Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

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

OMB No. 1545-0074

Submis	ssion Identification Number (SID)		-		
Taxpaye	r's name	Social securit	y numb	er	
SHIV	YA PRASAD MADIRAJU	222-67-	-2282	2	
Spouse's		Spouse's soc	ial secu	rity numbe	er
PRAT	'HYUSHA VELDANDA	974-92	-7708	3	
Part	Tax Return Information — Tax Year Ending December 31, 2021 (Ente	er year you a	re aut	horizing	.)
Enter v	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	100	0,044.
2	Total tax		2	8	3,503.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	10	307.
4	Amount you want refunded to you		4	3	3,204.
	Amount you owe		5		
Part	Taxpayer Declaration and Signature Authorization (Be sure you get and	keep a cop	y of y	our retu	ırn)
return (or to send for any Agent to payment authorize payment business taxes to personal	wledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I aboriginal or amended) I am now authorizing. I consent to allow my intermediate service provider, transing return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for redelay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the conitiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account in the form of the financial institution account in the financial in full force and effect until I notify the U.S. Treasury Financial Agent to terminate, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation responds a prior to the payment (settlement) date. I also authorize the financial institutions involved in the preceive confidential information necessary to answer inquiries and resolve issues related to the alignment (PIN) below is my signature for the income tax return (original or amended) I nic Funds Withdrawal Consent.	mitter, or electro- ejection of the tr U.S. Treasury and dicated in the tetion to debit the tion to debit the tte the authorizad quests must be e processing of payment. I furt	onic retonic retonic retonic retonic retonic retonic retonic receives the electric receiver receives receiver retorion retorio retorio retorion retorio retorio retorio retorio retorio retorio retorio r	urn origina sion, (b) ti lesignated aration so this accorevoke red no late throwledge	ator (ERO) he reason I Financial oftware for ount. This (cancel) a ter than 2 ayment of e that the
	yer's PIN: check one box only				
X	•	my PIN 7	2 2	8 2	as my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř Ent		digits, but r all zeros	asiny
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN met below.				
Your si	gnature ▶ Date ▶				
Spaus	o'a PiNu ahaak ana hay antu				
· —	e's PIN: check one box only I authorize GLOBAL TAXES LLC to enter or generate	e mv PIN 2	7 7	0 8	
X	I authorize GLOBAL TAXES LLC to enter or generate	,		_ ∪ ○ digits, but	as my
	signature on the income tax return (original or amended) I am now authorizing.			r all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN met below.				
Spouse	e's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below	N			
Part I	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	3 7 2 7 Don't ente	8 6 er all ze		3 9
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income red to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers of	mitting this retu	rn in a	ccordance	
FRO's	signature ▶ Date ▶				
	FRO Must Retain This Form — See Instructions				

Don't Submit This Form to the IRS Unless Requested To Do So

E1040 Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

202	1

Age/Blindness You:	Filing Status Check only one box.	If yo	Single X Married filing jointly unchecked the MFS box, enter the nation is a child but not your dependent	ame of	ied filing separately your spouse. If yo	, , ,			, ,	_	, ,	` , ` ,
If joint return, spouse's first name and middle initial Last name VELDANDA VELDANDA 774 - 92 - 7708	Your first name	and mi	ddle initial	Last na	ame					Your so	cial securi	ty number
PRATHYUSHA Wages, salaries, tips, etc. Attach Form(s) W-2 Mared filing plants and street). If you have a P.O. box, see instructions. Apt. no. Apt. no. Presidential Election Campaign of 1715 E UNION AVE 31.4 Check here if you, or your spouse if filing plants, want \$3 DENVER State ZIP code to go to this fund. Checking a box below will not change your tax or refund. You Spouse if filing plants, want \$3 box below will not change 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? Yes No. No	SHIVA PI	RASA	D	MADIRAJU 222-67-22					67-228	2		
Home address (number and street). If you have a P.O. box, see instructions. Apt. no. 314 Presidential Election Campaign 6715 E UNION AVE CO 270 Check have it you, or your spouse of files. If you have a foreign address, also complete spaces below. State 270 code R0237 December 1900 CO 270 CO 270 December 2000 CO 270 December 2000 CO 270 December 2000	If joint return, s	pouse's	first name and middle initial	Last na	ame					Spouse's social security number		
City, town, or post office. If you have a foreign address, also complete spaces below. City, town, or post office. If you have a foreign address, also complete spaces below. CO 80237 Foreign country name Foreign country name Foreign province/state/county Foreign province/s	PRATHYUS	SHA		VELI	DANDA					974-	92-770	8
City, town, or post office. If you have a foreign address, also complete spaces below. State ZiP code S0 2 37	Home address	(numbe	er and street). If you have a P.O. box, see	instruct	ions.				Apt. no.	Preside	ntial Electi	on Campaign
DENVER Standard Dependents Someone can claim: You as a dependent Your spouse as a dependent Your spouse as a dependent Spouse: Was born before January 2, 1957 Is blind Dependents See instructions): (2) Social security (3) Relationship (4) \(\nabla \) f qualifies for (see instructions): (2) Social security (3) Relationship (4) \(\nabla \) f qualifies for (see instructions): (3) Relationship (4) \(\nabla \) f qualifies for (see instructions): (4) \(\nabla \) f qualifies for (see instructions): (4) \(\nabla \) f qualifies for (see instructions): (2) Social security (3) Relationship (4) \(\nabla \) f qualifies for (see instructions): (4) \(\nabla \) f qualifies for (see instructions): (5) Relationship (6) Relationship (7) Relationship (8) \(\nabla \) f qualifies for (see instructions): (8) Relationship (8) \(\nabla \) f qualifies for (see instructions): (8) Relationship (8) \(\nabla \) f qualifies for (see instructions): (9) Relationship (9) \(\nabla \) f qualifies for (see instructions): (9) Relationship (9) \(\nabla \) f qualifies for (see instructions): (9) Relationship (9) \(\nabla \) f qualifies for (see instructions): (9) Relationship (9) \(\nabla \) f qualifies for (see instructions): (9) Relationship (9) \(\nabla \) f qualifies for (see instructions): (9) Relationship (9) \(\nabla \) f qualifies for (see instructions): (9) Relationship (9) \(\nabla \) f qualifies for (see instructions): (9) Relationship (9) \(\nabla \) f qualifies for (see instructions): (1) \(\nabla \) f qualifies for (see instructions): (1) \(\nabla \) f qualifies for (see instructions): (1) \(\nabla \) f qualifies for (see instructions): (1) \(\nabla \) f qualifies for (see instructions): (1) \(\nabla \) f qualifies for (see instructions): (1) \(\nabla \) f qualifies for (see instructions): (1) \(\nabla \) f qualifies for (see instructions): (1) \(\	6715 E t	JNIOI	N AVE						314			
Foreign province/state/county Foreign postal code You Spouse You You Spouse At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? Yes No		ost offi	ce. If you have a foreign address, also co	mplete s	spaces below.		_			to go to	this fund.	Checking a
Standard Deduction Someone can claim:	Foreign country name				Foreign province/sta	ate/coun	ty	Forei	ign postal code		k or refund.	
Age/Blindness You:	At any time du	ring 20	021, did you receive, sell, exchange,	or othe	erwise dispose of	any fina	ancial interest i	n any	virtual curre	ncy?	Yes	⊠ No
Dependents (see instructions): (1) First name Last name Last name Last name Last name Last name Credit for other dependents to you Child tax credit Credit for other dependents cheependents, see instructions and check here □ 1 Wages, salaries, tips, etc. Attach Form(s) W-2 Tax-exempt interest 2a b Taxable interest 2b Sch. B if required. 4a IRA distributions 4a IRA distributions 4a IRA distributions 4a IRA distributions 5a D Taxable amount 5b D Taxable amount 6a Social security benefits 6a D Taxable amount 6b D Taxable amount 6c D Taxable amount 6	Standard Deduction			'			•					
If more than four dependents, see instructions and check here	Age/Blindness	You:	☐ Were born before January 2, 1	957 [Are blind	Spouse	: Was bor	rn bef	fore January 2	2, 1957	☐ Is bl	lind
than four dependents, see instructions and check here \blacktriangleright	•	•	•			ırity		nip				
see instructions and check here Tax-exempt interest	than four											
and check here ▶ □ Attach Sch. B if required. Attach Sch. B if required. 1 Wages, salaries, tips, etc. Attach Form(s) W-2 2a Tax-exempt interest . 2a	dependents,											
Attach Sch. B if required. 2a Tax-exempt interest		s ——										
Attach Sch. Bif required. 2a	here ▶ □											
Attach Sch. Bif required. 2a		1	Wages, salaries, tips, etc. Attach F	orm(s)	W-2					. 1	1	07,707.
Sch. B if required. 3a Qualified dividends . 3a b ordinary dividends . 3b 4a IRA distributions		2a	- · · · · · · · · · · · · · · · · · · ·	1		bТ	axable interest	t.		. 2b		·
RA distributions 4a b Taxable amount 4b		За	Qualified dividends	3a		b C	ordinary divide	nds .		. 3b		
Standard Deduction for—Single or Married filing separately, \$12,550	required.	4a	IRA distributions	4a			•			. 4b		
Deduction for — Single or Married filing separately, \$12,550 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 2,987. Married filing jointly or Qualifying widow(er), \$25,100 10 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶ 9 100,044. Head of household, \$18,800 5 Standard deduction or itemized deductions (from Schedule A) 12a 25,100. If you checked any box under Standard Deduction, Deductio		5a	Pensions and annuities	5а		b T	axable amoun	t		. 5b		
Single or Married filing separately, \$12,550	Standard	6a	Social security benefits	6a		b T	axable amoun	t		. 6b		
Married filing separately, \$12,550 Married filing jointly or Qualifying widow(er), \$25,100 Head of household, \$18,800 If you checked any box under Standard Deduction, \$25,700. Married filing jointly or Qualified business income deduction, \$25,700. Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	Deduction for—	7	Capital gain or (loss). Attach Scheo	dule D i	if required. If not re	equired	, check here		▶[7		2,987.
## Add lines 1, 26, 36, 46, 56, 66, 7, and 8. This is your total income ## Add lines 1, 26, 36, 46, 56, 66, 7, and 8. This is your total income ## Add lines 1, 26, 36, 46, 56, 66, 7, and 8. This is your total income ## Add lines 1, 26, 36, 46, 56, 66, 7, and 8. This is your total income ## Add lines 1. 26, 36, 46, 56, 66, 7, and 8. This is your total income ## Add lines 1. 26, 36, 46, 56, 66, 7, and 8. This is your total income ## Add lines 1. 26, 36, 46, 56, 66, 7, and 8. This is your total income ## Add lines 1. 26, 36, 46, 56, 66, 7, and 8. This is your total income ## Add lines 1. 26, 36, 46, 56, 66, 7, and 8. This is your total income ## Add lines 1. 26, 36, 46, 56, 66, 7, and 8. This is your total income ## Add lines 1. 26, 36, 46, 56, 66, 7, and 8. This is your total income ## Add lines 1. 26, 36, 46, 56, 66, 7, and 8. This is your total income ## Add lines 1. 26, 36, 46, 56, 66, 7, and 8. This is your total income ## 100, 044. ## 11		8	Other income from Schedule 1, line	e 10						. 8	-:	10,650.
Married filing jointly or Qualifying widow(er), \$25,100 Head of household, \$18,800 If you checked any box under Standard Deduction, \$25,700. Married filing jointly or Qualifying widow(er), \$25,100 Location and the standard deduction or itemized deduction (see instructions) Adjustments to income from Schedule 1, line 26		9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, a	and 8.	This is your total i	ncome				▶ 9	1	00,044.
Qualifying widow(er), \$25,100 12a Standard deduction or itemized deductions (from Schedule A) 12a 25,100 Head of household, \$18,800 c Add lines 12a and 12b 12a 12b 600 If you checked any box under Standard Deduction, \$25,700 13 4dd lines 12c and 13 14 25,700 15 Taxable income Subtract line 10 from line 9. This is your adjusted gross income 11 100,044 12b 25,100 600 12c 25,700 13 4dd lines 12a and 12b 13 14 25,700 15 Taxable income Subtract line 10 from line 9. This is your adjusted gross income 12a 25,100 12b 600 12c 25,700 13 14 25,700 15 74 344	Married filing	10	Adjustments to income from Schee	dule 1,	line 26					. 10)	
widow(er), \$25,100 Head of household, \$18,800 If you checked any box under Standard Deduction, box and any dox under Standard Deduction, box and Deduction and Deduction, box and Deduction and Deduction (see instructions) box and Dedu		11	Subtract line 10 from line 9. This is	your a	djusted gross ind	come				▶ 11	1	00,044.
Head of household, \$18,800 If you checked any box under Standard Deduction, Deduction, Deduction, Deduction, Taxable income Subtract line 14 from line 11 lf zero or less enter -0-	widow(er),	12a	Standard deduction or itemized	deduct	tions (from Sched	ule A)	12	а	25,10	ο. 🦳		
\$118,800 C Add lines 12a and 12b 12c 25,700 If you checked any box under Standard 14 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 Add lines 12c and 13 14 25,700 Deduction, Deduction, 15 Taxable income Subtract line 14 from line 11 lf zero or less enter -0- 15 74 344	Head of	b	Charitable contributions if you take	the sta	ndard deduction (s	ee instr	ructions) 121	b	60	0.		
13 Qualified business income deduction from Form 8995 or Form 8995-A		С	Add lines 12a and 12b							. 12	c i	25 , 700.
Standard 14 Add lines 12c and 13	If you checked	13	Qualified business income deducti	on fron	n Form 8995 or Fo	rm 899	лб-А			. 13		
Deduction, 15 Taxable income Subtract line 14 from line 11. If zero or less enter -0-		14	Add lines 12c and 13							. 14	; ;	25 , 700.
		15	Taxable income. Subtract line 14	from lir	ne 11. If zero or les	ss, ente	er -0			. 15	<u> </u>	74,344.

	16	Tax (see instructions). Check if any from Form	(s): 1 🗌 881	4 2 🗌 4972	3 🗌		16	8,503.
	17	Amount from Schedule 2, line 3					17	
	18	Add lines 16 and 17					18	8,503.
	19	Nonrefundable child tax credit or credit for o	ther depender	nts 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	8,503.
	23	Other taxes, including self-employment tax,	from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is your total tax				•	24	8,503.
	25	Federal income tax withheld from:						
	а	Form(s) W-2			25a 10	307.		
	b	Form(s) 1099			25b			
	С	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					25d	10,307.
16	26	2021 estimated tax payments and amount a					26	
If you have a Lagrangian qualifying child,	27a	Earned income credit (EIC)			27a			
attach Sch. EIC.		Check here if you were born after Janu						
		January 2, 2004, and you satisfy all the						
		taxpayers who are at least age 18, to claim to	1 1	structions ► ∐				
	b	Nontaxable combat pay election			-			
	С	Prior year (2019) earned income		<u> </u>	-			
	28	Refundable child tax credit or additional child to			28		-	
	29	American opportunity credit from Form 8863			29	1 400	-	
	30	Recovery rebate credit. See instructions .				L,400.	-	
	31	Amount from Schedule 3, line 15			31		-	1 400
	32	Add lines 27a and 28 through 31. These are	-				32	1,400.
	33	Add lines 25d, 26, and 32. These are your to					33	11,707.
Refund	34	If line 33 is more than line 24, subtract line 24			•		34	3,204.
Di	35a	Amount of line 34 you want refunded to you					35a	3,204.
Direct deposit? See instructions.	▶b	Routing number 0 7 2 0 0 8 Account number 3 7 5 0 1 6 8			Checking	Savings		
	► d							
A	36	Amount of line 34 you want applied to your			36		07	
Amount You Owe	37 38	Amount you owe. Subtract line 33 from line			1 1	. ▶	37	
		Estimated tax penalty (see instructions) .			38			
Third Party Designee		you want to allow another person to disc		n with the IRS?		omplete b	elow	⋉ No
Besignee		signee's	Phone			onal identif		
		me ►	no. 🕨			ber (PIN)		
Sign		der penalties of perjury, I declare that I have examine						
Here		ief, they are true, correct, and complete. Declaration o			sed on all informati			, ,
	You	ur signature	Date	Your occupation		-		nt you an Identity N, enter it here
Joint return?				SOFTWRE EN	IGINEER	I	inst.) 🕨	
See instructions.	Spo	ouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	on			nt your spouse an
Keep a copy for your records.	,			_				ection PIN, enter it here
your rooordo.				HOME MAKER			inst.) ►	
		one no. (616) 264-7344	Email address	SHIVAMADIRAJU		1	-	Chaple if
Paid		eparer's name Preparer's signati		OHDER	Date	PTIN		Check if:
Preparer		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	03/04/2022	P02082		Self-employed
Use Only		m's name ► GLOBAL TAXES LLC		GB 20041				678) 965-9522
		m's address ▶ 2530 Pebble Creek L	n Cummin			Firm	s EIN ▶	
Go to www.irs.go	ov/Form	n1040 for instructions and the latest information.		BAA	REV 02/17/22 PRO			Form 1040 (2021)

Form 1040 (2021)

Page 2

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2021

Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

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

SHIVA PRASAD MADIRAJU & PRATHYUSHA VELDANDA

Your social security number 222-67-2282

Par	Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes	3	1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions)	•		
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, truschedule E		5	-10,650.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (
b	Gambling income	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (
е	Taxable Health Savings Account distribution	8e		
f	Alaska Permanent Fund dividends	8f		
g	Jury duty pay	8g		
h	Prizes and awards	8h		
i	Activity not engaged in for profit income	8i		
j	Stock options	8j		
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8k		
I	Olympic and Paralympic medals and USOC prize money (see instructions)	81		
m	Section 951(a) inclusion (see instructions)	8m		
n	Section 951A(a) inclusion (see instructions)	8n		
0	Section 461(I) excess business loss adjustment	80		
р	Taxable distributions from an ABLE account (see instructions).	8p		
z	Other income. List type and amount ▶	8z		
9	Total other income. Add lines 8a through 8z	· · · · · · · · · · · · · · · · · · ·	9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 10			
-	1040-NR. line 8	,	10	_10 650

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

Par	Adjustments to Income			
11	Educator expenses		. 11	
12	Certain business expenses of reservists, performing artists, and fee-officials. Attach Form 2106			
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 Paralympic medals and USOC prize money reported on line 8l	24c		
d	Reforestation amortization and expenses	24d		
е	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	24 j		
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 t here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line			

SCHEDULE D (Form 1040)

Capital Gains and Losses

rm 1040, 1040-SB, or 1040-NB

2021

OMB No. 1545-0074

Attachment Sequence No. **12**

Department of the Treasury Internal Revenue Service (99) ► Attach to Form 1040, 1040-SR, or 1040-NR.

▶ Go to www.irs.gov/ScheduleD for instructions and the latest information.
 ▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Name(s) shown on return

SHIVA PRASAD MADIRAJU & PRATHYUSHA VELDANDA

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?

Your social security number
222-67-2282

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Part I Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part I, combine the result whole dollars. line 2, column (g) 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 9,263. 12,103. 2,840. Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on Form(s) 8949 with -9. 16. Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back 2,831. 7

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

	instructions for how to figure the amounts to enter on the below.	(d) Proceeds	(e) Cost	(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
	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)			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	200.	44.			156.
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					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824			, ,	11	
12 13	Net long-term gain or (loss) from partnerships, S corporate Capital gain distributions. See the instructions	12 13				
14	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions	14	()			
15	Net long-term capital gain or (loss). Combine lines 8a on the back	•			15	156.

BAA

Schedule D (Form 1040) 2021 Page 2

Part III Summary 2,987. 16 Combine lines 7 and 15 and enter the result 16 • 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 • 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. 17 Are lines 15 and 16 both gains? X Yes. Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the 18 19 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 . 19 20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? X 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. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 • (\$3,000), or if married filing separately, (\$1,500) **Note:** When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ 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.

Form **8949**

Sales and Other Dispositions of Capital Assets

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

Department of the Treasury Internal Revenue Service

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

2021 Attachment Sequence No. 12A

OMB No. 1545-0074

Name(s)	shown	on	return	
---------	-------	----	--------	--

Social security number or taxpayer identification number

SHIVA PRASAD MADIRAJU & PRATHYUSHA VELDANDA 222-67-2282

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.

(A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

	(B) Short-term transactions(C) Short-term transactions			-	sis wasn't report	ed to the IF	RS	-7
1 (a)		(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below	Adjustment, if If you enter an enter a co See the sep	(h) Gain or (loss). Subtract column (e)	
	Description of property (Example: 100 sh. XYZ Co.)	(Mo day yr) disposed	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
CO	INBASE	05/05/21	12/12/21	5,086.	2,850.			2,236.
Ro	binhood Securities LLC	05/05/21	12/12/21	7,017.	6,413.			604.
2	Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box 6).	al here and inc e is checked), lir	lude on your ne 2 (if Box B	12,103.	9,263.			2,840.

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.

Form 8949 (2021) Attachment Sequence No. 12A Page 2

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side SHIVA PRASAD MADIRAJU & PRATHYUSHA VELDANDA

Social security number or taxpayer identification number 222-67-2282

Before you check Box D, E, or F 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 II

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-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 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, *or* F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-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.

 X (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) ☐ (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS ☐ (F) Long-term transactions not reported to you on Form 1099-B 									
(a) Description of property	(b) Date acquired	(c) Date sold or	Proceeds	(e) Cost or other basis. See the Note below	Adjustment, if If you enter an enter a co	(h) Gain or (loss). Subtract column (e)			
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)		and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)		
Robinhood Securities LLC	06/05/20	12/12/21	200.	44.			156.		
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 8b (if Box D above	al here and inc	lude on your							

Note: If you checked Box D 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.

above is checked), or line 10 (if Box F above is checked) ▶

200.

44.

8949

Sales and Other Dispositions of Capital Assets

Department of the Treasury Internal Revenue Service

▶ Go to 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.

Attachment Sequence No. 12A

OMB No. 1545-0074

e(s) shown on return Social security number or taxpayer identification number 1VA PRASAD MADIRAJU & PRATHYUSHA VELDANDA 222-67-2282			
SHIVA PRASAD MADIRAJU & PRATHYUSHA VELDANDA	222-67-2282		

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.

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I 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. (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS X (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss. 1 If you enter an amount in column (a). (h) (e) enter a code in column (f). (d) Cost or other basis Gain or (loss). (c) (a) (b) Date sold or Proceeds See the **Note** below See the separate instructions. Subtract column (e) Description of property Date acquired disposed of and see Column (e) (sales price) from column (d) and (Example: 100 sh. XYZ Co.) (Mo., day, yr.) (Mo., day, yr.) combine the result (see instructions) in the separate (g) Code(s) from Amount of adjustment instructions with column (a) instructions Robinhood Securities LLC 05/05/21 12/21/21 7. 16. -9.

adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

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) ▶

7. 16. -9. 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

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

OMB No. 1545-0074 Attachment

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

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

Sequence No. 13

Your social security number

		AJU & PRATHYUSHA VELDANDA							2-67-228	
Part		s From Rental Real Estate and Ro	-						•	
		instructions. If you are an individual, rep								
		ents in 2021 that would require you to								
		ou file required Form(s) 1099?							📙	Yes U No
1a	 	each property (street, city, state, ZIF		-						
<u>A</u>	9-1-72/NP SHIV	ANARAYANAPUR BADANGPET I	HYDE.	RABAD	TELA	NGANA	IN 500	058		
В										
С								_		T
1b	Type of Property	2 For each rental real estate pro	perty I	isted			Rental		onal Use	QJV
	(from list below)	above, report the number of fa personal use days. Check the	QJV b	ox only			Days		Days	
A	3		o tile a	is a	Α		365		0	
В		qualified joint venture. See ins	uctio	115.	В					
С					С					
	of Property:									
_	gle Family Residence	3 Vacation/Short-Term Rental				7 Self-				
	ti-Family Residence	4 Commercial	6 Ro	yalties		8 Othe	r (describe			
ncom		Properties:	+_		Α	65.0	E	3		С
3			3			650.				
4			4							
Expen			_							
5			5							
6	,	nstructions)	6			65.0				
7	•	nance	7		2,	650.				
8			8							
9			9							
10		essional fees	10							
11	-		11		2,	250.				
12		id to banks, etc. (see instructions)	12							
13			13			150				
14	•		14			150.				
15	• •		15		۷,	100.				
16			16			150				
17			17		2,	150.				
18		e or depletion	18							
19	Other (list)		19							
20	•	lines 5 through 19	20		11,	300.				
21		line 3 (rents) and/or 4 (royalties). If								
		instructions to find out if you must			1.0	CEO				
	file Form 6198		21		<u>-10,</u>	650.				
22		l estate loss after limitation, if any,	00	,	10	ceo ,	,)/	
00-	on Form 8582 (see in	*	22	<u> </u>	±∪, (550.)	(<u></u>)(
23a		eported on line 3 for all rental proper				23a		65	0.	
b		eported on line 4 for all royalty prop				23b				
C C		eported on line 12 for all properties				23c				
d		eported on line 18 for all properties				23d	-	11 20	0	
e 24		eported on line 20 for all properties				23e	_	11,30		
24	•	e amounts shown on line 21. Do no				ntortet		-	24	10 (50
25		osses from line 21 and rental real estate							25 (10,650.
26		ate and royalty income or (loss).								
		V, and line 40 on page 2 do not 40). line 5. Otherwise, include this a		•					26	-10,650.
	COLICAGIO I II OIIII 10	TOTAL INTO OF CHILDEN MISC. INDIGATE HIS A	mount		olui Oli		ULL DAGE Z			± 0 , 0 0 0 ,



218453 11555

DR 8453 (10/19/21)
COLORADO DEPARTMENT OF REVENUE
Denver CO 80261-0005
Tax.Colorado.gov
Page 1 of 1

State of Colorado Individual Income Tax Declaration for Electronic Filing Do not mail this form to the IRS or the Colorado Department of Revenue. Retain with your records.

Taxpay	er SSN or ITIN		Spouse SSN o	r ITIN (If Joint Re	eturn)	Submission II	0			
222-	67-2282		974-92-7	708						
Taxpay	Taxpayer Last Name Taxpayer First Name					Middle	e Initial			
MADIRAJU SHIVA PRASAD										
Spouse	e Last Name (If	Joint Return)			Spouse First	Name (If Joint	Return)			
VELD	ANDA				PRATHYU	SHA				
Street	Address						Phone	Number		
6715	E UNION A	AVE APT 314					(61	6)264-734	. 4	
City							State	ZIP		
DENV	ER						СО	80237		
			Part	I — Tax Retu	ırn Informa	ation				
1. Tota	al Income, lin	e 9 from your fe	deral Form 10	040			1 \$		100	044
2. Tax	able Income,	line 15 on feder	al Form 1040)			2 \$		74	344
3. Col	orado Tax, lin	ne 17 on Colorad	do Form 104				3 \$		3	341
			4 \$		4	573				
5 . Ref	und, line 36 (Colorado Form 1	04				5 \$		1	.344
			6 \$							
			Part I	I — Declarat	ion of Tax I	Payer				
the amount true, co	ounts shown or rrect, and comp required to pro	jury, I declare that n my 2021 Federal plete to the best of ovide paper copies rtment of Revenue	Colorado incor my knowledge of this declara	me tax returns, and belief. I undation, my returns	and that said derstand that s, withholding	tax returns, sta I (or my Electro statements, s	atements, so onic Return schedules, a	chedules and Originator (Ef and attachme	attachmer RO) if appli	nts are icable)
Signatu	ire			Date	Spouse's S	Signature (If Joir	nt Return, Bo	th Must Sign)	Date	
		Р	art III — Dec	laration of E	RO/Prepare	er/Transmitt	er	,		
If the t	ransmitter did	d not prepare the	e tax return, o	check here						
Colorac Colorac amount best of have pr covered and atta	to income tax redo income tax redo income tax researches shown on samy knowledge rovided the taxed by the Colorae	r, I declare only that eturns. If I am the preturns and that the id tax returns, and and belief. As prepayer with copies of do statute of limital request by the Co	oreparer, under e information pr that said tax re arer, I further de of all forms and tions, and to pro	penalties of per ovided to me by turns, statement eclare that I have information file ovide paper cop	jury I declare y the taxpaye tts, schedules e obtained the d. I also agre ies of this dec	that I have rever and the amount of the that I have rever and attachment at the taxpayer's sign of taxpaye	riewed the a unts shown ents are true inature on the chis signed I returns, with id.	bove taxpaye in Part I above, e, correct, and his form at the Form (DR 845	r's 2021 Fe ye agree w d complete time of filir 53) for the ments, sch	ederal/ with the to the ng and period edules
		M SAGAR GUPT	א א ד ד א או				· ·		וואבו חו נטמ	I JOIN
SIAM	. FRIIA KAľ	M DAGAK GUPT	ч тчррум				P020827	03		_
	Oha ak if al	- Dana					Date (MM/DD/	YY)		
	Check if also Preparer X				03/04/2	2				





DR 0104 (12/07/21)
COLORADO DEPARTMENT OF REVENUE

Tax.Colorado.gov Page 1 of 4 (0013)

2021 Colorado Individual Income Tax Return

	ar or Nonresident (or reside sident combination) *Mus			0104	ŀPN		k if A instr		ad on due ons	date –	
Your Last Name		Your Fir	st Nam	е						Middle	- Initia
MADIRAJU		SHIV	A PRA	ASAI)						
Date of Birth (MM/DD/YYYY)	SSN or ITIN	Deceas	ed								
12/07/1992	222-67-2282					cked and c R 0102 and					
Enter the following information driver license or state identification		State o	fIssue		Last 4 o	characters of	ID nur	mber	Date of Issu	ance	
If Joint, Spouse's Last Name		Spouse	's First I	Name						Middle	Initia
VELDANDA		PRAT	HYUSI	AF							
Spouse's Date of Birth (MM/DD/YYYY)	Spouse's SSN or ITIN	Deceas	ed								
07/16/1995	974-92-7708					cked and c R 0102 and					
Enter the following information	on from vour spouse's	State o	f Issue		Last 4 o	characters of	ID nur	mber	Date of Issu	ance	
current driver license or state	e identification card.										
Mailing Address								Phor	ne Number		
6715 E UNION AVE APT	314							(62	16)264-7	344	
City			State	ZIP	Code		Fore	eign (Country (if ap	plicable)	
DENVER			CO	80	237						
You are a Col AND You give perm DR 0104EE w	mbers of your household orado resident and at lean hission for the Colorado I with Connect for Health C f Health Care Policy & Fi	ast one p Departm colorado	erson ent of (the C	in y Rev	our ho	ousehold d to share th	oes r ie info	not h orma xcha	ave health ation on Fo inge) and	n coveraç orm the	ge
							1	Ro	ound To The	Nearest I	Oollar
1. Enter Federal Taxable Inc 1040, 1040 SR, or 1040 S	SP line 15.	ncome ta	ax forn	n:		• 1				7434	4 00
Include W-2s and 1099s with											
2. State Addback, enter the	Additions to										
1040 SR, or 1040 SP sch			•	cue	iai iUl	111 1040, ● 2					0 (
	Income Deduction Addb		•	uctic	ns)		1			0 0	



<u>210104 21555</u>

DR 0104 (12/07/21) COLORADO DEPARTMENT OF REVENUE Tax Colorado goy

Tax.Colorado.gov
Page 2 of 4

Naı	me		SSN or ITIN	
SI	HIVA PRASAD MADIRAJU & PRATHYUSHA VELDANDA		222-67-2282	
4.	Other Additions, explain (see instructions) • 4			0 0
	lain:			
		I		
5.	Subtotal, sum of lines 1 through 4 5		74344	0 0
	Colorado Subtractions			_
6.	Subtractions from the DR 0104AD Schedule, line 20, you must submit the		100	
	DR 0104AD schedule with your return. • 6			0 0
7.	Colorado Taxable Income, subtract line 6 from line 5 • 7		74244	00
	Tax, Prepayments and Credits: see 104 Book for full-year tax table and part-year	ear DR 0	104PN Schedule	
8.	Colorado Tax from tax table or the DR 0104PN line 36, you must submit the		3341	
	DR 0104PN with your return if applicable. • 8		5511	00
9.	Alternative Minimum Tax from the DR 0104AMT line 8, you must submit the			
	DR 0104AMT with your return. • 9			00
10.	Recapture of prior year credits • 10			00
			3341	
	Subtotal, sum of lines 8 through 10			00
12.	Nonrefundable Credits from the DR 0104CR line 43, the sum of lines 12, 13, and 14			0.0
12	cannot exceed line 11, you must submit the DR 0104CR with your return. • 12 Total Nonrefundable Enterprise Zone credits used – as calculated, or from the			00
13.	DR 1366 line 84, the sum of lines 12, 13, and 14 cannot exceed line 11, you must			
	submit the DR 1366 with your return.			00
14.	Strategic Capital Tax Credit from DR 1330, the sum of lines 12, 13, and 14 cannot			
	exceed line 11, you must submit the DR 1330 with your return. • 14			00
			3341	
	Net Income Tax, sum of lines 12, 13, and 14. Subtract that sum from line 11. Use Tax reported on the DR 0104US schedule line 7, you must submit the			0 0
10.	DR 0104US with your return.			00
	Enterior of Manyour rotain.		0044	
	Net Colorado Tax, sum of lines 15 and 16		3341	00
18.	CO Income Tax Withheld from W-2s and 1099s, you must submit the W-2s and/or		4573	
	1099s claiming Colorado withholding with your return. • 18			00
19.	Prior-year Estimated Tax Carryforward • 19			00
	Estimated Tax Payments, enter the sum of the quarterly payments remitted for			1
	this tax year • 20			00
21.	Extension Payment remitted with the DR 0158-I • 21			00
22.	Other Prepayments: • DR 0104BEP • DR 0108 • DR 1079 • 22			0 0
23.	Gross Conservation Easement Credit from the DR 1305G line 33, you must submit the DR 1305G with your return. • 23			0 0
21	Innovative Motor Vehicle Credit from the DR 0617, you must submit each DR 0617			00
4 4.	with your return. • 24		0	00
	The year recent	<u> </u>		J J



DR 0104 (12/07/21)
COLORADO DEPARTMENT OF REVENUE
Tax. Colorado.gov
Page 3 of 4

Name SSN or ITIN SHIVA PRASAD MADIRAJU & PRATHYUSHA VELDANDA 222-67-2282 25. Refundable Credits from the DR 0104CR line 9, you must submit the DR 0104CR 00 • 25 with your return. 4573 **26.** Subtotal, sum of lines 18 through 25 00 26 Modified AGI for TABOR Lines 28 through 30 are only used to calculate your TABOR Credit, they do not affect your Colorado tax liability. 27. Federal Adjusted Gross Income from your federal income tax form: 1040 line 11, 100044 1040 SR line 11, or 1040 SP line 11 00 • 27 28. Nontaxable Social Security Income 00 28 29. Nontaxable Lump-sum Distribution from pension and profit sharing plans. 29 00 30. Nontaxable interest income from state and local bonds • 30 00 100044 00 **31.** Sum of lines 27 through 30: Modified AGI for TABOR 31 Modified AGI Tiers for State Sales Tax Refund \$44,000 \$44,001 -\$88,001 -\$139,001 -\$193,001 -\$246,001 -If line 31 is: or less \$88,000 \$139,000 \$193,000 \$246,000 or more Single Filers Enter \$37 \$49 \$56 \$68 \$74 \$117 Joint Filers Enter \$74 \$98 \$112 \$136 \$148 \$234 32. State Sales Tax Refund: For full-year Colorado residents, born before 2003, or full-year Colorado residents who are under the age of eighteen but are required 112 to file a return. Use the amount on line 31 and reference the table above. See instructions if you are filing an extension. • 32 00 4685 33. Sum of lines 26 and 32 33 00 1344 00 34. Overpayment, if line 33 is greater than line 17 then subtract line 17 from line 33 34 00 **35.** Estimated Tax Credit Carryforward to 2022 first guarter, if any. • 35 If you have an overpayment on line 36 below and would like to donate all or a portion of your overpayment to a qualified Colorado charity, include Form DR 0104CH to contribute. 1344 00 **36.** Refund, subtract line 35 from line 34 (see instructions) 36 Routing Number | 0 | 7 | 2 | 0 | 0 | 0 | 8 | 0 | 5 Checking Savings CollegeInvest 529 **Direct Deposit** Account Number 3 7 5 0 1 6 8 3 9 2 6 2 For questions regarding CollegeInvest direct deposit or to open an account, visit CollegeInvest.org or call 800-448-2424.



210104

DR 0104 (12/07/21) COLORADO DEPARTMENT OF REVENUE Tax.Colorado.gov

Page 4 of 4

Name			SSN or ITIN
SHIVA PRASAD MADIRAJU & PRATHYUSHA V	/ELDANDA		222-67-2282
37. Net Tax Due, subtract line 33 from line 17	37		0.0
38. Delinquent Payment Penalty (see instructions) • 38		0 0
39. Delinquent Payment Interest (see instructions			0 0
40. Estimated Tax Penalty, you must submit the D (see instructions)	• 40		0 0
41. Amount You Owe, sum of lines 37 through 40	• 41		
The State may convert your check to a one-time electronic banking transpour check will not be returned. If your check is rejected due to insufficient account electronically.	· · · · · · · · · · · · · · · · · · ·		
	Third Party Designee		
Do you want to allow another person to discuss this return and any related information with the Colorado Department of Revenue? See the instructions.	No Yes. Complete	ete the fo	ollowing:
Designee's Name		Phone N	lumber
•		•	
Sign Below Under penalties of perjury, I declare that to the	e best of my knowledge and belief, this return is true	ue, correct	
Your Signature			Date (MM/DD/YY)
Spouse's Signature. If joint return, BOTH must sign.			Date (MM/DD/YY)
Paid Preparer's Name		Paid Prep	parer's Phone
GLOBAL TAXES LLC		(678)	965-9522
Paid Preparer's Address	City	State	ZIP Code
2530 PEBBLE CREEK LN	CUMMING	GA	30041

File and pay at: Colorado.gov/RevenueOnline

If you are filing this return with a check or If you are filing this return without a check or payment, please mail the return to: payment, please mail the return to: COLORADO DEPARTMENT OF REVENUE COLORADO DEPARTMENT OF REVENUE Denver, CO 80261-0006 Denver, CO 80261-0005

These addresses and zip codes are exclusive to the Colorado Department of Revenue, so a street address is not required.





DR 0104AD (10/22/21)

COLORADO DEPARTMENT OF REVENUE

Tax. Colorado.gov

Page 1 of 2

2021 DR 0104AD - Subtractions from Income Schedule

If claiming a subtraction and filing by paper, you must submit this schedule with your return.

Use this schedule to report any subtractions from your Federal Taxable Income. These subtractions will change your Colorado Taxable Income from the amount of Federal Taxable Income. See instructions in the income tax booklet for additional guidance on completing this schedule. Do not enter negative amounts. You must submit this form along with the DR 0104 if claiming any subtractions.

Name			SSN or ITIN	
SHIVA PRASAD MADIRAJU			222-67-2282	
Subtractions from Federal Taxable Income				
1. State Income Tax Refund from federal income	me tax form 1040, 1040 SR, or 1040 S	P,		
Schedule 1 line 1.	•	1		0 0
2. U.S. Government Interest	•	2		0 0
3. Primary Taxpayer Pension, Annuity, IRA,	Deceased SSN or ITIN			
Social Security, or Disability Income				
(see instructions)	•	3		0 0
4. Spouse Pension, Annuity, IRA,	Deceased SSN or ITIN			
Social Security, or Disability Income				
(see instructions)	•	4		0 0
5. Primary Taxpayer Military Retirement Bene				
copies of all 1099R statements with your re		5		00
6. Spouse Military Retirement Benefits (under	age 55), you must submit copies of al			
1099R statements with your return. (see ins	structions) •	6		00
7. Colorado Capital Gain Subtraction	•	7		0 0
	Owner's SSN or ITIN			
8. CollegeInvest Contribution:				
(see instructions)	•	8		0 0
Total Contribution	Owner's Name			
	Total Contribution			Т
			100	
Qualifying Charitable Contribution	\$	9	100	0 0
J. Qualitying Chantable Continuation	Ψ	<u> </u>		00
10. Qualified Reservation Income	•	10		0 0
11. PERA/DPSRS Subtraction, for PERA contr				
DPSRS contributions made in 1986		11		0 0



DR 0104AD (10/22/21)
COLORADO DEPARTMENT OF REVENUE
Tax.Colorado.gov
Page 2 of 2

210104MD21333			
Name		SSN or ITIN	
SHIVA PRASAD MADIRAJU		222-67-228	32
12. Railroad Benefit Subtraction	• 12		0.0
13. Wildfire Mitigation Measures Subtraction	• 13		0.0
14. Colorado Marijuana Business Deduction	• 14		0.0
15. Non-Resident Disaster Relief Worker Subtraction	• 15		0.0
 Natural Disaster: Enter the executive order number(s) from the Colorado governor's office that of (see instructions) 	leclared the state dis	saster emergency "D Y	YYY-###" ——————————————————————————————————
Reacquisition of Colorado Residency During Active Duty Military Service Subtraction	. 40		0.0
17. First Time Home Buyer Savings Account Interest Deduction, you must sub	• 16		0.0
DR 0350(s) with your return	• 17		0.0
18. Other Subtractions, explain below	• 18		0.0
Explain			
19. Subtractions Allowed Under HB21-1002 (see instructions)	• 19		0 0
20. Subtotal, sum of lines 1 through 19, transfer the amount to line 6			100
on the DR 0104	• 20		100

REV 02/16/22 PRO