Form 8879 (Rev. January 2021)

Department of the Treasury Internal Revenue Service

Submission Identification Number (SID)

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.

OMB No. 1545-0074

|  |  |
| --- | --- |
| Taxpayer’s name  CHAITANYA PUPPALA | Social security number  142-87-7840 |
| Spouse’s name  NYMISHA MAMIDALA | Spouse’s social security number  697-11-1559 |

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 | 108,789. |
| 2 | Total tax . . . . . . . . . . . . . . . . | . . | . | . | . | . | . | . | . | . | . | . | . | . | . | 2 | 9,906. |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) | 1099 | . | . | . | . | . | . | . | . | . | . | . | . | . | 3 | 12,623. |
| 4 | Amount you want refunded to you . . . . . . . | . . | . | . | . | . | . | . | . | . | . | . | . | . | . | 4 | 2,717. |
| 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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 7 | 7 | 8 | 4 | 0 |

I authorize

GLOBAL TAXES LLC

ERO firm name

to enter or generate my PIN

Enter five digits, but don’t enter all zeros

as my

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

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

Your signature Chaitanya P Date 04/05/2022

Spouse’s PIN: check one box only

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | 1 | 5 | 5 | 9 |

I authorize GLOBAL TAXES LLC to enter or generate my PIN

ERO firm name

Enter five digits, but

as my

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

don’t enter all zeros

Spouse’s signature

Date

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.

Nymisha M 04/05/2022

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

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

**BAA** REV 03/26/22 PRO

Form 8879 (Rev. 01-2021)

|  |  |  |  |
| --- | --- | --- | --- |
| 1040 Department of the Treasury—Internal Revenue Service (99)  U.S. Individual Income Tax Return | 2021 | OMB No. 1545-0074 | IRS Use Only—Do not write or staple in this space. |

##### Filing Status

Form

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  CHAITANYA | Last name  PUPPALA | | | | | Your social security number  142-87-7840 |
| If joint return, spouse’s first name and middle initial  NYMISHA | Last name  MAMIDALA | | | | | Spouse’s social security number  697-11-1559 |
| Home address (number and street). If you have a P.O. box, see instructions.  3336 CIRCLE BROOK DRIVE | | | | | Apt. no.  E | Presidential Election Campaign Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change  your tax or refund.  You Spouse |
| City, town, or post office. If you have a foreign address, also complete spaces below.  ROANOKE | | | State  VA | ZIP code  24018 | |
| Foreign country name | | Foreign province/state/county | | Foreign postal code | |

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?

#### 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



Yes No

Is blind

Dependents (see instructions):

1. Social security
2. Relationship
3. if qualifies for (see instructions):

If more than four

dependents, see instructions and check here

1. First name Last name

number

to you

Child tax credit

Credit for other dependents

1 Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . . . . . . . . . . . . . 1

#### 120,689.

Attach Sch. B if required.

Standard Deduction for—

* + Single or Married filing separately,

$12,550

|  |  |  |  |
| --- | --- | --- | --- |
| filing 10 | Adjustments to income from Schedule 1, line 26 . . . . . . . . . . . . . . . | 10 |  |
| 11 | Subtract line 10 from line 9. This is your adjusted gross income . . . . . . . . . | 11 | 108,789. |

* + Married jointly or Qualifying

2a Tax-exempt interest . . . 3a Qualified dividends . . . 4a IRA distributions . . . .

5a Pensions and annuities . .

6a Social security benefits . .

|  |  |  |
| --- | --- | --- |
| 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . | 7 | 1,373. |
| 8 Other income from Schedule 1, line 10 . . . . . . . . . . . . . . . . . . | 8 | -13,280. |
| 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income . . . . . . . . . | 9 | 108,789. |

b Taxable interest 2b

b Ordinary dividends . . . . . 3b 7.

|  |  |
| --- | --- |
| 2a |  |
| 3a | 7. |
| 4a |  |
| 5a |  |
| 6a |  |

b Taxable amount 4b

b Taxable amount 5b

b Taxable amount 6b

widow(er),

$25,100

* + Head of household,

$18,800

* + If you checked any box under *Standard Deduction,*

see instructions.

12a Standard deduction or itemized deductions (from Schedule A) . .

b Charitable contributions if you take the standard deduction (see instructions)

c Add lines 12a and 12b . . . . . . . . . . . . . . . .

13 Qualified business income deduction from Form 8995 or Form 8995-A . .

14 Add lines 12c and 13 . . . . . . . . . . . . . . . .

15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- . .

12a 12b

. .

. .

. .

. .

#### 25,100.

. . . . .

. . . . .

. . . . .

. . . . .

12c 13

14

15

#### 25,100.

25,100.

83,689.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form 1040 (2021)

###### 

27a

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Form 1040 (2021) |  |  | | |  | Page 2 |
|  | 16 | Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3 . . | | | 16 | 9,906. |
|  | 17 | Amount from Schedule 2, line 3 . . . . . . . . . . . . . . . . . . . . | | | 17 |  |
|  | 18 | Add lines 16 and 17 . . . . . . . . . . . . . . . . . . . . . . . . | | | 18 | 9,906. |
|  | 19 | Nonrefundable child tax credit or credit for other dependents from Schedule 8812 . . . . . | | | 19 |  |
|  | 20 | Amount from Schedule 3, line 8 . . . . . . . . . . . . . . . . . . . . | | | 20 |  |
|  | 21 | Add lines 19 and 20 . . . . . . . . . . . . . . . . . . . . . . . . | | | 21 |  |
|  | 22 | Subtract line 21 from line 18. If zero or less, enter -0- . . . . . . . . . . . . . . | | | 22 | 9,906. |
|  | 23 | Other taxes, including self-employment tax, from Schedule 2, line 21 . . . . . . . . . | | | 23 | 0. |
|  | 24 | Add lines 22 and 23. This is your total tax . . . . . . . . . . . . . . . . | | | 24 | 9,906. |
|  | 25 | Federal income tax withheld from: | | |  |  |
| a | | Form(s) W-2 . . . . . . . . . . . . . . . . . . | 25a | 12,623. |  |  |
| b | | Form(s) 1099 . . . . . . . . . . . . . . . . . . | 25b |  |  |  |
| c | | Other forms (see instructions) . . . . . . . . . . . . . | 25c |  |  |  |
| d Add lines 25a through 25c . . . . . . . . . . . . . . .  If you have a 26 2021 estimated tax payments and amount applied from 2020 return . . .  qualifying child, 27a Earned income credit (EIC) . . . . . . . . . . . . No. .  attach Sch. EIC. 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  b Nontaxable combat pay election . . . . 27b c Prior year (2019) earned income . . . . 27c   1. Refundable child tax credit or additional child tax credit from Schedule 8812 2. American opportunity credit from Form 8863, line 8 . . . . . . . 3. Recovery rebate credit. See instructions . . . . . . . . . . 4. Amount from Schedule 3, line 15 . . . . . . . . . . . . | | | . .  . .  28  29  30  31 | . . . . .  . . . . . | 25d 26 | 12,623. |
| 32 | | Add lines 27a and 28 through 31. These are your total other payments and refundable credits | | | 32 |  |
| 33 | | Add lines 25d, 26, and 32. These are your total payments . . . . . . . . . . . | | | 33 | 12,623. |
| Refund 34 | | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid . . | | | 34 | 2,717. |
| 35a | | Amount of line 34 you want refunded to you. If Form 8888 is attached, check here . . . | | | 35a | 2,717. |
| Direct deposit? b Routing number 1 2 1 0 0 0 3 5 8 c Type: Checking Savings  See instructions. d Account number 3 2 5 0 5 9 2 0 9 5 9 5  36 Amount of line 34 you want applied to your 2022 estimated tax . . 36  Amount 37 Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions . | | | | | 37 |  |

#### You Owe

38 Estimated tax penalty (see instructions) . . . . . . . . . 38

#### 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

Joint return? See instructions. Keep a copy for

Spouse’s signature. If a joint return, both must sign.

Date

#### BUSINESS INTELLIGENCE

Spouse’s occupation

(see inst.)

If the IRS sent your spouse an Identity Protection PIN, enter it here

your records.

#### DATA REPORTING ANALYST

(see inst.)

Phone no.

#### (540)613-0883

Email address

#### [CPUPPALA08@GMAIL.COM](mailto:CPUPPALA08@GMAIL.COM)

Paid Preparer

Preparer’s name

#### SYAM PRIYA RAM SAGAR GUPTA TALLAM

Preparer’s signature

#### SYAM PRIYA RAM SAGAR GUPTA TALLAM

Date

#### 04/04/2022

PTIN

#### P02082703

Check if:

Self-employed

Use Only

Firm’s name

#### GLOBAL TAXES LLC

Phone no. (678)965-9522

Firm’s address

#### 2530 Pebble Creek Ln Cumming GA 30041

Firm’s EIN 30-1017196

Go to [*www.irs.gov/Form1040*](http://www.irs.gov/Form1040) for instructions and the latest information.

**BAA** REV 03/26/22 PRO

Form 1040 (2021)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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  CHAITANYA PUPPALA & NYMISHA MAMIDALA | | | | | Your social security number  142-87-7840 | | | |
| Part I | Additional Income | | | | | | | |
| 1 Taxable refunds, credits, or offsets of state and local income taxes . . . . . . .  2a Alimony received . . . . . . . . . . . . . . . . . . . . . . . . . . .  b Date of original divorce or separation agreement (see instructions)   1. Business income or (loss). Attach Schedule C . . . . . . . . . . . . . . . 2. Other gains or (losses). Attach Form 4797 . . . . . . . . . . . . . . . . . 3. Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 4. Farm income or (loss). Attach Schedule F . . . . . . . . . . . . . . . . . 5. Unemployment compensation . . . . . . . . . . . . . . . . . . . . . . | | | | | | 1 | |  |
| 2a | |  |
|  | |  |
| 3 | |
| 4 | |  |
| 5 | | -13,280. |
| 6 | |  |
| 7 | |  |
| 8 Other income:  a Net operating loss . . . . . . . . . . . . . . . . . .  b Gambling income . . . . . . . . . . . . . . . . . . .   1. Cancellation of debt . . . . . . . . . . . . . . . . . . 2. Foreign earned income exclusion from Form 2555 . . . . . 3. Taxable Health Savings Account distribution . . . . . . . . 4. Alaska Permanent Fund dividends . . . . . . . . . . . .   g Jury duty pay . . . . . . . . . . . . . . . . . . . .  h Prizes and awards . . . . . . . . . . . . . . . . . .  i Activity not engaged in for profit income . . . . . . . . .  j Stock options . . . . . . . . . . . . . . . . . . . .   1. 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 . . . . . . . . . . . . . . . . . . . . . . 2. Olympic and Paralympic medals and USOC prize money (see instructions) . . . . . . . . . . . . . . . . . . . . .   m Section 951(a) inclusion (see instructions) . . . . . . . . .  n Section 951A(a) inclusion (see instructions) . . . . . . . .  o Section 461(l) excess business loss adjustment . . . . . . .  p Taxable distributions from an ABLE account (see instructions) .  z Other income. List type and amount | | | 8a | ( ) | |  | |  |
| 8b |  | |
| 8c |  | |
| 8d | ( ) | |
| 8e |  | |
| 8f |  | |
| 8g |  | |
| 8h |  | |
| 8i |  | |
| 8j |  | |
| 8k |  | |
| 8l |  | |
| 8m |  | |
| 8n |  | |
| 8o |  | |
| 8p |  | |
| 8z |  | |
| 9 Total other income. Add lines 8a through 8z . . . . . . . . . . . . . . . .  10 Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . . . . . . . . . . . . . . . . . . . . . . . . | | | | | | 9 | |
| 10 | | -13,280. |

For Paperwork Reduction Act Notice, see your tax return instructions. Schedule 1 (Form 1040) 2021

Schedule 1 (Form 1040) 2021 Page 2

### Part II Adjustments to Income

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

**BAA** REV 03/26/22 PRO

Schedule 1 (Form 1040) 2021

|  |  |  |  |
| --- | --- | --- | --- |
| SCHEDULE D  (Form 1040)  Department of the Treasury Internal Revenue Service (99) | Capital Gains and Losses  Attach to Form 1040, 1040-SR, or 1040-NR.  Go to [*www.irs.gov/ScheduleD*](http://www.irs.gov/ScheduleD) for instructions and the latest information. Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. | | OMB No. 1545-0074 |
| 2021  Attachment Sequence No. 12 |
| Name(s) shown on return  CHAITANYA PUPPALA & NYMISHA MAMIDALA | | Your social security number  142-87-7840 | |

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No

If “Yes,” attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| See instructions for how to figure the amounts to enter on the lines below.  This form may be easier to complete if you round off cents to whole dollars. | (d) Proceeds (sales price) | (e)  Cost  (or other basis) | (g)  Adjustments  to gain or loss from Form(s) 8949, Part I, line 2, column (g) | | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result  with column (g) |
| 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  Box A checked . . . . . . . . . . . . . | 63,873. | 62,606. | 106. | | 1,373. |
| 2 Totals for all transactions reported on Form(s) 8949 with  Box B checked . . . . . . . . . . . . . |  |  |  | |  |
| 3 Totals for all transactions reported on Form(s) 8949 with  Box C checked . . . . . . . . . . . . . |  |  |  | |  |
| 1. Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . 2. Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 3. Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions . . . . . . . . . . . . . . . . . . . . . . . . 4. Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long- term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . . . | | | | 4 |  |
| 5 |  |
| 6 | ( ) |
| 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 lines below.  This form may be easier to complete if you round off cents to whole dollars. | (d) Proceeds (sales price) | (e)  Cost  (or other basis) | (g)  Adjustments  to gain or loss from Form(s) 8949, Part II, line 2, column (g) | | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result  with column (g) |
| 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . |  |  |  | |  |
| 8b Totals for all transactions reported on Form(s) 8949 with  Box D checked . . . . . . . . . . . . . |  |  |  | |  |
| 9 Totals for all transactions reported on Form(s) 8949 with  Box E checked . . . . . . . . . . . . . |  |  |  | |  |
| 10 Totals for all transactions reported on Form(s) 8949 with  Box F checked. . . . . . . . . . . . . . |  |  |  | |  |
| 1. Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . . . . . . . . . . . . . . . . . . . . 2. Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 3. Capital gain distributions. See the instructions . . . . . . . . . . . . . . . . . . . 4. Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions . . . . . . . . . . . . . . . . . . . . . . . . 5. Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | | | | 11 |  |
| 12 |  |
| 13 |  |
| 14 | ( ) |
| 15 |  |

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

**BAA** REV 03/26/22 PRO

Schedule D (Form 1040) 2021

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 gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. * If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. * If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.  1. Are lines 15 and 16 both gains?   Yes. Go to line 18.  No. Skip lines 18 through 21, and go to line 22.   1. If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . . . . . . . . . . . . . 2. If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . . . . . . 3. 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.   1. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:    * The loss on line 16; or } . . . . . . . . . . . . . . .    * ($3,000), or if married filing separately, ($1,500)   Note: When figuring which amount is smaller, treat both amounts as positive numbers.   1. 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. |  |  |
| 18 |
|  |  |
| 19 |
|  | ( ) |
| 21 |
|  | |

REV 03/26/22 PRO

Schedule D (Form 1040) 2021

|  |  |  |  |
| --- | --- | --- | --- |
| Form 8949  Department of the Treasury  Internal Revenue Service | Sales and Other Dispositions of Capital Assets  Go to [*www.irs.gov/Form8949*](http://www.irs.gov/Form8949) for instructions and the latest information.  File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. | | OMB No. 1545-0074 |
| 2021  Attachment  Sequence No. 12A |
| Name(s) shown on return  CHAITANYA PUPPALA & NYMISHA MAMIDALA | | Social security number or taxpayer identification number  142-87-7840 | |

*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.

1. Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
2. Short-term transactions reported on Form(s) 1099-B showing basis wasn’t reported to the IRS
3. Short-term transactions not reported to you on Form 1099-B

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1  (a)  Description of property (Example: 100 sh. XYZ Co.) | (b)  Date acquired (Mo., day, yr.) | (c) Date sold or disposed of  (Mo., day, yr.) | (d) Proceeds (sales price)  (see instructions) | (e)  Cost or other basis. See the Note below and see *Column (e)* in the separate instructions | 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) from column (d) and combine the result with column (g) |
| (f) Code(s) from instructions | (g) Amount of adjustment |
| 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 (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B  above is checked), or line 3 (if Box C above is checked) | | | 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.

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

**BAA** REV 03/26/22 PRO

Form 8949 (2021)

|  |  |  |  |
| --- | --- | --- | --- |
| 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  CHAITANYA PUPPALA & NYMISHA MAMIDALA | | Your social security number  142-87-7840 | |

Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use

Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| A Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions . . . . . | | | | | | Yes | | No | |
| B If “Yes,” did you or will you file required Form(s) 1099? . . . . . . . . . . . . . . . . . . . | | | | | | Yes | | No | |
| 1a | Physical address of each property (street, city, state, ZIP code) | | | | | | | |
| A | 1-6-176,M.G ROAD,PARKLANE OPP GANDHI STATUE HYDERABAD,TELANGANA IN 500003 | | | | | | | |
| B |  | | | | | | | |
| C |  | | | | | | | |
| 1b | Type of Property (from list below) | 2 For each rental real estate property listed above, report the number of fair rental and  personal use days. Check the QJV box only | | Fair Rental Days | Personal Use Days | | QJV | |
| A  B | 3 | if you meet the requirements to file as a qualified joint venture. See instructions. | A | 365 | 0 | |  | |
|  | B |  |  | |  | |
| C |  | C |  |  | |  | |

Type of Property:

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Income: | Properties: |  | A | | B | | C |
| 3 Rents received . . . . . . . . . . . . . | | 3 | 650. | |  | |  |
| 4 Royalties received . . . . . . . . . . . . | | 4 |  | |  | |  |
| Expenses:  5 Advertising . . . . . . . . . . . . . .   1. Auto and travel (see instructions) . . . . . . . 2. Cleaning and maintenance . . . . . . . . .   8 Commissions. . . . . . . . . . . . . .  9 Insurance . . . . . . . . . . . . . . .   1. Legal and other professional fees . . . . . . . 2. Management fees . . . . . . . . . . . . 3. Mortgage interest paid to banks, etc. (see instructions)   13 Other interest. . . . . . . . . . . . . .  14 Repairs. . . . . . . . . . . . . . . .  15 Supplies . . . . . . . . . . . . . . .  16 Taxes . . . . . . . . . . . . . . . .  17 Utilities . . . . . . . . . . . . . . . .   1. Depreciation expense or depletion . . . . . . 2. Other (list) 3. Total expenses. Add lines 5 through 19 . . . . . 4. 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 . . . . . . . . . . . . . 5. Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . . . . | | 5 |  | |  | |  |
| 6 |  | |  | |  |
| 7 | 1,600. | |  | |  |
| 8 |  | |  | |  |
| 9 |  | |  | |  |
| 10 |  | |  | |  |
| 11 | 1,250. | |  | |  |
| 12 |  | |  | |  |
| 13 |  | |  | |  |
| 14 | 3,400. | |  | |  |
| 15 | 3,780. | |  | |  |
| 16 |  | |  | |  |
| 17 | 3,900. | |  | |  |
| 18 |  | |  | |  |
| 19 |  | |  | |  |
| 20 | 13,930. | |  | |  |
| 21 | -13,280. | |  | |  |
| 22 | ( 13,280. ) | | ( ) | | ( ) |
| 23a Total of all amounts reported on line 3 for all rental properties . . . .   1. Total of all amounts reported on line 4 for all royalty properties . . . . 2. Total of all amounts reported on line 12 for all properties . . . . . . 3. Total of all amounts reported on line 18 for all properties . . . . . . 4. Total of all amounts reported on line 20 for all properties . . . . . . | | | | 23a | 650. | |  |
| 23b |  | |
| 23c |  | |
| 23d |  | |
| 23e | 13,930. | |
| 1. Income. Add positive amounts shown on line 21. Do not include any losses . . . . . . . 2. Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . 3. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on   Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . | | | | | | 24 |  |
| 25 | ( 13,280. ) |
| 26 | -13,280. |

For Paperwork Reduction Act Notice, see the separate instructions.

NPA

**BAA** REV 03/26/22 PRO

#### -13,280.

Schedule E (Form 1040) 2021

***Please detach here.***

## OHIO IT 40P

REV 03/22/22 PRO

### 04 04 22

Tax YHar

* DR NOT VHnd cDVh
* DR NOT fROd, VtDSOH,

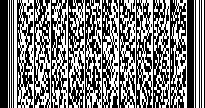
#### O riginaO IncoPH Tax PayPHnt 9ouchHr

2021

RU SDSHU cOiS

### CHAITANYA PUPPALA

8VH 833E5CASE OHttHUV

to print the first three letters of





### NYMISHA MAMIDALA

3336 CIRCLE BROOK DRIVE APT E

7DxSDyHU’V ODVt nDPH

### PUP

SSRuVH’V ODVt nDPH

(only if joint filing)

### MAM

ROANOKE VA 24018

|  |  |  |
| --- | --- | --- |
| 142 | 87 | 7840 |
| 697 | 11 | 1559 |

##### 0aNH SayPHnt SayabOH to: 2hiR 7UHDVuUHU Rf StDtH SHnding with rHturn - 0aiO to: 2hiR DHSDUtPHnt Rf 7DxDtiRn, 3.2. BRx 2057, CROuPEuV, 2H 43270-2057

SHnding without rHturn - 0aiO to: 2hiR DHSDUtPHnt Rf 7DxDtiRn, 3.2. BRx 182131, CROuPEuV, 2H 43218-2131

V51

## 98

APount oI PayPHnt

7DxSDyHU’V SS1

SSRuVH’V SS1

(only if joint filing)

$ 20.00



Do not staple or paper clip.

0098

2021 Ohio IT 1040 

# hio

### 04 04 22

Department of Taxation

Individual Income Tax Return

Use only black ink/UPPERCASE letters.

21000198

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)

### 142 87 7840

vIf deceased

Spouse’s SSN (if filing jointly)

### 697 11 1559

vIf deceased

School district #

### 9999

First name

M.I.

Last name

### CHAITANYA PUPPALA

Spouse's first name (if filing jointly)

M.I.

Last name

### NYMISHA 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

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

|  |  |
| --- | --- |
| R esidency Status – Check only one for primary  Resident Part-year Nonresident ◗◗ VA  resident Indicate state  Check only one for spouse (if filing jointly)  Resident Part-year Nonresident ◗◗ VA  resident Indicate state | Filing Status – Check one (as reported on federal income tax return)  Single, head of household or qualifying widow(er)  Married filing jointly  Spouse’s SSN  Married filing separately |
| O hio Nonresident Statement – See instructions for required criteria Primary meets the five criteria for irrebuttable presumption as nonresident.  Spouse meets the five criteria for irrebuttable presumption as nonresident. | Federal extension filers - check here.  If someone can claim you (or your spouse if filing jointly dependent, check here. |

1. Federal adjusted gross income (federal 1040 or 1040-SR, line 11). Place a "-" in the box

Do not staple or paper clip.

if negative 1.

2a. Additions – Ohio Schedule of Adjustments, line 10 (include schedule) 2a.

2b. Deductions – Ohio Schedule of Adjustments, line 39 (include schedule) 2b.

1. Ohio adjusted gross income (line 1 plus line 2a minus line 2b). Place a "-" in the box

if negative 3.

1. Exemption amount (include Schedule of Dependents if applicable) 4.

### 108789 00

00

00

108789 00

3800 00

Number of exemptions including you and your spouse/dependents, if applicable: 2

1. Ohio income tax base (line 3 minus line 4; if negative, enter zero) 5.
2. Taxable business income – Ohio Schedule IT BUS, line 13 (include schedule) 6.
3. Taxable nonbusiness income (line 5 minus line 6; if negative, enter zero) 7.



REV 03/22/22 PRO

### 104989 00

00

104989 00

##### 

MM-DD-YY Code

IT 1040 – page 1 of 2

 0098

SSN

142 87 7840

2021 Ohio IT 1040

Individual Income Tax Return

##### 

21000298

##### 

Sequence No. 2

|  |  |  |
| --- | --- | --- |
| 7a. Amount from line 7 on page 1 7a. | 104989 | 00 |
| 8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables) 8a. | 2914 | 00 |
| 8b. Business income tax liability – Ohio Schedule IT BUS, line 14 (include schedule) 8b. |  | 00 |
| 8c. Income tax liability before credits (line 8a plus line 8b) 8c. | 2914 | 00 |
| 9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 38 (include schedule) 9. | 2005 | 00 |
| 10. Tax liability after nonrefundable credits (line 8c minus line 9; if negative, enter zero) 10. | 909 | 00 |
| 11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210) 11. |  | 00 |
| 12. Unpaid use tax (see instructions) 12. |  | 00 |
| 13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12) 13. | 909 | 00 |

1. Ohio income tax withheld – Schedule of Ohio Withholding, part A, line 1 (include schedule and

income statements) 14.

1. Estimated and extension payments (from Ohio IT 1040ES and IT 40P), and credit carryforward

from last year's return 15.

1. Refundable credits – Ohio Schedule of Credits, line 44 (include schedule) 16.
2. Amended return only – amount previously paid with original and/or amended return 17.
3. Total Ohio tax payments (add lines 14, 15, 16 and 17) 18.
4. Amended return only – overpayment previously requested on original and/or amended return 19.
5. Line 18 minus line 19. Place a "-" in the box if negative 20.

If line 20 is MORE THAN line 13, skip to line 24. OTHERWISE, continue to line 21.

1. Tax due (line 13 minus line 20). If line 20 is negative, ignore the "-" and add line 20 to line 13 21.
2. Interest due on late payment of tax (see instructions) 22.
3. 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.

1. Overpayment (line 20 minus line 13) 24.
2. Original return only – portion of line 24 carried forward to next year’s tax liability 25.
3. Original return only – portion of line 24 you wish to donate:

a. Military Injury Relief b. Ohio History Fund c. Nature Preserves/Scenic Rivers

### 00 00 00

889 00

00

00

00

889 00

00

889 00

20 00

00

20 00

00

00

d. Breast/Cervical Cancer e. Wishes for Sick Children f. Wildlife Species

### 00 00 00

Total ....26g. 00

27. REFUND (line 24 minus lines 25 and 26g).................................................................YOUR REFUND◗27. 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.

◗Primary signature Phone number (540)613-0883

◗Spouse’s signature Date

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

If your refund is $1.00 or less, no refund will be issued. If you owe $1.00 or less, no payment is necessary.

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

Preparer's TIN (PTIN) P

### 02082703

REV 03/22/22 PRO

IT 1040 – page 2 of 2

0098

2021 Schedule of Ohio Withholding

Use only black ink/UPPERCASE letters.

Primary taxpayer’s SSN

### 142 87 7840

##### 

21350198



Sequence No. 11

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.

P art A - Total Withholding

1. Total of all Ohio state tax withheld on pages 1 and 2 as well as any additional pages. Enter here

and on line 14 of your Ohio IT 1040 1.

### 889 00

Part B - W-2s

|  |  |  |  |
| --- | --- | --- | --- |
| 1. P/S | Box b - EIN | Box 1 - Wages, tips, other compensation | Box 2 - Federal income tax withheld |
| P | 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  00 | 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 |
|  |  | 00 | 00 |
| 3. P/S | Box b - EIN | Box 1 - Wages, tips, other compensation  00 | 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 |
|  |  | 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  00 | 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 |
|  |  | 00 | 00 |
| 6. P/S | Box b - EIN | Box 1 - Wages, tips, other compensation  00 | 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 |
|  |  | 00 | 00 |
| 7. 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 |



 Schedule of Withholding – page 1 of 2 

REV 03/22/22 PRO

 0098

P art C - 1099-Rs

1. P/S Payer’s TIN

## 2021 Schedule of Ohio Withholding

Primary taxpayer’s SSN

### 142 87 7840

Box 1 - Gross distribution

##### 

21350298

Sequence No. 12

Total

00 distribution

Box 7 - Distribution code

Box 15 - Payer’s Ohio number Box 4 - Federal income tax withheld Box 14 - Ohio tax withheld

### 00 00

1. P/S Payer’s TIN

Box 1 - Gross distribution

### 00

Total distribution

Box 7 - Distribution code

Box 15 - Payer’s Ohio number Box 4 - Federal income tax withheld Box 14 - Ohio tax withheld

### 00 00

1. P/S Payer’s TIN

Box 1 - Gross distribution

### 00

Total distribution

Box 7 - Distribution code

Box 15 - Payer’s Ohio number Box 4 - Federal income tax withheld Box 14 - Ohio tax withheld

### 00 00

1. P/S Payer’s TIN

Box 1 - Gross distribution

### 00

Total distribution

Box 7 - Distribution code

Box 15 - Payer’s Ohio number Box 4 - Federal income tax withheld Box 14 - Ohio tax withheld

### 00 00

P art 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 withheld

### 00 00

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 withheld

### 00 00

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 withheld

### 00 00

P art 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

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

 Schedule of Withholding – page 2 of 2 

REV 03/22/22 PRO

0098

hio

 Department of Taxation

### 04 04 22

2021 Ohio Schedule of Credits

Use only black ink/UPPERCASE letters.

Primary taxpayer’s SSN

### 142 87 7840

##### 

21280198



Sequence No. 7

Nonrefundable Credits

* 1. Tax liability before credits (from Ohio IT 1040, line 8c) 1.
  2. Retirement income credit (see instructions for table; include 1099-R forms) 2.
  3. Lump sum retirement credit (see instructions for worksheet; include a copy) 3.
  4. Senior citizen credit (must be 65 or older to claim this credit) 4.
  5. Lump sum distribution credit (see instructions for worksheet; include a copy) 5.
  6. Child care & dependent care credit (see instructions for worksheet; include a copy) 6.
  7. Displaced worker training credit (see instructions for all required documentation; include copies) 7.
  8. Campaign contribution credit for Ohio statewide ofice or General Assembly 8.
  9. Income-based exemption credit ($20 times the number of exemptions) 9.
  10. Total (add lines 2 through 9) 10.
  11. Tax less credits (line 1 minus line 10; if negative, enter zero) 11.
  12. Joint filing credit (see instructions for table). % times line 11, up to $650 12.
  13. Earned income credit 13.
  14. Home school expenses credit 14.
  15. Scholarship donation credit 15.
  16. Nonchartered, nonpublic school tuition credit 16.
  17. Ohio adoption credit 17.
  18. Nonrefundable job retention credit (include a copy of the credit certificate) 18.
  19. Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate) 19.
  20. Grape production credit 20.
  21. InvestOhio credit (include a copy of the credit certificate) 21.
  22. Lead abatement credit (include a copy of the credit certificate) 22.
  23. Opportunity zone investment credit (include a copy of the credit certificate) 23.
  24. Technology investment credit carryforward (include a copy of the credit certificate) 24.
  25. Enterprise zone day care & training credits (include a copy of the credit certificate) 25.
  26. Research & development credit (include a copy of the credit certificate) 26.

### 2914 00

00

00

00

00

00

00

0 00

0 00

0 00

2914 00

0 00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

REV 03/22/22 PRO

Schedule of Credits – page 1 of 2

0098

## 2021 Ohio Schedule of Credits

Primary taxpayer’s SSN

### 142 87 7840

##### 

21280298



Sequence No. 8

* 1. Nonrefundable Ohio historic preservation credit (include a copy of the credit certificate) 27.
  2. Total (add lines 12 through 27) 28.
  3. Tax less additional credits (line 11 minus line 28; if negative, enter zero) 29.

N onresident Credit

Dates of Ohio residency to Other state of residency

00

### 0 00

2914 00

* 1. Nonresident Portion of Ohio adjusted gross income - Ohio IT NRC Section I, line 18 (include a copy) 30.
  2. Ohio adjusted gross income (Ohio IT 1040, line 3) 31.

32a. Divide line 30 by line 31 (four decimals; do not round;

if greater than 1, enter 1.0000) 32a.

### 74847 00

108789 00

0.6880

* 1. Nonresident credit (line 29 times line 32a) 32.

R esident Credit

* 1. 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) .............................. 33. 00

* 1. Ohio adjusted gross income (Ohio IT 1040, line 3)........34. 00

35a. Divide line 33 by line 34 (four decimals; do not round;

if greater than 1, enter 1.0000) 35a.

35. Line 29 times line 35a ....................................................35. 00

1. 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

1. Resident credit (enter the lesser of line 35 or line 36) Enter the two-letter state abbreviation

### 2005 00

in the boxes below for each state in which income was subject to tax .................................................. 37. 00

1. Total nonrefundable credits (add lines 10, 28, 32 and 37; enter here and on Ohio IT 1040, line 9) .. 38.

Refundable Credits

1. Refundable Ohio historic preservation credit (include a copy of the credit certificate) 39.
2. Refundable job creation credit & job retention credit (include a copy of the credit certificate) 40.
3. Pass-through entity credit (include a copy of the Ohio IT K-1s) 41.
4. Motion picture & Broadway theatrical production credit (include a copy of the credit certificate) 42.
5. Venture capital credit (include a copy of the credit certificate) 43.
6. Total refundable credits (add lines 39 through 43; enter here and on Ohio IT 1040, line 16) 44.

### 2005 00

00

00

00

00

00

00

REV 03/22/22 PRO

Schedule of Credits – page 2 of 2

|  |  |  |  |
| --- | --- | --- | --- |
| 1040 Department of the Treasury—Internal Revenue Service (99)  U.S. Individual Income Tax Return | 2021 | OMB No. 1545-0074 | IRS Use Only—Do not write or staple in this space. |

##### Filing Status

Form

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  CHAITANYA | Last name  PUPPALA | | | | | Your social security number  142-87-7840 |
| If joint return, spouse’s first name and middle initial  NYMISHA | Last name  MAMIDALA | | | | | Spouse’s social security number  697-11-1559 |
| Home address (number and street). If you have a P.O. box, see instructions.  3336 CIRCLE BROOK DRIVE | | | | | Apt. no.  E | Presidential Election Campaign Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change  your tax or refund.  You Spouse |
| City, town, or post office. If you have a foreign address, also complete spaces below.  ROANOKE | | | State  VA | ZIP code  24018 | |
| Foreign country name | | Foreign province/state/county | | Foreign postal code | |

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?

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



Yes No

Is blind

Dependents (see instructions):

1. Social security
2. Relationship
3. if qualifies for (see instructions):

If more than four

dependents, see instructions and check here

1. First name Last name

number

to you

Child tax credit

Credit for other dependents

1 Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . . . . . . . . . . . . . 1

#### 120,689.

Attach Sch. B if required.

Standard Deduction for—

* + Single or Married filing separately,

$12,550

|  |  |  |  |
| --- | --- | --- | --- |
| filing 10 | Adjustments to income from Schedule 1, line 26 . . . . . . . . . . . . . . . | 10 |  |
| 11 | Subtract line 10 from line 9. This is your adjusted gross income . . . . . . . . . | 11 | 108,789. |

* + Married jointly or Qualifying

2a Tax-exempt interest . . . 3a Qualified dividends . . . 4a IRA distributions . . . .

5a Pensions and annuities . .

6a Social security benefits . .

|  |  |  |
| --- | --- | --- |
| 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . | 7 | 1,373. |
| 8 Other income from Schedule 1, line 10 . . . . . . . . . . . . . . . . . . | 8 | -13,280. |
| 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income . . . . . . . . . | 9 | 108,789. |

b Taxable interest 2b

b Ordinary dividends . . . . . 3b 7.

|  |  |
| --- | --- |
| 2a |  |
| 3a | 7. |
| 4a |  |
| 5a |  |
| 6a |  |

b Taxable amount 4b

b Taxable amount 5b

b Taxable amount 6b

widow(er),

$25,100

* + Head of household,

$18,800

* + If you checked any box under *Standard Deduction,*

see instructions.

12a Standard deduction or itemized deductions (from Schedule A) . .

b Charitable contributions if you take the standard deduction (see instructions)

c Add lines 12a and 12b . . . . . . . . . . . . . . . .

13 Qualified business income deduction from Form 8995 or Form 8995-A . .

14 Add lines 12c and 13 . . . . . . . . . . . . . . . .

15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- . .

12a 12b

. .

. .

. .

. .

#### 25,100.

. . . . .

. . . . .

. . . . .

. . . . .

12c 13

14

15

#### 25,100.

25,100.

83,689.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form 1040 (2021)

###### 

27a

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Form 1040 (2021) |  |  | | |  | Page 2 |
|  | 16 | Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3 . . | | | 16 | 9,906. |
|  | 17 | Amount from Schedule 2, line 3 . . . . . . . . . . . . . . . . . . . . | | | 17 |  |
|  | 18 | Add lines 16 and 17 . . . . . . . . . . . . . . . . . . . . . . . . | | | 18 | 9,906. |
|  | 19 | Nonrefundable child tax credit or credit for other dependents from Schedule 8812 . . . . . | | | 19 |  |
|  | 20 | Amount from Schedule 3, line 8 . . . . . . . . . . . . . . . . . . . . | | | 20 |  |
|  | 21 | Add lines 19 and 20 . . . . . . . . . . . . . . . . . . . . . . . . | | | 21 |  |
|  | 22 | Subtract line 21 from line 18. If zero or less, enter -0- . . . . . . . . . . . . . . | | | 22 | 9,906. |
|  | 23 | Other taxes, including self-employment tax, from Schedule 2, line 21 . . . . . . . . . | | | 23 | 0. |
|  | 24 | Add lines 22 and 23. This is your total tax . . . . . . . . . . . . . . . . | | | 24 | 9,906. |
|  | 25 | Federal income tax withheld from: | | |  |  |
| a | | Form(s) W-2 . . . . . . . . . . . . . . . . . . | 25a | 12,623. |  |  |
| b | | Form(s) 1099 . . . . . . . . . . . . . . . . . . | 25b |  |  |  |
| c | | Other forms (see instructions) . . . . . . . . . . . . . | 25c |  |  |  |
| d Add lines 25a through 25c . . . . . . . . . . . . . . .  If you have a 26 2021 estimated tax payments and amount applied from 2020 return . . .  qualifying child, 27a Earned income credit (EIC) . . . . . . . . . . . . No. .  attach Sch. EIC. 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  b Nontaxable combat pay election . . . . 27b c Prior year (2019) earned income . . . . 27c   1. Refundable child tax credit or additional child tax credit from Schedule 8812 2. American opportunity credit from Form 8863, line 8 . . . . . . . 3. Recovery rebate credit. See instructions . . . . . . . . . . 4. Amount from Schedule 3, line 15 . . . . . . . . . . . . | | | . .  . .  28  29  30  31 | . . . . .  . . . . . | 25d 26 | 12,623. |
| 32 | | Add lines 27a and 28 through 31. These are your total other payments and refundable credits | | | 32 |  |
| 33 | | Add lines 25d, 26, and 32. These are your total payments . . . . . . . . . . . | | | 33 | 12,623. |
| Refund 34 | | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid . . | | | 34 | 2,717. |
| 35a | | Amount of line 34 you want refunded to you. If Form 8888 is attached, check here . . . | | | 35a | 2,717. |
| Direct deposit? b Routing number 1 2 1 0 0 0 3 5 8 c Type: Checking Savings  See instructions. d Account number 3 2 5 0 5 9 2 0 9 5 9 5  36 Amount of line 34 you want applied to your 2022 estimated tax . . 36  Amount 37 Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions . | | | | | 37 |  |

#### You Owe

38 Estimated tax penalty (see instructions) . . . . . . . . . 38

#### 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

Joint return? See instructions. Keep a copy for

Spouse’s signature. If a joint return, both must sign.

Date

#### BUSINESS INTELLIGENCE

Spouse’s occupation

(see inst.)

If the IRS sent your spouse an Identity Protection PIN, enter it here

your records.

#### DATA REPORTING ANALYST

(see inst.)

Phone no.

#### (540)613-0883

Email address

#### [CPUPPALA08@GMAIL.COM](mailto:CPUPPALA08@GMAIL.COM)

Paid Preparer

Preparer’s name

#### SYAM PRIYA RAM SAGAR GUPTA TALLAM

Preparer’s signature

#### SYAM PRIYA RAM SAGAR GUPTA TALLAM

Date

#### 04/04/2022

PTIN

#### P02082703

Check if:

Self-employed

Use Only

Firm’s name

#### GLOBAL TAXES LLC

Phone no. (678)965-9522

Firm’s address

#### 2530 Pebble Creek Ln Cumming GA 30041

Firm’s EIN 30-1017196

Go to [*www.irs.gov/Form1040*](http://www.irs.gov/Form1040) for instructions and the latest information.

**BAA** REV 03/26/22 PRO

Form 1040 (2021)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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  CHAITANYA PUPPALA & NYMISHA MAMIDALA | | | | | Your social security number  142-87-7840 | | | |
| Part I | Additional Income | | | | | | | |
| 1 Taxable refunds, credits, or offsets of state and local income taxes . . . . . . .  2a Alimony received . . . . . . . . . . . . . . . . . . . . . . . . . . .  b Date of original divorce or separation agreement (see instructions)   1. Business income or (loss). Attach Schedule C . . . . . . . . . . . . . . . 2. Other gains or (losses). Attach Form 4797 . . . . . . . . . . . . . . . . . 3. Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 4. Farm income or (loss). Attach Schedule F . . . . . . . . . . . . . . . . . 5. Unemployment compensation . . . . . . . . . . . . . . . . . . . . . . | | | | | | 1 | |  |
| 2a | |  |
|  | |  |
| 3 | |
| 4 | |  |
| 5 | | -13,280. |
| 6 | |  |
| 7 | |  |
| 8 Other income:  a Net operating loss . . . . . . . . . . . . . . . . . .  b Gambling income . . . . . . . . . . . . . . . . . . .   1. Cancellation of debt . . . . . . . . . . . . . . . . . . 2. Foreign earned income exclusion from Form 2555 . . . . . 3. Taxable Health Savings Account distribution . . . . . . . . 4. Alaska Permanent Fund dividends . . . . . . . . . . . .   g Jury duty pay . . . . . . . . . . . . . . . . . . . .  h Prizes and awards . . . . . . . . . . . . . . . . . .  i Activity not engaged in for profit income . . . . . . . . .  j Stock options . . . . . . . . . . . . . . . . . . . .   1. 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 . . . . . . . . . . . . . . . . . . . . . . 2. Olympic and Paralympic medals and USOC prize money (see instructions) . . . . . . . . . . . . . . . . . . . . .   m Section 951(a) inclusion (see instructions) . . . . . . . . .  n Section 951A(a) inclusion (see instructions) . . . . . . . .  o Section 461(l) excess business loss adjustment . . . . . . .  p Taxable distributions from an ABLE account (see instructions) .  z Other income. List type and amount | | | 8a | ( ) | |  | |  |
| 8b |  | |
| 8c |  | |
| 8d | ( ) | |
| 8e |  | |
| 8f |  | |
| 8g |  | |
| 8h |  | |
| 8i |  | |
| 8j |  | |
| 8k |  | |
| 8l |  | |
| 8m |  | |
| 8n |  | |
| 8o |  | |
| 8p |  | |
| 8z |  | |
| 9 Total other income. Add lines 8a through 8z . . . . . . . . . . . . . . . .  10 Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . . . . . . . . . . . . . . . . . . . . . . . . | | | | | | 9 | |
| 10 | | -13,280. |

For Paperwork Reduction Act Notice, see your tax return instructions. Schedule 1 (Form 1040) 2021

Schedule 1 (Form 1040) 2021 Page 2

### Part II Adjustments to Income

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

**BAA** REV 03/26/22 PRO

Schedule 1 (Form 1040) 2021

' Cut Here '

Form 760-PMT 2021 Payment Coupon

Your Social Security Number Spouse’s Social Security Number

(DOC ID 761) Please do not staple To Be Used For Payments On Previously

)iOed 2021 ,ndividuDO ,nFRPe 7Dx RetuUnV 2nOy

Name(s) and Address

CHAITANYA PUPPALA NYMISHA MAMIDALA

142877840

697111559

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.

3336 CIRCLE BROOK DRIVE APT # E ROANOKE VA 24018

Amount of

Payment 00

g

Daytime Phone Number:

540-613-0883 REV 03/22/22 PRO

## 2021 9$760&G

,QGLYLGXDO ,QFRPH 7Dx 5HWXUQ

[ ]

3DJH 1

CHAITANYA PUPPALA

NYMISHA MAMIDALA

3336 CIRCLE BROOK DRIVE APT E ROANOKE VA 24018

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 661 - YRX | PUPP | 142877840 | | 9HQGRU ,D | 1555 | XXXXX | |
| 661 - 6SRXVH | MAMI | 697111559 | |  |  |  | |
| )HG $GM GURVV ,QFRPH ()$G,) | | 1. | 108789. | :LWKKROGLQJ (9$) - YRX | | 19$. | 4448. |
| $GGLWLRQV | | 2. |  | :LWKKROGLQJ (9$) - 6SRXVH | | 19%. |  |
| 6XEWRWDO | | 3. | 108789. | (VWLPDWHG 3DyPHQWV | | 20. |  |
| $JH DHGXFWLRQ - YRX | | 4$. |  | 2020 2YHUSDyPHQW | | 21. |  |
| $JH DHGXFWLRQ - 6SRXVH | | 4%. |  | (xWHQVLRQ 3DyPHQWV | | 22. |  |
| 6RF 6HF & 7LHU 1 5DLOURDG | | 5. |  | &UHGLW - /Rw-,QFRPH RU (,& | | 23. |  |
| 6WDWH ,QFRPH 7Dx 2YHUSDyPHQW | | 6. |  | &UHGLW - 6FKHGXOH 26& | | 24. | 909. |
| 6XEWUDFWLRQV | | 7. |  | &UHGLWV - 6FKHGXOH &5 | | 25. |  |
| 6XEWRWDO 6XEWUDFWLRQV | | 8. |  | 7RWDO 3DyPHQWV / &UHGLWV | | 26. | 5357. |
| 7RWDO 9$$GM GURVV ,QFRPH (9$G,) | | 9. | 108789. | 7Dx YRX 2wH | | 27. | 16. |
| ,WHPLzHG DHGXFWLRQV - 9$ 6FK $ | | 10. |  | 7Dx 2YHUSDyPHQW | | 28. |  |
| 6WDQGDUG DHGXFWLRQ | | 11. | 9000. | 2YHUSDyPHQW &UHGLWHG WR 1HxW YHDU | | 29. |  |
| (xHPSWLRQV | | 12. | 1860. | 9$& - 9LUJLQLD 529 / $%/( | | 30. |  |
| DHGXFWLRQV | | 13. |  | 9$& - 2WKHU &RQWULEXWLRQV | | 31. |  |
| 6XEWRWDO (DHGXFWLRQV & (xHPSWLRQV) 14. | | | 10860. | $GGLWLRQ WR 7Dx, 3HQDOWy & ,QWHUHVW | | 32. |  |
| 9$ 7DxDEOH ,QFRPH 15. | | | 97929. | 6DOHV DQG 8VH 7Dx | | 33. |  |
| $PRXQW RI 7Dx 16. | | | 5373. | APRXQW YRX 2ZH  :LOO 3Dy Ey &UHGLW/DHELW &DUG N | |  | 16. |
| 6SRXVH 7Dx $GMXVWPHQW (67$) 17. | | |  | YRXU 5HIXQG | |  |  |

9$G, - 6SRXVH

1HW $PRXQW RI 7Dx

17$.

18.

5373.

%DQN 5RXWLQJ #

%DQN $FFRXQW #

REV 03/22/22 PRO

/$5 D/$5 D7D /7D $ 3DJH 1 RI 2

2021 9$760&G 3DJH 2

142877840

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| )LOLQJ 6WDWXV, AJH & /LFHQVH ,QIRUPDWLRQ | | |  | AGGLWLRQDO )LOLQJ ,QIRUPDWLRQ |  |
| )LOLQJ 6WDWXV | | | 2 | /RFDOLWy | 161 |
| )HGHUDO HHDG RI HRXVHKROG | | |  | 8QLQVXUHG & $XWKRULzH D0$6 |  |
| D2% - YRX | | | 08291988 | 1DPH RU )LOLQJ 6WDWXV &KDQJH |  |
| 9$ DULYHU’V /LFHQVH ,D - YRX | | | B69774492 | $GGUHVV &KDQJH |  |
| 9$ DULYHU’V /LFHQVH - ,VV. DDWH - YRX | | | 03162020 | 9$ 5HWXUQ 1RW )LOHG /DVW YHDU |  |
| 6SRXVH 1DPH ()LOLQJ 6WDWXV 3 2QOy) | | |  | DHSHQGHQW RQ $QRWKHU’V 5HWXUQ |  |
|  | | |  | )DUPHU / )LVKHUPDQ / 0HUFKDQW 6HDPDQ |  |
| D2% - 6SRXVH | | | 03281991 |  |  |
|  | | |  | $PHQGHG |  |
| 9$ DULYHU’V /LFHQVH ,D - 6SRXVH | | | B69785707 |  |  |
|  | | |  | 5HDVRQ &RGH |  |
| 9$ DULYHU’V /LFHQVH - ,VV. DDWH - 6SRXVH | | | 08032021 |  |  |
|  | | |  | 2YHUVHDV RQ DXH DDWH |  |
| (xHPSWLRQV (A) (xHPSWLRQV (B) | | | | | |
| YRX | 1 | 65 & 2YHU - YRX | | )HGHUDO (,& & $PRXQW |  |
| 6SRXVH | 1 | 65 & 2YHU - 6SRXVH | | DHFHDVHG ,QGLFDWRU |  |
| DHSHQGHQWV |  | %OLQG - YRX | | 1R 6DOHV & 8VH 7Dx DXH ,QGLFDWRU | X |
| 7RWDO ($) | 2 | %OLQG - 6SRXVH | | 2EWDLQ (OHFWURQLF 1099G |  |
|  |  | 7RWDO (%) | | ,D 7KHIW 3,1 |  |

#### &RQWDFW ,QIRUPDWLRQ

, (:H), WKH XQGHUVLJQHG, GHFODUH XQGHU SHQDOWy RI ODw WKDW , (wH) KDYH HxDPLQHG WKLV UHWXUQ & WR WKH EHVW RI Py (RXU) NQRwOHGJH, LW LV D WUXH, FRUUHFW & FRPSOHWH UHWXUQ. ,I yRX DUH UHTXHVWLQJ GLUHFW GHSRVLW RI yRXU UHIXQG Ey SURYLGLQJ EDQN LQIRUPDWLRQ RQ yRXU UHWXUQ, yRX DUH FHUWLIyLQJ WKDW WKH LQIRUPDWLRQ SURYLGHG LV IRU D GRPHVWLF DFFRXQW wLWKLQ WKH WHUULWRULDO MXULVGLFWLRQ RI WKH 8QLWHG 6WDWHV.

|  |  |  |  |
| --- | --- | --- | --- |
| 6LJQDWXUH - YRX BBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBB | DDWH | 3KRQH - YRX | 5406130883 |
| 6LJQDWXUH - 6SRXVH BBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBB | DDWH | 3KRQH - 6SRXVH |  |
| 6LJQDWXUH - 3UHSDUHU BSBYBABMBBPBRBIBYBABBRBABMBBSBABGABRBBGBUBPBTBABBTBABLBLBABM | DDWH 040422 | 3KRQH - 3UHSDUHU | 6789659522 |

7KH 7Dx DHSDUWPHQW PDy GLVFXVV Py/RXU UHWXUQ wLWK Py/RXU SUHSDUHU.

File by 0ay 1, 2022

,ncluGe Page 1, Page 2 anG all

3UHSDUHU ,QIRUPDWLRQ 7

GLOBAL TAXES LLC 2530 PEBBLE CREEK LN

P02082703



1555

supporting 760CG GocuPents.

REV 03/22/22 PRO

### CUMMING GA 30041

#### 3DJH 2 RI 2

2021 6FhHGuOH ,1&I&G

5HSRUW DOO :-2V, 1099V & 9.-1V wLWK 9$ :LWKKROGLQJ

CHAITANYA PUPPALA

NYMISHA MAMIDALA

142877840

YRXUl 6SRXVH 661

WLWKKROGLQJ 7ySH

9A WLWKKROGLQJ

(PSORyHU

)(,1

9A AFFRXQW 1XPEHU

9A WDJHV, WLSV, RWKHU FRPS.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 142877840 | W | 4059. | 541190879 | 0012121911 | 79637. |
| 142877840 | W | 389. | 208988814 | 30208988814F001 | 7110. |

|  |  |  |
| --- | --- | --- |
| 7RWDO 9A WLWKKROGLQJ | 661 | 9A WLWKKROGLQJ |
| YRX  6SRXVH | 142877840 | 4448. |
| 7RWDO # RI :-2V,1099V & 9.-1V | 02 |  |

7R DYRLG GHODyV - EH VXUH WR HQWHU DOO LQIRUPDWLRQ, LQFOXGLQJ WKH (PSORyHU’V )(,1.

1555 REV 03/22/22 PRO

2021 6FhHGuOH 26&I&G

Enclose other state tax returns when filing

142877840

&UHGLW &RPSuWDWLRn 6WDWH 1

,I &ODLPLnJ ERUGHU VWDWH

1. )LOLQJ 6WDWXV - RWKHU VWDWH’V UHWXUQ
2. 3HUVRQ &ODLPLQJ WKH &UHGLW
3. 6. 2WKHU 6WDWH $EEUHYLDWLRQ
4. 7. 9LUJLQLD ,QFRPH 7Dx

OH

5373.

1. 4XDOLIyLQJ 7DxDEOH ,QFRPH - RWKHU VWDWH
2. 9LUJLQLD 7DxDEOH ,QFRPH
3. 4XDOLIyLQJ 7Dx /LDELOLWy - RWKHU VWDWH

32756.

97929.

909.

1. ,QFRPH SHUFHQWDJH
2. 9LUJLQLD 5DWLR RI ,QFRPH 7Dx
3. &UHGLW $OORwHG

33.4

1795.

909.

|  |  |  |  |
| --- | --- | --- | --- |
| &UHGLW &RPSuWDWLRn 6WDWH 2 |  | | |
| 11. )LOLQJ 6WDWXV - RWKHU VWDWH’V UHWXUQ | 16. 2WKHU 6WDWH $EEUHYLDWLRQ | | |
| 12. 3HUVRQ &ODLPLQJ WKH &UHGLW | 17. | 9LUJLQLD ,QFRPH 7Dx |  |
| 13. 4XDOLIyLQJ 7DxDEOH ,QFRPH - RWKHU VWDWH | 18. | ,QFRPH SHUFHQWDJH |  |
| 14. 9LUJLQLD 7DxDEOH ,QFRPH | 19. | 9LUJLQLD 5DWLR RI ,QFRPH 7Dx |  |
| 15. 4XDOLIyLQJ 7Dx /LDELOLWy - RWKHU VWDWH | 20. | &UHGLW $OORwHG |  |
| &UHGLW &RPSuWDWLRn 6WDWH 3 |  |  |  |
| 21. )LOLQJ 6WDWXV - RWKHU VWDWH’V UHWXUQ | 26. | 2WKHU 6WDWH $EEUHYLDWLRQ |  |
| 22. 3HUVRQ &ODLPLQJ WKH &UHGLW | 27. | 9LUJLQLD ,QFRPH 7Dx |  |
| 23. 4XDOLIyLQJ 7DxDEOH ,QFRPH - RWKHU VWDWH | 28. | ,QFRPH SHUFHQWDJH |  |
| 24. 9LUJLQLD 7DxDEOH ,QFRPH | 29. | 9LUJLQLD 5DWLR RI ,QFRPH 7Dx |  |
| 25. 4XDOLIyLQJ 7Dx /LDELOLWy - RWKHU VWDWH | 30. | &UHGLW $OORwHG |  |
|  | 31. | 7RWDO &UHGLW &ODLPHG | 909. |

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

1555 REV 03/22/22 PRO

#### 26&

**1** RI **1**

**VA-8879**

**Virginia Department of Taxation**

**Virginia Individual Income Tax e-File Signature Authorization**

**Tax Year 20**21

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

Virginia Submission Identification Number (SID)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Your Name | **B** Your Social Security Number  142-87-7840 | |
| CHAITANYA PUPPALA |
| Spouse’s Name | **A** Spouse’s Social Security Number  697-11-1559 | |
| NYMISHA MAMIDALA |
| **Part I Tax Return Information** | **A Spouse** | **B Yourself** |
| 1. Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1) 2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9) 3. Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17) 4. Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18) 5. Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b) 6. Amount you Owe (Form 760CG, Line 35; Form 760PY, Line 35; Form 763, Line 35) 7. Refund (Form 760CG, Line 36; 760PY, Line 36; Form 763, Line 36) |  | 108789. |
|  | 108789. |
|  | 97929. |
|  | 5373. |
|  | 4448. |
|  | 16. |
|  |  |
| **Part II Declaration of Taxpayer and Signature Authorization** | | |
| Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the year ending December 31, 2021, and to the best of my knowledge and belief, it is true, correct and complete. I further declare that the information I provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider (including my name, address and social security number or individual tax identification number) and the amount shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If I am filing a balance due return, I understand that if the Virginia Department of Taxation (Virginia Tax) does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit my complete return to Virginia Tax. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, the direct deposit of my refund or direct debit of my tax due. In choosing either direct deposit or direct debit, I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a  signature pen, or computer software program. | | |
| **Taxpayer’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-filed Virginia individual income tax return.  **Do not enter all zeros**  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 only if you are entering your own e-File PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.  Your Signature Date  **Spouse’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-filed Virginia individual income tax return.  **Do not enter all zeros**  G\_LO\_B\_A\_\_L \_T\_AX\_ES L\_LC \_  **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 only if you are entering your own e-File PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.  Spouse’s Signature Date | | |
| **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  **Do not enter all zeros**  I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2021 Virginia individual income tax return 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 Virginia’s publication Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2021). EROs may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.  ERO’s Signature Date 04-04-22 | | |

1555 REV 03/22/22 PRO

**Form VA-8879** (REV. 10/21)

|  |  |  |  |
| --- | --- | --- | --- |
| 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  CHAITANYA PUPPALA & NYMISHA MAMIDALA | | Your social security number  142-87-7840 | |

Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use

Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| A Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions . . . . . | | | | | | Yes | | No | |
| B If “Yes,” did you or will you file required Form(s) 1099? . . . . . . . . . . . . . . . . . . . | | | | | | Yes | | No | |
| 1a | Physical address of each property (street, city, state, ZIP code) | | | | | | | |
| A | 1-6-176,M.G ROAD,PARKLANE OPP GANDHI STATUE HYDERABAD,TELANGANA IN 500003 | | | | | | | |
| B |  | | | | | | | |
| C |  | | | | | | | |
| 1b | Type of Property (from list below) | 2 For each rental real estate property listed above, report the number of fair rental and  personal use days. Check the QJV box only | | Fair Rental Days | Personal Use Days | | QJV | |
| A  B | 3 | if you meet the requirements to file as a qualified joint venture. See instructions. | A | 365 | 0 | |  | |
|  | B |  |  | |  | |
| C |  | C |  |  | |  | |

Type of Property:

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Income: | Properties: |  | A | | B | | C |
| 3 Rents received . . . . . . . . . . . . . | | 3 | 650. | |  | |  |
| 4 Royalties received . . . . . . . . . . . . | | 4 |  | |  | |  |
| Expenses:  5 Advertising . . . . . . . . . . . . . .   1. Auto and travel (see instructions) . . . . . . . 2. Cleaning and maintenance . . . . . . . . .   8 Commissions. . . . . . . . . . . . . .  9 Insurance . . . . . . . . . . . . . . .   1. Legal and other professional fees . . . . . . . 2. Management fees . . . . . . . . . . . . 3. Mortgage interest paid to banks, etc. (see instructions)   13 Other interest. . . . . . . . . . . . . .  14 Repairs. . . . . . . . . . . . . . . .  15 Supplies . . . . . . . . . . . . . . .  16 Taxes . . . . . . . . . . . . . . . .  17 Utilities . . . . . . . . . . . . . . . .   1. Depreciation expense or depletion . . . . . . 2. Other (list) 3. Total expenses. Add lines 5 through 19 . . . . . 4. 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 . . . . . . . . . . . . . 5. Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . . . . | | 5 |  | |  | |  |
| 6 |  | |  | |  |
| 7 | 1,600. | |  | |  |
| 8 |  | |  | |  |
| 9 |  | |  | |  |
| 10 |  | |  | |  |
| 11 | 1,250. | |  | |  |
| 12 |  | |  | |  |
| 13 |  | |  | |  |
| 14 | 3,400. | |  | |  |
| 15 | 3,780. | |  | |  |
| 16 |  | |  | |  |
| 17 | 3,900. | |  | |  |
| 18 |  | |  | |  |
| 19 |  | |  | |  |
| 20 | 13,930. | |  | |  |
| 21 | -13,280. | |  | |  |
| 22 | ( 13,280. ) | | ( ) | | ( ) |
| 23a Total of all amounts reported on line 3 for all rental properties . . . .   1. Total of all amounts reported on line 4 for all royalty properties . . . . 2. Total of all amounts reported on line 12 for all properties . . . . . . 3. Total of all amounts reported on line 18 for all properties . . . . . . 4. Total of all amounts reported on line 20 for all properties . . . . . . | | | | 23a | 650. | |  |
| 23b |  | |
| 23c |  | |
| 23d |  | |
| 23e | 13,930. | |
| 1. Income. Add positive amounts shown on line 21. Do not include any losses . . . . . . . 2. Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . 3. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on   Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . | | | | | | 24 |  |
| 25 | ( 13,280. ) |
| 26 | -13,280. |

For Paperwork Reduction Act Notice, see the separate instructions.

NPA

**BAA** REV 03/26/22 PRO

#### -13,280.

Schedule E (Form 1040) 2021

Do not staple or paper clip.

0098

2021 Ohio IT 1040 

# hio

### 04 04 22

Department of Taxation

Individual Income Tax Return

Use only black ink/UPPERCASE letters.

21000198

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)

### 142 87 7840

vIf deceased

Spouse’s SSN (if filing jointly)

### 697 11 1559

vIf deceased

School district #

### 9999

First name

M.I.

Last name

### CHAITANYA PUPPALA

Spouse's first name (if filing jointly)

M.I.

Last name

### NYMISHA 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

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

|  |  |
| --- | --- |
| R esidency Status – Check only one for primary  Resident Part-year Nonresident ◗◗ VA  resident Indicate state  Check only one for spouse (if filing jointly)  Resident Part-year Nonresident ◗◗ VA  resident Indicate state | Filing Status – Check one (as reported on federal income tax return)  Single, head of household or qualifying widow(er)  Married filing jointly  Spouse’s SSN  Married filing separately |
| O hio Nonresident Statement – See instructions for required criteria Primary meets the five criteria for irrebuttable presumption as nonresident.  Spouse meets the five criteria for irrebuttable presumption as nonresident. | Federal extension filers - check here.  If someone can claim you (or your spouse if filing jointly) as a dependent, check here. |

1. Federal adjusted gross income (federal 1040 or 1040-SR, line 11). Place a "-" in the box

Do not staple or paper clip.

if negative 1.

2a. Additions – Ohio Schedule of Adjustments, line 10 (include schedule) 2a.

2b. Deductions – Ohio Schedule of Adjustments, line 39 (include schedule) 2b.

1. Ohio adjusted gross income (line 1 plus line 2a minus line 2b). Place a "-" in the box

if negative 3.

1. Exemption amount (include Schedule of Dependents if applicable) 4.

### 108789 00

00

00

108789 00

3800 00

Number of exemptions including you and your spouse/dependents, if applicable: 2

1. Ohio income tax base (line 3 minus line 4; if negative, enter zero) 5.
2. Taxable business income – Ohio Schedule IT BUS, line 13 (include schedule) 6.
3. Taxable nonbusiness income (line 5 minus line 6; if negative, enter zero) 7.



REV 03/22/22 PRO

### 104989 00

00

104989 00

##### 

MM-DD-YY Code

IT 1040 – page 1 of 2

 0098

SSN

142 87 7840

2021 Ohio IT 1040

Individual Income Tax Return

##### 

21000298

##### 

Sequence No. 2

|  |  |  |
| --- | --- | --- |
| 7a. Amount from line 7 on page 1 7a. | 104989 | 00 |
| 8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables) 8a. | 2914 | 00 |
| 8b. Business income tax liability – Ohio Schedule IT BUS, line 14 (include schedule) 8b. |  | 00 |
| 8c. Income tax liability before credits (line 8a plus line 8b) 8c. | 2914 | 00 |
| 9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 38 (include schedule) 9. | 2005 | 00 |
| 10. Tax liability after nonrefundable credits (line 8c minus line 9; if negative, enter zero) 10. | 909 | 00 |
| 11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210) 11. |  | 00 |
| 12. Unpaid use tax (see instructions) 12. |  | 00 |
| 13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12) 13. | 909 | 00 |

1. Ohio income tax withheld – Schedule of Ohio Withholding, part A, line 1 (include schedule and

income statements) 14.

1. Estimated and extension payments (from Ohio IT 1040ES and IT 40P), and credit carryforward

from last year's return 15.

1. Refundable credits – Ohio Schedule of Credits, line 44 (include schedule) 16.
2. Amended return only – amount previously paid with original and/or amended return 17.
3. Total Ohio tax payments (add lines 14, 15, 16 and 17) 18.
4. Amended return only – overpayment previously requested on original and/or amended return 19.
5. Line 18 minus line 19. Place a "-" in the box if negative 20.

If line 20 is MORE THAN line 13, skip to line 24. OTHERWISE, continue to line 21.

1. Tax due (line 13 minus line 20). If line 20 is negative, ignore the "-" and add line 20 to line 13 21.
2. Interest due on late payment of tax (see instructions) 22.
3. 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.

1. Overpayment (line 20 minus line 13) 24.
2. Original return only – portion of line 24 carried forward to next year’s tax liability 25.
3. Original return only – portion of line 24 you wish to donate:

a. Military Injury Relief b. Ohio History Fund c. Nature Preserves/Scenic Rivers

### 00 00 00

889 00

00

00

00

889 00

00

889 00

20 00

00

20 00

00

00

d. Breast/Cervical Cancer e. Wishes for Sick Children f. Wildlife Species

### 00 00 00

Total ....26g. 00

27. REFUND (line 24 minus lines 25 and 26g).................................................................YOUR REFUND◗27. 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.

◗Primary signature Phone number (540)613-0883

◗Spouse’s signature Date

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

If your refund is $1.00 or less, no refund will be issued. If you owe $1.00 or less, no payment is necessary.

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

Preparer's TIN (PTIN) P

### 02082703

REV 03/22/22 PRO

IT 1040 – page 2 of 2

0098

2021 Schedule of Ohio Withholding

Use only black ink/UPPERCASE letters.

Primary taxpayer’s SSN

### 142 87 7840

##### 

21350198



Sequence No. 11

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.

P art A - Total Withholding

1. Total of all Ohio state tax withheld on pages 1 and 2 as well as any additional pages. Enter here

and on line 14 of your Ohio IT 1040 1.

### 889 00

Part B - W-2s

|  |  |  |  |
| --- | --- | --- | --- |
| 1. P/S | Box b - EIN | Box 1 - Wages, tips, other compensation | Box 2 - Federal income tax withheld |
| P | 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  00 | 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 |
|  |  | 00 | 00 |
| 3. P/S | Box b - EIN | Box 1 - Wages, tips, other compensation  00 | 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 |
|  |  | 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  00 | 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 |
|  |  | 00 | 00 |
| 6. P/S | Box b - EIN | Box 1 - Wages, tips, other compensation  00 | 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 |
|  |  | 00 | 00 |
| 7. 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 |



 Schedule of Withholding – page 1 of 2 

REV 03/22/22 PRO

 0098

P art C - 1099-Rs

1. P/S Payer’s TIN

## 2021 Schedule of Ohio Withholding

Primary taxpayer’s SSN

### 142 87 7840

Box 1 - Gross distribution

##### 

21350298

Sequence No. 12

Total

00 distribution

Box 7 - Distribution code

Box 15 - Payer’s Ohio number Box 4 - Federal income tax withheld Box 14 - Ohio tax withheld

### 00 00

1. P/S Payer’s TIN

Box 1 - Gross distribution

### 00

Total distribution

Box 7 - Distribution code

Box 15 - Payer’s Ohio number Box 4 - Federal income tax withheld Box 14 - Ohio tax withheld

### 00 00

1. P/S Payer’s TIN

Box 1 - Gross distribution

### 00

Total distribution

Box 7 - Distribution code

Box 15 - Payer’s Ohio number Box 4 - Federal income tax withheld Box 14 - Ohio tax withheld

### 00 00

1. P/S Payer’s TIN

Box 1 - Gross distribution

### 00

Total distribution

Box 7 - Distribution code

Box 15 - Payer’s Ohio number Box 4 - Federal income tax withheld Box 14 - Ohio tax withheld

### 00 00

P art 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 withheld

### 00 00

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 withheld

### 00 00

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 withheld

### 00 00

P art 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

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

 Schedule of Withholding – page 2 of 2 

REV 03/22/22 PRO

0098

hio

 Department of Taxation

### 04 04 22

2021 Ohio Schedule of Credits

Use only black ink/UPPERCASE letters.

Primary taxpayer’s SSN

### 142 87 7840

##### 

21280198



Sequence No. 7

Nonrefundable Credits

* 1. Tax liability before credits (from Ohio IT 1040, line 8c) 1.
  2. Retirement income credit (see instructions for table; include 1099-R forms) 2.
  3. Lump sum retirement credit (see instructions for worksheet; include a copy) 3.
  4. Senior citizen credit (must be 65 or older to claim this credit) 4.
  5. Lump sum distribution credit (see instructions for worksheet; include a copy) 5.
  6. Child care & dependent care credit (see instructions for worksheet; include a copy) 6.
  7. Displaced worker training credit (see instructions for all required documentation; include copies) 7.
  8. Campaign contribution credit for Ohio statewide ofice or General Assembly 8.
  9. Income-based exemption credit ($20 times the number of exemptions) 9.
  10. Total (add lines 2 through 9) 10.
  11. Tax less credits (line 1 minus line 10; if negative, enter zero) 11.
  12. Joint filing credit (see instructions for table). % times line 11, up to $650 12.
  13. Earned income credit 13.
  14. Home school expenses credit 14.
  15. Scholarship donation credit 15.
  16. Nonchartered, nonpublic school tuition credit 16.
  17. Ohio adoption credit 17.
  18. Nonrefundable job retention credit (include a copy of the credit certificate) 18.
  19. Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate) 19.
  20. Grape production credit 20.
  21. InvestOhio credit (include a copy of the credit certificate) 21.
  22. Lead abatement credit (include a copy of the credit certificate) 22.
  23. Opportunity zone investment credit (include a copy of the credit certificate) 23.
  24. Technology investment credit carryforward (include a copy of the credit certificate) 24.
  25. Enterprise zone day care & training credits (include a copy of the credit certificate) 25.
  26. Research & development credit (include a copy of the credit certificate) 26.

### 2914 00

00

00

00

00

00

00

0 00

0 00

0 00

2914 00

0 00

00

00

00

00

00

00

00

00

00

00

00

00

00

00

REV 03/22/22 PRO

Schedule of Credits – page 1 of 2

0098

## 2021 Ohio Schedule of Credits

Primary taxpayer’s SSN

### 142 87 7840

##### 

21280298



Sequence No. 8

* 1. Nonrefundable Ohio historic preservation credit (include a copy of the credit certificate) 27.
  2. Total (add lines 12 through 27) 28.
  3. Tax less additional credits (line 11 minus line 28; if negative, enter zero) 29.

N onresident Credit

Dates of Ohio residency to Other state of residency

00

### 0 00

2914 00

* 1. Nonresident Portion of Ohio adjusted gross income - Ohio IT NRC Section I, line 18 (include a copy) 30.
  2. Ohio adjusted gross income (Ohio IT 1040, line 3) 31.

32a. Divide line 30 by line 31 (four decimals; do not round;

if greater than 1, enter 1.0000) 32a.

### 74847 00

108789 00

0.6880

* 1. Nonresident credit (line 29 times line 32a) 32.

R esident Credit

* 1. 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) .............................. 33. 00

* 1. Ohio adjusted gross income (Ohio IT 1040, line 3)........34. 00

35a. Divide line 33 by line 34 (four decimals; do not round;

if greater than 1, enter 1.0000) 35a.

35. Line 29 times line 35a ....................................................35. 00

1. 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

1. Resident credit (enter the lesser of line 35 or line 36) Enter the two-letter state abbreviation

### 2005 00

in the boxes below for each state in which income was subject to tax .................................................. 37. 00

1. Total nonrefundable credits (add lines 10, 28, 32 and 37; enter here and on Ohio IT 1040, line 9) .. 38.

Refundable Credits

1. Refundable Ohio historic preservation credit (include a copy of the credit certificate) 39.
2. Refundable job creation credit & job retention credit (include a copy of the credit certificate) 40.
3. Pass-through entity credit (include a copy of the Ohio IT K-1s) 41.
4. Motion picture & Broadway theatrical production credit (include a copy of the credit certificate) 42.
5. Venture capital credit (include a copy of the credit certificate) 43.
6. Total refundable credits (add lines 39 through 43; enter here and on Ohio IT 1040, line 16) 44.

### 2005 00

00

00

00

00

00

00

REV 03/22/22 PRO

Schedule of Credits – page 2 of 2