Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

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

Submission Identification Number (SID)

Taxpayer's name	Social security number
NIVAS KULUKURI	755-49-4694
Spouse's name	Spouse's social security number
Part I Tax Return Information – Tax Year Ending December 31, 2021 (Ent	er 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.	
1 Adjusted gross income	1 125,901.
2 Total tax	2 21,150.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 21,954.
4 Amount you want refunded to you	. 4 804.
5 Amount you owe	5
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and	l 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

X	I authorize	GLOBAL	TAXES		to enter or generate my PIN	En
				ERO firm name		da

9	4	6	9	4	
Ent dor	er fiv i't er	ve dig nter a	gits, all ze	but ros	as

my

signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature 🕨

Date 🕨

Spouse's PIN: check one box only

I authorize

to enter	or generate	my PIN

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

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature E	ate							
Practitioner PIN Method Returns Only—continue	e be	low	,					
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		6 1	-	8	9

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

ERO's signature >		Date 🕨	
	RO Must Retain This Form — Seo Dirit This Form to the IRS Unless		
For Denominary Deduction Act Nation and	and the water water and the set		Farm 9970 (Day, 01 0001)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 04/01/22 PRO

104		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		(99) urn	202	1	OMB No. 1545	5-0074	IRS Use	e Only	–Do not v	vrite or staple	in this space.	
Filing Status Check only one box.	lf yo	Single Married filing jointly ou checked the MFS box, enter the n son is a child but not your dependen	ame of y	-			Head of Head of Head of							
Your first name	e and mi	iddle initial	Last na	me							Your so	cial securi	y number	
NIVAS			KULU	JKURI							755-	49-469	4	
lf joint return, s	pouse's	s first name and middle initial	Last na	me							Spouse	's social se	curity number	
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.				A	pt. no.		Preside	ential Election	on Campaign	
8655 BR	OOKH	OLLOW BLVD				_		1	1217			here if you,		
City, town, or p	oost offi	ce. If you have a foreign address, also co	mplete s	paces bel	ow.	Stat	te	ZIP co	de				tly, want \$3 Checking a	
FRISCO						TΣ	K	750	34			low will not		
Foreign countr	y name		F	Foreign pr	ovince/state	/count	ty	Foreig	n postal o	code	your ta	x or refund.	_	
												You	Spouse	
At any time du	uring 20	021, did you receive, sell, exchange,	or othe	rwise dis	spose of an	y fina	incial interest	in any	virtual c	urrer	icy?	Yes	X No	
Standard Deduction	_	eone can claim:					a dependent							
Age/Blindnes	s You:	: 🗌 Were born before January 2, 1	957	Are bli	nd Sp	ouse	: 🗌 Was bo	rn befo	re Janu	ary 2	, 1957	🗌 ls bl	ind	
Dependent	s (see	instructions):		(2) S	ocial securit	y	(3) Relationsh	nip	(4) 🖌	if qu	ualifies fo	or (see instru	ctions):	
If more	(1) F	irst name Last name			number		to you		Child	tax cr	edit	Credit for ot	or other dependents	
than four														
dependents, see instruction	s													
and check														
here 🕨 🗌														
	1_	Wages, salaries, tips, etc. Attach F	orm(s)	W-2 .							. 1	1	31,871.	
Attach	2a	Tax-exempt interest	2a			bΤ	axable interes	t.			2t)	80.	
Sch. B if required.	<u>3a</u>	Qualified dividends	3a		35.	b C	ordinary divide	nds .			. 3ł)	35.	
) 4a	IRA distributions	4a			bΤ	axable amoun	ıt			. 4k	>		
	5a	Pensions and annuities	5a			bΤ	axable amoun	ıt			. 5ł)		
Standard	6a	Social security benefits	6a			bΤ	axable amoun	nt			. 6ł	>		
 Deduction for — Single or 	7	Capital gain or (loss). Attach Sche	dule D if	f required	l. If not req	uired	, check here				7		-685.	
Married filing	8	Other income from Schedule 1, lin	e 10							•	. 8		-5,400.	
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	'his is yo	ur total inc	ome				. 1	▶ 9	12	25,901.	
 Married filing jointly or 	10	Adjustments to income from Sche	dule 1, l	ine 26						•	. 10)		
Qualifying	11	Subtract line 10 from line 9. This is	s your a	djusted	gross inco	me		· ·		. 1	▶ 11 125,901.		25,901.	
widow(er), \$25,100	_12a	Standard deduction or itemized		•		,	12	a	12,	55(
Head of	b	Charitable contributions if you take	the star	ndard deo	duction (see	instr	uctions) 12	b		300).			
household, \$18,800	с									•	. 12	c	12,850.	
 If you checked any box under 	13	Qualified business income deduct	ion from	Form 89	995 or Form	ו 899	5-A			•	. 13			
Standard	14									•	. 14		12,850.	
Deduction, see instructions.	15	Taxable income. Subtract line 14	from lin	e 11. lf z	ero or less	ente	r-0		• •	•	1	5 11	13,051.	

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

Form **1040** (2021)

Form 1040 (2021)									Page 2
	16	Tax (see instructions). Check in	f any from Form	(s): 1 🗌 881	4 2 🗌 4972	3 🗌		16	21,1	150.
	17	Amount from Schedule 2, line	e3					17		
	18	Add lines 16 and 17						18	21,1	150.
	19	Nonrefundable child tax cred	it or credit for o	ther depender	nts from Schedule	e 8812		19		
	20	Amount from Schedule 3, line	e8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18.	If zero or less,	enter -0				22	21,1	150.
	23	Other taxes, including self-en	nployment tax,	from Schedule	e 2, line 21 .			23		0.
	24	Add lines 22 and 23. This is y	our total tax				. 🕨	24	21,1	150.
	25	Federal income tax withheld t	from:							
	а	Form(s) W-2				25a 21	,954.			
	b	Form(s) 1099				25b				
	с	Other forms (see instructions)				25c				
	d	Add lines 25a through 25c .						25d	21,9	954.
	26	2021 estimated tax payments						26	· ·	
If you have a qualifying child,	27a	Earned income credit (EIC) .			37.	27a				
attach Sch. EIC.		Check here if you were be								
		January 2, 2004, and you								
		taxpayers who are at least ag			structions 🕨 📋					
	b	Nontaxable combat pay elect				-				
	С	Prior year (2019) earned incor								
	28	Refundable child tax credit or				28		-		
	29	American opportunity credit f				29				
	30	Recovery rebate credit. See i				30				
	31	Amount from Schedule 3, line				31				
	32	Add lines 27a and 28 through						32		
	33	Add lines 25d, 26, and 32. Th					. 🕨	33		954.
Refund	34	If line 33 is more than line 24,					· .	34		304.
	35a	Amount of line 34 you want r						35a		304.
Direct deposit? See instructions.	►b	Routing number 0 2 1				Checking	Savings			
See instructions.	►d	Account number 4 8 3								
	36	Amount of line 34 you want a	pplied to your	2022 estimate	ed tax 🕨	36				
Amount	37	Amount you owe. Subtract li				see instructions	. 🕨	37		
You Owe	38	Estimated tax penalty (see ins	structions) .		🕨	38				
Third Party		you want to allow another	person to disc	cuss this retui	rn with the IRS?					
Designee		tructions				▶ Yes. Co			X No	
		signee's ne ►		Phone no.			onal identif oer (PIN) 🕨			
0:		der penalties of perjury, I declare th	at I have exemine				()			
Sign		ef, they are true, correct, and comp								
Here	Yo	ur signature		Date	Your occupation		If the	IRS sent	t you an Identi	ity
							Prote	ction PI	N, enter it here	
Joint return?					SOFTWARE H	ENGINEER	(see i	nst.) 🕨		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, be	oth must sign.	Date	Spouse's occupat	ion			t your spouse	
your records.	,							nst.) 🕨	ction PIN, ente	er it nere
	Dh	(E10) 401 0(E2	<u> </u>	Email address		ID TO CMA TI CC				
		one no. (518) 421-0653 parer's name		Email address	NIVASKULUK	URI@GMAIL.CC	PTIN		Check if:	
Paid			Preparer's signat					,	Self-emp	loved
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GUPTA TALLAM	04/11/2022	P02082		·	
Use Only		n's name ► GLOBAL TAX		··· ······					678)965-	
		n's address ► 2530 Pebbl		n cummine	-		Firm'	s EIN 🕨	30-101	
Go to www.irs.go	ov/Forn	1040 for instructions and the lates	t information.		BAA	REV 04/01/22 PRO			Form 104	IU (2021)

SCHEDULE	1
(Form 1040)	

2a

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Department of the Treasury

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

2a

3

4

5

6

7

-5,400.

Internal Revenue Service Form 1040 for instructions and the latest information.								
Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your socia								
NIVAS KULUKURI 755-49-								
Part I Addition	onal Income							
1 Taxable refu	unds, credits, or offsets of state and local income taxes		1					

Additional Income	
Taxable refunds, credits, or offsets of state and local income taxes	8
Alimony received	
Date of original divorce or separation agreement (see instructions) \blacktriangleright	•
Business income or (loss). Attach Schedule Commun.	
Other gains or (losses). Attach Form 4797	
Rental real estate, royalties, partnerships, S corporations, transference Schedule E	usts, etc. Attach
Farm income or (loss). Attach Schedule F	
Unemployment compensation	
Other income:	
Net operating loss	8a (
Gambling income.....................	8b
Cancellation of debt	8c
Foreign earned income exclusion from Form 2555	8d (
Taxable Health Savings Account distribution	8e
Alaska Permanent Fund dividends	8f
Jury duty pay	8g
Prizes and awards	8h
Activity not engaged in for profit income	8i
Stock options	8j
Income from the rental of personal property if you engaged in	
the rental for profit but were not in the business of renting such property	8k
Olympic and Paralympic medals and USOC prize money (see	
instructions)	81
Section 951(a) inclusion (see instructions)	8m
Section 951A(a) inclusion (see instructions)	8n
Section 461(I) excess business loss adjustment	80
Taxable distributions from an ABLE account (see instructions) .	8p
Other income. List type and amount ►	
	8z

9 Total other income. Add lines 8a through 8z
10 Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8

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

Schedule 1 (Form 1040) 2021

-5,400.

9

10

Par	Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee- officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the \ensuremath{Armed} Forces. Attach \ensuremath{Form}	3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE $\$.		15	
16	Self-employed SEP, SIMPLE, and qualified plans $\ . \ . \ . \ .$		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN	►		
С	Date of original divorce or separation agreement (see instructions)	•		
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
а	Jury duty pay (see instructions)	24a	_	
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	24b		
С	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 81	24c		
d	Reforestation amortization and expenses	24d		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f	-	
g	Contributions by certain chaplains to section 403(b) plans	24g	-	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i		
j	Housing deduction from Form 2555	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
Z	Other adjustments. List type and amount ►	24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments there and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line		26	

SCHEDULE D

(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

	Attach to Form 1040, 1040-SR, or 1040-NR.
Go to w	ww.irs.gov/ScheduleD for instructions and the late

Go to www.irs.gov/ScheduleD for instructions and the latest information.
 Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

2021 Attachment Sequence No. 12

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

NIVAS KULUKURI

Your social security number

755-49-4694

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	g your gain	or loss.	

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

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, I line 2, colum	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1 a	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.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	1,002.	1,687.			-685.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1					
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions		•	-	6	()
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	•	., .	, ,	7	-685.

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

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

Part	III Summary		
16	Combine lines 7 and 15 and enter the result	16	-685.
	• If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.		
	• If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.		
	• If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.		
17	Are lines 15 and 16 both gains?		
	No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
20	Are lines 18 and 19 both zero or blank and are you not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below.		
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:		
	 The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500) 	21 (685.)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?		
	Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.		
	□ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

Schedule D (Form 1040) 2021

Form **8949**

Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

► Go to www.irs.gov/Form8949 for instructions and the latest information.

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

2021 Attachment Sequence No. 12A

Name(s) shown on return NIVAS KULUKURI

755-49-4694

Social security number or taxpaver identification number

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

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

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

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

X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below	If you enter an enter a co See the sep	amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss). Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
KOINLY REPORT	01/01/21	12/31/21	764.	801.			-37.
Robinhood Securities LLC	01/01/21	12/31/21	150.	803.			-653.
COINTRACKER	04/22/21	05/15/21	88.	83.			5.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked). or line 3 (if Box (al here and inc is checked), lir	lude on your ne 2 (if Box B	1,002.	1,687.			-685.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

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

• •) shown on return								ocial securit	
	S KULUKURI								49-469	
Part		s From Rental Real Estate and Rog instructions. If you are an individual, rep	-							
A Die	d you make any payme	nts in 2021 that would require you to	o file Fo	orm(s) 1	099? S	ee inst	ructions .		🗆 ۱	íes 🛛 No
B If "	Yes," did you or will yo	ou file required Form(s) 1099?							🗆 ۱	íes 🗌 No
1a		each property (street, city, state, ZIF								
Α	KALINGANAGAR,	MADHAVADHA VISAKHAPATNAM	1 ANI	DHRA P	RADE	SH I	N 53000	7		
В										
С										
1b	Type of Property (from list below)	2 For each rental real estate prop above, report the number of fa	perty li ir renta	sted al and			Rental Days		nal Use ays	QJV
Α	3	personal use days. Check the if you meet the requirements to qualified joint venture. See inst	QJV b	ox only	Α		365		0	
B		qualified joint venture. See inst	truction	รล เร.	B		505		0	
	+			F	C					
	of Property:				•					
	gle Family Residence	3 Vacation/Short-Term Rental	5 Iar	hd		7 Self-	Rental			
	ti-Family Residence	4 Commercial		valties			r (describe)			
Incon	,	Properties:		yantioo	Α		B			С
3	Rents received	· · · · · · · · · · · · ·	3			600.				•
4			4							
Exper		<u> </u>	· ·							
5			5							
6		nstructions)	6							
7	-		7			600.				
8			8			000.				
9			9							
10		ssional fees	10							
11	e .		11			900.				
12	-	d to banks, etc. (see instructions)	12			500.				
13			13							
14			14		1.	200.				
15			15			500.				
16			16		±,	500.				
17			17		1	800.				
18	Depreciation expense		18		±,	000.				
19	Other (list)		19							
20		lines 5 through 19	20		6	000.				
	·	line 3 (rents) and/or 4 (royalties). If	20		•,	000.				
21	result is a (loss), see	instructions to find out if you must								
			21		-5,	400.				
22		l estate loss after limitation, if any, structions)	22	(5,4	100.)	()()
23a		eported on line 3 for all rental prope				23a		600	•	,
b		eported on line 4 for all royalty prop				23b				
C		eported on line 12 for all properties				23c				
d		eported on line 18 for all properties				23d				
e		eported on line 20 for all properties				23e		6,000		
24		e amounts shown on line 21. Do no						. 24	_	
25		sses from line 21 and rental real estate				nter tot	al losses her			5,400.)
26		ate and royalty income or (loss).								/
20	here. If Parts II, III, I	V, and line 40 on page 2 do not 40), line 5. Otherwise, include this ar	apply	to you,	also e	enter tl	nis amount		6	-5,400.

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.

Department of the Treasury Internal Revenue Service (99)

SCHEDULE E

(Form 1040)

For Paperwork Reduction Act Noti	ce, see the separate instructions.

Schedule E (Form 1040) 2021

OMB No. 1545-0074

2 ((Attachment Sequence No. 13

► Go to www.irs.gov/ScheduleE for instructions and the latest information.

Name(s	5) 5110 WI		etum
NTVZ	AS KI	IT.TT	KIIR

Department of the Treasury

Name(s) shown on return

Internal Revenue Service (99)

NTVAS KULUKURT

Passive Activity Loss Limitations

► See separate instructions.

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

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

1c (

OMB No. 1545-1008 20 Attachment Sequence No. 858

-5,400.

Identifying number 755-49-4694

1d

				,	 1001
Par	t I 2021 Passive Activity Loss			·	
	Caution: Complete Parts IV and V before completing Part I.				
	I Real Estate Activities With Active Participation (For the definition of active parance for Rental Real Estate Activities in the instructions.)	ticipat	on, see	e Special	
1 a	Activities with net income (enter the amount from Part IV, column (a))	1a		0.	
b	Activities with net loss (enter the amount from Part IV. column (b))	1b	(5,400.)	

All Other Passive Activities	All	Other	Passive	Activities
------------------------------	-----	-------	---------	------------

b	Activities with net income (enter the amount from Part V, column (a)) Activities with net loss (enter the amount from Part V, column (b)) Prior years' unallowed losses (enter the amount from Part V, column (c))	2a 2b () 2c ()		
	Combine lines 2a, 2b, and 2c	- (2d	
3	Combine lines 1d and 2d. If this line is zero or more, stop here and include this for all losses are allowed, including any prior year unallowed losses entered on line losses on the forms and schedules normally used	1c or 2c. Report the	3	-5,400.

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

c Prior years' unallowed losses (enter the amount from Part IV, column (c)) . .

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

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

Par	rt II Special Allowance for Rental Real Estate Activities With Active Participation		
	Note: Enter all numbers in Part II as positive amounts. See instructions for an example.		
4	Enter the smaller of the loss on line 1d or the loss on line 3	. 4	5,400.
5	Enter \$150,000. If married filing separately, see instructions 5 150,00	00.	
6	Enter modified adjusted gross income, but not less than zero. See instructions 6 131, 3	01.	
	Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7.		
7	Subtract line 6 from line 5	99.	
8	Multiply line 7 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instruct	tions 8	9,350.
9	Enter the smaller of line 4 or line 8	. 9	5,400.
Par	t III Total Losses Allowed		
10	Add the income, if any, on lines 1a and 2a and enter the total	. 10	0.
11	Total losses allowed from all passive activities for 2021. Add lines 9 and 10. See instructions to	find	
	out how to report the losses on your tax return	. 11	5,400.
Par	t IV Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions.		

	Currer	nt year	Prior years	Overall gain or loss		
Name of activity	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss	
KALINGANAGAR, MADHAVADHA	0.	5,400.			5,400.	
Total. Enter on Part I, lines 1a, 1b, and 1c ►	0.	5,400.				
For Panerwork Reduction Act Notice see instru	uctions				Earm 8582 (2021)	

or Paperwork Reduction Act Notice, see instructions. BAA REV 04/01/22 PRO

Form **8582** (2021)

Form 8582 (2021)								Page 2
Part V Complete This Part Before	re Part I, Lines 2	a, 2b, a	nd 2c. S	ee instru	ctions.			ł
	Currer	nt year		Prior y	ears	Overa	ll ga	in or loss
Name of activity	(a) Net income (line 2a)	(b) Ne (line	et loss e 2b)	(c) Unal loss (lin	owed e 2c) (d) Gain			(e) Loss
Total Enter on Dart Llinco 0a, 0h, and 0a								
Total. Enter on Part I, lines 2a, 2b, and 2c ▶Part VIUse This Part if an Amou	nt Is Shown on F	Part II I	ine 9 S	ee instru	tions			
	Form or schedule							
Name of activity	and line number to be reported on (see instructions)	(a) L	_OSS	(b) Ra	atio	(c) Special allowance		(d) Subtract column (c) from column (a).
KALINGANAGAR, MADHAVADHA	E Ln 22	I X	5,400.	1.0000	0000	5,40	0.	0.
 Total	•		5,400.	1.0	0	5,40	0	0.
Part VII Allocation of Unallowed I	Losses. See instr		<i>,</i> 100.	1.0	•	3710	••	0.
Name of activity	Form or schu and line nur to be reporte (see instruct	mber ed on	(a) I	_OSS	(1	b) Ratio	(c)	Unallowed loss
Total Allowed Losses. See instr		. 🕨				1.00		
	Form or sch	edule						
Name of activity	and line nur to be reporte (see instruct	mber ed on	(a) I	_OSS	(b) Un	allowed loss	(c) Allowed loss
Total		. 🕨						0500

Form **8582** (2021)

DEPARTMENT OF REVENUE





NIV2 Your Fir	AS st Name and Initial	KULUKURI Last Name	755494694 Your Social Security Number	er 05171990 Your Date of Birth (MM/DD/YYY)
If a Joint	t Return, Spouse's First Name and Initial	Spouse's Last Name	Spouse's Social Security Nur	nber Spouse's Date of Birth
<u>865</u>	5 BROOKHOLLOW BLVI Home Address) APT #11217	Check if Address is:	New Foreign
<u>FRIS</u> City			TX State	75034
	Federal Filing Status (pla	ice an X in one box):	State	
	.) Single (2) Married Filing Jointly			hold (5) Qualifying Widow(er)
Depe	endents (see instructions)	•		
Depend	dent 1 First Name	Dependent 1 Last Name	Dependent 1 SSN	Dependent 1 Relationship to You
Depend	dent 2 First Name	Dependent 2 Last Name	Dependent 2 SSN	Dependent 2 Relationship to You
Depend	dent 3 First Name	Dependent 3 Last Name	Dependent 3 SSN	Dependent 3 Relationship to You
	Your Federal Return (see in 131871	0	0	113051
A. Wag		A, pensions, and annuities). Federal taxable income
1			0 and 1040-SR)	
3				
4			duction (see instructions)	10505
5	-			
6				
7			Iule M1MB (see instructions)	10505
8	Iotal subtractions. Add lines 4 th	rough 7		. 812525
9	Minnesota taxable income. Sub			
		tract line 8 from line 3. If zero o	r less, leave blank.	9 <u>113376</u>



11	Alternative minimum tax (enclose Schedule M1MT)		.11 🔳	
				7566
12 13	Add lines 10 and 11		.12	
13	Part-year residents: Enter the amount from the 12 of the 15. Part-year residents and nonresidents: From Schedule M1NR, e	•		
	line 13, from line 28 on line 13a, and from line 29 on line 13b		13	
	13a 5035 13b 125901			
14	Other taxes, such as recapture amounts and the tax on lump-	sum distributions (check appropriate boxes)		
	(a) Schedule M1HOME (b) Schedule M1529	(c) Schedule M1LS	14	
15	Tax before credits. Add lines 13 and 14		15	
			–	
16	Amount from line 18 of Schedule M1C, Nonrefundable Credit	s (enclose Schedule M1C)	16	
17	Subtract line 16 from line 15 (if result is zero or less, leave bla	nk)	17	303
18	Nongame Wildlife Fund contribution (see instructions)	, •		
	This will reduce your refund or increase the amount you owe		18	
10	Add lines 17 and 10		10	303
19 20	Add lines 17 and 18 Minnesota income tax withheld. Complete and enclose Sched		19	
20	Minnesota withholding from Forms W-2, 1099, and W-2G (do n		20	315
21	Minnesota estimated tax and extension payments made for 2	021	21	
	And the second sec		<u> </u>	
22	Amount from line 11 of Schedule M1REF, Refundable Credits	(see Instructions; enclose Schedule WIREF)	22 🔳	
23	Total payments. Add lines 20 through 22		23	315
24	$\ensuremath{\textbf{REFUND}}.$ If line 23 is more than line 19, subtract line 19 from			1.0
25	For direct deposit, complete line 25		24	12
25	Direct deposit of your refund (you must use an account not a	ssociatea with a joreign bank).		
		<u>483057282278</u>		
	Routing Number	Account Number		
	AMOUNT YOU OWE. If line 19 is more than line 23, subtract I		26	
27	Penalty amount from Schedule M15 (see instructions). Also su this amount from line 24 or add it to line 26 (enclose Schedule		27	
IF Y	DU PAY ESTIMATED TAX and want part of your refund credited		2/	
28	Amount from line 24 you want sent to you		28	
	Amount from line 24 you want applied to your 2022 estimate aver: I declare that this return is correct and complete to the be		29 🔳	
тахр	ayer: I decidre that this return is correct and complete to the be	est of my knowledge and bellej.		
		Concerned a Concerner (IE Filing Initial)		
	Signature	Spouse's Signature (If Filing Jointly)	Da	ate (MM/DD/YYYY)
	34210653 me Phone	NIVASKULUKURI@GMAIL.COM Email Address		
SYA	AM PRIYA RAM SAGAR GUPTA TALLAM	04112022	Ρ	02082703
	reparer's Signature	Date (MM/DD/YYYY)		TIN or VITA/TCE # (required)
	39659522	SYAM@GTAXFILE.COM		
гера	rer's Daytime Phone	Preparer's Email Address		
	I do not want my paid preparer to file my return electronically.	I authorize the Minnesota Department of Revenue		
-	Include a copy of your 2021 federal return and schedules. Mail to: Minnesota Individual Income Tax, Mail Station 0010,	with the preparer or the third-party designee indica	ated on n	iy iederal return.
	REV 04/01/22 PRO	1031		_

DEPARTMENT OF REVENUE



2021 Schedule M1NR, Nonresidents/Part-Year Residents Before you complete this schedule, read the instructions and complete lines 1 through 11 of Form M1.

	VAS	KULUKURI		75549			
Your	First Name and Initial	Your Last Name	ial Security Number				
Spoι	se's First Name and Initial	Spouse's Last Name	Spouse's Last Name				
Min	nesota Residency (Place an X in one box and er						
You:	Full-year Nonresident Part-	/ear Resident fromto (MM/DD/YYYY)	O Ot	her State of Residency: $_ extsf{T}$	X		
Your	Spouse: Full-year Nonresident Part-Y	/ear Resident fromto (MM/DD/YYYY)	0OOt (MM/DD/YYYY) Ot	her State of Residency:			
				A. Total Amount	B. Minnesota Portion		
1	Wages, salaries, tips, etc. (from line 1 of	federal Form 1040 or 1040-SR) .	1_	131871	5035		
2	Taxable interest and ordinary dividend in	ncome (lines 2b and 3b of Form 10	040 or 1040-SR) . 2	115	0		
3	Business income or loss (from line 3 of for	ederal Schedule 1)	3_				
4	Capital gain or loss (from line 7 of Form	1040 or 1040-SR)	4_	-685	0		
5	IRA distributions, pensions, and annuitie		040 or 1040-SR). 5				
6	Net income from rents, royalties, partne estates, and trusts (from line 5 of federa		6_	-5400	0		
7 8	Farm income or loss (from line 6 of feder Other income (add lines 6b of Form 104	0 or 1040-SR and					
9	lines 1, 2a, 4, 7, and 9 of federal Schedul Interest and dividends from non-Minnes (add lines 1 and 2 of Schedule M1M)	sota state or municipal bonds					
10	Bonus depreciation addition from line 1	of Schedule M1MB					
11	If you entered an amount on line 9 of Sc	hedule M1REF, see instructions .			•		
12	Suspended loss from line 4 of Schedule	M1MB			•		
13	Other required additions from Schedule	M1M and M1AR (see instructions	;)13				
14	Federal adjustments from Schedule M11	NC (See instructions)					
15	Add lines 1 through 14 for each column			125901	■		
lf yo	ur Minnesota gross income is below \$12	,525, see instructions.					
16	Educator expenses, certain business exp (add lines 11, 12, and 14 of federal Scher						
17	Self-employed SEP, SIMPLE, and qualifie (add lines 16 and 20 of federal Schedule						
18	Health savings account and Archer MSA (add lines 13 and 23 of federal Schedule						
19	One-half of self-employment tax and sel	f-employed health insurance					
20	(add lines 15 and 17 of federal Schedule Deductions for alimony paid and studen	t loan interest		0			
	(see instructions for line 20, column B).			0	0		
1		1001					

2021 Form M1NR, page 2



21	Penalty on early withdrawal of savings (from line 18 of federal Schedule 1) 21		
22	Net operating loss carryover adjustment from line 13 of Schedule M1MB (see instructions) 22		
2	Social Security benefit from line 12 of Schedule M1M (see instructions)		
24 2	Subtraction for federal bonus depreciation from line 10 of Schedule M1MB 24	ľ	
	received while a nonresident (add lines 14 and 22 of Schedule M1M) 25		
26	Subtraction for federal section 179 expensing (from line 11 of Schedule M1MB) 26		
27	Add lines 16 through 26 for each column		0
28	M1. If your Minnesota gross income is below \$12,525 or the result is zero or less, enter 0	8	5035
29 30	Subtract line 27, column A, from line 15, column A. Enter the result here and on line 13b of Form M1 Divide line 28 by line 29, and enter the result as a decimal (carry to five decimal)		
50	places). If line 28 is more than line 29, enter 1.0. If line 28 is zero, enter 0)	.03999
31	Amount from line 12 of Form M1	L	7566
32	Multiply line 30 by line 31. Enter the result here and on line 13 of Form M1	2	303

You must include this schedule with Form M1. Enter the amounts from lines 28 and 29 of this schedule on Form M1, lines 13a and 13b.

DEPARTMENT OF REVENUE

If a Joint Return, Spouse's First Name and Initial

2

3

4



Spouse's Social Security Number

2021 Schedule M1W, Minnesota Income Tax Withheld

Complete this schedule to report Minnesota income tax withheld. Include this schedule when you file your return.

Spouse's Last Name

NIVAS	KULUKURI	755494694
Your First Name and Initial	Last Name	Your Social Security Number

If you received a federal Form W-2, 1099, W-2G, 1042-S, or Minnesota Schedule KPI, KS, or KF showing Minnesota income tax withheld, complete this schedule to determine line 20 of Form M1. List only the forms that report Minnesota income tax withheld. Round dollar amounts to the nearest whole dollar. You must include this schedule when you file your return. **DO NOT** send in your Forms W-2, 1099, or W-2G; keep them with your tax records. All instructions are included on this schedule.

1 Minnesota wages and Minnesota tax withheld on Forms W-2, other than from Forms W-2G. If you have more than five Forms W-2, complete line 5 on the back.

Α	B—Box 13	C—Box 15	D—Box 16	E—Box 17
If the Form W-2 is for:	If Retirement Plan	Employer's seven-digit Minnesota	State wages, tips, etc.	Minnesota tax withheld
• you, enter 1	box is checked,	Tax ID Number	(round to nearest whole dollar)	(round to nearest whole dollar)
• spouse, enter 2	mark X below.			
a1 1	b1 ×	c1 MN 2917240	d15035	e1 315
			u	<u> </u>
a2	b2	c2 MN	d2	e2
uz				62
a3	b3	c3 MN	d3	e3
a5			us	e5
a4	b4	c4 MN	d4	e4
a+			u	64
2 F	b5	c5 MN	d5	а Г
a5			us	е5
Subtotal for addition	nal Forms W-2 (from	n line 5 on page 2)		·
				_ 215
Total Minnesota tax	withheld on all Fo	rms W-2 (add amounts in line 1, co	umn E)	1 ∎ <u>315</u>
Minnesota tax with	neld on Forms 1099,	W-2G, and 1042-S. If you have mo	re than four forms, complete line	6 on the back.
Α		В	С	D
If the Form 1099, W-2G	, or 1042-S is for:	Payer's seven-digit Minnesota Tax ID	Income amount (see the table on	Minnesota tax withheld
 you, enter 1 		Number (if unknown, contact the pay	ver) the back for amounts to include)	(round to nearest whole
• spouse, enter 2				
a1		b1 MN	c1	d1
a2		b2 MN	c2	d2
				42
a3		b3 MN	c3	d3
				us
a4		b4 MN	c4	d4
d4				d4
		1012 5 ((
Subtotal for addition	nai 1099, w-2G, and	1042-S (from line 6 on page 2)		
Total Minnesota tax	withheld on all 10	99, W-2G, and 1042-S (add amount	ts in line 2, column D)	2
		erships, S corporations, and fiducia		
0 1 5	,			3
Total. Add the Minn				.
Enter the total here	and on line 20 of Fo	orm M1		4 315
		Include this schedule wit		
		If required, include Schedu	es KPI, KS, and KF.	
		1.0.04		

104		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		(99) urn	202	1	OMB No. 1545	5-0074	IRS Use	e Only	–Do not v	vrite or staple	in this space.
Filing Status Check only one box.	lf yo	Single Married filing jointly ou checked the MFS box, enter the n son is a child but not your dependen	ame of y	-			Head of Head of Head of						
Your first name	e and mi	iddle initial	Last na	me							Your so	cial securi	y number
NIVAS			KULU	JKURI							755-	49-469	4
lf joint return, s	pouse's	s first name and middle initial	Last na	me							Spouse	's social se	curity number
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.				A	pt. no.		Preside	ential Election	on Campaign
8655 BR	OOKH	OLLOW BLVD				_		1	1217			here if you,	
City, town, or p	oost offi	ce. If you have a foreign address, also co	mplete s	paces bel	ow.	Stat	te	ZIP co	de				tly, want \$3 Checking a
FRISCO						TΣ	K	750	34			low will not	
Foreign countr	y name		F	Foreign pr	ovince/state	/count	ty	Foreig	n postal o	code	your ta	x or refund.	_
												You	Spouse
At any time du	uring 20	021, did you receive, sell, exchange,	or othe	rwise dis	spose of an	y fina	incial interest	in any	virtual c	urrer	icy?	Yes	X No
Standard Deduction	_	eone can claim:					a dependent						
Age/Blindnes	s You:	: 🗌 Were born before January 2, 1	957	Are bli	nd Sp	ouse	: 🗌 Was bo	rn befo	re Janu	ary 2	, 1957	🗌 ls bl	ind
Dependent	s (see	instructions):		(2) S	ocial securit	y	(3) Relationsh	nip	(4) 🖌	if qu	ualifies fo	or (see instru	ctions):
If more	(1) F	irst name Last name		number to you			Child	tax cr	edit	her dependents			
than four													
dependents, see instruction	s												
and check													
here 🕨 🗌													
	1_	Wages, salaries, tips, etc. Attach F	orm(s)	W-2 .							. 1	1	31,871.
Attach	2a	Tax-exempt interest	2a			bΤ	axable interes	t.			2t)	80.
Sch. B if required.	<u>3a</u>	Qualified dividends	3a		35.	b C	ordinary divide	nds .			. 3ł)	35.
) 4a	IRA distributions	4a			bΤ	axable amoun	ıt			. 4k	>	
	5a	Pensions and annuities	5a			bΤ	axable amoun	ıt			. 5ł)	
Standard	6a	Social security benefits	6a			bΤ	axable amoun	nt			. 6ł	>	
 Deduction for — Single or 	7	Capital gain or (loss). Attach Sche	dule D if	f required	l. If not req	uired	, check here				7	_	-685.
Married filing	8	Other income from Schedule 1, lin	e 10							•	. 8		-5,400.
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	'his is yo	ur total inc	ome				. 1	▶ 9	12	25,901.
 Married filing jointly or 	10	Adjustments to income from Sche	dule 1, l	ine 26						•	. 10)	
Qualifying	11	Subtract line 10 from line 9. This is	s your a	djusted	gross inco	me		· ·		. 1	► <u>1</u> 1	1 12	25,901.
widow(er), \$25,100	_12a	Standard deduction or itemized		•		,	12	a	12,	55(
Head of	b	Charitable contributions if you take	the star	ndard deo	duction (see	instr	uctions) 12	b		300).		
household, \$18,800	с									•	. 12	c	12,850.
 If you checked any box under 	13	Qualified business income deduct	ion from	Form 89	995 or Form	ו 899	5-A			•	. 13		
Standard	14									•	. 14		12,850.
Deduction, see instructions.	15	Taxable income. Subtract line 14	from lin	e 11. lf z	ero or less	ente	r-0		• •	•	1	5 11	13,051.

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

Form **1040** (2021)

Form 1040 (2021)									Page 2
	16	Tax (see instructions). Check in	f any from Form	(s): 1 🗌 881	4 2 🗌 4972	3 🗌		16	21,1	150.
	17	Amount from Schedule 2, line	e3					17		
	18	Add lines 16 and 17						18	21,1	150.
	19	Nonrefundable child tax cred	it or credit for o	ther depender	nts from Schedule	e 8812		19		
	20	Amount from Schedule 3, line	e8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18.	If zero or less,	enter -0				22	21,1	150.
	23	Other taxes, including self-en	nployment tax,	from Schedule	e 2, line 21 .			23		0.
	24	Add lines 22 and 23. This is y	our total tax				. 🕨	24	21,1	150.
	25	Federal income tax withheld t	from:							
	а	Form(s) W-2				25a 21	,954.			
	b	Form(s) 1099				25b				
	с	Other forms (see instructions)				25c				
	d	Add lines 25a through 25c .						25d	21,9	954.
	26	2021 estimated tax payments						26	· ·	
If you have a qualifying child,	27a	Earned income credit (EIC) .			37.	27a				
attach Sch. EIC.		Check here if you were be								
		January 2, 2004, and you								
		taxpayers who are at least ag			structions 🕨 📋					
	b	Nontaxable combat pay elect				-				
	С	Prior year (2019) earned incor								
	28	Refundable child tax credit or				28		-		
	29	American opportunity credit f				29				
	30	Recovery rebate credit. See i				30				
	31	Amount from Schedule 3, line				31				
	32	Add lines 27a and 28 through						32		
	33	Add lines 25d, 26, and 32. Th					. 🕨	33		954.
Refund	34	If line 33 is more than line 24,					· .	34		304.
	35a	Amount of line 34 you want r						35a		304.
Direct deposit? See instructions.	►b	Routing number 0 2 1				Checking	Savings			
See instructions.	►d	Account number 4 8 3								
	36	Amount of line 34 you want a	pplied to your	2022 estimate	ed tax 🕨	36				
Amount	37	Amount you owe. Subtract li				see instructions	. 🕨	37		
You Owe	38	Estimated tax penalty (see ins	structions) .		🕨	38				
Third Party		you want to allow another	person to disc	cuss this retui	rn with the IRS?					
Designee		tructions				▶ Yes. Co			X No	
		signee's ne ►		Phone no.			onal identif oer (PIN) 🕨			
0:		der penalties of perjury, I declare th	at I have exemine				()			
Sign		ef, they are true, correct, and comp								
Here	Yo	ur signature		Date	Your occupation		If the	IRS sent	t you an Identi	ity
							Prote	ction PI	N, enter it here	
Joint return?					SOFTWARE H	ENGINEER	(see i	nst.) 🕨		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, be	oth must sign.	Date	Spouse's occupat	ion			t your spouse	
your records.	,							nst.) 🕨	ction PIN, ente	er it nere
	Dh	(E10) 401 0(E2	<u> </u>	Email address		ID TO CMA TI CC				
		one no. (518) 421-0653 parer's name		Email address	NIVASKULUK	URI@GMAIL.CC	PTIN		Check if:	
Paid			Preparer's signat					,	Self-emp	loved
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GUPTA TALLAM	04/11/2022	P02082		·	
Use Only		n's name ► GLOBAL TAX		··· ······					678)965-	
		n's address ► 2530 Pebbl		n cummin	-		Firm'	s EIN 🕨	30-101	
Go to www.irs.go	ov/Forn	1040 for instructions and the lates	t information.		BAA	REV 04/01/22 PRO			Form 104	IU (2021)

SCHEDULE	1
(Form 1040)	

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Department of the Treasury

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

2a

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4

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6

7

-5,400.

Internal Revenue Service	ŝ	Sequence No. 01		
Name(s) shown on Fo	Your soc	cial s	ecurity number	
NIVAS KULUKURI		755-49	9-46	594
Part I Addition	onal Income			
1 Taxable refu	unds, credits, or offsets of state and local income taxes		1	

Additional Income	
Taxable refunds, credits, or offsets of state and local income taxes	8
Alimony received	
Date of original divorce or separation agreement (see instructions) \blacktriangleright	•
Business income or (loss). Attach Schedule Commun.	
Other gains or (losses). Attach Form 4797	
Rental real estate, royalties, partnerships, S corporations, transference Schedule E	usts, etc. Attach
Farm income or (loss). Attach Schedule F	
Unemployment compensation	
Other income:	
Net operating loss	8a (
Gambling income.....................	8b
Cancellation of debt	8c
Foreign earned income exclusion from Form 2555	8d (
Taxable Health Savings Account distribution	8e
Alaska Permanent Fund dividends	8f
Jury duty pay	8g
Prizes and awards	8h
Activity not engaged in for profit income	8i
Stock options	8j
Income from the rental of personal property if you engaged in	
the rental for profit but were not in the business of renting such property	8k
Olympic and Paralympic medals and USOC prize money (see	
instructions)	81
Section 951(a) inclusion (see instructions)	8m
Section 951A(a) inclusion (see instructions)	8n
Section 461(I) excess business loss adjustment	80
Taxable distributions from an ABLE account (see instructions) .	8p
Other income. List type and amount ►	
	8z

9 Total other income. Add lines 8a through 8z
10 Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8

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

Schedule 1 (Form 1040) 2021

-5,400.

9

10

Par	Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee- officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the \ensuremath{Armed} Forces. Attach \ensuremath{Form}	3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE $\$.		15	
16	Self-employed SEP, SIMPLE, and qualified plans $\ . \ . \ . \ .$		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN	►		
С	Date of original divorce or separation agreement (see instructions)	•		
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
а	Jury duty pay (see instructions)	24a	-	
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	24b		
С	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 81	24c		
d	Reforestation amortization and expenses	24d		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f	-	
g	Contributions by certain chaplains to section 403(b) plans	24g	-	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i		
j	Housing deduction from Form 2555	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
Z	Other adjustments. List type and amount ►	24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments there and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line		26	

SCHEDULE D

(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

	Attach to Form 1040, 1040-SR, or 1040-NR.
Go to w	ww.irs.gov/ScheduleD for instructions and the late

Go to www.irs.gov/ScheduleD for instructions and the latest information.
 Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

2021 Attachment Sequence No. 12

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

NIVAS KULUKURI

Your social security number

755-49-4694

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	g your gain	or loss.	

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

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, I line 2, colum	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1 a	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.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	1,002.	1,687.			-685.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term gain from Form 6252 and short-term gain or (I	324	4			
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1	5				
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions						()
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	7	-685.			

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

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

Part	III Summary		
16	Combine lines 7 and 15 and enter the result	16	-685.
	• If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.		
	• If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.		
	• If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.		
17	Are lines 15 and 16 both gains?		
	No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
20	Are lines 18 and 19 both zero or blank and are you not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below.		
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:		
	 The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500) 	21 (685.)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?		
	Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.		
	□ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

Schedule D (Form 1040) 2021

Form **8949**

Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

► Go to www.irs.gov/Form8949 for instructions and the latest information.

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

2021 Attachment Sequence No. 12A

Name(s) shown on return NIVAS KULUKURI

755-49-4694

Social security number or taxpaver identification number

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

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

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

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

X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below	If you enter an enter a co See the sep	amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss). Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
KOINLY REPORT	01/01/21	12/31/21	764.	801.			-37.
Robinhood Securities LLC	01/01/21	12/31/21	150.	803.			-653.
COINTRACKER	04/22/21	05/15/21	88.	83.			5.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked). or line 3 (if Box (al here and inc is checked), lir	lude on your ne 2 (if Box B	1,002.	1,687.			-685.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

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

• •) shown on return								ocial securit	
	S KULUKURI								49-469	
Part		s From Rental Real Estate and Rog instructions. If you are an individual, rep	-							
A Die	d you make any payme	nts in 2021 that would require you to	o file Fo	orm(s) 1	099? S	ee inst	ructions .		🗆 ۱	íes 🛛 No
B If "	Yes," did you or will yo	ou file required Form(s) 1099?							🗆 ۱	íes 🗌 No
1a		each property (street, city, state, ZIF								
Α	KALINGANAGAR,	MADHAVADHA VISAKHAPATNAM	1 ANI	DHRA P	RADE	SH I	N 53000	7		
В										
С										
1b	Type of Property (from list below)	2 For each rental real estate prop above, report the number of fa	perty li ir renta	sted al and			Rental Days		nal Use ays	QJV
Α	3	personal use days. Check the if you meet the requirements to qualified joint venture. See inst	QJV b	ox only	Α		365		0	
B		qualified joint venture. See inst	truction	รล เร.	B		505		0	
	+			F	C					
	of Property:				•					
	gle Family Residence	3 Vacation/Short-Term Rental	5 Iar	hd		7 Self-	Rental			
	ti-Family Residence	4 Commercial		valties			r (describe)			
Incon	,	Properties:		yantioo	Α		B			С
3	Rents received	· · · · · · · · · · · · ·	3			600.				•
4			4							
Exper		<u> </u>	· ·							
5			5							
6		nstructions)	6							
7	-		7			600.				
8			8			000.				
9			9							
10		ssional fees	10							
11	e .		11			900.				
12	-	d to banks, etc. (see instructions)	12			500.				
13			13							
14			14		1.	200.				
15			15			500.				
16			16		±,	500.				
17			17		1	800.				
18	Depreciation expense		18		±,	000.				
19	Other (list)		19							
20		lines 5 through 19	20		6	000.				
	·	line 3 (rents) and/or 4 (royalties). If	20		•,	000.				
21	result is a (loss), see	instructions to find out if you must								
			21		-5,	400.				
22		l estate loss after limitation, if any, structions)	22	(5,4	100.)	()()
23a		eported on line 3 for all rental prope				23a		600	•	,
b		eported on line 4 for all royalty prop				23b				
C		eported on line 12 for all properties				23c				
d		eported on line 18 for all properties				23d				
e		eported on line 20 for all properties				23e		6,000		
24		e amounts shown on line 21. Do no						. 24	_	
25		sses from line 21 and rental real estate				nter tot	al losses her			5,400.)
26		ate and royalty income or (loss).								/
20	here. If Parts II, III, I	V, and line 40 on page 2 do not 40), line 5. Otherwise, include this ar	apply	to you,	also e	enter tl	nis amount		6	-5,400.

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.

Department of the Treasury Internal Revenue Service (99)

SCHEDULE E

(Form 1040)

For Paperwork Reduction Act Noti	ce, see the separate instructions.

Schedule E (Form 1040) 2021

OMB No. 1545-0074

2 ((Attachment Sequence No. 13

► Go to www.irs.gov/ScheduleE for instructions and the latest information.

Name(s	5) 5110 WI		etum
NTVZ	AS KI	IT.TT	KIIR

Department of the Treasury

Name(s) shown on return

Internal Revenue Service (99)

NTVAS KULUKURT

Passive Activity Loss Limitations

► See separate instructions.

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

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

1c (

OMB No. 1545-1008 20 Attachment Sequence No. 858

-5,400.

Identifying number 755-49-4694

1d

				,	 1001
Par	t I 2021 Passive Activity Loss			·	
	Caution: Complete Parts IV and V before completing Part I.				
	I Real Estate Activities With Active Participation (For the definition of active parance for Rental Real Estate Activities in the instructions.)	ticipat	on, see	e Special	
1 a	Activities with net income (enter the amount from Part IV, column (a))	1a		0.	
b	Activities with net loss (enter the amount from Part IV. column (b))	1b	(5,400.)	

All Other Passive Activities	All	Other	Passive	Activities
------------------------------	-----	-------	---------	------------

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

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

c Prior years' unallowed losses (enter the amount from Part IV, column (c)) . .

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

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

Par	rt II Special Allowance for Rental Real Estate Activities With Active Participation			
	Note: Enter all numbers in Part II as positive amounts. See instructions for an example.			
4	Enter the smaller of the loss on line 1d or the loss on line 3	. 4	5,400.	
5	Enter \$150,000. If married filing separately, see instructions 5 150,00	00.		
6	Enter modified adjusted gross income, but not less than zero. See instructions 6 131, 3	01.		
	Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7.			
7	Subtract line 6 from line 5	99.		
8	Multiply line 7 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instruct	tions 8	9,350.	
9	9 Enter the smaller of line 4 or line 8			
Par	t III Total Losses Allowed			
10	Add the income, if any, on lines 1a and 2a and enter the total	. 10	0.	
11	Total losses allowed from all passive activities for 2021. Add lines 9 and 10. See instructions to	find		
	out how to report the losses on your tax return	. 11	5,400.	
Par	t IV Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions.			

	Currer	Current year		Overall gain or loss		
Name of activity	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss	
KALINGANAGAR, MADHAVADHA	0.	5,400.			5,400.	
Total. Enter on Part I, lines 1a, 1b, and 1c ►	0.	5,400.				
For Panerwork Reduction Act Notice see instru	uctions				Earm 8582 (2021)	

or Paperwork Reduction Act Notice, see instructions. BAA REV 04/01/22 PRO

Form **8582** (2021)

Form 8582 (2021)								Page 2
Part V Complete This Part Before	re Part I, Lines 2	a, 2b, a	nd 2c. S	ee instru	ctions.			ł
			nt year Prior yea		ears	ears Overall g		in or loss
Name of activity	(a) Net income (line 2a)	(b) Ne (line	et loss e 2b)	(c) Unal loss (lin	lowed ie 2c)	(d) Gain		(e) Loss
Total Enter on Dart Llinco 0a, 0h, and 0a								
Total. Enter on Part I, lines 2a, 2b, and 2c ▶Part VIUse This Part if an Amou	nt Is Shown on F	Part II I	ine 9 S	ee instru	tions			
	Form or schedule							
Name of activity	and line number to be reported on (see instructions)	(a) L	_OSS	(b) Ra	atio	(c) Special allowance		(d) Subtract column (c) from column (a).
KALINGANAGAR, MADHAVADHA	E Ln 22	I X	5,400.	1.0000	0000	5,40	0.	0.
 Total	•		5,400.	1.0	0	5,40	0	0.
Part VII Allocation of Unallowed I	Losses. See instr		<i>,</i> 100.	1.0	•	3710	••	0.
Name of activity	Form or schu and line nur to be reporte (see instruct	mber ed on	(a) I	_OSS	(1	b) Ratio	(c)	Unallowed loss
Total Allowed Losses. See instr		. 🕨				1.00		
	Form or sch	edule						
Name of activity	and line nur to be reporte (see instruct	mber ed on	(a) I	_OSS	(b) Un	allowed loss	(c) Allowed loss
Total		. 🕨						0500

Form **8582** (2021)

	Do not staple or paper clip.0098OhioDepartment of Taxation0411	2021 Ohic Individual Incom Use only black ink/UP	ne Tax Return		21000198 Sequence	ce No. 1
	AMENDED RETURN - Check here and include	Ohio IT RE.	NOL CARRYBA	CK - Check here ar	nd include Schedule IT NO	DL.
	Primary taxpayer's SSN (required) ✓ If decease 755 49 4694	ed Spouse's SSN (i	f filing jointly)	If deceased	School district #	
	First name NIVAS	M.I. Last name KULUKU	JRI			
	Spouse's first name (if filing jointly)	M.I. Last name				
	Address line 1 (number and street) or P.O. Box 8655 BROOKHOLLOW BLVD					
	Address line 2 (apartment number, suite number, etc.) APT 11217					
	City		State ZIP code		ounty (first four letters)	
	FRISCO		TX 7503	4 COI	Ū.	
	Foreign country (if the mailing address is outside the U	J.S.)	Foreign postal code	<u>}</u>		
	Residency Status – Check only one for primary		Filing Status	Chack and (as ran	orted on federal income tax	roturn
	Resident X Part-year Nonresid resident Indicate			of household or qu		(Teturn)
	Check only one for spouse (if filing jointly) Resident Part-year Nonresid resident Indicates	, ,	Married filing Married filing		Spouse's SSN	
	Ohio Nonresident Statement – See instruction Primary meets the five criteria for irrebuttable presu		Federal exte	nsion filers - check	here.	
	Spouse meets the five criteria for irrebuttable presu	umption as nonresident.	If someone c dependent, c		r spouse if filing jointly) as a	a
Do not staple or paper clip.	1. Federal adjusted gross income (federal 1040 or if negative			1.	125901	00
e or pa	2a. Additions – Ohio Schedule of Adjustments, line 10	(include schedule)	2	a.		00
stapl	2b.Deductions – Ohio Schedule of Adjustments, line 3	9 (include schedule)	2	b.		00
Do not	3. Ohio adjusted gross income (line 1 plus line 2a mir if negative	,		3.	125901	00
_	4. Exemption amount (include Schedule of Depend			4.	1900	00
	Number of exemptions including you and your spous 5. Ohio income tax base (line 3 minus line 4; if negati		_	5.	124001	00
	6. Taxable business income – Ohio Schedule IT BUS	, line 13 (include sched	ule)	6.		00
	7. Taxable nonbusiness income (line 5 minus line 6; i	f negative, enter zero)		7.	124001	00



MM-DD-YY Code

REV 03/22/22 PRO

IT 1040 - page 1 of 2

2021 Ohio IT 1040



Individual Income Tax Return

ssn 755 49 4694	Indivi					
			_		21000298 Sequenc 124001	
7a. Amount from line 7 on page 1			/a.		124001	00
8a.Nonbusiness income tax liabilit	y on line 7a (see instructions f	for tax tables)		8a.	3656	00
8b.Business income tax liability – 0	Ohio Schedule IT BUS, line 14	4 (include sched	ule)	8b.		00
8c. Income tax liability before credi	its (line 8a plus line 8b)			8c.	3656	00
9. Ohio nonrefundable credits – C	Dhio Schedule of Credits, line	38 (include sche	dule)	9.	2129	00
10. Tax liability after nonrefundable	e credits (line 8c minus line 9;	if negative, enter z	zero)	10.	1527	00
11. Interest penalty on underpayme	ent of estimated tax (include	Ohio IT/SD 2210)		11.		00
12. Unpaid use tax (see instruction	ıs)			12.		00
13. Total Ohio tax liability before	13.	1527	00			
14.Ohio income tax withheld – Sch income statements)				14.	1793	00
15.Estimated and extension payme from last year's return				15.		00
16.Refundable credits – Ohio Sch	16.		00			
17. <u>Amended return only</u> – amou	nt previously paid with origina	l and/or amended	return	17.		00
18. Total Ohio tax payments (add	l lines 14, 15, 16 and 17)			18.	1793	00
19. <u>Amended return only</u> – overpa	ayment previously requested	on original and/or	amended return	19.		00
20. Line 18 minus line 19. Place a "-"	in the box if negative			20.	1793	00
If line 20 is MORE TH	AN line 13, skip to line 24. OT	HERWISE, contir	nue to line 21.			
21. Tax due (line 13 minus line 20).	. If line 20 is negative, ignore t	the "-" and add line	e 20 to line 13	21.		00
22. Interest due on late payment of	· · · · ·			22.		00
23. TOTAL AMOUNT DUE (line 2 (if amended return) and make				∎ ▶ 23.		00
24.Overpayment (line 20 minus lin	ne 13)			24.	266	00
 25. Original return only – portion of 26. Original return only – portion of a. Military Injury Relief 		-	ty ves/Scenic Rivers	25.		00
00	00		00			0.0
d. Breast/Cervical Cancer	e. Wishes for Sick Children	f. Wildlife Specie	Total . es	26g.		00
00	00		00			
27. REFUND (line 24 minus lines 2					266	00
Sign Here (required): I have rea and belief, the return and all enclosures		erjury, I declare that,	to the best of my knowle		our refund is \$1.00 or less, no refund will b f you owe \$1.00 or less, no payment is nec	
Primary signature		Phone number	(518)421-0653	_	NO Payment Included – Mail t Ohio Department of Taxation	0:
Spouse's signature				_	P.O. Box 2679 Columbus, OH 43270-2679	
Check here to authorize your prepa					Payment Included – Mail to: Ohio Department of Taxation	
Preparer's printed name <u>SYAM PR</u>	IYA RAM SAGAR GUP	_ Phone number_(<u>678)965-9522</u>	-	P.O. Box 2057 Columbus, OH 43270-2057	
	Preparer's TIN	(PTIN) P 020	82703		Guumpus, On 43270-2057	



2021 Schedule of Ohio Withholding Use only black ink/UPPERCASE letters.



21350198

Primary taxpayer's SSN

Sequence No. 11

755 49 4694

List your and your spouse's (if filing jointly) W-2, 1099, and W-2G forms **only if they have Ohio withholding**. Enter "P" in the "P/S" box if the form is the primary taxpayer's and enter "S" if it is the spouse's. If the Ohio ID number on a statement has 9 digits, enter only the first 8 digits. Complete additional copies if necessary. **Place state copies of your income statements after the last page of your return**.

Part A - Total Withholding

 1. Total of all Ohio state tax withheld on pages 1 and 2 as well as any additional pages. Enter here and on line 14 of your Ohio IT 1040
 1793 00

<u>Part В -</u> 1. Р/S Р	- <u>W-2s</u> Box b - EIN 310841368	Box 1 - Wages, tips, other compensation 126663 00	Box 2 - Federal income tax withheld 21079 00
	Box 15 - Employer's Ohio ID number 51058307	Box 16 - Ohio wages, tips, etc. 52600 00	Box 17 - Ohio income tax 1793 00
2. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation 0 0	Box 2 - Federal income tax withheld 00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc. 0 0	Box 17 - Ohio income tax
3. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation 0 0	Box 2 - Federal income tax withheld 0 0
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc. 0 0	Box 17 - Ohio income tax
4. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc. 0 0	Box 17 - Ohio income tax
5. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation 0 0	Box 2 - Federal income tax withheld 0 0
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc. 0 0	Box 17 - Ohio income tax
6. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc. 0 0	Box 17 - Ohio income tax
7. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld 0 0
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc. 0 0	Box 17 - Ohio income tax
	iii karhtente mentententententente		





0098

Pa	rt C	<u>- 1099-Rs</u>
1.	P/S	Payer's TIN

Box 15 - Payer's Ohio number

2. P/S Payer's TIN

Box 15 - Payer's Ohio number

3. P/S Payer's TIN

Box 15 - Payer's Ohio number

4. P/S Payer's TIN

Box 15 - Payer's Ohio number

Part D - W-2Gs

1. P/S Payer's federal ID number

Box 13 - Ohio state ID number

Payer's federal ID number 2. P/S

Box 13 - Ohio state ID number

3. P/S Payer's federal ID number

Box 13 - Ohio state ID number

Part E - 1099-NECs 1. P/S Payer's TIN

Box 6 - Payer's Ohio number

Payer's TIN 2. P/S

Box 6 - Payer's Ohio number

2021 Schedule of Ohio Withholding

Primary taxpayer's SSN 755 49 4694

Box 1 - Gross distribution 00

Box 4 - Federal income tax withheld 00

Box 1 - Gross distribution 00

Box 4 - Federal income tax withheld 00

Box 1 - Gross distribution 00

Box 4 - Federal income tax withheld 00

Box 1 - Gross distribution 00

Box 4 - Federal income tax withheld 00

Box 1 - Reportable winnings 00

Box 14 - Ohio state winnings 00

Box 1 - Reportable winnings 00

Box 14 - Ohio state winnings 00

Box 1 - Reportable winnings 00

Box 14 - Ohio state winnings 00

Box 1 - Nonemployee compensation 00

Box 7 - State income 00

Box 1 - Nonemployee compensation 00

Box 7 - State income 00



21350298

Sequence No. 12

Box 7 distribution Distribution code Box 14 - Ohio tax withheld

Total

Total

Total

distribution

distribution

00

Box 7 -Distribution code

Box 14 - Ohio tax withheld 00

> Box 7 -Distribution code

Box 14 - Ohio tax withheld 00

Box 7 -

Total distribution

> Box 14 - Ohio tax withheld 00

Distribution code

Box 4 - Federal income tax withheld 00

> Box 15 - Ohio income tax withheld 00

Box 4 - Federal income tax withheld 00

> Box 15 - Ohio income tax withheld 00

Box 4 - Federal income tax withheld 00

> Box 15 - Ohio income tax withheld 00

Box 4 - Federal income tax withheld 00

> Box 5 - Ohio tax withheld 00

Box 4 - Federal income tax withheld 00

> Box 5 - Ohio tax withheld 00

Schedule of Withholding - page 2 of 2 REV 03/22/22 PRO



0098 Department of Taxation



2021 Ohio Schedule of Credits Use only black ink/UPPERCASE letters.



Primary taxpayer's SSN

0.4	Primary taxpayers 55N 11 22 755 40 4604		21280198 Segu	ence No. 7
04	11 22 755 49 4694 Nonrefundable Credits		Ocqu	
1.	Tax liability before credits (from Ohio IT 1040, line 8c)	1.	3656	00
2.	Retirement income credit (see instructions for table; include 1099-R forms)	2.		00
3.	Lump sum retirement credit (see instructions for worksheet; include a copy)	3.		00
4.	Senior citizen credit (must be 65 or older to claim this credit)	4.		00
5.	Lump sum distribution credit (see instructions for worksheet; include a copy)	5.		00
6.	Child care & dependent care credit (see instructions for worksheet; include a copy)	6.		00
7.	Displaced worker training credit (see instructions for all required documentation; include copies)	7.		00
8.	Campaign contribution credit for Ohio statewide office or General Assembly	8.	C	00
9.	Income-based exemption credit (\$20 times the number of exemptions)	9.	C	00
10.	Total (add lines 2 through 9)	. 10.	C	00
11.	Tax less credits (line 1 minus line 10; if negative, enter zero)	. 11.	3656	00
12.	Joint filing credit (see instructions for table). % times line 11, up to \$650	12.	C	00
13.	Earned income credit	. 13.		00
14.	Home school expenses credit	. 14.		00
15.	Scholarship donation credit	. 15.		00
16.	Nonchartered, nonpublic school tuition credit	. 16.		00
17.	Ohio adoption credit	. 17.		00
18.	Nonrefundable job retention credit (include a copy of the credit certificate)	. 18.		00
19.	Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate)	. 19.		00
20.	Grape production credit	. 20.		00
21.	InvestOhio credit (include a copy of the credit certificate)	21.		00
22.	Lead abatement credit (include a copy of the credit certificate)	. 22.		00
23.	Opportunity zone investment credit (include a copy of the credit certificate)	. 23.		00
24.	Technology investment credit carryforward (include a copy of the credit certificate)	. 24.		00
25.	Enterprise zone day care & training credits (include a copy of the credit certificate)	. 25.		00
26.	Research & development credit (include a copy of the credit certificate)	. 26.		00





	0098 2021 (Primary taxpayer's	SSN	21280298	
		755 49 46	94		nce No. 8
27.	Nonrefundable Ohio historic preservation credit (inclu	ude a copy of the credi	t certificate)27.		00
28.	Total (add lines 12 through 27)			0	00
29.	Tax less additional credits (line 11 minus line 28; if ne	gative, enter zero)		3656	00
	esident Credit	5, ,			
Date	s of Ohio residency 01 01 21 to	05 31 21	Other state of residency	ТХ	
30.	Nonresident Portion of Ohio adjusted gross income - Ohio IT NRC Section I, line 18 (include a copy)		73301 00		
31.	Ohio adjusted gross income (Ohio IT 1040, line 3)	31.	125901 00		
32a.	Divide line 30 by line 31 (four decimals; do not round; if greater than 1, enter 1.0000)		0.5822		
32.	Nonresident credit (line 29 times line 32a)			2129	00
	dent Credit				
	Portion of Ohio adjusted gross income taxed by anoth state or the District of Columbia while an Ohio resider Ohio IT RC, line 1a (include a copy)	nt -	00		
		55.	00		
34.	Ohio adjusted gross income (Ohio IT 1040, line 3)	34.	00		
35a.	Divide line 33 by line 34 (four decimals; do not round; if greater than 1, enter 1.0000)	35a.			
35.	Line 29 times line 35a	35.	00		
36.	2021 income tax liability after credits paid to another state or the District of Columbia - Ohio IT RC, line 1b (include a copy)	36.	00		
37.	Resident credit (enter the lesser of line 35 or line 36) in the boxes below for each state in which income wa	Enter the two-letter state			00
38.	Total nonrefundable credits (add lines 10, 28, 32 ar	nd 37; enter here and or	Ohio IT 1040, line 9)38.	2129	00
	Refundable C	<u>Credits</u>			
39.	Refundable Ohio historic preservation credit (include	a copy of the credit c	ertificate)		00
40.	Refundable job creation credit & job retention credit (in	clude a copy of the cred	it certificate)40.		00
41.	Pass-through entity credit (include a copy of the Oh	io IT K-1s)			00
42.	Motion picture & Broadway theatrical production credi	it (include a copy of the	e credit certificate)42.		00
43.	Venture capital credit (include a copy of the credit c	certificate)			00
44.	Total refundable credits (add lines 39 through 43; en	nter here and on Ohio I1	⁻ 1040, line 16) 44.		00



104		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		(99) urn	202	1	OMB No. 1545	-0074	IRS Use	e Only	–Do not v	vrite or staple	in this space.
Filing Status Check only one box.	lf yo	Single Married filing jointly u checked the MFS box, enter the n on is a child but not your dependen	ame of	-			Head of Head of Head of						
Your first name	e and mi	iddle initial	Last na	me							Your so	ocial securi	ty number
NIVAS			KULU	JKURI							755-49-4694		
lf joint return, s	pouse's	s first name and middle initial	Last na	me							Spouse	's social se	curity number
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.				A	pt. no.		Preside	ential Electi	on Campaign
8655 BR	OOKH	OLLOW BLVD				_		1	1217			here if you,	
City, town, or p	oost offi	ce. If you have a foreign address, also co	omplete s	paces belo	ow.	Stat	te	ZIP co	de				ntly, want \$3 Checking a
FRISCO						TΣ	K	750	34			low will not	
Foreign countr	y name		F	Foreign pro	ovince/state	/count	ty	Foreig	n postal o	code	your ta	x or refund	_
												You	Spouse
At any time du	uring 20	021, did you receive, sell, exchange,	, or othe	rwise dis	pose of an	y fina	incial interest	in any v	virtual c	urrer	icy?	Yes	X No
Standard Deduction	_	eone can claim: Vou as a de Spouse itemizes on a separate retur	•				a dependent						
Age/Blindnes	s You:	Were born before January 2, 1	957	Are bli	nd Sp	ouse	: 🗌 Was bo	rn befo	re Janu	ary 2	, 1957	Is b	lind
Dependent	s (see	instructions):		(2) S	ocial securit	y	(3) Relationsh	nip	(4) 🖌	if qu	ualifies fo	or (see instru	uctions):
If more	(1) F	irst name Last name				credit Credit for other depende							
than four													
dependents, see instruction	s												
and check													
here 🕨 🗌													
	1_	Wages, salaries, tips, etc. Attach F	Form(s) \	W-2 .							. 1	1	31,871.
Attach	2a	Tax-exempt interest	2a			bΤ	axable interes	t.			2t	b	80.
Sch. B if required.	<u>3a</u>	Qualified dividends	3a		35.	b C	ordinary divide	nds .			. 3ł	b	35.
) 4a	IRA distributions	4a			bΤ	axable amoun	t			. 4k	b	
	5a	Pensions and annuities	5a			bΤ	axable amoun	t			. 5ł)	
Standard	6a	Social security benefits	6a			bΤ	axable amoun	t			. 6ł	b	
 Deduction for — Single or 	7	Capital gain or (loss). Attach Sche	dule D if	f required	l. If not req	uired	, check here				7		-685.
Married filing	8	Other income from Schedule 1, lin	e 10							•	. 8		-5,400.
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is yoι	ur total inc	ome				. 1	▶ 9	1:	25,901.
 Married filing jointly or 	10	Adjustments to income from Sche	dule 1, l	ine 26						•	. 10)	
Qualifying	11	Subtract line 10 from line 9. This is	s your a	djusted g	gross inco	me		· ·		. 1	► <u>1</u> 1	1 1	25,901.
widow(er), \$25,100	12a	Standard deduction or itemized	deduct	ions (fror	n Schedule	e A)	12	a	12,	55().		
Head of	b	Charitable contributions if you take	tributions if you take the standard deduction (see instructions) 12b 3					300).				
household, \$18,800	c	Add lines 12a and 12b						. 12	c	12,850.			
 If you checked any box under 	13	Qualified business income deduct	ion from	Form 89	95 or Forn	ו 899	5-A			•	. 13		
Standard	14									•	. 14		12,850.
Deduction, see instructions.	15	Taxable income. Subtract line 14	from lin	e 11. lf ze	ero or less,	ente	r-0			•	1	5 1	13,051.

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

Form **1040** (2021)

Form 1040 (2021	1)							F	Page 2
	16	Tax (see instructions). Check if any	y from Form(s): 1 🗌 881	4 2 4972	3		16	21,1	50.
	17	Amount from Schedule 2, line 3					17		
	18	Add lines 16 and 17					18	21,1	50.
	19	Nonrefundable child tax credit or	credit for other depende	nts 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 ze	ero or less, enter -0			🗌	22	21,1	50.
	23	Other taxes, including self-emplo	yment tax, from Schedul	e 2, line 21		🗌	23		0.
	24	Add lines 22 and 23. This is your	total tax			. 🕨 🗌	24	21,1	
	25	Federal income tax withheld from	ו:						
	а	Form(s) W-2			25a 21,	954.			
	b	Form(s) 1099			25b				
	с	Other forms (see instructions) .			25c				
	d	Add lines 25a through 25c				2	25d	21,9	54.
	26	2021 estimated tax payments an					26		
If you have a qualifying child,	27a	Earned income credit (EIC)		37.	27a				
attach Sch. EIC.		Check here if you were born							
		January 2, 2004, and you sa							
		taxpayers who are at least age 18		structions 🕨 📋					
	b	Nontaxable combat pay election			-				
	С	Prior year (2019) earned income							
	28	Refundable child tax credit or add			28				
	29	American opportunity credit from			29				
	30	Recovery rebate credit. See instr			30				
	31	Amount from Schedule 3, line 15			31				
	32	Add lines 27a and 28 through 31.	•				32		
	33	Add lines 25d, 26, and 32. These					33	21,9	
Refund	34	If line 33 is more than line 24, sub					34		04.
	35a	Amount of line 34 you want refur					85a	8	04.
Direct deposit? See instructions.	►b	Routing number 0 2 1 0			Checking S	avings			
See instructions.	►d	Account number 4 8 3 0							
	36	Amount of line 34 you want appli	ed to your 2022 estimate	ed tax 🕨	36				
Amount	37	Amount you owe. Subtract line 3			see instructions	. 🕨 🛓	37		
You Owe	38	Estimated tax penalty (see instru-	ctions)	🕨	38				
Third Party		you want to allow another pers	son to discuss this retu	rn with the IRS?					
Designee		tructions			Yes. Con	•		No	
		signee's ne ▶	Phone no.	•		nal identifica er (PIN) 🕨	tion		
0:		der penalties of perjury, I declare that I I		d accompanying cab		()			
Sign		ef, they are true, correct, and complete.							
Here	Yo	Ir signature	Date	Your occupation		If the IR	S sent you	an Identity	v -
						Protecti	on PIN, er	iter it here	,
Joint return?				SOFTWARE E	INGINEER	(see ins	t.) 🕨 🔡		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, both r	must sign. Date	Spouse's occupati	on			Ir spouse a	
your records.	,					(see ins		PIN, enter	t nere
	Dh								
		one no. (518) 421-0653 parer's name Pres	Email address	NIVASKULUKU	JRI@GMAIL.CON Date	1 PTIN	Cho	ck if:	
Paid			parer's signature					Self-emplo	avod
Preparer		PRIYA RAM SAGAR GUPTA TALLAM SYA		GUPTA TALLAM	04/11/2022	2020827			<u> </u>
Use Only		n's name ► GLOBAL TAXES) 965-9	
		n's address ► 2530 Pebble		-		Firm's E		0-1017	
Go to www.irs.go	ov/Forn	1040 for instructions and the latest info	ormation.	BAA	REV 04/01/22 PRO			Form 1040	J (2021)

SCHEDULE	1
(Form 1040)	

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Department of the Treasury

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

2a

3

4

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7

-5,400.

Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information	o www.irs.gov/Form1040 for instructions and the latest information.				
Name(s) shown on Fo	ial security number					
NIVAS KULUKURI 755-49-						
Part I Addition	onal Income					
1 Taxable ref	unds, credits, or offsets of state and local income taxes		1			

Additional Income	
Taxable refunds, credits, or offsets of state and local income taxes	8
Alimony received	
Date of original divorce or separation agreement (see instructions) \blacktriangleright	•
Business income or (loss). Attach Schedule Commun.	
Other gains or (losses). Attach Form 4797	
Rental real estate, royalties, partnerships, S corporations, tra	usts, etc. Attach
Farm income or (loss). Attach Schedule F	
Unemployment compensation	
Other income:	
Net operating loss	8a (
Gambling income.....................	8b
Cancellation of debt	8c
Foreign earned income exclusion from Form 2555	8d (
Taxable Health Savings Account distribution	8e
Alaska Permanent Fund dividends	8f
Jury duty pay	8g
Prizes and awards	8h
Activity not engaged in for profit income	8i
Stock options	8j
Income from the rental of personal property if you engaged in	
the rental for profit but were not in the business of renting such property	8k
Olympic and Paralympic medals and USOC prize money (see	
instructions)	81
Section 951(a) inclusion (see instructions)	8m
Section 951A(a) inclusion (see instructions)	8n
Section 461(l) excess business loss adjustment	80
Taxable distributions from an ABLE account (see instructions) .	8p
Other income. List type and amount ►	
	8z

9 Total other income. Add lines 8a through 8z
10 Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8

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

Schedule 1 (Form 1040) 2021

-5,400.

9

10

Par	Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee- officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the \ensuremath{Armed} Forces. Attach \ensuremath{Form}	3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE $\$.		15	
16	Self-employed SEP, SIMPLE, and qualified plans $\ . \ . \ . \ .$		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN	►		
С	Date of original divorce or separation agreement (see instructions)	•		
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
а	Jury duty pay (see instructions)	24a	-	
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	24b		
С	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 81	24c		
d	Reforestation amortization and expenses	24d		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f	-	
g	Contributions by certain chaplains to section 403(b) plans	24g	-	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i		
j	Housing deduction from Form 2555	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
Z	Other adjustments. List type and amount ►	24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments there and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line		26	