

Form **8879**

(Rev. January 2021)

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization

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

OMB No. 1545-0074

Submission Identification Number (SID) ▶

Taxpayer's name

RANJITH REDDY DAGGULA

Spouse's name

Social security number

159-92-4833

Spouse's social security number

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

Enter whole dollars only on lines 1 through 5.

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

1	Adjusted gross income	1	102,068.
2	Total tax	2	15,507.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	15,593.
4	Amount you want refunded to you	4	86.
5	Amount you owe	5	

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

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

Taxpayer's PIN: check one box only

I authorize GLOBAL TAXES LLC

ERO firm name

to enter or generate my PIN

2 4 8 3 3

Enter five digits, but don't enter all zeros

as my

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

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

Your signature ▶ Ranjith Daggula

Date ▶ 02/25/2022

Spouse's PIN: check one box only

I authorize _____

ERO firm name

to enter or generate my PIN

Enter five digits, but don't enter all zeros

as my

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

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

Spouse's signature ▶

Date ▶

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

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

5 8 7 2 7 8 6 1 9 8 9

Don't enter all zeros

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

ERO's signature ▶

Date ▶

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

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

Your first name and middle initial RANJITH REDDY		Last name DAGGULA		Your social security number 159-92-4833	
If joint return, spouse's first name and middle initial		Last name		Spouse's social security number	
Home address (number and street). If you have a P.O. box, see instructions. 21 AUSTIN CIRCLE				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. SOUTH WINDSOR			State CT	ZIP code 06074	
Foreign country name		Foreign province/state/county		Foreign postal code	

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

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

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

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

Dependents (see instructions):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions): Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required. Standard Deduction for— • Single or Married filing separately, \$12,550 • Married filing jointly or Qualifying widow(er), \$25,100 • Head of household, \$18,800 • If you checked any box under <i>Standard Deduction</i> , see instructions.	1 Wages, salaries, tips, etc. Attach Form(s) W-2	1	102,068.
	2a Tax-exempt interest	2a	
	3a Qualified dividends	3a	
	4a IRA distributions	4a	
	5a Pensions and annuities	5a	
	6a Social security benefits	6a	
	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	7	
	8 Other income from Schedule 1, line 10	8	
	9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶	9	102,068.
	10 Adjustments to income from Schedule 1, line 26	10	
	11 Subtract line 10 from line 9. This is your adjusted gross income ▶	11	102,068.
	12a Standard deduction or itemized deductions (from Schedule A)	12a	12,550.
	b Charitable contributions if you take the standard deduction (see instructions)	12b	
	c Add lines 12a and 12b	12c	12,550.
	13 Qualified business income deduction from Form 8995 or Form 8995-A	13	
14 Add lines 12c and 13	14	12,550.	
15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	89,518.	

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> . . .	16	15,507.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	15,507.
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3, line 8	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	15,507.
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
24	Add lines 22 and 23. This is your total tax ▶	24	15,507.
25	Federal income tax withheld from:		
	a Form(s) W-2	25a	15,593.
	b Form(s) 1099	25b	
	c Other forms (see instructions)	25c	
	d Add lines 25a through 25c	25d	15,593.
26	2021 estimated tax payments and amount applied from 2020 return	26	
	27a Earned income credit (EIC) No	27a	
	Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions ▶ <input type="checkbox"/>		
	b Nontaxable combat pay election	27b	
	c Prior year (2019) earned income	27c	
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 15	31	
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits ▶	32	
33	Add lines 25d, 26, and 32. These are your total payments ▶	33	15,593.
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	86.
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here ▶ <input type="checkbox"/>	35a	86.
Direct deposit? See instructions.	▶ b Routing number: 1 1 1 0 0 0 0 2 5 ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	▶ d Account number: 4 8 8 0 5 6 4 8 8 6 8 3		
36	Amount of line 34 you want applied to your 2022 estimated tax ▶	36	
Amount You Owe	37 Amount you owe . Subtract line 33 from line 24. For details on how to pay, see instructions ▶	37	
	38 Estimated tax penalty (see instructions) ▶	38	

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

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

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

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

Your signature	Date	Your occupation SOFTWARE DEVELOPER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) ▶
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) ▶
Phone no. (860) 402-6544	Email address RANJITHRD1604@GMAIL.COM		

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 02/25/2022	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name ▶ GLOBAL TAXES LLC			Phone no. (678) 965-9522	
Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041			Firm's EIN ▶ 30-1017196	

Vermont Department of Taxes

2021 Form IN-116

Vermont Income Tax Payment Voucher

DEPT
USE
ONLY



* 2 1 1 1 6 1 1 7 3 *

Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name		First Name		MI	Taxpayer's Social Security Number	
DAGGULA		RANJITH REDDY			159924833	
Spouse's/CU Partner's Last Name		First Name		MI	Spouse's or CU Partner's Social Security Number	
Mailing Address (Number and Street/Road or PO Box)					Tax Year	
21 AUSTIN CIRCLE					2021	
City		State	ZIP Code or Postal Code			
SOUTH WINDSOR		CT	06074			
Foreign Country (if not United States)					Amount of this payment 116.00	

RTN00159924833202100000000011600000DAGGULAWW6



1555

Mail to: Vermont Department of Taxes
PO Box 1779
Montpelier, VT 05601-1779

If you electronically filed, DO NOT
include a copy of the filed return
with this payment.

Form IN-116
Rev.10/21

PO BOX 1779
MONTPELIER, VT 05601

2021 Form IN-111

Vermont Income Tax Return

DEPT
USE
ONLY



* 2 1 1 1 1 1 1 7 3 *

FILE YOUR RETURN
ELECTRONICALLY FROM
MASTERS SERVICE CENTER TO
TAKE ADVANTAGE OF OUR
FASTEST INFORMATION.

Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name DAGGULA		First Name RANJITH REDDY		MI	Social Security Number 159924833		<input type="checkbox"/> Check if Deceased
Spouse's/CU Partner's Last Name		First Name		MI	Social Security Number		<input type="checkbox"/> Check if Deceased
Mailing Address (Number and Street/Road or PO Box) 21 AUSTIN CIRCLE				911/Physical Street Address on 12/31/2021 21 AUSTIN CIRCLE			
City SOUTH WINDSOR		State CT	ZIP Code or Foreign Postal Code 06074		Foreign Country		
Vermont School District Code 999	<input checked="" type="checkbox"/> Enter Healthcare Coverage Code (See instructions for code options)		Check all that apply		<input type="checkbox"/> AMENDED Return	<input type="checkbox"/> RECOMPUTED Return	<input type="checkbox"/> EXTENDED Return
Filing Status and Standard Deduction		<input checked="" type="checkbox"/> Single (\$6,350)	<input type="checkbox"/> Married/CU Filing Jointly (\$12,700)	<input type="checkbox"/> Married/CU Filing Separately (\$6,350)	<input type="checkbox"/> Head of Household (\$9,500)	<input type="checkbox"/> Qualifying Widow(er) (\$12,700)	

1. Federal Adjusted Gross Income (federal Form 1040, Line 11) 1. 102068.00

2. Net Modifications to Federal AGI (Schedule IN-112, Part I, Line 17) 2. 0.00

3. Federal AGI with Modifications (ADD Lines 1 and 2) 3. 102068.00

4. 2021 Vermont Standard Deduction from filing status section above. 4. 6350.00
Please see instructions if you or your spouse checked any standard deduction boxes on federal Form 1040, page 1.

5. Personal Exemptions:

5a. Enter "1" for yourself if no one can claim you as a dependent 5a. 1

5b. Enter "1" for your jointly filed spouse or CU partner if no one can claim them as a dependent or if you are a qualifying widow(er) 5b. 0

5c. Enter number of other dependents claimed on federal Form 1040. This includes any dependents other than yourself and/or your spouse. 5c. 0

5d. ADD Lines 5a through 5c. 5d. 1

5e. MULTIPLY Line 5d by \$4,350 (2021 Personal Exemption) 5e. 4350.00

6. ADD Lines 4 and 5e 6. 10700.00

7. Vermont Taxable Income (SUBTRACT Line 6 from Line 3. If less than zero, enter -0-). 7. 91368.00

8. Vermont Income Tax from tax table or tax rate schedule 8. 4699.00
(If Line 1 is greater than \$150,000, see instructions)

9. Net Adjustment to Vermont Tax (Schedule IN-119, Part I, Line 16) 9. 0.00

10. Vermont Income Tax with Adjustment (ADD Lines 8 and 9. If less than zero, enter -0-) 10. 4699.00

11. Tax-Deductible Charitable Contribution (See instructions) <u>0.00</u>	12. Multiply Line 11 by 5% (0.05) <u>0.00</u>	13. Charitable Contribution Deduction (Enter the lesser of Line 12 or \$1,000) <u>0.00</u>
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14. Vermont Income Tax (Line 10 MINUS Line 13. If less than zero, enter -0-) 14. 4699.00

15. Income Adjustment (Schedule IN-113, Line 36, or 100.0000%) 15. 11.6589 %

16. Adjusted Vermont Income Tax (MULTIPLY Line 14 by Line 15) 16. 548.00

Taxpayer's Last Name	Social Security Number
DAGGULA	159924833



* 2 1 1 1 1 1 2 7 3 *

Amount from Line 16 **548.00**

Other State Credit (Schedule IN-117, Line 21) **Vermont Tax Credits** (Schedule IN-119, Part II) **Total Vermont Credits** (Add Lines 17 and 18)

17. 0.00 + 18. 0.00 = 19. 0.00

20. Vermont Income Tax after credits (SUBTRACT Line 19 from Line 16.
If Line 19 is greater than Line 16, enter -0-). 20. 548.00

21. Use Tax for taxable items on which no sales tax was charged,
including online purchases. (See instructions, worksheet, and chart). . . Check to certify
no Use Tax is due. OR 21. 0.00

22. Total Vermont Taxes (ADD Lines 20 and 21) 22. 548.00

Vermont Veterans Fund Green Up Vermont Nongame Wildlife Fund Children's Trust Fund **Total Contributions**

23a. 0.00 + 23b. 0.00 + 23c. 0.00 + 23d. 0.00 = 23e. 0.00

24. Total of Vermont Taxes and Voluntary Contributions (ADD Lines 22 and 23e). 24. 548.00

25a. 2021 Vermont Tax Withheld from W-2, 1099 25a. 432.00

25b. 2021 Estimated Tax payments, amount carried forward from 2020,
and/or payment made with 2021 extension. 25b. 0.00

25c. Refundable Credits (Schedule IN-112, Part II, Line 11) 25c. 0.00

25d. 2021 Vermont Real Estate Withholding from Form RW-171 25d. 0.00

25e. 2021 Nonresident Estimated Tax payments
(nonresident withholding) allocated on Schedule K-1VT, Line 5 25e. 0.00

25f. Total Payments and Credits (ADD Lines 25a through 25e). 25f. 432.00

26. Overpayment. If Line 24 is less than Line 25f, SUBTRACT Line 24 from Line 25f. 26. 0.00

27a. Refund to be credited to 2022 Estimated Tax Payment 27a. 0.00

27b. Refund to be credited to 2022 Property Tax Bill 27b. 0.00

28. REFUND AMOUNT (SUBTRACT Lines 27a and 27b from Line 26). 28. 0.00

29. If Line 24 is more than Line 25f, subtract Line 25f from Line 24.
See instructions on tax due 29. 116.00

30. Interest and Penalty on Underpayment of Estimated Tax. . 30. 0.00 31. AMOUNT DUE (ADD Lines 29 and 30) 31. 116.00
(Worksheet IN-152 or IN-152A)

For Amended Returns Only:	Original refund received <u>0.00</u>	Refund due now <u>0.00</u>	Original payment <u>0.00</u>	Amount due now <u>0.00</u>
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Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Preparers cannot use return information for purposes other than preparing returns.

Signature	Date (MM/DD/YYYY)	Date of Birth (MM/DD/YYYY)	Daytime Telephone Number
		04 / 16 / 1995	860-402-6544
Signature (if a joint return, BOTH must sign.)	Date (MM/DD/YYYY)	Date of Birth (MM/DD/YYYY)	Daytime Telephone Number
		/ /	
Paid Preparer's Signature	Date	Preparer's Telephone Number	
	02 / 25 / 2022	678-965-9522	
Firm's Name (or yours if self-employed) and address	Preparer's SSN or PTIN	FEIN	
GLOBAL TAXES LLC 2530 PEBBLE CREEK L	P02082703	301017196	

Check if the Department of Taxes may discuss this return with the preparer shown.
1555 REV 02/10/22 PRO

Keep a copy for your records.

Form IN-111
Page 2 of 2
Rev. 10/21

Vermont Department of Taxes
2021 Schedule IN-113



* 2 1 1 1 3 1 1 7 3 *

Vermont Income Adjustment Calculations

Nonresidents and Part-Year Residents Must Complete Parts I and II
 Full-Year Residents with Adjustments Complete only Part II

Please PRINT in BLUE or BLACK INK
 INCLUDE WITH FORM IN-111

Taxpayer's Last Name DAGGULA	First Name RANJITH REDDY	MI	Taxpayer's Social Security Number 159924833
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PART I. Enter figures as they appear on your federal return or recomputed federal return in Column A and list the Vermont portion in Column B. See instructions.

Dates of Vermont residency in 2021		Name of State(s), Canadian province, or country during non-Vermont residency (use standard 2-character abbreviation) CT
From (MMDDYYYY): / /	To (MMDDYYYY): / /	

	A. Federal Amount \$	B. Vermont Portion \$
1. Wages, salaries, tips, etc. 1A.	102068.00	1B. 11900.00
2. Taxable interest. 2A.	0.00	2B. 0.00
3. Ordinary dividends. 3A.	0.00	3B. 0.00
4. Taxable IRAs, pensions, and annuities. 4A.	0.00	4B. 0.00
5. Taxable Social Security. 5A.	0.00	5B. 0.00
6. Taxable refunds of state and local income taxes 6A.	0.00	6B. 0.00
7. Alimony received. 7A.	0.00	7B. 0.00
8. Business income or loss. 8A.	0.00	8B. 0.00
9. Capital gain or loss. 9A.	0.00	9B. 0.00
10. Rents, royalties, partnerships, S corporations, trusts, etc. 10A.	0.00	10B. 0.00
11. Farm income or loss. 11A.	0.00	11B. 0.00
12. Unemployment compensation. 12A.	0.00	12B. 0.00
13. Other: Specify. 13A.	0.00	13B. 0.00
14. TOTAL INCOME (ADD Lines 1 through 13) 14A.	102068.00	14B. 11900.00

Taxpayer's Last Name	Social Security Number
DAGGULA	159924833



* 2 1 1 1 3 1 2 7 3 *

	Column A. Federal Amount \$	Column B. Vermont Portion \$
15. IRA, Keogh/SEP/SIMPLE (Reported on federal Form 1040)	15A. <u>0.00</u>	15B. <u>0.00</u>
Self <u>0</u> Spouse <u>0</u>		
16. Student Loan Interest (Reported on Form 1040)	16A. <u>0.00</u>	16B. <u>0.00</u>
17. Employee Deductions: Reservists, Performing Artists, Fee-basis Gov't Officials (Reported on Form 1040)	17A. <u>0.00</u>	17B. <u>0.00</u>
18. Self-Employment Deductions: Tax and Health Insurance (Reported on Form 1040)	18A. <u>0.00</u>	18B. <u>0.00</u>
19. Health Savings Account (Reported on Form 1040)	19A. <u>0.00</u>	19B. <u>0.00</u>
20. Moving Expenses (Reported on Form 1040)	20A. <u>0.00</u>	20B. <u>0.00</u>
21. Penalty on Early Withdrawal of Savings (Reported on Form 1040)	21A. <u>0.00</u>	21B. <u>0.00</u>
22. Alimony Paid (Reported on Form 1040)	22A. <u>0.00</u>	22B. <u>0.00</u>
23. Domestic Production Activities (Reported on Form 1040)	23A. <u>0.00</u>	23B. <u>0.00</u>
24. Educator Expenses and Tuition & Fees (Reported on Form 1040)	24A. <u>0.00</u>	24B. <u>0.00</u>
25. Deductions not listed above but reported on Form 1040	25A. <u>0.00</u>	25B. <u>0.00</u>
26. TOTAL ADJUSTMENTS (ADD Lines 15 through 25)	26A. <u>0.00</u>	26B. <u>0.00</u>
27. Adjusted Gross Income (SUBTRACT Line 26A from Line 14A)	27. <u>102068.00</u>	
28. Vermont Portion of AGI (SUBTRACT Line 26B from Line 14B)	28. <u>11900.00</u>	
29. Non-Vermont Income (SUBTRACT Line 28 from Line 27) Also enter on Part II, Line 32 below	29. <u>90168.00</u>	

PART II. Adjustment for Vermont Exempt Income and Military Exempt Income

30. Adjusted Gross Income. If Part I completed, enter Line 27 amount. Otherwise, enter amount from Form IN-111, Line 1	30. <u>102068.00</u>
31a. Municipal Bond Interest	31a. <u>0.00</u>
31b. ADD Lines 30 and 31a	31b. <u>102068.00</u>
32. Non-Vermont Income (Line 29 above)	32. <u>90168.00</u>
33. Military pay. Number of months on active duty <u>0</u> (See instructions)	33. <u>0.00</u>
34. Total (ADD Lines 32 and 33)	34. <u>90168.00</u>
35. Vermont Income (SUBTRACT Line 34 from Line 30)	35. <u>11900.00</u>
36. INCOME ADJUSTMENT % (DIVIDE Line 35 by Line 31b, MULTIPLY the result by 100 and carry the result out to the fourth decimal place.) Also enter on Form IN-111, Line 15 (See instructions)	36. <u>11.6589 %</u>

Schedule IN-113

Page 2 of 2

Rev. 10/21

Form CT-1040 Required Fields

The following fields are required to be automatically populated or completed for taxpayers to continue filing, or must be completed in response to the selection of other fields.

Required to be Automatically-Populated Fields

Each page of each form submitted to DRS must include the following automatically populated fields:

1. **Document Identification Numbers** - Three occurrences of the Document Identification Number (DIN) must be on each page. The QR Code and two DINs must be on each scannable page. (See Document Identification Number and Quick Reference (QR) Code, on Page 4.)
2. **Social Security Number** - The Social Security Number must appear at the top of Form CT-1040, Pages 2, 3, and 4.
3. In addition, the following **Checklist for filing your Connecticut income tax return** must be included when hard copies of the form are printed. Taxpayers should not send the checklist to DRS with the return.

Do not send this sheet with your return.

Checklist for filing your Connecticut income tax return:

1. Be sure that Page 1 of your return is not printed on the back of this sheet.
2. Do not send "Draft" or "Unapproved" versions of your return. This will delay or stop the processing of your return.
3. Do not make manual (hand written or typed) corrections to your return; this is a machine readable return. Changes may only be made by reentering information in your software and re-printing the return.
4. **Do not attach or send copies of forms W-2 or 1099.**
5. Verify that the address lines on the return are correct and proper abbreviations are used.
6. If the Employer or Payer's Federal ID # is not listed on Page 2, Lines 18a through 18e, Column A, **all** withholding claimed will be disallowed and your return will not be successfully processed.
7. Do not attempt to remove or modify the solid boxes that print out on your return. Altering target marks may affect the processing of your return.
8. Do not use this return to change or amend previously filed returns. You must use Form CT-1040X to change or amend a previously filed Connecticut income tax return.
9. Send **all** completed pages of CT-1040, Schedule CT-EITC, Schedule CT-CHET, Supplemental Schedule CT-1040WH, Schedule CT-IT Credit, Schedule CT-PE, and Form CT-6251. Send **all** four pages of your completed return, both pages of your completed CT-EITC schedule, the completed Schedule CT-CHET, and any other supporting schedules.
10. Make check payable to: Commissioner of Revenue Services
11. To ensure proper posting, write your SSN(s) (optional) and "2021 Form CT-1040" on your check.
12. To mail your return, use the following addresses:
 - For all tax returns with payment:
 - Department of Revenue Services
 - PO Box 2977
 - Hartford CT 06104-2977
 - For refunds and tax returns without payment:
 - Department of Revenue Services
 - PO Box 2976
 - Hartford CT 06104-2976
13. Verify that all fields print completely and any preparer information is filled out and legible before filing this return. If you find any errors, do not make manual changes. Re-enter information in your software and re-print the return.
14. If you wish to directly deposit a refund into a checking or savings bank account, confirm that Lines 25a through 25d have been completed. You **must** enter bank information on both the federal and Connecticut returns for each to be correctly deposited. Alpha characters are not allowed in Routing or Account Number fields.
15. When making payment using Form CT-1040V, **DO NOT** attach copies of your previously filed Form CT-1040.

Do not send this sheet with your return.

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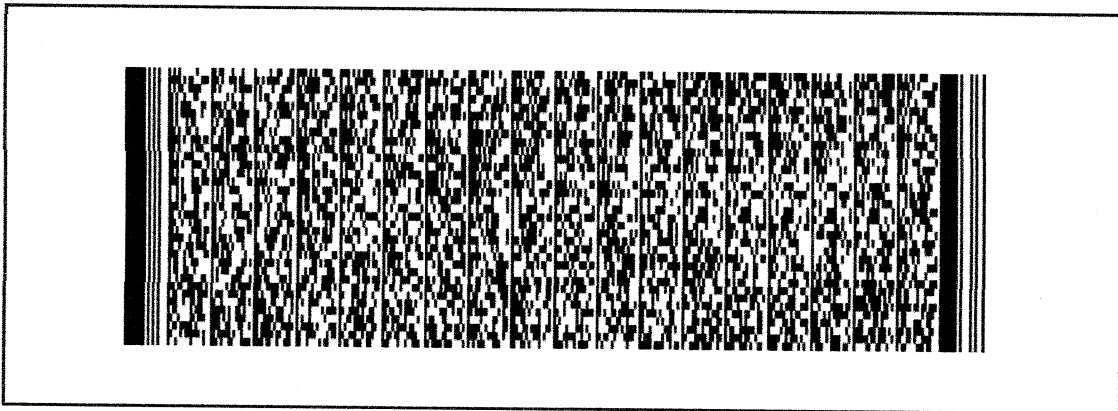
Form CT-1040 - 2
Connecticut Resident Income Tax Return
(Rev. 12/21)

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Other tax year, beginning: and ending:
Y S N FJ N MFS N HOH N QW
159 - 92 - 4833 - -
RANJITH REDDY DAGGULA N Dec.
N Dec.
21 AUSTIN CIR N CT-8379 N CT-2210
N CT-1040 CRC N Federal Form 1310
SOUTH WINDSOR CT 06074 -

Table with 3 columns: Line number, Description, and Amount. Includes rows for Federal adjusted gross income, additions, subtractions, Connecticut adjusted gross income, income tax, credits, and total tax.

Clip check here. Do not use staples. Do not send Forms W-2 or 1099, or Schedules CT K-1.



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17. Amount from Line 16

1 4827

Forms W-2, W-2G, and 1099 Information

	Col. A - Employer or Payer's Fed. ID #	Col. B - CT Wages, Tips, etc.	Col. C - CT Income Tax Withheld
18a.	20 - 4233469	90167	6303
18b.	-	0	0
18c.	-	0	0
18d.	-	0	0
18e.	-	0	0

18f. Additional Connecticut withholding (from Supplemental Schedule CT-1040WH, Line 3) 18f. 0

18. Total Connecticut income tax withheld: Amounts in Column C.	18.	6303
19. All 2021 estimated tax payments and any overpayments applied from a prior year	19.	0
20. Payments made with Form CT-1040 EXT	20.	0
20a. Earned income tax credit (from Schedule CT-EITC, Line 16).	20a.	0
20b. Claim of right credit (from Form CT-1040 CRC, Line 6).	20b.	0
20c. Pass-through entity tax credit: (from Schedule CT-PE, Line 1). Schedule must be attached.	20c.	0
21. Total payments and refundable credits: Add Lines 18, 19, 20, 20a, 20b and 20c.	21.	6303
22. Overpayment: If Line 21 is more than Line 17, Line 17 subtracted from Line 21.	22.	1476

23. Amount of Line 22 you want applied to your 2022 estimated tax	23.	0
24. Amount of Line 22 you want applied as a CHET contribution (from Schedule CT-CHET, Line 4)	24.	0
24a. Total contributions of refund to designated charities (from Schedule 5, Line 70)	24a.	0

25. Refund: Lines 23, 24, and 24a subtracted from Line 22. 25. 1476
 If you have not elected to direct deposit, a refund check will be issued and processing may be delayed.

25a. Acct. type Y Ck. N Sv. 25b. Rout. # 111000025 25c. Acct. # 488056488683

25d. Refund going to a bank account outside the U.S. 25d. N		
26. Tax due: If Line 17 is more than Line 21, Line 21 subtracted from Line 17.	26.	0
27. If late: Penalty entered. Line 26 multiplied by 10% (.10).	27.	0
28. If late: Interest entered. Line 26 multiplied by number of months or fraction of a month late, then by 1% (.01).	28.	0
29. Interest on underpayment of estimated tax (from Form CT-2210)	29.	0
30. Total amount due: Add Lines 26 through 29.	30.	0.00

Declaration: I declare under penalty of law that I have examined this return and all accompanying schedules and statements, including reporting and payment of any use tax due, and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

Your signature	Date	Home/cell telephone number	
•	•	8604026544	
Spouse's signature (if joint return)	Date	Daytime telephone number	
•	•	•	
Paid preparer's signature	Date	Telephone number	Paid Preparer's PTIN
• SYAM PRIYA RAM SAGAR GUPT	• 022522	• 6789659522	P02082703
Paid preparer's name	FEIN		
SYAM PRIYA RAM SAGAR GUPTA TALL	301017196		
Firm's name, address and ZIP code	Self-employed		
• 2530 PEBBLE CREEK LN CUMMING GA 30041 -	N		

Third Party Designee - Complete the following to authorize DRS to contact another person about this return.

Designee's name	Telephone number	Personal identification number (PIN)
•	•	•

Sign Here
Keep a copy for your records.

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Schedule 1 - Modifications to Federal Adjusted Gross Income

31. Interest on state and local government obligations other than Connecticut	31.	0
32. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations	32.	0
33. Taxable amount of lump-sum distributions from qualified plans not included in federal adjusted gross income	33.	0
34. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if greater than zero.	34.	0
35. Loss on sale of Connecticut state and local government bonds	35.	0
36. Section 168(k) federal bonus depreciation deduction allowed for property placed in service during this year.	36.	0
36a. 80% of Section 179 federal deduction.	36a.	0
37. Other - specify ●	37.	0
38. Total additions: Add Lines 31 through 37.	38.	0
39. Interest on U.S. government obligations	39.	0
40. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations	40.	0
41. Social Security benefit adjustment (from Social Security Benefit Adjustment Worksheet)	41.	0
42. Refunds of state and local income taxes	42.	0
43. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities	43.	0
44. Military retirement pay	44.	0
45. 50% of income received from Connecticut Teachers' Retirement System	45.	0
46. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if less than zero.	46.	0
47. Gain on sale of Connecticut state and local government bonds	47.	0
48. CHET contributions made in 2021 or an excess carried forward from a prior year Acct. #:	48.	0
48a. 25% of Section 168(k) federal bonus depreciation deduction added back in preceding four years.	48a.	0
48b. 42% of pension or annuity income.	48b.	0
49. Other - specify ●	49.	0
50. Total subtractions: Add Lines 39 through 49.	50.	0

Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions

51. Modified Connecticut adjusted gross income 51. 102068

		Col. A	Col. B
52. Qualifying jurisdiction's name and two-letter code	52.	VERMONT VT	
53. Non-Connecticut income included on Line 51 and reported on a qualifying jurisdiction's income tax return (from Schedule 2 worksheet)	53.	11900	0
54. Line 53 divided by Line 51	54.	0.1166	0.0000
55. Income tax liability: Line 11 subtracted from Line 6.	55.	5375	0
56. Line 54 multiplied by Line 55	56.	627	0
57. Income tax paid to a qualifying jurisdiction	57.	548	0
58. Lesser of Line 56 or Line 57	58.	548	0
59. Total credit: Add Line 58, all columns.	59.		548

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Schedule 3 - Property Tax Credit

N 65 years or older N One or more dependents on federal return

<i>Qualifying Property</i>	<i>Primary Residence</i>	<i>Au o 1</i>	<i>A o 2</i>
Name of Connecticut Tax Town or District •	•	•	•
Description of Property •	•	•	•
Date(s) Paid •	•	•	•
Amount Paid	60.	0 61.	0 62.
63. Total property tax paid: Add Lines 60, 61, and 62.			63. 0
64. Maximum property tax credit allowed			64. • 200
65. Lesser of Line 63 or Line 64.			65. • 0
66. Property tax credit limitation decimal amount: If zero, the amount from Line 65 is entered on Line 68.			66. • 0.00
67. Line 65 multiplied by Line 66.			67. • 0
68. Line 67 subtracted from Line 65.			68. 0

Schedule 4 - Individual Use Tax

69a. Use tax at 1% (from Connecticut Individual Use Tax Worksheet, Section A, Column 7)	69a.	0
69b. Use tax at 6.35% (from Connecticut Individual Use Tax Worksheet, Section B, Column 7)	6 b.	0
69c. Use tax at 7.75% (from Connecticut Individual Use Tax Worksheet, Section C, Column 7)	69c.	0
69d. Use tax at 2.99% (from Connecticut Individual Use Tax Worksheet, Section D, Column 7)	69d.	0
69. Individual use tax: Add Lines 69a, 69b, 69c, and 69d.	69 •	0

Schedule 5 - Contributions to Designated Charities

70a. AR	70a.	0
70b. OT	70b.	0
70c. ES/W	70c.	0
70d. BCR	70d.	0
70e. SNS	70e.	0
70f. MR	70f.	0
70g. CBS	7 g.	0
70h. MHCIA	70h.	0
70. Total Contributions: Add Lines 70a through 70h.	70.	0

Taxpayer email

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Connecticut
**Summary of Credit for Income Taxes Paid
to Qualifying Jurisdictions**

2021

▶ Keep for your records

Name as Shown on Return RANJITH REDDY DAGGULA	Social Security Number 159-92-4833
Qualifying jurisdiction's name	Vermont
Qualifying jurisdiction's two-letter code	VT
A Non-Connecticut income included in modified Connecticut adjusted gross income and reported on qualifying jurisdiction's income tax return (from Schedule 2 worksheet) ▶	11,900.
B Divide line B by modified Connecticut adjusted gross income (may not exceed 1.0000) ▶	0.1166
C Income tax liability from Form CT-1040 or Form CT-1040NR/PY ▶	5,375.
D Multiply line C by line D ▶	627.
E Income tax paid to other jurisdiction ▶	548.
F Enter the smaller of line D or line E ▶	548.
Qualifying jurisdiction's name	
Qualifying jurisdiction's two-letter code	
A Non-Connecticut income included in modified Connecticut adjusted gross income and reported on qualifying jurisdiction's income tax return (from Schedule 2 worksheet) ▶	
B Divide line B by modified Connecticut adjusted gross income (may not exceed 1.0000) ▶	
C Income tax liability from Form CT-1040 or Form CT-1040NR/PY ▶	
D Multiply line C by line D ▶	
E Income tax paid to other jurisdiction ▶	
F Enter the smaller of line D or line E ▶	
Qualifying jurisdiction's name	
Qualifying jurisdiction's two-letter code	
A Non-Connecticut income included in modified Connecticut adjusted gross income and reported on qualifying jurisdiction's income tax return (from Schedule 2 worksheet) ▶	
B Divide line B by modified Connecticut adjusted gross income (may not exceed 1.0000) ▶	
C Income tax liability from Form CT-1040 or Form CT-1040NR/PY ▶	
D Multiply line C by line D ▶	
E Income tax paid to other jurisdiction ▶	
F Enter the smaller of line D or line E ▶	