

Department of the Treasury Internal Revenue Service

IRS effle Signature Authorization

ERO must obtain and retain completed Form 8879. ▶ Go to www.irs.gov/Form8879for the latest information

| Submission Identification Number (SID) | | |
|--|---|---|
| Taxpayer's name | Social securit | tynumber |
| HARISH KUMAR CHUNDURI | 359-25- | -0859 |
| Spauedsname | Spouse's soc | ial securitynumber |
| Part I Tax Return Information — Tax Year Ending December 31, 2021 | (Enteryæryoua | reauthorizing) |
| Enterwholeddlarsonlyonlines1 through 5 | | |
| Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3 and 5 blank | | 1 1 |
| 1 Adjusted gross income | | 1 52,664. |
| 2 Totalitax | | 2 4,580. |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | 3 9,127. |
| 4 Amountyouwantrefunded to you | | 4 4,547. |
| 5 Amountyouove | | 5 |
| Part II Taxpayer Declaration and Signature Authorization (Be sure youget | and keep a cop | yofyarretum) |
| my knowledge and belief, it is true, correct, and complete. I further dedare that the amounts in Part return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, to send my return to the IRS and to receive from the IRS (a) an advrowledgement of receipt or reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorized Agent to initiate an ACH electronic funds with drawal (direct delait) entry to the financial institution accou- payment of my federal taxes owed on this return and/or a payment of restinated tax, and the financial in authorization is to remain in full force and effect until I notify the U.S. Treesury Financial Agent to the payment, I must contact the U.S. Treesury Financial Agent at 1-888-353-4537. Payment concellation business days prior to the payment (settement) date. I also authorize the financial institutions involved taxes to receive confidential information necessary to answer inquiries and resolve issues related to personal identification number (PIN) below is my signature for the income tax return (original or amend Electronic Funds Withdrawal Consent | transmitter, or electro for rejection of the tr e the U.S. Træsury a untinolicated in the te rstitution to debit the minate the authorize on requests must be tin the processing of on the payment 1 furt | pric return originator (ERO) ansmission, (b) the reason nd its designated Financial as preparation software for entry to this account. This attorn. To revoke (cancel) a e received no later than 2 fittle electronic payment of the acknowledge that the |
| Taxpayer's PIN check one box only X I authorize GLOBAL TAXES LLC to enter or gen | En En | 0 8 5 9 terfivedigits but asmy |
| signature on the income tax return (original or amended) I am now authorizing | da | n tenter all zeros |
| I will entermy PIN as my signature on the income tax return (original or amended) if you are entering your own PIN and your return is filed using the Practitioner PIN below. | | |
| Your signature Dat | | |
| Spouse's PIN: check are box only I authorize to enter or gen | erate my PIN | æmy |
| ERO fim name signature on the income tax return (original or amended) I am now authorizing I will entermy PIN as my signature on the income tax return (original or amended) if you are entering your own PIN and your return is filed using the Practitioner PIN below. | da I am now authorizir | |
| Spouæs signature Dat | | |
| Practitioner PINMethod Returns Only-continue k | xelow | |
| PartIII Certification and Authentication — Practitioner PIN Method Only ERO's EFIN/PIN Enteryoursix-digit EFIN followed by your five-digit self-selected PIN | | 8 6 1 9 8 9 er all zeros |
| I certify that the above numeric entry is my PIN, which is my signature for the electronic individual inc authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I an requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Provide | n submitting this retu | um in accordance with the |

| EROssignature | | | |
|--|-----|------------------|-------------------------|
| EROMust Retain This F Dan't Submit This Form to the I | | | |
| For Paperwork Reduction Act Notice, see your tax return instructions | BAA | REV 01/31/22 PRO | Farm 8879(Rev. 01-2021) |

| E | 1 | \frown | Departme | entof the Trees | _ry_l | Internal Revenue | Service | (99) |
|---|---|----------|----------|-----------------|-------|------------------|---------|--------|
| Ц | ľ | OH. | U.S. | Indvid | B | | Tax F | Return |

| OMB No 1545-0074 | IRS Use Only—Do not write or staple in this space |
|------------------|---|
| | |

| Filing Statu Checkonly one box | lfyc | Single 🔲 Married filingjointly [suchecked the MFS box, enter the r son is a child but not your dependen | nameof | | | | | | | | | |
|--|----------------------|--|----------------|-----------------------------|---|--------------------------|-------------|--------------------------|------------------|---|--|--|
| Yourfirstname | eandmi | iddleinitial | Læstre | ime | | | | | Yourse | /our social security number | | |
| HARISH KUMAR CHUNDURI 35 | | | | | 359- | 59-25-0859 | | | | | | |
| Ifjointretum, spouzes first name and middle initia | | | Læstre | me | | | | | Spouse | e's social security numb | | |
| 2000 CA | SABLA | erandstreet). Ifyouhave a P.O. box, see ANCA TERRACE DANVILLE | | | | | | Apt na | Check | ential Election Campaiq here if you, or your e if filing jointly, want \$ | | |
| City, town, arp DANVILL | | ice. Ifycu have a foreign address, also co | mpletes | spææs below. | Sta CZ | | ZIPa 945 | | togot boxbe | o this fund. Checking a alow will not change | | |
| Fareignæuntr | yname | | | Foreign province/state | e/car | ity | Foreiç | gn postal code | yarta | ax or refund. Vou Spou | | |
| Atanytimed | ring 2 | 021, did you receive, sell, exchange, | aroth | - | - | | inany | virtual curre | ncy? | Yes 🛛 No | | |
| Standard Deduction | | ecne can daim: 🗌 You as a de Spouse i temizes on a separate retur : 🗌 Were born before January 2, 1 | narya - | uwereadual-statua | | י ו | mbof | àreJanuary. | 2 1057 | □ Isblird | | |
| | | | 907 L | | | | | | | | | |
| Dependent | | instructions): irstname Lastname | | (2) Social securi rumber | IJ | (3) Relationsh to you | np | (4) ✔ irc Child tax c | • | fies for (see instructions): t Oredit for other dependents | | |
| lfmare than four | ())) | | | | | | | | | | | |
| dependents | | | | | | | | | | | | |
| seinstruction | Б—— | | | | | | | | | | | |
| and check here▶ □ | | | | | | | | | | | | |
| | 1 | Waqes, salaries, tips, etc. Attach F | - am(s) | W-2 | | | | | . 1 | 62,664 | | |
| Attach | ∠a | U | 2a | ··· | т | axable interes | + | | 2 | | | |
| Sch Bif | Ca | | 3a | | | | | | 3 | | | |
| required. | $\int \frac{da}{da}$ | | 4a | | b Ordinary dividends b Taxable amount. | | | | . 4 | | | |
| | 5a | | 5a | | b Taxable amount. | | | | . 5 | - | | |
| Standard | <u>6</u> а | | <u>∽</u> 6a | | | axable amour | | | . 6 | | | |
| Deduction for- | 7 | Capital gain or (loss). Attach Sche | | frequired Ifrotrea | | | | | | - | | |
| Singlear Married filing | 8 | Other income from Schedule 1, lin | | | | | | | . 8 | | | |
| separately, | 9 | Add lines 1, 20, 30, 40, 50, 60, 7, | | | | | | | | | | |
| \$12,550 • Married filing | 10 | Adjustments to income from Sche | | 5 | | | | | . 10 | о С | | |
| jaintlyar Qualifying | 11 | Subtractline 10 from line 9. This is | | | | | | | ▶ 1 [·] | | | |
| widow(er), | 12a | Standard deduction or itemized | - | | | 12 | a | 12,55 | 0. | | | |
| \$25,100 • Head of | b | Charitade contributions if you take | | - | - | ructions) 12 | b | 30 | | | | |
| hausehold, \$18,800 | С | Add lines 12a and 12b | | | | | | | . 12 | ≥c 12,850 | | |
| • If you checked | 13 | Qualified business income deduct | ianfron | n Farm 8995ar Far | n 89 | БА | | | | 3 | | |
| anyboxunder Standard | 14 | Add lines 12c and 13 | | | | | | | | 4 12,850 | | |
| Deduction, see instructions. | 15 | Taxable income Subtractline 14 | l from lir | re 11. Ifzeroarless | ente | r-0 | | | | 5 39,814 | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | 10.10 | | |

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

Farm 1040(2021)

| Fam 1040(202 | 1) | | | | Page 2 | | | | | |
|--|--------|--|------------------------|---------|------------------------------------|--|--|--|--|--|
| | 16 | Tax (see instructions). Check if any from Form(s): 1 🗌 8814 2 🗌 4972 3 🗌 | | 16 | 4,580. | | | | | |
| | 17 | Amount from Schedule 2 line 3 | | 17 | | | | | | |
| | 18 | Add lines 16 and 17 | | 18 | 4,580. | | | | | |
| | 19 | Nanefundable child tax area it ar area it far other dependents from Schedule 8812 | 19 | | | | | | | |
| | 20 | Amount from Schedule 3 line 8 | | 20 | | | | | | |
| | 21 | Add lines 19and 20 | | 21 | | | | | | |
| | 22 | Subtractline 21 from line 18 If zero or less enter -O | | 22 | 4,580. | | | | | |
| | 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 | 4,580. | | | | | |
| | 25 | Federal income tax withheld from: | | | | | | | | |
| | а | Form(s)W-2 | 127. | | | | | | | |
| | b | Form(s) 1099 | | | | | | | | |
| | С | Otherforms (see instructions) | | | | | | | | |
| | d | Add lines Zia through Zic | | 25d | 9,127. | | | | | |
| | 26 | 2021 estimated tax payments and amount applied from 2020 return | | 26 | | | | | | |
| lfyouhavea ^L qualifying child, | 2īa | Earned income credit (EIC) | | | | | | | | |
| attach Sch EIC. | | Check here if you were born after January 1, 1998 and before | | | | | | | | |
| | | January 2, 2004, and you satisfy all the other requirements for | | | | | | | | |
| | | taxpayers who are at least age 18 to daim the EIC. See instructions ▶ □ | | | | | | | | |
| | b | Nontavable combat pay election | | | | | | | | |
| | С | Ptionyean (2019) earned income | | | | | | | | |
| | 28 | Refundable child tax credit for additional child tax credit from Schedule 8812 28 | | | | | | | | |
| | 29 | American opportunity arealitifican Farm 8863 line 8. . | | | | | | | | |
| | 30 | Recovery rebate credit. See instructions | | | | | | | | |
| | 31 | Amount from Schedule 3 line 15 | | | | | | | | |
| | 32 | Add lines 27a and 28 through 31. These are your total other payments and refundable credit | - | 32 | | | | | | |
| | 33 | Add lines 25d, 26, and 32 These are your total payments | . 🕨 | 33 | 9,127. | | | | | |
| Refund | 34 | 5 1 | · . | 34 | 4,547. | | | | | |
| | 35a | | | 35a | 4,547. | | | | | |
| Direct deposit? See instructions | ►b | | wings | | | | | | | |
| | Þa | Account number 3 2 0 9 4 2 2 2 3 1 | | | | | | | | |
| | 36 | Amount of line 34 you want applied to your 2022 estimated tax | | | | | | | | |
| Amount | 37 | Amount you ove. Subtract line 33 from line 24 For details on how to pay, see instructions | . 🕨 | 37 | | | | | | |
| YouOwe | 38 | Estimated tax penalty (see instructions) | | | | | | | | |
| Third Party Designee | |) you want to allow another person to discuss this return with the IRS? See structions \ldots | pleteb | elow. | X No | | | | | |
| | | 3 | al identifi (PIN) ▶ | cation | | | | | | |
| Sign | | der penalties of perjury, I dedare that I have examined this return and accompanying schedules and statements | | | | | | | | |
| Here | | lief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information (| | • • | 3 0 | | | | | |
| | Yo | unsignature Date Your occupation | | | ntycuan Identity N, enterithere | | | | | |
| Jaintretum? | | SOFTWARE ENGINEER | | rst)▶ | | | | | | |
| Sæinstructions | Sp | ouses signature. If a joint return both must sign Date Spouse's cocupation | lfthe | IRS ser | ityarspalæan | | | | | |
| Kæpacopyfor yourrecords | | | | | ction PIN, enterithere | | | | | |
| yunauus | | | (sæ ir | ∩st)▶ | | | | | | |
| | | comerca (719)330-4349 Email address HARISHCHUNDURI06@GMAIL.COM | | | | | | | | |
| Paid | | | ЛN | | Check if: | | | | | |
| Preparer | SYAM | | 02082 | | Self-employed | | | | | |
| UseOnly | | m′sname► GLOBAL TAXES LLC | Phone | ena (| 678)965-9522 | | | | | |
| | Fin | m′sædness⊳2530 Pebble Creek Ln Cumming GA 30041 | Firm's | s⊟N► | 30-1017196 | | | | | |
| Gotowww.irs.gr | ov/Fam | n1040 for instructions and the latest information BAA REV 01/31/22 PRO | | | Fam 1040(2021) | | | | | |

| SCHEDULE | 1 |
|-------------|---|
| (Form 1040) | |

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

Attachment Sequence No OI Your social security number 359-25-0859

| Department of the Treasury | ► Attach |
|----------------------------|------------------------------|
| Internal Revenue Service | ► Go to www.irs.gov/F |
| Name(s) shown on Fo | arm 1040 1040-SR, ar 1040-NR |

| HARI | SH KUMAR CHUNDURI | | 359-2 | 5-08 | 59 |
|------|---|-----------|--------|------|----------|
| Par | tl Additional Income | | | | |
| 1 | Taxable refunds, credits, cr offsets of state and local income taxe | S | | 1 | |
| 2a | Alimany received | | | 2a | |
| b | Date of original divorce or separation agreement (see instructions) | • | | | |
| З | Business income or (loss). Attach Schedule C | | | З | |
| 4 | Othergains or (losses). Attach Form 4797 | | | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, th Schedule E | | | 5 | -10,000. |
| 6 | Farm income or (loss). Attach Schedule F | | | 6 | |
| 7 | Unemployment compensation | | | 7 | |
| 8 | Otherincome | | | | |
| а | Netoperating loss | କ୍ଷ (|) | | |
| b | Gembling income | හි | | | |
| С | Cancellation of debt | 38 | | | |
| d | Fareigneerned income exclusion from Farm 2355 | କ୍ଷ (|) | | |
| е | Taxable Health Savings Account distribution | 8e | | | |
| f | Alaska Permanent Fund dividends | F | | | |
| g | | හු | | | |
| h | Prizes and awards | 8h | | | |
| i | Activity not engaged in far profit income | 8 | | | |
| j | Stack options | 8 | | | |
| 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 | | | |
| Ι | Olympic and Paralympic medals and USOC prize money (see instructions) | 8 | | | |
| m | Section 951(a) inclusion (see instructions) | 8n | | | |
| n | Section 951A(a) inclusion (see instructions) | ອາ | | | |
| 0 | Section 461 (1) excess business loss adjustment. | හ | | | |
| р | Taxable distributions from an ABLE account (see instructions). | ආ | | | |
| Z | Other income. List type and amount | 82 | | | |
| 9 | Total other income Add lines & through & | | | 9 | |
| 10 | Combine lines 1 through 7 and 9. Enter here and on Form 10 1040NR, line 8 | 240 10405 | SR, ar | 10 | -10,000. |
| | | | | | |

For Paperwork Reduction Act Notice, see your tax return instructions

Schedule 1 (Farm 1040) 2021

| Par | t II Adjustments to Income | | |
|-----|---|---------|--|
| 11 | Educator expenses | 11 | |
| 12 | Certain business expenses of reservists, performing artists, and fee-basis govern 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 3908 | 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 | Penaltyonearlywithdrawal of savings | 18 | |
| 19a | Aimonypaid | 19a | |
| b | Recipient's SSN | | |
| С | Date of original divorce or separation agreement (see instructions) 🕨 | | |
| 20 | | 20 | |
| 21 | Student loan interest deduction | 21 | |
| 22 | | 22 | |
| 23 | Archer MSA deduction. | 23 | |
| 24 | Otheradjustments | | |
| а | Jury duty pay (see instructions) | | |
| b | Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit | | |
| С | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8 | | |
| d | Reforestation amortization and expenses | | |
| е | Repayment of supplemental unemployment benefits under the Trade Act of 1974. | | |
| f | Contributions to section 501(c)(18)(D) pension plans | | |
| g | Contributions by certain chaptains to section 403(b) plans 24g | | |
| h | Attorney fees and court costs for actions involving certain unlawful discrimination daims (see instructions) | | |
| 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 vidations | | |
| j | Housing deduction from Form 2335 | | |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) 24k | | |
| Z | Otheracjustments 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. here and on Form 1040or 1040SR, line 10 or Form 1040NR, line 10a | 26 | |

| | | | ► Attach | to Form 1040 | | 25R 10 | 40NR (| ~r 1011 | | | | | | |
|----------|--|---------------|--|---------------|------------------|-----------------|--------|------------|-------------|-----|----------|--------|-------------------|----------|
| | entof the Treasury Revenue Service (99) | | ► Go to www.irsgov | | | | | | | 1 | | Attad | ment enceNo 13 | Z |
| | shownonreturn | | r co o minagov | | | | | | | _ | n recció | | ynumber | <u> </u> |
| ., | | CHUND | тат | | | | | | | | | 5-085 | <i>.</i> | |
| | | | s From Rental Real Est | into and Do | | | | oro in tr | nh rimer | | | | | |
| Part | | | instructions If you are an in | | - | | - | | | | | - | | 2 |
| | | | | | | | | | | | | | | |
| | | | ntsin 2021 that would re | | | | | | | | | | | |
| | Yes," ddyouc | <u>rwll y</u> | oufile required Form(s) | 1099? | | | | | | | | . [] ` | ∕es ∐ N | <u> </u> |
| 1a | | | æchproperty (stræt, di | <u> </u> | | 3) | | | | | | | | |
| | LB NAGAR I | HYDER | ABAD TELANGANA I | N 500045 |) | | | | | | | | | |
| B | | | | | | | | | | | | | | |
| С | | | | | | | | | | | | | | |
| 1b | TypeofProp | | 2 For each rental rea above, report the | al estate pro | œrtyl | isted | | | Rental | Pa | rsonal | | QJV | |
| | (from list be | (wol | personal use days | Check the | ar ierii QJVk | araru xxonlv | | L | Days | | Day | 5 | | |
| A | 3 | | personal use days if you meet the rec qualified joint vent | pirements to | ofilea | isa í | Α | | 365 | | | 0 | | |
| В | | | qualitied joint veni | ue sæirs | rucic | пы | - | | | | | | | |
| С | | | | | | | С | | | | | | | |
| | of Property. | | | | | | | | | | | | | |
| - | gle Family Resid | | 3 Vacation/Short-Te | erm Rental | 5 La | nd | | 7 Self- | Rental | | | | | |
| | ti-Family Reside | ence | 4 Commercial | | 6 Rc | yalties | | 8 Oth | r (describe |) | | | | |
| Incom | ie: | | F | Properties | | | А | | E | 3 | | | С | |
| 3 | Rentsreceived | k | | | 3 | | | 600. | | | | | | |
| 4 | Royalties recei | ived . | | | 4 | | | | | | | | | |
| Exper | | | | | | | | | | | | | | |
| 5 | Adventising . | | | | 5 | | | | | | | | | |
| 6 | Auto and trave | al (sece in | nstructions) | | 6 | | | | | | | | | |
| 7 | Cleaning and r | mainter | nance | | 7 | | 1, | 500. | | | | | | |
| 8 | Commissions. | | | | 8 | | | | | | | | | |
| 9 | Insurance. | | | | 9 | | | | | | | | | |
| 10 | | | ssional fæs | | 10 | | | | | | | | | |
| 11 | | • | | | 11 | | 1, | 000. | | | | | | |
| 12 | - | | d tobanks, etc. (see ins | | 12 | | | | | | | | | |
| 13 | | | | | 13 | | | | | | | | | |
| 14 | | | | | 14 | | 2, | 550. | | | | | | |
| 15 | | | | | 15 | | - | 050. | | | | | | |
| 16 | Taxes | | | | 16 | | | | | | | | | |
| 17 | Utilities | | | | 17 | | 3, | 500. | | | | | | |
| 18 | Depreciatione | xnanse | ardepletion | | 18 | | - 1 | | | | | | | |
| 19 | Other (ist) ► | | | | 19 | | | | | | | | | |
| 20 | • • • | s Add | lines5through19 | | 20 | | 10 | 600. | | | | | | |
| 21 | | | line 3(rents) and/or 4 (r | | | | 101 | | | | | | | |
| 21 | | | instructions to find out i | J | | | | | | | | | | |
| | fileForm 6198 | | | • | 21 | | -10, | 000 | | | | | | |
| 22 | | | estate loss after limita | | | | 107 | | | | | | | |
| 22 | | | structions) | 5 | 22 | C | 10,0 | | (| | | (| |) |
| 23a | | | eported on line 3 for all 1 | | | l l | 10,0 | 23a | (| 6 | 00. | (| | |
| ھے b | | | eported on line 4 for all | | | ••• | | 23b | | 0 | | | | |
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| e 24 | | | eamountsshown on lin | | | No anv | | | L | ,0 | 24 | | | |
| 24 25 | | • | ean cunics own on in ses from line 21 and ren | | | | | | | המ | 24 25 | (| 10,000 | |
| | | | | | | | | | | | | (| 10,000 | •) |
| 26 | | | ate and royal ty income V, and line 40 on page | | | | | | | | | | | |

Suppemental Income and Loss

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

SCHEDULE E

(Form 1040)

26

-10,000.

OMB No 1545-0074

| | | | | D | O NOT MA | ILTHS | FORMT | OTHE FTE |
|---|---|--|---|--|--|---|---|--|
| TAXABLE YEAR | | | | | | | | FORM |
| 2021 | California e-fil | e Signature A | Authoriz | ation fo | r Indivie | duals | | 8879 |
| Yourname | | | | | | YarSSNo | orITIN | |
| HARISH KUMA | AR CHUNDURI | | | | | 359-25 | -0859 | |
| Spoleds/RDPs name | 9 | | | | | Spalæ's/R | DPsSSNo | rIΠΝ |
| Part I Tax Retur | nInformation (wholeodlarsor | 15) | | | | | | |
| 1 Californiaadjust | edgrossincome (AG). Sæins | ructions | | | | | 1 | 52,664. |
| | e Sæinstructions | | | | | | | |
| 3 Refundar NoAr | mount Due Sæinstructions | | | | | | 3 | 0. |
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2021 California Resident Income Tax Return

APE ATTACH FEDERAL RETURN 359-25-0859 CHUN 21 HARISHKUMAR CHUNDURI 2000 CASABLANCA TERRACE DANVILLE DANVILLE CA 94506 11-25-1992 Enteryour county at time of filing (see instructions) ● CONTRA COSTA Principal Residence If your address above is the same as your principal / dhysical residence address at the time of filling check this box... $O \mid X$ If not, enter belowyour principal/physical residence address at the time of filing Street address (rumber and street) (Ifforeign address, see instructions) Apt no/ste no \bigcirc City ZIPccce State () \bigcirc ()If your California filing status is different from your feeteral filing status, dreek the box here...... Filing Status 1 Sinde Headofhausehold (with qualifying person). See instructions Married/RDP filingjointy Seeinst Qualifyingwichw(er). Enteryearspouse/RDPded 2 5 Seeinstructions З Married/RDP filing separately Enter sporces/RDPs SSNor ITIN above and full name here ► Forline7, line8, line9, and line10MUtiply therumber you enter in the box by the pre-printed oblar amount for that line Wheedelarsonly Exemptions 7 Personal: If voudreckeelbox 1, 3 or 4 above enter 1 in the box If voudreckeel X \$129=(•) \$ 1 129 box 2 or 5 enter 2 in the box I fyouched ked the box on line 6 see instructions (1) 7 8 Bind Ifyou (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired enter 2..... $\odot 8$ X\$129=(•)\$ 9 Serio: Ifyou (or your spouse/RDP) are 65 or doler; enter 1; X \$129=0 \$ if both are 65 or dolar, enter 2 See instructions

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| Other Taxes | 63 | Ohe | er bæsandored træapture. Sæins | structions | •••••••••••••••••••••••••••••••• | 63 | | .@ |
| ō | 64 | Exce | essAdlancePremiumAssistanceSl | bsidy (APAS) repayment | Sæinstructions | 64 | | . @ |
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| | 98 Amountofline 97 you want applied to your 2022 estimated tax | | . @ | þ |
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Contributions

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| 114 Total amount due Seeinstructions Endose; but obnot staple; any payment | .@ | | | | | | | | |
| 115 REFUNDOR NDAVIOUNT DUE. Subtract the sum of line 110 line 112 and line 113 from line 99. See instruction | ons. | | | | | | | | |
| Mail to FRANCH SE TAX BOARD, POBOX 94284D, SACRAVENTOCA 942400001 | 0. | | | | | | | | |
| Fill in the information to authorize direct deposit of your refund in bone on two accounts. Do not attach a voide See instructions. Have you verified the routing and account numbers? Use whole dollars only All on the following amount of my refund (line 115) is a uthorized for direct deposition the account shown be Type | | | | | | | | | |
| Routingnumber Creaking Accountnumber 116 Savings Theremainingamountofmyrefund (line 115) is authorized for direct deposition to the accounts hown below. | Drectolepositamount | | | | | | | | |
| Type Type Crecking Crecking Savings Savings | Drectolepositamount | | | | | | | | |
| IMPORTANT: See the instructions to find outlif you should attach a copy of your complete federal tax return Our privacy notice can be found in a multi-standard tax not be for a gar/privacy to lean dout or privacy policy statement, or go to to locate FTB 1131 ENSP. Franchise Tax Bard Privacy, Notice on Collection To request his notice by mail, call 8003830335 and enter form of the prevalues of perjury. I detare that have examined this tax return including accompanying schedules and statements, and to the is true, correct and complete Your signature Date Spoulers RDPs signature (if a joing at the statement) or privacy policy statement (if a joing at the statement). | ode948vheninstructed ebestofmykrowleebjeardbelief, it | | | | | | | | |
| Your email address Enteronly one email address | Referred phane number | | | | | | | | |
| Sign | 7193304349 | | | | | | | | |
| | Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge) | | | | | | | | |
| Itisurlawfu bforgea Firmisname (or yours ifselfemployed) | ● PTIN | | | | | | | | |
| RDPs GLOBAL TAXES LLC signature | P02082703 | | | | | | | | |
| Firms address Joint tax retur? 2530 PEBBLE CREEK LN CUMMING GA 30041 | ● Firm's FEIN 301017196 | | | | | | | | |
| (See instructions) Doyouwant ballowanother person boliscuss this tax return with us? See instructions | Yes X No | | | | | | | | |
| Print:ThirdPartyDesignee's Name | Telephone Number | | | | | | | | |

| 2021 Other State Ta | ax Credit | — | S |
|--|---|------------------------|----------------------------|
| Attach to Form 540, Form 540NR, or Form | n 541. | | |
| Name(s) as shown on your California tax return | | SSN, ITTN, ar FE | IN |
| HARISH KUMAR | CHUNDURI | 359250859 | |
| Part I Double-TaxedIncome (Readspor | • | 0, | |
| (a) Incomeitem(s) description | (b) Dauble-taxedincometaxdbebyCali | fornia (c) Double-taxe | edincometaxadebyotherstate |
| • WAGES, SALARIES, TIPS | . 62, | 664. • | 62,664. |
| • | • | | |
| • | • | | |
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| Part II Figure Your Other State Tax Or | edt (RædspæificlineinstuctionsforPartII | before completing) | |
| 2 California taxliability Sæinstructions | | |) <u>2</u> 1,512. 00 |
| 3 Dauble taxed income taxeble by California | Enter the amount from Part I, line 1, column (| (b) |) <u>3</u> 62,664. (0) |
| 4 California adjusted gross income See instru | uctions | |) 452,664. |
| 5 Dvideline3byline4 Donotentermoreth | ന്ന1.ത്താ | | 51.0000 |
| 6 MJtipylire2bylire5 | | | 6 <u>1,512</u> |
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| 8 Dauble-taxed income taxed leby other state | e Entertheamount from Partl, line 1, column | n(c) | 8 62,664 O |
| 9 Adustedgrossincome taxeble by other sta | te Sæinstructions | | 9 62,664. O |
| 10 Dviceline8byline9 Donotentermoreth | man1.0000 | | 0 101.0000 |
| 11 MJtiplyline7byline10 | | |) 111,915. @ |
| 12 Otherstate taxcred t. Enter the smaller of li | re6orline11. Usearedtaade187. Sæinst | uations |) 12 <u>1,512.</u> @ |

TAXABLE YEAR

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CALIFORNIA SCHEDULE

| Ę | $1 \cap r$ | Department of the Treasury—Internal Revenue Service | (99) |
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| Ц | 1 CH | Pepartmentof the Treesury-Internal Revenue Service U.S. Individual Income Tax Re | etun |

| OMB No 1545-0074 | IRS Use Only—Do not write or staple in this space |
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| Filing Statu | s 🗙 s | Single 🗌 Married filingjointly 🗌 |] Marrie | ed filing separately (| MFS |) 🗌 Head of | has | endd (HOH) | | alifving widow(er) (QW) |
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| HARISH | | | CHUN | DURI | | | | | | 25-0859 |
| | - | sfirstnameandmiddleinitia | Læstra | | | | Spouse's social securityr | | | |
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| Homeachres | in mbe | rand street). If you have a P.O. box, see | instructio | 005 | | | | Apt no | Preside | ential Election Campaign |
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| Dependent | | | | (2) Social securi | | (3) Relations | | | | or (see instructions): |
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| lfmare than four | | | | | | | | | | |
| dependents, | | | | | | | | | | |
| sæinstruction and check | Б | | | | | | | | | |
| here▶ □ | | | | | | | | | | |
| | 1 | Wages, salaries, tips, etc. Attach F | - am(s) \ | N-2 | | | | | . 1 | 62,664. |
| Attach | 2a | • | 2a | | ьт | axable interes | + | | 2 | |
| Sch Bif | :a | | 3a | | | Droinaryoivide | | • • • | 3 | |
| required. | -4a | | 4a | | | axable amour | | • • • | | - |
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| Standard | 62 | | ය. 6a | | | axable amour | | | 6 | - |
| Deduction for- | 7 | Capital gain or (loss). Attach Scher | | frequired lfrotrer | | | | · · · · · ► [| $\frac{1}{7}$ | |
| Singlear Married filing | 8 | Other income from Schedule 1, lin | | | | | | | . 8 | |
| separately, | 9 | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, a | | | | | | | | |
| \$12,550 • Married filing | 10 | Adjustments to income from Sche | | 5 | | | • • | | . 10 | |
| jainttyar | 11 | Subtractline 10 from line 9. This is | | | | | • | | 11 | |
| Qualifying wiclow(er), | 12a | Standard deduction or itemized | | | | 12 | ≽a∣ | 12,550 | | 52,001. |
| \$25,100 • Head of | b | Charitable contributions if you take | | | | | | 300 | | |
| hausehold, | c | Add lines 12a and 12b | | | | | | | 12 | c 12,850. |
| \$18800 • Ifyouchecked | 13 | Qualified business income deducti | mfram | Fam 8995 ar Far | n 897 | л 25-А. | | | . 1: | |
| anyboxunder | 14 | Add lines 12c and 13 | | | | | • | • • • • | . 14 | |
| Standard Deduction, | 14 | Taxable income. Subtract line 14 | from lin | e 11. lfzeroarless | entr | т-О. | | | . 15 | |
| sæinstructions | | | | | | | • | | | 5,014. |
| | <u> </u> | | | | | | | | | 5 10/0 (mm) |

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

Form 1040(2021)

| Farm 1040(2021 |) | | | Page 2 |
|---|--------|---|-------------------|--|
| | 16 | Tax (see instructions). Check if any from Form(s): 1 🗌 8814 2 🗌 4972 3 🗌 🛛 | . 16 | 4,580. |
| | 17 | Amount from Schedule 2 line 3 | . 17 | |
| | 18 | Add lines 16 and 17 | . 18 | 4,580. |
| | 19 | Narrefundable child tax area it ar area it for other dependents from Schedule 8812 | . 19 | |
| | 20 | Amount from Schedule 3 line 8 | . 20 | |
| | 21 | Add lines 19and 20. | . 21 | |
| | 22 | Subtractline 21 from line 18 If zero or less enter -O | . 22 | 4,580. |
| | 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 | 4,580. |
| | 25 | Federal income tax withheld from: | | , |
| | а | Form(s)W-2 | 7. | |
| | b | Form(s) 1099. | | |
| | C | Otherfams (see instructions) | _ | |
| | d | Add lines 25a through 25c | . 250 | 9,127. |
| | 26 | 2021 estimated tax payments and amount applied from 2020 return | 26 | |
| lfyouhavea L qualifying child, | 27a | No | | |
| attach Sch EIC. | 2/4 | Check here if you were born after January 1, 1998 and before | _ | |
| | | January 2, 2004, and you satisfy all the other requirements for | | |
| | | taxpayerswhoareatlæstage 18 todaim the EIC. Sæinstructions▶ 🗌 | | |
| | b | Nantaxalde.combat.payelection | | |
| | С | Ricryear (2019) earned income | | |
| | 28 | Refundable child tax credit for additional child tax credit from Schedule 8812 28 | _ | |
| | 29 | American apparturity area it from Farm 8863 line 8. < | _ | |
| | 30 | Recovery rebate credit. See instructions | _ | |
| | 31 | Amount from Schedule 3 line 15 | | |
| | 32 | Add lines 27a and 28 through 31. These are your total other payments and refundable credits | | |
| | 33 | Add lines 25d, 26, and 32 These are your total payments | ► <u>3</u> 3 | 9,127. |
| Refund | 34 | If line 33 is more than line 24 subtract line 24 from line 33 This is the amount you overpaid | . 34 | 4,547. |
| | 35a | Amount of line 34 you want refunded to you If Farm 8888 is attached, check here | <u> </u> | 4,547. |
| Direct deposit? See instructions | ►b | Routing number 1 0 2 0 0 7 6 ► c Type X Checking □ Saving | a | |
| Sell BILLIO B | ►d | Accountinumber 3 2 0 9 4 2 2 2 3 1 | | |
| | 36 | Amount of line 34 you want applied to your 2022 estimated tax | | |
| Amount | 37 | Amount you ove. Subtract line 33 from line 24 For details on how to pay, see instructions | ► <u>3</u> 7 | |
| YouOwe | 38 | Estimated tax penalty (see instructions) | | |
| Third Party | | you want to allow another person to discuss this return with the IRS? See | | |
| Designee | | structions | | |
| | | signee's Phone Personal ide me ▶ no ▶ number (PI) | | |
| Sico | | der penalties of perjury, I dedare that I have examined this return and accompanying schedules and statements, and | , | stofmykrowledbe and |
| Sign | | ief; they are true, correct, and complete. Dedaration of preparer (other than taxpayer) is based on all information of W | | |
| Here | Yo | ursignature Date Youroccupation If | ⁺ t helRSs | entyouanIdentity |
| | | | | 9N, enterithere |
| Jantretum? | | DOFTWARE ENGINEER | sæinst)▶ | |
| Sæinstructions Kæpacopyfor | Sp | | | entyourspouse an tection PIN, enterithere |
| yourrecords | | | sæinst)▶ | |
| | Ph | oneno. (719)330-4349 Email address HARISHCHUNDURI06@GMAIL.COM | | |
| | _ | aparer's name Preparer's signature Date PTIN | | Check if: |
| Paid | | |)82703 | Self-employed |
| Preparer | | | | (678)965-9522 |
| UseOnly | | | im'sEN | |
| Cotowaravire~ | | | עוםכווויי | Farm 1040(2021) |
| C 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | JWFUN | n104Dfor instructions and the latest information BAA REV 01/31/22 PRO | | ruin IC+C(まとI) |

| SCHEDULE 1 | |
|-------------|--|
| (Form 1040) | |

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

| | Attachment Sequence No. O I |
|-------------------------|---------------------------------------|
| $\overline{\mathbf{x}}$ | ial security rumbe |

Department of the Treasury Internal Revenue Service Co to www.iirs.gov/F Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Your social security n. 359-25-0859

HARISH KUMAR CHUNDURI

| 1 Taxable refurchs, or offsets of state and local income taxes. 1 2a Alimony received 2a b Date of original divarce or separation agreement (see instructions) 3 3 Business income or (loss). Attach Schedule C 3 4 Other gains or (losses). Attach Schedule C 3 5 Rental real estate, royalities, partnerships, S corporations, trusts, etc. Attach Schedule E 5 6 Farm income or (loss). Attach Schedule F 6 7 Unemployment compensation. 7 8 Other income 8a (a Net operating loss 8a (b Gambling income 8a c Cancellation of debt. 8a d Foreignearned income exclusion from Farm 255 8al (f Aaska Permanent Fund dividends 8f g Juryduty pay 8g h Prizes and avards 8h i Activity not ergaged in for pofitincome 8 | |
|---|----|
| b Date of original divarce or separation agreement (see instructions) ▶ 3 3 Business income or (loss) Attach Schedule C 3 4 Other gains or (losses) Attach Form 4797 4 5 Rental real estate, royalities, partnerships, S corporations, trusts, etc. Attach Schedule E 5 6 Farm income or (loss) Attach Schedule F 6 7 Uhemployment compensation 7 8 Other income 8a (a Net operating loss 8a b Gambling income 8a c Cancellation of dobt. 8a c Taxable Health Savings Account distribution 8a f Alaska Permanent Fund dividends 8a g Juryoutypay 8a i Activity roter ggged in for profitincome 8a | |
| 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 6 Farm income or (loss): Attach Schedule F 6 7 Unemployment compensation. 7 8 Other income 8a (a Netoperating loss 8a (b Gambling income 8a (c Carcellation of debt. 8a (e Taxable Health Savings Account distribution 8e f Alaska Permanent Fund dividends 8a g Juryoutypay 8g h Rizes and awards 8h i Activity not engaged in for profiting me 8a | |
| 4 Other gains or (losses) Attach Form 4797 4 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 5 6 Farm income or (loss). Attach Schedule F 6 7 Unemployment compensation. 7 8 Other income 8a (a Netoperating loss 8a (b Gembling income 8b c Carcellation of debt. 8a (e Taxable Health Savings Account distribution 8e f Alaska Permanent Fund dividends 8g h Prizes and avards 8a i Activity not engaged in for profitincome 8a | |
| 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach 5 10,000 6 Farm income or (loss). Attach Schedule F 6 7 7 Image: Solid Corporation of the second of the s | |
| Schedule E 5 -10,000 6 Farm income or (loss). Attach Schedule F 6 7 Unemployment compensation. 7 8 Other income 8a (a Net operating loss 8a (b Gembling income 8b c Cancellation of odebt. 8c d Foreignearned income exclusion from Form 2555 8d (f Alaska Permanent Fund dividends 8f g Juryoluty pay 8g h Rizes and awards 8h i Activity not engaged in for profiting me 8a | |
| 7 Unemployment compensation. 7 8 Other income 8a () a Net operating loss 8a () b Gambling income 8b c Cancellation of debt. 8c d Foreigneamed income exclusion from From 2555 8d () e Taxable Health Savings Account distribution 8e f Alaska Permanent Fund dividends 8f g Jury duty pay 8g i Activity not engaged in for profit income 8i | 0. |
| 8 Other income 8a () a Net operating loss 8a () b Gambling income 8b c Cancellation of debt. 8c d Foreignearned income exclusion from Form 2555 8d () e Taxable Health Savings Account distribution 8e f Alaska Permanent Fund dividends 8f g Jury duty pay 8n i Activity not engaged in for profit income 8i | |
| a Netoperatingloss8a (b Gembling income8bc Cancellation of debt.8cd Foreignearned income exclusion from Form 25558d (e Taxable Health Savings Account distribution8ef Alaska Permanent Fund dividends8fg Jury duty pay8gh Prizes and awards8ni Activity not engaged in for profit income8 | |
| b Gambling income8bc Cancellation of debt.8cd Foreignearned income exclusion from Form 25558d (e Taxable Health Savings Account distribution8cf Alaska Permanent Fund dividends8fg Juryduty pay8gh Prizes and awards8hi Activity not engaged in for profit income8 | |
| cCancellation of debt.8cdForeignearned income exclusion from Form 25558d (eTaxable Health Savings Account distribution8efAlaska Permanent Fund dividends8fgJury duty pay8ghRizes and awards8hiActivity not engaged in for profit income8 | |
| d Foreignearned income exclusion from Form 25558d (e Taxable Health Savings Account distribution8ef Alaska Permanent Fund dividends8fg Jurydutypay8gh Prizes and awards8hi Activity not engaged in for profit income8 | |
| e Taxable Health Savings Account distribution 8e f Alaska Permanent Fund dividends 8f g Jurydutypay 8g h Prizes and awards 8h i Activity not engaged in for profit income 8 | |
| f Aaska Permanent Fund dividends g Jurydutypay h Prizes and awards i Activity not engaged in for profit income | |
| g Jurydutypay 8g h Prizes and awards 8n i Activity not engaged in for profit income 81 | |
| h Prizesandawards | |
| h Prizesandawards | |
| | |
| | |
| | |
| 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 | |
| I Oympic and Paralympic medals and USOC prize money (see instructions) Instructions) 8 | |
| m Section 951(a) indusion (see instructions) | |
| n Section 951A(a) inclusion (see instructions) | |
| o Section 461 () excess business loss adjustment | |
| p Taxable distributions from an ABLE account (see instructions). | |
| z Otherincome. List type and amount & & & & & & & & & & & & & | |
| 9 Total other income Add lines & a through & | |
| 10 Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040SR, or 1040NR, line 8 100 -10,000 | 0. |

For Paperwork Reduction Act Notice, see your tax return instructions

Schedule 1 (Form 1040) 2021

Schedule 1 (Farm 1040) 2021

| Par | tll Adjustments to Income | | | |
|-----|---|----|-----|--|
| 11 | Educator expenses | | 11 | |
| 12 | Certain business expenses of reservists, performing artists, and fee-basis gover 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 | Penaltyonearlywithdrawal of savings | 18 | | |
| 19a | Alimony paid | | 19a | |
| b | Recipient's SSN | | | |
| С | Date of original divorce or separation agreement (see instructions) | | | |
| 20 | | | 20 | |
| 21 | Student loan interest deduction | 21 | | |
| 22 | Reserved for future use | | 22 | |
| 23 | | | 23 | |
| 24 | Otheradjustments | | | |
| а | Jury duty pay (see instructions) | | | |
| b | Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit | | | |
| С | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8 | | | |
| d | Reforestation amortization and expenses | | | |
| е | Repayment of supplemental unemployment benefits under the Trade Act of 1974. | | | |
| f | Contributions to section 501(c)(18)(D) pension plans | | | |
| g | Contributions by certain draplains to section 403(b) plans 24g | | | |
| h | Attorney fees and court costs for actions involving certain unlawful discrimination daims (see instructions) | | | |
| 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 vidations | | | |
| j | Housing deduction from Form 2335 | | | |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 24k | | | |
| Z | Otheradjustments 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. here and on Farm 1040ar 1040-SR, line 10, or Farm 1040-NR, line 10a | | 26 | |

| ► Attach to Form 1040 1040-SR, 1040-NR, or 1041 | | | | | | | or 1041 | | | | | | | |
|---|--|-----------|---|-----------------------------|-------------------|--------------|-------------|--------------|--------------|--|----------|-------------------------------|-----|--|
| Department of the Treasury F A Lad T to FOTT To AL Internal Revenue Service (99) F Go to www.irs.gov/ScheduleE fc | | | | | | | | | | | | Attachment Sequence No. 13 | | |
| Name(s) shown on return | | | | | | | | | | _ | ursoci | ! | | |
| HARISH KUMAR CHUNDURI | | | | | | | | | | oursocial security number 359–25–0859 | | | | |
| Part I Income or Loss From Rental Real Estate and Roy | | | | | valtie | s Note | e lfvau | areintr | ehsinesso | | | | | |
| rard | | | instructions Ifyouareanii | | - | | - | | | | | | | |
| | | | ÷ | - | | | | | | | | | | |
| | Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions | | | | | | | | | | res 🗌 No | | | |
| 1a | | | adurant (strat di | 1077: tv ctato 710 | $\frac{1}{2}$ | <u></u> ১ | | | | • | | • | | |
| A | Physical address of each property (street, city, state, ZIP code) LB NAGAR HYDERABAD TELANGANA IN 500045 | | | | | | | | | | | | | |
| B | ID INAGAR I | | ADAD I LIANGANA I | .N 300043 | , | | | | | | | | | |
| C | | | | | | | | | | | | | | |
| 1b | TypeofProp | | | -1 t- t | | ! | | Fair | Rental | Do | rsonal | | | |
| ID. | (from list be | | 2 For each rental rea above, report ther personal use days if you meet the rea qualified joint vent | number of fa | irrent | al and | | | Days | FG | Days | | QJV | |
| | | 10/1/ | personal use days | Check the | QJVk | oxonly | ^ | - | • | | Day. | | | |
| | 3 | | a diffediciativent | iurements to re See inst | ofilea In ctio | ns I | A | | 365 | | | 0 | | |
| B C | + | | | | | | | | | | | | | |
| | | | | | | | С | | | | | | | |
| | of Property. | | | | | | | | Davatel | | | | | |
| | gle Family Resid | | 3 Vacation/Short-Te | | | | | 7 Self- | | | | | | |
| $\frac{2}{100}$ | ti-Family Reside | ence | 4 Commercial | Properties | 6 RC | yalties | | <u>8 Oth</u> | r (describe) | | | | | |
| | | | | | | | A | <u> </u> | E | 3 | | | С | |
| 3 | | | | | 3 | | | 600. | | | | | | |
| 4 | | ved . | | | 4 | | | | | | | | | |
| Exper | | | | | _ | | | | | | | | | |
| 5 | | | | | 5 | | | | | | | | | |
| 6 | | | rstructions) | | 6 | | | | | | | | | |
| 7 | - | | nance | | 7 | | 1, | 500. | | | | | | |
| 8 | | | | | 8 | | | | | | | | | |
| 9 | | | | | 9 | | | | | | | | | |
| 10 | | • | ssional fees | | 10 | | | | | | | | | |
| 11 | - | | | | 11 | | 1, | 000. | | | | | | |
| 12 | 00 | | d tobarks, etc. (see ins | , | 12 | | | | | | | | | |
| 13 | | | | | | 13 | | | | | | | | |
| 14 | Repairs | | | 14 | | - | 550. | | | | | | | |
| 15 | Supplies | | | 15 | | 2, | 050. | | | | | | | |
| 16 | Taxes | | | | 16 | | | | | | | | | |
| 17 | Utilities | | | | 17 | | 3, | 500. | | | | | | |
| 18 | Depreciatione | xpense | eardepletion | | 18 | | | | | | | | | |
| 19 | Other (ist) ► | | | | 19 | | | | | | | | | |
| 20 | Total expense | s Add I | lines5through19. | | 20 | | 10, | 600. | | | | | | |
| 21 | Subtract line 2 | Dfrom | line 3 (rents) and/or 4 (r | oyalties). If | | | | | | | | | | |
| | | | instructions to find out i | fycumust | | | | | | | | | | |
| | fileForm 6199 | 3 | | | 21 | | -10, | 000. | | | | | | |
| 22 | Deductible ren | ntal real | estate loss after limita | tion, if any, | | | | | | | | | | |
| | an Form 8582 (see instructions) | | | 22 | (| 10,0 | 00.) | (| |) | (| |) | |
| 23a | Total of all amounts reported on line 3 for all rental prope | | | rties | | | 23a | | 6 | 00. | | | | |
| b | Total of all amounts reported on line 4 for all royal ty prop | | | erties | 5 | | 23 b | | | | | | | |
| С | Total of all amounts reported on line 12 for all properties | | | | | | | 23c | | | | | | |
| d | Total of all amounts reported on line 18 for all properties | | | | | | | 23 d | | | | | | |
| е | Total of all amounts reported on line 20for all properties . | | | | | | | 23e | 1 | .0,6 | 00. | | | |
| 24 | Income. Add positive amounts shown on line 21. Do not include any losses | | | | | | | 24 | | | | | | |
| 25 | 5 Losses. Add royal ty losses from line 21 and rental real estate losses from line 22. Enter total losses here . 25 (10,0 | | | | | | | 10,000 | .) | | | | | |
| 26 | Total rental re | eal esta | ate and royalty income | e or (loss). (| Camb | irelire | s 24ar | d 25 E | inter the re | sult | | | | |
| | | | V, and line 40 on page | | | | | | | | | | | |

Suppemental Income and Loss

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

SCHEDULE E

(Form 1040)

26

-10,000.

OMB No 1545-0074