

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 DEDEEPIYA SREE PAVAN JAGARAPU | Social security number 621-99-8940 |
| 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 | 69,152. |
| 2 Total tax | 2 | 6,199. |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 9,386. |
| 4 Amount you want refunded to you | 4 | 3,187. |
| 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

| | | | | |
|---|---|---|---|---|
| 9 | 8 | 9 | 4 | 0 |
|---|---|---|---|---|

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

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

Your signature ▶  Date ▶ 02/28/2022

Spouse's PIN: check one box only

I authorize _____ to enter or generate my PIN

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

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 DEDEEPPYA SREE PAVAN | Last name JAGARAPU | Your social security number 621-99-8940 |
| 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. 6510 W 138TH TER | | Apt. no. 534 | 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. <input type="checkbox"/> You <input type="checkbox"/> Spouse |
| City, town, or post office. If you have a foreign address, also complete spaces below. OVERLAND PARK | State KS | ZIP code 66223 | |
| Foreign country name | Foreign province/state/county | Foreign postal code | |

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

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

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

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

| | | | | | |
|--|------------|---|--------------------|------------|----------------|
| | 1 | Wages, salaries, tips, etc. Attach Form(s) W-2 | | 1 | 69,128. |
| Attach Sch. B if required. | 2a | Tax-exempt interest | 2a | 2b | |
| | 3a | Qualified dividends | 3a 25. | 3b | 27. |
| | 4a | IRA distributions | 4a | 4b | |
| | 5a | Pensions and annuities | 5a | 5b | |
| | 6a | Social security benefits | 6a | 6b | |
| | 7 | Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/> | | 7 | -3. |
| | 8 | Other income from Schedule 1, line 10 | | 8 | |
| | 9 | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶ | | 9 | 69,152. |
| | 10 | Adjustments to income from Schedule 1, line 26 | | 10 | |
| | 11 | Subtract line 10 from line 9. This is your adjusted gross income ▶ | | 11 | 69,152. |
| Standard Deduction for— • Single or Married filing separately, \$12,550 • Married filing jointly or Qualifying widow(er), \$25,100 • Head of household, \$18,800 • If you checked any box under <i>Standard Deduction</i> , see instructions. | 12a | Standard deduction or itemized deductions (from Schedule A) | 12a 12,550. | | |
| | b | Charitable contributions if you take the standard deduction (see instructions) | 12b | | |
| | c | Add lines 12a and 12b | | 12c | 12,550. |
| | 13 | Qualified business income deduction from Form 8995 or Form 8995-A | | 13 | |
| | 14 | Add lines 12c and 13 | | 14 | 12,550. |
| | 15 | Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- | | 15 | 56,602. |

| | | | |
|--------------------------------------|--|------------|--------|
| 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 | 8,199. |
| 17 | Amount from Schedule 2, line 3 | 17 | |
| 18 | Add lines 16 and 17 | 18 | 8,199. |
| 19 | Nonrefundable child tax credit or credit for other dependents from Schedule 8812 | 19 | |
| 20 | Amount from Schedule 3, line 8 | 20 | 2,000. |
| 21 | Add lines 19 and 20 | 21 | 2,000. |
| 22 | Subtract line 21 from line 18. If zero or less, enter -0- | 22 | 6,199. |
| 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 | 6,199. |
| 25 | Federal income tax withheld from: | | |
| a | Form(s) W-2 | 25a | 9,386. |
| b | Form(s) 1099 | 25b | |
| c | Other forms (see instructions) | 25c | |
| d | Add lines 25a through 25c | 25d | 9,386. |
| 26 | 2021 estimated tax payments and amount applied from 2020 return | 26 | |
| 27a | Earned income credit (EIC) No 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 | 9,386. |
| Refund | 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 3,187. |
| | 35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 3,187. |
| Direct deposit? See instructions. | b Routing number 0 2 2 0 0 0 0 4 6 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| | d Account number 9 8 6 7 8 6 4 7 1 3 | | |
| | 36 Amount of line 34 you want applied to your 2022 estimated tax | 36 | |
| Amount You Owe | 37 Amount you owe . Subtract line 33 from line 24. For details on how to pay, see instructions | 37 | |
| | 38 Estimated tax penalty (see instructions) | 38 | |

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

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

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

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

| | | | |
|---|------|---|---|
| Your signature | Date | Your occupation 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. (607) 768-8573 Email address SREPAVANJD@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 3
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

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

OMB No. 1545-0074

2021
Attachment
Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
DEDEEPYA SREE PAVAN JAGARAPU

Your social security number
621-99-8940

Part I Nonrefundable Credits

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

(continued on page 2)

Part II Other Payments and Refundable Credits

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

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

DEDEEPYA SREE PAVAN JAGARAPU

Your social security number

621-99-8940

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 | 326. | 329. | | -3. |
| 2 Totals for all transactions reported on Form(s) 8949 with Box B checked | | | | |
| 3 Totals for all transactions reported on Form(s) 8949 with Box C checked | | | | |
| 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 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 -3. |

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 | | | | |
| 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 |

Part III Summary

| | | |
|---|-----------|--------|
| <p>16 Combine lines 7 and 15 and enter the result</p> <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. | 16 | -3. |
| <p>17 Are lines 15 and 16 both gains?</p> <p><input type="checkbox"/> Yes. Go to line 18.</p> <p><input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p> | | |
| <p>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 ▶</p> | 18 | |
| <p>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 ▶</p> | 19 | |
| <p>20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952?</p> <p><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.</p> <p><input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.</p> | | |
| <p>21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:</p> <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 | (3.) |
| <p>22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?</p> <p><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.</p> <p><input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p> | | |

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

DEDEEPIYA SREE PAVAN JAGARAPU

Social security number or taxpayer identification number

621-99-8940

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 SECURITIES LLC | 01/01/21 | 12/31/21 | 326. | 329. | | | -3. |
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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) ► | | | | 326. | 329. | | | -3. |

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.

Education Credits
(American Opportunity and Lifetime Learning Credits)

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040 or 1040-SR.

▶ Go to www.irs.gov/Form8863 for instructions and the latest information.

Name(s) shown on return

DEDEEYVA SREE PAVAN JAGARAPU

Your social security number

621-99-8940



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

Part I Refundable American Opportunity Credit

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

Part II Nonrefundable Education Credits

| | | | |
|-----------|---|-----------|---------|
| 9 | Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions) | 9 | |
| 10 | After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19 | 10 | 10,800. |
| 11 | Enter the smaller of line 10 or \$10,000 | 11 | 10,000. |
| 12 | Multiply line 11 by 20% (0.20) | 12 | 2,000. |
| 13 | Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er) | 13 | 90,000. |
| 14 | Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter | 14 | 69,152. |
| 15 | Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19 | 15 | 20,848. |
| 16 | Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er) | 16 | 10,000. |
| 17 | If line 15 is: • Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 • Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places) | 17 | 1.000 |
| 18 | Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) ▶ | 18 | 2,000. |
| 19 | Nonrefundable education credits. Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Schedule 3 (Form 1040), line 3 | 19 | 2,000. |

| | |
|--|---|
| Name(s) shown on return DEDEEYPA SREE PAVAN JAGARAPU | Your social security number 621-99-8940 |
|--|---|



Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.

Part III Student and Educational Institution Information. See instructions.

| | | | |
|---|--|--|--|
| <p>20 Student name (as shown on page 1 of your tax return) DEDEEYPA SREE PAVAN JAGARAPU</p> | <p>21 Student social security number (as shown on page 1 of your tax return) 621-99-8940</p> | | |
| <p>22 Educational institution information (see instructions)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;"> <p>a. Name of first educational institution UNIVERSITY OF THE CUMBERLANDS</p> <p>(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 6178 COLLEGE STATION DR WILLIAMSBURG KY 40769</p> <p>(2) Did the student receive Form 1098-T from this institution for 2021? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(3) Did the student receive Form 1098-T from this institution for 2020 with box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution. 61-0470593</p> </td> <td style="width:50%; vertical-align: top;"> <p>b. Name of second educational institution (if any)</p> <p>(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</p> <p>(2) Did the student receive Form 1098-T from this institution for 2021? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(3) Did the student receive Form 1098-T from this institution for 2020 with box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.</p> </td> </tr> </table> | | <p>a. Name of first educational institution UNIVERSITY OF THE CUMBERLANDS</p> <p>(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 6178 COLLEGE STATION DR WILLIAMSBURG KY 40769</p> <p>(2) Did the student receive Form 1098-T from this institution for 2021? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(3) Did the student receive Form 1098-T from this institution for 2020 with box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution. 61-0470593</p> | <p>b. Name of second educational institution (if any)</p> <p>(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</p> <p>(2) Did the student receive Form 1098-T from this institution for 2021? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(3) Did the student receive Form 1098-T from this institution for 2020 with box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.</p> |
| <p>a. Name of first educational institution UNIVERSITY OF THE CUMBERLANDS</p> <p>(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 6178 COLLEGE STATION DR WILLIAMSBURG KY 40769</p> <p>(2) Did the student receive Form 1098-T from this institution for 2021? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(3) Did the student receive Form 1098-T from this institution for 2020 with box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution. 61-0470593</p> | <p>b. Name of second educational institution (if any)</p> <p>(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</p> <p>(2) Did the student receive Form 1098-T from this institution for 2021? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(3) Did the student receive Form 1098-T from this institution for 2020 with box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.</p> | | |
| <p>23 Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2021? <input type="checkbox"/> Yes — Stop! Go to line 31 for this student. <input checked="" type="checkbox"/> No — Go to line 24.</p> | | | |
| <p>24 Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2021 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions. <input checked="" type="checkbox"/> Yes — Go to line 25. <input type="checkbox"/> No — Stop! Go to line 31 for this student.</p> | | | |
| <p>25 Did the student complete the first 4 years of postsecondary education before 2021? See instructions. <input checked="" type="checkbox"/> Yes — Stop! Go to line 31 for this student. <input type="checkbox"/> No — Go to line 26.</p> | | | |
| <p>26 Was the student convicted, before the end of 2021, of a felony for possession or distribution of a controlled substance? <input type="checkbox"/> Yes — Stop! Go to line 31 for this student. <input type="checkbox"/> No — Complete lines 27 through 30 for this student.</p> | | | |



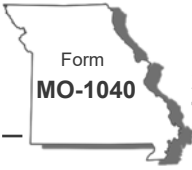
You can't take the American opportunity credit and the lifetime learning credit for the same student in the same year. If you complete lines 27 through 30 for this student, don't complete line 31.

American Opportunity Credit

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

Lifetime Learning Credit

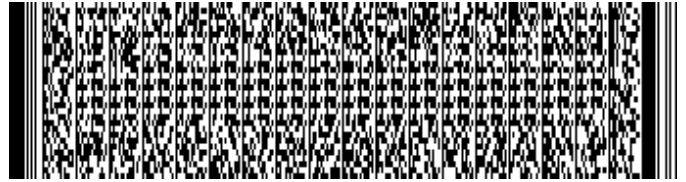
| | | |
|---|-----------|----------------|
| 31 Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10 | 31 | 10,800. |
|---|-----------|----------------|



MISSOURI DEPARTMENT OF
REVENUE
2021 Individual Income
Tax Return - Long Form

For Calendar Year January 1 - December 31, 2021

Print in BLACK ink only and DO NOT STAPLE.



- Amended Return** **Composite Return**
(For use by S corporations or Partnerships)
- Federal Extension** - Select this box if you have an approved federal extension. Attach a copy Federal Extension (Form 4868).

If filing a fiscal year return enter the beginning and ending dates here.

| Fiscal Year Beginning (MM/DD/YY) | | Fiscal Year Ending (MM/DD/YY) | | Vendor Code | Department Use Only | | |
|----------------------------------|----------------------|-------------------------------|----------------------|-------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 1555 | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Filing Status

Single Claimed as a Dependent Married Filing Combined Married Filing Separately Head of Household Qualifying Widow(er)

Age 62 through 64 Age 65 or Older Blind 100% Disabled Non-Obligated Spouse

Yourself Spouse Yourself Spouse Yourself Spouse Yourself Spouse Yourself Spouse

Name

Social Security Number Deceased in 2021 Spouse's Social Security Number Deceased in 2021

621 - 99 - 8940 - -

First Name M.I. Last Name Suffix

DEDEEPYA JAGARAPU

Spouse's First Name M.I. Spouse's Last Name Suffix

In Care Of Name (Attorney, Executor, Personal Representative, etc.)

Address

Present Address (Include Apartment Number or Rural Route)

6510 W 138TH TER APT 534

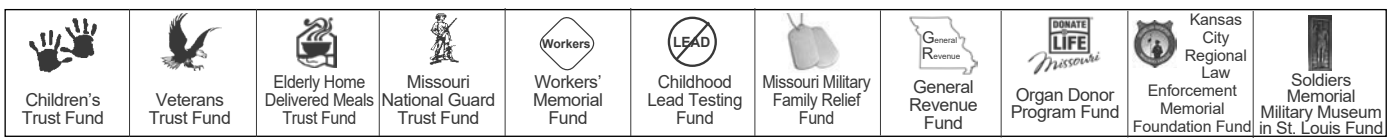
City, Town, or Post Office State ZIP Code

OVERLAND PARK KS 66223 -

County of Residence

NONR

You may contribute to any one or all of the trust funds on Line 48. See pages 11-12 of the instructions for more trust fund information.



Income

| | Yourself (Y) | | Spouse (S) | |
|---|--------------|-----------|------------|-----|
| 1. Federal adjusted gross income from federal return (see worksheet on page 7 of the instructions) | 1Y | 69152 .00 | 1S | .00 |
| 2. Total additions (from Form MO-A , Part 1, Line 7) | 2Y | .00 | 2S | .00 |
| 3. Total income - Add Lines 1 and 2. | 3Y | 69152 .00 | 3S | .00 |
| 4. Total subtractions (from Form MO-A, Part 1, Line 18) | 4Y | .00 | 4S | .00 |
| 5. Missouri adjusted gross income - Subtract Line 4 from Line 3. | 5Y | 69152 .00 | 5S | .00 |
| 6. Total Missouri adjusted gross income - Add columns 5Y and 5S | 6 | 69152 .00 | | |
| 7. Income percentages - Divide columns 5Y and 5S by total on Line 6. (Must equal 100%) | 7Y | 100 % | 7S | % |

Exemptions and Deductions

| | | |
|---|----|----------|
| 8. Pension, Social Security and Social Security Disability exemption (from Form MO-A, Part 3, Section D) | 8 | .00 |
| 9. Tax from federal return | 9 | 6199 .00 |
| 10. Other tax from federal return. | 10 | .00 |
| 11. Total tax from federal return. Do not enter federal income tax withheld. | 11 | 6199 .00 |
| 12. Federal tax percentage – Enter the percentage based on your Missouri Adjusted Gross Income, Line 6. Use the chart below to find your percentage | 12 | 15.00 % |

Missouri Adjusted Gross Income Range, Line 6: Federal Tax Percentage:

| | |
|----------------------------------|-----|
| \$25,000 or less | 35% |
| \$25,001 to \$50,000 | 25% |
| \$50,001 to \$100,000 | 15% |
| \$100,001 to \$125,000 | 5% |
| \$125,001 or more | 0% |

| | | |
|---|----|-----------|
| 13. Federal income tax deduction – Multiply Line 11 by the percentage on Line 12. Enter this amount not to exceed \$5,000 for an individual or \$10,000 for combined filers. | 13 | 930 .00 |
| 14. Missouri standard deduction or itemized deductions. (If itemizing, See Form MO-A, Part 2) • Single or Married Filing Separate-\$12,550 • Head of Household-\$18,800 • Married Filing Combined or Qualifying Widow(er)-\$25,100 Note: If age 65 or older, blind, or claimed as a dependent, see page 8 | 14 | 12550 .00 |
| 15. Long-term care insurance deduction | 15 | .00 |
| 16. Health care sharing ministry deduction. | 16 | .00 |
| 17. Active Duty Military income deduction | 17 | .00 |
| 18. Inactive Duty Military income deduction | 18 | .00 |
| 19. Bring jobs home deduction | 19 | .00 |
| 20. Transportation facilities deduction | 20 | .00 |

A. Port Cargo Expansion B. International Trade Facility C. Qualified Trade Activities



Deductions Continued

| | | | | | | | |
|--|-----|----------------------|----|----------------------|-----|----------------------|-----|
| 21. First Time Home Buyers deduction. | A. | <input type="text"/> | B. | <input type="text"/> | 21 | <input type="text"/> | .00 |
| 22. Long Term Dignity Savings Account Deduction..... | | | | | 22 | <input type="text"/> | .00 |
| 23. Total deductions - Add Lines 8 and 13 through 22..... | | | | | 23 | 13480 | .00 |
| 24. Subtotal - Subtract Line 23 from Line 6..... | | | | | 24 | 55672 | .00 |
| 25. Multiply Line 24 by appropriate percentages (%) on Lines 7Y and 7S..... | 25Y | 55672 | | | 25S | <input type="text"/> | .00 |
| 26. Enterprise zone or rural empowerment zone income modification..... | 26Y | <input type="text"/> | | | 26S | <input type="text"/> | .00 |

Tax

| | | | | | | | |
|--|-----|----------------------|---|--|-----|----------------------|-----|
| 27. Taxable income - Subtract Line 26 from Line 25..... | 27Y | 55672 | | | 27S | <input type="text"/> | .00 |
| 28. Tax (see tax chart on page 26 of the instructions),..... | 28Y | 2819 | | | 28S | <input type="text"/> | .00 |
| 29. Resident credit - Attach Form MO-CR and other states' income tax return(s)..... | 29Y | <input type="text"/> | | | 29S | <input type="text"/> | .00 |
| 30. Missouri income percentage - Enter 100% unless you are completing Form MO-NRI . Attach Form MO-NRI and a copy of your federal return if less than 100%..... | 30Y | 100 | % | | 30S | <input type="text"/> | % |
| 31. Balance - Subtract Line 29 from Line 28; OR multiply Line 28 by percentage on Line 30..... | 31Y | 2819 | | | 31S | <input type="text"/> | .00 |
| 32. Other taxes - Select box and attach federal form indicated. <input type="checkbox"/> Lump sum distribution (Form 4972) <input type="checkbox"/> Recapture of low income housing credit (Form 8611) | 32Y | <input type="text"/> | | | 32S | <input type="text"/> | .00 |
| 33. Subtotal - Add Lines 31 and 32..... | 33Y | 2819 | | | 33S | <input type="text"/> | .00 |
| 34. Total Tax - Add Lines 33Y and 33S..... | | | | | 34 | 2819 | .00 |

Payments and Credits

| | | | | | | | |
|--|----|----------------------|--|--|--|--|-----|
| 35. MISSOURI tax withheld - Attach Forms W-2 and 1099..... | 35 | 2892 | | | | | .00 |
| 36. 2021 Missouri estimated tax payments - Include overpayment from 2020 applied to 2021..... | 36 | <input type="text"/> | | | | | .00 |
| 37. Missouri tax payments for nonresident partners or S corporation shareholders - Attach Forms MO-2NR and MO-NRP | 37 | <input type="text"/> | | | | | .00 |
| 38. Missouri tax payments for nonresident entertainers - Attach Form MO-2ENT | 38 | <input type="text"/> | | | | | .00 |
| 39. Amount paid with Missouri extension of time to file (Form MO-60)..... | 39 | <input type="text"/> | | | | | .00 |
| 40. Miscellaneous tax credits (from Form MO-TC , Line 13) - Attach Form MO-TC..... | 40 | <input type="text"/> | | | | | .00 |
| 41. Property tax credit - Attach Form MO-PTS | 41 | <input type="text"/> | | | | | .00 |
| 42. Total payments and credits - Add Lines 35 through 41..... | 42 | 2892 | | | | | .00 |



21322031555

Skip Lines 43 through 45 if you are not filing an amended return.

43. Amount paid on original return. 43 . 00

44. Overpayment as shown (or adjusted) on original return 44 . 00

Indicate Reason for Amending

A. Federal audit. Enter date of IRS report (MM/DD/YY)

B. Net Operating Loss carryback Enter year of loss (YY)

C. Investment tax credit carryback Enter year of credit (YY)

D. Correction other than A, B, or C. Enter date of federal amended return, if filed. (MM/DD/YY)

45. Amended return total payments and credits - Add Lines 42 and 43; subtract Line 44.
 Enter on Line 45. 45 . 00

46. If Line 42, or if amended return, Line 45, is larger than Line 34, enter the difference.
 Amount of OVERPAYMENT 46 73 . 00

47. Amount of Line 46 to be applied to your 2022 estimated tax 47 . 00

48. Enter the amount of your donation in the trust fund boxes below. See instructions for additional trust fund codes.

48a. Children's Trust Fund . 00 48b. Veterans Trust Fund . 00 48c. Elderly Home Delivered Meals Trust Fund . 00 48d. Missouri National Guard Trust Fund . 00

48e. Workers' Memorial Fund . 00 48f. Childhood Lead Testing Fund . 00 48g. Missouri Military Family Relief Fund . 00 48h. General Revenue Fund . 00

48i. Organ Donor Program Fund . 00 48j. Kansas City Regional Law Enforcement Memorial Foundation Fund . 00 48k. Soldiers Memorial Military Museum in St. Louis Fund . 00

48l. Additional Fund Code Additional Fund Amount . 00 48m. Additional Fund Code Additional Fund Amount . 00

Total Donation - Add amounts from Boxes 48a through 48m and enter here 48 . 00

49. Amount of Line 46 to be deposited into a Missouri 529 Education Plan (MOST) account. Enter the total deposit amount from **Form 5632**. 49 . 00

50. **REFUND** - Subtract Lines 47, 48, and 49 from Line 46 and enter here 50 73 . 00

Reserved



Amount Due

51. If Line 34 is larger than Line 42 or Line 45, enter the difference.
 Amount of UNDERPAYMENT 51 . 00

52. Underpayment of estimated tax penalty - Attach **Form MO-2210**. Enter penalty amount here . . . 52 . 00

Select this box if you are a farmer exempt from the underpayment of estimated tax penalty.

53. **AMOUNT DUE** - Add Lines 51 and 52.
 If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically 53 . 00

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. By signing or entering my name in the "Signature" field(s) below, I am providing the Department of Revenue with my signature as required under **Section 143.561, RSMo**. Declaration of preparer (other than taxpayer) is based on all information of which he or she has knowledge. As provided in **Chapter 143, RSMo**, a penalty of up to \$500 shall be imposed on any individual who files a frivolous return. I also declare under penalties of perjury that I employ no illegal or unauthorized aliens as defined under federal law and that I am not eligible for any tax exemption, credit, or abatement if I employ such aliens.

Signature

| | | | | | | | |
|---|--|--|--|----------------------|---|---------------------------------|------------------------------------|
| Signature | <input type="text"/> | | | Date (MM/DD/YY) | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Spouse's Signature (If filing combined, BOTH must sign) | <input type="text"/> | | | Date (MM/DD/YY) | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| E-mail Address | <input type="text" value="SYAM@GTAXFILE.COM"/> | | | Daytime Telephone | <input type="text" value="6077688573"/> | | |
| Preparer's Signature | <input type="text" value="SYAM PRIYA RAM SAGAR GUPTA TALLAM"/> | | | Date (MM/DD/YY) | <input type="text" value="02"/> | <input type="text" value="26"/> | <input type="text" value="22"/> |
| Preparer's FEIN, SSN, or PTIN | <input type="text" value="30-1017196"/> | | | Preparer's Telephone | <input type="text" value="6789659522"/> | | |
| Preparer's Address | <input type="text" value="2530 PEBBLE CREEK LN CUMMING"/> | | | State | <input type="text" value="GA"/> | ZIP Code | <input type="text" value="30041"/> |

I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of the preparer's firm Yes No

Did you pay a tax return preparer to complete your return, but the preparer failed to sign the return or provide an Internal Revenue Service preparer tax identification number? If you marked yes, please insert the preparer's name, address, and phone number in the applicable sections of the signature block above. Yes No



21322051555

Department Use Only

A FA E10 DE F .

Form MO-1040 (Revised 12-2021)

Mail to: Balance Due:
 Missouri Department of Revenue
 P.O. Box 329
 Jefferson City, MO 65105-0329

Phone: (573) 751-7200



Refund or No Amount Due:
 Missouri Department of Revenue
 P.O. Box 500
 Jefferson City, MO 65105-0500

Phone: (573) 751-3505

Fax: (573) 522-1762
Email: income@dor.mo.gov

Ever served on active duty in the United States Armed Forces?
 If yes, visit dor.mo.gov/military/ to see the services and benefits we offer to all eligible military individuals. A list of all state agency resources and benefits can be found at veteranbenefits.mo.gov/state-benefits/.

Visit dor.mo.gov/taxation/individual/tax-types/income/ for additional information.



Resident/Nonresident Status - Select your status in the appropriate box below.

Social Security Number

- -

Name

Address

City, State, ZIP Code

1. Nonresident of Missouri
State of residence during 2021 KANSAS

Remote Work (See instructions on Form MO-NRI, page 3)

2. Part-Year Missouri Resident

Remote Work (See instructions on Form MO-NRI, page 3)

Indicate the dates you were a Missouri Resident in 2021.

A. Date From: _____ Date To: _____

B. Indicate the other state of residence and dates you resided there _____

Date From: _____ Date To: _____

Spouse's Social Security Number

- -

Spouse's Name

Address

City, State, ZIP Code

1. Nonresident of Missouri
State of residence during 2021 _____

Remote Work (See instructions on Form MO-NRI, page 3)

2. Part-Year Missouri Resident

Remote Work (See instructions on Form MO-NRI, page 3)

Indicate the dates you were a Missouri Resident in 2021.

A. Date From: _____ Date To: _____

B. Indicate the other state of residence and dates you resided there _____

Date From: _____ Date To: _____

Part A

Based on the **Military Spouse's Residency Relief Act**, if you are the spouse of a military servicemember residing outside of Missouri solely because your spouse is there on military orders, and Missouri is your state of residence, any income you earn is taxable to Missouri. **Do not complete Form MO-NRI.** You must report 100% on Line 30 of Form MO-1040.

3. Military/Nonresident Tax Status - Indicate your tax status below and complete Part C - Missouri Income Percentage.

Missouri Home of Record
I did not at any time during the tax year 2021 maintain a permanent place of abode in Missouri, nor did I spend more than 30 days in Missouri during the year. I did maintain a permanent place of abode in the state of _____.

Non-Missouri Home of Record
I resided in Missouri during 2021 solely because my spouse or I was stationed at _____ on military orders. My home of record is in the state of _____.

3. Military/Nonresident Tax Status - Indicate your tax status below and complete Part C - Missouri Income Percentage.

Missouri Home of Record
I did not at any time during the tax year 2021 maintain a permanent place of abode in Missouri, nor did I spend more than 30 days in Missouri during the year. I did maintain a permanent place of abode in the state of _____.

Non-Missouri Home of Record
I resided in Missouri during 2021 solely because my spouse or I was stationed at _____ on military orders. My home of record is in the state of _____.

Worksheet for Missouri Source Income

Part B

| Adjusted Gross Income Computations | Federal Form 1040 or Federal Form 1040-SR Line No. | Yourself or One Income Filer | | Spouse (On A Combined Return) | |
|---|--|------------------------------|-----------|-------------------------------|-----|
| | | Missouri Sources | | Missouri Sources | |
| A. Wages, salaries, tips, etc. | 1 | A | 69128 .00 | A | .00 |
| B. Taxable interest income | 2b | B | .00 | B | .00 |
| C. Dividend income | 3b | C | 0 .00 | C | .00 |
| D. State and local income tax refunds (from schedule 1, part 1) | 1 | D | .00 | D | .00 |
| E. Alimony received (from schedule 1, part 1) | 2a | E | .00 | E | .00 |
| F. Business income or (loss) (from schedule 1, part 1) | 3 | F | .00 | F | .00 |
| G. Capital gain or (loss) | 7 | G | 0 .00 | G | .00 |
| H. Other gains or (losses) (from schedule 1, part 1) | 4 | H | .00 | H | .00 |
| I. Taxable IRA distributions | 4b | I | .00 | I | .00 |
| J. Taxable pensions and annuities | 5b | J | .00 | J | .00 |
| K. Rents, royalties, partnerships, S corporations, etc. (from schedule 1, part 1) | 5 | K | .00 | K | .00 |
| L. Farm income or (loss) (from schedule 1, part 1) | 6 | L | .00 | L | .00 |
| M. Unemployment compensation (from schedule 1, part 1) | 7 | M | .00 | M | .00 |
| N. Taxable social security benefits | 6b | N | .00 | N | .00 |
| O. Other income (from schedule 1, part 1) | 9 | O | .00 | O | .00 |
| P. Total - Add Lines A through O | | P | 69128 .00 | P | .00 |
| Q. Less: federal adjustments to income | 10 | Q | .00 | Q | .00 |
| R. SUBTOTAL (Line P - Line Q) If no modifications to income, enter this amount on Part C, Line 1 | 11 | R | 69128 .00 | R | .00 |
| S. Missouri modifications - additions to federal adjusted gross income (Missouri source from Form MO-1040, Line 2) | | S | .00 | S | .00 |
| T. Missouri modifications - subtractions from federal adjusted gross income (Missouri source from Form MO-1040, Line 4) | | T | .00 | T | .00 |
| U. MISSOURI INCOME (Missouri sources) Line R plus Line S, less Line T. Enter this amount on Part C, Line 1 | | U | .00 | U | .00 |

Missouri Income Percentage

Part C

| | Yourself or One Income Filer | | Spouse (On A Combined Return) | |
|--|------------------------------|-----------|-------------------------------|-----|
| 1. Missouri Income - Enter wages, salaries, etc. from Missouri. (You must file a Missouri return if the amount on this line is more than \$600) | 1Y | 69128 .00 | 1S | .00 |
| 2. Taxpayer's total adjusted gross income (from Form MO-1040, Lines 5Y and 5S or from your federal form if you are a military nonresident and you are not required to file a Missouri return) | 2Y | 69152 .00 | 2S | .00 |
| 3. Missouri Income Percentage - Divide Line 1 by Line 2. If greater than 100%, enter 100%. (Round to a whole percent such as 91% instead of 90.5% and 90% instead of 90.4%. However, if percentage is less than 0.5%, use the exact percentage.) Enter percentage here and on Form MO-1040, Lines 30Y and 30S | 3Y | 100 % | 3S | % |

Under penalties of perjury, I declare that I have examined this form and to the best of my knowledge and believe it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which he/she has any knowledge. As provided in Chapter 143, RSMo, a penalty of up to \$500 shall be imposed on any individual who files a frivolous return.

Signature

Signature Date (MM/DD/YY)

Spouse's Signature (if filing combined, BOTH must sign) Date (MM/DD/YY)

Ever served on active duty in the United States Armed Forces?

If yes, visit dor.mo.gov/military/ to see the services and benefits we offer to all eligible military individuals. A list of all state agency resources and benefits can be found at veteranbenefits.mo.gov/state-benefits/.

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 DEDEEPPYA SREE PAVAN | Last name JAGARAPU | Your social security number 621-99-8940 |
| 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. 6510 W 138TH TER | | Apt. no. 534 | 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. <input type="checkbox"/> You <input type="checkbox"/> Spouse |
| City, town, or post office. If you have a foreign address, also complete spaces below. OVERLAND PARK | State KS | ZIP code 66223 | |
| 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): | Child tax credit | Credit for other dependents |
|--|----------------|-----------|----------------------------|-------------------------|--|--------------------------|-----------------------------|
| If more than four dependents, see instructions and check here ▶ <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | |
|--|------------|---|------------|----------------|----------------|
| | 1 | Wages, salaries, tips, etc. Attach Form(s) W-2 | | 1 | 69,128. |
| Attach Sch. B if required. | 2a | Tax-exempt interest | 2a | 2b | |
| | 3a | Qualified dividends | 3a | 3b | 27. |
| | 4a | IRA distributions | 4a | 4b | |
| | 5a | Pensions and annuities | 5a | 5b | |
| | 6a | Social security benefits | 6a | 6b | |
| | 7 | Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/> | | 7 | -3. |
| | 8 | Other income from Schedule 1, line 10 | | 8 | |
| | 9 | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶ | | 9 | 69,152. |
| | 10 | Adjustments to income from Schedule 1, line 26 | | 10 | |
| | 11 | Subtract line 10 from line 9. This is your adjusted gross income ▶ | | 11 | 69,152. |
| Standard Deduction for— • Single or Married filing separately, \$12,550 • Married filing jointly or Qualifying widow(er), \$25,100 • Head of household, \$18,800 • If you checked any box under <i>Standard Deduction</i> , see instructions. | 12a | Standard deduction or itemized deductions (from Schedule A) | 12a | 12,550. | |
| | b | Charitable contributions if you take the standard deduction (see instructions) | 12b | | |
| | c | Add lines 12a and 12b | 12c | 12,550. | |
| | 13 | Qualified business income deduction from Form 8995 or Form 8995-A | | 13 | |
| | 14 | Add lines 12c and 13 | | 14 | 12,550. |
| | 15 | Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- | | 15 | 56,602. |

| | | | |
|--------------------------------------|--|------------|--------|
| 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 | 8,199. |
| 17 | Amount from Schedule 2, line 3 | 17 | |
| 18 | Add lines 16 and 17 | 18 | 8,199. |
| 19 | Nonrefundable child tax credit or credit for other dependents from Schedule 8812 | 19 | |
| 20 | Amount from Schedule 3, line 8 | 20 | 2,000. |
| 21 | Add lines 19 and 20 | 21 | 2,000. |
| 22 | Subtract line 21 from line 18. If zero or less, enter -0- | 22 | 6,199. |
| 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 | 6,199. |
| 25 | Federal income tax withheld from: | | |
| a | Form(s) W-2 | 25a | 9,386. |
| b | Form(s) 1099 | 25b | |
| c | Other forms (see instructions) | 25c | |
| d | Add lines 25a through 25c | 25d | 9,386. |
| 26 | 2021 estimated tax payments and amount applied from 2020 return | 26 | |
| 27a | Earned income credit (EIC) No 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 | 9,386. |
| Refund | 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 3,187. |
| | 35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 3,187. |
| Direct deposit? See instructions. | b Routing number 0 2 2 0 0 0 0 4 6 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| | d Account number 9 8 6 7 8 6 4 7 1 3 | | |
| | 36 Amount of line 34 you want applied to your 2022 estimated tax | 36 | |
| Amount You Owe | 37 Amount you owe . Subtract line 33 from line 24. For details on how to pay, see instructions | 37 | |
| | 38 Estimated tax penalty (see instructions) | 38 | |

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

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

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

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

| | | | |
|---|------|---|---|
| Your signature | Date | Your occupation 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. (607) 768-8573 Email address SREPAVANJD@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 3
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

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

OMB No. 1545-0074

2021
Attachment
Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
DEDEEPYA SREE PAVAN JAGARAPU

Your social security number
621-99-8940

Part I Nonrefundable Credits

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

(continued on page 2)

Part II Other Payments and Refundable Credits

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



DEDEEPIYA SRE JAGARAPU 6077688573 JAGA 621998940
6510 W 138TH TER APT 534 JO 229
OVERLAND PARK KS 66223

Name or address has changed? Taxpayer or (spouse if filing joint) died during this tax year Taxpayer was engaged in commercial farming/fishing in 2021

Amended Return: Amended affects Kansas only Amended Federal tax return Adjustment by the IRS

Filing Status: Single Married Filing Joint (Even if only one had income) Married Filing Separate Head of Household (Do not check if filing joint return)

Residency Status: Resident NonResident (Complete Sch S, Part B) State of Legal Residence

Part-Year Resident (Complete Sch S, Part B) From To

Exemptions: 1 Enter the total exemptions for you, your spouse (if applicable), and each person you claim as a dependent. If filing status above is Head of Household, add one exemption. 1 **Total Kansas exemptions**

In the following spaces, provide the requested information for all persons you claimed as dependents. **DO NOT include you or your spouse.** If additional space is needed, enclose a separate sheet, only after completing all nine lines below.

Dependent Name - First, Middle and Last Date of Birth - MMDDYYYY Relationship SSN

Food Sales Tax Credit: You must have been a Kansas resident for **ALL** of 2021. Complete this section to determine your qualifications and credit.

- A.** Had a dependent child who lived with you all year and was under the age of 18 all of 2021?
- B.** Were you (or spouse) 55 years of age or older all of 2021 (born prior to January 1, 1966)?
- C.** Were you (or spouse) totally and permanently disabled or blind all of 2021, regardless of age? If you answered NO to A, B, and C, **STOP HERE**, you do not qualify for this credit.
- D.** If you answered YES to A, B, or C, enter your FAGI from line 1 of this return. **0**
If Line D is more than \$30,615 **STOP HERE**, you do not qualify for this credit.
- E.** Number of exemptions claimed
- F.** Number of dependents that are 18 years of age or older (born on or before January 1, 2004)
- G.** Total qualifying exemptions (subtract line F from line E)
- H.** Food Sales Tax Credit (multiply line G by \$125). Enter result here and on line 18 of this form. **0**

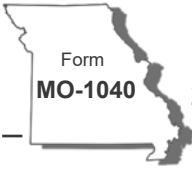


DEDEEPIYA SRE JAGARAPU JAGA 621998940

| | | | |
|---|--------|---|-----|
| 1. Federal adjusted gross income | 69152 | 23. Estimated tax paid | 0 |
| 2. Modifications | 0 | 24. Amount paid with Kansas extension | 0 |
| 3. Kansas adjusted gross income | 69152 | 25. Refundable portion of earned income tax credit | 0 |
| 4. Standard or itemized deductions. (If itemizing, complete KS Sch A) | 3500 | 26. Refundable portion of tax credits | 0 |
| 5. Exemption allowance | 2250 | 27. Payments remitted with original return | 0 |
| 6. Total deductions | 5750 | 28. Overpayment from original return. This figure is a subtraction. | 0 |
| 7. Taxable income | 63402 | 29. Total refundable credits | 431 |
| 8. Tax | 3158 | 30. Underpayment | 0 |
| 9. Nonresident percentage | 0.0000 | 31. Interest | 0 |
| 10. Nonresident tax | 0 | 32. Penalty | 0 |
| 11. KS tax on lump sum distributions | 0 | 33. Estimated tax penalty | 0 |
| 12. TOTAL INCOME TAX | 3158 | 34. AMOUNT YOU OWE | 0 |
| 13. Credit for taxes paid to other states | 2819 | 35. Overpayment | 92 |
| 14. Credit for child and dependent care expenses | 0 | 36. CREDIT FORWARD | 0 |
| 15. Other credits | 0 | 37. Chickadee Checkoff | 0 |
| 16. Subtotal | 339 | 38. Senior Citizens Meals On Wheels Contribution Program | 0 |
| 17. Earned Income Credit | 0 | 39. Breast Cancer Research Fund | 0 |
| 18. Food Sales Tax Credit | 0 | 40. Military Emergency Relief Fund | 0 |
| 19. Tax balance after credits | 339 | 41. Kansas Hometown Heroes Fund | 0 |
| 20. Use Tax Due (out of state and internet purchases) | 0 | 42. Kansas Creative Arts Industry Fund | 0 |
| 21. Total Tax Balance | 339 | 43. Local School District Contribution Fund. School District Number | 0 |
| 22. KS income tax withheld from W-2, 1099 or K-19 | 431 | 44. REFUND | 92 |

I authorize the Director of Taxation or the Director's designee to discuss my K-40 and any enclosures with my preparer.
I declare under the penalties of perjury that to the best of my knowledge and belief this is a true, correct, and complete return.

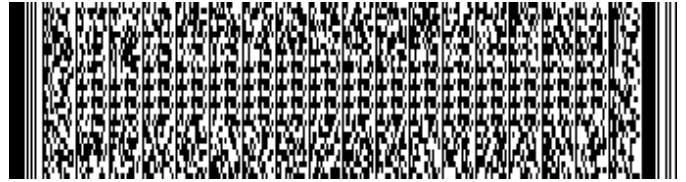
Taxpayer Signature (Required) _____ Date _____ Spouse Signature (Required) _____ Date _____
Preparer Signature (Required) SYAM PRIYA RAM SAGAR GUPT Preparer Phone Number 6789659522 Preparer PTIN, EIN, or SSN (Required) P02082703



MISSOURI DEPARTMENT OF
REVENUE
2021 Individual Income
Tax Return - Long Form

For Calendar Year January 1 - December 31, 2021

Print in BLACK ink only and DO NOT STAPLE.



- Amended Return** **Composite Return**
(For use by S corporations or Partnerships)
- Federal Extension** - Select this box if you have an approved federal extension. Attach a copy Federal Extension (Form 4868).

If filing a fiscal year return enter the beginning and ending dates here.

| Fiscal Year Beginning (MM/DD/YY) | | Fiscal Year Ending (MM/DD/YY) | | Vendor Code | Department Use Only | | |
|----------------------------------|----------------------|-------------------------------|----------------------|-------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 1555 | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Filing Status

Single Claimed as a Dependent Married Filing Combined Married Filing Separately Head of Household Qualifying Widow(er)

Age 62 through 64 Age 65 or Older Blind 100% Disabled Non-Obligated Spouse

Yourself Spouse Yourself Spouse Yourself Spouse Yourself Spouse Yourself Spouse

Name

Social Security Number Deceased in 2021 Spouse's Social Security Number Deceased in 2021

621 - 99 - 8940 - -

First Name M.I. Last Name Suffix

DEDEEPYA JAGARAPU

Spouse's First Name M.I. Spouse's Last Name Suffix

In Care Of Name (Attorney, Executor, Personal Representative, etc.)

Address

Present Address (Include Apartment Number or Rural Route)

6510 W 138TH TER APT 534

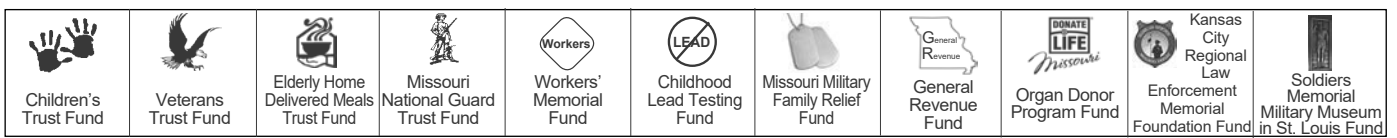
City, Town, or Post Office State ZIP Code

OVERLAND PARK KS 66223 -

County of Residence

NONR

You may contribute to any one or all of the trust funds on Line 48. See pages 11-12 of the instructions for more trust fund information.



Income

| | Yourself (Y) | | Spouse (S) | |
|---|--------------|-----------|------------|-----|
| 1. Federal adjusted gross income from federal return (see worksheet on page 7 of the instructions) | 1Y | 69152 .00 | 1S | .00 |
| 2. Total additions (from Form MO-A , Part 1, Line 7) | 2Y | .00 | 2S | .00 |
| 3. Total income - Add Lines 1 and 2. | 3Y | 69152 .00 | 3S | .00 |
| 4. Total subtractions (from Form MO-A, Part 1, Line 18) | 4Y | .00 | 4S | .00 |
| 5. Missouri adjusted gross income - Subtract Line 4 from Line 3. | 5Y | 69152 .00 | 5S | .00 |
| 6. Total Missouri adjusted gross income - Add columns 5Y and 5S | 6 | 69152 .00 | | |
| 7. Income percentages - Divide columns 5Y and 5S by total on Line 6. (Must equal 100%) | 7Y | 100 % | 7S | % |

Exemptions and Deductions

| | | |
|---|----|----------|
| 8. Pension, Social Security and Social Security Disability exemption (from Form MO-A, Part 3, Section D) | 8 | .00 |
| 9. Tax from federal return | 9 | 6199 .00 |
| 10. Other tax from federal return. | 10 | .00 |
| 11. Total tax from federal return. Do not enter federal income tax withheld. | 11 | 6199 .00 |
| 12. Federal tax percentage – Enter the percentage based on your Missouri Adjusted Gross Income, Line 6. Use the chart below to find your percentage | 12 | 15.00 % |

Missouri Adjusted Gross Income Range, Line 6: Federal Tax Percentage:

| | |
|----------------------------------|-----|
| \$25,000 or less | 35% |
| \$25,001 to \$50,000 | 25% |
| \$50,001 to \$100,000 | 15% |
| \$100,001 to \$125,000 | 5% |
| \$125,001 or more | 0% |

| | | |
|---|----|-----------|
| 13. Federal income tax deduction – Multiply Line 11 by the percentage on Line 12. Enter this amount not to exceed \$5,000 for an individual or \$10,000 for combined filers. | 13 | 930 .00 |
| 14. Missouri standard deduction or itemized deductions. (If itemizing, See Form MO-A, Part 2) • Single or Married Filing Separate-\$12,550 • Head of Household-\$18,800 • Married Filing Combined or Qualifying Widow(er)-\$25,100 Note: If age 65 or older, blind, or claimed as a dependent, see page 8 | 14 | 12550 .00 |
| 15. Long-term care insurance deduction | 15 | .00 |
| 16. Health care sharing ministry deduction. | 16 | .00 |
| 17. Active Duty Military income deduction | 17 | .00 |
| 18. Inactive Duty Military income deduction | 18 | .00 |
| 19. Bring jobs home deduction | 19 | .00 |
| 20. Transportation facilities deduction | 20 | .00 |

A. Port Cargo Expansion B. International Trade Facility C. Qualified Trade Activities



Deductions Continued

| | | | | | |
|---|-------------------------|-------------------------|-----|----------------------|----------------------|
| 21. First Time Home Buyers deduction. | A. <input type="text"/> | B. <input type="text"/> | 21 | <input type="text"/> | .00 |
| 22. Long Term Dignity Savings Account Deduction..... | | | 22 | <input type="text"/> | .00 |
| 23. Total deductions - Add Lines 8 and 13 through 22..... | | | 23 | 13480 | .00 |
| 24. Subtotal - Subtract Line 23 from Line 6..... | | | 24 | 55672 | .00 |
| 25. Multiply Line 24 by appropriate percentages (%) on Lines 7Y and 7S..... | 25Y | 55672 | .00 | 25S | <input type="text"/> |
| 26. Enterprise zone or rural empowerment zone income modification..... | 26Y | <input type="text"/> | .00 | 26S | <input type="text"/> |

Tax

| | | | | | |
|--|-----|----------------------|-----|-----|----------------------|
| 27. Taxable income - Subtract Line 26 from Line 25..... | 27Y | 55672 | .00 | 27S | <input type="text"/> |
| 28. Tax (see tax chart on page 26 of the instructions),..... | 28Y | 2819 | .00 | 28S | <input type="text"/> |
| 29. Resident credit - Attach Form MO-CR and other states' income tax return(s)..... | 29Y | <input type="text"/> | .00 | 29S | <input type="text"/> |
| 30. Missouri income percentage - Enter 100% unless you are completing Form MO-NRI . Attach Form MO-NRI and a copy of your federal return if less than 100%..... | 30Y | 100 | % | 30S | <input type="text"/> |
| 31. Balance - Subtract Line 29 from Line 28; OR multiply Line 28 by percentage on Line 30..... | 31Y | 2819 | .00 | 31S | <input type="text"/> |
| 32. Other taxes - Select box and attach federal form indicated. | | | | | |
| <input type="checkbox"/> Lump sum distribution (Form 4972) | | | | | |
| <input type="checkbox"/> Recapture of low income housing credit (Form 8611) | 32Y | <input type="text"/> | .00 | 32S | <input type="text"/> |
| 33. Subtotal - Add Lines 31 and 32..... | 33Y | 2819 | .00 | 33S | <input type="text"/> |
| 34. Total Tax - Add Lines 33Y and 33S..... | | | | 34 | 2819 |

Payments and Credits

| | | | |
|---|----|----------------------|-----|
| 35. MISSOURI tax withheld - Attach Forms W-2 and 1099..... | 35 | 2892 | .00 |
| 36. 2021 Missouri estimated tax payments - Include overpayment from 2020 applied to 2021..... | 36 | <input type="text"/> | .00 |
| 37. Missouri tax payments for nonresident partners or S corporation shareholders - Attach Forms MO-2NR and MO-NRP | 37 | <input type="text"/> | .00 |
| 38. Missouri tax payments for nonresident entertainers - Attach Form MO-2ENT | 38 | <input type="text"/> | .00 |
| 39. Amount paid with Missouri extension of time to file (Form MO-60)..... | 39 | <input type="text"/> | .00 |
| 40. Miscellaneous tax credits (from Form MO-TC , Line 13) - Attach Form MO-TC..... | 40 | <input type="text"/> | .00 |
| 41. Property tax credit - Attach Form MO-PTS | 41 | <input type="text"/> | .00 |
| 42. Total payments and credits - Add Lines 35 through 41..... | 42 | 2892 | .00 |



21322031555

Skip Lines 43 through 45 if you are not filing an amended return.

43. Amount paid on original return. 43 . 00

44. Overpayment as shown (or adjusted) on original return 44 . 00

Indicate Reason for Amending

Amended Return

A. Federal audit. Enter date of IRS report (MM/DD/YY)

B. Net Operating Loss carryback Enter year of loss (YY)

C. Investment tax credit carryback Enter year of credit (YY)

D. Correction other than A, B, or C. Enter date of federal amended return, if filed. (MM/DD/YY)

45. Amended return total payments and credits - Add Lines 42 and 43; subtract Line 44. Enter on Line 45. 45 . 00

46. If Line 42, or if amended return, Line 45, is larger than Line 34, enter the difference. Amount of OVERPAYMENT 46 73 . 00

47. Amount of Line 46 to be applied to your 2022 estimated tax 47 . 00

48. Enter the amount of your donation in the trust fund boxes below. See instructions for additional trust fund codes.

Refund

48a. Children's Trust Fund . 00 48b. Veterans Trust Fund . 00 48c. Elderly Home Delivered Meals Trust Fund . 00 48d. Missouri National Guard Trust Fund . 00

48e. Workers' Memorial Fund . 00 48f. Childhood Lead Testing Fund . 00 48g. Missouri Military Family Relief Fund . 00 48h. General Revenue Fund . 00

48i. Organ Donor Program Fund . 00 48j. Kansas City Regional Law Enforcement Memorial Foundation Fund . 00 48k. Soldiers Memorial Military Museum in St. Louis Fund . 00

48l. Additional Fund Code Additional Fund Amount . 00 48m. Additional Fund Code Additional Fund Amount . 00

Total Donation - Add amounts from Boxes 48a through 48m and enter here 48 . 00

49. Amount of Line 46 to be deposited into a Missouri 529 Education Plan (MOST) account. Enter the total deposit amount from **Form 5632**. 49 . 00

50. **REFUND** - Subtract Lines 47, 48, and 49 from Line 46 and enter here 50 73 . 00

Reserved



Amount Due

51. If Line 34 is larger than Line 42 or Line 45, enter the difference.
 Amount of UNDERPAYMENT 51 . 00

52. Underpayment of estimated tax penalty - Attach **Form MO-2210**. Enter penalty amount here . . . 52 . 00

Select this box if you are a farmer exempt from the underpayment of estimated tax penalty.

53. **AMOUNT DUE** - Add Lines 51 and 52.
 If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically 53 . 00

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. By signing or entering my name in the "Signature" field(s) below, I am providing the Department of Revenue with my signature as required under **Section 143.561, RSMo**. Declaration of preparer (other than taxpayer) is based on all information of which he or she has knowledge. As provided in **Chapter 143, RSMo**, a penalty of up to \$500 shall be imposed on any individual who files a frivolous return. I also declare under penalties of perjury that I employ no illegal or unauthorized aliens as defined under federal law and that I am not eligible for any tax exemption, credit, or abatement if I employ such aliens.

Signature

| | | | | | | | |
|---|--|--|--|----------------------|---|---------------------------------|------------------------------------|
| Signature | <input type="text"/> | | | Date (MM/DD/YY) | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Spouse's Signature (If filing combined, BOTH must sign) | <input type="text"/> | | | Date (MM/DD/YY) | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| E-mail Address | <input type="text" value="SYAM@GTAXFILE.COM"/> | | | Daytime Telephone | <input type="text" value="6077688573"/> | | |
| Preparer's Signature | <input type="text" value="SYAM PRIYA RAM SAGAR GUPTA TALLAM"/> | | | Date (MM/DD/YY) | <input type="text" value="02"/> | <input type="text" value="26"/> | <input type="text" value="22"/> |
| Preparer's FEIN, SSN, or PTIN | <input type="text" value="30-1017196"/> | | | Preparer's Telephone | <input type="text" value="6789659522"/> | | |
| Preparer's Address | <input type="text" value="2530 PEBBLE CREEK LN CUMMING"/> | | | State | <input type="text" value="GA"/> | ZIP Code | <input type="text" value="30041"/> |

I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of the preparer's firm Yes No

Did you pay a tax return preparer to complete your return, but the preparer failed to sign the return or provide an Internal Revenue Service preparer tax identification number? If you marked yes, please insert the preparer's name, address, and phone number in the applicable sections of the signature block above. Yes No



21322051555

Department Use Only

A FA E10 DE F .

Form MO-1040 (Revised 12-2021)

Mail to: Balance Due:
 Missouri Department of Revenue
 P.O. Box 329
 Jefferson City, MO 65105-0329

Refund or No Amount Due:
 Missouri Department of Revenue
 P.O. Box 500
 Jefferson City, MO 65105-0500

Fax: (573) 522-1762
Email: income@dor.mo.gov



Phone: (573) 751-7200

Phone: (573) 751-3505

Ever served on active duty in the United States Armed Forces?

If yes, visit dor.mo.gov/military/ to see the services and benefits we offer to all eligible military individuals. A list of all state agency resources and benefits can be found at veteranbenefits.mo.gov/state-benefits/.

Visit dor.mo.gov/taxation/individual/tax-types/income/ for additional information.



Resident/Nonresident Status - Select your status in the appropriate box below.

Social Security Number

621 - 99 - 8940

Name

JAGARAPU, DEDEEPIYA SREE PAVAN

Address

6510 W 138TH TER APT 534

City, State, ZIP Code

OVERLAND PARK KS 66223

- 1. Nonresident of Missouri
State of residence during 2021 KANSAS
- Remote Work (See instructions on Form MO-NRI, page 3)
- 2. Part-Year Missouri Resident
 Remote Work (See instructions on Form MO-NRI, page 3)

Indicate the dates you were a Missouri Resident in 2021.

- A. Date From: _____ Date To: _____
- B. Indicate the other state of residence and dates you resided there _____
Date From: _____ Date To: _____

Spouse's Social Security Number

_____ - _____ - _____

Spouse's Name

Address

City, State, ZIP Code

- 1. Nonresident of Missouri
State of residence during 2021 _____
- Remote Work (See instructions on Form MO-NRI, page 3)
- 2. Part-Year Missouri Resident
 Remote Work (See instructions on Form MO-NRI, page 3)

Indicate the dates you were a Missouri Resident in 2021.

- A. Date From: _____ Date To: _____
- B. Indicate the other state of residence and dates you resided there _____
Date From: _____ Date To: _____

Part A

Based on the **Military Spouse's Residency Relief Act**, if you are the spouse of a military servicemember residing outside of Missouri solely because your spouse is there on military orders, and Missouri is your state of residence, any income you earn is taxable to Missouri. **Do not complete Form MO-NRI.** You must report 100% on Line 30 of Form MO-1040.

- 3. Military/Nonresident Tax Status - Indicate your tax status below and complete Part C - Missouri Income Percentage.
 - Missouri Home of Record
I did not at any time during the tax year 2021 maintain a permanent place of abode in Missouri, nor did I spend more than 30 days in Missouri during the year. I did maintain a permanent place of abode in the state of _____.
 - Non-Missouri Home of Record
I resided in Missouri during 2021 solely because my spouse or I was stationed at _____ on military orders. My home of record is in the state of _____.

- 3. Military/Nonresident Tax Status - Indicate your tax status below and complete Part C - Missouri Income Percentage.
 - Missouri Home of Record
I did not at any time during the tax year 2021 maintain a permanent place of abode in Missouri, nor did I spend more than 30 days in Missouri during the year. I did maintain a permanent place of abode in the state of _____.
 - Non-Missouri Home of Record
I resided in Missouri during 2021 solely because my spouse or I was stationed at _____ on military orders. My home of record is in the state of _____.

Worksheet for Missouri Source Income

Part B

| Adjusted Gross Income Computations | Federal Form 1040 or Federal Form 1040-SR Line No. | Yourself or One Income Filer | | Spouse (On A Combined Return) | |
|--|---|---------------------------------|-----------|----------------------------------|-----|
| | | Missouri Sources | | Missouri Sources | |
| A. Wages, salaries, tips, etc. | 1 | A | 69128 .00 | A | .00 |
| B. Taxable interest income. | 2b | B | .00 | B | .00 |
| C. Dividend income. | 3b | C | 0 .00 | C | .00 |
| D. State and local income tax refunds (from schedule 1, part 1) | 1 | D | .00 | D | .00 |
| E. Alimony received (from schedule 1, part 1) | 2a | E | .00 | E | .00 |
| F. Business income or (loss) (from schedule 1, part 1) | 3 | F | .00 | F | .00 |
| G. Capital gain or (loss) | 7 | G | 0 .00 | G | .00 |
| H. Other gains or (losses) (from schedule 1, part 1) | 4 | H | .00 | H | .00 |
| I. Taxable IRA distributions | 4b | I | .00 | I | .00 |
| J. Taxable pensions and annuities | 5b | J | .00 | J | .00 |
| K. Rents, royalties, partnerships, S corporations, etc. (from schedule 1, part 1) | 5 | K | .00 | K | .00 |
| L. Farm income or (loss) (from schedule 1, part 1) | 6 | L | .00 | L | .00 |
| M. Unemployment compensation (from schedule 1, part 1) | 7 | M | .00 | M | .00 |
| N. Taxable social security benefits | 6b | N | .00 | N | .00 |
| O. Other income (from schedule 1, part 1) | 9 | O | .00 | O | .00 |
| P. Total - Add Lines A through O | | P | 69128 .00 | P | .00 |
| Q. Less: federal adjustments to income | 10 | Q | .00 | Q | .00 |
| R. SUBTOTAL (Line P - Line Q) If no modifications to income, enter this amount on Part C, Line 1. | 11 | R | 69128 .00 | R | .00 |
| S. Missouri modifications - additions to federal adjusted gross income (Missouri source from Form MO-1040, Line 2) | | S | .00 | S | .00 |
| T. Missouri modifications - subtractions from federal adjusted gross income (Missouri source from Form MO-1040, Line 4) | | T | .00 | T | .00 |
| U. MISSOURI INCOME (Missouri sources) Line R plus Line S, less Line T. Enter this amount on Part C, Line 1. | | U | .00 | U | .00 |

Missouri Income Percentage

Part C

| | Yourself or One Income Filer | | Spouse (On A Combined Return) | |
|--|---------------------------------|-----------|----------------------------------|-----|
| 1. Missouri Income - Enter wages, salaries, etc. from Missouri. (You must file a Missouri return if the amount on this line is more than \$600) | 1Y | 69128 .00 | 1S | .00 |
| 2. Taxpayer's total adjusted gross income (from Form MO-1040, Lines 5Y and 5S or from your federal form if you are a military nonresident and you are not required to file a Missouri return) | 2Y | 69152 .00 | 2S | .00 |
| 3. Missouri Income Percentage - Divide Line 1 by Line 2. If greater than 100%, enter 100%. (Round to a whole percent such as 91% instead of 90.5% and 90% instead of 90.4%. However, if percentage is less than 0.5%, use the exact percentage.) Enter percentage here and on Form MO-1040, Lines 30Y and 30S | 3Y | 100 % | 3S | % |

Under penalties of perjury, I declare that I have examined this form and to the best of my knowledge and believe it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which he/she has any knowledge. As provided in Chapter 143, RSMo, a penalty of up to \$500 shall be imposed on any individual who files a frivolous return.

Signature

Signature Date (MM/DD/YY)

Spouse's Signature (if filing combined, BOTH must sign) Date (MM/DD/YY)

Ever served on active duty in the United States Armed Forces?

If yes, visit dor.mo.gov/military/ to see the services and benefits we offer to all eligible military individuals. A list of all state agency resources and benefits can be found at veteranbenefits.mo.gov/state-benefits/.