

# IRS e-file Signature Authorization

▶ **ERO must obtain and retain completed Form 8879.**  
▶ **Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.**

Submission Identification Number (SID) ▶

Taxpayer's name MOUNIKA RAMREDDYGARI	Social security number 366-73-2751
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.

<b>1</b> Adjusted gross income . . . . .	<b>1</b>	82,573.
<b>2</b> Total tax . . . . .	<b>2</b>	11,088.
<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	<b>3</b>	12,964.
<b>4</b> Amount you want refunded to you . . . . .	<b>4</b>	1,876.
<b>5</b> Amount you owe . . . . .	<b>5</b>	

## 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 

3	2	7	5	1
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 as my signature on the income tax return (original or amended) I am now authorizing.

Enter five digits, but don't enter all zeros

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

Your signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Spouse's PIN: check one box only

I authorize \_\_\_\_\_ to enter or generate my PIN 

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

Enter five digits, but don't enter all zeros

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

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

## Practitioner PIN Method Returns Only—continue below

### Part III Certification and Authentication — Practitioner PIN Method Only

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

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

 Don't enter all zeros

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

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

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

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

Your first name and middle initial MOUNIKA	Last name RAMREDDYGARI	Your social security number 366-73-2751
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. 2405 NE JOHN OLSEN AVENUE		Apt. no. B205	<b>Presidential Election Campaign</b> 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. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. BEAVERTON	State OR	ZIP code 97006	
Foreign country name	Foreign province/state/county	Foreign postal code	

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): If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>	(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"/>

Attach Sch. B if required.	<b>1</b> Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .		<b>1</b> 89,843.
	<b>2a</b> Tax-exempt interest . . . . .	<b>2a</b>	
	<b>3a</b> Qualified dividends . . . . .	<b>3a</b>	
	<b>4a</b> IRA distributions . . . . .	<b>4a</b>	
	<b>5a</b> Pensions and annuities . . . . .	<b>5a</b>	
	<b>6a</b> Social security benefits . . . . .	<b>6a</b>	
	<b>7</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ▶ <input type="checkbox"/>		<b>7</b>
	<b>8</b> Other income from Schedule 1, line 10 . . . . .		<b>8</b> -7,270.
	<b>9</b> Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . . ▶		<b>9</b> 82,573.
	<b>10</b> Adjustments to income from Schedule 1, line 26 . . . . .		<b>10</b>
	<b>11</b> Subtract line 10 from line 9. This is your <b>adjusted gross income</b> . . . . . ▶		<b>11</b> 82,573.
<b>Standard Deduction for—</b> • 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 Standard Deduction, see instructions.	<b>12a</b> <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .	<b>12a</b> 12,550.	
	<b>b</b> Charitable contributions if you take the standard deduction (see instructions)	<b>12b</b> 300.	
	<b>c</b> Add lines 12a and 12b . . . . .		<b>12c</b> 12,850.
	<b>13</b> Qualified business income deduction from Form 8995 or Form 8995-A . . . . .		<b>13</b>
	<b>14</b> Add lines 12c and 13 . . . . .		<b>14</b> 12,850.
	<b>15</b> <b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . .		<b>15</b> 69,723.

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	11,088.
17	Amount from Schedule 2, line 3 . . . . .	17	
18	Add lines 16 and 17 . . . . .	18	11,088.
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	11,088.
23	Other taxes, including self-employment tax, from Schedule 2, line 21 . . . . .	23	0.
24	Add lines 22 and 23. This is your <b>total tax</b> . . . . . ▶	24	11,088.
25	Federal income tax withheld from:		
a	Form(s) W-2 . . . . .	25a	12,964.
b	Form(s) 1099 . . . . .	25b	
c	Other forms (see instructions) . . . . .	25c	
d	Add lines 25a through 25c . . . . .	25d	12,964.
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 <b>total other payments and refundable credits</b> ▶	32	
33	Add lines 25d, 26, and 32. These are your <b>total payments</b> . . . . . ▶	33	12,964.
34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b> . . . . .	34	1,876.
35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here . . . ▶ <input type="checkbox"/>	35a	1,876.
b	Routing number <u>1 1 1 0 0 0 0 2 5</u> ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number <u>4 8 8 0 5 0 3 3 9 4 3 7</u> ▶		
36	Amount of line 34 you want <b>applied to your 2022 estimated tax</b> . . . ▶	36	
37	<b>Amount you owe.</b> 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.

Refund

Direct deposit? See instructions.

Amount You Owe

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	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) ▶
		BUSINESS ANALYST	<input type="text"/>
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.) ▶
			<input type="text"/>

Joint return? See instructions. Keep a copy for your records.

Phone no. (630) 397-9007 Email address MOUNIKAREDDY7874@GMAIL.COM

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
SYAM PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA RAM SAGAR GUPTA TALLAM	02/04/2022	P02082703	<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](http://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  
MOUNIKA RAMREDDYGARI

Your social security number  
366-73-2751

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions) ▶ _____		
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .	<b>5</b>	-7,270.
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	
<b>8</b>	Other income:		
<b>a</b>	Net operating loss . . . . .	<b>8a</b>	( )
<b>b</b>	Gambling income . . . . .	<b>8b</b>	
<b>c</b>	Cancellation of debt . . . . .	<b>8c</b>	
<b>d</b>	Foreign earned income exclusion from Form 2555 . . . . .	<b>8d</b>	( )
<b>e</b>	Taxable Health Savings Account distribution . . . . .	<b>8e</b>	
<b>f</b>	Alaska Permanent Fund dividends . . . . .	<b>8f</b>	
<b>g</b>	Jury duty pay . . . . .	<b>8g</b>	
<b>h</b>	Prizes and awards . . . . .	<b>8h</b>	
<b>i</b>	Activity not engaged in for profit income . . . . .	<b>8i</b>	
<b>j</b>	Stock options . . . . .	<b>8j</b>	
<b>k</b>	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 . . . . .	<b>8k</b>	
<b>l</b>	Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .	<b>8l</b>	
<b>m</b>	Section 951(a) inclusion (see instructions) . . . . .	<b>8m</b>	
<b>n</b>	Section 951A(a) inclusion (see instructions) . . . . .	<b>8n</b>	
<b>o</b>	Section 461(l) excess business loss adjustment . . . . .	<b>8o</b>	
<b>p</b>	Taxable distributions from an ABLE account (see instructions) . . . . .	<b>8p</b>	
<b>z</b>	Other income. List type and amount ▶ _____	<b>8z</b>	
<b>9</b>	Total other income. Add lines 8a through 8z . . . . .	<b>9</b>	
<b>10</b>	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .	<b>10</b>	-7,270.

**Part II Adjustments to Income**

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

**SCHEDULE E  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Supplemental Income and Loss**

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

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041.  
▶ Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

OMB No. 1545-0074

**2021**

Attachment  
Sequence No. **13**

Name(s) shown on return

MOUNIKA RAMREDDYGARI

Your social security number

366-73-2751

**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

<b>1a</b>	Physical address of each property (street, city, state, ZIP code)
<b>A</b>	ROAD NO 9, FILMNAGAR HYDERABAD TELANGANA IN 500033
<b>B</b>	
<b>C</b>	

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

**Type of Property:**

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

<b>Income:</b>	<b>Properties:</b>	<b>A</b>	<b>B</b>	<b>C</b>
<b>3</b> Rents received . . . . .	<b>3</b>	550.		
<b>4</b> Royalties received . . . . .	<b>4</b>			
<b>Expenses:</b>				
<b>5</b> Advertising . . . . .	<b>5</b>			
<b>6</b> Auto and travel (see instructions) . . . . .	<b>6</b>			
<b>7</b> Cleaning and maintenance . . . . .	<b>7</b>	1,050.		
<b>8</b> Commissions . . . . .	<b>8</b>			
<b>9</b> Insurance . . . . .	<b>9</b>			
<b>10</b> Legal and other professional fees . . . . .	<b>10</b>			
<b>11</b> Management fees . . . . .	<b>11</b>	1,200.		
<b>12</b> Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>			
<b>13</b> Other interest . . . . .	<b>13</b>			
<b>14</b> Repairs . . . . .	<b>14</b>	2,450.		
<b>15</b> Supplies . . . . .	<b>15</b>	1,920.		
<b>16</b> Taxes . . . . .	<b>16</b>			
<b>17</b> Utilities . . . . .	<b>17</b>	1,200.		
<b>18</b> Depreciation expense or depletion . . . . .	<b>18</b>			
<b>19</b> Other (list) ▶ . . . . .	<b>19</b>			
<b>20</b> Total expenses. Add lines 5 through 19 . . . . .	<b>20</b>	7,820.		
<b>21</b> 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 . . . . .	<b>21</b>	-7,270.		
<b>22</b> Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . .	<b>22</b>	( 7,270. )	( )	( )
<b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>		550.	
<b>b</b> Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>			
<b>c</b> Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>			
<b>d</b> Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>			
<b>e</b> Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b>		7,820.	
<b>24</b> <b>Income.</b> Add positive amounts shown on line 21. Do not include any losses . . . . .	<b>24</b>			
<b>25</b> <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .	<b>25</b>	( 7,270. )		
<b>26</b> <b>Total rental real estate and royalty income or (loss).</b> 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 . . . . .	<b>26</b>	-7,270.		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2021

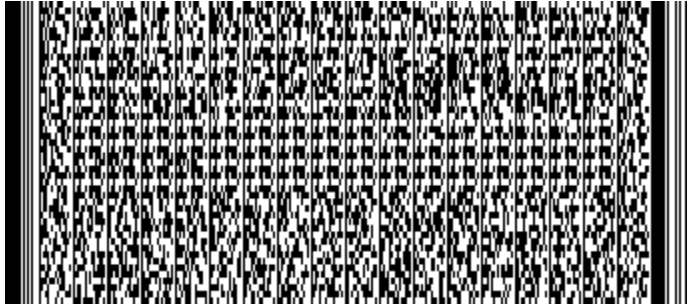
**2021 Form OR-40**  
**Oregon Individual Income Tax Return for Full-year Residents**

Oregon Department of Revenue

Page 1 of 8 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Fiscal year ending date (MM/DD/YYYY)

Space for 2-D barcode—do not write in box below



- Amended return.  
If amending for an NOL, tax year the NOL was generated:  
NOL tax year (YYYY)
- Extension filed
- Form OR-24
- Federal Form 8379
- Calculated with "as if" federal return
- Federal Form 8886
- Short-year tax election
- Disaster relief

First name Initial Date of birth (MM/DD/YYYY)

MOUNIKA 12/16/1992

Last name

RAMREDDYGARI

Social Security number (SSN)

366-73-2751

- First time using this SSN (see instructions)
- Applied for ITIN
- Deceased

Spouse's first name Initial Spouse's date of birth (MM/DD/YYYY)

Spouse's last name

Spouse's Social Security number (SSN)

- First time using this SSN (see instructions)
- Applied for ITIN
- Deceased

Current address

2405 NE JOHN OLSEN AVENUE APT B205

City

BEAVERTON

Country

USA

State

OR

Phone

ZIP code

97006

630-397-9007

**Filing Status** (check only one box)

- 1.  Single
- 2.  Married filing jointly
- 3.  Married filing separately (enter spouse's information **above**)
- 4.  Head of household (with qualifying dependent)
- 5.  Qualifying widow(er) with dependent child



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Last name

Social Security number (SSN)

RAMREDDYGARI

366-73-2751

Note: Reprint page 1 if you make changes to this page.

Exemptions

6a. Credits for yourself..... 6a. 1

Check boxes that apply: [X] Regular [ ] Severely disabled [ ] Someone else can claim you as a dependent.

6b. Credits for your spouse ..... 6b.

Check boxes that apply: [ ] Regular [ ] Severely disabled [ ] Someone else can claim you as a dependent.

Dependents.

List your dependents in order from youngest to oldest. [ ] If more than three, check this box and include Schedule OR-ADD-DEP.

Dependent 1: First name Initial Dependent 1: Last name

Dependent 1: Date of birth (MM/DD/YYYY) Dependent 1: Social Security number (SSN) Code \*

[ ] Dependent 1: Check if child has a qualifying disability

Dependent 2: First name Initial Dependent 2: Last name

Dependent 2: Date of birth (MM/DD/YYYY) Dependent 2: Social Security number (SSN) Code \*

[ ] Dependent 2: Check if child has a qualifying disability

Dependent 3: First name Initial Dependent 3: Last name

Dependent 3: Date of birth (MM/DD/YYYY) Dependent 3: Social Security number (SSN) Code \*

[ ] Dependent 3: Check if child has a qualifying disability

\*Dependent relationship code (see instructions).

6c. Total number of dependents..... 6c.

6d. Total number of dependent children with a qualifying disability (see instructions)..... 6d.

6e. Total exemptions. Add 6a through 6d..... Total 6e. 1





Page 3 of 8 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name	Social Security number (SSN)
RAMREDDYGARI	366-73-2751

**Note: Reprint page 1 if you make changes to this page.**

**Taxable income**

7. Federal adjusted gross income from federal Form 1040, 1040-SR, and 1040-NR, line 11; or 1040-X, line 1C (see instructions).....	7.	82,573.00
8. Total additions from Schedule OR-ASC, Section A .....	8.	
9. Income after additions. Add lines 7 and 8 .....	9.	82,573.00

**Subtractions**

10. 2021 federal tax liability ( <b>see instructions</b> ).....	10.	7,050.00
11. Social Security amount on federal Form 1040 or 1040-SR, line 6b .....	11.	
12. Oregon income tax refund included in federal income.....	12.	
13. Total subtractions from Schedule OR-ASC, Section B .....	13.	300.00
14. Total subtractions. Add lines 10 through 13.....	14.	7,350.00
15. Income after subtractions. Line 9 minus line 14 .....	15.	75,223.00

**Deductions**

16. <b>Oregon itemized deductions.</b> Enter your Oregon itemized deductions from Schedule OR-A, line 23. If you are not itemizing your deductions, enter 0 .....	16.	0.00
17. <b>Standard deduction.</b> Enter your standard deduction (see instructions) .....	17.	2,350.00
<b>You were:</b> 17a. <input type="checkbox"/> 65 or older    17b. <input type="checkbox"/> Blind <b>Your spouse was:</b> 17c. <input type="checkbox"/> 65 or older    17d. <input type="checkbox"/> Blind		
18. Enter the larger of line 16 or 17.....	18.	2,350.00
19. Oregon taxable income. Line 15 minus line 18. If line 18 is more than line 15, enter 0 .....	19.	72,873.00



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Last name

Social Security number (SSN)

RAMREDDYGARI

366-73-2751

Note: Reprint page 1 if you make changes to this page.

Oregon tax

20. Tax (see instructions) ..... 20. 6,119.00

Check the appropriate box if you're using an alternative method to calculate your tax:

20a.  Schedule OR-FIA-40 20b.  Worksheet FCG 20c.  Schedule OR-PTE-FY

21. Interest on certain installment sales ..... 21.

22. Total tax before credits. Add lines 20 and 21 ..... 22. 6,119.00

Standard and carryforward credits

23. Exemption credit. If the amount on line 7 is \$100,000 or less, multiply your total exemptions on line 6e by \$213. Otherwise, see instructions ..... 23. 213.00

24. Political contribution credit. See limits in instructions ..... 24.

25. Total standard credits from Schedule OR-ASC, Section C..... 25.

26. Total standard credits. Add lines 23 through 25 ..... 26. 213.00

27. Tax minus standard credits. Line 22 minus line 26. If line 26 is more than line 22, enter 0 ..... 27. 5,906.00

28. Total carryforward credits claimed this year from Schedule OR-ASC, Section D. Line 28 can't be more than line 27 (see Schedule OR-ASC instructions) ..... 28.

29. Tax after standard and carryforward credits. Line 27 minus line 28 ..... 29. 5,906.00

30. Total credit recaptures claimed this year from Schedule OR-ASC, Section E..... 30.

31. Tax after credit recaptures. Line 29 plus line 30 ..... 31. 5,906.00



**2021 Form OR-40**  
**Oregon Individual Income Tax Return for Full-year Residents**

Oregon Department of Revenue

Page 5 of 8 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name

Social Security number (SSN)

RAMREDDYGARI

366-73-2751

**Note: Reprint page 1 if you make changes to this page.**

**Payments and refundable credits**

32. Oregon income tax withheld. <b>Include a copy of your Forms W-2 and 1099</b> .....	32.	6,938.00
33. Amount applied from your prior year's tax refund.....	33.	
34. Estimated tax payments for 2021. <b>Include all payments you made</b> before filing this return (see instructions). Do not include the amount on line 33.....	34.	
35. Earned income credit (see instructions).....	35.	
36. Kicker (Oregon surplus credit). Enter your kicker credit amount (see instructions). <b>If you elect to donate your kicker to the State School Fund, enter 0 and see line 53</b> .....	36.	0.00
37. Total refundable credits from Schedule OR-ASC, Section F .....	37.	
38. Total payments and refundable credits. Add lines 32 through 37.....	38.	6,938.00

**Tax to pay or refund**

39. <b>Overpayment of tax.</b> If line 31 is <b>less</b> than line 38, you overpaid. Line 38 minus line 31 .....	39.	1,032.00
40. <b>Net tax.</b> If line 31 is <b>more</b> than line 38, you have tax to pay. Line 31 minus line 38 .....	40.	
41. Penalty and interest for filing or paying late (see instructions) .....	41.	
42. Interest on underpayment of estimated tax. <b>Include Form OR-10</b> .....	42.	
Exception number from Form OR-10, line 1 42a.                      Check box if you annualized: 42b. <input type="checkbox"/>		
43. Total penalty and interest due. Add lines 41 and 42 .....	43.	



Page 6 of 8 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name

Social Security number (SSN)

RAMREDDYGARI

366-73-2751

Note: Reprint page 1 if you make changes to this page.

Tax to pay or refund (continued)

44. Net tax including penalty and interest.

Line 40 plus line 43 ..... This is the amount you owe. 44.

45. Overpayment less penalty and interest.

Line 39 minus line 43 ..... This is your refund. 45. 1,032.00

46. Estimated tax. Fill in the portion of line 45 you want applied to your open estimated tax account ..... 46.

47. Charitable checkoff donations from Schedule OR-DONATE, line 30 ..... 47.

48. Political party \$3 checkoff ..... 48.

Party code: 48a. You 48b. Spouse

49. Oregon 529 college savings plan deposits from Schedule OR-529 (see instructions) ..... 49.

50. Total. Add lines 46 through 49. Line 50 can't be more than your refund on line 45 ..... 50.

51. Net refund. Line 45 minus line 50 ..... This is your net refund. 51. 1,032.00

Direct deposit

52. For direct deposit of your refund, see instructions. Check the box if the final deposit destination is outside the United States:

Type of account:

Checking or

Savings

Account information:

Routing number

Account number

111000025

488050339437

Kicker donation

53. If you elect to donate your kicker to the State School Fund, check this box. .... 53a.

Complete the kicker worksheet, located in the instructions, and enter the amount here. .... This election is irrevocable. 53b.



Page 7 of 8 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name

Social Security number (SSN)

RAMREDDYGARI

366-73-2751

**Note: Reprint page 1 if you make changes to this page.**

**Sign here.** Under penalty of false swearing, I declare that the information in this return is true, correct, and complete.

Your signature

X

Date (MM/DD/YYYY)

Spouse's signature

X

Date (MM/DD/YYYY)

Signature of preparer other than taxpayer

X SYAM PRIYA RAM SAGAR GUPTA TALLAM

Date (MM/DD/YYYY)

Phone

Preparer license number

02/04/2022

678-965-9522

Preparer first name

Initial

Preparer last name

SYAM

P

RAM SAGAR GUPTA TALLAM

Preparer address

2530 PEBBLE CREEK LN

City

State

ZIP code

CUMMING

GA

30041

Signing this return does not grant your preparer the right to represent you or make decisions on your behalf. For more information, see the instructions for the *Tax Information Authorization and Power of Attorney for Representation* form on our website.

**Important:** Include a copy of your federal Form 1040, 1040-SR, 1040-X, or 1040-NR. **We may adjust your return without it.**

**Pay the amount due** (shown on line 44)

- **Online:** [www.oregon.gov/dor](http://www.oregon.gov/dor).
- **By mail:** Payable to the **Oregon Department of Revenue**. Write "2021 Oregon Form OR-40" and the last four digits of your SSN or ITIN on your check or money order. Include your payment with this return. **Don't** use Form OR-40-V payment voucher if you're mailing payment with your return.

**Mail your return**

- **Non-2-D barcode.** If the large 2-D barcode box on the first page of this form is blank:
  - Mail **tax-due** returns to: Oregon Department of Revenue, PO Box 14555, Salem OR 97309-0940.
  - Mail **refund and no-tax-due** returns to: Oregon Department of Revenue, PO Box 14700, Salem OR 97309-0930.
- **2-D barcode.** If the large 2-D barcode box on the first page of this form is filled in:
  - Mail **tax-due** returns to: Oregon Department of Revenue, PO Box 14720, Salem OR 97309-0463.
  - Mail **refund and no-tax-due** returns to: Oregon Department of Revenue, PO Box 14710, Salem OR 97309-0460.



Page 8 of 8 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name

Social Security number (SSN)

RAMREDDYGARI

366-73-2751

**Note: Reprint page 1 if you make changes to this page.**

**Amended statement.** Complete this Section only if you're amending your 2021 return or filing with a new SSN.

If filing an amended return, use this space to explain what you're changing. Include the return line numbers and the reason for each change. If your filing status has changed, explain why. Include all supporting forms and schedules when you file your amended return, even if you haven't changed anything on them.

If filing with a new SSN, enter your former identification number.



**2021 Schedule OR-ASC**  
**Oregon Adjustments for Form OR-40 Filers**

Oregon Department of Revenue

Page 1 of 3 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

**Instructions:** Use this schedule to report additions, subtractions, standard credits, carryforward credits, recapture credits, and refundable credits that aren't included on Form OR-40. For more information, see Schedule OR-ASC and OR-ASC-NP Instructions, Publication OR-CODES, or Publication OR-17. **Include this schedule when you file Form OR-40.**

Last name

RAMREDDYGARI

Social Security number (SSN)

366-73-2751

**Section A: Additions (codes 100-199)**

Code Amount

A1. A2.

A3. A4.

**Total additions**

A5. **Total additions.** Add lines A2 and A4.

Enter on Form OR-40, line 8 ..... **Total A5.**

**Section B: Subtractions (codes 300-399)**

Code Amount

B1. 363 B2. 300.00

B3. B4.

B5. B6.

**Total subtractions**

B7. **Total subtractions.** Add lines B2, B4 and B6.

Enter on Form OR-40, line 13 ..... **Total B7.** 300.00

Continued on next page



Section C: Standard credits (codes 800-834)

Enter state abbreviation if claiming code 802 or 815.

Code	State	Amount
C1.	C2.	C3.
C4.	C5.	C6.
C7.	C8.	C9.
C10.	C11.	C12.
C13.	C14.	C15.

Total standard credits

C16. Total standard credits. Add lines C3, C6, C9, C12 and C15.

Enter on Form OR-40, line 25 ..... Total C16.

Section D: Carryforward credits (codes 835-889)

Code	Amount from prior year
D1.	D2.
	Amount awarded this year
	D3.
	Total used this year
	D4.
Code	Amount from prior year
D5.	D6.
	Amount awarded this year
	D7.
	Total used this year
	D8.

Total carryforward credits used this year

D9. Total carryforward credits used this year. Add lines D4 and D8.

Enter on Form OR-40, line 28 ..... Total D9.

Continued on next page





**Section E: Credit recaptures  
(codes 950-999)**

Code Amount

E1. E2.

E3. E4.

**Total Credit recaptures**

E5. **Total Credit recaptures.** Add lines E2 and E4.

Enter on Form OR-40, line 30 ..... **Total E5.**

**Section F: Refundable credits  
(codes 890-899)**

Code Amount

F1. F2.

F3. F4.

F5. F6.

**Total refundable credits**

F7. **Total refundable credits.** Add lines F2, F4, and F6.

Enter on Form OR-40, line 37 ..... **Total F7.**

