Internal Revenue Service

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

Social security number

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

raxpayer s hame	Social Security number				
RAJA BABU NETHI	740-28-5799				
Spouse's name	Spouse's social security number				
DURGA LAKSMI SINDURI NETHI	945-90-8216				
Part I Tax Return Information – Tax Year Ending December 31, 2021 (Ente	r year you are authorizing.)				
Enter whole dollars only on lines 1 through 5.					
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
<b>1</b> Adjusted gross income	<b>1</b> 97,511.				
<b>2</b> Total tax	<b>2</b> 7,793.				
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	· · · · <b>3</b> 15,116.				
4 Amount you want refunded to you	<b>. 4</b> 9,573.				
<b>5</b> Amount you owe	5				
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)					

Under penalties of 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	LLC	to enter or generate my PIN	
				ERO firm name		

	8	5	7	9	9				
Enter five digits, but don't enter all zeros									

1 6

Enter five digits, but don't enter all zeros

0 8 2

my

as mv

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

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

X I authorize GLOBAL TAXES LLC ERO firm name

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

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

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

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

ERO's signature ►	Date 🕨	
	ain This Form — See Instructions n to the IRS Unless Requested To Do So	
	DEV/ 00//7/00 DDO	E 9970 (D 01 0001)

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

Date

to enter or generate my PIN

<b>1040</b>		rtment of the Treasury-Internal Revenue Serv 5. Individual Income Ta		<sup>(99)</sup> 20	21	OMB No. 1	545-00	074 IRS Use Only	y—Do not v	vrite or st	aple i	n this space.
Filing Status Check only one box.	lf yo	Single X Married filing jointly [ u checked the MFS box, enter the r on is a child but not your depender	name of	ed filing separat your spouse. If								
Your first name	and mi	ddle initial	Last na	ime					Your se	ocial se	curit	y number
RAJA BA	ΒU		NETH	ΗI					740-	28-5	799	Э
If joint return, s	pouse's	first name and middle initial	Last na	ime					Spouse	's socia	l sec	urity number
DURGA L	AKSM:	I SINDURI	NETH	ΗI					945-	90-8	216	5
Home address	(numbe	r and street). If you have a P.O. box, see	e instructi	ons.				Apt. no.	Preside	ential El	ectic	on Campaign
2410 WE	ST BI	RIAR LAKE WAY										or your
City, town, or p	ost offic	ce. If you have a foreign address, also co	omplete s	paces below.	St	ate	Z	IP code				tly, want \$3
OAK CRE	ΞK				W	I	5	3154	- U			Checking a change
Foreign countr	y name			Foreign province/	state/cour	nty	F	oreign postal code	your ta			shange
										<b>Y</b>	ou	Spouse
At any time du	iring 20	21, did you receive, sell, exchange	, or othe	erwise dispose o	of any fin	ancial intere	est in a	any virtual curre	ency?	Y	es	X No
Standard	Som	eone can claim: 🗌 You as a de	pondon	t Vours		s a depende	nt		-			
Deduction	_	Spouse itemizes on a separate retu	•		•							
Age/Blindnes	s You:	Were born before January 2, 1	1957 [	Are blind	Spous	e: 🗌 Was	born l	before January	2. 1957		ls bli	nd
Dependent				(2) Social se	-	(3) Relation		(4) ✔ if c				-
If more		rst name Last name		number to you			Child tax o	•	1		er dependents	
than four	KOU	STHUB RAJ NETHI		482-67-5902				×				7
dependents,	MRII	DHANI RAJ NETHI	975-90-377		3772						2	×
see instruction and check	s ——										Ε	]
here 🕨 🗌											Ε	
	1	Wages, salaries, tips, etc. Attach	Form(s)	W-2					. 1		10	9,384.
Attach	2a	Tax-exempt interest	2a		b <sup>-</sup>	Taxable inte	rest		. 21	<b>b</b>		14.
Sch. B if required.	3a	Qualified dividends	3a		b	Ordinary div	idend	s	. 31	<b>b</b>		
	4a	IRA distributions	4a		b	Taxable amo	ount .		. 41	<b>b</b>		
	5a	Pensions and annuities	5a		b <sup>-</sup>	Taxable amo	ount .		. 51	<b>b</b>		
Standard	6a	Social security benefits	6a		b <sup>-</sup>	Taxable amo	ount .		. 61	<b>b</b>		
• Single or	7	Capital gain or (loss). Attach Sche	edule D i	f required. If not	t required	d, check her	e.	🕨	7			-737.
Married filing	8	Other income from Schedule 1, lin	ne 10						. 8			1,150.
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. 1	This is your <b>tota</b>	l income	е			▶ 9		9	97,511.
Married filing	10	Adjustments to income from Sche	edule 1,	line 26					. 10	)		
Jointly or Qualifying	11	Subtract line 10 from line 9. This i	s your <b>a</b>	djusted gross	income		• •		► <u>1</u>	I	9	97,511.
widow(er), \$25,100	12a	Standard deduction or itemized	deduct	ions (from Sche	edule A)		12a	25,10	0.			
<ul> <li>Head of</li> </ul>	b	Charitable contributions if you take	Charitable contributions if you take the standard deduction (see instructions) 12b									
household, \$18,800	С	Add lines 12a and 12b							. 12	с	2	25,100.
<ul> <li>If you checked</li> </ul>	13	Qualified business income deduct	tion from	n Form 8995 or	Form 89	95-A			. 1:	3		
any box under Standard	14	Add lines 12c and 13							. 14	1	2	25,100.
Deduction, see instructions.	15	Taxable income. Subtract line 14	from lir	ne 11. If zero or	less, ent	er-0			. 1	5	7	2,411.
$ \longrightarrow $												

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

Form **1040** (2021)

Form 1040 (202	1)								Page <b>2</b>
	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3 🗌		16	8,293.
	17	Amount from Schedule 2, lin	ne3					17	
	18	Add lines 16 and 17						18	8,293.
	19	Nonrefundable child tax cree	dit or credit for c	ther depender	nts from Schedul	e8812		19	500.
	20	Amount from Schedule 3, lin	ne8					20	
	21	Add lines 19 and 20						21	500.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	7,793.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>				. 🕨	24	7,793.
	25	Federal income tax withheld	from:			1 1			
	а	Form(s) W-2				<b>25a</b> 15	,116.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	,			25c			
	d	Add lines 25a through 25c						25d	15,116.
If you have a	26	2021 estimated tax payment		• •				26	
qualifying child, attach Sch. EIC. [	27a	Earned income credit (EIC)				27a			
		Check here if you were b							
		January 2, 2004, and you taxpayers who are at least a	,						
	b	Nontaxable combat pay elec	-	1 1					
	c	Prior year (2019) earned inco							
	28	Refundable child tax credit or		L	Schedule 8812	<b>28</b> 2	,250.		
	29	American opportunity credit				29	,		
	30	Recovery rebate credit. See				30			
	31	Amount from Schedule 3, lir				31			
	32	Add lines 27a and 28 throug					lits 🕨	32	2,250.
	33	Add lines 25d, 26, and 32. T		•				33	17,366.
Defined	34	If line 33 is more than line 24						34	9,573.
Refund	35a	Amount of line 34 you want <b>refunded to you.</b> If Form 8888 is attached, check here							9,573.
Direct deposit?	►b		Routing number $0   1   1   0   0   0   1   3   8 \rightarrow c$ Type: X Checking Savings						
See instructions.	►d	Account number 0 0 4	6 4 7 7	989			0		
	36	Amount of line 34 you want a	applied to your	2022 estimate	ed tax 🕨	36			
Amount	37	Amount you owe. Subtract	line 33 from line	24. For detail	s on how to pay,	see instructions	. 🕨	37	
You Owe	38	Estimated tax penalty (see in				38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	? See			
Designee		structions	· · · · ·			. 🕨 🗌 Yes. Co	omplete b	below.	🗙 No
		signee's		Phone			onal identi		
		me 🕨		no. 🕨			ber (PIN)		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com							
Here		ur signature		Date	Your occupation				nt you an Identity
				Dato					N, enter it here
Joint return?					IT EMPLOY	E	(see	inst.) 🕨	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupa	tion			it your spouse an
your records.	,				HOME MAKE	D		inst.) 🕨	ection PIN, enter it here
	Dh	one no. (401)369-513	<u>ົ</u>	Email address	•		,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		one no. (401)369-513 eparer's name	∠ Preparer's signat		NEIHIRAJAB	ABU@GMAIL.CC	PTIN		Check if:
Paid		I PRIYA RAM SAGAR GUPTA TALLAM			מווסידא ידאד אש		P02082	2702	Self-employed
Preparer				IVANI SAGAK	GUFIA IALLAN	03/03/2022			678)965-9522
Use Only		m's name ► GLOBAL TA m's address ► 2530 Pebb		n Cummin	T GA 300/1			ie no. ( 's EIN ►	
Co to units in					-			3 LIN P	
GO IO WWW.Irs.g	uv/rom	n1040 for instructions and the late	si mormation.		BAA	REV 02/17/22 PRO			Form <b>1040</b> (2021)

(Form	1040)		•		2021
	nent of the Treasury Revenue Service	<ul> <li>Attach to Form 1040, 1040-SR, or 1040-NR.</li> <li>Go to www.irs.gov/Form1040 for instructions and the latest informatio</li> </ul>	n.	At	tachment equence No. 01
	. ,	orm 1040, 1040-SR, or 1040-NR			curity number
Par		RGA LAKSMI SINDURI NETHI	740-2	8-5/	99
				4	
1		unds, credits, or offsets of state and local income taxes		1	
2a	-		1	2a	
b		inal divorce or separation agreement (see instructions)		•	
3		come or (loss). Attach Schedule C	t	3	
4	•	or (losses). Attach Form 4797	t	4	
5	Schedule E			5	-11,150.
6		e or (loss). Attach Schedule F	Ī	6	
7	Unemploym			7	
8	Other incom	ne:			
а	Net operatir	ng loss	)		
b	•	ncome			
С	Cancellation	n of debt			
d	Foreign ear	ned income exclusion from Form 2555 8d (	)		
е	Taxable Hea	alth Savings Account distribution 8e			
f	Alaska Pern	nanent Fund dividends			
g	Jury duty pa	ay			
h	Prizes and a	awards			
i	Activity not	engaged in for profit income			
j	Stock optio	ns			
k		m the rental of personal property if you engaged in or profit but were not in the business of renting such 			
I		d Paralympic medals and USOC prize money (see      )			
m	Section 951	(a) inclusion (see instructions)			
n	Section 951	A(a) inclusion (see instructions) 8n			
ο	Section 461	(I) excess business loss adjustment			
р	Taxable dis	tributions from an ABLE account (see instructions) . 8p			
Z	Other incom	ne. List type and amount ▶ 8z			
9	Total other	income. Add lines 8a through 8z		9	
10		nes 1 through 7 and 9. Enter here and on Form 1040, 1040-	SR, or	10	-11,150.

Additional Income and Adjustments to Income

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

SCHEDULE 1

(Form 1040)

Schedule 1 (Form 1040) 2021

OMB No. 1545-0074

Par	t II Adjustments to Income		
11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	
18	Penalty on early withdrawal of savings	18	
19a	Alimony paid	19a	
b	Recipient's SSN		
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)         .         .         . <b>24a</b>		
b	Deductible expenses related to income reported on line 8k from         the rental of personal property engaged in for profit <b>24b</b>		
С	Nontaxable amount of the value of Olympic and Paralympicmedals and USOC prize money reported on line 81 <b>24c</b>		
d	Reforestation amortization and expenses		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974		
f	Contributions to section 501(c)(18)(D) pension plans 24f		
g	Contributions by certain chaplains to section 403(b) plans <b>24g</b>		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)		
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 violations24i		
j	Housing deduction from Form 2555         .         .         .         24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)		
z	Other adjustments. List type and amount ► 24z		
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income.</b> Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26	

REV 02/17/22 PRO

# SCHEDULE D

(Form 1040)

# **Capital Gains and Losses**

OMB No. 1545-0074

20

Attachment

Attach to	Form 1040,	1040-SR, c	or 1040-NR.
way in any Saha	dulaD far in	otructiono	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.

Sequence No. 12 Your social security number

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

Department of the Treasury

RAJA BABU & DURGA LAKSMI SINDURI NETHI

740-28-5799

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?

× No **Yes** If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

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

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.	<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	(g) Adjustments to gain or loss fro Form(s) 8949, Par line 2, column (g	t I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	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 <b>Box A</b> checked	6,930.	7,726.	59	9.	-737.
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked					
3	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1						
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover</b> <b>Worksheet</b> 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	-737.		

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

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

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	<b>16</b> –737.
	• If line 16 is a <b>gain,</b> enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.	
	• If line 16 is a <b>loss</b> , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.	
	• If line 16 is <b>zero,</b> skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.	
17	Are lines 15 and 16 <b>both</b> gains?	
	<b>No.</b> Skip lines 18 through 21, and go to line 22.	
18	If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet	18
19	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet	19
20	<ul> <li>Are lines 18 and 19 both zero or blank and are you not filing Form 4952?</li> <li>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.</li> </ul>	
	☐ 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:	
	<ul> <li>The loss on line 16; or</li> <li>(\$3,000), or if married filing separately, (\$1,500)</li> </ul>	<b>21</b> ( 737. )
	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.	
	X No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.	

REV 02/17/22 PRO

Schedule D (Form 1040) 2021

Form <b>8949</b>	
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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(3) Shown on retain										
RAJA	BABU	&	DURGA	LAKSMI	SINDURI	NETHI				

Social security number or taxpayer identification number 740-28-5799

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

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

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

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

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

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

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

<b>1</b> (a) Description of property	<b>(b)</b> Date acquired	(c) Date sold or	<b>(d)</b> Proceeds	<b>(e)</b> Cost or other basis. See the <b>Note</b> below	enter a code in column (f). e the <b>Note</b> below d see <i>Column</i> (e)		(h) Gain or (loss). Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	in the separate			from column (d) and combine the result with column (g)
Robinhood Securities LLC	04/16/21	12/30/21	2,495.	3,706.	W	59.	-1,152.
ROBINHOOD CRYPTO LLC	07/22/21	12/30/21	4,435.	4,020.			415.
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 C	6,930.	7,726.		59.	-737.		

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.

CFOTT 10400 Description:         Comment attain, royatiles, partnerships, 5 corporations, estates, rutals, REMC6, etc.)         Description:	SCHE	Supplemental Income and Loss									No. 1545-0074			
Internal Borough (b)         ► Go to www.trs.gov/ScheduleE for instructions and the latest information.         Second 20:10           RADI is DURGA LAKSHT STRDURT NETHT         Year social second yrounder         Year social second yrounder           RADI is DURGA LAKSHT STRDURT NETHT         Year social second yrounder         Year social second yrounder           AD Id you make any payments in 2021 that would require you to file Form(s) 10997 See instructions         Image 2. Ime 40.5 No           A Di You make any payments in 2021 that would require you to file Form(s) 10997 See instructions         Image 2. Ime 40.5 No           A Di You make any payments in 2021 that would require you to file Form(s) 10997 See instructions         Image 2. Ime 40.5 No           A Di You make any payments in 2021 that would require you to file Form(s) 10997 See instructions         Image 2. Ime 40.5 No           C         To physical address of each property (street, city, state, ZIP code)         A           A Di Yoa Of Property:         2         For each rental real estate property listed         Image 2. Ime 40.5 No           B	(Form	1040)	(From r	enta								IICs, etc.)	) 9	<b>21</b>
Numelia down on return         Year 6820 C           RAJA BABU D UIGGA LAKSMI SINDURI NETHI         740-28-579           Partial         Income or Loss From Rental Real Estate and Royalties         Note: #you are in histolical, in you are an individual, report fam rental income or loss from Form 4836 on page 2, line 40.           A Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions         If ves IN No           B If Yves, "did you or will you file required Form(s) 1099? C         Ves IN No           A Di Xou are an individual, report fam rental income or loss from Form 4836 on page 2, line 40.         Yes IN No           B If Yves," did you or will you file required Form(s) 1099?         Ves IN No           A Di Xou or will you file required Form(s) 1099?         Yes IN No           B If Yves," did you or will you file required Form(s) 1099?         Yes IN No           C         Yes IN No         Sectodus           B If Yves," did you or will you file required Form(s) 1098?         A sectodus           C         Yes IN No         Sectodus           B If Yves, IN No         2 For each rental real estate property listed above, report the summer of fair rental stand         Days           B Rental         2 For each rental real estate property listed above, report the summer of fair rental stand         Days           B Renta Real Sectos         3 Vacation/Short-Term Rental S         Secofin above													Attac	hment
RATA         BABU         £         DIROBA         LAKSMT         SINDURI.         NETTI         The other of Loss From Rental Real Estate and Royalties         Note It you are in the business of mering personal property, use           Schedule C. See instructions. If you are an individual, report fam rental income or loss from Form 4835 on page 2, line 40.         A         Did you make any payments in 2021 that would require you to file form(s) 1099? See instructions         Uses No           A Did you make any payments in 2021 that would require you to file form(s) 1099? See instructions         Uses No         Ves S         No           Ta         Physical address of each property (street, city, state, ZIP code)         A         Di you or Nil you the mumber of fair rental and personal use days. Check the QW lox only         A         365         D														
Income or Loss From Rental Real Estate and Royalties       Note: If you are in individual, report fram rental income vices from Form 4836 on page 2, line 40.         A Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions       Yes       No         B If "Yes," did you or will you file required Form(s) 1099?       Yes       No         B If Yes," did you or will you file required Form(s) 1099?       Yes       No         B If Yes," did you or will you file required Form(s) 1099?       Yes       No         B If Yes," did you or will you file required Form(s) 1099?       Yes       No         B If Yes," did you or will you file required Form(s) 1099?       Yes       No         B If Yes," did you or will you file required Form(s) 1099?       Fair Rental       Personal Use       No         C       If Yes of Property       2       For each rental real estate property listed above, report the number of fair rental and guardined joint venture. See instructions.       B       B       QJV         Type of Property:       1 Single Family Residence       3 Vacation/Short-Term Rental 5 Land       7 Self-Rental       2       Days       A         1 Single Family Residence       4 Commercial       6 Royalties       8 Other (describe)       E       E         1 Single Family Residence       5 Advariang and maintenace       7       1, 210.<									-					
Schedule C. See instructions. If you are an individual, report farm entail income or loss from Form 4835 on page 2, line 40.           A Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions.         If Yes No         No           In Yes, "idd you or will you file required form(s) 1099?         Yes (mail No         No         No         No           In Physical address of each property (street, city, state, ZIP code)         A         D: No30-12-28, FLAT NO: 202 SRINIVASA TOWERS VISAKHAPATNAM, ANDERA FRADESH IN 530020           B         C         Dit Yoe of Property         2         For ach rental real estate property listed above, report the number of fire rental and personal use days. Check the QV box only         A         365         O         D           A         2.         For ach rental real estate property listed above, report the number of fire rental and personal use days. Check the QV box only         A         365         O         D           Type of Property:         1         Single Family Residence         3         A B         C         C           Single Family Residence         3         A B         C         B         C         B           C         C         C         B         C         B         C         C           Single Family Residence         3         A Commission         B	_						valtio	c Not	a. If you	ara in th				
A Dd you make any payments in 2021 that would require you to file Form(s) 10997 See instructions       Ues Xi No         B If "Yes," did you or will you file required Form(s) 10997	Part						-		-			• •	•	
B If "Yes," did you or will you file required Form(s) 1099?													-	
1a       Physical address of each property (street, city, state, ZIP code)         A       D:N030-12-28, FLAT NO: 202 SRINIVASA TONERS VISAKHAPATNAM, ANDHRA PRADESH IN 530020         B       C       Fair Rental       Personal Use       Days       Days <thdays< th="">       Days       Days</thdays<>														
A       D:NO30-12-28, FLAT       NO: 202       SRITIVASA       TOWERS       VISAKHAPATNAM, ANDHRA       PRADESH       IN       530020         B       C       C       C       C       C       C       C       C         1b       Type of Property (from list below)       2       For each rental real estate property listed above, report the number of fair rental and goal field point venture. See instructions.       Fair Rental Days       Personal Use Days       O.JV         A       2       C       C       C       Days       D													• 🗆	
B       Fair Rental       Personal Use       Days       QuV         A       2       For each rental real estate property listed       A action       Days       Days       QuV         A       2       For each rental real estate property listed       A action       Days       Days       QuV         A       2       action       A action       A action       A action       Days       QuV         B       action       action       A action       A action       A action       A action       Days       QuV         Type of Property:       1 Single Family Residence       3 Vacation/Short-Term Rental       5 Land       7 Self-Rental       2 Multi-Family Residence       3 Vacation/Short-Term Rental       6 Goyattes       8 Other (describe)						-			кнара	אַמאיד	ANDHRA		нти 5	30020
C         Type of Property (from list below)         2         For each rental real estate property listed above, report the number of fair rental and guardified joint venture. See instructions.         Fair Rental Days         Personal Use Days         Qu/V           A         2         Toy on meet the requirements to file as a guardified joint venture. See instructions.         A         3.65         0		D-11050 12	20,11	IT I	NO.202 DICI	IIVADA 10	мыко	VIDA		110731-17	ANDINA		<u> </u>	50020
Type of Property (from list below)       2       For each rettal real estate property listed above, report the number of fair mental and above, report the number of fair mental and qualified joint venture. See instructions.       Fair Rental Days       Personal Use Days       QUV         A       2       C       A       3.65       0														
(from list below)     above, report the number of fair refrial and personal use days. Check the QV box only approximation of the refut and the Qualities of the QV box only approximately		Type of Pro	perty	2	For each rental r	eal estate pro	pertv I	isted		Fair	Rental	Persor	nal Use	0.11/
A       2       If you meet the requirements to file as a qualified joint venture. See instructions.       A       3 dots       0       □         C       □       □       □       □       □       □         Type of Property:       1       Single Family Residence       3 Vacation/Short-Term Rental       5 Land       7 Self-Rental       0       □         2       Multi-Family Residence       3 Vacation/Short-Term Rental       5 Land       7 Self-Rental       8       Other (describe)         Income:       Properties:       A       8       Other (describe)       Income         3       Rents received       .       4       5       .       6         4       Royatites received       .       4       .       .       6       .       .       6         5       Advertising and maintenance       .       7       1,210.       .       .       .       .       .       10       . </td <td></td> <td></td> <td></td> <td></td> <td>above, report the</td> <td>e number of fa</td> <td>iir rent</td> <td>al and</td> <td></td> <td>0</td> <td>Days</td> <td>Da</td> <td>ays</td> <td>QJV</td>					above, report the	e number of fa	iir rent	al and		0	Days	Da	ays	QJV
B       qualified joint venture. See instructions.       B       C         C       C       C       C         Type of Property:       3 Vacation/Short-Term Rental 5 Land       7 Self-Rental         Single Family Residence       4 Commercial       6 Royaties       8 Other (describe)         Income:       Properties:       A       B       C         And that is received       3       650.       4       B       C         A row and travel (see instructions)       6	Α	2			if you meet the r	/s. Cneck the equirements to	o file a	lox only Is a	Α		365		0	
Type of Property:         1 Single Family Residence       3 Vacation/Short-Term Rental 5 Land       7 Self-Rental 2         2 Multi-Family Residence       4 Commercial       6 Royatites       8 Other (describe)         Income:       Properties:       A       B       C         3 Rents received       3       650.       B       C         3 Royatites received       3       650.       B       C         4 Royatites received       5       6	В				qualified joint ve	nture. See inst	tructio	ns.	В					
1 Single Family Residence       3 Vacation/Short-Term Rental       5 Land       7 Self-Rental         2 Multi-Family Residence       4 Commercial       6 Royatiles       8 Other (describe)         Income:       Properties:       A       B       C         3 Rents received       .       .       3       650.       .         4 Royatiles received       .       .       4       .       .         5 Advertising       .       .       4       .       .         6 Auto and travel (see instructions)       .       6       .       .       .         7 Cleaning and maintenance       .	С								С					
2 Multi-Family Residence       4 Commercial       6 Royalties       8 Other (describe)         Income:       Properties:       A       B       C         3 Rents received       3       650.       4       6       4         Applies received       4       6       6       6       6       6       6         4 Royalties received       5       6       7       1, 210.       6       6       6       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       11       10       10       10       11       10       10       11       10       10       11       10       11       10       11       10       11       10       11       10       10	Туре с	of Property:												
Income:       Properties:       A       B       C         3       Rents received	1 Sing	le Family Resid	dence	3	Vacation/Short-	Term Rental	5 La	nd	-	7 Self-	Rental			
3       Rents received			ence	4	Commercial			yalties	ł	8 Othe	r (describe	)		
4       Royalties received       4         Expenses:       5         5       Advertising         6       Auto and travel (see instructions)       6         7       Cleaning and maintenance       7         8       Commissions       7         9       1       1         10       1       2         11       Management fees       11         9       11       960.         12       Mortgage interest paid to banks, etc. (see instructions)       12         13       Other interest.       11         14       Repairs.       14       2,790.         15       3,200.       15       3,200.         16       1       11       3,640.         17       Utilities       11       3,640.         18       19       1       1         20       11,800.       21       -11,150.         21       Subtract line 20 from line 3 (rents) and/or 4 (royalties). If       1         22       11,800.       22       11,800.         23       Total expanses. Add lines 5 through 19       23       23         24       124       -11,150.       23 <td>Incom</td> <td>-</td> <td></td> <td></td> <td></td> <td>•</td> <td></td> <td></td> <td>Α</td> <td></td> <td>E</td> <td>3</td> <td></td> <td>С</td>	Incom	-				•			Α		E	3		С
Expenses:       5       Advertising       5         6       Advo and travel (see instructions)       6							-			650.				
5       Advertising       5       6         6			ived				4						_	
6       Auto and travel (see instructions)       6	-													
7       Cleaning and maintenance       7       1,210.         8       0       0         9       0       0         9       0       0         9       0       0         10       0       0         11       Management fees       0       0         12       0       0       0         13       Other interest.       11       960.       0         13       Other interest.       12       0       0         14       2,790.       0       0       0         15       3,200.       0       0       0         16       0       0       0       0       0       0         14       2,790.       0       0       0       0       0       0         17       Utilities       16       0														
8       Commissions.       8       1         9       1       9         10       1       960.         11       Management fees       10         12       1       960.         13       0ther interest.       11         14       2,790.       12         15       Supplies       15         16       15       3,200.         17       3,640.       16         18       19       0ther (list) ▶         19       Other spense or depletion       18         19       Other (list) ▶       19         20       11,800.       20         21       -11,150.       (())         22       (1,1,150.)(())       (())         23a       650.       50.         b       Total of all amounts reported on line 3 for all rental properties       23a       650.         b       Total of all amounts reported on line 4 for all royalty properties       23a       650.         c       Total of all amounts reported on line 12 for all properties       23a       650.         c       Total of all amounts reported on line 12 for all properties       23a       11,800.         c							-			010				
9       Insurance       9       10         10       Legal and other professional fees       10       11         11       Management fees       11       960.       11         12       11       960.       11       960.       11         13       Other interest paid to banks, etc. (see instructions)       12       13       14       2,790.       15         13       Taxes       15       3,200.       15       3,200.       16       17       3,640.       17       1,640.       10       10       10       10       10       11       10       11       10       11									⊥,	210.				
10       Legal and other professional fees       10         11       Management fees       11       960.         12       Mortgage interest paid to banks, etc. (see instructions)       11       960.         13       Other interest       11       960.       12         14       2,790.       13       14       2,790.         15       Supplies       14       2,790.       15         16       14       2,790.       15       16         17       3,640.       18       19       10       10         20       Total expenses. Add lines 5 through 19       19       20       11,800.       11       9650.         21       -11,150.       21       -11,150.       12       11       10       11       10       11       10       11							-							
11       Management fees       11       960.         12       Mortgage interest paid to banks, etc. (see instructions)       12       13         13       14       2,790.       13         14       8epairs.       14       2,790.       14         15       3,200.       15       3,200.       16         16       17       3,640.       18       19         10       Other (list) ▶       19       20       11,800.       21         20       11,800.       21       -11,150.       22       11,150.       23a       650.         21       otal of all amounts reported on line 3 for all properties       23a       650.       23b       23c       23d       11,800.       23b       23c       23d       11,800.							-							
12       Mortgage interest paid to banks, etc. (see instructions)       12       13         13       Other interest.       13       14         14       2,790.       15       3,200.         15       Supplies       15       3,200.       15         16       17       3,640.       17       3,640.         18       Depreciation expense or depletion       18       19       10         20       Total expenses. Add lines 5 through 19       20       11,800.       11         20       Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198       21       -11,150.         21       Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)       22       (11,150.)(())()       )(()         23a       Total of all amounts reported on line 4 for all royatty properties       23a       650.       23b         24       Total of all amounts reported on line 20 for all properties       23d       23d       11,800.         24       Losses. Add royatty losses from line 21. Do not include any losses       23d       11,800.       24         25       Losses. Add royatty bases from line 21. Do not include any losses       23d       11,800.       24       25 <td></td> <td>-</td> <td></td> <td></td> <td></td> <td></td> <td>-</td> <td></td> <td></td> <td>060</td> <td></td> <td></td> <td>_</td> <td></td>		-					-			060			_	
13 Other interest. 13   14 Repairs. 14   15 3,200.   16 Taxes   17 Utilities.   18 Depreciation expense or depletion   19 11   20 Total expenses. Add lines 5 through 19   21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198   21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198   22 11,150.   23a 650.   24 23a   25 Losses. Add royalty losses from line 21 nd rental real estate losses from line 22. Enter total losses here.   24 23d   25 Losses. Add royalty losses from line 21 nd rental real estate losses from line 22. Enter total losses here.   26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on							-			960.				
14       Repairs.       14       2,790.         15       Supplies       15       3,200.         16       15       3,200.         17       Utilities.       16         18       Depreciation expense or depletion       17         19       Other (list) ▶       19         20       Total expenses. Add lines 5 through 19       20         21       Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198       21         21       Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198       21         22       Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)       22         23a       Total of all amounts reported on line 3 for all rental properties       23a         c       Total of all amounts reported on line 12 for all properties       23a         c       Total of all amounts reported on line 20 for all properties       23a         c       Total of all amounts reported on line 21 for all properties       23a         c       Total of all amounts reported on line 21 for all properties       23a         c       Total of all amounts reported on line 21 nor include any losses       23e       11,							-							
15       Supplies       15       3,200       16         16       Taxes       17       3,640       16         17       Utilities       17       3,640       16         18       Depreciation expense or depletion       17       3,640       18         19       Other (list) ▶       19       20       11,800       11         20       Total expenses. Add lines 5 through 19       20       11,800       20       11,800         21       Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198       21       -11,150       21       -11,150         22       Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)       21       -11,150       23a       650         23a       Total of all amounts reported on line 16 for all royalty properties       23a       650       23b       23a       650         b       Total of all amounts reported on line 12 for all properties       23a       11,800       24         24       Income. Add positive amounts shown on line 21. Do not include any losses       23e       11,800       24         25       Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here .									2	790				
16       Taxes       17       3,640.         17       Utilities       17       3,640.         18       Depreciation expense or depletion       18       19         20       Total expenses. Add lines 5 through 19       18       20         20       Total expenses. Add lines 5 through 19       20       11,800.         21       Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198       21       -11,150.         22       Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)       22       11,150.         23a       Total of all amounts reported on line 3 for all rental properties       23a       650.         b       Total of all amounts reported on line 12 for all properties       23a       11,800.         24       Total of all amounts reported on line 20 for all properties       23a       11,800.         24       Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here .       24         25       Losses Add royalty losses from line 21 and rental real estate losses from line 22. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on       25       11,150.														
17       Utilities							-		- /					
18       Depreciation expense or depletion       18         19       Other (list) ▶         20       Total expenses. Add lines 5 through 19       19         20       Total expenses. Add lines 5 through 19       20         21       Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198       20       11,800.         22       Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)       21       -11,150.         23a       Total of all amounts reported on line 3 for all rental properties       23a       650.         b       Total of all amounts reported on line 4 for all properties       23c       23d         c       Total of all amounts reported on line 2 for all properties       23c       23d         c       Total of all amounts reported on line 20 for all properties       23c       23d         c       Total of all amounts reported on line 20 for all properties       23c       23d         c       Total of all amounts reported on line 21. Do not include any losses       23c       11,800.         24       Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here .       25 (11,150.)         25       Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter							-		3,	640.				
19       Other (list) ▶       19       19         20       Total expenses. Add lines 5 through 19       20       11,800.         21       Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	18	Depreciation e	expense o	or d	epletion		18							
<ul> <li>20 Total expenses. Add lines 5 through 19</li> <li>20 11,800.</li> <li>21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198</li></ul>	19		-		-		19							
result is a (loss), see instructions to find out if you must file Form 6198       21       -11,150         22       Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)       22       (11,150.)(())()         23a       Total of all amounts reported on line 3 for all rental properties       23a       650.         b       Total of all amounts reported on line 4 for all royalty properties       23c       650.         c       Total of all amounts reported on line 12 for all properties       23d       650.         d       Total of all amounts reported on line 12 for all properties       23d       650.         e       Total of all amounts reported on line 12 for all properties       23d       11,800.         24       Income. Add positive amounts shown on line 21. Do not include any losses       24       25 (11,150.)         25       Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here .       25 (11,150.)         26       Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on       11,150.	20	Total expense	s. Add lin	nes :	5 through 19 .		20		11,	800.				
result is a (loss), see instructions to find out if you must file Form 6198       21       -11,150         22       Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)       22       (11,150.)         23a       Total of all amounts reported on line 3 for all rental properties       23a       650.         b       Total of all amounts reported on line 4 for all royalty properties       23b       23c         c       Total of all amounts reported on line 12 for all properties       23d       11,800.         c       Total of all amounts reported on line 18 for all properties       23d       11,800.         c       Total of all amounts reported on line 20 for all properties       23e       11,800.         c       Total of all amounts reported on line 21. Do not include any losses       24         c       Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here .       25         c       Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on       11,150.	21	Subtract line 2	20 from lii	ne 3	3 (rents) and/or 4	(royalties). If								
22       Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)       22       (11,150.)()       )()()         23a       Total of all amounts reported on line 3 for all rental properties       23a       650.         b       Total of all amounts reported on line 4 for all royalty properties       23b       23b         c       Total of all amounts reported on line 12 for all properties       23c       23d         d       Total of all amounts reported on line 18 for all properties       23d       23d         e       Total of all amounts reported on line 20 for all properties       23e       11,800.         24       Income. Add positive amounts shown on line 21. Do not include any losses       24         25       Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here .       25       25         26       Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on       25       (11,150.)		result is a (loss	s), see in	stru	ctions to find ou	t if you must								
on Form 8582 (see instructions)       22       (11,150.)()()       )()         23a       Total of all amounts reported on line 3 for all rental properties       23a       650.         b       Total of all amounts reported on line 4 for all royalty properties       23b       23b         c       Total of all amounts reported on line 12 for all properties       23c       23d         d       Total of all amounts reported on line 18 for all properties       23d       23d         e       Total of all amounts reported on line 20 for all properties       23e       11,800.         24       Income. Add positive amounts shown on line 21. Do not include any losses       24         25       Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here .       25       11,150.)         26       Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on       25							21		-11,	150.				
23a       Total of all amounts reported on line 3 for all rental properties       23a       650.         b       Total of all amounts reported on line 4 for all royalty properties       23b       23b         c       Total of all amounts reported on line 12 for all properties       23c       23c         d       Total of all amounts reported on line 18 for all properties       23d       23d         e       Total of all amounts reported on line 20 for all properties       23d       11,800.         24       Income. Add positive amounts shown on line 21. Do not include any losses       24         25       Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here .       25 ( 11,150. )         26       Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on	22													
<ul> <li>b Total of all amounts reported on line 4 for all royalty properties</li></ul>								(	11,1		(		)(	)
c       Total of all amounts reported on line 12 for all properties       23c       23d         d       Total of all amounts reported on line 18 for all properties       23d       23d         e       Total of all amounts reported on line 20 for all properties       23e       11,800.         24       Income. Add positive amounts shown on line 21. Do not include any losses       24         25       Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here .       25         26       Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on												650	· _	
d       Total of all amounts reported on line 18 for all properties       23d         e       Total of all amounts reported on line 20 for all properties       23e       11,800.         24       Income. Add positive amounts shown on line 21. Do not include any losses       24         25       Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here .       25         26       Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on       25													_	
e       Total of all amounts reported on line 20 for all properties       23e       11,800.         24       Income. Add positive amounts shown on line 21. Do not include any losses       24         25       Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here .       24         26       Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on       25														
<ul> <li>24 Income. Add positive amounts shown on line 21. Do not include any losses</li></ul>											1	1 0 0 0		
<ul> <li>Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here .</li> <li>Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on</li> </ul>										236				
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on										· ·				11 150
here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on														±±,±30.)
	20													
													6	-11,150.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2021

#### SCHEDULE 8812 (Form 1040)

## Credits for Qualifying Children and Other Dependents

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



OMB No. 1545-0074

2021 Attachment Sequence No. 47

▶ Go to www.irs.gov/Schedule8812 for instructions and the latest information.

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

Department of the Treasury

Name(s	) shown on return		al security number	
_	BABU & DURGA LAKSMI SINDURI NETHI	740-28	3-5799	
Part				
1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR	. 1	97,511.	
2a	Enter income from Puerto Rico that you excluded	_		
b	Enter the amounts from lines 45 and 50 of your Form 2555         .         .         .         2b	0.		
c	Enter the amount from line 15 of your Form 4563         .          . <th .<="" th=""><th></th><th></th></th>	<th></th> <th></th>		
d	Add lines 2a through 2c	. 2d		
3	Add lines 1 and 2d	. 3	97,511.	
<b>4</b> a	Number of qualifying children under age 18 with the required social security number 4a	1.		
b	Number of children included on line 4a who were under age 6 at the end of 2021 4b	0.		
c	Subtract line 4b from line 4a         .         .         .         .         .         4c	1.		
5	If line 4a is more than zero, enter the amount from the Line 5 Worksheet; otherwise, enter -0	. 5	3,000.	
6	Number of other dependents, including any qualifying children who are not under age 18 or who do not have the required social security number       6	1.		
	<b>Caution:</b> Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resid alien. Also, do not include anyone you included on line 4a.	ent		
7	Multiply line 6 by \$500	. 7	500.	
8	Add lines 5 and 7	. 8	3,500.	
9	Enter the amount shown below for your filing status.			
	• Married filing jointly—\$400,000			
	• All other filing statuses— $$200,000 \int \dots $	. 9	400,000.	
10	Subtract line 9 from line 3.			
	• If zero or less, enter -0			
	• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For			
	example, if the result is \$425, enter $1,000$ ; if the result is $1,025$ , enter $2,000$ , etc.	. 10	0.	
11	Multiply line 10 by 5% (0.05)	. 11	0.	
12	Subtract line 11 from line 8. If zero or less, enter -0	. 12	3,500.	
13	Check all the boxes that apply to you (or your spouse if married filing jointly).			
	A Check here if you (or your spouse if married filing jointly) had a principal place of abode in the United Sta			
		×		
	<b>B</b> Check here if you (or your spouse if married filing jointly) were a bona fide resident of Puerto Rico for 2021			
Part				
	on: If you did not check a box on line 13, do not complete Part I-B; instead, skip to Part I-C.			
14a	Enter the smaller of line 7 or line 12		5001	
b	Subtract line 14a from line 12         . <th< th=""><th></th><th>3,000</th></th<>		3,000	
c	If line 14a is zero, enter -0-; otherwise, enter the amount from the <b>Credit Limit Worksheet A</b>		0,2201	
d	Enter the smaller of line 14a or line 14c	. 140		
e	Add lines 14b and 14d		3,500.	
f	Enter the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) receive for 2021. See your Letter(s) 6419 for the amounts to include on this line. If you are missing Letter 6419, see instructions before entering an amount on this line. If you didn't receive any advance child tax credit payme for 2021, enter -0-	the nts	750.	
	<b>Caution:</b> If the amount on this line doesn't match the aggregate amounts reported to you (and your spouse filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.	· –		
σ	Subtract line 14f from line 14e. If zero or less, enter -0- on lines 14g through 14i and go to Part III	. 14	2,750.	
g h			<u> </u>	
h	Enter the smaller of line 14d or line 14g. This is your credit for other dependents. Enter this amount on li 19 of your Form 1040, 1040-SR, or 1040-NR		500.	
i	Subtract line 14h from line 14g. This is your refundable child tax credit. Enter this amount on line 28		500.	
I	your Form 1040, 1040-SR, or 1040-NR	. 14i	2,250.	

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 02/17/22 PRO Schedule 8812 (Form 1040) 2021

Schedu	le 8812 (Form 1040) 2021	Page <b>2</b>
Part	I-C Filers Who Do Not Check a Box on Line 13	8
Cautio	n: If you checked a box on line 13, do not complete Part I-C.	
15a	Enter the amount from the Credit Limit Worksheet A	15a
b	Enter the smaller of line 12 or line 15a	15b
	Additional child tax credit. Complete Parts II-A through II-C if you meet each of the following items.	
	1. You are not filing Form 2555.	
	2. Line 4a is more than zero.	
	3. Line 12 is more than line 15a.	
с	If you completed Parts II-A through II-C, enter the amount from line 27; otherwise, enter -0	15c
d	Add lines 15b and 15c	15d
e	Enter the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) received	
	for 2021. See your Letter(s) 6419 for the amounts to include on this line. If you are missing Letter 6419, see the	
	instructions before entering an amount on this line. If you didn't receive any advance child tax credit payments	15.
	for 2021, enter -0-	15e
	<b>Caution:</b> If the amount on this line doesn't match the aggregate amounts reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.	
e		150
f	Subtract line 15e from line 15d. If zero or less, enter -0- on lines 15f through 15h and go to Part III	15f
g	Enter the smaller of line 15b or line 15f. This is your nonrefundable child tax credit and credit for other	15.
-	dependents. Enter this amount on line 19 of your Form 1040, 1040-SR, or 1040-NR	15g
h	Subtract line 15g from line 15f. This is your additional child tax credit. Enter this amount on line 28 of your	151
Part	Form 1040, 1040-SR, or 1040-NR         II-A       Additional Child Tax Credit (use only if completing Part I-C)	15h
	<b>n:</b> If you file Form 2555, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit.	
	<b>on:</b> If you checked a box on line 13, do not complete Parts II-A through II-C; you cannot claim the additional child ta	v credit
<u>16a</u>	Subtract line 15b from line 12. If zero, skip Parts II-A and II-B and enter -0- on line 27	<b>16a</b>
lua b	Number of qualifying children under 18 with the required social security number: x \$1,400.	10a
D	Enter the result. If zero, skip Parts II-A and II-B and enter -0- on line 27	16b
	<b>TIP:</b> The number of children you use for this line is the same as the number of children you used for line 4a.	100
17	Enter the smaller of line 16a or line 16b	17
17 18a	Earned income (see instructions)	17
10a b	Nontaxable combat pay (see instructions)	-
19	Is the amount on line 18a more than \$2,500?	
19	<b>No.</b> Leave line 19 blank and enter -0- on line 20.	
	<b>Yes.</b> Subtract \$2,500 from the amount on line 18a. Enter the result <b>19</b>	
20	Multiply the amount on line 19 by 15% (0.15) and enter the result	20
20	Numpry the amount on the 19 by 15 / (0.15) and effect the result $\cdot \cdot \cdot$	20
	<b>No.</b> If line 20 is zero, enter -0- on line 15c. Otherwise, skip Part II-B and enter the <b>smaller</b> of line 17 or line	
	20 on line 27.	
	<b>Yes.</b> If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27.	
	Otherwise, go to line 21.	
Part		
21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2,	
	boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If	
	your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see	
	instructions	-
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form	
•••	1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . 22	-
23	Add lines 21 and 22	-
24		
	<b>1040-SR filers:</b> Enter the total of the amounts from Form 1040 or 1040-SR, line 27a,	
	and Schedule 3 (Form 1040), line 11.	
25	<b>1040-NR filers:</b> Enter the amount from Schedule 3 (Form 1040), line 11.	25
25	Subtract line 24 from line 23. If zero or less, enter -0	25
26	Enter the <b>larger</b> of line 20 or line 25	26
Dout	Next, enter the smaller of line 17 or line 26 on line 27.	
Part		27
27	Enter this amount on line 15c	27
	BAA REV 02/17/22 PRO Sch	edule 8812 (Form 1040) 2021

Schedu	le 8812 (Form 1040) 2021		Page <b>3</b>
Par	Additional Tax (use only if line 14g or line 15f, whichever applies, is zero)		
28a	Enter the amount from line 14f or line 15e, whichever applies	28a	
b	Enter the amount from line 14e or line 15d, whichever applies	28b	
29	Excess advance child tax credit payments. Subtract line 28b from line 28a. If zero, stop; you do not owe the additional tax	29	
30	Enter the number of qualifying children taken into account in determining the annual advance amount you received for 2021. See your Letter 6419 for this number. If you are missing your Letter 6419, you are filing a joint return, or you received more than one Letter 6419, see the instructions before entering a number on this line	30	
	<b>Caution:</b> If the amount on this line doesn't match the number of qualifying children reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.		
31	Enter the smaller of line 4a or line 30	31	
32	Subtract line 31 from line 30. If zero, skip to line 40 and enter the amount from line 29; otherwise, continue to line 33	32	
33	<ul> <li>Enter the amount shown below for your filing status.</li> <li>Married filing jointly or Qualifying widow(er)—\$60,000</li> <li>Head of household—\$50,000</li> </ul>		
	• All other filing statuses—\$40,000	33	
34	Subtract line 33 from line 3. If zero or less, enter -0	34	
35	Enter the amount from line 33	35	
36	Divide line 34 by line 35. Enter the result as a decimal (rounded to at least three places). If the result is 1.000 or more, enter 1.000	36	
37	Multiply line 32 by \$2,000	37	
38	Multiply line 37 by line 36	38	
39	Subtract line 38 from line 37	39	
40	Subtract line 39 from line 29. If zero or less, enter -0 This is your additional tax. If more than zero, enter		
	this amount on Schedule 2 (Form 1040), line 19	40	
			40.40\ 0004

REV 02/17/22 PRO BAA

Schedule 8812 (Form 1040) 2021

Form <b>8889</b>
Department of the Treasury Internal Revenue Service

RAJA BABU NETHI

# Health Savings Accounts (HSAs)

OMB No. 1545-0074

Attachment Sequence No. **52** 

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

► Go to www.irs.gov/Form8889 for instructions and the latest information.

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

Social security number of HSA	
beneficiary. If both spouses	
have HSAs, see instructions ►	740-28-5799

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part	<b>HSA Contributions and Deduction.</b> See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for			
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2021.		<i>.</i> .	
	See instructions		t-only	🗵 Family
2	HSA contributions you made for 2021 (or those made on your behalf), including those made from January 1, 2022, through April 15, 2022, that were for 2021. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2		0.
3	If you were under age 55 at the end of 2021 and, on the first day of <b>every</b> month during 2021, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,600 (\$7,200 for family coverage). <b>All others,</b> see the instructions for the amount to enter	3		7,200.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2021 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2021, also include any amount contributed to your spouse's Archer MSAs	4		0.
5	Subtract line 4 from line 3. If zero or less, enter -0	5		7,200.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2021, see the instructions for the amount to enter	6		7,200.
7	If you were age 55 or older at the end of 2021, married, and you or your spouse had family coverage under an HDHP at any time during 2021, enter your additional contribution amount. See instructions	7		
8	Add lines 6 and 7	8		7,200.
9	Employer contributions made to your HSAs for 2021    9    1,208.			
10	Qualified HSA funding distributions			
11	Add lines 9 and 10	11		1,208.
12	Subtract line 11 from line 8. If zero or less, enter -0	12		5,992.
13	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 <b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	13		0.
Part		rato F	1900	complete
	a separate Part II for each spouse.		1073,	
14a	Total distributions you received in 2021 from all HSAs (see instructions)	14a		
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b		
C	Subtract line 14b from line 14a	14c		
15	Qualified medical expenses paid using HSA distributions (see instructions)	15		
16	Taxable HSA distributions.       Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8e.	16		
<b>1</b> 7a	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here			
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b		
Part	III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instruction			
	completing this part. If you are filing jointly and both you and your spouse each have sep complete a separate Part III for each spouse.		HSAs	
18	Last-month rule	18		
19	Qualified HSA funding distribution	19		
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8z, and enter "HSA" and the amount on the dotted line	20		
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	21		

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

Form	8867	Paid Preparer's Due	an Opportunity Tax Credit (AOTC).		OMB	No. 1545	-0074
(Rev. De	ecember 2021)	Child Tax Credit (CTC) (including the Ad Credit for Other Dependents (ODC)), and	dditional Child Tax Credit (ACTC) a Head of Household (HOH) Filing S	nd tatus			
	nent of the Treasury Revenue Service	<ul> <li>To be completed by preparer and filed with Forr</li> <li>Go to www.irs.gov/Form8867 for ins</li> </ul>	n 1040, 1040-SR, 1040-NR, 1040-F	PR, or 1040-SS.	Attach Seque	ment nce No.	70
	er name(s) shown on			Taxpayer identi	fication nu	umber	
RAJ.	A BABU & DU	IRGA LAKSMI SINDURI NETHI		740-28-5	799		
Enter pr	reparer's name and I	PTIN					
SYA	M PRIYA RAM	I SAGAR GUPTA TALLAM		P0208270	3		
Part	Due Dili	gence Requirements					
		propriate box for the credit(s) and/or HOH filing ned (check all that apply).	g status claimed on the return		e the rela		arts I-V HOH
1		lete the return based on information for the ap		the taxpayer	Yes	No	N/A
	or reasonably	obtained by you? (See instructions if relying on	prior year earned income.)		×		
2	worksheets for 1040) instructi worksheet(s) t	claimed on the return, did you complete th und in the Form 1040, 1040-SR, 1040-NR, 10 ions, and/or the AOTC worksheet found in hat provides the same information, and all re	40-PR, 1040-SS, or Schedule the Form 8863 instructions,	8812 (Form or your own	X		
3	the following.	v the knowledge requirement? To meet the knowledge requirement?					
		taxpayer, ask questions, and contemporaneou at the taxpayer is eligible to claim the credit(s)	, , ,	responses to			
		mation to determine that the taxpayer is eligil o figure the amount(s) of any credit(s)			X		
4	information rea	nation provided by the taxpayer or a third asonably known to you, appear to be incorre ons 4a and 4b. If <b>"No,"</b> go to question 5.) .		t? (If "Yes,"		X	
а	Did you make	reasonable inquiries to determine the correct, o	complete, and consistent infor	mation? .			
b	you asked, wh	mporaneously document your inquiries? (Do nom you asked, when you asked, the informat d on your preparation of the return.)	ion that was provided, and th	e impact the			
5	keep a copy of applicable wor 8867 and any taxpayer that	/ the record retention requirement? To meet t f your documentation referenced in question 4 ksheet(s), a record of how, when, and from w applicable worksheet(s) was obtained, and a you relied on to determine eligibility for the cre	b, a copy of this Form 8867, a hom the information used to p copy of any document(s) pro edit(s) and/or HOH filing status	copy of any prepare Form vided by the s or to figure			
					×		
		uments provided by the taxpayer, if any, that y					
6	credit(s) and/o	e taxpayer whether he/she could provide docu or HOH filing status and the amount(s) of any red for audit?	/ credit(s) claimed on the retu	urn if his/her	×		
7		e taxpayer if any of these credits were disallow			X		
		e disallowed or reduced, go to question 7a;					
а		ete the required recertification Form 8862? .					
8	correct Schedu	is reporting self-employment income, did you ule C (Form 1040)?					
For Pa	perwork Reduct	ion Act Notice, see separate instructions.	REV 02/17/22 PRO	I	Form <b>886</b>	<b>57</b> (Rev.	12-2021)

Form 88	367 (Rev. 12-2021)			Page 2
Part	II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	Yes	No	N/A
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?			
с	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?			
Part		claim (	CTC, A	CTC,
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	Yes X	No	N/A
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's supported the child and a claim to support of the support of the child.			
12	custodial parent has released a claim to exemption for the child?	×		
		×		
Part		-		,
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qu tuition and related expenses for the claimed AOTC?		Yes	No
Part	V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing statu	s, go te	o Part	VI.)
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax		Yes	No
Part	and provided more than half of the cost of keeping up a home for the year for a qualifying person? Eligibility Certification			
rart	<ul> <li>You will have complied with all due diligence requirements for claiming the applicable credit(s) as status on the return of the taxpayer identified above if you:</li> </ul>	nd/or H	OH filiı	ng
	<ul> <li>A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's respo in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit( status and to figure the amount(s) of the credit(s);</li> </ul>			
	B. Complete this Form 8867 truthfully and accurately and complete the actions described in this check credit(s) claimed and HOH filing status, if claimed;	ist for a	ny app	licable
	C. Submit Form 8867 in the manner required; and			
	D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 88 Document Retention.	67 instr	uctions	under
	1. A copy of this Form 8867.			
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.			
	<ol><li>Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).</li></ol>	's eligit	ility for	the
	<ol><li>A record of how, when, and from whom the information used to prepare this form and the applica obtained.</li></ol>			
	5. A record of any additional information you relied upon, including questions you asked and the tax determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount			
	If you have not complied with all due diligence requirements, you may have to pay a penalty for e comply related to a claim of an applicable credit or HOH filing status (see instructions for more in			
4 5			Vaa	Na

15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and	Yes	No
	complete?	×	
	REV 02/17/22 PRO Form <b>88</b> (	37 (Rev.	12-2021)

## **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.

20 Attachment Sequence No. 858

Identifying number 740-28-5799

OMB No. 1545-1008

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

Part I

RAJA	BABU	&	DURGA	LAKSMI	SINDURI	NETHI

2021 Passive Activity Loss

Caution: Complete Parts IV and V before completing Part I.

Renta Allow			
1a b c d	Activities with net income (enter the amount from Part IV, column (a))1a0.Activities with net loss (enter the amount from Part IV, column (b))1b( 11,150.)Prior years' unallowed losses (enter the amount from Part IV, column (c))1c( )Combine lines 1a, 1b, and 1c	1d	-11,150.
	her Passive Activities		
2a b c d	Activities with net income (enter the amount from Part V, column (a))       2a         Activities with net loss (enter the amount from Part V, column (b))       2b         Prior years' unallowed losses (enter the amount from Part V, column (c))       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 form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used	3	-11,150.

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

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

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

Par	Part 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	4	11,150.							
5	5 Enter \$150,000. If married filing separately, see instructions 5 150,000.								
6									
	<b>Note:</b> If line 6 is greater than or equal on line 9. Otherwise, go to line 7.	to line 5, skip line	s 7 and 8 and ent	er -0-					
7	Subtract line 6 from line 5			7	41,339.				
8	Multiply line 7 by 50% (0.50). Do not en	nter more than \$25	,000. If married filir	ng separately, see	instructions	8	20,670.		
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 an	d 2a and enter the	etotal			10	0.		
11	Total losses allowed from all passiv	e activities for 20	21. Add lines 9 an	d 10. See instruct	ions to find				
	out how to report the losses on your t	ax return				11	11,150.		
Par	t IV Complete This Part Before	e Part I, Lines 1	<b>a, 1b, and 1c.</b> S	ee instructions.					
							ain or loss		
Name of activity(a) Net income (line 1a)(b) Net loss (line 1b)(c) Unallowed loss (line 1c)(d) Gain							<b>(e)</b> Loss		
D:N	030-12-28,FLAT NO:202	0.	11,150.				11,150.		

For Paperwork Reduction Act Notice see instru	uctions		DEV 02/1	Form <b>8582</b> (202
Total. Enter on Part I, lines 1a, 1b, and 1c ►	0.	11,150.		

tion Act Notice, s ee instructions. BAA REV 02/17/22 PRO

(2021)

### Complete This Part Before Part L Lines 2a 2b and 2c See instructions

Part V Complete This Part Befor	e Part I, Lines 2	a, 2b,	and 2c. S	ee instruc	ctions.			
	Current year Prior years					Overall gain or loss		ain or loss
Name of activity	(a) Net income (line 2a)		Net loss ne 2b)	(c) Unallowed loss (line 2c)		<b>(d)</b> Gain		(e) Loss
Total. Enter on Part I, lines 2a, 2b, and 2c ► Part VI Use This Part if an Amour	nt Is Shown on F	Part II.	Line 9. S	ee instruc	tions.			
Name of activity	Form or schedule and line number to be reported on (see instructions)		) Loss	<b>(b)</b> Ra		<b>(c)</b> Special allowance		(d) Subtract column (c) from column (a).
D:NO30-12-28,FLAT NO:202	E Ln 22		11,150.	1.0000	0000	11,15	60.	0.
Total Allocation of Unallowed L	► osses. See instr		11,150. s.	1.00	)	11,15	50.	0.
Name of activity	Form or sche and line nur to be reporte (see instruct	edule nber ed on		LOSS		( <b>b)</b> Ratio	(c)	) Unallowed loss
Total		. 🕨				1.00		
Part VIII Allowed Losses. See instru								
Name of activity	Form or sche and line nur to be reporte (see instruct	nber ed on	(a) I	_OSS	<b>(b)</b> Ur	nallowed loss	(	c) Allowed loss
Total		. 🕨						

REV 02/17/22 PRO

Form **8582** (2021)

1NPR									2021
Nonresident & part-year reside	ent	Fo	r the ye	ear Jan	. 1-Dec	. 31, 2021, or	other tax y	/ear	
<i>Wisconsin income tax</i> Check here if this is an amended return			ginning	9		, 2021 (	ending		, 20 .
Your legal last name	Legal first r	name			M.I.	Your social secu	irity number		
NETHI	RAJA							4028579	9
If a joint return, spouse's legal last name NETHI	Spouse's le DURGA	A LAK	SMI	SI	M.I.	Spouse's social	,	<sup>er</sup> 4590821	6
Home address (number and street). If you hav 2410 WEST BRIAR LAKE		see page 1	12	Apt. no.		Tax district Check below t			
City or post office		State	Zip cod			city, village, lived at the e	nd of 2021 o	r before leav	
OAK CREEK Foreign Country		WI	531	54 state/coun	tv	(nonresidents	,		
r oreign Country		r oreigir p	IOVINCE/S	state/courr	Ly	City village	X City	Village	Town
Filing status		Foreign p	ostal cod	le		City, village, or town	DAK CRE	EK	
Single						County of )	MILWAU	KEE	
X Married filing joint return (even if only one had income)	Legal <b>last</b> n	ame				School dist	rict number	' See page 59	3619
Married filing separate return.									
Fill in spouse's SSN above and full name here	Legal first r	name			M.I.	Special conditions			
Head of household, NOT marrie	ed (see page	e 13)			$\wedge$	Form 8	04 filed with	return (see pa	ige 10)
			ed, fill in	spouse's					
Head of household, married (see Resident status Check the status tha You Spouse     Full-year resident of Wisco	at applies			full nam					
Resident status       Check the status that you Spouse         You       Spouse         You       Full-year resident of Wisconsin;         X       Nonresident of Wisconsin;         X       Part-year resident of Wisconsin;	at applies onsin state of resid onsin from $\frac{0}{n}$	SSN ab	ove and $\frac{\Gamma X}{20}$ (2-I)	letter sta to <u>12</u>	te abbrev 2 31	viation)			nnaire, page 61.
Resident status       Check the status that you Spouse         You Spouse	at applies onsin state of resid onsin from $\frac{0}{n}$	SSN ab	ove and $\frac{\Gamma X}{20}$ (2-I)	letter sta to <u>12</u>	te abbrev 2 31	viation) 20 Note:		dence questior	
Resident status       Check the status that you Spouse         You       Spouse         You       Full-year resident of Wisconsin;         X       Nonresident of Wisconsin;         X       Part-year resident of Wisconsin;         X       Part-year resident of Wisconsin;         X       Part-year resident of Wisconsin;         X       Not like this $\rightarrow \emptyset 147$	at applies onsin state of resid onsin from $\frac{0}{n}$	SSN ab	ove and <u> (2-1</u> <u> 20 </u> <u> yyyy</u> <b>789</b>	letter state to $12 \frac{12}{mm}$	te abbrev 2 31 dd COMMAS CENTS	viation) 20 Note: yyyy A. Feder	Complete resid	dence questior B. Wiscon	inaire, page 61.
Print numbers like this $\rightarrow \emptyset 1 4 7$ Pages, salaries, tips, etc. (see pages)	at applies onsin state of resid onsin from $\frac{0}{n}$ <b>)   234</b> age 15)	SSN ab	CX (2-1 20 <i>yyyy</i> 789	full nam letter sta to $12$ mm <u>NO</u> C <u>NO</u>	te abbrev 2 31 dd COMMAS CENTS	viation) <u>20</u> Note: A. Feder 110	Complete resid	B. Wiscon	naire, page 61. sin column 25936.00
Print numbers like this $\mathcal{M}$ Print numbers like this $\mathcal{M}$ Model $\mathcal{M}$ Mages, salaries, tips, etc. (see page 17)	at applies onsin state of resid onsin from $\frac{0}{n}$ <b>)   234</b> age 15)	SSN ab	ove and <u> <u> </u> </u>	full nam letter sta _ to $\frac{12}{mm}$	te abbrev 2 31 dd COMMAS CENTS	viation) <u>20</u> Note: <u>vyyy</u> A. Feder 11 ( 2	Complete resid al column )9384.00 14.00	B. Wiscon	naire, page 61. sin column 25936.00 0.00
Print numbers like this $\mathcal{M}$ Mages, salaries, tips, etc. (see page 17)         3         Ordinary dividends (see page 18)	at applies onsin state of resid onsin from $\frac{0}{n}$ <b>)   234</b> age 15)	SSN ab	CX (2-1 20 <i>yyyy</i> 789	full nam	te abbrev 2 31 dd COMMAS CENTS	viation) <u>20</u> Note: <u>vyyy</u> A. Feder 11 ( 2	Complete resid al column )9384.00 14.00	B. Wiscon	naire, page 61. sin column 25936.00 0.00 0.00
Resident statusCheck the status that You SpouseYou SpouseFull-year resident of WisconXFull-year resident of Wisconsin;XPart-year resident of Wisconsin;YPart-year resident of Wisconsin;Y	at applies $rac{1}{2}$ ansin $rac{1}{2}$ state of resident $rac{1}{2}$ and $rac{1}{2}$ and $rac{1}{2}$ $rac{1}{2}$ and $rac{1}{2}$ and $rac{1}{2}$ $rac{1}{2}$ and $rac{1}{2}$ and $rac{$	dence <u>1</u> 08 01 mm dd	ove and <u>FX</u> (2-1 <u>20</u> <u>yyyy</u> <b>789</b> 	full nam	te abbrev 2 31 dd COMMAS CENTS	viation) <u>20</u> Note: <u>vyyy</u> A. Feder <u>1</u> <u>10</u> 2 3	Complete resid al column 09384.00 14.00 .00	B. Wiscon	naire, page 61. sin column 25936.00 0.00
Print numbers like this       →       C         1       Wages, salaries, tips, etc. (see page 17)	at applies onsin state of resid onsin from $\frac{0}{n}$ <b>)   234</b> age 15) ts of state a (Form 104	SSN ab	CX (2-1 20 <i>уууу</i> 789	letter sta _ to <u>12</u>       	te abbrev 2 31 dd COMMAS CENTS	viation) 20 Note: 7////////////////////////////////////	Complete resid al column 09384.00 14.00 .00	B. Wiscon	naire, page 61. sin column 25936.00 0.00 0.00
Print numbers like this $\mathcal{O}$ 1       Wages, salaries, tips, etc. (see page 17)         2       Ordinary dividends (see page 18)         4       Taxable refunds, credits, or offset (from line 1 of federal Schedule 1         5       Alimony received (see page 19)	at applies onsin state of resid onsin from 0 n <b>)   234</b> age 15) ts of state a (Form 104	SSN ab	CX (2-1 20 <i>yyyy</i> 789	full nam	te abbrev 2 31 dd COMMAS CENTS	viation) 20 Note: A. Feder 1 10 2 3 4 5	Complete resid al column 09384.00 14.00 .00 .00	B. Wiscon	naire, page 61. sin column 25936.00 0.00 0.00 axable
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Print numbers like this       →       C         Mages, salaries, tips, etc. (see page 17)       3       Ordinary dividends (see page 18)         Max Different Stress       Alimony received (see page 19)       5         Business income or (loss) (see page 20)	at applies onsin state of resid onsin from 0 <b>7</b> <b>7</b> <b>7</b> <b>7</b> <b>7</b> <b>7</b> <b>7</b> <b>7</b>	SSN ab	ove and <u>FX</u> (2-1 <u>20</u> <u>yyyy</u> <b>7 8 9</b> al incom	full nam	te abbrev 2 31 dd CENTS	viation)         20       Note:         20       A. Feder         1       10         2       3         4       5         5       6         7       1	Complete resid al column 09384.00 14.00 .00 .00 .00 .00 .00	B. Wiscon	naire, page 61. sin column 25936.00 0.00 0.00 axable 0.00 .00
President status       Check the status that You Spouse         You Spouse       Full-year resident of Wisconsin;         X       Nonresident of Wisconsin;         X       Part-year resident of Wisconsin;         You Base       Part-year resident of Wisconsin;         You Base       Salaries, tips, etc. (see page 17)         3       Ordinary dividends (see page 18)         4       Taxable refunds, credits, or offset (from line 1 of federal Schedule 1         5       Alimony received (see page 19)         6 </td <td>at applies onsin state of resid onsin from 0 7 7 7 7 7 7 7 7 7 7 7 7 7</td> <td>SSN ab</td> <td>ove and <u>FX</u> (2-1 <u>20</u> <i>yyyy</i> <b>7 8 9</b> I incom</td> <td>letter star to <u>12</u> mm <u>NO C</u> <u>NO</u></td> <td>te abbrev 2 31 dd COMMAS CENTS </td> <td>viation)         20       Note:         yyyy       A. Feder         1       10         2       3         3      </td> <td>Complete resid</td> <td>B. Wiscon</td> <td>inaire, page 61. sin column 25936.00 0.00 0.00 axable 0.00 .00 -500.00</td>	at applies onsin state of resid onsin from 0 7 7 7 7 7 7 7 7 7 7 7 7 7	SSN ab	ove and <u>FX</u> (2-1 <u>20</u> <i>yyyy</i> <b>7 8 9</b> I incom	letter star to <u>12</u> mm <u>NO C</u> <u>NO</u>	te abbrev 2 31 dd COMMAS CENTS 	viation)         20       Note:         yyyy       A. Feder         1       10         2       3         3	Complete resid	B. Wiscon	inaire, page 61. sin column 25936.00 0.00 0.00 axable 0.00 .00 -500.00
Resident statusCheck the status that You Spouse	at applies onsin state of resid onsin from <u>0</u> <b>7</b> <b>7</b> <b>7</b> <b>7</b> <b>7</b> <b>7</b> <b>7</b> <b>7</b> <b>7</b> <b>7</b>	SSN ab	ove and <u>FX</u> (2-1 <u>20</u> <i>yyyy</i> <b>7 8 9</b> al incom	I full nam	te abbrev 2 31 dd COMMAS CENTS	viation)         20       Note:         yyyy       A. Feder         1       10         2	Complete resid	B. Wiscon	inaire, page 61. isin column 25936.00 0.00 0.00 axable 0.00 -500.00 0.00 0.00
Resident status       Check the status that You Spouse	at applies onsin state of resid onsin from 0 <b>7</b> <b>7</b> <b>7</b> <b>7</b> <b>7</b> <b>7</b> <b>7</b> <b>7</b>	SSN ab	ove and <u>FX</u> (2-1 <u>20</u> <u>yyyy</u> <b>7 8 9</b> al incom	letter sta to <u>12</u> mm <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u>	te abbrev 2 31 dd CENTS 	viation)         20       Note:         yyyy       A. Feder         1       10         2	Complete resid	B. Wiscon	inaire, page 61. sin column 25936.00 0.00 0.00 axable 0.00 -500.00 .00
Resident status       Check the status that You Spouse	at applies onsin state of resid onsin from <u>0</u> <b>7</b> <b>7</b> <b>7</b> <b>7</b> <b>7</b> <b>7</b> <b>7</b> <b>7</b>	SSN ab	ove and <u>(2-1</u> <u>20</u> <u>yyyy</u> <b>7 8 9</b> al incom	letter sta to <u>12</u> mm <u>NO C</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u>	te abbrev 2 31 dd COMMAS CENTS 	viation)       20       Note:         20       Note:       1         3       1       10         2       3       1         3       -       1         6       -       1         7       -       1         9       -       -         1       -       1	Complete resid	B. Wiscon	inaire, page 61. isin column 25936.00 0.00 0.00 axable 0.00 -500.00 0.00 0.00
Resident status       Check the status that You Spouse         You Spouse       Full-year resident of Wisconsin;         X       Nonresident of Wisconsin;         X       Part-year resident of See page 19).         Business income or (loss) (see page 20)       Pensions	at applies onsin state of resid onsin from <u>0</u> <b>7</b> <b>7</b> <b>7</b> <b>7</b> <b>7</b> <b>7</b> <b>7</b> <b>7</b>	SSN ab	ove and <u>(2-1</u> <u>20</u> <u>yyyy</u> <b>7 8 9</b> al incom	letter sta to <u>12</u> mm <u>NO C</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u>	te abbrev 2 31 dd COMMAS CENTS 	viation)       20       Note:         20       Note:       1         3       1       10         2       3       1         3       -       1         6       -       1         7       -       1         9       -       -         1       -       1	Complete resid	dence question B. Wiscon Not ta	inaire, page 61. isin column 25936.00 0.00 0.00 axable 0.00 -500.00 0.00 0.00 0.00 0.00
Resident status       Check the status that You Spouse         You Spouse       Full-year resident of Wisconsin;         X       Nonresident of Wisconsin;         X       Part-year resident of Wisconsin;         3       Ordinary dividends (see page 17)         3       Ordinary dividends (see page 19)         4       Taxable refunds, credits, or offset (from line 1 of federal Schedule 1         5       Alimony received (see page 20)	at applies onsin state of resid onsin from 0 <b>7</b> <b>7</b> <b>7</b> <b>7</b> <b>7</b> <b>7</b> <b>7</b> <b>7</b>	SSN ab	ove and <u>FX</u> (2-1 <u>20</u> <u>yyyy</u> <b>7 8 9</b> al incom- ations, -	I full nam         letter sta         to       12         mm         NO	te abbrev 2 31 dd CENTS CE	viation) 20 Note: A. Feder 1 10 2	Complete resid	dence question	Inaire, page 61. Sin column 25936.00 0.00 0.00 axable 0.00 -500.00 0.00 0.00 0.00 0.00 0.00
Resident status       Check the status that You Spouse         You Spouse       Full-year resident of Wisconsin;         X       Nonresident of Wisconsin;         X       Part-year resident of Wisconsin;         3       Ordinary dividends (see page 17)         3       Ordinary dividends (see page 19)         6       Business income or (loss) (see page 20)	at applies         onsin         state of resident of r	SSN ab	ove and <u>FX</u> (2-1 <u>20</u> <i>yyyy</i> <b>7 8 9</b> al incom	I full nam         letter star         to       12         mm         Image: International stars         Image: Internation stars         Imad	te abbrev 2 31 dd COMMAS CENTS  	20       Note: $20$ Note: $20$ Note: $3$ $1$ $1$ $10$ $2$ $3$ $3$ $3$ $4$ $5$ $6$ $3$ $7$ $-1$ $7$ $-1$ $2$ $-1$ $3$ $-1$	Complete resid	dence question	inaire, page 61. isin column 25936.00 0.00 0.00 axable 0.00 -500.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00
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Resident status       Check the status that You Spouse         You Spouse	at applies         onsin         state of resident of r	SSN ab	ove and <u>FX</u> (2-1 <u>20</u> <i>yyyy</i> <b>7 8 9</b> al incom al incom ations, - ations, - - - - - - - - - - - - - -	letter star _ to <u>12</u> _ mm NO C NO 	te abbrev 2 31 dd COMMAS CENTS 	viation)         20       Note:         A. Feder         1       10         2       3         4       5         5       6         7       6         8       9         9       1         1       -1         2       3         3       4         5       -1         5       -1         5       -1         5       -1         6       -1         7       -1         2       -1         3       -1         5       -1         5       -1         5       -1	Complete resid	dence question	Inaire, page 61. Isin column 25936.00 0.00 0.00 axable 0.00 -500.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00

2021	Form 1NPR	Name R	AJA BABU	& DURC	GA L	AKSMI SI	INDUR	SSN	7402857	99	Page 2 of 4
Adj	ustments to	Income					_	A. Fede	eral column	B. Wi	sconsin column
<u>17</u>	Educator ex	penses (see	e page 26)				17 _		.00		.00
<u>18</u>	Certain busi fee-basis go	iness expen overnment o	ses of reservi fficials (see pa	sts, perforr age 26)	ning aı 	rtists, and	18 _		.00		.00
<u>19</u>			deduction (se				_		.00		.00
<u>20</u>	Moving expe	enses for me	embers of the	Armed For	ces (s	ee page 26)	20 _		.00		.00
21	Deductible p	oart of self-e	mployment ta	x (see page	27)		21		.00		.00
22	Self-employ	ed SEP, SIN	/IPLE, and qu	alified plans	s (see	page 27)	22		.00		.00
<u>23</u>	Self-employ	ed health in	surance dedu	ction (see p	bage 2	8)	23		.00		.00
24	Penalty on e	arly withdra	wal of savings	s (see page	29)		24		.00		0.00
25	Alimony pai	d (see page	29)				25 _		.00		.00
26	IRA deducti	on (see pag	e 29)				26		.00		.00
27	Student loar	n interest de	duction (see	oage 30) .			27		.00		.00
28	Other adjustn	nents (see pa	ge 30). Enclose	Schedule M	if line 2	28b has an am	ount <b>28</b>		.00		.00
29	Total adjusti	ments to inc	ome. Add line	es 17 throug	gh 28		29		.00		0.00
Adi	usted Gross	s Income					Ī				
-			tract line 29, c	olumn B fro	om line	16, column l	3. <b>30</b>				25436.00
31	Federal inco	ome. Subtra	ct line 29, col	umn A from	line 1	6, column A	31		97511.00		
<u>32</u>			. Carry the de amount on lin							.26	09
Тах	Computatio	on									
<u>33</u>			consin income nsin income f							3	97511.00
<u>34a</u>	If you (or yo and see the	ur spouse) o "Exception'	can be claime ' in the instruc	d as a depe tions for lin	endent e 34c	on anyone e on page 31	lse's retu	ırn, chec	k here	4a 📖	
<u>34b</u>	Aliens (see	page 31 to c	determine if yo	ou must che	eck line	e 34b)				4b 🔄	
<u>34c</u>	Find the sta	ndard dedu	ction for amou	int on line 3	<b>1</b> usin	g table on pa	ge 50 .		3	4c	6005.00
<u>35</u>	Subtract line	e 34c from li	ne 33. If line 3	34c is more	than I	ine 33, fill in	0 (zero)		3	5	91506.00
<u>36</u>	Exemptions <b>a</b> Fill in exe	(Caution: emptions allo	<b>see page 32)</b> owed			4 x \$700	36a	2	00.008		
			You +								
			bb							6c	2800.00
<u>37</u>	Subtract line	e 36c from li	ne 35. If line 3	36c is more	than I	ine 35, fill in	0 (zero)		3	7	88706.00
<u>38</u>			52)							-	
<u>39</u>	Itemized de	duction crec	lit. Complete S	chedule 1 (pa	age 4, I	Form 1NPR) .	39		.00		
40	School prop	erty tax cred	dits (part-year	and full-yea	ar resid	dents only)	_				
	<u>a</u> Rent paid i	n 2021–heat	included	-	<u>.00</u>	Find credit from table page 35	40a_		.00		
	<b>b</b> Property to	xes paid on h	not included ome in 2021		00	Find credit from	106		.00		
41			40a, and 40b							1	.00
42			e 38. If line 41								
			on line 43								
44	Multiply line	42 by ratio	on line 43						4	4	1120



2021	Form 1NPR		Page <b>3 of 4</b>
	e(s) shown on Form 1NPR AJA BABU & DURGA LAKSMI SINDURI NETHI		ocial security number 0285799
45	Fill in amount from line 44	4	1126.00
<u>46</u>	Working families tax credit. (Full-year Wisconsin residents only) 46	.00	
<u>47</u>	Married couple credit. Complete Schedule 2 (page 4, Form 1NPR) 47	0.00	
<u>48</u>	Nonrefundable credits from Schedule CR, line 34. Enclose Schedule CR 48	.00	
<u>49</u>	Net income tax paid to another state. Enclose Schedule OS	.00	
<u>50</u>	Add lines 46 through 49		<b>50</b> 0.00
<u>51</u>	Subtract line 50 from line 45. If line 50 is more than line 45, fill in 0 (zero). This is your net ta	х.	51 1126.00
<u>52</u>	Sales and use tax due on internet, mail order, or other out-of-state purchases (see page 39) If you certify that no sales or use tax is due, check here	<b>t</b>	.00
<u>53</u>	Donations (decreases refund or increases amount owed)		
	a Endangered resources00 e Military family relief	.00	
	b Cancer research00 f Second Harvest/Feeding Amer.	.00	
	c Veterans trust fund00 g Red Cross WI Disaster Relief	.00	
	d Multiple sclerosis		
	Total (add lines a through h)		
	Penalties on IRAs, other retirement plans, MSAs, etc. (see page 40) .00 x .3		
	Other penalties (see page 41)		
<u>56</u>	Add lines 51 through 55	5	1126.00
<u>57</u> <u>58</u>	Imments and Credits       Wisconsin income tax withheld. Enclose readable withholding statements . 571524         2021 Wisconsin estimated tax paid and amount applied from 2020 return . 58         Earned income credit. (Full-year Wisconsin residents only)         Number of qualifying children ▶	.00	<b>NOTE:</b> You must use your 2021 earned
	Federal credit       .00 x % = 59	.00	income (see page 42).
<u>60</u>	Farmland preservation credit.    a. Schedule FC, line 17    60a	.00	
	<b>b.</b> Schedule FC-A, line 13 <b>60b</b>	.00	
<u>61</u>	Repayment credit	.00	
<u>62</u>	Homestead credit. (Full-year Wisconsin residents only) 62		
<u>63</u>	Eligible veterans and surviving spouses property tax credit 63		
<u>64</u>	Refundable credits from Schedule CR, line 40 64	.00	
<u>65</u>	AMENDED RETURN ONLY – amount previously paid (see page 46) 65	.00	
<u>66</u>	Add lines 57 through 65 666		
<u>67</u>	AMENDED RETURN ONLY – amount previously refunded (see page 47) . 67	.00	
<u>68</u>	Subtract line 67 from line 66	6	<b>58</b> 1524.00
Ref	und or Amount You Owe		
69	If line 68 is more than line 56, subtract line 56 from line 68. This is the <b>AMOUNT OVERPAID</b>	6	<b>9</b> 398.00
	Amount of line 69 you want <b>REFUNDED TO YOU</b>		

 71
 Amount of line 69 to be APPLIED TO YOUR 2022 ESTIMATED TAX .... 71
 0.00



2021 Form 1N	PR Paper clip a copy of your tax return and schedules		SSN 740285799	Page <b>4 of 4</b>
72a If line	68 is less than line 56, subtract line 68 f	rom line 56 This is t	ne AMOUNT YOU OWE 72a	.00
72b Intere	est (see page 47)		72b .00	
	rpayment interest. Fill in exception code nclude on line 72a (see page 48).	– see Sch. U →	.00	
Third Do	o you want to allow another person to discuss th	is return with the department	(see page 49)? Yes Complete t	he following. X No
Party Designee	Designee's € name ▶	Phone no. ▶	Personal identification number (PIN)	
Under penalt	ties of law, I declare that this return and all at	achments are true, correct,	and complete to the best of my kno	wledge and belief.
Sign here	bur signature	Date	Wisconsin Identity Prote	ection PIN (7 characters)
S	oouse's signature (if filing jointly, BOTH must sign)	Date	Wisconsin Identity Prote	ection PIN (7 characters)

Mail your return to: Wisconsin Department of Revenue

Sign here

Mail your return to.	wisconsin Department of	Revenue		
(if tax is due)		(if refund or no	tax due)	
PO Box 268		PO Box 59		
Madison WI	53790-0001	Madison WI	53785-0001	

### Schedule 1 – Wisconsin Itemized Deduction Credit (see line 39 instructions)

<u>1</u>	Medical and dental expenses from federal Schedule A (Form 1040). See instructions for exceptions	1	.00
2	Interest paid from federal Schedule A (Form 1040). See instructions for exceptions	2	.00
3	Gifts to charity from federal Schedule A (Form 1040). See instructions for exceptions	3	.00
4	Casualty losses from federal Schedule A (Form 1040)	4	.00
5	Add lines 1 through 4	5	.00
6	Wisconsin standard deduction from Form 1NPR, line 34c	6	.00
7	Subtract line 6 from line 5. If line 6 is more than line 5, fill in 0 (zero)	7	.00
8	Rate of credit is .05 (5%)	8	x .05
9	Multiply line 7 by line 8. Fill in here and on line 39 of Form 1NPR	9	.00

Schedule 2 – Married Couple Credit May be claimed only when both spouses have earned income taxable by Wisconsin.

1	Wages, salaries, tips, etc., included in column B of line 1 on Form 1NPR.		(A) YOURSELF	(B) YOUR SF	OUSE
	Do not include deferred compensation (even though reported on a W-2) or taxable scholarships or fellowships not reported on a W-2	1	25936.00		.00
2	Net profit or (loss) from self-employment from federal Schedules C, C-EZ, and F (Form 1040), Schedule K-1 (Form 1065), and any other taxable self-				
	employment or earned income included in column B on Form 1NPR	2	.00		.00
3	Combine lines 1 and 2. This is your total Wisconsin earned income	3	25936.00		.00
<u>4</u>	Add amounts on Form 1NPR, lines 18, 22, 26, and 28, column B. Fill in the total of these adjustments that apply to your or your spouse's earned income	4	0.00		.00
5	Subtract line 4 from line 3. This is your qualified earned income	5	25936.00		0.00
6	Compare the amount in columns (A) and (B) of line 5. Fill in the smaller amount here. If more than \$16,000, fill in \$16,000		6	0.00	
7	Rate of credit is .03 (3%)		7	x .03	
8	Multiply line 6 by line 7. Round the result and fill in here and on line 47 of Fo Do not fill in more than \$480			0.00	



# Legal Residence (Domicile) Questionnaire

Your answers to these questions will be used to determine your legal residence. Certain types of income are either taxable or nontaxable to Wisconsin based upon whether you were a legal resident of Wisconsin at the time you received such income. Form 1NPR may be returned to you or its processing delayed if the questionnaire is not completed. If the questionnaire does not fit your situation or you want to submit additional information, enclose an additional sheet describing your particular circumstances.

NAME(S) RAJA BABU & DURGA LAKSMI SINDURI NETHI SOCIAL SECURITY NUMBER 740285799

	ease √ i Spous	one: (If married filing joint return check one box for each spouse.)
		Full-year Wisconsin resident; did not change domicile from Wisconsin during 2021.
X		Changed legal residence from Wisconsin during 2021; have not moved back to Wisconsin.
		Changed legal residence from Wisconsin during or before 2021; have moved back to Wisconsin.
		Changed legal residence to Wisconsin from(state or country) on(date) during 2021; no previous Wisconsin residency. If you check this box, do not complete the rest of the questionnaire.
		Was a nonresident of Wisconsin for all of 2021. Resident of
-		anged your legal residence from Wisconsin during 2020 or 2021 and you did not previously complete a aire for that change, answer the following questions.
1.	a. On w	hat date did you move from Wisconsin?
		n you moved from Wisconsin, did you intend to move back to Wisconsin? If yes, when? u moved back to Wisconsin, indicate date and explain the circumstances under which you moved back to Wisconsin.
2.	Did you	establish a legal residence in another state? If yes, in which state and on what date?
		stablishing legal residency in the new state, list the dates you were in Wisconsin.
		vere you physically present in your new state of legal residence (please list dates)?
5.	Did you	r spouse and dependent children (if any) move to your new state of legal residence? If yes, when?

6. a. On what date did you begin working in your new state of legal residence?
b. Was your job permanent, temporary, or seasonal? Check one and explain

. In your new state of legal residence, refe	erred to in question 2, did yo	ou:	
a. Register to vote?	If yes, when?		f no, why not?
b. Purchase a home?	If yes, when?	I	f no, why not?
c. Obtain a driver's license?	If yes, when?		f no, why not?
d. Register an auto or other vehicle?			f no, why not?
e. File resident income tax returns?	If yes, what years	filed?	If no, why not?
Since changing your legal residence from	m Wisconsin, have you:		
a. Performed services for income in Wis	sconsin?	lf yes, whe	en?
b. Purchased/renewed Wisconsin auto	icense plates?	lf yes, whe	n?
c. Renewed a Wisconsin driver's license	e?	lf yes, whe	en?
d. Voted in Wisconsin, in person or by a	bsentee ballot?	lf yes, whe	en?
e. Attended or sent your children to Wis	consin schools?	lf yes, whe	n?
f. Purchased a Wisconsin resident hun	ting, fishing, or trapping lice	nse?	If yes, when?
Type of license?		County pu	rchased in?
g. Listed Wisconsin as your state of lega	al residence for purposes o	vour auto in	surance?

h. Listed Wisconsin as your state of legal residence for purposes of your will?

i. Listed Wisconsin as your state of legal residence for purposes of any legal proceedings? If yes, when?

j. Obtained or renewed any Wisconsin trade or professional licenses or union memberships? \_\_\_\_\_ If yes, when? \_\_\_\_

9. If you answered "yes" to any of the questions 8a through 8j, please explain why you have taken such action.

10. Did you or your spouse own the real estate you occupied as your home while living in Wisconsin? \_\_\_\_\_ If yes, have you disposed of it? \_\_\_\_\_ If yes, when? \_\_\_\_\_ If you still own the Wisconsin home, what use do you make of it and how often?

11. If you established a legal residence in a new state but are using a Wisconsin address on your 2021 tax returns, please explain.

Schedule WD

Wisconsin Department of Revenue Name(s) shown on Form 1 or Form 1NPR

# **Capital Gains and Losses**

◆ Enclose with Wisconsin Form 1 or 1NPR ◆

Your social security number

2021

RA	AJA BABU & DURGA LAKSMI SINDURI NETHI				740-28-5799			
Pa	Part I Short-Term Capital Gains and Losses – Assets Held One Year or Less							
	<b>Note:</b> Round all amounts (use a minus sign (-) for negative amounts)	<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost or other basis	<b>(g)</b> Adjustmer gain or loss Form(s) 8949 line 2, colu	s from ), Part I,	(h) Gain or loss Subtract column (e) from column (d) and combine the result with column (g)		
1 a	Amount from line 1a of Schedule D	.00	.00			.00		
1b	Amount from line 1b of Schedule D	6930.00	7726.00		59.00	-737.00		
2	Amount from line 2 of Schedule D	.00	.00		.00	.00		
3	Amount from line 3 of Schedule D	.00	.00		.00	.00		
<u>4</u>	Short-term gain from Form 6252 and shor	t-term gain or loss from	Forms 4684, 6781, and 8	3824	4	.00		
<u>5</u>	Net short-term gain or loss from partnership	os, S corporations, estate	s, and trusts from Schedu	ıle(s) K-1	5			
<u>6</u>	Adjustment from Wisconsin Schedule T (	see Basis Difference in	instructions)		6	.00		
<u>7</u>	Short-term capital loss carryover from 20 a negative number				7	.00		
<u>8</u>	Net short-term capital gain or loss. C	om <mark>bine</mark> lines 1a through	7 in column (h)		8	-737.00		
Pa	rt II Long-Term Capital Gains a	and Losses – Asse	ts Held More Than	One Year				
			(-)	(				
	<b>Note:</b> Round all amounts (use a minus sign (-) for negative amounts)	<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost or other basis	(g) Adjustmer gain or loss Form(s) 8949 line 2, colur	s from , Part II,	(h) Gain or loss Subtract column (e) from column (d) and combine the result with column (g)		
	(use a minus sign (-) for	Proceeds	Cost or	Adjustmer gain or loss Form(s) 8949	s from , Part II,	Subtract column (e) from column (d) and combine the result		
	(use a minus sign (-) for negative amounts)	Proceeds (sales price)	Cost or other basis	Adjustmer gain or loss Form(s) 8949	s from , Part II,	Subtract column (e) from column (d) and combine the result with column (g)		
9a	(use a minus sign (-) for negative amounts) Amount from line 8a of Schedule D	Proceeds (sales price)	Cost or other basis	Adjustmer gain or loss Form(s) 8949	s from , Part II, mn (g)	Subtract column (e) from column (d) and combine the result with column (g) .00		
9a 9b	(use a minus sign (-) for negative amounts) Amount from line 8a of Schedule D Amount from line 8b of Schedule D	Proceeds (sales price) .00	Cost or other basis .00 .00	Adjustmer gain or loss Form(s) 8949	s from , Part II, mn (g) .00	Subtract column (e) from column (d) and combine the result with column (g) .00		
9a 9b 10	(use a minus sign (-) for negative amounts) Amount from line 8a of Schedule D Amount from line 8b of Schedule D Amount from line 9 of Schedule D	Proceeds (sales price) .00 .00 .00 .00 in from Forms 2439 and	Cost or other basis .00 .00 .00 .00 6252; and long-term gai	Adjustmer gain or loss Form(s) 8949 line 2, colur	s from , Part II, mn (g) .00 .00 .00	Subtract column (e) from column (d) and combine the result with column (g) .00 .00		
9a 9b 10 11	(use a minus sign (-) for negative amounts) Amount from line 8a of Schedule D Amount from line 8b of Schedule D Amount from line 9 of Schedule D Amount from line 10 of Schedule D Gain from Form 4797, Part I; long-term ga	Proceeds (sales price) .00 .00 .00 .00 in from Forms 2439 and	Cost or other basis .00 .00 .00 .00 6252; and long-term gai	Adjustmer gain or loss Form(s) 8949 line 2, colur	s from Part II, mn (g) .00 .00 .00 .00	Subtract column (e) from column (d) and combine the result with column (g) .00 .00 .00		
9a 9b 10 11 <u>12</u>	(use a minus sign (-) for negative amounts) Amount from line 8a of Schedule D Amount from line 8b of Schedule D Amount from line 9 of Schedule D Amount from line 10 of Schedule D Gain from Form 4797, Part I; long-term ga from Forms 4684, 6781, and 8824	Proceeds (sales price) .00 .00 .00 .00 in from Forms 2439 and s, S corporations, estates	Cost or other basis .00 .00 .00 .00 6252; and long-term gai	Adjustmer gain or loss Form(s) 8949 line 2, colur in or loss from	s from Part II, mn (g) .00 .00 .00 .00 .00 .00	Subtract column (e) from column (d) and combine the result with column (g) .00 .00 .00 .00 .00 .00		
9a 9b 10 11 <u>12</u> <u>13</u>	(use a minus sign (-) for negative amounts) Amount from line 8a of Schedule D Amount from line 8b of Schedule D Amount from line 9 of Schedule D Amount from line 10 of Schedule D Gain from Form 4797, Part I; long-term ga from Forms 4684, 6781, and 8824 Net long-term gain or loss from partnership	Proceeds (sales price) .00 .00 .00 in from Forms 2439 and s, S corporations, estates	Cost or other basis .00 .00 .00 .00 6252; and long-term gai	Adjustmer gain or loss Form(s) 8949 line 2, colur	s from Part II, mn (g) .00 .00 .00 .00 .00 .00 .00 .0	Subtract column (e) from column (d) and combine the result with column (g) .00 .00 .00 .00 .00 .00		
9a 9b 10 11 <u>12</u> <u>13</u> <u>14</u>	(use a minus sign (-) for negative amounts) Amount from line 8a of Schedule D Amount from line 8b of Schedule D Amount from line 9 of Schedule D Amount from line 10 of Schedule D Gain from Form 4797, Part I; long-term ga from Forms 4684, 6781, and 8824 Net long-term gain or loss from partnership Capital gain distributions	Proceeds (sales price) .00 .00 .00 .00 in from Forms 2439 and s, S corporations, estates see Basis Difference in	Cost or other basis .00 .00 .00 .00 6252; and long-term gai , and trusts from Schedul	Adjustmer gain or loss Form(s) 8949 line 2, colur	s from Part II, mn (g) .00 .00 .00 .00 .00 .00 .00 .0	Subtract column (e) from column (d) and combine the result with column (g) .00 .00 .00 .00 .00 .00 .00		
9a 9b 10 11 <u>12</u> <u>13</u> <u>14</u> <u>15</u>	(use a minus sign (-) for negative amounts) Amount from line 8a of Schedule D Amount from line 8b of Schedule D Amount from line 9 of Schedule D Amount from line 10 of Schedule D Gain from Form 4797, Part I; long-term ga from Forms 4684, 6781, and 8824 Net long-term gain or loss from partnership Capital gain distributions Adjustment from Wisconsin Schedule T (	Proceeds (sales price) .00 .00 .00 .00 in from Forms 2439 and s, S corporations, estates see Basis Difference in . Enter amount as a neg 20 Wisconsin Schedule	Cost or other basis .00 .00 .00 .00 6252; and long-term gai , and trusts from Schedul instructions) ative number	Adjustmer gain or loss Form(s) 8949 line 2, colur in or loss from le(s) K-1	s from Part II, mn (g) .00 .00 .00 .00 .00 .00 .00 .0	Subtract column (e) from column (d) and combine the result with column (g) .00 .00 .00 .00 .00 .00 .00 .00		

Go on to Part III  $\rightarrow$ 



Name	Social Security Number	
RAJA BABU & DURGA LAKSMI SINDURI NETHI	740-28-5799	)
Part III Summary of Parts I and II (see instructions) - use a minus sign (-) f	or negative amounts.	
<b>18</b> Combine lines 8 and 17, and fill in the net gain or loss here (if line 18 is a loss, go to lin	ne 28) <b>18</b>	-737.00
<b>19</b> Fill in the smaller of line 17 or 18, or -0- if a loss or no entry on line 17	.00	
<b><u>20</u></b> Fill in 30% of line 19 <b>20</b>	.00	
21 Fill in the amount of long-term capital gain from the sale of farm assets listed on Form 8949 and taxable to Wisconsin plus gain from the sale of farm assets that is included on line 12 or 13 of Schedule WD. If zero, skip lines 22 through 25 and fill in the amount from line 20 on line 26	.00	
22 Gain included in line 17. Do not include any losses in this amount	.00	
23 Divide line 21 by line 22. Carry the decimal to 4 places	<u> </u>	
24 Multiply line 19 by the decimal amount on line 23 24	.00	
<b>25</b> Fill in 30% of line 24	.00	
<b><u>26</u></b> Add lines 20 and 25		.00
<b><u>27</u></b> Subtract line 26 from line 18		.00
<b>28</b> If line 18 shows a loss, fill in the smaller of: (a) The loss on line 18,		
Note: When figuring whether a, b, or c is smaller, treat all numbers as if they are positive. If filing Form 1, complete Part IV. If filing Form 1NPR, fill in amount from line 27 or 28 on line 7, column B, of Form 1NPR.	e instructions) <b>28</b>	-500.00

# Part IV Computation of Wisconsin Adjustment to Income (Do not complete this part if you are filing on Form 1NPR)

29	Ad	justment (see instructions for Part IV and Schedule I adjustments)		
	<u>a</u>	Fill in gain from line 7 of federal Form 1040 or 1040-SR, or gain from line 2e of         Schedule I, if filed (if a loss, fill in -0-)	0.00	
	b	Fill in gain from Part III, line 27, (if blank, fill in -0-)	.00	
	<u>c</u>	If line 29b is more than 29a, subtract line 29a from line 29b. Fill in amount on line 2 of Schedule AD (Form 1)	29c	.00
	d	If line 29b is less than 29a, subtract line 29b from line 29a. Fill in amount on line 5 of Schedule SB (Form 1)	. 29d	.00
	e	Fill in loss from line 7 of federal Form 1040 or 1040-SR, as a positive         amount or the loss from line 4c of Schedule I, if filed (if a gain, fill in -0-)         73	7.00	
	f	Fill in loss from Part III, line 28 as a positive amount       29f	.00	
	<u>g</u>	If line 29f is more than 29e, subtract line 29e from line 29f. Fill in amount on line 5 of Schedule SB (Form 1)	29g	.00
	h	If line 29f is less than 29e, subtract line 29f from line 29e. Fill in amount on line 2 of Schedule AD (Form 1) $$ .	29h	.00
Pa	art '	Computation of Capital Loss Carryovers from 2021 to 2022 (Complete this part if the loss on lin	e 18 is n	nore than the loss on line 28.)
30	Fill	l in loss shown on line 8 as a positive amount. If none, fill in -0- and skip lines 31 through 34	30	737.00
31	Fill	l in gain shown on line 17. If that line is blank or shows a loss, fill in -0	31	0.00
32	Su	btract line 31 from line 30	32	737.00
33	Fill	l in the smaller of line 28 or line 32, treating both as positive amounts	33	500.00
<u>34</u>	Su	btract line 33 from line 32. This is your <b>short-term capital loss carryover</b> from 2021 to 2022	34	237.00
35	Fill	l in loss from line 17 as a positive amount. If none, fill in -0- and skip lines 36 through 39	35	0.00
36	Fill	l in gain shown on line 8. If that line is blank or shows a loss, fill in -0	36	.00
37	Su	btract line 36 from line 35	37	.00
38		btract line 33 from line 28, treating both as positive amounts. ( <b>Note</b> : <i>If you skipped</i> es 31 through 34, fill in amount from line 28 as a positive amount.)	38	.00
39	Su	btract line 38 from line 37. This is your long-term capital loss carryover from 2021 to 2022	39	.00

