

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 KARTHIK REDDY VANGA | Social security number 780-72-9084 |
| Spouse's name AMULYA REDDY LAKKU | Spouse's social security number 851-77-3217 |

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 | 103,923. |
| 2 Total tax | 2 | 8,989. |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 13,597. |
| 4 Amount you want refunded to you | 4 | 6,196. |
| 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

| | | | | |
|---|---|---|---|---|
| 2 | 9 | 0 | 8 | 4 |
|---|---|---|---|---|

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

Enter five digits, but don't enter all zeros

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 GLOBAL TAXES LLC to enter or generate my PIN

| | | | | |
|---|---|---|---|---|
| 7 | 3 | 2 | 1 | 7 |
|---|---|---|---|---|

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

Enter five digits, but don't enter all zeros

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 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 KARTHIK REDDY | Last name VANGA | Your social security number 780-72-9084 |
| If joint return, spouse's first name and middle initial AMULYA REDDY | Last name LAKKU | Spouse's social security number 851-77-3217 |
| Home address (number and street). If you have a P.O. box, see instructions. 11416 TIVOLI LN | | Apt. no. C |
| City, town, or post office. If you have a foreign address, also complete spaces below. SAINT LOUIS | | State MO |
| | | ZIP code 63146 |
| Foreign country name | Foreign province/state/county | Foreign postal code |

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
 You Spouse

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

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

| | (1) First name | Last name | (2) Social security number | (3) Relationship to you | (4) <input checked="" type="checkbox"/> if qualifies for (see instructions): | Child tax credit | Credit for other dependents |
|--|----------------|-----------|----------------------------|-------------------------|--|--------------------------|-----------------------------|
| If more than four dependents, see instructions and check here ▶ <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | | |
|--|---|-----|---------|--------------------------------|-----|----------|
| | 1 Wages, salaries, tips, etc. Attach Form(s) W-2 | | | | 1 | 115,923. |
| Attach Sch. B if required. | 2a Tax-exempt interest | 2a | | b Taxable interest | 2b | |
| | 3a Qualified dividends | 3a | | b Ordinary dividends | 3b | |
| | 4a IRA distributions | 4a | | b Taxable amount | 4b | |
| | 5a Pensions and annuities | 5a | | b Taxable amount | 5b | |
| | 6a Social security benefits | 6a | | b Taxable amount | 6b | |
| | 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/> | | | | 7 | |
| | 8 Other income from Schedule 1, line 10 | | | | 8 | -12,000. |
| | 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶ | | | | 9 | 103,923. |
| | 10 Adjustments to income from Schedule 1, line 26 | | | | 10 | |
| | 11 Subtract line 10 from line 9. This is your adjusted gross income ▶ | | | | 11 | 103,923. |
| Standard Deduction for— • Single or Married filing separately, \$12,550 • Married filing jointly or Qualifying widow(er), \$25,100 • Head of household, \$18,800 • If you checked any box under <i>Standard Deduction</i> , see instructions. | 12a Standard deduction or itemized deductions (from Schedule A) | 12a | 25,100. | | | |
| | b Charitable contributions if you take the standard deduction (see instructions) | 12b | 600. | | | |
| | c Add lines 12a and 12b | | | | 12c | 25,700. |
| | 13 Qualified business income deduction from Form 8995 or Form 8995-A | | | | 13 | |
| | 14 Add lines 12c and 13 | | | | 14 | 25,700. |
| | 15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- | | | | 15 | 78,223. |

| | | | |
|--------------------------------------|--|------------|---------|
| 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 | 8,989. |
| 17 | Amount from Schedule 2, line 3 | 17 | |
| 18 | Add lines 16 and 17 | 18 | 8,989. |
| 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 | 8,989. |
| 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 | 8,989. |
| 25 | Federal income tax withheld from: | | |
| a | Form(s) W-2 | 25a | 13,597. |
| b | Form(s) 1099 | 25b | |
| c | Other forms (see instructions) | 25c | |
| d | Add lines 25a through 25c | 25d | 13,597. |
| 26 | 2021 estimated tax payments and amount applied from 2020 return | 26 | |
| 27a | Earned income credit (EIC) No | 27a | |
| | Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/> | | |
| b | 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 | 1,588. |
| 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 | 1,588. |
| 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | 15,185. |
| Refund | 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 6,196. |
| | 35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 6,196. |
| Direct deposit? See instructions. | b Routing number 2 7 1 0 7 0 8 0 1 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| | d Account number 1 3 5 7 9 7 0 3 5 | | |
| | 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 STUDENT | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |

Phone no. (630) 853-0520 Email address REDDY.KARTHIKV@OUTLOOK.COM

Paid Preparer Use Only

| | | | | |
|--|---|--------------------|-----------------------------|---|
| Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM | Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date 01/27/2022 | 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
KARTHIK REDDY VANGA & AMULYA REDDY LAKKU

Your social security number
780-72-9084

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 | |
| 9 | Total other income. Add lines 8a through 8z | 9 | |
| 10 | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 | 10 | -12,000. |

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 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

KARTHIK REDDY VANGA & AMULYA REDDY LAKKU

780-72-9084

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 500045 | | | | |
| 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 | 2 | | 365 | 0 | <input type="checkbox"/> |
| B | | | | | <input type="checkbox"/> |
| 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 | | 1,050. | | |
| 8 | Commissions. | 8 | | | | |
| 9 | Insurance | 9 | | | | |
| 10 | Legal and other professional fees | 10 | | | | |
| 11 | Management fees | 11 | | 1,050. | | |
| 12 | Mortgage interest paid to banks, etc. (see instructions) | 12 | | | | |
| 13 | Other interest. | 13 | | | | |
| 14 | Repairs. | 14 | | 3,500. | | |
| 15 | Supplies | 15 | | 2,000. | | |
| 16 | Taxes | 16 | | | | |
| 17 | Utilities. | 17 | | 5,000. | | |
| 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

KARTHIK REDDY VANGA & AMULYA REDDY LAKKU

Identifying number

780-72-9084

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 | 115,923 . | | |
| 7 Subtract line 6 from line 5 | 7 | 34,077 . | | |
| 8 Multiply line 7 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions | 8 | | | 17,039 . |
| 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 . | | | |

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.

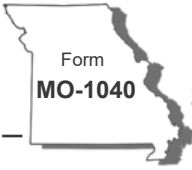
| Name of activity | Form or schedule and line number to be reported on (see instructions) | (a) Loss | (b) Ratio | (c) Special allowance | (d) Subtract column (c) from column (a). |
|--------------------------|---|----------|-------------|-----------------------|--|
| KUKATPALLY | E Ln 22 | 12,000.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

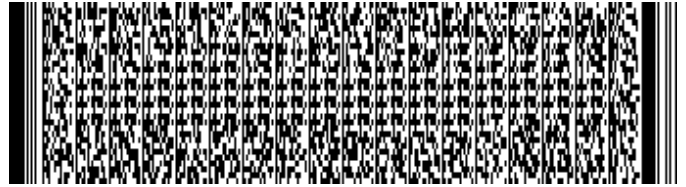
| Name of activity | Form or schedule and line number to be reported on (see instructions) | (a) Loss | (b) Unallowed loss | (c) Allowed loss |
|--------------------------|---|----------|--------------------|------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total ▶ | | | | |



MISSOURI DEPARTMENT OF
REVENUE
2021 Individual Income
Tax Return - Long Form

For Calendar Year January 1 - December 31, 2021

Print in BLACK ink only and DO NOT STAPLE.



Amended Return **Composite Return**
(For use by S corporations or Partnerships)

Federal Extension - Select this box if you have an approved federal extension. Attach a copy Federal Extension (Form 4868).

If filing a fiscal year return enter the beginning and ending dates here.

Fiscal Year Beginning (MM/DD/YY) Fiscal Year Ending (MM/DD/YY)

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

Vendor Code

1555

Department Use Only

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

Filing Status

Single Claimed as a Dependent Married Filing Combined Married Filing Separately Head of Household Qualifying Widow(er)

Age 62 through 64 Age 65 or Older Blind 100% Disabled Non-Obligated Spouse

Yourself Spouse Yourself Spouse Yourself Spouse Yourself Spouse Yourself Spouse

Name

| | | | |
|------------------------|------------------|---------------------------------|------------------|
| Social Security Number | Deceased in 2021 | Spouse's Social Security Number | Deceased in 2021 |
| 780 - 72 - 9084 | | 851 - 77 - 3217 | |
| First Name | M.I. | Last Name | Suffix |
| KARTHIK REDDY | | VANGA | |
| Spouse's First Name | M.I. | Spouse's Last Name | Suffix |
| AMULYA REDDY | | LAKKU | |

In Care Of Name (Attorney, Executor, Personal Representative, etc.)

Address

Present Address (Include Apartment Number or Rural Route)

11416 TIVOLI LN APT C

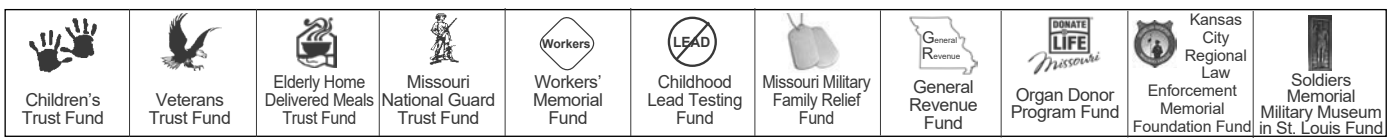
City, Town, or Post Office State ZIP Code

SAINT LOUIS MO 63146 -

County of Residence

STCO

You may contribute to any one or all of the trust funds on Line 48. See pages 11-12 of the instructions for more trust fund information.



Income

| | Yourself (Y) | | | Spouse (S) | | |
|---|--------------|--------|----|------------|--|----|
| 1. Federal adjusted gross income from federal return (see worksheet on page 7 of the instructions) | 1Y | 103923 | 00 | 1S | | 00 |
| 2. Total additions (from Form MO-A , Part 1, Line 7) | 2Y | | 00 | 2S | | 00 |
| 3. Total income - Add Lines 1 and 2. | 3Y | 103923 | 00 | 3S | | 00 |
| 4. Total subtractions (from Form MO-A, Part 1, Line 18) | 4Y | | 00 | 4S | | 00 |
| 5. Missouri adjusted gross income - Subtract Line 4 from Line 3. | 5Y | 103923 | 00 | 5S | | 00 |
| 6. Total Missouri adjusted gross income - Add columns 5Y and 5S | 6 | 103923 | 00 | | | |
| 7. Income percentages - Divide columns 5Y and 5S by total on Line 6. (Must equal 100%) | 7Y | 100 | % | 7S | | % |

Exemptions and Deductions

| | | | |
|---|----|------|----|
| 8. Pension, Social Security and Social Security Disability exemption (from Form MO-A, Part 3, Section D) | 8 | | 00 |
| 9. Tax from federal return | 9 | 8989 | 00 |
| 10. Other tax from federal return. | 10 | | 00 |
| 11. Total tax from federal return. Do not enter federal income tax withheld. | 11 | 8989 | 00 |
| 12. Federal tax percentage – Enter the percentage based on your Missouri Adjusted Gross Income, Line 6. Use the chart below to find your percentage | 12 | 5.00 | % |

Missouri Adjusted Gross Income Range, Line 6: Federal Tax Percentage:

| | |
|----------------------------------|-----|
| \$25,000 or less | 35% |
| \$25,001 to \$50,000 | 25% |
| \$50,001 to \$100,000 | 15% |
| \$100,001 to \$125,000 | 5% |
| \$125,001 or more | 0% |

| | | | |
|---|----|-------|----|
| 13. Federal income tax deduction – Multiply Line 11 by the percentage on Line 12. Enter this amount not to exceed \$5,000 for an individual or \$10,000 for combined filers. | 13 | 449 | 00 |
| 14. Missouri standard deduction or itemized deductions. (If itemizing, See Form MO-A, Part 2) • Single or Married Filing Separate-\$12,550 • Head of Household-\$18,800 • Married Filing Combined or Qualifying Widow(er)-\$25,100 Note: If age 65 or older, blind, or claimed as a dependent, see page 8 | 14 | 25100 | 00 |
| 15. Long-term care insurance deduction | 15 | | 00 |
| 16. Health care sharing ministry deduction. | 16 | | 00 |
| 17. Active Duty Military income deduction | 17 | | 00 |
| 18. Inactive Duty Military income deduction | 18 | | 00 |
| 19. Bring jobs home deduction | 19 | | 00 |
| 20. Transportation facilities deduction | 20 | | 00 |

A. Port Cargo Expansion B. International Trade Facility C. Qualified Trade Activities



Deductions Continued

| | | | | | |
|--|-------------------------|-------------------------|-----|----------------------|--------------------------|
| 21. First Time Home Buyers deduction. | A. <input type="text"/> | B. <input type="text"/> | 21 | <input type="text"/> | .00 |
| 22. Long Term Dignity Savings Account Deduction..... | | | 22 | <input type="text"/> | .00 |
| 23. Total deductions - Add Lines 8 and 13 through 22..... | | | 23 | 25549 | .00 |
| 24. Subtotal - Subtract Line 23 from Line 6..... | | | 24 | 78374 | .00 |
| 25. Multiply Line 24 by appropriate percentages (%) on Lines 7Y and 7S..... | 25Y | 78374 | .00 | 25S | 0 .00 |
| 26. Enterprise zone or rural empowerment zone income modification..... | 26Y | <input type="text"/> | .00 | 26S | <input type="text"/> .00 |

Tax

| | | | | | |
|--|-----|----------------------|-----|-----|--------------------------|
| 27. Taxable income - Subtract Line 26 from Line 25..... | 27Y | 78374 | .00 | 27S | 0 .00 |
| 28. Tax (see tax chart on page 26 of the instructions),..... | 28Y | 4045 | .00 | 28S | 0 .00 |
| 29. Resident credit - Attach Form MO-CR and other states' income tax return(s)..... | 29Y | <input type="text"/> | .00 | 29S | <input type="text"/> .00 |
| 30. Missouri income percentage - Enter 100% unless you are completing Form MO-NRI . Attach Form MO-NRI and a copy of your federal return if less than 100%..... | 30Y | 100 | % | 30S | 100 % |
| 31. Balance - Subtract Line 29 from Line 28; OR multiply Line 28 by percentage on Line 30..... | 31Y | 4045 | .00 | 31S | 0 .00 |
| 32. Other taxes - Select box and attach federal form indicated. <input type="checkbox"/> Lump sum distribution (Form 4972) <input type="checkbox"/> Recapture of low income housing credit (Form 8611) | 32Y | <input type="text"/> | .00 | 32S | <input type="text"/> .00 |
| 33. Subtotal - Add Lines 31 and 32..... | 33Y | 4045 | .00 | 33S | 0 .00 |
| 34. Total Tax - Add Lines 33Y and 33S..... | | | | 34 | 4045 .00 |

Payments and Credits

| | | | |
|--|----|----------------------|-----|
| 35. MISSOURI tax withheld - Attach Forms W-2 and 1099..... | 35 | 4537 | .00 |
| 36. 2021 Missouri estimated tax payments - Include overpayment from 2020 applied to 2021..... | 36 | <input type="text"/> | .00 |
| 37. Missouri tax payments for nonresident partners or S corporation shareholders - Attach Forms MO-2NR and MO-NRP | 37 | <input type="text"/> | .00 |
| 38. Missouri tax payments for nonresident entertainers - Attach Form MO-2ENT | 38 | <input type="text"/> | .00 |
| 39. Amount paid with Missouri extension of time to file (Form MO-60)..... | 39 | <input type="text"/> | .00 |
| 40. Miscellaneous tax credits (from Form MO-TC , Line 13) - Attach Form MO-TC..... | 40 | <input type="text"/> | .00 |
| 41. Property tax credit - Attach Form MO-PTS | 41 | <input type="text"/> | .00 |
| 42. Total payments and credits - Add Lines 35 through 41..... | 42 | 4537 | .00 |



21322031555

Skip Lines 43 through 45 if you are not filing an amended return.

43. Amount paid on original return. 43 [] .00
44. Overpayment as shown (or adjusted) on original return 44 [] .00

Indicate Reason for Amending

Amended Return

Enter date of IRS report (MM/DD/YY)
 A. Federal audit. [] [] []
Enter year of loss (YY)
 B. Net Operating Loss carryback []
Enter year of credit (YY)
 C. Investment tax credit carryback []
Enter date of federal amended return, if filed. (MM/DD/YY)
 D. Correction other than A, B, or C. [] [] []

45. Amended return total payments and credits - Add Lines 42 and 43; subtract Line 44. Enter on Line 45. 45 [] .00

46. If Line 42, or if amended return, Line 45, is larger than Line 34, enter the difference. Amount of OVERPAYMENT 46 [492] .00

47. Amount of Line 46 to be applied to your 2022 estimated tax 47 [] .00

48. Enter the amount of your donation in the trust fund boxes below. See instructions for additional trust fund codes.

48a. Children's Trust Fund [] .00 48b. Veterans Trust Fund [] .00 48c. Elderly Home Delivered Meals Trust Fund [] .00 48d. Missouri National Guard Trust Fund [] .00
48e. Workers' Memorial Fund [] .00 48f. Childhood Lead Testing Fund [] .00 48g. Missouri Military Family Relief Fund [] .00 48h. General Revenue Fund [] .00
48i. Organ Donor Program Fund [] .00 48j. Kansas City Regional Law Enforcement Memorial Foundation Fund [] .00 48k. Soldiers Memorial Military Museum in St. Louis Fund [] .00
48l. Additional Fund Code [] Additional Fund Amount [] .00 48m. Additional Fund Code [] Additional Fund Amount [] .00

Refund

Total Donation - Add amounts from Boxes 48a through 48m and enter here 48 [] .00

49. Amount of Line 46 to be deposited into a Missouri 529 Education Plan (MOST) account. Enter the total deposit amount from Form 5632. 49 [] .00

50. REFUND - Subtract Lines 47, 48, and 49 from Line 46 and enter here 50 [492] .00

Reserved



Amount Due

51. If Line 34 is larger than Line 42 or Line 45, enter the difference.
 Amount of UNDERPAYMENT 51 . 00

52. Underpayment of estimated tax penalty - Attach **Form MO-2210**. Enter penalty amount here . . . 52 . 00

Select this box if you are a farmer exempt from the underpayment of estimated tax penalty.

53. **AMOUNT DUE** - Add Lines 51 and 52.
 If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically 53 . 00

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. By signing or entering my name in the "Signature" field(s) below, I am providing the Department of Revenue with my signature as required under **Section 143.561, RSMo**. Declaration of preparer (other than taxpayer) is based on all information of which he or she has knowledge. As provided in **Chapter 143, RSMo**, a penalty of up to \$500 shall be imposed on any individual who files a frivolous return. I also declare under penalties of perjury that I employ no illegal or unauthorized aliens as defined under federal law and that I am not eligible for any tax exemption, credit, or abatement if I employ such aliens.

Signature

| | | | | | | | |
|---|--|--|--|----------------------|---|---------------------------------|------------------------------------|
| Signature | <input type="text"/> | | | Date (MM/DD/YY) | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Spouse's Signature (If filing combined, BOTH must sign) | <input type="text"/> | | | Date (MM/DD/YY) | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| E-mail Address | <input type="text" value="SYAM@GTAXFILE.COM"/> | | | Daytime Telephone | <input type="text" value="6308530520"/> | | |
| Preparer's Signature | <input type="text" value="SYAM PRIYA RAM SAGAR GUPTA TALLAM"/> | | | Date (MM/DD/YY) | <input type="text" value="01"/> | <input type="text" value="27"/> | <input type="text" value="22"/> |
| Preparer's FEIN, SSN, or PTIN | <input type="text" value="30-1017196"/> | | | Preparer's Telephone | <input type="text" value="6789659522"/> | | |
| Preparer's Address | <input type="text" value="2530 PEBBLE CREEK LN CUMMING"/> | | | State | <input type="text" value="GA"/> | ZIP Code | <input type="text" value="30041"/> |

I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of the preparer's firm Yes No

Did you pay a tax return preparer to complete your return, but the preparer failed to sign the return or provide an Internal Revenue Service preparer tax identification number? If you marked yes, please insert the preparer's name, address, and phone number in the applicable sections of the signature block above. Yes No



21322051555

Department Use Only

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Form MO-1040 (Revised 12-2021)

Mail to: Balance Due:
 Missouri Department of Revenue
 P.O. Box 329
 Jefferson City, MO 65105-0329

Phone: (573) 751-7200

Refund or No Amount Due:
 Missouri Department of Revenue
 P.O. Box 500
 Jefferson City, MO 65105-0500

Phone: (573) 751-3505

Fax: (573) 522-1762
Email: income@dor.mo.gov

Ever served on active duty in the United States Armed Forces?
 If yes, visit dor.mo.gov/military/ to see the services and benefits we offer to all eligible military individuals. A list of all state agency resources and benefits can be found at veteranbenefits.mo.gov/state-benefits/.

Visit dor.mo.gov/taxation/individual/tax-types/income/ for additional information.