

# IRS e-file Signature Authorization

► ERO must obtain and retain completed Form 8879.  
► Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ►

Taxpayer's name NITESH DASARI	Social security number 137-06-5623
Spouse's name LAKSHMI DASARI	Spouse's social security number 824-49-0689

## 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	101,375.
2	Total tax . . . . .	2	8,683.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	3	9,475.
4	Amount you want refunded to you . . . . .	4	3,592.
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 

6	5	6	2	3
---	---	---	---	---

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

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

Your signature ► *N. Dasari* Date ► 02/19/2022

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

I authorize GLOBAL TAXES LLC to enter or generate my PIN 

9	0	6	8	9
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 as my signature on the income tax return (original or amended) I am now authorizing.

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

Spouse's signature ► *Lakshmi Dasari* Date ► 02/19/2022

### 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 NITESH		Last name DASARI		Your social security number 137-06-5623	
If joint return, spouse's first name and middle initial LAKSHMI		Last name DASARI		Spouse's social security number 824-49-0689	
Home address (number and street). If you have a P.O. box, see instructions. 2709 TRAPPERS COVE TRL				Apt. no. 1C	
City, town, or post office. If you have a foreign address, also complete spaces below. LANSING			State MI	ZIP code 48910	
Foreign country name		Foreign province/state/county		Foreign postal code	

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

Attach Sch. B if required.	<b>1</b> Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	<b>1</b>	113,182.
	<b>2a</b> Tax-exempt interest . . . . .	<b>2a</b>	
	<b>3a</b> Qualified dividends . . . . .	<b>3a</b>	
	<b>4a</b> IRA distributions . . . . .	<b>4a</b>	
	<b>5a</b> Pensions and annuities . . . . .	<b>5a</b>	
	<b>6a</b> Social security benefits . . . . .	<b>6a</b>	
	<b>7</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . <input type="checkbox"/>	<b>7</b>	
	<b>8</b> Other income from Schedule 1, line 10 . . . . .	<b>8</b>	-11,831.
	<b>9</b> Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . . ▶	<b>9</b>	101,375.
	<b>10</b> Adjustments to income from Schedule 1, line 26 . . . . .	<b>10</b>	
	<b>11</b> Subtract line 10 from line 9. This is your <b>adjusted gross income</b> . . . . . ▶	<b>11</b>	101,375.
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 Standard Deduction, see instructions.	<b>12a</b> Standard deduction or itemized deductions (from Schedule A) . . . . .	<b>12a</b>	25,100.
	<b>b</b> Charitable contributions if you take the standard deduction (see instructions)	<b>12b</b>	600.
	<b>c</b> Add lines 12a and 12b . . . . .	<b>12c</b>	25,700.
	<b>13</b> Qualified business income deduction from Form 8995 or Form 8995-A . . . . .	<b>13</b>	
	<b>14</b> Add lines 12c and 13 . . . . .	<b>14</b>	25,700.
	<b>15</b> Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- . . . . .	<b>15</b>	75,675.

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	16	8,683.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	8,683.
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	8,683.
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
24	Add lines 22 and 23. This is your <b>total tax</b>	24	8,683.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	9,475.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	9,475.
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC) <span style="float:right">No</span>	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	2,800.
31	Amount from Schedule 3, line 15	31	
32	Add lines 27a and 28 through 31. These are your <b>total other payments and refundable credits</b>	32	2,800.
33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	12,275.
34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	3,592.
35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	35a	3,592.
b	Routing number <u>1 2 1 0 0 0 3 5 8</u> <input type="checkbox"/> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number <u>3 2 5 0 3 3 6 8 4 8 8 0</u>		
36	Amount of line 34 you want <b>applied to your 2022 estimated tax</b>	36	
37	<b>Amount you owe</b> . 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	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
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.) <input type="text"/>
Phone no. (760) 913-0739	Email address NITESHIDASARI@GOOGLEMAIL.COM		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
SYAM PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA RAM SAGAR GUPTA TALLAM	02/15/2022	P02082703	
Firm's name	Firm's address			Phone no.
GLOBAL TAXES LLC	2530 Pebble Creek Ln Cumming GA 30041			(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](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2021**  
Attachment  
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
NITESH & LAKSHMI DASARI

Your social security number  
137-06-5623

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	
	<b>b</b> Date of original divorce or separation agreement (see instructions) ▶ _____		
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .	<b>5</b>	-11,831.
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	
<b>8</b>	Other income:		
	<b>a</b> Net operating loss . . . . .	<b>8a</b>	( )
	<b>b</b> Gambling income . . . . .	<b>8b</b>	
	<b>c</b> Cancellation of debt . . . . .	<b>8c</b>	
	<b>d</b> Foreign earned income exclusion from Form 2555 . . . . .	<b>8d</b>	( )
	<b>e</b> Taxable Health Savings Account distribution . . . . .	<b>8e</b>	
	<b>f</b> Alaska Permanent Fund dividends . . . . .	<b>8f</b>	
	<b>g</b> Jury duty pay . . . . .	<b>8g</b>	
	<b>h</b> Prizes and awards . . . . .	<b>8h</b>	
	<b>i</b> Activity not engaged in for profit income . . . . .	<b>8i</b>	
	<b>j</b> Stock options . . . . .	<b>8j</b>	
	<b>k</b> Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property . . . . .	<b>8k</b>	
	<b>l</b> Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .	<b>8l</b>	
	<b>m</b> Section 951(a) inclusion (see instructions) . . . . .	<b>8m</b>	
	<b>n</b> Section 951A(a) inclusion (see instructions) . . . . .	<b>8n</b>	
	<b>o</b> Section 461(l) excess business loss adjustment . . . . .	<b>8o</b>	
	<b>p</b> Taxable distributions from an ABLE account (see instructions) . . . . .	<b>8p</b>	
	<b>z</b> Other income. List type and amount ▶ _____	<b>8z</b>	
<b>9</b>	Total other income. Add lines 8a through 8z . . . . .	<b>9</b>	
<b>10</b>	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .	<b>10</b>	-11,831.

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

**Part II Adjustments to Income**

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

**SCHEDULE E  
(Form 1040)**

**Supplemental Income and Loss**

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

OMB No. 1545-0074

**2021**  
Attachment  
Sequence No. **13**

Department of the Treasury  
Internal Revenue Service (99)

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

▶ Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

Name(s) shown on return

NITESH & LAKSHMI DASARI

Your social security number

137-06-5623

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

**A** Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions . . . . .  Yes  No

**B** If "Yes," did you or will you file required Form(s) 1099? . . . . .  Yes  No

<b>1a</b>	Physical address of each property (street, city, state, ZIP code)				
<b>A</b>	302, HARSHA ENCLAVE PRAGATHI NAGAR KUKKATPALLI HYDERABAD TELANGANA IN 500090				
<b>B</b>					
<b>C</b>					
<b>1b</b>	Type of Property (from list below)	<b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
<b>A</b>	3		365	0	<input type="checkbox"/>
<b>B</b>					<input type="checkbox"/>
<b>C</b>					<input type="checkbox"/>

**Type of Property:**

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

Income:	Properties:	A	B	C
<b>3</b> Rents received . . . . .	<b>3</b>	1,200.		
<b>4</b> Royalties received . . . . .	<b>4</b>			
<b>Expenses:</b>				
<b>5</b> Advertising . . . . .	<b>5</b>			
<b>6</b> Auto and travel (see instructions) . . . . .	<b>6</b>			
<b>7</b> Cleaning and maintenance . . . . .	<b>7</b>	2,140.		
<b>8</b> Commissions. . . . .	<b>8</b>			
<b>9</b> Insurance . . . . .	<b>9</b>			
<b>10</b> Legal and other professional fees . . . . .	<b>10</b>			
<b>11</b> Management fees . . . . .	<b>11</b>	1,440.		
<b>12</b> Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>			
<b>13</b> Other interest. . . . .	<b>13</b>	3,645.		
<b>14</b> Repairs. . . . .	<b>14</b>	1,678.		
<b>15</b> Supplies . . . . .	<b>15</b>	1,980.		
<b>16</b> Taxes . . . . .	<b>16</b>			
<b>17</b> Utilities . . . . .	<b>17</b>	2,148.		
<b>18</b> Depreciation expense or depletion . . . . .	<b>18</b>			
<b>19</b> Other (list) ▶ . . . . .	<b>19</b>			
<b>20</b> Total expenses. Add lines 5 through 19 . . . . .	<b>20</b>	13,031.		
<b>21</b> 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 . . . . .	<b>21</b>	-11,831.		
<b>22</b> Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . .	<b>22</b>	(11,831.)		
<b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>		1,200.	
<b>b</b> Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>			
<b>c</b> Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>			
<b>d</b> Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>			
<b>e</b> Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b>		13,031.	
<b>24</b> <b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .	<b>24</b>			
<b>25</b> <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .	<b>25</b>			(11,831.)
<b>26</b> <b>Total rental real estate and royalty income or (loss).</b> 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 . . . . .	<b>26</b>			-11,831.

For Paperwork Reduction Act Notice, see the separate instructions. NPA -11,831. Schedule E (Form 1040) 2021

# Health Savings Accounts (HSAs)

▶ Attach to Form 1040, 1040-SR, or 1040-NR.  
 ▶ Go to [www.irs.gov/Form8889](http://www.irs.gov/Form8889) for instructions and the latest information.

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
 NITESH DASARI

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶ 137-06-5623

**Before you begin:** Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2021. See instructions . . . . . ▶	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family
2	HSA contributions you made for 2021 (or those made on your behalf), including those made from January 1, 2022, through April 15, 2022, that were for 2021. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions . . . . .	2	0.
3	If you were under age 55 at the end of 2021 and, on the first day of <b>every</b> month during 2021, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,600 (\$7,200 for family coverage). <b>All others</b> , see the instructions for the amount to enter . . . . .	3	7,200.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2021 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2021, also include any amount contributed to your spouse's Archer MSAs . . . . .	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	5	7,200.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2021, see the instructions for the amount to enter . . . . .	6	7,200.
7	If you were age 55 or older at the end of 2021, married, and you or your spouse had family coverage under an HDHP at any time during 2021, enter your additional contribution amount. See instructions . . . . .	7	
8	Add lines 6 and 7 . . . . .	8	7,200.
9	Employer contributions made to your HSAs for 2021 . . . . .	9	2,025.
10	Qualified HSA funding distributions . . . . .	10	
11	Add lines 9 and 10 . . . . .	11	2,025.
12	Subtract line 11 from line 8. If zero or less, enter -0- . . . . .	12	5,175.
13	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 <b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	13	0.

**Part II HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2021 from all HSAs (see instructions) . . . . .	14a	1,380.
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions . . . . .	14b	
c	Subtract line 14b from line 14a . . . . .	14c	1,380.
15	Qualified medical expenses paid using HSA distributions (see instructions) . . . . .	15	1,380.
16	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8e . . . . .	16	0.
17a	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here . . . . . ▶ <input type="checkbox"/>		
b	<b>Additional 20% tax</b> (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c . . . . .	17b	

**Part III Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule . . . . .	18	
19	Qualified HSA funding distribution . . . . .	19	
20	<b>Total income.</b> Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8z, and enter "HSA" and the amount on the dotted line . . . . .	20	
21	<b>Additional tax.</b> Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d . . . . .	21	

# 2021 MICHIGAN Individual Income Tax Return MI-1040

Amended Return   
(Include Schedule AMD)

Return is due April 18, 2022. Type or print in blue or black ink.

1. Filer's First Name NITESH	M.I.	Last Name DASARI	2. Filer's Full Social Security No. (Example: 123-45-6789) 137 — 06 — 5623	
If a Joint Return, Spouse's First Name LAKSHMI	M.I.	Last Name DASARI	3. Spouse's Full Social Security No. (Example: 123-45-6789) 824 — 49 — 0689	
Home Address (Number, Street, or P.O. Box) 2709 TRAPPERS COVE TRL, APT. 1C			4. School District Code (5 digits – see page 60) 33020	
City or Town LANSING		State MI	ZIP Code 48910	
5. STATE CAMPAIGN FUND Check if you (and/or your spouse, if filing a joint return) want \$3 of your taxes to go to this fund. This will not increase your tax or reduce your refund. a. <input type="checkbox"/> Filer b. <input type="checkbox"/> Spouse			6. FARMERS, FISHERMEN, OR SEAFARERS <input type="checkbox"/> Check this box if 2/3 of your income is from farming, fishing, or seafaring.	
7. 2021 FILING STATUS. Check one. a. <input type="checkbox"/> Single b. <input checked="" type="checkbox"/> Married filing jointly c. <input type="checkbox"/> Married filing separately*  * If you check box "c," complete line 3 and enter spouse's full name below: <div style="border: 1px solid black; width: 200px; height: 20px; margin-left: 20px;"></div>			8. 2021 RESIDENCY STATUS. Check all that apply. a. <input checked="" type="checkbox"/> Resident b. <input type="checkbox"/> Nonresident * c. <input type="checkbox"/> Part-Year Resident *  * If you check box "b" or "c," you must complete and include Schedule NR.	

9. EXEMPTIONS. NOTE: If someone else can claim you as a dependent, check box 9e, enter 0 on line 9a and enter \$1,500 on line 9e (see instr.).

a. Number of exemptions (see instructions).....	a.	2	x \$4,900	9a.	9800	00
b. Number of individuals who qualify for one of the following special exemptions: deaf, blind, hemiplegic, paraplegic, quadriplegic, or totally and permanently disabled .....	9b.		x \$2,800	9b.		00
c. Number of qualified disabled veterans .....	c.		x \$400	9c.		00
d. Number of Certificates of Stillbirth from MDHHS (see instructions) .....	9d.		x \$4,900	9d.		00
e. Claimed as dependent, see line 9 NOTE above .....	9e.	<input type="checkbox"/>		9e.		00
f. Add lines 9a, 9b, 9c, 9d and 9e. Enter here and on line 15 .....	9f.			9f.	9800	00
10. Adjusted Gross Income from your U.S. Form 1040 (see instructions) .....	10				101375	00
11. Additions from Schedule 1, line 9. Include Schedule 1 .....						00
12. Total. Add lines 10 and 11 .....	12.				101375	00
13. Subtractions from Schedule 1, line 29. Include Schedule 1 .....	13.					00
14. Income subject to tax. Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0" .....	14				101375	00
15. Exemption allowance. Enter amount from line 9f or Schedule NR, line 19.....	15.				9800	00
16. Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0" .....					91575	00
17. Tax. Multiply line 16 by 4.25% (0.0425) .....	17				3892	00

**NON-REFUNDABLE CREDITS**

		AMOUNT		CREDIT		
18. Income Tax Imposed by government units outside Michigan. Include a copy of the return (see instructions).....	18a.		00	18b.		00
19. Michigan Historic Preservation Tax Credit carryforward (see instructions).....	19a.		00	19b.		00
20. Income Tax. Subtract the sum of lines 18b and 19b from line 17. If the sum of lines 18b and 19b is greater than line 17, enter "0" .....	20.				3892	00



Filer's Full Social Security Number

137 — 06 — 5623

21. Enter amount of Income Tax from line 20.....	21.	3892	00
22. Voluntary Contributions from Form 4642, line 6. <b>Include Form 4642</b> .....	22.		00
23. <b>USE TAX.</b> Use tax due on Internet, mail order or other out-of-state purchases from Worksheet 1 (see instructions).....	23.	0	00
<b>24. Total Tax Liability.</b> Add lines 21, 22 and 23.....	24.	3892	00

**REFUNDABLE CREDITS AND PAYMENTS**

25. <b>Property Tax Credit.</b> Include MI-1040CR or MI-1040CR-2.....	25.		00
26. <b>Farmland Preservation Tax Credit.</b> Include MI-1040CR-5.....	26.		00
27. <b>Earned Income Tax Credit.</b> Multiply line 27a by 6% (0.06) and enter result on line 27b.....	27b.		00
28. <b>Michigan Historic Preservation Tax Credit (refundable).</b> Include Form 3581.....	28.		00
29. <b>Credit for allocated share of tax paid by an electing flow-through entity</b> (see instructions).....	2		00
30. <b>Michigan tax withheld from Schedule W, line 6. Include Schedule W (do not submit W-2s)</b> .....	30.	4134	00
31. <b>Estimated tax, extension payments and 2020 credit forward</b> .....	31.		00
32. <b>2021 AMENDED RETURNS ONLY.</b> Taxpayers completing an original 2021 return should skip to line 33. Amended returns must include Schedule AMD (see instructions).			
32a. <input type="checkbox"/> If you had a refund and/or credit forward on the original return, check box 32a and enter this amount as a negative number on line 32c.			
32b. <input type="checkbox"/> If you paid with the original return, check box 32b and enter the amount paid with the original return, plus any additional tax paid after filing, as a positive number on line 32c. Do not include interest or penalty.			
32c.	32c.		00
<b>33. Total refundable credits and payments.</b> Add lines 25, 26, 27b, 28, 29, 30, 31 and 32c.....	33.	4134	00

**REFUND OR TAX DUE**

34. If line 33 is less than line 24, subtract line 33 from line 24. If applicable, see instructions.	34.		00
Include interest <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> and penalty <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ..... <b>YOU OWE</b>			
35. <b>Overpayment.</b> If line 33 is greater than line 24, subtract line 24 from line 33.....	3	242	00
36. <b>Credit Forward.</b> Amount of line 35 to be credited to your 2022 estimated tax for your 2022 tax return ...	36.		00
37. Subtract line 36 from line 35.....	37.	242	00

<b>DIRECT DEPOSIT</b> Deposit your refund directly to your financial institution! See instructions and complete a, b and c.	a. Routing Transit Number	b. Account Number	c. Type of Account	
	121000358	325033684880	1. <input checked="" type="checkbox"/> Checking	2. <input type="checkbox"/> Savings

<b>Deceased Taxpayer.</b> If Filer and/or Spouse died after December 31, 2020, enter dates below. <b>ENTER DATE OF DEATH ONLY.</b> Example: 04-15-2021 (MM-DD-YYYY)		<b>Preparer Certification.</b> I declare under penalty of perjury that this return is based on all information of which I have any knowledge.	
Filer	— —	Spouse	— —
Preparer's PTIN, FEIN or SSN		P02082703	
Preparer's Name (print or type)		SYAM PRIYA RAM SAGAR GUPTA TA	
Filer's Signature	Date	Preparer's Signature	
Spouse's Signature	Date	SYAM PRIYA RAM SAGAR GUPTA TA	
Preparer's Business Name, Address and Telephone Number		GLOBAL TAXES LLC 2530 PEBBLE CREEK LN CUMMING GA 30041 678-965-9522	
<input type="checkbox"/> By checking this box, I authorize Treasury to discuss my return with my preparer.			

Refund, credit, or zero returns. Mail your return to: **Michigan Department of Treasury, Lansing, MI 48956**  
 Pay amount on line 34 (see instructions). Mail your check and return to: **Michigan Department of Treasury, Lansing, MI 48929**

**2021 MICHIGAN Withholding Tax Schedule**

Issued under authority of Public Act 281 of 1967, as amended.

Type or print in blue or black ink.

**Attachment 13**

**INSTRUCTIONS:** If you had Michigan income tax withheld in 2021, you must complete a *Withholding Tax Schedule* (Schedule W) to claim the withholding on your *Individual Income Tax Return* (MI-1040, line 30). Report military pay in Table 1 and military retirement benefits and taxable railroad retirement benefits (both Tier 1 and Tier 2) in Table 2 even if no Michigan tax was withheld. Include your completed Schedule W with Form MI-1040. See complete instructions on page 2 of this form. If you need additional space, include another Schedule W.

1. Filer's First Name  NITESH	M.I.	Last Name  DASARI	2. Filer's Full Social Security No. (Example: 123-45-6789)  137 — 06 — 5623
If a Joint Return, Spouse's First Name  LAKSHMI	M.I.	Last Name  DASARI	3. Spouse's Full Social Security No. (Example: 123-45-6789)  824 — 49 — 0689

**TABLE 1: MICHIGAN TAX WITHHELD OR MILITARY PAY REPORTED ON W-2, W-2G or CORRECTED W-2 FORMS**

A		B	C	D		E	
Enter "X" for: Filer or Spouse		Employer's identification number (Example: 38-1234567)	Box c — Employer's name	Box 1 — Wages, tips, other compensation		Box 17 — Michigan income tax withheld	
X		27-2837612	RICEFW TECHNOLOG	100975	00	3615	00
	X	27-2837612	RICEFW TECHNOLOG	10232	00	435	00
	X	38-1659835	JACKSON NATIONAL	1975	00	84	00
					00		00
					00		00
Enter Table 1 Subtotal from additional Schedule W forms (if applicable).....							
4. <b>SUBTOTAL.</b> Enter total of Table 1, column E. ....						4134	

**TABLE 2: MICHIGAN TAX WITHHELD OR MILITARY RETIREMENT BENEFITS AND RAILROAD RETIREMENT BENEFITS (BOTH TIER 1 AND TIER 2) REPORTED ON 1099 FORMS**

A		B	C	D		E	
Enter "X" for: Filer or Spouse		Payer's federal identification number (Example: 38-1234567)	Payer's name	Taxable pension distribution, misc. income, etc. (see inst.)		Michigan income tax withheld	
					00		00
					00		00
					00		00
					00		00
					00		00
Enter Table 2 Subtotal from additional Schedule W forms (if applicable).....							00
5. <b>SUBTOTAL.</b> Enter total of Table 2, column E. ....						5.	00
6. <b>TOTAL.</b> Add lines 4 and 5. Enter here and carry to MI-1040, line 30.....						6.	4134 00

INDIVIDUAL RETURN DUE APRIL 30, 2022

Taxpayer's SSN 137-06-5623		Taxpayer's first name NITESH		Initial	Last name DASARI		<b>RESIDENCE STATUS</b>			
Spouse's SSN 824-49-0689		If joint return spouse's first name LAKSHMI		Initial	Last name DASARI		<input checked="" type="checkbox"/> Resident	<input type="checkbox"/> Nonresident	<input type="checkbox"/> Part-year resident	
Mark (X) box if deceased <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse		Present home address (Number and street) 2709 TRAPPERS COVE TRL			Apt. no. 1C		Part-year resident - dates of residency (mm/dd/yyyy) From _____ To _____			
Enter date of death on page 2, right side of the signature area		Address line 2 (P.O. Box address for mailing use only)			City, town or post office LANSING		State MI		Zip code 48910	
Mark box (X) below if: <input type="checkbox"/> Federal Form 1310 attached		Foreign country name			Foreign province/county		Foreign postal code		<b>FILING STATUS</b>	
Itemized deductions on your Federal tax return for 2021									<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married filing jointly	
									<input type="checkbox"/> Married filing separately. Enter spouse's SSN in Spouse's SSN box and Spouse's full name here.	
									Spouse's full name if married filing separately	

		ROUND ALL FIGURES TO NEAREST DOLLAR		Column A	Column B	Column C			
		INCOME (Drop amounts under \$0.50 and increase amounts from \$.50 to \$0.99 to next dollar)		Federal Return Data	Exclusions/Adjustments	Taxable Income			
SEND COPY OF PAGE 1 OF FEDERAL RETURN	1. Wages, salaries, tips, etc. (W-2 forms must be attached)	1		113182.00	0.00	113182.00			
	2. Taxable interest	2		24.00	.00	24.00			
	3. Ordinary dividends	3		.00	.00	.00			
	4. Taxable refunds, credits or offsets of state and local income taxes	4		.00	.00	NOT TAXABLE			
	5. Alimony received	5		.00	.00	.00			
	6. Business income or (loss) (Attach copy of federal Schedule C)	6		.00	.00	.00			
	7. Capital gain or (loss) (Attach copy of fed. Sch. D) 7a. <input type="checkbox"/> Mark if federal Sch. D not required	7		.00	.00	.00			
	8. Other gains or (losses) (Attach copy of federal Form 4797)	8		.00	.00	.00			
	9. Taxable IRA distributions (Attach copy of Form(s) 1099-R)	9		.00	.00	.00			
	10. Taxable pensions and annuities (Attach copy of Form(s) 1099-R)	10		.00	.00	.00			
SEND W-2 FORMS	11. Rental real estate, royalties, partnerships, S corporations, trusts, etc. (Attach copy of federal Schedule E)	11		-11831.00	.00	-11831.00			
	12. Subchapter S corporation distributions (Att. copy of fed. Sch. K-1)	12		NOT APPLICABLE	.00	.00			
	13. Farm income or (loss) (Attach copy of federal Schedule F)	13		.00	.00	.00			
	14. Unemployment compensation	14		.00	.00	NOT TAXABLE			
	15. Social security benefits	15		.00	.00	NOT TAXABLE			
	16. Other income (Attach statement listing type and amount)	16		.00	.00	.00			
	17. Total additions (Add lines 2 through 16)	17		-11807.00	.00	-11807.00			
	18. Total income (Add lines 1 through 16)	18		101375.00	0.00	101375.00			
	19. Total deductions (Subtractions) (Total from page 2, Deductions schedule, line 7)	19				.00			
	20. Total income after deductions (Subtract line 19 from line 18)	20				101375.00			
21. Exemptions (Enter the total exemptions, from Form CF-1040, page 2, box 1h, on line 21a and multiply this number by the value of an exemption and enter on line 21b)	21a	2	21b		1200.00				
22. Total income subject to tax (Subtract line 21b from line 20)	22				100175.00				
23. Tax at 0100 (Multiply line 22 by resident or nonresident tax rate for city and enter tax on line 23b, or if using Schedule TC to compute tax, check box 23a and enter tax from Schedule TC, line 23d)	23a		23b		1002.00				
24. Payments and credits 24a. LANSING tax withheld 10.00 24b. Other tax payments (est, extension, or fwd, partnership & tax option corp) .00 24c. Credit for tax paid to another city .00 24d. Total payments & credits 10.00	24a	10.00	24b	.00	24c	.00	24d	10.00	
25. Interest and penalty for: failure to make estimated tax payments; underpayment of estimated tax; or late payment of tax 25a. Interest .00 25b. Penalty .00 25c. Total interest & penalty .00	25a	.00	25b	.00	25c	.00			
ENCLOSE CHECK OR MONEY ORDER	26. TAX DUE PAYABLE TO: CITY OF LANSING, OR TO PAY WITH A DIRECT WITHDRAWAL (for cities accepting this type of payment) mark (X) pay tax due, line 31b, and complete lines 31c, d & e			PAY WITH RETURN		26	992.00		
	27. Tax overpayment (Subtract lines 23b and 25c from line 24d; choose overpayment options on lines 28 - 30)					27	.00		
	28. Amount of overpayment donated 28a. Donation 1 .00 28b. Donation 2 .00 28c. Donation 3 .00 28d. Total donations .00	28a	.00	28b	.00	28c	.00	28d	.00
	29. Amount of overpayment credited forward to 2022			Amount of credit to 2022 >>		29	.00		
30. Amount of overpayment refunded (Line 27 less lines 28d and 29) (For refund to be directly deposited to your bank account, mark refund box, line 31a, and complete line 31c, d & e)			Refund amount >>		30	.00			
31. (Mark (X) appropriate box 31a or 31b and complete lines 31c, 31d and 31e)	31a. Direct deposit refund or direct withdrawal payment	31b. Pay tax due (direct withdrawal)	31c. Refund (direct deposit)	31d. Account number					
			31e. Account Type:	31e1. Checking	31e2. Savings				

Taxpayer's name

NITESH DASARI

Taxpayer's SSN

137-06-5623

CF 1040, PAGE 2 EXEMPTIONS SCHEDULE

Date of birth (mm/dd/yyyy)

Regular

65 or over

Blind

Deaf

Disabled

1a. You

12/15/1970

X

1b. Spouse

07/22/1984

X

1e. Enter the number of boxes checked on lines 1a and 1b

2

1d. List Dependents

1c.

Check box if you can be claimed as a dependent on another person's tax return

Table with 6 columns: #, First Name, Last Name, Social Security Number, Relationship, Date of Birth. Rows 1-8.

1f. Enter number of dependent children listed on line 1d

1g. Enter number of other dependents listed on line 1d

1h. Total exemptions (Add lines 1e, 1f and 1g; enter here and also on page 1, line 21a)

2

EXCLUDED WAGES AND TAX WITHHELD SCHEDULE (See instructions. Resident wages generally not excluded)

Table with 8 columns: W-2 #, Col. A T or S, COLUMN B SOCIAL SECURITY NUMBER, COLUMN C EMPLOYER'S ID NUMBER, COLUMN D EXCLUDED WAGES, FAILURE TO ATTACH W-2 FORMS TO PAGE 1 WILL DELAY PROCESSING OF RETURN. WAGE INFORMATION STATEMENTS PRINTED FROM TAX PREPARATION SOFTWARE ARE NOT ACCEPTABLE, COLUMN E TAX WITHHELD, COLUMN F LOCALITY NAME. Includes totals row 11.

DEDUCTIONS SCHEDULE (See instructions; deductions allocated on the same basis as related income)

DEDUCTIONS

Table with 7 rows of deduction categories and amounts. Row 7: Total deductions (Add line 1 through line 6, enter total here and on page 1, line 19) 7 .00

ADDRESS SCHEDULE (Where taxpayer (T), spouse (S) or both (B) resided during year and dates of residency)

Table with 4 columns: MARK T, S, B, FROM MONTH DAY, TO MONTH DAY. Row 1: Same

THIRD PARTY DESIGNEE

Do you want to allow another person to discuss this return with the Income Tax Office? Yes, complete the following X No

Designee's name, Phone No., Personal identification number (PIN)

Under the penalty of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete.

SIGN HERE TAXPAYER'S SIGNATURE - If joint return, both spouses must sign Date (MM/DD/YY) Taxpayer's occupation Daytime phone number If deceased, date of death

SPOUSE'S SIGNATURE Date (MM/DD/YY) Spouse's occupation If deceased, date of death

SIGNATURE OF PREPARER OTHER THAN TAXPAYER Date (MM/DD/YY) PTIN, EIN or SSN 30-1017196 Preparer's phone no. (678) 965-9522

FIRM'S NAME (or yours if self-employed), ADDRESS AND ZIP CODE GLOBAL TAXES LLC 2530 PEBBLE CREEK LN CUMMING GA 30041 NACTP software number 1555

CF-1040ES

LANSING
ESTIMATED INCOME TAX PAYMENT VOUCHER
FIRST QUARTER - PAYMENT DUE APRIL 30, 2022

2022 EST 01Q

Taxpayer Name: NITESH DASARI

Social Security No: 137-06-5623

Due on or Before: 04/30/2022, for tax year 2022\*

Payment: \$ 173

- Payment Method:
• Make payment by check or money order payable to "City of LANSING ." Write your social security number, daytime phone number, and "2022 CF-1040ES" on your payment. DO NOT SEND CASH.
• To pay by direct debit to your bank account, use form CF-1040ES-EFT.
• To pay by credit card see income tax website of the City of LANSING . Not all cities accept credit card or direct debit payments.

Additional Information: The spouse of a joint filing taxpayer may use this payment voucher to make estimated income tax payments under his or her own social security number by listing their name and social security number as the taxpayer on this payment voucher.

Address for Payment:
CITY OF LANSING INCOME TAX DEPT.
PO BOX 40756
LANSING, MI 48901

\* Due Date If the due date falls on a Saturday, Sunday or holiday, the due date is the next business day.

Taxpayer Records:
Amount Paid:
Check Number:
Date Mailed:

Revised: 08/11/2015

KEEP TOP PORTION FOR YOUR RECORDS. SEND BOTTOM PORTION WITH YOUR PAYMENT

V DETACH HERE V

CF-1040ES
REV 02/05/22 PRO

LANSING
FIRST QUARTER ESTIMATED INCOME TAX PAYMENT VOUCHER

2022 EST 01Q

Revised: 09/30/2017

Mail To: CITY OF LANSING INCOME TAX DEPT.
PO BOX 40756
LANSING, MI 48901

NACTP # 1555
EFIN # 587278

ESTIMATED PAYMENT VOUCHER 1 Due Date: 04/30/2022

Table with taxpayer information, SSN, address, phone number, and payment amount. Includes a 2D barcode for payment verification.

LNS137065623012022EST010000017300

CF-1040ES

LANSING
ESTIMATED INCOME TAX PAYMENT VOUCHER
SECOND QUARTER - PAYMENT DUE JUNE 30, 2022

2022 EST 02Q

Taxpayer Name: NITESH DASARI

Social Security No: 137-06-5623

Due on or Before: 06/30/2022, for tax year 2022\*

Payment: \$ 173

- Payment Method:
• Make payment by check or money order payable to "City of LANSING ." Write your social security number, daytime phone number, and "2022 CF-1040ES" on your payment. DO NOT SEND CASH.
• To pay by direct debit to your bank account, use form CF-1040ES-EFT.
• To pay by credit card see income tax website of the City of LANSING . Not all cities accept credit card or direct debit payments.

Additional Information: The spouse of a joint filing taxpayer may use this payment voucher to make estimated income tax payments under his or her own social security number by listing their name and social security number as the taxpayer on this payment voucher.

Address for Payment:
CITY OF LANSING INCOME TAX DEP
PO BOX 40756
LANSING, MI 48901

\* Due Date If the due date falls on a Saturday, Sunday or holiday, the due date is the next business day.

Taxpayer Records:
Amount Paid:
Check Number:
Date Mailed:

Revised: 08/11/2015

KEEP TOP PORTION FOR YOUR RECORDS. SEND BOTTOM PORTION WITH YOUR PAYMENT

V DETACH HERE V

CF-1040ES

LANSING

2022 EST 02Q

REV 02/05/22 PRO

SECOND QUARTER ESTIMATED INCOME TAX PAYMENT VOUCHER

Revised: 09/30/2017

Mail To: CITY OF LANSING INCOME TAX DEPT

PO BOX 40756

LANSING, MI 48901

NACTP # 1555

EFIN # 587278

ESTIMATED PAYMENT VOUCHER 2

Due Date: 06/30/2022

Form with fields for Taxpayer's first name, initial, last name (NITESH DASARI), Taxpayer's SSN (137-06-5623), If joint estimated payment, spouse's first name, initial, last name (LAKSHMI DASARI), If joint payment, spouse's SSN (824-49-0689), Phone number (760-913-0739), Present home address (2709 TRAPPERS COVE TRL 1C), Address line 2 (P.O. Box address for mailing use only), City, town or post office (LANSING), State (MI), Zip code (48910), Foreign country name, province/county, postal code, Amount of estimated tax you are paying by check or money order (173.00), Round to nearest dollar.

LNS137065623012022EST02Q0000017300

CF-1040ES

LANSING
ESTIMATED INCOME TAX PAYMENT VOUCHER
THIRD QUARTER - PAYMENT DUE SEPTEMBER 30, 2022

2022 EST 03Q

Taxpayer Name: NITESH DASARI

Social Security No: 137-06-5623

Due on or Before: 09/30/2022, for tax year 2022\*

Payment: \$ 173

- Payment Method:
• Make payment by check or money order payable to "City of LANSING ." Write your social security number, daytime phone number, and "2022 CF-1040ES" on your payment. DO NOT SEND CASH.
• To pay by direct debit to your bank account, use form CF-1040ES-EFT.
• To pay by credit card see income tax website of the City of LANSING . Not all cities accept credit card or direct debit payments.

Additional Information: The spouse of a joint filing taxpayer may use this payment voucher to make estimated income tax payments under his or her own social security number by listing their name and social security number as the taxpayer on this payment voucher.

Address for Payment:
CITY OF LANSING INCOME TAX DEP
PO BOX 40756
LANSING, MI 48901

\* Due Date If the due date falls on a Saturday, Sunday or holiday, the due date is the next business day.

Taxpayer Records:
Amount Paid:
Check Number:
Date Mailed:

Revised: 08/11/2015

KEEP TOP PORTION FOR YOUR RECORDS. SEND BOTTOM PORTION WITH YOUR PAYMENT

V DETACH HERE V

CF-1040ES
REV 02/05/22 PRO

LANSING
THIRD QUARTER ESTIMATED INCOME TAX PAYMENT VOUCHER
Mail To: CITY OF LANSING INCOME TAX DEPT
PO BOX 40756
LANSING, MI 48901

2022 EST 03Q

Revised: 09/30/2017

NACTP # 1555
EFIN # 587278

ESTIMATED PAYMENT VOUCHER 3 Due Date: 09/30/2022

Form with fields for Taxpayer's first name (NITESH DASARI), Taxpayer's SSN (137-06-5623), Spouse's SSN (824-49-0689), Phone number (760-913-0739), Present home address (2709 TRAPPERS COVE TRL 1C), City (LANSING), State (MI), Zip code (48910), and Amount of estimated tax (173.00).

LNS137065623012022EST03Q0000017300

CF-1040ES

LANSING
ESTIMATED INCOME TAX PAYMENT VOUCHER
FOURTH QUARTER - PAYMENT DUE JANUARY 31, 2023

2022 EST 04Q

Taxpayer Name: NITESH DASARI

Social Security No: 137-06-5623

Due on or Before: 01/31/2023, for tax year 2022\*

Payment: \$ 173

- Payment Method: • Make payment by check or money order payable to "City of LANSING ." Write your social security number, daytime phone number, and "2022 CF-1040ES" on your payment. DO NOT SEND CASH.
• To pay by direct debit to your bank account, use form CF-1040ES-EFT.
• To pay by credit card see income tax website of the City of LANSING . Not all cities accept credit card or direct debit payments.

Additional Information: The spouse of a joint filing taxpayer may use this payment voucher to make estimated income tax payments under his or her own social security number by listing their name and social security number as the taxpayer on this payment voucher.

Address for Payment: CITY OF LANSING INCOME TAX DEP
PO BOX 40756
LANSING, MI 48901

\* Due Date If the due date falls on a Saturday, Sunday or holiday, the due date is the next business day.

Taxpayer Records: Amount Paid:
Check Number:
Date Mailed:

Revised: 08/11/2015

KEEP TOP PORTION FOR YOUR RECORDS. SEND BOTTOM PORTION WITH YOUR PAYMENT

V DETACH HERE V

CF-1040ES
REV 02/05/22 PRO

LANSING
FOURTH QUARTER ESTIMATED INCOME TAX PAYMENT VOUCHER

2022 EST 04Q

Revised: 08/11/2015

Mail To: CITY OF LANSING INCOME TAX DEPT
PO BOX 40756
LANSING, MI 48901

NACTP # 1555
EFIN # 587278

ESTIMATED PAYMENT VOUCHER 4 Due Date: 01/31/2023

Form with fields for Taxpayer's first name, initial, last name (NITESH DASARI), Taxpayer's SSN (137-06-5623), Spouse's name (LAKSHMI DASARI), Spouse's SSN (824-49-0689), Phone number (760-913-0739), Present home address (2709 TRAPPERS COVE TRL 1C), City, town or post office (LANSING), State (MI), Zip code (48910), Foreign country name, province/county, postal code, Amount of estimated tax you are paying by check or money order (173.00), and Round to nearest dollar.

LNS137065623012022EST04Q0000017300



CF-1040PV

LANSING
INCOME TAX RETURN PAYMENT VOUCHER

2021 RET RPV

You may pay your balance online at www.municconnect.com/payments {see appendix L}

Taxpayer Name: NITESH DASARI

Social Security No: 137-06-5623

Due on or Before: 4/30/2022, due date of 2021 return\*

Payment: \$ 992

Payment Method: Make payment by check or money order payable to "City of LANSING ." Include your social security number, daytime phone number, and "2021 CF-1040PV" on your check or money order. DO NOT SEND CASH. To pay by credit card or direct debit, see income tax website of the City of LANSING . Not all cities accept credit card or direct debit payments.

Paying with Return: This payment voucher is not used when including payment with your tax return. When paying with your return, place the payment on top of the return in the envelope. Do not attach the check to the return.

Address for Payment: CITY OF LANSING INCOME TAX DEPT. PO BOX 40756 LANSING, MI 48901

\* Due Date If the due date falls on a Saturday, Sunday or holiday, the due date is the next business day.

Taxpayer Records: Amount Paid: Check Number: Date Mailed:

You may pay your balance online at www.municconnect.com/payments {see appendix L}

Revised: 11/05/2021

KEEP TOP PORTION FOR YOUR RECORDS. SEND BOTTOM PORTION WITH YOUR PAYMENT V DETACH HERE V

CF-1040PV

LANSING INCOME TAX RETURN PAYMENT VOUCHER

2021 RET RPV

REV 02/05/22 PRO

Revised: 08/11/2015

Mail To: CITY OF LANSING INCOME TAX DEPT. PO BOX 40756 LANSING, MI 48901

NACTP # 1555 EFIN #

Form with fields for Taxpayer's first name, SSN, spouse's SSN, contact phone number, present home address, city, and amount of tax. Includes a 2D barcode.

LNS137065623012021RETRPV000099200

Taxpayer's name NITESH DASARI	Taxpayer's SSN 137-06-5623	<b>2021 LANSING</b>	
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**WAGES AND EXCLUDIBLE WAGES SCHEDULE - CF-1040, PAGE 1, LINE 1, COLUMN B** **Attachment 2-1**

**All W-2 forms must be attached to page 1 of the return** 1555 REV 02/05/22 PRO Revised 06/15/2017

Use this form to provide details for all Forms W-2 and all other wage income reported on federal Forms 1040 (line 7), 1040A (line 7), or 1040EZ (line 1) such as: wages received as a household employee for which you did not receive a W-2; tips reported on federal Form 4137; taxable dependent care benefits; employer-provided adoption benefits; scholarship and fellowship grants not reported on Form W-2; disability pensions shown on Form 1099-R if the taxpayer has not reached the minimum retirement age set by the employer; corrective distributions from a retirement plan shown on Form 1099-R from excess salary deferrals and/or excess contributions (plus earnings); wages from Form 8919, line 6; and other wage items not included in a Form W-2. Use this form to calculate excludible (nontaxable) wages included in total wages reported on your federal tax return (Forms 1040, line 7; 1040A, line 7; or 1040EZ, line 1). Excludible wages for each employer are also reported on Form CF-1040, page 2, Excluded Wages and Tax Withheld Schedule and the total amount of excludible wages is reported on Form CF-1040, page 1, line 1, col. B.

WAGES, ETC.	Employer (or source) 1	Employer (or source) 2	Employer (or source) 3
1. Employer's ID number (W-2, box b) or source's ID Number if available	27-2837612	27-2837612	38-1659835
2. Employer's name (Form W-2, box c) or source's name	RICEFW TECHNOLOGIES INC	RICEFW TECHNOLOGIES INC	JACKSON NATIONAL LIFE INSURANCE
3. SSN from Form W-2, box a	137-06-5623	824-49-0689	824-49-0689
4. Enter T for taxpayer or S for spouse	T	S	S
5. Dates of employment during tax year	From 01/01/2021 To 12/31/2021	From 01/01/2021 To 12/31/2021	From 01/01/2021 To 12/31/2021
6. Mark (X) box if you work at multiple locations in and out of LANSING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Address of work station (Where you actually work, not address on Form W-2 unless you work there: include street number and street name, city, state and ZIP code; if line 6 is checked enter primary work location)	4295 OKEMOS ROAD SUITE 102 OKEMOS MI 48864	4295 OKEMOS ROAD SUITE 102 OKEMOS MI 48864	ONE CORPORATE WAY LANSING MI 48951
8. Wages, tips, other compensation (Form W-2, Box 1); report statutory employee wages as zero	100975	10232	1975
9. Wages not included in Form W-2, box 1 (See instructions)			
10. Code for wage type reported on line 9			

NONRESIDENT WAGE ALLOCATION	Employer (or source) 1	Employer (or source) 2	Employer (or source) 3
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For use by nonresidents or part-year residents who worked both in and outside of the city for the employer while a nonresident. Part-year residents working both in and outside while a nonresident must use the wage allocation to determine wages earned in city while a nonresident (use only wages and days worked while a nonresident for computations.) Nonresidents working all of their work time for an employer in the city should skip this Nonresident Wage Allocation section for that employer as all of their wages are taxable.

11. Enter actual number of days or hours on job for employer during period (Do not include weekends you did not work)			
12. Vacation, holiday and sick days or hours included in line 11, only if work performed in and outside the city			
13. Actual number of days or hours worked (Line 11 less line 12)			
14. Enter actual number of days or hours worked in city			
15. Percentage of days or hours worked in city (Line 14 divided by line 13; default is 100%)	%	%	%
16. Wages earned in city (Total of lines 8 and 9 multiplied by line 15; part-year residents use only the portion of wages earned while a nonresident)			

EXCLUDIBLE WAGES	Employer (or source) 1	Employer (or source) 2	Employer (or source) 3
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17. Enter nonresident excludible wages (Total of lines 8 & 9 less line 16)			
18. Enter resident excludible wages			
19. Enter reason excludible wages reported on lines 17 and/or 18 are not taxable by LANSING			
20. Total excludible wages (Line 17 plus line 18; Enter here and on CF-1040, page 2, Excluded Wages schedule)			
21. Total taxable wages (Line 8 plus line 9 less line 20)	100975	10232	1975
22. Total wages (Add lines 8 and 9 for all employers and other sources; must equal amount reported on Form CF-1040, page 1, line 1, column A; Part-year residents must equal amount reported on Schedule TC, line 1, column A)		113182	
23. Total excludible wages from all employers and other sources (Add line 20 for all columns; enter here and also on Form CF-1040, page 1, line 1, column B; part-year residents enter here and on Schedule TC, line 1, column B)			
24. Total taxable wages from all employers and other sources (Line 22 less line 23); enter here and also on Form CF-1040, page 1, line 1, column C; part-year residents enter here and allocate on Schedule TC, line 1, between columns C and D)			113182

**FAILURE TO ATTACH ALL FORMS W-2 OR PROPERLY COMPLETE AND ATTACH THIS SCHEDULE WILL DELAY PROCESSING OF RETURN.**