

Filing Status [ ] Single [X] Married filing jointly [ ] Married filing separately (MFS) [ ] Head of household (HOH) [ ] Qualifying widow(er) (QW)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent

Form fields for personal information: Your first name and middle initial (SHASHIDHAR REDDY), Last name (SUNKIREDDY), Your social security number (035-02-1972), Spouse's social security number (APPLIED FOR), Home address (6101 NW SILAS ST), City (BENTONVILLE), State (AR), ZIP code (72713)

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? [ ] Yes [X] No

Standard Deduction Someone can claim: [ ] You as a dependent [ ] Your spouse as a dependent [ ] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [ ] Were born before January 2, 1957 [ ] Are blind Spouse: [ ] Was born before January 2, 1957 [ ] Is blind

Table for Dependents with columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents

Main tax calculation table with rows 1-15. Includes sections for Attach Sch. B if required, Standard Deduction for (with bullet points for filing status), and Taxable income calculation.

<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): <b>1</b> <input type="checkbox"/> 8814 <b>2</b> <input type="checkbox"/> 4972 <b>3</b> <input type="checkbox"/> _____	<b>16</b>	12,975.
<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
<b>18</b>	Add lines 16 and 17	<b>18</b>	12,975.
<b>19</b>	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	<b>19</b>	
<b>20</b>	Amount from Schedule 3, line 8	<b>20</b>	10,986.
<b>21</b>	Add lines 19 and 20	<b>21</b>	10,986.
<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	1,989.
<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 21	<b>23</b>	0.
<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	1,989.
<b>25</b>	Federal income tax withheld from:		
<b>a</b>	Form(s) W-2	<b>25a</b>	25,482.
<b>b</b>	Form(s) 1099	<b>25b</b>	
<b>c</b>	Other forms (see instructions)	<b>25c</b>	
<b>d</b>	Add lines 25a through 25c	<b>25d</b>	25,482.
<b>26</b>	2021 estimated tax payments and amount applied from 2020 return	<b>26</b>	
<b>27a</b>	Earned income credit (EIC) Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/>	<b>27a</b>	
<b>b</b>	Nontaxable combat pay election	<b>27b</b>	
<b>c</b>	Prior year (2019) earned income	<b>27c</b>	
<b>28</b>	Refundable child tax credit or additional child tax credit from Schedule 8812	<b>28</b>	
<b>29</b>	American opportunity credit from Form 8863, line 8	<b>29</b>	
<b>30</b>	Recovery rebate credit. See instructions	<b>30</b>	1,400.
<b>31</b>	Amount from Schedule 3, line 15	<b>31</b>	
<b>32</b>	Add lines 27a and 28 through 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>	1,400.
<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	26,882.
<b>Refund</b>	<b>34</b> If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>	24,893.
	<b>35a</b> Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>	24,893.
Direct deposit? See instructions.	<b>b</b> Routing number 071000013 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<b>d</b> Account number 303382128		
	<b>36</b> Amount of line 34 you want <b>applied to your 2022 estimated tax</b>	<b>36</b>	
<b>Amount You Owe</b>	<b>37</b> <b>Amount you owe</b> . Subtract line 33 from line 24. For details on how to pay, see instructions	<b>37</b>	
	<b>38</b> Estimated tax penalty (see instructions)	<b>38</b>	

If you have a qualifying child, attach Sch. EIC.

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS? See instructions  **Yes**. Complete below.  **No**

Designee's name \_\_\_\_\_ Phone no. \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

**Sign Here** Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation SOFTWARE DEVELOPER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation HOME MAKER	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. (814) 812-6353	Email address SHASHIDHARJAVADEVP@GMAIL.COM		

**Paid Preparer Use Only**

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 02/03/2022	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 2530 Pebble Creek Ln Cumming GA 30041			Phone no. (678) 965-9522
				Firm's EIN 30-1017196

**SCHEDULE 3  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Credits and Payments**

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**  
▶ **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

**2021**  
Attachment  
Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR SHASHIDHAR REDDY SUNKIREDDY & ANUJA REDDY KAKI	Your social security number 035-02-1972
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**Part I Nonrefundable Credits**

<b>1</b> Foreign tax credit. Attach Form 1116 if required . . . . .				<b>1</b>	
<b>2</b> Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 . . . . .				<b>2</b>	
<b>3</b> Education credits from Form 8863, line 19 . . . . .				<b>3</b>	
<b>4</b> Retirement savings contributions credit. Attach Form 8880 . . . . .				<b>4</b>	
<b>5</b> Residential energy credits. Attach Form 5695 . . . . .				<b>5</b>	10,986.
<b>6</b> Other nonrefundable credits:					
<b>a</b> General business credit. Attach Form 3800 . . . . .	<b>6a</b>				
<b>b</b> Credit for prior year minimum tax. Attach Form 8801 . . . . .	<b>6b</b>				
<b>c</b> Adoption credit. Attach Form 8839 . . . . .	<b>6c</b>				
<b>d</b> Credit for the elderly or disabled. Attach Schedule R . . . . .	<b>6d</b>				
<b>e</b> Alternative motor vehicle credit. Attach Form 8910 . . . . .	<b>6e</b>				
<b>f</b> Qualified plug-in motor vehicle credit. Attach Form 8936 . . . . .	<b>6f</b>				
<b>g</b> Mortgage interest credit. Attach Form 8396 . . . . .	<b>6g</b>				
<b>h</b> District of Columbia first-time homebuyer credit. Attach Form 8859 . . . . .	<b>6h</b>				
<b>i</b> Qualified electric vehicle credit. Attach Form 8834 . . . . .	<b>6i</b>				
<b>j</b> Alternative fuel vehicle refueling property credit. Attach Form 8911 . . . . .	<b>6j</b>				
<b>k</b> Credit to holders of tax credit bonds. Attach Form 8912 . . . . .	<b>6k</b>				
<b>l</b> Amount on Form 8978, line 14. See instructions . . . . .	<b>6l</b>				
<b>z</b> Other nonrefundable credits. List type and amount ▶ _____	<b>6z</b>				
<b>7</b> Total other nonrefundable credits. Add lines 6a through 6z . . . . .				<b>7</b>	
<b>8</b> Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20 . . . . .				<b>8</b>	10,986.

*(continued on page 2)*

**Part II Other Payments and Refundable Credits**

<b>9</b>	Net premium tax credit. Attach Form 8962 . . . . .		<b>9</b>	
<b>10</b>	Amount paid with request for extension to file (see instructions) . . . . .		<b>10</b>	
<b>11</b>	Excess social security and tier 1 RRTA tax withheld . . . . .		<b>11</b>	
<b>12</b>	Credit for federal tax on fuels. Attach Form 4136 . . . . .		<b>12</b>	
<b>13</b>	Other payments or refundable credits:			
<b>a</b>	Form 2439 . . . . .	<b>13a</b>		
<b>b</b>	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken before April 1, 2021 . . . . .	<b>13b</b>		
<b>c</b>	Health coverage tax credit from Form 8885 . . . . .	<b>13c</b>		
<b>d</b>	Credit for repayment of amounts included in income from earlier years . . . . .	<b>13d</b>		
<b>e</b>	Reserved for future use . . . . .	<b>13e</b>		
<b>f</b>	Deferred amount of net 965 tax liability (see instructions) . . . . .	<b>13f</b>		
<b>g</b>	Credit for child and dependent care expenses from Form 2441, line 10. Attach Form 2441 . . . . .	<b>13g</b>		
<b>h</b>	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken after March 31, 2021 . . . . .	<b>13h</b>		
<b>z</b>	Other payments or refundable credits. List type and amount ► _____	<b>13z</b>		
<b>14</b>	Total other payments or refundable credits. Add lines 13a through 13z . . . . .		<b>14</b>	
<b>15</b>	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31 . . . . .		<b>15</b>	

# Health Savings Accounts (HSAs)

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**  
▶ **Go to [www.irs.gov/Form8889](http://www.irs.gov/Form8889) for instructions and the latest information.**

**2021**  
Attachment  
Sequence No. **52**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
**SHASHIDHAR REDDY SUNKIREDDY**

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶ **035-02-1972**

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

**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

<b>1</b>	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2021. See instructions . . . . . ▶	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family
<b>2</b>	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. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions . . . . .	<b>2</b>	0.
<b>3</b>	If you were under age 55 at the end of 2021 and, on the first day of <b>every</b> month during 2021, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,600 (\$7,200 for family coverage). <b>All others</b> , see the instructions for the amount to enter . . . . .	<b>3</b>	7,200.
<b>4</b>	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 . . . . .	<b>4</b>	0.
<b>5</b>	Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	<b>5</b>	7,200.
<b>6</b>	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 . . . . .	<b>6</b>	7,200.
<b>7</b>	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 . . . . .	<b>7</b>	
<b>8</b>	Add lines 6 and 7 . . . . .	<b>8</b>	7,200.
<b>9</b>	Employer contributions made to your HSAs for 2021 . . . . .	<b>9</b>	1,300.
<b>10</b>	Qualified HSA funding distributions . . . . .	<b>10</b>	
<b>11</b>	Add lines 9 and 10 . . . . .	<b>11</b>	1,300.
<b>12</b>	Subtract line 11 from line 8. If zero or less, enter -0- . . . . .	<b>12</b>	5,900.
<b>13</b>	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 <b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	<b>13</b>	0.

**Part II HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

<b>14a</b>	Total distributions you received in 2021 from all HSAs (see instructions) . . . . .	<b>14a</b>	
<b>b</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 . . . . .	<b>14b</b>	
<b>c</b>	Subtract line 14b from line 14a . . . . .	<b>14c</b>	
<b>15</b>	Qualified medical expenses paid using HSA distributions (see instructions) . . . . .	<b>15</b>	
<b>16</b>	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8e . . . . .	<b>16</b>	
<b>17a</b>	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here . . . . . ▶ <input type="checkbox"/>		
<b>b</b>	<b>Additional 20% tax</b> (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 . . . . .	<b>17b</b>	

**Part III Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

<b>18</b>	Last-month rule . . . . .	<b>18</b>	
<b>19</b>	Qualified HSA funding distribution . . . . .	<b>19</b>	
<b>20</b>	<b>Total income.</b> 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 . . . . .	<b>20</b>	
<b>21</b>	<b>Additional tax.</b> Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d . . . . .	<b>21</b>	

## Residential Energy Credits

▶ Go to [www.irs.gov/Form5695](http://www.irs.gov/Form5695) for instructions and the latest information.  
▶ Attach to Form 1040, 1040-SR, or 1040-NR.

Name(s) shown on return <b>SHASHIDHAR REDDY SUNKIREDDY &amp; ANUJA REDDY KAKI</b>	Your social security number <b>035-02-1972</b>
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**Part I Residential Energy Efficient Property Credit** (See instructions before completing this part.)

**Note:** Skip lines 1 through 11 if you only have a **credit carryforward from 2020**.

1 Qualified solar electric property costs . . . . .	<b>1</b>	42,254.
2 Qualified solar water heating property costs . . . . .	<b>2</b>	
3 Qualified small wind energy property costs . . . . .	<b>3</b>	
4 Qualified geothermal heat pump property costs . . . . .	<b>4</b>	
5 Qualified biomass fuel property costs . . . . .	<b>5</b>	
6a Add lines 1 through 5 . . . . .	<b>6a</b>	42,254.
b Multiply line 6a by 26% (0.26) . . . . .	<b>6b</b>	10,986.
7a Qualified fuel cell property. Was qualified fuel cell property installed on, or in connection with, your main home located in the United States? (See instructions.) ▶	<b>7a</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Caution:</b> If you checked the "No" box, you cannot take a credit for qualified fuel cell property. Skip lines 7b through 11.</p> <p>b Print the complete address of the main home where you installed the fuel cell property.</p> <p style="margin-left: 40px;">_____ Number and street <span style="float: right;">Unit No.</span></p> <p style="margin-left: 40px;">_____ City, State, and ZIP code</p>		
8 Qualified fuel cell property costs . . . . .	<b>8</b>	
9 Multiply line 8 by 26% (0.26) . . . . .	<b>9</b>	
10 Kilowatt capacity of property on line 8 above . . . ▶ _____	<b>10</b>	
11 Enter the smaller of line 9 or line 10 . . . . .	<b>11</b>	
12 Credit carryforward from 2020. Enter the amount, if any, from your 2020 Form 5695, line 16 . . . .	<b>12</b>	
13 Add lines 6b, 11, and 12 . . . . .	<b>13</b>	10,986.
14 Limitation based on tax liability. Enter the amount from the Residential Energy Efficient Property Credit Limit Worksheet (see instructions) . . . . .	<b>14</b>	12,975.
15 <b>Residential energy efficient property credit.</b> Enter the smaller of line 13 or line 14. Also include this amount on Schedule 3 (Form 1040), line 5 . . . . .	<b>15</b>	10,986.
16 Credit carryforward to 2022. If line 15 is less than line 13, subtract line 15 from line 13 . . . . .	<b>16</b>	

**Part II Nonbusiness Energy Property Credit**

<p><b>17a</b> Were the qualified energy efficiency improvements or residential energy property costs for your main home located in the United States? (see instructions) . . . . . ▶</p> <p><b>Caution:</b> If you checked the “No” box, you cannot claim the nonbusiness energy property credit. Do not complete Part II.</p> <p><b>b</b> Print the complete address of the main home where you made the qualifying improvements. <b>Caution:</b> You can only have one main home at a time.</p> <p style="text-align: center;">_____ Number and street <span style="float: right;">Unit No.</span></p> <p style="text-align: center;">_____ City, State, and ZIP code</p>	<b>17a</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<p><b>c</b> Were any of these improvements related to the construction of this main home? . . . . . ▶</p> <p><b>Caution:</b> If you checked the “Yes” box, you can only claim the nonbusiness energy property credit for qualifying improvements that were not related to the construction of the home. Do not include expenses related to the construction of your main home, even if the improvements were made after you moved into the home.</p>	<b>17c</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<p><b>18</b> Lifetime limitation. Enter the amount from the Lifetime Limitation Worksheet (see instructions) . . . . .</p>	<b>18</b>	
<p><b>19</b> Qualified energy efficiency improvements (original use must begin with you and the component must reasonably be expected to last for at least 5 years; do not include labor costs) (see instructions).</p>		
<p><b>a</b> Insulation material or system specifically and primarily designed to reduce heat loss or gain of your home that meets the prescriptive criteria established by the 2009 IECC . . . . .</p>	<b>19a</b>	
<p><b>b</b> Exterior doors that meet or exceed the version 6.0 Energy Star program requirements . . . . .</p>	<b>19b</b>	
<p><b>c</b> Metal or asphalt roof that meets or exceeds the Energy Star program requirements and has appropriate pigmented coatings or cooling granules which are specifically and primarily designed to reduce the heat gain of your home . . . . .</p>	<b>19c</b>	
<p><b>d</b> Exterior windows and skylights that meet or exceed the version 6.0 Energy Star program requirements . . . . .</p>	<b>19d</b>	
<p><b>e</b> Maximum amount of cost on which the credit can be figured . . . . .</p>	<b>19e</b>	\$2,000
<p><b>f</b> If you claimed window expenses on your Form 5695 prior to 2021, enter the amount from the Window Expense Worksheet (see instructions); otherwise enter -0- . . . . .</p>	<b>19f</b>	0.
<p><b>g</b> Subtract line 19f from line 19e. If zero or less, enter -0- . . . . .</p>	<b>19g</b>	2,000.
<p><b>h</b> Enter the smaller of line 19d or line 19g . . . . .</p>	<b>19h</b>	0.
<p><b>20</b> Add lines 19a, 19b, 19c, and 19h . . . . .</p>	<b>20</b>	0.
<p><b>21</b> Multiply line 20 by 10% (0.10) . . . . .</p>	<b>21</b>	0.
<p><b>22</b> Residential energy property costs (must be placed in service by you; include labor costs for onsite preparation, assembly, and original installation) (see instructions).</p>		
<p><b>a</b> Energy-efficient building property. Do not enter more than <b>\$300</b> . . . . .</p>	<b>22a</b>	0.
<p><b>b</b> Qualified natural gas, propane, or oil furnace or hot water boiler. Do not enter more than <b>\$150</b> . . . . .</p>	<b>22b</b>	0.
<p><b>c</b> Advanced main air circulating fan used in a natural gas, propane, or oil furnace. Do not enter more than <b>\$50</b> . . . . .</p>	<b>22c</b>	0.
<p><b>23</b> Add lines 22a through 22c . . . . .</p>	<b>23</b>	
<p><b>24</b> Add lines 21 and 23 . . . . .</p>	<b>24</b>	
<p><b>25</b> Maximum credit amount. (If you jointly occupied the home, see instructions) . . . . .</p>	<b>25</b>	
<p><b>26</b> Enter the amount, if any, from line 18 . . . . .</p>	<b>26</b>	
<p><b>27</b> Subtract line 26 from line 25. If zero or less, <b>stop</b>; you cannot take the nonbusiness energy property credit . . . . .</p>	<b>27</b>	
<p><b>28</b> Enter the smaller of line 24 or line 27 . . . . .</p>	<b>28</b>	
<p><b>29</b> Limitation based on tax liability. Enter the amount from the Nonbusiness Energy Property Credit Limit Worksheet (see instructions) . . . . .</p>	<b>29</b>	
<p><b>30</b> <b>Nonbusiness energy property credit.</b> Enter the smaller of line 28 or line 29. Also include this amount on Schedule 3 (Form 1040), line 5 . . . . .</p>	<b>30</b>	