## 8879 **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

## IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Submission Identification Number (SID)		
Taxpayer's name	Social security	y number
CHAITANYA PUPPALA	142-87-	7840
Spouse's name	-	al security number
NYMISHA MAMIDALA	697-11-	
Part I Tax Return Information — Tax Year Ending December 31, 2021 (Enter	year you ar	re 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	
1 Adjusted gross income		1 108,789.
<ul> <li>Total tax</li></ul>		<b>2</b> 9,906.
<ul><li>3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099</li></ul>		3 12,623. 4 2.717
5 Amount you owe		4 2,717. 5
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and k		•
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended)		· · · · · · · · · · · · · · · · · · ·
return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmito send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for reje for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indic payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institutio authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requ business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payersonal identification number (PIN) below is my signature for the income tax return (original or amended) I an Electronic Funds Withdrawal Consent.	ction of the tra S. Treasury are cated in the ta n to debit the the authoriza ests must be processing of ayment. I furth	ansmission, (b) the reason of its designated Financial of the preparation software for entry to this account. This tion. To revoke (cancel) a received no later than 2 the electronic payment of the recknowledge that the
Taxpayer's PIN: check one box only		
X I authorize GLOBAL TAXES LLC to enter or generate r	Ent	7 8 4 0 er five digits, but 't enter all zeros
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 no if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN method below.		
Your signature ▶ Date ▶		
Spouse's PIN: check one box only		
X I authorize GLOBAL TAXES LLC to enter or generate resignature on the income tax return (original or amended) I am now authorizing.	Ent	1 5 5 9 as my er five digits, but o't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN and your return is filed using the Practitioner PIN method 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  Don't ente	3 6 1 9 8 9 or all zeros
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income ta authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submi requirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers of In	tting this retu	rn in accordance with the

ERO's signature ▶

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

Date ▶

# 1040 Department of the Treasury—Internal Revenue Service (99) U.S. Individual Income Tax Return

2021

OMB No. 1545-007

IBS Use Only—Do not write or staple in this space

Filing Status Check only one box.	If yo	Single X Married filing jointly [ u checked the MFS box, enter the r on is a child but not your dependen	name of	ried filing separately f your spouse. If you							
Your first name	and mi	ddle initial	Last n	ame					Your so	cial securit	ty number
CHAITAN	Ά		PUP	PALA					142-	87-784	0
If joint return, sp	ouse's	first name and middle initial	Last n	ame					Spouse	's social se	curity number
NYMISHA			MAM	IIDALA					697-	11-155	9
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.				Apt. no.	Preside	ntial Electi	on Campaign
3336 CIF	CLE	BROOK DRIVE						E		here if you,	
		ce. If you have a foreign address, also co	omplete	spaces below.	Sta	te	ZIP	code		0,	ntly, want \$3
ROANOKE			•	•	l v	A	24	018		this fund. low will not	Checking a
Foreign country	name			Foreign province/state	e/coun	ty		eign postal code	1	x or refund.	•
					-						
At any time du	ring 20	021, did you receive, sell, exchange	, or oth	erwise dispose of a	ny fina	ancial interest i	in any	y virtual curre	ncy?	X Yes	☐ No
Standard Deduction		eone can claim:									
Age/Blindness	You:	☐ Were born before January 2, 1	957	Are blind Sr	ouse	: Was bor	rn be	fore January 2	2. 1957	☐ Is bl	lind
Dependents				(2) Social securi	tv	(3) Relationsh			-	or (see instru	ictions):
If more		rst name Last name		number	,	to you		Child tax c		1 `	her dependents
than four										[	
dependents,											
see instructions and check											
here ▶ □											
	1	Wages, salaries, tips, etc. Attach	Form(s)	W-2					. 1	1	20,689.
Attach	2a	Tax-exempt interest	2a		b T	axable interes	t		2b		
Sch. B if	3a	· -	3a	7.		Ordinary divide			3b	,	7.
required.	4a	IRA distributions	4a	-		axable amoun			. 4b		
	5a	Pensions and annuities	5a			axable amoun			. 5b		
Standard	6a	Social security benefits	6a			axable amoun			. 6b		
Deduction for—	7	Capital gain or (loss). Attach Sche		if required If not rea				<b>.</b>	7		1,373.
<ul> <li>Single or Married filing</li> </ul>	8	Other income from Schedule 1, lir					•		. 8		13,280.
separately,	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,					•		▶ 9		08,789.
\$12,550  • Married filing	10	Adjustments to income from Sche		•			•		. 10		
jointly or	11	Subtract line 10 from line 9. This is					•		► 11		08,789.
Qualifying L widow(er),	12a	Standard deduction or itemized				12		25,10		+ + + '	00, 109.
\$25,100	b	Charitable contributions if you take		•	,		_	20,10			
<ul> <li>Head of household,</li> </ul>				•	e 1115ti	uctions) 121	וט		10		05 100
\$18,800	C 12	Add lines 12a and 12b Qualified business income deduct				 NE A	•		. 120		<u>25,100.</u>
If you checked any box under	13						٠		. 13		25 100
Standard Deduction,	14	Add lines 12c and 13 Taxable income. Subtract line 14							. 14		25 <b>,</b> 100.
see instructions.	15	i axable income. Subtract line 14	irom II	ille III. II Zero or less	, ente	er -U			. 15	,   3	83,689.

Form 1040 (2021	)									Page Z
	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌			16	9,906.
	17	Amount from Schedule 2, lin	ne 3						17	
	18	Add lines 16 and 17							18	9,906.
	19	Nonrefundable child tax cre	dit or credit for o	ther depender	nts from Schedule	8812			19	
	20	Amount from Schedule 3, lin	ne 8						20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	9,906.
	23	Other taxes, including self-e	mployment tax,	from Schedule	2, line 21				23	0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>					. •	24	9,906.
	25	Federal income tax withheld	from:							
	а	Form(s) W-2				25a	12	2 <b>,</b> 623		
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c				l
	d	Add lines 25a through 25c							25d	12,623.
If you have a	26	2021 estimated tax paymen			NΤ				26	
qualifying child, attach Sch. EIC. [	27a	Earned income credit (EIC)				27a				
attach och. Elo.	b	Check here if you were I January 2, 2004, and you taxpayers who are at least a Nontaxable combat pay election.	u satisfy all the ge 18, to claim t	e other requi he EIC. See in	rements for					
	С	Prior year (2019) earned inco								
	28	Refundable child tax credit or	r additional child	tax credit from	Schedule 8812	28				
	29	American opportunity credit	from Form 8863	, line 8		29				
	30	Recovery rebate credit. See	instructions .			30				
	31	Amount from Schedule 3, lir	ne 15			31				
	32	Add lines 27a and 28 through	h 31. These are	your total oth	er payments and	refund	able cre	dits 🕨	32	
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				. •	33	12,623.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amour	nt you <b>o</b>	verpaid		34	2,717.
	35a	Amount of line 34 you want							35a	2,717.
Direct deposit?	▶b	Routing number 1 2 1			▶ c Type: 🔀	Checki	ng 🗌	Savings	5	
See instructions.	►d	Account number 3 2 5	0 5 9 2	0 9 5 9	9 5					
	36	Amount of line 34 you want				36				
Amount	37	Amount you owe. Subtract				ee instr	uctions	. ▶	37	
You Owe	38	Estimated tax penalty (see in	nstructions) .		<u> •  </u>	38				
Third Party Designee		you want to allow another tructions	person to disc	cuss this retur	n with the IRS?	See ▶ [			e below.	X No
		signee's ne ▶		Phone no. ▶				onal ider ber (PIN)	ntification	
Sign	Un	der penalties of perjury, I declare telef, they are true, correct, and com		d this return and			nd stateme	nts, and	to the bes	
Here		ur signature	proto. Boolaration	Date	Your occupation	000 011 0	ii iii oi iii da	If t	he IRS se	nt you an Identity
laint natura					BUSINESS I	י דיםיחוא	T T C E NI C		ee inst.) 🕨	PIN, enter it here
Joint return? See instructions.	Sno	ouse's signature. If a joint return,	hoth must sian	Date			птопис	, ,		nt your spouse an
Keep a copy for	Op.	oudo o dignaturo. Il a joint roturi, i	oour maar aigin.	Date Spouse's occupation					ection PIN, enter it here	
your records.					DATA REPOR'	TING	ANALYS	ST (se	e inst.) 🕨	
	Pho	one no. (540) 613-088		Email address	CPUPPALA08	@GMA	IL.CON			
Paid	Pre	parer's name	Preparer's signat	ure		Date		PTIN		Check if:
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	04/0	4/2022	P020	82703	Self-employed
Use Only		m's name ► GLOBAL TA						Ph	one no.	(678) 965-9522
OGC OTHY	Fire	Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041						Fir	m's EIN 🕨	<b>→</b> 30-1017196

#### SCHEDULE 1 (Form 1040)

## **Additional Income and Adjustments to Income**

OMB No. 1545-0074

2021

Attachment

Department of the Treasury Internal Revenue Service

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

CHAITANYA PUPPALA & NYMISHA MAMIDALA

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

► Go to www.irs.gov/Form1040 for instructions and the latest information.

Attachment Sequence No. 01

Your social security number

142-87-7840

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxe	S	1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions)	<b>-</b>		
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, tr Schedule E		5	-13,280.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (		
b	Gambling income	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (		
е	Taxable Health Savings Account distribution	8e		
f	Alaska Permanent Fund dividends	8f		
g	Jury duty pay	8g		
h	Prizes and awards	8h		
i	Activity not engaged in for profit income	8i		
j	Stock options	8j		
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8k		
I	Olympic and Paralympic medals and USOC prize money (see instructions)	81		
m	Section 951(a) inclusion (see instructions)	8m		
n	Section 951A(a) inclusion (see instructions)	8n		
0	Section 461(I) excess business loss adjustment	80		
р	Taxable distributions from an ABLE account (see instructions) .	8p		
Z	Other income. List type and amount ▶	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1 1040-NR, line 8		10	-13,280.

Schedule 1 (Form 1040) 2021 Page **2** 

1	Educator expenses	. 11
	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	
}	Health savings account deduction. Attach Form 8889	. 13
	Moving expenses for members of the Armed Forces. Attach Form 3903	. 14
5	Deductible part of self-employment tax. Attach Schedule SE	. 15
6	Self-employed SEP, SIMPLE, and qualified plans	. 16
7	Self-employed health insurance deduction	. 17
3	Penalty on early withdrawal of savings	. 18
Эа	Alimony paid	. 19a
b	Recipient's SSN	
С	Date of original divorce or separation agreement (see instructions) ▶	
)	IRA deduction	
1	Student loan interest deduction	. 21
2	Reserved for future use	. 22
3	Archer MSA deduction	. 23
ŀ	Other adjustments:	
а	Jury duty pay (see instructions)	
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	
С	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l 24c	
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 24g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	
İ	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	
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	

## SCHEDULE D

Department of the Treasury

Internal Revenue Service (99)

(Form 1040)

**Capital Gains and Losses** 

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

▶ 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.

OMB No. 1545-0074

2021

Attachment Sequence No. **12** 

Name(s) shown on return Your social security number 142-87-7840 CHAITANYA PUPPALA & NYMISHA MAMIDALA Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes." attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Part I Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part I, combine the result whole dollars. line 2, column (a) with column (a) 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 63,873. 62,606. 106. 1,373. Totals for all transactions reported on Form(s) 8949 with Box B checked . . . . . . . . . . . . . . 3 Totals for all transactions reported on Form(s) 8949 with Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . . . . . . 7 1,373. Part II Long-Term Capital Gains and Losses - Generally Assets Held More Than One Year (see instructions) See instructions for how to figure the amounts to enter on the (g) (h) Gain or (loss) Adjustments Subtract column (e) (d) (e) lines below Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part II, combine the result whole dollars. line 2, column (a) with column (a) 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 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

Schedule D (Form 1040) 2021 Page **2** 

## Part III Summary

16	Combine lines 7 and 15 and enter the result	16	1,373.
	• 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 loss, 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?    Yes. Go to line 18.		
	▼ No. 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	Are lines 18 and 19 both zero or blank and are you not filing Form 4952?  Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below.		
	■ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of:		
	• The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500)	21	( )
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?		
	▼ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.		
	■ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		
	<del></del>		

## 8949 Form

### **Sales and Other Dispositions of Capital Assets**

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

OMB No. 1545-0074

2021

Attachment Sequence No. 12A

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

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

Social security number or taxpayer identification number

142-87-7840

CHAITANYA PUPPALA & NYMISHA MAMIDALA

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.

<ul><li>(A) Short-term transactions</li><li>(B) Short-term transactions</li><li>(C) Short-term transactions</li></ul>	reported on	Form(s) 1099	9-B showing bas	•		•	e)		
(a) Description of property	(b) Date acquired	(c) Date sold or	(c) Date sold or	(c) (d) Cost or Date sold or Proceeds See the		Adjustment, if any, to gain or loss. If you enter an amount in column (g) enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g)		
Robinhood Securities LLC	07/14/21	12/31/21	8,364.	9,225.	W	104.	-757.		
Robinhood Crypto LLC	07/04/21	12/26/21	54,387.	52,304.			2,083.		
Robinhood Securities LLC	10/15/21	12/26/21	1,122.	1,077.	W	2.	47.		
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above shows is checked) or line 3 (if Box A)	al here and inc is checked), <b>li</b> r	lude on your ne 2 (if Box B	63 873	62 606		106	1 373		

**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.

#### **SCHEDULE E** (Form 1040)

**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.

OMB No. 1545-0074 Attachment

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

 $\blacktriangleright \mbox{ Go to } \textit{www.irs.gov/ScheduleE} \mbox{ for instructions and the latest information.}$ 

Sequence No. 13 Your social security number

CHAI	TANYA PUPPALA &	NYMISHA MAMIDALA						14:	2-87-7	840		
Part	Income or Loss	From Rental Real Estate and Ro	yaltie	s Note:	If you a	are in th	e business o	f rentin	g persona	al prope	erty, ı	use
	Schedule C. See	instructions. If you are an individual, rep	ort far	m rental in	come c	r loss fi	om Form 48	<b>35</b> on	page 2, lir	ne 40.		
A Dic	you make any payme	nts in 2021 that would require you to	file F	orm(s) 10	99? Se	ee instr	ructions .		[	Yes	X	No
B If "	Yes," did you or will yo	ou file required Form(s) 1099?							[	Yes		No
1a		each property (street, city, state, ZIF										
Α	+ ·	AD, PARKLANE OPP GANDHI S			ERABA	AD, TE	LANGANA	IN 5	500003			
В	,											
С												
1b	Type of Property	2 For each rental real estate pro	nerty I	isted		Fair	Rental	Pers	onal Us	е		
	(from list below)	For each rental real estate propabove, report the number of fa	ir rent	al and			Days	1	Days		QJ	V
Α	3	personal use days. Check the if you meet the requirements to	QJV D	ox only—	Α		365		0			
В	13	qualified joint venture. See inst	ructio	ns.	В						Ē	
С					С						Ē	
	of Property:											
	le Family Residence	3 Vacation/Short-Term Rental	5 la	nd	7	7 Self-	Rental					
•	ti-Family Residence	4 Commercial		yalties			r (describe)					
Incom		Properties:	1	Junioo	A	01110	B				<u> </u>	
3	Rents received		3			650.						
4			4									
Expen			† ·									
5			5									
6		nstructions)	6									
7	·	nance	7		1 . (	600.						
8	-		8									
9			9									
10		ssional fees	10									
11			11		1 ′	250.						
12	•	d to banks, etc. (see instructions)	12		<b>1,</b>	230.						
13			13									
14			14		3 /	400.						
15			15			780.						
16			16		٠,	700.						
17			17		3 (	900.						
18		or depletion	18		٠,٠	, ,						
19	Other (list)	or depletion	19									
20	Total expenses. Add	lings 5 through 10	20		13,9	330						
	•	· ·	20		10,	330.						
21		line 3 (rents) and/or 4 (royalties). If										
	file <b>Form 6198</b>	instructions to find out if you must	21		-13,2	280						
22		contate loop after limitation if any			± J / 4							
22	on <b>Form 8582</b> (see in	estate loss after limitation, if any, structions)	22	(	13 7	80.)	(					١
23a	· ·	eported on line 3 for all rental prope		1,		23a	1	65	0			)
23a b		eported on line 3 for all rental prope				23b		0.0	<u> </u>			
C		eported on line 4 for all properties				23c						
d		eported on line 18 for all properties				23d						
		eported on line 20 for all properties				23e	1	3,93				
e 24		e amounts shown on line 21. <b>Do no</b>				236			<u>24</u>			
2 <del>4</del> 25	•	sses from line 21 and rental real estate		-		tor tot		-	25 (	1 .	3 2	80.)
									23 (	Τ,	J   L	JU. )
26		ate and royalty income or (loss).										
		V, and line 40 on page 2 do not							26		13.:	280

Please detach here.

**OHIO IT 40P** 

REV 03/22/22 PRO

04 04 22

Tax Year

 Do <u>NOT</u> send cash · Do NOT fold, staple, or paper clip

**Original** Income Tax Payment Voucher

CHAITANYA PUPPALA

NYMISHA MAMIDALA

3336 CIRCLE BROOK DRIVE APT E

ROANOKE

VA 24018

Make payment payable to: Ohio Treasurer of State Sending with return - Mail to: Ohio Department of Taxation, P.O. Box 2057, Columbus, OH 43270-2057

Sending without return - Mail to: Ohio Department of Taxation,

P.O. Box 182131, Columbus, OH 43218-2131



Use UPPERCASE letters to print the first three letters of

Taxpayer's last name

Spouse's last name (only if joint filing)

PUP

MAM

142 87 7840 Taxpayer's SSN VRN Spouse's SSN 697 11 1559

98



20.00

(only if joint filing)



paper clip

not staple or

8

#### 2021 Ohio IT 1040

Individual Income Tax Return
Use only black ink/UPPERCASE letters.



21000198 <sub>Sar</sub>

Sequence No. 1

AMENDED RETURN - Check here and include Ohio IT RE.

NOL CARRYBACK - Check here and include Schedule IT NOL.

Primary taxpayer's SSN (required) ✓ If deceased Spouse's SSN (if filing jointly) ✓ If deceased School district # 142 87 7840 697 11 1559 9999 First name M.I. Last name PUPPALA CHAITANYA Spouse's first name (if filing jointly) M.I. Last name MAMIDALA NYMISHA Address line 1 (number and street) or P.O. Box 3336 CIRCLE BROOK DRIVE Address line 2 (apartment number, suite number, etc.) APT E Ohio county (first four letters) City State ZIP code VA 24018 FRAN ROANOKE Foreign country (if the mailing address is outside the U.S.) Foreign postal code Residency Status - Check only one for primary Filing Status - Check one (as reported on federal income tax return) Nonresident >> Resident Part-vear Single, head of household or qualifying widow(er) VA resident Indicate state Married filing jointly Check only one for spouse (if filing jointly) Spouse's SSN Resident Part-year X Nonresident ▶▶ resident Indicate state Married filing separately Ohio Nonresident Statement - See instructions for required criteria Federal extension filers - check here. Primary meets the five criteria for irrebuttable presumption as nonresident. If someone can claim you (or your spouse if filing jointly Spouse meets the five criteria for irrebuttable presumption as nonresident. dependent, check here. 1. Federal adjusted gross income (federal 1040 or 1040-SR, line 11). Place a "-" in the box 108789 00 if negative..... 00 2a. Additions - Ohio Schedule of Adjustments, line 10 (include schedule)......2a. 00 2b. Deductions - Ohio Schedule of Adjustments, line 39 (include schedule)......2b. 3. Ohio adjusted gross income (line 1 plus line 2a minus line 2b). Place a "-" in the box 108789 00 if negative..... ..3. 3800 00 4. Exemption amount (include Schedule of Dependents if applicable)......4. Number of exemptions including you and your spouse/dependents, if applicable: 104989 00 00 6. Taxable business income – Ohio Schedule IT BUS, line 13 (include schedule)......6. 104989 00 



MM-DD-YY Code

REV 03/22/22 PRO

## 2021 Ohio IT 1040

#### **Individual Income Tax Return**



SSN 142 87 7840

21000298	Sequence No. 2

7a. Amount from line 7 on page 1	104989	00
8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables)	. 2914	00
8b. Business income tax liability – Ohio Schedule IT BUS, line 14 ( <b>include schedule</b> )8b		00
8c. Income tax liability before credits (line 8a plus line 8b)	. 2914	00
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 38 ( <b>include schedule</b> )9	. 2005	00
10. Tax liability after nonrefundable credits (line 8c minus line 9; if negative, enter zero)	. 909	00
11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210)11		00
12.Unpaid use tax (see instructions)		00
13. <b>Total Ohio tax liability</b> before withholding or estimated payments (add lines 10, 11 and 12)13	. 909	00
14. Ohio income tax withheld – Schedule of Ohio Withholding, part A, line 1 (include schedule and income statements)	. 889	00
15. Estimated and extension payments (from Ohio IT 1040ES and IT 40P), and credit carryforward from last year's return		00
16. Refundable credits – Ohio Schedule of Credits, line 44 ( <b>include schedule</b> )		00
17. Amended return only – amount previously paid with original and/or amended return17		00
18. <b>Total Ohio tax payments</b> (add lines 14, 15, 16 and 17)	. 889	00
19. Amended return only – overpayment previously requested on original and/or amended return19		00
20. Line 18 minus line 19. Place a "-" in the box if negative	. 889	00
If line 20 is MORE THAN line 13, skip to line 24. OTHERWISE, continue to line 21.	20	00
21. Tax due (line 13 minus line 20). If line 20 is negative, ignore the "-" and add line 20 to line 1321	•	
22. Interest due on late payment of tax (see instructions)		00
23. TOTAL AMOUNT DUE (line 21 plus line 22). Include Ohio IT 40P (if original return) or IT 40XP (if amended return) and make check payable to "Ohio Treasurer of State" AMOUNT DUE ▶ 23	. 20	00
24. Overpayment (line 20 minus line 13)		00
25. Original return only – portion of line 24 carried forward to next year's tax liability		00
00 00 00		
Total26g. d. Breast/Cervical Cancer e. Wishes for Sick Children f. Wildlife Species		00
00 00 00		
27. <b>REFUND</b> (line 24 minus lines 25 and 26g)		00
Sign Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the return and all enclosures are true, correct and complete.	your refund is \$1.00 or less, no refund will be If you owe \$1.00 or less, no payment is nece	

Phone number (540) 613-0883 Primary signature

Spouse's signature\_

Check here to authorize your preparer to discuss this return with the Department.

Preparer's printed name SYAM PRIYA RAM SAGAR GUP Phone number (678) 965-9522

Preparer's TIN (PTIN) P 02082703

NO Payment Included – Mail to: Ohio Department of Taxation P.O. Box 2679 Columbus, OH 43270-2679

Payment Included - Mail to: Ohio Department of Taxation P.O. Box 2057 Columbus, OH 43270-2057



## 2021 Schedule of Ohio Withholding

Use only black ink/UPPERCASE letters.

Primary taxpayer's SSN



Sequence No. 11

142 87 7840

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

#### Part A - Total Withholding

Part B -	- W-2s		
1. P/S P	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
r	208988814	41052 00	4937 00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
	52726617	33942 00	889 00
2. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation 0 0	Box 2 - Federal income tax withheld 00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
3. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00
4. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00
5. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00
6. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation 0.0	Box 2 - Federal income tax withheld 00
	Day 45 Franksyar's Ohio ID nymhar		
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
7. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
1. 175		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
			25.K Office infooting tax

00



# 2021 Schedule of Ohio

Withholding
Primary taxpayer's SSN
142 87 7840



		142 87 7840	21330230 Cogueno	no No. 12
	1099-Rs	David Complete States	Sequenc	ce No. <b>12</b>
1. P/S	Payer's TIN	Box 1 - Gross distribution	Total Box 7 - distribution Distribution code	
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Box 14 - Ohio tax withheld	
		00	00	
2. P/S	Payer's TIN	Box 1 - Gross distribution	Total Box 7 -	
		00	distribution Distribution code	
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Box 14 - Ohio tax withheld	
		00	00	
3. P/S	Payer's TIN	Box 1 - Gross distribution	Total Box 7 -	
		00	distribution Distribution code	
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Box 14 - Ohio tax withheld	
		00	00	
4. P/S	Payer's TIN	Box 1 - Gross distribution	Total Box 7 -	
		00	distribution Distribution code	
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Box 14 - Ohio tax withheld	
		00	00	
Part D -	W-2Gs			
1. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Federal income tax withheld	
		00	00	
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Box 15 - Ohio income tax with	nheld
		00	00	
2. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Federal income tax withheld	
		00	00	
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Box 15 - Ohio income tax with	nheld
		00	00	
3. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Federal income tax withheld	
		00	00	
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Box 15 - Ohio income tax with	nheld
		00	00	
Part E -	1099-NECs			
1. P/S	Payer's TIN	Box 1 - Nonemployee compensation	Box 4 - Federal income tax withheld	
		00	00	
	Box 6 - Payer's Ohio number	Box 7 - State income	Box 5 - Ohio tax withheld	
		00	00	
2. P/S	Payer's TIN	Box 1 - Nonemployee compensation	Box 4 - Federal income tax withheld	
		00	00	
	Box 6 - Payer's Ohio number	Box 7 - State income	Box 5 - Ohio tax withheld	

00

## Ohio Department of Taxation

04 04 22

### 2021 Ohio Schedule of Credits

Use only black ink/UPPERCASE letters.

Primary taxpayer's SSN

142 87 7840



Sequence No. 7

04	04 22 Nonrefundable Credits		21260196 Seque	nce No.
1.	Tax liability before credits (from Ohio IT 1040, line 8c)	1.	2914	00
2.	Retirement income credit (see instructions for table; include 1099-R forms)	2.		00
3.	Lump sum retirement credit (see instructions for worksheet; include a copy)	3.		00
4.	Senior citizen credit (must be 65 or older to claim this credit)	4.		00
5.	Lump sum distribution credit (see instructions for worksheet; include a copy)	5.		00
6.	Child care & dependent care credit (see instructions for worksheet; include a copy)	6.		00
7.	Displaced worker training credit (see instructions for all required documentation; <b>include copies</b> )	7.		00
8.	Campaign contribution credit for Ohio statewide office or General Assembly	8.	0	00
9.	Income-based exemption credit (\$20 times the number of exemptions)	9.	0	00
10.	Total (add lines 2 through 9)	10.	0	00
11.	Tax less credits (line 1 minus line 10; if negative, enter zero)	11.	2914	00
12.	Joint filing credit (see instructions for table). % times line 11, up to \$650	12.	0	00
13.	Earned income credit	13.		00
14.	Home school expenses credit	14.		00
15.	Scholarship donation credit	15.		00
16.	Nonchartered, nonpublic school tuition credit	16.		00
17.	Ohio adoption credit	17.		00
18.	Nonrefundable job retention credit (include a copy of the credit certificate)	18.		00
19.	Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate	) 19.		00
20	Grape production credit	20.		00
21.	InvestOhio credit (include a copy of the credit certificate)	21.		00
22.	Lead abatement credit (include a copy of the credit certificate)	22.		00
23.	Opportunity zone investment credit (include a copy of the credit certificate)	23.		00
24.	Technology investment credit carryforward (include a copy of the credit certificate)	24.		00
25.	Enterprise zone day care & training credits (include a copy of the credit certificate)	25.		00
26.	Research & development credit (include a copy of the credit certificate)	26.		00



0098

## 2021 Ohio Schedule of Credits

Primary taxpayer's SSN 142 87 7840



Sequence No. 8

27.	Nonrefundable Ohio historic preservation credit (include a copy of the cre	edit certificate)	27.		00
28.	Total (add lines 12 through 27)		28.	0	00
29.	Tax less additional credits (line 11 minus line 28; if negative, enter zero)		29.	2914	00
<u>Nonr</u>	esident Credit				
Date	s of Ohio residency to	Other state of resi	dency		
30.	Nonresident Portion of Ohio adjusted gross income - Ohio IT NRC Section I, line 18 (include a copy)30.	74847	00		
31.	Ohio adjusted gross income (Ohio IT 1040, line 3)31.	108789	00		
32a.	Divide line 30 by line 31 (four decimals; do not round; if greater than 1, enter 1.0000)	a. 0.6880			
32.	Nonresident credit (line 29 times line 32a)		32.	2005	00
	Portion of Ohio adjusted gross income taxed by another state or the District of Columbia while an Ohio resident - Ohio IT RC, line 1a (include a copy)		00		
34.	Ohio adjusted gross income (Ohio IT 1040, line 3)34.		00		
35a.	Divide line 33 by line 34 (four decimals; do not round; if greater than 1, enter 1.0000)	ı.			
35.	Line 29 times line 35a35.		00		
36.	2021 income tax liability after credits paid to another state or the District of Columbia - Ohio IT RC, line 1b (include a copy)36.		00		
37.	Resident credit (enter the lesser of line 35 or line 36) Enter the two-letter s in the boxes below for each state in which income was subject to tax		37.		00
38.	Total nonrefundable credits (add lines 10, 28, 32 and 37; enter here and	on Ohio IT 1040, line	9) 38.	2005	00
	Refundable Credits				
39.	Refundable Ohio historic preservation credit (include a copy of the credit	certificate)	39.		00
40.	Refundable job creation credit & job retention credit (include a copy of the c	redit certificate)	40.		00
41.	Pass-through entity credit (include a copy of the Ohio IT K-1s)		41.		00
42.	Motion picture & Broadway theatrical production credit (include a copy of	the credit certificate	42.		00
43.	Venture capital credit (include a copy of the credit certificate)		43.		00
44.	Total refundable credits (add lines 39 through 43; enter here and on Ohio	o IT 1040, line 16)	44.		00

## E 1040 Department of the Treasury—Internal Revenue Service (99) U.S. Individual Income Tax Return

2021

OMB No. 1545-007

IBS Use Only—Do not write or staple in this space

Filing Status Check only one box.	If yo	Single X Married filing jointly Use the checked the MFS box, enter the nonis a child but not your dependen	ame of								
Your first name	Your first name and middle initial Last name You						Your so	Your social security number			
CHAITAN	YΑ		PUPE	PALA					142-	87-7840	0
If joint return, s	pouse's	first name and middle initial	Last na	me					Spouse	s social sec	curity number
NYMISHA			MAMI	DALA					697-	11-1559	9
Home address	(numbe	er and street). If you have a P.O. box, see	instructi	ons.				Apt. no.	Presidential Election Campa		on Campaign
3336 CI	RCLE	BROOK DRIVE						E	Check I	here if you,	or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	paces below.	Stat	te	ZIP	P code spouse if filir			tly, want \$3 Checking a
ROANOKE					V	A	24	018		ow will not	
Foreign country	/ name			Foreign province/state	/count	ty	Fore	eign postal code	1	or refund.	U
At any time du	ring 20	021, did you receive, sell, exchange	or othe	rwise dispose of ar	y fina	ncial interest	in an	y virtual curre	ncy?	X Yes	□ No
Standard Deduction	_	eone can claim:  You as a de Spouse itemizes on a separate retur		-		a dependent					
Age/Blindness	You:	☐ Were born before January 2, 1	957 Г	Are blind Sp	ouse	: Was bo	rn be	fore January 2	2. 1957	☐ Is bli	ind
Dependents	-			(2) Social securit		(3) Relationsh				r (see instru	
If more		rst name Last name		number	У	to you	"P	Child tax c		1 '	her dependents
than four								П			<u> </u>
dependents,											
see instructions and check	s ——										
here ▶ □											
	1	Wages, salaries, tips, etc. Attach F	orm(s)	W-2					. 1	12	20,689.
Attach	2a	· · ·	2a		b T	axable interes	st		2b		
Sch. B if	3a		3a	7.	<b>b</b> C	ordinary divide	nds		. 3b	,	7.
required.	4a	IRA distributions	4a			axable amour			. 4b	,	
	5a	Pensions and annuities	5a		b T	axable amour	nt .		. 5b	,	
Standard	6a	Social security benefits	6a		b T	axable amour	nt .		. 6b	,	
Deduction for—	7	Capital gain or (loss). Attach Sche	dule D i	f required. If not rec	uired	, check here		▶[	7		1,373.
<ul> <li>Single or Married filing</li> </ul>	8	Other income from Schedule 1, lin	e 10						. 8	-1	13,280.
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is your <b>total inc</b>	ome				▶ 9		08,789.
Married filing	10	Adjustments to income from Sche	dule 1,	line 26					. 10	,	
jointly or Qualifying	11	Subtract line 10 from line 9. This is	your <b>a</b>	djusted gross inco	me				▶ 11	10	08 <b>,</b> 789.
widow(er), \$25,100	12a	Standard deduction or itemized	deduct	ions (from Schedul	e A)	12	a	25,10	0.		
Head of	b	Charitable contributions if you take	the star	ndard deduction (see	e instr	uctions) 12	b				
household, \$18,800	С	Add lines 12a and 12b							. 120	2	25,100.
If you checked	13	Qualified business income deduct	ion from	Form 8995 or Forr	n 899	5-A			. 13		
any box under Standard	14	Add lines 12c and 13							. 14	. 2	25,100.
Deduction, see instructions.	15	Taxable income. Subtract line 14	from lin	e 11. If zero or less	, ente	r-0			. 15	8	33,689.
SOC HISHUCHOIDS.											

Form 1040 (2021	)									Page Z
	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌			16	9,906.
	17	Amount from Schedule 2, lin	ne 3						17	
	18	Add lines 16 and 17							18	9,906.
	19	Nonrefundable child tax cre	dit or credit for o	ther depender	nts from Schedule	8812			19	
	20	Amount from Schedule 3, lin	ne 8						20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	9,906.
	23	Other taxes, including self-e	mployment tax,	from Schedule	2, line 21				23	0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>					. •	24	9,906.
	25	Federal income tax withheld	from:							
	а	Form(s) W-2				25a	12	2 <b>,</b> 623		
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c				l
	d	Add lines 25a through 25c							25d	12,623.
If you have a	26	2021 estimated tax paymen			NΤ				26	
qualifying child, attach Sch. EIC. [	27a	Earned income credit (EIC)				27a				
attach och. Elo.	b	Check here if you were I January 2, 2004, and you taxpayers who are at least a Nontaxable combat pay election.	u satisfy all the ge 18, to claim t	e other requi he EIC. See in	rements for					
	С	Prior year (2019) earned inco								
	28	Refundable child tax credit or	r additional child	tax credit from	Schedule 8812	28				
	29	American opportunity credit	from Form 8863	, line 8		29				
	30	Recovery rebate credit. See	instructions .			30				
	31	Amount from Schedule 3, lir	ne 15			31				
	32	Add lines 27a and 28 through	h 31. These are	your total oth	er payments and	refund	able cre	dits 🕨	32	
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				. •	33	12,623.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amour	nt you <b>o</b>	verpaid		34	2,717.
	35a	Amount of line 34 you want							35a	2,717.
Direct deposit?	▶b	Routing number 1 2 1			▶ c Type: 🔀	Checki	ng 🗌	Savings	5	
See instructions.	►d	Account number 3 2 5 0 5 9 2 0 9 5 9 5								
	36	Amount of line 34 you want				36				
Amount	37	Amount you owe. Subtract				ee instr	uctions	. ▶	37	
You Owe	38	Estimated tax penalty (see in	nstructions) .		<u> •  </u>	38				
Third Party Designee		you want to allow another tructions	person to disc	cuss this retur	n with the IRS?	See ▶ [			e below.	X No
		signee's ne ▶		Phone no. ▶				onal ider ber (PIN)	ntification	
Sign	Un	der penalties of perjury, I declare		d this return and			nd stateme	nts, and	to the bes	
Here		belief, they are true, correct, and complete. Declaration Your signature		Date	Your occupation	000 011 0	ii iii oi iii da	If t	he IRS se	nt you an Identity
laint natura					BUSINESS I	י דיםיחוא	T T C E NI C		ee inst.) 🕨	PIN, enter it here
Joint return? See instructions.	Spe	ouse's signature. If a joint return.	hoth must sian	Date			птопис	, ,		nt your spouse an
Keep a copy for	Op.	Spouse's signature. If a joint return, <b>both</b> must sign.		Date Spouse's occupation					ection PIN, enter it here	
your records.				DATA REPORTING ANALYST			ST (se	e inst.) 🕨		
	Pho	one no. (540) 613-088		Email address	CPUPPALA08	@GMA	IL.CON			
Paid	Pre	parer's name	Preparer's signat	ure		Date		PTIN		Check if:
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	04/0	4/2022	P020	82703	Self-employed
Use Only		m's name ► GLOBAL TA						Ph	one no.	(678) 965-9522
OGC OTHY	Fire	Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041					Fir	m's EIN 🕨	<b>→</b> 30-1017196	

#### SCHEDULE 1 (Form 1040)

## **Additional Income and Adjustments to Income**

OMB No. 1545-0074

2021

Attachment

Department of the Treasury Internal Revenue Service

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

CHAITANYA PUPPALA & NYMISHA MAMIDALA

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

► Go to www.irs.gov/Form1040 for instructions and the latest information.

Attachment Sequence No. 01

Your social security number

142-87-7840

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxe	S	1	
2a	Alimony received	2a		
b	Date of original divorce or separation agreement (see instructions)			
3	Business income or (loss). Attach Schedule C	3		
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, tr Schedule E		5	-13,280.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (		
b	Gambling income	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (		
е	Taxable Health Savings Account distribution	8e		
f	Alaska Permanent Fund dividends	8f		
g	Jury duty pay	8g		
h	Prizes and awards	8h		
i	Activity not engaged in for profit income	8i		
j	Stock options	8j		
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8k		
I	Olympic and Paralympic medals and USOC prize money (see instructions)	81		
m	Section 951(a) inclusion (see instructions)	8m		
n	Section 951A(a) inclusion (see instructions)	8n		
0	Section 461(I) excess business loss adjustment	80		
р	Taxable distributions from an ABLE account (see instructions) .	8p		
Z	Other income. List type and amount ▶	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1 1040-NR, line 8		10	-13,280.

Schedule 1 (Form 1040) 2021 Page **2** 

	Educator expenses	11
2	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	12
3	Health savings account deduction. Attach Form 8889	13
ļ	Moving expenses for members of the Armed Forces. Attach Form 3903	14
5	Deductible part of self-employment tax. Attach Schedule SE	15
6	Self-employed SEP, SIMPLE, and qualified plans	16
7	Self-employed health insurance deduction	17
3	Penalty on early withdrawal of savings	18
9a	Alimony paid	19a
b	Recipient's SSN	
С	Date of original divorce or separation agreement (see instructions) ▶	
0	IRA deduction	20
1	Student loan interest deduction	21
2	Reserved for future use	22
3	Archer MSA deduction	23
4	Other adjustments:	
а	Jury duty pay (see instructions)	
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit 24b	
С	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l 24c	
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 24g	
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 violations	
j	Housing deduction from Form 2555	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	
Z	Other adjustments. List type and amount ▶24z	
5	Total other adjustments. Add lines 24a through 24z	25

\_ Cut Here \_

Form 760-PMT 2021 Payment Coupon (DOC ID 761) Please do not staple
To Be Used For Payments On Previously
Filed 2021 Individual Income Tax Returns Only

Your Social Security Number

Spouse's Social Security Number

142877840

697111559

1428778401 7611555 121002

Name(s) and Address

CHAITANYA PUPPALA
NYMISHA MAMIDALA
3336 CIRCLE BROOK DRIVE APT # E
ROANOKE VA 24018

If your return was filed through e-File or submitted directly to the Department, make your check payable to the Department of Taxation and mail to the VA Department of Taxation, P. O. Box 1478, Richmond, VA 23218-1478.

If your return was filed with your local Commissioner of the Revenue, make your check payable to your local Treasurer and send your payment to the locality where you filed the return.

Amount of Payment

16.00

Daytime Phone Number: 540-613-0883

2021 VA760CG Page 1





CHAITANYA PUPPALA NYMISHA MAMIDALA

3336 CIRCLE BROOK DRIVE APT E

ROANOKE VA 24018

SSN - You	PUPP	142877840	Vendor ID 155	5	XXXXX
SSN - Spouse	MAMI	697111559			
Fed Adj Gross Income (F	AGI) 1.	108789.	Withholding (VA) - You	19A.	4448.
Additions	2.		Withholding (VA) - Spouse	19B.	
Subtotal	3.	108789.	Estimated Payments	20.	
Age Deduction - You	4A.		2020 Overpayment	21.	
Age Deduction - Spouse	4B.		Extension Payments	22.	
Soc Sec & Tier 1 Railroad	d 5.		Credit - Low-Income or EIC	23.	
State Income Tax Overpa	ayment 6.		Credit - Schedule OSC	24.	909.
Subtractions	7.		Credits - Schedule CR	25.	
Subtotal Subtractions	8.		Total Payments / Credits	26.	5357.
Total VA Adj Gross Incom	ne (VAGI) 9.	108789.	Tax You Owe	27.	16.
Itemized Deductions - VA	Sch A 10.		Tax Overpayment	28.	
Standard Deduction	11.	9000.	Overpayment Credited to Nex	ct Year 29.	
Exemptions	12.	1860.	VAC - Virginia 529 / ABLE	30.	
Deductions	13.		VAC - Other Contributions	31.	
Subtotal (Deductions & E	exemptions) 14.	10860.	Addition to Tax, Penalty & Inte	erest 32.	
VA Taxable Income	15.	97929.	Sales and Use Tax	33.	
Amount of Tax	16.	5373.	Amount You Owe		16.
Spouse Tax Adjustment (	STA) 17.		Will Pay by Credit/Debit Card Your Refund	N	
VAGI - Spouse	17A.		Dank Danting #		
Net Amount of Tax	18.	5373.	Bank Routing #		
	L		Bank Account #		

\_\_LAR \_\_DLAR \_\_DTD \_\_LTD \$\_\_\_\_

Page 1 of 2

142877840





Γ		
Filing Status, Age & Licens	se Information	Additional Filing Information
Filing Status	2	2 Locality 161
Federal Head of Household	I	Uninsured & Authorize DMAS
DOB - You	08291988	Name or Filing Status Change
VA Driver's License ID - You	в В В В В В В В В В В В В В В В В В В В	Address Change
VA Driver's License - Iss. D	ate - You 03162020	VA Return Not Filed Last Year
Spouse Name (Filing Statu	s 3 Only)	Dependent on Another's Return
DOB - Spouse	03281991	Farmer / Fisherman / Merchant Seaman
VA Driver's License ID - Sp		Amended
VA Driver's License - Iss. D		Reason Code
Exemptions (A)	Exemptions (B)	Overseas on Due Date
You 1	65 & Over - You	Federal EIC & Amount
Spouse 1	65 & Over - Spouse	Deceased Indicator
Dependents	Blind - You	No Sales & Use Tax Due Indicator X
Total (A) 2	Blind - Spouse	Obtain Electronic 1099G
	Total (B)	ID Theft PIN
I (We) the undersigned declare un	Contact Information	s return & to the best of my (our) knowledge, it is a true, correct & complete return. If you are requesting direct
		ng that the information provided is for a domestic account within the territorial jurisdiction of the United States.

Signature - You \_\_\_\_\_\_ Date Phone - You 5406130883

Signature - Spouse \_\_\_\_\_ Date Phone - Spouse

Signature - Preparer SYAM PRIYA RAM SAGAR GUPTA TALLAM Date 040422 Phone - Preparer 6789659522

The Tax Department may discuss my/our return with my/our preparer. Preparer Information 7 P02082703

GLOBAL TAXES LLC

2530 PEBBLE CREEK LN CUMMING

GA 30041

Page 2 of 2

### 2021 Schedule INC/CG

142877840

Report all W-2s, 1099s & VK-1s with VA Withholding

CHAITANYA

PUPPALA

NYMISHA

MAMI DALA



Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
142877840	W	4059.	541190879	0012121911	79637.
142877840	W	389.	208988814	30208988814F001	7110.

Total VA Withholding	SSN	VA Withholding
You	142877840	4448.
Spouse		

Total # of W-2s,1099s & VK-1s

## **2021 Schedule OSC/CG**Enclose other state tax returns when filing





142877840

Credit Computation State 1
If Claiming border state

1.	Filing Status - other state's return	2	6.	Other State Abbreviation	ОН
2.	Person Claiming the Credit	3	7.	Virginia Income Tax	5373.
3.	Qualifying Taxable Income - other state	32756.	8.	Income percentage	33.4
4.	Virginia Taxable Income	97929.	9.	Virginia Ratio of Income Tax	1795.
5.	Qualifying Tax Liability - other state	909.	10.	Credit Allowed	909.

### **Credit Computation State 2**

11. Filing Status - other state's return	16.	Other State Abbreviation
12. Person Claiming the Credit	17.	Virginia Income Tax
13. Qualifying Taxable Income - other state	18.	Income percentage
14. Virginia Taxable Income	19.	Virginia Ratio of Income Tax
15. Qualifying Tax Liability - other state	20.	Credit Allowed

## **Credit Computation State 3**

21. Filing Status - other state's return	26.	Other State Abbreviation
22. Person Claiming the Credit	27.	Virginia Income Tax
23. Qualifying Taxable Income - other state	28.	Income percentage
24. Virginia Taxable Income	29.	Virginia Ratio of Income Tax
25. Qualifying Tax Liability - other state	30.	Credit Allowed

31. Total Credit Claimed 909.

Enclose other state tax returns when filing your Virginia tax return.

VA-8879 Virginia Department of Taxation

# Virginia Individual Income Tax e-File Signature Authorization

Tax Year 2021

## DO NOT SEND THIS VA-8879 TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS. IT MUST BE MAINTAINED IN YOUR FILES!

Virgi	nia Submission Identification Number (SID)		
Your	Name	<b>B</b> Your Social Sec	urity Number
CHA	ITANYA PUPPALA	142-87-78	40
	ise's Name	A Spouse's Social	
NYM	ISHA MAMIDALA	697-11-15	59
Part		A Spouse	B Yourself
1.	Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1)		108789.
2.	Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)		108789.
3.	Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)		97929.
4.	Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)		5373.
5.	Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)		4448.
6.	Amount you Owe (Form 760CG, Line 35; Form 760PY, Line 35; Form 763, Line 35)		16.
7.	Refund (Form 760CG, Line 36; 760PY, Line 36; Form 763, Line 36)		
Part	Il Declaration of Taxpayer and Signature Authorization  r penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying so		
Returnumb filing liable Virgin refun of the	mber 31, 2021, and to the best of my knowledge and belief, it is true, correct and complete. I further declare that the n Originator (ERO), Transmitter, or Intermediate Service Provider (including my name, address and social security ier) and the amount shown in Part I above agree with the information and amounts shown on the corresponding line a balance due return, I understand that if the Virginia Department of Taxation (Virginia Tax) does not receive full and for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Servicia Tax. I have selected a personal identification number (PIN) as my signature for my electronic income tax returned or direct debit of my tax due. In choosing either direct deposit or direct debit, I certify that the transaction does not be territorial jurisdiction of the United States at any point in the process. Taxpayers may sign the form using a rubber sture pen, or computer software program.	number or individual tax as of my electronic incor d timely payment of my se Provider to transmit n and, if applicable, the di directly involve a finance	tidentification me tax return. If I am tax liability, I remain my complete return to rect deposit of my cial institution outside
	ayer's e-File PIN: check one box only		
X	I authorize the ERO named below to enter my e-File PIN 7 7 8 4 0 as my signature on my 2021 e-file Do not enter all zeros	ed Virginia individual inc	ome tax return.
	GLOBAL TAXES LLC		
	ERO Firm Name		
	I will enter my e-File PIN as my signature on my 2021 e-filed Virginia individual income tax return. Check this box and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.	only if you are entering	your own e-File PIN
Your	Signature Date		
Spot	se's e-File PIN: check one box only		
X	I authorize the ERO named below to enter my e-File PIN 1 1 5 5 9 as my signature on my 2021 e-file Do not enter all zeros	ed Virginia individual inc	ome tax return.
	GLOBAL TAXES LLC		
	ERO Firm Name		
	I will enter my e-File PIN as my signature on my 2021 e-filed Virginia individual income tax return. Check this box and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.	only if you are entering	your own e-File PIN
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	
abov Elect	fy that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2021 Virginia individual income to a. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and vonic Filers of Individual Income Tax Returns (Tax Year 2021). EROs may sign the form using a rubber stamp, mechor computer software program.	ax return for the taxpay /irginia's publication Ha	ndbook for
ERO	s Signature Date04-0	4-22	

#### **SCHEDULE E** (Form 1040)

**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.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99)

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

Attachment Sequence No. **13** Vour social socurity number

Name(s)	shown on return						Your soc	ial securit	y number
CHAI	TANYA PUPPALA & NYMISHA MAMIDALA						142-8	37-784	0
Part	Income or Loss From Rental Real Estate and Ro Schedule C. See instructions. If you are an individual, rep	-		•					
A Did	you make any payments in 2021 that would require you to	o file For	m(s) 1	099? S	ee insti	ructions .		. 🗆 🕆	∕es ⊠ No
	Yes," did you or will you file required Form(s) 1099?								∕es 🗌 No
1a	Physical address of each property (street, city, state, ZIF								•
Α	1-6-176, M.G ROAD, PARKLANE OPP GANDHI	STATUE	E HYD	ERAB	AD, TE	LANGANA	IN 500	003	
В									
С									
1b	Type of Property 2 For each rental real estate pro	perty list	ted		Fair	Rental	Persona	al Use	QJV
	Type of Property (from list below)  2 For each rental real estate pro above, report the number of fa	air rental	and			Days	Day	'S	QJV
Α	personal use days. Check the if you meet the requirements t	o file as	a ´l	Α		365		0	
В	qualified joint venture. See ins	tructions	3.	В					
С				С					
Type o	of Property:					•		•	
1 Sing	le Family Residence 3 Vacation/Short-Term Rental	5 Land	t		7 Self-	Rental			
2 Mult	ti-Family Residence 4 Commercial	6 Roya	alties		8 Othe	r (describe)			
Incom	e: Properties:			Α		В			С
3	Rents received	3			650.				
4	Royalties received	4							
Expen									
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		1,	600.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		1,	250.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14	Repairs	14		3,	400.				
15	Supplies	15		3,	780.				
16	Taxes	16							
17	Utilities	17		3,	900.				
18	Depreciation expense or depletion	18							
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		13,	930.				
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	1 1							
	file Form 6198	21		<del>-13,</del>	280.				
22	Deductible rental real estate loss after limitation, if any,			10 -	,000	,	,		,
00	on Form 8582 (see instructions)	22 (		⊥3 <b>,</b> 2	80.)	(	65.0	) (	)
23a	Total of all amounts reported on line 3 for all rental properties of the state of t				23a		650.	-	
b	Total of all amounts reported on line 4 for all royalty prop				23b				
C	Total of all amounts reported on line 12 for all properties				23c				
d	Total of all amounts reported on line 18 for all properties				23d	4 -	2 0 2 0		
e 24	Total of all amounts reported on line 20 for all properties				23e	1.	3,930.		
24 05	Income. Add positive amounts shown on line 21. Do no		-				. 24	1	12 200 \
25	Losses. Add royalty losses from line 21 and rental real estate							(	13,280.)
26	Total rental real estate and royalty income or (loss).								
	here. If Parts II, III, IV, and line 40 on page 2 do not Schedule 1 (Form 1040), line 5. Otherwise, include this a						on   .   <b>26</b>		-13,280.
	Concadio 1 (1 offir 1040), lifte 3. Office wise, include tills a	THOUTH II	י ייוט נו	rai OII	<del></del>	on paye 2	. 20	1	10,200.



#### 2021 Ohio IT 1040

Individual Income Tax Return Use only black ink/UPPERCASE letters.



Sequence No. 1

AMENDED RETURN - Check here and include Ohio IT RE.

Primary taxpayer's SSN (required)

142 87 7840

✓ If deceased

Spouse's SSN (if filing jointly) 697 11 1559

✓ If deceased

NOL CARRYBACK - Check here and include Schedule IT NOL.

School district # 9999

First name

CHAITANYA

M.I. Last name PUPPALA

Spouse's first name (if filing jointly)

NYMISHA

M.I. Last name

MAMIDALA

Address line 1 (number and street) or P.O. Box

3336 CIRCLE BROOK DRIVE

Address line 2 (apartment number, suite number, etc.)

APT E

City

Do not staple or paper clip.

State

ZIP code

Ohio county (first four letters)

ROANOKE

VA

24018

FRAN

Foreign country (if the mailing address is outside the U.S.)

Foreign postal code

Residency Status – Check only one for primary					Filing Status – Check one (as reported on federal income tax return)			
Resident	Part-year resident	X Nonresid Indicate s	, ,	VA		Single, head of household or o	qualifying widow(er)	
Check only one for	spouse (if filing jo	ntly)			×	Married filing jointly		
Resident	Part-year resident	X Nonresid Indicate s		VA		Married filing separately	Spouse's SSN	
						- Warned ming departatory		
Ohio Nonresio	<u>lent Statemen</u>	_ See instruction	ns for requ	uired criteria				
Primary meets	s the five criteria for	irrebuttable presu	mption as	nonresident.		Federal extension filers - chec	ck here.	
Spouse meets	the five criteria for	irrebuttable presu	mption as	nonresident.		If someone can claim you (or yo	our spouse if filing jointly) as a	

Spouse meets the five chieffa for meditable presumption as nothesident.	dependent, check here.	pouse ir ming joinny) as a
1. Federal adjusted gross income (federal 1040 or 1040-SR, line 11). Place if negative		108789 00
2a.Additions – Ohio Schedule of Adjustments, line 10 ( <b>include schedule</b> )	2a.	00
2b.Deductions – Ohio Schedule of Adjustments, line 39 ( <b>include schedule</b> )	2b.	00
3. Ohio adjusted gross income (line 1 plus line 2a minus line 2b). Place a "-" in if negative		108789 00
Exemption amount (include Schedule of Dependents if applicable)  Number of exemptions including you and your spouse/dependents, if applicable		3800 00
5. Ohio income tax base (line 3 minus line 4; if negative, enter zero)	5.	104989 00
6. Taxable business income – Ohio Schedule IT BUS, line 13 (include schedu	<b></b> 6.	00
7. Taxable nonbusiness income (line 5 minus line 6; if negative, enter zero)	7.	104989 00



MM-DD-YY Code

## 2021 Ohio IT 1040

#### **Individual Income Tax Return**



SSN 142 87 7840

21000298	Sequence No. 2

7a. Amount from line 7 on page 1	104989	00
8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables)	. 2914	00
8b. Business income tax liability – Ohio Schedule IT BUS, line 14 ( <b>include schedule</b> )8b		00
8c. Income tax liability before credits (line 8a plus line 8b)	. 2914	00
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 38 ( <b>include schedule</b> )9	. 2005	00
10. Tax liability after nonrefundable credits (line 8c minus line 9; if negative, enter zero)	. 909	00
11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210)11		00
12.Unpaid use tax (see instructions)		00
13. <b>Total Ohio tax liability</b> before withholding or estimated payments (add lines 10, 11 and 12)13	. 909	00
14. Ohio income tax withheld – Schedule of Ohio Withholding, part A, line 1 (include schedule and income statements)	. 889	00
15. Estimated and extension payments (from Ohio IT 1040ES and IT 40P), and credit carryforward from last year's return		00
16. Refundable credits – Ohio Schedule of Credits, line 44 ( <b>include schedule</b> )		00
17. Amended return only – amount previously paid with original and/or amended return17		00
18. <b>Total Ohio tax payments</b> (add lines 14, 15, 16 and 17)	. 889	00
19. Amended return only – overpayment previously requested on original and/or amended return19		00
20. Line 18 minus line 19. Place a "-" in the box if negative	. 889	00
If line 20 is MORE THAN line 13, skip to line 24. OTHERWISE, continue to line 21.	20	00
21. Tax due (line 13 minus line 20). If line 20 is negative, ignore the "-" and add line 20 to line 1321	•	
22. Interest due on late payment of tax (see instructions)		00
23. TOTAL AMOUNT DUE (line 21 plus line 22). Include Ohio IT 40P (if original return) or IT 40XP (if amended return) and make check payable to "Ohio Treasurer of State" AMOUNT DUE ▶ 23	. 20	00
24. Overpayment (line 20 minus line 13)		00
25. Original return only – portion of line 24 carried forward to next year's tax liability		00
00 00 00		
Total26g. d. Breast/Cervical Cancer e. Wishes for Sick Children f. Wildlife Species		00
00 00 00		
27. <b>REFUND</b> (line 24 minus lines 25 and 26g)		00
Sign Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the return and all enclosures are true, correct and complete.	your refund is \$1.00 or less, no refund will be If you owe \$1.00 or less, no payment is nece	

Phone number (540) 613-0883 Primary signature

Spouse's signature\_

Check here to authorize your preparer to discuss this return with the Department.

Preparer's printed name SYAM PRIYA RAM SAGAR GUP Phone number (678) 965-9522

Preparer's TIN (PTIN) P 02082703

NO Payment Included – Mail to: Ohio Department of Taxation P.O. Box 2679 Columbus, OH 43270-2679

Payment Included - Mail to: Ohio Department of Taxation P.O. Box 2057 Columbus, OH 43270-2057



## 2021 Schedule of Ohio Withholding

Use only black ink/UPPERCASE letters.

Primary taxpayer's SSN



Sequence No. 11

142 87 7840

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

#### Part A - Total Withholding

Part B -	- W-2s		
1. P/S P	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
r	208988814	41052 00	4937 00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
	52726617	33942 00	889 00
2. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation 0 0	Box 2 - Federal income tax withheld 00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
3. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00
4. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00
5. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00
6. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation 0.0	Box 2 - Federal income tax withheld 00
	Day 15 Franksyar's Ohio ID nymhar		
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
7. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
1. 175		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
			25.K Office infooting tax

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# 2021 Schedule of Ohio

Withholding
Primary taxpayer's SSN
142 87 7840



		142 87 7840	21330230 Cogueno	no No. 12
	1099-Rs	David Complete States	Sequenc	ce No. <b>12</b>
1. P/S	Payer's TIN	Box 1 - Gross distribution	Total Box 7 - distribution Distribution code	
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Box 14 - Ohio tax withheld	
		00	00	
2. P/S	Payer's TIN	Box 1 - Gross distribution	Total Box 7 -	
		00	distribution Distribution code	
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Box 14 - Ohio tax withheld	
		00	00	
3. P/S	Payer's TIN	Box 1 - Gross distribution	Total Box 7 -	
		00	distribution Distribution code	
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Box 14 - Ohio tax withheld	
		00	00	
4. P/S	Payer's TIN	Box 1 - Gross distribution	Total Box 7 -	
		00	distribution Distribution code	
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Box 14 - Ohio tax withheld	
		00	00	
Part D -	W-2Gs			
1. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Federal income tax withheld	
		00	00	
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Box 15 - Ohio income tax with	nheld
		00	00	
2. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Federal income tax withheld	
		00	00	
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Box 15 - Ohio income tax with	nheld
		00	00	
3. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Federal income tax withheld	
		00	00	
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Box 15 - Ohio income tax with	nheld
		00	00	
Part E -	1099-NECs			
1. P/S	Payer's TIN	Box 1 - Nonemployee compensation	Box 4 - Federal income tax withheld	
		00	00	
	Box 6 - Payer's Ohio number	Box 7 - State income	Box 5 - Ohio tax withheld	
		00	00	
2. P/S	Payer's TIN	Box 1 - Nonemployee compensation	Box 4 - Federal income tax withheld	
		00	00	
	Box 6 - Payer's Ohio number	Box 7 - State income	Box 5 - Ohio tax withheld	

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## Ohio Department of Taxation

04 04 22

### 2021 Ohio Schedule of Credits

Use only black ink/UPPERCASE letters.

Primary taxpayer's SSN

142 87 7840



Sequence No. 7

04	04 22 Nonrefundable Credits		21260196 Seque	nce No.
1.	Tax liability before credits (from Ohio IT 1040, line 8c)	1.	2914	00
2.	Retirement income credit (see instructions for table; include 1099-R forms)	2.		00
3.	Lump sum retirement credit (see instructions for worksheet; include a copy)	3.		00
4.	Senior citizen credit (must be 65 or older to claim this credit)	4.		00
5.	Lump sum distribution credit (see instructions for worksheet; include a copy)	5.		00
6.	Child care & dependent care credit (see instructions for worksheet; include a copy)	6.		00
7.	Displaced worker training credit (see instructions for all required documentation; <b>include copies</b> )	7.		00
8.	Campaign contribution credit for Ohio statewide office or General Assembly	8.	0	00
9.	Income-based exemption credit (\$20 times the number of exemptions)	9.	0	00
10.	Total (add lines 2 through 9)	10.	0	00
11.	Tax less credits (line 1 minus line 10; if negative, enter zero)	11.	2914	00
12.	Joint filing credit (see instructions for table). % times line 11, up to \$650	12.	0	00
13.	Earned income credit	13.		00
14.	Home school expenses credit	14.		00
15.	Scholarship donation credit	15.		00
16.	Nonchartered, nonpublic school tuition credit	16.		00
17.	Ohio adoption credit	17.		00
18.	Nonrefundable job retention credit (include a copy of the credit certificate)	18.		00
19.	Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate	) 19.		00
20	Grape production credit	20.		00
21.	InvestOhio credit (include a copy of the credit certificate)	21.		00
22.	Lead abatement credit (include a copy of the credit certificate)	22.		00
23.	Opportunity zone investment credit (include a copy of the credit certificate)	23.		00
24.	Technology investment credit carryforward (include a copy of the credit certificate)	24.		00
25.	Enterprise zone day care & training credits (include a copy of the credit certificate)	25.		00
26.	Research & development credit (include a copy of the credit certificate)	26.		00



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## 2021 Ohio Schedule of Credits

Primary taxpayer's SSN 142 87 7840



Sequence No. 8

27.	Nonrefundable Ohio historic preservation credit (include a copy of the cre	edit certificate)	27.		00
28.	Total (add lines 12 through 27)		28.	0	00
29.	Tax less additional credits (line 11 minus line 28; if negative, enter zero)		29.	2914	00
<u>Nonr</u>	esident Credit				
Date	s of Ohio residency to	Other state of resi	dency		
30.	Nonresident Portion of Ohio adjusted gross income - Ohio IT NRC Section I, line 18 (include a copy)30.	74847	00		
31.	Ohio adjusted gross income (Ohio IT 1040, line 3)31.	108789	00		
32a.	Divide line 30 by line 31 (four decimals; do not round; if greater than 1, enter 1.0000)	a. 0.6880			
32.	Nonresident credit (line 29 times line 32a)		32.	2005	00
	Portion of Ohio adjusted gross income taxed by another state or the District of Columbia while an Ohio resident - Ohio IT RC, line 1a (include a copy)		00		
34.	Ohio adjusted gross income (Ohio IT 1040, line 3)34.		00		
35a.	Divide line 33 by line 34 (four decimals; do not round; if greater than 1, enter 1.0000)	ı.			
35.	Line 29 times line 35a35.		00		
36.	2021 income tax liability after credits paid to another state or the District of Columbia - Ohio IT RC, line 1b (include a copy)36.		00		
37.	Resident credit (enter the lesser of line 35 or line 36) Enter the two-letter s in the boxes below for each state in which income was subject to tax		37.		00
38.	Total nonrefundable credits (add lines 10, 28, 32 and 37; enter here and	on Ohio IT 1040, line	9) 38.	2005	00
	Refundable Credits				
39.	Refundable Ohio historic preservation credit (include a copy of the credit	certificate)	39.		00
40.	Refundable job creation credit & job retention credit (include a copy of the c	redit certificate)	40.		00
41.	Pass-through entity credit (include a copy of the Ohio IT K-1s)		41.		00
42.	Motion picture & Broadway theatrical production credit (include a copy of	the credit certificate	42.		00
43.	Venture capital credit (include a copy of the credit certificate)		43.		00
44.	Total refundable credits (add lines 39 through 43; enter here and on Ohio	o IT 1040, line 16)	44.		00