

# 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 KUSUMALATHA KATAPALLY	Social security number 203-27-8660
Spouse's name YELLESHE CHEVVA	Spouse's social security number 971-99-6910

## 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	81,070.
2	Total tax	4,247.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	11,568.
4	Amount you want refunded to you	7,321.
5	Amount you owe	

## 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 

7	8	6	6	0
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 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 ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

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

I authorize GLOBAL TAXES LLC to enter or generate my PIN 

9	6	9	1	0
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 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						
---	---	---	---	---	---	--	--	--	--	--	--

 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 [X] 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

Personal information section including: Your first name and middle initial (KUSUMALATHA), Last name (KATAPALLY), Your social security number (203-27-8660), Spouse's social security number (971-99-6910), Home address (10816 TIGERTON LN, CHARLOTTE, NC 28269), and Presidential Election Campaign options.

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? [ ] Yes [X] 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

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents. Includes instructions for dependents.

Main tax calculation table with 15 rows. Includes: 1 Wages, salaries, tips, etc. (89,235); 2a Tax-exempt interest; 3a Qualified dividends; 4a IRA distributions; 5a Pensions and annuities; 6a Social security benefits; 7 Capital gain or (loss); 8 Other income from Schedule 1, line 10 (-8,165); 9 Total income (81,070); 10 Adjustments to income from Schedule 1, line 26; 11 Adjusted gross income (81,070); 12a Standard deduction or itemized deductions (25,100); 12b Charitable contributions (600); 12c Total deductions (25,700); 13 Qualified business income deduction; 14 Total deductions (25,700); 15 Taxable income (55,370).

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

<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	<b>16</b>	6,247.
<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
<b>18</b>	Add lines 16 and 17	<b>18</b>	6,247.
<b>19</b>	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	<b>19</b>	
<b>20</b>	Amount from Schedule 3, line 8	<b>20</b>	2,000.
<b>21</b>	Add lines 19 and 20	<b>21</b>	2,000.
<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	4,247.
<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 21	<b>23</b>	0.
<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	4,247.
<b>25</b>	Federal income tax withheld from:		
<b>a</b>	Form(s) W-2	<b>25a</b>	11,568.
<b>b</b>	Form(s) 1099	<b>25b</b>	
<b>c</b>	Other forms (see instructions)	<b>25c</b>	
<b>d</b>	Add lines 25a through 25c	<b>25d</b>	11,568.
<b>26</b>	2021 estimated tax payments and amount applied from 2020 return	<b>26</b>	
<b>27a</b>	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"/>	<b>27a</b>	
<b>b</b>	Nontaxable combat pay election	<b>27b</b>	
<b>c</b>	Prior year (2019) earned income	<b>27c</b>	
<b>28</b>	Refundable child tax credit or additional child tax credit from Schedule 8812	<b>28</b>	
<b>29</b>	American opportunity credit from Form 8863, line 8	<b>29</b>	
<b>30</b>	Recovery rebate credit. See instructions	<b>30</b>	
<b>31</b>	Amount from Schedule 3, line 15	<b>31</b>	
<b>32</b>	Add lines 27a and 28 through 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>	
<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	11,568.
<b>Refund</b>	<b>34</b> If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>	7,321.
	<b>35a</b> Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>	7,321.
Direct deposit? See instructions.	<b>b</b> Routing number 1 2 1 0 0 0 3 5 8 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<b>d</b> Account number 3 2 5 0 6 4 8 3 3 9 1 4		
	<b>36</b> Amount of line 34 you want <b>applied to your 2022 estimated tax</b>	<b>36</b>	
<b>Amount You Owe</b>	<b>37</b> <b>Amount you owe</b> . Subtract line 33 from line 24. For details on how to pay, see instructions	<b>37</b>	
	<b>38</b> Estimated tax penalty (see instructions)	<b>38</b>	

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 ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation HOME MAKER	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. (424) 350-9000 Email address CHEVVALATHA@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 02/19/2022	PTIN P02082703	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](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  
KUSUMALATHA KATAPALLY & YELLESHE CHEVVVA

Your social security number  
203-27-8660

**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>	-8,165.
<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>	-8,165.

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

Schedule 1 (Form 1040) 2021

**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 3  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Credits and Payments**

▶ **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. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
KUSUMALATHA KATAPALLY & YELLESHE CHEVVA

**Your social security number**  
203-27-8660

**Part I Nonrefundable Credits**

<b>1</b>	Foreign tax credit. Attach Form 1116 if required . . . . .	<b>1</b>	
<b>2</b>	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 . . . . .	<b>2</b>	
<b>3</b>	Education credits from Form 8863, line 19 . . . . .	<b>3</b>	2,000.
<b>4</b>	Retirement savings contributions credit. Attach Form 8880 . . . . .	<b>4</b>	
<b>5</b>	Residential energy credits. Attach Form 5695 . . . . .	<b>5</b>	
<b>6</b>	Other nonrefundable credits:		
<b>a</b>	General business credit. Attach Form 3800 . . . . .	<b>6a</b>	
<b>b</b>	Credit for prior year minimum tax. Attach Form 8801 . . . . .	<b>6b</b>	
<b>c</b>	Adoption credit. Attach Form 8839 . . . . .	<b>6c</b>	
<b>d</b>	Credit for the elderly or disabled. Attach Schedule R . . . . .	<b>6d</b>	
<b>e</b>	Alternative motor vehicle credit. Attach Form 8910 . . . . .	<b>6e</b>	
<b>f</b>	Qualified plug-in motor vehicle credit. Attach Form 8936 . . . . .	<b>6f</b>	
<b>g</b>	Mortgage interest credit. Attach Form 8396 . . . . .	<b>6g</b>	
<b>h</b>	District of Columbia first-time homebuyer credit. Attach Form 8859 . . . . .	<b>6h</b>	
<b>i</b>	Qualified electric vehicle credit. Attach Form 8834 . . . . .	<b>6i</b>	
<b>j</b>	Alternative fuel vehicle refueling property credit. Attach Form 8911 . . . . .	<b>6j</b>	
<b>k</b>	Credit to holders of tax credit bonds. Attach Form 8912 . . . . .	<b>6k</b>	
<b>l</b>	Amount on Form 8978, line 14. See instructions . . . . .	<b>6l</b>	
<b>z</b>	Other nonrefundable credits. List type and amount ▶ _____	<b>6z</b>	
<b>7</b>	Total other nonrefundable credits. Add lines 6a through 6z . . . . .	<b>7</b>	
<b>8</b>	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20 . . . . .	<b>8</b>	2,000.

(continued on page 2)

**Part II Other Payments and Refundable Credits**

<b>9</b>	Net premium tax credit. Attach Form 8962 . . . . .		<b>9</b>	
<b>10</b>	Amount paid with request for extension to file (see instructions) . . . . .		<b>10</b>	
<b>11</b>	Excess social security and tier 1 RRTA tax withheld . . . . .		<b>11</b>	
<b>12</b>	Credit for federal tax on fuels. Attach Form 4136 . . . . .		<b>12</b>	
<b>13</b>	Other payments or refundable credits:			
<b>a</b>	Form 2439 . . . . .	<b>13a</b>		
<b>b</b>	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken before April 1, 2021 . . . . .	<b>13b</b>		
<b>c</b>	Health coverage tax credit from Form 8885 . . . . .	<b>13c</b>		
<b>d</b>	Credit for repayment of amounts included in income from earlier years . . . . .	<b>13d</b>		
<b>e</b>	Reserved for future use . . . . .	<b>13e</b>		
<b>f</b>	Deferred amount of net 965 tax liability (see instructions) . . . . .	<b>13f</b>		
<b>g</b>	Credit for child and dependent care expenses from Form 2441, line 10. Attach Form 2441 . . . . .	<b>13g</b>		
<b>h</b>	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken after March 31, 2021 . . . . .	<b>13h</b>		
<b>z</b>	Other payments or refundable credits. List type and amount ► _____	<b>13z</b>		
<b>14</b>	Total other payments or refundable credits. Add lines 13a through 13z . . . . .		<b>14</b>	
<b>15</b>	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31 . . . . .		<b>15</b>	

**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](http://www.irs.gov/ScheduleE) for instructions and the latest information.

Name(s) shown on return

Your social security number

KUSUMALATHA KATAPALLY & YELLESH CHEVVA

203-27-8660

**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** FLAT NO 3-3-458 RAJEEV GANDHI NAGAR SAROORNAGAR LB NAGAR HYDERABAD TELANGANA IN 500084  
**B**  
**C**

<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      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
<b>3</b> Rents received . . . . .	<b>3</b>	520.		
<b>4</b> Royalties received . . . . .	<b>4</b>			

**Expenses:**

<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>	1,280.		
<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>	1,400.		
<b>12</b> Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>			
<b>13</b> Other interest. . . . .	<b>13</b>	4,650.		
<b>14</b> Repairs. . . . .	<b>14</b>			
<b>15</b> Supplies . . . . .	<b>15</b>			
<b>16</b> Taxes . . . . .	<b>16</b>			
<b>17</b> Utilities . . . . .	<b>17</b>	1,355.		
<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>	8,685.		

<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>	-8,165.		
<b>22</b> Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . .	<b>22</b>	( 8,165. )	( )	( )

<b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>	520.		
<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>	8,685.		

**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** ( 8,165. )

**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** -8,165.

For Paperwork Reduction Act Notice, see the separate instructions.

NPA

-8,165.

Schedule E (Form 1040) 2021



**Education Credits**  
**(American Opportunity and Lifetime Learning Credits)**

▶ Attach to Form 1040 or 1040-SR.

▶ Go to [www.irs.gov/Form8863](http://www.irs.gov/Form8863) for instructions and the latest information.

Name(s) shown on return

KUSUMALATHA KATAPALLY & YELLESH CHEVVA

Your social security number

203-27-8660



*Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.*

**Part I Refundable American Opportunity Credit**

<b>1</b>	After completing Part III for each student, enter the total of all amounts from all Parts III, line 30 . . . . .	<b>1</b>	
<b>2</b>	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er) . . . . .	<b>2</b>	
<b>3</b>	Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter . . . . .	<b>3</b>	
<b>4</b>	Subtract line 3 from line 2. If zero or less, <b>stop</b> ; you can't take any education credit . . . . .	<b>4</b>	
<b>5</b>	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er) . . . . .	<b>5</b>	
<b>6</b>	If line 4 is: • Equal to or more than line 5, enter 1.000 on line 6 . . . . . • Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places) . . . . .	<b>6</b>	
<b>7</b>	Multiply line 1 by line 6. <b>Caution:</b> If you were under age 24 at the end of the year <b>and</b> meet the conditions described in the instructions, you <b>can't</b> take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box . . . . . <input type="checkbox"/>	<b>7</b>	
<b>8</b>	<b>Refundable American opportunity credit.</b> Multiply line 7 by 40% (0.40). Enter the amount here and on Form 1040 or 1040-SR, line 29. Then go to line 9 below. . . . .	<b>8</b>	

**Part II Nonrefundable Education Credits**

<b>9</b>	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions) . . . . .	<b>9</b>	
<b>10</b>	After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19 . . . . .	<b>10</b>	14,832.
<b>11</b>	Enter the smaller of line 10 or \$10,000 . . . . .	<b>11</b>	10,000.
<b>12</b>	Multiply line 11 by 20% (0.20) . . . . .	<b>12</b>	2,000.
<b>13</b>	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er) . . . . .	<b>13</b>	180,000.
<b>14</b>	Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter . . . . .	<b>14</b>	81,070.
<b>15</b>	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19 . . . . .	<b>15</b>	98,930.
<b>16</b>	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er) . . . . .	<b>16</b>	20,000.
<b>17</b>	If line 15 is: • Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 • Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places) . . . . .	<b>17</b>	1.000
<b>18</b>	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) ▶	<b>18</b>	2,000.
<b>19</b>	<b>Nonrefundable education credits.</b> Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Schedule 3 (Form 1040), line 3 . . . . .	<b>19</b>	2,000.

Name(s) shown on return KUSUMALATHA KATAPALLY & YELLESH CHEVVA	Your social security number 203-27-8660
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**Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.**

**Part III Student and Educational Institution Information.** See instructions.

<b>20</b> Student name (as shown on page 1 of your tax return) KUSUMALATHA KATAPALLY	<b>21</b> Student social security number (as shown on page 1 of your tax return)  203-27-8660
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<b>22</b> Educational institution information (see instructions)	
<b>a.</b> Name of first educational institution NEW ENGLAND COLLEGE  <b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 98 Bridge St HENNIKER NH 03242  <b>(2)</b> Did the student receive Form 1098-T from this institution for 2021? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>(3)</b> Did the student receive Form 1098-T from this institution for 2020 with box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>(4)</b> Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in <b>(2)</b> or <b>(3)</b> . You can get the EIN from Form 1098-T or from the institution.  02-0223955	<b>b.</b> Name of second educational institution (if any)  <b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.  <b>(2)</b> Did the student receive Form 1098-T from this institution for 2021? <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>(3)</b> Did the student receive Form 1098-T from this institution for 2020 with box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>(4)</b> Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in <b>(2)</b> or <b>(3)</b> . You can get the EIN from Form 1098-T or from the institution.

**23** Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2021?  Yes — **Stop!** Go to line 31 for this student.  No — Go to line 24.

**24** Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2021 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions.  Yes — Go to line 25.  No — **Stop!** Go to line 31 for this student.

**25** Did the student complete the first 4 years of postsecondary education before 2021? See instructions.  Yes — **Stop!** Go to line 31 for this student.  No — Go to line 26.

**26** Was the student convicted, before the end of 2021, of a felony for possession or distribution of a controlled substance?  Yes — **Stop!** Go to line 31 for this student.  No — Complete lines 27 through 30 for this student.



**You can't take the American opportunity credit and the lifetime learning credit for the same student in the same year. If you complete lines 27 through 30 for this student, don't complete line 31.**

**American Opportunity Credit**

<b>27</b> Adjusted qualified education expenses (see instructions). <b>Don't enter more than \$4,000</b> . . . . .	<b>27</b>
<b>28</b> Subtract \$2,000 from line 27. If zero or less, enter -0- . . . . .	<b>28</b>
<b>29</b> Multiply line 28 by 25% (0.25) . . . . .	<b>29</b>
<b>30</b> If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30, on Part I, line 1 . . . . .	<b>30</b>

**Lifetime Learning Credit**

<b>31</b> Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10 . . . . .	<b>31</b>	14,832.
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STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

Print or type. First name and middle initial: KUSUMALATHA, Last name: KATAPALLY, Your social security number: 203-27-8660. Spouse's first name, if married filing jointly: YELLES, Last name: CHEVVA, Spouse's social security number: 971-99-6910. Mailing address: 10816 TIGERTON LN, CHARLOTTE NC 28269. Tax Year: 2021.

Part I Information from your SC1040, Individual Income Tax Return

Table with 4 columns: Line number, Description, Amount, and Total. Rows include Federal taxable income (55,370.00), SC tax (1,232.00), Use Tax (0.00), Total Tax (1,232.00), SC Income Tax Withheld (1,610.00), Refundable credits (0.00), Refund (378.00), and Balance due (0.00).

Part II Bank information for Refund or Balance Due

9. Routing number (RTN): 121000358. 10. Bank account number (BAN): 325064833914. 11. Type of account: [X] Checking [ ] Savings. Must be 9 digits. The first two numbers of the RTN must be 01 through 12 or 21 through 32. 1-17 digits.

For Balance Due:

12. Payment Withdrawal Date: \_\_\_\_\_ Payment Withdrawal Amount \$: \_\_\_\_\_

Part III Declaration of taxpayer

- 13. [X] a. I consent for my refund to be directly deposited as designated in Part II. I declare that the information on line 1 through line 8 is correct. If I filed a joint return, this is an irrevocable appointment of my spouse as an agent to receive the refund. [ ] b. I authorize the South Carolina Department of Revenue (SCDOR) and its designated agents to initiate an ACH Debit request to my bank account, provided in Part II, for payment of the South Carolina taxes I owe.

If the SCDOR does not receive full and timely payment of my tax liability, I understand that I am responsible for the balance due, including all penalties and interest.

I declare that this return and all attachments are true, correct, and complete to the best of my knowledge. This declaration is based on all information of which the preparer has any knowledge.

Do not submit a copy of this form to the SCDOR. Return the signed copy to your paid preparer. Keep a copy with your tax records.

Your signature \_\_\_\_\_ Date \_\_\_\_\_ Spouse's signature (if married filing jointly, BOTH must sign) \_\_\_\_\_ Date \_\_\_\_\_

Part IV Declaration of Electronic Return Originator (ERO) and Paid Preparer

I declare that I have received the above taxpayer's return and the information is complete and accurate to the best of my knowledge. I have obtained the taxpayer's signature on this form before submitting the SC1040 to the SCDOR. I have provided the taxpayer with a copy of all forms and information to be filed with the IRS and the SCDOR and have followed all other requirements described in the IRS Pub. 1345 Authorized IRS e file Providers of Individual Income Tax Returns, and requirements specified by the SCDOR.

ERO's Use Only: Signature, Date (02-19-2022), Check if also paid preparer, Check if self-employed, PTIN, Firm name (GLOBAL TAXES LLC), address, ZIP (2530 Pebble Creek Ln, Cumming, GA 30041), FEIN (30-1017196), Phone ((678) 965-9522). Paid Preparer's Use Only: Signature, Date (02-19-2022), Check if self-employed, PTIN, Firm name (SYAM PRIYA RAM SAGAR GUPTA TALLAM), address, ZIP (2530 Pebble Creek Ln Cumming GA 30041), FEIN (30-1017196), Phone ((678) 965-9522).



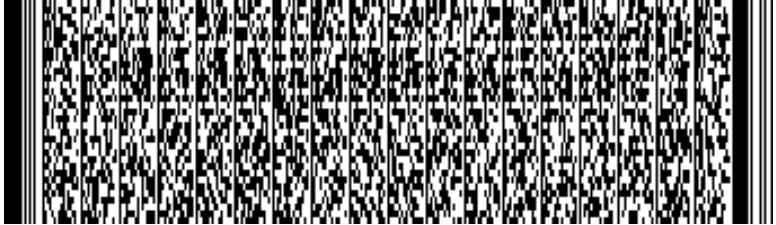
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STATE OF SOUTH CAROLINA  
DEPARTMENT OF REVENUE

# 2021 INDIVIDUAL INCOME TAX RETURN

**SC1040**  
(Rev. 8/11/21)  
3075

Your Social Security Number			Check if deceased <input type="checkbox"/>
203	27	8660	
Spouse's Social Security Number			Check if deceased <input type="checkbox"/>
971	99	6910	



For the year January 1 - December 31, 2021, or fiscal tax year beginning \_\_\_\_\_, 2021 and ending \_\_\_\_\_, 2022

First name and middle initial KUSUMALATHA		Last name KATAPALLY		Suffix
Spouse's first name, if married filing jointly YELLES		Last name CHEVVA		Suffix
Check if new address <input type="checkbox"/>	Mailing address (number and street, PO Box) 10816 TIGERTON LN			County code 34
City CHARLOTTE	State NC	ZIP 28269	Daytime phone number with area code (424) 350-9000	
Check if address is outside US <input type="checkbox"/>	Foreign country address including postal code			

- **Amended Return:** Check if this is an Amended Return. (Attach Schedule AMD) .....
  - Check this box if you are a part-year or nonresident filing an SC Schedule NR .....
  - Check this box only if you are filing a composite return on behalf of a Partnership or S Corporation. Do not check this box if you are an individual .....
  - Check this box if you have filed a federal or state extension. ....
  - Check this box if you served in a military combat zone during the filing period .....
- Name of the combat zone: \_\_\_\_\_

<b>CHECK YOUR FEDERAL FILING STATUS</b>	(1) <input type="checkbox"/> Single	(3) <input type="checkbox"/> Married filing separately - enter spouse's SSN: _____
	(2) <input checked="" type="checkbox"/> Married filing jointly	(4) <input type="checkbox"/> Head of household (5) <input type="checkbox"/> Qualifying widow(er)

Number of dependents claimed on your 2021 federal return ..... 0

Number of dependents claimed that were under the age of 6 years as of December 31, 2021 ..... \_\_\_\_\_

Number of taxpayers age 65 or older as of December 31, 2021 ..... \_\_\_\_\_

### DEPENDENTS

First name	Last name	Social Security Number	Relationship	Date of birth (MM/DD/YYYY)



INCOME AND ADJUSTMENTS

Your SSN 203-27-8660

2021

<b>1</b> Enter <b>federal taxable income</b> from your federal form. If zero or less, enter zero here Nonresident filers: complete Schedule NR and enter total from line 48 on line 5 below	<b>1</b>	<b>Dollars</b> 55,370	<b>00</b>
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ADDITIONS TO FEDERAL TAXABLE INCOME

<b>a</b> State tax addback, if itemizing on federal return (see instructions)	<b>a</b>	00	
<b>b</b> Out-of-state losses Type: _____	<b>b</b>	00	
<b>c</b> Expenses related to National Guard and Military Reserve Income	<b>c</b>	00	
<b>d</b> Interest income on obligations of states and political subdivisions other than South Carolina	<b>d</b>	00	
<b>e</b> Other additions to income (attach explanation - see instructions)	<b>e</b>	00	
<b>2 Total additions</b> (add line a through line e)	<b>2</b>		<b>00</b>
<b>3</b> Add line 1 and line 2 and enter the total here	<b>3</b>		<b>00</b>

SUBTRACTIONS FROM FEDERAL TAXABLE INCOME

<b>f</b> State tax refund, if included on your federal return	<b>f</b>	00	
<b>g</b> Total and permanent disability retirement income, if taxed on your federal return	<b>g</b>	00	
<b>h</b> Out-of-state income/gain (do not include personal service income) Check type of income/gain: <input type="checkbox"/> Rental <input type="checkbox"/> Business <input type="checkbox"/> Other _____	<b>h</b>	00	
<b>i</b> 44% of net capital gains held for more than one year	<b>i</b>	00	
<b>j</b> Volunteer deductions (see instructions) Type: _____	<b>j</b>	00	
<b>k</b> Contributions to the SC College Investment Program (Future Scholar) or the SC Tuition Prepayment Program	<b>k</b>	00	
<b>l</b> Active Trade or Business Income deduction (see instructions)	<b>l</b>	00	
<b>m</b> Interest income from obligations of the US government	<b>m</b>	00	
<b>n</b> Certain nontaxable National Guard or Reserve pay	<b>n</b>	00	
<b>o</b> Social Security and/or railroad retirement, if taxed on your federal return	<b>o</b>	00	
<b>p</b> Retirement Deduction (see instructions)			
<b>p-1</b> Taxpayer (date of birth: _____)	<b>p-1</b>	00	
<b>p-2</b> Spouse (date of birth: _____)	<b>p-2</b>	00	
<b>p-3</b> Surviving spouse (date of birth of deceased spouse: _____)	<b>p-3</b>	00	
Military Retirement Deduction (see instructions)			
<b>p-4</b> Taxpayer (date of birth: _____)	<b>p-4</b>	00	
<b>p-5</b> Spouse (date of birth: _____)	<b>p-5</b>	00	
<b>p-6</b> Surviving spouse (date of birth of deceased spouse: _____)	<b>p-6</b>	00	
<b>q</b> Age 65 and older deduction (see instructions)			
<b>q-1</b> Taxpayer (date of birth: _____)	<b>q-1</b>	00	
<b>q-2</b> Spouse (date of birth: _____)	<b>q-2</b>	00	
<b>r</b> Negative amount of federal taxable income	<b>r</b>	00	
<b>s</b> Subsistence allowance (multiply _____ days by \$8)	<b>s</b>	00	
<b>t</b> Dependents under the age of 6 years on December 31 of the tax year	<b>t</b>	00	
<b>u</b> Consumer Protection Services	<b>u</b>	00	
<b>v</b> Other subtractions (see instructions)	<b>v</b>	00	
<b>w</b> South Carolina Dependent Exemption (see instructions)	<b>w</b>	00	
<b>4 Total subtractions</b> (add line f through line w)	<b>4</b>	<	<b>00</b> >
<b>5</b> Residents: subtract line 4 from line 3 and enter the difference. Nonresidents: enter amount from Schedule NR, line 48. If less than zero, enter zero here. This is your <b>SOUTH CAROLINA INCOME SUBJECT TO TAX</b>	<b>5</b>	25,116	<b>00</b>
<b>6</b> TAX on your South Carolina Income Subject to Tax (see SC1040TT)	<b>6</b>	1,232	<b>00</b>
<b>7</b> TAX on Lump Sum Distribution (attach SC4972)	<b>7</b>	00	
<b>8</b> TAX on Active Trade or Business Income (attach I-335)	<b>8</b>	00	
<b>9</b> TAX on excess withdrawals from Catastrophe Savings Accounts	<b>9</b>	00	
<b>10</b> Add line 6 through line 9 and enter the total here. This is your <b>TOTAL SOUTH CAROLINA TAX</b>	<b>10</b>	1,232	<b>00</b>



NON-REFUNDABLE CREDITS

Table with 5 rows (11-15) for non-refundable credits. Line 14: Total nonrefundable credits. Line 15: Subtract line 14 from line 10.

PAYMENTS AND REFUNDABLE CREDITS

Table with 11 rows (16-22e) for payments and refundable credits. Line 22: Total refundable credits.

AMENDED RETURN: Use Schedule AMD for line 23 calculation.

Table with 3 rows (23-25) for amended return calculations. Line 23: Add line 16 through line 22. Line 24: If line 23 is larger than line 15, subtract line 15 from line 23. Line 25: If line 15 is larger than line 23, subtract line 23 from line 15.

AMENDED RETURN: Enter the amount from line 24 on line 30. Enter the amount from line 25 on line 31.

Table with 10 rows (26-34) for tax due and penalties. Line 26: USE TAX due on online, mail-order, or out-of-state purchases. Line 27: Amount of line 24 to be credited to your 2022 Estimated Tax. Line 28: Total Contributions for Check-offs. Line 29: Add line 26 through line 28. Line 30: If line 29 is larger than line 24, go to line 31. Line 31: Add line 25 and line 29. Line 32: Late filing and/or late payment: Penalties Interest. Line 33: Penalty for Underpayment of Estimated Tax. Line 34: Add line 31 through line 33 and enter your balance due.

REFUND OPTIONS Getting a refund? Direct deposit is fast, accurate, and secure!

35 Select one: [X] Direct Deposit (line 37 required) (for US accounts only) [ ] Debit Card [ ] Paper Check

PAYMENT OPTIONS Have a balance due? Pay electronically! It's quick and easy!

36 Select one: [ ] MyDORWAY (pay at dor.sc.gov/pay) [ ] ACH Debit (enter your US bank information on line 37)

37 Type of Account: [X] Checking [ ] Savings
Routing Number (RTN): 121000358
Bank Account Number (BAN): 325064833914
For payments only: Withdrawal Date [ ] Withdrawal Amount [ ]00

I declare that this return and all attachments are true, correct, and complete to the best of my knowledge. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Your signature [ ] Date [ ] Spouse's signature (if married filing jointly, BOTH must sign) [ ]

I authorize the Director of the SCDOR or delegate to discuss this return, attachments, and related tax matters with the preparer. Yes [ ] No [X] Preparer's printed name SYAM PRIYA RAM SAGAR GUPTA TALLAM

Prepared by: SYAM PRIYA RAM SAGAR GUPTA TALLAM Date: 02-19-2022 PTIN: P02082703
Firm name: GLOBAL TAXES LLC FEIN: 30-1017196
Address: 2530 Pebble Creek Ln Cumming GA 30041 Phone: (678) 965-9522

MAIL TO: REFUNDS OR ZERO TAX: SC1040 Processing Center, PO Box 101100, Columbia, SC 29211-0100
BALANCE DUE: Taxable Processing Center, PO Box 101105, Columbia, SC 29211-0105

1555



dor.sc.gov

STATE OF SOUTH CAROLINA  
DEPARTMENT OF REVENUE  
**2021 NONRESIDENT SCHEDULE**

**SCHEDULE NR**  
(Rev. 10/12/21)  
3081

For the year January 1 - December 31, 2021, or fiscal tax year beginning 2021 and ending 2022

Your name KATAPALLY, KUSUMALATHA	Your Social Security Number 203-27-8660	Spouse's first name YELLESH	Spouse's Social Security Number 971-99-6910
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Your dates of SC residency to	Spouse's dates of SC residency to	Schedule NR is for <b>Nonresidents or Part-year residents</b> Attach to completed SC1040.
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INCOME AND EXCLUSIONS		Income as Shown on Federal Return COLUMN A		South Carolina Income COLUMN B	
1	Wages, salaries, tips, etc	89,235	00	36,378	00
2	Taxable interest income		00		00
3	Dividend income		00		00
4	State and local Income Tax refunds		00		
5	Alimony received		00		00
6	Business income or (loss)		00		00
7	Capital gain or (loss)		00		00
8	Other gains or (losses)		00		00
9	Taxable amount of IRA distributions		00		00
10	Taxable amount of pensions and annuities		00		00
11	Rents, royalties, partnerships, estates, trusts, etc	-8,165	00	0	00
12	Farm income or (loss)		00		00
13	Unemployment compensation		00		00
14	Taxable amount of Social Security benefits		00		
15	Other income		00		00
16	<b>Total Income:</b> Add line 1 through line 15	81,070	00	36,378	00
ADJUSTMENTS TO INCOME		Federal Adjustment		SC Adjustment	
17	Educator expenses		00		00
18	Certain business expenses of reservists, performing artists, and fee-basis government officials		00		00
19	Health savings account deduction		00		00
20	Moving expenses for members of the Armed Forces		00		00
21	Deductible part of self-employment tax		00		00

*Attach to  
SC1040*

SC adjustment cannot exceed 100% of federal adjustment. Continued on next page.

30811210

REV 02/07/22 PRO



SC adjustment continued

		COLUMN A	COLUMN B
22	Self-employed SEP, SIMPLE, and qualified plans.....	22	00 00
23	Self-employed health insurance deduction .....	23	00 00
24	Penalty on early withdrawal of savings .....	24	00 00
25	Alimony paid .....	25	00 00
26	IRA deduction .....	26	00 00
27	Student loan interest deduction .....	27	00 00
28	Other adjustments .....	28	00 00
29	Charitable contributions if you take the standard deduction .....	29	
30	<b>Total adjustments:</b> Add line 17 through line 29 .....	30	00 00
31	<b>Adjusted gross income:</b> Subtract line 30 from line 16 .....	31	81,070 00 36,378 00
<b>SOUTH CAROLINA ADJUSTMENTS</b>			
<b>ADDITIONS</b>			
32	South Carolina additions .....	32	00
<b>SUBTRACTIONS</b>			
33	South Carolina dependent exemption (see instructions) .....	33	0 00
34	44% of net capital gains held for more than one year .....	34	00
35	Retirement deduction (see instructions)		
a)	Taxpayer (date of birth: _____) .....	35a	00
b)	Spouse (date of birth: _____) .....	35b	00
c)	Surviving spouse (date of birth of deceased spouse: _____) .....	35c	00
	Military retirement deduction (see instructions)		
d)	Taxpayer (date of birth: _____) .....	35d	00
e)	Spouse (date of birth: _____) .....	35e	00
f)	Surviving spouse (date of birth of deceased spouse: _____) .....	35f	00
36	Age 65 and older deduction (see instructions - must be resident for part of the year)		
a)	Taxpayer (date of birth: _____) .....	36a	00
b)	Spouse (date of birth: _____) .....	36b	00
37	Deductions for dependents under 6 years of age on December 31 of the tax year (see instructions - must be resident for part of the year) Date of birth: _____ SSN: _____		
	Date of birth: _____ SSN: _____ .....	37	00
38	Contributions to the SC College Investment Program (Future Scholar) or the SC Tuition Prepayment Program .....	38	00
39	Active Trade or Business Income deduction (see instructions) .....	39	00
40	Consumer Protection Services .....	40	00
41	Other subtractions (see instructions) .....	41	00
42	<b>Total South Carolina subtractions:</b> Add line 33 through line 41 .....	42	0 00
43	<b>Total South Carolina adjustments:</b> Subtract line 42 from line 32 .....	43	0 00
44	<b>SC modified adjusted gross income:</b> Add Column B, line 31 and line 43 .....	44	36,378 00
45	PRORATION: Line 31, Column B divided by line 31, Column A = <u>44.87</u> % (do not exceed 100%)		
46	DEDUCTIONS ADJUSTMENT: If using the standard deduction, enter the amount from federal form on line 46. If itemizing, <b>use the Schedule NR instructions</b> , and enter the amount from Part IV on line 46. Enter the following amounts from the instructions: Part I (Itemized Deductions) _____ Part II, Worksheet, line 6 (State Taxes) _____ Part III (Other Expenses) _____	46	25,100 00
47	<b>Allowable deductions:</b> Multiply line 46 by <u>44.87</u> % (from line 45) .....	47	< 11,262 00 >
48	<b>South Carolina taxable income:</b> Subtract line 47 from line 44, Column B. Enter the difference here and on SC1040, line 5. If line 48 is a negative figure, enter zero on SC1040, line 5 .....	48	25,116 00

Attach this form and a complete copy of your federal return to your SC1040. Check the Schedule NR box on the front of SC1040. Do not submit Schedule NR separately. We cannot process your return if this form is submitted separately.



**D-400 (50)** 8-23-21 **2021 Individual Income Tax Return**

< Staple All Pages of Your Return and W-2s Here

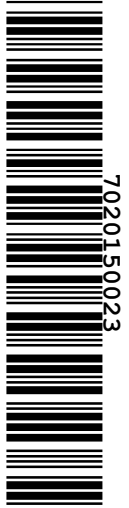
North Carolina Department of Revenue

Amended Return

DOR  
Use  
Only

For calendar year 2021, or fiscal year beginning <u>21</u> and ending		Are you a veteran? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
KUSUMALATHA KATAPALLY YELLESH CHEVVA		Is your spouse a veteran? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
10816 TIGERTON LN Your SSN: 203278660		Were you granted an automatic extension to file your 2021 federal income tax return, e.g., Form 1040? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
CHARLOT NC 28269MECKL Spouse's SSN: 971996910		
Filing Status <input type="checkbox"/> 1. Single <input checked="" type="checkbox"/> 2. Married Filing Jointly <input type="checkbox"/> 3. Married Filing Separately <input type="checkbox"/> 4. Head of Household <input type="checkbox"/> 5. Qualifying Widow(er)		
Were you a resident of N.C. for the entire year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Return for deceased taxpayer. Date of death:
Was your spouse a resident for the entire year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Return for deceased spouse. Date of death:
N.C. Education Endowment Fund: You may contribute to the N.C. Education Endowment Fund by making a contribution or designating some or all of your overpayment to the Fund. To make a contribution, enclose Form NC-EDU and your payment of \$ <u>0</u> To designate your overpayment to the Fund, enter the amount of your designation on Page 2, Line 31. (See instructions for information about the Fund.)		
<input type="checkbox"/> Select box if you, or if married filing jointly, your spouse were out of the country on April 15, 2022, and a U.S. citizen or resident.		
<input type="checkbox"/> Select box if return is filed and signed by Executor, Administrator, or Court-Appointed Personal Representative.		

FS	2	PP	Y	DT	N	OC	N	TPRES	Y	SPRES	Y	VT	N	SVT	N
KATA	1081	28269	DS	N	EA	N	TD			SD				FDEXT	N
KUSUMALATHA				KATAPALLY				203278660				MECKL			
YELLESH				CHEVVA				971996910		NC	28269				
10816 TIGERTON LN								CHARLOTTE							
06		81070		16				1232		26C				0	
07		0		18	Y			0		26E				0	
09		0		20A				2443		EU					
10A		0		20B				0		27				0	
10B		0		21A				0		29				0	
11	S	Y	I	N				0		30				0	
11		21500		21C				0		31				0	
13		00000		21D				0		32				0	
14		59570		26A				0		34				548	
15		3127		26B				0							
TN	4243509000			PN			6789659522			PP				P02082703	



<b>Sign Return Below</b> <input checked="" type="checkbox"/> <b>Refund Due</b> <u>548</u>		<input type="checkbox"/> <b>Payment Due</b> <u>0</u>	
I declare and certify 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.		<input type="checkbox"/> Check here if you authorize the North Carolina Department of Revenue to discuss this return and attachments with the paid preparer below.	
Your Signature _____	Date _____	Spouse's Signature (If filing joint return, both must sign.) _____	Date _____
		4243509000 Contact Phone No. (Include area code)	
<b>PAID PREPARER USE ONLY</b> If prepared by a person other than taxpayer, this certification is based on all information of which the preparer has any knowledge.			
SYAM PRIYA RAM SAGAR GUPT	02 19 2	6789659522	P02082703
Paid Preparer's Signature _____		Preparer's Contact Phone Number (Include area code) _____	
		Preparer's FEIN, SSN, or PTIN _____	

If REFUND, mail return to: N.C. DEPT. OF REVENUE, P.O. BOX R, RALEIGH, NC 27634-0001  
 If you ARE NOT due a refund, mail return, any payment, and D-400V to: N.C. DEPT. OF REVENUE, P.O. BOX 25000, RALEIGH, NC 27640-0640

**D-400 Line-by-Line Information**

6.	Federal Adjusted Gross Income	6.	81070
7.	Additions to Federal Adjusted Gross Income	7.	0
8.	Add Lines 6 and 7	8.	81070
9.	Deductions From Federal Adjusted Gross Income	9.	0
10.	Child Deduction		
	a. Enter the number of qualifying children for whom you were allowed a federal child tax credit	10a.	0
	b. Enter the amount of the child deduction	10b.	0
11.	N.C. Standard Deduction	11.	Y
11.	N.C. Itemized Deduction	11.	N
11.	Deduction amount	11.	21500
12.	a. Add Lines 9, 10b, and 11	12a.	21500
	b. Subtract amount on Line 12a from Line 8	12b.	59570
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.0000
14.	N.C. Taxable Income	14.	59570
15.	N.C. Income Tax	15.	3127
16.	Tax Credits	16.	1232
17.	Subtract Line 16 from Line 15	17.	1895
18.	Consumer Use Tax	18.	0
	You certify that no Consumer Use Tax is due		Y
19.	Add Lines 17 and 18	19.	1895

**North Carolina Income Tax Withheld**

20a.	Your tax withheld	20a.	2443
20b.	Spouse's tax withheld	20b.	0

**Other Tax Payments**

21a.	2021 estimated tax	21a.	0
21b.	Paid with extension	21b.	0
21c.	Partnership	21c.	0
21d.	S Corporation	21d.	0
22.	Amended Returns Only - Previous payments	22.	0
23.	Total Payments	23.	2443
24.	Amended Returns Only - Previous refunds	24.	0
25.	Subtract Line 24 from Line 23	25.	2443
26a.	<b>Tax Due</b>	26a.	0
26b.	Penalties	26b.	0
26c.	Interest	26c.	0
26d.	Add Lines 26b and 26c and enter the total on 26d	26d.	0
EU	Exception to Underpayment of Estimated Tax	EU	
26e.	Interest on the Underpayment of Estimated Income Tax	26e.	0
27.	<b>Pay this Amount</b>	27.	<b>0</b>
28.	<b>Overpayment</b>	28.	548

**Amount of Refund to Apply to:**

29.	Amount of Line 28 to be applied to 2022 Estimated Income Tax	29.	0
30.	N.C. Nongame and Endangered Wildlife Fund	30.	0
31.	N.C. Education Endowment Fund	31.	0
32.	N.C. Breast and Cervical Cancer Control Program	32.	0
33.	Add Lines 29 through 32	33.	0
34.	<b>Amount to be Refunded</b>	34.	<b>548</b>

D-400TC (50)

12-1-21

2021 Individual Income Tax Credits

North Carolina Department of Revenue

DOR Use Only

If you claim a tax credit on Form D-400, Line 16, you must attach this form to the return. Otherwise, the tax credit may be disallowed.

Important: Refer to the instructions before completing this form.

Last Name (First 10 Characters) KATAPALLY Your Social Security Number 203278660

Table with 8 columns: Line, Federal Gross Income, State Tax, Federal Tax, State Tax Credit, Federal Tax Credit, State Tax Credit, Federal Tax Credit. Rows 01-07A.

Part 1. Credit for Income Tax Paid to Another State or Country - N.C. Residents Only

If you claim a tax credit for taxes paid to more than one state or country, do not complete Lines 1-6. Instead, complete the "Out-of-State Tax Credit Worksheet" in the instructions to determine the amount to enter on Line 7a.

Table with 3 columns: Description, Line, Amount. Rows 1-7b.

Part 2. Credits for Rehabilitating Historic Structures

On Lines 8a, 9a, 10a, and 11a, enter the amount of expenditures or expenses only if tax year 2021 is the first year the credit is taken.

Note: For Lines 8a and 9a, the expenditures and expenses must have been incurred prior to January 1, 2015.

On Lines 8b, 9b, 10b, 11b, 12, and 13, enter the amount of the tax credit taken.

Table with 3 columns: Description, Line, Amount. Rows 8a-13.

Part 3. Computation of Total Tax Credits to be Taken for Tax Year 2021

Table with 3 columns: Description, Line, Amount. Rows 14-20.

