| Form 8879 |
|---------------------|
| (Rev. January 2021) |
| |

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

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

Submission Identification Number (SID)

| Taxpay | er's name | | Socia | al securit | ty numb | ber |
|--------|--|-------|--------------|------------------|----------|--------------|
| VEN | KATA S G PONNALURI | | 87 | 2-31- | -0228 | 3 |
| Spouse | 's name | | Spou | ise's soc | ial secu | irity number |
| Par | Tax Return Information – Tax Year Ending December 31, 2021 (E | Inter | vear | . von a | re aut | thorizing.) |
| | whole dollars only on lines 1 through 5. | | <i>y</i> e e | <i>j</i> e e. e. | | |
| Note: | Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. | | | | | |
| 1 | Adjusted gross income | | | | 1 | 67,408. |
| 2 | Total tax | | | | 2 | 7,755. |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | | | 3 | 10,338. |
| 4 | Amount you want refunded to you | | | | 4 | 3,983. |
| 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 periury. 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

| | | - | | EBO firm name | • • | E |
|---|-------------|--------|-------|---------------|-----------------------------|---|
| X | l authorize | GLOBAL | TAXES | LLC | to enter or generate my PIN | |

| | 1 | 0 | 2 | 2 | 8 | as | | | | |
|---|---|---|---|---|---|----|--|--|--|--|
| Enter five digits, but don't enter all zeros | | | | | | | | | | |

my

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

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

Your signature

Date

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

as mv Enter five digits, but don't enter all zeros

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

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

| Spouse's s | ignature 🕨 🛛 🖸 | ate | | | | | | | | |
|---|---|-----|---|---|--|-------------|----------|----|--|--|
| Practitioner PIN Method Returns Only—continue below | | | | | | | | | | |
| Part III | Certification and Authentication – Practitioner PIN Method Only | | | | | | | | | |
| ERO's EFI | N/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. | 5 | 8 | 7 | | 8 nter a | all zero | os | | |

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 Don't Submit This Form to the | | | |
| For Paperwork Reduction Act Notice, see your tax return instructions | · BAA | REV 02/16/22 PRO | Form 8879 (Rev. 01-2021) |

| E 104(| | artment of the Treasury—Internal Revenue Servi S. Individual Income Tax | | (99) urn | 202 | 21 | OMB No. 15 | 45-007 | 4 IRS U | se Only | —Do not v | vrite or staple | in this space. |
|--|----------|---|---------------------|--------------------|-------------------------|---------|------------------------|----------|-------------|---------|------------------|-------------------------------|-----------------|
| Filing Statu Check only | | | _ | - | separately | . , | | | | , | | , , | low(er) (QW) |
| one box. | , | u checked the MFS box, enter the n son is a child but not your dependent | | your spo | ouse. If you | cneci | ked the HOH | I or QV | v box, en | ter th | e child's | s name if ti | ne qualitying |
| Your first name | e and mi | iddle initial | Last na | ame | | | | | | | Your so | ocial securi | ty number |
| VENKATA | S G | | PONI | NALURI | C | | | | | | 872- | 31-022 | 8 |
| lf joint return, s | spouse's | s first name and middle initial | Last na | ame | | | | | | | Spouse | 's social se | curity number |
| Home address | ` | er and street). If you have a P.O. box, see A DR | instruct | ions. | | | | | Apt. no. | | | ential Electi here if you, | on Campaign |
| | | ce. If you have a foreign address, also co | mplete | spaces be | low. | Sta | ite | ZIP | code | | | | ntly, want \$3 |
| VIRGINI | | | | | | V | A | 23 | 464 | | | o this fund. Iow will not | Checking a |
| Foreign countr | | | | Foreian p | rovince/state | | | - | eign postal | code | | x or refund | 0 |
| · · · · · g.· · · · · · | , | | | | | | | | | | · | Vou | Spouse |
| At any time du | uring 20 | 021, did you receive, sell, exchange, | , or othe | erwise di | spose of a | ny fina | ancial interes | st in an | y virtual | curre | ncy? | Yes | X No |
| Standard Deduction | | eone can claim: 🗌 You as a de | • | | • | | a dependen | t | | | | | |
| | | Spouse itemizes on a separate retur | | u were a | dual-status | saller | 1 | | | | | | |
| | | Were born before January 2, 1 | 957 | Are bl | lind S r | ouse | | | fore Jan | | - | ls b | |
| Dependent | | | | (2) S | Social securi number | ty | (3) Relation to you | | | | | or (see instru | |
| If more | (1) F | irst name Last name | | | папьсі | | | | Child tax o | | realt | Credit for ot | ther dependents |
| than four dependents, | | | | | | | | | | | | | |
| see instruction | s — | | | | | | | | | | | | |
| and check here ► | | | | | | | | | | | | | |
| | 1 | Wages, salaries, tips, etc. Attach F | Form(s) | W-2 | | | | | | | . 1 | <u> </u> | <u> </u> |
| Attach | 2a | | 2a | | · · · | ьт | axable intere | · · | | • | . <u>1</u> 2t | | /1,500. |
| Sch. B if | 3a | · · | 3a | | | | Ordinary divid | | | · | . <u></u> 3k | | |
| required. | √ 4a | | 4a | | | | axable amo | | | · | . <u>4</u> k | | |
| | 5a | | 5a | | | | axable amou | | | | . 5k | | |
| Standard | 6a | | 6a | | | | axable amou | | | ÷ | . 6k | | |
| Deduction for - | 7 | Capital gain or (loss). Attach Sche | dule D i | f require | d. If not red | quired | l, check here | | | |] 7 | | |
| Single or Married filing | 8 | Other income from Schedule 1, lin | e 10 | | | · | | | | | . 8 | | -7,160. |
| separately, \$12,550 | 9 | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, | and 8. ⁻ | This is yo | our total in | come | | | | | ▶ 9 | | 67,408. |
| Married filing | 10 | Adjustments to income from Sche | | | | | | | | | . 10 |) | |
| jointly or Qualifying | 11 | Subtract line 10 from line 9. This is | s your a | djusted | gross inco | ome | | | | | ► <u>1</u> 1 | | 67,408. |
| widow(er), \$25,100 | 12a | Standard deduction or itemized | deduct | t ions (fro | m Schedul | e A) | 1 | l2a | 12 | ,55 | 0. | | |
| Head of | b | Charitable contributions if you take | the sta | ndard de | duction (se | e insti | ructions) 1 | 12b | | 30 | 0. | | |
| household, \$18,800 | с | Add lines 12a and 12b | | | | | | | | | . 12 | c | 12,850. |
| If you checked | 13 | Qualified business income deduct | ion fron | n Form 8 | 995 or For | n 899 | 95-A | | | | . 13 | | |
| any box under Standard | 14 | | | | | | | | | | . 14 | | 12,850. |
| Deduction, see instructions. | 15 | Taxable income. Subtract line 14 | from lir | ne 11. lf z | zero or less | , ente | er-0 | | | | . 15 | 5 | 54,558. |
| | | | | | | | | | | | | | |

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

Form **1040** (2021)

| Form 1040 (2021 | 1) | | | | | | | | | Page 2 |
|--------------------------------------|-----------|---|-----------------------|-----------------------|---------------------|-------------------------|--------------|----------|--------------|----------------------------|
| | 16 | Tax (see instructions). Check | if any from Form | (s): 1 🗌 881 | 4 2 4972 | 3 | | 16 | | 7,755. |
| | 17 | Amount from Schedule 2, lin | ne3 | | | | | 17 | | |
| | 18 | Add lines 16 and 17 | | | | | | 18 | | 7,755. |
| | 19 | Nonrefundable child tax cree | dit or credit for c | ther depender | nts from Schedul | e 8812 | | 19 | | |
| | 20 | Amount from Schedule 3, lin | ne8 | | | | | 20 | | |
| | 21 | Add lines 19 and 20 | | | | | | 21 | | |
| | 22 | Subtract line 21 from line 18 | . If zero or less, | enter -0 | | | | 22 | | 7,755. |
| | 23 | Other taxes, including self-e | mployment tax, | from Schedule | e 2, line 21 . | | | 23 | | 0. |
| | 24 | Add lines 22 and 23. This is | your total tax | | | | . 🕨 | 24 | | 7,755. |
| | 25 | Federal income tax withheld | from: | | | 1 1 | | | | |
| | а | Form(s) W-2 | | | | 25a 10 | ,338. | | | |
| | b | Form(s) 1099 | | | | 25b | | | | |
| | С | Other forms (see instructions | , | | | 25c | | | | |
| | d | Add lines 25a through 25c | | | | | | 25d | 1 | 0,338. |
| If you have a | 26 | 2021 estimated tax payment | | • • | 37 | | | 26 | | |
| qualifying child, attach Sch. EIC. [| 27a | Earned income credit (EIC) | | | | 27a | | | | |
| | | Check here if you were b | | | | | | | | |
| | | January 2, 2004, and you taxpayers who are at least a | | | | | | | | |
| | b | Nontaxable combat pay elec | - | 1 1 | | | | | | |
| | с | Prior year (2019) earned inco | | | | - | | | | |
| | 28 | Refundable child tax credit or | | L | Schedule 8812 | 28 | | | | |
| | 29 | American opportunity credit | from Form 8863 | 8, line 8 | | 29 | | 1 | | |
| | 30 | Recovery rebate credit. See | | | | 30 1 | ,400. | 1 | | |
| | 31 | Amount from Schedule 3, lir | | | | 31 | | 1 | | |
| | 32 | Add lines 27a and 28 throug | h 31. These are | your total oth | er payments and | d refundable cred | lits 🕨 | 32 | | 1,400. |
| | 33 | Add lines 25d, 26, and 32. T | | | | | | 33 | 1 | 1,738. |
| Refund | 34 | If line 33 is more than line 24 | 1, subtract line 2 | 4 from line 33. | This is the amou | int you overpaid | | 34 | | 3,983. |
| neiuliu | 35a | Amount of line 34 you want | refunded to you | . If Form 8888 | is attached, che | ck here | | 35a | | 3,983. |
| Direct deposit? | ►b | Routing number 2 5 4 | 0 7 0 1 | 1 6 | ► c Type: 🛛 | Checking | Savings | | | |
| See instructions. | ►d | Account number 6 7 8 | 8 0 2 7 | 0 9 9 | | | | | | |
| | 36 | Amount of line 34 you want a | applied to your | 2022 estimate | ed tax 🕨 | 36 | | | | |
| Amount | 37 | Amount you owe. Subtract | line 33 from line | 24. For detail | s on how to pay, | see instructions | . 🕨 | 37 | | |
| You Owe | 38 | Estimated tax penalty (see in | nstructions) . | | 🕨 | 38 | | | | |
| Third Party | Do | you want to allow another | person to disc | cuss this retu | rn with the IRS? | See | | | | |
| Designee | ins | tructions | | | | . 🕨 🗌 Yes. Co | omplete b | elow. | X No | |
| | | signee's | | Phone | | | onal identif | | | |
| <u>.</u> | | ne 🕨 | | no. 🕨 | | | ber (PIN) ▶ | | | |
| Sign | | der penalties of perjury, I declare t ief, they are true, correct, and com | | | | | | | | |
| Here | Yo | ur signature | | Date | Your occupation | | If the | IRS ser | nt you an lo | dentitv |
| | | | | | | | Prote | ction Pl | N, enter it | |
| Joint return? | | | | | SOFTWARE | ENGINEER | ` | nst.) 🕨 | | |
| See instructions. Keep a copy for | Sp | ouse's signature. If a joint return, I | ooth must sign. | Date | Spouse's occupation | tion | | | nt your spo | ouse an , enter it here |
| your records. | , | | | | | | | nst.) ► | | |
| | Ph | one no. (240)521-548 | 0 | Email address | ΩΛΥΛΤΉΡΤΟΩΝΝΛ | LURI87@GMAIL.CC | | | | |
| | | parer's name | O Preparer's signat | | UNITE ON INCLUDING | Date | PTIN | | Check if: | |
| Paid | | PRIYA RAM SAGAR GUPTA TALLAM | | | СПРТА ТАТ.Т.АМ | | P02082 | 2703 | | -employed |
| Preparer | | n's name GLOBAL TAX | | | | | | | | 55-9522 |
| Use Only | | n's address > 2530 Pebb | | n Cummin | a GA 30041 | | | s EIN ► | | L017196 |
| Go to www.irc.co | | 1040 for instructions and the late | | Committi | - | REV 02/16/02 DDC | 1 | | | 1040 (2021 |
| GO 10 WWW.IIS.9 | 0011 0111 | noto initiatuolions and the late | sciniornation. | | BAA | REV 02/16/22 PRO | | | FUIII | 10-10 (202) |

| SCHEDULE | 1 |
|-------------|---|
| (Form 1040) | |

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 20 Attachment

| the latest information. | | Sequence No. 01 |
|-------------------------|----------|---------------------|
| | Your soc | ial security number |
| | 872-31 | -0228 |

Department of the Treasury Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR

| VENK | ATA S G PONNALURI | 872-3 | 1-02 | 28 | |
|------------|---|-------|------|----|----------------------|
| Par | t I Additional Income | | | | |
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | 3 | | 1 | |
| 2 a | 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, tru Schedule E | | | 5 | -7,160. |
| 6 | Farm income or (loss). Attach Schedule F | | | 6 | |
| 7 | Unemployment compensation | | | 7 | |
| 8 | Other income: | | | | |
| а | Net operating loss | 8a (|) | | |
| b | Gambling income | 8b | | | |
| С | Cancellation of debt | 8c | | | |
| d | Foreign earned income exclusion from Form 2555 | 8d (|) | | |
| е | Taxable Health Savings Account distribution | 8e | | | |
| f | Alaska Permanent Fund dividends | 8f | | | |
| g | Jury duty pay | 8g | | | |
| h | Prizes and awards | 8h | | | |
| i | Activity not engaged in for profit income | 8i | | | |
| j | Stock options | 8j | | | |
| k | Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property | 8k | | | |
| Ι | Olympic and Paralympic medals and USOC prize money (see instructions) | 81 | | | |
| m | Section 951(a) inclusion (see instructions) | 8m | | | |
| n | Section 951A(a) inclusion (see instructions) | 8n | | | |
| ο | Section 461(I) excess business loss adjustment | 80 | | | |
| р | Taxable distributions from an ABLE account (see instructions) . | 8p | | | |
| Z | Other income. List type and amount ► | 8z | | | |
| 9 | Total other income. Add lines 8a through 8z | I | | 9 | |
| 10 | Combine lines 1 through 7 and 9. Enter here and on Form 10 1040-NR, line 8 | | | 10 | -7,160. |
| For Pa | perwork Reduction Act Notice, see your tax return instructions. | | | | e 1 (Form 1040) 2021 |

| Par | t 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 | | |
| С | Date of original divorce or separation agreement (see instructions) | | |
| 20 | IRA deduction | 20 | |
| 21 | Student loan interest deduction | 21 | |
| 22 | Reserved for future use | 22 | |
| 23 | Archer MSA deduction | 23 | |
| 24 | Other adjustments: | | |
| а | Jury duty pay (see instructions) . . . 24a | | |
| b | Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit 24b | | |
| С | Nontaxable amount of the value of Olympic and Paralympicmedals and USOC prize money reported on line 81 24c | | |
| d | Reforestation amortization and expenses | | |
| е | Repayment of supplemental unemployment benefits under the Trade Act of 1974 | | |
| f | Contributions to section 501(c)(18)(D) pension plans 24f | | |
| g | Contributions by certain chaplains to section 403(b) plans 24g | | |
| h | Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) | | |
| i | Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations24i | | |
| 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 | |

BAA

REV 02/16/22 PRO

| SCHEDULE E | |
|-------------|--|
| (Form 1040) | |

Supplemental Income and Loss

OMB No. 1545-0074

Attachment Sequence No. **13**

2

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.
 Go to www.irs.gov/ScheduleE for instructions and the latest information.

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

| Name(s) | shown on return | | | | | | | You | r social securi | ty number |
|---------|---|---|----------|-----------|---------|----------|---------------------|------|-----------------|-----------|
| VENK | ATA S G PONNALU | JRI | | | | | | 87 | 2-31-022 | 28 |
| Part | | s From Rental Real Estate and Ro instructions. If you are an individual, rep | - | | • | | | | • · | |
| A Dic | l you make any payme | nts in 2021 that would require you to | o file F | orm(s) 1 | 099? 5 | See inst | ructions . | | 🗆 | Yes 🔀 No |
| | | ou file required Form(s) 1099? | | | | | | | | Yes 🗌 No |
| 1a | | each property (street, city, state, ZI | | | | | | | | |
| Α | - · | D TELANGANA IN 500039 | | , | | | | | | |
| В | | | | | | | | | | |
| С | | | | | | | | | | |
| 1b | Type of Property | 2 For each rental real estate pro | pertv l | isted | | Fair | ^r Rental | Pers | sonal Use | 0.11/ |
| | (from list below) | above, report the number of fa | air rent | al and | | C | Days | | Days | QJV |
| Α | 3 | personal use days. Check the if you meet the requirements to | o file a | s a | Α | | 365 | | 0 | |
| В | | qualified joint venture. See ins | tructio | ns. | В | | | | | |
| С | | | | | С | | | | | |
| Туре с | of Property: | | | | | | | | | |
| 1 Sing | le Family Residence | 3 Vacation/Short-Term Rental | 5 La | nd | | 7 Self- | Rental | | | |
| 2 Mult | ti-Family Residence | 4 Commercial | 6 Ro | yalties | | 8 Othe | er (describe |) | | |
| Incom | e: | Properties: | | | Α | | E | 3 | | С |
| 3 | Rents received | | 3 | | | 450. | | | | |
| 4 | | | 4 | | | | | | | |
| Expen | | | | | | | | | | |
| 5 | Advertising | | 5 | | | | | | | |
| 6 | Auto and travel (see i | nstructions) | 6 | | | | | | | |
| 7 | Cleaning and mainter | nance | 7 | | 1, | 150. | | | | |
| 8 | Commissions | | 8 | | | | | | | |
| 9 | Insurance | | 9 | | | | | | | |
| 10 | Legal and other profe | essional fees | 10 | | | | | | | |
| 11 | Management fees . | | 11 | | 1, | 300. | | | | |
| 12 | Mortgage interest pai | d to banks, etc. (see instructions) | 12 | | | | | | | |
| 13 | Other interest | | 13 | | | | | | | |
| 14 | Repairs | | 14 | | 1, | 150. | | | | |
| 15 | Supplies | | 15 | | 2, | 100. | | | | |
| 16 | Taxes | | 16 | | | | | | | |
| 17 | Utilities | | 17 | | 1, | 910. | | | | |
| 18 | | e or depletion | 18 | | | | | | | |
| 19 | Other (list) | | 19 | | | | | | | |
| 20 | Total expenses. Add | lines 5 through 19 | 20 | | 7, | 610. | | | | |
| 21 | | line 3 (rents) and/or 4 (royalties). If instructions to find out if you must | | | -7, | 160. | | | | |
| 22 | Deductible rental real on Form 8582 (see in | l estate loss after limitation, if any, structions) | 22 | (| 7,1 | 160.) | (| |)(|) |
| 23a | | eported on line 3 for all rental prope | erties | | | 23a | | 45 | 50. | · · · · · |
| b | | eported on line 4 for all royalty prop | | | | 23b | | | | |
| с | | eported on line 12 for all properties | | | | 23c | | | | |
| d | | eported on line 18 for all properties | | | | 23d | | | | |
| е | | eported on line 20 for all properties | | | | 23e | | 7,61 | LO. | |
| 24 | Income. Add positiv | e amounts shown on line 21. Do no | ot inclu | ide any | losses | | | | 24 | |
| 25 | | sses from line 21 and rental real estate | | - | | | al losses hei | re. | 25 (| 7,160.) |
| 26 | Total rental real est | ate and royalty income or (loss). V, and line 40 on page 2 do not | Comb | ine lines | s 24 ar | nd 25. E | Enter the re | sult | | , |
| | | 40), line 5. Otherwise, include this a | | | | | | | 26 | -7,160. |

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2021





| T 7 TO D TT 7 D TO D | ~ | ~ | |
|----------------------|---|---|-----------|
| VENKATA | S | G | PONNALURI |

1009 RIVIERA DR

| VIRGINIA | BEACH | VA | 23464 |
|----------|-------|----|-------|
| | | | |

| SSN - You PONN | | 872310228 | Vendor ID | 1555 | XX | xxx ヿ |
|------------------------------------|-------|-----------|--|----------------|---------|--------------|
| SSN - Spouse | | | | | | |
| Fed Adj Gross Income (FAGI) | 1. | 67408. | Withholding (VA) - Yo | JU | 19A. | 3718. |
| Additions | 2. | | Withholding (VA) - S | oouse | 19B. | |
| Subtotal | 3. | 67408. | Estimated Payments | | 20. | |
| Age Deduction - You | 4A. | | 2020 Overpayment | | 21. | |
| Age Deduction - Spouse | 4B. | | Extension Payments | | 22. | |
| Soc Sec & Tier 1 Railroad | 5. | | Credit - Low-Income | or EIC | 23. | |
| State Income Tax Overpayment | 6. | | Credit - Schedule OS | С | 24. | |
| Subtractions | 7. | | Credits - Schedule Cl | २ | 25. | |
| Subtotal Subtractions | 8. | | Total Payments / Cre | dits | 26. | 3718. |
| Total VA Adj Gross Income (VAGI) | 9. | 67408. | Tax You Owe | | 27. | |
| Itemized Deductions - VA Sch A | 10. | | Tax Overpayment | | 28. | 412. |
| Standard Deduction | 11. | 4500. | Overpayment Credite | d to Next Year | 29. | |
| Exemptions | 12. | 930. | VAC - Virginia 529 / A | \BLE | 30. | |
| Deductions | 13. | | VAC - Other Contribu | itions | 31. | |
| Subtotal (Deductions & Exemptions) |) 14. | 5430. | Addition to Tax, Pena | Ity & Interest | 32. | |
| VA Taxable Income | 15. | 61978. | Sales and Use Tax | | 33. | |
| Amount of Tax | 16. | 3306. | Amount You Owe Will Pay by Credit/Debit | t Card N | | |
| Spouse Tax Adjustment (STA) | 17. | | Your Refund | | 1 | 412. |
| VAGI - Spouse | 17A. | | Bank Routing # | | C | 254070116 |
| Net Amount of Tax | 18. | 3306. | Bank Account # | | 6788027 | |
| L | | | | | 0700027 | |

____LAR ____DLAR ____DTD ____LTD \$_____

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872310228





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| ling Status, Age | & License | Information | Additional Filing Information | on |
|-----------------------------|---------------|-----------------------------------|--------------------------------------|----|
| Filing Status | | 1 | Locality | 15 |
| Federal Head of H | lousehold | | Uninsured & Authorize DMAS | |
| DOB - You | | 05181987 | Name or Filing Status Change | |
| VA Driver's Licens | se ID - You | T75400755 | Address Change | |
| VA Driver's Licens | se - Iss. Dat | te - You 08102021 | VA Return Not Filed Last Year | |
| Spouse Name (Fi | ling Status | 3 Only) | Dependent on Another's Return | |
| | | | Farmer / Fisherman / Merchant Seaman | |
| DOB - Spouse | | | Amended | |
| VA Driver's Licens | | | Reason Code | |
| VA Driver's Licens | se - 188. Dai | | Overseas on Due Date | |
| cemptions (A) You | 1 | Exemptions (B) 65 & Over - You | Federal EIC & Amount | |
| Spouse | | 65 & Over - Spouse | Deceased Indicator | |
| Dependents | | Blind - You | No Sales & Use Tax Due Indicator | : |
| Total (A) | 1 | Blind - Spouse | Obtain Electronic 1099G | |
| | | Total (B) | ID Theft PIN | |
| | | Contact Information | | |

deposit of your refund by providing bank information on your return, you are certifying that the information provided is for a domestic account within the territorial jurisdiction of the United States.

| Signature - You | Date | Phone - You | | 2405215480 |
|---|------------|---------------------------|---|------------------|
| Signature - Spouse | Date | Phone - Spouse | | |
| Signature - Preparer <u>SYAM PRIYA RAM SAGAR GUPTA TALLAM</u> | Date 02192 | 2 Phone - Preparer | | 6789659522 |
| The Tax Department may discuss my/our return with my/our pro | eparer. | Preparer Information | 7 | P02082703 |
| File by May 1, 2022 | GLO: | BAL TAXES LLC | | I |
| Include Page 1, Page 2 and all supporting 760CG documents. | 253 CUM |) PEBBLE CREEK LI MING | | 0041 Page 2 of 2 |

2021 Schedule INC/CG 872310228

Report all W-2s, 1099s & VK-1s with VA Withholding

VENKATA S G PONNALURI



| Your/ Spouse SSN | Withholding Type | VA Withholding | Employer FEIN | VA Account Number | VA Wages, tips, other comp. |
|---------------------|---------------------|-------------------|------------------|----------------------|--------------------------------|
| Г | | | | | Г |
| 872310228 | W | 3718. | 800100877 | 30800100877F001 | 74568. |

| Total VA Withholding | SSN | VA Withholding |
|-------------------------------|-----------|----------------|
| You | 872310228 | 3718. |
| Spouse | | |
| Total # of W-2s,1099s & VK-1s | 01 | |

To avoid delays - be sure to enter all information, including the Employer's FEIN.

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1555

Virginia Individual Income Tax e-File Signature Authorization

DO NOT SEND THIS VA-8879 TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS. IT MUST BE MAINTAINED IN YOUR FILES!

| Virginia Submission Identification Number (SID) | | |
|--|--|---|
| | | |
| Your Name | B Your Social Sec | urity Number |
| VENKATA S G PONNALURI | 872-31-022 | 5 |
| Spouse's Name | A Spouse's Social | |
| | | |
| Part I Tax Return Information | A Spouse | B Yourself |
| 1. Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1) | | 67408. |
| 2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9) | | 67408. |
| 3. Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17) | | 61978. |
| 4. Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18) | | 3306. |
| 5. Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b) | | 3718. |
| 6. Amount you Owe (Form 760CG, Line 35; Form 760PY, Line 35; Form 763, Line 35) | | |
| 7. Refund (Form 760CG, Line 36; 760PY, Line 36; Form 763, Line 36) | | 412. |
| Part II Declaration of Taxpayer and Signature Authorization Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying so | chadulas and statement | c for the year onding |
| December 31, 2021, and to the best of my knowledge and belief, it is true, correct and complete. I further declare that the Return Originator (ERO), Transmitter, or Intermediate Service Provider (including my name, address and social security number) and the amount shown in Part I above agree with the information and amounts shown on the corresponding line filing a balance due return, I understand that if the Virginia Department of Taxation (Virginia Tax) does not receive full an liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Virginia Tax. I have selected a personal identification number (PIN) as my signature for my electronic income tax return refund or direct debit of my tax due. In choosing either direct deposit or direct debit, I certify that the transaction does not of the territorial jurisdiction of the United States at any point in the process. Taxpayers may sign the form using a rubber signature pen, or computer software program. | number or individual tax es of my electronic incor d timely payment of my ce Provider to transmit n and, if applicable, the di directly involve a finance stamp, mechanical devi | t identification ne tax return. If I am tax liability, I remain ny complete return to rect deposit of my tial institution outside ce, such as a |
| I authorize the ERO named below to enter my e-File PIN 1 0 2 2 8 as my signature on my 2021 e-file Do not enter all zeros GLOBAL TAXES LLC | ea virginia individual inc | ome tax return. |
| ERO Firm Name | | |
| I will enter my e-File PIN as my signature on my 2021 e-filed Virginia individual income tax return. Check this box and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. | only if you are entering | your own e-File PIN |
| Your Signature Date | | |
| Spouse's e-File PIN: check one box only | | |
| I authorize the ERO named below to enter my e-File PIN I authorize the ERO named below to enter my e-File PIN Do not enter all zeros | ed Virginia individual inc | ome tax return. |
| ERO Firm Name | | |
| I will enter my e-File PIN as my signature on my 2021 e-filed Virginia individual income tax return. Check this box and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. | only if you are entering | your own e-File PIN |
| Spouse's Signature Date | | |
| 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 | | |
| Do not enter all a line of the solution of the | tax return for the taxpay Virginia's publication Ha nanical device, such as a | ndbook for |
| ERO's Signature Date 02-1 | 5-22 | |

| SCHEDULE E | |
|-------------|--|
| (Form 1040) | |

Supplemental Income and Loss

OMB No. 1545-0074

Attachment Sequence No. **13**

2

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.
 Go to www.irs.gov/ScheduleE for instructions and the latest information.

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

| Name(s) shown on return | | | | | | | | You | Your social security number | | |
|-------------------------|---|---|--------------|--------------------|---------|-------------|---------------|-------------|-----------------------------|----------|--|
| VENKATA S G PONNALURI | | | | | | | | 872-31-0228 | | | |
| Part | | s From Rental Real Estate and Ro instructions. If you are an individual, rep | - | | • | | | | • · | | |
| A Dic | l you make any payme | nts in 2021 that would require you to | o file F | orm(s) 1 | 099? 5 | See inst | ructions . | | 🗆 | Yes 🔀 No | |
| | | ou file required Form(s) 1099? | | | | | | | | Yes 🗌 No | |
| 1a | | each property (street, city, state, ZI | | | | | | | | | |
| Α | UPPAL HYDERABAD TELANGANA IN 500039 | | | | | | | | | | |
| В | | | | | | | | | | | |
| С | | | | | | | | | | | |
| 1b | Type of Property | pertv l | perty listed | | | Fair Rental | | sonal Use | QJV | | |
| | (from list below) | (from list below) above, report the number of fa | | | | Days | | Days | | | |
| Α | 3 | personal use days. Check the if you meet the requirements to | o file a | o file as a 👘 🗛 | | | 365 | | 0 | | |
| В | | qualified joint venture. See ins | tructio | ns. | В | | | | | | |
| С | | | | | С | | | | | | |
| Туре с | of Property: | | | | | | | | | | |
| 1 Sing | le Family Residence | 3 Vacation/Short-Term Rental | 5 La | nd | | 7 Self- | Rental | | | | |
| 2 Mult | ti-Family Residence | 6 Ro | yalties | 8 Other (describe) | | |) | | | | |
| Incom | e: | Properties: | | | Α | | E | 3 | | С | |
| 3 | Rents received | | 3 | | | 450. | | | | | |
| 4 | | | 4 | | | | | | | | |
| Expen | | | | | | | | | | | |
| 5 | Advertising | | 5 | | | | | | | | |
| 6 | Auto and travel (see i | nstructions) | 6 | | | | | | | | |
| 7 | Cleaning and mainter | nance | 7 | | 1, | 150. | | | | | |
| 8 | Commissions | | 8 | | | | | | | | |
| 9 | Insurance | | 9 | | | | | | | | |
| 10 | Legal and other profe | essional fees | 10 | | | | | | | | |
| 11 | Management fees . | | 11 | | 1, | 300. | | | | | |
| 12 | Mortgage interest pai | d to banks, etc. (see instructions) | 12 | | | | | | | | |
| 13 | Other interest | | 13 | | | | | | | | |
| 14 | Repairs | | 14 | | 1, | 150. | | | | | |
| 15 | Supplies | | 15 | | 2, | 100. | | | | | |
| 16 | Taxes | | 16 | | | | | | | | |
| 17 | Utilities | | 17 | | 1, | 910. | | | | | |
| 18 | | e or depletion | 18 | | | | | | | | |
| 19 | Other (list) | | 19 | | | | | | | | |
| 20 | Total expenses. Add | lines 5 through 19 | 20 | | 7, | 610. | | | | | |
| 21 | | line 3 (rents) and/or 4 (royalties). If instructions to find out if you must | | | -7, | 160. | | | | | |
| 22 | Deductible rental real on Form 8582 (see in | l estate loss after limitation, if any, structions) | 22 | (| 7,1 | L60.) | (| |)(|) | |
| 23a | | eported on line 3 for all rental prope | erties | | | 23a | | 45 | 50. | | |
| b | | eported on line 4 for all royalty prop | | | | 23b | | | | | |
| с | | eported on line 12 for all properties | | | | 23c | | | | | |
| d | | eported on line 18 for all properties | | | | 23d | | | | | |
| е | | eported on line 20 for all properties | | | | 23e | | 7,61 | 0. | | |
| 24 | Income. Add positiv | e amounts shown on line 21. Do no | ot inclu | ide any | losses | | | . | 24 | | |
| 25 | | sses from line 21 and rental real estate | | - | | Inter tot | al losses her | re. | 25 (| 7,160.) | |
| 26 | Total rental real est | ate and royalty income or (loss). V, and line 40 on page 2 do not | Comb | ine lines | s 24 ar | nd 25. E | Enter the re | sult | | | |
| | | 40), line 5. Otherwise, include this a | | | | | | | 26 | -7,160. | |

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2021