

Cut on line before mailing

Tax year ending: 12 31 2022  
Taxpayer Name: KARTIKEYA GUPTA  
Taxpayer Name:

**IT-40ES 0812**

REV 04/03/22 PRO

**INDIVIDUAL ESTIMATED INCOME TAX**

**Voucher Number**

**Due Date**

**E**

State Income Tax 1.

169.00

1

04 18 2022

Your County

49

County Tax 2.

105.00

**Your Taxpayer ID Number**

**Spouse's Taxpayer ID Number**

Spouse's County

County Tax 3.

.00

648 06 7469

**Total Estimated Payment**

274.00

**INDIANA DEPARTMENT OF REVENUE  
P.O. BOX 7225  
INDIANAPOLIS, IN 46207-7225**

086480674690000020100000110301231202208

Cut on line before mailing

Tax year ending: 12 31 2022  
Taxpayer Name: KARTIKEYA GUPTA  
Taxpayer Name:

**IT-40ES 0812**

REV 04/03/22 PRO

**INDIVIDUAL ESTIMATED INCOME TAX**

**Voucher Number**

**Due Date**

**E**

State Income Tax 1.

169.00

2

06 15 2022

Your County

49

County Tax 2.

105.00

**Your Taxpayer ID Number**

**Spouse's Taxpayer ID Number**

Spouse's County

County Tax 3.

.00

648 06 7469

**Total Estimated Payment**

274.00

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P.O. BOX 7225  
INDIANAPOLIS, IN 46207-7225**

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Taxpayer Name: KARTIKEYA GUPTA  
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**INDIVIDUAL ESTIMATED INCOME TAX**

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State Income Tax 1.

169.00

3

09 15 2022

Your County

49

County Tax 2.

105.00

**Your Taxpayer ID Number**

**Spouse's Taxpayer ID Number**

Spouse's County

County Tax 3.

.00

648 06 7469

**Total Estimated Payment**

274.00

**INDIANA DEPARTMENT OF REVENUE  
P.O. BOX 7225  
INDIANAPOLIS, IN 46207-7225**

086480674690000020100000310301231202200

Cut on line before mailing

Tax year ending: 12 31 2022  
Taxpayer Name: KARTIKEYA GUPTA  
Taxpayer Name:

**IT-40ES 0812**

REV 04/03/22 PRO

**INDIVIDUAL ESTIMATED INCOME TAX**

Voucher Number	Due Date	<b>E</b>	State Income Tax	1.	<input type="text" value="169.00"/>
4	01 17 2023		Your County	<input type="text" value="49"/> County Tax	2. <input type="text" value="105.00"/>
Your Taxpayer ID Number	Spouse's Taxpayer ID Number		Spouse's County	<input type="text"/> County Tax	3. <input type="text" value=".00"/>
648 06 7469			<b>Total Estimated Payment</b>		<input type="text" value="274.00"/>

INDIANA DEPARTMENT OF REVENUE  
P.O. BOX 7225  
INDIANAPOLIS, IN 46207-7225

086480674690000020100000410301231202207

Cut on line before mailing

REV 04/03/22 PRO

POST FILING COUPON

PFC

0912

1030

"Electronic calculation and processing of state tax liabilities serve as a convenience for Indiana taxpayers. The taxpayer remains responsible for providing accurate information and remains liable for payment of the correct amount of tax."

\*SSN 1 648 06 7469

\*SSN 2

Period End Date 12 31 2021

Date Due 04 18 2022

Tax Type IND

Mail and make check payable to  
INDIANA DEPARTMENT OF REVENUE  
P.O. BOX 1674  
INDIANAPOLIS, IN 46206-1674

KARTIKEYA GUPTA

548 N SENATE AVENUE 305

INDIANAPOLIS IN 46204

Amount Due:

1096.00

06000064806746902000010111231202103



If filing for a fiscal year, enter the dates (see instructions) (MM/DD/YYYY):

from    to:

Place "X" in box   
if amending

Your Social Security Number  648  06  7469

Spouse's Social Security Number

Place "X" in box if applying for ITIN

Place "X" in box if applying for ITIN

Your first name  KARTIKEYA Initial  Last name  GUPTA Suffix

If filing a joint return, spouse's first name  Initial  Last name  Suffix

Present address (number and street or rural route)

548 N SENATE AVENUE 305 Place "X" in box if you are   
married filing separately.

City  INDIANAPOLIS State  IN Zip/Postal code  46204

Foreign country 2-character code (see instructions)

Enter below the **2-digit county code** numbers (found on the back of Schedule CT-40) for the county where you lived and worked on January 1, 2021.

County where you lived  49 County where you worked  49 County where spouse lived  County where spouse worked

**Round all entries**

1. Enter your federal adjusted gross income from your federal income tax return, Form 1040 or Form 1040-SR, line 11	<b>Federal AGI</b>	<input type="text"/> 1 <input type="text"/> 118450 <input type="text"/> .00
2. Enter amount from Schedule 1, line 7, and enclose Schedule 1	<b>Indiana Add-Backs</b>	<input type="text"/> 2 <input type="text"/> .00
3. Add line 1 and line 2		<input type="text"/> 3 <input type="text"/> 118450 <input type="text"/> .00
4. Enter amount from Schedule 2, line 12, and enclose Schedule 2	<b>Indiana Deductions</b>	<input type="text"/> 4 <input type="text"/> .00
5. Subtract line 4 from line 3		<input type="text"/> 5 <input type="text"/> 118450 <input type="text"/> .00
6. You must complete Schedule 3. Enter amount from Schedule 3, line 6, and enclose Schedule 3	<b>Indiana Exemptions</b>	<input type="text"/> 6 <input type="text"/> 1000 <input type="text"/> .00
7. Subtract line 6 from line 5	<b>Indiana Adjusted Gross Income</b>	<input type="text"/> 7 <input type="text"/> 117450 <input type="text"/> .00
8. State adjusted gross income tax: multiply line 7 by 3.23% (.0323) (if answer is less than zero, leave blank)		<input type="text"/> 8 <input type="text"/> 3794 <input type="text"/> .00
9. County tax. Enter county tax due from Schedule CT-40 (if answer is less than zero, leave blank)		<input type="text"/> 9 <input type="text"/> 2372 <input type="text"/> .00
10. Other taxes. Enter amount from Schedule 4, line 4 (enclose sch.)		<input type="text"/> 10 <input type="text"/> .00
11. Add lines 8, 9 and 10. Enter total here and on line 15 on the back	<b>Indiana Taxes</b>	<input type="text"/> 11 <input type="text"/> 6166 <input type="text"/> .00



12. Enter credits from Schedule 5, line 10 (enclose schedule) _____	12	4604	00
13. Enter offset credits from Schedule 6, line 8 (enclose schedule) _____	13	466	00
14. Add lines 12 and 13 _____ <b>Indiana Credits</b>	14	5070	00
15. Enter amount from line 11 _____ <b>Indiana Taxes</b>	15	6166	00
16. If line 14 is equal to or more than line 15, subtract line 15 from line 14 (if smaller, skip to line 23)	16		00
17. Enter donations from Schedule IN-DONATE (enclose schedule); cannot be greater than line 16	17		00
18. Subtract line 17 from line 16 _____ <b>Overpayment</b>	18		00
19. Amount from line 18 to be applied to your 2022 estimated tax account (see instructions).			
Enter your county code <input style="width: 40px;" type="text"/> county tax to be applied _ \$	a		00
Spouse's county code <input style="width: 40px;" type="text"/> county tax to be applied _ \$	b		00
Indiana adjusted gross income tax to be applied _____ \$	c		00
Total to be applied to your estimated tax account (a + b + c; cannot be more than line 18) _____	19d		00
20. Penalty for underpayment of estimated tax from Schedule IT-2210 or IT-2210A _____	20		00
<b>21. Refund:</b> Line 18 minus lines 19d and 20. Note: If less than zero, see line 23 _____ <b>Your Refund</b>	21		00
<b>22. Direct Deposit</b> (see instructions)			
a. Routing Number <input style="width: 100px;" type="text"/>			
b. Account Number <input style="width: 200px;" type="text"/>			
c. Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Hoosier Works MC			
d. Place an "X" in the box if refund will go to an account outside the United States <input type="checkbox"/>			
23. If line 15 is more than line 14, subtract line 14 from line 15. Add to this any amount on line 20 (see instructions) _____	23	1096	00
24. Penalty if filed after due date (see instructions) _____	24		00
25. Interest if filed after due date (see instructions) _____	25		00
<b>26. Amount Due:</b> Add lines 23, 24 and 25 _____ <b>Amount You Owe</b>	26	1096	00

Do not send cash. Please make your check or money order payable to:  
Indiana Department of Revenue. Credit card payers must see instructions.

**Sign and date this return after reading the Authorization statement on Schedule 7. You must enclose Schedule 7.**

Your Signature	Date	Spouse's Signature	Date
----------------	------	--------------------	------

- If enclosing payment mail to: Indiana Department of Revenue, P.O. Box 7224, Indianapolis, IN 46207-7224.
- Mail all other returns to: Indiana Department of Revenue, P.O. Box 40, Indianapolis, IN 46206-0040.





Name(s) shown on Form IT-40

Your Social Security Number

KARTIKEYA GUPTA

648 06 7469

**Round all entries**

1. Indiana state tax withheld: enclose W-2s, 1099s showing state tax withholding amounts _____	1	3297	.00
2. Indiana county tax withheld: enclose W-2s, 1099s showing county tax withholding amounts _____	2	1307	.00
3. Estimated tax paid for 2021: include any extension payment made with Form IT-9 _____	3		.00
4. Unified tax credit for the elderly _____	4		.00
5. Earned income credit: enclose Schedule IN-EIC and enter amount from line <b>A-3</b> _____	5		.00
6. Lake County residential income tax credit _____	6		.00
7. Economic development for a growing economy credit. Enter amount from Schedule IN-EDGE, line 19 (enclose schedule) _____	7		.00
8. Economic development for a growing economy retention credit. Enter amount from Schedule IN-EDGE-R, line 19 (enclose schedule) _____	8		.00
9. Headquarters relocation credit (refundable portion - see instructions) _____	9		.00
10. Add lines 1 through 9. Enter total here and on Form IT-40, line 12 _____ <b>Total Credits</b>	10	4604	.00

**Schedule IN-DONATE**

Important. The amount on line 2 cannot exceed the amount on Form IT-40/IT-40PNR, line 16.

1. Donations: List fund name, 3-digit code and amount to be donated (see instructions)

a. Enter fund name		code no.		1a		.00
b. Enter fund name		code no.		1b		.00
c. Enter fund name		code no.		1c		.00
2. Add lines 1a through 1c. Enter total here and on Form IT-40/IT-40PNR, line 17 <b>Total Donations</b>	2					.00



Name(s) shown on Form IT-40

Your Social Security Number

KARTIKEYA GUPTA

648 06 7469

**Round all entries**

1. Credit for local taxes paid outside Indiana \_\_\_\_\_ 1  .00

2. Community revitalization enhancement district credit \_\_\_\_\_ 2  .00

**3. Other Local Credits:** See instructions (enclose additional sheets if necessary)

a. Enter credit name  code no.  3a  .00

b. Enter credit name  code no.  3b  .00

**Important:** Lines 1 through 3 cannot be greater than the county tax due on Form IT-40, line 9 (see *Combined Limitation* instructions)

4. College credit: attach Schedule CC-40 \_\_\_\_\_ 4  .00

5. Credit for taxes paid to other states: enclose other state's return \_\_\_\_\_ 5  466 .00

**6. Other Credits:** See instructions (enclose additional sheets if necessary)

a. Enter credit name  code no.  6a  .00

b. Enter credit name  code no.  6b  .00

c. Enter credit name  code no.  6c  .00

d. Enter credit name  code no.  6d  .00

7. Enter the total credits from Schedule IN-OCC, line 16, and enclose that schedule \_\_\_\_\_ 7  .00

**Important:** Lines 4 through 7 added together cannot be greater than the state adjusted gross income tax due on Form IT-40, line 8 (see *Combined Limitation* instructions)

8. Add lines 1 through 7. Enter total here and on line 13 of Form IT-40 \_\_\_\_\_ **Total Offset Credits** 8  466 .00



Name(s) shown on Form IT-40

Your Social Security Number

KARTIKEYA GUPTA

648 06 7469

1. Federal filing information

Are you filing a federal income tax return for 2021? Place "X" in appropriate box. Yes  No

2. Out-of-state income

Complete if you and/or your spouse (if filing a joint return) received any salary, wage, tip and/or commission income from Illinois, Kentucky, Michigan, Ohio, Pennsylvania or Wisconsin. Enter two-digit code number from the back of Schedule CT-40 for state where you and/or your spouse worked.

State where you worked

Your income

State where spouse worked

Spouse's income

\$  .00

\$  .00

3. Extension of time to file

- a. Place "X" in box if you have filed a federal extension of time to file, Form 4868, or made an online extension payment.
- b. Place "X" in box if you have filed an Indiana extension of time to file, Form IT-9, or made an Indiana extension payment online.

4. Farm / Fishing income

Place "X" in box if at least two-thirds of your gross income was made from farming or fishing.   
Important: If you placed an "X" in the box, you MUST attach Schedule IT-2210.

5. Schedule IN-40PA filers. If you are eligible to file federal Form 8857, Request for Innocent Spouse Relief, and are completing Indiana Schedule IN-40PA, enclose Schedule IN-40PA and check the box.

6. Date of death

If any individual listed at the top of the IT-40 died during 2021, enter date of death (MM/DD).

Taxpayer's date of death   2021 Spouse's date of death   2021

Authorization Sign Form IT-40 after reading the following statement.

Under penalty of perjury, I have examined this return and all attachments and to the best of my knowledge and belief, it is true, complete and correct. I understand that if this is a joint return, any refund will be made payable to us jointly and each of us is liable for all taxes due under this return. Also, my request for direct deposit of my refund includes my authorization to the Indiana Department of Revenue to furnish my financial institution with my routing number, account number, account type and Social Security number to ensure my refund is properly deposited. I give permission to the Department to contact the Social Security Administration to confirm that the Social Security number(s) used on this return is correct.

7. Your daytime

telephone number

Your

email address

KARTIKEYAGUPTA077@GMAI

I authorize the Department to discuss my return with my personal representative.

Yes  No  If yes, complete the information below.

Personal Representative's Name (please print)

Telephone number

Address

City

State

Zip Code

Paid Preparer: Firm's Name (or yours if self-employed)

GLOBAL TAXES LLC

IN-OPT on file with paid preparer if not filing electronically

PTIN

P02082703

Address

2530 PEBBLE CREEK LN

City

CUMMING

State

GA

Zip Code

30041

Preparer's

signature SYAM PRIYA RAM SAGAR GUPTA



Name(s) shown on Form IT-40

Your Social Security Number

KARTIKEYA GUPTA

648 06 7469

**1. Enter the amount from IT-40, line 7.** Note: If both you and your spouse lived in the same county on January 1, enter the entire amount from Form IT-40, line 7 on line 1A (do not complete Column B). See instructions \_\_\_\_\_

Column A - Yourself		Column B - Spouse's	
1A	117450.00	1B	.00

**2.** Enter the county tax rate from the chart on the back of this schedule for the county where you lived on Jan. 1, 2021 \_\_\_\_\_

2A	.0202000	2B	.00
----	----------	----	-----

**3.** Multiply line 1 by the rate on line 2 (leave blank if less than zero) \_\_\_\_\_

3A	2372.00	3B	.00
----	---------	----	-----

**4.** Add lines 3A and 3B. Enter the total here. **Note: Perry County residents: If you live in Perry County and worked in the Kentucky counties of Breckinridge, Hancock or Meade, you must complete lines 5 and 6.** Otherwise, enter the total here and on line 7 below (see instructions) \_\_\_\_\_

4	2372.00
---	---------

**5.** Enter the amount of income that was taxed by certain Kentucky localities (see instructions) \_\_\_\_\_

5	.00
---	-----

**6.** Multiply line 5 by .0181 and enter total here \_\_\_\_\_

6	.00
---	-----

**7.** Enter total of line 4 minus line 6. Enter this amount on line 9 of Form IT-40 \_\_\_\_\_

7	2372.00
---	---------



Enclose with Form IT-40 or Form IT-40PNR

Name(s) shown on Form IT-40/IT-40PNR  
KARTIKEYA GUPTA

Your Social Security Number 648 06 7469

**Section A - Farmers and Fishermen Only - See Instructions**

**Section B:  
Early Filers**

Check box if you filed your 2021 tax return and paid the total tax due by Feb. 1, 2022

	Annual Gross Income from All Sources		Two-Thirds of Gross Income		Gross Income from Farming and Fishing
2020	00	X 66.7% =	00		00
2021	00	X 66.7% =	00		00

**Section C - Required Annual Payment**

Round all entries

- 2021 tax \_\_\_\_\_
- 2021 credits (not including withholding credits or estimated tax payments) \_\_\_\_\_
- Subtract line 2 from line 1 \_\_\_\_\_
- Multiply line 3 by 90% (.90) (farmers/fishermen multiply by .667, see instructions) \_\_\_\_\_
- 2021 withholding tax credit \_\_\_\_\_
- Subtract line 5 from line 3 - **If less than \$1,000, STOP HERE! You do not owe a penalty** \_\_\_\_\_
- Prior year's tax (see instructions) \_\_\_\_\_
- Minimum required annual payment - Enter the lesser of line 4 or line 7 - **If less than or equal to the amount on line 5, STOP HERE! You do not owe a penalty** \_\_\_\_\_

1	6166	00
2	466	00
3	5700	00
4	5130	00
5	4604	00
6	1096	00
7	0	00
8	0	00

**Section D - Short Method - Read the instructions to determine if you can use the short method**

- Enter the withholding tax credit amount from line 5 above \_\_\_\_\_
- Enter the total amount, if any, of estimated tax payments you made for tax year 2021 \_\_\_\_\_
- Add lines 9 and 10 \_\_\_\_\_
- Total Underpayment. Subtract line 11 from line 8. If zero or less, **STOP HERE!** You do not owe a penalty. Attach this schedule to your tax return \_\_\_\_\_
- Multiply line 12 by 10% (.10). Enter this amount on line 20 on Form IT-40 or Form IT-40PNR \_\_\_\_\_

9		00
10		00
11		00
12		00
13		00

**Section E - Regular Method**

**Installment Period Due Dates**

**A** 1st Installment April 15, 2021  
**B** 2nd Installment June 15, 2021  
**C** 3rd Installment September 15, 2021  
**D** 4th Installment January 18, 2022

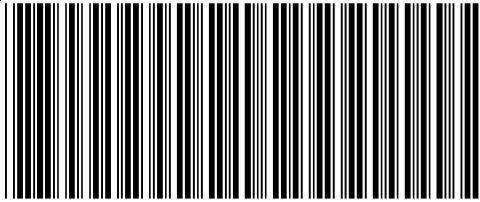
	A	B	C	D
14. Minimum required installment payment: divide amount on line 8 by 4 _____	14	00	00	00
15. 2021 withholding-Divide line 5 by 4 _____	15	00	00	00

**STOP! Complete lines 16 through 19 for each column before going to the next one.**

16. 2021 estimated taxes paid per period _____	16	00	00	00	16	00
17. Total installment payments (add lines 15 and 16) _____	17	00	00	00	17	00
18. Installment period overpayment _____	18	00	00	00	18	00
19. Installment period underpayment _____	19	00	00	00	19	00
20. Total underpayment - Add line 19, Columns A + B + C + D and enter total here _____	20				20	00
21. Underpayment penalty - Multiply line 20 by 10%. Enter this amount on line 20 on Form IT-40 or IT-40PNR _____	21				21	00







# 2021 Form 1-NR/PY

MA21006011555

## Massachusetts Nonresident/Part-Year Resident Income Tax Return

For the year January 1–December 31, 2021 or other taxable

Year beginning Ending

KARTIKEYA GUPTA 648067469

548 N SENATE AVENUE INDIANAPOLIS IN 46204  
305

Fill in if: Amended return Other jurisdiction change Federal amendment Amended return due to IRS BBA Partnership Audit

### State Election Campaign Fund:

Fill in if veteran of Operations Enduring Freedom, Iraqi Freedom, Noble Eagle or Sinai Peninsula	\$1 You	\$1 Spouse	TOTAL
Fill in if name change	You	Spouse	
Taxpayer deceased	You	Spouse	
Fill in if under age 18	You	Spouse	

Check one:  Nonresident Filing as both nonresident and part-year resident  
 Part-year resident Nonresident composite

a. Total federal income 118450  
b. Federal adjusted gross income 118450

Fill in if noncustodial parent

Fill in if filing Schedule FCI

Fill in if reporting crypto currency

Fill in if filing Schedule TDS

1. Filing status (select one only):  Single  
 Married filing jointly  
 Married filing separate return  
 Head of household

You are a custodial parent who has released claim to exemption for child(ren)

2. Part-year residents. Enter dates as Massachusetts resident: From To

3. Total days as Massachusetts resident ÷ 365 = 3

**SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.**

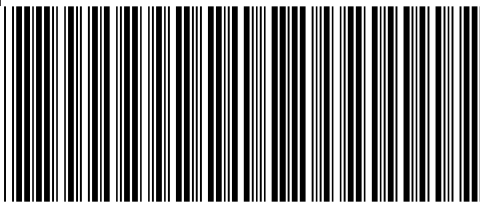
Your signature Date Spouse's signature Date

765-775-9430

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST







### 2021 Form 1-NR/PY, pg. 3

MA21006031555

Massachusetts Nonresident/  
Part-Year Resident Income Tax Return

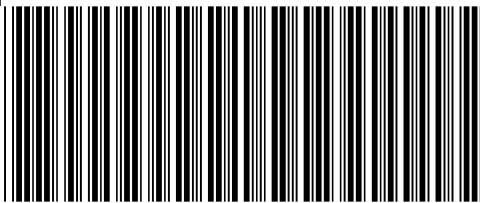
KARTIKEYA

GUPTA

648067469

<b>14. NONRESIDENT DEDUCTION AND EXEMPTION RATIO</b>		
a. Total 5.0% income	14a	7740
b. Interest income	14b	
c. Total capital gain income	14c	7249
d. Total income this return	14d	14989
e. Non-Massachusetts source income. <b>Not less than "0"</b>	14e	103484
f. Total income	14f	118473
g. Deduction and exemption ratio	14g	0.1265
<b>15a.</b> Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass. Retirement	15a	
<b>15b.</b> Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement	15b	
<b>16.</b> Reserved for future use	16	
<b>17.</b> Reserved for future use	17	
<b>18.</b> Rental deduction. a.	÷ 2 =18	
Nonresidents, fill in if during 2021 you did not have a family home or any dwelling outside Massachusetts to which you generally or customarily returned or intend to return in the future		
<b>19.</b> Other deductions from Schedule Y, line 19	19	
<b>20. Total deductions.</b> Add lines 15 through 19	20	
<b>21. 5.0% INCOME AFTER DEDUCTIONS.</b> Subtract line 20 from line 12. <b>Not less than "0"</b>	21	7740
<b>22.</b> Exemption amount. a. 4400	22	557
<b>23. 5.0% INCOME AFTER EXEMPTIONS.</b> Subtract line 22 from line 21. <b>Not less than "0"</b>	23	7183
<b>24. INTEREST AND DIVIDEND INCOME</b>	24	
<b>25. TOTAL TAXABLE 5.0% INCOME.</b> Add lines 23 and 24	25	7183
<b>26. TAX ON 5.0% INCOME. Note:</b> If choosing the optional 5.85% tax rate, fill in and multiply line 25 and the amount in Schedule D, line 21 by .0585	26	359

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1



**2021 Form 1-NR/PY, pg. 4**

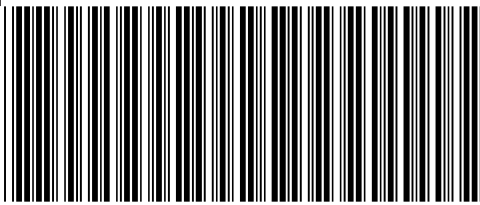
MA21006041555

Massachusetts Nonresident/  
Part-Year Resident Income Tax Return  
648067469

27.	<b>12% INCOME.</b> Not less than "0." a.	6677	x .12 =27	801
28.	<b>TAX ON LONG-TERM CAPITAL GAINS.</b> Not less than "0." Fill in if filing Schedule D-IS Fill in if any excess exemptions were used in calculating lines 24, 27 or 28		28	28
29.	Credit recapture amount (from Credit Recapture Schedule)		29	
30.	Additional tax on installment sale		30	
31.	If you qualify for No Tax Status, fill in and enter "0" on line 32			
32.	<b>TOTAL INCOME TAX.</b> Add lines 26 through 30.		32	1188
33.	Limited Income Credit		33	
34.	Income tax due to another state or jurisdiction		34	
35.	Other credits (from Credit Manager Schedule)		35	
36.	<b>INCOME TAX AFTER CREDITS.</b> Subtract the total of lines 33 through 35 from line 32. Not less than "0"		36	1188
37.	<b>Voluntary Contributions</b>			
	a. Endangered Wildlife Conservation		37a	
	b. Organ Transplant Fund		37b	
	c. Massachusetts Public Health HIV and Hepatitis Fund		37c	
	d. Massachusetts U.S. Olympic Fund		37d	
	e. Massachusetts Military Family Relief Fund		37e	
	f. Homeless Animal Prevention and Care		37f	
	Total. Add lines 37a through 37f		37	
38.	Use tax due on Internet, mail order and other out-of-state purchases		38	
39.	Health care penalty a. You + b. Spouse		39	
40.	<b>Amended return only.</b> Overpayment from original return		40	
41.	<b>INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX.</b> Add lines 36 through 40		41	1188

**BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1**





## 2021 Schedule B

MA21010011555

KARTIKEYA

GUPTA

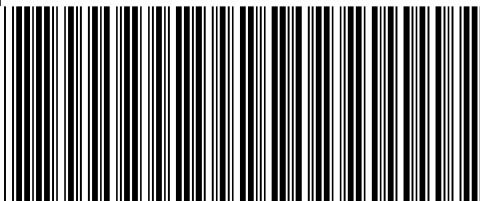
648067469

### Part 1. Interest and Dividend Income

1. Total interest income	1	3
2. Total ordinary dividends	2	280
3. Other interest and dividends not included above	3	
4. Total interest and dividends	4	283
5. Total interest from Massachusetts banks	5	
6a. Other interest and dividends to be excluded	6a	
6b. Part-year/Nonresidents only	6b	283
7. Subtotal	7	
8. Allowable deductions from your trade or business	8	
9. Subtotal	9	

### Part 2. Short-Term Capital Gains/Losses and Long-Term Gains on Collectibles

10. Massachusetts short-term capital gains	10	6681
11. Massachusetts long-term capital gains on collectibles and pre-1996 installment sales	11	
12. Massachusetts gain on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less	12	
13a. Add lines 10 through 12	13a	6681
13b. Part-year/Nonresidents only	13b	
13c. Subtract line 13b from line 13a. Not less than 0	13c	6681
14. Allowable deductions from your trade or business	14	
15. Subtotal	15	6681
16. Massachusetts short-term capital losses	16	-4
17. Massachusetts loss on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less	17	
18. Prior short-term unused losses for years beginning after 1981	18	



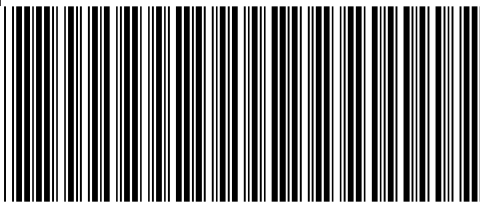
## 2021 Schedule B, pg. 2

648067469 MA21010021555

19a.	Combine lines 15 through 18	19a	6677
19b.	Part-year/Nonresidents only	19b	
19c.	Exclude line 19b losses from line 19a	19c	6677
20.	Short-term losses applied against interest and dividends	20	
21.	Available short-term losses	21	
22.	Short-term losses applied against long-term gains	22	
23.	Short-term losses available for carryover in 2022	23	
24.	Short-term gains and long-term gains on collectibles	24	6677
25.	Long-term losses applied against short-term gain	25	
26.	Subtotal	26	6677
27.	Long-term gains deduction	27	
28.	Short-term gains after long-term gains deduction	28	6677

### Part 3. Adjusted Gross Interest, Dividends, Short-Term Capital Gains and Long-Term Gains on Collectibles

29.	Enter the amount from line 9	29	
30.	Short-term losses applied against interest and dividends	30	
31.	Subtotal interest and dividends	31	
32.	Long-term losses applied against interest and dividends	32	
33.	Adjusted interest and dividends	33	
34.	Enter the amount from line 28	34	6677
35.	Adjusted gross interest, dividends and certain capital gains	35	6677
36.	Excess exemptions	36	
37.	Subtract line 36 from line 35	37	6677
38.	Interest and dividends taxable at 5.0%	38	
39.	Taxable 12% capital gains	39	6677
40.	Available short-term losses for carryover in 2022	40	



## 2021 Schedule D

MA21012011555

Long-Term Capital Gains and Losses

Excluding Collectibles

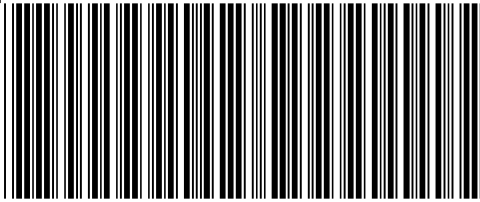
KARTIKEYA

GUPTA

648067469

### Part 1. Long-Term Capital Gains and Losses, Excluding Collectibles

1. Enter amounts from U.S. Schedule D, lines 8a and 8b, col. h	1	566
2. Enter amounts from U.S. Schedule D, line 9, col. h	2	
3. Enter amounts from U.S. Schedule D, line 10, col. h	3	
4. Enter amounts from U.S. Schedule D, line 11, col. h	4	
5. Enter amounts from U.S. Schedule D, line 12, col. h	5	
6. Enter amounts from U.S. Schedule D, line 13, col. h.	6	2
7. Massachusetts long-term capital gains and losses included in U.S. Form 4797, Part II	7	
8. Carryover losses from prior years	8	
9. Combine lines 1 through 8	9	568
10a. Massachusetts adjustments	10a	
10b. Part-year/Nonresidents only	10b	
10c. Combine lines 10a and 10b	10c	
11. Massachusetts capital gains and losses	11	568
12. Long-term gains on collectibles and pre-1996 installment sales	12	
13. Subtotal	13	568
14. Capital losses applied against capital gains	14	
15. Subtotal	15	568
16. Long-term capital losses applied against interest and dividends	16	
17. Subtotal	17	568
18. Allowable deductions from your trade or business	18	
19. Subtotal	19	568
20. Excess exemptions	20	
21. Taxable long-term capital gains	21	568
22. Tax on long-term capital gains	22	28
23. Massachusetts available losses for carryover	23	



**2021 Schedule INC**

MA21INC011555

KARTIKEYA

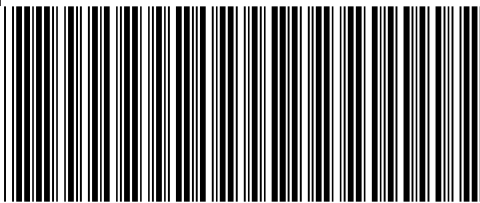
GUPTA

648067469

**Form W-2 and 1099 Information**

A. FEDERAL ID NUMBER	B. STATE TAX WITHHELD	C. STATE WAGES/INCOME	D. TAXPAYER SS WITHHELD	E. SPOUSE SS WITHHELD	F. SOURCE OF WITHHOLDING
262188108	730	14590			W2

TOTALS	730	14590			
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## 2021 Schedule NTS-L-NRPY

MA21021011555

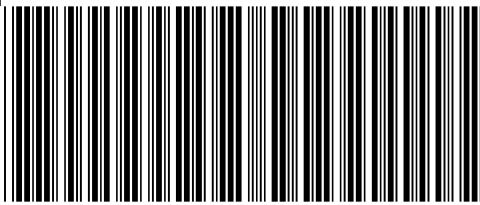
No Tax Status and Limited Income Credit

648067469

### Schedule NTS-L-NRPY. No Tax Status and Limited Income Credit

1. Total 5.0% income	1	7740
2. Adjustments to income	2	
3. Adjusted 5.0% income. Subtract line 2 from line 1. Do not enter if less than "0"	3	7740
4. Interest exemption used	4	
5. Adjusted gross interest, dividends and certain capital gains	5	6677
6. Long-term capital gain	6	568
7. Additional income/loss while a nonresident/part-year resident	7	103484
8. Total income. Combine lines 3 through 7	8	118469
9. Additional adjustments to income while a nonresident/part-year resident	9	
10. Massachusetts Adjusted Gross Income (AGI)	10	118469
If you are single and the total in line 10 is \$8,000 or less, you qualify for No Tax Status		
11. If married and filing a joint return, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,000 and add \$16,400 to that amount. If head of household, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,000 and add \$14,400 to that amount	11	
12. If you do not qualify for No Tax Status and you are married and filing a joint return, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,750 and add \$28,700 to that amount. If head of household, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,750 and add \$25,200 to that amount	12	
13. No Tax Status threshold	13	
14. Income for Limited Income Credit	14	
15. Tax before adjustments	15	
16. Tax for Limited Income Credit	16	
17. Limited Income Credit	17	





## 2021 Schedule E

MA21013041555

KARTIKEYA

GUPTA

648067469

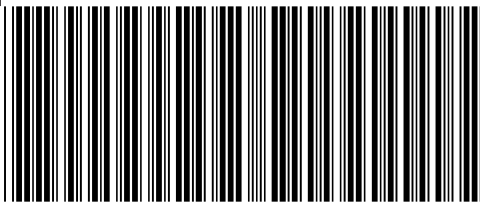
### Income or Loss from Real Estate and Royalties

#### Income

1. Rents received	1	550
2. Royalties received	2	

#### Expenses

3. Advertising	3	
4. Auto and travel	4	
5. Cleaning and maintenance	5	800
6. Commissions	6	
7. Insurance	7	
8. Legal and other professional fees	8	
9. Management fees	9	1200
10. Mortgage interest paid to banks, etc.	10	
11. Other interest	11	
12. Repairs	12	1500
13. Supplies	13	1800
14. Taxes	14	
15. Utilities	15	2100
16. Other expenses	16	
17. Add lines 3 through 16	17	7400
18. Depreciation expense or depletion	18	
19. Total expenses. Add lines 17 and 18	19	7400
20. Income or loss from rental real estate or royalty properties	20	-6850
21. Deductible rental real estate loss	21	-6850
22. Income. Enter positive amounts shown on line 20	22	
23. Losses. Add royalty losses from line 20 and real estate losses from line 21	23	-6850
24. Rental real estate and royalty income or loss	24	-6850



## 2021 Schedule E, pg. 2

MA21013051555

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### Income or Loss from Partnerships and S Corporations

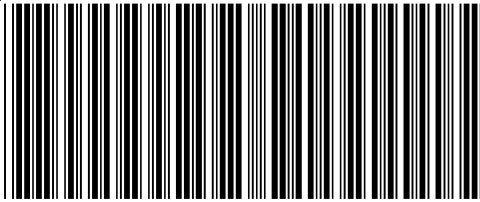
25. Passive loss allowed	25
26. Passive income	26
27. Non-passive loss	27
28. Section 179 expense deduction	28
29. Non-passive income	29
30. Combine lines 26 and 29	30
31. Combine lines 25, 27 and 28	31
32. Partnership and S corporation income or loss. Combine lines 30 and 31	32
33. Interest (other than MA banks) and dividends if included in line 32	33
34. Interest from Massachusetts banks if included in line 32	34
35. Total income or loss from partnerships and S corporations	35
36. Check if you are reporting any loss not allowed in a prior year due to the at-risk, or basis limitations; a prior year disallowed loss from a passive activity (was not reported on U.S. Form 8582) or un-reimbursed partnership expenses	

### Income or Loss from Estates and Trusts

37. Passive deduction or loss allowed	37
38. Passive income	38
39. Non-passive deduction or loss	39
40. Non-passive other income	40
41. Add lines 38 and 40	41
42. Add lines 37 and 39	42
43. Estate and trust income or loss. Combine lines 41 and 42	43
44. Estate or non-grantor-type trust income	44
45. Grantor-type trust and non-Massachusetts estate and trust income	45
46. Interest and dividends if included in line 45	46
47. Adjustments to 5.0% income	47
48. Subtotal. Combine lines 46 and 47	48
49. Income or loss from grantor type and non-Mass estates and trusts	49

### Income or Loss from REMICs

50. Excess inclusion	50
51. Taxable income or loss	51
52. Income	52
53. Combine lines 51 and 52	53



**2021 Schedule E, pg. 3**

MA21013061555

648067469

**Farm Income**

54. Net farm rental income or loss

54

**Summary**

55. Income or loss. Combine lines 24, 35, 49, 53 and 54

55

-6850

56. Massachusetts differences Enclose statements

56

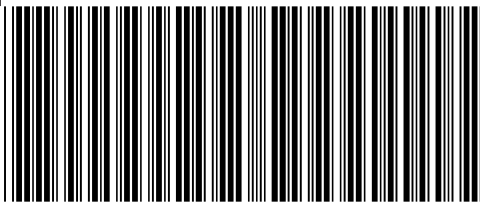
57. Abandoned building renovation deduction

57

58. Total income or loss. Combine lines 55 through 57

58

-6850



# 2021 Schedule E-1

MA21013011555

KARTIKEYA GUPTA 648067469  
B-16 RAVIPOOJAN BUNGLOEWS,  
B-16 RAVIPOOJAN BUNGLOEW BHARUCH

Check one:  Real estate  Royalty  Rental property used for short-term rentals

## Income or Loss from Real Estate and Royalties

### Income

1. Rents received	1	550
2. Royalties received	2	

### Expenses

3. Advertising	3	
4. Auto and travel	4	
5. Cleaning and maintenance	5	800
6. Commissions	6	
7. Insurance	7	
8. Legal and other professional fees	8	
9. Management fees	9	1200
10. Mortgage interest paid to banks, etc	10	
11. Other interest	11	
12. Repairs	12	1500
13. Supplies	13	1800
14. Taxes	14	
15. Utilities	15	2100
16. Other expenses	16	
17. Add lines 3 through 16	17	7400
18. Depreciation expense or depletion	18	
19. Total expenses. Add lines 17 and 18	19	7400
20. Income or loss from rental real estate or royalty properties	20	-6850
21. Deductible rental real estate loss	21	-6850
22. Income. Enter positive amounts shown on line 20	22	
23. Losses. Enter royalty losses from line 20 or rental real estate loss from line 21	23	-6850
24. Rental real estate and royalty income or loss	24	-6850
25. Check if this rental property was used by you or your family for more than 14 days or more than 10 percent of the total number of days that the property was rented at fair market value		

**Other Interest and Dividends  
 Excluded Statement**

**2021**

▶ Attach to your return

**Statement** EXCL

Name as Shown on Return KARTIKEYA GUPTA		Social Security No. 648-06-7469
<b>1</b>	Any interest on U.S. debt obligations (including its territories or dependencies) . . . . .	<b>1</b>
<b>2</b>	Any interest and dividends taxed directly to Massachusetts estates and trusts . . . . .	<b>2</b>
<b>3</b>	Any distribution which is a return of capital included in total gross dividends, Schedule B, line 2 . . . . .	<b>3</b>
<b>4</b>	Any exempt portion of interest or dividends from a mutual fund included in Schedule B, lines 1, 2 or 3 . . . . .	<b>4</b>
<b>5</b>	Any interest or dividends from obligations of the Commonwealth of Massachusetts or its political subdivisions . . . . .	<b>5</b>
<b>6</b>	Any dividends from current earnings of a corporate trust taxed directly on Massachusetts Form 3F. . . . .	<b>6</b>
<b>7</b>	Any interest on pre-retirement distributions from state and municipal contributory pension plans . . . . .	<b>7</b>
<b>8</b>	Other: _____ _____ _____	<b>8</b>
<b>9</b>	<b>Total to Schedule B, line 6a</b> . . . . .	<b>9</b>

<b>Massachusetts Nonresident and Part-year Resident Excludable Interest and Dividends</b>	
Note: Only use this worksheet if you are not filing as a full year Massachusetts resident.	
<b>A</b>	Total ordinary interest & dividends from Schedule B lines 1, 2, and 3 . . . . . <u>283</u>
<b>B</b>	Enter interest and dividends included on line A which you received while living in Massachusetts from all sources, or were directly connected with business activity in Massachusetts . . . . . <u>0</u>
<b>C</b>	Massachusetts excludable interest and dividends (A minus B). Also enter amount on Schedule B, line 6b. . . . . <u>283</u>

BE SURE TO DETACH WHERE INDICATED.  
FAILURE TO DO SO WILL RESULT IN DELAYS  
PROCESSING YOUR PAYMENT.

▼ DETACH HERE ▼

2022 Form 1-ES

REV 03/22/22 PRO

Estimated Tax Payment Voucher

Social Security number	Tax filing period	Due date	Tax type	Voucher type	ID type	Vendor code
648067469	12/31/2022	04/19/2022	053	17	005	1555
Last name (print)	First name and initial (and spouse's, if joint return)		1. Amount due with this installment (from line 12 of worksheet) . . . . .			115.00
KARTIKEYA GUPTA			Form you plan to file:			
Street address	548 N SENATE AVENUE Apt No 305		<input type="checkbox"/> Form 1, Full-Year Resident			<input checked="" type="checkbox"/> Form 1-NR/PY, Nonresident/Part-Year Resident
City/Town	State	Zip	Return this voucher with check or money order payable to: Commonwealth of Massachusetts.			
Indianapolis	IN	46204	Mail to: <b>Massachusetts Department of Revenue, PO Box 419540, Boston, MA 02241-9540</b>			
E-mail address	Phone number		<b>Important: Make your estimated tax payment online. It's fast, easy and secure.</b>			
KARTIKEYAGUPTA077@GMAIL.CO			<b>Go to <a href="https://mass.gov/masstaxconnect">mass.gov/masstaxconnect</a> for more information.</b>			



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BE SURE TO DETACH WHERE INDICATED.  
FAILURE TO DO SO WILL RESULT IN DELAYS  
PROCESSING YOUR PAYMENT.

▼ DETACH HERE ▼

2022 Form 1-ES

REV 03/22/22 PRO

Estimated Tax Payment Voucher

Social Security number	Tax filing period	Due date	Tax type	Voucher type	ID type	Vendor code
648067469	12/31/2022	06/15/2022	053	17	005	1555
Last name (print)	First name and initial (and spouse's, if joint return)		1. Amount due with this installment (from line 12 of worksheet) . . . . .			115.00
KARTIKEYA GUPTA			Form you plan to file:			
Street address	548 N SENATE AVENUE Apt No 305		<input type="checkbox"/> Form 1, Full-Year Resident			<input checked="" type="checkbox"/> Form 1-NR/PY, Nonresident/Part-Year Resident
City/Town	State	Zip	Return this voucher with check or money order payable to: Commonwealth of Massachusetts.			
Indianapolis	IN	46204	Mail to: <b>Massachusetts Department of Revenue, PO Box 419540, Boston, MA 02241-9540</b>			
E-mail address	Phone number		<b>Important: Make your estimated tax payment online. It's fast, easy and secure.</b>			
KARTIKEYAGUPTA077@GMAIL.CO			<b>Go to <a href="https://mass.gov/masstaxconnect">mass.gov/masstaxconnect</a> for more information.</b>			



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PROCESSING YOUR PAYMENT.

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2022 Form 1-ES

REV 03/22/22 PRO

Estimated Tax Payment Voucher

Social Security number	Tax filing period	Due date	Tax type	Voucher type	ID type	Vendor code
648067469	12/31/2022	09/15/2022	053	17	005	1555
Last name (print)	First name and initial (and spouse's, if joint return)		1. Amount due with this installment (from line 12 of worksheet) . . . . .			115.00
KARTIKEYA GUPTA			Form you plan to file:			
Street address	548 N SENATE AVENUE Apt No 305		<input type="checkbox"/> Form 1, Full-Year Resident			<input checked="" type="checkbox"/> Form 1-NR/PY, Nonresident/Part-Year Resident
City/Town	State	Zip	Return this voucher with check or money order payable to: Commonwealth of Massachusetts.			
Indianapolis	IN	46204	Mail to: <b>Massachusetts Department of Revenue, PO Box 419540, Boston, MA 02241-9540</b>			
E-mail address	Phone number		<b>Important: Make your estimated tax payment online. It's fast, easy and secure.</b>			
KARTIKEYAGUPTA077@GMAIL.CO			<b>Go to <a href="https://mass.gov/masstaxconnect">mass.gov/masstaxconnect</a> for more information.</b>			



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BE SURE TO DETACH WHERE INDICATED.  
FAILURE TO DO SO WILL RESULT IN DELAYS  
PROCESSING YOUR PAYMENT.

▼ DETACH HERE ▼

2022 Form 1-ES

REV 03/22/22 PRO

Estimated Tax Payment Voucher

Social Security number	Tax filing period	Due date	Tax type	Voucher type	ID type	Vendor code
648067469	12/31/2022	01/17/2023	053	17	005	1555
Last name (print)	First name and initial (and spouse's, if joint return)		1. Amount due with this installment (from line 12 of worksheet) . . . . .			115.00
KARTIKEYA GUPTA			Form you plan to file:			
Street address	548 N SENATE AVENUE Apt No 305		<input type="checkbox"/> Form 1, Full-Year Resident			<input checked="" type="checkbox"/> Form 1-NR/PY, Nonresident/Part-Year Resident
City/Town	State	Zip	Return this voucher with check or money order payable to: Commonwealth of Massachusetts.			
Indianapolis	IN	46204	Mail to: <b>Massachusetts Department of Revenue, PO Box 419540, Boston, MA 02241-9540</b>			
E-mail address	Phone number		<b>Important: Make your estimated tax payment online. It's fast, easy and secure.</b>			
KARTIKEYAGUPTA077@GMAIL.CO			<b>Go to <a href="https://mass.gov/masstaxconnect">mass.gov/masstaxconnect</a> for more information.</b>			



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# Form M-8453 Individual Income Tax Declaration for Electronic Filing

2021

**Massachusetts  
Department of  
Revenue**

**Please print or type. Privacy Act Notice available upon request. For the year January 1–December 31, 2021.**

Your first name and initial KARTIKEYA GUPTA	Last name KARTIKEYA GUPTA	Your Social Security number 648067469
If a joint return, spouse's first name and initial	Last name	Spouse's Social Security number

Present street address (and apartment number) 548 N SENATE AVENUE APT NO 305			
City/Town/Post Office INDIANAPOLIS	State IN	Zip 46204	Filing status: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married filing jointly <input type="checkbox"/> Married filing separately <input type="checkbox"/> Head of household

**Part 1. Tax Return Information for Electronic Filing**

<b>1</b> Total 5.0% income (from Form 1, line 10, or Form 1-NR/PY, line 12).....	<b>1</b>	7740
<b>2</b> Income tax after credits (from Form 1, line 32, or Form 1-NR/PY, line 36).....	<b>2</b>	1188
<b>3</b> Massachusetts use tax (from Form 1, line 34, or Form 1-NR/PY, line 38).....	<b>3</b>	
<b>4</b> Massachusetts income tax withheld (from Form 1, line 38, or Form 1-NR/PY, line 42).....	<b>4</b>	730
<b>5</b> Refund amount (from Form 1, line 52, or Form 1-NR/PY, line 56).....	<b>5</b>	
<b>6</b> Tax due (from Form 1, line 53, or Form 1-NR/PY, line 57).....	<b>6</b>	458

**Part 2. Declaration and Signature of Taxpayer**

Under pains and penalties of perjury, I declare that I have reviewed the information on my return with the information I have provided to my Electronic Return Originator and that the amounts above agree with the amounts shown on my 2021 Massachusetts return. To the best of my knowledge and belief this information is true, correct and complete. I consent that my return, including this declaration and accompanying schedules, forms and statements be sent to the Massachusetts Department of Revenue by my Electronic Return Originator. I authorize DOR to inform my Electronic Return Originator and/or the transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize DOR to identify the reasons for rejection so that the return can be corrected and re-transmitted. If I have filed a balance due return, I understand that if DOR does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable penalties and interest.

Your signature	Date	Spouse's signature (if joint return, <b>both</b> must sign)	Date
----------------	------	---	------

**Part 3. Declaration and Signature of Electronic Return Originator (ERO)**

I declare that I have reviewed the above taxpayer's return and that the entries on this M-8453 are complete and correct to the best of my knowledge. (Collectors are not responsible for reviewing the taxpayer's return; however, they must ensure that the M-8453 accurately reflects the data on the return.) I have obtained the taxpayer's signature before submitting this return to the Massachusetts Department of Revenue. I have provided the taxpayer with a copy of all forms and information filed with the Massachusetts Department of Revenue. If I am also the paid preparer, under pains and 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. I declare that I have verified the taxpayer's proof of account and it agrees with the name(s) shown on this form. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge. Original Forms M-8453 should not be sent to DOR, but must instead be retained by the ERO on the ERO's business premises for a period of three years from the date the return to which the M-8453 relates was filed.

ERO's signature and SSN or PTIN	Date 04182022	EIN 301017196	<input type="checkbox"/> Check if self-employed
Firm name (or yours, if self-employed) and address GLOBAL TAXES LLC 2530 PEBBLE CREEK LN CUMMING	City/Town	State Zip GA 30041	<input type="checkbox"/> Check if also paid preparer

**Part 4. Declaration and Signature of Paid Preparer (if other than ERO)**

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

Paid preparer's signature and SSN or PTIN P02082703	Date 04182022	EIN 301017196	<input type="checkbox"/> Check if self-employed
Firm name (or yours, if self-employed) and address SYAM PRIYA RAM SAGAR GUPTA TALLAM 2530 PEBBLE CREEK LN CUMMING	City/Town	State Zip GA 30041	

IF YOU ARE MAILING THE FORM PV WITH THE PAYMENT BY ITSELF, MAIL IT WITH THE PAYMENT TO:  
MASSACHUSETTS DEPARTMENT OF REVENUE  
PO BOX 7062  
BOSTON, MA 02204

▼ DETACH HERE ▼

REV 03/22/22 PRO

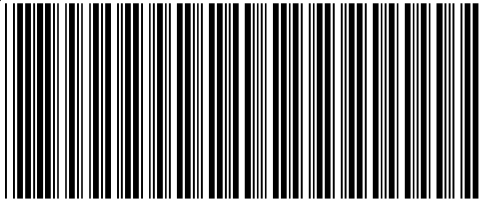
**2021 Form PV**  
**Massachusetts Income Tax Payment Voucher**

Payment for period end date (mm/dd/yyyy)	Tax type	Voucher type	ID type	Vendor code
12/31/2021	053	01	005	1555
Name of taxpayer	Social Security number		Amount enclosed	
KARTIKEYA GUPTA	648067469		\$ 467.00	
Name of taxpayer's spouse	Social Security number of taxpayer's spouse			
Street address	City/Town	State	Zip	
548 N SENATE AVENUE APT NO 305	INDIANAPOLIS	IN	46204	
Phone	E-mail	Fill in if name/address changed since 2020		
	KARTIKEYAGUPTA077@GMAIL.	<input type="checkbox"/>		

Pay online at [mass.gov/masstaxconnect](https://mass.gov/masstaxconnect). Or, return this voucher with check or money order payable to: **Commonwealth of Massachusetts**.  
Mail to: **Massachusetts Department of Revenue, PO Box 7062, Boston, MA 02204.**



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**2021 Form 1-NR/PY**

MA21006011555

**Massachusetts Nonresident/Part-Year Resident  
Income Tax Return**

For the year January 1–December 31, 2021 or other taxable

Year beginning Ending

KARTIKEYA GUPTA 648067469

548 N SENATE AVENUE INDIANAPOLIS IN 46204  
305

Fill in if: Amended return Other jurisdiction change Federal amendment Amended return due to IRS BBA Partnership Audit

**State Election Campaign Fund:**

Fill in if veteran of Operations Enduring Freedom, Iraqi Freedom, Noble Eagle or Sinai Peninsula	\$1 You	\$1 Spouse	TOTAL
Fill in if name change	You	Spouse	
Taxpayer deceased	You	Spouse	
Fill in if under age 18	You	Spouse	

Check one:  Nonresident Filing as both nonresident and part-year resident  
 Part-year resident Nonresident composite

a. Total federal income 118450  
b. Federal adjusted gross income 118450

Fill in if noncustodial parent  
Fill in if filing Schedule FCI  
Fill in if reporting crypto currency  
Fill in if filing Schedule TDS

1. Filing status (select one only):  Single  
 Married filing jointly  
 Married filing separate return  
 Head of household

You are a custodial parent who has released claim to exemption for child(ren)

2. Part-year residents. Enter dates as Massachusetts resident: From To

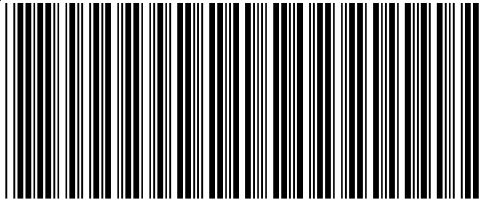
3. Total days as Massachusetts resident ÷ 365 = 3

**SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.**

Your signature Date Spouse's signature Date

765-775-9430

**PRIVACY ACT NOTICE AVAILABLE UPON REQUEST**



# 2021 Form 1-NR/PY, pg. 2

MA21006021555

Massachusetts Nonresident/

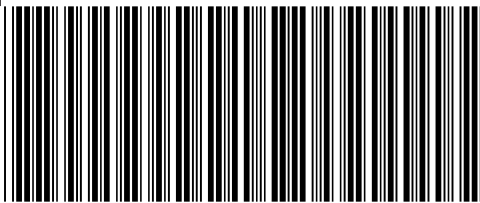
Part-Year Resident Income Tax Return

648067469

## 4. Exemptions:

a. Personal exemptions		<b>4a</b>	4400	
b. Number of dependents. (Do not include yourself or your spouse.) Enter number		$\times \$1,000 =$ <b>4b</b>		
c. Age 65 or over before 2022	You + Spouse =	$\times \$700 =$ <b>4c</b>		
d. Blindness	You + Spouse =	$\times \$2,200 =$ <b>4d</b>		
e. Medical/dental		<b>4e</b>		
f. Adoption		<b>4f</b>		
g. Total exemptions. Add items 4a through 4f. Enter here and on line 22a		<b>4g</b>	4400	
5. Wages, salaries, tips		<b>5</b>	14590	
6. Taxable pensions and annuities		<b>6</b>		
7. Mass. bank interest: a.	- b. exemption	<b>= 7</b>		
8. Business/profession income/loss a.	+ b. Farming income/loss	<b>= 8</b>		
9. Rental, royalty and REMIC, partnership, S corp., trust income/loss		<b>9</b>	-6850	
10a. Unemployment		<b>10a</b>		
10b. Mass. lottery winnings		<b>10b</b>		
11. Other income		<b>11</b>		
12. <b>TOTAL 5.0% INCOME</b>		<b>12</b>	7740	
<b>13. NONRESIDENT APPORTIONMENT WORKSHEET.</b> You cannot apportion Mass. wages as shown on Form W-2. Do not use this worksheet if you know the exact amount of your Mass. source income. Only use when income from employment/business is earned both inside and outside Mass. and the exact Mass. amount is not known. Basis:				
	working days	miles	sales	other:
Working days (or other basis) outside Massachusetts				<b>13a</b>
Working days (or other basis) inside Massachusetts				<b>13b</b>
Total working days				<b>13c</b>
Nonworking days (holidays, weekends, etc.)				<b>13d</b>
Massachusetts ratio				<b>13e</b>
Total income being apportioned. You cannot apportion Massachusetts wages as shown on Form W-2				<b>13f</b>
Massachusetts income				<b>13g</b>

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1



### 2021 Form 1-NR/PY, pg. 3

MA21006031555

Massachusetts Nonresident/  
Part-Year Resident Income Tax Return

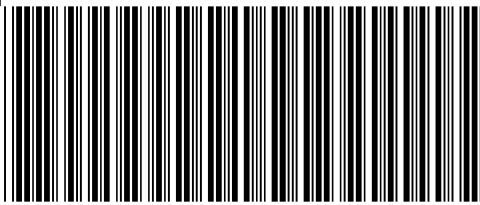
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<b>14. NONRESIDENT DEDUCTION AND EXEMPTION RATIO</b>		
a. Total 5.0% income	14a	7740
b. Interest income	14b	
c. Total capital gain income	14c	7249
d. Total income this return	14d	14989
e. Non-Massachusetts source income. <b>Not less than "0"</b>	14e	103484
f. Total income	14f	118473
g. Deduction and exemption ratio	14g	0.1265
<b>15a.</b> Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass. Retirement	15a	
<b>15b.</b> Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement	15b	
<b>16.</b> Reserved for future use	16	
<b>17.</b> Reserved for future use	17	
<b>18.</b> Rental deduction.    a.	÷ 2 =18	
Nonresidents, fill in if during 2021 you did not have a family home or any dwelling outside Massachusetts to which you generally or customarily returned or intend to return in the future		
<b>19.</b> Other deductions from Schedule Y, line 19	19	
<b>20. Total deductions.</b> Add lines 15 through 19	20	
<b>21. 5.0% INCOME AFTER DEDUCTIONS.</b> Subtract line 20 from line 12. <b>Not less than "0"</b>	21	7740
<b>22.</b> Exemption amount. a.                   4400	22	557
<b>23. 5.0% INCOME AFTER EXEMPTIONS.</b> Subtract line 22 from line 21. <b>Not less than "0"</b>	23	7183
<b>24. INTEREST AND DIVIDEND INCOME</b>	24	
<b>25. TOTAL TAXABLE 5.0% INCOME.</b> Add lines 23 and 24	25	7183
<b>26. TAX ON 5.0% INCOME. Note:</b> If choosing the optional 5.85% tax rate, fill in and multiply line 25 and the amount in Schedule D, line 21 by .0585	26	359

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1



**2021 Form 1-NR/PY, pg. 4**

MA21006041555

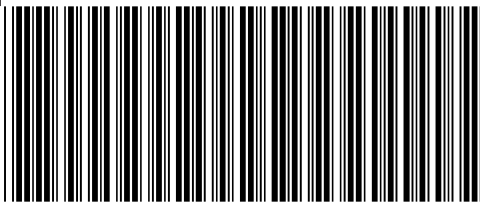
Massachusetts Nonresident/  
Part-Year Resident Income Tax Return  
648067469

27.	<b>12% INCOME.</b> Not less than "0." a.	6677	x .12 =27	801
28.	<b>TAX ON LONG-TERM CAPITAL GAINS.</b> Not less than "0." Fill in if filing Schedule D-IS Fill in if any excess exemptions were used in calculating lines 24, 27 or 28		28	28
29.	Credit recapture amount (from Credit Recapture Schedule)		29	
30.	Additional tax on installment sale		30	
31.	If you qualify for No Tax Status, fill in and enter "0" on line 32			
32.	<b>TOTAL INCOME TAX.</b> Add lines 26 through 30.		32	1188
33.	Limited Income Credit		33	
34.	Income tax due to another state or jurisdiction		34	
35.	Other credits (from Credit Manager Schedule)		35	
36.	<b>INCOME TAX AFTER CREDITS.</b> Subtract the total of lines 33 through 35 from line 32. Not less than "0"		36	1188
37.	<b>Voluntary Contributions</b>			
	a. Endangered Wildlife Conservation		37a	
	b. Organ Transplant Fund		37b	
	c. Massachusetts Public Health HIV and Hepatitis Fund		37c	
	d. Massachusetts U.S. Olympic Fund		37d	
	e. Massachusetts Military Family Relief Fund		37e	
	f. Homeless Animal Prevention and Care		37f	
	Total. Add lines 37a through 37f		37	
38.	Use tax due on Internet, mail order and other out-of-state purchases		38	
39.	Health care penalty a. You + b. Spouse		39	
40.	<b>Amended return only.</b> Overpayment from original return		40	
41.	<b>INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX.</b> Add lines 36 through 40		41	1188

**BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1**







## 2021 Schedule B

MA21010011555

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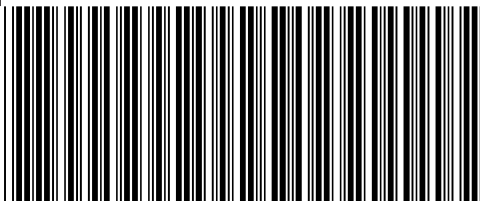
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### Part 1. Interest and Dividend Income

1. Total interest income	1	3
2. Total ordinary dividends	2	280
3. Other interest and dividends not included above	3	
4. Total interest and dividends	4	283
5. Total interest from Massachusetts banks	5	
6a. Other interest and dividends to be excluded	6a	
6b. Part-year/Nonresidents only	6b	283
7. Subtotal	7	
8. Allowable deductions from your trade or business	8	
9. Subtotal	9	

### Part 2. Short-Term Capital Gains/Losses and Long-Term Gains on Collectibles

10. Massachusetts short-term capital gains	10	6681
11. Massachusetts long-term capital gains on collectibles and pre-1996 installment sales	11	
12. Massachusetts gain on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less	12	
13a. Add lines 10 through 12	13a	6681
13b. Part-year/Nonresidents only	13b	
13c. Subtract line 13b from line 13a. Not less than 0	13c	6681
14. Allowable deductions from your trade or business	14	
15. Subtotal	15	6681
16. Massachusetts short-term capital losses	16	-4
17. Massachusetts loss on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less	17	
18. Prior short-term unused losses for years beginning after 1981	18	



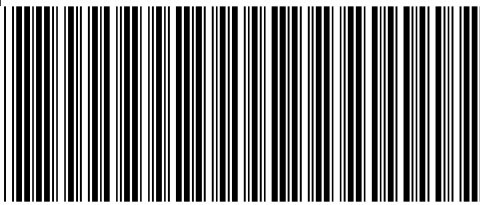
## 2021 Schedule B, pg. 2

648067469 MA21010021555

19a.	Combine lines 15 through 18	19a	6677
19b.	Part-year/Nonresidents only	19b	
19c.	Exclude line 19b losses from line 19a	19c	6677
20.	Short-term losses applied against interest and dividends	20	
21.	Available short-term losses	21	
22.	Short-term losses applied against long-term gains	22	
23.	Short-term losses available for carryover in 2022	23	
24.	Short-term gains and long-term gains on collectibles	24	6677
25.	Long-term losses applied against short-term gain	25	
26.	Subtotal	26	6677
27.	Long-term gains deduction	27	
28.	Short-term gains after long-term gains deduction	28	6677

### Part 3. Adjusted Gross Interest, Dividends, Short-Term Capital Gains and Long-Term Gains on Collectibles

29.	Enter the amount from line 9	29	
30.	Short-term losses applied against interest and dividends	30	
31.	Subtotal interest and dividends	31	
32.	Long-term losses applied against interest and dividends	32	
33.	Adjusted interest and dividends	33	
34.	Enter the amount from line 28	34	6677
35.	Adjusted gross interest, dividends and certain capital gains	35	6677
36.	Excess exemptions	36	
37.	Subtract line 36 from line 35	37	6677
38.	Interest and dividends taxable at 5.0%	38	
39.	Taxable 12% capital gains	39	6677
40.	Available short-term losses for carryover in 2022	40	



# 2021 Schedule D

MA21012011555

Long-Term Capital Gains and Losses

Excluding Collectibles

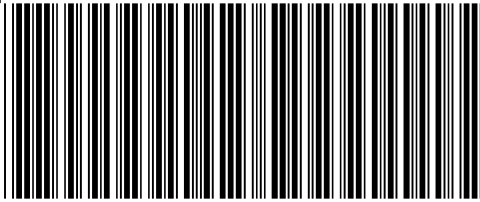
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## Part 1. Long-Term Capital Gains and Losses, Excluding Collectibles

1. Enter amounts from U.S. Schedule D, lines 8a and 8b, col. h	1	566
2. Enter amounts from U.S. Schedule D, line 9, col. h	2	
3. Enter amounts from U.S. Schedule D, line 10, col. h	3	
4. Enter amounts from U.S. Schedule D, line 11, col. h	4	
5. Enter amounts from U.S. Schedule D, line 12, col. h	5	
6. Enter amounts from U.S. Schedule D, line 13, col. h.	6	2
7. Massachusetts long-term capital gains and losses included in U.S. Form 4797, Part II	7	
8. Carryover losses from prior years	8	
9. Combine lines 1 through 8	9	568
10a. Massachusetts adjustments	10a	
10b. Part-year/Nonresidents only	10b	
10c. Combine lines 10a and 10b	10c	
11. Massachusetts capital gains and losses	11	568
12. Long-term gains on collectibles and pre-1996 installment sales	12	
13. Subtotal	13	568
14. Capital losses applied against capital gains	14	
15. Subtotal	15	568
16. Long-term capital losses applied against interest and dividends	16	
17. Subtotal	17	568
18. Allowable deductions from your trade or business	18	
19. Subtotal	19	568
20. Excess exemptions	20	
21. Taxable long-term capital gains	21	568
22. Tax on long-term capital gains	22	28
23. Massachusetts available losses for carryover	23	



**2021 Schedule INC**

MA21INC011555

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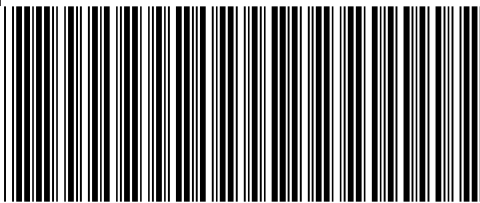
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**Form W-2 and 1099 Information**

A. FEDERAL ID NUMBER	B. STATE TAX WITHHELD	C. STATE WAGES/INCOME	D. TAXPAYER SS WITHHELD	E. SPOUSE SS WITHHELD	F. SOURCE OF WITHHOLDING
262188108	730	14590			W2

TOTALS	730	14590			
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## 2021 Schedule NTS-L-NRPY

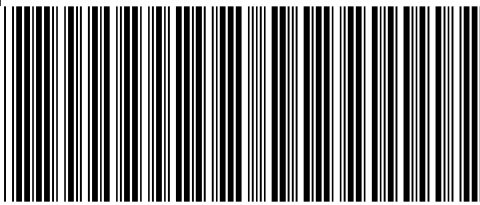
MA21021011555

No Tax Status and Limited Income Credit

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### Schedule NTS-L-NRPY. No Tax Status and Limited Income Credit

1. Total 5.0% income	1	7740
2. Adjustments to income	2	
3. Adjusted 5.0% income. Subtract line 2 from line 1. Do not enter if less than "0"	3	7740
4. Interest exemption used	4	
5. Adjusted gross interest, dividends and certain capital gains	5	6677
6. Long-term capital gain	6	568
7. Additional income/loss while a nonresident/part-year resident	7	103484
8. Total income. Combine lines 3 through 7	8	118469
9. Additional adjustments to income while a nonresident/part-year resident	9	
10. Massachusetts Adjusted Gross Income (AGI)	10	118469
If you are single and the total in line 10 is \$8,000 or less, you qualify for No Tax Status		
11. If married and filing a joint return, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,000 and add \$16,400 to that amount. If head of household, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,000 and add \$14,400 to that amount	11	
12. If you do not qualify for No Tax Status and you are married and filing a joint return, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,750 and add \$28,700 to that amount. If head of household, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,750 and add \$25,200 to that amount	12	
13. No Tax Status threshold	13	
14. Income for Limited Income Credit	14	
15. Tax before adjustments	15	
16. Tax for Limited Income Credit	16	
17. Limited Income Credit	17	



## 2021 Schedule E

MA21013041555

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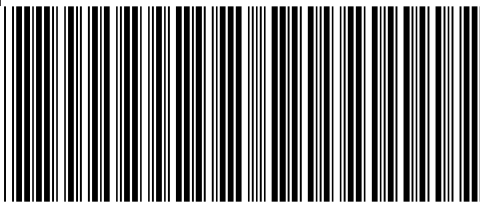
### Income or Loss from Real Estate and Royalties

#### Income

1. Rents received	1	550
2. Royalties received	2	

#### Expenses

3. Advertising	3	
4. Auto and travel	4	
5. Cleaning and maintenance	5	800
6. Commissions	6	
7. Insurance	7	
8. Legal and other professional fees	8	
9. Management fees	9	1200
10. Mortgage interest paid to banks, etc.	10	
11. Other interest	11	
12. Repairs	12	1500
13. Supplies	13	1800
14. Taxes	14	
15. Utilities	15	2100
16. Other expenses	16	
17. Add lines 3 through 16	17	7400
18. Depreciation expense or depletion	18	
19. Total expenses. Add lines 17 and 18	19	7400
20. Income or loss from rental real estate or royalty properties	20	-6850
21. Deductible rental real estate loss	21	-6850
22. Income. Enter positive amounts shown on line 20	22	
23. Losses. Add royalty losses from line 20 and real estate losses from line 21	23	-6850
24. Rental real estate and royalty income or loss	24	-6850



## 2021 Schedule E, pg. 2

MA21013051555

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### Income or Loss from Partnerships and S Corporations

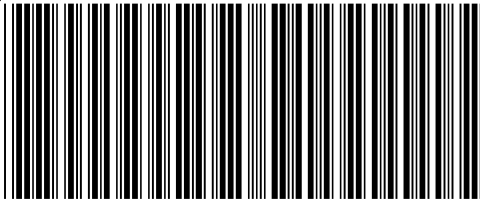
25. Passive loss allowed	25
26. Passive income	26
27. Non-passive loss	27
28. Section 179 expense deduction	28
29. Non-passive income	29
30. Combine lines 26 and 29	30
31. Combine lines 25, 27 and 28	31
32. Partnership and S corporation income or loss. Combine lines 30 and 31	32
33. Interest (other than MA banks) and dividends if included in line 32	33
34. Interest from Massachusetts banks if included in line 32	34
35. Total income or loss from partnerships and S corporations	35
36. Check if you are reporting any loss not allowed in a prior year due to the at-risk, or basis limitations; a prior year disallowed loss from a passive activity (was not reported on U.S. Form 8582) or un-reimbursed partnership expenses	

### Income or Loss from Estates and Trusts

37. Passive deduction or loss allowed	37
38. Passive income	38
39. Non-passive deduction or loss	39
40. Non-passive other income	40
41. Add lines 38 and 40	41
42. Add lines 37 and 39	42
43. Estate and trust income or loss. Combine lines 41 and 42	43
44. Estate or non-grantor-type trust income	44
45. Grantor-type trust and non-Massachusetts estate and trust income	45
46. Interest and dividends if included in line 45	46
47. Adjustments to 5.0% income	47
48. Subtotal. Combine lines 46 and 47	48
49. Income or loss from grantor type and non-Mass estates and trusts	49

### Income or Loss from REMICs

50. Excess inclusion	50
51. Taxable income or loss	51
52. Income	52
53. Combine lines 51 and 52	53



**2021 Schedule E, pg. 3**

MA21013061555

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**Farm Income**

54. Net farm rental income or loss

54

**Summary**

55. Income or loss. Combine lines 24, 35, 49, 53 and 54

55

-6850

56. Massachusetts differences Enclose statements

56

57. Abandoned building renovation deduction

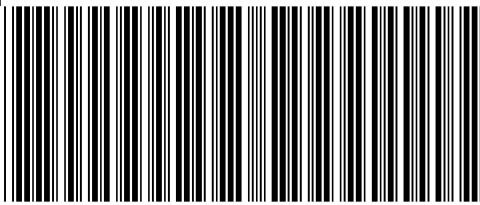
57

58. Total income or loss. Combine lines 55 through 57

58

-6850





# 2021 Schedule E-1

MA21013011555

KARTIKEYA GUPTA 648067469  
B-16 RAVIPOOJAN BUNGLOEWS,  
B-16 RAVIPOOJAN BUNGLOEW BHARUCH

Check one:  Real estate  Royalty  Rental property used for short-term rentals

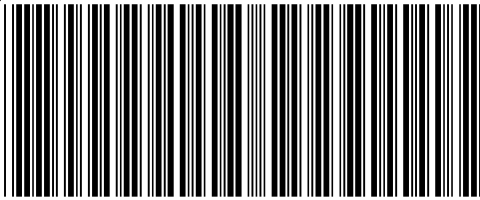
## Income or Loss from Real Estate and Royalties

### Income

1. Rents received	1	550
2. Royalties received	2	

### Expenses

3. Advertising	3	
4. Auto and travel	4	
5. Cleaning and maintenance	5	800
6. Commissions	6	
7. Insurance	7	
8. Legal and other professional fees	8	
9. Management fees	9	1200
10. Mortgage interest paid to banks, etc	10	
11. Other interest	11	
12. Repairs	12	1500
13. Supplies	13	1800
14. Taxes	14	
15. Utilities	15	2100
16. Other expenses	16	
17. Add lines 3 through 16	17	7400
18. Depreciation expense or depletion	18	
19. Total expenses. Add lines 17 and 18	19	7400
20. Income or loss from rental real estate or royalty properties	20	-6850
21. Deductible rental real estate loss	21	-6850
22. Income. Enter positive amounts shown on line 20	22	
23. Losses. Enter royalty losses from line 20 or rental real estate loss from line 21	23	-6850
24. Rental real estate and royalty income or loss	24	-6850
25. Check if this rental property was used by you or your family for more than 14 days or more than 10 percent of the total number of days that the property was rented at fair market value		



**2021 M-2210**

MA21653011555

Underpayment of Massachusetts Estimated  
Income Tax

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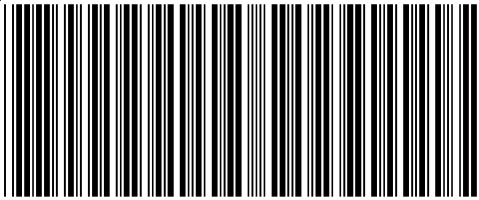
You are a qualified farmer or fisherman filing and paying your full amount due on or before March 1, 2022.  
You were a resident of Massachusetts for 12 months and not liable for taxes during 2020.  
Your estimated payments and withholding equal or exceed your 2020 tax (where taxable year was 12 months and a return was filed).

**Part 1. Required annual payment**

1. 2021 tax	1	1188
2. Total credits	2	
3. Balance	3	1188
4. Enter 80% of line 3 or 66.667% of line 3 if you are a qualified farmer or fisherman	4	950
5. Enter 2020 tax liability after credits	5	
6. Enter the smaller of line 4 or line 5	6	950

**Part 2. Figuring your underpayment**

		- Installment due dates -			
		a. April 15, 2021	b. June 15, 2021	c. Sept. 15, 2021	d. Jan. 15, 2022
7. Enter in col's. a through d (respectively) the installment dates of the 15th day of the 4th, 6th and 9th months of the taxable year and the 1st month of the succeeding taxable year	7	04152021	06152021	09152021	01152022
8. Divide the amount in line 6 by the number of installments required for the year. Enter the result in the appropriate columns	8	237	237	238	238
9. Estimated taxes paid and taxes withheld for each installment	9	182	182	183	183
10. Overpayment of previous installments	10				
11. Total	11	182	182	183	183
12. Overpayment	12				
13. Underpayment	13	55	55	55	55



**2021 M-2210 pg. 2**

MA21653021555

Underpayment of Massachusetts Estimated  
Income Tax

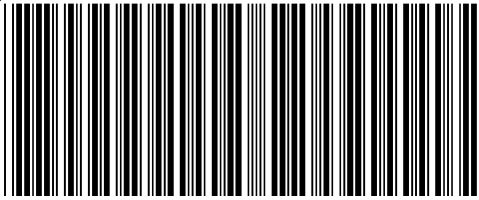
KARTIKEYA GUPTA

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**Part 3. Figuring your underpayment penalty**

14. Enter the date you paid the amount in line 13 or the 15th day of the 4th month after the close of the taxable year, whichever is earlier	14	04152022	04152022	04152022	04152022
15. Number of days from the due date of installment to the date shown in line 14	15	365	304	212	87
16. Number of days in line 15 after 4/15/21 and before 7/1/21	16	76	15		
17. Number of days in line 15 after 6/30/21 and before 10/1/21	17	92	92	15	
18. Number of days in line 15 after 9/30/21 and before 1/1/22	18	92	92	92	
19. Number of days in line 15 after 12/31/21 and before 4/15/22	19	105	105	105	87
20. Underpayment in line 13 x (number of days in line 16 ÷ 365) x 4%	20				
21. Underpayment in line 13 x (number of days in line 17 ÷ 365) x 4%	21	1	1		
22. Underpayment in line 13 x (number of days in line 18 ÷ 365) x 4%	22	1	1	1	
23. Underpayment in line 13 x (number of days in line 19 ÷ 365) x 4%	23	1	1	1	1
24. Penalty. Add all amounts shown in lines 20 through 23. Enter this amount on Form 1, line 53; Form 1-NR/PY, line 57; or Form 3M	24				9

SEE STMT



**2021 M-2210 pg. 3**

MA21653031555

Underpayment of Massachusetts Estimated  
Income Tax

KARTIKEYA GUPTA

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**Part 4. Annualized income installment method**

- Installment due dates -

		Jan. 1-March 31	Jan. 1-May 31	Jan. 1-August 31	Jan. 1-Dec. 31
1. Taxable 5.0% income each period (including long-term capital gain income taxed at 5.0%)	1				
2. Annualization amount	2	4	2.4	1.5	1
3. Multiply line 1 by line 2	3				
4. Tax on amount in line 3. Multiply line 3 by .05	4				
5. Taxable 12% income each period	5				
6. Annualization amount	6	4	2.4	1.5	1
7. Multiply line 5 by line 6	7				
8. Tax on amount in line 7. Multiply line 7 by .12	8				
9. Total tax. Add lines 4 and 8	9				
10. Total credits	10				
11. Total tax after credits	11				
12. Applicable percentage	12	20%	40%	60%	80%
13. Multiply line 11 by line 12	13				
14. Enter the combined amounts of line 20 from all preceding periods		14			
15. Subtract line 14 from line 13. Not less than "0"	15				
16. Divide line 6 of Form M-2210 by 4 and enter result in each column	16				
17. Enter the amount from line 19 of this worksheet for the preceding column		17			
18. Add lines 16 and 17	18				
19. If line 18 is more than line 15, subtract line 15 from line 18. Otherwise enter "0"	19				
20. Enter the smaller of line 15 or line 18 here and on Form M-2210, line 8	20				

**Other Interest and Dividends  
Excluded Statement**

**2021**

▶ Attach to your return

**Statement** EXCL

Name as Shown on Return KARTIKEYA GUPTA		Social Security No. 648-06-7469
<b>1</b>	Any interest on U.S. debt obligations (including its territories or dependencies) . . . . .	<b>1</b>
<b>2</b>	Any interest and dividends taxed directly to Massachusetts estates and trusts . . . . .	<b>2</b>
<b>3</b>	Any distribution which is a return of capital included in total gross dividends, Schedule B, line 2 . . . . .	<b>3</b>
<b>4</b>	Any exempt portion of interest or dividends from a mutual fund included in Schedule B, lines 1, 2 or 3 . . . . .	<b>4</b>
<b>5</b>	Any interest or dividends from obligations of the Commonwealth of Massachusetts or its political subdivisions . . . . .	<b>5</b>
<b>6</b>	Any dividends from current earnings of a corporate trust taxed directly on Massachusetts Form 3F. . . . .	<b>6</b>
<b>7</b>	Any interest on pre-retirement distributions from state and municipal contributory pension plans . . . . .	<b>7</b>
<b>8</b>	Other: _____ _____ _____	<b>8</b>
<b>9</b>	<b>Total to Schedule B, line 6a</b> . . . . .	<b>9</b>

<b>Massachusetts Nonresident and Part-year Resident Excludable Interest and Dividends</b>	
Note: Only use this worksheet if you are not filing as a full year Massachusetts resident.	
<b>A</b>	Total ordinary interest & dividends from Schedule B lines 1, 2, and 3 . . . . . <u>283</u>
<b>B</b>	Enter interest and dividends included on line A which you received while living in Massachusetts from all sources, or were directly connected with business activity in Massachusetts . . . . . <u>0</u>
<b>C</b>	Massachusetts excludable interest and dividends (A minus B). Also enter amount on Schedule B, line 6b. . . . . <u>283</u>

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

**Capital Gains and Losses**

OMB No. 1545-0074

**2021**

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.

Attachment  
Sequence No. **12**

Name(s) shown on return  
KARTIKEYA GUPTA

Your social security number  
648-06-7469

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 . . . . .	11,192.	5,774.	1,263.	6,681.
<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 . . . . .	97.	101.		-4.
<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> 6,677.

**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 . . . . .	1,736.	1,307.	137.	566.
<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> 2.
<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> 568.

**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>	7,245.
<p><b>17</b> Are lines 15 and 16 <b>both</b> gains?  <input checked="" 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 checked="" 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:</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> ( )	
<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 type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>		

**SCHEDULE E  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Supplemental Income and Loss**

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

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

OMB No. 1545-0074

**2021**

Attachment  
Sequence No. **13**

Name(s) shown on return

KARTIKEYA GUPTA

Your social security number

648-06-7469

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

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

**1a** Physical address of each property (street, city, state, ZIP code)  
**A** B-16 RAVIPOOJAN BUNGLOEWS, BHARUCH GUJARAT IN 392011  
**B**  
**C**

<b>1b</b>	Type of Property (from list below)	<b>2</b>	Fair Rental Days	Personal Use Days	QJV
<b>A</b>	3	For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions.	<b>A</b> 365	0	<input type="checkbox"/>
<b>B</b>			<b>B</b>		<input type="checkbox"/>
<b>C</b>			<b>C</b>		<input type="checkbox"/>

**Type of Property:**

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

<b>Income:</b>	<b>Properties:</b>	<b>A</b>	<b>B</b>	<b>C</b>
<b>3</b> Rents received . . . . .	<b>3</b>	550.		
<b>4</b> Royalties received . . . . .	<b>4</b>			

**Expenses:**

<b>5</b> Advertising . . . . .	<b>5</b>			
<b>6</b> Auto and travel (see instructions) . . . . .	<b>6</b>			
<b>7</b> Cleaning and maintenance . . . . .	<b>7</b>	800.		
<b>8</b> Commissions . . . . .	<b>8</b>			
<b>9</b> Insurance . . . . .	<b>9</b>			
<b>10</b> Legal and other professional fees . . . . .	<b>10</b>			
<b>11</b> Management fees . . . . .	<b>11</b>	1,200.		
<b>12</b> Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>			
<b>13</b> Other interest . . . . .	<b>13</b>			
<b>14</b> Repairs . . . . .	<b>14</b>	1,500.		
<b>15</b> Supplies . . . . .	<b>15</b>	1,800.		
<b>16</b> Taxes . . . . .	<b>16</b>			
<b>17</b> Utilities . . . . .	<b>17</b>	2,100.		
<b>18</b> Depreciation expense or depletion . . . . .	<b>18</b>			
<b>19</b> Other (list) ▶ . . . . .	<b>19</b>			
<b>20</b> Total expenses. Add lines 5 through 19 . . . . .	<b>20</b>	7,400.		

**21** Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 . . . . . **21** -6,850.

**22** Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . . **22** ( 6,850. )( ) ( )

<b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>	550.		
<b>b</b> Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>			
<b>c</b> Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>			
<b>d</b> Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>			
<b>e</b> Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b>	7,400.		

**24** **Income.** Add positive amounts shown on line 21. Do not include any losses . . . . . **24**

**25** **Losses.** Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . . **25** ( 6,850. )

**26** **Total rental real estate and royalty income or (loss).** Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . . **26** -6,850.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2021