

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 DHEERAJ VIMMENTHALA	Social security number 806-70-6874
Spouse's name	Spouse's social security number

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

Enter whole dollars only on lines 1 through 5.

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

1 Adjusted gross income	1	86,110.
2 Total tax	2	11,935.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	14,699.
4 Amount you want refunded to you	4	2,764.
5 Amount you owe	5	

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

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

Taxpayer's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN

0	6	8	7	4
---	---	---	---	---

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

Enter five digits, but don't enter all zeros

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

Your signature ▶  Date ▶ 01/31/2022

Spouse's PIN: check one box only

I authorize _____ to enter or generate my PIN

--	--	--	--	--

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

Enter five digits, but don't enter all zeros

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

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

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

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

 Don't enter all zeros

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

ERO's signature ▶ _____ Date ▶ _____

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

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

Your first name and middle initial DHEERAJ	Last name VIMMENTHALA	Your social security number 806-70-6874
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number 580-41-0312
Home address (number and street). If you have a P.O. box, see instructions. 6330 NW 106TH ST		Apt. no. 207
City, town, or post office. If you have a foreign address, also complete spaces below. JOHNSTON		State IA
		ZIP code 50131
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):
If more than four dependents, see instructions and check here ► <input type="checkbox"/>					Child tax credit
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

	1 Wages, salaries, tips, etc. Attach Form(s) W-2			1	94,090.
Attach Sch. B if required.	2a Tax-exempt interest	2a	b Taxable interest	2b	
	3a Qualified dividends	3a	b Ordinary dividends	3b	
	4a IRA distributions	4a	b Taxable amount	4b	
	5a Pensions and annuities	5a	b Taxable amount	5b	
	6a Social security benefits	6a	b Taxable amount	6b	
	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here			7	
	8 Other income from Schedule 1, line 10			8	-7,980.
	9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income			9	86,110.
	10 Adjustments to income from Schedule 1, line 26			10	
	11 Subtract line 10 from line 9. This is your adjusted gross income			11	86,110.
Standard Deduction for— • Single or Married filing separately, \$12,550 • Married filing jointly or Qualifying widow(er), \$25,100 • Head of household, \$18,800 • If you checked any box under <i>Standard Deduction</i> , see instructions.	12a Standard deduction or itemized deductions (from Schedule A)	12a	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	73,560.

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	11,935.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	11,935.
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	11,935.
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	11,935.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	14,699.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	14,699.
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC) Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/>	27a	
b	Nontaxable combat pay election	27b	
c	Prior year (2019) earned income	27c	
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 15	31	
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	14,699.
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	2,764.
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	2,764.
Direct deposit? See instructions.	b Routing number 1 1 1 9 0 0 6 5 9 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number 6 0 9 2 5 6 8 9 1 1		
	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 IT EMPLOYEE	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. (361) 720-9493 Email address DHEERAJDJ21@GMAIL.COM

Paid Preparer Use Only

Preparer's name VENKATASAI PAVAN KUMAR DUDIPALLI	Preparer's signature VENKATASAI PAVAN KUMAR DUDIPALLI	Date 01/30/2022	PTIN P02470833	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 2530 Pebble Creek Ln Cumming GA 30041		Phone no. (678) 965-9522	Firm's EIN 30-1017196

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

2021
Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
DHEERAJ VIMMENTHALA

Your social security number
806-70-6874

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶ _____		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-7,980.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling income	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Taxable Health Savings Account distribution	8e	
f	Alaska Permanent Fund dividends	8f	
g	Jury duty pay	8g	
h	Prizes and awards	8h	
i	Activity not engaged in for profit income	8i	
j	Stock options	8j	
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8k	
l	Olympic and Paralympic medals and USOC prize money (see instructions)	8l	
m	Section 951(a) inclusion (see instructions)	8m	
n	Section 951A(a) inclusion (see instructions)	8n	
o	Section 461(l) excess business loss adjustment	8o	
p	Taxable distributions from an ABLE account (see instructions)	8p	
z	Other income. List type and amount ▶ _____	8z	
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	-7,980.

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

Schedule 1 (Form 1040) 2021

Part II Adjustments to Income

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

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

OMB No. 1545-0074

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

2021

Department of the Treasury
Internal Revenue Service (99)

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

Attachment
Sequence No. **13**

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

Name(s) shown on return

Your social security number

DHEERAJ VIMMENTHALA

806-70-6874

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

- A** Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions Yes No
B If "Yes," did you or will you file required Form(s) 1099? Yes No

1a	Physical address of each property (street, city, state, ZIP code)				
A	GANDHI NAGAR GANDHI NAGAR TELANGANA IN 500046				
B					
C					
1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	3		365	0	<input type="checkbox"/>
B					<input type="checkbox"/>
C					<input type="checkbox"/>

Type of Property:

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

Income:		Properties:		A	B	C
3	Rents received	3		600.		
4	Royalties received	4				
Expenses:						
5	Advertising	5				
6	Auto and travel (see instructions)	6				
7	Cleaning and maintenance	7		1,350.		
8	Commissions.	8				
9	Insurance	9				
10	Legal and other professional fees	10				
11	Management fees	11		1,100.		
12	Mortgage interest paid to banks, etc. (see instructions)	12				
13	Other interest.	13				
14	Repairs.	14		2,410.		
15	Supplies	15		1,940.		
16	Taxes	16				
17	Utilities.	17		1,780.		
18	Depreciation expense or depletion	18				
19	Other (list) ▶	19				
20	Total expenses. Add lines 5 through 19	20		8,580.		
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21		-7,980.		
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(7,980.)	()
23a	Total of all amounts reported on line 3 for all rental properties	23a		600.		
b	Total of all amounts reported on line 4 for all royalty properties	23b				
c	Total of all amounts reported on line 12 for all properties	23c				
d	Total of all amounts reported on line 18 for all properties	23d				
e	Total of all amounts reported on line 20 for all properties	23e		8,580.		
24	Income. Add positive amounts shown on line 21. Do not include any losses	24				
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	(7,980.)		
26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2	26				-7,980.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2021



2021 Form M1, Individual Income Tax

Do not use staples on anything you submit.

<u>DHEERAJ</u> Your First Name and Initial	<u>VIMMENTHALA</u> Last Name	<u>806706874</u> Your Social Security Number	<u>11291989</u> Your Date of Birth (MM/DD/YYYY)
<u> </u> If a Joint Return, Spouse's First Name and Initial	<u> </u> Spouse's Last Name	<u> </u> Spouse's Social Security Number	<u> </u> Spouse's Date of Birth
<u>6330 NW 106TH ST APT #207</u> Current Home Address		Check if Address is:	<input type="checkbox"/> New <input type="checkbox"/> Foreign
<u>JOHNSTON</u> City	<u>IA</u> State	<u>50131</u> ZIP Code	

2021 Federal Filing Status (place an X in one box):

(1) Single
 (2) Married Filing Jointly
 (3) Married Filing Separately
 (4) Head of Household
 (5) Qualifying Widow(er)

Spouse Name SINDHUJA BHOOMP

Spouse SSN 580410312

Dependents (see instructions):

<u> </u> Dependent 1 First Name	<u> </u> Dependent 1 Last Name	<u> </u> Dependent 1 SSN	<u> </u> Dependent 1 Relationship to You
<u> </u> Dependent 2 First Name	<u> </u> Dependent 2 Last Name	<u> </u> Dependent 2 SSN	<u> </u> Dependent 2 Relationship to You
<u> </u> Dependent 3 First Name	<u> </u> Dependent 3 Last Name	<u> </u> Dependent 3 SSN	<u> </u> Dependent 3 Relationship to You

State Elections Campaign Fund

To grant \$5 to this fund, enter the code for the party of your choice. It will help candidates for state offices pay campaign expenses. This will not increase your tax or reduce your refund.

Political Party Code Numbers:

Democratic/Farmer-Labor . . . 12	Grassroots/Legalize Cannabis 14	Legal Marijuana Now 17
Republican 11	Independence 13	Libertarian 16
		General Campaign Fund 99

Your Code Spouse's Code

From Your Federal Return (see instructions)

<u>94090</u>	<u>0</u>	<u>0</u>	<u>73560</u>
A. Wages, salaries, tips, etc.	B. IRA, pensions, and annuities	C. Unemployment	D. Federal taxable income
1	Federal adjusted gross income (from line 11 of federal Form 1040 and 1040-SR)	1	<u>86110</u>
2	Additions to income from line 10 of Schedule M1M and line 9 of Schedule M1MB (see instructions)	2	<u> </u>
3	Add lines 1 and 2.	3	<u>86110</u>
4	Itemized deductions (from Schedule M1SA) or your standard deduction (see instructions)	4	<u>12525</u>
5	Exemptions (determine from instructions)	5	<u> </u>
6	State income tax refund from line 1 of federal Schedule 1.	6	<u> </u>
7	Subtractions from line 32 of Schedule M1M and line 22 of Schedule M1MB (see instructions)	7	<u> </u>
8	Total subtractions. Add lines 4 through 7.	8	<u>12525</u>
9	Minnesota taxable income. Subtract line 8 from line 3. If zero or less, leave blank.	9	<u>73585</u>
10	Tax from the table in the Form M1 instructions	10	<u>4713</u>





11 Alternative minimum tax (enclose Schedule M1MT) 11 ■ _____

12 Add lines 10 and 11 12 _____ 4713

13 **Full-year residents:** Enter the amount from line 12 on line 13. Skip lines 13a and 13b.
Part-year residents and nonresidents: From Schedule M1NR, enter the amount from line 32 on line 13, from line 28 on line 13a, and from line 29 on line 13b (enclose Schedule M1NR) 13 _____ 2689


13a ■ 4 9 1 3 8 13b ■ 8 6 1 1 0

14 Other taxes, such as recapture amounts and the tax on lump-sum distributions (check appropriate boxes)
 (a) Schedule M1HOME (b) Schedule M1529 (c) Schedule M1LS 14 ■ _____

15 Tax before credits. Add lines 13 and 14 15 _____ 2689

16 Amount from line 18 of Schedule M1C, *Nonrefundable Credits* (enclose Schedule M1C) 16 ■ _____

17 Subtract line 16 from line 15 (if result is zero or less, leave blank) 17 _____ 2689

18 Nongame Wildlife Fund contribution (see instructions)
This will reduce your refund or increase the amount you owe  18 ■ _____

19 Add lines 17 and 18 19 _____ 2689

20 **Minnesota income tax withheld.** Complete and enclose Schedule M1W to report
Minnesota withholding from Forms W-2, 1099, and W-2G (do not send) 20 ■ _____ 2837

21 Minnesota estimated tax and extension payments made for 2021 21 ■ _____

22 Amount from line 11 of Schedule M1REF, *Refundable Credits* (see instructions; enclose Schedule M1REF) . . . 22 ■ _____

23 Total payments. Add lines 20 through 22 23 _____ 2837

24 **REFUND.** If line 23 is more than line 19, subtract line 19 from line 23 (see instructions).
For direct deposit, complete line 25 24 ■ _____ 148

25 Direct deposit of your refund (you must use an account not associated with a foreign bank):
 Checking Savings 111900659 6092568911
Routing Number Account Number

26 **AMOUNT YOU OWE.** If line 19 is more than line 23, subtract line 23 from line 19 (see instructions) 26 ■ _____

27 Penalty amount from Schedule M15 (see instructions). Also subtract
this amount from line 24 or add it to line 26 (enclose Schedule M15) 27 ■ _____

IF YOU PAY ESTIMATED TAX and want part of your refund credited to estimated tax, complete lines 28 and 29.

28 Amount from line 24 you want sent to you 28 ■ _____

29 Amount from line 24 you want applied to your 2022 estimated tax 29 ■ _____

Taxpayer: I declare that this return is correct and complete to the best of my knowledge and belief.

Your Signature

3617209493
Daytime Phone

VENKATASAI PAVAN KUMAR DUDIPALLI
Paid Preparer's Signature

6789659522
Preparer's Daytime Phone

Spouse's Signature (If Filing Jointly) Date (MM/DD/YYYY)

DHEERAJDJ21@GMAIL.COM
Email Address

01302022
Date (MM/DD/YYYY)

pavan@gtaxfile.com
Preparer's Email Address

P02470833
PTIN or VITA/TCE # (required)

I do not want my paid preparer to file my return electronically.

I authorize the Minnesota Department of Revenue to discuss this tax return with the preparer or the third-party designee indicated on my federal return.

Include a copy of your 2021 federal return and schedules.

Mail to: Minnesota Individual Income Tax, Mail Station 0010, 600 N. Robert St., St. Paul, MN 55145-0010



2021 Schedule M1NR, Nonresidents/Part-Year Residents

Before you complete this schedule, read the instructions and complete lines 1 through 11 of Form M1.

DHEERAJ VIMMENTHALA 806706874
 Your First Name and Initial Your Last Name Your Social Security Number

 Spouse's First Name and Initial Spouse's Last Name Spouse's Social Security Number

Minnesota Residency (Place an X in one box and enter other state of residency)

You: Full-year Nonresident Part-Year Resident from _____ to _____ Other State of Residency: TX
 (MM/DD/YYYY) (MM/DD/YYYY)

Your Spouse: Full-year Nonresident Part-Year Resident from _____ to _____ Other State of Residency: _____
 (MM/DD/YYYY) (MM/DD/YYYY)

	A. Total Amount	B. Minnesota Portion
1 Wages, salaries, tips, etc. (from line 1 of federal Form 1040 or 1040-SR)	94090	49138
2 Taxable interest and ordinary dividend income (lines 2b and 3b of Form 1040 or 1040-SR)		
3 Business income or loss (from line 3 of federal Schedule 1)		
4 Capital gain or loss (from line 7 of Form 1040 or 1040-SR)		
5 IRA distributions, pensions, and annuities (from lines 4b and 5b of Form 1040 or 1040-SR)		
6 Net income from rents, royalties, partnerships, S corporations, estates, and trusts (from line 5 of federal Schedule 1)	-7980	0
7 Farm income or loss (from line 6 of federal Schedule 1)		
8 Other income (add lines 6b of Form 1040 or 1040-SR and lines 1, 2a, 4, 7, and 9 of federal Schedule 1)		
9 Interest and dividends from non-Minnesota state or municipal bonds (add lines 1 and 2 of Schedule M1M)		
10 Bonus depreciation addition from line 1 of Schedule M1MB		
11 If you entered an amount on line 9 of Schedule M1REF, see instructions		
12 Suspended loss from line 4 of Schedule M1MB		
13 Other required additions from Schedule M1M and M1AR (see instructions)		
14 Federal adjustments from Schedule M1NC (See instructions)		
15 Add lines 1 through 14 for each column	86110	49138
If your Minnesota gross income is below \$12,525, see instructions.		
16 Educator expenses, certain business expenses, and Armed Forces moving expenses (add lines 11, 12, and 14 of federal Schedule 1)		
17 Self-employed SEP, SIMPLE, and qualified plans and IRA deduction (add lines 16 and 20 of federal Schedule 1)		
18 Health savings account and Archer MSA deductions (add lines 13 and 23 of federal Schedule 1)		
19 One-half of self-employment tax and self-employed health insurance (add lines 15 and 17 of federal Schedule 1)		
20 Deductions for alimony paid and student loan interest (see instructions for line 20, column B)	0	0



21	Penalty on early withdrawal of savings (from line 18 of federal Schedule 1)	21	_____	_____
22	Net operating loss carryover adjustment from line 13 of Schedule M1MB (see instructions) 22 ■	22	_____	_____
23	Social Security benefit from line 12 of Schedule M1M (see instructions).	23	_____	_____
24	Subtraction for federal bonus depreciation from line 10 of Schedule M1MB	24	_____	_____
25	Net U.S. bond interest and active military pay received while a nonresident (add lines 14 and 22 of Schedule M1M)	25	_____	_____
26	Subtraction for federal section 179 expensing (from line 11 of Schedule M1MB)	26	_____	_____
27	Add lines 16 through 26 for each column	27	_____	0 0
28	Subtract line 27, column B, from line 15, column B. Enter here and on line 13a of Form M1. If your Minnesota gross income is below \$12,525 or the result is zero or less, enter 0	28	_____	49138
29	Subtract line 27, column A, from line 15, column A. Enter the result here and on line 13b of Form M1	29	_____	86110
30	Divide line 28 by line 29, and enter the result as a decimal (carry to five decimal places). If line 28 is more than line 29, enter 1.0. If line 28 is zero, enter 0	30	_____	.57064
31	Amount from line 12 of Form M1	31	_____	4713
32	Multiply line 30 by line 31. Enter the result here and on line 13 of Form M1	32	_____	2689

You must include this schedule with Form M1. Enter the amounts from lines 28 and 29 of this schedule on Form M1, lines 13a and 13b.





2021 Schedule M1W, Minnesota Income Tax Withheld

Complete this schedule to report Minnesota income tax withheld. Include this schedule when you file your return.

DHEERAJ
Your First Name and Initial

VIMMENTHALA
Last Name

806706874
Your Social Security Number

If a Joint Return, Spouse's First Name and Initial

Spouse's Last Name

Spouse's Social Security Number

If you received a federal Form W-2, 1099, W-2G, 1042-S, or Minnesota Schedule KPI, KS, or KF showing Minnesota income tax withheld, complete this schedule to determine line 20 of Form M1. List only the forms that report Minnesota income tax withheld. Round dollar amounts to the nearest whole dollar. You must include this schedule when you file your return. **DO NOT** send in your Forms W-2, 1099, or W-2G; keep them with your tax records. All instructions are included on this schedule.

1 Minnesota wages and Minnesota tax withheld on Forms W-2, other than from Forms W-2G. If you have more than five Forms W-2, complete line 5 on the back.

A	B—Box 13	C—Box 15	D—Box 16	E—Box 17
If the Form W-2 is for:	If Retirement Plan box is checked, mark an X below.	Employer's seven-digit Minnesota Tax ID Number	State wages, tips, etc. <i>(round to nearest whole dollar)</i>	Minnesota tax withheld <i>(round to nearest whole dollar)</i>
• you, enter 1				
• spouse, enter 2				
a1 <u>1</u>	b1 <input type="checkbox"/>	c1 MN <u>5175991</u>	d1 <u>49138</u>	e1 <u>2837</u>
a2 _____	b2 <input type="checkbox"/>	c2 MN _____	d2 _____	e2 _____
a3 _____	b3 <input type="checkbox"/>	c3 MN _____	d3 _____	e3 _____
a4 _____	b4 <input type="checkbox"/>	c4 MN _____	d4 _____	e4 _____
a5 _____	b5 <input type="checkbox"/>	c5 MN _____	d5 _____	e5 _____

Subtotal for additional Forms W-2 (from line 5 on page 2) _____

Total Minnesota tax withheld on all Forms W-2 (add amounts in line 1, column E) 1 ■ 2837

2 Minnesota tax withheld on Forms 1099, W-2G, and 1042-S. If you have more than four forms, complete line 6 on the back.

A	B	C	D
If the Form 1099, W-2G, or 1042-S is for:	Payer's seven-digit Minnesota Tax ID Number (if unknown, contact the payer)	Income amount (see the table on the back for amounts to include)	Minnesota tax withheld (round to nearest whole dollar)
• you, enter 1			
• spouse, enter 2			
a1 _____	b1 MN _____	c1 _____	d1 _____
a2 _____	b2 MN _____	c2 _____	d2 _____
a3 _____	b3 MN _____	c3 _____	d3 _____
a4 _____	b4 MN _____	c4 _____	d4 _____

Subtotal for additional 1099, W-2G, and 1042-S (from line 6 on page 2) _____

Total Minnesota tax withheld on all 1099, W-2G, and 1042-S (add amounts in line 2, column D) 2 ■ _____

3 Total Minnesota tax withheld by partnerships, S corporations, and fiduciaries (from line 7 on page 2) 3 ■ _____

4 Total. Add the Minnesota tax withheld on lines 1, 2, and 3.
Enter the total here and on line 20 of Form M1 **4 ■ 2837**

**Include this schedule with your Form M1.
If required, include Schedules KPI, KS, and KF.**

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 ► **SINDHUJA BHOOMPALLY**

Your first name and middle initial DHEERAJ	Last name VIMMENTHALA	Your social security number 806-70-6874
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number 580-41-0312
Home address (number and street). If you have a P.O. box, see instructions. 6330 NW 106TH ST		Apt. no. 207
City, town, or post office. If you have a foreign address, also complete spaces below. JOHNSTON		State IA
		ZIP code 50131
Foreign country name	Foreign province/state/county	Foreign postal code

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

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

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

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

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

	1	Wages, salaries, tips, etc. Attach Form(s) W-2		1	94,090.
Attach Sch. B if required.	2a	Tax-exempt interest	2a	2b	
	3a	Qualified dividends	3a	3b	
	4a	IRA distributions	4a	4b	
	5a	Pensions and annuities	5a	5b	
	6a	Social security benefits	6a	6b	
		7	Capital gain or (loss). Attach Schedule D if required. If not required, check here		7
	8	Other income from Schedule 1, line 10		8	-7,980.
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income		9	86,110.
	10	Adjustments to income from Schedule 1, line 26		10	
	11	Subtract line 10 from line 9. This is your adjusted gross income		11	86,110.
Standard Deduction for— • Single or Married filing separately, \$12,550 • Married filing jointly or Qualifying widow(er), \$25,100 • Head of household, \$18,800 • If you checked any box under <i>Standard Deduction</i> , see instructions.	12a	Standard deduction or itemized deductions (from Schedule A)	12a	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	73,560.

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	11,935.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	11,935.
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	11,935.
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	11,935.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	14,699.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	14,699.
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC) Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/>	27a	
b	Nontaxable combat pay election	27b	
c	Prior year (2019) earned income	27c	
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 15	31	
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	14,699.
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	2,764.
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	2,764.
Direct deposit? See instructions.	b Routing number 1 1 1 9 0 0 6 5 9 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number 6 0 9 2 5 6 8 9 1 1		
	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 IT EMPLOYEE	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. (361) 720-9493 Email address DHEERAJDJ21@GMAIL.COM

Paid Preparer Use Only

Preparer's name VENKATASAI PAVAN KUMAR DUDIPALLI	Preparer's signature VENKATASAI PAVAN KUMAR DUDIPALLI	Date 01/30/2022	PTIN P02470833	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 2530 Pebble Creek Ln Cumming GA 30041		Phone no. (678) 965-9522	Firm's EIN 30-1017196

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

2021
Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
DHEERAJ VIMMENTHALA

Your social security number
806-70-6874

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶ _____		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-7,980.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling income	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Taxable Health Savings Account distribution	8e	
f	Alaska Permanent Fund dividends	8f	
g	Jury duty pay	8g	
h	Prizes and awards	8h	
i	Activity not engaged in for profit income	8i	
j	Stock options	8j	
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8k	
l	Olympic and Paralympic medals and USOC prize money (see instructions)	8l	
m	Section 951(a) inclusion (see instructions)	8m	
n	Section 951A(a) inclusion (see instructions)	8n	
o	Section 461(l) excess business loss adjustment	8o	
p	Taxable distributions from an ABLE account (see instructions)	8p	
z	Other income. List type and amount ▶ _____	8z	
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	-7,980.

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

Schedule 1 (Form 1040) 2021

Part II Adjustments to Income

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

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

OMB No. 1545-0074

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

2021

Department of the Treasury
Internal Revenue Service (99)

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

Attachment
Sequence No. **13**

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

Name(s) shown on return

Your social security number

DHEERAJ VIMMENTHALA

806-70-6874

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

A Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions Yes No
B If "Yes," did you or will you file required Form(s) 1099? Yes No

1a	Physical address of each property (street, city, state, ZIP code)					
A	GANDHI NAGAR GANDHI NAGAR TELANGANA IN 500046					
B						
C						
1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV	
A	3		A	365	0	<input type="checkbox"/>
B			B			<input type="checkbox"/>
C			C			<input type="checkbox"/>

Type of Property:

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

Income:		Properties:		A	B	C
3	Rents received	3		600.		
4	Royalties received	4				
Expenses:						
5	Advertising	5				
6	Auto and travel (see instructions)	6				
7	Cleaning and maintenance	7		1,350.		
8	Commissions.	8				
9	Insurance	9				
10	Legal and other professional fees	10				
11	Management fees	11		1,100.		
12	Mortgage interest paid to banks, etc. (see instructions)	12				
13	Other interest.	13				
14	Repairs.	14		2,410.		
15	Supplies	15		1,940.		
16	Taxes	16				
17	Utilities.	17		1,780.		
18	Depreciation expense or depletion	18				
19	Other (list) ▶	19				
20	Total expenses. Add lines 5 through 19	20		8,580.		
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21		-7,980.		
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(7,980.)	()
23a	Total of all amounts reported on line 3 for all rental properties	23a		600.		
b	Total of all amounts reported on line 4 for all royalty properties	23b				
c	Total of all amounts reported on line 12 for all properties	23c				
d	Total of all amounts reported on line 18 for all properties	23d				
e	Total of all amounts reported on line 20 for all properties	23e		8,580.		
24	Income. Add positive amounts shown on line 21. Do not include any losses	24				
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	(7,980.)		
26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2	26				-7,980.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2021