radio"/>		ECN 1 <input type="radio"/>	ECN 2 <input type="radio"/>	ECN 3 <input type="radio"/>
11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11	Last Name <input type="radio"/>		ECN 1 <input type="radio"/>	ECN 2 <input type="radio"/>	ECN 3 <input type="radio"/>
12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12	Last Name <input type="radio"/>		ECN 1 <input type="radio"/>	ECN 2 <input type="radio"/>	ECN 3 <input type="radio"/>

### Part II Coverage Exemption Claimed on Your Tax Return for Your Household

1 If you are claiming a coverage exemption because your applicable household income or gross income is below the filing threshold, check the box here. See instructions.

**Part III Coverage and Exemptions Claimed on Your Tax Return for Individuals.** If you and/or a member of your applicable household are reporting any coverage or are claiming exemptions for the tax year, complete Part III. See instructions.

**Coverage and Exemption Codes**

		(a) Full-year	(b) Jan	(c) Feb	(d) Mar	(e) Apr	(f) May	(g) June	(h) July	(i) Aug	(j) Sept	(k) Oct	(l) Nov	(m) Dec
1	First Name <input checked="" type="radio"/> SAI VAMSI	<input checked="" type="radio"/> E	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
	Initial <input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
	Last Name <input checked="" type="radio"/> NAGULAPALLI		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
			<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
2	First Name <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Initial <input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Last Name <input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	First Name <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Initial <input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Last Name <input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	First Name <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Initial <input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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**Part IV Individual Shared Responsibility Penalty**

1 Your Individual Shared Responsibility Penalty. Enter on Form 540, line 92; Form 540NR, line 91; or Form 540 2EZ, line 27. See instructions ..... ● 1. \_\_\_\_\_ 0.