Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

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

Submission Identification Number (SID)

Taxpay	er's name	Social security number					
VIN	AY KUMAR NERIGA	743-49-1668					
Spouse	's name	Spouse's social sec	urity number				
Par	Tax Return Information — Tax Year Ending December 31, 2021 (Enter	r year you are au	thorizing.)				
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	67,844.				
2	Total tax	2	7,843.				
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	9,887.				
4	Amount you want refunded to you	4	3,444.				
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 periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

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

9	1	6	6	8	
Ent don	er fiv n't er	/e di nter a	gits, all ze	but ros	as my

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

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

Your signature

X

Date

Spouse's	PIN:	check	one	box	only
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I authorize	
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to enter or generate my PIN

Date

Data

		as my
nter fi		

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

Certification and Authentication – Practitioner PIN Method Only

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. 1 01

	~@/	1	
Spouse's signature 🕨			Γ
	Practit	ioner PIN Method Retu	rns Only—continu

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	5	8	7	2	7	8	6	1	9	8	9

04/06/2022

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

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 ►

Part III

		Date	
ERO Must Retain This Don't Submit This Form to the			
For Paperwork Reduction Act Notice, see your tax return instructions	· BAA	REV 03/26/22 PRO	Form 8879 (Rev. 01-2021)

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? X Yes No Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent Age/Blindness You: Were born before January 2, 1957 Are blind Spouse itemizes on a separate return or you were a dual-status allen Age/Blindness You: Were born before January 2, 1957 Are blind Spouse: Was born before January 2, 1957 Is blind Dependents (see instructions): (1) First name Last name (2) Social security (3) Relationship (4) ✓ if qualifies for (see instructions): Child tax credit Credit for other dependents see instructions In are exempt interest Image: Credit for other dependents Image: Credit for other dependents Image: Credit for other dependents see instructions Image: Credit for other dependents see instructions Image: Credit for other dependents Image: Credit for other dependents Image: Credit for other dependents see instructions Image: Credit for other dependents Image: Credit for other dependents Image: Credit for other depend	E 104(artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		(99) urn	202	21	OMB No. 1	545-00	174 IRS U	Jse Only	y—Do not v	write or staple	in this space.
Person is a child but not your dependent ▶ Vour fist ame and middle initial Last name VINAY_KUMAR NERIGA H joint return, spouse is first name and middle initial Last name Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign Class of the province/state/county Class of the province/state/county City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code Door office. If you have a foreign address, also complete spaces below. State ZIP code Door office. If you have a foreign address, also complete spaces below. NC 270 45 Door box below will not change Country name Foreign province/state/county Foreign postal code You Spouse No Standard Someone can claim: You as a dependent You result You genetic Spouse temizes on a separate return or you were a dual-status alien Defunction Spouse itemizes on a separate return or you were a dual-status alien Genetic for the dependent Genetic for the dependent Genetic for the dependent four Genetic for the dependent Do you Ghal Bearount Ghal Bearount Ghal Bearount Ghal Bearount Ghal Bearount	Check only	lf yo	u checked the MFS box, enter the n	ame of	-		. ,							
VINAY KUMAR NERIGA 743-49-1668 If joint return, spouse's first name and middle initial Last name Spouse's social security number Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign 2031 LONGSHADOW ST Check here if you, or your Spouse's social security names Spouse's filing jointy, ward S is your tax or refund. Foreign country name Foreign province/state/country Foreign province/state/country Foreign province/state/country Foreign province/state/country Standard Someone can claim: You as a dependent You require Yere No Age/Blindness You: Were born before January 2, 1957 Are blind Spouse: Yere No Age/Blindness You: Were born before January 2, 1957 Are blind Spouse: Yere No Age/Blindness You: Were born before January 2, 1957 Are blind Spouse: Yere No Age/Blindness You: Were born before January 2, 1957 Are blind Spouse Yere No Spouse/territorios: Yere No If more Last name You as a dependent You Yere No Spouse/te			, ,	t 🕨										
If joint return, spouse's first name and middle initial Last name Spouse's social security number Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign 2031_LONGSHADOW_ST Clty, town, or poot office. If you have a foreign address, also complete spaces below. State IP provide State RURAL_HALL NC 270.45 composition of this fund. Ohecking a box boyow will not change your tex or refund. Foreign country name Foreign province/state/country Foreign postal code your tex or refund. Standard Someone can claim: You as a dependent You roy pouse as a dependent You repouse as a dependent Deduction Spouse itemizes on a separate return or you were a dual-status allen Image: salaries, tips, etc. Attach Form(s) (2) Social security to you (4) for quillies to reset dependent Dependents (see instructions): (1) First name Image: salaries, tips, etc. Attach Form(s) W-2 1 7.9, 9.92. Attach 3a Image: salaries, tips, etc. Attach Form(s) W-2 1 7.9, 9.92. 2b Attach Ga social security benefits 6a Social security benefits 6b 6b Sa Pensions and annuities Sa I	Your first name	e and mi	ddle initial	Last na	ime									-
Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign 2031 LONGSHADOW_ST Check here if you, or your spouse if filing jointly, want S3 State ZIP code to beck here if you, or your spouse if filing jointly, want S3 RURAL HALL NC 27045 to this fund. Checking a box below will not change your tax or refund. Foreign country name Foreign province/state/county Foreign postal code you Spouse it may virtual currency? Yes No Standard Someone can claim: Ou as dopendent You resource as a dependent You Spouse Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You Were born before January 2, 1957 Is blind Dependents (a) First name Last name number (a) Social security (b) or id qualifies for (see instructions); (f) First name Last name 1 79, 992. Attach 1 Tax-exempt interest 2a b Tax-exempt interest 2b 2b 5b Sch B if 3a Qualified dividends 3a b Tax-axable amount 4b 5b 5b 5b <td></td> <td>-</td> <td></td>		-												
2031 LONGSHADOW ST Check here if you, or your City, town, or post office. If you have a foreign address, also complete spaces below. State 2/P code Stops of filling infilling infill	lf joint return, s	spouse's	first name and middle initial	Last na	ime							Spouse	's social se	curity number
Autoch December State ZIP code spouse if filing jointy, want \$3 to go to this full. Checking a box below will not change box box below will not change box below				instructi	ons.					Apt. no.				
RIRAL HALL NC 27045 bg of o this hund. Checking a box below will not change box body will not change box body will not change your tax or refund. Foreign country name Foreign province/state/county Foreign postal code your tax or refund. You Spouse At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? X Yes No Standard Someone can claim: You as dependent Your spouse as a dependent Your spouse as a dependent Dependents See instructions): (2) Social security (3) Relationship (4) I ' d' qualifies for (see instructions): If more than four dependents, see instructions (1) First name Last name (2) Social security (3) Relationship (4) I ' d' qualifies for (see instructions): If more than four (1) First name Last name Dependents, see instructions: (2) Social security (3) Relationship (4) I ' qualifies for (see instructions): If more than four (1) First name Last name Dependents Dependentin Dependentin <th< td=""><td></td><td></td><td></td><td>molete s</td><td>paces be</td><td>low.</td><td>Sta</td><td>ite</td><td>7</td><td>P code</td><td></td><td>spouse</td><td>e if filing joir</td><td>ntly, want \$3</td></th<>				molete s	paces be	low.	Sta	ite	7	P code		spouse	e if filing joir	ntly, want \$3
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If more 1<	Dependent	s (see	instructions):		(2) \$	Social securi	ty	(3) Relatio	onship	(4)	🖌 if q	ualifies fo	or (see instru	uctions):
dependents, see instructions and check here Image: searce of the sea	If more	(1) F	irst name Last name			number		to yo	u	Chil	d tax c	redit	Credit for ot	her dependents
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Deduction for- 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 • Single or Married filing separately, \$12,550 8 Other income from Schedule 1, line 10 8 -12,148. 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 67,844. • Married filing jointly or Qualifying widow(er), \$25,100 10 Adjustments to income from Schedule 1, line 26 10 11 67,844. 10 Subtract line 10 from line 9. This is your adjusted gross income 10 12a Standard deduction or itemized deductions (from Schedule A) 12a 12,550. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 12,850. 14 12,850.		5a									•			
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For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2021)

Form 1040 (2021)									Pag	je 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3		16		7,843	
	17	Amount from Schedule 2, lin	ie3					17			
	18	Add lines 16 and 17						18		7,843	
	19	Nonrefundable child tax cree	dit or credit for c	ther depender	nts from Schedul	e8812		19			
	20	Amount from Schedule 3, lin	ie8					20			
	21	Add lines 19 and 20						21			
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22		7,843	•
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23).
	24	Add lines 22 and 23. This is	your total tax				. 🕨	24		7,843	•
	25	Federal income tax withheld				1 1					
	а	Form(s) W-2					,887.				
	b	Form(s) 1099				25b					
	С	Other forms (see instructions	,			25c					
	d	Add lines 25a through 25c						25d		9,887	•
If you have a	26	2021 estimated tax payment		• •	37 -			26			
qualifying child, attach Sch. EIC. [27a	Earned income credit (EIC)				27a					
attach Sch. Elo.		Check here if you were k									
		January 2, 2004, and you taxpayers who are at least a									
	b	Nontaxable combat pay elec	-	1 1							
	С	Prior year (2019) earned inco				-					
	28	Refundable child tax credit or			Schedule 8812	28					
	29	American opportunity credit	from Form 8863	8, line 8		29					
	30	Recovery rebate credit. See				30 1	,400.				
	31	Amount from Schedule 3, lin				31	-				
	32	Add lines 27a and 28 throug					lits 🕨	32		1,400).
	33	Add lines 25d, 26, and 32. T						33		1,287	
Defined	34	If line 33 is more than line 24						34		3,444	
Refund	35a	Amount of line 34 you want				•		35a		3,444	
Direct deposit?	►b	Routing number 0 4 4					Savings				
See instructions.	►d	Account number 9 2 2 3 8 2 6 6 3									
	36	Amount of line 34 you want a			ed tax 🕨	36					
Amount	37	Amount you owe. Subtract				see instructions	. 🕨	37			
You Owe	38	Estimated tax penalty (see in				38					
Third Party	Do	you want to allow another				? See					_
Designee		tructions	•				omplete b	elow.	X No		
		signee's		Phone			onal identif				
		ne 🕨		no. 🕨			ber (PIN) 🕨				
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com									
Here		ur signature	piete. Deciaration	Date	Your occupation				it you an le		<i>j</i> c.
	. 10	ur signature		Dale	rour occupation				N, enter it		
Joint return?					SOFTWARE	ENGINEER	(see i	nst.) 🕨			\square
See instructions.	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occupa	tion			it your spo		
Keep a copy for your records.	,							ity Prote nst.) ► 🛛	ction PIN,	enter it h	1ere
,			•				,	nst.)			
		one no. (234)817-798 eparer's name		Email address	NERIGA.VINAY	KUMAR@GMAIL.CC	PTIN		Chaols if		
Paid			Preparer's signat			Date			Check if:	-employe	d
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAM	1 04/06/2022	P02082				
Use Only		m's name ► GLOBAL TAX			~ 07 20041				678)96		
		n's address ► 2530 Pebb		in Cummin	-		Firm'	s EIN 🕨		101719	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/26/22 PRO			Form	1040 (2	:021)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Internal Revenue Service

Additional Income and Adjustments to Income

OMB No. 1545-0074 201**1**

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

Your soc	ial security number
	Attachment Sequence No. 01

743-49-1668

Par	Additi	onal Income
VINA	Y KUMAR NE	IRIGA
Name(s) shown on Fo	orm 1040, 1040-SR, or 1040-NR

_				
1	Taxable refunds, credits, or offsets of state and local income taxe	s	1	0.
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions)	•		
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, tr Schedule E		5	-12,148.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling income	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Taxable Health Savings Account distribution	8e		
f	Alaska Permanent Fund dividends	8f		
g	Jury duty pay	8g		
h	Prizes and awards	8h		
i	Activity not engaged in for profit income	8i		
j	Stock options	8j		
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8k		
I	Olympic and Paralympic medals and USOC prize money (see instructions)	81		
m	Section 951(a) inclusion (see instructions)	8m		
n	Section 951A(a) inclusion (see instructions)	8n		
ο	Section 461(I) excess business loss adjustment	80		
р	Taxable distributions from an ABLE account (see instructions) .	8p		
z	Other income. List type and amount ►	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1 1040-NR, line 8		10	-12,148.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedu	ıle 1 (Form 1040) 2021

Par	t II Adjustments to Income		
11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	
18	Penalty on early withdrawal of savings	18	
19a	Alimony paid	19a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions)		
20	IRA deduction	20	
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
а	Jury duty pay (see instructions) . . . 24a		
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit 24b		
С	Nontaxable amount of the value of Olympic and Paralympicmedals and USOC prize money reported on line 81 24c		
d	Reforestation amortization and expenses		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974		
f	Contributions to section 501(c)(18)(D) pension plans 24f		
g	Contributions by certain chaplains to section 403(b) plans 24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations24i		
j	Housing deduction from Form 2555 . . . 24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)		
z	Other adjustments. List type and amount ► 24z		
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26	

REV 03/26/22 PRO

SCHEDULE	Ε
(Form 1040)	

Department of the Treasury

Supplemental Income and Loss

OMB No. 1545-0074

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041. www.irs.gov/ScheduleE for instructions and the latest information.

20 21 Attachment Sequence No. 13

Your social security number

	enue Service		►G	o to v	
Name(s) sh	own on retu	rn	-		
VINAY	KUMAR	NE	RIGA		
Part I	Incon	ne	or Loss	From	Ren

VINA	Y KUMAR NERIGA							49-16		
Part		-		-			• •			y, use
	Schedule C. See instructions. If you are an individual, repo	ort farı	m rental i	income	or loss f	rom Form 48	335 on pag	ge 2, line	40.	
A Dic	I you make any payments in 2021 that would require you to	file F	orm(s) 1	099? 5	See inst	ructions .		. 🗆	Yes	X 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, ZIF	, code	e)							
Α	H.NO:16-74, ADARSH HILLS COLONY, MEERE	PET 1	HYDERA	ABAD	TELAN	IGANA IN	50009	7		
В										
С										
1b	Type of Property 2 For each rental real estate prop	pertv I	isted		Fair	Rental	Person	al Use		0.11/
	(from list below) above, report the number of fa	ir rent	al and		(I	Days	Da	ys	'	QJV
Α	3 personal use days. Check the of if you meet the requirements to	o file a	ox only	Α		365		0		
В	qualified joint venture. See inst	ructio	ns.	В						$\overline{\square}$
С	+			С						$\overline{\square}$
Tvpe o	of Property:			_						
	gle Family Residence 3 Vacation/Short-Term Rental	5 La	nd		7 Self-	Rental				
-	-		yalties		8 Othe	er (describe))			
Incom				Α	0 0 0 0 0 0	E			С	
3	Rents received	3			480.					
4	Royalties received	4								
Expen	ses:									
5	Advertising	5								
6	Auto and travel (see instructions)	6								
7	Cleaning and maintenance	7		2.	275.					
8	Commissions	8								
9		9								
10	Legal and other professional fees	10								
11	Management fees	11		2	340.					
12	Mortgage interest paid to banks, etc. (see instructions)	12		<u> </u>	510.					
13	Other interest.	13								
14	Repairs	14		2	650.					
15	Supplies	15			570.					
16	Taxes	16		_ /						
17	Utilities	17		2	793.					
18	Depreciation expense or depletion	18		- ,	123.					
19	Other (list)	19								
20	Total expenses. Add lines 5 through 19	20		12.	628.					
	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If			/						
21	result is a (loss), see instructions to find out if you must									
	file Form 6198	21		-12,	148.					
22	Deductible rental real estate loss after limitation, if any,			,						
~~	on Form 8582 (see instructions)	22	(12.	L48.)	()		
23a	Total of all amounts reported on line 3 for all rental prope		N		23a	\	480.			,
b	Total of all amounts reported on line 4 for all royalty properties				23b		1001			
c	Total of all amounts reported on line 12 for all properties				23c					
d	Total of all amounts reported on line 18 for all properties				23d					
e	Total of all amounts reported on line 20 for all properties				23e	1	2,628.			
24	Income. Add positive amounts shown on line 21. Do no					<u>_</u>	. 24			
25	Losses. Add royalty losses from line 21 and rental real estate		-		nter tot	al losses her			12	148.)
	Total rental real estate and royalty income or (loss).								,	_ 10.)
26	TOTAL TERRAL LEAL ESTATE AND TOYALLY INCOME OF (IOSS).	JUIID		o ∠4 dí	iu ∠0. E		อนแ			

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

For Paperwork Reduction Act Notice, see the separate instructions.

-12,148.

26

-12,148.

K-40 (Rev. 7-21		2021 [,]	ANSAS IND	IVIDUAL	. INCOME	E TAX	305	1228	21
VINAY KUMA	R	NERIGA			234817	7982	NERI	743491	668
2031 LONGS RURAL HALL		OW ST	NC 27045		JF	339			
Name or address h	has char	nged?	Taxpayer or (spouse if	f filing joint) died d	uring this tax year		Taxpayer was eng	aged in commercial	I farming/fishing in 2021
Amended Return:		Amended affects k	Kansas only	Amended Fe	deral tax return		Adjustment by the	IRS	
Filing Status:	Х	Single	Married Filing Jo	int (Even if only or	ne had income)		Married Filing Sep	arate	Head of Household (Do not check if filing joint return)
Residency Status:	Х	Resident	NonResident (Co	omplete Sch S, Pa	rt B)		State of Legal Res	idence	
		Part-Year Residen	t (Complete Sch S, Part E	3) From		То			
Exemptions:	1		mptions for you, your spo ou claim as a dependent.				tatus above is Head o old, add one exemptio		Total Kansas exemptions
	In th	ne following spaces, p	rovide the requested infor	mation for all pers	ons you claimed a	s dependents.	DO NOT include you	u or your spouse.	

In the following spaces, provide the requested information for all persons you claimed as dependents. **DO NOT include you or your spouse** If additional space is needed, enclose a separate sheet, only after completing all nine lines below.

Dependent Name - First, Middle and Last	Date of Birth - MMDDYYYY	Relationship	SSN

Food Sales Tax Credit: You must have been a Kansas resident for ALL of 2021. Complete this section to determine your qualifications and credit.

A. Had a dependent child who lived with you all year and was under the age of 18 all of 2021?	E. Number of exemptions claimed
B. Were you (or spouse) 55 years of age or older all of 2021 (born prior to January 1, 1966)?	F. Number of dependents that are 18 years of age or older (born on or before January 1, 2004)
C. Were you (or spouse) totally and permanently disabled or blind all of 2021, regardless of age? If you answered NO to A, B, and C, STOP HERE, you do	G. Total qualifying exemptions (subtract line F from line E)
not qualify for this credit. D. If you answered YES to A, B, or C, enter your FAGI from line 1 of this return.	0 H. Food Sales Tax Credit (multiply line G by \$125). Enter result here and on line 18 of this form.
If Line D is more than \$30,615 STOP HERE, you do not qualify for this credit.	

REV 03/22/22 PRO

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2021 KANSAS INDIVIDUAL INCOME TAX

305



VINAY KUMAR

R NERIGA

NERI 743491668

1. Federal adjusted gross income	67844	23. Estimated tax paid	0
2. Modifications	0	24. Amount paid with Kansas extension	0
3. Kansas adjusted gross income	67844	25. Refundable portion of earned income tax credit	0
4. Standard or itemized deductions. (If itemizing, complete KS Sch A)	3500	26. Refundable portion of tax credits	0
5. Exemption allowance	2250	27. Payments remitted with original return	0
6. Total deductions	5750	28. Overpayment from original return. This figure is a subtraction.	0
7. Taxable income	62094	29. Total refundable credits	3939
8. Tax	3081	30. Underpayment	0
9. Nonresident percentage	0.0000	31. Interest	0
10. Nonresident tax	0	32. Penalty	0
11. KS tax on lump sum distributions	0	33. Estimated tax penalty	0
12. TOTAL INCOME TAX	3081	34. AMOUNT YOU OWE	0
13. Credit for taxes paid to other states	0	35. Overpayment	858
14. Credit for child and dependent care expenses	0	36. CREDIT FORWARD	0
15. Other credits	0	37. Chickadee Checkoff	0
16. Subtotal	3081	 Senior Citizens Meals On Wheels Contribution Program 	0
17. Earned Income Credit	0	39. Breast Cancer Research Fund	0
18. Food Sales Tax Credit	0	40. Military Emergency Relief Fund	0
19. Tax balance after credits	3081	41. Kansas Hometown Heroes Fund	0
20. Use Tax Due (out of state and internet purchases)	0	42. Kansas Creative Arts Industry Fund	0
21. Total Tax Balance	3081	43. Local School District Contribution Fund. School District Number	0
22. KS income tax withheld from W-2, 1099 or K-19	3939	44. REFUND	858

I authorize the Director of Taxation or the Director's designee to discuss my K-40 and any enclosures with my preparer. I declare under the penalties of perjury that to the best of my knowledge and belief this is a true, correct, and complete return.

Taxpayer Signature (Required)						Date	Spouse Signature (Required)		Date
Preparer Signature (Required)	SYAM	PRIYA	RAM	SAGAR	GUPT	Preparer Phone Number _6	5789659522	Preparer PTIN, EIN, or SSN (Required)	P02082703

KANSAS SUPPLEMENTAL SCHEDULE

VINAY KUMAR

S

NERIGA

2021

NERI 743491668

PART A - MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME ADDITIONS TO FEDERAL ADJUSTED GROSS INCOME: A1. State and municipal bond interest not A5. Business interest expense carryforward deduction (I.R.C. § 163(J)) specifically exempt from KS income tax (reduced by related expenses) A2. Contributions to all KPERS (Kansas A6. Other additions to FAGI (enclose list) Public Employee's Retirement Systems) A3. Kansas Expensing Recapture (enclose A7. Total additions to FAGI (add lines A1 - A6) applicable schedules) A4. Low income student scholarship contribution (enclose Schedule K-70) SUBTRACTIONS FROM FEDERAL ADJUSTED GROSS INCOME: A16. Global Intangible Low-Taxed Income (GILTI) (I.R.C. § 951A) A8. Social Security benefits A9. KPERS lump sum distributions exempt from income tax A17. Disallowed business interest deduction (I.R.C. § 163(J)) A10. Interest on U.S. Government obligations A18. Disallowed business meal expenses (reduced by related expenses) (I.R.C. § 274) A11. State or local income tax refund (if included in line 1 of Form K-40) 0 A19. Contributions to an ABLE savings account A12. Retirement benefits specifically exempt A20. Kansas Expensing Deduction (Enclose from Kansas Income Tax K-120EX) A13. Military compensation of a nonresident A21. Other subtractions from FAGI (enclose servicemember (Non-Residents only) list) A14. Contributions to Learning Quest or other states' qualified tuition program A22. Total subtractions from FAGI (add lines A8 through A21) A15. Armed forces recruitment, sign-up, or

NET MODIFICATIONS:

retention bonus

A23. Net modifications to FAGI (subtract line A22 from line A7). Enter total here and on line 2, Form K-40.

0

0