

# 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<br>SANTHOSH REDDY PEDDIREDDY | Social security number<br>490-45-5504 |
| Spouse's name                                | Spouse's social security number       |

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

Enter whole dollars only on lines 1 through 5.

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

|   |   |   |         |
|---|---|---|---------|
| 1 | Adjusted gross income   | 1 | 90,051. |
| 2 | Total tax   | 2 | 12,733. |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 14,399. |
| 4 | Amount you want refunded to you                               | 4 | 1,666.  |
| 5 | Amount you owe  | 5 |         |

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

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

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

- I authorize GLOBAL TAXES LLC to enter or generate my PIN 

|   |   |   |   |   |
|---|---|---|---|---|
| 5 | 5 | 5 | 0 | 4 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing.   
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

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

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

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

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

 as my signature on the income tax return (original or amended) I am now authorizing.   
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

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

### Practitioner PIN Method Returns Only—continue below

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

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

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

  
Don't enter all zeros

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

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

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

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

|   |                         |  |
|---|-------------------------|--|
| Your first name and middle initial<br>SANTHOSH REDDY    | Last name<br>PEDDIREDDY | Your social security number<br>490-45-5504 |
| 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.<br>5169 ETTA ST           |                               | Apt. no.<br>10B     | <b>Presidential Election Campaign</b><br>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.<br><input type="checkbox"/> You <input type="checkbox"/> Spouse |
| City, town, or post office. If you have a foreign address, also complete spaces below.<br>BATON ROUGE | State<br>LA                   | ZIP code<br>70820   |   |
| 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

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

|  |  |     |         |                                |     |         |
|--|--|-----|---------|--------------------------------|-----|---------|
|  | 1 Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .                                     |     |         |                                | 1   | 99,768. |
| Attach Sch. B if required.   | 2a Tax-exempt interest . . . . .   | 2a  |         | b Taxable interest . . . . .   | 2b  | 36.     |
|  | 3a Qualified dividends . . . . .   | 3a  | 10.     | b Ordinary dividends . . . . . | 3b  | 10.     |
|  | 4a IRA distributions . . . . .   | 4a  |         | b Taxable amount . . . . .     | 4b  |         |
|  | 5a Pensions and annuities . . . . .  | 5a  |         | b Taxable amount . . . . .     | 5b  |         |
|  | 6a Social security benefits . . . . .  | 6a  |         | b Taxable amount . . . . .     | 6b  |         |
|  | 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . |     |         |                                | 7   | 162.    |
|  | 8 Other income from Schedule 1, line 10 . . . . .  |     |         |                                | 8   | -9,925. |
|  | 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . .        |     |         |                                | 9   | 90,051. |
|  | 10 Adjustments to income from Schedule 1, line 26 . . . . .                                    |     |         |                                | 10  |         |
|  | 11 Subtract line 10 from line 9. This is your <b>adjusted gross income</b> . . . . .           |     |         |                                | 11  | 90,051. |
| <b>Standard Deduction for—</b><br>• Single or Married filing separately, \$12,550<br>• Married filing jointly or Qualifying widow(er), \$25,100<br>• Head of household, \$18,800<br>• If you checked any box under <b>Standard Deduction</b> , see instructions. | 12a <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .               | 12a | 12,550. |                                |     |         |
|  | b Charitable contributions if you take the standard deduction (see instructions)               | 12b | 300.    |                                |     |         |
|  | c Add lines 12a and 12b . . . . .  |     |         |                                | 12c | 12,850. |
|  | 13 Qualified business income deduction from Form 8995 or Form 8995-A . . . . .                 |     |         |                                | 13  |         |
|  | 14 Add lines 12c and 13 . . . . .  |     |         |                                | 14  | 12,850. |
|  | 15 <b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . .  |     |         |                                | 15  | 77,201. |

|                                      |  |            |         |
|--------------------------------------|--|------------|---------|
| <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>  | 12,733. |
| <b>17</b>                            | Amount from Schedule 2, line 3   | <b>17</b>  |         |
| <b>18</b>                            | Add lines 16 and 17  | <b>18</b>  | 12,733. |
| <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>  |         |
| <b>21</b>                            | Add lines 19 and 20  | <b>21</b>  |         |
| <b>22</b>                            | Subtract line 21 from line 18. If zero or less, enter -0-  | <b>22</b>  | 12,733. |
| <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>  | 12,733. |
| <b>25</b>                            | Federal income tax withheld from:  |            |         |
| <b>a</b>                             | Form(s) W-2  | <b>25a</b> | 14,399. |
| <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> | 14,399. |
| <b>26</b>                            | 2021 estimated tax payments and amount applied from 2020 return  | <b>26</b>  |         |
| <b>27a</b>                           | Earned income credit (EIC) <span style="float:right">No</span>   | <b>27a</b> |         |
|                                      | 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>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>  | 14,399. |
| <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>  | 1,666.  |
|                                      | <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> | 1,666.  |
| Direct deposit?<br>See instructions. | <b>b</b> Routing number 1 1 1 0 0 0 6 1 4 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings   |            |         |
|                                      | <b>d</b> Account number 2 3 8 8 2 2 0 7 3  |            |         |
|                                      | <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<br>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                  | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |

Phone no. (270) 293-0477 Email address SANTHU.PEDDIREDDY@GMAIL.COM

**Paid Preparer Use Only**

|  |   |                    |                             |   |
|--|---|--------------------|-----------------------------|---|
| Preparer's name<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM | Preparer's signature<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date<br>03/07/2022 | PTIN<br>P02082703           | Check if:<br><input type="checkbox"/> Self-employed |
| Firm's name<br>GLOBAL TAXES LLC                      | Firm's address<br>2530 Pebble Creek Ln Cumming GA 30041   |                    | Phone no.<br>(678) 965-9522 | Firm's EIN<br>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  
SANTHOSH REDDY PEDDIREDDY

Your social security number  
490-45-5504

**Part I Additional Income**

|           |   |           |         |
|-----------|---|-----------|---------|
| <b>1</b>  | Taxable refunds, credits, or offsets of state and local income taxes . . . . .  | <b>1</b>  | 0.      |
| <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>  | -9,925. |
| <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> | -9,925. |

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 D**  
**(Form 1040)**

**Capital Gains and Losses**

OMB No. 1545-0074

**2021**

Attachment  
Sequence No. **12**

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**  
▶ **Go to [www.irs.gov/ScheduleD](http://www.irs.gov/ScheduleD) for instructions and the latest information.**  
▶ **Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.**

Name(s) shown on return  
SANTHOSH REDDY PEDDIREDDY

Your social security number  
490-45-5504

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No  
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less** (see instructions)

| See instructions for how to figure the amounts to enter on the lines below.<br>This form may be easier to complete if you round off cents to whole dollars.  | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part I,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|--|----------------------------------|---------------------------------|---|---|
| <b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . |                                  |                                 |   |   |
| <b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .   | 8,060.                           | 7,928.                          |   | 132.  |
| <b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .  |                                  |                                 |   |   |
| <b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .  |                                  |                                 |   |   |
| <b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .  |                                  |                                 |   | <b>4</b>  |
| <b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .   |                                  |                                 |   | <b>5</b>  |
| <b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .  |                                  |                                 |   | <b>6</b> ( )  |
| <b>7 Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .  |                                  |                                 |   | <b>7</b> 132.   |

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

| See instructions for how to figure the amounts to enter on the lines below.<br>This form may be easier to complete if you round off cents to whole dollars.   | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part II,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|---|----------------------------------|---------------------------------|--|---|
| <b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . |                                  |                                 |  |   |
| <b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .  | 114.                             | 84.                             |  | 30.   |
| <b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .   |                                  |                                 |  |   |
| <b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .  |                                  |                                 |  |   |
| <b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .  |                                  |                                 |  | <b>11</b>   |
| <b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .  |                                  |                                 |  | <b>12</b>   |
| <b>13</b> Capital gain distributions. See the instructions . . . . .  |                                  |                                 |  | <b>13</b>   |
| <b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .  |                                  |                                 |  | <b>14</b> ( )   |
| <b>15 Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then, go to Part III on the back . . . . .   |                                  |                                 |  | <b>15</b> 30.   |

**Part III Summary**

|           |  |           |      |
|-----------|--|-----------|------|
| <b>16</b> | Combine lines 7 and 15 and enter the result . . . . .  | <b>16</b> | 162. |
|           | <ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li> </ul> |           |      |
| <b>17</b> | Are lines 15 and 16 <b>both</b> gains?<br><input checked="" type="checkbox"/> <b>Yes.</b> Go to line 18.<br><input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.   |           |      |
| <b>18</b> | If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . ▶   | <b>18</b> |      |
| <b>19</b> | If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . . ▶   | <b>19</b> |      |
| <b>20</b> | Are lines 18 and 19 both zero or blank and are you not filing Form 4952?<br><input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16. <b>Don't</b> complete lines 21 and 22 below.<br><br><input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.     |           |      |
| <b>21</b> | If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of:<br><ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } . . . . .</li> </ul> <p><b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.</p>  | <b>21</b> | ( )  |
| <b>22</b> | Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?<br><br><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16.<br><br><input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.  |           |      |

**Sales and Other Dispositions of Capital Assets**

Department of the Treasury  
Internal Revenue Service

► Go to [www.irs.gov/Form8949](http://www.irs.gov/Form8949) for instructions and the latest information.  
► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

|   |  |
|---|--|
| Name(s) shown on return<br><b>SANTHOSH REDDY PEDDIREDDY</b> | Social security number or taxpayer identification number<br><b>490-45-5504</b> |
|---|--|

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

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

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

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

- (A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C)** Short-term transactions not reported to you on Form 1099-B

| 1                | (a)<br>Description of property<br>(Example: 100 sh. XYZ Co.)  | (b)<br>Date acquired<br>(Mo., day, yr.) | (c)<br>Date sold or disposed of<br>(Mo., day, yr.) | (d)<br>Proceeds<br>(sales price)<br>(see instructions) | (e)<br>Cost or other basis.<br>See the <b>Note</b> below<br>and see <i>Column (e)</i><br>in the separate<br>instructions | Adjustment, if any, to gain or loss.<br>If you enter an amount in column (g),<br>enter a code in column (f).<br><b>See the separate instructions.</b> |                                | (h)<br><b>Gain or (loss).</b><br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |      |
|------------------|---|---|--|--|--|---|--------------------------------|--|------|
|                  |   |   |  |  |  | (f)<br>Code(s) from<br>instructions   | (g)<br>Amount of<br>adjustment |  |      |
|                  | Robinhood Securities LLC  | 05/05/21                                | 12/12/21   | 80.  | 142.   |   |                                | -62.   |      |
|                  | APEX CLEARING   | 05/05/21                                | 12/12/21   | 7,980.   | 7,786.   |   |                                | 194.   |      |
|                  |   |   |  |  |  |   |                                |  |      |
|                  |   |   |  |  |  |   |                                |  |      |
|                  |   |   |  |  |  |   |                                |  |      |
|                  |   |   |  |  |  |   |                                |  |      |
|                  |   |   |  |  |  |   |                                |  |      |
|                  |   |   |  |  |  |   |                                |  |      |
|                  |   |   |  |  |  |   |                                |  |      |
|                  |   |   |  |  |  |   |                                |  |      |
|                  |   |   |  |  |  |   |                                |  |      |
|                  |   |   |  |  |  |   |                                |  |      |
|                  |   |   |  |  |  |   |                                |  |      |
| <b>2 Totals.</b> | Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked) ► |   |  |  | 8,060.   | 7,928.  |                                |  | 132. |

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



|  |  |
|--|--|
| Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side<br><b>SANTHOSH REDDY PEDDIREDDY</b> | Social security number or taxpayer identification number<br><b>490-45-5504</b> |
|--|--|

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

**Part II Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box D, E, or F below. Check only one box.** If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

| 1   | (a)<br>Description of property<br>(Example: 100 sh. XYZ Co.) | (b)<br>Date acquired<br>(Mo., day, yr.) | (c)<br>Date sold or disposed of<br>(Mo., day, yr.) | (d)<br>Proceeds<br>(sales price)<br>(see instructions) | (e)<br>Cost or other basis.<br>See the <b>Note</b> below<br>and see <i>Column (e)</i><br>in the separate<br>instructions | Adjustment, if any, to gain or loss.<br>If you enter an amount in column (g),<br>enter a code in column (f).<br><b>See the separate instructions.</b> |                                | (h)<br><b>Gain or (loss).</b><br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|---|--|---|--|--|--|---|--------------------------------|--|
|   |  |   |  |  |  | (f)<br>Code(s) from<br>instructions   | (g)<br>Amount of<br>adjustment |  |
|   | Robinhood Securities LLC                                     | 05/05/20                                | 12/12/21   | 114.   | 84.  |   |                                | 30.  |
|   |  |   |  |  |  |   |                                |  |
|   |  |   |  |  |  |   |                                |  |
|   |  |   |  |  |  |   |                                |  |
|   |  |   |  |  |  |   |                                |  |
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|   |  |   |  |  |  |   |                                |  |
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|   |  |   |  |  |  |   |                                |  |
|   |  |   |  |  |  |   |                                |  |
|   |  |   |  |  |  |   |                                |  |
|   |  |   |  |  |  |   |                                |  |
|   |  |   |  |  |  |   |                                |  |
|   |  |   |  |  |  |   |                                |  |
| <b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 8b</b> (if <b>Box D</b> above is checked), <b>line 9</b> (if <b>Box E</b> above is checked), or <b>line 10</b> (if <b>Box F</b> above is checked) ▶ |  |   |  | 114.   | 84.  |   |                                | 30.  |

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

**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

SANTHOSH REDDY PEDDIREDDY

490-45-5504

**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>  | 5-58, THIMMAPURAM JAJIREDDY GUDEM SURYAPET, TELANGANA IN 508222   |  |                  |                   |                          |
| <b>B</b>  |   |  |                  |                   |                          |
| <b>C</b>  |   |  |                  |                   |                          |
| <b>1b</b> | Type of Property (from list below)                                | <b>2</b> 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. | Fair Rental Days | Personal Use Days | QJV                      |
| <b>A</b>  | 2   |  | 365              | 0                 | <input type="checkbox"/> |
| <b>B</b>  |   |  |                  |                   | <input type="checkbox"/> |
| <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)

| Income:                               | Properties: | A    | B | C |
|---------------------------------------|-------------|------|---|---|
| <b>3</b> Rents received . . . . .     | <b>3</b>    | 635. |   |   |
| <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>  | 2,000.  |  |  |
| <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> | 2,110.  |  |  |
| <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> | 2,150.  |  |  |
| <b>15</b> Supplies . . . . .                                       | <b>15</b> | 2,200.  |  |  |
| <b>16</b> Taxes . . . . .  | <b>16</b> |         |  |  |
| <b>17</b> Utilities . . . . .                                      | <b>17</b> | 2,100.  |  |  |
| <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> | 10,560. |  |  |

**21** Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 . . . . . **21** -9,925.

**22** Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . . **22** ( 9,925. ) ( ) ( )

|  |            |         |  |
|--|------------|---------|--|
| <b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . . | <b>23a</b> | 635.    |  |
| <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> | 10,560. |  |

**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** ( 9,925. )

**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** -9,925.



|   |           |  |             |
|---|-----------|--|-------------|
| Your first name and initial<br>SANTHOSH REDDY PEDDIREDDY  | Last name | Your Social Security Number<br>1 4 9 0 4 5 5 0 4 | <b>2021</b> |
| Spouse's first name and initial   | Last name | Spouse's Social Security Number<br>2             |             |
| Present home address (number and street including apartment number or rural route)<br>5169 ETTA ST #10B |           | Daytime Telephone Number<br>2 7 0 2 9 3 0 4 7 7  |             |
| City, town, or post office<br>BATON ROUGE   |           | State ZIP<br>LA 70820                            |             |

**Part A Tax Return Information**

Balance Due    ,    ,    .  Refund Due    ,   1 ,   7 .

**Part B Direct Deposit of Refund (Optional)  or Direct Debit (Optional)**

**Routing Number** The first 2 digits of the routing number must be 01 through 12 or 21 through 32.

**Direct Debit Payment**

,    ,    .

**Account Number**

**Withdrawal Date**

MM DD YYYY

Type of Account:  Checking  Savings  
(Check one.)

Full Payment  Partial Payment   
 Payment made/will be made by credit card.

**PART C Declaration of Taxpayer**

REV 01/31/22 PRO

- I consent that my refund be directly deposited as designated in Part B, and declare that the information shown in Part B is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- I do not want direct deposit of my refund, am a first-time filer with Louisiana, or am not receiving a refund. I understand that by not having my refund direct deposited I will receive my refund by paper check.
- I authorize the Louisiana Department of Revenue and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in Part B for payment of my state taxes owed on this return. I also authorize the financial institutions involved in processing the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

I understand that if I have filed a balance due return and if the Louisiana Department of Revenue does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties.

I declare that I have examined my state income tax return prepared for electronic transmission to the State of Louisiana and, to the best of my knowledge and belief, it is true and complete.

Please sign here. \_\_\_\_\_  
Your signature Date Spouse's signature (if joint return) Date

**Part D Declaration and Signature of Electronic Return Originator (ERO) and Paid Preparer**

I declare that I have reviewed the above taxpayer's return and that the entries on the return are complete and correctly represented to the best of my knowledge based on the information submitted/furnished by the taxpayer. I also declare that I have complied with all of the requirements of the Louisiana Department of Revenue and in the Louisiana Handbook for Electronic Filers.

Please sign here. \_\_\_\_\_  
Preparer's signature Social Security Number or ID Number Date Telephone

Mark box if also ERO. \_\_\_\_\_  
Electronic Return Originator's signature Social Security Number or ID Number Date Telephone

**This form is to be maintained by ERO.**

Name Change

# 2021 LOUISIANA RESIDENT - 2D

Decedent Filing

SANTHOSH REDDY PEDDIREDDY

Your SSN

490455504

Spouse Decedent

Spouse's SSN

Address Change

5169 ETTA ST APT 10B

Amended Return

BATON ROUGE LA 70820

Telephone

2702930477

NOL Carryback

07151992  
Your Date of Birth

Spouse's Date of Birth

**FILING STATUS:** Enter the appropriate number in the filing status box. It must agree with your federal return.

### 6 EXEMPTIONS:

- 1 Enter a "1" in box if **single**.
- Enter a "2" in box if **married filing jointly**.
- Enter a "3" in box if **married filing separately**.
- Enter a "4" in box if **head of household**.  
If the qualifying person is not your dependent, enter name here. \_\_\_\_\_
- Enter a "5" in box if **qualifying widow(er)**.  
If the qualifying person is not your dependent, enter name here. \_\_\_\_\_

| 6A                                  | 6B         | 65 or older | Blind | Qualifying Widow(er) | Total of 6A & 6B |
|-------------------------------------|------------|-------------|-------|----------------------|------------------|
| <input checked="" type="checkbox"/> | Yourselves |             |       |                      | 1                |
|                                     | Spouse     |             |       |                      |                  |

**6C DEPENDENTS** – Enter dependent information below. If you have more than 6 dependents, attach a statement to your return with the required information. Enter the number of dependents claimed on your Federal Form 1040 or 1040-SR here.

6C 0

| First Name | Last Name | Social Security Number | Relationship to you | Birth Date (mm/dd/yyyy) |
|------------|-----------|------------------------|---------------------|-------------------------|
|            |           |                        |                     |                         |
|            |           |                        |                     |                         |
|            |           |                        |                     |                         |
|            |           |                        |                     |                         |
|            |           |                        |                     |                         |
|            |           |                        |                     |                         |
|            |           |                        |                     |                         |

### IMPORTANT!

All four (4) pages of this return **MUST** be mailed in together along with your W-2s and completed schedules. Please paperclip. **Do not staple.**

**6D TOTAL EXEMPTIONS** – Total of 6A, 6B, and 6C

6D 1

### FOR OFFICE USE ONLY

|                                     |  |  |  |  |  |
|-------------------------------------|--|--|--|--|--|
| <input type="checkbox"/> Field Flag |  |  |  |  |  |
|-------------------------------------|--|--|--|--|--|



If you are not required to file a federal return, indicate wages here.

Mark this box and enter zero "0" on Line 13

|     |   |                                     |     |       |
|-----|---|-------------------------------------|-----|-------|
| 7   | FEDERAL ADJUSTED GROSS INCOME – If your Federal Adjusted Gross Income is less than zero, enter "0".   | From Louisiana Schedule E, attached | 7   | 90051 |
| 8A  | FEDERAL ITEMIZED DEDUCTIONS   |                                     | 8A  | 0     |
| 8B  | FEDERAL STANDARD DEDUCTION  |                                     | 8B  | 0     |
| 8C  | EXCESS FEDERAL ITEMIZED DEDUCTIONS – Subtract Line 8B from Line 8A.   |                                     | 8C  | 0     |
| 9   | FEDERAL INCOME TAX – If your federal income tax has been decreased by a federal disaster credit allowed by the IRS, see Schedule H.   |                                     | 9   | 12733 |
| 10  | YOUR LOUISIANA TAX TABLE INCOME – Subtract Lines 8C and 9 from Line 7. If less than zero, enter "0". Use this figure to find your tax in the tax tables.  |                                     | 10  | 77318 |
| 11  | YOUR LOUISIANA INCOME TAX—Enter the amount from the tax table that corresponds with your filing status.   |                                     | 11  | 3292  |
| 12  | NONREFUNDABLE PRIORITY 1 CREDITS – From Schedule C, Line 6  |                                     | 12  | 0     |
| 13  | TAX LIABILITY AFTER NONREFUNDABLE PRIORITY 1 CREDITS – Subtract Line 12 from Line 11. If the result is less than zero, or you are not required to file a federal return, enter zero "0".  |                                     | 13  | 3292  |
| 14  | 2021 LOUISIANA REFUNDABLE CHILD CARE CREDIT – <b>Your federal Adjusted Gross Income must be EQUAL TO OR LESS THAN \$25,000 to claim the credit on this line.</b> See the instructions and the Refundable Child Care Credit Worksheet.         |                                     | 14  | 0     |
| 14A | Enter the qualified expense amount from the Refundable Child Care Credit Worksheet, Line 3.   |                                     | 14A | 0     |
| 14B | Enter the amount from the Refundable Child Care Credit Worksheet, Line 6.   |                                     | 14B | 0     |
| 15  | 2021 LOUISIANA REFUNDABLE SCHOOL READINESS CREDIT – <b>Your federal Adjusted Gross Income must be EQUAL TO OR LESS THAN \$25,000 to claim the credit on this line.</b> See the instructions the Refundable School Readiness Credit Worksheet. |                                     | 15  | 0     |
|     | 5 0 4 0 3 0 2 0   |                                     |     |       |
| 16  | EARNED INCOME CREDIT – See Louisiana Earned Income Credit (LA EIC) worksheet, Line 3.   |                                     | 16  | 0     |
| 17  | OTHER REFUNDABLE PRIORITY 2 CREDITS – From Schedule F, Line 9   |                                     | 17  | 0     |
| 18  | TOTAL REFUNDABLE PRIORITY 2 CREDITS – Add lines 14, and 15 through 17. Do not include amounts on Lines 14A and 14B.   |                                     | 18  | 0     |
| 19  | TAX LIABILITY AFTER REFUNDABLE PRIORITY 2 CREDITS   |                                     | 19  | 3292  |
| 20  | OVERPAYMENT AFTER REFUNDABLE PRIORITY 2 CREDITS   |                                     | 20  | 0     |
| 21  | NONREFUNDABLE PRIORITY 3 CREDITS – From Schedule J, Line 16   |                                     | 21  | 0     |



|    |  |    |      |
|----|--|----|------|
| 22 | ADJUSTED LOUISIANA INCOME TAX- Subtract Line 21 from Line 19.  | 22 | 3292 |
| 23 | CONSUMER USE TAX – You must mark one of these boxes. <input checked="" type="checkbox"/> No use tax due. | 23 | 0    |
|    | Amount from the Consumer Use Tax Worksheet.  |    |      |
| 24 | TOTAL INCOME TAX AND CONSUMER USE TAX – Add Lines 22 and 23.   | 24 | 3292 |
| 25 | OVERPAYMENT OF REFUNDABLE PRIORITY 2 CREDITS – Enter the amount from Line 20.                            | 25 | 0    |
| 26 | REFUNDABLE PRIORITY 4 CREDITS – From Schedule I, Line 6  | 26 | 0    |

**PAYMENTS**

|    |   |    |      |
|----|---|----|------|
| 27 | AMOUNT OF LOUISIANA TAX WITHHELD FOR 2021 – Attach Forms W-2 and 1099.  | 27 | 4359 |
| 28 | AMOUNT OF CREDIT CARRIED FORWARD FROM 2020  | 28 | 0    |
| 29 | AMOUNT OF ESTIMATED PAYMENTS MADE FOR 2021  | 29 | 0    |
| 30 | AMOUNT PAID WITH EXTENSION REQUEST  | 30 | 0    |
| 31 | TOTAL REFUNDABLE TAX CREDITS AND PAYMENTS – Add Lines 25 through 30   | 31 | 4359 |
| 32 | OVERPAYMENT – If Line 31 is greater than Line 24, subtract Line 24 from Line 31. <b>Your overpayment may be reduced by the Underpayment of Estimated Tax Penalty.</b> Otherwise, go to Line 39.                             | 32 | 1067 |
| 33 | UNDERPAYMENT PENALTY – See the instructions for Underpayment Penalty and Form R-210R. If you are a farmer, check the box.   | 33 | 0    |
| 34 | <b>ADJUSTED OVERPAYMENT</b> – If Line 32 is greater than Line 33, subtract Line 33 from Line 32, and enter on Line 34. If Line 33 is greater than Line 32, subtract Line 32 from Line 33, and enter the balance on Line 39. | 34 | 1067 |
| 35 | TOTAL DONATIONS – From Schedule D, Line 20  | 35 | 0    |

**REFUND DUE**

|    |  |    |      |
|----|--|----|------|
| 36 | SUBTOTAL – Subtract Line 35 from Line 34. This amount of overpayment is available for credit or refund.  | 36 | 1067 |
| 37 | AMOUNT OF LINE 36 TO BE CREDITED TO 2022 INCOME TAX <b>CREDIT</b>  | 37 | 0    |
| 38 | AMOUNT TO BE REFUNDED – Subtract Line 37 from Line 36. If mailing to LDR, use Address 2 on the next page.<br>Enter a "2" in box if you want to receive your refund by paper check.<br>Enter a "3" in box if you want to receive your refund by direct deposit. Complete information below. If information is unreadable, you are filing for the first time, or if you do not make a refund selection, you will receive your refund by paper check. | 38 | 1067 |
|    | <b>REFUND</b> 3  |    |      |

**DIRECT DEPOSIT INFORMATION**

Type: Checking  Savings  Will this refund be forwarded to a financial institution located outside the United States? Yes  No

Routing Number 111000614 Account Number 238822073



Social Security Number 490455504

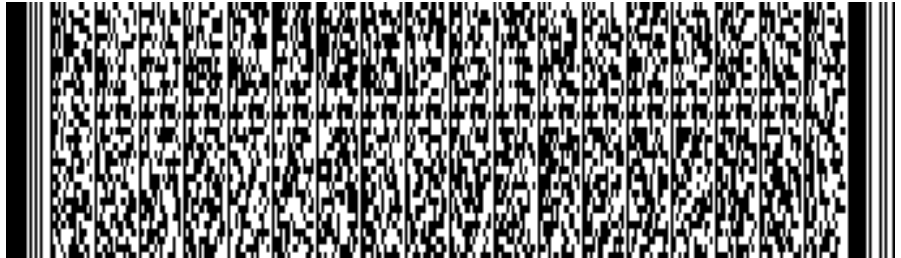
**AMOUNTS DUE LOUISIANA**

|    |  |                         |    |   |
|----|--|-------------------------|----|---|
| 39 | AMOUNT YOU OWE – If Line 24 is greater than Line 31, subtract Line 31 from Line 24.  | 39                      | 0  |   |
| 40 | ADDITIONAL DONATION TO THE MILITARY FAMILY ASSISTANCE FUND   | 40                      | 0  |   |
| 41 | ADDITIONAL DONATION TO THE COASTAL PROTECTION AND RESTORATION FUND   | 41                      | 0  |   |
| 42 | ADDITIONAL DONATION TO LOUISIANA FOOD BANK ASSOCIATION   | 42                      | 0  |   |
| 43 | INTEREST – From the Interest Calculation Worksheet, Line 5.  | 43                      | 0  |   |
| 44 | DELINQUENT FILING PENALTY – From the Delinquent Filing Penalty Calculation Worksheet, Line 7.  | 44                      | 0  |   |
| 45 | DELINQUENT PAYMENT PENALTY – From Delinquent Payment Penalty Calculation Worksheet, Line 7.  | 45                      | 0  |   |
| 46 | UNDERPAYMENT PENALTY – See the instructions from Underpayment Penalty and Form R-210R. If you are a farmer, check the box.                 | 46                      | 0  |   |
| 47 | BALANCE DUE LOUISIANA – Add Lines 39 through 46. If mailing to LDR, use address 1 below. For electronic payment options, see instructions. | <b>PAY THIS AMOUNT.</b> | 47 | 0 |

**DO NOT SEND CASH.**

**IMPORTANT!**

All four (4) pages of this return MUST be mailed in together along with your W-2s and completed schedules. Please paperclip. **Do not staple.**



Status 010

Contribution and Donation 0000

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. If I made a contribution to the START Savings Program, I consent that my Social Security Number may be given to the Louisiana Office of Student Financial Assistance to properly identify the START Savings Program account holder. If married filing jointly, both Social Security Numbers may be submitted. I understand that by submitting this form I authorize the disbursement of individual income tax refunds through the method as described on Line 38.

|                |                   |   |                   |
|----------------|-------------------|---|-------------------|
| Your Signature | Date (mm/dd/yyyy) | Spouse's Signature (If filing jointly, both must sign.) | Date (mm/dd/yyyy) |
|----------------|-------------------|---|-------------------|

|                               |                            |                      |                   |   |
|-------------------------------|----------------------------|----------------------|-------------------|---|
| <b>PAID PREPARER USE ONLY</b> | Print/Type Preparer's Name | Preparer's Signature | Date (mm/dd/yyyy) | Check <input type="checkbox"/> if Self-employed |
|                               | Firm's Name ▶              | Firm's FEIN ▶        | 30-1017196        |   |
|                               | Firm's Address ▶           | Telephone ▶          | 678-965-9522      |   |

Name  
PEDD

**Individual Income Tax Return**  
**Calendar year return due 5/15/22**

Mail to: Department of Revenue  
PO BOX 3440  
BATON ROUGE, LA 70821-344

P02082703

PTIN, FEIN, or LDR  
Account Number  
of Paid Preparer

For Office  
Use Only.



 ATTACH THIS WORKSHEET TO YOUR RETURN IF COMPLETED.

|  |                                       |
|--|---------------------------------------|
| Your Name<br>SANTHOSH REDDY PEDDIREDDY | Social Security Number<br>490-45-5504 |
|--|---------------------------------------|

| 2021 Louisiana Nonrefundable Child Care Credit Worksheet (For use with Form IT-540)   |   |                               |            |                     |           |                     |           |               |           |    |              |
|---|---|-------------------------------|------------|---------------------|-----------|---------------------|-----------|---------------|-----------|----|--------------|
| 1   | Enter Federal Child Care Credit from Federal Form 1040 or 1040-SR, Schedule 3, Line 13g, or Line 2 if applicable. <b>NOTE:</b> Retain copies of canceled checks, receipts and other documentation in order to support the amount of qualifying expenses.  | 1                             | .00        |                     |           |                     |           |               |           |    |              |
| 1A  | Enter the applicable percentage from the chart shown below.<br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Federal Adjusted Gross Income</th> <th style="text-align: left;">Percentage</th> </tr> </thead> <tbody> <tr> <td>\$25,001 – \$35,000</td> <td>30% (.30)</td> </tr> <tr> <td>\$35,001 – \$60,000</td> <td>10% (.10)</td> </tr> <tr> <td>over \$60,000</td> <td>10% (.10)</td> </tr> </tbody> </table>   | Federal Adjusted Gross Income | Percentage | \$25,001 – \$35,000 | 30% (.30) | \$35,001 – \$60,000 | 10% (.10) | over \$60,000 | 10% (.10) | 1A | X <u>.10</u> |
| Federal Adjusted Gross Income   | Percentage  |                               |            |                     |           |                     |           |               |           |    |              |
| \$25,001 – \$35,000   | 30% (.30)   |                               |            |                     |           |                     |           |               |           |    |              |
| \$35,001 – \$60,000   | 10% (.10)   |                               |            |                     |           |                     |           |               |           |    |              |
| over \$60,000   | 10% (.10)   |                               |            |                     |           |                     |           |               |           |    |              |
| 2   | Multiply your Federal Child Care Credit shown on Line 1 by the percentage shown on Line 1A. <b>If your Federal Adjusted Gross Income is less than or equal to \$60,000</b> , this is your available Nonrefundable Child Care Credit for 2021. Proceed to Line 3.  | 2                             | .00        |                     |           |                     |           |               |           |    |              |
| 2A  | <b>Important! If your Federal Adjusted Gross Income is greater than \$60,000</b> , the amount on Line 2 is limited to the LESSER of \$25.00, or 10 percent of the federal credit. If Line 2 is greater than \$25.00, enter \$25 here. This is your available Nonrefundable Child Care Credit for 2021.  | 2A                            | .00        |                     |           |                     |           |               |           |    |              |
| 3   | Enter the amount of Louisiana income tax from Form IT-540, Line 19.   | 3                             | 3,292 .00  |                     |           |                     |           |               |           |    |              |
| 4   | If Line 3 is equal to zero, your entire Child Care Credit for 2021 (Line 2 or 2A above) will be carried forward to 2022. Also, any available carryforward from 2016 through 2020 will be carried forward to 2022. If Line 3 is equal to zero, enter zero "0" on Form IT-540, Schedule J, Lines 2 and 3. Stop here; you are finished with the worksheet.   | 4                             |            |                     |           |                     |           |               |           |    |              |
| <b>Use Lines 5 through 8 to determine the amount of Nonrefundable Child Care Credit Carryforward from 2016 through 2020 utilized for 2021.</b>                          |   |                               |            |                     |           |                     |           |               |           |    |              |
| 5   | If Line 3 above is greater than zero, enter the amount from Line 3.   | 5                             | 3,292 .00  |                     |           |                     |           |               |           |    |              |
| 6   | Enter the amount of any Child Care Credit Carryforward from 2016 through 2020.  | 6                             | 0 .00      |                     |           |                     |           |               |           |    |              |
| 7   | Subtract Line 6 from Line 5.  | 7                             | 3,292 .00  |                     |           |                     |           |               |           |    |              |
| 8   | If Line 7 is less than or equal to zero, the amount of Child Care Credit Carryforward used for 2021 is equal to Line 5 above. Enter the amount from Line 5 above on Form IT-540, Schedule J, Line 3. If Line 7 is less than zero, subtract Line 5 from Line 6 and enter the result here. This amount is your unused Child Care Credit Carryforward from 2016 through 2020 that can be carried forward to 2022. Also, your entire Child Care Credit for 2021 (Line 2 or 2A above) will be carried forward to 2022. Stop here; you are finished with the worksheet. | 8                             | .00        |                     |           |                     |           |               |           |    |              |
| <b>Use Lines 9 through 13 to determine the amount of Child Care Credit Carryforward utilized from 2016 through 2020 plus any amount of your 2021 Child Care Credit.</b> |   |                               |            |                     |           |                     |           |               |           |    |              |
| 9   | If Line 7 above is greater than zero, enter the amount of carryforward shown on Line 6 above on Form IT-540, Schedule J, Line 3.  | 9                             |            |                     |           |                     |           |               |           |    |              |
| 10  | If Line 7 above is greater than zero, enter the amount from Line 7.   | 10                            | 3,292 .00  |                     |           |                     |           |               |           |    |              |
| 11  | Enter the amount of your 2021 Child Care Credit (Line 2 or Line 2A above).  | 11                            | .00        |                     |           |                     |           |               |           |    |              |
| 12  | Subtract Line 11 from Line 10.  | 12                            | 3,292 .00  |                     |           |                     |           |               |           |    |              |
| 13  | If Line 12 is greater than or equal to zero, your entire Child Care Credit for 2021 (Line 2 or 2A above) has been utilized. Enter the amount from Line 11 above on Form IT-540, Schedule J, Line 2. Stop here; you are finished with the worksheet.   | 13                            |            |                     |           |                     |           |               |           |    |              |
| <b>Use Line 14 to determine what amount of your 2021 Child Care Credit you can claim.</b>   |   |                               |            |                     |           |                     |           |               |           |    |              |
| 14  | If Line 12 above is less than zero, the amount on Line 10 above is the amount of your 2021 Child Care Credit. Enter the amount from Line 10 above on Form IT-540, Schedule J, Line 2.   | 14                            |            |                     |           |                     |           |               |           |    |              |
| <b>Use Line 15 to determine the amount of your 2021 Child Care Credit to be carried forward to 2022.</b>  |   |                               |            |                     |           |                     |           |               |           |    |              |
| 15  | If Line 12 above is less than zero, subtract Line 10 from Line 11 to compute your Child Care Carryforward to 2022. Enter the result here and keep this amount for your records.   | 15                            | .00        |                     |           |                     |           |               |           |    |              |

