

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 VENKAT RATNAM CHELUKALA	Social security number 718-63-2095
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	92,950.
2	Total tax	2	13,376.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	17,400.
4	Amount you want refunded to you	4	4,024.
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

3	2	0	9	5
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 as my signature on the income tax return (original or amended) I am now authorizing.

Enter five digits, but don't enter all zeros

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

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

I authorize _____ to enter or generate my PIN

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

Enter five digits, but don't enter all zeros

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

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication — Practitioner PIN Method Only

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

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

Don't enter all zeros

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

ERO's signature ▶ _____ Date ▶ _____

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

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

Your first name and middle initial VENKAT RATNAM	Last name CHELUKALA	Your social security number 718-63-2095
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. 503 E FT WAYNE STREET		Apt. no. A
City, town, or post office. If you have a foreign address, also complete spaces below. WARSAW		State IN
		ZIP code 46580
Foreign country name	Foreign province/state/county	Foreign postal code

Presidential Election Campaign
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
 You Spouse

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

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

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

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

	1	Wages, salaries, tips, etc. Attach Form(s) W-2		100,530.
Attach Sch. B if required.	2a	Tax-exempt interest	2a	
	3a	Qualified dividends	3a	
	4a	IRA distributions	4a	
	5a	Pensions and annuities	5a	
	6a	Social security benefits	6a	
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>		7
	8	Other income from Schedule 1, line 10		-7,580.
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶		92,950.
	10	Adjustments to income from Schedule 1, line 26		
	11	Subtract line 10 from line 9. This is your adjusted gross income ▶		92,950.
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	300.
	c	Add lines 12a and 12b	12c	12,850.
	13	Qualified business income deduction from Form 8995 or Form 8995-A	13	
	14	Add lines 12c and 13	14	12,850.
	15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	80,100.

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	13,376.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	13,376.
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3, line 8	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	13,376.
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	13,376.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	17,400.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	17,400.
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC) No	27a	
	Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/>		
b	Nontaxable combat pay election	27b	
c	Prior year (2019) earned income	27c	
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 15	31	
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	17,400.
34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	4,024.
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	4,024.
b	Routing number 044000037 <input type="checkbox"/> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 870808305		
36	Amount of line 34 you want applied to your 2022 estimated tax	36	
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.

Refund

Direct deposit? See instructions.

Amount You Owe

Third Party Designee

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

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

Sign Here

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

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

Your signature	Date	Your occupation VALIDATION 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. (234) 281-9286 Email address VENKATRATNAM1234@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 02/12/2022	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 2530 Pebble Creek Ln Cumming GA 30041			Phone no. (678) 965-9522
Firm's EIN				30-1017196

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

2021

Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
VENKAT RATNAM CHELUKALA

Your social security number
718-63-2095

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶ _____		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-7,580.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling income	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Taxable Health Savings Account distribution	8e	
f	Alaska Permanent Fund dividends	8f	
g	Jury duty pay	8g	
h	Prizes and awards	8h	
i	Activity not engaged in for profit income	8i	
j	Stock options	8j	
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8k	
l	Olympic and Paralympic medals and USOC prize money (see instructions)	8l	
m	Section 951(a) inclusion (see instructions)	8m	
n	Section 951A(a) inclusion (see instructions)	8n	
o	Section 461(l) excess business loss adjustment	8o	
p	Taxable distributions from an ABLE account (see instructions)	8p	
z	Other income. List type and amount ▶ _____	8z	
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	-7,580.

Part II Adjustments to Income

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

**SCHEDULE E
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Supplemental Income and Loss

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

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

OMB No. 1545-0074

2021

Attachment
Sequence No. **13**

Name(s) shown on return

VENKAT RATNAM CHELUKALA

Your social security number

718-63-2095

Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

A Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions Yes No
B If "Yes," did you or will you file required Form(s) 1099? Yes No

1a	Physical address of each property (street, city, state, ZIP code)				
A	13-6-462/1/70, TALLAGADDA, KARWAN HYDERABAD, TELANGANA IN				
B					
C					
1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	3		355	0	<input type="checkbox"/>
B					<input type="checkbox"/>
C					<input type="checkbox"/>

Type of Property:

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

Income:	Properties:	A	B	C
3 Rents received	3	600.		
4 Royalties received	4			
Expenses:				
5 Advertising	5	80.		
6 Auto and travel (see instructions)	6	250.		
7 Cleaning and maintenance	7	650.		
8 Commissions	8			
9 Insurance	9			
10 Legal and other professional fees	10			
11 Management fees	11	900.		
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest	13			
14 Repairs	14	2,600.		
15 Supplies	15	2,100.		
16 Taxes	16			
17 Utilities	17	1,600.		
18 Depreciation expense or depletion	18			
19 Other (list) ▶	19			
20 Total expenses. Add lines 5 through 19	20	8,180.		
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	-7,580.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(7,580.)	()	()
23a Total of all amounts reported on line 3 for all rental properties	23a		600.	
b Total of all amounts reported on line 4 for all royalty properties	23b			
c Total of all amounts reported on line 12 for all properties	23c			
d Total of all amounts reported on line 18 for all properties	23d			
e Total of all amounts reported on line 20 for all properties	23e		8,180.	
24 Income. Add positive amounts shown on line 21. Do not include any losses	24			
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	(7,580.)		
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2	26			-7,580.

For Paperwork Reduction Act Notice, see the separate instructions.

NPA -7,580.

Schedule E (Form 1040) 2021



Form M-8453 Individual Income Tax Declaration for Electronic Filing

2021
Massachusetts
Department of
Revenue

Please print or type. Privacy Act Notice available upon request. For the year January 1–December 31, 2021.

Your first name and initial VENKAT RATNAM CHELUKALA	Last name	Your Social Security number 718632095
If a joint return, spouse's first name and initial	Last name	Spouse's Social Security number

Present street address (and apartment number) 503 E FT WAYNE STREET APT NO A			
City/Town/Post Office WARSAW	State IN	Zip 46580	Filing status: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married filing jointly <input type="checkbox"/> Married filing separately <input type="checkbox"/> Head of household

Part 1. Tax Return Information for Electronic Filing

1 Total 5.0% income (from Form 1, line 10, or Form 1-NR/PY, line 12).....	1	7447
2 Income tax after credits (from Form 1, line 32, or Form 1-NR/PY, line 36).....	2	319
3 Massachusetts use tax (from Form 1, line 34, or Form 1-NR/PY, line 38).....	3	
4 Massachusetts income tax withheld (from Form 1, line 38, or Form 1-NR/PY, line 42).....	4	751
5 Refund amount (from Form 1, line 52, or Form 1-NR/PY, line 56).....	5	432
6 Tax due (from Form 1, line 53, or Form 1-NR/PY, line 57).....	6	

Part 2. Declaration and Signature of Taxpayer

Under pains and penalties of perjury, I declare that I have reviewed the information on my return with the information I have provided to my Electronic Return Originator and that the amounts above agree with the amounts shown on my 2021 Massachusetts return. To the best of my knowledge and belief this information is true, correct and complete. I consent that my return, including this declaration and accompanying schedules, forms and statements be sent to the Massachusetts Department of Revenue by my Electronic Return Originator. I authorize DOR to inform my Electronic Return Originator and/or the transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize DOR to identify the reasons for rejection so that the return can be corrected and re-transmitted. If I have filed a balance due return, I understand that if DOR does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable penalties and interest.

Your signature	Date	Spouse's signature (if joint return, both must sign)	Date
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Part 3. Declaration and Signature of Electronic Return Originator (ERO)

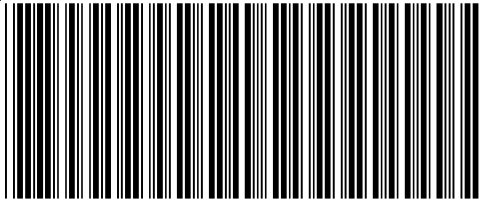
I declare that I have reviewed the above taxpayer's return and that the entries on this M-8453 are complete and correct to the best of my knowledge. (Collectors are not responsible for reviewing the taxpayer's return; however, they must ensure that the M-8453 accurately reflects the data on the return.) I have obtained the taxpayer's signature before submitting this return to the Massachusetts Department of Revenue. I have provided the taxpayer with a copy of all forms and information filed with the Massachusetts Department of Revenue. If I am also the paid preparer, under pains and penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct and complete. I declare that I have verified the taxpayer's proof of account and it agrees with the name(s) shown on this form. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge. Original Forms M-8453 should not be sent to DOR, but must instead be retained by the ERO on the ERO's business premises for a period of three years from the date the return to which the M-8453 relates was filed.

ERO's signature and SSN or PTIN	Date 02122022	EIN 301017196	<input type="checkbox"/> Check if self-employed
Firm name (or yours, if self-employed) and address GLOBAL TAXES LLC 2530 PEBBLE CREEK LN CUMMING	City/Town	State Zip GA 30041	<input type="checkbox"/> Check if also paid preparer

Part 4. Declaration and Signature of Paid Preparer (if other than ERO)

Under pains and 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. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

Paid preparer's signature and SSN or PTIN P02082703	Date 02122022	EIN 301017196	<input type="checkbox"/> Check if self-employed
Firm name (or yours, if self-employed) and address SYAM PRIYA RAM SAGAR GUPTA TALLAM 2530 PEBBLE CREEK LN CUMMING	City/Town	State Zip GA 30041	



2021 Form 1-NR/PY

MA21006011555

**Massachusetts Nonresident/Part-Year Resident
Income Tax Return**

For the year January 1–December 31, 2021 or other taxable

Year beginning Ending

VENKAT RATNAM CHELUKALA 718632095

503 E FT WAYNE STREET WARSAW IN 46580
A

Fill in if: Amended return Other jurisdiction change Federal amendment Amended return due to IRS BBA Partnership Audit

State Election Campaign Fund:

Fill in if veteran of Operations Enduring Freedom, Iraqi Freedom, Noble Eagle or Sinai Peninsula	\$1 You	\$1 Spouse	TOTAL
Fill in if name change	You	Spouse	
Taxpayer deceased	You	Spouse	
Fill in if under age 18	You	Spouse	

Check one: Nonresident Filing as both nonresident and part-year resident
 Part-year resident Nonresident composite

a. Total federal income 92950
b. Federal adjusted gross income 92950

Fill in if noncustodial parent
Fill in if filing Schedule FCI
Fill in if reporting crypto currency
Fill in if filing Schedule TDS

1. Filing status (select one only): Single
 Married filing jointly
 Married filing separate return
 Head of household

You are a custodial parent who has released claim to exemption for child(ren)

2. Part-year residents. Enter dates as Massachusetts resident: From To

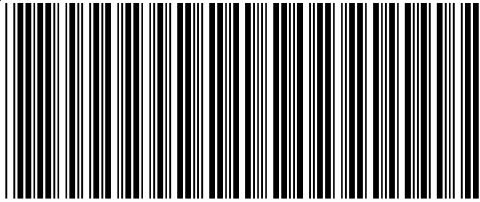
3. Total days as Massachusetts resident ÷ 365 = 3

SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.

Your signature Date Spouse's signature Date

234-281-9286

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST



2021 Form 1-NR/PY, pg. 2

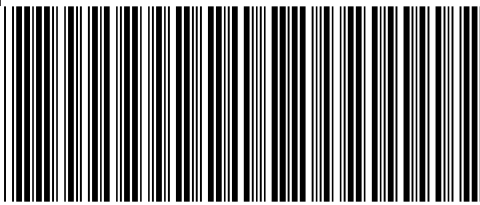
MA21006021555

Massachusetts Nonresident/
Part-Year Resident Income Tax Return
718632095

4. Exemptions:

a. Personal exemptions		4a	4400	
b. Number of dependents. (Do not include yourself or your spouse.) Enter number		$\times \$1,000 =$ 4b		
c. Age 65 or over before 2022	You + Spouse =	$\times \$700 =$ 4c		
d. Blindness	You + Spouse =	$\times \$2,200 =$ 4d		
e. Medical/dental		4e		
f. Adoption		4f		
g. Total exemptions. Add items 4a through 4f. Enter here and on line 22a		4g	4400	
5. Wages, salaries, tips		5	15027	
6. Taxable pensions and annuities		6		
7. Mass. bank interest: a.	- b. exemption	= 7		
8. Business/profession income/loss a.	+ b. Farming income/loss	= 8		
9. Rental, royalty and REMIC, partnership, S corp., trust income/loss		9	-7580	
10a. Unemployment		10a		
10b. Mass. lottery winnings		10b		
11. Other income		11		
12. TOTAL 5.0% INCOME		12	7447	
13. NONRESIDENT APPORTIONMENT WORKSHEET. You cannot apportion Mass. wages as shown on Form W-2. Do not use this worksheet if you know the exact amount of your Mass. source income. Only use when income from employment/business is earned both inside and outside Mass. and the exact Mass. amount is not known. Basis:				
	working days	miles	sales	other:
Working days (or other basis) outside Massachusetts				13a
Working days (or other basis) inside Massachusetts				13b
Total working days				13c
Nonworking days (holidays, weekends, etc.)				13d
Massachusetts ratio				13e
Total income being apportioned. You cannot apportion Massachusetts wages as shown on Form W-2				13f
Massachusetts income				13g

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1



2021 Form 1-NR/PY, pg. 3

MA21006031555

Massachusetts Nonresident/
Part-Year Resident Income Tax Return

VENKAT RATNAM

CHELUKALA

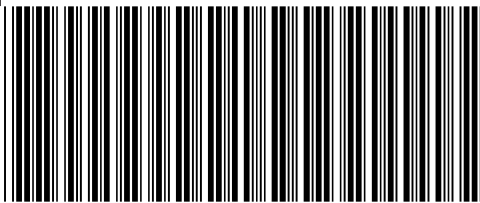
718632095

14. NONRESIDENT DEDUCTION AND EXEMPTION RATIO

a. Total 5.0% income	14a	7447
b. Interest income	14b	
c. Total capital gain income	14c	
d. Total income this return	14d	7447
e. Non-Massachusetts source income. Not less than "0"	14e	85503
f. Total income	14f	92950
g. Deduction and exemption ratio	14g	0.0801
15a. Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass. Retirement	15a	719
15b. Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement	15b	
16. Reserved for future use	16	
17. Reserved for future use	17	

18. Rental deduction. a.	$\div 2 = 18$	
Nonresidents, fill in if during 2021 you did not have a family home or any dwelling outside Massachusetts to which you generally or customarily returned or intend to return in the future		
19. Other deductions from Schedule Y, line 19	19	
20. Total deductions. Add lines 15 through 19	20	719
21. 5.0% INCOME AFTER DEDUCTIONS. Subtract line 20 from line 12. Not less than "0"	21	6728
22. Exemption amount. a. 4400	22	352
23. 5.0% INCOME AFTER EXEMPTIONS. Subtract line 22 from line 21. Not less than "0"	23	6376
24. INTEREST AND DIVIDEND INCOME	24	
25. TOTAL TAXABLE 5.0% INCOME. Add lines 23 and 24	25	6376
26. TAX ON 5.0% INCOME. Note: If choosing the optional 5.85% tax rate, fill in and multiply line 25 and the amount in Schedule D, line 21 by .0585	26	319

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1



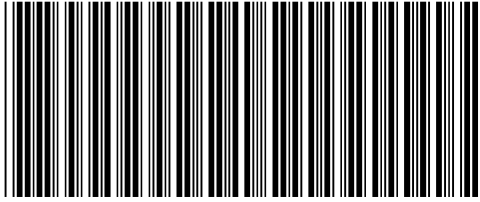
2021 Form 1-NR/PY, pg. 4

MA21006041555

Massachusetts Nonresident/
Part-Year Resident Income Tax Return
718632095

27.	12% INCOME. Not less than "0." a.	x .12 =27	
28.	TAX ON LONG-TERM CAPITAL GAINS. Not less than "0." Fill in if filing Schedule D-IS Fill in if any excess exemptions were used in calculating lines 24, 27 or 28	28	
29.	Credit recapture amount (from Credit Recapture Schedule)	29	
30.	Additional tax on installment sale	30	
31.	If you qualify for No Tax Status, fill in and enter "0" on line 32		
32.	TOTAL INCOME TAX. Add lines 26 through 30.	32	319
33.	Limited Income Credit	33	
34.	Income tax due to another state or jurisdiction	34	
35.	Other credits (from Credit Manager Schedule)	35	
36.	INCOME TAX AFTER CREDITS. Subtract the total of lines 33 through 35 from line 32. Not less than "0"	36	319
37.	Voluntary Contributions		
	a. Endangered Wildlife Conservation	37a	
	b. Organ Transplant Fund	37b	
	c. Massachusetts Public Health HIV and Hepatitis Fund	37c	
	d. Massachusetts U.S. Olympic Fund	37d	
	e. Massachusetts Military Family Relief Fund	37e	
	f. Homeless Animal Prevention and Care	37f	
	Total. Add lines 37a through 37f	37	
38.	Use tax due on Internet, mail order and other out-of-state purchases	38	
39.	Health care penalty a. You + b. Spouse	39	
40.	Amended return only. Overpayment from original return	40	
41.	INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX. Add lines 36 through 40	41	319

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1



2021 Form 1-NR/PY, pg. 5

MA21006051555

Massachusetts Nonresident/
Part-Year Resident Income Tax Return
718632095

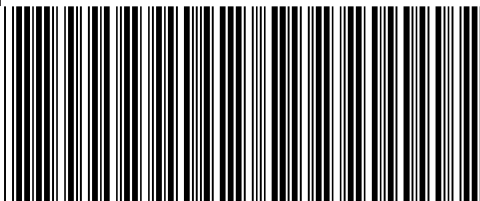
Table with 3 columns: Line number, Description, and Amount. Includes lines 42-56 covering Massachusetts income tax withheld, credits, and refund.

Direct deposit of refund. Type of account X checking
savings
RTN# 044000037 account # 870808305

57. Tax due. Pay online at www.mass.gov/dor/payonline. Mail to: Mass. DOR, PO Box 7003, Boston, MA 02204
Interest Penalty M-2210 amt. 57
EX enclose Form M-2210

May the Department of Revenue discuss this return with the preparer shown here? Yes
I do not want preparer to file my return electronically (this may delay your refund) Paid preparer's
Print paid preparer's name Date Check if self-employed SSN/PTIN
SYAM PRIYA RAM SAGAR GUPTA TALLAM 02122022 P02082703
Paid preparer's signature Paid preparer's phone Paid preparer's EIN
678-965-9522 30-1017196

SYAM PRIYA RAM SAGAR GUPTA TALLAM
BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1



2021 Schedule INC

MA21INC011555

VENKAT RATNAM

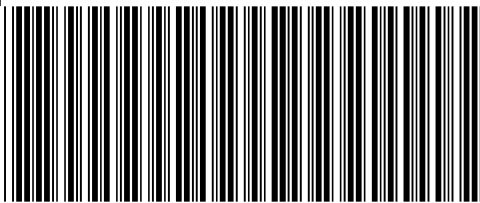
CHELUKALA

718632095

Form W-2 and 1099 Information

A. FEDERAL ID NUMBER	B. STATE TAX WITHHELD	C. STATE WAGES/INCOME	D. TAXPAYER SS WITHHELD	E. SPOUSE SS WITHHELD	F. SOURCE OF WITHHOLDING
824336334	751	15027	719		W2

TOTALS	751	15027	719		
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2021 Schedule NTS-L-NRPY

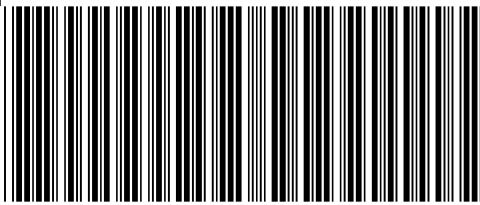
MA21021011555

No Tax Status and Limited Income Credit

718632095

Schedule NTS-L-NRPY. No Tax Status and Limited Income Credit

1. Total 5.0% income	1	7447
2. Adjustments to income	2	
3. Adjusted 5.0% income. Subtract line 2 from line 1. Do not enter if less than "0"	3	7447
4. Interest exemption used	4	
5. Adjusted gross interest, dividends and certain capital gains	5	
6. Long-term capital gain	6	
7. Additional income/loss while a nonresident/part-year resident	7	85503
8. Total income. Combine lines 3 through 7	8	92950
9. Additional adjustments to income while a nonresident/part-year resident	9	
10. Massachusetts Adjusted Gross Income (AGI)	10	92950
If you are single and the total in line 10 is \$8,000 or less, you qualify for No Tax Status		
11. If married and filing a joint return, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,000 and add \$16,400 to that amount. If head of household, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,000 and add \$14,400 to that amount	11	
12. If you do not qualify for No Tax Status and you are married and filing a joint return, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,750 and add \$28,700 to that amount. If head of household, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,750 and add \$25,200 to that amount	12	
13. No Tax Status threshold	13	
14. Income for Limited Income Credit	14	
15. Tax before adjustments	15	
16. Tax for Limited Income Credit	16	
17. Limited Income Credit	17	



2021 Schedule E

MA21013041555

VENKAT RATNAM

CHELUKALA

718632095

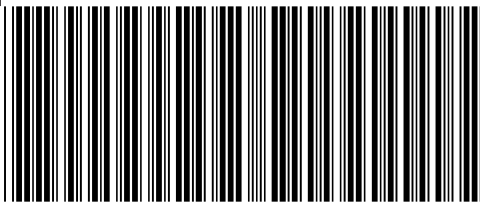
Income or Loss from Real Estate and Royalties

Income

1. Rents received	1	600
2. Royalties received	2	

Expenses

3. Advertising	3	80
4. Auto and travel	4	250
5. Cleaning and maintenance	5	650
6. Commissions	6	
7. Insurance	7	
8. Legal and other professional fees	8	
9. Management fees	9	900
10. Mortgage interest paid to banks, etc.	10	
11. Other interest	11	
12. Repairs	12	2600
13. Supplies	13	2100
14. Taxes	14	
15. Utilities	15	1600
16. Other expenses	16	
17. Add lines 3 through 16	17	8180
18. Depreciation expense or depletion	18	
19. Total expenses. Add lines 17 and 18	19	8180
20. Income or loss from rental real estate or royalty properties	20	-7580
21. Deductible rental real estate loss	21	-7580
22. Income. Enter positive amounts shown on line 20	22	
23. Losses. Add royalty losses from line 20 and real estate losses from line 21	23	-7580
24. Rental real estate and royalty income or loss	24	-7580



2021 Schedule E, pg. 2

MA21013051555

718632095

Income or Loss from Partnerships and S Corporations

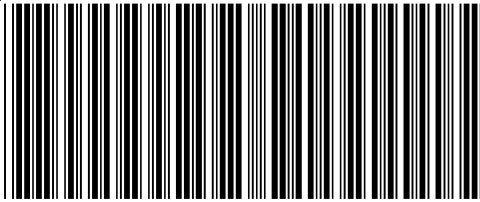
25. Passive loss allowed	25
26. Passive income	26
27. Non-passive loss	27
28. Section 179 expense deduction	28
29. Non-passive income	29
30. Combine lines 26 and 29	30
31. Combine lines 25, 27 and 28	31
32. Partnership and S corporation income or loss. Combine lines 30 and 31	32
33. Interest (other than MA banks) and dividends if included in line 32	33
34. Interest from Massachusetts banks if included in line 32	34
35. Total income or loss from partnerships and S corporations	35
36. Check if you are reporting any loss not allowed in a prior year due to the at-risk, or basis limitations; a prior year disallowed loss from a passive activity (was not reported on U.S. Form 8582) or un-reimbursed partnership expenses	

Income or Loss from Estates and Trusts

37. Passive deduction or loss allowed	37
38. Passive income	38
39. Non-passive deduction or loss	39
40. Non-passive other income	40
41. Add lines 38 and 40	41
42. Add lines 37 and 39	42
43. Estate and trust income or loss. Combine lines 41 and 42	43
44. Estate or non-grantor-type trust income	44
45. Grantor-type trust and non-Massachusetts estate and trust income	45
46. Interest and dividends if included in line 45	46
47. Adjustments to 5.0% income	47
48. Subtotal. Combine lines 46 and 47	48
49. Income or loss from grantor type and non-Mass estates and trusts	49

Income or Loss from REMICs

50. Excess inclusion	50
51. Taxable income or loss	51
52. Income	52
53. Combine lines 51 and 52	53



2021 Schedule E, pg. 3

MA21013061555

718632095

Farm Income

54. Net farm rental income or loss

54

Summary

55. Income or loss. Combine lines 24, 35, 49, 53 and 54

55

-7580

56. Massachusetts differences Enclose statements

56

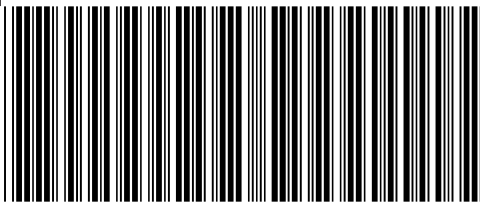
57. Abandoned building renovation deduction

57

58. Total income or loss. Combine lines 55 through 57

58

-7580



2021 Schedule E-1

MA21013011555

VENKAT RATNAM CHELUKALA 718632095
13-6-462/1/70, TALLAGADDA,
13-6-462/1/70, TALLAGADDA KARWAN

Check one: Real estate Royalty Rental property used for short-term rentals

Income or Loss from Real Estate and Royalties

Income

1. Rents received	1	600
2. Royalties received	2	

Expenses

3. Advertising	3	80
4. Auto and travel	4	250
5. Cleaning and maintenance	5	650
6. Commissions	6	
7. Insurance	7	
8. Legal and other professional fees	8	
9. Management fees	9	900
10. Mortgage interest paid to banks, etc	10	
11. Other interest	11	
12. Repairs	12	2600
13. Supplies	13	2100
14. Taxes	14	
15. Utilities	15	1600
16. Other expenses	16	
17. Add lines 3 through 16	17	8180
18. Depreciation expense or depletion	18	
19. Total expenses. Add lines 17 and 18	19	8180
20. Income or loss from rental real estate or royalty properties	20	-7580
21. Deductible rental real estate loss	21	-7580
22. Income. Enter positive amounts shown on line 20	22	
23. Losses. Enter royalty losses from line 20 or rental real estate loss from line 21	23	-7580
24. Rental real estate and royalty income or loss	24	-7580
25. Check if this rental property was used by you or your family for more than 14 days or more than 10 percent of the total number of days that the property was rented at fair market value		

Cut on line before mailing

REV 01/24/22 PRO

POST FILING COUPON

PFC

0912

1030

"Electronic calculation and processing of state tax liabilities serve as a convenience for Indiana taxpayers. The taxpayer remains responsible for providing accurate information and remains liable for payment of the correct amount of tax."

*SSN 1 718 63 2095

*SSN 2

Period End Date 12 31 2021

Date Due 04 18 2022

Tax Type IND

Mail and make check payable to
INDIANA DEPARTMENT OF REVENUE
P.O. BOX 1674
INDIANAPOLIS, IN 46206-1674

VENKAT RATNAM CHELUKALA

503 E FT WAYNE STREET A

WARSAW IN 46580

Amount Due:

930.00

06000071863209502000010111231202101



2021 **Indiana Full-Year Resident Individual Income Tax Return**

Due April 18, 2022

If filing for a fiscal year, enter the dates (see instructions) (MM/DD/YYYY):

from to:

Place "X" in box
if amending

Your Social Security Number 718 63 2095

Spouse's Social Security Number

Place "X" in box if applying for ITIN

Place "X" in box if applying for ITIN

Your first name VENKAT RATNAM Initial Last name CHELUKALA Suffix

If filing a joint return, spouse's first name Initial Last name Suffix

Present address (number and street or rural route)

503 E FT WAYNE STREET A

Place "X" in box if you are married filing separately.

City WARSAW

State IN

Zip/Postal code 46580

Foreign country 2-character code (see instructions)

Enter below the **2-digit county code** numbers (found on the back of Schedule CT-40) for the county where you lived and worked on January 1, 2021.

County where you lived 43 County where you worked 00

County where spouse lived County where spouse worked

Round all entries

1. Enter your federal adjusted gross income from your federal income tax return, Form 1040 or Form 1040-SR, line 11	Federal AGI	<input type="text"/> 1	<input type="text"/> 92950	<input type="text"/> 00
2. Enter amount from Schedule 1, line 7, and enclose Schedule 1	Indiana Add-Backs	<input type="text"/> 2	<input type="text"/>	<input type="text"/> 00
3. Add line 1 and line 2		<input type="text"/> 3	<input type="text"/> 92950	<input type="text"/> 00
4. Enter amount from Schedule 2, line 12, and enclose Schedule 2	Indiana Deductions	<input type="text"/> 4	<input type="text"/>	<input type="text"/> 00
5. Subtract line 4 from line 3		<input type="text"/> 5	<input type="text"/> 92950	<input type="text"/> 00
6. You must complete Schedule 3. Enter amount from Schedule 3, line 6, and enclose Schedule 3	Indiana Exemptions	<input type="text"/> 6	<input type="text"/> 1000	<input type="text"/> 00
7. Subtract line 6 from line 5	Indiana Adjusted Gross Income	<input type="text"/> 7	<input type="text"/> 91950	<input type="text"/> 00
8. State adjusted gross income tax: multiply line 7 by 3.23% (.0323) (if answer is less than zero, leave blank)		<input type="text"/> 8	<input type="text"/> 2970	<input type="text"/> 00
9. County tax. Enter county tax due from Schedule CT-40 (if answer is less than zero, leave blank)		<input type="text"/> 9	<input type="text"/> 920	<input type="text"/> 00
10. Other taxes. Enter amount from Schedule 4, line 4 (enclose sch.)		<input type="text"/> 10	<input type="text"/>	<input type="text"/> 00
11. Add lines 8, 9 and 10. Enter total here and on line 15 on the back	Indiana Taxes	<input type="text"/> 11	<input type="text"/> 3890	<input type="text"/> 00



12. Enter credits from Schedule 5, line 10 (enclose schedule) _____	12	2031	00
13. Enter offset credits from Schedule 6, line 8 (enclose schedule) _____	13	929	00
14. Add lines 12 and 13 _____ Indiana Credits	14	2960	00
15. Enter amount from line 11 _____ Indiana Taxes	15	3890	00
16. If line 14 is equal to or more than line 15, subtract line 15 from line 14 (if smaller, skip to line 23)	16		00
17. Enter donations from Schedule IN-DONATE (enclose schedule); cannot be greater than line 16	17		00
18. Subtract line 17 from line 16 _____ Overpayment	18		00
19. Amount from line 18 to be applied to your 2022 estimated tax account (see instructions).			
Enter your county code <input style="width: 30px;" type="text"/> county tax to be applied _ \$	a		00
Spouse's county code <input style="width: 30px;" type="text"/> county tax to be applied _ \$	b		00
Indiana adjusted gross income tax to be applied _____ \$	c		00
Total to be applied to your estimated tax account (a + b + c; cannot be more than line 18) _____	19d		00
20. Penalty for underpayment of estimated tax from Schedule IT-2210 or IT-2210A _____	20		00
21. Refund: Line 18 minus lines 19d and 20. Note: If less than zero, see line 23 _____ Your Refund	21		00
22. Direct Deposit (see instructions)			
a. Routing Number <input style="width: 100px;" type="text"/>			
b. Account Number <input style="width: 200px;" type="text"/>			
c. Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Hoosier Works MC			
d. Place an "X" in the box if refund will go to an account outside the United States <input type="checkbox"/>			
23. If line 15 is more than line 14, subtract line 14 from line 15. Add to this any amount on line 20 (see instructions) _____	23	930	00
24. Penalty if filed after due date (see instructions) _____	24		00
25. Interest if filed after due date (see instructions) _____	25		00
26. Amount Due: Add lines 23, 24 and 25 _____ Amount You Owe	26	930	00

Do not send cash. Please make your check or money order payable to:
Indiana Department of Revenue. Credit card payers must see instructions.

Sign and date this return after reading the Authorization statement on Schedule 7. You must enclose Schedule 7.

Your Signature	Date	Spouse's Signature	Date
----------------	------	--------------------	------

- If enclosing payment mail to: Indiana Department of Revenue, P.O. Box 7224, Indianapolis, IN 46207-7224.
- Mail all other returns to: Indiana Department of Revenue, P.O. Box 40, Indianapolis, IN 46206-0040.

Name(s) shown on Form IT-40

VENKAT RATNAM CHELUKALA

Your Social Security Number

718 63 2095

Complete and enclose Schedule IN-DEP: Dependent Information and Additional Dependent Child Information if you are claiming dependents on lines 2 and/or 3 below.

Round all entries

1. Enter \$2000 if you are married filing jointly; otherwise, enter \$1000 1 1000.00

2. Enter the number of dependents listed on Schedule IN-DEP, Box 6 x \$1000 2 .00
You **MUST** enclose Schedule IN-DEP.

3. You may claim an additional exemption for each qualifying dependent child:
- who is a son, stepson, daughter, stepdaughter, foster child and/or child for whom you are a legal guardian,
 - who was under the age of 19 by Dec. 31, 2021,
 - or a full-time student who was under the age of 24 by Dec. 31, 2021, and
 - who you are eligible to claim as a dependent on line 2 above.

Enter the number of additional dependents listed on Schedule IN-DEP, Box 7. x \$1500 3 .00

4. Place "X" in box(es) below if, by December 31, 2021

You were age 65 or older and/or blind

Spouse was 65 or older and/or blind

Total number of boxes with Xs x \$1000 4 .00

5. If age 65 or older, enter amount from Form IT-40, line 1.

- If filing as married filing separately and this amount is less than \$20,000, place "X" in the "You were age 65 or older" box below.
- For all other filers age 65 or older, if this amount is less than \$40,000, place "X" in appropriate box(es) below.

You were age 65 or older

Spouse was 65 or older

Total number of boxes with Xs x \$500 5 .00

6. Add lines 1, 2, 3, 4 and 5. Enter here and on Form IT-40, line 6 **Total Exemptions** 6 1000.00



Name(s) shown on Form IT-40

Your Social Security Number

VENKAT RATNAM CHELUKALA

718 63 2095

Round all entries

1. Indiana state tax withheld: enclose W-2s, 1099s showing state tax withholding amounts _____	1	2031	.00
2. Indiana county tax withheld: enclose W-2s, 1099s showing county tax withholding amounts _____	2		.00
3. Estimated tax paid for 2021: include any extension payment made with Form IT-9 _____	3		.00
4. Unified tax credit for the elderly _____	4		.00
5. Earned income credit: enclose Schedule IN-EIC and enter amount from line A-3 _____	5		.00
6. Lake County residential income tax credit _____	6		.00
7. Economic development for a growing economy credit. Enter amount from Schedule IN-EDGE, line 19 (enclose schedule) _____	7		.00
8. Economic development for a growing economy retention credit. Enter amount from Schedule IN-EDGE-R, line 19 (enclose schedule) _____	8		.00
9. Headquarters relocation credit (refundable portion - see instructions) _____	9		.00
10. Add lines 1 through 9. Enter total here and on Form IT-40, line 12 Total Credits	10	2031	.00

Schedule IN-DONATE

Important. The amount on line 2 cannot exceed the amount on Form IT-40/IT-40PNR, line 16.

1. Donations: List fund name, 3-digit code and amount to be donated (see instructions)

a. Enter fund name		code no.		1a		.00
b. Enter fund name		code no.		1b		.00
c. Enter fund name		code no.		1c		.00
2. Add lines 1a through 1c. Enter total here and on Form IT-40/IT-40PNR, line 17 Total Donations	2					.00



23121111030

Name(s) shown on Form IT-40

VENKAT RATNAM CHELUKALA

Your Social Security Number

718 63 2095

Round all entries

1. Credit for local taxes paid outside Indiana _____ 1 _____ .00

2. Community revitalization enhancement district credit _____ 2 _____ .00

3. Other Local Credits: See instructions (enclose additional sheets if necessary)

a. Enter credit name _____ code no. _____ 3a _____ .00

b. Enter credit name _____ code no. _____ 3b _____ .00

Important: Lines 1 through 3 cannot be greater than the county tax due on Form IT-40, line 9 (see *Combined Limitation* instructions)

4. College credit: attach Schedule CC-40 _____ 4 _____ .00

5. Credit for taxes paid to other states: enclose other state's return _____ 5 _____ 929 .00

6. Other Credits: See instructions (enclose additional sheets if necessary)

a. Enter credit name _____ code no. _____ 6a _____ .00

b. Enter credit name _____ code no. _____ 6b _____ .00

c. Enter credit name _____ code no. _____ 6c _____ .00

d. Enter credit name _____ code no. _____ 6d _____ .00

7. Enter the total credits from Schedule IN-OCC, line 16, and enclose that schedule _____ 7 _____ .00

Important: Lines 4 through 7 added together cannot be greater than the state adjusted gross income tax due on Form IT-40, line 8 (see *Combined Limitation* instructions)

8. Add lines 1 through 7. Enter total here and on line 13 of Form IT-40 _____ **Total Offset Credits** 8 _____ 929 .00



Name(s) shown on Form IT-40

Your Social Security Number

VENKAT RATNAM CHELUKALA

718

63

2095

1. Federal filing information

Are you filing a federal income tax return for 2021? Place "X" in appropriate box. Yes No

2. Out-of-state income

Complete if you and/or your spouse (if filing a joint return) received any salary, wage, tip and/or commission income from Illinois, Kentucky, Michigan, Ohio, Pennsylvania or Wisconsin. Enter two-digit code number from the back of Schedule CT-40 for state where you and/or your spouse worked.

State where you worked

Your income

State where spouse worked

Spouse's income

\$.00

\$.00

3. Extension of time to file

a. Place "X" in box if you have filed a federal extension of time to file, Form 4868, or made an online extension payment.

b. Place "X" in box if you have filed an Indiana extension of time to file, Form IT-9, or made an Indiana extension payment online.

4. Farm / Fishing income

Place "X" in box if at least two-thirds of your gross income was made from farming or fishing.

Important: If you placed an "X" in the box, you MUST attach Schedule IT-2210.

5. Schedule IN-40PA filers. If you are eligible to file federal Form 8857, Request for Innocent Spouse Relief, and are completing Indiana Schedule IN-40PA, enclose Schedule IN-40PA and check the box.

6. Date of death

If any individual listed at the top of the IT-40 died during 2021, enter date of death (MM/DD).

Taxpayer's date of death 2021

Spouse's date of death 2021

Authorization Sign Form IT-40 after reading the following statement.

Under penalty of perjury, I have examined this return and all attachments and to the best of my knowledge and belief, it is true, complete and correct. I understand that if this is a joint return, any refund will be made payable to us jointly and each of us is liable for all taxes due under this return. Also, my request for direct deposit of my refund includes my authorization to the Indiana Department of Revenue to furnish my financial institution with my routing number, account number, account type and Social Security number to ensure my refund is properly deposited. I give permission to the Department to contact the Social Security Administration to confirm that the Social Security number(s) used on this return is correct.

7. Your daytime

telephone number

2342819286

Your

email address

VENKATRATNAM1234@GMAIL

I authorize the Department to discuss my return with my personal representative.

Yes No If yes, complete the information below.

Personal Representative's Name (please print)

Telephone number

Address

City

State

Zip Code

Paid Preparer: Firm's Name (or yours if self-employed)

GLOBAL TAXES LLC

IN-OPT on file with paid preparer if not filing electronically

PTIN

P02082703

Address

2530 PEBBLE CREEK LN

City

CUMMING

State

GA

Zip Code

30041

Preparer's

signature SYAM PRIYA RAM SAGAR GUPTA



Name(s) shown on Form IT-40

Your Social Security Number

VENKAT RATNAM CHELUKALA

718 63 2095

1. Enter the amount from IT-40, line 7. Note: If both you and your spouse lived in the same county on January 1, enter the entire amount from Form IT-40, line 7 on line 1A (do not complete Column B). See instructions _____

Column A - Yourself		Column B - Spouse's	
1A	91950.00	1B	.00

2. Enter the county tax rate from the chart on the back of this schedule for the county where you lived on Jan. 1, 2021 _____

2A	.0100000	2B	.
----	----------	----	---

3. Multiply line 1 by the rate on line 2 (leave blank if less than zero) _____

3A	920.00	3B	.00
----	--------	----	-----

4. Add lines 3A and 3B. Enter the total here. **Note: Perry County residents: If you live in Perry County and worked in the Kentucky counties of Breckinridge, Hancock or Meade, you must complete lines 5 and 6.** Otherwise, enter the total here and on line 7 below (see instructions) _____

4	920.00
---	--------

5. Enter the amount of income that was taxed by certain Kentucky localities (see instructions) _____

5	.00
---	-----

6. Multiply line 5 by .0181 and enter total here _____

6	.00
---	-----

7. Enter total of line 4 minus line 6. Enter this amount on line 9 of Form IT-40 _____

7	920.00
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**Form
IT-8879**State Form 53399
(R17 / 9-21)Indiana Individual Income Tax
DECLARATION OF ELECTRONIC FILING
Income Tax for the Tax Year January 1 - December 31, 2021**Do Not Mail This
Form To DOR**

Submission ID

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First Name and Middle Initial VENKAT RATNAM	Last Name CHELUKALA	Your Social Security Number 718 63 2095	Spouse's Social Security Number
Spouse's First Name and Middle Initial	Spouse's Last Name	Street Address 503 E FT WAYNE STREET A	
City WARSAW	State IN	Zip Code 46580	Daytime Telephone Number 234 281 9286

Part I Tax Return Information (See Instructions on Next Page)

1. Federal Adjusted Gross Income.....	1.	92950
2. Indiana Adjusted Gross Income.....	2.	91950
3. Total Indiana Tax.....	3.	3890
4. Total State Tax Withheld.....	4.	2031
5. Total County Tax Withheld.....	5.	
6. Total Indiana Tax Credits.....	6.	2960
7. Refund.....	7.	
8. Amount You Owe.....	8.	930

Part II Direct Deposit

9. Routing number

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Note: The first two digits of the routing number must be 01 - 12 or 21 - 32.
10. Account number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
11. Type of account: Checking Savings Hoosier Works MC
12. Place an "X" in the box if refund will go to an account outside the United States.

**Do Not Mail
This Form
To DOR**

My request for direct deposit of my refund includes my authorization for the Indiana Department of Revenue to furnish my financial institution with my routing number, account number, account type, and Social Security number to ensure my refund is properly deposited.

Part III Declaration

Under penalties of perjury, I declare that the information I have given my ERO and the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of my income tax return. To the best of my knowledge and belief, my 2021 return is true, correct and complete. I consent to my ERO sending my return, this declaration, and accompanying schedules and statements to the DOR. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the DOR of all information pertaining to my use of the system and software and to the transmission of my return electronically. I also consent to the DOR sending my ERO and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not my return is accepted, and, if rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize the DOR to disclose to my ERO and/or transmitter the reason(s) for the delay of when the refund was sent.

Your PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter my PIN

3	2	0	9	5
---	---	---	---	---

 as my signature on my tax year 2021 electronically filed income tax return.
do not enter all zeros
- I will enter my PIN as my signature on my tax year 2021 electronically filed income tax return. 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 IV below.

Your signature ▶ _____ Date _____**Spouse's PIN:** check one box only

- I authorize _____ to enter my PIN

--	--	--	--	--

 as my signature on my tax year 2021 electronically filed income tax return.
do not enter all zeros
- I will enter my PIN as my signature on my tax year 2021 electronically filed income tax return. 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 IV below.

Spouse's signature ▶ _____ Date _____**Part IV Practitioner 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
---	---	---	---	---	---	---	---	---	---	---

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2021 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method.

ERO's Signature ▶ _____ Date _____**I
N
D
I
A
N
A**

▼ Attach W-2 Forms Here ▼