

IRS e-file Signature Authorization

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

Submission Identification Number (SID) ▶

| | |
|--|--|
| Taxpayer's name HARI BABU PALADUGU | Social security number 284-71-8728 |
| Spouse's name | Spouse's social security number |

Part I Tax Return Information – Tax Year Ending December 31, 2021 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

| | | |
|--|----------|----------|
| 1 Adjusted gross income | 1 | 108,466. |
| 2 Total tax | 2 | 16,971. |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 18,962. |
| 4 Amount you want refunded to you | 4 | 1,991. |
| 5 Amount you owe | 5 | |

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

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

Taxpayer's PIN: check one box only

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

| | | | | |
|---|---|---|---|---|
| 1 | 8 | 7 | 2 | 8 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
- 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 ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize _____ to enter or generate my PIN

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

 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
- 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—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

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

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 5 | 8 | 7 | 2 | 7 | 8 | 6 | 1 | 9 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|---|

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So**

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

Your first name and middle initial: HARI BABU
Last name: PALADUGU
Your social security number: 284-71-8728
If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number:

Home address (number and street). If you have a P.O. box, see instructions. 1451 GLENWATER DR
Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below. Cary
State: NC
ZIP code: 27519
Foreign country name:
Foreign province/state/county:
Foreign postal code:
Presidential Election Campaign: [] You [] Spouse

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 with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) if qualifies for (Child tax credit, Credit for other dependents). Includes 'Dependents (see instructions):' and 'If more than four dependents, see instructions and check here'.

Main income tax table with 15 rows. Columns include: Line number, Description, Sub-column (a/b/c), Amount. Total taxable income: 95,616.

| | | | |
|--------------------------------------|--|------------|---------|
| 16 | Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | 16 | 16,971. |
| 17 | Amount from Schedule 2, line 3 | 17 | |
| 18 | Add lines 16 and 17 | 18 | 16,971. |
| 19 | Nonrefundable child tax credit or credit for other dependents from Schedule 8812 | 19 | |
| 20 | Amount from Schedule 3, line 8 | 20 | |
| 21 | Add lines 19 and 20 | 21 | |
| 22 | Subtract line 21 from line 18. If zero or less, enter -0- | 22 | 16,971. |
| 23 | Other taxes, including self-employment tax, from Schedule 2, line 21 | 23 | 0. |
| 24 | Add lines 22 and 23. This is your total tax | 24 | 16,971. |
| 25 | Federal income tax withheld from: | | |
| a | Form(s) W-2 | 25a | 18,962. |
| b | Form(s) 1099 | 25b | |
| c | Other forms (see instructions) | 25c | |
| d | Add lines 25a through 25c | 25d | 18,962. |
| 26 | 2021 estimated tax payments and amount applied from 2020 return | 26 | |
| 27a | Earned income credit (EIC) No 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"/> | 27a | |
| b | Nontaxable combat pay election | 27b | |
| c | Prior year (2019) earned income | 27c | |
| 28 | Refundable child tax credit or additional child tax credit from Schedule 8812 | 28 | |
| 29 | American opportunity credit from Form 8863, line 8 | 29 | |
| 30 | Recovery rebate credit. See instructions | 30 | |
| 31 | Amount from Schedule 3, line 15 | 31 | |
| 32 | Add lines 27a and 28 through 31. These are your total other payments and refundable credits | 32 | |
| 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | 18,962. |
| Refund | 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 1,991. |
| | 35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 1,991. |
| Direct deposit? See instructions. | b Routing number 081000032 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| | d Account number 355004440463 | | |
| | 36 Amount of line 34 you want applied to your 2022 estimated tax | 36 | |
| Amount You Owe | 37 Amount you owe . Subtract line 33 from line 24. For details on how to pay, see instructions | 37 | |
| | 38 Estimated tax penalty (see instructions) | 38 | |

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 ENGINEER | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |

Phone no. (816) 328-5691 Email address HARI.MSD474@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 04/13/2022 | 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 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

2021
Attachment
Sequence No. **01**

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

Your social security number
284-71-8728

Part I Additional Income

| | | | |
|-----------|---|-----------|----------|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | 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, trusts, etc. Attach Schedule E | 5 | -12,000. |
| 6 | Farm income or (loss). Attach Schedule F | 6 | |
| 7 | Unemployment compensation | 7 | |
| 8 | Other income: | | |
| a | Net operating loss | 8a | () |
| b | Gambling income | 8b | |
| c | Cancellation of debt | 8c | |
| d | Foreign earned income exclusion from Form 2555 | 8d | () |
| e | 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 | |
| l | Olympic and Paralympic medals and USOC prize money (see instructions) | 8l | |
| m | Section 951(a) inclusion (see instructions) | 8m | |
| n | Section 951A(a) inclusion (see instructions) | 8n | |
| o | Section 461(l) excess business loss adjustment | 8o | |
| p | Taxable distributions from an ABLE account (see instructions) | 8p | |
| z | Other income. List type and amount ▶ _____ | 8z | |
| | Other Income from box 3 of 1099-Misc 40. | | 40. |
| 9 | Total other income. Add lines 8a through 8z | 9 | 40. |
| 10 | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 | 10 | -11,960. |

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

Schedule 1 (Form 1040) 2021

Part II Adjustments to Income

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

SCHEDULE D
(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

2021

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
HARI BABU PALADUGU

Your social security number
284-71-8728

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? **Yes** **No**
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

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

| See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|--|----------------------------------|---------------------------------|---|---|
| 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . | | | | |
| 1b Totals for all transactions reported on Form(s) 8949 with Box A checked | 30,631. | 28,955. | 43. | 1,719. |
| 2 Totals for all transactions reported on Form(s) 8949 with Box B checked | | | | |
| 3 Totals for all transactions reported on Form(s) 8949 with Box C checked | | | | |
| 4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 | | | | 4 |
| 5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | | 5 |
| 6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions | | | | 6 () |
| 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back | | | | 7 1,719. |

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

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

Part III Summary

| | | |
|---|---------------|--------|
| <p>16 Combine lines 7 and 15 and enter the result</p> <ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. | 16 | 1,725. |
| <p>17 Are lines 15 and 16 both gains?</p> <p><input checked="" type="checkbox"/> Yes. Go to line 18.</p> <p><input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p> | | |
| <p>18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet ▶</p> | 18 | |
| <p>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 ▶</p> | 19 | |
| <p>20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952?</p> <p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.</p> | | |
| <p>21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:</p> <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p> | 21 () | |
| <p>22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?</p> <p><input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.</p> <p><input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p> | | |

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

Social security number or taxpayer identification number

HARI BABU PALADUGU

284-71-8728

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.

- (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

| 1 | (a) Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold or disposed of (Mo., day, yr.) | (d) Proceeds (sales price) (see instructions) | (e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions | Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions. | | (h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g) |
|---|--|---|--|--|--|---|--------------------------------|--|
| | | | | | | (f) Code(s) from instructions | (g) Amount of adjustment | |
| | Robinhood Securities LLC | 01/01/21 | 12/31/21 | 10. | 4. | | | 6. |
| | | | | | | | | |
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| 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 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ▶ | | | | 10. | 4. | | | 6. |

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.

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

OMB No. 1545-0074

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

2021

Department of the Treasury
Internal Revenue Service (99)

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

Attachment
Sequence No. **13**

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

Name(s) shown on return

Your social security number

HARI BABU PALADUGU

284-71-8728

Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

A Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions Yes No

B If "Yes," did you or will you file required Form(s) 1099? Yes No

| | | | | | |
|-----------|---|--|------------------|-------------------|--------------------------|
| 1a | Physical address of each property (street, city, state, ZIP code) | | | | |
| A | KUKATPALLY HYDERABAD TELANGANA IN 500072 | | | | |
| B | | | | | |
| C | | | | | |
| 1b | Type of Property (from list below) | 2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. | Fair Rental Days | Personal Use Days | QJV |
| A | 3 | | A 365 | 0 | <input type="checkbox"/> |
| B | | | B | | <input type="checkbox"/> |
| C | | | C | | <input type="checkbox"/> |

Type of Property:

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

| Income: | | Properties: | | A | B | C |
|------------------|---|-------------|---|----------|---|----------|
| 3 | Rents received | 3 | | 600. | | |
| 4 | Royalties received | 4 | | | | |
| Expenses: | | | | | | |
| 5 | Advertising | 5 | | | | |
| 6 | Auto and travel (see instructions) | 6 | | | | |
| 7 | Cleaning and maintenance | 7 | | 1,800. | | |
| 8 | Commissions. | 8 | | | | |
| 9 | Insurance | 9 | | | | |
| 10 | Legal and other professional fees | 10 | | | | |
| 11 | Management fees | 11 | | 1,300. | | |
| 12 | Mortgage interest paid to banks, etc. (see instructions) | 12 | | | | |
| 13 | Other interest. | 13 | | | | |
| 14 | Repairs. | 14 | | 3,000. | | |
| 15 | Supplies | 15 | | 3,000. | | |
| 16 | Taxes | 16 | | | | |
| 17 | Utilities. | 17 | | 3,500. | | |
| 18 | Depreciation expense or depletion | 18 | | | | |
| 19 | Other (list) ▶ | 19 | | | | |
| 20 | Total expenses. Add lines 5 through 19 | 20 | | 12,600. | | |
| 21 | Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 | 21 | | -12,000. | | |
| 22 | Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 | (| 12,000.) | (|) |
| 23a | Total of all amounts reported on line 3 for all rental properties | 23a | | 600. | | |
| b | Total of all amounts reported on line 4 for all royalty properties | 23b | | | | |
| c | Total of all amounts reported on line 12 for all properties | 23c | | | | |
| d | Total of all amounts reported on line 18 for all properties | 23d | | | | |
| e | Total of all amounts reported on line 20 for all properties | 23e | | 12,600. | | |
| 24 | Income. Add positive amounts shown on line 21. Do not include any losses | 24 | | | | |
| 25 | Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here | 25 | (| 12,000.) | | |
| 26 | Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 | 26 | | | | -12,000. |

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2021

Passive Activity Loss Limitations

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.
▶ Attach to Form 1040, 1040-SR, or 1041.
▶ Go to www.irs.gov/Form8582 for instructions and the latest information.

Name(s) shown on return

HARI BABU PALADUGU

Identifying number

284-71-8728

Part I 2021 Passive Activity Loss

Caution: Complete Parts IV and V before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** in the instructions.)

| | | | | |
|--|-----------|--------------|--|-----------|
| 1a Activities with net income (enter the amount from Part IV, column (a)) | 1a | 0 . | | |
| b Activities with net loss (enter the amount from Part IV, column (b)) | 1b | (12,000 .) | | |
| c Prior years' unallowed losses (enter the amount from Part IV, column (c)) | 1c | () | | |
| d Combine lines 1a, 1b, and 1c | 1d | | | -12,000 . |

All Other Passive Activities

| | | | | |
|---|-----------|-----|--|--|
| 2a Activities with net income (enter the amount from Part V, column (a)) | 2a | | | |
| b Activities with net loss (enter the amount from Part V, column (b)) | 2b | () | | |
| c Prior years' unallowed losses (enter the amount from Part V, column (c)) | 2c | () | | |
| d Combine lines 2a, 2b, and 2c | 2d | | | |

| | | | | |
|--|----------|--|--|-----------|
| 3 Combine lines 1d and 2d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used | 3 | | | -12,000 . |
|--|----------|--|--|-----------|

- If line 3 is a loss and:
- Line 1d is a loss, go to Part II.
 - Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II. Instead, go to line 10.

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

| | | | | |
|--|----------|-----------|--|----------|
| 4 Enter the smaller of the loss on line 1d or the loss on line 3 | 4 | 12,000 . | | |
| 5 Enter \$150,000. If married filing separately, see instructions | 5 | 150,000 . | | |
| 6 Enter modified adjusted gross income, but not less than zero. See instructions Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7. | 6 | 120,466 . | | |
| 7 Subtract line 6 from line 5 | 7 | 29,534 . | | |
| 8 Multiply line 7 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions | 8 | | | 14,767 . |
| 9 Enter the smaller of line 4 or line 8 | 9 | | | 12,000 . |

Part III Total Losses Allowed

| | | | | |
|--|-----------|-----|--|----------|
| 10 Add the income, if any, on lines 1a and 2a and enter the total | 10 | 0 . | | |
| 11 Total losses allowed from all passive activities for 2021. Add lines 9 and 10. See instructions to find out how to report the losses on your tax return | 11 | | | 12,000 . |

Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions.

| Name of activity | Current year | | Prior years | Overall gain or loss | |
|---|--------------------------|------------------------|------------------------------|----------------------|----------|
| | (a) Net income (line 1a) | (b) Net loss (line 1b) | (c) Unallowed loss (line 1c) | (d) Gain | (e) Loss |
| KUKATPALLY | 0 . | 12,000 . | | | 12,000 . |
| | | | | | |
| | | | | | |
| | | | | | |
| Total. Enter on Part I, lines 1a, 1b, and 1c ▶ | 0 . | 12,000 . | | | |

For Paperwork Reduction Act Notice, see instructions.

Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.

| Name of activity | Current year | | Prior years | Overall gain or loss | |
|---|--------------------------|------------------------|------------------------------|----------------------|----------|
| | (a) Net income (line 2a) | (b) Net loss (line 2b) | (c) Unallowed loss (line 2c) | (d) Gain | (e) Loss |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total. Enter on Part I, lines 2a, 2b, and 2c ▶ | | | | | |

Part VI Use This Part if an Amount Is Shown on Part II, Line 9. See instructions.

| Name of activity | Form or schedule and line number to be reported on (see instructions) | (a) Loss | (b) Ratio | (c) Special allowance | (d) Subtract column (c) from column (a). |
|------------------|---|----------|-------------|-----------------------|--|
| KUKATPALLY | E Ln 22 | 12,000. | 1.00000000 | 12,000. | 0. |
| | | | | | |
| | | | | | |
| | | | | | |
| Total ▶ | | 12,000. | 1.00 | 12,000. | 0. |

Part VII Allocation of Unallowed Losses. See instructions.

| Name of activity | Form or schedule and line number to be reported on (see instructions) | (a) Loss | (b) Ratio | (c) Unallowed loss |
|------------------|---|----------|-------------|--------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total ▶ | | | 1.00 | |

Part VIII Allowed Losses. See instructions.

| Name of activity | Form or schedule and line number to be reported on (see instructions) | (a) Loss | (b) Unallowed loss | (c) Allowed loss |
|------------------|---|----------|--------------------|------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total ▶ | | | | |



Instructions for Form IT-201-V

Payment Voucher for Income Tax Returns

IT-201-V

(12/21)

Did you know? You can pay your income tax return payment directly on our website from your bank account or by credit card through your individual Online Services account. Visit www.tax.ny.gov.

How to use this form

If you are paying New York State income tax by check or money order, you must include Form IT-201-V with your payment.

Check or money order

- Make your check or money order payable in U.S. funds to **New York State Income Tax**.
- Be sure to write the last four digits of your Social Security number (SSN), the tax year, and **Income Tax** on it.

Completing the voucher

Be sure to complete **all** information on the voucher.

- Enter the tax year from the income tax return you are filing and your **entire** SSN. Failure to do so may result in monies not being properly credited to your account.
- If filing a joint return, include information for both spouses.
- Foreign address – Enter the city, province, or state all in the **City** box, and the **full** country name in the **Country** box. Enter the postal code, if any, in the **ZIP code** box.
- Do not staple or clip your payment to Form IT-201-V. Instead, just put them loose in the envelope.



You **cannot** use this form to pay a bill or other notice from the Tax Department that indicates you owe tax; you must use the payment document included with that bill or notice.

You **cannot** use this form to request an installment payment agreement (IPA); see our website for information about requesting an IPA.

Mailing address

E-filed and previously filed returns

If you e-filed your income tax return, or if you are making a payment for a previously filed return, mail the voucher and payment to:

**NYS PERSONAL INCOME TAX
PROCESSING CENTER
PO BOX 4124
BINGHAMTON NY 13902-4124**

Paper returns

If you are filing a paper income tax return (including amended returns), include the voucher and payment with your return and mail to this address:

**STATE PROCESSING CENTER
PO BOX 15555
ALBANY NY 12212-5555**

If you are not using U.S. Mail, be sure to consult Publication 55, *Designated Private Delivery Services*.

◀ Cut here ▶

STOP: Pay this electronically on our website.

Department of Taxation and Finance

Payment Voucher for Income Tax Returns



REV 03/29/22 PRO

IT-201-V

(12/21)

| | | | |
|---|--|---|--------------------------------|
| Tax year (yyyy) 2021 | | Make your check or money order payable in U.S. funds to New York State Income Tax . Write on your check or money order the last four digits of your SSN, the tax year, and Income Tax . | |
| Your first name and middle initial HARI BABU | Your last name (for a joint return, enter spouse's name on line below) PALADUGU | Your full SSN 284718728 | |
| Spouse's first name and middle initial | Spouse's last name | Spouse's full SSN (only if filing a joint return) | |
| Mailing address 1451 GLENWATER DR | | Apartment number | Country (if not United States) |
| City, village or post office CARY | State NC | ZIP code 27519 | |
| Email: HARI.MSD474@GMAIL.COM | | Payment amount | |

Dollars Cents
96 00



040001213555

For office use only

0401213555 284718728 4



New York State E-File Signature Authorization for Tax Year 2021

For Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

Electronic return originator (ERO): Do not mail this form to the Tax Department. Keep it for your records.

| | |
|---------------------------------------|---|
| Taxpayer's name HARI BABU PALADUGU | Spouse's name (jointly filed return only) |
|---------------------------------------|---|

Purpose

Form TR-579-IT must be completed to authorize an ERO to e-file a personal income tax return and to transmit bank account information for the electronic funds withdrawal.

EROs must complete Part C prior to transmitting electronically filed income tax returns (Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210).

Both the paid preparer and the ERO are required to sign Part C. However, an individual performing as both the paid preparer and the ERO is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Note that an alternative signature can be used as described in Publication 58, *Information for Income Tax Return Preparers*, available on our website.

General instructions

Taxpayers must complete Part B before the ERO transmits the taxpayer's electronically filed Forms IT-201, *Resident Income Tax Return*, IT-201-X, *Amended Resident Income Tax Return*, IT-203, *Nonresident and Part-Year Resident Income Tax Return*, IT-203-X, *Amended Nonresident and Part-Year Resident Income Tax Return*, IT-214, *Claim for Real Property Tax Credit*, and NYC-210, *Claim for New York City School Tax Credit*. Note that an electronic signature can be used as described in TSB-M-20(1)C, (2)I, *E-File Authorizations (TR-579 forms) for Taxpayers Using a Paid Preparer for Electronically Filed Tax Returns*.

This form is not required for electronically filed Form IT-370, *Application for Automatic Six-Month Extension of Time to File for Individuals*. See Form TR-579.1-IT, *New York State Taxpayer Authorization for Electronic Funds Withdrawal for Tax Year 2021 Form IT-370 and Tax Year 2022 Form IT-2105*.

For returns filed jointly, both spouses must complete and sign Form TR-579-IT.

Part A – Tax return information

| | | |
|---|----|---------|
| 1 Federal adjusted gross income (from applicable line) | 1. | 108466. |
| 2 Refund | 2. | |
| 3 Amount you owe | 3. | 96. |
| 4 Financial institution routing number | 4. | |
| 5 Financial institution account number | 5. | |
| 6 Account type: <input type="checkbox"/> Personal checking <input type="checkbox"/> Personal savings <input type="checkbox"/> Business checking <input type="checkbox"/> Business savings | | |

Part B – Declaration of taxpayer and authorizations for Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

Under penalty of perjury, I declare that I have examined the information on my 2021 New York State electronic personal income tax return, including any accompanying schedules, attachments, and statements, and certify that my electronic return is true, correct, and complete. The ERO has my consent to send my 2021 New York State electronic return to New York State through the Internal Revenue Service (IRS). In addition, by using a computer system and software to prepare and transmit my form electronically, I consent to the disclosure to New York State of all information pertaining to the transmission of my tax form electronically. I understand that by executing this Form TR-579-IT, I am authorizing the ERO to sign and file this return on my behalf and agree that the ERO's submission of my personal income tax return to the

IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying my New York State personal income taxes due by electronic funds withdrawal, I certify that the account holder has authorized the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on my 2021 electronic return, and authorized the financial institution to withdraw the amount from that account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than two (2) business days prior to the payment date.

| | |
|--|------|
| Taxpayer's signature | Date |
| Spouse's signature (jointly filed return only) | Date |

Part C – Declaration of electronic return originator (ERO) and paid preparer

Under penalty of perjury, I declare that the information contained in this 2021 New York State electronic personal income tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed paper 2021 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2021 New York State electronic return

is identical to that contained in the paper copy of the return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2021 New York State electronic personal income tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

Do not mail Form TR-579-IT to the Tax Department:

EROs must keep this form for three years and present it to the Tax Department upon request.

| | | |
|---------------------------|---|------------------|
| ERO's signature | Print name GLOBAL TAXES LLC | Date |
| Paid preparer's signature | Print name SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date 04132022 |



Department of Taxation and Finance

Nonresident and Part-Year Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

IT-203

For the year January 1, 2021, through December 31, 2021, or fiscal year beginning **21**
and ending

For help completing your return, see the instructions, Form IT-203-I.

| | | | | | |
|--|----------|--|-------------------|---|--|
| Your first name and middle initial HARI BABU | | Your last name (for a joint return, enter spouse's name on line below) PALADUGU | | Your date of birth (mmddyyyy) 06151993 | Your Social Security number 284718728 |
| Spouse's first name and middle initial | | Spouse's last name | | Spouse's date of birth (mmddyyyy) | Spouse's Social Security number |
| Mailing address (see instructions, page 12) (number and street or PO Box) 1451 GLENWATER DR | | | | Apartment number | New York State county of residence NR |
| City, village, or post office CARY | | State NC | ZIP code 27519 | Country | School district name NR |
| Taxpayer's permanent home address (see instr., pg. 12) (no. and street or rural route) | | | | Apartment no. | City, village, or post office |
| | | | | School district code number | |
| State | ZIP code | Country | | Decedent information | Taxpayer's date of death |
| | | | | | Spouse's date of death |

A Filing status (mark an X in one box):

- ① Single
- ② Married filing joint return (enter both spouses' Social Security numbers above)
- ③ Married filing separate return (enter both spouses' Social Security numbers above)
- ④ Head of household (with qualifying person)
- ⑤ Qualifying widow(er)

B Did you itemize your deductions on your 2021 federal income tax return? Yes No

C Can you be claimed as a dependent on another taxpayer's federal return? Yes No

D1 Did you have a financial account located in a foreign country? (see page 13) Yes No

D2 Were you required to report any nonqualified deferred compensation, as required by IRC § 457A, on your 2021 federal return? (see page 13) Yes No

E New York City part-year residents only (see page 13)

- (1) Number of months you lived in NY City in 2021
- (2) Number of months your spouse lived in NY City in 2021

F Enter your 2-character special condition code(s) if applicable (see page 13)

G New York State part-year residents (see page 14)

- Enter the date you moved into or out of NYS (mmddyyyy)
- On the last day of the tax year (mark an X in one box):
- 1) Lived in NYS
 - 2) Lived outside NYS; received income from NYS sources during nonresident period
 - 3) Lived outside NYS; received no income from NYS sources during nonresident period

H New York State nonresidents (see page 14)

Did you or your spouse maintain living quarters in NYS in 2021? Yes No
(if Yes, complete Form IT-203-B)



I Dependent information (see page 14)

| First name and middle initial | Last name | Relationship | Social Security number | Date of birth (mmddyyyy) |
|-------------------------------|-----------|--------------|------------------------|--------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

If more than 6 dependents, mark an X in the box.



203001213555

For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Enter your Social Security number
284718728

Federal income and adjustments (see page 16)

Federal amount
Whole dollars only

New York State amount
Whole dollars only

| | | | | | |
|-----|---|-----|------------|-----|-----------|
| 1 | Wages, salaries, tips, etc. | 1 | 118695 .00 | 1 | 28175 .00 |
| 2 | Taxable interest income | 2 | .00 | 2 | .00 |
| 3 | Ordinary dividends | 3 | 6 .00 | 3 | .00 |
| 4 | Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 24) | 4 | .00 | 4 | .00 |
| 5 | Alimony received | 5 | .00 | 5 | .00 |
| 6 | Business income or loss (submit a copy of federal Sch. C, Form 1040) | 6 | .00 | 6 | .00 |
| 7 | Capital gain or loss (if required, submit a copy of federal Sch. D, Form 1040) | 7 | 1725 .00 | 7 | .00 |
| 8 | Other gains or losses (submit a copy of federal Form 4797) | 8 | .00 | 8 | .00 |
| 9 | Taxable amount of IRA distributions. Beneficiaries: mark X in box <input type="checkbox"/> | 9 | .00 | 9 | .00 |
| 10 | Taxable amount of pensions/annuities. Beneficiaries: mark X in box <input type="checkbox"/> | 10 | .00 | 10 | .00 |
| 11 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit a copy of federal Schedule E, Form 1040) | 11 | -12000 .00 | 11 | .00 |
| 12 | Rental real estate included in line 11 (federal amount) 12. -12000 .00 | | | | |
| 13 | Farm income or loss (submit a copy of federal Sch. F, Form 1040) | 13 | .00 | 13 | .00 |
| 14 | Unemployment compensation..... | 14 | .00 | 14 | .00 |
| 15 | Taxable amount of Social Security benefits (also enter on line 26) | 15 | .00 | 15 | .00 |
| 16 | Other income (see page 22) Identify: 1099-MISC BOX 3 | 16 | 40 .00 | 16 | .00 |
| 17 | Add lines 1 through 11 and 13 through 16 | 17 | 108466 .00 | 17 | 28175 .00 |
| 18 | Total federal adjustments to income (see page 22) Identify: | 18 | .00 | 18 | .00 |
| 19 | Federal adjusted gross income (subtract line 18 from line 17) .. | 19 | 108466 .00 | 19 | 28175 .00 |
| 19a | Recomputed federal adjusted gross income (see page 23, Line 19a worksheets) | 19a | 108466 .00 | 19a | 28175 .00 |

New York additions (see page 24)

| | | | | | |
|----|---|----|------------|----|-----------|
| 20 | Interest income on state and local bonds and obligations (but not those of New York State or its localities) | 20 | .00 | 20 | .00 |
| 21 | Public employee 414(h) retirement contributions | 21 | .00 | 21 | .00 |
| 22 | Other (Form IT-225, line 9) | 22 | .00 | 22 | .00 |
| 23 | Add lines 19a through 22 | 23 | 108466 .00 | 23 | 28175 .00 |

New York subtractions (see page 25)

| | | | | | |
|----|---|----|------------|----|-----------|
| 24 | Taxable refunds, credits, or offsets of state and local income taxes (from line 4) | 24 | .00 | 24 | .00 |
| 25 | Pensions of NYS and local governments and the federal government (see page 25) | 25 | .00 | 25 | .00 |
| 26 | Taxable amount of Social Security benefits (from line 15) | 26 | .00 | 26 | .00 |
| 27 | Interest income on U.S. government bonds | 27 | .00 | 27 | .00 |
| 28 | Pension and annuity income exclusion | 28 | .00 | 28 | .00 |
| 29 | Other (Form IT-225, line 18) | 29 | .00 | 29 | .00 |
| 30 | Add lines 24 through 29 | 30 | .00 | 30 | .00 |
| 31 | New York adjusted gross income (subtract line 30 from line 23) | 31 | 108466 .00 | 31 | 28175 .00 |

32 Enter the amount from line 31, **Federal amount** column **32** 108466 .00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Standard deduction or itemized deduction (see page 27)

33 Enter your **standard deduction** (table on page 27) or your **itemized deduction** (from Form IT-196).

Mark an **X** in the appropriate box: ... **Standard** – or – **Itemized**

| | |
|-----------|---------------|
| 33 | 8000.00 |
| 34 | 100466.00 |
| 35 | 000.00 |
| 36 | 100466.00 |

Tax computation, credits, and other taxes

| | | | |
|-----------|--|-----------|-----------|
| 37 | New York taxable income (from line 36) | 37 | 100466.00 |
| 38 | New York State tax on line 37 amount (see page 28) | 38 | 5842.00 |
| 39 | New York State household credit (page 28, table 1, 2, or 3) | 39 | .00 |
| 40 | Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank) | 40 | 5842.00 |
| 41 | New York State child and dependent care credit (see page 29) | 41 | .00 |
| 42 | Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank) | 42 | 5842.00 |
| 43 | New York State earned income credit (see page 29) | 43 | .00 |

| | | | |
|-----------|--|-----------|---------|
| 44 | Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank) | 44 | 5842.00 |
|-----------|--|-----------|---------|

45 Income percentage (see page 29) New York State amount from line 31 ÷ Federal amount from line 31 = **45** Round result to 4 decimal places

| | | | |
|-----------|--|-----------|---------|
| 46 | Allocated New York State tax (multiply line 44 by the decimal on line 45) | 46 | 1518.00 |
| 47 | New York State nonrefundable credits (Form IT-203-ATT, line 8) | 47 | .00 |
| 48 | Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank) | 48 | 1518.00 |
| 49 | Net other New York State taxes (Form IT-203-ATT, line 33) | 49 | .00 |
| 50 | Total New York State taxes (add lines 48 and 49) | 50 | 1518.00 |

New York City and Yonkers taxes, credits, and surcharges, and MCTMT

| | | | |
|------------|--|------------|-----------------------------------|
| 51 | Part-year New York City resident tax (Form IT-360.1) | 51 | .00 |
| 52 | Part-year resident nonrefundable New York City child and dependent care credit | 52 | .00 |
| 52a | Subtract line 52 from line 51 | 52a | .00 |
| 52b | MCTMT net earnings base | 52b | <input type="text" value="0.00"/> |
| 52c | MCTMT | 52c | .00 |
| 53 | Yonkers nonresident earnings tax (Form Y-203) | 53 | .00 |
| 54 | Part-year Yonkers resident income tax surcharge (Form IT-360.1) | 54 | .00 |
| 55 | Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 52a, and 52c through 54) | 55 | .00 |
| 56 | Sales or use tax (See the instructions on page 31. Do not leave line 56 blank.) | 56 | 0.00 |
| 57 | Voluntary contributions (Form IT-227, Part 2, line 1) | 57 | .00 |
| 58 | Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 50, 55, 56, and 57) | 58 | 1518.00 |

See instructions on pages 29 through 31 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

203003213555



Enter your Social Security number
284718728

59 Enter amount from line 58 **59** 1518 .00

Payments and refundable credits (see page 32)

| | | | |
|---|------------|----------|---|
| 60 Part-year NYC school tax credit (fixed amount) (also complete E on front) | 60 | .00 | If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return (see pages 10 and 11). Do not send federal Form W-2 with your return. |
| 60a NYC school tax credit (rate reduction amount) | 60a | .00 | |
| 61 Other refundable credits (Form IT-203-ATT, line 17) | 61 | .00 | |
| 62 Total New York State tax withheld | 62 | 1422 .00 | |
| 63 Total New York City tax withheld | 63 | .00 | |
| 64 Total Yonkers tax withheld | 64 | .00 | |
| 65 Total estimated tax payments/amount paid with Form IT-370 | 65 | .00 | |
| 66 Total payments and refundable credits (add lines 60 through 65) | 66 | 1422 .00 | |

Your refund, amount you owe, and account information (see pages 34 through 36)

| | | |
|---|------------|-----|
| 67 Amount overpaid (if line 66 is more than line 59, subtract line 59 from line 66; see page 34) | 67 | .00 |
| 68 Amount of line 67 available for refund (subtract line 69 from line 67) | 68 | .00 |
| TIP: Use this amount to check your refund status online. | | |
| 68a Amount of line 68 that you want to deposit into a NYS 529 account (Form IT-195, line 4) (also submit Form IT-195) | 68a | .00 |
| 68b Total refund after NYS 529 account deposit (subtract line 68a from line 68) | 68b | .00 |

Mark one refund choice: direct deposit to checking or savings account (fill in line 73) - or - paper check

Refund? Direct deposit is the easiest, fastest way to get your refund.

See page 35 for payment options.

See page 38 for the proper assembly of your return.

| | | |
|--|-----------|--------|
| 69 Amount of line 67 that you want applied to your 2022 estimated tax (see instructions) | 69 | .00 |
| 70 Amount you owe (if line 66 is less than line 59, subtract line 66 from line 59). To pay by electronic funds withdrawal, mark an X in the box <input type="checkbox"/> and fill in lines 73 and 74. If you pay by check or money order you must complete Form IT-201-V and mail it with your return..... | 70 | 96 .00 |
| 71 Estimated tax penalty (include this amount on line 70, or reduce the overpayment on line 67; see page 35) | 71 | .00 |
| 72 Other penalties and interest (see page 35) | 72 | .00 |

73 Account information for direct deposit or electronic funds withdrawal (see page 36). If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box (see pg. 36)

73a Account type: Personal checking - or - Personal savings - or - Business checking - or - Business savings

73b Routing number 73c Account number

74 Electronic funds withdrawal (see page 36) Date Amount .00

| | | | |
|--|-----------------------|--------------------------------|--------------------------------------|
| Third-party designee? (see instr.) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Print designee's name | Designee's phone number () | Personal identification number (PIN) |
| | Email: | | |

| | | | |
|--|---|--------------------|-------------------------------|
| ▼ Paid preparer must complete ▼ (see instructions) | | Preparer's NYTPRIN | NYTPRIN excl. code 0 9 |
| Preparer's signature SYAM PRIYA RAM SAGAR GUP | Preparer's printed name SYAM PRIYA RAM SAGAR GUP | | |
| Firm's name (or yours, if self-employed) GLOBAL TAXES LLC | Preparer's PTIN or SSN P02082703 | | |
| Address 2530 PEBBLE CREEK LN CUMMING GA 30041 | Employer identification number 301017196 | | Date 04132022 |
| Email: SYAM@GTAXFILE.COM | | | |

| | |
|---|--|
| ▼ Taxpayer(s) must sign here ▼ | |
| Your signature | |
| Your occupation SOFTWARE ENGINEER | |
| Spouse's signature and occupation (if joint return) | |
| Date | Daytime phone number (816) 328 5691 |
| Email: HARI.MSD474@GMAIL.COM | |

See instructions for where to mail your return.

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

203004213555





Nonresident and Part-Year Resident Income Allocation And College Tuition Itemized Deduction Worksheet

IT-203-B

| | |
|---|--|
| Name(s) and occupation(s) as shown on Form IT-203 HARI BABU PALADUGU SOFTWARE ENGINEER | Your Social Security number 284718728 |
|---|--|

Complete all parts that apply to you; see instructions (Form IT-203-l). Submit this form with your Form IT-203.

Schedule A – Allocation of wage and salary income to New York State

Complete a separate Schedule A for each job for which your wage and salary income is subject to allocation.

Additional Schedule A sections are provided on page 3 of this form. If you are required to complete more than one Schedule A, total the amounts from line p on all schedules and include this total on Form IT-203, line 1, in the *New York State amount* column.

Do not use this schedule for income based on the volume of business transacted. See the Schedule A instructions if:

- You had more than one job;
- You had a job for only part of the year; or
- You and your spouse each had a job that requires allocation.

| | | |
|---|-----------|----------|
| 1a Total days (see instructions) | 1a | 365 |
| 1b Saturdays and Sundays (not worked) | 1b | |
| 1c Holidays (not worked) | 1c | |
| 1d Sick leave | 1d | |
| 1e Vacation | 1e | |
| 1f Other nonworking days | 1f | |
| 1g Total nonworking days (add lines 1b through 1f) | 1g | |
| 1h Total days worked in year at this job (subtract line 1g from line 1a) | 1h | 365 |
| 1i Total days included in line 1h worked outside New York State | 1i | |
| 1j Enter number of days worked at home included in line 1i amount | 1j | |
| 1k Subtract line 1j from line 1i | 1k | |
| 1l Days worked in New York State (subtract line 1k from line 1h) | 1l | 365 |
| 1m Enter number of days from line 1h above | 1m | 365 |
| 1n Divide line 1l by line 1m; round the result to the fourth decimal place | 1n | 1.0000 |
| 1o Wages, salaries, tips, etc. (to be allocated) | 1o | 28175.00 |
| 1p New York State allocated wage and salary income (multiply line 1n by line 1o) | 1p | 28175.00 |

Include the line 1p amount on Form IT-203, line 1, in the *New York State amount* column.

Schedule B – Living quarters maintained in New York State by a nonresident

Mark an **X** in the box if NYS living quarters were maintained for you or by you for the entire tax year

If you or your spouse maintained living quarters in NYS during any part of the year, give address(es) below. Submit additional sheets if necessary. **For column E, mark an X in the box if the living quarters are still maintained for or by you.**

| A – Street address | B – City, village, or post office | C | D – ZIP code | E |
|--------------------|-----------------------------------|----|--------------|--------------------------|
| | | NY | | <input type="checkbox"/> |
| | | NY | | <input type="checkbox"/> |
| | | NY | | <input type="checkbox"/> |
| | | NY | | <input type="checkbox"/> |

Enter the number of days spent in New York State in this tax year Any part of a day spent in New York State is considered a day spent in New York State.

NO HANDWRITTEN ENTRIES ON THIS FORM



Enter your Social Security number
284718728

Schedule C – College tuition itemized deduction worksheet (See the instructions for Schedule C.)

- 1 Are you claimed as a dependent on another taxpayer's New York State tax return for this tax year? 1 Yes No X
- If **Yes, stop**; you do not qualify for the college tuition itemized deduction.
 - If **No**, continue. Complete A through I below for each eligible student for whom you paid qualified college tuition expenses. Use additional sheets if necessary.

| | | | | | | | |
|--|----------|---|----|---|--------|---------------------------------|-----------------------------------|
| Eligible student 1 | A | First name | MI | Last name | Suffix | B Social Security number | C Date of birth (mmddyyyy) |
| D Is the student claimed as a dependent on your NYS return? (see instructions) Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | |
| E EIN of college or university (see instructions) | | F Name of college or university (see instructions) | | | | | |
| G Were expenses for undergraduate tuition? (see instructions) Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | |
| H Amount of qualified college tuition expenses (see instructions) <input type="text" value=".00"/> | | | | I Enter the lesser of line H or 10,000 <input type="text" value=".00"/> | | | |

| | | | | | | | |
|--|----------|---|----|---|--------|---------------------------------|-----------------------------------|
| Eligible student 2 | A | First name | MI | Last name | Suffix | B Social Security number | C Date of birth (mmddyyyy) |
| D Is the student claimed as a dependent on your NYS return? (see instructions) Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | |
| E EIN of college or university (see instructions) | | F Name of college or university (see instructions) | | | | | |
| G Were expenses for undergraduate tuition? (see instructions) Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | |
| H Amount of qualified college tuition expenses (see instructions) <input type="text" value=".00"/> | | | | I Enter the lesser of line H or 10,000 <input type="text" value=".00"/> | | | |

| | | | | | | | |
|--|----------|---|----|---|--------|---------------------------------|-----------------------------------|
| Eligible student 3 | A | First name | MI | Last name | Suffix | B Social Security number | C Date of birth (mmddyyyy) |
| D Is the student claimed as a dependent on your NYS return? (see instructions) Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | |
| E EIN of college or university (see instructions) | | F Name of college or university (see instructions) | | | | | |
| G Were expenses for undergraduate tuition? (see instructions) Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | |
| H Amount of qualified college tuition expenses (see instructions) <input type="text" value=".00"/> | | | | I Enter the lesser of line H or 10,000 <input type="text" value=".00"/> | | | |

2 College tuition itemized deduction (total the line I amounts for all eligible students; include amounts from any additional sheets).
 Also enter this amount on Form IT-196, *New York Resident, Nonresident, and Part-Year Resident Itemized Deductions*.

NO HANDWRITTEN ENTRIES ON THIS FORM



Schedule A – Allocation of wage and salary income to New York State

| | | | |
|---|-----------|-----------|-----|
| 2a Total days (see instructions) | | 2a | |
| Nonworking days included in line 2a: | | | |
| 2b Saturdays and Sundays (not worked) | 2b | | |
| 2c Holidays (not worked) | 2c | | |
| 2d Sick leave | 2d | | |
| 2e Vacation | 2e | | |
| 2f Other nonworking days | 2f | | |
| 2g Total nonworking days (add lines 2b through 2f) | | 2g | |
| 2h Total days worked in year at this job (subtract line 2g from line 2a) | | 2h | |
| 2i Total days included in line 2h worked outside New York State | 2i | | |
| 2j Enter number of days worked at home included in line 2i amount | 2j | | |
| 2k Subtract line 2j from line 2i | | 2k | |
| 2l Days worked in New York State (subtract line 2k from line 2h) | | 2l | |
| 2m Enter number of days from line 2h above | | 2m | |
| 2n Divide line 2l by line 2m; round the result to the fourth decimal place | | 2n | |
| 2o Wages, salaries, tips, etc. (to be allocated) | 2o | | .00 |
| 2p New York State allocated wage and salary income (multiply line 2n by line 2o) | 2p | | .00 |

Include the line 2p amount on Form IT-203, line 1, in the *New York State amount* column.

Schedule A – Allocation of wage and salary income to New York State

| | | | |
|---|-----------|-----------|-----|
| 3a Total days (see instructions) | | 3a | |
| Nonworking days included in line 3a: | | | |
| 3b Saturdays and Sundays (not worked) | 3b | | |
| 3c Holidays (not worked) | 3c | | |
| 3d Sick leave | 3d | | |
| 3e Vacation | 3e | | |
| 3f Other nonworking days | 3f | | |
| 3g Total nonworking days (add lines 3b through 3f) | | 3g | |
| 3h Total days worked in year at this job (subtract line 3g from line 3a) | | 3h | |
| 3i Total days included in line 3h worked outside New York State | 3i | | |
| 3j Enter number of days worked at home included in line 3i amount | 3j | | |
| 3k Subtract line 3j from line 3i | | 3k | |
| 3l Days worked in New York State (subtract line 3k from line 3h) | | 3l | |
| 3m Enter number of days from line 3h above | | 3m | |
| 3n Divide line 3l by line 3m; round the result to the fourth decimal place | | 3n | |
| 3o Wages, salaries, tips, etc. (to be allocated) | 3o | | .00 |
| 3p New York State allocated wage and salary income (multiply line 3n by line 3o) | 3p | | .00 |

Include the line 3p amount on Form IT-203, line 1, in the *New York State amount* column.

NO HANDWRITTEN ENTRIES ON THIS FORM

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Department of Taxation and Finance

Passive Activity Loss Limitations

For Nonresidents and Part-Year Residents

IT-182

Submit with your Form IT-203 or IT-205.

| | |
|---|--|
| Name as shown on return HARI BABU PALADUGU | Identifying number as shown on return 284718728 |
|---|--|

See the instructions, before completing this form.

Part I – Passive activity loss**Rental real estate activities with active participation**

| | | | |
|--|-----------|------------|------------|
| 1a Activities with net income from Part IV, column (a) | 1a | 0 .00 | |
| 1b Activities with net loss from Part IV, column (b) | 1b | -12000 .00 | |
| 1c Prior years unallowed losses from Part IV, column (c) (see instructions) | 1c | .00 | |
| 1d Add lines 1a, 1b, and 1c..... | 1d | | -12000 .00 |

All other passive activities

| | | | |
|---|-----------|-----|-----|
| 2a Activities with net income from Part V, column (a) | 2a | .00 | |
| 2b Activities with net loss from Part V, column (b) | 2b | .00 | |
| 2c Prior years unallowed losses from Part V, column (c) (see instructions) | 2c | .00 | |
| 2d Add lines 2a, 2b, and 2c..... | 2d | | .00 |

3 Add lines 1d and 2d. **Note:** If this line is zero or more, stop here and submit this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used. **3** -12000 .00

If line 3 is a loss and: • Line 1d is a loss, go to Part II.

• Line 2d is a loss (and line 1d is zero or more), skip Part II and go to Part III, line 10.

Caution: If married filing separately, filing status ③, and you lived with your spouse at any time during the year, **do not** complete Part II. Instead, go to line 10.

Part II – Special allowance for rental real estate activities with active participation**Note:** Enter all numbers in Part II as positive amounts (greater than zero). See instructions.

| | | | |
|--|----------|------------|--|
| 4 Enter the smaller of the loss on line 1d or the loss on line 3..... | 4 | 12000 .00 | |
| 5 Enter 150,000 (if married filing separately, see instructions) | 5 | 150000 .00 | |
| 6 Enter federal modified adjusted gross income, but not less than zero (see instr.) | 6 | 120466 .00 | |
| Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8, and leave line 9 blank. Otherwise, go to line 7. | | | |
| 7 Subtract line 6 from line 5 | 7 | 29534 .00 | |
| 8 Multiply line 7 by 50% (.5). Do not enter more than 25,000. (If married filing separately, filing status ③, see instr.).. | 8 | 14767 .00 | |
| 9 Enter the smaller of line 4 or line 8 | 9 | 12000 .00 | |

Part III – Total losses allowed

| | | | |
|--|-----------|-------|-----------|
| 10 Add the income, if any, from lines 1a and 2a and enter the total | 10 | 0 .00 | |
| 11 Total losses allowed from all passive activities for this year. (Add lines 9 and 10. See the instructions to find out how to report the losses on your return.) | 11 | | 12000 .00 |

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Part IV – For Part I, lines 1a, 1b, and 1c (see instructions)

| Name of activity/property description and address | Date of acquisition | Date of sale | Current year | | Prior years | Overall gain or loss | |
|---|---------------------|--------------|--------------------------------|------------------------------|------------------------------------|----------------------|-------------|
| | | | (a) Net income (line 1a) | (b) Net loss (line 1b) | (c) Unallowed loss (line 1c) | (d) Gain | (e) Loss |
| KUKATPALLY | | | 0 .00 | 12000 .00 | .00 | .00 | 12000 .00 |
| | | | .00 | .00 | .00 | .00 | .00 |
| | | | .00 | .00 | .00 | .00 | .00 |
| | | | .00 | .00 | .00 | .00 | .00 |
| | | | .00 | .00 | .00 | .00 | .00 |
| Totals. Enter on Part I, lines 1a, 1b, and 1c..... | | | 0 .00 | 12000 .00 | .00 | | |

Part V – For Part I, lines 2a, 2b, and 2c (see instructions)

| Name of activity/property description and address | Date of acquisition | Date of sale | Current year | | Prior years | Overall gain or loss | |
|---|---------------------|--------------|--------------------------------|------------------------------|------------------------------------|----------------------|-------------|
| | | | (a) Net income (line 2a) | (b) Net loss (line 2b) | (c) Unallowed loss (line 2c) | (d) Gain | (e) Loss |
| | | | .00 | .00 | .00 | .00 | .00 |
| | | | .00 | .00 | .00 | .00 | .00 |
| | | | .00 | .00 | .00 | .00 | .00 |
| | | | .00 | .00 | .00 | .00 | .00 |
| | | | .00 | .00 | .00 | .00 | .00 |
| Totals. Enter on Part I, lines 2a, 2b, and 2c..... | | | .00 | .00 | .00 | | |

Part VI – Use this Part if an amount is shown on Part II, line 9 (see instructions)

| Name of activity/property description and address | Form or schedule and line number to be reported on | (a) Loss | (b) Ratio | (c) Special Allowance | (d) Subtract column (c) from column (a) |
|---|--|-------------|--------------|--------------------------|--|
| KUKATPALLY | E LN 22 | 12000 .00 | 1.00000000 | 12000 .00 | 0 .00 |
| | | .00 | | .00 | .00 |
| | | .00 | | .00 | .00 |
| | | .00 | | .00 | .00 |
| Totals..... | | 12000 .00 | 1.00 | 12000 .00 | 0 .00 |

Part VII – Allocation of unallowed losses (see instructions)

| Name of activity/property description and address | Form or schedule and line number to be reported on | (a) Loss | (b) Ratio | (c) Unallowed loss |
|---|--|-------------|--------------|-----------------------|
| | | .00 | | .00 |
| | | .00 | | .00 |
| | | .00 | | .00 |
| | | .00 | | .00 |
| Totals..... | | .00 | 1.00 | .00 |



Part VIII – Allowed losses (see instructions)

| Name of activity/property description and address | Form or schedule and line number to be reported on | (a) Loss | (b) Unallowed loss | (c) Allowed loss |
|---|--|-------------|-----------------------|---------------------|
| | | .00 | .00 | .00 |
| | | .00 | .00 | .00 |
| | | .00 | .00 | .00 |
| | | .00 | .00 | .00 |
| Totals | | .00 | .00 | .00 |

Part IX – Activities with losses reported on two or more different forms or schedules (see instructions)

| Name of activity/property description and address: | (a) | (b) | (c) Ratio | (d) Unallowed loss | (e) Allowed loss |
|---|-----|-----|--------------|-----------------------|---------------------|
| Form or schedule and line number to be reported on (see instructions): _____ | | | | | |
| 1a Net loss plus prior year unallowed loss from form or schedule | .00 | | | | |
| 1b Net income from form or schedule | .00 | | | | |
| 1c Subtract line 1b from line 1a. If zero or less, leave blank | | .00 | | .00 | .00 |
| Form or schedule and line number to be reported on (see instructions): _____ | | | | | |
| 1a Net loss plus prior year unallowed loss from form or schedule | .00 | | | | |
| 1b Net income from form or schedule | .00 | | | | |
| 1c Subtract line 1b from line 1a. If zero or less, leave blank..... | | .00 | | .00 | .00 |
| Form or schedule and line number to be reported on (see instructions): _____ | | | | | |
| 1a Net loss plus prior year unallowed loss from form or schedule | .00 | | | | |
| 1b Net income from form or schedule | .00 | | | | |
| 1c Subtract line 1b from line 1a. If zero or less, leave blank..... | | .00 | | .00 | .00 |
| Totals | | .00 | 1.00 | .00 | .00 |

182003213555





Department of Taxation and Finance

Summary of W-2 Statements

New York State • New York City • Yonkers

IT-2

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions on the back.

W-2 Record 1

Box a Employee's Social Security number for this W-2 Record

284718728

Box b Employer identification number (EIN)

814055190

Box c Employer's information

| | | | |
|---|-------|----------|--------------------------------|
| Employer's name | | | |
| INTELIROUTE TECHNOLOGIES LLC AURORA BUSINESS PARK BLDG 11 | | | |
| Employer's address (number and street) | | | |
| 11302 AURORA AVENUE | | | |
| City | State | ZIP code | Country (if not United States) |
| URBANDALE | IA | 50322 | |

Box 1 Wages, tips, other compensation

90520.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

.00

Code

||

Box 12b Amount

.00

Code

||

Box 12c Amount

.00

Code

||

Box 12d Amount

.00

Code

||

Box 14a Amount

.00

Description

Box 14b Amount

.00

Description

Box 14c Amount

.00

Description

Box 14d Amount

.00

Description

Box 13 Statutory employee

Retirement plan

Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State

N|Y

Box 16a NYS wages, tips, etc.

.00

Box 17a NYS income tax withheld

.00

Other state information:

Box 15b other state

N|C

Box 16b Other state wages, tips, etc.

90520.00

Box 17b Other state income tax withheld

4264.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a .00

Locality b .00

Box 19 Local income tax withheld

Locality a .00

Locality b .00

Box 20 Locality name

Locality a

Locality b

Do not detach.

W-2 Record 2

Box a Employee's Social Security number for this W-2 Record

284718728

Box b Employer identification number (EIN)

113449660

Box c Employer's information

| | | | |
|--|-------|----------|--------------------------------|
| Employer's name | | | |
| SOFTPATH SYSTEMS INC | | | |
| Employer's address (number and street) | | | |
| 75 MAIDEN LANE STE 903 | | | |
| City | State | ZIP code | Country (if not United States) |
| NEW YORK | NY | 10038 | |

Box 1 Wages, tips, other compensation

28175.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

.00

Code

||

Box 12b Amount

.00

Code

||

Box 12c Amount

.00

Code

||

Box 12d Amount

.00

Code

||

Box 14a Amount

144.00

Description

NY PFL

Box 14b Amount

10.00

Description

VPDI

Box 14c Amount

.00

Description

Box 14d Amount

.00

Description

Box 13 Statutory employee

Retirement plan

Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State

N|Y

Box 16a NYS wages, tips, etc.

28175.00

Box 17a NYS income tax withheld

1422.00

Other state information:

Box 15b other state

||

Box 16b Other state wages, tips, etc.

.00

Box 17b Other state income tax withheld

.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a .00

Locality b .00

Box 19 Local income tax withheld

Locality a .00

Locality b .00

Box 20 Locality name

Locality a

Locality b

NO HANDWRITTEN ENTRIES ON THIS FORM

102001213555



SCHEDULE D
(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

2021

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
HARI BABU PALADUGU

Your social security number
284-71-8728

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? **Yes** **No**
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

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

| See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|--|----------------------------------|---------------------------------|---|---|
| 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . | | | | |
| 1b Totals for all transactions reported on Form(s) 8949 with Box A checked | 30,631. | 28,955. | 43. | 1,719. |
| 2 Totals for all transactions reported on Form(s) 8949 with Box B checked | | | | |
| 3 Totals for all transactions reported on Form(s) 8949 with Box C checked | | | | |
| 4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 | | | | 4 |
| 5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | | 5 |
| 6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions | | | | 6 () |
| 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back | | | | 7 1,719. |

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

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

Part III Summary

| | | |
|---|---------------|--------|
| <p>16 Combine lines 7 and 15 and enter the result</p> <ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. | 16 | 1,725. |
| <p>17 Are lines 15 and 16 both gains?</p> <p><input checked="" type="checkbox"/> Yes. Go to line 18.</p> <p><input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p> | | |
| <p>18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet ▶</p> | 18 | |
| <p>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 ▶</p> | 19 | |
| <p>20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952?</p> <p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.</p> | | |
| <p>21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:</p> <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p> | 21 () | |
| <p>22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?</p> <p><input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.</p> <p><input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p> | | |

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side
HARI BABU PALADUGU

Social security number or taxpayer identification number
284-71-8728

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.

- (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

| 1 | (a) Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold or disposed of (Mo., day, yr.) | (d) Proceeds (sales price) (see instructions) | (e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions | Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions. | | (h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g) |
|---|--|---|--|--|--|---|--------------------------------|--|
| | | | | | | (f) Code(s) from instructions | (g) Amount of adjustment | |
| | Robinhood Securities LLC | 01/01/21 | 12/31/21 | 10. | 4. | | | 6. |
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| | | | | | | | | |
| 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 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ▶ | | | | 10. | 4. | | | 6. |

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.

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

OMB No. 1545-0074

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

2021

Department of the Treasury
Internal Revenue Service (99)

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

Attachment
Sequence No. **13**

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

Name(s) shown on return

Your social security number

HARI BABU PALADUGU

284-71-8728

Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

A Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions Yes No

B If "Yes," did you or will you file required Form(s) 1099? Yes No

| | | | | | |
|-----------|---|--|------------------|-------------------|--------------------------|
| 1a | Physical address of each property (street, city, state, ZIP code) | | | | |
| A | KUKATPALLY HYDERABAD TELANGANA IN 500072 | | | | |
| B | | | | | |
| C | | | | | |
| 1b | Type of Property (from list below) | 2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. | Fair Rental Days | Personal Use Days | QJV |
| A | 3 | | A 365 | 0 | <input type="checkbox"/> |
| B | | | B | | <input type="checkbox"/> |
| C | | | C | | <input type="checkbox"/> |

Type of Property:

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

| Income: | | Properties: | | A | B | C |
|------------------|---|-------------|---|----------|---|----------|
| 3 | Rents received | 3 | | 600. | | |
| 4 | Royalties received | 4 | | | | |
| Expenses: | | | | | | |
| 5 | Advertising | 5 | | | | |
| 6 | Auto and travel (see instructions) | 6 | | | | |
| 7 | Cleaning and maintenance | 7 | | 1,800. | | |
| 8 | Commissions. | 8 | | | | |
| 9 | Insurance | 9 | | | | |
| 10 | Legal and other professional fees | 10 | | | | |
| 11 | Management fees | 11 | | 1,300. | | |
| 12 | Mortgage interest paid to banks, etc. (see instructions) | 12 | | | | |
| 13 | Other interest. | 13 | | | | |
| 14 | Repairs. | 14 | | 3,000. | | |
| 15 | Supplies | 15 | | 3,000. | | |
| 16 | Taxes | 16 | | | | |
| 17 | Utilities. | 17 | | 3,500. | | |
| 18 | Depreciation expense or depletion | 18 | | | | |
| 19 | Other (list) ▶ | 19 | | | | |
| 20 | Total expenses. Add lines 5 through 19 | 20 | | 12,600. | | |
| 21 | Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 | 21 | | -12,000. | | |
| 22 | Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 | (| 12,000.) | (|) |
| 23a | Total of all amounts reported on line 3 for all rental properties | 23a | | 600. | | |
| b | Total of all amounts reported on line 4 for all royalty properties | 23b | | | | |
| c | Total of all amounts reported on line 12 for all properties | 23c | | | | |
| d | Total of all amounts reported on line 18 for all properties | 23d | | | | |
| e | Total of all amounts reported on line 20 for all properties | 23e | | 12,600. | | |
| 24 | Income. Add positive amounts shown on line 21. Do not include any losses | 24 | | | | |
| 25 | Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here | 25 | (| 12,000.) | | |
| 26 | Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 | 26 | | | | -12,000. |

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2021

D-400 (50) 8-23-21 **2021 Individual Income Tax Return**

< Staple All Pages of Your Return and W-2s Here

North Carolina Department of Revenue

Amended Return

DOR
Use
Only

| | | |
|--|--|---|
| For calendar year 2021, or fiscal year beginning <u>21</u> and ending | | Are you a veteran? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| HARI BABU PALADUGU 1451 GLENWATER DR CARY NC 27519 WAKE | | Is your spouse a veteran? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Your SSN: 284718728 Spouse's SSN: | | Were you granted an automatic extension to file your 2021 federal income tax return, e.g., Form 1040? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Filing Status <input checked="" type="checkbox"/> 1. Single <input type="checkbox"/> 2. Married Filing Jointly <input type="checkbox"/> 3. Married Filing Separately <input type="checkbox"/> 4. Head of Household <input type="checkbox"/> 5. Qualifying Widow(er) | | |
| Were you a resident of N.C. for the entire year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Return for deceased taxpayer. Date of death: |
| Was your spouse a resident for the entire year? Yes <input type="checkbox"/> No <input type="checkbox"/> | | Return for deceased spouse. Date of death: |
| N.C. Education Endowment Fund: You may contribute to the N.C. Education Endowment Fund by making a contribution or designating some or all of your overpayment to the Fund. To make a contribution, enclose Form NC-EDU and your payment of \$ <u>0</u> To designate your overpayment to the Fund, enter the amount of your designation on Page 2, Line 31. (See instructions for information about the Fund.) | | |
| <input type="checkbox"/> Select box if you, or if married filing jointly, your spouse were out of the country on April 15, 2022, and a U.S. citizen or resident. | | |
| <input type="checkbox"/> Select box if return is filed and signed by Executor, Administrator, or Court-Appointed Personal Representative. | | |

| | | | | | | | | | | | | | | | |
|-----------|------------|--------|----------|------------|----|----|----|-----------|---|-----------|---|------|-------|-------|---|
| FS | 1 | PP | Y | DT | N | OC | N | TPRES | Y | SPRES | N | VT | N | SVT | N |
| PALA | 1451 | 27519 | DS | N | EA | N | TD | | | SD | | | | FDEXT | N |
| HARI BABU | | | PALADUGU | | | | | 284718728 | | | | WAKE | | | |
| | | | | | | | | | | | | NC | 27519 | | |
| 1451 | GLENWATER | DR | | | | | | CARY | | | | | | | |
| 06 | | 108466 | | 16 | | | | 1333 | | 26C | | | | 0 | |
| 07 | | 0 | | 18 | Y | | | 0 | | 26E | | | | 0 | |
| 09 | | 0 | | 20A | | | | 4264 | | EU | | | | | |
| 10A | | 0 | | 20B | | | | 0 | | 27 | | | | 0 | |
| 10B | | 0 | | 21A | | | | 0 | | 29 | | | | 0 | |
| 11 | S | Y | I | N | | | | 0 | | 30 | | | | 0 | |
| 11 | | 10750 | | 21C | | | | 0 | | 31 | | | | 0 | |
| 13 | | 00000 | | 21D | | | | 0 | | 32 | | | | 0 | |
| 14 | | 97716 | | 26A | | | | 0 | | 34 | | | | 467 | |
| 15 | | 5130 | | 26B | | | | 0 | | | | | | | |
| TN | 8163285691 | | PN | 6789659522 | | | | PP | | P02082703 | | | | | |



| | | | |
|---|--|---|--|
| Sign Return Below <input checked="" type="checkbox"/> Refund Due <u>467</u> | | <input type="checkbox"/> Payment Due <u>0</u> | |
| I declare and certify 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. | | | |
| Your Signature _____ | | Spouse's Signature (If filing joint return, both must sign.) _____ | |
| Date _____ | | Date _____ | |
| | | Contact Phone No. (Include area code) <u>8163285691</u> | |
| PAID PREPARER USE ONLY If prepared by a person other than taxpayer, this certification is based on all information of which the preparer has any knowledge. | | | |
| Paid Preparer's Signature <u>SYAM PRIYA RAM SAGAR GUPT</u> | | Preparer's Contact Phone Number (Include area code) <u>6789659522</u> | |
| Date <u>04 13 22</u> | | Preparer's FEIN, SSN, or PTIN <u>P02082703</u> | |
| If REFUND, mail return to: N.C. DEPT. OF REVENUE, P.O. BOX R, RALEIGH, NC 27634-0001 If you ARE NOT due a refund, mail return, any payment, and D-400V to: N.C. DEPT. OF REVENUE, P.O. BOX 25000, RALEIGH, NC 27640-0640 | | | |

D-400 Line-by-Line Information

| | | | |
|-----|---|------|--------|
| 6. | Federal Adjusted Gross Income | 6. | 108466 |
| 7. | Additions to Federal Adjusted Gross Income | 7. | 0 |
| 8. | Add Lines 6 and 7 | 8. | 108466 |
| 9. | Deductions From Federal Adjusted Gross Income | 9. | 0 |
| 10. | Child Deduction | | |
| | a. Enter the number of qualifying children for whom you were allowed a federal child tax credit | 10a. | 0 |
| | b. Enter the amount of the child deduction | 10b. | 0 |
| 11. | N.C. Standard Deduction | 11. | Y |
| 11. | N.C. Itemized Deduction | 11. | N |
| 11. | Deduction amount | 11. | 10750 |
| 12. | a. Add Lines 9, 10b, and 11 | 12a. | 10750 |
| | b. Subtract amount on Line 12a from Line 8 | 12b. | 97716 |
| 13. | Part-year Residents and Nonresidents Taxable Percentage | 13. | 0.0000 |
| 14. | N.C. Taxable Income | 14. | 97716 |
| 15. | N.C. Income Tax | 15. | 5130 |
| 16. | Tax Credits | 16. | 1333 |
| 17. | Subtract Line 16 from Line 15 | 17. | 3797 |
| 18. | Consumer Use Tax | 18. | 0 |
| | You certify that no Consumer Use Tax is due | | Y |
| 19. | Add Lines 17 and 18 | 19. | 3797 |

North Carolina Income Tax Withheld

| | | | |
|------|-----------------------|------|------|
| 20a. | Your tax withheld | 20a. | 4264 |
| 20b. | Spouse's tax withheld | 20b. | 0 |

Other Tax Payments

| | | | |
|------|--|------|------------|
| 21a. | 2021 estimated tax | 21a. | 0 |
| 21b. | Paid with extension | 21b. | 0 |
| 21c. | Partnership | 21c. | 0 |
| 21d. | S Corporation | 21d. | 0 |
| 22. | Amended Returns Only - Previous payments | 22. | 0 |
| 23. | Total Payments | 23. | 4264 |
| 24. | Amended Returns Only - Previous refunds | 24. | 0 |
| 25. | Subtract Line 24 from Line 23 | 25. | 4264 |
| 26a. | Tax Due | 26a. | 0 |
| 26b. | Penalties | 26b. | 0 |
| 26c. | Interest | 26c. | 0 |
| 26d. | Add Lines 26b and 26c and enter the total on 26d | 26d. | 0 |
| EU | Exception to Underpayment of Estimated Tax | EU | |
| 26e. | Interest on the Underpayment of Estimated Income Tax | 26e. | 0 |
| 27. | Pay this Amount | 27. | 0 |
| 28. | Overpayment | 28. | 467 |

Amount of Refund to Apply to:

| | | | |
|-----|--|-----|------------|
| 29. | Amount of Line 28 to be applied to 2022 Estimated Income Tax | 29. | 0 |
| 30. | N.C. Nongame and Endangered Wildlife Fund | 30. | 0 |
| 31. | N.C. Education Endowment Fund | 31. | 0 |
| 32. | N.C. Breast and Cervical Cancer Control Program | 32. | 0 |
| 33. | Add Lines 29 through 32 | 33. | 0 |
| 34. | Amount to be Refunded | 34. | 467 |

D-400TC (50)

12-1-21

2021 Individual Income Tax Credits

North Carolina Department of Revenue

DOR Use Only

If you claim a tax credit on Form D-400, Line 16, you must attach this form to the return. Otherwise, the tax credit may be disallowed.

Important: Refer to the instructions before completing this form.

Last Name (First 10 Characters) PALADUGU Your Social Security Number 284718728

Table with 8 columns: Line, Amount, Code, Count, Code, Amount, Count, Code. Rows 01-07A.

Part 1. Credit for Income Tax Paid to Another State or Country - N.C. Residents Only

If you claim a tax credit for taxes paid to more than one state or country, do not complete Lines 1-6. Instead, complete the "Out-of-State Tax Credit Worksheet" in the instructions to determine the amount to enter on Line 7a.

Table with 3 columns: Description, Line, Amount. Rows 1-7b.

Part 2. Credits for Rehabilitating Historic Structures

On Lines 8a, 9a, 10a, and 11a, enter the amount of expenditures or expenses only if tax year 2021 is the first year the credit is taken.

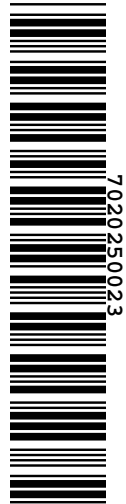
Note: For Lines 8a and 9a, the expenditures and expenses must have been incurred prior to January 1, 2015.

On Lines 8b, 9b, 10b, 11b, 12, and 13, enter the amount of the tax credit taken.

Table with 3 columns: Description, Line, Amount. Rows 8a-13.

Part 3. Computation of Total Tax Credits to be Taken for Tax Year 2021

Table with 3 columns: Description, Line, Amount. Rows 14-20.





Instructions for Form IT-201-V

Payment Voucher for Income Tax Returns

IT-201-V

(12/21)

Did you know? You can pay your income tax return payment directly on our website from your bank account or by credit card through your individual Online Services account. Visit www.tax.ny.gov.

How to use this form

If you are paying New York State income tax by check or money order, you must include Form IT-201-V with your payment.

Check or money order

- Make your check or money order payable in U.S. funds to **New York State Income Tax**.
- Be sure to write the last four digits of your Social Security number (SSN), the tax year, and **Income Tax** on it.

Completing the voucher

Be sure to complete **all** information on the voucher.

- Enter the tax year from the income tax return you are filing and your **entire** SSN. Failure to do so may result in monies not being properly credited to your account.
- If filing a joint return, include information for both spouses.
- Foreign address – Enter the city, province, or state all in the **City** box, and the **full** country name in the **Country** box. Enter the postal code, if any, in the **ZIP code** box.
- Do not staple or clip your payment to Form IT-201-V. Instead, just put them loose in the envelope.



You **cannot** use this form to pay a bill or other notice from the Tax Department that indicates you owe tax; you must use the payment document included with that bill or notice.

You **cannot** use this form to request an installment payment agreement (IPA); see our website for information about requesting an IPA.

Mailing address

E-filed and previously filed returns

If you e-filed your income tax return, or if you are making a payment for a previously filed return, mail the voucher and payment to:

**NYS PERSONAL INCOME TAX
PROCESSING CENTER
PO BOX 4124
BINGHAMTON NY 13902-4124**

Paper returns

If you are filing a paper income tax return (including amended returns), include the voucher and payment with your return and mail to this address:

**STATE PROCESSING CENTER
PO BOX 15555
ALBANY NY 12212-5555**

If you are not using U.S. Mail, be sure to consult Publication 55, *Designated Private Delivery Services*.

◀ Cut here ▶

STOP: Pay this electronically on our website.

Department of Taxation and Finance

Payment Voucher for Income Tax Returns



REV 03/29/22 PRO

IT-201-V

(12/21)

| | | | |
|---|--|---|--------------------------------|
| Tax year (yyyy) 2021 | | Make your check or money order payable in U.S. funds to New York State Income Tax . Write on your check or money order the last four digits of your SSN, the tax year, and Income Tax . | |
| Your first name and middle initial HARI BABU | Your last name (for a joint return, enter spouse's name on line below) PALADUGU | Your full SSN 284718728 | |
| Spouse's first name and middle initial | Spouse's last name | Spouse's full SSN (only if filing a joint return) | |
| Mailing address 1451 GLENWATER DR | | Apartment number | Country (if not United States) |
| City, village or post office CARY | State NC | ZIP code 27519 | |
| Email: HARI.MSD474@GMAIL.COM | | | |

Payment amount

Dollars

Cents

96 . 00

040001213555



For office use only

0401213555 284718728 4



Department of Taxation and Finance

Nonresident and Part-Year Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

IT-203

For the year January 1, 2021, through December 31, 2021, or fiscal year beginning

21

and ending

For help completing your return, see the instructions, Form IT-203-I.

| | | | | | |
|--|----------|--|-------------------|---|--|
| Your first name and middle initial HARI BABU | | Your last name (for a joint return, enter spouse's name on line below) PALADUGU | | Your date of birth (mmddyyyy) 06151993 | Your Social Security number 284718728 |
| Spouse's first name and middle initial | | Spouse's last name | | Spouse's date of birth (mmddyyyy) | Spouse's Social Security number |
| Mailing address (see instructions, page 12) (number and street or PO Box) 1451 GLENWATER DR | | | | Apartment number | New York State county of residence NR |
| City, village, or post office CARY | | State NC | ZIP code 27519 | Country | School district name NR |
| Taxpayer's permanent home address (see instr., pg. 12) (no. and street or rural route) | | | | Apartment no. | City, village, or post office |
| | | | | School district code number | |
| State | ZIP code | Country | | Decedent information | Taxpayer's date of death |
| | | | | | Spouse's date of death |

A Filing status (mark an X in one box):

- ① Single
- ② Married filing joint return (enter both spouses' Social Security numbers above)
- ③ Married filing separate return (enter both spouses' Social Security numbers above)
- ④ Head of household (with qualifying person)
- ⑤ Qualifying widow(er)

B Did you itemize your deductions on your 2021 federal income tax return? Yes No

C Can you be claimed as a dependent on another taxpayer's federal return? Yes No

D1 Did you have a financial account located in a foreign country? (see page 13) Yes No

D2 Were you required to report any nonqualified deferred compensation, as required by IRC § 457A, on your 2021 federal return? (see page 13) Yes No

E New York City part-year residents only (see page 13)

- (1) Number of months you lived in NY City in 2021
- (2) Number of months your spouse lived in NY City in 2021

F Enter your 2-character special condition code(s) if applicable (see page 13)

G New York State part-year residents (see page 14)

- Enter the date you moved into or out of NYS (mmddyyyy)
- On the last day of the tax year (mark an X in one box):
- 1) Lived in NYS
 - 2) Lived outside NYS; received income from NYS sources during nonresident period
 - 3) Lived outside NYS; received no income from NYS sources during nonresident period

H New York State nonresidents (see page 14)

Did you or your spouse maintain living quarters in NYS in 2021? Yes No
(if Yes, complete Form IT-203-B)



I Dependent information (see page 14)

| First name and middle initial | Last name | Relationship | Social Security number | Date of birth (mmddyyyy) |
|-------------------------------|-----------|--------------|------------------------|--------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

If more than 6 dependents, mark an X in the box.



203001213555

For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Enter your Social Security number
284718728

Federal income and adjustments (see page 16)

Federal amount
Whole dollars only

New York State amount
Whole dollars only

| | | | | | |
|-----|---|-----|------------|-----|-----------|
| 1 | Wages, salaries, tips, etc. | 1 | 118695 .00 | 1 | 28175 .00 |
| 2 | Taxable interest income | 2 | .00 | 2 | .00 |
| 3 | Ordinary dividends | 3 | 6 .00 | 3 | .00 |
| 4 | Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 24) | 4 | .00 | 4 | .00 |
| 5 | Alimony received | 5 | .00 | 5 | .00 |
| 6 | Business income or loss (submit a copy of federal Sch. C, Form 1040) | 6 | .00 | 6 | .00 |
| 7 | Capital gain or loss (if required, submit a copy of federal Sch. D, Form 1040) | 7 | 1725 .00 | 7 | .00 |
| 8 | Other gains or losses (submit a copy of federal Form 4797) | 8 | .00 | 8 | .00 |
| 9 | Taxable amount of IRA distributions. Beneficiaries: mark X in box <input type="checkbox"/> | 9 | .00 | 9 | .00 |
| 10 | Taxable amount of pensions/annuities. Beneficiaries: mark X in box <input type="checkbox"/> | 10 | .00 | 10 | .00 |
| 11 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit a copy of federal Schedule E, Form 1040) | 11 | -12000 .00 | 11 | .00 |
| 12 | Rental real estate included in line 11 (federal amount) 12. -12000 .00 | | | | |
| 13 | Farm income or loss (submit a copy of federal Sch. F, Form 1040) | 13 | .00 | 13 | .00 |
| 14 | Unemployment compensation..... | 14 | .00 | 14 | .00 |
| 15 | Taxable amount of Social Security benefits (also enter on line 26) | 15 | .00 | 15 | .00 |
| 16 | Other income (see page 22) Identify: 1099-MISC BOX 3 | 16 | 40 .00 | 16 | .00 |
| 17 | Add lines 1 through 11 and 13 through 16 | 17 | 108466 .00 | 17 | 28175 .00 |
| 18 | Total federal adjustments to income (see page 22) Identify: | 18 | .00 | 18 | .00 |
| 19 | Federal adjusted gross income (subtract line 18 from line 17) .. | 19 | 108466 .00 | 19 | 28175 .00 |
| 19a | Recomputed federal adjusted gross income (see page 23, Line 19a worksheets) | 19a | 108466 .00 | 19a | 28175 .00 |

New York additions (see page 24)

| | | | | | |
|----|---|----|------------|----|-----------|
| 20 | Interest income on state and local bonds and obligations (but not those of New York State or its localities) | 20 | .00 | 20 | .00 |
| 21 | Public employee 414(h) retirement contributions | 21 | .00 | 21 | .00 |
| 22 | Other (Form IT-225, line 9) | 22 | .00 | 22 | .00 |
| 23 | Add lines 19a through 22 | 23 | 108466 .00 | 23 | 28175 .00 |

New York subtractions (see page 25)

| | | | | | |
|----|---|----|------------|----|-----------|
| 24 | Taxable refunds, credits, or offsets of state and local income taxes (from line 4) | 24 | .00 | 24 | .00 |
| 25 | Pensions of NYS and local governments and the federal government (see page 25) | 25 | .00 | 25 | .00 |
| 26 | Taxable amount of Social Security benefits (from line 15) | 26 | .00 | 26 | .00 |
| 27 | Interest income on U.S. government bonds | 27 | .00 | 27 | .00 |
| 28 | Pension and annuity income exclusion | 28 | .00 | 28 | .00 |
| 29 | Other (Form IT-225, line 18) | 29 | .00 | 29 | .00 |
| 30 | Add lines 24 through 29 | 30 | .00 | 30 | .00 |
| 31 | New York adjusted gross income (subtract line 30 from line 23) | 31 | 108466 .00 | 31 | 28175 .00 |

32 Enter the amount from line 31, **Federal amount** column **32** 108466 .00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Standard deduction or itemized deduction (see page 27)

33 Enter your **standard deduction** (table on page 27) or your **itemized deduction** (from Form IT-196).

Mark an **X** in the appropriate box: ... **Standard** – or – **Itemized**

| | |
|-----------|---------------|
| 33 | 8000.00 |
| 34 | 100466.00 |
| 35 | 000.00 |
| 36 | 100466.00 |

Tax computation, credits, and other taxes

| | | | |
|-----------|--|-----------|-----------|
| 37 | New York taxable income (from line 36) | 37 | 100466.00 |
| 38 | New York State tax on line 37 amount (see page 28) | 38 | 5842.00 |
| 39 | New York State household credit (page 28, table 1, 2, or 3) | 39 | .00 |
| 40 | Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank) | 40 | 5842.00 |
| 41 | New York State child and dependent care credit (see page 29) | 41 | .00 |
| 42 | Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank) | 42 | 5842.00 |
| 43 | New York State earned income credit (see page 29) | 43 | .00 |

| | | | |
|-----------|--|-----------|---------|
| 44 | Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank) | 44 | 5842.00 |
|-----------|--|-----------|---------|

45 Income percentage (see page 29) New York State amount from line 31 ÷ Federal amount from line 31 = **45** Round result to 4 decimal places

| | | | |
|-----------|--|-----------|---------|
| 46 | Allocated New York State tax (multiply line 44 by the decimal on line 45) | 46 | 1518.00 |
| 47 | New York State nonrefundable credits (Form IT-203-ATT, line 8) | 47 | .00 |
| 48 | Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank) | 48 | 1518.00 |
| 49 | Net other New York State taxes (Form IT-203-ATT, line 33) | 49 | .00 |
| 50 | Total New York State taxes (add lines 48 and 49) | 50 | 1518.00 |

New York City and Yonkers taxes, credits, and surcharges, and MCTMT

| | | | |
|------------|--|------------|-----------------------------------|
| 51 | Part-year New York City resident tax (Form IT-360.1) | 51 | .00 |
| 52 | Part-year resident nonrefundable New York City child and dependent care credit | 52 | .00 |
| 52a | Subtract line 52 from line 51 | 52a | .00 |
| 52b | MCTMT net earnings base | 52b | <input type="text" value="0.00"/> |
| 52c | MCTMT | 52c | .00 |
| 53 | Yonkers nonresident earnings tax (Form Y-203) | 53 | .00 |
| 54 | Part-year Yonkers resident income tax surcharge (Form IT-360.1) | 54 | .00 |
| 55 | Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 52a, and 52c through 54) | 55 | .00 |
| 56 | Sales or use tax (See the instructions on page 31. Do not leave line 56 blank.) | 56 | 0.00 |
| 57 | Voluntary contributions (Form IT-227, Part 2, line 1) | 57 | .00 |
| 58 | Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 50, 55, 56, and 57) | 58 | 1518.00 |

See instructions on pages 29 through 31 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Enter your Social Security number
284718728

59 Enter amount from line 58 59 1518 .00

Payments and refundable credits (see page 32)

Table with 2 columns: Description and Amount. Rows include NYC school tax credit, other refundable credits, and total payments and refundable credits.

If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return (see pages 10 and 11). Do not send federal Form W-2 with your return.

Your refund, amount you owe, and account information (see pages 34 through 36)

Table with 2 columns: Description and Amount. Rows include amount overpaid, amount available for refund, and total refund after NYS 529 account deposit.

Mark one refund choice: [] direct deposit to checking or savings account (fill in line 73) - or - [] paper check

Refund? Direct deposit is the easiest, fastest way to get your refund. See page 35 for payment options.

Table with 2 columns: Description and Amount. Rows include amount applied to 2022 tax, amount owed, and other penalties and interest.

See page 38 for the proper assembly of your return.

73 Account information for direct deposit or electronic funds withdrawal (see page 36). If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box (see pg. 36) []

73a Account type: [] Personal checking - or - [] Personal savings - or - [] Business checking - or - [] Business savings

73b Routing number [] 73c Account number []

74 Electronic funds withdrawal (see page 36) Date [] Amount [] .00

Third-party designee? (see instr.) Yes [] No [X] Print designee's name, Designee's phone number, Personal identification number (PIN), Email:

Paid preparer must complete (see instructions) Preparer's NYTPRIN, NYTPRIN excl. code, Preparer's signature, Preparer's printed name, Firm's name, Preparer's PTIN or SSN, Address, Employer identification number, Date, Email.

Taxpayer(s) must sign here Your signature, Your occupation, Spouse's signature and occupation (if joint return), Date, Daytime phone number, Email.

See instructions for where to mail your return.



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Nonresident and Part-Year Resident Income Allocation And College Tuition Itemized Deduction Worksheet

IT-203-B

| | |
|---|--|
| Name(s) and occupation(s) as shown on Form IT-203 HARI BABU PALADUGU SOFTWARE ENGINEER | Your Social Security number 284718728 |
|---|--|

Complete all parts that apply to you; see instructions (Form IT-203-l). Submit this form with your Form IT-203.

Schedule A – Allocation of wage and salary income to New York State

Complete a separate Schedule A for each job for which your wage and salary income is subject to allocation.

Additional Schedule A sections are provided on page 3 of this form. If you are required to complete more than one Schedule A, total the amounts from line p on all schedules and include this total on Form IT-203, line 1, in the *New York State amount* column.

Do not use this schedule for income based on the volume of business transacted. See the Schedule A instructions if:

- You had more than one job;
- You had a job for only part of the year; or
- You and your spouse each had a job that requires allocation.

| | | |
|---|-----------|----------|
| 1a Total days (see instructions) | 1a | 365 |
| Nonworking days included in line 1a: | | |
| 1b Saturdays and Sundays (not worked) | 1b | |
| 1c Holidays (not worked) | 1c | |
| 1d Sick leave | 1d | |
| 1e Vacation | 1e | |
| 1f Other nonworking days | 1f | |
| 1g Total nonworking days (add lines 1b through 1f) | 1g | |
| 1h Total days worked in year at this job (subtract line 1g from line 1a) | 1h | 365 |
| 1i Total days included in line 1h worked outside New York State | 1i | |
| 1j Enter number of days worked at home included in line 1i amount | 1j | |
| 1k Subtract line 1j from line 1i | 1k | |
| 1l Days worked in New York State (subtract line 1k from line 1h) | 1l | 365 |
| 1m Enter number of days from line 1h above | 1m | 365 |
| 1n Divide line 1l by line 1m; round the result to the fourth decimal place | 1n | 1.0000 |
| 1o Wages, salaries, tips, etc. (to be allocated) | 1o | 28175.00 |
| 1p New York State allocated wage and salary income (multiply line 1n by line 1o) | 1p | 28175.00 |

Include the line 1p amount on Form IT-203, line 1, in the *New York State amount* column.

Schedule B – Living quarters maintained in New York State by a nonresident

Mark an **X** in the box if NYS living quarters were maintained for you or by you for the entire tax year

If you or your spouse maintained living quarters in NYS during any part of the year, give address(es) below. Submit additional sheets if necessary. **For column E, mark an X in the box if the living quarters are still maintained for or by you.**

| A – Street address | B – City, village, or post office | C | D – ZIP code | E |
|--------------------|-----------------------------------|----|--------------|--------------------------|
| | | NY | | <input type="checkbox"/> |
| | | NY | | <input type="checkbox"/> |
| | | NY | | <input type="checkbox"/> |
| | | NY | | <input type="checkbox"/> |

Enter the number of days spent in New York State in this tax year Any part of a day spent in New York State is considered a day spent in New York State.

NO HANDWRITTEN ENTRIES ON THIS FORM



Enter your Social Security number
284718728

Schedule C – College tuition itemized deduction worksheet (See the instructions for Schedule C.)

- 1 Are you claimed as a dependent on another taxpayer's New York State tax return for this tax year? 1 Yes No X
- If **Yes, stop**; you do not qualify for the college tuition itemized deduction.
 - If **No**, continue. Complete A through I below for each eligible student for whom you paid qualified college tuition expenses. Use additional sheets if necessary.

| | | | | | | | |
|--|----------|---|----|--|--------|---------------------------------|-----------------------------------|
| Eligible student 1 | A | First name | MI | Last name | Suffix | B Social Security number | C Date of birth (mmddyyyy) |
| | | | | | | | |
| D Is the student claimed as a dependent on your NYS return? (see instructions) Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | |
| E EIN of college or university (see instructions) | | F Name of college or university (see instructions) | | | | | |
| | | | | | | | |
| G Were expenses for undergraduate tuition? (see instructions) Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | |
| H Amount of qualified college tuition expenses (see instructions) | | | | I Enter the lesser of line H or 10,000 | | | |
| | | | | | | | |

| | | | | | | | |
|--|----------|---|----|--|--------|---------------------------------|-----------------------------------|
| Eligible student 2 | A | First name | MI | Last name | Suffix | B Social Security number | C Date of birth (mmddyyyy) |
| | | | | | | | |
| D Is the student claimed as a dependent on your NYS return? (see instructions) Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | |
| E EIN of college or university (see instructions) | | F Name of college or university (see instructions) | | | | | |
| | | | | | | | |
| G Were expenses for undergraduate tuition? (see instructions) Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | |
| H Amount of qualified college tuition expenses (see instructions) | | | | I Enter the lesser of line H or 10,000 | | | |
| | | | | | | | |

| | | | | | | | |
|--|----------|---|----|--|--------|---------------------------------|-----------------------------------|
| Eligible student 3 | A | First name | MI | Last name | Suffix | B Social Security number | C Date of birth (mmddyyyy) |
| | | | | | | | |
| D Is the student claimed as a dependent on your NYS return? (see instructions) Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | |
| E EIN of college or university (see instructions) | | F Name of college or university (see instructions) | | | | | |
| | | | | | | | |
| G Were expenses for undergraduate tuition? (see instructions) Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | |
| H Amount of qualified college tuition expenses (see instructions) | | | | I Enter the lesser of line H or 10,000 | | | |
| | | | | | | | |

2 College tuition itemized deduction (total the line I amounts for all eligible students; include amounts from any additional sheets).
 Also enter this amount on Form IT-196, New York Resident, Nonresident, and Part-Year Resident Itemized Deductions. 2 .00

NO HANDWRITTEN ENTRIES ON THIS FORM



Schedule A – Allocation of wage and salary income to New York State

| | | | |
|---|-----------|-----------|-----|
| 2a Total days (see instructions) | | 2a | |
| Nonworking days included in line 2a: | | | |
| 2b Saturdays and Sundays (not worked) | 2b | | |
| 2c Holidays (not worked) | 2c | | |
| 2d Sick leave | 2d | | |
| 2e Vacation | 2e | | |
| 2f Other nonworking days | 2f | | |
| 2g Total nonworking days (add lines 2b through 2f) | | 2g | |
| 2h Total days worked in year at this job (subtract line 2g from line 2a) | | 2h | |
| 2i Total days included in line 2h worked outside New York State | 2i | | |
| 2j Enter number of days worked at home included in line 2i amount | 2j | | |
| 2k Subtract line 2j from line 2i | | 2k | |
| 2l Days worked in New York State (subtract line 2k from line 2h) | | 2l | |
| 2m Enter number of days from line 2h above | | 2m | |
| 2n Divide line 2l by line 2m; round the result to the fourth decimal place | | 2n | |
| 2o Wages, salaries, tips, etc. (to be allocated) | 2o | | .00 |
| 2p New York State allocated wage and salary income (multiply line 2n by line 2o) | 2p | | .00 |

Include the line 2p amount on Form IT-203, line 1, in the *New York State amount* column.

Schedule A – Allocation of wage and salary income to New York State

| | | | |
|---|-----------|-----------|-----|
| 3a Total days (see instructions) | | 3a | |
| Nonworking days included in line 3a: | | | |
| 3b Saturdays and Sundays (not worked) | 3b | | |
| 3c Holidays (not worked) | 3c | | |
| 3d Sick leave | 3d | | |
| 3e Vacation | 3e | | |
| 3f Other nonworking days | 3f | | |
| 3g Total nonworking days (add lines 3b through 3f) | | 3g | |
| 3h Total days worked in year at this job (subtract line 3g from line 3a) | | 3h | |
| 3i Total days included in line 3h worked outside New York State | 3i | | |
| 3j Enter number of days worked at home included in line 3i amount | 3j | | |
| 3k Subtract line 3j from line 3i | | 3k | |
| 3l Days worked in New York State (subtract line 3k from line 3h) | | 3l | |
| 3m Enter number of days from line 3h above | | 3m | |
| 3n Divide line 3l by line 3m; round the result to the fourth decimal place | | 3n | |
| 3o Wages, salaries, tips, etc. (to be allocated) | 3o | | .00 |
| 3p New York State allocated wage and salary income (multiply line 3n by line 3o) | 3p | | .00 |

Include the line 3p amount on Form IT-203, line 1, in the *New York State amount* column.

NO HANDWRITTEN ENTRIES ON THIS FORM





Department of Taxation and Finance

Passive Activity Loss Limitations

For Nonresidents and Part-Year Residents

IT-182

Submit with your Form IT-203 or IT-205.

| | |
|---|--|
| Name as shown on return HARI BABU PALADUGU | Identifying number as shown on return 284718728 |
|---|--|

See the instructions, before completing this form.

Part I – Passive activity loss**Rental real estate activities with active participation**

| | | | |
|--|-----------|------------|------------|
| 1a Activities with net income from Part IV, column (a) | 1a | 0 .00 | |
| 1b Activities with net loss from Part IV, column (b) | 1b | -12000 .00 | |
| 1c Prior years unallowed losses from Part IV, column (c) (see instructions) | 1c | .00 | |
| 1d Add lines 1a, 1b, and 1c..... | 1d | | -12000 .00 |

All other passive activities

| | | | |
|---|-----------|-----|-----|
| 2a Activities with net income from Part V, column (a) | 2a | .00 | |
| 2b Activities with net loss from Part V, column (b) | 2b | .00 | |
| 2c Prior years unallowed losses from Part V, column (c) (see instructions) | 2c | .00 | |
| 2d Add lines 2a, 2b, and 2c..... | 2d | | .00 |

3 Add lines 1d and 2d. **Note:** If this line is zero or more, stop here and submit this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used. **3** -12000 .00

If line 3 is a loss and: • Line 1d is a loss, go to Part II.

• Line 2d is a loss (and line 1d is zero or more), skip Part II and go to Part III, line 10.

Caution: If married filing separately, filing status ③, and you lived with your spouse at any time during the year, **do not** complete Part II. Instead, go to line 10.

Part II – Special allowance for rental real estate activities with active participation**Note:** Enter all numbers in Part II as positive amounts (greater than zero). See instructions.

| | | | |
|--|----------|------------|--|
| 4 Enter the smaller of the loss on line 1d or the loss on line 3..... | 4 | 12000 .00 | |
| 5 Enter 150,000 (if married filing separately, see instructions) | 5 | 150000 .00 | |
| 6 Enter federal modified adjusted gross income, but not less than zero (see instr.) | 6 | 120466 .00 | |
| Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8, and leave line 9 blank. Otherwise, go to line 7. | | | |
| 7 Subtract line 6 from line 5 | 7 | 29534 .00 | |
| 8 Multiply line 7 by 50% (.5). Do not enter more than 25,000. (If married filing separately, filing status ③, see instr.).. | 8 | 14767 .00 | |
| 9 Enter the smaller of line 4 or line 8 | 9 | 12000 .00 | |

Part III – Total losses allowed

| | | | |
|---|-----------|-------|-----------|
| 10 Add the income, if any, from lines 1a and 2a and enter the total | 10 | 0 .00 | |
| 11 Total losses allowed from all passive activities for this year. (Add lines 9 and 10. See the instructions to find out how to report the losses on your return.) | 11 | | 12000 .00 |

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Part IV – For Part I, lines 1a, 1b, and 1c (see instructions)

| Name of activity/property description and address | Date of acquisition | Date of sale | Current year | | Prior years | Overall gain or loss | |
|---|---------------------|--------------|--------------------------------|------------------------------|------------------------------------|----------------------|-------------|
| | | | (a) Net income (line 1a) | (b) Net loss (line 1b) | (c) Unallowed loss (line 1c) | (d) Gain | (e) Loss |
| KUKATPALLY | | | 0 .00 | 12000 .00 | .00 | .00 | 12000 .00 |
| | | | .00 | .00 | .00 | .00 | .00 |
| | | | .00 | .00 | .00 | .00 | .00 |
| | | | .00 | .00 | .00 | .00 | .00 |
| | | | .00 | .00 | .00 | .00 | .00 |
| Totals. Enter on Part I, lines 1a, 1b, and 1c..... | | | 0 .00 | 12000 .00 | .00 | | |

Part V – For Part I, lines 2a, 2b, and 2c (see instructions)

| Name of activity/property description and address | Date of acquisition | Date of sale | Current year | | Prior years | Overall gain or loss | |
|---|---------------------|--------------|--------------------------------|------------------------------|------------------------------------|----------------------|-------------|
| | | | (a) Net income (line 2a) | (b) Net loss (line 2b) | (c) Unallowed loss (line 2c) | (d) Gain | (e) Loss |
| | | | .00 | .00 | .00 | .00 | .00 |
| | | | .00 | .00 | .00 | .00 | .00 |
| | | | .00 | .00 | .00 | .00 | .00 |
| | | | .00 | .00 | .00 | .00 | .00 |
| | | | .00 | .00 | .00 | .00 | .00 |
| Totals. Enter on Part I, lines 2a, 2b, and 2c..... | | | .00 | .00 | .00 | | |

Part VI – Use this Part if an amount is shown on Part II, line 9 (see instructions)

| Name of activity/property description and address | Form or schedule and line number to be reported on | (a) Loss | (b) Ratio | (c) Special Allowance | (d) Subtract column (c) from column (a) |
|---|--|-------------|--------------|--------------------------|--|
| KUKATPALLY | E LN 22 | 12000 .00 | 1.00000000 | 12000 .00 | 0 .00 |
| | | .00 | | .00 | .00 |
| | | .00 | | .00 | .00 |
| | | .00 | | .00 | .00 |
| Totals..... | | 12000 .00 | 1.00 | 12000 .00 | 0 .00 |

Part VII – Allocation of unallowed losses (see instructions)

| Name of activity/property description and address | Form or schedule and line number to be reported on | (a) Loss | (b) Ratio | (c) Unallowed loss |
|---|--|-------------|--------------|-----------------------|
| | | .00 | | .00 |
| | | .00 | | .00 |
| | | .00 | | .00 |
| | | .00 | | .00 |
| Totals..... | | .00 | 1.00 | .00 |



Part VIII – Allowed losses (see instructions)

| Name of activity/property description and address | Form or schedule and line number to be reported on | (a) Loss | (b) Unallowed loss | (c) Allowed loss |
|---|--|-------------|-----------------------|---------------------|
| | | .00 | .00 | .00 |
| | | .00 | .00 | .00 |
| | | .00 | .00 | .00 |
| | | .00 | .00 | .00 |
| Totals | | .00 | .00 | .00 |

Part IX – Activities with losses reported on two or more different forms or schedules (see instructions)

| Name of activity/property description and address: | (a) | (b) | (c) Ratio | (d) Unallowed loss | (e) Allowed loss |
|---|-----|-----|--------------|-----------------------|---------------------|
| Form or schedule and line number to be reported on (see instructions): _____ | | | | | |
| 1a Net loss plus prior year unallowed loss from form or schedule | .00 | | | | |
| 1b Net income from form or schedule | .00 | | | | |
| 1c Subtract line 1b from line 1a. If zero or less, leave blank | | .00 | | .00 | .00 |
| Form or schedule and line number to be reported on (see instructions): _____ | | | | | |
| 1a Net loss plus prior year unallowed loss from form or schedule | .00 | | | | |
| 1b Net income from form or schedule | .00 | | | | |
| 1c Subtract line 1b from line 1a. If zero or less, leave blank..... | | .00 | | .00 | .00 |
| Form or schedule and line number to be reported on (see instructions): _____ | | | | | |
| 1a Net loss plus prior year unallowed loss from form or schedule | .00 | | | | |
| 1b Net income from form or schedule | .00 | | | | |
| 1c Subtract line 1b from line 1a. If zero or less, leave blank..... | | .00 | | .00 | .00 |
| Totals | | .00 | 1.00 | .00 | .00 |

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