Department of the Treasury Internal Revenue Service

Calendar Year — Due **04/18/2022**

2022 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury**. Write your social security number and '2022' Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

&Ll-OL-L840&44-79-7818VENU GOPAL REDDY SOMAMOUNIKA REDDY YEDLA4850 VERACITY POINT APT 24LSANFORD FL 32771

Amount of estimated ta you are paying by chec or money order	k j	577.
REV 02/16/22 PRO 1	555	

INTERNAL REVENUE SERVICE PO BOX 1300 CHARLOTTE NC 28201-1300

Department of the Treasury Internal Revenue Service

Calendar Year -Due 06/15/2022

2022 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury**. Write your social security number and '2022' Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order..... REV 02/16/22 PRO 1555

577.

861-06-6840 844-79-7818 VENU GOPAL REDDY SOMA MOUNIKA REDDY YEDLA 4850 VERACITY POINT APT 246 SANFORD FL 32771

INTERNAL REVENUE SERVICE PO BOX 1300 CHARLOTTE NC 28201-1300

Department of the Treasury Internal Revenue Service

Calendar Year -Due 09/15/2022

2022 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury**. Write your social security number and '2022' Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order..... REV 02/16/22 PRO 1555

577.

INTERNAL REVENUE SERVICE PO BOX 1300 CHARLOTTE NC 28201-1300

861-06-6840 844-79-7818 VENU GOPAL REDDY SOMA MOUNIKA REDDY YEDLA 4850 VERACITY POINT APT 246 SANFORD FL 32771

Department of the Treasury Internal Revenue Service

Calendar Year -Due 01/17/2023

2022 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury**. Write your social security number and '2022' Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order..... REV 02/16/22 PRO 1555

577.

861-06-6840 844-79-7818 VENU GOPAL REDDY SOMA MOUNIKA REDDY YEDLA 4850 VERACITY POINT APT 246 SANFORD FL 32771

INTERNAL REVENUE SERVICE PO BOX 1300 CHARLOTTE NC 28201-1300

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

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

Submission Identification Number (SID)

Taxpayer's name Social security number VENU GOPAL REDDY SOMA 861-06-6840 Spouse's name Spouse's social security number 844-79-7818 MOUNIKA REDDY YEDLA Tax Return Information – Tax Year Ending December 31, 2021 (Enter year you are authorizing.) Part I 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. Adjusted gross income 156,664. 1 1 20,309. 2 2 3 3 20,032. 4 4 5 5 277. Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

X	I authorize	GLOBAL	TAXES	ERO firm name	to enter or generate my PIN	E
$\mathbf{\nabla}$	l authorize	CTORAT	TAVEC	TTC	to optor or goporato my DIN	Ľ

Ent	as my				
6	6	8	4	0	

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

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

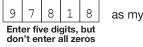
Your signature 🕨

Spouse's PIN: check one box only

X lauthorize GLOBAL TAXES LLC ERO firm name

to enter or generate my PIN

Date



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

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

Spouse's signature ►	Date 🕨										
Practitioner PIN Method Returns Only—continu	e bel	low	,								
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				all zer				

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 🕨	
	tain This Form — See Instructions rm to the IRS Unless Requested To Do So	
Experies and Deductor Astronomics and a state of		

Form 1040-V 2021

IF you live in	THEN use this address to send in your payment
Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214
Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Oklahoma, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, South Dakota, Utah, Washington, Wyoming	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

Form 1040-V 2021

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury Internal Revenue Service 2021

Form 1040-V Payment Voucher

Use this voucher when making a payment with Form 1040.
 Do not stable this voucher or your payment to Form 1040.

Do not staple this voucher or your payment to Form 1040.

Make your check or money order payable to the 'United States Treasury.'

(99)

Write your social security number (SSN) on your check or money order.

VENU GOPAL REDDY SOMA MOUNIKA REDDY YEDLA 4850 VERACITY POINT 246 SANFORD FL 32771 INTERNAL REVENUE SERVICE P.O. BOX 1214 CHARLOTTE, NC 28201-1214

1040		urtment of the Treasury—Internal Revenue Serv S. Individual Income Tax		(99) JITN	20	21	OMB No. 154	5-0074	IRS Use	e Only	—Do not v	vrite or staple	in this space.
Filing Status Check only one box.	lf yo	Single X Married filing jointly [u checked the MFS box, enter the r on is a child but not your dependen	name of y	-			Head of Ked the HOH						
Your first name	and mi	ddle initial	Last na	me							Your so	cial securi	ty number
VENU GOI	PAL I	REDDY	SOMA	L							861-	06-684	0
If joint return, s	pouse's	first name and middle initial	Last na	me							Spouse	's social se	curity number
MOUNIKA	REDI	YC	YEDL	A							844-	79-781	8
Home address	(numbe	r and street). If you have a P.O. box, see	instructio	ons.				A	pt. no.		Preside	ntial Electi	on Campaign
4850 VEI	RACI	TY POINT						2	246		Check	here if you,	or your
City, town, or p	ost offic	ce. If you have a foreign address, also co	omplete s	paces belo	ow.	Sta	te	ZIP co	de		•		ntly, want \$3
SANFORD						FI	L	327	71		•	low will not	Checking a change
Foreign country	/ name		F	oreign pro	ovince/sta	te/count	ty	Foreig	n postal o	code		x or refund	•
												You	Spouse
At any time du	ring 20	21, did you receive, sell, exchange	, or othe	rwise dis	pose of a	any fina	ancial interest	in any	virtual c	urrer	ncy?	Ves	X No
Standard Deduction Age/Blindness		eone can claim: You as a de Spouse itemizes on a separate retur Were born before January 2, 1	n or you		dual-stati			rn befo	ore Janu	iarv 2	. 1957	☐ Is bl	lind
Dependent				(2) 9		•						or (see instru	
•	S (see instructions): (2) Social security (3) Relationship (4) ✓ if que number (1) First name Last name number to you Child tax creations												
lf more than four													
dependents,	-									$\overline{\square}$			
see instruction and check	s ——									$\overline{\square}$			
here													
	1	Wages, salaries, tips, etc. Attach I	Form(s) \	N-2 .						<u> </u>	. 1	2	07,844.
Attach	2a		2a			bТ	axable interes	st.			21		/
Sch. B if	3a	Qualified dividends	3a				Ordinary divide				3b)	
required.	4a	IRA distributions	4a				axable amou				4t)	
	5a	Pensions and annuities	5a			bТ	axable amou	nt			. 5t)	
Standard	6a	Social security benefits	6a			bТ	axable amou	nt			6k)	
Deduction for-	7	Capital gain or (loss). Attach Sche	dule D if	required	l. If not re	equired	, check here			►□	7		
 Single or Married filing 	8	Other income from Schedule 1, lin	ne 10 .								. 8		51,180.
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is you	ur total ir	ncome				. 1	▶ 9	1	56,664.
 Married filing 	10	Adjustments to income from Sche	dule 1, l	ine 26							. 10)	
jointly or Qualifying	11	Subtract line 10 from line 9. This is	s your ac	djusted g	gross inc	ome				. 1	▶ 11	1 1.	56,664.
widow(er), \$25,100	12a	Standard deduction or itemized	deducti	ons (fror	n Schedu	ule A)	12	a	25,	100).		
Head of	b	Charitable contributions if you take	the stan	dard dec	duction (s	ee instr	ructions) 12	b!		600).		
household, \$18,800	с	Add lines 12a and 12b									. 12	c	25,700.
 If you checked 	13	Qualified business income deduct	ion from	Form 89	95 or Fo	rm 899	5-A				13	3	
any box under Standard	14	Add lines 12c and 13									. 14		25 , 700.
Deduction, see instructions.	15	Taxable income. Subtract line 14	from lin	e 11. lf z	ero or les	s, ente	er-0				15	5 1	30,964.

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

Form **1040** (2021)

Form 1040 (202	1)								Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3		16	20,309.
	17	Amount from Schedule 2, line	e3					17	
	18	Add lines 16 and 17						18	20,309.
	19	Nonrefundable child tax crec	lit or credit for c	ther depender	nts from Schedul	e 8812		19	
	20	Amount from Schedule 3, line	e8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18.	If zero or less,	enter -0				22	20,309.
	23	Other taxes, including self-er	mployment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is y	our total tax				. 🕨	24	20,309.
	25	Federal income tax withheld	from:						
	а	Form(s) W-2				25a 20	,032.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	,			25c			
	d	Add lines 25a through 25c						25d	20,032.
If you have a	26	2021 estimated tax payment			3.7			26	
qualifying child,	27a	Earned income credit (EIC)			No	27a			
attach Sch. EIC.		Check here if you were b							
		January 2, 2004, and you taxpayers who are at least ag	,						
	b	Nontaxable combat pay elec	tion	. 27b					
	с	Prior year (2019) earned inco	me	. 27c					
	28	Refundable child tax credit or	additional child	tax credit from	Schedule 8812	28			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Recovery rebate credit. See	instructions .			30			
	31	Amount from Schedule 3, line	e15			31			
	32	Add lines 27a and 28 throug	n 31. These are	your total oth	er payments and	d refundable crec	lits 🕨	32	
	33	Add lines 25d, 26, and 32. The	nese are your to	tal payments			. 🕨	33	20,032.
Refund	34	If line 33 is more than line 24	, subtract line 2	4 from line 33.	This is the amou	int you overpaid		34	
lioidiid	35a	Amount of line 34 you want r			3 is attached, che	eck here		35a	
Direct deposit?	►b	Routing number X X X			► c Type:		Savings		
See instructions.	►d	Account number X X X	X X X X	XXXX	X X X X X	XX			
	36	Amount of line 34 you want a	pplied to your	2022 estimate	ed tax 🕨	36			
Amount	37	Amount you owe. Subtract	line 33 from line	24. For detail	s on how to pay,	see instructions	. 🕨	37	277.
You Owe	38	Estimated tax penalty (see in	structions) .		🕨	38			
Third Party		you want to allow another	•				malata	alaw	X No
Designee							•		
		signee's me ►		Phone no.			onal identi ber (PIN)		
Sign		der penalties of perjury, I declare the ief, they are true, correct, and comp		ed this return and					
Here									, ,
	YO	ur signature		Date	Your occupation				it you an Identity N, enter it here
Joint return?					SOFTWARE	ENGINEER		inst.) 🕨	
See instructions.	Sp	ouse's signature. If a joint return, b	oth must sign.	Date	Spouse's occupa	tion			t your spouse an
Keep a copy for your records.								ection PIN, enter it here	
your rooordo.					SOFTWARE			inst.) 🕨	
		one no. (281)216-8486		Email address	SOMAGOPALRI	EDDY@GMAIL.CC			Oh a alu ife
Paid		eparer's name	Preparer's signat			Date	PTIN		Check if:
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAM	1 02/23/2022	P0208		Self-employed
Use Only		m's name ► GLOBAL TAX							678)965-9522
		m's address ► 2530 Pebbl		n Cummin	g GA 30041		Firm	's EIN ►	
Go to www.irs.ge	ov/Forn	n1040 for instructions and the lates	st information.		BAA	REV 02/16/22 PRO			Form 1040 (2021)

	► Attach to Form 1040, 1040-SR, or 1040-NR. Revenue Service Go to www.irs.gov/Form1040 for instructions and the latest	 Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information. 						
	(s) shown on Form 1040, 1040-SR, or 1040-NR				curity number			
	GOPAL REDDY SOMA & MOUNIKA REDDY YEDLA		861-0	6-68	40			
Par								
1	Taxable refunds, credits, or offsets of state and local income taxes .		F	1				
2a	Alimony received			2a				
b	Date of original divorce or separation agreement (see instructions) \blacktriangleright							
3	Business income or (loss). Attach Schedule C		t t	3	-28,030.			
4	Other gains or (losses). Attach Form 4797		T T	4				
5	Rental real estate, royalties, partnerships, S corporations, trust			_	00 150			
c	Schedule E		F	5	-23,150.			
6	Farm income or (loss). Attach Schedule F		F	6				
7				7				
8	Other income:	(
a		a ()					
b	Gambling income							
С	Cancellation of debt							
d	Foreign earned income exclusion from Form 2555 8)					
е	Taxable Health Savings Account distribution 8							
f	Alaska Permanent Fund dividends	f						
g	Jury duty pay	g						
h	Prizes and awards	h						
i	Activity not engaged in for profit income	și 👘						
j	Stock options	j						
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	k						
Т	Olympic and Paralympic medals and USOC prize money (see							
	instructions)	31						
m	Section 951(a) inclusion (see instructions)	n						
n	Section 951A(a) inclusion (see instructions)	n						
ο	Section 461(I) excess business loss adjustment	0						
р	Taxable distributions from an ABLE account (see instructions) .	р						
z	Other income. List type and amount ►							
	8							
9	Total other income. Add lines 8a through 8z		F	9				
10	Combine lines 1 through 7 and 9. Enter here and on Form 104 1040-NR, line 8			10	F1 100			
	1040-NR, line 8		•••	10	-51,180.			

Additional Income and Adjustments to Income

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

SCHEDULE 1

(Form 1040)

OMB No. 1545-0074

2021

Par	Adjustments to Income	
11	Educator expenses	11
12	Certain business expenses of reservists, performing artists, and fee-basis government	
	officials. Attach Form 2106	12
13	Health savings account deduction. Attach Form 8889	13
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14
15	Deductible part of self-employment tax. Attach Schedule SE	15
16	Self-employed SEP, SIMPLE, and qualified plans	16
17	Self-employed health insurance deduction	17
18	Penalty on early withdrawal of savings	18
19a	Alimony paid	19a
b	Recipient's SSN	
С	Date of original divorce or separation agreement (see instructions)	
20	IRA deduction	20
21	Student loan interest deduction	21
22	Reserved for future use	22
23	Archer MSA deduction	23
24	Other adjustments:	
а	Jury duty pay (see instructions)	_
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	
С	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 81	
d	Reforestation amortization and expenses	
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	
f	Contributions to section 501(c)(18)(D) pension plans 24f	
g	Contributions by certain chaplains to section 403(b) plans 24g	_
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	
j	Housing deduction from Form 2555	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) 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

REV 02/16/22 PRO

SCHEDULE	С
(Form 1040)	

Department of the Treasury

Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074 2

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

	ient of the Treasury		0		; partnerships must generally file		rm 1065		chment Jence No	. 09			
Name	of proprietor						Social se	ecurity nu	mber (SSN)	_		
VENU	J GOPAL REDDY SOMA						861-06-6840						
A	Principal business or profession	on, inclu	uding product or service (se	e instr	uctions)	Г	B Enter	code from instructions					
	SOFTWARE ENGINEER					L		▶ 5 1	9 1	0 0			
С	Business name. If no separate	e busine	ess name, leave blank.			1	D Employ	yer ID num	ber (EIN)		_		
E	Business address (including s	uite or	room no.) ► 4850 VEF	ACI	IY POINT, Apt. 246		:						
	City, town or post office, state		IP code SANFORD,										
F	• • • •	x Cash			Other (specify) ►								
G	Did you "materially participate	e" in the	e operation of this business	during	2021? If "No," see instructions for	lim	it on los	ses .	X Yes		C		
н													
I					n(s) 1099? See instructions				_ Yes	X No	C		
J		e requir	ed Form(s) 1099?					[Yes	No.	2		
Part	Income												
1	-				this income was reported to you o		1						
2	Returns and allowances						2				_		
3	Subtract line 2 from line 1 .						3				_		
4							4				_		
5							5				_		
6					refund (see instructions)		6				_		
7	Gross income. Add lines 5 ar	nd 6 .			<u> </u>	•	7				-		
Part	II Expenses. Enter expe	enses	for business use of you	r hon	ne only on line 30.						-		
8	Advertising	8	•	18	Office expense (see instructions)		18				_		
9	Car and truck expenses (see			19	Pension and profit-sharing plans		19				_		
	instructions)	9	5,830.	20	Rent or lease (see instructions):						_		
10	Commissions and fees .	10		а	Vehicles, machinery, and equipmer	nt	20a						
11	Contract labor (see instructions)	11		b	Other business property		20b		18	,000.			
12	Depletion	12		21	Repairs and maintenance		21				_		
13	Depreciation and section 179			22	Supplies (not included in Part III)		22				_		
	expense deduction (not			23	Taxes and licenses		23				_		
	included in Part III) (see instructions)	13		24	Travel and meals:						_		
14	Employee benefit programs			а	Travel		24a						
••	(other than on line 19)	14		b	Deductible meals (see						_		
15	Insurance (other than health)	15		-	instructions)		24b		2	,400.			
16	Interest (see instructions):			25	Utilities		25			,800.			
а	Mortgage (paid to banks, etc.)	16a		26	Wages (less employment credits)		26				_		
b	Other	16b		27a			27a				_		
17	Legal and professional services	17		b	Reserved for future use		27b						
28	Total expenses before expen		business use of home. Add	lines		•	28		28	,030.	_		
29	Tentative profit or (loss). Subt				-		29			,030.			
30					enses elsewhere. Attach Form 882	9					_		
	unless using the simplified me	•	•										
	Simplified method filers only	y: Enter	the total square footage of	(a) you	ır home:								
	and (b) the part of your home	used fo	or business:		. Use the Simplified								
	Method Worksheet in the instr			er on			30						
31	Net profit or (loss). Subtract										-		
	• If a profit, enter on both Sch	nedule [•]	1 (Form 1040), line 3, and c	n Sch	edule SE, line 2. (If you								
	checked the box on line 1, see						31		-28	,030.			
	• If a loss, you must go to line										_		
32	If you have a loss, check the b		t describes your investment	in this	activity. See instructions.								
	 If you checked 32a, enter th 		-										
	SE, line 2. (If you checked the				I		32a 🗙	All inves	tment is	s at risk			
	Form 1041, line 3.		,	- /	-,] Some in					
	• If you checked 32b, you mu	st attac	ch Form 6198. Your loss ma	ıy be li	mited.			at risk.					

REV 02/16/22 PRO

45 Was your vehicle available for personal use during off-duty hours?	Schedu	le C (Form 1040) 2021			Page 2
value closing inventory: a ○ Cost b Lower of cost or market c inventory Yes No 34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? Yes No 35 Inventory at beginning of year. If different from list year's closing inventory, attach explanation 35 36 36 37 38 36 37 37 38 39 Other costs. 39 39 Other costs. 39 40 41 41 41 41 42 44 42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4. 42 42 43 Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 an arr on troquired to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562. 43 When dd you place your vehicle available for personal use during 2021, enter the number of miles you aveicle for: a b. 03/27/2016 44 Of the total number of miles you drove your vehicle during 2021, enter the number of miles you avoicle for: a No 45 Was your vehicle available for personal use during d	Part	III Cost of Goods Sold (see instructions)			
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36 Purchases less cost of items withdrawn for personal use 36 37 Cost of labor. Do not include any amounts paid to yourself. 37 38 Materials and supplies 38 39 Other costs. 39 40 Add lines 35 through 39 40 41 41 42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4 42 41 Inventory at end of year 41 42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4 42 Part W Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 an are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562. 43 When did you place your vehicle in service for business purposes? (month/day/year) ▶ 09/27/2016 44 Of the total number of miles you drove your vehicle during 2021, enter the number of miles you used your vehicle for: a Business 10, 410 Commuting (see instructions) o Other 4,591 45 Was your vehicle available for personal use during off-duty hours? If Yes No 46 Do you lave evidence written? If Yes<	34	Was there any change in determining quantities, costs, or valuations between opening and closing inventor		_	🗌 No
37 Cost of labor. Do not include any amounts paid to yourself 37 38 39 Other costs. 38 39 Other costs. 39 40 Add lines 35 through 39 40 41 Inventory at end of year 41 42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4 42 20 Part IV Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 an are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562. 43 When did you place your vehicle in service for business purposes? (month/dav/year) ▶09/27/2016 44 Of the total number of miles you drove your vehicle during 2021, enter the number of miles you used your vehicle for: a Business 10,410 b Commuting (see instructions) c Other 4,591 45 Was your vehicle available for personal use? If Yes No 46 Do you (or your spouse) have another vehicle available for personal use? If Yes No 46 Do you (or your spouse) have another vehicle available for personal use? If Yes No Part V Other Expenses. List below business expenses not inc	35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
38 Materials and supplies 39 39 Other costs. 39 40 Add lines 35 through 39 40 41 Inventory at end of year 41 42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4 42 43 Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 an are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562. 43 When did you place your vehicle in service for business purposes? (month/day/year) > 0.9/27/2016 44 Of the total number of miles you drove your vehicle during 2021, enter the number of miles you used your vehicle for: a Business 10,410 b Commuting (see instructions) c Other 4,591 45 Was your vehicle available for personal use during off-duty hours? No No No 46 Do you (or your spouse) have another vehicle available for personal use? No Yes No 47a Do you have evidence to support your deduction? Yes No No No 58 If "Yes," is the evidence written? Image: State St	36	Purchases less cost of items withdrawn for personal use	36		
39 Other costs. 39 40 Add lines 35 through 39 40 41 Inventory at end of year 41 42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4 42 43 Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562. 43 When did you place your vehicle in service for business purposes? (month/day/year) ▶ 09/27/2016 44 Of the total number of miles you drave your vehicle during 2021, enter the number of miles you used your vehicle for: a 45 Was your vehicle available for personal use during off-duty hours? C Other 47.59/ 46 Do you (or your spouse) have another vehicle available for personal use? C Yes No 47 Do you have evidence to support your deduction? C Yes No 47 Other Expenses. List below business expenses not included on lines 8–26 or line 30. C 48 Where Expenses. List below business expenses not included on lines 8–26 or line 30. C 47 Other Expenses. List below business expenses not included on lines 8–26 or line 30. C 49 Dot	37	Cost of labor. Do not include any amounts paid to yourself	37		
40 Add lines 35 through 39 40 41 Inventory at end of year 41 42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4 42 43 Unformation on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 an are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562. 44 When did you place your vehicle in service for business purposes? (month/day/year) ▶ 09/27/2016 45 When did you place your vehicle during 2021, enter the number of miles you used your vehicle for: a Business 10, 410 b Commuting (see instructions) c Other 4, 59! 45 Was your vehicle available for personal use during off-duty hours? No Yes No 46 Do you (or your spouse) have another vehicle available for personal use? Yes No 47 Do you (or your spouse) have another vehicle available for personal use? Yes No 47a Do you have evidence to support your deduction? Yes No 47a Do you have evidence written? Yes No 47a Do you have evidence written? Yes No 9 Other Expenses.	38	Materials and supplies	38		
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46 Do you (or your spouse) have another vehicle available for personal use?. . . Yes X 47a Do you have evidence to support your deduction? . . Yes Xoo b If "Yes," is the evidence written? . . Yes No Part V Other Expenses. List below business expenses not included on lines 8–26 or line 30. <	а	Business 10,410 b Commuting (see instructions) c	Other		4,590
47a Do you have evidence to support your deduction?	45	Was your vehicle available for personal use during off-duty hours?		🗙 Yes	🗌 No
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	47a	Do you have evidence to support your deduction?		🗌 Yes	🗙 No
	b	If "Yes," is the evidence written?		· · 🗌 Yes	No
	Part	V Other Expenses. List below business expenses not included on lines 8–26 or lin	ne 30).	
48 Total other expenses. Enter here and on line 272					
48 Total other expenses Enter here and on line 27a					
48 Total other expenses Enter here and on line 272					
48 Total other expenses. Enter here and on line 27a					
48 Total other expenses. Enter here and on line 27a					
	48	Total other expenses. Enter here and on line 27a	48		

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	Form 1040) (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs,				etc.)	^{tc.)} 20 21										
	epartment of the Treasury Attach to Form 1040, 1040-SR, 1040-NR, or 1041. termal Revenue Service (99) Go to www.irs.gov/ScheduleE for instructions and the latest information.					Attack	hment	12								
	shown on return				s.yov/5		51 11151	luctions		e latest	intornation.	_		al securit	ence No.	
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Part								s Not	e: If you	are in th	ne business o	-			-	use
T CITC							-		•		rom Form 48		• •			400
A Dic	d you make any															No
	Yes," did you o														Yes [No
 1a	Physical addr											·		•		
A	H.NO:1-5-							-	DERAB	AD, TE	LANGANA	IN	5000	010		
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Туре	of Property:															
1 Sing	gle Family Resid	dence	3	Vacation/	Short-Ter	m Rental	5 La	nd		7 Self-	Rental					
	ti-Family Reside	ence	4	Commerc			6 Rc	yalties		8 Othe	er (describe)					
Incom						operties:			Α		В	1			С	
3	Rents received						3			690.						
4	Royalties recei	ived .					4									
Expen																
5	Advertising .						5			200.						
6	Auto and trave	•		,			6			250.						
7	Cleaning and r						7		2,	840.						
8	Commissions.						8									
9	Insurance						9									
10	Legal and othe						10									
11	Management f						11		2,	755.						
12	Mortgage inter					,	12									
13	Other interest.						13			600.						
14	Repairs						14			370.						
15	Supplies	• •					15		2,	450.						
16	Taxes						16									
17	Utilities						17			180.						
18	Depreciation e	expense	e or de	epletion			18		5,	195.						
19	Other (list) 🕨						19									
20	Total expenses			0			20		23,	840.						
21	Subtract line 2			. ,												
	result is a (loss								~ ~	1 - 0						
	file Form 6198						21		-23,	150.						
22	Deductible ren							,	00.1	F 0)	(、	/		`
	on Form 8582						22	(23,1	.50.)	()	()
23a	Total of all am							• •	• •	23a		6	90.			
b	Total of all amo		-				erties	• •	• •	23b						
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e 24	Total of all am					•		· ·	 Ioco	23e	2	3, 8	40.			
24 25	Income. Add	•								· ·		•	24	1)) 1	50
25	Losses. Add ro												25	(23,1	50.)
26	Total rental re															
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For Po	perwork Reduct								IPA	1110 41	-23,15	.0.		nedule E		
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Form **8889** Department of the Treasury

Internal Revenue Service

Health Savings Accounts (HSAs)

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

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

OMB No. 1545-0074
2021
Attachment Sequence No. 52

VENU GOPAL REDDY SOMA

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

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ► 861-06-6840

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

Part	HSA Contributions and Deduction. See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for			
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2021.		-1	
-		Sel	f-only	🗙 Family
2	HSA contributions you made for 2021 (or those made on your behalf), including those made from January 1, 2022, through April 15, 2022, that were for 2021. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	-	0.
3	If you were under age 55 at the end of 2021 and, on the first day of every month during 2021, you were, or were considered, an eligible individual with the same coverage, enter \$3,600 (\$7,200 for family coverage). All others, see the instructions for the amount to enter	3		7,200.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2021 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2021, also include any amount contributed to your spouse's Archer MSAs	4		0.
5	Subtract line 4 from line 3. If zero or less, enter -0	5		7,200.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2021, see the instructions for the amount to enter	6		7,200.
7	If you were age 55 or older at the end of 2021, married, and you or your spouse had family coverage under an HDHP at any time during 2021, enter your additional contribution amount. See instructions	7		
8	Add lines 6 and 7	8		7,200.
9	Employer contributions made to your HSAs for 2021			
10	Qualified HSA funding distributions			
11	Add lines 9 and 10	11		1,300.
12	Subtract line 11 from line 8. If zero or less, enter -0	12		5,900.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13	13		0.
Dout	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.		10.4 -	
Part	a separate Part II for each spouse.		ISAS,	complete
14a	Total distributions you received in 2021 from all HSAs (see instructions)	14a		
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess			
	contributions (and the earnings on those excess contributions) included on line 14a that were			
-	withdrawn by the due date of your return. See instructions	14b		
C	Subtract line 14b from line 14a	14c 15		
15	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this	15		
16	amount in the total on Schedule 1 (Form 1040), Part I, line 8e	16		
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional			
ma	20% Tax (see instructions), check here			
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that			
	are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b		
Part	III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructi	ons b	efore	
	completing this part. If you are filing jointly and both you and your spouse each have sep complete a separate Part III for each spouse.	arate	HSAs	,
18	Last-month rule	18		
19	Qualified HSA funding distribution	19		
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8z, and enter "HSA" and the amount on the dotted line	20	_	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form			
	1040), Part II, line 17d	21		

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

Additional information from your 2021 Federal Tax Return

Schedule C (SOFTWARE ENGINEER): Profit or Loss from Business

Ln 24b: 50% limit	Itemization Statement			
Description	Amount			
M&E (240D*\$20P.D) AS PER IRS PUB 1542	4,800.			
Total	4,800.			

Schedule C (SOFTWARE ENGINEER): Profit or Loss from Business Line 20b

Description	Amount
RENT PAID (12M*1500 P.M)	18,000.
Total	18,000.

Schedule C (SOFTWARE ENGINEER): Profit or Loss from Business

Line 25

Description	Amount
PHONE BILLS (12M*75 P.M)	900.
INTERNET BILLS (12M*75 P.M)	900.
Total	1,800.

Itemization Statement

Itemization Statement