Form 8879
(Rev. January 2021)
Department of the Treesury

epartment 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)

Taxpayer's name	Social security number
SINDHU MADHAVI MANUKONDA	713-91-1212
Spouse's name	Spouse's social security number
Dark Tay Datum Information Tay Very Engine December 21 0001 (Ente	
Part I Tax Return Information – Tax Year Ending December 31, 2021 (Enter	r 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 62,844.
2 Total tax	2 6,809.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 6,617.
4 Amount you want refunded to you	4
5 Amount you owe	5 192.
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	l) 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

X	I authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	
				ERO firm name		5

1 2 2 1 as my nter five diaits, but don't enter all zeros

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 sign	ature 🕨 🛛 Da	ate 🕨					 		
	Practitioner PIN Method Returns Only—continue	bel	ow						
Part III C	ertification and Authentication – Practitioner PIN Method Only								
ERO's EFIN/P	PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	5	8	7		6 all ze	 9	8	9

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 🕨	
	ust Retain This Form — See his Form to the IRS Unless		
For Deperturely Deduction Act Nation and your tax	return instructions	REV 04/01/22 RRO	Earm 8879 (Pov. 01 2021)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 04/01/22 PRO

IF you live in	THEN use this address to send in your payment
Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214
Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Oklahoma, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, South Dakota, Utah, Washington, Wyoming	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

Form 1040-V 2021

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury Internal Revenue Service

2021

Form 1040-V Payment Voucher

Use this voucher when making a payment with Form 1040.

Do not staple this voucher or your payment to Form 1040.

Make your check or money order payable to the 'United States Treasury.'

(99)

► Write your social security number (SSN) on your check or money order.

Enter the amount of your payment.

192.

REV 04/01/22 PRO

1555

INTERNAL REVENUE SERVICE P.O. BOX 931000 LOUISVILLE, KX 40293-1000

SINDHU MADHAVI MANUKONDA

23645 ZAILLISH 20 ASHBURN VA 20148

104		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		(99) urn	202	21	OMB No. 1	545-00)74 IRS U	se Only	—Do not v	vrite or staple	in this space.
Filing Status Check only one box.	lf yo	Single Married filing jointly ou checked the MFS box, enter the n son is a child but not your dependen	ame of	-									low(er) (QW) he qualifying
Very first perce	•	, , , , , , , , , , , , , , , , , , ,	1								Vaura		
Your first name			Last na									ocial securi	-
SINDHU				JKONDA	1						-	91-121	
n joint return, s	spouse s	s first name and middle initial	Last na	une							Spouse	s social se	curity number
Home address 23642 S.		er and street). If you have a P.O. box, see	instructi	ons.					Apt. no.			ential Electi here if you,	on Campaign
		LSH SQ ce. If you have a foreign address, also co	mploto	nacos bol	0.14	Sta	to	7	P code				ntly, want \$3
	JUSLOIN	ce. Il you have a loreign address, also co	inpiete s	paces bei	Ow.	V			20148		•		Checking a
ASHBURN				-		-						low will not x or refund	0
Foreign countr	y name			Foreign pr	ovince/state	/coun	ty		oreign postal	code	your ta		
At any time du	uring 20	021, did you receive, sell, exchange,	, or othe	erwise dis	spose of ar	ny fina	ancial intere	est in a	any virtual	curre	ncy?	Yes	X No
Standard	Som	eone can claim: 🗌 You as a de	penden	t 🗌	Your spou	se as	a depende	nt	-				
Deduction		Spouse itemizes on a separate retur	n or you	u were a	dual-status	alier	ı						
Age/Blindnes	s You:	: 🗌 Were born before January 2, 1	957 [Are bl	ind Sp	ouse	: 🗌 Was	born l	pefore Jan	uary 2	2, 1957	🗌 ls b	lind
Dependent	s (see	instructions):		(2) S	Social securit	y	(3) Relatio	nship	(4)	🖌 if q	ualifies fo	or (see instru	uctions):
If more	(1) F	irst name Last name			number		to yo	u	Child	l tax ci	redit	Credit for ot	ther dependents
than four													
dependents, see instruction													
and check													
here 🕨 🗌													
	1	Wages, salaries, tips, etc. Attach F	Form(s)	W-2 .							. 1		62,788.
Attach	2a	Tax-exempt interest	2a			bТ	axable inte	rest			. 2k	b	
Sch. B if required.	3a	Qualified dividends	3a		37.	bС	Ordinary divi	idend	s		. 3b	b	37.
required.	4a	IRA distributions	4a			bТ	axable amo	ount .			. 4k	b	
	5a	Pensions and annuities	5a			bТ	axable amo	ount .			. 5k	b	
Standard	6a	Social security benefits	6a			bТ	axable amo	ount .			. 6k	b	
Deduction for-	7	Capital gain or (loss). Attach Sche	dule D i	f required	d. If not rec	luired	, check her	е.			7		19.
 Single or Married filing 	8	Other income from Schedule 1, lin	e 10								. 8		
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. 1	This is yo	ur total inc	ome					▶ 9		62,844.
 Married filing 	10	Adjustments to income from Sche	dule 1,	line 26							. 10)	
jointly or Qualifying	11	Subtract line 10 from line 9. This is	s your a	djusted	gross inco	me					▶ 11	1	62,844.
widow(er), \$25,100	12a	Standard deduction or itemized	deduct	ions (fro	m Schedul	e A)		12a		,55	ο.		
• Head of	b	Charitable contributions if you take	the star	ndard deo	duction (see	e instr	ructions)	12b					
household, \$18,800	с	Add lines 12a and 12b									. 12	с	12,550.
 If you checked 	13	Qualified business income deduct	ion fron	n Form 8	995 or Forr	n 899	5-A				. 13		
any box under Standard	14	Add lines 12c and 13									. 14	1	12,550.
Deduction, see instructions.	15	Taxable income. Subtract line 14	from lir	ne 11. lf z	ero or less	, ente	er-0				. 15		50,294.
	/												

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	6,809.
	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	6,809.
	19	Nonrefundable child tax cred	dit or credit for o	other depender	nts from Schedul	e8812		19	
	20	Amount from Schedule 3, lin	e8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	6,809.
	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	6,809.
	25	Federal income tax withheld	from:			1 1			
	а	Form(s) W-2				25a 6	,617.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	•			25c			
	d	Add lines 25a through 25c						25d	6,617.
If you have a	26	2021 estimated tax payment						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					
	c	Prior year (2019) earned inco							
	28	Refundable child tax credit or		L	Schedule 8812	28			
	29	American opportunity credit				29		1	
	30	Recovery rebate credit. See		-		30		1	
	31	Amount from Schedule 3, lin				31		1	
	32	Add lines 27a and 28 throug					lits 🕨	32	
	33	Add lines 25d, 26, and 32. T		•				33	6,617.
Defend	34	If line 33 is more than line 24						34	-,
Refund	35a	Amount of line 34 you want						35a	
Direct deposit?	►b	Routing number X X X			► c Type:		Savings		
See instructions.	►d	Account number X X X					0		
	36	Amount of line 34 you want a				36			
Amount	37	Amount you owe. Subtract				see instructions	. ►	37	192.
You Owe	38	Estimated tax penalty (see in				38		-	
Third Party	Do	you want to allow another							
Designee		structions	•			. —	omplete k	below.	× No
-		signee's		Phone			onal identi		
	nai	me 🕨		no. 🕨		numb	ber (PIN)	<u>}</u>	
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com							
Here		· · ·	piete. Declaration						, ,
	YO	ur signature		Date	Your occupation				nt you an Identity N, enter it here
Joint return?					SOFTWARE	ENGINEER		inst.) 🕨	
See instructions.	Sp	ouse's signature. If a joint return, k	ooth must sign.	Date	Spouse's occupa	tion			nt your spouse an
Keep a copy for your records.	•							· ·	ection PIN, enter it here
your rooordo.							,	inst.) 🕨	
		one no. (732)983-878		Email address	SINDHUMANUK	ONDA9@GMAIL.CO			
Paid		eparer's name	Preparer's signat			Date	PTIN	0.000	Check if:
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAM	1 04/11/2022	P0208		Self-employed
Use Only		m's name ► GLOBAL TAX			a				678)965-9522
		m's address ► 2530 Pebb		n Cummin	g GA 30041		Firm	's EIN ▶	
Go to www.irs.ge	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 04/01/22 PRO			Form 1040 (2021)

SCHEDULE D

(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

► 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.

Attachment Sequence No. 12 Your social security number

20

Internal Revenue Service (99) Name(s) shown on return

Department of the Treasury

SINDHU MADHAVI MANUKONDA

713-91-1212

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)

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustment to gain or loss Form(s) 8949, F line 2, columr	from Part I,	(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	500.	483.			17.
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 (oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1				5	
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions	y, from line 8 of y	our Capital Loss	Carryover	6	()
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	•	.,		7	17.

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

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to le dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmer to gain or loss Form(s) 8949, line 2, colum	s from Part II,	(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	7.	5.			2.
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked.					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824			. ,	11	
12 13	Net long-term gain or (loss) from partnerships, S corporat Capital gain distributions. See the instructions				12 13	
14	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions		•	-	14	()
15	Net long-term capital gain or (loss). Combine lines 8a on the back .				15	2.
For F	Paperwork Reduction Act Notice, see your tax return instruction				Schedu	ıle D (Form 1040) 2021

Summary

Part III

	Page 2

16	Combine lines 7 and 15 and enter the result	16 19.
	 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. 	
17	Are lines 15 and 16 both gains?	
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	18
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19
20	 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. 	
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.	
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:	
	The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500)	21 ()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.	
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?	
	☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.	
	□ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.	
	REV 04/01/22 PRO	Schedule D (Form 1040) 2021

Form **8949**

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

Attachment

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form8949 for instructions and the latest information.

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

Tor lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. Sequence No. 12A Social security number or taxpaver identification number

Name(s) shown on return	Social security number of taxpayer identification number
SINDHU MADHAVI MANUKONDA	713-91-1212

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

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

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(b) e acquired ., day, yr.)(c) Date sold or disposed of (Mo., day, yr.)(d) (d) Proceeds (sales price) (see instructions)(e) 	Proceeds	Cost or other basis. See the Note below	See the separate instructions.		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)
(Example: 100 sh. XYZ Ćo.)	(Mo., day, yr.)		Amount of	from column (d) and combine the result with column (g)					
ROBINHOOD SECURITIES LLC	01/01/21	12/31/21	500.	483.			17.		
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box 6	al here and inc is checked), lir	lude on your 1e 2 (if Box B	500.	483.			17.		

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

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

Form 8949 (2021)	Attachment Sequence No. 12A	Page 2
Name(s) shown on return. Name and SSN or taxpaver identification no. not required if shown on other side	Social security number or taxpayer identification num	ber

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

713-91-1212

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	If you enter an enter a c	f any, to gain or loss. amount in column (g), ode in column (f). parate instructions. (g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
ROBINHOOD SECURITIES LLC	01/01/20	12/31/21	7.	5.			2.
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) ►		7.	5.			2.	

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.

REV 04/01/22 PRO



e-File DECLARATION FOR ELECTRONIC FILING



Keep this form for your records. Do not send this form to the State of Maryland unless specifically requested to do so. See Instructions.

.v.				
SINDHU MADHAVI		MANUKONDA	71391121	2
ວັດ First Name ຜູ້	MI	Last Name	SSN/Taxpayer I	dentification Number
Y MADHAVI First Name Spouse's First Name Spouse's First Name Part I Tax Return Information (who	MI	Spouse's Last Name	SSN/Taxpayer I	dentification Number
Part I Tax Return Information (who	la dollara oni	w)		
		¥)		
1. Amount of overpayment to be applied t	o 2022 estima	ted tax	1.	
				· ·
2. Amount of overpayment to be refunded	l to you			<u>659</u> .
3. Total amount due (Pay in full by April 1	5, 2022. See i	nstructions.)		
Part II Taxpayer Declaration and Sig	natura Autha	rization		
that I provided to my Electronic Return C agree with the amounts shown on the co knowledge and belief, my return is true, statements, be sent to the Maryland Reve software provider.	rresponding lin correct and co	nes of my 2021 Maryland elect omplete. I consent that my retu	ronic income tax return. urn, including accompany	To the best of my ing schedules and
Your PIN: check one box only				
X I authorize GLOBAL TAXES LLC		to enter or genera	ate my PIN 11212	Enter five digits.
ERO firm as my signature on my tax year 2021				zeros.
I will enter my PIN as my signature or entering your own PIN and your retur				
Your signature			Date	
Spouse's PIN: check one box only				
I authorize		to enter or genera	ate my PIN	Enter five digits.
ERO firm as my signature on my tax year 2021		-		zeros.
I will enter my PIN as my signature or entering your own PIN and your retur	n my tax year 2	2021 electronically filed income	tax return. Check this box ne ERO must complete Par	only if you are t III below.
Spouse's signature			Date	
	Practitione	er PIN Method Returns Only		
Davit III. Contification and Authoritizati	on Dractitia	ner DIN Method Only		
Part III Certification and Authenticati ERO's EFIN/PIN. Enter your six-digit EFI		•	5 8 7 2 7 8 6 1 9 8	9 Do not enter all zeros.
I certify this numeric entry is my PIN, whic taxpayer(s). I confirm that I am submitting Maryland MeF Handbook for Authorized e-f	g this return in			
5001 · · ·			Date _0411202	22
ERO's signature		DO NOT		



NONRESIDENT INCOME **TAX RETURN**



SHBURN VA 20148 y or Town State ZIP Code + 4 reign Country Name Foreign Province/State/Code FILING STATUS See Instruction 1 to determine if you are required to file. CHECK 1. Single (If you can be claimed on another person's tax 4. Head of household Qualifying widow(in the intervence of the filling joint return or spouse had no income 5. Qualifying widow(in the person's tax Narried filling separately, Spouse's SSN ▶ See Instruction 8. RESIDENCE INFORMATION See Instruction 9. Enter 2-letter state code for your state of legal residence. ▶ VA If PA resident, enter both County and City, Borough or Township X Yes Were you a resident of another state for the entire year of 2021? If no, attach explanation. X Yes Are you or your spouse a member of the military? Yes	
INDHU_MADHAVI	
at Name MI ANUKONDA at Name ouse's First Name MI Does your name match the name on your soci for your personal exemptions, contact SSA at ouse's Last Name MI Does your name match the name on your soci for your personal exemptions, contact SSA at ouse's Last Name MI 3642 SAILFISH SQ renet Mailing Address Line 1 (Street No. and Street Name or PO Box) Maryland Coi renet Mailing Address Line 2 (Apt No., Suite No., Floor No.) City, Town or Named at the name on your soci state SHEURN VA 20148 reign Country Name VA 20148 reign Country Name Foreign Province/State/Cl ONE Engregon Province/State/Cl Outering widow(0.00000000000000000000000000000000000	P. PACINYA NA KARABANA MININ
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3642 SAILFISH SQ Maryland Corrent Mailing Address Line 1 (Street No. and Street Name or PO Box) rrent Mailing Address Line 2 (Apt No., Suite No., Floor No.) City, Town or Nume of County and State 20148 SHBURN VA 20148 y or Town VA 20148 reign Country Name Foreign Province/State/Co reign Country Name Foreign Province/State/Co reign Postal Code	
mrent Mailing Address Line 1 (Street No. and Street Name or PO Box) Maryland Cor mrent Mailing Address Line 2 (Apt No., Suite No., Floor No.) City, Town or SHBURN VA 20148 y or Town VA 20148 reign Country Name Foreign Province/State/Co FILING STATUS See Instruction 1 to determine if you are required to file. Head of household ONE return, use Filing Status 6.) S. ONE return, use Filing Status 6.) S. Warried filing signarately, Spouse's SSN ▶ See Instruction 8. RESIDENCE INFORMATION See Instruction 9. Enter 2-letter state code for your state of legal residence. ▶ VA If PA resident, enter both County and City, Borough or Township Were you a resident of another state for the entire year of 2021? If no, attach explanation. X Yes Did you file a Maryland income tax return for 2020? Yes X No If "Yes," was it a Resident of Foreign dependent, and plicable exemption amount. A. X Yourself Spouse Enter "NONE": FROM None TO None Did you file a Maryland income tax return for 2020? Yes X No If "Yes," was it a Resident, and taxes withheld in error. (See Instruction 4.) EXEMPTIONS See Instruction 10. Check appropri	
rrent Mailing Address Line 2 (Apt No., Suite No., Floor No.) City, Town or memory and the second secon	unty
Name of courty and the 2 (Apt No., suite No., from No.) Name of courty and the 2 (Apt No., suite No., from No.) SHBURN VA 20148 y or Town State ZIP Code + 4 reign Postal Code Foreign Province/State/Co FILING STATUS See Instruction 1 to determine if you are required to file. CHECK Single (If you can be claimed on another person's tax Head of household Qualifying widow() BOX Married filing sparately, Spouse's SSN → See Instruction 8. RESIDENCE INFORMATION See Instruction 9. Enter 2-letter state code for your state of legal residence. ► VA_ If PA resident, enter both County and City, Borough or Township Were you a resident of another state for the entire year of 2021? If no, attach explanation. Yes No If "Yes," was it a Resident, hear yland for 2021. If none, enter "NONE": FROM None To None Check here for Maryland taxes withheld in error. (See Instruction 4.) EXEMPTIONS See Instruction 10. Check appropriate box(es). NOTE: If you are claiming dependents, Information Form 502B to this form in order to receive the applicable exemption amount. A. Yourself Spouse Enter number checked See Instruction 10 A. \$ B. <td></td>	
SHBURN VA 20148 y or Town State ZIP Code + 4 reign Country Name Foreign Province/State/Co reign Postal Code FILING STATUS See Instruction 1 to determine if you are required to file. CHECK 1. X Single (If you can be claimed on another person's tax 4. Head of household BOX 2. Married filing joint return or spouse had no income 5. Qualifying widow(BOX 2. Married filing sparately, Spouse's SSN ▶	- Taxing Area di incorporated city, town or special taxing area in which you w si day of the taxable period if you earned wages in Maryland. (
reign Country Name Foreign Province/State/Cd FILING STATUS See Instruction 1 to determine if you are required to file. CHECK I.X. Single (If you can be claimed on another person's tax Head of household Qualifying widow(i BOX 2. Married filing joint return or spouse had no income Married filing separately, Spouse's SSN ▶ See Instruction 8. RESIDENCE INFORMATION See Instruction 9. Enter 2-letter state code for your state of legal residence. ▶ VA If PA resident, enter both County and City, Borough or Township X yes Were you a resident of another state for the entire year of 2021? If no, attach explanation. X yes Are you or your spouse a member of the military? Yes Did you file a Maryland income tax return for 2020? Yes X No If "Yes," was it a Resi Dates you resided in Maryland for 2021. If none, enter "NONE": FROM None TO None Check here for Maryland taxes withheld in error. (See Instruction 4.) EXEMPTIONS See Instruction 10. Check appropriate box(es). NOTE: If you are claiming dependents, Information Form 502B to this form in order to receive the applicable exemption amount. A. X Yourself	
reign Postal Code FILING STATUS See Instruction 1 to determine if you are required to file. CHECK 1. X Single (If you can be claimed on another person's tax 4. Head of household ONE return, use Filing Status 6.) 5. Qualifying widow(intervention) BOX 2. Married filing joint return or spouse had no income 6. Dependent taxpay 3. Married filing separately, Spouse's SSN ▶ See Instruction 8. RESIDENCE INFORMATION See Instruction 9. Enter 2-letter state code for your state of legal residence. ▶ VA If PA resident, enter both County and City, Borough or Township Yes Were you a resident of another state for the entire year of 2021? If no, attach explanation. X Yes Yes Are you or your spouse a member of the military? Yes X No If "Yes," was it a Resi Dates you resided in Maryland for 2021. If none, enter "NONE": FROM None TO None Yes Check here for Maryland taxes withheld in error. (See Instruction 4.) EXEMPTIONS See Instruction 10. Check appropriate box(es). NOTE: If you are claiming dependents, Information Form 502B to this form in order to receive the applicable exemption amount. A. X Yourself Spouse Enter number checked 1 See Instruction 10 A. \$ Blind Enter number checked X \$1,000 B. \$	
RESIDENCE INFORMATION See Instruction 9. Enter 2-letter state code for your state of legal residence. ► VA	d er) with dependent child rer (Enter 0 in Exemption Box (A) -
Enter 2-letter state code for your state of legal residence. ► VA)
If PA resident, enter both County and City, Borough or Township Were you a resident of another state for the entire year of 2021? If no, attach explanation. X Yes Are you or your spouse a member of the military? Yes Did you file a Maryland income tax return for 2020? Yes X No If "Yes," was it a Resident of None Dates you resided in Maryland for 2021. If none, enter "NONE": FROM None TO None ► Check here for Maryland taxes withheld in error. (See Instruction 4.) EXEMPTIONS See Instruction 10. Check appropriate box(es). NOTE: If you are claiming dependents, Information Form 502B to this form in order to receive the applicable exemption amount. A. X Yourself Spouse B. ► 65 or over 65 or over Blind Blind Enter number checked X \$1,000 B.\$	
Were you a resident of another state for the entire year of 2021? If no, attach explanation. X Yes Are you or your spouse a member of the military? Yes X No If "Yes," was it a Resi Dates you resided in Maryland for 2021. If none, enter "NONE": FROM None TO None You Check here for Maryland taxes withheld in error. (See Instruction 4.) EXEMPTIONS See Instruction 10. Check appropriate box(es). NOTE: If you are claiming dependents, Information Form 502B to this form in order to receive the applicable exemption amount. A. X Yourself Spouse Enter number checked 1 See Instruction 10 A. \$ B. 65 or over 65 or over 65 or over Spind Blind Enter number checked X \$1,000 B. \$	
Are you or your spouse a member of the military? Yes Did you file a Maryland income tax return for 2020? Yes X No If "Yes," was it a Resident and the resident and the return for 2020? Dates you resided in Maryland for 2021. If none, enter "NONE": FROM None TO None Image: Check here for Maryland taxes withheld in error. (See Instruction 4.) To None EXEMPTIONS See Instruction 10. Check appropriate box(es). NOTE: If you are claiming dependents, Information Form 502B to this form in order to receive the applicable exemption amount. A. X Yourself Spouse Enter number checked 1 See Instruction 10 A. \$ B. Image: Blind Blind Enter number checked X \$1,000 B. \$	No
Dates you resided in Maryland for 2021. If none, enter "NONE": FROM None TO None Check here for Maryland taxes withheld in error. (See Instruction 4.) To None EXEMPTIONS See Instruction 10. Check appropriate box(es). NOTE: If you are claiming dependents, Information Form 502B to this form in order to receive the applicable exemption amount. A. X Yourself A. X Yourself B. ▶ 65 or over Blind Blind	XNo
 ▶ Check here for Maryland taxes withheld in error. (See Instruction 4.) EXEMPTIONS See Instruction 10. Check appropriate box(es). NOTE: If you are claiming dependents, Information Form 502B to this form in order to receive the applicable exemption amount. A. X Yourself Spouse Enter number checked 1 See Instruction 10 A. \$ B. ▶ 65 or over ▶ 65 or over ▶ Blind ▶ Blind Enter number checked X \$1,000 B. \$ 	ident or a Nonresident return
EXEMPTIONS See Instruction 10. Check appropriate box(es). NOTE: If you are claiming dependents, Information Form 502B to this form in order to receive the applicable exemption amount. A. X Yourself Spouse Enter number checked 1 See Instruction 10 A. \$\$ B. 65 or over 65 or over Blind Blind Enter number checked X \$1,000 B. \$	(MMDDYYYY).
A. X Yourself Spouse Enter number checked 1 See Instruction 10 A. \$ B. ► 65 or over 65 or over ► Blind Enter number checked X \$1,000 B. \$	you must attach the Dependents'
B. \blacktriangleright 65 or over \blacksquare Blind \blacksquare Blind \blacksquare Blind \blacksquare \blacksquare	
► Blind ► Blind Enter number checked X \$1,000 B.\$	3200
C. Enter number from line 3 of Dependent Form 502B See Instruction 10 C. \$	·
	·
D. Enter Total Exemptions (Add A, B and C.) D. Enter Total Amount D. \$	3200.



NONRESIDENT INCOME **TAX RETURN**



2021 Page 2

◄

SINDHU MADHAVI MANUKONDA _{SSN} 713911212 Name

See Instruction 11.)	(1) FEDERAL INCOME (LOSS)	(2) MARYLAND INCOME (LOSS)	(3) NON-MARYLAN INCOME (LOSS)
1. Wages, salaries, tips, etc1.	62788	45508	17280
2. Taxable interest income			
3. Dividend income		0	37
4. Taxable refunds, credits or offsets of state and			
local income taxes			
5. Alimony received	·	·	
6. Business income or (loss) 6.		·	
7. Capital gain or (loss) 7.	<u> 19</u>	0	19
8. Other gains or (losses) (from federal Form 4797)8.	·	··	
9. Taxable amount of pensions, IRA distributions,			
and annuities	·		
LO. Rents, royalties, partnerships, estates, trusts, etc.			
(Circle appropriate item.) 10.	·	··	
L1. Farm income or (loss)	·	·	
L2. Unemployment compensation (insurance)	·		
13. Taxable amount of Social Security and			
Tier 1 Railroad Retirement benefits			
L4. Other income (including lottery or other gambling			
winnings)			
L5. Total income (Add lines 1 through 14.)	62844	45508	17336
L6. Total adjustments to income from federal return			
(IRA, alimony, etc.)			
L7. Adjusted gross income (Subtract line 16 from line 15.) ► 17.	62844	45508	17336
ADDITIONS TO INCOME (See Instruction 12.)			
18. Non-Maryland loss and adjustments			
18. Non-Maryland loss and adjustments	•		
 18. Non-Maryland loss and adjustments 19. Other (Enter code letter(s) from Instruction 12.) 20. Total additions (Add lines 18 and 19.) 	•		
 18. Non-Maryland loss and adjustments. 19. Other (Enter code letter(s) from Instruction 12.). 20. Total additions (Add lines 18 and 19.). 21. Total federal adjusted gross income and Maryland additions (Additions (Additions)) 	•		
 18. Non-Maryland loss and adjustments. 19. Other (Enter code letter(s) from Instruction 12.). 20. Total additions (Add lines 18 and 19.). 21. Total federal adjusted gross income and Maryland additions (Ad SUBTRACTIONS FROM INCOME (See Instruction 13.) 	▶		62844
 18. Non-Maryland loss and adjustments. 19. Other (Enter code letter(s) from Instruction 12.). 20. Total additions (Add lines 18 and 19.). 21. Total federal adjusted gross income and Maryland additions (Ad SUBTRACTIONS FROM INCOME (See Instruction 13.) 22. Taxable Military Income of Nonresident 	In the second		62844
 Non-Maryland loss and adjustments. Other (Enter code letter(s) from Instruction 12.). Total additions (Add lines 18 and 19.). Total federal adjusted gross income and Maryland additions (Ad SUBTRACTIONS FROM INCOME (See Instruction 13.) Taxable Military Income of Nonresident . Other (Enter code letter(s) from Instruction 13.) 			62844
 Non-Maryland loss and adjustments. Other (Enter code letter(s) from Instruction 12.). Total additions (Add lines 18 and 19.). Total federal adjusted gross income and Maryland additions (Ad SUBTRACTIONS FROM INCOME (See Instruction 13.) Taxable Military Income of Nonresident Other (Enter code letter(s) from Instruction 13.) Other (Enter code letter(s) from Instruction 13.) Total subtractions (Add lines 22 and 23.). 			62844
 Non-Maryland loss and adjustments	Id lines 17 (Column 1) and		62844
 Non-Maryland loss and adjustments	Id lines 17 (Column 1) and		62844
 Non-Maryland loss and adjustments	Image:		62844
 Non-Maryland loss and adjustments	Image: marked select one method and ch Gelect one method an <t< td=""><td></td><td>62844</td></t<>		62844
 Non-Maryland loss and adjustments. Other (Enter code letter(s) from Instruction 12.). Total additions (Add lines 18 and 19.). Total federal adjusted gross income and Maryland additions (Ad SUBTRACTIONS FROM INCOME (See Instruction 13.) Taxable Military Income of Nonresident . Other (Enter code letter(s) from Instruction 13.) Other (Enter code letter(s) from Instruction 13.) Total subtractions (Add lines 22 and 23.). Maryland adjusted gross income before subtraction of non-Mary DEDUCTION METHOD See Instruction 15. (All taxpayers must see a. STANDARD DEDUCTION METHOD (Enter amount on line 2 ITEMIZED DEDUCTION METHOD (Complete lines 26b, c are b. Total federal itemized deductions (from line 17, federal Schere) 	Image: matrix of the second secon		62844
 Non-Maryland loss and adjustments. Other (Enter code letter(s) from Instruction 12.). Total additions (Add lines 18 and 19.). Total federal adjusted gross income and Maryland additions (Ad SUBTRACTIONS FROM INCOME (See Instruction 13.) Taxable Military Income of Nonresident Other (Enter code letter(s) from Instruction 13.) Other (Enter code letter(s) from Instruction 13.) Total subtractions (Add lines 22 and 23.). Maryland adjusted gross income before subtraction of non-Mary Maryland adjusted gross income before subtraction of non-Mary DEDUCTION METHOD See Instruction 15. (All taxpayers must see a. STANDARD DEDUCTION METHOD (Enter amount on line 2 ITEMIZED DEDUCTION METHOD (Complete lines 26b, c and b. Total federal itemized deductions (from line 17, federal Schere c. State and local income taxes (See Instruction 16.). 	Id lines 17 (Column 1) and Id lines 17 (Colum 1) and Id		62844
 Non-Maryland loss and adjustments	Id lines 17 (Column 1) and Id lines 17 (Colum 1) and Id		62844
 Non-Maryland loss and adjustments	$\begin{array}{c c c c c c c c c c c c c c c c c c c $		62844 62844 62844
 Non-Maryland loss and adjustments	Image: marked line in the second		62844 62844 62844 62844 62844
 Non-Maryland loss and adjustments	Id lines 17 (Column 1) and Ind income. (Subtract line Ind d.) Ind d.) Ind d.) Instruction 10		62844 62844 62844 62844 62844 60494 3200
 Non-Maryland loss and adjustments	Id lines 17 (Column 1) and Ind income. (Subtract line Ind d.) Instruction 10		62844 6284462844 62844 6284462844 62844 6284462844 62844628444 628444 628444
 Non-Maryland loss and adjustments	Id lines 17 (Column 1) and Instruction 10		62844
 Non-Maryland loss and adjustments	Id lines 17 (Column 1) and Ind d.) Image: Select one method and char (Select		62844 62844
 Non-Maryland loss and adjustments	Id lines 17 (Column 1) and Instruction 10		62844 62844 62844 62844 3200 1.000000 3200 57294
 Non-Maryland loss and adjustments	Id lines 17 (Column 1) and Ind income. (Subtract line Ind d.) \blacksquare Ind d.) \blacksquare Ind d.) \blacksquare Instruction 10 \blacksquare I		62844 62844 62844 62844 3200 1.000000 3200 57294 1933
 Non-Maryland loss and adjustments	Id lines 17 (Column 1) and Ind income. (Subtract line Ind d.) Ind d.) Ind d.) Ind d.) Instruction 10 Instruction 505NR. Form 505NR.)		62844 62844 62844 62844 62844 3200 1.00000 3200 57294 1933 934



NONRESIDENT INCOME TAX RETURN



2021 Page 3

Name SINDHU MADHAVI MANUKONDA SSN			
34. Other income tax credits for individuals from Part A			· · · · · · · · · · · · · · · · · · ·
35. Business tax credits			
36. Total credits (Add lines 33 through 35.)			
37. Maryland tax after credits (Subtract line 36 from line			
38. Contribution to Chesapeake Bay and Endangered Sp			
39. Contribution to Developmental Disabilities Services a			
40. Contribution to Maryland Cancer Fund (See Instruction			
41. Contribution to Fair Campaign Financing Fund (See			
42. Total Maryland income tax and contributions ($m{\mu}$			
43. Total Maryland tax withheld (Enter total from your			<u> </u>
44. 2021 estimated tax payments, amount applied from	,	· , · · ·	
Form MW506NRS			
45. Nonresident tax paid by pass-through entities (Atta	ach Maryland	Schedule K-1 (510))	▶ 45
46. Refundable income tax credits from Part CC, line 10			,
47. Total payments and credits (Add lines 43 through 4)			
48. Balance due (If line 42 is more than line 47, subtrac			
49. Overpayment (If line 42 is less than line 47, subtraction of the second s			
50. Amount of overpayment TO BE APPLIED TO 2022			
51. Amount of overpayment TO BE REFUNDED TO YO	U (Subtract line	e 50 from line 49.) See line 54 RE	FUND ► 51. 659
52. Interest charges from Form 502UP c	or for late filing	(See Instruction 23.) To	otal . ► 52
Check here if you are attaching Form 502	2UP.		
States, place "Y" in this box ▶ or if you authorize to following information clearly and legibly. 54a. Type of account: ▶ X Checking Savings		4b. Routing Number (9-digits)	
54c. Account Number ► 381039196879	5	4 d. Name(s)	
		as it app	ears on the bank account
Check here if you authorize your preparer to discusse electronically. Check here if you agree to receive to of perjury, I declare that I have examined this return, inc it is true, correct and complete. If prepared by a person o knowledge.	your 1099G Inc luding accompa	come Tax Refund statement electronical anying schedules and statements and to	the best of my knowledge and belief
Your signature	Date	Spouse's signature	Date
▶ 7329838782		SYAM PRIYA RAM SAGAR	απότιστα τατ.τ.αμ
Taxpayer(s) daytime phone number	_	Signature of Preparer other than taxpay	
			. (
2530 PEBBLE CREEK LN		GLOBAL TAXES LLC	
Street address of Preparer/Firm		Printed name of the Preparer/Firm's nar	ne
CUMMING GA 30041		6789659522	▶P02082703
City, State, ZIP Code + 4		Telephone number of Preparer	Preparer's PTIN (Required by law
Gry, State, ZIF Coue + 4			rieparers ritin (Required by lav
			CODE NUMBERS (3 digits per line)



For returns filed without payments, mail your completed return to:

Comptroller of Maryland Revenue Administration Division 110 Carroll Street Annapolis, MD 21411-0001

For returns filed with payments, attach check or money order to Form PV. Make checks payable to Comptroller of Maryland. Do not attach Form PV or check/money order to Form 505. Place Form PV with attached check/money order on TOP of Form 505 and mail to:

Comptroller of Maryland Payment Processing PO Box 8888 Annapolis, MD 21401-8888







21505N013

SIN First Na	DHU MADHAVI	MI Last Name		3911212 al Security Number
II SU IVA	2011년		Socia	a Security Number
Spouse	's First Name	MI Spouse's Last Name		se's Social Security I
		- F · · · · · · · · · · · · · · · · · ·		,
		m 505NR Instructions appearing on n 505NR Instructions appearing in I		n 515 Instruc
		HOUT ALLOWING CERTAIN MODIF: 505, line 31 (or Form 515, line 32)		57294
		ition Worksheet Schedules I or II. Conti		
	TII - CALCULATION OF MARYLA			
3.	Enter your federal adjusted gross inco	ome from Form 505		
	,		62844	
3a.		▶ 3a	6000	
		ome plus additions from Form 505 (or 5		62844
		a Nonresident from line 22 of Form 505		
		of Form 505 or Form 515		
6b.	Enter non-Maryland income from Forr	m 505 (or 515) not included on lines 5		
			▶ 6b	17336
7.	Add lines 5 through 6b			17336
8.	Maryland Adjusted Gross Income. Sul	btract line 7 from line 4	8	45508
	If you are using the standard ded	luction, recalculate the standard		
	deduction based on the income or	n line 8 and enter on line 8a8a	2350	
9.	Maryland Income Factor. Divide line 8	8 by line 3. The factor cannot exceed 1.	000000 and	
	cannot be less than 0. If line 8 is 0 o	or less, the factor is 0. If line 8 is greate	er than 0 and	
	line 3 is 0 or less, the factor is 1.000	000		
10.	Deduction amount.			
	If you are using the standard deduc	ction, multiply the standard		
	deduction on line 8a by line 9 of th	is form and enter on line 10a \ldots 10a. $_$	1702	
	If you are itemizing your deductions	s, multiply the deduction on		
	Form 505, line 26d, by line 9 of this	s form and enter on line 10b10b		
	Form 515 Users, see Instruction			
11.	Net income (Subtract line 10a or 10b	from line 8.)	11	43806
12.	,	exemption amount on Form 505, line 2		001 7
	(or Form 515, line 29) by line 9		12	
	,	act line 12 from line 11.)		41489
		his form		2669
15.		he amount on line 13 on this form by li		004140
		00. If 0 or less, the factor is 0		$-\cdot$
16.		e 15. Enter this amount on Form 505, lir		1933
17				1733
1/.		13 of this form by 0.0225. Enter this ar		934
	UII FUTITI SUS, IIITE 32D. IT IINE 13 IS U	or less, enter 0	<u></u> 1/	

40101 Utah State Tax Commission 1555 Utah Individual Income Tax Return						
Your Social Security No. Your first name 713911212 SINDHU MA Spouse's Soc. Sec. No. Spouse's first name	Your last name		enter code: (s	ee instructions)	Full-yr Resident? Y/N N	
Address If deceased, complete page 3, Part 1 ASHBURN	LFISH SQ State VA	ZIP+4 20148		number 83 – 8782 intry (if not U.S.)		
 Filing Status - enter code 1 = Single 2 = Married filing jointly 3 = Married filing separately 4 = Head of household 5 = Qualifying widow(er) If using code 2 or 3, enter spouse's name and SSN above 	 2 Qualifying Dependents a Dependents age 16 and b Other dependents c 0 Total (add lines a and b) Dependents must be claimed for the credit on your federal return. See in 	e child tax	Enter the code for party of your choic See instructions	se your tax or redu the Yourse ce. • s for go to incometax	-	
4 Federal adjusted gross income from fede	ral return			• 4	62844	
5 Additions to income from TC-40A, Part 1	(attach TC-40A, page 1)			• 5		
6 Total income - add line 4 and line 5				6	62844	
7 State tax refund included on federal form	1040, Schedule 1, line 1 (if any)			• 7		
8 Subtractions from income from TC-40A, F	Part 2 (attach TC-40A, page 1)			• 8		
9 Utah taxable income (loss) - subtract th	e sum of lines 7 and 8 from line 6			• 9	62844	
10 Utah tax - multiply line 9 by 4.95% (.049	5) (not less than zero)			• 10	3111	
11 Utah personal exemption (multiply line 2c	by \$1,750)	• 11	0			
12 Federal standard or itemized deductions		• 12	12550	is quic	ronic filing k, easy and , and will	
13 Add line 11 and line 12		13	12550		your refund.	
14 State income tax included in federal itemi	zed deductions	• 14			arn more, go to	
15 Subtract line 14 from line 13		15	12550		utah.gov	
16 Initial credit before phase-out - multiply lir	ne 15 by 6% (.06)	• 16	753			
17 Enter: \$15,095 (if single or married filing of household): or \$30,190 (if marri	separately); \$22,643 (if head ed filing jointly or qualifying widower)	• 17	15095			
18 Income subject to phase-out - subtract lir		18	47749			
19 Phase-out amount - multiply line 18 by 1.	3% (.013)	• 19	621			
20 Taxpayer tax credit - subtract line 19 from	line 16 (not less than zero)			• 20	132	
21 If you are a qualified exempt taxpayer, er	ter "X" (complete worksheet in instr.)	• 21				
22 Utah income tax - subtract line 20 from I REV 03/29/22 PRO	ine 10 (not less than zero)			• 22	2979	

402	Uta 102 SSN	ah Individual Income 713911212	=	tinued) MANUKONDA	INTUIT	TC-40 2021	Pg. 2
23	Enter tax fro	m TC-40, page 1, line 22				23	2979
24	Apportionab	le nonrefundable credits from	TC-40A, Part 3 (attach T	C-40A, page 1)		• 24	
25		ident, subtract line 24 from lin year resident, complete and e	,	TC-40B. line 41		• 25	819
26		nable nonrefundable credits fi				• 26	
27	Subtract line	26 from line 25 (not less thar	zero)			27	819
28	Voluntary co	ntributions from TC-40, page	3, Part 4 (attach TC-40, p	page 3)		• 28	
29	AMENDED	RETURN ONLY - previous ref	und			• 29	
30	Recapture o	f low-income housing credit				• 30	
	Utah use tax					• 31	
		se tax and additions to tax (a				32	819
		tax withheld shown on TC-40	·			• 33	855
		ah income taxes prepaid from				• 34	
	-	h entity withholding tax shown				• 35	
		luction withholding tax shown		n TC-40vv, page 2)		• 36 • 37	
		RETURN ONLY - previous par credits from TC-40A, Part 5 (a				• 38	
39		ding and refundable credits -				39	855
		subtract line 39 from line 32 (n	Ũ			• 40	000
41	Penalty and	interest (see instructions)		41		• 42	
43	REFUND - s	ubtract line 32 from line 39 (n	ot less than zero)			• 43	36
44	-	btractions from refund (not gr al from page 3, Part 5	eater than line 43)			• 44	
45		POSIT YOUR REMAINING R	EFUND - provide accoun Account number 	t information (see ins 3810391968		accounts) Account type: •	checking savings X •

Under penalti	es of perjury, I declare	e to the best of my knowledge and	d belief, this return a	nd accompa	nying schedules are true, corre	ct and complete.	
SIGN Your signature Date		Spouse's	signature (if filing jointly)		Date		
HERE							
Third Party	Name of designee (if any) you authorize to discuss th	is return		Designee's telephone number	Designee PIN	
Designee						•	
	Preparer's signature	9	Date		Preparer's telephone number	Preparer's PTIN	I
Paid	SYAM PRI	YA RAM SAGAR G	04/11/2	22	6789659522	•	P02082703
Preparer's	Firm's name	GLOBAL TAXES	LLC			Preparer's EIN	
Section	and address	2530 PEBBLE C	REEK LN			•	301017196
		CUMMING		C	GA 30041		

Attach TC-40 page 3 if you: are filing for a deceased taxpayer, are filing a fiscal year return, filed IRS form 8886, are making voluntary contributions, want to deposit into a my529 account, want to apply all/part of your refund to next year's taxes, want to direct deposit to a foreign account, or no longer qualify for a homeowner's exemption. REV 03/29/22 PRO

	Non	and Part-year Res	ident Schedule	INTUIT	TC-40B
40106	SSN	713-91-1212	Last name MANUKONDA		2021

Residency Status: • X Nonresident: Home state abbreviation: VA • Part-year resident from: to

			mm/dd/yy	mm/dd/yy
ncor	ne	Col. A - UTAH		Col. B - TOTAL
	Wages, salaries, tips, etc. (1040 line 1)	17280		62788
2	Taxable interest income (1040 line 2b)			
6	Ordinary dividends (1040 line 3b)	0		37
Ļ	IRAs, pensions and annuities - taxable amount (1040 lines 4b and 5b)			
5	Social Security benefits - taxable amount (1040 line 6b)			
6	Taxable refunds/credits/offsets of state/local income taxes (1040, Schedule 1, line 1)			
7	Alimony received (1040, Schedule 1, line 2a)			
3	Business income or (loss) (1040, Schedule 1, line 3)			
)	Capital gain or (loss) (1040, line 7)	0		19
0	Other gains or (losses) (1040, Schedule 1, line 4)			
1	Rental real estate, royalties, partnerships, S corps, trusts, etc. (1040, Schd 1, line 5)			
12	Farm income or (loss) (1040, Schedule 1, line 6)			
3	Unemployment compensation (1040, Schedule 1, line 7)			
4	Other income (1040, Schedule 1, line 9)			
5	Additions to income from TC-40A, Part 1 (Utah portion only in Utah column)			
16	Reserved			
17	Reserved			
8	Total income (loss) - add lines 1 through 17 for both columns A and B	17280		62844
. di		Col. A - UTAH		
∙uju ∣9	stments Educator expenses (1040, Schedule 1, line 11)	COI. A - UTAH		Col. B - TOTAL
20				
1	Certain bus. expenses of reservists, performing artists, etc. (1040, Schd 1, line 12) Health savings account deduction (1040, Schedule 1, line 13)			
22	Moving expenses (1040, Schedule 1, line 14) - col. A only expenses moving into Utah			
23	Deductible part of self-employment tax (1040, Schedule 1, line 15)			
<u>2</u> 4	Self-employed SEP, SIMPLE and qualified plans (1040, Schedule 1, line 15)			
- - 25	Self-employed bealth insurance deduction (1040, Schedule 1, line 17)			
26	Penalty on early withdrawal of savings (1040, Schedule 1, line 18)			
27	Alimony paid (1040, Schedule 1, line 19a)			
28	IRA deduction (1040, Schedule 1, line 20)			
29	Student loan interest deduction (1040, Schedule 1, line 21)			
80	Reserved			
31	Reserved			
32	Taxable refunds/credits/offsets of state and local income taxes (1040, Schd 1, line 1)			
33	Subtractions from income from TC-40A, Part 2 (Utah portion only in Utah column)			
.o 84	Reserved			
35	Reserved			
36	(see instructions):			
37	Total adjustments - add lines 19 through 36 for both columns A and B			
	· · ·			
00	Subtract line 37 from line 18 for both columns A and B	1 7 0 0 0		C 0 0 4 4
38		17280	•	62844
	Line 38, column B must equal TC-40, line 9			
	or Part-year Resident Utah Tax			
lon				
	Divide line 38 column A by line 38 column B (to 4 decimal places, not more than 1.000	00 or less than 0.0000)	39	0.2750
Non 39 40	Divide line 38 column A by line 38 column B (to 4 decimal places, not more than 1.000			
9	-		39 40	0.2750 2979

Submit this page ONLY if data entered.

Attach completed schedule to your Utah Income Tax Return.

REV 03/29/22 PRO

40109

Last name MANUKONDA

Pg. 1

TC-40W

2021

Line Explanations	IMPORTANT		
 Employer/payer ID number from W-2 box "b" or 1099 Utah withholding ID number from W-2 box "15" or 1099 (14 characters, ending in WTH, no hyphens) Employer/payer name and address from W-2 box "c" or 1099 Enter "X" if reporting Utah withholding from form 1099 Employee's Social Security number from W-2 box "a" or 1099 Utah wages or income from W-2 box "16" or 1099 Utah withholding tax from W-2 box "17" or 1099 	 Do not send your W-2s or 1099s with your return. Instead enter W-2 or 1099 information below, but only if there is Utah withholding on the form. Use additional forms TC-40W if you have more than four W-2s and/or 1099s with Utah withholding tax. Enter mineral production withholding from TC-675R in Part 2 of TC-40W; enter pass-through entity withholding in Part 3 of TC-40W. 		
First W-2 or 1099 ¹ 223532357	Second W-2 or 1099		
² 225522557 2 14502892003WTH (14 characters, no hyphens)	2 (14 characters, no hyphens)		
³ RELYCOM INC 666 PLAINSBORO RD STE 1271	3		
PLAINSBORO NJ08536			
4	4		
5 713911212	5		
⁶ 17280.	6		
⁷ 855.	7		
Third W-2 or 1099 1	Fourth W-2 or 1099 1		
2 (14 characters, no hyphens)	2 (14 characters, no hyphens)		
3	3		
4	4		
5	5		
6	6		
7	7		

Enter total Utah withholding tax from all lines 7 here and on TC-40, page 2, line 33: 855.

Submit page ONLY if data entered. Attach completed schedule to your Utah Income Tax Return. Do not attach W-2s or 1099s to your Utah return.

	<u>Cut Here</u>
Form 760-PMT 2021 Payment Coupon	Your Social Security Number Spouse's Social Security Number
(DOC ID 761) Please do not staple To Be Used For Payments On Previously Filed 2021 Individual Income Tax Returns Only	713911212
JT3JTT5T5P JPT222 T5T005	If your return was filed through e-File or submitted directly to the Department, make your check payable to the Department of Taxation and mail to the VA Department of Taxation, P. O. Box 1478, Richmond, VA 23218-1478.
Name(s) and Address SINDHU MADHAVI MANUKONDA	If your return was filed with your local Commissioner of the Revenue, make your check payable to your local Treasurer and send your payment to the locality where you filed the return.
23642 SAILFISH SQ ASHBURN VA 20148	Amount of Payment 24.00

Daytime Phone Number: 732-983-8782





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VA 20148

CINDIII		MANUKONDA
SINDHU	ΜΑΔΠΑ	MANUKUNDA

23642 SAILFISH SQ

ASHBURN

_				_
SSN - You MA	NU	713911212	Vendor ID 1555	XXXXX
SSN - Spouse				
Fed Adj Gross Income (FAGI)	1.	62844.	Withholding (VA) - You	19A.
Additions	2.		Withholding (VA) - Spouse	19B.
Subtotal	3.	62844.	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 Overpaymen	t 6.		Credit - Schedule OSC	24. 3020.
Subtractions	7.		Credits - Schedule CR	25.
Subtotal Subtractions	8.		Total Payments / Credits	26. 3020.
Total VA Adj Gross Income (VA	GI) 9.	62844.	Tax You Owe	27. 24.
Itemized Deductions - VA Sch A	A 10.		Tax Overpayment	28.
Standard Deduction	11.	4500.	Overpayment Credited to Next Year	29.
Exemptions	12.	930.	VAC - Virginia 529 / ABLE	30.
Deductions	13.		VAC - Other Contributions	31.
Subtotal (Deductions & Exempt	tions) 14.	5430.	Addition to Tax, Penalty & Interest	32.
VA Taxable Income	15.	57414.	Sales and Use Tax	33.
Amount of Tax	16.	3044.	Amount You Owe	24.
Spouse Tax Adjustment (STA)	17.		Will Pay by Credit/Debit Card N Your Refund	1
VAGI - Spouse	17A.			
Net Amount of Tax	18.	3044.	Bank Routing #	
L	_		Bank Account #	

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713911212





- Filing Status, Age &	License Info	ormation		Additional Filing Info	rmation
Filing Status			1	Locality	107
Federal Head of Hou	isehold			Uninsured & Authorize DMAS	
DOB - You		050919	93	Name or Filing Status Change	
VA Driver's License	ID - You			Address Change	
VA Driver's License	- Iss. Date - Yo	ou		VA Return Not Filed Last Year	
Spouse Name (Filing	g Status 3 Onl	у)		Dependent on Another's Return	
				Farmer / Fisherman / Merchant Seaman	
DOB - Spouse				Amended	
VA Driver's License	·			Reason Code	
VA Driver's License		-		Overseas on Due Date	
Exemptions (A) You	1 1	Exemptions (B) 65 & Over - You		Federal EIC & Amount	
Spouse		65 & Over - Spouse		Deceased Indicator	
Dependents		Blind - You		No Sales & Use Tax Due Indicator	Х
Total (A)	1	Blind - Spouse		Obtain Electronic 1099G	
		Total (B)		ID Theft PIN	
	eclare under pen			of my (our) knowledge, it is a true, correct & complete re on provided is for a domestic account within the territorial	, , ,
Signature - You		Date	Э	Phone - You	7329838782
Signature - Spouse		Date	e	Phone - Spouse	
Signature - Preparer <u>SY</u>	AM PRIYA RAM	<u>I SAGAR GUPTA TALLAM</u> Date	e 041122	Phone - Preparer	6789659522

The Tax Department may discuss my/our return with my/our preparer. Preparer Information
GLOBAL TAXES LLC

-	File by May 1, 2022
	Include Page 1, Page 2 and all
	supporting 760CG documents.

2530 PEBBLE CREEK LN CUMMING P02082703

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2021 Schedule OSC/CG

Enclose other state tax returns when filing





713911212

Credit Computation State 1				Г
 Filing Status - other state's return 	1	6.	Other State Abbreviation	MD
2. Person Claiming the Credit	1	7.	Virginia Income Tax	3044.
3. Qualifying Taxable Income - other state	41489.	8.	Income percentage	72.3
4. Virginia Taxable Income	57414.	9.	Virginia Ratio of Income Tax	2201.
5. Qualifying Tax Liability - other state	2867.	10.	Credit Allowed	2201.
Credit Computation State 2				
11. Filing Status - other state's return	1	16.	Other State Abbreviation	UT
12. Person Claiming the Credit	1	17.	Virginia Income Tax	3044.
13. Qualifying Taxable Income - other state	17280.	18.	Income percentage	30.1
14. Virginia Taxable Income	57414.	19.	Virginia Ratio of Income Tax	916.
15. Qualifying Tax Liability - other state	819.	20.	Credit Allowed	819.
Credit Computation State 3				
21. Filing Status - other state's return		26.	Other State Abbreviation	
22. Person Claiming the Credit		27.	Virginia Income Tax	
23. Qualifying Taxable Income - other state		28.	Income percentage	
24. Virginia Taxable Income		29.	Virginia Ratio of Income Tax	
25. Qualifying Tax Liability - other state		30.	Credit Allowed	

Enclose other state tax returns when filing your Virginia tax return.

31. Total Credit Claimed

3020.

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
SINDHU MADHAVI MANUKONDA	713-91-122	-
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)		62844.
2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)		62844.
3. Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)		57414.
4. Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)		3044.
5. Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)		
6. Amount you Owe (Form 760CG, Line 35; Form 760PY, Line 35; Form 763, Line 35)		24.
7. Refund (Form 760CG, Line 36; 760PY, Line 36; Form 763, Line 36)		
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 s		
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 Servic 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. Taxpayer's e-File PIN: check one box only I authorize the ERO named below to enter my e-File PIN 1 1 2 1 2 as my signature on my 2021 e-file Do not enter all zeros	number or individual tax es of my electronic incom ad timely payment of my ce Provider to transmit n and, if applicable, the di t directly involve a finance stamp, mechanical devis	identification ne tax return. If I am tax liability, I remain ny complete return to rect deposit of my ial institution outside ce, such as a
GLOBAL TAXES LLC 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 as my signature on my 2021 e-file Do not enter all zeros	ed Virginia individual inco	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 6	1989	
Do not enter all I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2021 Virginia individual income above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Electronic Filers of Individual Income Tax Returns (Tax Year 2021). EROs may sign the form using a rubber stamp, mech pen, or computer software program.	tax return for the taxpay Virginia's publication Ha hanical device, such as a	ndbook for
ERO's Signature Date Date04-1	1-22	



NONRESIDENT INCOME **TAX RETURN**



SHBURN VA 20148 y or Town State ZIP Code + 4 reign Country Name Foreign Province/State/Code FILING STATUS See Instruction 1 to determine if you are required to file. CHECK 1. Single (If you can be claimed on another person's tax 4. Head of household Qualifying widow(in the intervence of the filling joint return or spouse had no income 5. Qualifying widow(in the person's tax Narried filling separately, Spouse's SSN ▶ See Instruction 8. RESIDENCE INFORMATION See Instruction 9. Enter 2-letter state code for your state of legal residence. ▶ VA If PA resident, enter both County and City, Borough or Township X Yes Were you a resident of another state for the entire year of 2021? If no, attach explanation. X Yes Are you or your spouse a member of the military? Yes	
INDHU_MADHAVI	
at Name MI ANUKONDA at Name ouse's First Name MI Does your name match the name on your soci for your personal exemptions, contact SSA at ouse's Last Name MI Does your name match the name on your soci for your personal exemptions, contact SSA at ouse's Last Name MI 3642 SAILFISH SQ renet Mailing Address Line 1 (Street No. and Street Name or PO Box) Maryland Coi renet Mailing Address Line 2 (Apt No., Suite No., Floor No.) City, Town or Named at the instruction 3 SHEURN VA 20148 reign Country Name VA 20148 reign Country Name Foreign Province/State/Cl Qualifying widow(6) Dependent taxps See Instruction 8. FILING STATUS See Instruction 1 to determine if you are required to file. CHECK 1 I Single (If you can be claimed on another person's tax return, use Filing Status 6.) Soci See Instruction 8. A	P. PACINYA NA KARABANA MININ
at Name MI ANUKONDA at Name ouse's First Name MI Does your name match the name on your soci for your personal exemptions, contact SSA at ouse's Last Name MI Does your name match the name on your soci for your personal exemptions, contact SSA at ouse's Last Name MI 3642 SAILFISH SQ renet Mailing Address Line 1 (Street No. and Street Name or PO Box) Maryland Coi renet Mailing Address Line 2 (Apt No., Suite No., Floor No.) City, Town or Named at the instruction 3 SHEURN VA 20148 reign Country Name VA 20148 reign Country Name Foreign Province/State/Cl Qualifying widow(6) Dependent taxps See Instruction 8. FILING STATUS See Instruction 1 to determine if you are required to file. CHECK 1 I Single (If you can be claimed on another person's tax return, use Filing Status 6.) Soci See Instruction 8. A	an fa far har si ka nga kata sa ka sa La ka sa k
it Name MI Does your name match the name on your socion for your personal exemptions, contact SSA at for your personal exemptions, contact SSA at at at a social personal exemptions, contact SSA at at a social personal exemptions, contact SSA at a social personal exemption at a social person person social person person social person person person social person perso	
it Name MI Does your name match the name on your socion for your personal exemptions, contact SSA at for your personal exemptions, contact SSA at at at a social personal exemptions, contact SSA at at a social personal exemptions, contact SSA at a social personal exemption at a social person person social person person social person person person social person perso	A NOT NE OLA OMA CINES IN A
ouse's First Name MI Does your name match the name on your soci for your personal exemptions, contact SSA at for your personal exemptions, contact SSA at for your personal exemptions, contact SSA at an exemptions and street Name 3642 SATLFISH SQ Maryland Col rrent Mailing Address Line 1 (Street No. and Street Name or PO Box) Maryland Col rrent Mailing Address Line 2 (Apt No., Suite No., Floor No.) VA 20148 SHEURN VA 20148 y or Town State ZIP Code + 4 reign Country Name Foreign Province/State/Col eign Postal Code Married filing separately, Spouse's SSN \	
ause's Last Name 3642 SAILFISH SQ rrent Mailing Address Line 1 (Street No. and Street Name or PO Box) Maryland Coi SHBURN VA y or Town State SHBURN VA y or Town State Fright Code + 4 reign Postal Code FULING STATUS See Instruction 1 to determine if you are required to file. CHECK 1.X Single (If you can be claimed on another person's tax 4. Head of household Married filing sparately, Spouse's SSN > See Instruction 8. RESIDENCE INFORMATION See Instruction 9. Lift Pa resident, enter both County and City, Borough or Township Mer you a resident of another state for the entire year of 2021? If no, attach explanation. X yes Yes you aresident of another state for the entire year of 2021? If no, attach explanation. X yes Yes you aresident of another state for the entire year of 2021? If no, attach explanation. X yes Yes you reside in Maryland tocome tax return for 2020? Yes X No If "Yes," was it a Dates you aresident of another state for the entire year of 2021? If no, attach explanation. X yes Did you file a Maryland taxes withheld in error. (See Instruction 4.) Exemptions form 10 A. \$	
ause's Last Name 3642 SAILFISH SQ rrent Mailing Address Line 1 (Street No. and Street Name or PO Box) Maryland Coi SHBURN VA y or Town State SHBURN VA y or Town State Fright Code + 4 reign Postal Code FULING STATUS See Instruction 1 to determine if you are required to file. CHECK 1.X Single (If you can be claimed on another person's tax 4. Head of household Married filing sparately, Spouse's SSN > See Instruction 8. RESIDENCE INFORMATION See Instruction 9. Lift Pa resident, enter both County and City, Borough or Township Mer you a resident of another state for the entire year of 2021? If no, attach explanation. X yes Yes you aresident of another state for the entire year of 2021? If no, attach explanation. X yes Yes you aresident of another state for the entire year of 2021? If no, attach explanation. X yes Yes you reside in Maryland tocome tax return for 2020? Yes X No If "Yes," was it a Dates you aresident of another state for the entire year of 2021? If no, attach explanation. X yes Did you file a Maryland taxes withheld in error. (See Instruction 4.) Exemptions form 10 A. \$	
3642 SAILFISH SQ Maryland Corrent Mailing Address Line 1 (Street No. and Street Name or PO Box) rrent Mailing Address Line 2 (Apt No., Suite No., Floor No.) City, Town or Nume of County and State 20148 SHBURN VA 20148 y or Town VA 20148 reign Country Name Foreign Province/State/Co reign Country Name Foreign Province/State/Co reign Postal Code	
mrent Mailing Address Line 1 (Street No. and Street Name or PO Box) Maryland Cor mrent Mailing Address Line 2 (Apt No., Suite No., Floor No.) City, Town or SHBURN VA 20148 y or Town VA 20148 reign Country Name Foreign Province/State/Co FILING STATUS See Instruction 1 to determine if you are required to file. Head of household ONE return, use Filing Status 6.) S. ONE return, use Filing Status 6.) S. Warried filing signarately, Spouse's SSN ▶ See Instruction 8. RESIDENCE INFORMATION See Instruction 9. Enter 2-letter state code for your state of legal residence. ▶ VA If PA resident, enter both County and City, Borough or Township Were you a resident of another state for the entire year of 2021? If no, attach explanation. X Yes Did you file a Maryland income tax return for 2020? Yes X No If "Yes," was it a Resident of Foreign dependent, and plicable exemption amount. A. X Yourself Spouse Enter "NONE": FROM None TO None Did you file a Maryland income tax return for 2020? Yes X No If "Yes," was it a Resident, and taxes withheld in error. (See Instruction 4.) EXEMPTIONS See Instruction 10. Check appropri	
rrent Mailing Address Line 2 (Apt No., Suite No., Floor No.) City, Town or memory and the second secon	unty
Name of courty and the 2 (Apt No., suite No., from No.) Name of courty and the 2 (Apt No., suite No., from No.) SHBURN VA 20148 y or Town State ZIP Code + 4 reign Postal Code Foreign Province/State/Co FILING STATUS See Instruction 1 to determine if you are required to file. CHECK Single (If you can be claimed on another person's tax Head of household Qualifying widow() BOX Married filing sparately, Spouse's SSN → See Instruction 8. RESIDENCE INFORMATION See Instruction 9. Enter 2-letter state code for your state of legal residence. ► VA_ If PA resident, enter both County and City, Borough or Township Were you a resident of another state for the entire year of 2021? If no, attach explanation. Yes No If "Yes," was it a Resident, hear yland for 2021. If none, enter "NONE": FROM None To None Check here for Maryland taxes withheld in error. (See Instruction 4.) EXEMPTIONS See Instruction 10. Check appropriate box(es). NOTE: If you are claiming dependents, Information Form 502B to this form in order to receive the applicable exemption amount. A. Yourself Spouse Enter number checked See Instruction 10 A. \$ B. <td></td>	
SHBURN VA 20148 y or Town State ZIP Code + 4 reign Country Name Foreign Province/State/Co reign Postal Code FILING STATUS See Instruction 1 to determine if you are required to file. CHECK 1. X Single (If you can be claimed on another person's tax 4. Head of household BOX 2. Married filing joint return or spouse had no income 5. Qualifying widow(BOX 2. Married filing sparately, Spouse's SSN ▶	- Taxing Area di incorporated city, town or special taxing area in which you w si day of the taxable period if you earned wages in Maryland. (
reign Country Name Foreign Province/State/Cd FILING STATUS See Instruction 1 to determine if you are required to file. CHECK I.X. Single (If you can be claimed on another person's tax Head of household Qualifying widow(i BOX 2. Married filing joint return or spouse had no income Married filing separately, Spouse's SSN ▶ See Instruction 8. RESIDENCE INFORMATION See Instruction 9. Enter 2-letter state code for your state of legal residence. ▶ VA If PA resident, enter both County and City, Borough or Township X yes Were you a resident of another state for the entire year of 2021? If no, attach explanation. X yes Are you or your spouse a member of the military? Yes Did you file a Maryland income tax return for 2020? Yes X No If "Yes," was it a Resi Dates you resided in Maryland for 2021. If none, enter "NONE": FROM None TO None Check here for Maryland taxes withheld in error. (See Instruction 4.) EXEMPTIONS See Instruction 10. Check appropriate box(es). NOTE: If you are claiming dependents, Information Form 502B to this form in order to receive the applicable exemption amount. A. X Yourself	
reign Postal Code FILING STATUS See Instruction 1 to determine if you are required to file. CHECK 1. X Single (If you can be claimed on another person's tax 4. Head of household ONE return, use Filing Status 6.) 5. Qualifying widow(intervention) BOX 2. Married filing joint return or spouse had no income 6. Dependent taxpay 3. Married filing separately, Spouse's SSN ▶ See Instruction 8. RESIDENCE INFORMATION See Instruction 9. Enter 2-letter state code for your state of legal residence. ▶ VA If PA resident, enter both County and City, Borough or Township Yes Were you a resident of another state for the entire year of 2021? If no, attach explanation. X Yes Yes Are you or your spouse a member of the military? Yes X No If "Yes," was it a Resi Dates you resided in Maryland for 2021. If none, enter "NONE": FROM None TO None Yes Check here for Maryland taxes withheld in error. (See Instruction 4.) EXEMPTIONS See Instruction 10. Check appropriate box(es). NOTE: If you are claiming dependents, Information Form 502B to this form in order to receive the applicable exemption amount. A. X Yourself Spouse Enter number checked 1 See Instruction 10 A. \$ Blind Enter number checked X \$1,000 B. \$	
RESIDENCE INFORMATION See Instruction 9. Enter 2-letter state code for your state of legal residence. ► VA	d er) with dependent child rer (Enter 0 in Exemption Box (A) -
Enter 2-letter state code for your state of legal residence. ► VA)
If PA resident, enter both County and City, Borough or Township Were you a resident of another state for the entire year of 2021? If no, attach explanation. X Yes Are you or your spouse a member of the military? Yes Did you file a Maryland income tax return for 2020? Yes X No If "Yes," was it a Resident of None Dates you resided in Maryland for 2021. If none, enter "NONE": FROM None TO None ► Check here for Maryland taxes withheld in error. (See Instruction 4.) EXEMPTIONS See Instruction 10. Check appropriate box(es). NOTE: If you are claiming dependents, Information Form 502B to this form in order to receive the applicable exemption amount. A. X Yourself Spouse B. ► 65 or over 65 or over Blind Blind Enter number checked X \$1,000 B.\$	
Were you a resident of another state for the entire year of 2021? If no, attach explanation. X Yes Are you or your spouse a member of the military? Yes X No If "Yes," was it a Resi Dates you resided in Maryland for 2021. If none, enter "NONE": FROM None TO None You Check here for Maryland taxes withheld in error. (See Instruction 4.) EXEMPTIONS See Instruction 10. Check appropriate box(es). NOTE: If you are claiming dependents, Information Form 502B to this form in order to receive the applicable exemption amount. A. X Yourself Spouse Enter number checked 1 See Instruction 10 A. \$ B. 65 or over 65 or over 65 or over Spind Blind Enter number checked X \$1,000 B. \$	
Are you or your spouse a member of the military? Yes Did you file a Maryland income tax return for 2020? Yes X No If "Yes," was it a Resident and the resi	No
Dates you resided in Maryland for 2021. If none, enter "NONE": FROM None TO None Check here for Maryland taxes withheld in error. (See Instruction 4.) To None EXEMPTIONS See Instruction 10. Check appropriate box(es). NOTE: If you are claiming dependents, Information Form 502B to this form in order to receive the applicable exemption amount. A. X Yourself A. X Yourself B. ▶ 65 or over Blind Blind	XNo
 ▶ Check here for Maryland taxes withheld in error. (See Instruction 4.) EXEMPTIONS See Instruction 10. Check appropriate box(es). NOTE: If you are claiming dependents, Information Form 502B to this form in order to receive the applicable exemption amount. A. X Yourself Spouse Enter number checked 1 See Instruction 10 A. \$ B. ▶ 65 or over ▶ 65 or over ▶ Blind ▶ Blind Enter number checked X \$1,000 B. \$ 	ident or a Nonresident return
EXEMPTIONS See Instruction 10. Check appropriate box(es). NOTE: If you are claiming dependents, Information Form 502B to this form in order to receive the applicable exemption amount. A. X Yourself Spouse Enter number checked 1 See Instruction 10 A. \$\$ B. 65 or over 65 or over Blind Blind Enter number checked X \$1,000 B. \$	(MMDDYYYY).
A. X Yourself Spouse Enter number checked 1 See Instruction 10 A. \$ B. ► 65 or over 65 or over ► Blind Enter number checked X \$1,000 B. \$	you must attach the Dependents'
B. \blacktriangleright 65 or over \blacksquare Blind Enter number checked X \$1,000 B. \clubsuit \blacksquare	
► Blind ► Blind Enter number checked X \$1,000 B.\$	3200
C. Enter number from line 3 of Dependent Form 502B See Instruction 10 C. \$	·
	·
D. Enter Total Exemptions (Add A, B and C.) D. Enter Total Amount D. \$	3200.



NONRESIDENT INCOME **TAX RETURN**



2021 Page 2

◄

SINDHU MADHAVI MANUKONDA _{SSN} 713911212 Name

(See Instruction 11.)	(1) FEDERAL INCOME (LOSS)	(2) MARYLAND INCOME (LOSS)	(3) NON-MARYLAN INCOME (LOSS)
1. Wages, salaries, tips, etc1.	62788	45508	17280
2. Taxable interest income	_	·	
3. Dividend income 3.	27	0	37
4. Taxable refunds, credits or offsets of state and		·	
local income taxes			
5. Alimony received			
6. Business income or (loss) 6.			
7. Capital gain or (loss)	19	0	19
8. Other gains or (losses) (from federal Form 4797) 8.			
9. Taxable amount of pensions, IRA distributions,			
and annuities			
10. Rents, royalties, partnerships, estates, trusts, etc.			
(Circle appropriate item.) 10.			
11. Farm income or (loss)			
12. Unemployment compensation (insurance) 12.			
13. Taxable amount of Social Security and			
Tier 1 Railroad Retirement benefits	·		
14. Other income (including lottery or other gambling	·		
winnings)	·	• •	
15. Total income (Add lines 1 through 14.)	C 0 0 4 4	45508	17336
16. Total adjustments to income from federal return			
(IRA, alimony, etc.)			
17. Adjusted gross income (Subtract line 16 from line 15.) ► 17.	C 2 0 1 1	45508	17336
ADDITIONS TO INCOME (See Instruction 12.)			
18. Non-Maryland loss and adjustments			
18. Non-Maryland loss and adjustments. 19. Other (Enter code letter(s) from Instruction 12.)			
19. Other (Enter code letter(s) from Instruction 12.)	▶		
19. Other (Enter code letter(s) from Instruction 12.). 20. Total additions (Add lines 18 and 19.).	▶ <u> </u>		
 Non-Maryland loss and adjustments	▶ <u> </u>		
19. Other (Enter code letter(s) from Instruction 12.) 20. Total additions (Add lines 18 and 19.) 21. Total federal adjusted gross income and Maryland additions (Add lines 1)	Add lines 17 (Column 1) and		62844
 Other (Enter code letter(s) from Instruction 12.) Total additions (Add lines 18 and 19.) Total federal adjusted gross income and Maryland additions (A SUBTRACTIONS FROM INCOME (See Instruction 13.) Taxable Military Income of Nonresident 	Add lines 17 (Column 1) and		62844
 Other (Enter code letter(s) from Instruction 12.) Total additions (Add lines 18 and 19.) Total federal adjusted gross income and Maryland additions (ASUBTRACTIONS FROM INCOME (See Instruction 13.) Taxable Military Income of Nonresident Other (Enter code letter(s) from Instruction 13.) 	▶		62844
 Other (Enter code letter(s) from Instruction 12.) Total additions (Add lines 18 and 19.) Total federal adjusted gross income and Maryland additions (ASUBTRACTIONS FROM INCOME (See Instruction 13.) 	Add lines 17 (Column 1) and		62844
 Other (Enter code letter(s) from Instruction 12.) Total additions (Add lines 18 and 19.) Total federal adjusted gross income and Maryland additions (<i>J</i> SUBTRACTIONS FROM INCOME (See Instruction 13.) Taxable Military Income of Nonresident Other (Enter code letter(s) from Instruction 13.) Total subtractions (Add lines 22 and 23.) 	Add lines 17 (Column 1) and	19. 20. 20.) 21. ▶ 22. 23. ▶ 24. e 24 from line 21.) 25.	62844
 Other (Enter code letter(s) from Instruction 12.) Total additions (Add lines 18 and 19.) Total federal adjusted gross income and Maryland additions (ASUBTRACTIONS FROM INCOME (See Instruction 13.) Taxable Military Income of Nonresident Other (Enter code letter(s) from Instruction 13.) Total subtractions (Add lines 22 and 23.) Maryland adjusted gross income before subtraction of non-Ma 	Add lines 17 (Column 1) and	19. 20. 20.) 21. ▶ 22. 23. ▶ 24. e 24 from line 21.) 25.	62844
 Other (Enter code letter(s) from Instruction 12.) Total additions (Add lines 18 and 19.) Total federal adjusted gross income and Maryland additions (ASUBTRACTIONS FROM INCOME (See Instruction 13.) Taxable Military Income of Nonresident Other (Enter code letter(s) from Instruction 13.) Total subtractions (Add lines 22 and 23.) Maryland adjusted gross income before subtraction of non-Ma DEDUCTION METHOD See Instruction 15. (All taxpayers must 	Add lines 17 (Column 1) and		62844
 Other (Enter code letter(s) from Instruction 12.) Total additions (Add lines 18 and 19.) Total federal adjusted gross income and Maryland additions (ASUBTRACTIONS FROM INCOME (See Instruction 13.) Taxable Military Income of Nonresident Other (Enter code letter(s) from Instruction 13.) Total subtractions (Add lines 22 and 23.) Maryland adjusted gross income before subtraction of non-Ma DEDUCTION METHOD See Instruction 15. (All taxpayers must a. STANDARD DEDUCTION METHOD (Enter amount on line 	Add lines 17 (Column 1) and		62844
 Other (Enter code letter(s) from Instruction 12.) Total additions (Add lines 18 and 19.) Total federal adjusted gross income and Maryland additions (ASUBTRACTIONS FROM INCOME (See Instruction 13.) Taxable Military Income of Nonresident Other (Enter code letter(s) from Instruction 13.) Total subtractions (Add lines 22 and 23.) Maryland adjusted gross income before subtraction of non-Ma DEDUCTION METHOD See Instruction 15. (All taxpayers must a. STANDARD DEDUCTION METHOD (Enter amount on line ITEMIZED DEDUCTION METHOD (Complete lines 26b, c 	Add lines 17 (Column 1) and wryland income. (Subtract line t select one method and ch e 26a.) X > 26a. and d.) redule A) > 26b.		62844
 Other (Enter code letter(s) from Instruction 12.) Total additions (Add lines 18 and 19.) Total federal adjusted gross income and Maryland additions (ASUBTRACTIONS FROM INCOME (See Instruction 13.) Taxable Military Income of Nonresident	Add lines 17 (Column 1) and invalue income. (Subtract line t select one method and ch 26a.) and d.) Medule A) > 26b. 		62844
 Other (Enter code letter(s) from Instruction 12.) Total additions (Add lines 18 and 19.) Total federal adjusted gross income and Maryland additions (ASUBTRACTIONS FROM INCOME (See Instruction 13.) Taxable Military Income of Nonresident Other (Enter code letter(s) from Instruction 13.) Total subtractions (Add lines 22 and 23.) Maryland adjusted gross income before subtraction of non-Ma DEDUCTION METHOD See Instruction 15. (All taxpayers musication as a standard definition of the stand	Add lines 17 (Column 1) and invalue income. (Subtract line t select one method and ch 26a.) X > 26a. and d.) 26b. 26b. 		62844
 Other (Enter code letter(s) from Instruction 12.) Total additions (Add lines 18 and 19.) Total federal adjusted gross income and Maryland additions (ASUBTRACTIONS FROM INCOME (See Instruction 13.) Taxable Military Income of Nonresident	▶		62844 62844 62844
 Other (Enter code letter(s) from Instruction 12.) Total additions (Add lines 18 and 19.) Total federal adjusted gross income and Maryland additions (ASUBTRACTIONS FROM INCOME (See Instruction 13.) Taxable Military Income of Nonresident	▶		62844 62844 62844 62844 62844 62844
 Other (Enter code letter(s) from Instruction 12.) Total additions (Add lines 18 and 19.)	▶		62844 62844 62844 62844 62844 60494 3200
 Other (Enter code letter(s) from Instruction 12.) Total additions (Add lines 18 and 19.)	▲ dd lines 17 (Column 1) and ▲ dd lines 17 (Column 1) and ▲ unyland income. (Subtract line t select one method and ch a 26a.) X and d.) ▶ unyland income. ▶ and d.) ▶ unyland income. ▶ and d.) ▶ unyland income. ▶ and d.) ▶ unyland d.) ▶ unyl		62844 62844 62844 62844 62844 62844 62844 62844 62844 62844 62844 62844 62844 62844
 Other (Enter code letter(s) from Instruction 12.) Total additions (Add lines 18 and 19.)	Add lines 17 (Column 1) and and and lines 17 (Column 1) and and and lines 17 (Column 1) and and lines 17 (Column 1) and select one method and ch and ch and d.) and d.) and d.) b 26b. b 26c. c 26d. c 2		62844
 Other (Enter code letter(s) from Instruction 12.) Total additions (Add lines 18 and 19.)	Add lines 17 (Column 1) and Add lines 17 (Column 1) and Invalue and income. (Subtract line t select one method and ch 2 26a.) X > 26a. and d.) 26b. 2 26c. 2 26d. 3 2 26c. 2 2 6d. 3 2		62844
 Other (Enter code letter(s) from Instruction 12.) Total additions (Add lines 18 and 19.)	▲ dd lines 17 (Column 1) and ▲ dd lines 17 (Column 1) and ▲ uryland income. (Subtract line t select one method and ch ≥ 26a.) ▲ ≥ 26a.) and d.) □ and d.) □	19. 20.) 21. 22. 23. 24. 24 from line 21.) 25. eck the appropriate box.) 2350	62844 62844 62844 62844 3200 1.000000 3200 57294
 Other (Enter code letter(s) from Instruction 12.) Total additions (Add lines 18 and 19.)	▲ dd lines 17 (Column 1) and ▲ dd lines 17 (Column 1) and ▶	19. 20.) 21. 22. 23. 24. 24. 24. 24. 25. eck the appropriate box.) 2350	62844 62844 62844 62844 3200 1.000000 3200 57294 1933
 Other (Enter code letter(s) from Instruction 12.) Total additions (Add lines 18 and 19.)	Add lines 17 (Column 1) and Add lines 17 (Column 1) and Impland income. (Subtract line t select one method and ch a 26a.) Impland income. (Subtract line and d.) Impland d.) Dedule A) Dedule A) Dedule A) Dedule A) Dedule A) Dedule A) Defunction 10 See Instruction 10 See Or Form 505NR. Set FORE CONTINUING. S05NR.) Sch Form 505NR.		62844 62844 62844 62844 62844 3200 1.00000 3200 57294 1933 934



NONRESIDENT INCOME TAX RETURN



2021 Page 3

Name SINDHU MADHAVI MANUKONDA SSN			
34. Other income tax credits for individuals from Part A			·
35. Business tax credits			
36. Total credits (Add lines 33 through 35.)			
37. Maryland tax after credits (Subtract line 36 from line			
38. Contribution to Chesapeake Bay and Endangered Sp			
39. Contribution to Developmental Disabilities Services a			
40. Contribution to Maryland Cancer Fund (See Instruction			
41. Contribution to Fair Campaign Financing Fund (See			
42. Total Maryland income tax and contributions ($m{\mu}$			
43. Total Maryland tax withheld (Enter total from your			<i>i</i>
44. 2021 estimated tax payments, amount applied from	,		
Form MW506NRS			
45. Nonresident tax paid by pass-through entities (Atta	ch Maryland	Schedule K-1 (510))	▶ 45
46. Refundable income tax credits from Part CC, line 10			,
47. Total payments and credits (Add lines 43 through 4)			
48. Balance due (If line 42 is more than line 47, subtrac			
49. Overpayment (If line 42 is less than line 47, subtraction of the second s			
50. Amount of overpayment TO BE APPLIED TO 2022			
51. Amount of overpayment TO BE REFUNDED TO YO	U (Subtract line	e 50 from line 49.) See line 54 RE	FUND ► 51. 659
52. Interest charges from Form 502UP c	or for late filing	(See Instruction 23.) To	otal . ► 52
Check here if you are attaching Form 502	2UP.		
States, place "Y" in this box ▶ or if you authorize to following information clearly and legibly. 54a. Type of account: ▶ X Checking Savings		4b. Routing Number (9-digits)	
54c. Account Number ► 381039196879	5	4d. Name(s)	
		as it app	ears on the bank account
Check here if you authorize your preparer to discusse electronically. Check here if you agree to receive to of perjury, I declare that I have examined this return, inc t is true, correct and complete. If prepared by a person of knowledge.	your 1099G Inc luding accompa	come Tax Refund statement electronicall anying schedules and statements and to	the best of my knowledge and belief
Your signature	Date	Spouse's signature	Date
▶ 7329838782		SYAM PRIYA RAM SAGAR	
Taxpayer(s) daytime phone number	_	Signature of Preparer other than taxpay	
			. (
2530 PEBBLE CREEK LN		GLOBAL TAXES LLC	
Street address of Preparer/Firm		Printed name of the Preparer/Firm's nar	ne
CUMMING GA 30041		6789659522	▶P02082703
City, State, ZIP Code + 4		Telephone number of Preparer	Preparer's PTIN (Required by law
			rieparers i fin (Required by law
			CODE NUMBERS (3 digits per line)



For returns filed without payments, mail your completed return to:

Comptroller of Maryland Revenue Administration Division 110 Carroll Street Annapolis, MD 21411-0001

For returns filed with payments, attach check or money order to Form PV. Make checks payable to Comptroller of Maryland. Do not attach Form PV or check/money order to Form 505. Place Form PV with attached check/money order on TOP of Form 505 and mail to:

Comptroller of Maryland Payment Processing PO Box 8888 Annapolis, MD 21401-8888







21505N013

SIN. First Na	DHU MADHAVI	MI	MANUKONDA Last Name		13911212 cial Security Number
	ane	MI	Last Name	50	cial Security Number
Spouse	's First Name	MI	Spouse's Last Name	Sp	ouse's Social Security N
TE VO	ware filing Form FOF wee the Fo	rm 50	5NR Instructions appearing on page 2 of th	ic form	,
			5NR Instructions appearing in Instruction 1		rm 515 Instruct
			T ALLOWING CERTAIN MODIFICATIONS		
			line 31 (or Form 515, line 32)	1.	57294
			Norksheet Schedules I or II. Continue to Part II.		0660
	TII - CALCULATION OF MARYL			<u></u> .	
3.	Enter your federal adjusted gross in	come f	rom Form 505		
			3628	44	
3a.			3a627	88	
4.	Enter your federal adjusted gross in	come p	olus additions from Form 505 (or 515) line 21	4.	62844
			resident from line 22 of Form 505.		
6a.	Enter your subtractions from line 23	of For	m 505 or Form 515	6a	
6b.	Enter non-Maryland income from Fo	rm 505	5 (or 515) not included on lines 5		
	or 6a of this form (See instructions.)	• • • • • • • • • • • • • • • • • • • •	▶6b	17336
7.	Add lines 5 through 6b			7.	17336
8.	Maryland Adjusted Gross Income. S	ubtract	line 7 from line 4	8	45508
	If you are using the standard de	ductio	n, recalculate the standard		
	deduction based on the income of	on line	e 8 and enter on line 8a8a23	50	
9.	Maryland Income Factor. Divide line	8 by I	ine 3. The factor cannot exceed 1.000000 and		
	cannot be less than 0. If line 8 is 0 $$	or less	, the factor is 0. If line 8 is greater than 0 and		
	line 3 is 0 or less, the factor is 1.00	0000.		9	724142
10.	Deduction amount.				
	If you are using the standard ded	uction,	multiply the standard		
	deduction on line 8a by line 9 of t	his for	m and enter on line 10a 10a 17	02	
	If you are itemizing your deductio	ns, mu	Itiply the deduction on		
	Form 505, line 26d, by line 9 of the	nis forn	n and enter on line 10b10b.	·	
	Form 515 Users, see Instruction				
11.	Net income (Subtract line 10a or 10	b from	line 8.)	11.	43806
12.	Exemption amount. Multiply the tota	al exem	nption amount on Form 505, line 28		001 -
			e 12 from line 11.)		41489
			vrm	14.	2669
15.			nount on line 13 on this form by line 1.		704140
			0 or less, the factor is 0	15.	
16.			Enter this amount on Form 505, line 32a		1000
. –				16.	1933
17.			this form by 0.0225. Enter this amount	. –	934
	on Form 505, line 32b. If line 13 is	U or le	ss, enter 0	17	934

40101			Utah Indi	vidual In	Commission COME TAX Re ollars Fund Educat		2021 TC-40
			• Ame	nded Return - e	enter code: (s	see instructions)	Full-yr Resident?
Your Social Security No. 713911212 Spouse's Soc. Sec. No.	Your first name SINDHU MA Spouse's first name	DHAVI	Your last name MANUKOND2 Spouse's last name				Y/N N
If deceased, complete page 3, Part 1	Address 23642 SAI City ASHBURN	LFISH SQ	State VA	ZIP+4 20148		number 983 – 8782 untry (if not U.S.)	
1 Filing Status - enter of	code	• 2 Qualifyin	g Dependents		3 Election Carr	paign Fund	
1 = Single		-	pendents age 16 and	under			duce your refund.
• <u>1</u> 2 = Married filing	g jointly	b Oth	er dependents		Enter the code fo	r the Your	self Spouse
3 = Married filing		c O Tota	al (add lines a and b)		party of your choi		•
4 = Head of hou 5 = Qualifying w			nust be claimed for th	o child tax	See instructions		x.utah.gov/elect
If using code 2 or 3, enter spouse'			federal return. See in		If no contribution,	-	ix.utan.gov/elect
		o our on you					
4 Federal adjusted gros						• 4	62844
5 Additions to income fr	rom TC-40A, Part 1 (attach TC-40A,	page 1)			• 5	
6 Total income - add line	e 4 and line 5					6	62844
7 State tax refund inclue	ded on federal form [,]	1040, Schedule	1, line 1 (if any)			• 7	
8 Subtractions from inco	ome from TC-40A, P	art 2 (attach TC-	40A, page 1)			• 8	
9 Utah taxable income	e (loss) - subtract the	e sum of lines 7 a	and 8 from line 6			• 9	62844
10 Utah tax - multiply line	e 9 by 4.95% (.0495) (not less than z	zero)			• 10	3111
11 Utah personal exempt	ion (multiply line 2c b	oy \$1,750)		• 11	0		
12 Federal standard or ite	emized deductions			• 12	12550	is qui	tronic filing ck, easy and
13 Add line 11 and line 1	2			13	12550		e, and will ıp your refund.
14 State income tax inclu	uded in federal itemiz	zed deductions		• 14		To l	earn more, go to
15 Subtract line 14 from I	line 13			15	12550	tap	o.utah.gov
16 Initial credit before pha	ase-out - multiply lin	e 15 by 6% (.06)	1	• 16	753		
17 Enter: \$15,095 (if sing of household);	gle or married filing s or \$30,190 (if marrie	• • • •		• 17	15095		
18 Income subject to pha	ase-out - subtract line	e 17 from line 9 (not less than zero)	18	47749		
19 Phase-out amount - m	nultiply line 18 by 1.3	8% (.013)		• 19	621		
20 Taxpayer tax credit - s			·			• 20	132
21 If you are a qualified e	exempt taxpayer, ent	er "X" (complete	worksheet in instr.)	• 21			
22 Utah income tax - su REV 03/29/22 PRO	btract line 20 from li	ne 10 (not less tl	nan zero)			• 22	2979

403	Uta 102 SSN	h Individual Income 713911212	•	tinued) MANUKONDA	INTUIT	TC-40 2021	Pg. 2
23	Enter tax fror	n TC-40, page 1, line 22				23	2979
24	Apportionable	e nonrefundable credits from	TC-40A, Part 3 (attach To	C-40A, page 1)		• 24	
25		dent, subtract line 24 from lin /ear resident, complete and e	· · · · ·	TC-40B. line 41		• 25	819
26	-	nable nonrefundable credits fr)	• 26	
27	Subtract line	26 from line 25 (not less than	zero)			27	819
28	Voluntary cor	ntributions from TC-40, page 3	3, Part 4 (attach TC-40, p	bage 3)		• 28	
29	AMENDED F	RETURN ONLY - previous ref	und			• 29	
30	Recapture of	low-income housing credit				• 30	
31	Utah use tax					• 31	
		e tax and additions to tax (a				32	819
		tax withheld shown on TC-40				• 33	855
		h income taxes prepaid from				• 34	
	-	entity withholding tax shown				• 35	
		action withholding tax shown		n TC-40W, page 2)	• 36 • 37	
		credits from TC-40A, Part 5 (a				• 38	
39		ding and refundable credits -				39	855
		ubtract line 39 from line 32 (n	Ŭ			• 40	623
41	Penalty and i	nterest (see instructions) - PAY THIS AMOUNT - add I		41		• 42	
		ubtract line 32 from line 39 (no				• 43	36
44	•	otractions from refund (not gre al from page 3, Part 5	eater than line 43)			• 44	
45		POSIT YOUR REMAINING R	EFUND - provide accoun Account number 	t information (see i 38103919		n accounts) Account type: •	checking savings

Unde	er penaltie	es of perjury, I declar	e to the best of my knowledge ar	nd belief, this return a	nd accompa	nying schedules are true, correc	t and complete.	
SIG	N Yours	signature		Date	Spouse's s	signature (if filing jointly)		Date
HER	RE							
Third	d Party	Name of designee (if any) you authorize to discuss tl	his return		Designee's telephone number	Designee PIN	
Des	signee						•	
		Preparer's signature	e	Date		Preparer's telephone number	Preparer's PTIN	
Pa	aid	SYAM PRI	YA RAM SAGAR G	G 04/11/2	22	6789659522	•	P02082703
Prep	oarer's	Firm's name	GLOBAL TAXES	LLC			Preparer's EIN	
Sec	tion	and address	2530 PEBBLE C	CREEK LN			•	301017196
			CUMMING		Ģ	GA 30041		

Attach TC-40 page 3 if you: are filing for a deceased taxpayer, are filing a fiscal year return, filed IRS form 8886, are making voluntary contributions, want to deposit into a my529 account, want to apply all/part of your refund to next year's taxes, want to direct deposit to a foreign account, or no longer qualify for a homeowner's exemption. REV 03/29/22 PRO

	Non	and Part-year Res	ident Schedule	INTUIT	TC-40B
40106	SSN	713-91-1212	Last name MANUKONDA		2021

Residency Status: • X Nonresident: Home state abbreviation: VA • Part-year resident from: to

			mm/dd/yy	mm/dd/yy
nco	me	Col. A - UTAH		Col. B - TOTAL
1	Wages, salaries, tips, etc. (1040 line 1)	17280		62788
2	Taxable interest income (1040 line 2b)			
3	Ordinary dividends (1040 line 3b)	0		37
ŀ	IRAs, pensions and annuities - taxable amount (1040 lines 4b and 5b)			
5	Social Security benefits - taxable amount (1040 line 6b)			
6	Taxable refunds/credits/offsets of state/local income taxes (1040, Schedule 1, line 1)			
7	Alimony received (1040, Schedule 1, line 2a)			
3	Business income or (loss) (1040, Schedule 1, line 3)			
)	Capital gain or (loss) (1040, line 7)	0		19
0	Other gains or (losses) (1040, Schedule 1, line 4)			
11	Rental real estate, royalties, partnerships, S corps, trusts, etc. (1040, Schd 1, line 5)			
12	Farm income or (loss) (1040, Schedule 1, line 6)			
3	Unemployment compensation (1040, Schedule 1, line 7)			
14	Other income (1040, Schedule 1, line 9)			
5	Additions to income from TC-40A, Part 1 (Utah portion only in Utah column)			
16	Reserved			
17	Reserved			
18	Total income (loss) - add lines 1 through 17 for both columns A and B	17280		62844
. all.	-4			
-	stments	Col. A - UTAH		Col. B - TOTAL
19	Educator expenses (1040, Schedule 1, line 11)			
20	Certain bus. expenses of reservists, performing artists, etc. (1040, Schd 1, line 12)			
21	Health savings account deduction (1040, Schedule 1, line 13)			
22	Moving expenses (1040, Schedule 1, line 14) - col. A only expenses moving into Utah			
23 24	Deductible part of self-employment tax (1040, Schedule 1, line 15) Self-employed SEP, SIMPLE and qualified plans (1040, Schedule 1, line 16)			
24 25	Self-employed SEF, Shire E2 and qualified plans (1040, Schedule 1, line 10) Self-employed health insurance deduction (1040, Schedule 1, line 17)			
26	Penalty on early withdrawal of savings (1040, Schedule 1, line 18)			
27 27	Alimony paid (1040, Schedule 1, line 19a)			
28	IRA deduction (1040, Schedule 1, line 20)			
29	Student loan interest deduction (1040, Schedule 1, line 21)			
30	Reserved			
31	Reserved			
32	Taxable refunds/credits/offsets of state and local income taxes (1040, Schd 1, line 1)			
33	Subtractions from income from TC-40A, Part 2 (Utah portion only in Utah column)			
34 34	Reserved			
,- 35	Reserved			
36	(see instructions):			
37	Total adjustments - add lines 19 through 36 for both columns A and B			
	· · · · · · · · · · · · · · · · · · ·			
00	Subtract line 27 from line 19 for both columns A and P	1 7 0 0 0		C 0 0 4 4
38	Subtract line 37 from line 18 for both columns A and B Line 38, column B must equal TC-40, line 9	17280	•	62844
	Line 36, column B must equal 10-40, line 9			
Non	or Part-year Resident Utah Tax			
	or Part-year Resident Utah Tax Divide line 38 column A by line 38 column B (to 4 decimal places, not more than 1.000	00 or less than 0.0000)	39	0.2750
Non 39 40	•		39 40	0.2750 2979

Submit this page ONLY if data entered.

Attach completed schedule to your Utah Income Tax Return.

REV 03/29/22 PRO

Last name MANUKONDA

Pg. 1

TC-40W

2021

Line Explanations	IMPORTANT
 Employer/payer ID number from W-2 box "b" or 1099 Utah withholding ID number from W-2 box "15" or 1099 (14 characters, ending in WTH, no hyphens) Employer/payer name and address from W-2 box "c" or 1099 Enter "X" if reporting Utah withholding from form 1099 Employee's Social Security number from W-2 box "a" or 1099 Utah wages or income from W-2 box "16" or 1099 Utah withholding tax from W-2 box "17" or 1099 	 Do not send your W-2s or 1099s with your return. Instead enter W-2 or 1099 information below, but only if there is Utah withholding on the form. Use additional forms TC-40W if you have more than four W-2s and/or 1099s with Utah withholding tax. Enter mineral production withholding from TC-675R in Part 2 of TC-40W; enter pass-through entity withholding in Part 3 of TC-40W.
First W-2 or 1099	Second W-2 or 1099
2 14502892003WTH (14 characters, no hyphens)	2 (14 characters, no hyphens)
³ RELYCOM INC 666 PLAINSBORO RD STE 1271	3
PLAINSBORO NJ08536	
4	4
5 713911212	5
⁶ 17280.	6
⁷ 855.	7
Third W-2 or 1099 1	Fourth W-2 or 1099
2 (14 characters, no hyphens)	2 (14 characters, no hyphens)
3	3
4	4
5	5
6	6
7	7

Enter total Utah withholding tax from all lines 7 here and on TC-40, page 2, line 33: 855.

Submit page ONLY if data entered. Attach completed schedule to your Utah Income Tax Return. Do not attach W-2s or 1099s to your Utah return.

40109