

IRS e-file Signature Authorization

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

Submission Identification Number (SID) ▶

| | |
|---|---------------------------------------|
| Taxpayer's name OBULAREDDY THIPPAREDDY | Social security number 762-13-6435 |
| 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 | 106,585. |
| 2 Total tax | 2 | 16,515. |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 16,209. |
| 4 Amount you want refunded to you | 4 | |
| 5 Amount you owe | 5 | 306. |

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

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

Taxpayer's PIN: check one box only

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

| | | | | |
|---|---|---|---|---|
| 3 | 6 | 4 | 3 | 5 |
|---|---|---|---|---|

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

| IF you live in . . . | THEN use this address to send in your payment . . . |
|--|--|
| Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas | Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214 |
| Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Oklahoma, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin | Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000 |
| Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, South Dakota, Utah, Washington, Wyoming | Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501 |
| A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands | Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303 |

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury
Internal Revenue Service (99)

2021

Form 1040-V Payment Voucher

- ▶ Use this voucher when making a payment with Form 1040.
- ▶ Do not staple this voucher or your payment to Form 1040.
- ▶ Make your check or money order payable to the 'United States Treasury.'
- ▶ Write your social security number (SSN) on your check or money order.

| | |
|--|-------------|
| Enter the amount of your payment ▶ | 306. |
|--|-------------|

REV 02/17/22 PRO 1555

OBULAREDDY THIPPAREDDY

9449 LEE HIGHWAY
FAIRFAX VA 22031

INTERNAL REVENUE SERVICE
P.O. BOX 931000
LOUISVILLE, KY 40293-1000

762136435 TF THIP 30 0 202112 610

Filing Status [X] 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: OBULAREDDY
Last name: THIPPAREDDY
Your social security number: 762-13-6435
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.
9449 LEE HIGHWAY
Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below.
FAIRFAX
State: VA
ZIP code: 22031
Foreign country name:
Foreign province/state/county:
Foreign postal code:
Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
[] You [] Spouse

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? [] Yes [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) if qualifies for (see instructions): Child tax credit, Credit for other dependents. Includes a checkbox for 'If more than four dependents, see instructions and check here'.

Main tax calculation table with 15 rows. Columns include line numbers, descriptions, sub-rows (a, b, c), and final amounts. Total taxable income is 93,735.

| | | | |
|-----------------------|--|------------|---------|
| 16 | Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | 16 | 16,515. |
| 17 | Amount from Schedule 2, line 3 | 17 | |
| 18 | Add lines 16 and 17 | 18 | 16,515. |
| 19 | Nonrefundable child tax credit or credit for other dependents from Schedule 8812 | 19 | |
| 20 | Amount from Schedule 3, line 8 | 20 | |
| 21 | Add lines 19 and 20 | 21 | |
| 22 | Subtract line 21 from line 18. If zero or less, enter -0- | 22 | 16,515. |
| 23 | Other taxes, including self-employment tax, from Schedule 2, line 21 | 23 | 0. |
| 24 | Add lines 22 and 23. This is your total tax | 24 | 16,515. |
| 25 | Federal income tax withheld from: | | |
| a | Form(s) W-2 | 25a | 16,209. |
| b | Form(s) 1099 | 25b | |
| c | Other forms (see instructions) | 25c | |
| d | Add lines 25a through 25c | 25d | 16,209. |
| 26 | 2021 estimated tax payments and amount applied from 2020 return | 26 | |
| 27a | Earned income credit (EIC) Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/> | 27a | |
| b | Nontaxable combat pay election | 27b | |
| c | Prior year (2019) earned income | 27c | |
| 28 | Refundable child tax credit or additional child tax credit from Schedule 8812 | 28 | |
| 29 | American opportunity credit from Form 8863, line 8 | 29 | |
| 30 | Recovery rebate credit. See instructions | 30 | |
| 31 | Amount from Schedule 3, line 15 | 31 | |
| 32 | Add lines 27a and 28 through 31. These are your total other payments and refundable credits | 32 | |
| 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | 16,209. |
| Refund | 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | |
| 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | |
| b | Routing number: X X X X X X X X X X c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| d | Account number: X | | |
| 36 | Amount of line 34 you want applied to your 2022 estimated tax | 36 | |
| Amount You Owe | 37 Amount you owe . Subtract line 33 from line 24. For details on how to pay, see instructions | 37 | 306. |
| 38 | Estimated tax penalty (see instructions) | 38 | |

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

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

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

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

| | | | |
|---|------|--------------------------------------|---|
| Your signature | Date | Your occupation SOFTWARE ENGINEER | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |

Phone no. (502) 966-7895 Email address OBULANETWORK9@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 02/26/2022 | 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 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
OBULAREDDY THIPPAREDDY

Your social security number
762-13-6435

Part I Additional Income

| | | | |
|-----------|---|-----------|----------|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | 1 | |
| 2a | Alimony received | 2a | |
| b | Date of original divorce or separation agreement (see instructions) ▶ _____ | | |
| 3 | Business income or (loss). Attach Schedule C | 3 | |
| 4 | Other gains or (losses). Attach Form 4797 | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 5 | -11,510. |
| 6 | Farm income or (loss). Attach Schedule F | 6 | |
| 7 | Unemployment compensation | 7 | |
| 8 | Other income: | | |
| a | Net operating loss | 8a | () |
| b | Gambling income | 8b | |
| c | Cancellation of debt | 8c | |
| d | Foreign earned income exclusion from Form 2555 | 8d | () |
| e | Taxable Health Savings Account distribution | 8e | |
| f | Alaska Permanent Fund dividends | 8f | |
| g | Jury duty pay | 8g | |
| h | Prizes and awards | 8h | |
| i | Activity not engaged in for profit income | 8i | |
| j | Stock options | 8j | |
| k | Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property | 8k | |
| l | Olympic and Paralympic medals and USOC prize money (see instructions) | 8l | |
| m | Section 951(a) inclusion (see instructions) | 8m | |
| n | Section 951A(a) inclusion (see instructions) | 8n | |
| o | Section 461(l) excess business loss adjustment | 8o | |
| p | Taxable distributions from an ABLE account (see instructions) | 8p | |
| z | Other income. List type and amount ▶ _____ | 8z | |
| 9 | Total other income. Add lines 8a through 8z | 9 | |
| 10 | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 | 10 | -11,510. |

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

Schedule 1 (Form 1040) 2021

Part II Adjustments to Income

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

SCHEDULE 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 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
OBULAREDDY THIPPAREDDY

Your social security number
762-13-6435

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. This form may be easier to complete if you round off cents to whole dollars. | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|--|----------------------------------|---------------------------------|---|---|
| 1a 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 . | | | | |
| 1b Totals for all transactions reported on Form(s) 8949 with Box A checked | 649,557. | 671,790. | 59,112. | 36,879. |
| 2 Totals for all transactions reported on Form(s) 8949 with Box B checked | 25,074. | 27,722. | | -2,648. |
| 3 Totals for all transactions reported on Form(s) 8949 with Box C checked | 0. | 11,000. | | -11,000. |
| 4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 | | | | 4 |
| 5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | | 5 |
| 6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions | | | | 6 (7,309.) |
| 7 Net short-term capital gain or (loss). 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 | | | | 7 15,922. |

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. This form may be easier to complete if you round off cents to whole dollars. | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|---|----------------------------------|---------------------------------|--|---|
| 8a 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 . | | | | |
| 8b Totals for all transactions reported on Form(s) 8949 with Box D checked | | | | |
| 9 Totals for all transactions reported on Form(s) 8949 with Box E checked | | | | |
| 10 Totals for all transactions reported on Form(s) 8949 with Box F checked | 4. | 4. | | 0. |
| 11 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 | | | | 11 |
| 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | | 12 |
| 13 Capital gain distributions. See the instructions | | | | 13 |
| 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions | | | | 14 () |
| 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back | | | | 15 0. |

Part III Summary

| | | | |
|-----------|--|-----------|---------|
| 16 | Combine lines 7 and 15 and enter the result | 16 | 15,922. |
| | <ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. | | |
| 17 | Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input checked="" type="checkbox"/> No. Skip lines 18 through 21, and go to line 22. | | |
| 18 | If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet ▶ | 18 | |
| 19 | If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet ▶ | 19 | |
| 20 | Are lines 18 and 19 both zero or blank and are you not filing Form 4952? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. | | |
| 21 | If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p> | 21 | () |
| 22 | Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? <input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. <input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR. | | |

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side
OBULAREDDY THIPPAREDDY

Social security number or taxpayer identification number
762-13-6435

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) Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold or disposed of (Mo., day, yr.) | (d) Proceeds (sales price) (see instructions) | (e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions | Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions. | | (h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g) |
|---|--|---|--|--|--|---|--------------------------------|--|
| | | | | | | (f) Code(s) from instructions | (g) Amount of adjustment | |
| | ROBINHOOD SECURITIES LLC | 05/02/18 | 04/21/21 | 4. | 4. | | | 0. |
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| 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ▶ | | | | 4. | 4. | | | 0. |

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.

Sales and Other Dispositions of Capital Assets

Department of the Treasury
Internal Revenue Service

► Go to 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

OBULAREDDY THIPPAREDDY

Social security number or taxpayer identification number

762-13-6435

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) Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold or disposed of (Mo., day, yr.) | (d) Proceeds (sales price) (see instructions) | (e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions | Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions. | | (h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g) |
|--|--|---|---|--|--|---|--------------------------------|--|
| | | | | | | (f) Code(s) from instructions | (g) Amount of adjustment | |
| | ROBINHOOD CRYPTO LLC | 01/29/21 | 01/30/21 | 25,074. | 27,722. | | | -2,648. |
| | | | | | | | | |
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| | | | | | | | | |
| 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ► | | | | 25,074. | 27,722. | | | -2,648. |

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.

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

OMB No. 1545-0074

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

2021

Department of the Treasury
Internal Revenue Service (99)

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

Attachment
Sequence No. **13**

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

Name(s) shown on return

Your social security number

OBULAREDDY THIPPAREDDY

762-13-6435

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 | VENGAMUKKAPALEM VILLAGE ONGOLE MANDAL PRAKASAM ,ANDHRA PRADESH IN 523272 |
| B | |
| C | |

| 1b | Type of Property (from list below) | 2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. | Fair Rental Days | Personal Use Days | QJV |
|-----------|------------------------------------|--|------------------|-------------------|--------------------------|
| A | 3 | | 344 | 0 | <input type="checkbox"/> |
| B | | | | | <input type="checkbox"/> |
| C | | | | | <input type="checkbox"/> |

Type of Property:

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

| Income: | | Properties: | A | B | C |
|----------|------------------------------|-------------|------|---|---|
| 3 | Rents received | 3 | 580. | | |
| 4 | Royalties received | 4 | | | |

| Expenses: | | | | | |
|-----------|--|-----------|---------|--|--|
| 5 | Advertising | 5 | 80. | | |
| 6 | Auto and travel (see instructions) | 6 | 260. | | |
| 7 | Cleaning and maintenance | 7 | 600. | | |
| 8 | Commissions. | 8 | | | |
| 9 | Insurance | 9 | | | |
| 10 | Legal and other professional fees | 10 | | | |
| 11 | Management fees | 11 | 900. | | |
| 12 | Mortgage interest paid to banks, etc. (see instructions) | 12 | | | |
| 13 | Other interest. | 13 | 1,500. | | |
| 14 | Repairs. | 14 | 4,250. | | |
| 15 | Supplies | 15 | 2,500. | | |
| 16 | Taxes | 16 | | | |
| 17 | Utilities. | 17 | 2,000. | | |
| 18 | Depreciation expense or depletion | 18 | | | |
| 19 | Other (list) ▶ | 19 | | | |
| 20 | Total expenses. Add lines 5 through 19 | 20 | 12,090. | | |

| | | | | | |
|-----------|---|-----------|-------------|-----|-----|
| 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 | -11,510. | | |
| 22 | Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 | (11,510.) | () | () |

| | | | | | |
|------------|--|------------|---------|--|--|
| 23a | Total of all amounts reported on line 3 for all rental properties | 23a | 580. | | |
| b | Total of all amounts reported on line 4 for all royalty properties | 23b | | | |
| c | Total of all amounts reported on line 12 for all properties | 23c | | | |
| d | Total of all amounts reported on line 18 for all properties | 23d | | | |
| e | Total of all amounts reported on line 20 for all properties | 23e | 12,090. | | |

| | | | | | |
|-----------|--|-----------|-------------|--|--|
| 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 | (11,510.) | | |

| | | | | | |
|-----------|---|-----------|----------|--|--|
| 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 | -11,510. | | |
|-----------|---|-----------|----------|--|--|

For Paperwork Reduction Act Notice, see the separate instructions. NPA -11,510. Schedule E (Form 1040) 2021

**Nonbusiness Bad Debt
Explanation Statement**

2021

Name(s)

OBULAREDDY THIPPAREDDY

Social Security Number

762-13-6435

Form/Line: Form 8949

Line 1

Explanation of: Nonbusiness Bad Debt

Description of debt: LOAN TO VENKATESH BURLA

Amount: \$5,000

Date debt became due: 06/04/2021

Name of debtor: VENKATESH BURLA

Relationship to debtor: FRIEND

Efforts to collect:

EFFORTS MADE TO COLLECT THE DEBT

Why decided debt was worthless:

VENKATESH BURLA DECLARED THAT HE IS UNABLE TO PAY THE DEBT

**Nonbusiness Bad Debt
Explanation Statement**

2021

| | |
|-----------------------------------|---------------------------------------|
| Name(s) OBULAREDDY THIPPAREDDY | Social Security Number 762-13-6435 |
|-----------------------------------|---------------------------------------|

Form/Line: Form 8949 Line 1
Explanation of: Nonbusiness Bad Debt

Description of debt: LOAN TO MALIKARJUN
Amount: \$6,000
Date debt became due: 06/25/2021
Name of debtor: MALIKARJUN A TIPPAREDDY
Relationship to debtor: FRIEND
Efforts to collect:
EFFORTS MADE TO COLLECT THE DEBT
Why decided debt was worthless:
MALIKARJUN A TIPPAREDDY DECLARED THAT HE IS UNABLE TO PAY THE DEBT



See instructions before completing line items.

Enclose a complete copy of your federal tax return and all other required Virginia enclosures.

| Dates of VA Residence (mm-dd-yyyy) | |
|---------------------------------------|-------------|
| You - From | You - To |
| 04-01-2021 | 09-30-2021 |
| Spouse - From | Spouse - To |

| | | | | | |
|---|----|-------------------------------|--|--------|---|
| YOUR First Name OBULAREDDY | MI | Your Last Name THIPPAREDDY | Check if deceased <input type="checkbox"/> | Suffix | A Your Social Security Number 762-13-6435 |
| SPOUSE'S First Name (filing status 2 or 4) | MI | Spouse's Last Name | Check if deceased <input type="checkbox"/> | Suffix | B Spouse's Social Security Number |

| | | | | | |
|--|-------------------|----------------------|---|-------------------------|--|
| Present Home Address (Number and Street, or Rural Route) 9449 LEE HIGHWAY | | | VA Driver's License Information Customer ID | | |
| City, Town or Post Office FAIRFAX | | | | | |
| State VA | ZIP Code 22031 | Locality Code 600 | You | Issue Date (mm-dd-yyyy) | |
| | | | Spouse | | |

| | | | |
|-------------------------------|--|--|--|
| Check Applicable Boxes | <input type="checkbox"/> Amended Return Reason Code <input type="checkbox"/> | <input type="checkbox"/> Qualifying Farmer, Fisherman or Merchant Seaman | Combined Social Security for You and Spouse reported as taxable income on Federal Return |
| | <input type="checkbox"/> Dependent on Another's Return | Earned Income Credit Claimed on federal return | \$ _____ .00 |
| | <input type="checkbox"/> Overseas on Due Date | \$ _____ .00 | \$ _____ .00 |

I/we are uninsured and authorize the sharing of certain information from Form 760PY and Schedule 760PY ADJ (as described in the instructions) with the Department of Medical Assistance Services (DMAS) for purposes of identifying persons who would like to newly enroll in medical assistance.

Filing Status Enter Filing Status Code in box below.

1 = Single (Column A) - Federal head of household? YES

2 = Married, Filing Joint return (Column A)

3 = Married, Filing Separate returns (Column A)

4 = Married, Filing Separately on this combined return (Columns A and B)

If Filing Status 3, enter spouse's SSN in the Spouse's Social Security Number box at top of form and, enter Spouse's Name _____

Exemptions Enter the number of exemptions being claimed.

| | You/ Spouse | Dependents | 65 or Over | Blind |
|--|----------------|------------|------------|-------|
| A - You Enter the numbers for both You and Spouse if Filing Status 2 | 1 | 0 | | |
| B - Spouse Filing Status 4 Only | | | | |

DATE OF BIRTH

| | |
|----------------------------------|---------------------|
| Your Birth Date (mm-dd-yyyy) | 0 8 - 2 7 - 1 9 8 7 |
| Spouse's Birth Date (mm-dd-yyyy) | - - |

| | |
|--------------------------------------|--|
| B Spouse Filing Status 4 ONLY | A You Include Spouse if Filing Status 2 |
|--------------------------------------|--|

Complete the Schedule of Income first and submit it with your Form 760PY.

| Line | Description | 1 | 2 | 3 | 4a | 4b | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|------|---|---|----|--------|----|----|---|---|---|---|---|----|----|----|
| 1 | FEDERAL ADJUSTED GROSS INCOME from Schedule of Income, Part 1, Line 7, Column 1..... | | 00 | 106585 | 00 | | | | | | | | | |
| 2 | Additions from Schedule 760PY ADJ, Line 3..... | | 00 | | | | | | | | | | | |
| 3 | Add Lines 1 and 2..... | | 00 | 106585 | 00 | | | | | | | | | |
| 4a | Qualifying Age Deduction. Enter Birth Dates above. Complete Age Deduction Worksheet in instructions. Enter Spouse's Age Deduction on Line 4b, Column B when using Filing Status 4 ONLY. Otherwise, claim Your Age Deduction on Line 4a, Column A and Spouse's on Line 4b, Column A..... | | | | | | | | | | | | | 00 |
| 4b | | | 00 | | | | | | | | | | | 00 |
| 5 | Social Security Act and equivalent Tier 1 Railroad Retirement Act benefits reported as taxable income on federal return and attributable to your period of residence in Virginia..... | | 00 | | | | | | | | | | | 00 |
| 6 | State income tax refund or overpayment credit reported as income on your federal return and received while a Virginia resident. Claim in the same column you reported adjusted gross income on Line 1..... | | 00 | | | | | | | | | | | 00 |
| 7 | Income attributable to your period of residence outside Virginia from Schedule of Income, Part 1, Line 9, Column 3..... | | 00 | 33457 | 00 | | | | | | | | | |
| 8 | Subtractions from Schedule 760PY ADJ, Line 7..... | | 00 | | | | | | | | | | | 00 |
| 9 | Add Lines 4a, 4b, 5, 6, 7, and 8..... | | 00 | 33457 | 00 | | | | | | | | | |
| 10 | Virginia Adjusted Gross Income (VAGI). Subtract Line 9 from Line 3..... | | 00 | 73128 | 00 | | | | | | | | | |
| 11 | Itemized Deductions from Virginia Schedule A paid while a Virginia resident. See Instructions..... | | 00 | | | | | | | | | | | 00 |
| 12 | If you do not claim itemized deductions on Line 11, enter standard deduction from Standard Deductions Worksheet in instructions..... | | 00 | 3087 | 00 | | | | | | | | | |



| | |
|-------------------------------------|-------------------------|
| Your Name OBULAREDDY THIPPAREDDY | Your SSN 762-13-6435 |
|-------------------------------------|-------------------------|

| | B Spouse Filing Status 4 ONLY | A You Include Spouse if Filing Status 2 |
|--|--|--|
| 13 Prorated exemption amount from Schedule of Income, Part 2, Line 11. See instructions..... | 13 00 | 466 00 |
| 14 Deductions from Schedule 760PY ADJ, Line 9..... | 14 00 | 00 |
| 15 Add Lines 11, 12, 13 and 14. | 15 00 | 3553 00 |
| 16 Virginia Taxable Income. Subtract Line 15 from Line 10. | 16 00 | 69575 00 |
| 17 Tax amount from Tax Table or Tax Rate Schedule..... | 17 00 | 3743 00 |
| 18 Total Tax. Add Line 17, Column A and Line 17, Column B. | 18 | 3743 00 |
| 19a Your Virginia income tax withheld. Enclose copies of Forms W-2, W-2G, 1099 and VK-1..... | 19a | 3874 00 |
| 19b Spouse's Virginia income tax withheld. Enclose copies of Forms W-2, W-2G, 1099 and VK-1..... | 19b | 00 |
| 20 Combined 2021 Estimated Tax Payments..... | 20 | 00 |
| 21 2020 overpayment credited to 2021 estimated taxes..... | 21 | 00 |
| 22 Extension Payment - Enter amount paid on Form 760IP..... | 22 | 00 |
| 23 Tax Credit for Low-Income Individuals or Virginia Earned Income Credit from Schedule 760PY ADJ, Line 17.... | 23 | 00 |
| 24 Total credit for taxes paid to another state from Schedule OSC..... | 24 | 00 |
| 25 Credits from Schedule CR, Section 5, Line 1A..... | 25 | 00 |
| 26 Total payments and credits. Add Lines 19a through 25. | 26 | 3874 00 |
| 27 If Line 18 is larger than Line 26, enter the difference. This is the INCOME TAX YOU OWE. | 27 | 00 |
| 28 If Line 26 is larger than Line 18, enter the difference. This is the OVERPAYMENT AMOUNT. | 28 | 131 00 |
| 29 Amount of overpayment on Line 28 to be CREDITED TO 2022 ESTIMATED INCOME TAX. | 29 | 00 |
| 30 Virginia529 and ABLE Contributions from Schedule VAC, Section I, Line 6..... | 30 | 00 |
| 31 Other Voluntary Contributions from Schedule VAC, Section II, Line 14..... | 31 | 00 |
| 32 Addition to Tax, Penalty and Interest from enclosed Schedule 760PY ADJ, Line 21..... | 32 | 00 |
| 33 Sales and Use Tax is due on Internet, mail order, and out-of-state purchases (Consumer's Use Tax). See instructions. Check here if no sales and use tax is due..... <input checked="" type="checkbox"/> | 33 | 00 |
| 34 Add Lines 29 through 33. | 34 | 00 |
| 35 If you owe tax on Line 27, add Lines 27 and 34 - OR - If Line 28 is an overpayment and Line 34 is larger than Line 28, enter the difference. Enclose payment or pay at www.tax.virginia.gov AMOUNT YOU OWE ... Check here if paying by credit or debit card - See instructions. <input type="checkbox"/> | 35 | 00 |
| 36 If Line 28 is larger than Line 34, subtract Line 34 from Line 28..... YOUR REFUND. | 36 | 131 00 |

If the Direct Deposit section below is not completed, your refund will be issued by check.

DIRECT BANK DEPOSIT Domestic Accounts Only. No International Deposits.

Your Bank Routing Transit Number: 0 2 1 2 0 0 3 3 9

Your Bank Account Number: 3 8 1 0 4 8 5 6 7 0 9 1

Checking Savings

I (We) authorize the Department of Taxation to discuss this return with my (our) preparer. I agree to obtain my Form 1099-G at www.tax.virginia.gov.
 I (We), the undersigned, declare under penalty of law that I (we) have examined this return and to the best of my (our) knowledge, it is a true, correct and complete return.

| | | |
|--|---|---------------------|
| Your Signature | Your Phone Number (502) 966-7895 | Date |
| Spouse's Signature (If a joint return, both must sign) | Spouse's Phone Number | Date |
| Preparer's Name SYAM PRIYA RAM SAGAR GUPTA TALLAM | Preparer's Phone Number (678) 965-9522 | Date 02-26-2022 |
| Firm's Name (or Yours if Self-Employed) GLOBAL TAXES LLC 2530 PEBBLE CREEK LN CUMMING GA 30041 | Preparer's PTIN P02082703 | Vendor Code 1555 |
| | Filing Election Code | ID Theft PIN |

2021 VIRGINIA SCHEDULE OF INCOME
Form 760PY

Page 1



| | |
|-------------------------------------|-------------------------|
| Your Name OBULAREDDY THIPPAREDDY | Your SSN 762-13-6435 |
|-------------------------------------|-------------------------|

PART 1

Income Distribution

Complete the Schedule of Income prior to beginning Form 760PY. Everyone should complete Section A. If you are claiming filing status 4, also complete Section B. Refer to your federal return when completing Part 1.

| SECTION A SCHEDULE OF INCOME Form 760PY, Column A — All Filers Must Complete Section A — | | You (Include Spouse if Filing Status 2) | | | | | |
|---|---|---|-----|--------------------------------|-----|------------------------------------|-----|
| | | Column A1 Federal Return | | Column A2 While VA Resident | | Column A3 While NOT VA Resident | |
| 1. Wages, salaries, tips, etc..... | 1 | 102172 | .00 | 73128 | .00 | 29044 | .00 |
| 2. Interest and dividends | 2 | 1 | .00 | 0 | .00 | 1 | .00 |
| 3. Pension and other income..... | 3 | 4412 | .00 | 0 | .00 | 4412 | .00 |
| 4. Gross income (add Lines 1, 2 and 3) | 4 | 106585 | .00 | 73128 | .00 | 33457 | .00 |
| 5. Adjustments to income: moving expenses | 5 | | .00 | | .00 | | .00 |
| 6. Other income adjustments (enclose explanation) | 6 | | .00 | | .00 | | .00 |
| 7. Federal adjusted gross income (Line 4 less Lines 5 and 6)* | 7 | 106585 | .00 | 73128 | .00 | 33457 | .00 |
| 8. Net fixed date conformity modifications..... | 8 | | .00 | | .00 | | .00 |
| 9. Fixed date conformity Federal Adjusted Gross Income (add Lines 7 and 8)..... | 9 | 106585 | .00 | 73128 | .00 | 33457 | .00 |

*Enter the amount from Line 7, Column A1 on Form 760PY, Page 1, Line 1, Column A.

| SECTION B SCHEDULE OF INCOME Form 760PY, Column B — Spouse Must Complete Section B if claiming Filing Status 4 — | | Enter Spouse's Income When Filing Status 4 Is Claimed | | | | | |
|---|---|---|-----|--------------------------------|-----|------------------------------------|-----|
| | | Column B1 Federal Return | | Column B2 While VA Resident | | Column B3 While NOT VA Resident | |
| 1. Wages, salaries, tips, etc..... | 1 | | .00 | | .00 | | .00 |
| 2. Interest and dividends | 2 | | .00 | | .00 | | .00 |
| 3. Pension and other income..... | 3 | | .00 | | .00 | | .00 |
| 4. Gross income (add Lines 1, 2 and 3) | 4 | | .00 | | .00 | | .00 |
| 5. Adjustments to income: moving expenses | 5 | | .00 | | .00 | | .00 |
| 6. Other income adjustments (enclose explanation) | 6 | | .00 | | .00 | | .00 |
| 7. Federal Adjusted gross income (Line 4 less Lines 5 and 6)** | 7 | | .00 | | .00 | | .00 |
| 8. Net fixed date conformity modifications..... | 8 | | .00 | | .00 | | .00 |
| 9. Fixed date conformity Federal Adjusted Gross Income (add Lines 7 and 8)..... | 9 | | .00 | | .00 | | .00 |

**Enter the amount from Line 7, Column B1 on Form 760PY, Page 1, Line 1, Column B.

Submit completed Schedule of Income with Form 760PY to avoid delays.

2021 VIRGINIA SCHEDULE OF INCOME

Form 760PY

Page 2



| | |
|--|--------------------------------|
| Your Name OBULAREDDY THIPPAREDDY | Your SSN 762-13-6435 |
|--|--------------------------------|

PART 2

Prorated Exemptions Worksheet

If claiming Filing Status 4, complete both the "A" and "B" sections of the schedule. For all other filing statuses, complete only the "A" section.

Complete the Prorated Exemption Worksheet to compute your allowable personal and dependent exemptions. The worksheet below is used to reduce your personal and dependent exemptions to an amount that is proportional to the number of days you resided in Virginia during the taxable year. The total exemption amount is the number of exemptions claimed, prorated based on the portion of the year you resided in Virginia (see Ratio Schedule in Form 760PY Instructions).

Each spouse must compute his or her own prorated personal exemptions based on the number of exemptions claimed in the Exemption Section of Form 760PY. Use the separate exemption amounts for "you" and your "spouse" when completing Lines 1 - 11 of the worksheet. Enter the total prorated exemption in the appropriate column on Form 760PY, Line 13. If claiming Filing Status 2, the combined exemption amount for you and spouse should be entered on Form 760PY, Line 13, Column A.

For example, if you are single, claim no dependents and moved to Virginia on July 1, your prorated Virginia personal exemption is computed as follows:

\$930 (One personal exemption)

X .504 (Ratio Schedule factor for July 1 move to Virginia)

\$468.72 (Be sure to round to the nearest whole number, \$469.00 in this example)

Prorated Virginia Personal Exemptions

| | | Column B Spouse | Column A You |
|-----|--|----------------------------|-------------------------|
| 1. | Your exemption..... | 1 | 1 |
| 2. | Dependents | 2 | 0 |
| 3. | Add Lines 1 and 2 | 3 | 1 |
| 4. | Multiply Line 3 by \$930 | 4 | 930 |
| 5. | 65 or over | 5 | |
| 6. | Blind | 6 | |
| 7. | Add Lines 5 and 6 | 7 | |
| 8. | Multiply Line 7 by \$800 | 8 | |
| 9. | Add Lines 4 and 8 | 9 | 930 |
| 10. | Enter the ratio amount from the Personal Exemption Ratio Schedule in the Form 760PY Instructions | 10 | 0.501 |
| 11. | Multiply Line 9 by Line 10 and enter the result in the appropriate column on Form 760PY, Line 13..... | 11 | 466 |

PART 3

Moving Information

- 1a. If YOU moved into Virginia in 2021, prior state of residence _____
- 1b. If YOU moved out of Virginia in 2021, state moved to PA _____
- 2a. If SPOUSE moved into Virginia in 2021, prior state of residence _____
- 2b. If SPOUSE moved out of Virginia in 2021, state moved to _____

2021 Schedule INC/CG 762136435

Report all W-2s, 1099s & VK-1s with VA Withholding



OBULAREDDY THIPPAREDDY

| Your/ Spouse SSN | Withholding Type | VA Withholding | Employer FEIN | VA Account Number | VA Wages, tips, other comp. |
|---------------------|---------------------|-------------------|------------------|----------------------|--------------------------------|
| 762136435 | W | 3874. | 800681835 | 30800681835F001 | 73128. |

| Total VA Withholding | SSN | VA Withholding |
|----------------------|-----------|----------------|
| You | 762136435 | 3874. |
| Spouse | | |

Total # of W-2s, 1099s & VK-1s 01

To avoid delays - be sure to enter all information, including the Employer's FEIN.

PA-40 - 2021
Pennsylvania Income Tax Return
ENTER ONE LETTER OR NUMBER IN EACH BOX (06-21)

762136435

THIPPAREDDY

OBULAREDDY

Occupation SOFTWARE E

Occupation

9449 LEE HIGHWAY

FAIRFAX

VA 22031

502-966-7895

15900

N Extension. N Amended Return.

P Residency Status.
PA Resident/Nonresident/Part-Year Resident
from 100121 to 123121

S Single, Married/Filing Jointly,
Married/Filing Separately, Final Return

N Deceased

N Taxpayer Date of Death

N Spouse Date of Death

N Farmers.

School District Name WEST CHESTER

- 1a Gross Compensation. Do not include exempt income, such as combat zone pay and qualifying retirement benefits. See the instructions.
1b Unreimbursed Employee Business Expenses.
1c Net Compensation. Subtract Line 1b from Line 1a.
2 Interest Income. Complete PA Schedule A if required.
3 Dividend and Capital Gains Distributions Income. Complete PA Schedule B if required.
4 Net Income or Loss from the Operation of a Business, Profession or Farm.
5 Net Gain or Loss from the Sale, Exchange or Disposition of Property.
6 Net Income or Loss from Rents, Royalties, Patents or Copyrights.
7 Estate or Trust Income. Complete and submit PA Schedule J.
8 Gambling and Lottery Winnings. Complete and submit PA Schedule T.
9 Total PA Taxable Income. Add only the positive income amounts from Lines 1c, 2, 3, 4, 5, 6, 7 and 8. DO NOT ADD any losses reported on Lines 4, 5 or 6.
10 Other Deductions. Enter the appropriate code for the type of deduction. See the instructions for additional information.
11 Adjusted PA Taxable Income. Subtract Line 10 from Line 9.

Table with 2 columns: Line Number and Amount. Rows include 1a (29044), 1b (0), 1c (29044), 2 (0), 3 (1), 4 (0), 5 (-35881), 6 (0), 7 (0), 8 (0), 9 (29045), 10 (0), 11 (29045).



EC OFFICIAL USE ONLY FC
[] [] [] [] [] [] [] []

PA SCHEDULE B
Dividend Income

2101510028

PA-40 B (EX) 06-21 (I)
PA Department of Revenue

2021

OFFICIAL USE ONLY

| | |
|---|---|
| Name shown first on the PA-40 (if filing jointly) OBULAREDDY THIPPAREDDY | Social Security Number (shown first) 762-13-6435 |
|---|---|

CAUTION: Federal and PA rules for dividend income are different. **Read the instructions.**

If your total PA-taxable dividend and capital gains distributions income (taxpayer, spouse and/or joint) is equal to the amount reported on your federal return and does not include any amounts for Lines 2 through 11 (not including subtotal Line 6) of PA Schedule B, you must report your income on Line 3 of the PA-40, but you do not have to submit PA Schedule B. If there are any amounts (taxpayer, spouse and/or joint) for any of the Lines 2 through 11 (not including subtotal Line 6), you must complete and submit PA Schedule B with your PA-40. A taxpayer and spouse must complete separate schedules to report their income if any amounts are reported on Lines 2 through 11 (not including subtotal Line 6) of Schedule B. However, if all the income is earned on a joint basis, one schedule may be completed. Complete the oval to indicate whether the income included on the schedule is from the taxpayer, spouse or joint. If a separate PA Schedule B is prepared for a taxpayer and spouse, include only the taxpayer or spouse share of the income for each line.

**PA SCHEDULE B - PA-Taxable Dividend and
Capital Gains Distributions Income** (See the instructions.)

Taxpayer Spouse Joint

| | | | |
|--|-----|----|---|
| 1. Dividend income from Line 3b of your federal return. See instructions. | 1. | \$ | 1 |
| 2. Dividend income from federal Schedule K-1(s). See instructions. | 2. | \$ | |
| 3. Pennsylvania exempt-interest dividend income. See instructions. | 3. | \$ | |
| 4. Other reduction adjustments. See instructions. Description: _____ | 4. | \$ | |
| 5. Add the amounts on Lines 2, 3 and 4. | 5. | \$ | |
| 6. Subtract Line 5 from Line 1. | 6. | \$ | 1 |
| 7. Total exempt-interest dividends. See instructions. | 7. | \$ | |
| 8. Other addition adjustments. See instructions. Description: _____ | 8. | \$ | |
| 9. Repatriation of foreign income. See instructions. | | | |
| a. Total earnings and profits included on Line 1 of IRC Section 965 Transition Tax Statement. 9a. _____ | | | |
| b. Total payments of earnings and profits included in Line 9a received in prior years. 9b. _____ | | | |
| c. Payments of earnings and profits included in Line 9a received in current year. 9c. | | \$ | |
| 10. Capital Gains Distributions - See instructions. | 10. | \$ | |
| 11. Dividend income from PA S corporation(s) and partnerships, reported on your PA Schedule(s) RK-1 or federal Schedule(s) K-1. | 11. | \$ | |
| 12. Total PA-Taxable Dividend Income. Add Lines 6, 7, 8, 9c, 10 and 11. Enter on Line 3 of your PA-40. | 12. | \$ | 1 |

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PA SCHEDULE E
Rents and Royalty Income (Loss)

2101410021

PA-40 E (EX) 06-21 (I)
PA Department of Revenue

2021

OFFICIAL USE ONLY

Name of the taxpayer filing this schedule
OBULAREDDY THIPPAREDDY

Social Security Number (shown first) or EIN
762-13-6435

Sales Tax License Number (if applicable). See the instructions. _____ Are rental payments made by lessees through a third party broker? Yes No

See the instructions. Report the income and expenses for the use of your personal property by others. Also, report the income you received for the extraction of oil, gas and other minerals from your property, and the use of your patents and copyrights. **Note:** If you are in the business of renting your property, extracting minerals from your property or producing products from your patents and copyrights – use PA Schedule C.

SECTION I PROPERTY DESCRIPTION

Enter the type and complete address of each rental real estate property, and/or each source of royalty income. See the instructions.

| Type | Description of Property | For Profit Property | Complete Address (street, city, state and ZIP code) |
|------|---------------------------|--|--|
| A | 3 VENGAMUKKAPALEM VILLAGE | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | F ONGOLE MANDAL , PRAKASAM ,ANDHRA PRADESH, 523272, |
| B | | YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| C | | YES <input type="checkbox"/> NO <input type="checkbox"/> | |

Property type: 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: _____

SECTION II INCOME & EXPENSES

| | Property A | Property B | Property C |
|---|---|--|--|
| Line a: Identify the property from Section I and indicate ownership (T/S/J) | <input checked="" type="checkbox"/> T <input type="checkbox"/> S <input type="checkbox"/> J | <input type="checkbox"/> T <input type="checkbox"/> S <input type="checkbox"/> J | <input type="checkbox"/> T <input type="checkbox"/> S <input type="checkbox"/> J |
| Line b: Is the property rental location in PA? | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Line c: Is the property rented for any period less than 30 days? | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Income: 1. Rent received | 580 | | |
| 2. Royalties received | | | |
| Expenses: 3. Advertising | 80 | | |
| 4. Automobile and travel | 260 | | |
| 5. Cleaning and maintenance | 600 | | |
| 6. Commissions | | | |
| 7. Insurance | | | |
| 8. Legal and professional fees | | | |
| 9. Management fees | 900 | | |
| 10. Mortgage interest | | | |
| 11. Other interest | 1,500 | | |
| 12. Repairs | 4,250 | | |
| 13. Supplies | 2,500 | | |
| 14. Taxes - not based on net income | | | |
| 15. Utilities | 2,000 | | |
| 16. Depreciation expense - See the instructions | | | |
| 17. Other expenses (itemize): | | | |
| 18. Total Expenses - Add Lines 3 through 17 | 12,090 | | |
| Income or Loss: 19. Income – Subtract Line 18 from Line 1 or 2. | | | |
| 20. Loss – Subtract Line 1 or 2 from Line 18. (fill in the oval, if a net loss) | <input type="checkbox"/> 0 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Net Income or Loss - Total Lines 19 and 20 for short-term rentals. See the instructions. (fill in the oval, if a net loss) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Net Income or Loss - Total Lines 19 and 20 for non short-term rentals. See the instructions. (fill in the oval, if a net loss) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 0 |
| 23. Rent or royalty income (loss) from PA S corporation(s) and partnerships from your PA Schedule(s) RK-1 or NRK-1. (fill in the oval, if a net loss) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Net Rent and Royalty Income (Loss). Add Lines 22 and 23. If submitting more than one schedule, total all Line 22 and 23 amounts and include on Line 6 of your PA-40. (fill in the oval, if a net loss) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 0 |

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2101410021

Declaration Control Number/Submission ID

| | |
|---|---------------------------------------|
| Primary Taxpayer's Name OBULAREDDY THIPPAREDDY | Social Security Number 762-13-6435 |
| Secondary Taxpayer's Name | Social Security Number |

SECTION I TAX RETURN INFORMATION – TAX YEAR ENDING DEC. 31, 2021 (whole dollars only)

| | | |
|---|----|--------|
| 1. Adjusted PA taxable income (Form PA-40, Line 11) | 1. | 29,045 |
| 2. PA tax liability (Form PA-40, Line 12) | 2. | 892 |
| 3. Total PA tax withheld (Form PA-40, Line 13) | 3. | 891 |
| 4. Amount to be refunded (Form PA-40, Line 30) | 4. | |
| 5. Total payment (tax due) (Form PA-40, Line 28) | 5. | 1 |

SECTION II DECLARATION AND SIGNATURE AUTHORIZATION OF TAXPAYER

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements of my 2021 PA Tax Return (Form PA-40), and to the best of my knowledge and belief, it is true, correct and complete. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure of all information pertaining to my use of the system and software and to the transmission of my tax return electronically to the PA Department of Revenue. I further declare that the amounts in Section I above are the amounts shown on the copy of my electronic income tax return. If applicable, I authorize the PA Department of Revenue and its designated financial agents to initiate an electronic funds withdrawal (direct debit) entry to my designated account for Pennsylvania taxes owed. I also authorize my financial institution to debit the entry to my account and the financial institutions involved in the processing of my electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to payment. I certify the funds for this withdraw are originating from an account within the United States or one of its territories. I have selected a personal identification number as my signature for my electronic income tax return and, if applicable, my electronic funds withdrawal consent.

PRIMARY TAXPAYER'S PERSONAL IDENTIFICATION NUMBER (PIN) Mark one oval only.

- I authorize GLOBAL TAXES LLC to enter my PIN 36435 as my signature on my tax year 2021 electronically filed income tax return.
- I will enter my PIN as my signature on my tax year 2021 electronically filed income tax return.

| | |
|-----------|------|
| Signature | Date |
|-----------|------|

SECONDARY TAXPAYER'S PIN Mark one oval only.

- I authorize _____ to enter my PIN _____ as my signature on my tax year 2021 electronically filed income tax return.
- I will enter my PIN as my signature on my tax year 2021 electronically filed income tax return.

| | |
|-----------|------|
| Signature | Date |
|-----------|------|

SECTION III CERTIFICATION AND AUTHENTICATION – PRACTITIONER PIN PROGRAM PARTICIPANTS ONLY

ERO'S EFIN/PIN Enter your six-digit EFIN followed by your five-digit self-selected PIN 587278 / 61989

As a participant in the Practitioner PIN Program, I certify the above numeric entry is my PIN, which is my signature on the tax year 2021 electronically filed income tax return for the taxpayer(s) indicated above. I confirm I am participating in the Practitioner PIN Program in accordance with the requirements established for this program.

| | |
|-----------------|------|
| ERO's Signature | Date |
|-----------------|------|

**The ERO must retain this form and supporting documents for three years.
DO NOT SUBMIT THIS FORM TO THE PA DEPARTMENT OF REVENUE UNLESS REQUESTED TO DO SO.**

Name
OBULAREDDY THIPPAREDDY

Social Security Number
762-13-6435

Federal Forms W-2

| # of W2 | * N T / T X B L | TS | N R H | Employer Name Employer identification number from box B | Federal wages from box 1 Medicare wages from box 5 | Pennsylvania (state) compensation from box 16 (See Tax Help) Pennsylvania (state) income tax withheld from box 17 | ST ID |
|---------|-----------------|----|-------|--|---|---|-------|
| 1 | | T | | CYGTEC, INC 80-0681835 | 77,628. 73,128. | 4,500. 138. | PA |
| 1 | X | T | | CYGTEC, INC 80-0681835 | | 73,128. 0. | VA |
| 2 | | T | | NOISE CONSULTING GROUP INC 20-8767480 | 24,544. 24,544. | 24,544. 753. | PA |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| | Taxpayer | Spouse |
|---|----------|--------|
| Pennsylvania W-2 | 29,044. | 0. |
| Pennsylvania W-2 to Schedule NRH, line 9 | | |
| Federal Form 4137, Unreported Tips, line 6 | | |
| Non-Pennsylvania W-2 to Schedule SP, line 6 | 73,128. | |
| Withholding | 891. | |

Federal Forms W-2: Local Tax

| # of W2 | * | TS | Employer identification number from box B | Locality name | Local wages, tips, etc. (local) from box 18 | Local income tax (local) from box 19 | ST ID |
|---------|---|----|---|---------------|---|--------------------------------------|-------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| | Taxpayer | Spouse |
|--|----------|--------|
| Pennsylvania Local W-2 | | |
| Federal Form 4137, Unreported Tips, line 6 | | |
| Withholding | | |

Excess Reimbursements

| * | Description | Employer's EIN | T/S | Amount |
|---|-------------|----------------|-----|--------|
| | | | | |
| | | | | |
| | | | | |

| | Taxpayer | Spouse |
|---------------------------------|----------|--------|
| Excess Reimbursements | | |

Miscellaneous Compensation from Federal Forms 1099MISC, 1099K, 1099NEC, and other statements

Table with 8 columns: *, Payer Name, Payer EIN, T/S, Code, PA Taxable Comp., PA Tax Withheld, Fed. Income. Includes empty rows for data entry.

Pennsylvania Payment type:

- A Executor fee
B Jury duty pay
C Director's fee
D Expert witness fee
E Honorarium
F Covenant not to compete
G Damages or settlement for lost wages, other than personal injury
H Other nonemployee compensation. Describe:
I Employer sponsored retirement/pension/deferred compensation plan
J Distribution from IRA (Traditional or Roth)
K Distribution from Life Insurance, Annuity or Endowment Contracts
L Distribution from Charitable Gift Annuities
M Distribution from Employee Stock Ownership Plan. Describe:
N Fiduciary fees from a trust
O Other income not listed above. Describe:

Table for Pennsylvania Payment type with columns: Taxpayer, Spouse. Includes row for Miscellaneous Compensation from Form 1099MISC/1099K/1099NEC. Withholding.

Compensation from Federal Forms 1099R

Table with 9 columns: *, Payer's EIN, Payer's Name, T, S, Fed #, PA Type, Gross Distribution, Basis, PA Taxable, PA Tax Withheld. Includes empty rows for data entry.

* Enter an 'X' if this income is Not subject to Pennsylvania tax - PA Part-Year and Nonresidents Only.

Pennsylvania Distribution type:

- N No entry
I22 I'm not eligible yet; plan is eligible in PA
I31 PA school, state, or municipal employee plan
J1 Traditional or Roth IRA; I'm over 59.5
I11 United Mine Workers pension
J2 Traditional or Roth IRA; I'm under 59.5
I32 Military pension
K2 Non-qualified deferred compensation plan
I33 U.S. Civil service retirement/disability/annuity
K3 Life insurance or endowment
K1 Annuity or Non-civil service disability (including Qual Joint Survivorship Annuity)
L Distribution from Charitable Gift Annuities
M1 ESOP: Allocated ESOP Stock Dividend
I21 Early distribution from a retirement plan
M2 ESOP: Non-Allocated ESOP Stock Dividend
I12 Rollover
M3 KSOP: Taxable ESOP within a 401(k)
I13 I'm eligible; plan is eligible (no PA tax)
M4 KSOP: Nontaxable ESOP within a 401(k)

Table for Pennsylvania Distribution type with columns: Taxpayer, Spouse. Includes rows for Distribution from Life Insurance, Annuity, Endowment Contracts or ineligible retirement plans, Distribution from Charitable Gift Annuities, Compensation from Form 1099R (eligible retirement plans), Withholding.

Total Gross Compensation

Table for Total Gross Compensation with columns: Taxpayer, Spouse. Includes rows for Total gross compensation to Form PA-40 line 1a, Total Schedule NRH gross compensation to PA-40, line 12, Withholding to Form PA-40 line 13.

Total gross compensation to Form PA-40 line 1a 29,044 .

* Enter an 'X' if this income is Not subject to Pennsylvania tax.