

# IRS e-file Signature Authorization

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

Submission Identification Number (SID) ▶

Taxpayer's name VENKATA SWATHI KOLLURU	Social security number 021-98-5445
Spouse's name	Spouse's social security number

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

Enter whole dollars only on lines 1 through 5.

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

1 Adjusted gross income . . . . .	1	76,693.
2 Total tax . . . . .	2	9,790.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	3	11,683.
4 Amount you want refunded to you . . . . .	4	1,893.
5 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

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

8	5	4	4	5
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 as my signature on the income tax return (original or amended) I am now authorizing.   
ERO firm name  
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

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

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

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

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

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

### Practitioner PIN Method Returns Only—continue below

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

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

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

  
Don't enter all zeros

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

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

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

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

Your first name and middle initial VENKATA SWATHI		Last name KOLLURU	Your social security number 021-98-5445
If joint return, spouse's first name and middle initial		Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. 200 OLD RIVER RD			Apt. no. 17
City, town, or post office. If you have a foreign address, also complete spaces below. LINCOLN		State RI	ZIP code 02865
Foreign country name		Foreign province/state/county	Foreign postal code

You  Spouse

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

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

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

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

Attach Sch. B if required.  <b>Standard Deduction for—</b> • Single or Married filing separately, \$12,550 • Married filing jointly or Qualifying widow(er), \$25,100 • Head of household, \$18,800 • If you checked any box under <i>Standard Deduction</i> , see instructions.	<b>1</b> Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .		<b>1</b> 84,843.
	<b>2a</b> Tax-exempt interest . . . . .	<b>2a</b>	<b>2b</b>
	<b>3a</b> Qualified dividends . . . . .	<b>3a</b>	<b>3b</b>
	<b>4a</b> IRA distributions . . . . .	<b>4a</b>	<b>4b</b>
	<b>5a</b> Pensions and annuities . . . . .	<b>5a</b>	<b>5b</b>
	<b>6a</b> Social security benefits . . . . .	<b>6a</b>	<b>6b</b>
	<b>7</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ▶ <input type="checkbox"/>		<b>7</b>
	<b>8</b> Other income from Schedule 1, line 10 . . . . .		<b>8</b> -8,150.
	<b>9</b> Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . . ▶		<b>9</b> 76,693.
	<b>10</b> Adjustments to income from Schedule 1, line 26 . . . . .		<b>10</b>
	<b>11</b> Subtract line 10 from line 9. This is your <b>adjusted gross income</b> . . . . . ▶		<b>11</b> 76,693.
	<b>12a</b> <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .	<b>12a</b> 12,550.	
	<b>b</b> Charitable contributions if you take the standard deduction (see instructions)	<b>12b</b> 300.	
	<b>c</b> Add lines 12a and 12b . . . . .		<b>12c</b> 12,850.
	<b>13</b> Qualified business income deduction from Form 8995 or Form 8995-A . . . . .		<b>13</b>
<b>14</b> Add lines 12c and 13 . . . . .		<b>14</b> 12,850.	
<b>15</b> <b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . .		<b>15</b> 63,843.	

<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	<b>16</b>	9,790.
<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
<b>18</b>	Add lines 16 and 17	<b>18</b>	9,790.
<b>19</b>	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	<b>19</b>	
<b>20</b>	Amount from Schedule 3, line 8	<b>20</b>	
<b>21</b>	Add lines 19 and 20	<b>21</b>	
<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	9,790.
<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 21	<b>23</b>	0.
<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	9,790.
<b>25</b>	Federal income tax withheld from:		
<b>a</b>	Form(s) W-2	<b>25a</b>	11,683.
<b>b</b>	Form(s) 1099	<b>25b</b>	
<b>c</b>	Other forms (see instructions)	<b>25c</b>	
<b>d</b>	Add lines 25a through 25c	<b>25d</b>	11,683.
<b>26</b>	2021 estimated tax payments and amount applied from 2020 return	<b>26</b>	
<b>27a</b>	Earned income credit (EIC) <span style="float:right">No</span>	<b>27a</b>	
	Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/>		
<b>b</b>	Nontaxable combat pay election	<b>27b</b>	
<b>c</b>	Prior year (2019) earned income	<b>27c</b>	
<b>28</b>	Refundable child tax credit or additional child tax credit from Schedule 8812	<b>28</b>	
<b>29</b>	American opportunity credit from Form 8863, line 8	<b>29</b>	
<b>30</b>	Recovery rebate credit. See instructions	<b>30</b>	
<b>31</b>	Amount from Schedule 3, line 15	<b>31</b>	
<b>32</b>	Add lines 27a and 28 through 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>	
<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	11,683.
<b>Refund</b>	<b>34</b> If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>	1,893.
	<b>35a</b> Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>	1,893.
Direct deposit? See instructions.	<b>b</b> Routing number 071000013 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<b>d</b> Account number 106380303		
	<b>36</b> Amount of line 34 you want <b>applied to your 2022 estimated tax</b>	<b>36</b>	
<b>Amount You Owe</b>	<b>37</b> <b>Amount you owe</b> . Subtract line 33 from line 24. For details on how to pay, see instructions	<b>37</b>	
	<b>38</b> Estimated tax penalty (see instructions)	<b>38</b>	

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

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

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

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

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

Phone no. (309) 966-5995 Email address SWATIKV02@GMAIL.COM

**Paid Preparer Use Only**

Preparer's name	Preparer's signature	Date	PTIN	Check if:
SYAM PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA RAM SAGAR GUPTA TALLAM	03/24/2022	P02082703	<input type="checkbox"/> Self-employed
Firm's name	Firm's address		Phone no.	Firm's EIN
GLOBAL TAXES LLC	2530 Pebble Creek Ln Cumming GA 30041		(678) 965-9522	30-1017196

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

▶ Attach to Form 1040, 1040-SR, or 1040-NR.  
▶ Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2021**  
Attachment  
Sequence No. **01**

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

Your social security number  
021-98-5445

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions) ▶ _____		
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .	<b>5</b>	-8,150.
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	
<b>8</b>	Other income:		
<b>a</b>	Net operating loss . . . . .	<b>8a</b>	( )
<b>b</b>	Gambling income . . . . .	<b>8b</b>	
<b>c</b>	Cancellation of debt . . . . .	<b>8c</b>	
<b>d</b>	Foreign earned income exclusion from Form 2555 . . . . .	<b>8d</b>	( )
<b>e</b>	Taxable Health Savings Account distribution . . . . .	<b>8e</b>	
<b>f</b>	Alaska Permanent Fund dividends . . . . .	<b>8f</b>	
<b>g</b>	Jury duty pay . . . . .	<b>8g</b>	
<b>h</b>	Prizes and awards . . . . .	<b>8h</b>	
<b>i</b>	Activity not engaged in for profit income . . . . .	<b>8i</b>	
<b>j</b>	Stock options . . . . .	<b>8j</b>	
<b>k</b>	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property . . . . .	<b>8k</b>	
<b>l</b>	Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .	<b>8l</b>	
<b>m</b>	Section 951(a) inclusion (see instructions) . . . . .	<b>8m</b>	
<b>n</b>	Section 951A(a) inclusion (see instructions) . . . . .	<b>8n</b>	
<b>o</b>	Section 461(l) excess business loss adjustment . . . . .	<b>8o</b>	
<b>p</b>	Taxable distributions from an ABLE account (see instructions) . . . . .	<b>8p</b>	
<b>z</b>	Other income. List type and amount ▶ _____	<b>8z</b>	
<b>9</b>	Total other income. Add lines 8a through 8z . . . . .	<b>9</b>	
<b>10</b>	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .	<b>10</b>	-8,150.

**Part II Adjustments to Income**

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

**SCHEDULE E  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Supplemental Income and Loss**  
(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

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

OMB No. 1545-0074

**2021**

Attachment  
Sequence No. **13**

Name(s) shown on return

VENKATA SWATHI KOLLURU

Your social security number

021-98-5445

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

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

<b>1a</b>	Physical address of each property (street, city, state, ZIP code)				
<b>A</b>	PLOT NO-82, M.V.P COLONY VISAKHAPATNAM ANDHRA PRADESH IN 530017				
<b>B</b>					
<b>C</b>					
<b>1b</b>	Type of Property (from list below)	<b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
<b>A</b>	3		A 365	0	<input type="checkbox"/>
<b>B</b>			B		<input type="checkbox"/>
<b>C</b>			C		<input type="checkbox"/>

**Type of Property:**

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

Income:	Properties:	A	B	C
<b>3</b> Rents received . . . . .	<b>3</b>	450.		
<b>4</b> Royalties received . . . . .	<b>4</b>			
<b>Expenses:</b>				
<b>5</b> Advertising . . . . .	<b>5</b>			
<b>6</b> Auto and travel (see instructions) . . . . .	<b>6</b>			
<b>7</b> Cleaning and maintenance . . . . .	<b>7</b>	800.		
<b>8</b> Commissions . . . . .	<b>8</b>			
<b>9</b> Insurance . . . . .	<b>9</b>			
<b>10</b> Legal and other professional fees . . . . .	<b>10</b>			
<b>11</b> Management fees . . . . .	<b>11</b>	1,500.		
<b>12</b> Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>			
<b>13</b> Other interest . . . . .	<b>13</b>			
<b>14</b> Repairs . . . . .	<b>14</b>	1,800.		
<b>15</b> Supplies . . . . .	<b>15</b>	2,100.		
<b>16</b> Taxes . . . . .	<b>16</b>			
<b>17</b> Utilities . . . . .	<b>17</b>	2,400.		
<b>18</b> Depreciation expense or depletion . . . . .	<b>18</b>			
<b>19</b> Other (list) ▶ . . . . .	<b>19</b>			
<b>20</b> Total expenses. Add lines 5 through 19 . . . . .	<b>20</b>	8,600.		
<b>21</b> 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 . . . . .	<b>21</b>	-8,150.		
<b>22</b> Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . .	<b>22</b>	( 8,150. )	( )	( )
<b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>		450.	
<b>b</b> Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>			
<b>c</b> Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>			
<b>d</b> Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>			
<b>e</b> Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b>		8,600.	
<b>24</b> <b>Income.</b> Add positive amounts shown on line 21. Do not include any losses . . . . .	<b>24</b>			
<b>25</b> <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .	<b>25</b>	( 8,150. )		
<b>26</b> <b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . .	<b>26</b>			-8,150.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2021



# 2022 RI-1040ES Rhode Island Resident and Nonresident Estimated Payment Coupons

## WHO MUST MAKE ESTIMATED PAYMENTS

Every resident and nonresident individual shall make estimated Rhode Island personal income tax payments if his or her estimated Rhode Island personal income tax can be reasonably expected to be \$250 or more in excess of any credits allowable against his or her tax, whether or not he or she is required to file a federal estimated tax for such year.

## JOINT RETURNS

Married individuals may make joint payments as if they were one taxpayer, in which case the liability with respect to the estimated tax shall be joint and several. No joint payments may be made if the married individuals are separated under a decree of divorce or of separate maintenance. If joint payments are made, but the married individuals determine their Rhode Island income taxes separately, the estimated tax, for such period, may be treated as the estimated tax of either individual, or may be divided between them, as they may elect.

## CHANGES IN INCOME

Even though on April 15, 2022 you do not expect your tax to be large enough to require making estimated payments, a change in income may require you to make estimated payments later.

## HOW TO ESTIMATE YOUR TAX FOR 2022

Your 2022 estimated income tax may be based upon your 2021 income tax liability. If you wish to compute your 2022 estimated income tax, use the enclosed estimated tax worksheet.

## CREDIT FOR INCOME TAX OVERPAYMENT

Your credit for income tax overpayment from your 2021 Rhode Island income tax return may be deducted from the first installment of your 2022 estimated tax, and any excess credit from succeeding installments.

## WHEN AND WHERE TO MAKE ESTIMATES

- 1st Estimate Due.....April 15, 2022
- 2nd Estimate Due.....June 15, 2022
- 3rd Estimate Due.....September 15, 2022
- 4th Estimate Due.....January 15, 2023

**Note:** You do not have to make your January 15, 2023 payment if you file your 2022 return by February 15, 2023, and pay the entire balance due with your return.

**Mail to:** RI Division of Taxation  
One Capitol Hill  
Providence, RI 02908

## ALLOWABLE CREDITS

Only the following credits are allowed against Rhode Island personal income tax:

- 1) RI Earned Income Credit - **RIGL §44-30-2.6(c)(2)(N)**
- 2) Property Tax Relief Credit - **RIGL §44-33**
- 3) RI Residential Lead Abatement Credit - **RIGL §44-30.3**
- 4) Credit for Taxes Paid to Other States - **RIGL §44-30-18**
- 5) Historic Structures Tax Credit - **RIGL §44-33.2**
- 6) Historic Preservation Tax Credits 2013 - **RIGL §44-33.6**
- 7) Motion Picture Production Tax Credit - **RIGL §44-31.2**
- 8) Musical and Theatrical Production Tax Credits - **RIGL §44-31.3**
- 9) Child and Dependent Care Credit
- 10) Credits for Contributions to Scholarship Organizations - **RIGL §44-62**
- 11) RI New Qualified Jobs Incentive - **RIGL §44-48.3**

- 12) Rebuild Rhode Island Tax Credit - **RIGL §42-64.20**
- 13) Stay Invested in RI Wavemaker Credit - **RIGL §42-64.26**
- 14) Historic Homeowner Assistance Act - **RIGL §44-33.1**

## CHARGE FOR UNDERPAYMENT OF INSTALLMENTS OF ESTIMATED TAX

An interest charge is imposed for underpayment of an installment of estimated tax. The Rhode Island income tax law follows similar provisions of the Internal Revenue Code with respect to exceptions. Such charge on any unpaid installment shall be computed on the amount by which the actual payments and credits applied to the tax are less than 80% of such installment at the time it is due. If it appears there was an underpayment of any installment of estimated tax, you may attach Form RI-2210 (if any of the exceptions apply) to your Rhode Island income tax return explaining why an additional charge should not be made.

## PENALTIES

The law imposes penalties and interest charges for failing to pay estimated tax due or for making false or fraudulent statements.

## OTHER QUESTIONS

Further assistance may be obtained by calling the Personal Income Tax Section at (401) 574-8829 and selecting option #3, or by visiting the Rhode Island Division of Taxation's website at [www.tax.ri.gov](http://www.tax.ri.gov).

### 2022 Tax Rate Schedule - FOR ALL FILING STATUS TYPES

Taxable Income (line 4)		Pay		+	%	of the
Over	But not over				on excess	amount over
\$ 0	\$ 68,200	\$ ---			3.75%	\$ 0
68,200	155,050	<b>2,557.50</b>		+	4.75%	<b>68,200</b>
155,050	.....	<b>6,682.88</b>		+	5.99%	<b>155,050</b>

## RECORD OF ESTIMATED PAYMENTS

Payment Number	Check Number	Date	Amount	2021 Overpayment credit applied	Total amount paid and credited (add column B and Column C)
1.					
2.					
3.					
4.					
Total					

DETACH HERE AND MAIL WITH YOUR PAYMENT

# 2022 RI-1040ES STATE OF RHODE ISLAND ESTIMATED PAYMENT COUPON

DIVISION OF TAXATION - ONE CAPITOL HILL - PROVIDENCE, RI 02908



21101515550101

YOUR SOCIAL SECURITY NUMBER 021-98-5445
SPOUSE'S SOCIAL SECURITY NUMBER, IF JOINT PAYMENT

Return this coupon with check or money order payable to: Rhode Island Division of Taxation One Capitol Hill Providence, RI 02908 Please do not send cash with this coupon.
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**DUE DATE**  
**JANUARY 15, 2023**

NAME VENKATA SWATHI KOLLURU
ADDRESS 200 OLD RIVER RD APT 17 CITY, STATE & ZIP CODE LINCOLN RI 02865

REV 03/22/22 PRO 1555

# ITE

1. ENTER AMOUNT DUE AND PAID \$ 65.00

FILE ONLY IF YOU ARE MAKING A PAYMENT OF ESTIMATED TAX

**2022 RI-1040ES** STATE OF RHODE ISLAND ESTIMATED PAYMENT COUPON  
DIVISION OF TAXATION - ONE CAPITOL HILL - PROVIDENCE, RI 02908



21101515550101

YOUR SOCIAL SECURITY NUMBER 021-98-5445
SPOUSE'S SOCIAL SECURITY NUMBER, IF JOINT PAYMENT

Return this coupon with check or money order payable to: Rhode Island Division of Taxation  
One Capitol Hill  
Providence, RI 02908  
Please do not send cash with this coupon.

**DUE DATE**  
**SEPTEMBER 15,**  
**2022**

NAME VENKATA SWATHI KOLLURU
ADDRESS 200 OLD RIVER RD APT 17
CITY, STATE & ZIP CODE LINCOLN RI 02865

**ITE**

REV 03/22/22 PRO 1555

1. ENTER AMOUNT DUE AND PAID \$ \_\_\_\_\_ 65.00

FILE ONLY IF YOU ARE MAKING A PAYMENT OF ESTIMATED TAX

DETACH HERE AND MAIL WITH YOUR PAYMENT

**2022 RI-1040ES** STATE OF RHODE ISLAND ESTIMATED PAYMENT COUPON  
DIVISION OF TAXATION - ONE CAPITOL HILL - PROVIDENCE, RI 02908



21101515550101

YOUR SOCIAL SECURITY NUMBER 021-98-5445
SPOUSE'S SOCIAL SECURITY NUMBER, IF JOINT PAYMENT

Return this coupon with check or money order payable to: Rhode Island Division of Taxation  
One Capitol Hill  
Providence, RI 02908  
Please do not send cash with this coupon.

**DUE DATE**  
**JUNE 15, 2022**

NAME VENKATA SWATHI KOLLURU
ADDRESS 200 OLD RIVER RD APT 17
CITY, STATE & ZIP CODE LINCOLN RI 02865

**ITE**

REV 03/22/22 PRO 1555

1. ENTER AMOUNT DUE AND PAID \$ \_\_\_\_\_ 65.00

FILE ONLY IF YOU ARE MAKING A PAYMENT OF ESTIMATED TAX

DETACH HERE AND MAIL WITH YOUR PAYMENT

**2022 RI-1040ES** STATE OF RHODE ISLAND ESTIMATED PAYMENT COUPON  
DIVISION OF TAXATION - ONE CAPITOL HILL - PROVIDENCE, RI 02908



21101515550101

YOUR SOCIAL SECURITY NUMBER 021-98-5445
SPOUSE'S SOCIAL SECURITY NUMBER, IF JOINT PAYMENT

Return this coupon with check or money order payable to: Rhode Island Division of Taxation  
One Capitol Hill  
Providence, RI 02908  
Please do not send cash with this coupon.

**DUE DATE**  
**APRIL 15, 2022**

NAME VENKATA SWATHI KOLLURU
ADDRESS 200 OLD RIVER RD APT 17
CITY, STATE & ZIP CODE LINCOLN RI 02865

**ITE**

REV 03/22/22 PRO 1555

1. ENTER AMOUNT DUE AND PAID \$ \_\_\_\_\_ 65.00

FILE ONLY IF YOU ARE MAKING A PAYMENT OF ESTIMATED TAX



WHAT IS FORM RI 1040V AND DO YOU NEED TO USE IT?

It is a statement you send with your payment of any balance due on line 15c of your Form RI-1040 or line 18c of your Form RI-1040NR. Using Form RI-1040V allows us to process your payment more accurately and efficiently. We strongly encourage you to use Form RI-1040V, but there is no penalty if you do not do so.

HOW TO FILL IN FORM RI-1040V

- Box 1. Enter your name(s) and address as shown on your return.
- Box 2. Enter your social security number and your spouse's social security number (if making a joint payment) in the boxes provided.
- Box 3. Enter the amount of the payment you are making. Also, enter below for your records.

Date Paid	Check Number	Amount
_____	_____	_____

HOW TO PREPARE YOUR PAYMENT

Make your check or money order payable to the "R.I. Division of Taxation." Do not send cash. Make sure the name and address appears on the check or money order. Write "Form RI-1040V," daytime phone number and social security number on your check or money order.

HOW TO SEND IN YOUR RETURN, PAYMENT, AND RI-1040V

Retain the top portion of this form for your records. Detach and return the lower portion with your payment. DO NOT staple or otherwise attach your payment or Form RI-1040V to your return or to each other. Instead, just put them loose in the envelope. Mail your tax return, payment and RI-1040V to the Rhode Island Division of Taxation, One Capitol Hill, Providence, RI 02908-5807.

PAYMENT BY CREDIT CARD

For information regarding the payment of taxes by credit card, please visit the Credit Card Payments page of the Division of Taxation's website.

<http://www.tax.ri.gov/misc/creditcard.php>

Enter on page 1 of Form RI-1040 or RI-1040NR, in the upper left corner, the confirmation number you were given at the end of the transaction and the amount of your tax payment (not including the convenience fee).

DETACH VOUCHER AT PERFORATION TO MAIL IN WITH YOUR PAYMENT



21101315550101

DO NOT STAPLE OR ATTACH THIS VOUCHER TO YOUR PAYMENT OR YOUR RETURN

REV 03/22/22 PRO

1. Name(s) KOLLURU, VENKATA SWATHI		
Address 200 OLD RIVER RD APT 17		
City LINCOLN RI	State RI	ZIP Code 02865
2. Your social security number 021-98-5445		
Spouse's social security number, if joint payment		

RI-1040V

3. ENTER AMOUNT ENCLOSED

\$ \_\_\_\_\_ 257.00

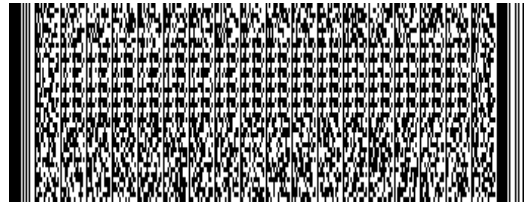
2021 Form RI-1040

Resident Individual Income Tax Return



21100115550101

Your social security number: 021-98-5445  
 Spouse's social security number: \_\_\_\_\_  
 Your first name: VENKATA SWATHI MI Last name: KOLLURU Suffix: \_\_\_\_\_  
 Spouse's name: \_\_\_\_\_ MI Last name: \_\_\_\_\_ Suffix: \_\_\_\_\_  
 Address: 200 OLD RIVER RD APT 17  
 City, town or post office: LINCOLN State: RI ZIP code: 02865  
 City or town of legal residence: LINCOLN  
 Check each box that applies. Otherwise, leave blank.  
 Primary deceased?  Spouse deceased?  New address?  Amended Return? \*   
 ELECTORAL CONTRIBUTION: If you want \$5.00 (\$10.00 if a joint return) to go to this fund, check here. (See instructions. This will not increase your tax or reduce your refund.)  Yes  
 If you wish the 1st \$2.00 (\$4.00 if a joint return) be paid to a specific party, check the box and fill in the name of the political party. Otherwise, it will be paid to a nonpartisan general account.



FILING STATUS

Single  Married filing jointly  Married filing separately  Head of household  Qualifying widow(er)

INCOME, TAX AND CREDITS

Rhode Island Standard Deduction Single **\$9,050**  
 Married filing jointly or Qualifying widow(er) **\$18,100**  
 Married filing separately **\$9,050**  
 Head of household **\$13,550**

1	Federal AGI from Federal Form 1040 or 1040-SR, line 11 .....	1	76693	00
2	Net modifications to Federal AGI from RI Sch M, line 3. If no modifications, enter 0 on this line.	2	0	00
3	Modified Federal AGI. Combine lines 1 and 2 (add net increases or subtract net decreases).....	3	76693	00
4	RI Standard Deduction from left. If line 3 is over \$ 210,750, see Standard Deduction Worksheet .....	4	9050	00
5	Subtract line 4 from line 3. If zero or less, enter 0.....	5	67643	00
6	Enter # of exemptions from RI Sch E, line 5 in box, multiply by \$4,250 and enter result on line 6. If line 3 is over \$210,750, see Exemption Worksheet	6	4250	00
7	RI TAXABLE INCOME. Subtract line 6 from line 5. If zero or less, enter 0.....	7	63393	00
8	RI income tax from Rhode Island Tax Table or Tax Computation Worksheet.....	8	2377	00
9a	RI percentage of allowable Federal credit from page 3, RI Sch I, line 22.....	9a		00
9b	RI Credit for income taxes paid to other states from page 3, RI Sch II, line 29.....	9b		00
9c	Other Rhode Island Credits from RI Schedule CR, line 8.....	9c		00
9d	Total RI credits. Add lines 9a, 9b and 9c.....	9d		00
10a	Rhode Island income tax after credits. Subtract line 9d from line 8 (not less than zero) .....	10a	2377	00
10b	Recapture of Prior Year Other Rhode Island Credits from RI Schedule CR, line 11.....	10b		00
11	RI checkoff contributions from page 3, RI Checkoff Schedule, line 37. Contributions reduce your refund or increase your balance due	11	0	00
12a	USE/SALES tax due from RI Schedule U, line 4 or line 8, whichever applies .....	12a		00
12b	Individual Mandate Penalty (see instructions). Check <input checked="" type="checkbox"/> to certify full year coverage.	12b		00
13a	TOTAL RI TAX AND CHECKOFF CONTRIBUTIONS. Add lines 10a, 10b, 11, 12a and 12b.....	13a	2377	00

Using a paper clip, please attach Forms W-2 and 1099 here.

Check  to certify use tax amount on line 12a is accurate.

RETURN MUST BE SIGNED - SIGNATURE IS LOCATED ON PAGE 2

\* If filing an amended return, attach the Explanation of Changes supplemental page

State of Rhode Island Division of Taxation  
**2021 Form RI-1040**  
 Resident Individual Income Tax Return - page 2



21100115550102

Name(s) shown on Form RI-1040 or RI-1040NR VENKATA SWATHI KOLLURU	Your social security number 021-98-5445
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PAYMENTS AND PROPERTY TAX RELIEF CREDIT

13 b TOTAL RI TAX AND CHECKOFF CONTRIBUTIONS from line 13a.....	13b	2377	00
14 a RI 2021 income tax withheld from RI Schedule W, line 16. You must attach Sch W AND all W-2 and 1099 forms with RI withholding. ....	14a	2120	00
b 2021 estimated tax payments and amount applied from 2020 return....	14b		00
c Property tax relief credit from RI-1040H, line 13. Attach RI-1040H.....	14c		00
d RI earned income credit from page 3, RI Schedule EIC, line 40.....	14d		00
e RI Residential Lead Paint Credit from RI-6238, line 7. Attach RI-6238..	14e		00
f Other payments.....	14f		00
g TOTAL PAYMENTS AND CREDITS. Add lines 14a, 14b, 14c, 14d, 14e and 14f.....	14g	2120	00
h Previously issued overpayments (if filing an amended return).....	14h		00
i NET PAYMENTS. Subtract line 14h from line 14g.....	14i	2120	00
15 a AMOUNT DUE. If line 13b is LARGER than line 14i, subtract line 14i from line 13b.....	15a	257	00
b Enter the amount of underestimating interest due from Form RI-2210 or RI-2210A. (attach form) This amount should be added to line 15a or subtracted from line 16, whichever applies.....	15b	0	00
c TOTAL AMOUNT DUE. Add lines 15a and 15b. Complete RI-1040V and send in with your payment ☹️	15c	257	00
16 AMOUNT OVERPAID. If line 14i is LARGER than line 13b, subtract line 13b from line 14i. If there is an amount due for underestimating interest on line 15b, subtract line 15b from line 16..... 😊	16		00
17 Amount of overpayment to be refunded.....	17		00
18 Amount of overpayment to be applied to 2022 estimated tax.....	18		00

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

Your signature	Your driver's license number and state	Date	Telephone number
	40159395 RI		309-966-5995
Spouse's signature	Spouse's driver's license number and state	Date	Telephone number
Paid preparer signature	Print name	Date	Telephone number
SYAM PRIYA RAM SAGAR GUPTA TALLAM	GLOBAL TAXES LLC	03/24/2022	678-965-9522
Paid preparer address	City, town or post office	State	ZIP code PTIN
2530 PEBBLE CREEK LN	CUMMING	GA	30041 P02082703



21100115550103

Name(s) shown on Form RI-1040 or RI-1040NR VENKATA SWATHI KOLLURU	Your social security number 021-98-5445
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**RI SCHEDULE I - ALLOWABLE FEDERAL CREDIT**

19 RI income tax from page 1, line 8 .....	19		00
20 Credit for child and dependent care expenses from Federal Form 1040 or 1040-SR, Schedule 3, line 2 or 13g .....	20		00
21 Tentative allowable federal credit. Multiply line 20 by 25% (0.2500).....	21		00
22 MAXIMUM CREDIT. Line 19 or 21, whichever is SMALLER. Enter here and on page 1, line 9a.....	22		00

**RI SCHEDULE II - CREDIT FOR INCOME TAX PAID TO ANOTHER STATE**  
 (ATTACH COPY OF OTHER STATE(S) RETURN)

23 RI income tax from RI-1040, page 1, line 8 less allowable federal credit from RI-1040, page 3, line 22 .....	23		00
24 Income derived from other state. If more than one state, see instructions.....	24		00
25 Modified federal AGI from page 1, line 3.....	25		00
26 Divide line 24 by line 25 .....	26		
27 Tentative credit. Multiply line 23 by line 26.....	27		00
28 Tax due and paid to other state (see specific instructions). Insert abbreviation for state paid _____	28		00
29 MAXIMUM TAX CREDIT. Line 23, 27 or 28, whichever is the SMALLEST. Enter here and on pg 1, line 9b	29		00

**RI CHECKOFF CONTRIBUTIONS SCHEDULE**

		\$1.00	\$5.00	\$10.00	Other		
30	Drug program account <b>RIGL §44-30-2.4</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30	00
31	Olympic Contribution <b>RIGL §44-30-2.1</b> ..... Yes <input type="checkbox"/> \$1.00 contribution (\$2.00 if a joint return)					31	00
32	RI Organ Transplant Fund <b>RIGL §44-30-2.5</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32	00
33	RI Council on the Arts <b>RIGL §42-75.1-1</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33	00
34	Nongame Wildlife Fund <b>RIGL §44-30-2.2</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34	00
35	Childhood Disease Victim's Fund <b>RIGL §44-30-2.3</b> and Substance Use and Mental Health Leadership Council of RI <b>RIGL §44-30-2.11</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35	00
36	RI Military Family Relief Fund <b>RIGL §44-30-2.9</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36	00
37	TOTAL CONTRIBUTIONS. Add lines 30 through 36. Enter here and on RI-1040, page 1, line 11 .....					37	00

**RI SCHEDULE EIC - RHODE ISLAND EARNED INCOME CREDIT**

38 Federal earned income credit from Federal Form 1040 or 1040-SR, line 27a.....	38		00
39 Rhode Island percentage .....	39	15%	
40 RI EARNED INCOME CREDIT. Multiply line 38 by line 39. Enter here and on RI-1040, page 2, line 14d .....	40		00

**2021 RI Schedule W**



21101015550101

Name(s) shown on Form RI-1040 or RI-1040NR VENKATA SWATHI KOLLURU	Your social security number 021-98-5445
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Complete this Schedule listing all of your and, if applicable, your spouse's W-2s and 1099s showing Rhode Island Income Tax withheld. ***W-2s or 1099s showing Rhode Island Income Tax withheld must still be attached to the front of your return.***

Failure to do so may delay the processing of your return. **ATTACH THIS SCHEDULE W TO YOUR RETURN**

Column A	Column B	Column C	Column D	Column E
Enter "S" if Spouse's W-2 or 1099	Enter 1099 letter code from chart	Employer's Name from Box C of your W-2 or Payer's Name from your Form 1099	Employer's state ID # from box 15 of your W-2 or Payer's Federal ID # from Form 1099	Rhode Island Income Tax Withheld (SEE BELOW FOR BOX REFERENCES)
1		BHRIGUS INC	020595017	2120 00
2				00
3				00
4				00
5				00
6				00
7				00
8				00
9				00
10				00
11				00
12				00
13				00
14				00
15				00
16	Total RI Income Tax Withheld. Add lines 1 through 15, Col. E. Enter total here and on RI-1040, line 14a or RI-1040NR, line 17a.....			2120 00
17	Total number of W-2s and 1099s showing Rhode Island Income Tax Withheld .....			1

Schedule W Reference Chart

Form Type	Letter Code for Column B	Withholding Box	Form Type	Letter Code for Column B	Withholding Box	Form Type	Letter Code for Column B	Withholding Box
W-2		17	1099-G	G	11	1099-OID	O	14
W-2G	W	15	1099-INT	I	17	1099-R	R	14
1042-S	S	17a	1099-K	K	8	RI-1099E	E	11
1099-B	B	16	1099-MISC	M	15	RI-1099PT	P	9
1099-DIV	D	15	1099-NEC	N	5			

State of Rhode Island Division of Taxation  
**2021 RI Schedule E**  
 Exemption Schedule for RI-1040 and RI-1040NR



21105915550101

Name(s) shown on Form RI-1040 or RI-1040NR	Your social security number
VENKATA SWATHI KOLLURU	021985445

**EXEMPTIONS**

Complete this Schedule listing all individuals you can claim as a dependent.

**ATTACH THIS EXEMPTION SCHEDULE TO YOUR RETURN**

**Failure to do so may delay the processing of your return.**

1a	Yourself	<input checked="" type="checkbox"/>
b	Spouse	<input type="checkbox"/>

	(A) Name of Dependent	(B) Social Security Number	(C) Date of Birth	(D) Relationship
2a				
b				
c				
d				
e				
f				
g				
h				
i				
j				
k				
l				
m				

**Exemption Number Summary**

3	Enter the number of boxes checked on lines 1a and 1b .....	3	1
4a	Enter the number of children from lines 2a through 2m who lived with you .....	4a	0
b	Enter the number of children from lines 2a through 2m who did not live with you due to divorce or separation .....	4b	0
c	Enter the number of other dependents from lines 2a through 2m not included on lines 4a or 4b.	4c	0
5	Add the numbers from lines 3 through 4c. Enter here and in the box on RI-1040/NR, pg 1, line 6 .	5	1