

Review your print out for checklist items.

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

Your first name and middle initial: Praneeth Sai C
Last name: Vaddepalli
Your social security number: 640-69-0648
If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number:

Home address (number and street): 4038 SE 78th Ave
Apt. no.:
City, town, or post office: Hillsboro
State: OR
ZIP code: 971232335
Foreign country name:
Foreign province/state/county:
Foreign postal code:
Presidential Election Campaign: [] You [] Spouse

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? [X] 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

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) if qualifies for (Child tax credit, Credit for other dependents). Includes a checkbox for more than four dependents.

Main tax calculation table with 15 rows. Includes sections for Attach Sch. B if required, Standard Deduction for (with bullet points for filing status), and Taxable income calculation. Total taxable income: 58,712.

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	8,668.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	8,668.
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	8,668.
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	8,668.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	8,685.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	8,685.
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC) No	27a	
	Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/>		
b	Nontaxable combat pay election	27b	
c	Prior year (2019) earned income	27c	
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	1,400.
31	Amount from Schedule 3, line 15	31	
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	1,400.
33	Add lines 25d, 26, and 32. These are your total payments	33	10,085.
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	1,417.
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	1,417.
Direct deposit? See instructions.	b Routing number 072000326 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number 368618226		
	36 Amount of line 34 you want applied to your 2022 estimated tax	36	
Amount You Owe	37 Amount you owe . Subtract line 33 from line 24. For details on how to pay, see instructions	37	
	38 Estimated tax penalty (see instructions)	38	

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

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

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

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

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

Phone no. (248) 854-2048 Email address _____

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
Firm's name	Self-Prepared			Phone no.
Firm's address				Firm's EIN

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

2021
Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
Praneeth Sai C Vaddepalli

Your social security number
640-69-0648

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	0.
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶ _____		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling income	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Taxable Health Savings Account distribution	8e	288.
f	Alaska Permanent Fund dividends	8f	
g	Jury duty pay	8g	
h	Prizes and awards	8h	
i	Activity not engaged in for profit income	8i	
j	Stock options	8j	
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8k	
l	Olympic and Paralympic medals and USOC prize money (see instructions)	8l	
m	Section 951(a) inclusion (see instructions)	8m	
n	Section 951A(a) inclusion (see instructions)	8n	
o	Section 461(l) excess business loss adjustment	8o	
p	Taxable distributions from an ABLE account (see instructions)	8p	
z	Other income. List type and amount ▶ _____	8z	0.
9	Total other income. Add lines 8a through 8z	9	288.
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	288.

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

Schedule 1 (Form 1040) 2021

Part II Adjustments to Income

11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	
18	Penalty on early withdrawal of savings	18	
19a	Alimony paid	19a	
b	Recipient's SSN ▶ _____		
c	Date of original divorce or separation agreement (see instructions) ▶ _____		
20	IRA deduction	20	
21	Student loan interest deduction	21	623.
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
a	Jury duty pay (see instructions)	24a	
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	24b	
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l	24c	
d	Reforestation amortization and expenses	24d	
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e	
f	Contributions to section 501(c)(18)(D) pension plans	24f	
g	Contributions by certain chaplains to section 403(b) plans	24g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h	
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i	
j	Housing deduction from Form 2555	24j	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k	
z	Other adjustments. List type and amount ▶ _____	24z	
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26	623.

SCHEDULE D
(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

2021

Attachment
Sequence No. **12**

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**
▶ **Go to www.irs.gov/ScheduleD for instructions and the latest information.**
▶ **Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.**

Name(s) shown on return

Praneeth Sai C Vaddepalli

Your social security number

640-69-0648

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? **Yes** **No**

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	2,492.	1,968.		524.
2 Totals for all transactions reported on Form(s) 8949 with Box B checked	235.	122.		113.
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7 637.

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back				15

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	637.
	<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 		
17	Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input checked="" type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet ▶	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet ▶	19	
20	Are lines 18 and 19 both zero or blank and are you not filing Form 4952? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } 	21	()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. <input checked="" type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

Sales and Other Dispositions of Capital Assets

Department of the Treasury
Internal Revenue Service

► Go to www.irs.gov/Form8949 for instructions and the latest information.
► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

Praneeth Sai C Vaddepalli

Social security number or taxpayer identification number

640-69-0648

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	ETHUSD 0.065516	06/22/21	10/06/21	235.	122.			113.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ►				235.	122.			113.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Health Savings Accounts (HSAs)

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**
▶ **Go to www.irs.gov/Form8889 for instructions and the latest information.**

2021
Attachment
Sequence No. **52**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
Praneeth Sai C Vaddepalli

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶ 640-69-0648

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 checked="" type="checkbox"/> Self-only	<input 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. Do not 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 every month during 2021, you were, or were considered, an eligible individual with the same coverage, enter \$3,600 (\$7,200 for family coverage). All others , see the instructions for the amount to enter	3	
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	
5	Subtract line 4 from line 3. If zero or less, enter -0-	5	
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	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	0.
8	Add lines 6 and 7	8	0.
9	Employer contributions made to your HSAs for 2021	9	288.
10	Qualified HSA funding distributions	10	
11	Add lines 9 and 10	11	288.
12	Subtract line 11 from line 8. If zero or less, enter -0-	12	0.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 Caution: 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	
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	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	Taxable HSA distributions. 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	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here ▶ <input type="checkbox"/>		
b	Additional 20% tax (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	Total income. 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	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	21	

Tax History Report

▶ Keep for your records

2021

Name(s) Shown on Return

Praneeth Sai C Vaddepalli

Five Year Tax History:					
	2017	2018	2019	2020	2021
Filing status				Single	Single
Total income				10,195.	71,885.
Adjustments to income				4,000.	623.
Adjusted gross income				6,195.	71,262.
Tax expense				351.	5,647.
Interest expense . . .					
Contributions					
Misc. deductions . . .					
Other itemized ded'ns					
Total itemized/ standard deduction . .				12,400.	12,550.
Exemption amount . .				0.	0.
QBI deduction					
Taxable income				0.	58,712.
Tax					8,668.
Alternative min tax . .					
Total credits					
Other taxes					
Payments				2,843.	10,085.
Form 2210 penalty . .					
Amount owed					
Applied to next year's estimated tax .					
Refund				2,843.	1,417.
Effective tax rate % . .				-6.97	12.16
**Tax bracket %					22.0

**Tax bracket % is based on Taxable income.

IMPORTANT DISCLOSURES

If you are owed federal tax refund(s), you have a right to choose how you will receive the refund(s). There are several options available to you. Some options cost money and some options are free. Please read about these options below.

You can file your federal tax return(s) electronically or by paper and obtain your federal tax refund(s) directly from the Internal Revenue Service ("IRS") for free. If you file your tax return(s) electronically, you can receive refund checks directly from the IRS through the U.S. Postal Service in 21 to 28 days from the time you file your tax return(s) or the IRS can deposit your refund(s) directly into your bank account in less than 21 days from the time you file your tax return(s) unless there are delays by the IRS. If you file a paper return through the U.S. Postal Service, you can receive refund checks directly from the IRS through the U.S. Postal Service in 6 to 8 weeks from the time the IRS receives your return(s) or the IRS can deposit your refund(s) directly into your bank account in 6 to 8 weeks from the time the IRS receives your return(s). However, if your return(s) contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund(s) no earlier than February 15, 2022.

You can file your federal tax return(s) electronically, select the Refund Processing Service ("RPS") for an additional fee of \$39.00 (the "RPS fee"), and have your federal tax refund(s) processed through a processor using banking services of a financial institution. The RPS allows your refund(s) to be deposited into a bank account at Civista Bank ("Bank") and deducts your TurboTax fees and other amounts that you authorize from your federal refund(s). The balance of your federal refund(s) is delivered to you via the disbursement method you select. If you file your tax return(s) electronically and select the RPS, the IRS will deposit your refund(s) with Bank. Upon Bank's receipt of your refund(s), Santa Barbara Tax Products Group, LLC, a division of Green Dot Corporation, a Delaware corporation, a processor, will deduct from your federal refund(s) the RPS fee, any fees charged by TurboTax for the preparation and filing of your tax return(s) and any other amounts authorized by you and disburse the balance of your refund proceeds to you. Unless there are unexpected delays, federal refunds are received in less than 21 days from the time you file your tax return(s) electronically. However, if your return(s) contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund(s) no earlier than February 15, 2022.

The RPS is not necessary to obtain your refund(s). If you have an existing bank account, you do not need to use the RPS, which requires the payment of a fee, in order to receive a direct deposit from the IRS. You may consult the IRS website (IRS.gov) for information about tax refund processing.

If you select the RPS, no prior debt you may owe to Bank will be deducted from your refund(s).

You can change your income tax withholdings which might result in you receiving additional funds throughout the year rather than waiting to receive these funds potentially in tax refund(s) next year. Please consult your employer or tax advisor for additional details.

This Agreement requires all disputes to be resolved by way of binding arbitration. The terms of the arbitration provision appear in Section 11.

Information regarding low-cost deposit accounts may be available at www.mymoney.gov

The chart below shows the options for filing your federal tax returns (e-file or paper returns), the RPS product, refund disbursement options, estimated timing for obtaining your federal tax refund proceeds, and costs associated with the various options.

WHAT TYPE OF FILING METHOD?	WHAT ARE YOUR DISBURSEMENT OPTIONS?	WHAT IS THE ESTIMATED TIME TO RECEIVE REFUND(S)?	WHAT COSTS DO YOU INCUR IN ADDITION TO TAX PREPARATION FEES?
PAPER RETURN No Refund Processing Service	IRS direct deposit to your personal bank account.	Approximately 6 to 8 weeks ¹	No additional cost.
	Check mailed by IRS to address on tax return(s).	Approximately 6 to 8 weeks ¹	
ELECTRONIC FILING (E-FILE) No Refund Processing Service	IRS direct deposit to your personal bank account.	Usually within 21 days ¹	No additional cost.
	Check mailed by IRS to address on tax return(s).	Approximately 21 to 28 days ¹	
ELECTRONIC FILING (E-FILE) Refund Processing Service	Direct deposit to your personal bank account.	Usually within 21 days ¹	\$ 39 . 00 ²

¹You may experience delays with your tax refund(s) if, for example, you enter incorrect bank account or contact information, you enter a bank account in someone else's name, or if possible suspicious activity is detected. If your return(s) contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund(s) no earlier than February 15, 2022.

²The charges here consist of an RPS Fee, a TurboTax fee and any fees for additional products and services purchased. See Section 3 of the Refund Processing Service Agreement for the cost of the service you have chosen.

Questions? Call 877-908-7228

FORM 1040 or FORM 1040-SR WORKSHEET
NOTE: Form 1040, 1040-SR and Schedules 1 - 3 are fully calculated.

2021

Use this worksheet to enter all data which will flow to the Form 1040 or Form 1040SR and Schedules 1- 3.
 Use these QuickZooms to jump to the entry sections for Schedules 1- 3 on this Worksheet:

Form 1040 or Form 1040SR Worksheet Navigation QuickZooms

- QuickZoom** to Schedule 1 — Additional Income and Adjustments to Income ▶ _____
QuickZoom to Schedule 2 — Additional Taxes ▶ _____
QuickZoom to Schedule 3 — Additional Credits and Payments ▶ _____

Form 1040 or Form 1040-SR — Personal Info, Filing Status, Dependent Info

For the year January 1 - December 31, 2021, or other tax year
 beginning _____, 2021, ending _____, 20 ____.

Your First Name <u>Praneeth Sai</u>	MI <u>C</u>	Last Name <u>Vaddepalli</u>	Your Social Security No. <u>640-69-0648</u>
If Joint Return, Spouse's First Name	MI	Last Name	Spouse's Social Security No.
Home Address (No. and Street). If You Have a P.O. Box, See Instructions. <u>4038 SE 78th Ave</u>			Apt. No. _____
City, Town or Post Office. If you have a foreign address, also complete below. <u>Hillsboro</u>			ZIP Code <u>97123-2335</u>
Foreign country name _____		Foreign province/state/county _____	Foreign postal code _____

QuickZoom to explanation statement for overseas extension ▶

Presidential Election Campaign

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

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

Filing Status Check only one box.

All entries for filing status and dependents should be made on the Federal Information Worksheet.

- Single
 Married filing jointly (even if only one had income)
 Married filing separately. Enter spouse's SSN above and full name here.
 Head of household (with qualifying person). (See instructions) If the qualifying person is a child
 but not your dependent, enter the child's name here. ▶ _____
 Qualifying widow(er) (See instructions)

Dependents If more than four dependents, see instructions and check here ▶

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for: under age 18 qualifying for 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"/>

- QuickZoom** to the Federal Information Worksheet
QuickZoom to the Dependent and Nondependent Information Worksheet . . .

Standard Deduction

Someone can claim you as a dependent
 Someone can claim your spouse as a dependent

a Check if: You were born before January 2, 1957 Blind
 Spouse was born before January 2, 1957 Blind
Total boxes checked ▶ a

b If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ b

QuickZoom to required PPP loan forgiveness statement to report tax-exempt income ▶ _____

Form 1040 or Form 1040-SR, Lines 1 - 7

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	70,960.
2 a	Tax-exempt interest 2a		
b	Taxable interest	2b	
3 a	Qualified dividends 3a		
b	Ordinary dividends	3b	
4 a	IRA distributions 4a		
b	Taxable amount	4b	
5 a	Pensions and annuities 5a		
b	Taxable amount	5b	
6 a	Social security benefits 6a		
b	Taxable amount	6b	
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here. ▶ <input type="checkbox"/>	7	637.

QuickZoom to Schedule 1 — Additional Income and Adjustments to Income ▶ _____

Form 1040 or Form 1040-SR, Lines 8 - 11

8	Other income from Schedule 1, line 10.	8	288.
9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶	9	71,885.
10	Adjustments to income from Schedule 1, line 26	10	623.
11	Subtract line 10 from line 9. This is your adjusted gross income ▶	11	71,262.
	AGI including excludable Puerto Rico Income		71,262.

Form 1040 or Form 1040-SR, Line 12 — Standard or Itemized Deduction

12 Standard deduction or itemized deductions (from Schedule A)
Standard Deduction for —

- People who checked blind or over 65 or who can be claimed as a dependent, see instructions.
- All others:
 - 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.

QuickZoom to the Standard Deduction Worksheet _____

a **Itemized deductions** (from Schedule A) or your **standard deduction**, see above **12 a** 12,550.

Enter the smaller of these cash contributions made or \$300 (\$600 if married filing jointly) on line 12b below if you take the standard deduction

b Charitable contributions if you take the standard deduction. **12 b**

c Add lines 12a and 12b. **12 c** 12,550.
 Subtract itemized or standard deduction from adjusted gross income amount 58,712.

Form 1040 or Form 1040-SR, Lines 13 - 18			
13	Qualified business income deduction from Form 8995 or Form 8995-A	13	
14	Add lines 12c and 13	14	12,550.
15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	58,712.
16	Tax. Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>		
17	Amount from Schedule 2, line 3.	17	8,668.
18	Add lines 16 and 17	18	8,668.
QuickZoom to Schedule 2 — Additional Tax section ▶			

Form 1040 or Form 1040-SR, Line 19 - 24			
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	8,668.
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	8,668.
QuickZoom to Schedule 3 — Additional Credits and Payments ▶			

Form 1040 or Form 1040-SR, Lines 25 - 33			
25	Federal income tax withheld from:		
a	Form(s) W-2	25 a	8,685.
b	Form(s) 1099	25 b	
c	Other forms	25 c	
d	Add lines 25a through 25c.	25 d	8,685.
26	2021 estimated tax payments and amount applied from 2020 return	26	
27	If you have a qualifying child, attach Sch. EIC.		
a	Earned income credit (EIC) No Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. ▶ <input type="checkbox"/>	27 a	
b	Nontaxable combat pay election	27 b	
c	Prior year (2019) earned income	27 c	
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.	30	1,400.
31	Amount from Schedule 3, line 15	31	
32	Add lines 27a and 28 through 31. These are your other payments and refundable credits ▶	32	1,400.
33	Add Lines 25d, 26, and 32. These are your total payments ▶	33	10,085.
QuickZoom to Schedule EIC Worksheet, pg. 2 if credit is not calculated. ▶			
QuickZoom to "due diligence checklist" substitute for Form 8867. ▶			
QuickZoom to Schedule 3 — Additional Credits and Payments ▶			

Form 1040 or Form 1040-SR, Lines 34 - 36			
Refund:			
34 If total Payments is more than total tax, subtract total tax from payments . This is the amount you overpaid	34		1,417.
35 a Amount of overpayment you want refunded to you . If Form 8888 is attached, check here. <input type="checkbox"/>	35		1,417.
Direct deposit?			
▶ b Routing number <u>072000326</u>			
▶ c Type:			
<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings			
▶ d Account number <u>368618226</u>			
36 Amount of overpayment on line 34 you want applied to your 2022 estimated tax	36		
Form 1040 or Form 1040-SR, Lines 37 and 38			
Amount You Owe:			
37 Subtract total payments from total tax ▶ Note: Schedule H and Schedule E SE filers, line 37 may not represent all of the taxes you owe for 2021. See Schedule 3, line 12e, and its instructions for details.	37		
38 Estimated tax penalty ▶	38		
QuickZoom to Late Penalties and Interest Worksheet ▶ QuickZoom. . . ▶			

Schedule 1 – Additional Income and Adjustments to Income

Part I Additional Income

1 Taxable refunds, credits, or offsets of state and local income taxes	1		0.
---	----------	--	----

Alimony Received Smart Worksheet			
A	Taxpayer _____	Spouse _____	Date of divorce/sep _____ *
B			<input type="checkbox"/>
* Check the box if the pre-2019 decree was modified after 2018 to treat the payments as nontaxable			

2 a Alimony received. . . . Taxpayer _____ Spouse _____	2 a		
b Date of original divorce or separation agreement ▶ _____			
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:			
a Net operating loss	8 a		
b Gambling income	8 b		
c Cancellation of debt	8 c		
d Foreign earned income exclusion from Form 2555	8 d		
e Taxable Health Savings Account distribution	8 e	288.	
f Alaska Permanent Fund dividends	8 f		
g Jury duty pay	8 g		
h Prizes and awards	8 h		
i Activity not engaged in for profit income	8 i		
j Stock options	8 j		
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	8 k		
l Olympic and Paralympic medals and USOC prize money	8 l		
m Section 951(a) inclusion	8 m		
n Section 951A(a) inclusion	8 n		
o Section 461(l) excess business loss adjustment	8 o		
p Taxable distributions from an ABL account	8 p		
z Other income. List type and amount:			
_____	8 z	0.	
9 Total other income. Add lines 8a through 8z	9		288.
10 Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8.	10		288.
Total Income. Combine Form 1040 lines 1- 7 and Schedule 1, line 10, enter on Form 1040, line 9. ▶		71,885.	
Quickzoom to 1040 Worksheet, line 9 – Total Income ▶ QuickZoom. . . ▶			

Part II Adjustments to Income

11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	
18	Penalty on early withdrawal of savings	18	

Alimony Paid Smart Worksheet

	Recipient's name	Recipient's SSN	Date of divorce/sep	*	Alimony paid
A	_____	_____	_____	<input type="checkbox"/>	_____
B	_____	_____	_____	<input type="checkbox"/>	_____

* Check the box if the pre-2019 decree was modified after 2018 to treat the payments as nondeductible

19 a	Alimony paid	19 a	
b	Recipient's SSN		
c	Date of original divorce or separation agreement		
20	IRA deduction	20	
21	Student loan interest deduction	21	623 .
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
a	Jury duty pay	24 a	
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	24 b	
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l	24 c	
d	Reforestation amortization and expenses	24 d	
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24 e	
f	Contributions to section 501(c)(18)(D) pension plans	24 f	
g	Contributions by certain chaplains to section 403(b) plans	24 g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims	24 h	
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24 i	
j	Housing deduction from Form 2555	24 j	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24 k	
z	Other adjustments. List type and amount: ▶ _____	24 z	
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25 These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26	623 .

Schedule 2 – Additional Taxes

Part I Tax

1	Alternative minimum tax (see instructions). Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and include on Form 1040, 1040-SR, or 1040-NR, line 17	3	

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE		4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5		
6	Uncollected social security and Medicare tax on wages. Attach Form 8919.	6		
7	Total additional social security and Medicare tax. Add lines 5 and 6		7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required		8	
9	Household employment taxes from Schedule H		9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required		10	
11	Additional Medicare Tax. Attach Form 8959		11	
12	Net investment income tax. Attach Form 8960		12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from W-2, box 12.		13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares		14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000.		15	
16	Recapture of low-income housing credit. Attach Form 8611		16	
17	Other additional taxes:			
a	Recapture of other credits. List type, form number, and amount: ▶ _____	17 a		
b	Recapture of federal mortgage subsidy. If you sold your home in 2021, see instructions	17 b		
c	Additional tax on HSA distributions. Attach Form 8889	17 c		
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17 d		
e	Additional tax on Archer MSA distributions. Attach Form 8853	17 e		
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853.	17 f		
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17 g		
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17 h		
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17 i		
j	Section 72(m)(5) excess benefits tax	17 j		
k	Golden parachute payments	17 k		
l	Tax on accumulation distribution of trusts	17 l		
m	Excise tax on insider stock compensation from an expatriated corporation	17 m		
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17 n		
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17 o		
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17 p		
q	Any interest from Form 8621, line 24.	17 q		
z	Any other taxes. List type and amount: ▶ _____	17 z		
18	Total additional taxes. Add lines 17a through 17z.		18	
19	Additional tax from Schedule 8812		19	
20	Section 965 net tax liability installment from Form 965-A.	20		
21	Add lines 4, 7 through 16, 18, and 19. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b		21	0.
	Total tax (add line 21 and Schedule 3, line 7b)			8,668.

Schedule 3 – Additional Credits and Payments

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required		1	
2	Credit for child and dependent care expenses from Form 2441, line 11.			
2	Attach Form 2441		2	
3	Education credits from Form 8863, line 19		3	
4	Retirement savings contributions credit. Attach Form 8880		4	
5	Residential Energy Credit. Attach Form 5695		5	
6	Other nonrefundable credits:			
a	General business credit. Attach Form 3800	6 a		
b	Credit for prior year minimum tax. Attach Form 8801	6 b		
c	Adoption credit. Attach Form 8839	6 c		
d	Credit for the elderly or disabled. Attach Schedule R	6 d		
e	Alternative motor vehicle credit. Attach Form 8910	6 e		
f	Qualified plug-in motor vehicle credit. Attach Form 8936	6 f		
g	Mortgage interest credit. Attach Form 8396	6 g		
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6 h		
i	Qualified electric vehicle credit. Attach Form 8834	6 i		
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6 j		
k	Credit to holders of tax credit bonds. Attach Form 8912	6 k		
l	Amount on Form 8978, line 14	6 l		
z	Other nonrefundable credits. List type and amount: ▶ _____	6 z		
7	Total other nonrefundable credits. Add lines 6a through 6z		7	
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20		8	
a	Add line 8 plus child tax/other dep. credit on line 19 above			
b	Subtract total credits on line 8a from tax on line 18 above			8,668.

Quickzoom to 1040 Worksheet, line 24 – Total Tax ▶ QuickZoom. . . ▶

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file		10	
11	Excess social security and tier 1 RRTA tax withheld		11	
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
a	Form 2439	13 a		
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken before April 1, 2021.	13 b		
c	Health coverage tax credit from Form 8885	13 c		
d	Credit for repayment of amounts included in income from earlier years	13 d		
e	Reserved for future use	13 e		
f		13 f		
g	Credit for child and dependent care expenses from Form 2441, line 10. Attach Form 2441	13 g		
h	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken after March 31, 2021	13 h		
z	Other payments or refundable credits. List type and amount . ▶ _____	13 z		
14	Total other payments or refundable credits. Add lines 13a through 13z.		14	
15	Total Payments: Part II, lines 9 through 12 and 14, Withholding (Form 1040, line 25d), Estimated Tax Payments (Form 1040, line 26) and Form 1040, lines 27-30.		15	10,085.
	Other Payments and Refundable Credits (Form 1040, line 32) . ▶ _____			1,400.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? **Yes.** Complete the following. **No**
 Designee's Name ▶ _____
 Phone Number ▶ _____ Personal Identification Number (PIN) . . ▶ _____

Signature and Paid Preparer

Sign Here

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

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 accurately list all amounts and sources of income I received during the year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your Signature	Date	Your Occupation	If the IRS sent you an Identity Protection PIN, enter it here
_____	_____	<u>Quality Engineer</u>	▶ _____
Spouse's Signature. If joint, both must sign.	Date	Spouse's Occupation	▶ _____
_____	_____	_____	_____
Daytime Phone No.		Email Address	
<u>(248) 854-2048</u>		_____	

Paid Preparer's Use Only

Print/Type Preparer's name	Preparer's PTIN	Check if:
_____	_____	<input type="checkbox"/> Self-employed
Preparer's Signature	Date	
_____	_____	
Firm's Adress (or yours if self-employed)	Firm's EIN.	Phone No.
<u>Self-Prepared</u>	_____	_____
_____	State	ZIP Code
_____	_____	_____

Filing Address Information

Send Form 1040 to: You have chosen to electronically file this return.

Name(s) Shown on Return Praneeth Sai C Vaddepalli	Your SSN 640-69-0648
--	-------------------------

Line 4b - Adjustment for trade or business income or loss

(a) Activity name	(b) Gain or loss
Enter additional adjustments not included above:	
Adjustment for trade or business income not subject to net investment tax	

Line 5b - Adjustment for gain or loss on dispositions

(a) Activity name	(b) Gain or loss
Capital loss carryover adjustment from 2020 for net investment tax purposes	
Enter additional adjustments not included above and check the box if a capital gain or loss:	
	<input type="checkbox"/>
	<input type="checkbox"/>
Net gain or loss from disposition of property not subject to net investment tax	

Capital gain/loss not included in net investment income

(a) Activity name	(b) Capital Gain or Loss
Capital gain or loss from sale of property not subject to net investment income tax	

Calculation of line 5b adjustment due to capital loss carryforward

1	Net capital loss not included in net investment income	1	0.
2	Capital loss carryover to next year	2	
3	Lesser of line 1 or line 2 (Included as an adjustment on line 5b table above). . .	3	0.

Line 7 - Other modifications to investment income

1	Casualty and theft losses reported on Schedule A, line 15.	1	
2	Amounts reported on Form 8814, line 12	2	
3	Adjustment for distributions from estates and trusts	3	
4	Schedules C and F income/loss included in net investment income.	4	
5	Substitute interest and dividend payments	5	
6	Recovery of a prior year deduction	6	
7		7	
8	Total other modifications to investment income	8	

Line 9b - State, local, and foreign income taxes allocable to net investment income

1	State and local income taxes	1	_____
2	Investment income.	2	_____
3	Total adjusted gross income	3	_____
4	Divide line 2 by line 3. Enter result as a decimal amount.	4	_____
5	State and local income taxes allocable to investment income	5	_____
6	State and local taxes (Schedule A, line 5e)	6	_____
7	Lesser of line 5 or line 6.	7	_____
8	Foreign income taxes	8	_____
9	Foreign income taxes allocable to investment income. Line 8 times line 4.	9	_____
10	Add lines 7 and 9. State, local and foreign income taxes allocable to investment income	10	_____

Lines 9 and 10 - Application of Itemized Deduction Limitations Worksheet

Part III - Application of Section 68 to Deductions Properly Allocable to Investment Income

1	Reserved	1	_____									
2	Enter the amount of state, local, and foreign income taxes that are properly allocable to investment income	2	_____									
3	Enter the amount of other Itemized Deductions subject to the section 68 limitation and properly allocable to investment income before any itemized deduction limitation: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; height: 15px;">_____</td> <td style="width: 5%; border: none;"> </td> <td style="width: 35%; height: 15px;">_____</td> </tr> <tr> <td style="height: 15px;">_____</td> <td style="border: none;"> </td> <td style="height: 15px;">_____</td> </tr> <tr> <td style="height: 15px;">_____</td> <td style="border: none;"> </td> <td style="height: 15px;">_____</td> </tr> </table>	_____		_____	_____		_____	_____		_____	3	_____
_____		_____										
_____		_____										
_____		_____										
4	Enter the total deductions properly allocable to investment income subject to the section 68 limitation. Enter the sum of lines 1 through 3.	4	_____									
5	Enter the amount of total itemized deductions allowed after the section 68 limitation. Form 1040, line 12	5	_____									
6	Enter all other itemized deductions allowed but not subject to the section 68 deduction limitation:	6	_____									
7	Subtract line 6 from line 5.	7	_____									
8	Enter the lesser of line 7 or line 4	8	_____									

Part IV - Reconciliation of Schedule A Deductions to Form 8960 plus additional expenses, lines 9 and 10

(A)	(B)	(C)
Reenter the amounts and descriptions from Part III, lines 1-3	Fraction (see Help)	Column A times B
Miscellaneous Itemized Deductions properly allocable to Investment Income reportable on Form 8960, line 9c:		
1 Reserved.		
2 State, local, and foreign income taxes.	x	=
Itemized Deductions Subject to Section 68 reportable on Form 8960, line 10:		
3 _____	x	=
_____	x	=
_____	x	=
_____	x	=
Penalty on early withdrawal of savings		
Other modifications:		

Total additional modifications to Form 8960, line 10		

Calculation of Former Passive Activity Suspended Losses Allowed as Deduction Against NII

1) Former Passive Activity Suspended Losses

(a) Activity name	(b) Suspended 12/31/2020	(c) Suspended 12/31/2021	(d) Used against activity	(e) Used against other passive

2) Former Passive Activity Suspended Losses - Schedule D

(a) Activity name	(b) Suspended 12/31/2020	(c) Suspended 12/31/2021	(d) Used against activity	(e) Used against other passive

3) Former Passive Activity Suspended Losses - Form 4797

(a) Activity name	(b) Suspended 12/31/2020	(c) Suspended 12/31/2021	(d) Used against activity	(e) Used against other passive

Name(s) Shown on Return
Praneeth Sai C Vaddepalli

Social Security Number
640-69-0648

	(a) Taxpayer	(b) Spouse
1 Child's investment income, from Form 8814.		
2 Winnings:		
a From Form W-2G		
b Gambling winnings not reported on Form W-2G		
c Total gambling winnings.		
d Winnings (prizes, etc.) from Form 1099-MISC, box 3.		
e Other non-gambling awards and prizes		
3 Taxable income from Forms 1099-MISC or 1099-NEC:		
a Substitute payments in lieu of interest or dividends		
b1 Other income from box 3 (Excluding Olympic prize money)		
b2 Other income from box 3 Olympic prize money		
b Total Other income from box 3		
c Alaska Permanent Fund.		
d Tribal Gaming		
e Non-Employee Compensation from Form 1099-NEC box 1		
f Rent from personal property from Form 1099-MISC box 1		
4 Taxable income from Form 1099-Q or 1099-QA:		
a Qualified tuition program distributions		
b Coverdell ESA distributions		
c ABLE account distributions		
5 Taxable income from Form 1099-G:		
a Grants		
b RTAA payments		
6 Foreign earned income and housing exclusion, from Form 2555		
7 Net operating loss carryover from a prior year		
8 Other income, from Schedule(s) K-1		
9 Taxable distribution from:		
a Form 8853:		
1 Taxable Archer MSA distributions MSA		
2 Taxable Medicare Advantage distributions Med MSA		
3 Taxable long term care distributions LTC		
4 Total Form 8853		
b Form 8889, Health Savings Accounts		
1 Taxable HSA Distributions from Form 1099-SA		
2 Last month rule and qualified HSA funding distribution amt		
3 Total Form 8889	288.	
10 Refunds or reimbursements of deductions claimed in a prior year:		
a Reimbursement for deducted medical expenses		
b Refunds of deducted taxes (not state or local income taxes)		
	Type of Tax	State or Local ID
c Recapture of deducted moving expenses		
d Reimbursement for deducted casualty or theft loss		
e Reimbursement for deducted employee business expenses		
f Other refunds or reimbursements		
11 Recoveries of bad debts deducted in a prior year.		
12 Jury duty pay		
13 Bartering income not reported elsewhere		
14 Income from the rental of personal property		
15 Income from the Cancellation of Debt:		
a From Form 1099-C:		
1 Amount of debt canceled from box 2		
2 Amount of canceled debt excluded from income		
3 Taxable amount of canceled debt.		
b From Schedule(s) K-1		
16 Taxable income from Form 1099-K:		
a Payment Card/Third Party Network Transactions		
17 Income from "not for profit" activities (hobbies):		

18	Limitation on business losses (Form 461)		
19	Global intangible low-taxed income (Form 8992)		
19	Does not apply to Form 1040NR		
20	Does not apply to Form 1040NR		
20	Section 965 deferred foreign income (Form 965)		
21	Unemployment income and repayment		
a	Union unemployment benefits		
b	Private fund unemployment benefits		
c	State employee unemployment benefits		
d	Repayment of non-government unemployment benefits		
22	Other taxable income:		
a	Employer stock compensation income for non-employee		
b	_____		

23	Income from Community Property:		
a	Positive community property adjustment		
b	Negative community property adjustment (enter as positive) . . .		
24	Total. Add lines 1 through 14, 15a(3), 15b, 16 through 23. Enter here and on Schedule 1, line 8	288.	

Part I – Personal Information

Information in Part I is **completely calculated** from entries on Personal Information Worksheets.

Taxpayer:

First name Praneeth Sai
 Middle initial C Suffix
 Last name Vaddepalli
 Social security no. 640-69-0648
 Occupation Quality Engineer
 Date of birth 11/17/1994 (mm/dd/yyyy)
 Age as of 1-1-2022 27
 Daytime phone (248) 854-2048 Ext _____
 Legally blind
 Date of death _____

Spouse:

First name _____
 Middle initial _____ Suffix _____
 Last name _____
 Social security no. _____
 Occupation _____
 Date of birth _____ (mm/dd/yyyy)
 Age as of 1-1-2022 _____
 Daytime phone _____ Ext _____
 Legally blind
 Date of death _____

Dependent of Someone Else:

Can taxpayer be claimed as dependent of another person (such as parent)? . . . Yes No
 If yes, **was** taxpayer claimed as dependent on that person's return? Yes No

Dependent of Someone Else:

Can spouse be claimed as dependent of another person (such as parent)? . . . Yes No
 If yes, **was** spouse claimed as dependent on that person's return? Yes No

Credit for the Elderly or Disabled (Schedule R):

Is the taxpayer retired on total and permanent disability? . . Yes No

Credit for the Elderly or Disabled (Schedule R):

Is the spouse retired on total and permanent disability? . . Yes No

Presidential Election Campaign Fund:

Does the taxpayer want \$3 to go to the Presidential Election Campaign Fund? . . Yes No

Presidential Election Campaign Fund:

Does the spouse want \$3 to go to the Presidential Election Campaign Fund? . . Yes No

Part II – Address and Federal Filing Status (enter information in this section)

US Address:

Address 4038 SE 78th Ave Apt no.
 City Hillsboro State OR ZIP code 97123-2335

Foreign Address: Check this box to use foreign address . . ▶

Address Apt no.
 City
 Foreign code Foreign country
 Foreign province/county Foreign postal code

APO/FPO/DPO address, check if appropriate APO FPO DPO

Home phone
 Check to print phone number on Form 1040 Home Taxpayer daytime Spouse daytime

Print Form 1040-SR instead of Form 1040 Yes No

Federal filing status:

- 1 Single
- 2 Married filing jointly
- 3 Married filing separately
 Check this box if you **did not** live with your spouse at any time during the year. ▶
 Check this box if you are eligible to claim your spouse's exemption/blind/over age 65 (see Help) ▶
- 4 Head of household
 If the 'qualifying person' is your child but **not** your dependent:
 Child's First name _____ MI _____ Last Name _____ Suff _____
 Child's social security number _____
- 5 Qualifying widow(er)
 Check the appropriate box for the year your spouse died 2019 ▶ 2020 ▶
 Are you a dependent with a qualifying child Yes ▶ No ▶
 Enter qualifying person's name:
 Child's First name _____ MI _____ Last Name _____ Suff _____
 Child's social security number _____

Part III – Dependent/Earned Income Credit/Child and Dependent Care Credit Information

Information in Part III is completely calculated from entries on Dependent/Nondependent Info Worksheets.

First name Last name	MI Suff	Social security number Relationship	Date of birth (mm/dd/yyyy)			Date of death (mm/dd/yyyy)			E I C	Lived with taxpyr in U.S.	Not qual credit other dep Educ Tuitn and Fees	* D e p
			Age	C o d e	Not qual for child tax cr	Qualified child/dep care exps incurred and paid 2021						
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

* "Yes" - qualifies as dependent, "No" - does not qualify as dependent

Part IV – Earned Income Credit Information (you must answer these questions to calculate EIC)

Is the taxpayer or spouse a qualifying child for EIC for another person? ... Yes No
Was the taxpayer's (and spouse's if married filing jointly) home in the United States for more than half of 2021? ... Yes No
If the SSN of the taxpayer, or spouse if married filing jointly, was obtained to get a federally funded benefit, such as Medicaid, and the Social Security card contains the legend Not Valid for Employment, check this box (see Help) ...
Check if you are filing head of household and your spouse is a nonresident alien and you lived with your spouse during the last six months of 2021 ...
Check if you were notified by the IRS that EIC cannot be claimed in 2021 or if you are ineligible to claim the EIC in 2021 for any other reason ...

Part V – Direct Deposit or Direct Debit Information (not applicable for Form 9465)

Do you want to elect direct deposit of any federal tax refund? ... Yes No
Do you want to elect direct debit of federal balance due (Electronic filing only)? ... Yes No

If you selected either of the options above, fill out the information below:

Name of Financial Institution (optional) ... Chase
Check the appropriate box ... Checking X Savings
Routing number ... 072000326 Account number ... 368618226

Enter the following information only if you are requesting direct debit of balance due:

Enter the payment date to withdraw from the account above ...
Balance-due amount from this return ...

Amended Returns:

Do you want to elect direct debit of federal amended balance due (e-File only)? ... Yes No
Enter the payment date to withdraw from the account above ...
Balance-due amount from this amended return ...

Part VI – Additional Information for Your Federal Return

Standard Deduction/Itemized Deductions:

Check this box if you are itemizing for state tax or other purposes even though your itemized deductions are less than your standard deduction ...
Check this box if you are married filing separately and your spouse itemized deductions ...
Check this box to take the standard deduction even if less than itemized deductions ...

Real Estate Professionals:

Do you or your spouse qualify for the special passive activity rules for taxpayers in real property business? (see Help) ... Yes No

Credit for Qualified Retirement Savings Contributions (Form 8880):

Is the taxpayer a full-time student? ... Yes No
Is the spouse a full-time student? ... Yes No

American Opportunity and Lifetime Learning Credit (Form 8863)

For 2021, were you (or your spouse if married) a nonresident alien for any part of the year, and did not elect to be treated as a resident alien? ... Yes No

Foreign Tax Credit (Form 1116):

Check this box to file Form 1116 even if you're not required to file Form 1116 ...
Resident country ... USA

Excludable Income from Am. Samoa, Guam, Commonwealth of the N. Mariana Islands, or Puerto Rico:

Excludable income of bona fide residents of American Samoa, Guam, or the Commonwealth of the Northern Mariana Islands ...
Excludable income from Puerto Rico ...

Dual Status Alien Return:

Check this box if you are a dual-status alien ...
Check this box to print 'DUAL-STATUS STATEMENT' on Form 1040 ...

Third Party Designee:

Caution: Review transferred information for accuracy.

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

If Yes, complete the following:

Third party designee name ...
Third party designee phone number ...
Personal Identification number (enter any 5 numbers) ...

Disaster Tax Relief:

Check if you took a disaster distribution between 2018 and 2020 ...

Part VI – Additional Information for Your Federal Return – Continued

Personal Representative for deceased taxpayers:

Name of personal representative required for E-filed returns when Form 1310 is not filed or it is not the surviving spouse ▶ _____

Part VII – State Filing Information

Identity Protection PIN:

If the IRS sent the taxpayer an Identity Protection PIN, enter it here ▶ _____

If the IRS sent the spouse an Identity Protection PIN, enter it here ▶ _____

Taxpayer:

Enter the taxpayer’s state of residence as of December 31, 2021 ▶ OR

Check the appropriate box:

Taxpayer is a resident of the state above for the entire year ▶

Taxpayer is a resident of the state above for only part of year ▶

Date the taxpayer established residence in state above ▶ 03/01/2021

In which state (or foreign country) did the taxpayer reside before this change? ▶ MI

Spouse:

Enter the spouse’s state of residence as of December 31, 2021 ▶ _____

Check the appropriate box:

Spouse is a resident of the state above for the entire year ▶

Spouse is a resident of the state above for only part of year ▶

Date the spouse established residence in state above ▶ _____

In which state (or foreign country) did the spouse reside before this change? ▶ _____

Nonresident states:

Nonresident State(s)	Taxpayer/Spouse/Joint

Check this box if you are in a Registered Domestic Partnership or a civil union ▶

If you checked the box on the line above, also check the appropriate box below:

Check if this is your individual federal return you are filing with the IRS ▶

Check if this is the joint return created to file joint state tax return (see Help) ▶

Use the PIN that you signed last year's tax return with.

Taxpayer's Prior year PIN . . . _____

Spouse's Prior year PIN _____

These signature PINs are chosen by the taxpayer and spouse and used for e-filing your tax return

Taxpayer's PIN used to sign the return 97123

Spouse's PIN used to sign the return _____

Taxpayer:

Drivers license or state ID number _____

Issued by what state

License or ID license . ▶ ID . ▶ neither . ▶ decline . ▶

Spouse

Drivers license or state ID number _____

Issued by what state

License or ID license . ▶ ID . ▶ neither . ▶ decline . ▶

Personal Information Worksheet
For the Taxpayer

2021

Keep for your records

QuickZoom to another copy of Personal Information Worksheet ▶
QuickZoom to Federal Information Worksheet ▶

Part I – Taxpayer's Personal Information

First name . . . Praneeth Sai Middle initial . C Last name . . Vaddepalli

Suffix

Social security no. . . 640-69-0648 Member of U.S. Armed Forces in 2021? . . Yes No

Date of birth 11/17/1994 (mm/dd/yyyy) age as of 1-1-2022 27

Occupation . . . Quality Engineer Daytime phone . . . (248) 854-2048 Ext _____

Marital status . . . Single

If widowed, check the appropriate box for the year your spouse died:

After 2021 ▶ 2021 . ▶ 2020 . ▶ 2019 . ▶ Before 2019 . ▶

Are you retired on total and permanent disability? (for Schedule R, see Help) ▶ Yes No

Check if this person is legally blind ▶ Yes No

If deceased, enter the date of death ▶ (mm/dd/yyyy) _____

Were you under the age of 16 as of 1-1-2022 and this is the first year you are filing a tax return? ▶ Yes No

Language in which you want the IRS to communicate with you ▶ _____

Do you want \$3 to go to Presidential Election Campaign Fund? ▶ Yes No

Part II – Questions for Individuals Who Could Be Or Are Dependents of Another Taxpayer

1 Can someone (such as your parent) claim you as a dependent? ▶ Yes No

2 If you answered 'Yes' to question 1, are you actually claimed as a dependent on that person's tax return? ▶ Yes No

Questions 3 through 5 are only required for individuals who claim the American Opportunity Credit.

3 Were you a full-time student during any part of five months during 2021? ▶ Yes No

4 Did your earned income exceed one-half of your support? ▶ Yes No

5 Was at least one of your parents alive on December 31, 2021? ▶ Yes No

Part III – Taxpayer's State Residency Information

Enter this person's state of residence as of December 31, 2021 OR

Check the appropriate box:

This person is a resident of the state above for the entire year

This person is a resident of the state above for only part of year

Date this person established residence in state above ▶ 03/01/2021

In which state (or foreign country) did this person reside before this change? ▶ MI

Part IV – Dependent Care Expenses

Qualified dependent care expenses incurred and paid for this person in 2021 _____

Unreimbursed medical expenses paid for qualifying person in 2021 _____

Employment taxes paid for dependent care providers in 2021 _____

Full-time student for 5 calendar months during 2021? ▶ Yes No

Disabled person who was not physically or mentally capable of self-care? ▶ Yes No

This person is a qualifying person for the child and dependent care credit ▶ Yes No

Student Information Worksheet

2021

▶ Keep for your records

Name of Student <u>Praneeth Sai C Vaddepalli</u>	Social Security Number <u>640-69-0648</u>
---	--

Part I – Student Status

- 1 Was this person a student during 2021? Yes No
- 2 What kind of school did the student attend during 2021? (Check all that apply.)
- a Elementary d Vocational school g Not applicable
- b High school (secondary) e Military academy
- c College (postsecondary) f Apprenticeship (Qualified Tuition Program only)
- 3 Did the student receive scholarships or other education assistance? Yes No
- 4 Qualified Tuition Program only:
- a Did the student make any education loan payments to treat as expenses? Yes No
- If Yes, or line 2f is checked, complete the Apprenticeship and Education Loan Smart Worksheet in Part VIII, Qualified Tuition Program (Section 529 Plan) below.

Part II – College Student Information

- 1 Did the student complete the first 4 years of postsecondary education as of 1/1/2021? Yes No NA
- 2 Was this student enrolled at an eligible education institution during 2021? Yes No NA
- 3 Was this student enrolled in a program that leads to a degree, certificate, or credential? Yes No NA
- 4 Was this student taking courses as part of a postsecondary degree program or to acquire or improve job skills? Yes No NA
- 5 Did this student take at least one-half the normal full-time workload for one academic period? Yes No NA
- 6 Has this student been convicted of a felony for possessing or distributing a controlled substance? Yes No NA
- 7 Is this student an eligible dependent of the taxpayer? Yes No NA
- 8 In how many prior years has an American Opportunity Credit been claimed for this student? . . ▶ _____
- 9 In how many prior years has a Hope Credit been claimed for this student ▶ _____

Part III – Education Credit Qualifications (Determined based entries in Part II)

- 1 Is this student qualified for the American Opportunity Credit? Yes No
Did not attend institution of higher education
- 2 Is this student qualified for the Lifetime Learning Credit? Yes No
Did not attend institution of higher education
- 3 Reserved Yes No

Part IV – Educational Institution and Tuition Summary

School Name EIN	Address (number, street, apt no., city, state, and ZIP Code)	Tuition paid	Scholar- ships or grants	On Form 1098-T	
<u>University of Michigan</u> <u>38-6006309</u>	<u>4901 Evergreen Road</u> <u>Dearborn MI 48128</u>	<u>15,935.</u>	<u>0.</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If a foreign address: foreign province/state: _____ Postal code: _____ Country: _____				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If a foreign address: foreign province/state: _____ Postal code: _____ Country: _____				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Totals		<u>15,935.</u>	<u>0.</u>		

Are all School Employer Identification Numbers (EIN) known? (School EIN's must be entered in the program to claim the American Opportunity Credit) Yes No

16	Deducted on Sched A							
17	Used for credit							
18	Used for exclusion		0.	0.				
	See tax help							
19	Total adjustments		0.	0.				
20	Adjusted qualified expenses	15,935.	0.	0.		0.	0.	15,935.

Part VII – Education Credit or Deduction Election

- 1 Elect credit or deduction which results in best tax outcome.
- 2 Elect the American Opportunity Credit
- 3 Elect the Lifetime Learning Credit
- 4 Reserved
- 5 Not applicable

Part VIII – Qualified Tuition Program (Section 529 Plan)

	For Purposes of Regular Tax	For Purposes of 10% Additional Tax
1 Enter the total distributions from this QTP during 2021		
2 Enter the amount of adjusted qualified education expenses attributable to this QTP:		
a Qualified Education Loan Payments		
b Qualified Education Loan Payments applied		
c Qualified Apprenticeship Education Expenses		
d Qualified Apprenticeship Education Expenses applied		
e Qualified Elementary and Secondary Education Expenses		
f Qualified Elementary and Secondary Education Expenses applied		
g Adjusted Qualified Higher Education Expenses		
h Adjusted Qualified Higher Education Expenses applied		
3 Total qualified education expenses attributable to this QTP		
4 Excess distributions. Subtract line 3 from line 1.		
If line 4 is greater than zero, complete lines 5 through 8.		
5 Total distributed earnings from Form 1099-Q box 2		
6 Fraction. Divide line 3 by line 1.		
7 Multiply line 5 by line 6.		
8 Earnings taxable to recipient. Subtract line 7 from line 5.		

Part IX – Education Savings Account (ESA)

	For Purposes of Regular Tax	For Purposes of 10% Additional Tax
1 Total Education Savings Account (ESA) distributions from Form 1099-Q.		
2 Qualified Elementary and Secondary Education Expenses		
3 Qualified Elementary and Secondary Education Expenses applied		
4 Subtract line 3 from line 1.		
5 Adjusted Qualified Higher Education Expenses		
6 Qualified Higher Education Expenses applied to ESA distributions		
7 Excess distributions. Subtract line 6 from line 4.		
8 Distributions taxable to recipient		

Part X – Series EE and I U.S. Savings Bonds Issued After 1989

- 1 Total proceeds from U.S. Savings Bonds cashed during 2021 for this student. _____
- 2 Adjusted Qualified Higher Education Expenses _____
- 3 Qualified Higher Education Expenses applied to exclusion of U.S. bond interest _____
- 4 Interest included in line 1 _____
- 5 Name and address of eligible educational institution(s) attended:

Institution Name	Institution Name
------------------	------------------

Street address

Street address

City

State Zip Code

City

State Zip Code

Part-Year Resident State Allocation Worksheet

2021

▶ Keep for your records

Check the box to activate this worksheet

Name(s) Shown on Return <u>Praneeth Sai C Vaddepalli</u>	Social Security Number <u>640-69-0648</u>
---	--

INCOME	Federal Amount	Resident State	Source State	Allocated Amount
1 T Wages, salaries, tips		—	—	
S Wages, salaries, tips		—	—	
		—	—	
		—	—	
		—	—	
		—	—	

** Enter state of source only if income is associated with a trade or a business* ▼

	Federal Amount	Residency Info			* Src St	Allocated Amount
		From mm/dd	To mm/dd	Res St		
2 T Taxable interest						
S Taxable interest						
3 T Dividends						
S Dividends						
4 T State/local tax refund						
S State/local tax refund						
5 T Alimony received						
S Alimony received						

* Enter the state of source for this income ▼

INCOME (continued)	Federal Amount		Residency Info			* Src St	Allocated Amount
	Total	Subtotal	From mm/dd	To mm/dd	Res St		
6 T Business inc or loss .							
S Business inc or loss .							
7 T Farm income or loss .							
S Farm income or loss .							
8 Total Schedule E. T			See Sch E Income Allocation Smart Worksheet				
S							

* Enter the state of source for this income (See Tax Help) ▼

INCOME (continued)	Federal Amount	Residency Info			* Src St	Allocated Amount
		From mm/dd	To mm/dd	Res St		
9 T Capital gain or loss						
S Capital gain or loss						
10 T Other gains/losses						
S Other gains/losses						
11 T Unemployment compensation .						
S Unemployment compensation .						

	Federal Amount	Residency Info			Allocated Amount
		From mm/dd	To mm/dd	Res State	
12 T Taxable IRA distributions					
S Taxable IRA distributions					
13 T Taxable pensions/annuities . . .					
S Taxable pensions/annuities . . .					
14a T Taxable social security benefits .					
S Taxable social security benefits .					
b T Taxable railroad retirements . .					
S Taxable railroad retirements . .					
15 Total other income T					
S					
16 Total Income. T					
S					

ADJUSTMENTS	Federal Amount	Residency Info			Allocated Amount
		From mm/dd	To mm/dd	Res St	
17 T Educator expenses					
S Educator expenses					
18 Certain business expenses T					
S					
19 T Health savings account deduction . . .					
S Health savings account deduction . . .					
20 T Moving expenses					
S Moving expenses					
21 T Penalty - early withdrawal of savings . .					
S Penalty - early withdrawal of savings . .					

ADJUSTMENTS (continued)	Federal Amount	Residency Info			Allocated Amount
		From mm/dd	To mm/dd	Res St	
22 T Alimony paid					
S Alimony paid					
23 T IRA deduction					
S IRA deduction					
24 T Student loan interest deduction					
S Student loan interest deduction					

* Enter the state of source for this adjustment

ADJUSTMENTS (continued)	Federal Amount	Residency Info			* Src St	Allocated Amount
		From mm/dd	To mm/dd	Res St		
25 T Self-employment tax						
S Self-employment tax						
26 T SEP, SIMPLE and qualified plans						
S SEP, SIMPLE and qualified plans						
27 T Self-employed health insurance						
S Self-employed health insurance						
28 T Reserved						
S Reserved						
29 Other adjustments T						
S						
	Federal Amount	Residency Info				Allocated Amount
		From mm/dd	To mm/dd	Res St		
30 Total adjustments T						
S						
31 Adjusted gross income T						
S						

► Keep for your records

Name(s) Shown on Return
Praneeth Sai C Vaddepalli

Social Security Number
640-69-0648

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	70,960.		70,960.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages.			
	Unreported tips.	0.		0.
2	Total federal tax withheld	8,685.		8,685.
3 & 7	Total social security wages/tips	0.		0.
4	Total social security tax withheld			
5	Total Medicare wages and tips	0.		0.
6	Total Medicare tax withheld	0.		0.
8	Total allocated tips	0.		0.
9	Not used			
10 a	Total dependent care benefits			
b	Offsite dependent care benefits			
c	Onsite dependent care benefits			
11	Total distributions from nonqualified plans			
12 a	Total from Box 12	4,090.		4,090.
b	Elective deferrals to qualified plans	462.		462.
c	Roth contrib. to 401(k), 403(b), 457(b) plans. . .			
d	Deferrals to government 457 plans			
e	Deferrals to non-government 457 plans			
f	Deferrals 409A nonqual deferred comp plan. . .			
g	Income 409A nonqual deferred comp plan. . .			
h	Uncollected Medicare tax			
i	Uncollected social security and RRTA tier 1 . .			
j	Uncollected RRTA tier 2			
k	Income from nonstatutory stock options			
l	Non-taxable combat pay			
m	QSEHRA benefits			
n	Total other items from box 12	3,628.		3,628.
14 a	Total deductible mandatory state tax	62.		62.
b	Total deductible charitable contributions			
c	This line does not apply to TurboTax			
d	Total RR Compensation			
e	Total RR Tier 1 tax			
f	Total RR Tier 2 tax			
g	Total RR Medicare tax			
h	Total RR Additional Medicare tax			
i	Total RRTA tips.			
j	Total other items from box 14			
k	Total sick leave subject to \$511 limit			
l	Total sick leave subject to \$200 limit			
m	Total emergency family leave wages			
16	Total state wages and tips	70,960.		70,960.
17	Total state tax withheld	4,923.		4,923.
19	Total local tax withheld.			

Name Praneeth Sai C Vaddepalli Social Security Number 640-69-0648

Spouse's W-2
 Do not transfer this W-2 to next year

Military: Complete **Part VI** on Page 2 below.

a Employee's social security no. . . 640-69-0648
b Employer ID number (EIN) . . . 38-2601735
c Employer's name, address, and ZIP code
ONUR ULGEN INC
 Street 15726 MICHIGAN AVENUE
 City DEARBORN
 State MI ZIP Code 48126
 Foreign Province _____
 Foreign Postal Code _____
 Foreign Country _____

1 Wages, tips, other compensation 8,755.08
3 Social security wages _____
5 Medicare wages and tips _____
7 Social security tips _____
 ▶ Enter unreported tips in Part VII on Page 2 below.

2 Federal income tax withheld 630.77
4 Social security tax withheld _____
6 Medicare tax withheld _____
8 Allocated tips _____

d Control number . 050407PITT/UTG

Transfer employee information from the Federal Information Worksheet

e Employee's name
 First PRANEETH M.I. S.C
 Last VADDEPALLI Suff. _____
f Employee's address and ZIP code
 Street 3236 LINDENWOOD DRIVE
 City DEARBORN
 State MI ZIP Code 48120
 Foreign Province _____
 Foreign Postal Code _____
 Foreign Country _____

9 _____
11 Nonqualified plans _____
12 Enter box 12 below _____
13 Statutory employee
 Retirement plan
 Third-party sick pay

10 Dependent care benefits
 Distributions from sect. 457 and nonqualified plans (Important, see Help) _____

14 Enter box 14 below **after** entering boxes 18, 19, and 20.
NOTE: Enter box 15 **before** entering box 14.

Box 12 Code	Box 12 Amount	If Box 12 code is:	
_____	_____	A: Enter amount attributable to RRTA Tier 2 tax . . .	_____
_____	_____	M: Enter amount attributable to RRTA Tier 2 tax . . .	_____
_____	_____	P: Double-click to link to Form 3903, line 4 . . .	_____
_____	_____	R: Enter MSA contribution for Taxpayer	_____
_____	_____	Spouse	_____
_____	_____	W: Enter HSA contribution for Taxpayer	_____
_____	_____	Spouse	_____
_____	_____	G: Is employer a state or local government? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Box 15 State	Box 15 Employer's state I.D. number	Box 16 State wages, tips, etc.	Box 17 State income tax
<u>MI</u>	<u>38-2601735</u>	<u>8,755.08</u>	<u>320.04</u>
_____	_____	_____	_____
_____	_____	_____	_____

I confirm that the state withholding identification number(s) are accurate

Box 20 Locality name	Box 18 Local wages, tips, etc.	Box 19 Local income tax	Associated State
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Box 14 Description or Code on Actual Form W-2	Amount	TurboTax Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select "Other".)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name Praneeth Sai C Vaddepalli Social Security Number 640-69-0648

Spouse's W-2
 Do not transfer this W-2 to next year

Military: Complete **Part VI** on Page 2 below.

<p>a Employee's social security no. . . <u>640-69-0648</u></p> <p>b Employer ID number (EIN) . . . <u>91-0748499</u></p> <p>c Employer's name, address, and ZIP code <u>Milgard Manufacturing LLC</u> Street <u>1010 54th E Ave</u> City <u>Tacoma</u> State <u>WA</u> ZIP Code <u>98424</u> Foreign Province _____ Foreign Postal Code _____ Foreign Country _____</p> <p>d Control number . <u>104760 321223</u></p> <p><input type="checkbox"/> Transfer employee information from the Federal Information Worksheet</p> <p>e Employee's name First <u>Praneeth</u> M.I. <u>S</u> Last <u>Vaddepalli</u> Suff. _____</p> <p>f Employee's address and ZIP code Street <u>4038 SE 78th Ave</u> City <u>Hillsboro</u> State <u>OR</u> ZIP Code <u>97123</u> Foreign Province _____ Foreign Postal Code _____ Foreign Country _____</p>	<p>1 Wages, tips, other compensation <u>62,205.43</u></p> <p>3 Social security wages <u>0.00</u></p> <p>5 Medicare wages and tips <u>0.00</u></p> <p>7 Social security tips <u>0.00</u> ▶ Enter unreported tips in Part VII on Page 2 below.</p> <p>9 _____</p> <p>11 Nonqualified plans <u>0.00</u></p> <p>12 Enter box 12 below</p> <p>13 <input type="checkbox"/> Statutory employee <input checked="" type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay</p> <p>14 Enter box 14 below after entering boxes 18, 19, and 20. NOTE: Enter box 15 before entering box 14.</p>	<p>2 Federal income tax withheld <u>8,053.57</u></p> <p>4 Social security tax withheld <u>0.00</u></p> <p>6 Medicare tax withheld <u>0.00</u></p> <p>8 Allocated tips <u>0.00</u></p> <p>10 Dependent care benefits <u>0.00</u> Distributions from sect. 457 and nonqualified plans (Important, see Help)</p>
--	---	--

Box 12 Code	Box 12 Amount	If Box 12 code is:
<u>C</u>	<u>42.00</u>	A: Enter amount attributable to RRTA Tier 2 tax . . . _____
<u>D</u>	<u>461.52</u>	M: Enter amount attributable to RRTA Tier 2 tax . . . _____
<u>DD</u>	<u>3,297.90</u>	P: Double-click to link to Form 3903, line 4 . . . _____
<u>W</u>	<u>288.45</u>	R: Enter MSA contribution for Taxpayer _____ Spouse _____
_____	_____	W: Enter HSA contribution for Taxpayer <u>288.45</u> Spouse _____
_____	_____	G: Is employer a state or local government? Yes <input type="checkbox"/> No <input type="checkbox"/>

Box 15 State	Box 15 Employer's state I.D. number	Box 16 State wages, tips, etc.	Box 17 State income tax
<u>OR</u>	<u>OR 0254622-1</u>	<u>62,205.43</u>	<u>4,603.00</u>
_____	_____	_____	_____
_____	_____	_____	_____

I confirm that the state withholding identification number(s) are accurate

Box 20 Locality name	Box 18 Local wages, tips, etc.	Box 19 Local income tax	Associated State
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Box 14 Description or Code on Actual Form W-2	Amount	TurboTax Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select "Other".)
<u>ORSTT W/H</u>	<u>62.16</u>	<u>Oregon Statewide Transit Tax</u>
_____	_____	_____
_____	_____	_____

Taxpayer's name <u>Praneeth Sai C Vaddepalli</u>	Social Security No. <u>640-69-0648</u>
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1098-T Information (Required):

- A** A Form 1098-T was received from this institution for 2021. Yes No
- B** A Form 1098-T was received from this institution for **2020** with Box 2 filled in and Box 7 checked Yes No

Identify Student (Required):

- A** If student is Praneeth Sai
Double-click to link this 1098-T to the applicable Taxpayer or Spouse Student Information Worksheet ▶ Praneeth Sai
- B** If student is _____
Double-click to link this 1098-T to the applicable Dependent Student Information Worksheet ▶ _____

Filer's name <u>University of Michigan</u>	1 Payments received for qualified tuition and related expenses \$ <u>15,935.</u>
Street address <u>4901 Evergreen Road</u>	
City State Zip Code <u>Dearborn MI 48128</u>	2
Foreign province/county _____	3
Foreign postal code Foreign country _____	

Filer's Employer Identification Number <u>38-6006309</u>	Student's Taxpayer Identification Number <u>640-69-0648</u>	4 Adjustments made for a prior year \$ _____	5 Scholarships or grants \$ _____
---	--	--	---

Student's name <u>Praneeth Sai</u>	6 Adjustments to scholarships or grants for a prior year \$ _____	7 Checked if the amount in box 1 includes amounts for an academic period beginning January - March 2022 ▶ <input type="checkbox"/>
Street address Apt. No. <u>4038 SE 78th Ave</u>		
City State Zip Code <u>Hillsboro OR 97123-2335</u>		

Service Provider/ Acct No _____	8 Check if at least half-time student ▶ <input type="checkbox"/>	9 Check if a graduate student . . ▶ <input type="checkbox"/>	10 Ins. contract reimb./refund \$ _____
------------------------------------	---	---	---

Reconciliation of Box 1, Payments Received for Qualified Tuition and Related Expenses

- A** Enter box 1 amount **not** paid during 2021 0.
- B** Enter box 1 amount actually paid during 2021 15,935.

Reconciliation of Box 5, Scholarships or Grants

- A** Enter portion of box 5 amount from veteran- or tax free employer-provided assistance . . . _____
- B** Enter portion of box 5 amount already included in income (on Forms W-2, 1099-MISC) . . . _____
- C** Portion of box 5 amount from scholarships or grants _____
- D** Box 5 amount includes veteran- or employer-provided educational assistance

Form 1099-Q Summary

2021

► Keep for your records

Name(s) Shown on Return <u>Praneeth Sai C Vaddepalli</u>	Social Security No. <u>640-69-0648</u>
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	Recipient Taxpayer	Recipient Spouse
Coverdell Educational Savings Account (ESA) Distributions		
1 Total gross distributions from box 1 of Form 1099-Q	_____	_____
a Less: Rollover to another ESA of beneficiary	_____	_____
b Less: Transfer to another family member	_____	_____
c Less: Transfer to a non-family member	_____	_____
d Less: Return of 2021 contributions	_____	_____
e Less: Return of pre 2021 contributions. These are reported on the tax return in the year the contribution was made, not on the 2021 tax return	_____	_____
2 Balance of gross Coverdell ESA distributions	_____	_____
3 Education expenses not used as basis for credits	_____	_____
4 Amount of ESA distributions after return of basis	_____	_____
5 Earnings on return of 2021 contributions	_____	_____
6 Earnings on non-family member transfer	_____	_____
7 Taxable amount of ESA distributions on line 2	_____	_____
8 Taxable amount included on Schedule 1 (Form 1040), line 21	_____	_____
9 Non-taxable ESA distributions	_____	_____
Gross State Qualified Tuition Plan (QTP) Distributions		
10 Total gross distributions from box 1 of Form 1099-Q	_____	_____
a Less: Rollover to another QTP of beneficiary	_____	_____
b Less: Transfer to another family member	_____	_____
c Less: Transfer to a non-family member	_____	_____
d Less: Expenses refunded and recontributed	_____	_____
11 Balance of gross state QTP distributions	_____	_____
12 Earnings on state QTP distributions on line 11	_____	_____
Gross Private Qualified Tuition Plan (QTP) Distributions		
13 Total gross distributions from box 1 of Form 1099-Q	_____	_____
a Less: Rollover to another QTP of beneficiary	_____	_____
b Less: Transfer to another family member	_____	_____
c Less: Transfer to a non-family member	_____	_____
d Less: Expenses refunded and recontributed	_____	_____
14 Balance of gross private QTP distributions	_____	_____
15 Earnings on private QTP distributions on line 14	_____	_____
Taxable Qualified Tuition Plan (QTP) Distributions		
16 Balance of gross QTP distributions.	_____	_____
17 Earnings on QTP distributions on line 16	_____	_____
18 Education expenses not used as basis for credits	_____	_____
19 Non-taxable QTP distributions	_____	_____
20 Taxable amount of earnings on line 17	_____	_____
21 Earnings on non-family member transfer (state)	_____	_____
22 Earnings on non-family member transfer (private)	_____	_____
23 Taxable amount included on Schedule 1 (Form 1040), line 21	_____	_____

Qualified Tuition Plan (QTP) Distributions for Other Beneficiaries (included in page 1)

T S	Beneficiary	Distribution	Earnings	Expenses	Taxable amount	Recipient Taxpayer	Recipient Spouse
0 Total							

Educational Savings Account (ESA) Distributions for Other Beneficiaries (included in page 1)

T S	Beneficiary	Distribution	Taxable amount	Recipient Taxpayer	Recipient Spouse
0 Total					

Forms 1099-MISC / 1099-NEC Summary

2021

▶ Keep for your records

Name(s) Shown on Return
Praneeth Sai C Vaddepalli

Social Security Number
640-69-0648

Box	Description	Taxpayer	Spouse	Total
	Form 1099-MISC Summary			
1	Total Rents			
	▶ Schedule C			
	▶ Schedule E			
	▶ Form 4835			
	▶ Other Income			
2	Total Royalties			
	▶ Schedule C			
	▶ Schedule E			
3	Total Other income			
	▶ Schedule C			
	▶ Schedule F			
	▶ Form 4835			
	For Form 1040:			
	▶ Winnings (Prizes, etc.)			
	▶ Tribal Gaming			
	▶ Alaska Permanent Fund			
	▶ Other Income			
4	Federal tax withheld			
5	Fishing boat proceeds			
6	Medical and health care payments			
8	Substitute payments			
9	Total Crop insurance proceeds			
	▶ Schedule F			
	▶ Form 4835			
10	Gross proceeds paid to an attorney			
	▶ Taxable amount			
11	Fish purchased for resale			
12	Section 409A deferrals			
13	Excess golden parachute payments			
14	Nonqualified deferred compensation			
15	State tax withheld — total			
Total	Boxes 1-3, 5-14			
	Form 1099-NEC Summary			
1	Total Nonemployee compensation			
	▶ Schedule C			
	▶ Schedule F			
	▶ Wages			
	▶ Other Income			
4	Federal tax withheld			
5	State tax withheld — total			

Wages, Salaries, & Tips Worksheet

2021

▶ Keep for your records

Name(s) Shown on Return <u>Praneeth Sai C Vaddepalli</u>	Social Security Number <u>640-69-0648</u>
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The following amounts are included in the total entered on line 1 of Form 1040 or on line 8 of Form 1040NR:

	Taxpayer	Spouse	Total
1 Wages, from Form W-2	70,960.		70,960.
2 Miscellaneous income, from Form 8919			
3 Items from Form 1099-R:			
a Disability before minimum retirement age			
b Return of contributions			
4 Excess reimbursement, from Form 2106			
5 a Taxable tips, from Form 4137			
b Noncash tips			
6 Excess moving expense reimbursement, from Form 3903			
7 Wages earned as a household employee (if less than \$2,100 and without a Form W-2)			
8 Items not on Form W-2 or Form 1099-R:			
a Sick pay or disability payments			
b Total foreign source income			
c Check this box if the amount on line 8b is eligible for the foreign exclusion/deduction . ▶	<input type="checkbox"/>	<input type="checkbox"/>	
d Ordinary income from employer stock transactions not reported on Form W-2			
9 Other earned income:			
a Non-gov unemployment received/repaid 2021			
b _____			

10 Subtotal. Add lines 1 through 9	70,960.		70,960.
11 Taxable employer-provided dependent care benefits, from Form 2441			
12 Taxable employer-provided adoption benefits less any excluded benefits from Form 8839			
13 Scholarship/fellowship income not on Form W-2			
14 Other non-earned income:			

15 Total of lines 10 through 14	70,960.		70,960.

Name(s) Shown on Return
Praneeth Sai C Vaddepalli

Social Security Number
640-69-0648

		Regular Tax	Alternative Minimum Tax
If you are not reporting a gain on Form 4797, line 7, skip lines 1 through 9 and go to line 10.			
1	If you have a section 1250 property in Part III of Form 4797 for which you made an entry in Part I of Form 4797 (but not Form 6252), enter the smaller of line 22 or line 24 of Form 4797 for that property. If you did not have any such property, go to line 4.		
2	Enter the amount from Form 4797, line 26g, for the property for which you made an entry on line 1.		
3	Subtract line 2 from line 1.		
4	Enter the total unrecaptured section 1250 gain included on lines 26 or 37 of Form(s) 6252 from installment sales of trade or business property held more than one year.		
5	Enter the total of any amounts reported on a Schedule K-1 from a partnership or an S corporation as "unrecaptured section 1250 gain".		
6	Add lines 3 through 5.		
7	Enter the smaller of line 6 or the gain from Form 4797, line 7.		
8	Enter the amount, if any, from Form 4797, line 8.		
9	Subtract line 8 from line 7. If zero or less, enter -0-.		
10	Enter the amount of any gain from sale of an interest in a partnership attributable to unrecaptured section 1250 gain.		
11	Enter the total of any amounts reported to you as "unrecaptured section 1250 gain" from an estate, trust, real estate investment trust or mutual fund.		
		Regular	AMT
	a On Form 1099-DIV		
	b On Form 2439		
	c On Schedule(s) K-1		
	d On Form 1099-R		
	e From Form 8814		
	f Other		
	Total		
12	Enter the total of any unrecaptured section 1250 gain from sales (including installment sales) or other dispositions of section 1250 property held more than 1 year for which you did not make an entry in Part I of Form 4797 for the year of sale.		
13	Add lines 9 through 12.		
14	If you had any section 1202 gain or collectibles gain or (loss), enter the total of lines 1 thru 4 of the 28% Rate Gain Worksheet . Otherwise, enter -0-.	0.	0.
15	Enter the (loss), if any, from Schedule D, line 7. If Schedule D, line 7, is zero or a gain, enter -0-.	0.	0.
16	Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), line 11, code D.		
a	Enter your capital gain excess, if you are filing Form 2555.		0.
17	Combine lines 14 through 16a. If the result is a (loss), enter it as a positive amount. If the result is zero or a gain, enter -0-.	0.	0.
18	Unrecaptured section 1250 gain. Subtract line 17 from line 13. If zero or less, enter -0-. If more than zero, enter the result here and on Schedule D, line 19.		

**Schedule D
Line 18**

28% Rate Gain Worksheet

2021

► Keep for your records

Name(s) Shown on Return
Praneeth Sai C Vaddepalli

Social Security Number
640-69-0648

				Regular Tax	Alternative Minimum Tax
1	Enter the total of all collectibles gain or (loss) from items you reported on Form 8949, Part II		1		
2	Enter as a positive number the amount of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 50% of the gain, plus 2/3 of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 60% of the gain, plus 1/3 of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 75% of the gain.				
		50 % Exclusion	60 % Exclusion	75% Exclusion	
a	Schedule D	_____	_____	_____	
b	Form 8814	_____	_____	_____	
c	Schedule B	_____	_____	_____	
d	Form 6252	_____	_____	_____	
e	Form 2439	_____	_____	_____	
f	Other	_____	_____	_____	
	Total	_____	_____	_____	2
3	Enter the total of all collectibles gain or (loss) from:		Regular	AMT	
a	Form 4684, line 4 (but only if line 15 is more than zero)	_____	_____	_____	
b	Form 6252	_____	_____	_____	
c	Form 6781, Part II	_____	_____	_____	
d	Form 8824	_____	_____	_____	
	Total	_____	_____	_____	3
4	Enter the total of any collectibles gain reported to you on:		Regular	AMT	
a	Form 1099-DIV, box 2d	_____	_____	_____	
b	Form 2439, box 1d	_____	_____	_____	
c	Schedule K-1 from a partnership, S corporation, estate, or trust	_____	_____	_____	
d	Disposition of interest in partnership or S corporation	_____	_____	_____	
e	Other	_____	_____	_____	
	Total	_____	_____	_____	4
5	Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), line 11, code C				5
6	If Schedule D, line 7, is a (loss), enter that (loss) here. Otherwise, enter -0-.				6
7	Combine lines 1 through 6. If zero or less, enter -0-. If more than zero, also enter this amount on Schedule D, line 18				7
8	Enter the amount of any capital gain excess				8
9	Subtract line 8 from line 7. If zero or less, enter -0-. Enter this amount on Schedule D Tax Worksheet, line 11a				9
				0.	0.

Name(s) Shown on Return Praneeth Sai C Vaddepalli	Social Security Number 640-69-0648
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1 a Enter your taxable income from Form 1040, line 15 **1 a** 58,712.
b Enter amount on line 2c of your (and spouse's) Foreign Earned Income Tax Wksht **b** _____
c Add lines 1a and 1b **1 c** 58,712.

2 a Enter your qualified dividends from Form 1040, line 3a **2 a** _____
b Enter any capital gain excess attributable to qualified dividends **b** _____
c Subtract line 2b from line 2a **2 c** _____

3 Amount from Form 4952, line 4g **3** _____

4 a Amount from Form 4952, line 4e **4 a** _____
b Amount from the dotted line next to Form 4952, line 4e **b** _____
c Line 4b, if applicable, 4a, if not **c** _____

5 Subtract line 4c from line 3. **5** 0.
6 Subtract line 5 from line 2c. If zero or less, enter -0- **6** 0.

7 a Enter line 15 of Schedule D **7 a** _____
b Enter line 16 of Schedule D **b** 637.
c Enter the **smaller** of line 7a or line 7b **7 c** 0.

8 Enter the **smaller** of line 3 or line 4c **8** _____

9 a Subtract line 8 from line 7. **9 a** 0.
b Enter any capital gain excess attributable to capital gains **b** _____
c Subtract line 9b from line 9a. **9 c** 0.

10 Add lines 6 and 9c **10** 0.

11 a Enter the amount from Schedule D, line 18 **11 a** 0.
b Enter the amount from Schedule D, line 19 **b** _____
c Add lines 11a and 11b. **11 c** 0.

12 Enter the **smaller** of line 9c or line 11c. **12** 0.

13 Subtract line 12 from line 10. **13** 0.

14 Subtract line 13 from line 1c. If zero or less, enter -0- **14** 58,712.

15 Enter:
• \$40,400 if single or married filing separately,
• \$80,800 if married filing jointly or qualifying widow(er), or
• \$54,100 if head of household.] **15** 40,400.

16 Enter the **smaller** of line 1c or line 15 **16** 40,400.

17 Enter the **smaller** of line 14 or line 16 **17** 40,400.

18 Subtr ln 10 from ln 1c. If zero or less, enter -0- **18** 58,712.

19 Enter the **smaller** of line 1c or:
• \$164,925 if single or married filing sep,
• \$329,850 if MFJ or qual widow(er), or
• \$164,900 if head of household.] **19** 58,712.

20 Enter the **smaller** of line 14 or line 19 **20** 58,712.

21 Enter the **larger** of line 18 or line 20 **21** 58,712.

22 Subtract line 17 from line 16. This amount is taxed at 0% **22** 0.

If lines 1c and 16 are the same, skip lines 23 through 43 and go to line 44. Otherwise, go to line 23.

23 Enter the **smaller** of line 1c or line 13 **23** 0.

24 Enter the amount from line 22 (if line 22 is blank, enter -0-) **24** 0.

25 Subtract line 24 from line 23. If zero or less, enter -0- **25** 0.

26 Enter:
• \$445,850 if single,
• \$250,800 if married filing separately,
• \$501,600 if married filing jointly or qualifying widow(er), or
• \$473,750 if head of household.] **26** 445,850.

27 Enter the smaller of line 1c or line 26 **27** 58,712.

28 Add lines 21 and 22 **28** 58,712.

29 Subtract line 28 from line 27. If zero or less, enter -0- **29** 0.

30 Enter the **smaller** of line 25 or line 29 **30** 0.

31 Multiply line 30 by 15% (0.15) **31** 0.

32 Add lines 24 and 30 **32** 0.

If lines 1 and 32 are the same, skip lines 33 through 43 and go to line 44. Otherwise, go to line 33

33 Subtract line 32 from line 23. **33** 0.

34 Multiply line 33 by 20% (0.20) **34** 0.

If Schedule D, line 19, is zero or blank, skip lines 35 through 40 and go to line 41. Otherwise, go to line 35.

35 Enter the **smaller** of line 9c above or Schedule D, line 19 **35** _____

36 Add lines 10 and 21 **36** _____

37 Enter the amount from line 1c above **37** _____

38	Subtract line 37 from line 36. If zero or less, enter -0-	38	_____
39	Subtract line 38 from line 35. If zero or less, enter -0-	39	_____
40	Multiply line 39 by 25% (0.25)	40	_____
If Schedule D, line 18, is zero or blank, skip lines 41 through 43 and go to line 44. Otherwise, go to line 41.			
41	Add lines 21, 22, 30, 33, and 39	41	_____
42	Subtract line 41 from line 1c	42	_____
43	Multiply line 42 by 28% (0.28)	43	_____
44	Figure the tax on the amount on line 21 . If the amount on line 21 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 21 is \$100,000 or more, use the Tax Computation Worksheet	44	<u>8,668.</u>
45	Add lines 31, 34, 40, 43, and 44	45	<u>8,668.</u>
46	Figure the tax on the amount on line 1c . If the amount on line 1c is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1c is \$100,000 or more, use the Tax Computation Worksheet	46	<u>8,668.</u>
47	Tax on all taxable income (including capital gains and qualified dividends). Enter the smaller of line 45 or line 46. Also include this amount on Form 1040, line 16	47	<u>8,668.</u>

Form 1040 Qualified Dividends and Capital Gain Tax Worksheet

2021

Line 16

► Keep for your records

Name(s) Shown on Return Praneeth Sai C Vaddepalli	Social Security Number 640-69-0648
--	---------------------------------------

1 Enter the amount from Form 1040 or 1040-SR, line 15. **1** _____

2 Enter the amount from Form 1040 or 1040-SR, line 3a **2** _____

3 Are you filing Schedule D?
 Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or loss, enter -0- **3** _____
 No. Enter the amount from Form 1040 or 1040-SR, line 7.

4 Add lines 2 and 3 **4** _____

5 Subtract line 4 from line 1. If zero or less, enter -0- **5** _____

6 Enter:
 \$40,400 if single or married filing separately,
 \$80,800 if married filing jointly or qualifying widow(er),
 \$54,100 if head of household. } **6** _____

7 Enter the smaller of line 1 or line 6 **7** _____

8 Enter the smaller of line 5 or line 7 **8** _____

9 Subtract line 8 from line 7 (this amount taxed at 0%) **9** _____

10 Enter the smaller of line 1 or line 4 **10** _____

11 Enter the amount from line 9 **11** _____

12 Subtract line 11 from line 10. **12** _____

13 Enter:
 \$445,850 if single,
 \$250,800 if married filing separately,
 \$501,600 if married filing jointly or qualifying widow(er),
 \$473,750 if head of household. } **13** _____

14 Enter the smaller of line 1 or line 13 **14** _____

15 Add lines 5 and 9 **15** _____

16 Subtract line 15 from line 14. If zero or less, enter -0- **16** _____

17 Enter the smaller of line 12 or line 16 **17** _____

18 Multiply line 17 by 15% (0.15) **18** _____

19 Add lines 9 and 17 **19** _____

20 Subtract line 19 from line 10 **20** _____

21 Multiply line 20 by 20% (0.20) **21** _____

22 Figure the tax on the amount on line 5. If the amount on line 5 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 5 is \$100,000 or more, use the Tax Computation Worksheet. **22** _____

23 Add lines 18, 21, and 22 **23** _____

24 Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet. **24** _____

25 **Tax on all taxable income.** Enter the **smaller** of line 23 or line 24 here and on Form 1040 or 1040-SR, line 16. **25** _____

Form 1099-B Worksheet

▶ Keep for your records

2021

Name(s) Shown on Return
Praneeth Sai C Vaddepalli

Social Security No.
640-69-0648

Name of reporting financial institution ▶ Robinhood Securities LLC
Acct Number ▶ 941827669 **Reporter's Tax ID** . . . ▶ 38-4019216

Owner of account ▶
Transactions were not reported to IRS ▶

Form 8949 Reporting Exception Transactions		
Any transactions that are eligible to be reported directly on Schedule D, bypassing Form 8949, may be summarized here.		
	Proceeds	Cost Basis
Box A transactions to report directly on Sch D, Line 1a (short term)		
Box D transactions to report directly on Sch D, Line 8a (long term)		

(Do not duplicate any transactions summarized above when making entries in the table below.)

Brokerage Statement (Form 1099-B or substitute) Summary Table						
Gains and losses by "8949 Box" (i.e. the Box to be checked on Form 8949) to assist in reconciling the transactions in the Quick Entry Table with a brokerage statement.						
8949 Box	Proceeds	Cost Basis	Gain/(Loss)	Adjustment Amt	Adj Gain/(Loss)	Code(s)
Box A	1,193.28	964.43	228.85	0.00	228.85	
Short term sales with cost basis reported to the IRS						
Totals	1,193.28	964.43	228.85	0.00	228.85	

Form 8949 and Schedule D Totals					
Totals gains/losses as they will appear on Form 8949 and Schedule D.					
Note that these totals may differ from your statement to comply with IRS rounding instructions. (See help)					
Location on tax return	Proceeds	Cost Basis	Adjustment Amt	Code(s)	Adj Gain/(Loss)
Sch D, Line 1a					
Form 8949, Box A	1,193.00	964.00			229.00
Form 8949, Box B					
Form 8949, Box C					
Sch D, Line 8a					
Form 8949, Box D					
Form 8949, Box E					
Form 8949, Box F					

Total Federal Backup Withholding _____
State ID
 State Backup Withholding _____

 Total State Backup Withholding _____

Total Collectible Gain	Total Gain	Excluded Gain	Net Gain
Qualified Small Business (QSB) gain (Sec 1202)			
Maximum 50% exclusion gain ▶			
Maximum 60% exclusion gain ▶			
Maximum 75% exclusion gain ▶			
Maximum 100% exclusion gain ▶			

PDF Attachment
 Taxpayer must mail in a statement with more details? Yes No
 If yes, you'll need to submit a copy of your 1099-B to the IRS to provide documentation for some of the transactions on your sales summary.

Name(s) Shown on Return: Praneeth Sai C Vaddepalli Social Security No. 640-69-0648

Name of reporting financial institution: Robinhood Securities LLC Acct Number: 941827669 Reporter's Tax ID: 38-4019216

Owner of account: Transactions were not reported to IRS

Quick Entry Table with multiple rows for asset sales including details like Sale#, Property Description, Date Sold, Date Acquired, Sales Price, Cost or Other Basis, Disallowed Wash Sale, and Adjusted Amount.

Sale Results table with columns: #, 8949 Box, Description, Sale Proceeds, Cost Basis, Adj. Code(s), Adjustment Amount, Gain or (Loss), S/L. Includes summary rows for each of the 6 sales listed in the Quick Entry Table.

Name(s) Shown on Return Praneeth Sai C Vaddepalli	Social Security No. 640-69-0648
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Brokerage Statement (Form 1099-B or substitute) Summary Table						
<i>Gains and losses by "8949 Box" (i.e. the Box to be checked on Form 8949) to assist in reconciling the transactions in the Quick Entry Table with a brokerage statement.</i>						
8949 Box	Proceeds	Cost Basis	Gain/(Loss)	Adjustment Amt	Adj Gain/(Loss)	Code(s)
Box A	1,193.28	964.43	228.85	0.00	228.85	
Short term sales with cost basis reported to the IRS						
Totals	1,193.28	964.43	228.85	0.00	228.85	

Form 8949 and Schedule D Totals					
<i>Totals gains/losses as they will appear on Form 8949 and Schedule D.</i>					
<i>Note that these totals may differ from your statement to comply with IRS rounding instructions. (See help)</i>					
Location on tax return	Proceeds	Cost Basis	Adjustment Amt	Code(s)	Adj Gain/(Loss)
Sch D, Line 1a					
Form 8949, Box A	1,193.00	964.00			229.00
Form 8949, Box B					
Form 8949, Box C					
Sch D, Line 8a					
Form 8949, Box D					
Form 8949, Box E					
Form 8949, Box F					

PDF Attachment
 Taxpayer must mail in a statement with more details? Yes No

Form 1099-B Worksheet

▶ Keep for your records

2021

Name(s) Shown on Return
Praneeth Sai C Vaddepalli

Social Security No.
640-69-0648

Name of reporting financial institution ▶ Robinhood Crypto LLC
Acct Number ▶ 941827669C **Reporter's Tax ID** . . . ▶ 46-4364776

Owner of account ▶
Transactions were not reported to IRS ▶

Form 8949 Reporting Exception Transactions		
<i>Any transactions that are eligible to be reported directly on Schedule D, bypassing Form 8949, may be summarized here.</i>		
	Proceeds	Cost Basis
Box A transactions to report directly on Sch D, Line 1a (short term)		
Box D transactions to report directly on Sch D, Line 8a (long term)		
(Do not duplicate any transactions summarized above when making entries in the table below.)		

Brokerage Statement (Form 1099-B or substitute) Summary Table						
<i>Gains and losses by "8949 Box" (i.e. the Box to be checked on Form 8949) to assist in reconciling the transactions in the Quick Entry Table with a brokerage statement.</i>						
8949 Box	Proceeds	Cost Basis	Gain/(Loss)	Adjustment Amt	Adj Gain/(Loss)	Code(s)
Box B	235.01	122.02	112.99		112.99	
Short term sales with cost basis NOT reported to the IRS						
Totals	235.01	122.02	112.99		112.99	

Form 8949 and Schedule D Totals						
<i>Totals gains/losses as they will appear on Form 8949 and Schedule D.</i>						
<i>Note that these totals may differ from your statement to comply with IRS rounding instructions. (See help)</i>						
Location on tax return	Proceeds	Cost Basis	Adjustment Amt	Code(s)	Adj Gain/(Loss)	
Sch D, Line 1a						
Form 8949, Box A						
Form 8949, Box B	235.00	122.00			113.00	
Form 8949, Box C						
Sch D, Line 8a						
Form 8949, Box D						
Form 8949, Box E						
Form 8949, Box F						

Total Federal Backup Withholding _____
State ID
 State Backup Withholding _____

 Total State Backup Withholding _____

Total Collectible Gain	Total Gain	Excluded Gain	Net Gain
Qualified Small Business (QSB) gain (Sec 1202)			
Maximum 50% exclusion gain ▶			
Maximum 60% exclusion gain ▶			
Maximum 75% exclusion gain ▶			
Maximum 100% exclusion gain ▶			

PDF Attachment
 Taxpayer must mail in a statement with more details? Yes No
 If yes, you'll need to submit a copy of your 1099-B to the IRS to provide documentation for some of the transactions on your sales summary.

Name(s) Shown on Return Praneeth Sai C Vaddepalli

Social Security No. 640-69-0648

Name of reporting financial institution Robinhood Crypto LLC
Acct Number 941827669C Reporter's Tax ID 46-4364776

Owner of account
Transactions were not reported to IRS

Quick Entry Table. Table with columns: Sale#, Property Description, Date Sold, Date Acquired, Sales Price (Proceeds), Cost or Other Basis, Disallowed Wash Sale, Adjustment Amount, Adjustment Code(s), Holding Period, Basis Reported to IRS?, Reported on Form 1099B?. Includes entry for ETHUSD 0.065516.

Sale Results. Summary table with columns: #, 8949 Box, Description, Sale Proceeds, Cost Basis, Adj. Code(s), Adjustment Amount, Gain or (Loss), S/L. Shows results for the first sale.

Name(s) Shown on Return Praneeth Sai C Vaddepalli	Social Security No. 640-69-0648
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Brokerage Statement (Form 1099-B or substitute) Summary Table						
<i>Gains and losses by "8949 Box" (i.e. the Box to be checked on Form 8949) to assist in reconciling the transactions in the Quick Entry Table with a brokerage statement.</i>						
8949 Box	Proceeds	Cost Basis	Gain/(Loss)	Adjustment Amt	Adj Gain/(Loss)	Code(s)
Box B	235.01	122.02	112.99		112.99	
Short term sales with cost basis NOT reported to the IRS						
Totals	235.01	122.02	112.99		112.99	

Form 8949 and Schedule D Totals					
<i>Totals gains/losses as they will appear on Form 8949 and Schedule D.</i>					
<i>Note that these totals may differ from your statement to comply with IRS rounding instructions. (See help)</i>					
Location on tax return	Proceeds	Cost Basis	Adjustment Amt	Code(s)	Adj Gain/(Loss)
Sch D, Line 1a					
Form 8949, Box A					
Form 8949, Box B	235.00	122.00			113.00
Form 8949, Box C					
Sch D, Line 8a					
Form 8949, Box D					
Form 8949, Box E					
Form 8949, Box F					

PDF Attachment
Taxpayer must mail in a statement with more details? Yes No

Form 1099-B Worksheet

▶ Keep for your records

2021

Name(s) Shown on Return
Praneeth Sai C Vaddepalli

Social Security No.
640-69-0648

Name of reporting financial institution ▶ Apex Clearing Corporation
Acct Number ▶ 10-5NQ35609 **Reporter's Tax ID** . . . ▶ 13-2967453

Owner of account ▶
Transactions were not reported to IRS ▶

Form 8949 Reporting Exception Transactions		
Any transactions that are eligible to be reported directly on Schedule D, bypassing Form 8949, may be summarized here.		
	Proceeds	Cost Basis
Box A transactions to report directly on Sch D, Line 1a (short term)		
Box D transactions to report directly on Sch D, Line 8a (long term)		
(Do not duplicate any transactions summarized above when making entries in the table below.)		

Brokerage Statement (Form 1099-B or substitute) Summary Table						
Gains and losses by "8949 Box" (i.e. the Box to be checked on Form 8949) to assist in reconciling the transactions in the Quick Entry Table with a brokerage statement.						
8949 Box	Proceeds	Cost Basis	Gain/(Loss)	Adjustment Amt	Adj Gain/(Loss)	Code(s)
Box A	1,299.32	1,002.98	296.34		296.34	
Short term sales with cost basis reported to the IRS						
Totals	1,299.32	1,002.98	296.34		296.34	

Form 8949 and Schedule D Totals						
Totals gains/losses as they will appear on Form 8949 and Schedule D.						
Note that these totals may differ from your statement to comply with IRS rounding instructions. (See help)						
Location on tax return	Proceeds	Cost Basis	Adjustment Amt	Code(s)	Adj Gain/(Loss)	
Sch D, Line 1a						
Form 8949, Box A	1,299.00	1,004.00				295.00
Form 8949, Box B						
Form 8949, Box C						
Sch D, Line 8a						
Form 8949, Box D						
Form 8949, Box E						
Form 8949, Box F						

Total Federal Backup Withholding _____
State ID
 State Backup Withholding _____

 Total State Backup Withholding _____

Total Collectible Gain	Total Gain	Excluded Gain	Net Gain
Qualified Small Business (QSB) gain (Sec 1202)			
Maximum 50% exclusion gain ▶			
Maximum 60% exclusion gain ▶			
Maximum 75% exclusion gain ▶			
Maximum 100% exclusion gain ▶			

PDF Attachment
 Taxpayer must mail in a statement with more details? Yes No
 If yes, you'll need to submit a copy of your 1099-B to the IRS to provide documentation for some of the transactions on your sales summary.

Name(s) Shown on Return Praneeth Sai C Vaddepalli	Social Security No. 640-69-0648
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Brokerage Statement (Form 1099-B or substitute) Summary Table						
<i>Gains and losses by "8949 Box" (i.e. the Box to be checked on Form 8949) to assist in reconciling the transactions in the Quick Entry Table with a brokerage statement.</i>						
8949 Box	Proceeds	Cost Basis	Gain/(Loss)	Adjustment Amt	Adj Gain/(Loss)	Code(s)
Box A	1,299.32	1,002.98	296.34		296.34	
Short term sales with cost basis reported to the IRS						
Totals	1,299.32	1,002.98	296.34		296.34	

Form 8949 and Schedule D Totals						
<i>Totals gains/losses as they will appear on Form 8949 and Schedule D.</i>						
<i>Note that these totals may differ from your statement to comply with IRS rounding instructions. (See help)</i>						
Location on tax return	Proceeds	Cost Basis	Adjustment Amt	Code(s)	Adj Gain/(Loss)	
Sch D, Line 1a						
Form 8949, Box A	1,299.00	1,004.00			295.00	
Form 8949, Box B						
Form 8949, Box C						
Sch D, Line 8a						
Form 8949, Box D						
Form 8949, Box E						
Form 8949, Box F						

PDF Attachment
 Taxpayer must mail in a statement with more details? Yes No

IRA Contributions Worksheet

2021

▶ Keep for your records

Name(s) Shown on Return <u>Praneeth Sai C Vaddepalli</u>	Social Security Number <u>640-69-0648</u>
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Traditional IRA Contributions

Regular Traditional IRA Contributions		Taxpayer	Spouse
1	Enter traditional IRA contributions made for 2021, including any made between 1/1/2022 and 4/18/2022, any amounts later recharacterized to a Roth IRA, and any excess contributions, but not including any rollovers. Also include any contributions to deemed IRAs under an employer plan		
2	Contributions recharacterized from a Roth IRA (from line 24) . . .		
3	Traditional IRA contributions, from Schedule(s) K-1		
4	Contributions recharacterized (not converted) to a Roth IRA . . .		
▶	If there is a recharacterization indicated on line 4, an explanation must be attached to the tax return.		
5	Traditional IRA contributions. Combine lines 1 through 4		
6	Enter any contribution included on line 5 withdrawn before the due date of the tax return. <i>See Help</i>		
7	Excess traditional IRA contribution credit.		
8	Repayments of qualified reservist distributions		
9	Total traditional IRA contributions.		
Additional Traditional IRA Contribution Information		Taxpayer	Spouse
10	Check if covered by a retirement plan at work. If married filing a separate return, check box in spouse column, if applicable . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11	Enter any contributions included on line 9 that were made during 1/1/2022 to 4/18/2022 (<i>See Help</i>).		
Deductible and Non-deductible Traditional IRA Contributions		Taxpayer	Spouse
12	Deductible traditional IRA contributions from worksheet		
13	Nondeductible traditional IRA contributions from worksheet.		
	QuickZoom to worksheet indicated by the check: ___ IRA deduction worksheet ▶ ___ Worksheet for social security recipients ▶		
14	Amount on line 13 you elect to make nondeductible		
15	Excess traditional IRA contributions, to Form 5329, line 15 Note: You may avoid a penalty by withdrawing the amount on line 15 before due date of return, including extensions.		
16	Deductible traditional IRA contributions, to Schedule 1 (Form 1040), Line 19.		
17	Qualified reservist repayments		
18	Nondeductible traditional IRA contributions, to Form 8606, ln 1. . .		

IRA Contributions Worksheet

2021

▶ Keep for your records

Roth IRA Contributions

Regular Roth IRA Contributions		Taxpayer	Spouse
19	Enter regular Roth IRA contributions made for 2021, including any made between 1/1/2022 and 4/18/2022, any amounts later recharacterized to a traditional IRA, and any excess contributions, but not including any rollovers or conversions. Also include any contributions to deemed Roth IRAs under an employer plan.	_____	_____
20	Contributions recharacterized from a traditional IRA, (from In 4). . .	_____	_____
21	Roth IRA contributions, from Schedule(s) K-1.	_____	_____
22	Enter contributions recharacterized to a traditional IRA.	_____	_____
▶	If there is a recharacterization indicated on line 23, an explanation must be attached to the tax return.		
23	Disallowed Roth IRA conversions	_____	_____
24	Roth IRA contributions. Combine lines 20 through 23	_____	_____
25	Enter any contribution included on line 24 withdrawn before the due date of the tax return. <i>See Help</i>	_____	_____
26	Excess Roth IRA contribution credit	_____	_____
27	Total Roth IRA contributions	_____	_____
28	Repayments of qualified Roth reservist distributions	_____	_____

Roth IRA Contributions After Limitations		Taxpayer	Spouse
29	Roth IRA contributions after limitation	_____	_____
30	Excess Roth IRA contributions, to Form(s) 5329, line 23	_____	_____
	Note: <i>You may avoid a penalty by withdrawing the amount on line 31 before due date of return, including extensions.</i>		

Coverdell Education Savings Account (Education IRA) Contributions

Excess Coverdell Education Savings Account Contributions		Taxpayer	Spouse
31	Enter any excess contributions made to Coverdell Education Savings Accounts (ESAs) of which you are the beneficiary.	_____	_____
	Note: <i>You do not need to report any Coverdell ESA contributions which are not excess contributions..</i>		

Tax Payments Worksheet

2021

▶ Keep for your records

Name(s) Shown on Return Praneeth Sai C Vaddepalli	Social Security Number 640-69-0648
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Estimated Tax Payments for 2021 (If more than 4 payments for any state or locality, see Tax Help)

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1	04/15/21		04/15/21			04/15/21		
2	06/15/21		06/15/21			06/15/21		
3	09/15/21		09/15/21			09/15/21		
4	01/18/22		01/18/22			01/18/22		
5								
Tot Estimated Payments . . .								

Tax Payments Other Than Withholding (If multiple states, see Tax Help)		Federal	State	ID	Local	ID
6	Overpayments applied to 2021					
7	Credited by estates and trusts					
8	Totals Lines 1 through 7					
9	2021 extensions					

Taxes Withheld From:				Federal	State	Local
10	Forms W-2			8,685.	4,923.	
11	Forms W-2G					
12	Forms 1099-R					
13	Forms 1099-MISC, 1099-NEC, 1099-K, 1099-G . .					
14	Schedules K-1					
15	Forms 1099-INT, DIV and OID					
16	Social Security and Railroad Benefits					
17	Form 1099-B	St	Loc			
18	a Other withholding	St	Loc			
	b Other withholding	St	Loc			
	c Other withholding	St	Loc			
	d Positive Adjustment	St	Loc			
	e Negative Adjustment	St	Loc			
f	Additional Medicare Tax.					
19	Total Withholding Lines 10 through 18f			8,685.	4,923.	
20	Total Tax Payments for 2021			8,685.	4,923.	

Prior Year Taxes Paid In 2021 (If multiple states or localities, see Tax Help)		State	ID	Local	ID
21	Tax paid with 2020 extensions				
22	2020 estimated tax paid after 12/31/2020				
23	Balance due paid with 2020 return				
24	Other (amended returns, installment payments, etc) . .				

25 Amount paid with 2020 federal extension _____ Date paid. _____
(If blank, 5/17/2021 will be used)

Name(s) Shown on Return
Praneeth Sai C Vaddepalli

Social Security Number
640-69-0648

Tax Deductions

1 State and local taxes:

Optional Sales Tax Tables

a Available Income:

(1) Income from Form 1040, line 7	71,262.
(2) Nontaxable income entered elsewhere on return	_____
(3) Available income: 2020 refundable credits in excess of tax	432.
(4) Enter any additional nontaxable income	_____
(5) Total available income	71,694.

b Sales Tax Per State of Residence:

Enter state in column (1), then enter total (combined) state and local sales tax rate in column (4).

Arizona, Colorado, Louisiana, Mississippi, New York or South Carolina only:

Double-click in column (4) to select your locality for each state entered.

(1) S t a t e	(2) Date Lived in State From	(3) Date Lived in State To	(4) Enter Total State & Local Rate (%)	(5) State Sales Tax Rate (%)	(6) Local Sales Tax Rate (%) (4) - (5)	(7) State Sales Tax Table Amount	(8) Local Sales Tax Amount	(9) Prorated or Total Amount

c Total general sales tax using tables _____

d Sales Tax Paid on Specific Items (see help):

(1) ST	(2) Total State & Local Rate	(3) Description	(4) Type	(5) Cost	(6) Rate if Different	(7) Actual Sales Tax Amount Paid	(8) Specific Item Deduction

e Total sales tax deduction on specific items _____

f Total general sales tax per tables plus sales tax on specific items _____

g Actual State and Local General Sales Tax:

Actual sales taxes (enter the total sales taxes paid during the year on all items). _____

h State and Local Income Taxes:

State and Local Income taxes 4,985.00

i State and Local Tax Deduction to Schedule A, line 5a:

Greater of line 1f, line 1g, or line 1h (to Schedule A, line 5a). 4,985.00

j Check a box to choose to use income taxes paid, sales taxes paid, or whichever provides the greater deduction:

Income Taxes . . Sales Taxes Greater amount .

2 State and local real estate taxes:

a Real estate taxes paid on principal residence **not** entered on Form 1098 _____

b	Real estate taxes paid on principal residence entered on Home Mortgage Int. Wks . . .	_____
c	Real estate taxes paid on additional homes or land	_____
	Personal portion of real estate taxes from Schedule E Worksheet for:	
d	Principal residence	_____
e	Vacation home	_____
f	Less real estate taxes deducted on Form 8829	_____
g	Foreign real propety taxes included in lines 2a-2f above	_____
h	Add lines 2a through 2f, less line 2g (to Schedule A, line 5b)	_____
3	State and local personal property taxes:	
a	Auto registration fees based on the value of the vehicle.	
	2020 Amount Enter 2021 description:	
	_____ <u>Subaru Outback</u> _____	661.50
	_____	_____
	_____	_____
b	Non-business portion of personal property taxes from Car & Truck Exp Wks	_____
c	Other personal property taxes	_____
d	Add lines 3a through 3c (to Schedule A, line 5c)	661.50
4	Other taxes:	
a	Other taxes from Schedule(s) K-1	_____
b	Foreign taxes from interest and dividends	_____
c	Foreign taxes from Schedule(s) K-1	_____
d	Other foreign taxes (not used to claim a foreign tax credit).	_____
e	Other taxes.	
	2020 Amount Enter 2021 description:	
	_____	_____
	_____	_____
	_____	_____
f	Foreign real propety taxes included in lines 4a-4e above	_____
g	Add lines 4a through 4e, less line 4f (to Schedule A, line 6)	_____

Interest Deductions

5	Home mortgage interest and points reported on Form 1098:	
a	Mortgage interest and points from the Home Mortgage Interest Worksheet	_____
b	Qualified mortgage interest from Schedule E Worksheet	_____
c	Less home mortgage interest/points deducted on Form 8829	_____
d	Less home mortgage interest from Form 8396, line 3	_____
e	Add lines 5a through 5d (to Sch A, line 8a) or line A2 from above.	_____
6	Home mortgage interest not reported on Form 1098:	
a	Mortgage interest from the Home Mortgage Interest Worksheet.	_____
b	Less home mortgage interest deducted on Form 8829	_____
c	Add lines 6a and 6b (to Sch A, line 8b) or line B2 from above	_____
7	Points not reported on Form 1098:	
a	Amortizable points from the Home Mortgage Interest Worksheet	_____
b	Other points not on Form 1098 from the Home Mortgage Interest Worksheet	_____
c	Less points deducted on Form 8829	_____
d	Add lines 7a through 7c (to Schedule A, line 8c) or line C2 from above.	_____

Schedule A
Line 5

State and Local Tax Deduction Worksheet

2021

► Keep for your records

Name(s) Shown on Return
Praneeth Sai C Vaddepalli

Social Security Number
640-69-0648

State and Local Income Taxes

State income taxes:		
1	State income tax withheld	1 4,923.
2	2021 state estimated taxes paid in 2021	2
3	2020 state estimated taxes paid in 2021	3
4	Amount paid with 2020 state application for extension	4
5	Amount paid with 2020 state income tax return	5
6	Overpayment on 2020 state income tax return applied to 2021 tax	6
7	Other amounts paid in 2021 (amended returns, installment payments, etc.)	7
8	State estimated tax from Schedule(s) K-1 (Form 1041)	8
Local income taxes:		
9	Local income tax withheld	9
10	2021 local estimated taxes paid in 2021	10
11	2020 local estimated taxes paid in 2021	11
12	Amount paid with 2020 local application for extension	12
13	Amount paid with 2020 local income tax return	13
14	Overpayment on 2020 local income tax return applied to 2021 tax	14
15	Other amounts paid in 2021 (amended returns, installment payments, etc.)	15
16	Local estimated tax from Schedule(s) K-1 (Form 1041)	16
Other:		
17	State mandatory taxes	17 62.
18	Total Add lines 1 through 17	18 4,985.
19	State and local refund allocated to 2021	19 0.
20	Nondeductible state income tax from line 28	20
21	Total reductions Add lines 19 and 20	21 0.
22	Total state and local income tax deduction Line 18 less line 21	22 4,985.

Nondeductible State Income Tax (Hawaii Only)

23	Nontaxable federal employee cost of living allowance	23
24	Adjusted gross income	24
25	Add lines 23 and 24	25
26	Nondeductible percent. Line 23 divided by line 25	26 %
27	Hawaii state income tax included in line 18	27
28	Nondeductible Hawaii state income tax. Multiply line 26 by line 27.	28

Charitable Deduction Limits Worksheet For Current Year Contributions

2021

▶ Keep for your records

Name(s) Shown on Return <u>Praneeth Sai C Vaddepalli</u>	Social Security Number <u>640-69-0648</u>
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Step 1 – Enter your other charitable contributions made during the year.

1 Enter your cash contributions to 100% limit organizations	1	
2 Enter your contributions of capital gain property "for the use of" any qualified organization	2	
3 Enter your other contributions "for the use of" any qualified organization. Don't include any contributions you entered on a previous line	3	
4 Enter your other contributions to qualified organizations that aren't 50% limit organizations. Don't include any contributions you entered on a previous line	4	
5 Enter your contributions of capital gain property to 50% limit organizations deducted at fair market value. Don't include any contributions you entered on a previous line.	5	
6 Enter your noncash contributions to 50% limit organizations other than capital gain property you deducted at fair market value. Be sure to include contributions of capital gain property to 50% limit organizations if you reduced the property's fair market value. Don't include any contributions you entered on a previous line	6	
7 Enter your cash contributions to 50% limit organizations. Don't include any contributions you entered on a previous line	7	

Step 2 – Figure your deduction for the year (if any result is zero or less, enter -0-)

8 Enter your adjusted gross income (AGI)	8	71,262.
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A Cash contributions subject to the limit based on 60% of AGI

(If line 7 is zero, leave lines 9 through 11 blank)

9 Multiply line 8 by 0.6	9	
10 Deductible amount. Enter the smaller of line 7 or line 9.	10	
11 Carryover. Subtract line 10 from line 7.	11	

B Noncash contributions subject to the limit based on 50% of AGI

(If line 6 is zero, leave lines 12 through 15 blank)

12 Multiply line 8 by 0.5	12	
13 Subtract line 10 from line 12	13	
14 Deductible amount. Enter the smaller of line 6 or line 13	14	
15 Carryover. Subtract line 14 from line 6.	15	

C Contributions (other than capital gain property) subject to limit based on 30% of AGI

(If lines 3 and 4 are both zero, leave lines 16 through 22 blank)

16 Multiply line 8 by 0.5	16	
17 Add lines 5, 6, and 7	17	
18 Subtract line 17 from line 16	18	
19 Multiply line 8 by 0.3	19	
20 Add lines 3 and 4	20	
21 Deductible amount. Enter the smallest of line 18, 19, or 20	21	
a Cash portion of deductible amount - for Sch A line 11	a	
b Non-cash portion of deductible amount - for Sch A line 12.	b	
22 Carryover. Subtract line 21 from line 20	22	

D Contributions of capital gain property subject to limit based on 30% of AGI

(If line 5 is zero, leave lines 23 through 28 blank)

23 Multiply line 8 by 0.5	23	
24 Add lines 6 and 7	24	
25 Subtract line 24 from line 23	25	
26 Multiply line 8 by 0.3	26	
27 Deductible amount. Enter the smallest of line 5, 25, or 26	27	
28 Carryover. Subtract line 27 from line 5.	28	

E Contributions subject to the limit based on 20% of AGI

(If line 2 is zero, leave lines 29 through 37 blank)

29	Multiply line 8 by 0.5	29		
30	Add lines 10, 14, 21, and 27	30		
31	Subtract line 30 from line 29	31		
32	Multiply line 8 by 0.3	32		
33	Subtract line 21 from line 32	33		
34	Subtract line 27 from line 32	34		
35	Multiply line 8 by 0.2	35		
36	Deductible amount. Enter the smallest of line 2, 31, 33, 34, or 35	36		
37	Carryover. Subtract line 36 from line 2	37		

F Qualified contributions subject to limit based on 100% of AGI

(If line 1 is zero, leave lines 38 through 42 blank)

38	Enter the amount from line 8	38	
39	Add lines 10, 14, 21, 27, and 36	39	
40	Subtract line 39 from line 38	40	
41	Deductible amount. Enter the smaller of line 1 or line 40	41	
42	Carryover. Subtract line 41 from line 1	42	

G Deduction for the year

43	Add lines 10, 14, 21, 27, 36 and 41. Enter the total here and include the deductible amounts on Schedule A (Form 1040), line 11 or line 12 whichever is appropriate.	43	
44	Carryover to next year. Add lines 11, 15, 22, 28 and 37	44	

Note: Any amounts in the carryover column are not deductible this year but can be carried over to next year. See Carryovers, later, for more information about how you will use them next year.

Charitable Deduction Limits Worksheet For Carryover Contributions

2021

▶ Keep for your records

Name(s) Shown on Return Praneeth Sai C Vaddepalli	Social Security Number 640-69-0648
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Step 1 — Enter your other charitable contributions made during the year.

1 Enter your cash contributions to 100% limit organizations	1	
2 Enter your contributions of capital gain property "for the use of" any qualified organization	2	
3 Enter your other contributions "for the use of" any qualified organization. Don't include any contributions you entered on a previous line	3	
4 Enter your other contributions to qualified organizations that aren't 50% limit organizations. Don't include any contributions you entered on a previous line	4	
5 Enter your contributions of capital gain property to 50% limit organizations deducted at fair market value. Don't include any contributions you entered on a previous line.	5	
6 Enter your noncash contributions to 50% limit organizations other than capital gain property you deducted at fair market value. Be sure to include contributions of capital gain property to 50% limit organizations if you reduced the property's fair market value. Don't include any contributions you entered on a previous line	6	
7 Enter your cash contributions to 50% limit organizations. Don't include any contributions you entered on a previous line	7	

Step 2 — Figure your deduction for the year (if any result is zero or less, enter -0-)

8 Enter your adjusted gross income (AGI)			8		71,262.
	Percentage of line 8	Used in Current Year			
a 60% AGI limit to line 9	42,757.	Less	0.	a	42,757.
b 50% AGI limit to line 12	35,631.	Less	0.	b	35,631.
c 30% AGI limit, Section C to line 19	21,379.	Less	0.	c	21,379.
d 30% AGI limit, Section D to line 26	21,379.	Less	0.	d	21,379.
e 20% AGI limit to line 35	14,252.	Less	0.	e	14,252.

A Cash contributions subject to the limit based on 60% of AGI

(If line 7 is zero, leave lines 9 through 11 blank)

9 Multiply line 8 by 0.6	9	
10 Deductible amount. Enter the smaller of line 7 or line 9	10	
11 Carryover. Subtract line 10 from line 7	11	

B Noncash contributions subject to the limit based on 50% of AGI

(If line 6 is zero, leave lines 12 through 15 blank)

12 Multiply line 8 by 0.5	12	
13 Subtract line 10 from line 12	13	
14 Deductible amount. Enter the smaller of line 6 or line 13	14	
15 Carryover. Subtract line 14 from line 6	15	

C Contributions (other than capital gain property) subject to limit based on 30% of AGI

(If lines 3 and 4 are both zero, leave lines 16 through 22 blank)

16 Multiply line 8 by 0.5	16	
17 Add lines 5, 6, and 7	17	
18 Subtract line 17 from line 16	18	
19 Multiply line 8 by 0.3	19	
20 Add lines 3 and 4	20	
21 Deductible amount. Enter the smallest of line 18, 19, or 20	21	
a Cash portion of deductible amount - for Sch A line 11	a	
b Non-cash portion of deductible amount - for Sch A line 12	b	
22 Carryover. Subtract line 21 from line 20	22	

D Contributions of capital gain property subject to limit based on 30% of AGI

(If line 5 is zero, leave lines 23 through 28 blank)

23 Multiply line 8 by 0.5	23	
24 Add lines 6 and 7	24	
25 Subtract line 24 from line 23	25	
26 Multiply line 8 by 0.3	26	
27 Deductible amount. Enter the smallest of line 5, 25, or 26	27	
28 Carryover. Subtract line 27 from line 5	28	

E Contributions subject to the limit based on 20% of AGI

(If line 2 is zero, leave lines 29 through 37 blank)

29	Multiply line 8 by 0.5	29		
30	Add lines 10, 14, 21, and 27	30		
31	Subtract line 30 from line 29	31		
32	Multiply line 8 by 0.3	32		
33	Subtract line 21 from line 32	33		
34	Subtract line 27 from line 32	34		
35	Multiply line 8 by 0.2	35		
36	Deductible amount. Enter the smallest of line 2, 31, 33, 34, or 35	36		
37	Carryover. Subtract line 36 from line 2	37		

F Qualified contributions for certain disaster relief efforts (Not applicable for carryovers)

(If line 1 is zero, leave lines 38 through 42 blank)

38	Enter the amount from line 8	38	
39	Add lines 10, 14, 21, 27, and 36	39	
40	Subtract line 39 from line 38	40	
41	Deductible amount. Enter the smaller of line 1 or line 40	41	
42	Carryover. Subtract line 41 from line 1	42	

G Deduction for the year

43	Add lines 10, 14, 21, 27, 36 and 41. Enter the total here and include the deductible amounts on Schedule A (Form 1040), line 11 or line 12 whichever is appropriate.	43	
44	Carryover to next year. Add lines 11, 15, 22, 28 and 37	44	

Note: Any amounts in the carryover column are not deductible this year but can be carried over to next year. See Carryovers, later, for more information about how you will use them next year.

Charitable Contributions Summary

2021

▶ Keep for your records

Name(s) Shown on Return Praneeth Sai C Vaddepalli	Social Security Number 640-69-0648
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Part I Cash Contributions Summary

Name of Charitable Organization	(a) Total	(b) 60% Limit	(c) 30% Limit	(d) 100% Limit
Totals:				

Part II Non-Cash Contributions Summary

Name of Charitable Organization	Total	Other Property		Capital Gain Property	
	(a) Total	(b) 50% Limit	(c) 30% Limit	(d) 30% Limit	(e) 20% Limit
Totals:					

Part III Contribution Carryovers to 2022

	Total	Cash and Other Non-Capital Gain Property				Capital Gain Property	
	(a) Total	(b) 100% Limit	(c) 60% Limit	(d) 50% Limit	(e) 30% Limit	(f) 30% Limit	(g) 20% Limit
1 2021 contributions							
2 2021 contributions allowed							
3 Carryovers from:							
a 2020 tax year		N/A					
b 2019 tax year		N/A					
c 2018 tax year		N/A					
d 2017 tax year		N/A					
e 2016 tax year		N/A					
4 Carryovers allowed in 2021		N/A					
5 Carryovers disallowed in 2021		N/A					
6 Carryovers to 2022:							
a From 2021							
b From 2020		N/A					
c From 2019		N/A					
d From 2018		N/A					
e From 2017		N/A					
f From 2016		N/A					

Part IV Special Situations in Your Return for Current Year Donations

- 1 Was the **entire interest** given for all property donated to all charities? Yes No
- 2 Were **restrictions** attached to any charities's right to use or dispose of any property donated to any charity? ▶ Yes No
- 3 Did you give to anyone other than the charity the right to income from any of the donated property or to possession of any of the donated property? ▶ Yes No
- 4 Was any charity other than a 60%/50% charity? Yes No

Name(s) Shown on Return Praneeth Sai C Vaddepalli	Social Security Number 640-69-0648
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FOR STATE USE ONLY: Employee Business Expenses – Subject to 2% Limitation

1 Deductible expenses from Form 2106, line 10 less deductions for performing artists and armed forces reservists claimed elsewhere	1	
2 a Qualified Educator Expenses (from Educator Expenses Worksheet)	2a	
b Educator Expense Deduction (from 1040, line 23)	2b	
c Excess Educator Expenses (line 2a less line 2b).	2c	
3 Union and professional dues	3	
4 Professional subscriptions	4	
5 Uniforms and protective clothing	5	
6 Job search costs	6	
7 Tax preparation fees.	7	
8 Entertainment expenses	8	
9 Other: _____ _____ _____	9	
10 Combine lines 1 through 9	10	

FOR STATE USE ONLY:
Miscellaneous Expenses – Subject to 2% Limitation
Check the box in investment column if an investment expense

Investment
Expense ↓

11 Depreciation and amortization deductions	<input checked="" type="checkbox"/>	11	
12 Casualty/theft losses of property used in services as an employee	<input type="checkbox"/>	12	
13 REMIC expenses, from Schedule E	<input checked="" type="checkbox"/>	13	
14 Investment expenses related to interest and dividend income	<input checked="" type="checkbox"/>	14	
15 Expenses related to portfolio income, from Schedule(s) K-1	<input checked="" type="checkbox"/>	15	
16 Miscellaneous deductions, from Schedule(s) K-1	<input type="checkbox"/>	16	
17 RESERVED	<input type="checkbox"/>	17	
18 Investment counsel and advisory fees	<input checked="" type="checkbox"/>	18	
19 Certain attorney and accounting fees	<input checked="" type="checkbox"/>	19	
20 Safe deposit box rental fees	<input checked="" type="checkbox"/>	20	
21 IRA custodial fees	<input checked="" type="checkbox"/>	21	
22 Loss incurred from total distribution of all traditional IRAs	<input type="checkbox"/>	22	
23 Loss incurred from total distribution of all Roth IRAs	<input type="checkbox"/>	23	
24 Loss incurred from final distribution of a QTP investment	<input type="checkbox"/>	24	
25 Hobby expense (limited to hobby income)	<input type="checkbox"/>	25	
26 Other: a Prior year government unemployment benefits repaid in 2021	<input type="checkbox"/>	26	
b _____ _____ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
27 Combine lines 11 through 26	<input type="checkbox"/>	27	

FOR FEDERAL AND STATE USE:
Other Miscellaneous Deductions – Not Subject to 2% Limitation

28 Expenses related to portfolio income, from Schedule(s) K-1	<input checked="" type="checkbox"/>	28	
29 Federal estate tax paid on decedent's income reported on this return	<input type="checkbox"/>	29	
30 Impairment-related expenses of a handicapped employee, from Form 2106	<input type="checkbox"/>	30	
31 Amortizable bond premiums on bonds acquired before 10/23/86	<input type="checkbox"/>	31	
32 Gambling losses	<input type="checkbox"/>	32	
33 Deduction for repayment of amounts under claim of right if over \$3,000	<input type="checkbox"/>	33	
34 Casualty/theft losses of income-producing property	<input type="checkbox"/>	34	
35 Unrecovered investment in annuity.	<input type="checkbox"/>	35	
36 Ordinary loss attributable to certain debt instruments.	<input type="checkbox"/>	36	
37 Net Qualified Disaster Loss	<input type="checkbox"/>	37	
38 Combine lines 28 through 37 (to Schedule A, line 16)	<input type="checkbox"/>	38	

Name(s) Shown on Return Praneeth Sai C Vaddepalli	Social Security Number 640-69-0648
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Use this worksheet **only** if someone can claim you, or your spouse if filing jointly, as a dependent.

1	Is your earned income* more than \$750?	[]	►	1	
	<input type="checkbox"/> Yes. Add \$350 to your earned income. Enter the total	[]	►		
	<input type="checkbox"/> No. Enter \$1,100	[]	►		
2	Enter the amount shown below for your filing status.					
	• Single or married filing separately — \$12,550	[]	►	2	12,550.
	• Married filing jointly — \$25,100					
	• Head of household — \$18,800					
3	Standard deduction.					
3 a	Enter the smaller of line 1 or line 2. If born after January 1, 1956, and not blind, stop here and enter this amount on Form 1040 or 1040-SR, line 12. Otherwise, go to line 3b				3 a	
3 b	If born before January 2, 1956, or blind, multiply the number claimed on top of page 2 of Form 1040 Wkst by \$1,350 (\$1,700 if single or head of household)				3 b	
3 c	Add lines 3a and 3b. Enter the total here and on Form 1040 or 1040-SR, line 12				3 c	

**Earned income includes wages, salaries, tips, professional fees, and other compensation received for personal services you performed. It also includes any taxable scholarship or fellowship grant. Generally, your earned income is the total of the amount(s) you reported on Form 1040 or 1040-SR, line 1, and Schedule 1, lines 3 and 6, minus the amount, if any, on Schedule 1, line 14. Earned income, for the purpose of figuring your standard deduction, doesn't include qualified disability trust distributions.*

Earned Income Worksheet

2021

▶ Keep for your records

Name(s) Shown on Return Praneeth Sai C Vaddepalli	Social Security Number 640-69-0648
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Part I – Earned Income Credit Worksheet Computation

	Taxpayer	Spouse	Total
1 If filing Schedule SE:			
a Net self-employment income			
b Optional Method and Church Employee income			
c Add lines 1a and 1b			
d One-half of self-employment tax			
e Subtract line 1d from line 1c			
2 If not required to file Schedule SE:			
a Net farm profit or (loss)			
b Net nonfarm profit or (loss)			
c Add lines 2a and 2b			
3 If filing Schedule C as a statutory employee, enter the amount from line 1 of that Schedule C			
4 Add lines 1e, 2c and 3. To EIC Wks, line 5			

Part II – Form 2441 and Standard Deduction Worksheet Computations

5 Net self-employment earnings (line 4 above)			
6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc	70,960.		70,960.
7 a Taxable employer-provided adoption benefits			
b Foreign earned income exclusion			
8 Add lines 5 through 7b. To Form 2441, lines 18 and 19	70,960.		70,960.
9 a Taxable dependent care benefits			
b Nontaxable combat pay			
10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5	70,960.		70,960.
11 Scholarship or fellowship income not on W-2			
12 SE exempt earnings less nontaxable income			
13 Distributions from nonqualified/Sec. 457 plans			
14 Add lines 5, 6, 7a, 9a and 11 through 13. To Standard Deduction Worksheet	70,960.		70,960.

Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss)			
16 Wages, salaries, tips, etc	70,960.		70,960.
17 Net self-employment loss			
18 Alimony received			
19 Nontaxable combat pay			
20 Foreign earned income exclusion			
21 Keogh, SEP or SIMPLE deduction			
22 Combine lines 15 through 21. To IRA Wks, In 2.	70,960.		70,960.

Part IV – Schedule 8812 and Child Tax Credit Line 14 Worksheet Computations

23 Self-employed, church and statutory employees			
24 Wages, salaries, tips, etc	70,960.		70,960.
25 Nontaxable combat pay			
26 Combine lines 23 through 25. To Schedule 8812, line 6a & Line 14 Wks, line 2.	70,960.		70,960.

► Keep for your records

Name(s) Shown on Return
Praneeth Sai C Vaddepalli

Social Security Number
640-69-0648

Investment Interest Expense (Form 4952, line 1)

1	Investment interest expense, from Schedule K-1	1	
2	Investment interest expense from royalties	2	
3	Other investment interest expense:	3 a	
a	-----	b	
b	-----	c	
c	-----	d	
d	-----		
4	Total investment interest expense. Add lines 1 through 3.	4	

Gross Income from Property Held for Investment (Form 4952, line 4a)

5	Taxable investment income:		
a	From Schedule B, Interest and Dividend Income	5 a	
b	From Schedules K-1, Partnerships, S Corporations, Estates and Trusts	b	
c	From Form 8814, Parents' Election to Report Child's Interest and Dividends	c	
d	Total	d	
6	Royalty income, from Schedule E	6	
7	Net passive income from publicly traded partnerships	7	
8	Income from nonpassive trade or business without material participation	8	
9	Other investment income:	9 a	
a	-----	b	
b	-----	c	
c	-----	d	
d	-----		
10	Total investment income. Add lines 5d through 9.	10	

Net Capital Gain Income (Form 4952, lines 4d and 4e)

		Regular Tax	Alt Min Tax
11 a	Net gains from Schedule D, line 16	637.	637.
b	Less net gains from property not held for investment		
c	Net gains from property held for investment.	637.	637.
12 a	Net capital gains from Schedule D, lesser of ln 15 or ln 16.	0.	0.
b	Less net capital gains from property not held for investment		
c	Net capital gains from property held for investment.	0.	0.

Investment Expenses (Form 4952, line 5)

13	Royalty expenses	13	
14	Investment expenses reported on schedule K-1 partnership or S-corp	14	
15	Expenses from nonpassive trade or business without material participation	15	
16	Other investment expenses:	16 a	
a	-----	b	
b	-----	c	
c	-----	d	
d	-----		
17	Total investment expenses. Add lines 13 through 17.	17	

Allocation of Investment Interest Expense (Schedule A, line 14)

		Regular Tax	Alt Min Tax
18	Allowed investment interest expense, Form 4952, line 8		
19	Less amount deducted on other forms and schedules:		
a	Deducted on Schedule E, page 2 for passthru entities	a	
b	Deducted on Schedule E, page 1 for royalties	b	
c	Other amounts deducted on other forms and schedules	c	
d	Total amount deducted on other forms and schedules	d	
20	Investment interest expense.	20	

► Keep for your records

Name(s) Shown on Return
Praneeth Sai C Vaddepalli

Social Security Number
640-69-0648

- QuickZoom** to Schedule EIC ►
- QuickZoom** to Dependent Information Worksheet to enter qualifying children information. . . . ► _____
- QuickZoom** to Wages, Salaries, & Tips Worksheet to enter earned and non-earned income . . . ►
- QuickZoom** to page 2 of this worksheet, if credit is not calculated on line 7. ►

<p>1 Enter the amount from Form 1040 line 1 less amounts considered not earned for EIC purposes</p> <p>2 Adjustments to line 1 amount:</p> <p style="margin-left: 20px;">a Income reported as wages and as self-employment income.</p> <p style="margin-left: 20px;">b Other income entered as wages that is not considered earned income</p> <p style="margin-left: 20px;">c Distributions from section 457 and other nonqualified plans reported on W-2</p> <p>3 Subtract lines 2a, 2b and 2c from line 1</p> <p>4 a Taxpayer's nontaxable combat pay election for EIC</p> <p style="margin-left: 100px;">b Spouse's nontaxable combat pay election for EIC</p> <p style="margin-left: 20px;">c Total nontaxable combat pay election</p> <p>5 If you were self-employed or used Schedule C as a statutory employee, enter the amount from the Earned Income Worksheet, line 4</p> <p>6 Medicaid Waiver Payments reported as nontaxable</p> <p>7 Earned income. Add lines 3, 4, 5, and 6</p> <p>8 Enter the credit, from the EIC Table, for the amount on line 7. Be sure to use the correct column for filing status and number of children.</p> <p style="margin-left: 20px;">If line 8 is zero, stop. You cannot take the credit. Enter "No" on the dotted line next to Form 1040, line 27.</p> <p>9 Enter your AGI from Form 1040, line 11</p> <p>10 If you have:</p> <ul style="list-style-type: none"> ● No qualifying children, is the amount on line 9 less than \$11,650 (\$17,600 if married filing jointly)? ● 1 or more qualifying children, is the amount on line 9 less than \$19,550 (\$25,500 if married filing jointly)? <p><input checked="" type="checkbox"/> Yes. Go to line 11 now.</p> <p><input type="checkbox"/> No. Enter the credit, from the EIC Table, for the amount on line 9. Be sure to use the correct column for filing status and number of children</p> <p>11 Earned income credit.</p> <ul style="list-style-type: none"> ● If 'Yes' on line 10, enter the amount from line 8 ● If 'No' on line 10, enter the smaller of line 8 or line 10 	<p>1</p> <p>2 a</p> <p>b</p> <p>c</p> <p>3</p> <p>4 a</p> <p>b</p> <p>4 c</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p>	<p>70,960.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>70,960.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>70,960.</p> <p>_____</p> <p>0.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Enter line 11 amount on Form 1040, line 27.

If one or more of the boxes below are checked, the earned income credit is not allowed.

- 1 The total taxable earned income (line 7 above) is equal to or more than:
- \$21,430 (\$27,380 if married filing jointly) without a qualifying child.
- \$42,158 (\$48,108 if married filing jointly) with one qualifying child.
- \$47,915 (\$53,865 if married filing jointly) with two qualifying children.
- \$51,464 (\$57,414 if married filing jointly) with more than two qualifying children.
- 2 The Adjusted Gross Income (line 9 above) is equal to or more than:
- \$21,430 (\$27,380 if married filing jointly) without a qualifying child.
- \$42,158 (\$48,108 if married filing jointly) with one qualifying child.
- \$47,915 (\$53,865 if married filing jointly) with two qualifying children.
- \$51,464 (\$57,414 if married filing jointly) with more than two qualifying children.
- 3 Investment income is more than \$10,000.
(Investment Income Smart Worksheet, item H above)
- 4 **Without a qualifying child** - The married filing separate filing status is checked.
With a qualifying child - The married filing separate filing status is checked and taxpayer/spouse had the same principal residence for the last 6 months of 2021, and they did not live apart on 12/31 or had no written separation agreement or decree of separate maintenance.
(Information Worksheet, Part II)
- 5 Taxpayer (or spouse if filing joint) is a qualifying child of another person.
(Information Worksheet, Part IV)
- 6 Without a qualifying child, and your (or your spouse's, if married filing jointly) main home is in the U.S. less than half the year.
(Information Worksheet, Part IV)
- 7 Without a qualifying child, taxpayer (and spouse if filing joint) are under the minimum age to qualify for EIC.
(Information Worksheet, Part I)
- 8 Without a qualifying child, and taxpayer (or spouse if filing joint) is eligible to be claimed as a dependent on someone else's return.
(Information Worksheet, Part I)
- 9 Social Security Number is invalid for EIC purposes, for taxpayer, (or spouse, if married filing joint).
(Information Worksheet, Part I)
- 10 Have qualifying children, but all are qualifying children of another person.
(Information Worksheet, Part III)
- 11 Disallowed by IRS to claim Earned Income Credit in 2021.
(Information Worksheet, Part IV)
- 12 Filing Form 2555, Foreign Earned Income.
- 13 Not a citizen or resident alien for the entire year, claiming dual status.
(Information Worksheet, Part VI)
- 14 Head of household filing status and lived with nonresident alien spouse during the last six months of the year.
(Information Worksheet, Part IV)

Compliance and Due Diligence Information

1 Is this how long your dependents lived with you in the U.S in 2021?

- Yes**, all of the above is correct.
 No, I'll go back and review my dependent information.

The IRS may ask you for documents to prove you lived with anyone you're claiming for the Earned Income Credit.

Is this where you lived with your dependents the longest in 2021?

- 2 **Yes**, my dependents lived with me at this address.
 No, I'd like to add an additional address where I lived with my dependents. Use the Interview to add an additional address where you lived with your dependents the longest in 2021.

Compliance and Due Diligence Indicator **Yes** **No**

Potential qualifying child count ▶ 0
Non dependent potential qualifying child count ▶ 0
Qualifying child count (max 3) ▶ 0

Schedule SE Adjustments Worksheet

2021

▶ Keep for your records

Name(s) Shown on Return <u>Praneeth Sai C Vaddepalli</u>	Social Security Number <u>640-69-0648</u>
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	(a) Taxpayer	(b) Spouse
QuickZoom to the Long Schedule SE ▶	<input type="checkbox"/>	<input type="checkbox"/>
A Approved Form 4029. Exempt from SE tax on all income	<input type="checkbox"/>	<input type="checkbox"/>
B Chapter 11 bankruptcy net profit or loss for Schedule SE, line 3 . . .		
C QuickZoom to the Explanation statement for any adjustment to SE income/loss shown on a partnership K-1. (See Help).		
Part I Farm Profit or (Loss) Schedule SE, line 1		
1 Total Schedules F		
2 Farm partnerships, Schedules K-1		
3 Other SE farm profit or (loss) (See Help)		
4 Less SE exempt farm profit or (loss) (See Help)		
5 Total for Schedule SE, line 1		
6 Conservation Reserve Program payments not subject to self-employment tax reported on:		
a Schedule F, line 4b		
b Schedule K-1 (Form 1065), box 20, code AH		
c Total CRP payments not subject to SE tax		
Part II Nonfarm Profit or (Loss) Schedule SE, line 2		
1 a Total Schedules C		
b Less SE exempt Schedules C (approved Form 4361)		
2 Nonfarm partnerships, Schedules K-1		
3 Forms 6781		
4 Other SE income reported as income on Form 1040, line 7		
5 a Clergy Form W-2 wages		
b Clergy housing allowance		
c Less clergy business deductions		
d QuickZoom to the Explanation statement for entry on line 5c		
6 Other SE nonfarm profit or (loss) (See Help)		
7 Less other SE exempt nonfarm profit or (loss) (See Help)		
8 Total for Schedule SE, line 2		
9 Exempt Notary Public income for Schedule SE, line 3 (See Help) . . .		
Part III Farm Optional Method Schedule SE, page 2, Part II		
1 Use Farm Optional Method	<input type="checkbox"/>	<input type="checkbox"/>
2 Gross farm income from Schedules F		
3 Gross farming or fishing income from partnership Schedules K-1 . . .		
4 Other gross farming or fishing self-employment income		
5 Total gross income for Farm Optional Method		
Part IV Nonfarm Optional Method Schedule SE, page 2, Part II		
1 Use Nonfarm Optional Method (Must have had net SE earnings of \$400 or more in 2 of prior 3 years and used the Nonfarm Optional Method less than 5 times)	<input type="checkbox"/>	<input type="checkbox"/>
2 Gross nonfarm income from Schedules C		
3 Gross nonfarm income from partnership Schedules K-1		
4 Other gross nonfarm self-employment income		
5 Total gross income for Nonfarm Optional Method		

► Keep for your records

Name(s) Shown on Return Praneeth Sai C Vaddepalli	Social Security Number 640-69-0648
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Part I Information from Form(s) 1098-E, Student Loan Interest Statement

(a) Lender's name	(b) Borrower (Taxpayer, Spouse)	(c) Borrower's social security number	(d) Prior Year Student Loan Interest	(e) Student loan interest (Box 1)
<i>Additional fields for use by Step-by-Step and Import only (See help)</i>				
UNIVERSITY ACCOUNTING SERVICE, LLC	Taxpayer	640-69-0648		713.
<input checked="" type="checkbox"/> success true <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
Total student loan interest				713.
Less total student loan interest used for QTP (Section 529 plan)				_____
Total adjusted student loan interest				713.

Part II Computation of Student Loan Interest Deduction

1	Enter the total interest you paid in 2021 on qualified student loans (see Form 1040 instructions).	1	713.
2	Enter the smaller of line 1 or \$2,500.	2	713.
3	Modified AGI Note: If line 3 is \$85,000 or more if single, head of household, or qualifying widow(er) or \$170,000 or more if married filing jointly, stop here . You cannot take the deduction.	3	71,885.
4	Enter: \$70,000 if single, head of household, or qualifying widow(er); \$140,000 if married filing jointly.	4	70,000.
5	Subtract line 4 from line 3. If zero or less, enter -0- here and on line 7, skip line 6, and go on to line 8	5	1,885.
6	Divide line 5 by \$15,000 or \$30,000 if married filing jointly. Enter the result as a decimal (rounded to at least three places)	6	0.1257
7	Multiply line 2 by line 6	7	90.
8	Student loan interest deduction. Subtract line 7 from line 2. Enter the result here and on Form 1040, Sch 1, line 21. Do not include this amount in figuring any other deduction on your return (such as on Schedule A, C, E, etc.)	8	623.

* **Modified AGI** is the amount from Form 1040, line 9, increased by any excludable income from Puerto Rico, or of bona fide residents of American Samoa, Guam, or the Commonwealth of the Northern Mariana Islands, and foreign earned income/housing exclusion, and decreased by amounts on net Schedule 1 (Form 1040), lines 11 through 20, 23, 25, and any write-in amount next to line 26, including the foreign housing deduction on line A of the Other Adjustments to Income Smart Worksheet.

**Schedule D Tax Worksheet
as refigured for the
Alternative Minimum Tax**

2021

► Keep for your records

Name(s) Shown on Return Praneeth Sai C Vaddepalli	Social Security Number 640-69-0648
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	(a) Before Allocation of Capital Gain Excess *	(b) Allocation of Capital Gain Excess *	(c) After Allocation of Capital Gain Excess
1 Not applicable			
2 Enter your total qualified dividends as refigured for the Alternative Minimum Tax (AMT):			
a Total qualified dividends.			
b Adjustment from Schedules K-1			
c Other adjustments to qualified dividends			
d Total. Combine lines 2a, 2b, and 2c.		0.	0.
3 Enter the amount from Form 4952 for AMT, line 4g.			
4 Enter the amount from Form 4952 for AMT, line 4e.			
5 Subtract line 4 from line 3. If zero or less, enter -0-	0.		0.
6 Subtract line 5 from line 2. If zero or less, enter -0-	0.		0.
7 Net long-term capital gain:			
a Enter the gain from line 15 of Schedule D as refigured for the AMT	0.		
b Enter the gain from line 16 of Schedule D as refigured for the AMT	637.		
c Enter the smaller of line 7a or line 7b	0.		0.
8 Enter the smaller of line 3 or line 4			
9 Subtract line 8 from line 7c. If zero or less, enter -0-	0.	0.	0.
10 Add lines 6 and 9	0.		0.
A Enter the amount from Form 6251, line 6.	0.		
B Capital gain excess. Subtract line A from line 10. *	0.		
11 Total 28% rate and unrecaptured section 1250 gain:			
a Enter the gain from line 18 of Schedule D as refigured for the AMT	0.		
b Enter the gain from line 19 of Schedule D as refigured for the AMT			
c Add lines 11a and 11b.			0.
12 Enter the smaller of line 9 or line 11c			0.
13 Subtract line 12 from line 10. Also enter this amount on Form 6251, line 13.			0.

* Capital gain excess applies only if filing Form 2555, Foreign Earned Income.

► Keep for your records

Name(s) Shown on Return Praneeth Sai C Vaddepalli	Social Security Number 640-69-0648
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Taxable Income – Line 1

1	Enter the amount from Form 1040 or 1040-SR, line 15, if more than zero. If Form 1040 or 1040-SR, line 15, is zero, subtract line 14 of Form 1040 or 1040-SR from line 11 of Form 1040 or 1040-SR and enter the result here. (If less than zero, enter as a negative amount.)	1	58,712.
2	Additions to income	2	
3	Add lines 1 and 2	3	58,712.
4	Subtractions from income	4	
5	Subtract line 4 from line 3. Enter on Form 6251, line 1	5	58,712.

Taxes – Line 2a

1	Generation skipping transfer taxes included on Schedule A, line 6	1	
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Refund of Taxes – Line 2b

1	Taxable refund of state and local income tax	1	0.
2	Amount and description of any refund of state and local personal property taxes, foreign income or real property taxes.	2	
3	Total tax refund adjustment. Enter on Form 6251, line 2b.	3	0.

Alternative Tax Net Operating Loss Deduction (ATNOLD) – Line 2f

1	Alternative minimum taxable income (AMTI) without ATNOLD	1	71,262.
2	Enter adjustments	2	
3	Adjustment for domestic production activities deduction	3	
4	Adjusted AMTI without ATNOLD. Add lines 1-3	4	71,262.
5	ATNOLD limitation. Multiply line 4 by 90%.	5	64,136.
6	Enter ATNOL carried to 2020 from other year(s)	6	
7	Enter ATNOL included above attributable to qualified disaster losses	7	
8	ATNOL above not attributable to qualified disaster losses. Line 6 minus 7	8	
9	ATNOL deduction other than qualified disaster losses. Lesser of line 5 or 8	9	
10	ATNOL Disaster Deduction. Lesser of line 7 or (line 4 minus line 9)	10	
11	ATNOLD. Add lines 9 and 10. Enter on Form 6251, line 2f, as neg	11	

Incentive Stock Options – Line 2i

1	Incentive stock options adjustment from Schedule K-1 worksheets	1	
2	Incentive stock options from Employer Stock Transaction Worksheets	2	
3	Incentive stock options from Exercise of Stock Options Worksheets	3	
4	Other incentive stock options	4	
5	Total incentive stock options. Enter on Form 6251, line 2i.	5	

Disposition of Property – Line 2k

	Alternative Minimum Tax	Regular Tax	Difference
1 Net capital gain or loss (Schedule D)	637.	637.	0.
2 Ordinary gain or loss (Form 4797, Part II)			
3 Ordinary income from sale of Incentive Stock			
4 Total. Enter on Form 6251, line 2k			0.

Post-86 Depreciation – Line 2l

1 From depreciation worksheets	1	
2 Plus amount from Schedule K-1 worksheets	2	
3 Add lines 1 and 2.	3	
4 Any amount relating to an activity for which the partnership interest basis limits apply, for which you are not at risk, or which is a tax shelter farm activity.	4	
5 Total. Subtract line 4 from line 3. Enter on Form 6251, line 2l.	5	

Passive Activities – Line 2m

1 Adjustment for recomputed income (loss) from passive activities	1	
2 Adjustment for recomputed income (loss) from publicly traded partnerships	2	
3 Other adjustments to passive activities	3	
4 Total. Add lines 1, 2, and 3. Enter on Form 6251, line 2m	4	

Circulation Costs – Line 2o

1 Circulation costs adjustment from Schedule K-1 Worksheets	1	
2 Other circulation costs adjustment	2	
3 Total. Add lines 1 and 2. Enter on Form 6251, line 2o	3	

Mining Costs – Line 2q

1 Mining costs adjustment from Schedule K-1 Worksheets	1	
2 Other mining costs adjustment	2	
3 Total. Add lines 1 and 2. Enter on Form 6251, line 2q	3	

Research and Experimental Costs – Line 2r

1 Research and Experimental costs adjustment from Schedule K-1 Worksheets	1	
2 Other research and experimental costs adjustment.	2	
3 Total. Add lines 1 and 2. Enter on Form 6251, line 2r	3	

Intangible Drilling Costs – Line 2t

1 Excess intangible drilling costs	1	
2 Net income from oil and gas wells	2	
3 Multiply line 2 by 65% (.65)	3	
4 Tentative intangible drilling costs preference. Subtract line 3 from line 1.	4	
5 Independent producers exception amount.	5	
6 Subtract line 5 from line 4. Enter this amount on Form 6251, line 2t	6	

Other Adjustments – Line 3

1 Pre-1987 depreciation from depreciation worksheets.	1	
2 Plus amount from Schedule K-1 worksheets	2	
3 Add lines 1 and 2	3	
4 Any amount relating to an activity for which the partnership interest basis limits apply, for which you are not at risk, or which is a tax shelter farm activity.	4	
5 Subtract line 4 from line 3	5	
6 Enter other adjustments, including income-based related adjustments	6	
7 Add lines 5 and 6	7	
8 Standard deduction if a qualified disaster loss was added to standard deduction.	8	
9 Total other adjustments. Add lines 7 and 8 and enter on Form 6251, line 3	9	

Alternative Minimum Taxable Income – Line 4

If married filing separately and Form 6251, line 4, is more than \$752,800:		
1	Alternative minimum taxable income, Form 6251	1
2	Threshold amount	2
3	Subtract line 2 from line 1	3
4	Multiply line 3 by 25% (.25)	4
5	Smaller of line 4 or \$57,300	5
6	Add line 1 and line 5. Enter on Form 6251, line 4	6

Exemption – Line 5

1	Enter \$73,600 if single or head of household, \$114,600 if married filing jointly or qualifying widow(er), \$57,300 if married filing separately	1	73,600.
2	Enter your alternative minimum taxable income from Form 6251, line 4	2	71,262.
3	Enter \$523,600 if single or head of household, \$1,047,200 if married filing jointly or qualifying widow(er), \$523,600 if married filing separately	3	523,600.
4	Subtract line 3 from line 2. If zero or less, enter -0-	4	0.
5	Multiply line 4 by 25% (.25)	5	0.
6	Subtract line 5 from line 1. If zero or less, enter -0-. Enter on 6251, line 5	6	73,600.

► Keep for your records

Name(s) Shown on Return Praneeth Sai C Vaddepalli		Social Security Number 640-69-0648
1	Enter the amount from Form 6251, line 6	1 _____
2 a	Enter the amount from your (and your spouse's if filing jointly) Form 2555, lines 45 and 50.	2a _____
b	Enter the total amount of any itemized deductions or exclusions you couldn't claim because they are related to excluded income	2b _____
c	Subtract line 2b from line 2a. If zero or less, enter 0	2c _____
3	Add line 1 and line 2c	3 _____
4	Tax on the amount on line 3. <ul style="list-style-type: none"> ● If you reported capital gain distributions directly on Form 1040 or 1040-SR, line 7; or you reported qualified dividends on Form 1040 or 1040-SR, line 3a; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040 or 1040-SR) (as refigured for the AMT, if necessary), enter the amount from line 3 of this worksheet on Form 6251, line 12. Complete the rest of Part III of Form 6251. However, before completing Part III, see <i>Form 2555</i>, later, to see if you must complete Part III with certain modifications. Then enter the amount from Form 6251, line 40, here. ● All Others: If line 3 is \$199,900 or less (\$99,950 or less if married filing separately), multiply line 3 by 26% (0.26). Otherwise, multiply line 3 by 28% (0.28) and subtract \$3,998 (\$1,999 if married filing separately) from the result. 	4 _____
5	Tax on amount on line 2c. If line 2c is \$199,900 or less (\$99,950 or less if married filing separately), multiply line 2c by 26% (0.26). Otherwise, multiply line 2c by 28% (0.28) and subtract \$3,998 (\$1,999 if married filing separately) from the result	5 _____
6	Subtract line 5 from line 4. Enter the result here and on Form 6251, line 7.	6 _____

Federal Carryover Worksheet

2021

▶ Keep for your records

Name(s) Shown on Return Praneeth Sai C Vaddepalli	Social Security Number 640-69-0648
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2020 State and Local Income Tax Information

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
MI		0.	351.		290.	
DET		0.				
Totals . .		0.	351.		290.	

2020 State Extension Information

(a) State	(b) Paid With Extension

2020 Locality Extension Information

(a) Locality	(b) Paid With Extension

2020 State Estimates Information

(a) State	(c) Estimates Paid After 12/31
MI	0.

2020 Locality Estimates Information

(a) Locality	(c) Estimates Paid After 12/31
DET	0.

2020 State Taxes Due Information

(a) State	(e) Paid With Return

2020 Locality Taxes Due Information

(a) Locality	(e) Paid With Return

2020 State Refund Applied Information

(a) State	(g) Applied Amount

2020 Locality Refund Applied Information

(a) Locality	(g) Applied Amount

2020 State Tax Refund Information

(a) State	(d) Total Withheld/Pmts	(f) Total Overpayment
MI	351.	290.

2020 Locality Tax Refund Information

(a) Locality	(d) Total Withheld/Pmts	(f) Total Overpayment

Other Tax and Income Information		2020	2021
1	Filing status	1 <u>1</u> Single	1 <u>1</u> Single
2	Number of exemptions for blind or over 65 (0 - 4)	2 _____	2 _____
3	Itemized deductions	3 <u>351.</u>	<u>5,647.</u>
4	Check box if required to itemize deductions	4 <input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income	5 <u>6,195.</u>	<u>71,262.</u>
6	Tax liability for Form 2210 or Form 2210-F	6 <u>0.</u>	<u>7,268.</u>
7	Alternative minimum tax.	7 _____	_____
8 a	Federal overpayment applied to next year estimated tax.	8 a _____	_____
b	Federal extension payment for 2020 return	b _____	_____

QuickZoom to the IRA Information Worksheet for IRA information ►

Excess Contributions		2020	2021
9 a	Taxpayer's excess Archer MSA contributions as of 12/31	9 a _____	_____
b	Spouse's excess Archer MSA contributions as of 12/31	b _____	_____
10 a	Taxpayer's excess Coverdell ESA contributions as of 12/31	10 a _____	_____
b	Spouse's excess Coverdell ESA contributions as of 12/31.	b _____	_____
11 a	Taxpayer's excess HSA contributions as of 12/31	11 a _____	_____
b	Spouse's excess HSA contributions as of 12/31	b _____	_____

Loss and Expense Carryovers		2020	2021
Note: Enter all entries as a positive amount			
12 a	Short-term capital loss.	12 a _____	_____
b	AMT Short-term capital loss	b _____	_____
13 a	Long-term capital loss	13 a _____	_____
b	AMT Long-term capital loss	b _____	_____
14 a	Net operating loss available to carry forward	14 a _____	_____
b	AMT Net operating loss available to carry forward	b _____	_____
15 a	Investment interest expense disallowed	15 a _____	_____
b	AMT Investment interest expense disallowed	b _____	_____
16	Nonrecaptured net Section 1231 losses from:	16 a _____	_____
	a 2021	b _____	_____
	b 2020	c _____	_____
	c 2019	d _____	_____
	d 2018	e _____	_____
	e 2017	f _____	_____
	f 2016	_____	_____
17	AMT Nonrecap'd net Sec 1231 losses from:	17 a _____	_____
	a 2021	b _____	_____
	b 2020	c _____	_____
	c 2019	d _____	_____
	d 2018	e _____	_____
	e 2017	f _____	_____
	f 2016	_____	_____

Credit Carryovers				2020	2021
18	General business credit			18	
19	Adoption credit from:	a	2021	19 a	
		b	2020	b	
		c	2019	c	
		d	2018	d	
		e	2017	e	
		f	2016	f	
20	Mortgage interest credit from:	a	2021	20 a	
		b	2020	b	
		c	2019	c	
		d	2018	d	
21	Credit for prior year minimum tax			21	
22	District of Columbia first-time homebuyer credit			22	
23	Residential energy efficient property credit			23	
Other Carryovers				2020	2021
24	Section 179 expense deduction disallowed			24	
25	Excess foreign housing deduction:	a	Taxpayer (Form 2555, line 46)	25 a	
		b	Taxpayer (Form 2555, line 48)	b	
		c	Spouse (Form 2555, line 46)	c	
		d	Spouse (Form 2555, line 48)	d	

Charitable Contribution Carryovers

26	2020 Carryover of charitable contributions from:	Other Property		Capital Gain		Cash
		(a) 50%	(b) 30%	(c) 30%	(d) 20%	(e) 60/100%
a	2020					
b	2019					
c	2018					
d	2017					
e	2016					
27	2021 Carryover of charitable contributions from:	Other Property		Capital Gain		Cash
		(a) 50%	(b) 30%	(c) 30%	(d) 20%	(e) 60/100%
a	2021					
b	2020					
c	2019					
d	2018					
e	2017					
28	Amount overpaid less earned income credit					2,411.

Qualified Business Income Deduction (Section 199A) carryovers				2020	2021
29	Qualified business loss carryforward			29	
30	Qualified PTP loss carryforward			30	
31	Applicable percentage	2018	31 a		
		2019	b		
		2020	b		

2020 State Capital Loss Carryovers (For users not transferring from the prior year)

State ID	Short-term Capital Loss for State	AMT Short-term Capital Loss for State	Long-term Capital Loss for State	AMT Long-term Capital Loss for State	Capital Loss (combined) for State	AMT Capital Loss (combined) for State



Name(s) Shown on Return Praneeth Sai C Vaddepalli	Social Security Number 640-69-0648
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Description	Amount
Income	
Wages	70,960.
Interest income before Series EE bond exclusion	
Dividend income	
Tax refund	0.
Alimony received	
Nonpassive business income or loss	
Royalty and nonpassive rental activities income or loss	
Nonpassive partnership income or loss	
Nonpassive S corporation income or loss	
Nonpassive farm rental income or loss	
Nonpassive farm income or loss	
Nonpassive estate and trust income or loss	
Real estate mortgage investment conduits	
Business gains and losses from nonpassive activities	
Capital gains and losses	637.
Taxable IRA distributions	
Taxable pension distributions	
Unemployment compensation	
Other income	288.
Total income	71,885.
Adjustments	
Educator expenses	
Certain business expenses of reservists, performing artists, and government officials	
Health savings account deduction	
Moving expenses	
Self-employed SEP, SIMPLE, and qualified plans	
Self-employed health insurance deduction	
Penalty on early withdrawals of savings	
Alimony paid	
Other adjustments	
Total adjustments	
Modified adjusted gross income	71,885.

Two-Year Comparison

2021

Name(s) Shown on Return Praneeth Sai C Vaddepalli	Social Security Number
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Income	2020	2021	Difference	%
Wages, salaries, tips, etc	10,195.	70,960.	60,765.	596.03
Interest and dividend income				
State tax refund		0.	0.	
Business income (loss)				
Capital and other gains (losses)		637.	637.	
IRA distributions				
Pensions and annuities				
Rents and royalties				
Partnerships, S Corps, etc				
Farm income (loss)				
Social security benefits				
Income other than the above		288.	288.	
Total Income	10,195.	71,885.	61,690.	605.10
Adjustments to Income	4,000.	623.	-3,377.	-84.43
Adjusted Gross Income	6,195.	71,262.	65,067.	999.00
Itemized Deductions				
Medical and dental				
Income or sales tax	351.	4,985.	4,634.	999.00
Real estate taxes				
Personal property and other taxes		662.	662.	
Interest paid				
Gifts to charity				
Casualty and theft losses				
Miscellaneous				
Total Itemized Deductions	351.	5,647.	5,296.	999.00
Standard or Itemized Deduction	12,400.	12,550.	150.	1.21
Qualified Business Income Deduction				
Taxable Income	0.	58,712.	58,712.	
Income tax	0.	8,668.	8,668.	
Additional income taxes				
Alternative minimum tax				
Total Income Taxes	0.	8,668.	8,668.	
Nonbusiness credits				
Business credits				
Total Credits				
Self-employment tax				
Other taxes				
Total Tax After Credits	0.	8,668.	8,668.	
Withholding	611.	8,685.	8,074.	999.00
Estimated and extension payments				
Earned income credit	432.		-432.	-100.00
Additional child tax credit				
Other payments	1,800.	1,400.	-400.	-22.22
Total Payments	2,843.	10,085.	7,242.	254.73
Form 2210 penalty				
Applied to next year's estimated tax				
Refund	2,843.	1,417.	-1,426.	-50.16
Balance Due				

Current year effective tax rate 12.16 %

Tax Summary
▶ Keep for your records

2021

Name (s)
Praneeth Sai C Vaddepalli

Total income	71,885.
Adjustments to income	623.
Adjusted gross income	71,262.
Itemized/standard deduction	12,550.
Qualified business income deduction	
Taxable income	58,712.
Tentative tax	8,668.
Additional taxes	
Alternative minimum tax	
Total credits	
Other taxes	
Total tax	8,668.
Total payments	10,085.
Estimated tax penalty	
Amount Overpaid	1,417.
Refund	1,417.
Amount Applied to Estimate	
Balance due	0.

Recovery Rebate Credit Worksheet

2021

Name(s) Shown on Return
Praneeth Sai C Vaddepalli

Social Security No.
640-69-0648

This worksheet is used to compute the allowed recovery rebate credit for line 30 of Form 1040 or 1040-SR after accounting for any economic stimulus payment previously received.

<p>1 Can you be claimed as a dependent on another person's 2021 return? <input checked="" type="checkbox"/> No. Go to line 2 <input type="checkbox"/> Yes. Stop. You can't take the credit. Don't complete the rest of this worksheet</p> <p>2 Does your 2021 return include a social security number that was issued on or before the due date of your 2021 return (including extensions) for you and, if filing a joint return, your spouse? <input checked="" type="checkbox"/> Yes. Go to line 6 <input type="checkbox"/> No. If you are filing a joint return, go to line 3. If you aren't filing a joint return, go to line 5.</p> <p>3 Was at least one of you a member of the U.S. Armed Forces at any time during 2020, and does at least one of you have a social security number that was issued on or before the due date of your 2021 return (including extensions)? <input type="checkbox"/> Yes. Your credit is not limited. Go to line 6. <input type="checkbox"/> No. Go to line 4.</p> <p>4 Does one of you have a social security number that was issued on or before the due date of your 2021 return (including extensions)? <input type="checkbox"/> Yes. Your credit is limited. Go to line 6. <input type="checkbox"/> No. Go to line 5</p> <p>5 Do you have any dependents listed in the Dependents section on page 1 of Form 1040 or 1040-SR for whom you entered a social security number that was issued on or before the due date of your 2021 return (including extensions) or an adoption taxpayer identification number? <input type="checkbox"/> Yes. Enter 0 on line 6 and go to line 7. <input type="checkbox"/> No. Stop. You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on Form 1040, line 30.</p> <p>6 Enter: ● \$1,400 if single, head of household, married filing separately, qualifying widow(er). ● \$1,400 if married filing jointly and you answered "Yes" to question 4, or ● \$2,800 if married filing jointly and you answered "Yes" to question 2 or 3</p> <p>7 Multiply \$1,400 by the number of dependents listed in the Dependents section on page 1 of Form 1040 or 1040-SR for whom you entered a social security number that was issued on or before the due date of your 2021 return (including identification number</p> <p>8 Add lines 6 and 7</p> <p>9 Is the amount on line 11 of Form 1040 or 1040-SR more than the amount shown below for your filing status? ● Single or married filing separately-\$75,000 ● Married filing jointly or qualifying widow(er)-\$150,000 ● Head of household-\$112,500 <input type="checkbox"/> Yes. Enter the amount from line 11 of Form 1040 or 1040-SR and go to line 10 <input checked="" type="checkbox"/> No. Enter the amount from line 8 on line 12 and skip lines 10 and 11</p> <p>10 Is line 9 more than the amount shown below for your filing status? ● Single or married filing separately-\$80,000 ● Married filing jointly or qualifying widow(er)-\$160,000 ● Head of household-\$120,000 <input type="checkbox"/> Yes. Stop. You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on Form 1040, line 30. <input type="checkbox"/> No. Subtract line 9 from the amount shown above for your filing status.</p> <p>11 Divide line 10 by the amount shown below for your filing status. Enter the result as a decimal (rounded to at least 2 places). ● Single or married filing separately-\$5,000 ● Married filing jointly or qualifying widow(er)-\$10,000 ● Head of household-\$7,500</p> <p>12 Multiply line 8 by line 11.</p> <p>13 Enter the amount, if any, of EIP 3 that was issued to you. If filing a joint return, include the amount, if any, of your spouse's EIP 3. You may refer to Notice 1444-C or your tax account information at IRS.gov/Account for the amount to enter here</p> <p>14 Recovery rebate credit. Subtract line 13 from line 12. If zero or less, enter -0-. If line 13 is more than line 12, you don't have to pay back the difference. Enter the result here and, if more than zero, on line 30 of Form 1040 or 1040-SR.</p>	<p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p>	<p style="text-align: right;">1,400.</p> <hr style="border: 0; border-top: 1px solid black; margin: 0;"/> <p style="text-align: right;">1,400.</p> <hr style="border: 0; border-top: 1px solid black; margin: 0;"/> <p style="text-align: right;">0.</p> <hr style="border: 0; border-top: 1px solid black; margin: 0;"/> <p style="text-align: right;">1,400.</p>
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Compare to U. S. Averages

▶ Keep for your records

2021

Name(s) Shown on Return <u>Praneeth Sai C Vaddepalli</u>	Social Security No <u>640-69-0648</u>
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Your 2021 adjusted gross income (AGI) 71,262.
 National adjusted gross income range used below from 50,000. to 99,999.

Note: National average amounts have been adjusted for inflation. See Help for details.

Selected Income, Deductions, and Credits	Actual Per Return	National Average
Salaries and wages	70,960.	67,329.
Taxable interest		889.
Tax-exempt interest		4,838.
Dividends		4,021.
Business net income less loss		18,768.
Net capital gain	637.	7,610.
Net capital loss		2,337.
Taxable IRAs pensions and annuities		16,706.
Rent and royalty net income less loss		9,051.
Partnership and S corporation net income less loss		26,082.
Taxable social security benefits		18,246.
Medical and dental expenses deduction		9,981.
Taxes paid deduction	5,647.	6,943.
Interest paid deduction		7,535.
Charitable contributions deduction		3,656.
Total itemized deductions	5,647.	20,758.
Child care credit		627.
Education tax credits		1,338.
Child tax credit		1,689.
Retirement savings contributions credit		179.
Earned income credit		354.
Other Information	Actual Per Return	National Average
Adjusted gross income	71,262.	75,446.
Taxable income	58,712.	51,228.
Income tax	8,668.	7,050.
Alternative minimum tax		1,608.
Total tax liability	8,668.	7,457.

Estimated Taxes and Form W-4 Worksheet

Name: Praneeth Sai C Vaddepalli
SSN: 640-69-0648

Note: To calculate additional withholding for more than 3 jobs between taxpayer and spouse, or if the lowest paying job earns more than \$120,000 - see the IRS W-4 Calculator at www.irs.gov/W4App.

Choose the Method You Will Use to Pay Your 2022 Federal Income Taxes

By withholding from my paychecks. (You will also need to complete the **Additional Information for Form W-4 Worksheet**. QuickZoom below.)

By making estimated tax payments. If estimated payments are in addition to withholding, my estimated 2022 withholding will be _____

Overpayment from my 2021 return. 1,417.

Amount of my 2021 overpayment to apply to 2022 instead of refunding it _____

Enter Your Filing Status and Other Information for Your 2022 Tax Return

Choose your filing status 1 - Single

Taxpayer age as of the end of 2022 28
 Spouse age as of the end of 2022 _____

Do you qualify for an additional standard deduction?
Taxpayer: _____ **Total** 0
Spouse: _____

Check if you must itemize in 2022. (See Tax Help.)

Dependent of Another

Check if you will be the dependent of another person (but not if married filing jointly).

Dependents on return:

	2021	2022
Number of qualifying children dependents age 16 and under	0	0
Number of qualifying children dependents age 17 to 23	0	0
Number of other dependents on return	0	0

Enter Your 2022 Income and Deductions in 2nd column	2021 Actual	2022 Expected
Compensation:		
Annual wages and salary for taxpayer	70,960.	
Medicare wages for taxpayer (W-2 box 5)	0.	
Annual wages and salary for spouse		
Medicare wages for spouse (W-2 box 5)		
Self-employment Income:		
Schedule C income for taxpayer		
Schedule C income for spouse		
Schedule F & K-1 income for taxpayer		
Schedule F & K-1 income for spouse		
Conservation Reserve Program Payments for taxpayer		
Conservation Reserve Program Payments for spouse		
Annual net income from self-employment for taxpayer		
Annual net income from self-employment for spouse		

W-2: Check to populate W-2 table from 2021 return

Employer	Owner	Wages	2021 Withholding	2022 Wages	2022 Withholding

Schedule C: Check to populate Schedule C table from 2021 return

Name	Owner	2021 Income	2021 Expenses	2022 Income	2022 Expenses

Other Tax Information:		
Note: Include this income in the Other Income section below.		
Net Investment Income for 3.8% tax	637 .	
Qualified dividends		
Maximum Capital Gains Rate Tax Information:		
Net short-term capital gains or losses	637 .	
Net long-term capital gains or losses		
Net 28%-rate capital gains included in long-term		
Unrecap'd Sec 1250 gains incl in long-term (<i>see Tax Help</i>)		
Investment income election (<i>see Tax Help</i>)		
Other Income:		
Total of your other taxable income and losses (<i>see Tax Help</i>)	288 .	
Foreign income or housing exclusions		
Adjustments:		
Deductible IRA contributions, alimony, etc	623 .	
Itemized Deductions:		
Total medical expenses		
State and local property and income taxes (or sales tax)	5,647 .	
Deductible foreign income taxes		
Deductible mortgage interest		
Cash charitable contributions		
Other charitable contributions		
Deductible investment interest expense, casualty or theft losses (<i>see Tax Help</i>)		
Other itemized deductions		
Net qualified disaster loss (<i>see Tax Help</i>)		
Standard Deduction:		
Standard deduction	12,550 .	12,950 .
Charitable cash contributions if using the standard deduction		

Deduction Allowed:		
Deduction (<i>greater of standard+qual'd disaster loss or item'd</i>)	12,550.	12,950.
Other Deduction:		
Qualified business income deduction (<i>see Tax Help</i>)		
Credits:		
Earned Income Tax Credit		
Child Tax Credit		
Child and Dependent Care Credit		
Education Credits		
Other Credits.		

Income Tax Calculation for Your 2022 Tax Return	2021 Actual	2022 Expected
Taxable income	58,712.	0.
Income tax	8,668.	
Alternative minimum tax (Enter Alt Min tax expected in 2022) . . .		
Premium tax credit repayment (Enter amt expected for 2022) . . .		
Total credits (Enter credits expected in 2022)		
Tax on self-employment income and add'l 0.9% Medicare tax . . .		0.
Net investment income tax (3.8%)		0.
Other taxes (Enter other taxes expected in 2022)	0.	
Total federal income tax	8,668.	0.

Enter the Tax Payments You've Already Made for Your 2022 Tax Return	
The federal income tax actually withheld from your paychecks to date	
Taxpayer	
Spouse	
Federal estimated tax payments you've already made	
Payment number 1 (April 18, 2022)	
Payment number 2 (June 15, 2022)	
Payment number 3 (September 15, 2022)	
2021 federal overpayment credited to 2022 (<i>from page 1 above</i>)	
Total taxes paid to date	
Balance of payments needed or (expected refund)	0.

Summary of Taxes to be Paid for 2022	
Federal income taxes to be withheld from your paychecks	
Your 2021 federal overpayment you applied to 2022	
Your 2022 federal estimated taxes, based on <u>100% of your 2021 actual tax</u>	
Estimate of total payments you will need to make for 2022	

Estimated Tax Payment Options

Name:	<u>Praneeth Sai C Vaddepalli</u>
SSN:	<u>640-69-0648</u>

Prepare My 2022 Estimated Taxes Based on	Tax Amount
<input type="checkbox"/> 90% of tax on your 2022 estimated taxable income	0.
<input type="checkbox"/> 100% of tax on your 2022 estimated taxable income	0.
<input type="checkbox"/> 66-2/3% of tax on your 2022 estimated taxable income (for farmers and fishermen only, see Tax Help)	0.
<input checked="" type="checkbox"/> 100% (110%) of your 2021 taxes (prior-year exception) Note: If your 2021 taxes were less than \$1000, see Tax Help	7,268.

Amount of Estimated Taxes to Pay in 2022	
Taxes based on method above	7,268.
Expected withholding for 2022 . . . (.2021 actual withholding)	8,685.
Taxes due after withholding	0.
Estimates you've already paid	_____
Last year's overpayment you applied to this year	_____
Balance of estimated taxes due	0.

Round My Payments Up
<input type="checkbox"/> To the next \$10
<input type="checkbox"/> To the next \$100

Prepare Estimated Tax Payment Vouchers
<input checked="" type="checkbox"/> The amount of estimated taxes due is \$1,000 or more (see Tax Help)
<input type="checkbox"/> Even if the amount of estimated taxes due is less than \$1,000
<input type="checkbox"/> No, do not prepare estimated tax payment vouchers

Schedule of Estimated Tax Payments for 2022	
Check the box for the payment date due next. We will prepare your vouchers based on your choice.	
<input type="checkbox"/> Payment number 1, due April 18, 2022	_____
<input type="checkbox"/> Payment number 2, due June 15, 2022	_____
<input type="checkbox"/> Payment number 3, due September 15, 2022	_____
<input type="checkbox"/> Payment number 4, due January 17, 2023	_____

Total estimated tax payments for 2022	_____
---	-------

Print Estimated Tax Vouchers
<input checked="" type="checkbox"/> Yes, print those prepared by program
<input type="checkbox"/> No, I will use those supplied by the I.R.S. and write in the amounts

Additional Information for Form W-4

Name:	<u>Praneeth Sai C Vaddepalli</u>
SSN:	<u>640-69-0648</u>

Note: To calculate additional withholding for more than 3 jobs between taxpayer and spouse, or if the lowest paying job earns more than \$120,000 - see the IRS W-4 Calculator at www.irs.gov/W4App.

<input type="checkbox"/> This box will be checked if your entries on the Estimated Taxes and Form W-4 Worksheet indicate that this worksheet and Form W-4 are necessary for your next year's plan.		
Enter Salary and Pay Periods for 2022	Taxpayer	Spouse
Your annual salary for this year	_____	_____
Salary you have already received in 2022	_____	_____
Your remaining salary for this year	_____ 0.	_____
Number of paychecks you have remaining this year		
How often you are paid	_____	_____
Your gross salary per pay period	_____	_____

Form W-4 Personal Withholding Adjustments	Taxpayer	Spouse
Withholding status	_____	_____
Additional withholding per pay period	_____	_____
Estimated future withholding per pay period	_____	_____
Estimated future withholding through remainder of year	_____	_____
Top tax rate being withheld	_____ %	_____ %

Change in Federal Income Tax Withholding per Pay Period	Taxpayer	Spouse
See tax help for more information.		
Current withholding per pay period	_____	_____
Estimated future withholding per pay period	_____	_____
Increase/(decrease) in net pay per pay period	_____	_____

Summary of Federal Income Taxes to be Withheld in 2022: Total taxes withheld to date, entered on ES & Form W4 Worksheet and future withholding from above.	
Taxpayer's withholding	_____
Spouse's withholding	_____
Total withholding	_____

ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

Taxpayer: Praneeth Sai C Vaddepalli

Primary SSN: 640-69-0648

Federal Return Submitted: _____

Federal Return Acceptance Date: _____

Your return has not been electronically transmitted yet

The Intuit Electronic Postmark shows the date and time Intuit received your federal tax return. The Intuit Electronic Postmark documents the filing date of your income tax return, and the electronic postmark information should be kept on file with your tax return and other tax-related documentation.

There are two important aspects of the Intuit Electronic Postmark:

1. THE INTUIT ELECTRONIC POSTMARK.

The electronic postmark shows the date and time Intuit received the federal return, and is deemed the filing date if the date of the electronic postmark is on or before the date prescribed for filing of the federal individual income tax return.

TIMELY FILING:

For your federal return to be considered filed on time, your return must be postmarked on or before midnight . Intuit's electronic postmark is issued in the Pacific Time (PT) zone. If you are not filing in the PT zone, you will need to add or subtract hours from the Intuit Electronic Postmark time to determine your local postmark time. For example, if you are filing in the Eastern Time (ET) zone, and you electronically file your return at 9 AM on , your Intuit electronic postmark will indicate , 6 AM. If your federal tax return is rejected, the IRS still considers it filed on time if the electronic postmark is on or before , and a corrected return is submitted and accepted before . If your return is submitted after , a new time stamp is issued to reflect that your return was submitted after the IRS deadline, and consequently, is no longer considered to have been filed on time.

If you request an automatic six-month extension, your return must be electronically postmarked by midnight . If your federal tax return is rejected, the IRS will still consider it filed on time if the electronic postmark is on or before , and the corrected return is submitted and accepted by

2. THE ACCEPTANCE DATE.

Once the IRS accepts the electronically filed return, the acceptance date will be provided by the Intuit Electronic Filing Center. This date is proof that the IRS accepted the electronically filed return.

We need your consent - Early Access

This is an IRS requirement

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) at <https://www.treasury.gov/tigta/>.

To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

<hr/> <hr/> <hr/> <hr/>

First Name

Last Name

Please type the date below:

Date

F7216U01 SBIA5001

Read and accept this Disclosure Consent

This is an IRS requirement

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) at <https://www.treasury.gov/tigta/>.

To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

Sign this agreement by entering your name:

Please type the date below:

Date

Read and accept this Disclosure Consent

This is an IRS requirement

To, enable the Tax Identity restoration protection service that you purchased as part of a bundle, we need your consent to send some of your personal information to our partner, ID Notify.

Entering your name and date below allows us to disclose the data below to IDNotify, provided by CSIdentity Corp., an Experian company. With your consent, we will send the following: First Name, Middle Initial, Last Name, Date of Birth, Phone Number, Street Address, City, State, Zip, Social Security Number, Email Address, Username, and a randomly generated Subscriber Number.

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) at <https://www.treasury.gov/tigta/>.

To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

I authorize Intuit to send my information listed above to CSIdentity Corporation.

Sign this agreement by entering your name:

Praneeth Sai

Vaddepalli

Please type the date below:

03/29/2022

Date



IMPORTANT DISCLOSURES

If you are owed federal tax refund(s), you have a right to choose how you will receive the refund(s). There are several options available to you. Please read about these options below.

You can file your federal tax return(s) electronically or by paper and obtain your federal tax refund(s) directly from the Internal Revenue Service ("IRS") for free. If you file your tax return(s) electronically, you can receive refund checks directly from the IRS through the U.S. Postal Service in 21 to 28 days from the time you file your tax return(s) or the IRS can deposit your refund(s) directly into your bank account in less than 21 days from the time you file your tax return(s) unless there are delays by the IRS. If you file a paper return through the U.S. Postal Service, you can receive refund checks directly from the IRS through the U.S. Postal Service in 6 to 8 weeks from the time the IRS receives your return(s) or the IRS can deposit your refund(s) directly into your bank account in 6 to 8 weeks from the time the IRS receives your return(s). However, if your return(s) contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund(s) no earlier than February 15, 2022.

You can file your federal tax return(s) electronically, select the Refund Processing Service ("RPS"), and have your federal tax refund(s) processed through a processor using banking services of a financial institution. The RPS allows your refund(s) to be deposited into a bank account at Civista Bank ("Bank") and deducts your TurboTax fees and other amounts that you authorize from your federal refund(s). The balance of your federal refund(s) is delivered to you via the disbursement method you select. If you file your tax return(s) electronically and select the RPS, the IRS will deposit your refund(s) with Bank. Upon Bank's receipt of your refund(s), Santa Barbara Tax Products Group, LLC, a division of Green Dot Corporation, a Delaware corporation, a processor, will deduct from your federal refund(s) any fees charged by TurboTax for the preparation and filing of your tax return(s) and any other amounts authorized by you and disburse the balance of your refund proceeds to you. Unless there are unexpected delays, federal refunds are received in less than 21 days from the time you file your tax return(s) electronically. However, if your return(s) contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund(s) no earlier than February 15, 2022.

The RPS is not necessary to obtain your refund(s). If you have an existing bank account, you do not need to use the RPS in order to receive a direct deposit from the IRS. You may consult the IRS website (IRS.gov) for information about tax refund processing.

If you select the RPS, no prior debt you may owe to Bank will be deducted from your refund(s).

You can change your income tax withholdings which might result in you receiving additional funds throughout the year rather than waiting to receive these funds potentially in tax refund(s) next year. Please consult your employer or tax advisor for additional details.

This Agreement requires all disputes to be resolved by way of binding arbitration. The terms of the arbitration provision appear in Section 10.

Information regarding low-cost deposit accounts may be available at www.mymoney.gov

The chart below shows the options for filing your federal tax returns (e-file or paper returns), the RPS product, refund disbursement options, estimated timing for obtaining your federal tax refund proceeds, and costs associated with the various options.

WHAT TYPE OF FILING METHOD?	WHAT ARE YOUR DISBURSEMENT OPTIONS?	WHAT IS THE ESTIMATED TIME TO RECEIVE REFUND(S)?	WHAT COSTS DO YOU INCUR IN ADDITION TO TAX PREPARATION FEES?
PAPER RETURN No Refund Processing Service	IRS direct deposit to your personal bank account.	Approximately 6 to 8 weeks ¹	Free
	Check mailed by IRS to address on tax return(s).	Approximately 6 to 8 weeks ¹	
ELECTRONIC FILING (E-FILE) No Refund Processing Service	IRS direct deposit to your personal bank account.	Usually within 21 days ¹	Free
	Check mailed by IRS to address on tax return(s).	Approximately 21 to 28 days ¹	
ELECTRONIC FILING (E-FILE) Refund Processing Service	Direct deposit to your personal bank account.	Usually within 21 days ¹	Free option with your purchase of a Tax Product ²

¹You may experience delays with your tax refund(s) if, for example, you enter incorrect bank account or contact information, you enter a bank account in someone else's name, or if possible suspicious activity is detected. If your return(s) contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund(s) no earlier than February 15, 2022.

²The charges here consist of a TurboTax Fee, the cost of the Tax Product, and any fees for additional products and services purchased. Note that the cost of the Tax Product may vary depending on the edition of TurboTax purchased. See Section 3 of the Refund Processing Service Agreement for the cost of the service you have chosen.

Questions? Call 877-908-7228

Pro Delegation Worksheet

2021

Check this box if you are preparing this return as a PRO preparer

Preparer / Electronic Return Originator (ERO) Information

Preparer Name _____ Print name in signature area?
Preparer Tax ID # (PTIN) _____
NY Tax Preparer Registration # _____ or NY Exclusion Code _____
For NM, OR Preparers Only: State ID# _____
Preparer E-mail _____ Print date on return?
Preparer Phone _____ CAF # _____
Electronic Filing Only: ERO Practitioner PIN _____

Electronic Filing and Printing of Tax Return Information

Electronic Filing:

- File federal return electronically
 File state returns electronically
 File other returns electronically

Print and Mail Selections (use only if e-file ineligible):

- Federal return printed and mailed to IRS
 State return printed and mailed to state agency
 Other return printed and mailed

Select state returns to file electronically:

Table with header 'State(s)' and three blank rows for input.

Select state returns to file by mail:

Table with header 'State(s)' and three blank rows for input.

Select other returns to file electronically:

Table with header 'Other Return(s)' and three blank rows for input.

Select other returns to file by mail:

Table with header 'Other Return(s)' and three blank rows for input.

Electronic Filing and Printing of Amended Return Information

Electronic Filing:

- File federal amended return(s) electronically
 File state amended return(s) electronically

Print and Mail Selections (use only if e-file ineligible):

- Federal amended return printed and mailed
 State amended return printed and mailed

Select state amended return(s) to file electronically:

Table with header 'State(s)' and three blank rows for input.

Select state amended return(s) to file by mail:

Table with header 'State(s)' and three blank rows for input.

Smart Worksheets From 2021 Federal Tax Return

SMART WORKSHEET FOR: Form 8889: Health Savings Accounts (Taxpayer)

Line 3 Smart Worksheet								
A Select your coverage for each month below. Select Family for any month you had Self-only coverage and your spouse had family coverage. Select None for for any month you were covered by Medicare.								
1	January	<input checked="" type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	
2	February	<input checked="" type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	
3	March	<input checked="" type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	
4	April	<input checked="" type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	
5	May	<input checked="" type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	
6	June	<input checked="" type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	
7	July	<input checked="" type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	
8	August	<input checked="" type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	
9	September	<input checked="" type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	
10	October	<input checked="" type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	
11	November	<input checked="" type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	
12	December	<input checked="" type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	
B Maximum allowable contribution.								
<i>Greater of: Sum of Lines A1 through A12 divided by 12, OR Line A12</i>								

SMART WORKSHEET FOR: Form 8889: Health Savings Accounts (Taxpayer)

Line 9 Employer Contribution Smart Worksheet	
A Enter the employer contributions reported in Box 12 of Form W-2 (code W)	288.
B Enter employer contributions made in 2021 for the tax year 2020	
C Subtract line B from line A	288.
D Enter employer contributions made in 2022 for the tax year 2021	
E Other employer contributions for 2021 not reported above	
F Employer contributions for 2021. Add lines C, D and E. Enter on line 9	288.

SMART WORKSHEET FOR: Form 8889: Health Savings Accounts (Taxpayer)

Line 12 Excess Employer Contributions and/or HSA Funding Distributions Smart Wksht	
A Gross Excess Employer Contributions and/or Excess HSA Funding Distributions (Line 11 minus Line 8)	288.
B Excess withdrawn after the end of the year	288.
C Net excess subject to additional tax	0.

SMART WORKSHEET FOR: Form 8889: Health Savings Accounts (Taxpayer)

Line 18 Smart Worksheet

Check here if failure to maintain HDHP coverage in 2021 was due to death or disability

A 1 Total HSA contribution in 2020 _____
 2 Excess contribution in 2020 _____
 3 Net HSA contribution in 2020 _____ 0.

B Check the box below to indicate the type of coverage you had for each month of 2020. Select Family for any month that you had self only coverage and were married to a spouse with family coverage. Select None for any month you were covered by Medicare.

1	January ▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	_____
2	February ▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	_____
3	March ▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	_____
4	April ▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	_____
5	May ▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	_____
6	June ▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	_____
7	July ▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	_____
8	August ▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	_____
9	September ▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	_____
10	October ▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	_____
11	November ▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	_____
12	December ▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	_____

C 1 Total maximum allowable contribution for 2020 _____
 2 Amount allocated to spouse in 2020 _____
 3 Net maximum allowable contribution for 2020 _____

SMART WORKSHEET FOR: 1040/1040SR Wks: Form 1040 or Form 1040-SR Worksheet

Tax Smart Worksheet

A Tax _____ 8,668.
 Check if from:

1	Tax table	<input checked="" type="checkbox"/>
2	Tax Computation Worksheet (see instructions)	<input type="checkbox"/>
3	Schedule D Tax Worksheet	<input type="checkbox"/>
4	Qualified Dividends and Capital Gain Tax Worksheet	<input type="checkbox"/>
5	Schedule J	<input type="checkbox"/>
6	Form 8615	<input type="checkbox"/>
7	Foreign Earned Income Tax Worksheet	<input type="checkbox"/>

B Additional tax from Form 8814 _____
C Additional tax from Form 4972 _____
D Tax from additional Form(s) 4972 _____
E Recapture tax from Form 8863 _____
F IRC Section 197(f)(9)(B)(ii) election for an additional tax _____
G Health Coverage Tax Credit Recovery, Form 8885, Line 5, if negative _____
H Additional tax from Form 8621 _____
I **Tax.** Add lines A through G. Enter the result here and include in tax below. _____ 8,668.
J Form 8621 tax deferral from line 9c (to line 24) _____

SMART WORKSHEET FOR: 1040/1040SR Wks: Form 1040 or Form 1040-SR Worksheet

Excess Social Security and Tier I RRTA Tax Withheld Smart Worksheet

The calculated amount for Excess social security and tier 1 RRTA tax withheld could include a portion that needs to be removed. When a taxpayer has multiple W-2's, each with the same EIN, excess withholding can only be claimed if the Employer's Name's in box c of the W-2's reflect separate business entities. This could occur when a parent company has multiple subsidiaries, or when a temp agency issues W-2's for distinctly different jobs. If you have multiple W-2's with the same EIN, for the same taxpayer, and for the same job, reduce the amount calculated on Line A below by the excess withholdings from only those W-2's.

A Total Excess Social Security or Tier I RRTA tax withheld claimed as a credit . . . _____ 0.

SMART WORKSHEET FOR: Federal Information Worksheet

TurboTax for the Web Filing Status Smart Worksheet

Check this box to override the filing status selected thru Interview . .

Marital Status _____

Filing Status Selected _____

SMART WORKSHEET FOR: Personal Worksheet (Praneeth Sai) -- Student Info Worksheet

Apprenticeship and Education Loan Smart Worksheet

A Enter the amount of qualified expenses for tuition, fees, books, supplies and equipment required for participation of the designated beneficiary in a registered apprenticeship program _____

B Enter the amount of principal or interest payments on any qualified education loans of the designated beneficiary (or a sibling) not to exceed \$10,000 each

1 Principal _____

2 Interest _____

3 Is the interest payment on line 2 included in Part I of the Student Loan Interest Deduction Worksheet? Yes No

QuickZoom to Student Loan Interest Deduction Worksheet ► _____

SMART WORKSHEET FOR: Part-Year State Allocation Worksheet

Additional Other Income Allocation Smart Worksheet <i>* Enter the state of source for this income (See Tax Help)</i>						
	Federal Amount	Residency Info			* Src St	Allocated Amount
		From mm/dd	To mm/dd	Res St		
Y Not-for-profit (hobby) income . . T						
Not-for-profit (hobby) income . . S						
Z Stock options T						
Stock options S						
AA Miscellaneous other income . . T						
Miscellaneous other income . . S						

SMART WORKSHEET FOR: Form W-2 : Wage & Tax Statement (Copy 1)

Qualified Business Income Deduction Smart Worksheet <i>Completing this worksheet is only necessary if Statutory Employee (Box 13) has been checked and expenses will not be deducted on Schedule C ("No" checked in Part III, line 3).</i>			
A	Is this activity a qualified trade or business under Section 199A?	<input type="checkbox"/>	Yes <input type="checkbox"/> No
B	QBI worksheet to report	<input type="checkbox"/>	Yes <input type="checkbox"/> No
C	Specified Service Trade or Business (SSTB)?	<input type="checkbox"/>	Yes <input type="checkbox"/> No
D	I am not a statutory employee	<input type="checkbox"/>	

SMART WORKSHEET FOR: Form W-2 : Wage & Tax Statement (Copy 1)

Substitute Form W-2 Smart Worksheet

A Treat as a substitute W-2 and generate a form 4852

B Linked substitute W-2 Form 4852 ▶ _____

C Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?"

D Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?"

E **QuickZoom** to completed Form 4852 for reference ▶ _____

SMART WORKSHEET FOR: Form W-2 : Wage & Tax Statement (Copy 2)

Qualified Business Income Deduction Smart Worksheet

Completing this worksheet is only necessary if Statutory Employee (Box 13) has been checked and expenses will not be deducted on Schedule C ("No" checked in Part III, line 3).

A Is this activity a qualified trade or business under Section 199A? Yes No

B QBI worksheet to report ▶ _____

C Specified Service Trade or Business (SSTB)? Yes No

D I am not a statutory employee

SMART WORKSHEET FOR: Form W-2 : Wage & Tax Statement (Copy 2)

Substitute Form W-2 Smart Worksheet

A Treat as a substitute W-2 and generate a form 4852

B Linked substitute W-2 Form 4852 ▶ _____

C Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?"

D Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?"

E **QuickZoom** to completed Form 4852 for reference ▶ _____

SMART WORKSHEET FOR: Tax and Interest Deduction Worksheet

Mortgage Interest Limited Smart Worksheet

If your mortgage interest deduction needs to be limited for one of the following reasons, use the Deductible Home Mortgage Interest Worksheet to determine the amount to be reported on lines **A**, **B**, and **C** below:

- The principal amount of your mortgage and home equity debt is over \$750,000 (\$375,000 if married filing separate), or
- You had home debt that was **not** used to buy, build or substantially improve your home that secures the loan

QuickZoom to Deductible Home Mortgage Interest Worksheet ▶

Does your mortgage interest need to be limited: Yes . . . No . . .

A Home mortgage interest and points reported on Form 1098:

1 Sum of lines 5a through 5d below _____

2 Limited amount to report on line 5a below _____

B Home mortgage interest not reported on Form 1098:

1 Sum of lines 6a and 6b below _____

2 Limited amount to report on line 6a below _____

C Points not reported on Form 1098:

1 Sum of lines 7a through 7c below _____

2 Limited amount to report on line 7a below _____

SMART WORKSHEET FOR: Misc Itemized Deductions Wks

Depreciation Smart Worksheet

A Enter Section 179 carryover from prior year _____

B QuickZoom to the Asset Entry Worksheet ▶

C QuickZoom to the Depreciation/Amortization Reports ▶

D QuickZoom to Form 4562 for Schedule A ▶

E Treat all MACRS assets for activity as qualified Indian reservation property? . . . Yes No

F Treat all assets acquired after Aug. 27, 2005 as
qualified GO Zone property? Regular Extension No

G Treat all assets acquired after May 4, 2007 as
qualified Kansas Disaster Zone property? Yes No

H Was this property located in a Qualified Disaster Area? Yes No

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Nontaxable Combat Pay Election Smart Worksheet

QuickZoom to enter nontaxable combat pay on Form W-2 ▶

A Taxpayer:

1 Taxpayer, nontaxable combat pay _____

1a Taxpayer, prior year nontaxable combat pay from 2019 _____

2 Election for earned income credit (EIC):
 Elect taxpayer's nontaxable combat pay as earned income for EIC? ▶ Yes No

3 Election for dependent care benefits (DCB):
 Elect taxpayer's nontaxable combat pay as earned income for DCB? ▶ Yes No

4 Election for child and dependent care credit:
 Elect taxpayer's nontaxable combat pay as earned income
 for child and dependent care credit? ▶ Yes No

B Spouse:

1 Spouse, nontaxable combat pay _____

1a Spouse, prior year nontaxable combat pay from 2019 _____

2 Election for earned income credit (EIC):
 Elect spouse's nontaxable combat pay as earned income for EIC? ▶ Yes No

3 Election for dependent care benefits (DCB):
 Elect spouse's nontaxable combat pay as earned income for DCB? ▶ Yes No

4 Election for child and dependent care credit:
 Elect spouse's nontaxable combat pay as earned income
 for child and dependent care credit? ▶ Yes No

C You may compare the tax benefit of electing or not electing by checking a box on line A or line B and reviewing the overpayment or amount due below:

Overpayment 1,417. Amount due _____

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Prior Year Earned Income Election Smart Worksheet
 Election to use 2019 earned income for Earned Income Credit

The "Yes" box must be marked on Line A for 2019 earned income to be used for EIC calculations.

A Elect to use 2019 earned income for EIC ▶ Yes No

B Earned income for EIC from your 2019 return _____

C Current year earned income for EIC 70,960.
 If Line C is equal to or greater than Line B the taxpayer is not eligible to use 2019 earned income for EIC calculations.

D You may compare the tax benefit of electing to use 2021 Earned Income by checking the boxes on line A

Overpayment 1,417. Amount due _____

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Investment Income Smart Worksheet	
A	Taxable and tax exempt interest _____
B	Dividend income _____
C	Capital gain net income <u>637.</u>
D	Royalty and rental of personal property net income _____
E	Passive activity net income :
1	Rental real estate net income or loss _____
2	Farm rental net income or loss _____
3	Partnerships and S corporations net income or loss _____
4	Estates and trusts net income or loss _____
5	Total of lines 1 through 4 _____
6	Total passive activity net income , line 5 if greater than zero _____
F	Interest and dividends from Forms 8814 _____
G	Adjustments _____
H	Total investment income , add lines A through G <u>637.</u>

Is line H, **total investment income** over \$10,000?

No. You may take the credit.

Yes. Stop. You **cannot** take the credit.

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Age Requirements Smart Worksheet	
Filers without a qualifying child have certain age requirements. Answer the questions below:	
<input type="checkbox"/>	Taxpayer is a qualified former foster youth, or a qualified homeless youth
<input type="checkbox"/>	Spouse is a qualified former foster youth, or a qualified homeless youth
You qualify as a specified student if you were enrolled in a program that leads to a degree, certificate, or other recognized educational credential and carried at least one-half the normal workload for your course of study during at least 5 calendar months of the year. For purposes of determining whether you were enrolled during at least 5 calendar months, count any month during which you were enrolled for at least part of the month. The 5 months do not need to be consecutive.	
<input type="checkbox"/>	Taxpayer qualifies as a specified student for EIC purposes when filing without a qualifying child
<input type="checkbox"/>	Spouse qualifies as a specified student for EIC purposes when filing without a qualifying child

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Married Filing Separately Smart Worksheet (with one or more qualifying child)	
MFS filers with a qualifying child have additional requirements. Answer the questions below:	
Did you and your spouse have the same principal residence for the last 6 months of 2021?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally separated according to your state law under a written separation agreement or a decree of separate maintenance and you lived apart from your spouse at the end of 2021?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SMART WORKSHEET FOR: Estimated Tax Payment Options

For Residents of Guam or the U.S. Virgin Islands Only	
<input type="checkbox"/>	Permanent resident of Guam or U.S. Virgin Islands
<input type="checkbox"/>	Nonpermanent resident of Guam or U.S. Virgin Islands

Additional Information From 2021 Federal Tax Return

Form 1099-B Worksheet (Robinhood Securities LLC) -- Capital Asset Sales Wksht (1)

TQUICK

Continuation Statement

5	72919P202 PLUG POWER, INC. COMMON STOCK 5	Check here if this summarizes multiple sales . . . ▶									
A	10/27/21	05/07/21	158.31	103.39	0.00						
		S	Yes <input checked="" type="checkbox"/>	No	Yes <input checked="" type="checkbox"/>	No					
Check to use worksheet (see help) ▶		O									
0.00										<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>											
6	00835Q103 AEVA TECHNOLOGIES, INC. 21	Check here if this summarizes multiple sales . . . ▶									
A	11/26/21	05/06/21	198.37	200.00	0.00						
		S	Yes <input checked="" type="checkbox"/>	No	Yes <input checked="" type="checkbox"/>	No					
Check to use worksheet (see help) ▶		O									
0.00										<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>											

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 PRANEETH SAI		M.I. C	Last Name VADDEPALLI		2. Filer's Full Social Security No. (Example: 123-45-6789) 640 — 69 — 0648	
If a Joint Return, Spouse's First Name		M.I.	Last Name		3. Spouse's Full Social Security No. (Example: 123-45-6789) — —	
Home Address (Number, Street, or P.O. Box) 4038 SE 78TH AVE					4. School District Code (5 digits – see page 60) 82030	
City or Town HILLSBORO			State OR	ZIP Code 97123-2335		
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 checked="" type="checkbox"/> Single b. <input 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; height: 20px; width: 100%;"></div>				8. 2021 RESIDENCY STATUS. Check all that apply. a. <input type="checkbox"/> Resident b. <input type="checkbox"/> Nonresident * c. <input checked="" 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).....	9a.	1	x	\$4,900	9a.	4900	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.....	9c.		x	\$400	9c.		00
d. Number of Certificates of Stillbirth from MDHHS (see instructions).....	9d.	0	x	\$4,900	9d.	0	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.	4900	00
10. Adjusted Gross Income from your U.S. Form 1040 (see instructions).....	10.					71262	00
11. Additions from Schedule 1, line 9. Include Schedule 1	11.						00
12. Total. Add lines 10 and 11.....	12.					71262	00
13. Subtractions from Schedule 1, line 29. Include Schedule 1	13.					62219	00
14. Income subject to tax. Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0".....	14.					9043	00
15. Exemption allowance. Enter amount from line 9f or Schedule NR, line 19.....	15.					622	00
16. Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0".....	16.					8421	00
17. Tax. Multiply line 16 by 4.25% (0.0425).....	17.					358	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. 358 00

Filer's Full Social Security Number

640 — 69 — 0648

21. Enter amount of Income Tax from line 20.....	21.	358	00
22. Voluntary Contributions from Form 4642, line 6. Include Form 4642	22.		00
23. USE TAX. Use tax due on Internet, mail order or other out-of-state purchases from Worksheet 1 (see instructions).....	23.	0	00
24. Total Tax Liability. Add lines 21, 22 and 23	24.	358	00

REFUNDABLE CREDITS AND PAYMENTS

25. Property Tax Credit. Include MI-1040CR or MI-1040CR-2	25.		00
26. Farmland Preservation Tax Credit. Include MI-1040CR-5	26.		00
27. Earned Income Tax Credit. Multiply line 27a by 6% (0.06) and enter result on line 27b.	27a.		00
28. Michigan Historic Preservation Tax Credit (refundable). Include Form 3581	28.		00
29. Credit for allocated share of tax paid by an electing flow-through entity (see instructions).....	29.		00
30. Michigan tax withheld from Schedule W, line 6. Include Schedule W (do not submit W-2s)	30.	320	00
31. Estimated tax, extension payments and 2020 credit forward	31.		00
32. 2021 AMENDED RETURNS ONLY. 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.		00
33. Total refundable credits and payments. Add lines 25, 26, 27b, 28, 29, 30, 31 and 32c	33.	320	00

REFUND OR TAX DUE

34. If line 33 is less than line 24, subtract line 33 from line 24. If applicable, see instructions.			
Include interest <input type="text"/> <input type="text"/> <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"/> <input type="text"/> <input type="text"/>	YOU OWE	34.	38 00
35. Overpayment. If line 33 is greater than line 24, subtract line 24 from line 33	35.		00
36. Credit Forward. 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.....	REFUND	37.	00

DIRECT DEPOSIT

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	
		1. <input type="checkbox"/> Checking	2. <input type="checkbox"/> Savings

Deceased Taxpayer. If Filer and/or Spouse died after December 31, 2020, enter dates below. **ENTER DATE OF DEATH ONLY.** Example: 04-15-2021 (MM-DD-YYYY)

Filer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Spouse	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
-------	---	--------	---

Preparer Certification. I declare under penalty of perjury that this return is based on all information of which I have any knowledge.

Taxpayer Certification. I declare under penalty of perjury that the information in this return and attachments is true and complete to the best of my knowledge.		Preparer's PTIN, FEIN or SSN
Filer's Signature	Date	Preparer's Name (print or type)
Spouse's Signature	Date	Preparer's Signature SELF - PREPARED
<input type="checkbox"/> By checking this box, I authorize Treasury to discuss my return with my preparer.		Preparer's Business Name, Address and Telephone Number

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 Schedule 1 Additions and Subtractions

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

Attachment 01

Include with Form MI-1040. Type or print in blue or black ink.

Filer's First Name PRANEETH SAI	M.I. C	Last Name VADDEPALLI	Filer's Full Social Security No. (Example: 123-45-6789) 640 — 69 — 0648
------------------------------------	-----------	-------------------------	--

Additions to Income (all entries must be positive numbers)

1. Gross interest and dividends from obligations issued by states (other than Michigan) or their political subdivisions.....	1.		00
2. Deduction for taxes on or measured by income, including self-employment tax, taken on your federal return, and allocated share of tax paid by an electing flow-through entity (see instructions)	2.		00
3. Gains from Michigan column of MI-1040D and MI-4797	3.		00
4. Losses attributable to other states (see instructions)	4.		00
5. Net loss from federal column of your Michigan MI-1040D or MI-4797	5.		00
6. Oil, gas, and nonferrous metallic mineral expenses (Michigan sourced) deducted to arrive at Adjusted Gross Income (AGI).....	6.		00
7. Federal Net Operating Loss deduction included in AGI.....	7.		00
8. Other (see instructions). Describe: _____	8.		00
9. Total additions. Add lines 1 through 8. Enter here and on MI-1040, line 11	9.	0	00

Subtractions from Income (all entries must be positive numbers)

10. Income from U.S. government bonds and other U.S. obligations included in MI-1040, line 10. Include U.S. <i>Schedule B</i> if over \$5,000.....	10.		00
11. Amount included in MI-1040, line 10, from military retirement benefits due to service in the U.S. Armed Forces or Michigan National Guard, or taxable railroad retirement benefits	11.		00
12. Gains from federal column of Michigan MI-1040D and MI-4797	12.		00
13. Income attributable to another state. Explain type and source: <u>SCHEDULE NR</u>	13.	62219	00
14. Taxable Social Security benefits or military pay (not retirement) included on MI-1040, line 10 ..	14.		00
15. Income earned while a resident of a Renaissance Zone (see instructions).	15.		00
16. Michigan state and local income tax refunds received in 2021 and included on MI-1040, line 10 (see instructions)	16.		00
17. Michigan Education Savings Program, MI 529 Advisor Plan, and Michigan Achieving a Better Life Experience Program.....	17.		00
18. Michigan Education Trust	18.		00
19. Oil, gas, and nonferrous metallic minerals income (Michigan sourced) included in AGI.....	19.		00
20. Resident Tribal Member income exempted under a State/Tribal tax agreement or pursuant to <i>Revenue Administrative Bulletin 1988-47</i>	20.		00
21. Miscellaneous subtractions (see instructions). Describe: _____	21.		00

2021 MICHIGAN Schedule 1 Additions and Subtractions

Filer's First Name PRANEETH SAI	M.I. C	Last Name VADDEPALLI	Filer's Full Social Security No. (Example: 123-45-6789) 640 — 69 — 0648
------------------------------------	-----------	-------------------------	--

Deduction Based on Year of Birth

Complete 22A through 22H if claiming the Michigan Standard Deduction, the retirement benefits deduction or the senior investment income deduction on lines 23, 24, 25, or 26. Check box(es) 22C and/or 22G **only** if you or your spouse received retirement benefits from employment with a governmental agency not covered by the federal Social Security Act (SSA exempt employment). **See instructions before continuing.**

22. FILER				SPOUSE			
A. Year of Birth (19xx)	B. Age as of 12-31-2021	C. Check if filer received benefits from SSA exempt employment	D. Check if filer retired as of 01-01-2013 and born after 1952	E. Year of Birth (19xx)	F. Age as of 12-31-2021	G. Check if spouse received benefits from SSA exempt employment	H. Check if spouse retired as of 01-01-2013 and born after 1952
1994	27	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

23. Tier 2 Michigan Standard Deduction. Complete this line if the older of you or your spouse (if married) was born during the period January 1, 1946 through December 31, 1952, and reached age 67. Do not complete lines 24, 25 or 26.	23.		00
24. Tier 3 Michigan Standard Deduction. Complete this line if the older of you or your spouse (if married) was born during the period January 1, 1953 through January 1, 1955, and reached age 67 on or before December 31, 2021. Do not complete lines 23, 25 or 26. Enter amount from line 6 of Worksheet 2.....	24.		00
25. Retirement benefits. Enter amount from line 16, 17 or 18 of Form 4884, <i>Michigan Pension Schedule</i> . Include Form 4884.	25.		00
26. Dividend/interest/capital gains deduction for taxpayers 76 years and older. Deduction is limited to \$12,127 for single or married filing separately filers and \$24,254 for joint filers, less any deduction for retirement benefits (see instructions).....	26.		00

Check this box if you are the unremarried surviving spouse claiming a dividend, interest or capital gains deduction for someone born before 1946 who was at least age 65 at the time of death.

27. Subtotal. Add lines 10 through 26	27.	62219	00
28. 2021 Michigan NOL Deduction. Enter amount from line 11 or 12 of Form 5674, <i>Michigan Net Operating Loss Deduction</i> . Include Form 5674	28.		00
29. Total Subtractions. Add lines 27 and 28. Enter here and on MI-1040, line 13.....	29.	62219	00

2021 MICHIGAN Nonresident and Part-Year Resident Schedule

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

Type or print in blue or black ink.

Include with Form MI-1040. Read all instructions before completing this form.

Attachment 02

1. Filer's First Name PRANEETH SAI	M.I. C	Last Name VADDEPALLI	2. Filer's Full Social Security No. (Example: 123-45-6789) 640 — 69 — 0648
If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123-45-6789) — —

4. 2021 RESIDENCY STATUS:

Check all that apply.

a. Nonresident

b. Part-Year Resident of Michigan.
Enter dates of Michigan residency in 2021*

*Dates of Michigan residency in 2021 (Enter dates as MM-DD-YYYY, Example: 04-15-2021)

	FILER	SPOUSE
FROM:	01 — 01 — 2021	— — 2021
TO:	02 — 28 — 2021	— — 2021

Income Allocation

	A. Total Income	B. Michigan Income	C. Other State(s) Income
5. Wages, salaries, other payments (tips, etc.)	70960 00	8755 00	62205 00
6. Interest and dividends	00	00	00
7. Business and farm income (include U.S. Schedules C and F).....	00	00	00
8. Gains/losses from MI-1040D or U.S. Schedule D, and/or MI-4797 or U.S. Form 4797.....	637 00	0 00	637 00
9. Income reported on U.S. Schedule E (include U.S. Schedule E and supporting statements)....	00	00	00
10. Pensions, IRA distributions, annuities and Social Security (see Form 4884).....	00	00	00
11. Other (see instructions).....	288 00	288 00	0 00
12. Total income. Add lines 5 through 11.....	71885 00	9043 00	62842 00
13. Enter the total adjustments from U.S. 1040 Describe: <u>STUDENT LOAN INTE</u>	623 00	0 00	623 00
14. Subtract line 13 from line 12. The amount in column A should equal MI-1040, line 10. Enter amount in column C on Schedule 1, line 13 or, if a negative amount, enter as a positive amount on Schedule 1, line 4.	71262 00	9043 00	62219 00

Exemption Allowance (If one spouse is a full-year resident, and the other is not, see instructions.)

15. Enter amount from MI-1040, line 9f.....	15.	4900 00
16. Enter Michigan source income from line 14, column B.....	16.	9043 00
17. Enter total income from line 14, column A.....	17.	71262 00
18. Divide line 16 by line 17 (if line 16 is greater than line 17, enter 100%).....	18.	12.69 %
19. If both spouses are part-year or nonresidents, multiply line 15 by the percentage on line 18 and enter here and on MI-1040, line 15. If one spouse is a full-year resident, complete Worksheet 6 and enter here and on MI-1040, line 15.....	19.	622 00

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 PRANEETH SAI	M.I. C	Last Name VADDEPALLI	2. Filer's Full Social Security No. (Example: 123-45-6789) 640 — 69 — 0648
If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123-45-6789) — —

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		38-2601735	ONUR ULGEN INC	8755	00	320	00
					00		00
					00		00
					00		00
					00		00
Enter Table 1 Subtotal from additional Schedule W forms (if applicable).....							00
4. SUBTOTAL. Enter total of Table 1, column E.						4.	320 00

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. SUBTOTAL. Enter total of Table 2, column E.						5.	00
6. TOTAL. Add lines 4 and 5. Enter here and carry to MI-1040, line 30.....						6.	320 00

2021 MICHIGAN Direct Debit of Individual Income Tax Payment

Issued under authority of Public Act 281 of 1967 and Public Act 284 of 1964, as amended.

DO NOT MAIL TO TREASURY; RETAIN FOR YOUR RECORDS.

MICHIGAN Direct Debit of Individual Income Tax Payment (Form 5472) provides a record of the direct debit request included in the Michigan and/or City of Detroit electronic return submission. Do not use Form 5472 to make payments to the Michigan Department of Treasury.

1. Filer's First Name PRANEETH SAI	M.I. C	Last Name VADDEPALLI	2. Filer's Full Social Security No. (Example: 123-45-6789) 640 — 69 — 0648
If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123-45-6789) — —
Submission Identification Number			

DIRECT DEBIT DETAILS

4. Name of Financial Institution

5. Routing Transit Number (RTN)

6. Account Number

7. Type of Account (a) Checking (b) Savings

8. Requested Debit Date (MM-DD-YYYY)

9. State Individual Income Tax Payment	9.	38	00
10. City of Detroit Individual Income Tax Payment	10.		00
11. Total. Add lines 9 and 10..... DEBIT AMOUNT	11.	38	00

DIRECT DEBIT AUTHORIZATION

Submitting the return through e-file, and including the direct debit information shown above, authorizes the Michigan Department of Treasury and its designated financial agent to initiate an electronic funds withdrawal entry to the financial institution account indicated above for payment of my Michigan and/or City of Detroit taxes owed on this return. The authorization is valid for this transaction only.

In the event the payment is returned as unpaid, the Michigan Department of Treasury may charge a return item fee, up to the maximum amount allowed by law. Penalty and interest will accrue on any tax due that has not been paid by the original due date of the return.

Michigan Information Worksheet

2021

▶ Keep for your records

Part I – Personal Information

Taxpayer:

Last Name Vaddepalli
 First Name Praneeth Sai
 Middle Initial C Suffix _____
 Social Security No. 640-69-0648
 Date of Birth 11/17/1994 (mm/dd/yyyy)
 Age as of 12/31/2021 27
 Date of death _____
 Occupation Quality Engineer
 Work Phone (248)854-2048
 Home Phone _____

Spouse:

Last Name _____
 First Name _____
 Middle Initial _____ Suffix _____
 Social Security No. _____
 Date of Birth _____ (mm/dd/yyyy)
 Age as of 12/31/2021 _____
 Date of death _____
 Occupation _____
 Work Phone _____

Print phone number on city returns Home TP work Spouse work

c/o Name _____
 Address 4038 SE 78th Ave Apt No. _____
 City Hillsboro State . . . OR ZIP Code . . . 97123-2335
 Foreign province/country _____ Foreign postal code _____
 Foreign country _____
 School District Code ▶ 82030

Part II – Main Form

<p>Taxpayer</p> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	<p>Spouse (if different)</p> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>Form MI-1040: Full-Year Resident ▶ _____</p> <p>Form MI-1040: Nonresident ▶ _____</p> <p>Form MI-1040: Part-Year Resident ▶ _____</p> <p>Enter Nonresident and Part-Year Resident allocations on Schedule NR. ▶ _____</p> <p>Taxpayer residency dates . . . From <u>01/01/2021</u> To <u>02/28/2021</u></p> <p>Spouse residency dates . . . From _____ To _____</p>
--	--	--

City Resident Status (complete if filing a city income tax return):

Detroit	Full-year resident	Nonresident	Part-year resident
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____	_____	_____
Spouse's residency if different	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____	_____	_____

Other cities:

Caution: TurboTax does not support filing of Hudson city returns (see tax help)

Important: Complete the table below to indicate the residency status and activate the income tax return(s) for any of the following cities: (The program will prepare **Form(s) CF-1040** for you)

• Albion	• Battle Creek	• Benton Harbor	• Big Rapids	• East Lansing	• Flint
• Grand Rapids	• Grayling	• Hamtramck	• Highland Park	• Ionia	• Jackson
• Lansing	• Lapeer	• Muskegon	• Muskegon Heights	• Pontiac	• Portland
• Port Huron	• Saginaw	• Springfield	• Walker		

City name	Residency Status				Part-year residents only:		
	Full year	Non res	Part-year	Do Not File	Taxpayer's Former address	Dates of residency	
					Spouse's Former address	From	To
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

Part III – Filing Status

- Single
- Married, filing jointly
- Married, filing separately

Part IV – Dependent Information

Full Name	Relationship	Age	Disabled Veteran	Special exemption code	Filing a 2021 Michigan tax return
_____	_____	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>

Stillbirth Exemption

A stillbirth exemption is available if you are a parent of a stillborn delivered during 2021 and have been issued a Certificate of Stillbirth from the Michigan Department of Health and Human Services.

Enter number of Certificates of Stillbirth from MDHHS if any 0
(If claiming this exemption include a copy of the MDHHS certificate with the return.)

Schedule NR: If one spouse is a full-year resident while the other is a part-year or nonresident, enter number of certificates attributable to the full-year resident spouse
enter number of certificates attributable to the part-year or nonresident spouse

Part V – Homeowner/Renter Information

Taxpayer’s status:

- Homeowner who paid property tax
- Renter (including alternate housing facilities)
- Mobile home park resident

QuickZoom to Property Tax Information Worksheet ▶ _____

Part VI – Electronic Filing Information

Fed/State (F/S) Return:

- Yes No
 Use Federal Signature (PIN) in place of MI-8453 (See Help)

State-Only (SO) Return:

- Yes No
 Use Electronic Signature Alternative, (ESA) (Shared Secrets) in place of MI-8453 (See Help)

Michigan EF Signature:

TP’s Prior Year Adjusted Gross Income or Household Income (See Help) _____
 TP’s Prior Year Refund or Tax Due Amount (See Help) _____
 Spouse’s Prior Year Adjusted Gross Income or Household Income (See Help) _____
 Spouse’s Prior Year Refund or Tax Due Amount (See Help) _____

Detroit EF Signature:

TP’s Prior Year Adjusted Gross Income (See Help) _____
 TP’s Prior Year Refund or Tax Due Amount (See Help) _____
 Spouse’s Prior Year Adjusted Gross Income (See Help) _____
 Spouse’s Prior Year Refund or Tax Due Amount (See Help) _____

Part VII – Direct Deposit Information or Direct Debit Information

Note: Direct Deposit or Direct Debit is only available on an original return and may not be used to issue a refund or a payment on an amended return.

State Information:

- Yes No
 Use **direct deposit** for any **state tax refund**
 Use **direct debit** for **state tax payment** (Electronic Filing Only)?

State balance due amount from this return 38.
Enter the payment date to withdraw from the account below 04/01/2022

City Information:

- Use **direct deposit** for any **city tax refund** (see help)
- Use **direct debit** for any **city tax due** (see help)

Enter the payment date to withdraw from the account below _____

Bank Information (State and City):

For any of the above options, fill out information below:

For direct deposit or electronic funds withdrawal, fill out information below:

Name of financial institution . . Chase
Account type Checking Savings
Routing number 072000326
Account number 368618226

International ACH Transactions

Yes No
 Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

Part VIII – Additional Return Information

Exemptions:

Taxpayer	Spouse	
<input type="checkbox"/>	<input type="checkbox"/>	Blind
<input type="checkbox"/>	<input type="checkbox"/>	Deaf
<input type="checkbox"/>	<input type="checkbox"/>	Paraplegic/Hemiplegic/Quadriplegic
<input type="checkbox"/>	<input type="checkbox"/>	Totally and Permanently Disabled
<input type="checkbox"/>	<input type="checkbox"/>	Disabled Veteran
<input type="checkbox"/>	<input type="checkbox"/>	Can be claimed as a dependent on someone else's return

Person Filing on Behalf of Deceased:

Use federal Form 1310 in place of Form MI-1310
 Personal Representative
 Claimant
First Name . . . _____ Middle Initial . . . ____ Last Name . . . _____
Address _____
City _____ State . . . ____ ZIP Code . . . _____

Address Change for CF-1040 city returns only (excludes Detroit):

Address is same as last year

State Campaign Fund:

Yes No
 Does taxpayer want \$3 to go to State Campaign Fund?
 Does spouse want \$3 to go to State Campaign Fund?

Third Party Designee (See Help):

Yes No
 TP authorizes another person (designee) to discuss return with **city** Income Tax Department (**CF-1040 only**)?
Designee's name (other than preparer) _____
Designee's phone number (other than preparer) _____
Personal identification number _____

Part IX – Extension Status

State Extension:

Yes No

Tax return due date extended?

Extended due date . . . _____

QuickZoom to Form 4: Application for extension to file tax returns ▶ _____

City Extensions (excludes Detroit):

Yes No

Tax return due date extended?

Extended due date . . . _____

QuickZoom to Form CF-4868: Application for extension to file **Michigan city** tax returns ▶ _____

QuickZoom to Form CF-4868-EFT: Application for extension to file **Michigan city** tax returns. ▶ _____

Detroit City Extensions:

Yes No

Tax return due date extended?

Extended due date . . . _____

QuickZoom to Form 5209: Application for extension to file **Detroit city** tax return ▶ _____

Spouse, if **Yes No**

different Tax return due date extended?

residency Extended due date . . . _____

QuickZoom to Form 5209: Application for extension to file spouse's **Detroit city** tax return ▶ _____

Part X – Amended Return

Filing a Michigan amended return

Enter the tax year you are amending . . . _____

Payment with original return _____ NOTE: Do not include penalties or interest

Overpayment from original return _____

QuickZoom to Schedule AMD: Amended Return Explanation of Changes ▶ _____

QuickZoom to Form MI-1040: Individual Income Tax Return ▶ _____

Total Household Resources Worksheet

2021

▶ Keep for your records

Name as Shown on Return
Praneeth Sai C Vaddepalli

Social Security Number
640-69-0648

Household Income Computation (for full year and part-year residents)

	Column A	Column B
Full year residents: Complete column A only.	Total Amount	Received during Michigan residency
Part-year residents: Complete columns A and B. QuickZoom to Schedule NR before completing column B . . . ▶ _____		
1 Wages, salaries, tips, sick, strike and SUB pay ▶ 1	70,960.	8,755.
Interest and dividends:		
2 a Taxable interest and dividend income		
less: interest and dividend income from Schedules K-1		
b Nontaxable interest		
Interest and dividends (including nontaxable interest) ▶ 2		
Net business and farm income:		
3 a U.S. Schedule C income or loss		
b Net farm income or loss		
c Other gains or losses		
d Income from Schedules K-1		
Net business and farm income ▶ 3		0.
Net royalty and rent income:		
4 U.S. Schedule E income (if negative, enter 0) ▶ 4		
Retirement pension and annuity benefits:		
5 a Pension and IRA distributions		
b Lump-sum distribution		
Name of payer: _____		
Retirement pension and annuity benefits ▶ 5		
Capital gains or (losses):		
6 a Capital gains less capital losses	637.	0.
b Excluded gain on sale of residence		
Combine lines 6a and 6b ▶ 6	637.	0.
Alimony and other taxable income:		
7 a Gambling/lottery winnings		
b Prizes and awards		
c Combine lines 7a and 7b		
d Line 7c minus \$300		
e Other income from Form 1099-MISC		
f Alimony received if due to divorce granted prior to 2019		
g Other taxable income	288.	0.
h Combine lines 7d through 7g	288.	0.
less: prior year Michigan Property Tax Credit (see tax help)		
Total. Describe: <u>Other taxable income</u> ▶ 7	288.	0.
Social security, SSI and railroad retirement benefits:		
8 a Social security or railroad retirement benefits		
b Less deductions for medicare premiums		
c Supplemental security income		
d Death benefits and amounts received for minor children or other dependent adults who live with you		
Combine lines 8a through 8d ▶ 8		
9 Child support and foster parent payments ▶ 9		
10 Unemployment compensation ▶ 10		
11 Cash or merchandise received or expenses paid on your behalf (rents, taxes, utilities, food, medical care, etc.) by parents, relatives or friends in excess of \$300 ▶ 11		

Other nontaxable income:			
12 a	Compensation for damages to character or for personal injury or sickness		
b	An inheritance or life insurance proceeds (from other than spouse)		
c	Death benefits paid by or on behalf of an employer		
d	Minister's housing allowance		
e	Forgiveness of debt to the extent not included in income less: exception for 'workout' loan modification		
f	Adoption subsidies		
g	Combat pay from W-2, box 12 code Q		
h	Nongovernmental scholarship, stipend, grant, or GI bill benefits and payments made directly to an educational institution		
i	Reimbursement from dependent care and/or medical care spending accounts		
j	If you are married, filing separately include your spouse's income unless you maintained separate homesteads. Complete and attach Form 5049		
k	Other (see <i>Tax Help</i>). Enter description:		
	Total. Describe: _____ ▶ 12		
13	Workers' compensation, veterans' disability compensation ▶ 13		
14	FIP and other MDHHS benefits ▶ 14		
15	Subtotal. Add lines 1 through 14. ▶ 15	71,885.	8,755.
Adjustments:			
16 a	IRA deduction		
b	Moving expenses		0.
c	One half of self-employment tax		
d	Self-employment health insurance deduction		
e	SEP, SIMPLE or qualified plans		
f	Penalty for early withdrawal		
g	Alimony paid if deductible on U.S. Form 1040.		
h	Student loan interest deduction	623.	0.
i	Health savings account deduction		
j	Net operating loss deduction: (1) Federal net operating loss deduction (2) Federal modified taxable income (see <i>Help</i>). (3) Enter the smaller of (1) or (2). If less than zero, enter -0-.		
k	Educator expenses		
m	Certain business expenses of reservists, performing artists, and fee-basis government officials		
o	Archer MSA deduction		
p	Jury duty pay given to employer		
q	Other adjustments		
16	Total adjustments. Describe: Student loan interest ▶ 16	623.	0.
17 a	Medical insurance or HMO premiums you paid for you and your family (after tax premiums only)	0.	0.
b	Automobile insurance premiums (medical care portion only)	0.	0.
17	Total medical insurance (line 17a plus line 17b) ▶ 17	0.	0.
18	Add lines 16 and 17 ▶ 18	623.	0.
19	Total Household Resources. Subtract line 18 from line 15. . . ▶ 19	71,262.	8,755.

- QuickZoom to Form MI-1040CR (Homestead Property Tax Credit) ▶ _____
- QuickZoom to Form MI-1040CR2 (Property Tax Credit for Veterans and Blind People) ▶ _____
- QuickZoom to Form MI-1040CR7 (Home Heating Credit) ▶ _____

► Keep for your records

Name(s) Shown on Return
Praneeth Sai C Vaddepalli

Your Social Security Number
640-69-0648

Part I 2022 Estimated Tax Amount Options

1 Select One of Six Ways to Calculate the Required Annual Payment for 2022 Estimates:

- a 100% (110%) of 2021 taxes (default, see Tax Help) 358.
- b 100% of tax on **2022** estimated taxable income 358.
- c 90% of tax on **2022** estimated taxable income 323.
- d 66-2/3% of tax on 2022 estimated taxable income (farmers and fishermen) 239.
- e Equal to 100% of overpayment (no vouchers)
- f Enter total amount you want to use for estimates and check box

2 Selected estimated tax amount:

- a 2022 Required Annual Payment based on your choice above 358.
- b Estimated amount of 2022 income tax withholding 320.
- c **Total of estimated tax payments required for 2022** (line 2a less line 2b) 38.

3 Select Estimated Tax Payment option:

- a Calculate estimates if \$ 501 or more (default)
- b Calculate estimates if _____ (specify amount) or more.
- c Calculate estimates regardless of amount
- d Do **not** calculate estimates

Part II Overpayment Application Options

1 Amount of overpayment available (Form MI-1040, line 33) _____

2 Select Overpayment Application Amount Option:

- a Apply none (refund entire overpayment)
- b Apply all (increase estimate if required)
- c Apply to extent of total estimated tax and refund excess
- d Apply to extent of first quarter amount and refund excess
- e Enter amount you want to apply
- f Amount applied to 2022 estimated tax 0.
- g Overpayment to be refunded (line 1 less line 2f) 0.

3 Select Overpayment Application Sequence:

- a ◀ Consecutively b ◀ Evenly

Part III Rounding and Printing Options

1 Select Rounding Option:

- a ◀ Round up to next \$1 b ◀ Round up to next \$10 c ◀ Round up to next \$100 d ◀ Round to nearest \$1

2 Select Voucher Printing Option:

- a ◀ Print (per Part I, lines 3a - c) b ◀ Print only name, etc. c ◀ Do **not** print vouchers

Part IV Estimated Tax Payment Summary

	1 Apr 18, 2022	2 Jun 15, 2022	3 Sep 15, 2022	4 Jan 17, 2023	Total
1 If you have already made payments, enter amounts.					
2 Indicate which payment is due next. (e.g. if it is now July 26, 2022, check col. 3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3 Required payment.					
4 Overpayment applied					
5 Net payment due					
6 Voucher amounts					
QuickZoom to voucher. ►					

Part V Changes to Income, Credits and Withholding for 2022

2021 income and deductions are shown in the '2021 Actual' column below.

***Caution:** For each line in the '2022 Estimated' column, enter the estimated 2022 amount **if different** from 2021. Otherwise, the '2021 Actual' amount will be used for that line. If zero, you **must** enter zero.

	2021 Actual	*2022 Estimated
1 Federal adjusted gross income	71,262.	
2 Additions		
3 Subtractions	62,219.	62,219.
4 Exemption allowance amount	622.	
5 Credits:		
a Credit for income tax paid to another jurisdiction		
b Other nonrefundable credits		
c Property tax credit		
d Farmland preservation tax credit		
e Michigan earned income tax credit		
f Michigan Historic Preservation Tax Credit		
g Pass-Through Entity Tax Credit		
6 Income tax withheld	320.	

Part VI 2022 Estimated Taxable Income and Tax

1 Estimated 2022 income subject to tax	1	9,043.
2 Exemption allowance amount	2	622.
3 Balance. Subtract line 2 from line 1	3	8,421.
4 Estimated tax. Multiply line 3 by 4.25% (.0425)	4	358.
5 All estimated credits	5	
6 Subtract line 5 from line 4. This is your 2022 tax based on your estimate of 2022 income	6	358.

Pension Deduction Worksheet

2021

▶ Keep for your records

Name as Shown on Return <u>Praneeth Sai C Vaddepalli</u>	Social Security Number <u>640-69-0648</u>
---	--

*	**	***	If Roth conversion		****	1 0 9 9 R C o d e	Payer/Description	Federal Amount	Michigan amount (Part-year residents only)
			Date of conversion from Regular to Roth IRA (mm/dd/yy)	Age 59-1/2 or older as of conversion date Yes No			Payer/EIN		
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>					

a Deceased Spouse Name _____ **b** Deceased Spouse Social Security Number _____ **c** Deceased Spouse Year of Birth (ex. 19XX) _____

d Deceased Spouse Received retirement benefits from employment exempt from Social Security in the year they died **e** Deceased Spouse Retired as of 1/1/2013

Note: If you are an unremarried surviving spouse who was born after 1945 and has reached the age of 67, and claimed a subtraction for retirement and pension benefits on a return jointly filed with the decedent in the year they died, see Form 4884 for more details on claiming your deduction.

* Enter pension type: M – Military R – Railroad G – Government or Public P – Private (including IRAs) C – 2021 Roth IRA conversion N – Other distributions (subject to Michigan income tax)	** Check if Distribution is from a 457 plan (subject to Michigan income tax) (Automatically changes pension type to "N")	*** Check if Distribution was received from a deceased spouse who died prior to 2021	**** Enter pension ownership: T – Taxpayer S – Spouse
---	--	--	---

QuickZoom to Form 4884 ➔ _____

QuickZoom to Form 4973 ➔ _____

Property Tax Information Worksheet

2021

▶ Keep for your records

Name as Shown on Return Praneeth Sai C Vaddepalli	Social Security Number 640-69-0648
--	---------------------------------------

The homestead referenced on this worksheet was **NOT** located in Michigan
 * **Caution:** marking this box disables the Homestead Property Tax Credit and the Home Heating Credit

MI-1040CR-2 eligibility:

- 1 Blind and own your homestead.
 Veteran with service-connected disability. Enter percent of disability. _____ %
 Surviving spouse of veteran deceased in service
 Veteran of wars before World War I, pensioned veteran, his/her surviving spouse, or an active military
 Surviving spouse of a veteran of the Korean War, World War II or World War I

Homeowners:

	A	B	C
	Lived in same residence all year ▼	If you bought or sold your home in 2021	
		Bought ▼	Sold ▼
* Caution: the amount calculated on line 2b, column A is the amount paid. If the amount billed is different, enter the amount billed or mark the box below to prevent calculation of property taxes levied. Do not calculate line 2b, column A <input type="checkbox"/>			
2a	Number of days occupied	365	
b	Property taxes levied in 2021		

Home Office Worksheet			
<i>lines c, d and e only apply if part of the home was used for business - all others continue with line f</i>			
c	Percent of home used for business *	_____ %	_____ %
d	Business portion of taxes (Line 2b X line 2c) *	_____	_____
e	Personal portion of taxes (Line 2b - line 2d)	_____	_____

f | Taxable value of homestead | _____ | _____ | _____

- 3 Address on December 31, 2021, if different from your current address:
 Address _____ State _____ ZIP Code _____
 City _____
- 4 Address of homestead sold during 2021:
 Address _____ State _____ ZIP Code _____
 City _____

Renters or Mobile Home Park Residents

(Do not include Alternate Housing Facility information, see line 6 below):

5 a Enter information below:

Address of mobile home park or homestead rented		Landowner's name and address	Veterans only - Millage rate
Number of months /days rented	Number of months paid \$3 mobile home tax	Monthly rent	Do not transfer to 2022
Address _____ City _____ State _____ Zip code _____ Months _____ Months _____ Days _____		Name _____ Address _____ City _____ State _____ Zip code _____ Monthly Rent _____	<input type="checkbox"/>
Address _____ City _____ State _____ Zip code _____ Months _____ Months _____ Days _____		Name _____ Address _____ City _____ State _____ Zip code _____ Monthly Rent _____	<input type="checkbox"/>

b **Renters age 65 and older:** If you moved from one rental homestead to another during the last two years, enter the final month's rent on your **previous** rented homestead _____

Alternate Housing Facilities

6 Name of housing project or landowner _____
Address _____
City _____ State . . ____ ZIP Code . _____

a Subsidized housing or Service-fee housing residents:

If you lived in one of these types of facilities for all or part of 2021, check the appropriate box below

- Subsidized Housing
- Service Fee Housing

Number of months rented _____

Number of days rented _____

Total rent paid in 2021 _____

Percentage attributed to property (Service Fee Housing only) (defaults to 10%). _____ %

b Special housing:

If you lived in one of these types of facilities for all or part of 2021, check the appropriate box below

- Cooperative Housing
- Home for the Aged
- Nursing Home
- Adult Foster Care Home
- Paid Room and Board

Your prorated share of taxes paid by the landowner _____

Tax Payments Worksheet

2021

▶ Keep for your records

Name Praneeth Sai C Vaddepalli	Social Security Number 640-69-0648
-----------------------------------	---------------------------------------

Tax Payments for the Current Year

		State	
		Date	Payment
1	First Payment		
2	Second Payment		
3	Third Payment		
4	Fourth Payment		
Additional Payments			
5	Payment		
	Payment		
	Payment		
	Payment		
	Payment		
6	Overpayment from previous year applied to current year	6	
7	Amount paid with current year extension	7	
8	Total tax payments	8	

Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2	9	320.
10	State withholding on Forms W-2G	10	
11	State withholding on Forms 1099-R	11	
12 a	State withholding on Forms 1099-MISC	12 a	
b	State withholding on Forms 1099-NEC	b	
c	State withholding on Forms 1099-G	c	
d	State withholding on Forms 1099-K	d	
13	Other state tax withholding	13	
14	Total income tax withheld	14	320.
15	Date return will be filed and balance paid	15	

► Keep for your records

Name as Shown on Return Praneeth Sai C Vaddepalli	Social Security Number 640-69-0648
--	---------------------------------------

Use the table below to list your purchases or

check here if no purchases were made requiring Use Tax

Description of Item Purchased	Date of Purchase	Purchase Price

1	<input type="checkbox"/> Itemized purchases of \$0 to \$1,000 x 6 percent (.06) OR <input type="checkbox"/> Use Tax Table amount	1	
2	Single purchases \$1,000 or more x 6 percent (.06)	2	
3	Sales Tax Paid to Another State on These Purchases	3	
4	Total Use Tax Due (Line 1 plus Line 2 minus Line 3)	4	

Enter amount from line 4 above on your 2021 MI-1040, line 23. If the amount on line 4 is 0, enter 0 on your 2021 MI-1040, line 23.

Tax Summary
 ▶ Keep for your records

2021

Name(s) Praneeth Sai C Vaddepalli	
Federal Adjusted Gross Income	71,262.
Michigan Additions	
Michigan Subtractions	62,219.
Exemptions	622.
Michigan Taxable Income	8,421.
Tax	358.
Non-refundable Credits	
Use Tax	0.
Total Tax	358.
Refundable Credits	
Michigan Tax Withheld	320.
Total Payments and Credits	320.
Interest and/or Penalty	
Amount Due	38.
Overpayment	
Amount applied to 2022 estimated tax	
Refund	

Detroit Tax Payments Worksheet

2021

▶ Keep for your records

Name Praneeth Sai C Vaddepalli	Social Security Number 640-69-0648
-----------------------------------	---------------------------------------

Tax Payments for the Current Year

		Detroit	
		Date	Payment
1	First Payment		
2	Second Payment		
3	Third Payment		
4	Fourth Payment		
Additional Payments			
5	Payment		
	Payment		
	Payment		
	Payment		
	Payment		
6	Overpayment from previous year applied to current year	6	
7	Amount paid with current year extension	7	
8	Total tax payments	8	

Income Taxes Withheld for the Current Year

9 Date return will be filed and balance paid	15	
--	-----------	--

Smart Worksheets From 2021 Michigan Tax Return

SMART WORKSHEET FOR: Form 1040 Schedule 1: Additions and Subtractions

Other States Income Smart Worksheet	
Full year residents:	
A Apportioned income from MI-1040H, line 12.	_____
B Business income (including rents and royalties) derived solely in another state	_____
C Apportioned Allowable Business Loss from MI-461	_____
Part-year or nonresidents:	
D Enter the amount of income from Schedule NR, line 14, column C	62,219.

SMART WORKSHEET FOR: Form 1040 Schedule NR: Nonresident and Part-Year Resident Schedule

Income Allocation Smart Worksheet		
	Column A Total Income	Column B Michigan Income
1 Wages, salaries, tips, sick, strike and SUB pay	70,960.	8,755.
2 Interest and dividends from U.S. Schedule B		
3 Business income or loss from U.S. Schedule C		
4 Farm income or loss from U.S. Schedule F		
5 Capital gains/losses from U.S. Schedule D	637.	0.
6 Income reported on U.S. Schedule E		
7 Pension and IRA distributions		
8 Taxable Social Security benefits		
9 State and local tax refunds	0.	
10 Alimony received		
11 Unemployment compensation		
12 Other gains or losses from U.S. Form 4797		
13 Other income	288.	288.
14 Total income. Add lines 1 through 13	71,885.	9,043.
15 Educator expenses		
16 Certain business expenses of reservists, performing artists, and fee-basis government officials		
17 IRA deduction		
18 Student loan interest deduction	623.	0.
20 Health savings account deduction		
21 Moving expenses		0.
22 One-half of self-employment tax		
23 Self-employment health insurance deduction		
24 Self-Employed SEP, SIMPLE or qualified plans		
25 Penalty for early withdrawal of savings		
26 Alimony paid		
28 Archer MSA deduction		
29 Jury duty pay given to employer		
30 Other adjustments to income		
31 Total adjustments. Add lines 15 through 29	623.	0.
32 Adjusted gross income. Subtract line 30 from line 14	71,262.	9,043.

SCHEDULE D
(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

2021

Attachment
Sequence No. **12**

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**
▶ **Go to www.irs.gov/ScheduleD for instructions and the latest information.**
▶ **Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.**

Name(s) shown on return

Praneeth Sai C Vaddepalli

Your social security number

640-69-0648

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? **Yes** **No**

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	2,492.	1,968.		524.
2 Totals for all transactions reported on Form(s) 8949 with Box B checked	235.	122.		113.
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7 637.

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back				15

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	637.
	<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 		
17	Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input checked="" type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet ▶	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet ▶	19	
20	Are lines 18 and 19 both zero or blank and are you not filing Form 4952? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } 	21	()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. <input checked="" type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

Sales and Other Dispositions of Capital Assets

Department of the Treasury
Internal Revenue Service

► Go to www.irs.gov/Form8949 for instructions and the latest information.
► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

Social security number or taxpayer identification number

Praneeth Sai C Vaddepalli

640-69-0648

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C)** Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	02116A104 ALSET EHOME INTERNATIONAL INC. COMMON STOCK 88	05/24/21	06/22/21	500.	354.			146.
	242797108 DECARBONIZATION PLUS ACQUISITI ON CORPORATION CLASS A COMMON STOCK 10	06/17/21	06/29/21	100.	100.			0.
	13200M508 CAMBER ENERGY, INC 76	09/13/21	09/15/21	127.	110.			17.
	72919P202 PLUG POWER, INC. COMMON STOCK 4	05/07/21	10/07/21	110.	97.			13.
	72919P202 PLUG POWER, INC. COMMON STOCK 5	05/07/21	10/27/21	158.	103.			55.
	00835Q103 AEVA TECHNOLOGIES, INC. 21	05/06/21	11/26/21	198.	200.			-2.
	CORBUS PHARMACEUTICALS H 20	02/04/21	02/09/21	62.	59.			3.
	***CHEMOMAB THERAPEUTICS LTD A 0.25	03/16/21	04/20/21	7.	20.			-13.
	***SUNDIAL GROWERS INC C 114	04/30/21	06/29/21	109.	100.			9.
	***XPENG INC A 10	04/30/21	07/19/21	390.	300.			90.
	LUCID GROUP INC C 20	03/16/21	11/03/21	731.	525.			206.
2 Totals.	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ►			2,492.	1,968.			524.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Sales and Other Dispositions of Capital Assets

Department of the Treasury
Internal Revenue Service

► Go to www.irs.gov/Form8949 for instructions and the latest information.
► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

Praneeth Sai C Vaddepalli

Social security number or taxpayer identification number

640-69-0648

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	ETHUSD 0.065516	06/22/21	10/06/21	235.	122.			113.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ►				235.	122.			113.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

2021 Form OR-40-P
Oregon Individual Income Tax Return for Part-year Residents

Oregon Department of Revenue

Page 1 of 11 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Fiscal year ending date (MM/DD/YYYY)

Space for 2-D barcode—do not write in box below

Amended return.
If amending for an NOL, tax
year the NOL was generated:
NOL tax year (YYYY)

- Extension filed
- Form OR-24
- Federal Form 8379
- Federal Form 8886
- Disaster relief
- Military
- Employment
exception



Calculated with "as if" federal return

Short-year tax election

From (MM/DD/YYYY)

To (MM/DD/YYYY)

Oregon resident dates: 03/01/2021

12/31/2021

First name

Initial

Date of birth (MM/DD/YYYY)

PRANEETH SAI

C

11/17/1994

Last name

VADDEPALLI

Social Security number (SSN)

640-69-0648

- First time using this SSN (see instructions)
- Applied for ITIN
- Deceased

Spouse's first name

Initial

Spouse's date of birth (MM/DD/YYYY)

Spouse's last name

Spouse's Social Security number (SSN)

- First time using this SSN (see instructions)
- Applied for ITIN
- Deceased

Current address

4038 SE 78TH AVE

City

State

ZIP code

HILLSBORO

OR

97123-2335

Country

Phone

USA

248-854-2048



Page 2 of 11 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name

Social Security number (SSN)

VADDEPALLI

640-69-0648

Note: Reprint page 1 if you make changes to this page.

Filing Status (check only one box)

- 1. [X] Single 2. [] Married filing jointly 3. [] Married filing separately (enter spouse's information above) 4. [] Head of household (with qualifying dependent) 5. [] Qualifying widow(er) with dependent child

Exemptions

6a. Credits for yourself..... 6a. 1

Check boxes that apply: [X] Regular [] Severely disabled [] Someone else can claim you as a dependent.

6b. Credits for your spouse 6b.

Check boxes that apply: [] Regular [] Severely disabled [] Someone else can claim you as a dependent.

Dependents. List your dependents in order from youngest to oldest. [] If more than three, check this box and include Schedule OR-ADD-DEP.

Dependent 1: First name Initial Dependent 1: Last name

Dependent 1: Date of birth (MM/DD/YYYY) Dependent 1: Social Security number (SSN) Code *

[] Dependent 1: Check if child has a qualifying disability

Dependent 2: First name Initial Dependent 2: Last name

Dependent 2: Date of birth (MM/DD/YYYY) Dependent 2: Social Security number (SSN) Code *

[] Dependent 2: Check if child has a qualifying disability

Dependent 3: First name Initial Dependent 3: Last name

Dependent 3: Date of birth (MM/DD/YYYY) Dependent 3: Social Security number (SSN) Code *

[] Dependent 3: Check if child has a qualifying disability

*Dependent relationship code (see instructions).

6c. Total number of dependents 6c.

6d. Total number of dependent children with a qualifying disability (see instructions)..... 6d.



Page 3 of 11 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name

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VADDEPALLI

640-69-0648

Note: Reprint page 1 if you make changes to this page.

6e. Total exemptions. Add 6a through 6d..... Total 6e. 1

Income	Federal column (F)	Oregon column (S)
7. Wages, salaries, and other pay for work from federal Form 1040 or 1040-SR, line 1. Include all Forms W-2.		
7F.	70,960.00	7S. 62,205.00
8. Interest income from Form 1040 or 1040-SR, line 2b.		
8F.		8S.
9. Dividend income from Form 1040 or 1040-SR, line 3b.		
9F.		9S.
10. State and local income tax refunds from federal Schedule 1, line 1.		
10F.	0.00	10S.
11. Alimony received from federal Schedule 1, line 2a.		
11F.		11S.
12. Business income or loss from federal Schedule 1, line 3.		
12F.		12S.
13. Capital gain or loss from Form 1040 or 1040-SR, line 7.		
13F.	637.00	13S. 0.00
14. Other gains or losses from federal Schedule 1, line 4.		
14F.		14S.



Page 4 of 11 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name

Social Security number (SSN)

VADDEPALLI

640-69-0648

Note: Reprint page 1 if you make changes to this page.

Federal column (F)

Oregon column (S)

15. IRA distributions from Form 1040 or 1040-SR, line 4b.

15F.

15S.

16. Pensions and annuities from Form 1040 or 1040-SR, line 5b.

16F.

16S.

17. Schedule E income or loss from federal Schedule 1, line 5.

17F.

17S.

18. Farm income or loss from federal Schedule 1, line 6.

18F.

18S.

19. Social Security benefits from Form 1040 or 1040-SR, line 6b; and unemployment and other income from federal Schedule 1, lines 7 and 9.

19F.

288.00

19S.

0.00

20. Total income. Add lines 7 through 19.

20F.

71,885.00

20S.

62,205.00

Adjustments

21. IRA or SEP and SIMPLE contributions, from federal Schedule 1, lines 16 and 20.

21F.

21S.

22. Education deductions from federal Schedule 1, lines 11 and 21.

22F.

623.00

22S.

0.00



Page 5 of 11 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name

Social Security number (SSN)

VADDEPALLI

640-69-0648

Note: Reprint page 1 if you make changes to this page.

Federal column (F)

Oregon column (S)

23. Moving expenses from federal Schedule 1, line 14.

23F.

23S.

24. Deduction for self-employment tax from federal Schedule 1, line 15.

24F.

24S.

25. Self-employed health insurance deduction from federal Schedule 1, line 17.

25F.

25S.

26. Alimony paid from federal Schedule 1, line 19a.

26F.

26S.

27. Total adjustments from Schedule OR-ASC-NP, Section A.

27F.

27S.

28. Total adjustments. Add lines 21 through 27.

28F.

623.00

28S.

29. Income after adjustments. Line 20 minus line 28.

29F.

71,262.00

29S.

62,205.00

Additions

30. Total additions from Schedule OR-ASC-NP, Section B.

30F.

30S.



Page 6 of 11 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name

Social Security number (SSN)

VADDEPALLI

640-69-0648

Note: Reprint page 1 if you make changes to this page.

Federal column (F)

Oregon column (S)

31. Income after additions. Add lines 29 and 30.

31F.

71,262.00

31S.

62,205.00

Subtractions

32. Social Security and tier 1 Railroad Retirement Board benefits included on line 19F.

32F.

33. Total subtractions from Schedule OR-ASC-NP, Section C.

33F.

33S.

34. Income after subtractions. Line 31 minus lines 32 and 33.

34F.

71,262.00

34S.

62,205.00

35. Oregon percentage (see instructions; not more than 100.0%).

Percentage

35.

87.3 %

Deductions and modifications

36. Amount from line 34F..... 36.

71,262.00

37. Oregon itemized deductions. Enter your Oregon itemized deductions from Schedule OR-A, line 23. If you are not itemizing your deductions, enter 0..... 37.

0.00

38. Standard deduction. Enter your standard deduction (see instructions) 38.

2,350.00

You were: 38a. 65 or older 38b. Blind Your spouse was: 38c. 65 or older 38d. Blind

39. Enter the larger of line 37 or 38..... 39.

2,350.00

40. 2021 federal tax liability (see instructions)..... 40.

7,050.00



Page 7 of 11 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

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Note: Reprint page 1 if you make changes to this page.

41. Total modifications from Schedule OR-ASC-NP, Section D	41.	0.00
42. Add lines 39, 40, and 41	42.	9,400.00
43. Taxable income. Line 36 minus line 42. If line 42 is more than line 36, enter 0	43.	61,862.00

Oregon tax

44. Tax. Check the appropriate box if you're using an alternative method to calculate your tax (see instructions).....	44.	5,156.00
44a. <input type="checkbox"/> Schedule OR-FIA-40-P	44b. <input type="checkbox"/> Worksheet FCG	44c. <input type="checkbox"/> Schedule OR-PTE-PY
45. Oregon income tax. Line 44 multiplied by the Oregon percentage from line 35 (see instructions)	45.	4,501.00
46. Interest on certain installment sales	46.	
47. Total tax before credits. Add lines 45 and 46	47.	4,501.00

Standard and carryforward credits

48. Exemption credit (see instructions).....	48.	186.00
49. Total standard credits from Schedule OR-ASC-NP, Section E	49.	
50. Total standard credits. Add lines 48 and 49	50.	186.00
51. Tax minus standard credits. Line 47 minus line 50. If line 50 is more than line 47, enter 0	51.	4,315.00
52. Total carryforward credits claimed this year from Schedule OR-ASC-NP, Section F. Line 52 can't be more than line 51 (see Schedule OR-ASC and OR-ASC-NP Instructions)	52.	
53. Tax after standard and carryforward credits. Line 51 minus line 52	53.	4,315.00



Page 8 of 11 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name

Social Security number (SSN)

VADDEPALLI

640-69-0648

Note: Reprint page 1 if you make changes to this page.

54. Total credit recaptures claimed this year from Schedule OR-ASC-NP, Section G ... 54.

55. Tax after credit recaptures. Line 53 plus line 54 55. 4,315.00

Payments and refundable credits

56. Oregon income tax withheld. Include a copy of your Forms W-2 and 1099 56. 4,603.00

57. Amount applied from your prior year's tax refund 57.

58. Estimated tax payments for 2021. Include all payments you made prior to the filing date of this return, including real estate transactions. Do not include the amount you already reported on line 57 58.

59. Tax payments from a pass-through entity 59.

60. Earned income credit (see instructions)..... 60.

61. Kicker (Oregon surplus credit). Enter your kicker credit amount (see instructions). If you elect to donate your kicker to the State School Fund, enter 0 and see line 77 61. 0.00

62. Total refundable credits from Schedule OR-ASC-NP, Section H..... 62.

63. Total payments and refundable credits. Add lines 56 through 62 63. 4,603.00

Tax to pay or refund

64. Overpayment of tax. If line 55 is less than line 63, you overpaid. Line 63 minus line 55 64. 288.00

65. Net tax. If line 55 is more than line 63, you have tax to pay. Line 55 minus line 63 65.

66. Penalty and interest for filing or paying late (see instructions) 66.



Page 9 of 11 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name

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VADDEPALLI

640-69-0648

Note: Reprint page 1 if you make changes to this page.

67. Interest on underpayment of estimated tax. Include Form OR-10 67.

Exception number from Form OR-10, line 1: 67a.

Check box if you annualized: 67b.

68. Total penalty and interest due. Add lines 66 and 67 68.

69. Net tax including penalty and interest.

Line 65 plus line 68. This is the amount you owe. 69.

70. Overpayment less penalty and interest.

Line 64 minus line 68. This is your refund. 70.

288.00

71. Estimated tax. Fill in the portion of line 70 you want applied to your open estimated tax account 71.

72. Charitable checkoff donations from Schedule OR-DONATE, line 30 72.

73. Oregon 529 college savings plan deposits from Schedule OR-529 (see instructions)..... 73.

74. Total. Add lines 71 through 73. The total can't be more than your refund on line 70..... 74.

75. Net refund. Line 70 minus line 74 This is your net refund. 75.

288.00

Direct deposit

76. For direct deposit of your refund, see instructions. Check the box if the final deposit destination is outside the United States:

Type of account:

Account information:

Checking or

Routing number

Account number

Savings

072000326

368618226

Kicker donation

77. If you elect to donate your kicker to the State School Fund, check this box..... 77a.

Complete the kicker worksheet, located in the instructions, and enter the amount here. This election is irrevocable. 77b.



Page 10 of 11 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name

Social Security number (SSN)

VADDEPALLI

640-69-0648

Note: Reprint page 1 if you make changes to this page.

Sign here. Under penalty of false swearing, I declare that the information in this return is true, correct, and complete.

Your signature

X

Date (MM/DD/YYYY)

Spouse's signature

X

Date (MM/DD/YYYY)

Signature of preparer other than taxpayer

X SELF PREPARED

Date (MM/DD/YYYY)

Phone

Preparer license number

Preparer first name

Initial

Preparer last name

Preparer address

City

State

ZIP code

Signing this return does not grant your preparer the right to represent you or make decisions on your behalf. For more information, see the instructions for the Tax Information Authorization and Power of Attorney for Representation form on our website.

Important: Include a copy of your federal Form 1040, 1040-SR, 1040-X, or 1040-NR. We may adjust your return without it.

Pay the amount due (shown on line 69)

- Online: www.oregon.gov/dor.
• By mail: Payable to the Oregon Department of Revenue. Write "2021 Oregon Form OR-40-P" and the last four digits of your SSN or ITIN on your check or money order. Include your payment with this return. Don't use Form OR-40-V payment voucher if you're mailing payment with your return.

Mail your return

- Non-2-D barcode. If the large 2-D barcode box on the first page of this form is blank:
- Mail tax-due returns to: Oregon Department of Revenue, PO Box 14555, Salem OR 97309-0940.
- Mail refund and no-tax-due returns to: Oregon Department of Revenue, PO Box 14700, Salem OR 97309-0930.
• 2-D barcode. If the large 2-D barcode box on the first page of this form is filled in:
- Mail tax-due returns to: Oregon Department of Revenue, PO Box 14720, Salem OR 97309-0463.
- Mail refund and no-tax-due returns to: Oregon Department of Revenue, PO Box 14710, Salem OR 97309-0460.



Page 11 of 11 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name

Social Security number (SSN)

VADDEPALLI

640-69-0648

Note: Reprint page 1 if you make changes to this page.

Amended statement. Complete this Section only if you're amending your 2021 return or filing with a new SSN.

If filing an amended return, use this space to explain what you're changing. Include the return line numbers and the reason for each change. If your filing status has changed, explain why. Include all supporting forms and schedules when you file your amended return, even if you haven't changed anything on them.

If filing with a new SSN, enter your former identification number.



Name
Praneeth Sai C Vaddepalli

Social Security Number
640-69-0648

*This form is to be used by all taxpayers filing an Oregon return. Lines which **only** apply to certain filers are indicated below in parentheses. If an item below does not indicate your main form, it is either not applicable or is to be entered directly on that form.*

		Federal Column (40P/40N)	Oregon Column (All Filers)
Code	Description		
103	Claim of right income repayments (40, 40N, 40P)		
106	Disposition of inherited Oregon farmland or forestland (40, 40N, 40P)		
107	Federal election on interest and dividends of a minor child (40, 40N, 40P)		
109	Federal income tax refunds (40)		
116	Net operating loss non-Oregon source (40, 40N, 40P)		
117	Oregon College and MFS 529 Savings Plan subtraction nonqualified withdrawal (40, 40N, 40P)		
118	Oregon deferral of reinvested capital gain (40, 40N, 40P)		
119	Partnership and S corporation modifications for Oregon (40, 40N, 40P)		
122	Unused business credit (40, 40N, 40P)		
123	Federal subsidies for employer prescription drug plans (40, 40N, 40P)		
131	Federal Law Disconnect. Do not use this code unless instructed by the Department of Revenue (40, 40N, 40P) . . .		
	Fiduciary Adjustments		
132	Accumulation distribution from certain domestic trusts (40, 40N, 40P)		
133	Fiduciary adjustments from Oregon estates and trusts (40, 40N, 40P)		
	Schedule A deduction add back for OR subtractions		
134	Gambling losses claimed as itemized deduction (40)		
136	Refund of Oregon-only itemized Deductions from a prior year (40, 40N, 40P)		
	Individual Development Account (IDA)		
137	IDA nonqualified withdrawal (40, 40N, 40P)		
138	Addback for IDA donation credit (40)		
139	Lump-sum distribution from a qualified retirement plan (40, 40N, 40P)		
140	Passive foreign Investment Income (40, 40N, 40P)		
	Itemized deduction add back for Oregon Credits		
142	Contributions to Child Care Fund (40)		
144	Contributions to Oregon Production Investment Fund (40) . . .		
146	Contributions to a university venture fund (40)		
148	Income taxes paid to another state by a pass-through entity (40, 40N, 40P)		
	Basis Adjustments		
150	Basis of business assets transferred into Oregon (40, 40N, 40P)		
151	Depletion in excess of property basis (40, 40N, 40P)		
152	Depreciation difference for Oregon (40, 40N, 40P)		
153	Federal depreciation disconnect (40, 40N, 40P)		
154	Gain or loss on sale of depreciable property with different basis for Oregon (40, 40N, 40P)		
155	Passive activity losses (40, 40N, 40P)		
156	Suspended losses (40, 40N, 40P)		
157	Federal estate tax (40)		

158	Interest and dividends on government bonds of other states (40, 40N, 40P)		
159	Federal subtraction for retirement savings rollover from Individual Development Account (40, 40N, 40P)		
160	Disqualified charitable donations (40)		
161	Nonresident capital losses and loss carryovers (40, 40N, 40P) .		
162	Capital loss carryover difference (40, 40N, 40P)		
163	WFHDC medical expenses (40)		
164	ABLE account subtraction nonqualified withdrawal (40, 40N, 40P)		
165	College Opportunity Grant contributions (40)		
	First-time home buyer savings account		
166	nonqualified withdrawal (40, 40N, 40P)		
187	CPAR addition (40, 40N, 40P)		
Other Code	Enter other additions description below		
Total to OR-ASC Section A or OR-ASC N/P section B			0 .

Name
Praneeth Sai C Vaddepalli

Social Security Number
640-69-0648

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Code		Description		Federal Column (40P/40N)	Oregon Column (All Filers)
300	American Indian (40, 40N, 40P)				
301	Artist's charitable contribution (40 only)				
303	Construction worker and logger commuting (40, 40N, 40P)				
306	Federal gain previously taxed by OR (40, 40N, 40P)				
307	Federal pension (40, 40N, 40P)				
309	Federal income tax paid for a prior year (40 only)				
310	Fiduciary adjustments from Oregon estates and trusts (40, 40N, 40P)				
311	Foreign income tax (40 only)				
314	IDA contributions (40, 40N, 40P)				
315	Interest and dividends on U.S. bonds and notes (40, 40N, 40P)				
316	Land donation to educational institutions carryforward (40, 40N, 40P)				
317	Interest from state and local government bonds (40, 40N, 40P)				
a 319	Military active duty pay (40, 40N, 40P)				
b 319	Oregon National Guard and reserve pay subtraction (40, 40N, 40P)				
319	Total Military pay subtractions (40, 40N, 40P)				
320	Mortgage interest credit (40 only)				
321	Net operating loss for Oregon (40, 40N, 40P)				
322	Oregon lottery winnings included on your federal return (40, 40N, 40P)	Date of Winning Ticket	Winnings received per ticket		
323	Partnership or S corp modifications (40, 40N, 40P)				
324	Oregon college and MFS 529 savings plan deposits carryforward (40, 40N, 40P)				
	Oregon income tax refund included in				

327	Employee retirement plans previously taxed (40, 40N, 40P)		
329	Public Safety Memorial Fund award (40, 40N, 40P)		
330	Railroad Retirement Board benefits (40, 40N, 40P)		
331	US government interest in IRA or Keogh distributions (40, 40N, 40P)		
333	Scholarship awards used for housing exp (40, 40N, 40P)		
335	Legislative Assembly salary/expenses (40, 40N, 40P)		
336	Film production labor rebate -- Greenlight Oregon Labor Rebate Fund (40, 40N, 40P)		
338	Manufactured dwelling park capital gain exclusion (40, 40N, 40P)		
339	Capital Construction Fund (CCF) (40, 40N, 40P)		
340	Federal tax credits (40, 40N, 40P)		
341	Income on a Composite Return (40N, 40P)		
342	Oregon investment advantage (40, 40N, 40P)		
344	Manufactured dwelling park closure payment (40, 40N, 40P)		
347	Taxable benefits for former RDP's (40, 40N, 40P)		
348	IRA conversions previously taxed (40, 40N, 40P)		
351	Special Oregon medical (40, 40N, 40P)		
352	DISC (domestic international sales corporation) dividends payments (40, 40N, 40P)		
354	Depreciation difference for Oregon (40, 40N, 40P)		
355	Gain or loss on sale of depreciable property with a different basis for federal and Oregon (40, 40N, 40P)		
356	Passive activity losses (40, 40N, 40P)		
357	Suspended Losses (40, 40N, 40P)		
358	Basis of business assets transferred into Oregon (40, 40N, 40P)		
359	Marijuana business expenses		
360	ABLE account deposit carryforward		
361	First-time home buyer savings account contributions and earnings (40, 40N, 40P)		
362	AmeriCorps educational award (40, 40N, 40P)		
363	Charitable contributions non-itemized deduction (40)		
384	CPAR subtraction (40, 40N, 40P)		
All Others	Enter other subtractions description below		
Total to OR-ASC section B or OR-ASC N/P section C			0.

Oregon

Form 40/40P/40N Special Oregon Medical Subtraction Worksheet 2021

▶ Keep for your records

Name	Social Security No.

Other Subtractions

Special Oregon medical subtraction Code 351 For Taxpayer and/or Spouse age 66 or over on 12/31/2021.

	Column A Taxpayer	Column B Spouse
1 Medical and dental expenses for each qualifying taxpayer.		
2 Total medical and dental expenses claimed (Sch OR-A, line 1)		
3 Line 1 divided by line 2. Round to three decimal places		
4 Enter the smaller of line 2, above, or Schedule OR-A, line 3.		
5 Line 3 times line 4. Round to the nearest dollar		
6 Maximum allowable medical subtraction from the table in the instructions (\$1,800 maximum)		
7 Enter the smaller of line 5 or line 6		
8 Add the amounts from line 7, columns A and B. This is your special Oregon medical subtraction		

Name Praneeth Sai C Vaddepalli	Social Security Number 640-69-0648
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This form is to be used by all taxpayers filing an Oregon return. Lines which **only** apply to certain filers are indicated below in parenthesis. If an item below does not indicate your main form, it is either not applicable or is to be entered directly on that form.

Standard Credits		
Code	Description	Amount
806	Mutually taxed gain on the sale of residential property	
807	Oregon Cultural Trust contributions	
808	Oregon Veterans' Home Physician	
809	Political contribution credit (40N, 40P only)	0.
810	Reservation enterprise zone	
811	Retirement income credit	
812	Rural Emergency Medical service providers (EMT)	
813	Rural health practitioners	
815	Pass-through income taxes paid to another state State code	
Total to Form OR-ASC Section C or Form OR-ASC N/P Section E		0.

Carryforward Credits

* Credit can be claimed by S corporation shareholders only

Code	Description	Carried Forward	Awarded this year	Remaining Tax	Claimed this year
835	Agricultural workforce housing.			4,315.	0.
836	*Agriculture workforce housing loans			4,315.	0.
837	*Alternative qualified research activities			4,315.	0.
838	Biomass production/collection carryforward			4,315.	0.
841	Child Care Fund contributions			4,315.	0.
843	Crop donation			4,315.	0.
845	Electronic commerce zone investment carryforward			4,315.	0.
847	Employer scholarship			4,315.	0.
848	*Lender's credit:energy conservation carryforward			4,315.	0.
849	Energy conservation projects			4,315.	0.
850	Fish screening devices			4,315.	0.
852	Oregon IDA Initiative Fund donation			4,315.	0.
853	*Long term enterprise zone facilities			4,315.	0.
854	*Lender's credit affordable housing			4,315.	0.
855	Initiative/New Markets			4,315.	0.
856	Oregon Production Investment Fund contributions (auction)			4,315.	0.
857	Pollution control facilities carryforward			4,315.	0.
858	*Qualified research activities			4,315.	0.
860	Renewable energy resource equipment manufact carryforward			4,315.	0.
861	Residential energy carryforward			4,315.	0.
863	Transportation projects carryforward			4,315.	0.
864	University Venture Development Fund contributions carryforward			4,315.	0.
867	Reforestation of underproductive forestlands			4,315.	0.
868	Rural technology workforce development			4,315.	0.
869	Bovine manure production/collection			4,315.	0.
871	College Opportunity Grant Fund contributions (auction)			4,315.	0.
872	Short line railroad rehabilitation			4,315.	0.
Total to Form OR-ASC Section D or Form OR-ASC N/P Section F					0.

Refundable Credits

Code	Description	Amount
890	Claim of right income repayment	
891	Manufactured dwelling park closure.	
895	Working Family Household and Dependent Care (WFHDC)	
896	Oregon 529 College Savings Network account contributions	
897	ABLE account contributions	
Total to Form OR-ASC Section F or Form OR-ASC N/P Section H		
Total to Payments & Refundable Credits Section Form OR-40, or		
Form OR-40-N or Form OR-40-P		
Earned Income Credit.		

Credit Recaptures		
Code	Description	Amount
950	ABLE account credit recapture	
951	Oregon 529 College Savings Network account credit recapture	
Total to Form OR-ASC Section E or Form OR-ASC N/P Section G		

Name Praneeth Sai C Vaddepalli	Social Security Number 640-69-0648
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This form is to be used by all taxpayers filing an Oregon nonresident or part-year resident return.
 Lines which **only** apply to certain filers are indicated below in parenthesis. If an item below does **not** indicate your main form, it is either not applicable or is to be entered directly on that form.

Code	Description	Amount
600	Artist's charitable contribution (40P)	0 .
601	Federal income tax refunds (40N, 40P)	
602	Federal income tax paid for a prior year (40N, 40P)	
603	Foreign income tax (40N, 40P)	
604	Gambling losses claimed as an itemized deduction (40N, 40P)	
605	Federal estate tax on income in respect of a decedent (40N, 40P)	0 .
607	Federal mortgage interest credit (40N, 40P)	
609	Federal tax credit (40N, 40P)	0 .
642	Child Care Fund contributions (40N, 40P)	
644	Oregon Production Investment Fund contributions (40N, 40P)	
646	University Venture Development Fund contributions (40N, 40P)	
648	Oregon IDA Initiative Fund donation credit add-back (40N, 40P)	
649	Claim of right income repayment (40N, 40P)	
650	Disqualified charitable donations(40N, 40P)	0 .
651	WFHDC medical expenses (40N, 40P)	
652	College Opportunity Grant Fund contributions (40N, 40P)	0 .
653	Charitable contribution non-itemized deduction (40N, 40P)	0 .
Total to OR-ASC N/P section D		0 .

Oregon Information Worksheet

2021

► Keep for your records

Part I – Personal Information

Taxpayer:

First Name . . . Praneeth Sai
Middle Initial . . . C Suffix _____
Last Name . . . Vaddepalli
SSN 640-69-0648
Date of Birth . . . 11/17/1994
Date of Death . . . _____
Daytime Phone . . . (248)854-2048
Home Phone . . . _____

Spouse/RDP:

First Name . . . _____
Middle Initial . . . _____ Suffix _____
Last Name . . . _____
SSN _____
Date of Birth . . . _____
Date of Death . . . _____
Daytime Phone . . . _____

Print phone number on the forms . . . Home Taxpayer work Spouse/RDP work

E-mail address prachin.ram@gmail.com

c/o Name . . . _____

Street Address 4038 SE 78th Ave

City Hillsboro State . . OR ZIP Code 97123-2335

APO/FPO address . . . APO FPO

Foreign country _____ Foreign Zip Code . . . _____

Part II – Main Form

Form 40: Resident Tax Return ► _____
 Form 40N: Nonresident Tax Return ► _____
 Form 40P: Part-Year Resident Tax Return ► _____
Dates of residency in Oregon (Part-Year and Nonresident filers only). From 03/01/2021
To 12/31/2021

Part III – Filing Status

Single
 Married, filing joint
 Married, filing separate
 Eligible to claim your spouse's exemption (see Help)
Do all of the following apply for 2021? - for Working Family Household and Dependent Care Credit
-You lived apart from your spouse during the last 6 months of 2021.
-The person's whose care you paid for lived with you for more than half of 2021.
-You paid more than half of the cost of keeping up that home for 2021.
 Yes
 No
different residency status from spouse?
 Yes
 No
 Head of household
 Qualifying widow(er)

Part IV – Taxpayer/Spouse Information

Taxpayer		Spouse		
Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Severely disabled
Yes <input type="checkbox"/>		Yes <input type="checkbox"/>		Legally blind
Yes <input type="checkbox"/>		Yes <input type="checkbox"/>		Can be claimed as a dependent on someone else's return

Part VII – Electronic Filing Information

Yes No

Use Federal PIN(s) in place of Form EF (See Help)

Select if special situation applies _____

Enter any Oregon identified disaster tax relief situations... _____

Part VIII – Direct Deposit Information

Yes No

Elect direct deposit of state tax refund

Do you want direct debit of state tax payment (Electronic Filing only)?

Bank Information:

If you selected direct deposit, fill out the information below:

Name of Financial Institution (optional) Chase _____

Account type Checking Savings

Routing number 072000326 _____

Account number. 368618226 _____

Enter the payment date to withdraw from the account above _____

State balance-due amount from this return _____

International ACH Transactions

Yes No

Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

Part IX – Extension Status

Yes No

Tax return due date extended?

Extended due date _____

QuickZoom to Form 40-V: Application for Automatic Extension of Time to File ▶ _____

Part X – Amended Return

Filing an Oregon amended return

Enter the tax year you are amending _____

Previous Oregon payment made _____

Previous Oregon refund received _____

QuickZoom to Amended Schedule ▶ _____

Tax Payments Worksheet

2021

▶ Keep for your records

Name Praneeth Sai C Vaddepalli	Social Security Number 640-69-0648
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Tax Payments for the Current Year

		State	
		Date	Payment
1	First Payment		
2	Second Payment		
3	Third Payment		
4	Fourth Payment		
Additional Payments			
5	Payment		
	Payment		
	Payment		
	Payment		
	Payment		
6	Overpayment from previous year applied to current year	6	
7	Amount paid with current year extension	7	
8	Total tax payments	8	

Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2	9	4,603.
10	State withholding on Forms W-2G	10	
11	State withholding on Forms 1099-R	11	
12 a	State withholding on Forms 1099-MISC	12 a	
b	State withholding on Forms 1099-NEC	b	
c	State withholding on Forms 1099-G	c	
d	State withholding on Forms 1099-K	d	
13	Other state tax withholding	13	
14	Total income tax withheld	14	4,603.
15	Date return will be filed and balance paid	15	

► Keep for your records

Name(s) Shown on Return
Praneeth Sai C Vaddepalli

Your Social Security Number
640-69-0648

Part I 2022 Estimated Tax Amount Options

1 Select One of Six Ways to Calculate the Required Annual Payment for 2022 Estimates:

- a 100% of 2021 taxes (default, see Tax Help) 4,315.
- b 100% of 2022 tax on estimated taxable income 4,304.
- c 90% of 2022 tax on estimated taxable income 3,874.
- d 66-2/3% of 2022 tax on estimated taxable income (farmers and fishermen) 2,870.
- e Equal to 100% of overpayment (no vouchers) 288.
- f Enter total amount you want to use for estimates and check box _____

2 Selected estimated tax amount:

- a 2022 Required Annual Payment based on your choice above 4,315.
- b Estimated amount of 2022 state income tax withholding 4,603.
- c **Total of estimated tax payments required for 2022** (line 2a less line 2b) 0.

3 Select Estimated Tax Payment option:

- a Calculate estimates if \$1000 or more (default)
- b Calculate estimates if _____ (specify amount) or more
- c Calculate estimates regardless of amount
- d Do **not** calculate estimates

Part II Overpayment Application Options

1 Amount of overpayment available 288.

2 Select Overpayment Application Amount Option:

- a Apply none (refund entire overpayment)
- b Apply all (increase estimate if required)
- c Apply to extent of total estimated tax and refund excess
- d Apply to extent of first quarter amount and refund excess
- e Enter amount you want to apply
- f Amount applied to 2022 estimated tax 0.
- g Overpayment to be refunded (line 1 less line 2f) 288.

3 Select Overpayment Application Sequence:

- a ◀ Consecutively b ◀ Evenly

Part III Rounding and Printing Options

1 Select Rounding Option:

- a ◀ Round up to next \$1 b ◀ Round up to next \$10 c ◀ Round up to next \$100 d ◀ Round to nearest \$1

2 Select Voucher Printing Option:

- a ◀ Print (per Part I, lines 3a - c) b ◀ Print only name, etc. c ◀ Do **not** print vouchers

Part IV Estimated Tax Payment Summary

	1 Apr 18, 2022	2 Jun 15, 2022	3 Sep 15, 2022	4 Jan 17, 2023	Total
1 If you have already made payments, enter amounts					
2 Indicate which payment is due next. (e.g. if it is now Apr 25, check col. 2).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3 Required Payment					
4 Overpayment applied					
5 Net payment due					
6 Voucher amounts					

Part V Changes to Income, Deductions and Withholding for 2022

2021 income and deductions are shown in the '2021 Actual' column below.

***Caution:** For each line in the '2022 Estimated' column, enter the 2022 amount **if different** from 2021. Otherwise, the '2021 Actual' amount will be used for that line. If zero, you **must** enter zero.

	2021 Actual	*2022 Estimated
A Federal adjusted gross income	71,262.	
B Oregon additions		
C Oregon subtractions		
D Deductions	9,400.	
E Exemption credit	186.	191.
F Oregon income tax credits	0.	
G Oregon income tax withholding	4,603.	

Part VI 2022 Estimated Taxable Income and Tax

- 1 Choose your 2022 filing status:
- Single
 Married filing jointly
 Married filing separately
 Head of Household
 Qualifying widow(er)

Oregon full-year residents only:

2 Federal adjusted gross income you expect in 2022.	2	71,262.
3 Oregon additions you expect in 2022.	3	
4 Income after additions. Line 2 plus line 3	4	71,262.
5 Oregon subtractions you expect in 2022.	5	
6 Income after subtractions. Line 4 minus line 5	6	71,262.
7 Itemized or standard deductions you expect in 2022.	7	9,400.
8 Oregon taxable income you expect in 2022. Line 6 minus line 7	8	61,862.
9 2022 Oregon estimated income tax using 2022 tax rate charts.	9	4,495.
10 Exemption credit (number of exemptions x 2022 exemption credit)	10	191.
11 Oregon income tax credits you expect for 2022 (do not include exemption credit)	11	0.
12 Line 10 plus line 11	12	191.
13 Line 9 minus line 12 (not less than -0-)	13	4,304.
14 a Multiply line 13 by 90% (.90). If you did not file a 2021 return, enter the amount from line 14a directly on line 14c	14 a	3,874.
b Enter 100% of the tax shown on your 2021 return	b	4,315.
c Enter the smaller of line 14a or 14b. This is your required annual payment to avoid underpayment interest	c	3,874.
15 Oregon income tax you expect withheld from your wages and/or pension in 2022	15	4,603.
16 Annual payment. Line 14c minus line 15.	16	0.
17 Amount you owe on each payment date	17	

Oregon Standard or Itemized Deduction Worksheet

2021

▶ Keep for your records — Do not file

Name <u>Praneeth Sai C Vaddepalli</u>	Social Security Number <u>640-69-0648</u>
--	--

1 Check here if you can be claimed as a dependent on another person's return		<input type="checkbox"/>	
2 Minimum amount	2	1,100.	
3 If the box on line 1 is checked, what was your earned income for the year?	3		
4 Enter the larger of line 2 or line 3	4	1,100.	
5 Standard deduction based on filing status			
a Single \$ 2,350.			
b Married Filing Jointly \$ 4,700.			
c Married Filing Separately \$ 2,350.			
d Head of Household \$ 3,780.			
e Qualifying Widow(er) \$ 4,700.	5	2,350.	
6 If dependent filer, enter the smaller of line 4 or line 5, otherwise enter line 5	6	2,350.	
7 Additional deductions:			
a You are age 65 or older	7 a		
b You are blind	b		
c Spouse/RDP is age 65 or older	c		
d Spouse/RDP is blind	d		
8 Total available standard deduction (add lines 6 through 7d)	8	2,350.	
9 Oregon itemized deductions (from Schedule OR-A)	9	982.	
10 Larger of line 9 or line 8	10	2,350.	

Oregon Federal Tax Liability Subtraction Worksheet

2021

▶ Keep for your records — Do not file

Name <u>Praneeth Sai C Vaddepalli</u>	Social Security Number <u>640-69-0648</u>
--	--

	Enter your federal adjusted gross income	<u>71,262.</u>	
1	Federal Tax Liability		<u>8,668.</u>
2	Nonrefundable CTC (Form 1040, line 19)		<u> </u>
3	Add lines 1 and 2.		<u>8,668.</u>
4	Excess Advance Premium Tax Credit		<u> </u>
5	Subtract line 4 from line 3 (if less than zero, enter zero)		<u>8,668.</u>
6 a	Additional tax on retirement Plans	<u> </u>	
b	Investment credit recapture	<u> </u>	
c	Additional tax on charitable contribution	<u> </u>	
d	First time homebuyer credit recapture, if not main home or disposed.	<u> </u>	
	Add lines 6a through 6d		<u> </u>
7	Add lines 5 and 6.		<u>8,668.</u>
8	Child tax credit (Schedule 8812, line 14e)		<u> </u>
9	American Opportunity Credit		<u> </u>
10	Economic Stimulus Payment(s) and Recovery Rebate Credit		<u>1,400.</u>
11	Premium tax credit (Form 8962, line 24)		<u> </u>
12	Credit for child and dependent care expenses (Form 1040, Schedule 3, line 13g)		<u> </u>
13	Add lines 8 through 12.		<u>1,400.</u>
14	Subtract line 13 from line 7 (if less than zero, enter zero)		<u>7,268.</u>
15	Maximum allowed tax liability subtraction		<u>7,050.</u>
16	Smaller of line 14 or line 15. Enter here and on Form OR-40, line 10; OR-40-P, line 40; or OR-40-N, line 40		<u>7,050.</u>

Name Praneeth Sai C Vaddepalli	Social Security Number 640-69-0648
-----------------------------------	---------------------------------------

Yes No
 Did taxpayer(s) file an Oregon return in 2020?

Taxpayer(s) prior year filing status
 Single
 Married Filing Joint
 Married Filing Separate
 Head of Household
 Qualifying Widower

Taxpayer(s) prior year tax liability _____
 Taxpayer(s) prior year out of state tax credit _____

Yes No Did you file married filing jointly in 2020 and are filing married filing jointly in 2021, but
 with a different spouse?

Yes No Did your filing status change from married filing jointly in 2020, to single, head of
 household, qualifying widow(er) or married filing separate in 2021?

Yes No Did your filing status change from single, head of household, qualifying widow(er), or
 married filing separate in 2020 to married filing jointly in 2021?

Fill out information below depending if one of the special circumstances applies above.

Taxpayer's prior year AGI _____
 Amount of prior year AGI that belongs to taxpayer _____

Yes No
 Did spouse file an Oregon return in 2020?

Spouse's prior year filing status
 Single
 Married Filing Joint
 Married Filing Separate
 Head of Household
 Qualifying Widower

Spouse's prior year tax liability _____
 Spouse's prior year out of state tax credit _____

Spouse's prior year AGI _____
 Amount of prior year AGI that belongs to spouse _____

If you check the box, you cannot change your decision for the 2021 tax year.
 Donate any kicker refund to the State School Fund
 If you check the box the refund will be sent directly to the State School Fund.
 If you do not check the box the refund, if any, will be sent to you.

Description		Amount
1	Tax liability reported on Form 40, line 22, or Form 40N, line 48, or Form 40P, line 47 of your 2020 return (if special circumstance see instructions)	0 .
2	Credit for income taxes paid to another state reported on Schedule OR-ASC, Section 3, amount column if claiming code 802 or code 815 or Schedule OR-ASC-NP, Section 5, amount column if claiming code 802 or code 815	0 .
3	Total 2020 tax before credits and after income taxes paid to another state (Line 1 minus line 2)	0 .
4	Kicker credit. Line 3 times 0.17341. Round to the nearest dollar.	0 .
Prorated Kicker credit (Only used if special circumstances apply)		
5	Federal AGI for 2020. Form 40, line 7; Form 40N or Form 40P, line 29F.	
6	Taxpayer's share of federal AGI for 2020.	
7	Line 6 divided by line 5. Round to two decimal places.	
8	Prorated Kicker credit. Line 4 times Line 7.	

Spouse's Kicker credit (Only used if special circumstances apply)

Description		Amount
1	Tax liability reported on Form 40, line 22, or Form 40N, line 48, or Form 40P, line 47 of your 2020 return (if special circumstance see instructions)	
2	Credit for income taxes paid to another state reported on Schedule OR-ASC, Section 3, amount column if claiming code 802 or code 815 or Schedule OR-ASC-NP, Section 5, amount column if claiming code 802 or code 815	
3	Total 2020 tax before credits and after income taxes paid to another state (Line 1 minus line 2)	
4	Kicker credit. Line 3 times 0.17341. Round to the nearest dollar.	
Prorated Kicker credit (Only used if special circumstances apply)		
5	Federal AGI for 2020. Form 40, line 7; Form 40N or Form 40P, line 29F.	
6	Spouse's share of federal AGI for 2020.	
7	Line 6 divided by line 5. Round to two decimal places.	
8	Prorated Kicker credit. Line 4 times Line 7.	
Total 2021 Oregon Kicker credit from above		0 .

Part-Year Resident/Nonresident Allocation Worksheet 2021

▶ Keep for your records

Name(s) as Shown on Return PRANEETH SAI C VADDEPALLI	Your Social Security No. 640-69-0648
---	---

	Federal Amount	Resident Period (part-year residents only)	Nonresident Period (nonresidents and part-year residents)	
	Column A Income from federal return	Column B Income from column A for this period	Column C Income from column A for this period	Column D Income from column C from OR sources
T - Taxpayer; S - Spouse				
Wages, salaries, tips, etc. T	70,960.		70,960.	
S				
Federally taxable interest income . . . T				
S				
Dividends T				
S				
State/local tax refunds T				
S				
Alimony received T				
S				
Business income or loss T				
S				
Capital gain or loss T				
S				
Other gains and losses T				
S				
Taxable IRA distribution T				
S				
Taxable pension and annuities T				
S				
Rentals/royalties/partnerships, etc. . . T				
S				
Farm income or loss T				
S				
Unemployment compensation T				
S				
Taxable social security benefits T				
S				
Taxable railroad retirements T				
S				
Other income T	288.		288.	
S				
Total income T	71,248.		71,248.	
S				

		Federal Amount	Resident Period	Nonresident Period	
		Column A Amount from federal return	Column B Amount from column A for this period	Column C Amount from column A for this period	Column D Amount from column C from <u>OR</u> sources
T - Taxpayer; S - Spouse <input type="checkbox"/>					
Educator expenses	T				
	S				
Certain business expenses	T				
	S				
Health savings account	T				
	S				
Moving expenses	T				
	S				
Self-employment tax deduction . . .	T				
	S				
Self-employed SEP, SIMPLE	T				
	S				
Self-employed health insurance . . .	T				
	S				
Early withdrawal penalty	T				
	S				
Alimony paid	T				
	S				
IRA deduction	T				
	S				
Student loan interest deduction . . .	T				
	S				
Reserved	T				
	S				
Archer MSA deduction	T				
	S				
Total other adjustments	T				
	S				
Total adjustments	T				
	S				
Adjusted gross income	T	71,248.		71,248.	
	S				

Tax Summary
 ▶ Keep for your records

2021

Name(s) Praneeth Sai C Vaddepalli	
Federal Adjusted gross income	71,262.
Additions to income	
Subtractions from income	
Itemized/standard deduction	9,400.
Taxable income	61,862.
Total tax	4,501.
Exemption credit	186.
Other credits	
Net income tax	4,315.
Total payments and refundable credits	4,603.
Total penalty and interest due	
Amount owed	
Overpayment	288.
Applied to estimated tax	
Donations	
Net Refund	288.

Smart Worksheets From 2021 Oregon Tax Return

SMART WORKSHEET FOR: Other Subtractions Statement

529 College Savings Network Smart Worksheet	
A	Previous year carryover amount (if applicable) _____
B	Oregon limitation <u>2,515.</u>
C	Amount to be carried over <u>0.</u>

SMART WORKSHEET FOR: Other Subtractions Statement

US Government Interest in IRA or Keogh Distribution Smart Worksheet	
A	Balance in IRA/Pension Accounts as of 12/31/2021 _____
B	2020 IRA/Keogh distributions taken from this account _____
C	Line A plus Line B _____
D	US Government Interest Earned as of 12/31/2021 _____
E	Total Accumulated US Government Interest Received through 12/31/2020 _____
F	Line D minus Line E, but not less than -0- <u>0.</u>
G	Line F divided by Line C. Oregon exempt ratio _____
H	Line B multiplied by line G. Oregon exempt portion of current year's distribution _____

SMART WORKSHEET FOR: Other Subtractions Statement

ABLE Account Smart Worksheet	
A	Previous year carryover amount (if applicable) _____
B	Oregon limitation <u>2,515.</u>
	Amount to be carried over <u>0.</u>

SMART WORKSHEET FOR: Other Subtractions Statement

First-time Home Buyer Savings Account Smart Worksheet	
A	Enter the total of your first-time home buyer savings account contributions and earnings for 2021 <u>0.</u>
B	Oregon limitation <u>5,000.</u>
C	Enter the smaller of line A or line B and enter as subtraction code 361 <u>None</u>

SMART WORKSHEET FOR: Other Deductions&Modifications Stmt

Part B: Federal tax paid in a prior year smart worksheet	
1	Enter maximum amount from table. <u>7,050.</u>
2	Enter federal tax liability subtraction. <u>7,050.</u>
3	Subtract line 2 from line 1. If the result is 0, you cannot deduct your federal tax from a prior year <u>0.</u>
4	Enter the amount of federal tax you paid in 2020 for a prior year. _____
5	Enter the smaller of line 3 or line 4 and on line 3 (deduction code 602). _____

SMART WORKSHEET FOR: Other Deductions&Modifications Stmt

Part C: Foreign tax subtraction smart worksheet	
1	Enter maximum amount from table. <u>7,050.</u>
2	Enter federal tax liability subtraction (including Part B, Line 5 above) <u>7,050.</u>
3	Subtract line 2 from line 1. If the result is 0, you cannot deduct your foreign tax paid <u>0.</u>
4	Enter the amount of foreign tax you paid in 2021, but no more than \$3,000 (\$1,500 if your filing status is married filing separately) _____
5	Enter the smaller of line 3 or line 4 and enter as subtraction code 603 _____

SMART WORKSHEET FOR: Allocation Worksheet for PY/NR

Other Income Smart Worksheet				
A Child's investment income	T			
	S			
B Gambling winnings	T			
	S			
C1 Other income (prizes, awards) . . .	T			
	S			
C2 Other income (Olympic prize) . . .	T			
	S			
D Tribal gaming payments	T			
	S			
E Substitute payments.	T			
	S			
F Alaska Permanent Fund	T			
	S			
G Non-employee compensation . . .	T			
	S			
H Personal property rents from 1099-MISC box 1	T			
	S			
I Taxable QTP distribution	T			
	S			
J Taxable Coverdell ESA	T			
	S			
K ABLE account distributions	T			
	S			
L Taxable grants.	T			
	S			
M ATAA/RTAA payments	T			
	S			
N Foreign earned income/housing . .	T			
	S			
O NOL carryover from a prior year . .	T			
	S			
P Other income from Schedules K-1 .	T			
	S			
Q Taxable MSA & LTC distributions .	T			
	S			
R Taxable HSA distributions	T	288.	288.	
	S			
S Refunds of prior year deductions. .	T			
	S			
T Recoveries of prior yr bad debts . .	T			
	S			
U Jury duty pay.	T			
	S			
V Bartering income	T			
	S			
W Income from rental pers prop. . . .	T			
	S			
X Income from cancellation of debt. .	T			
	S			
Y Hobby income	T			
	S			
Z Miscellaneous other income	T			
	S			

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

Your first name and middle initial: Praneeth Sai C
Last name: Vaddepalli
Your social security number: 640-69-0648
If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number:

Home address (number and street). If you have a P.O. box, see instructions.
4038 SE 78th Ave
Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below.
Hillsboro
State: OR
ZIP code: 971232335
Foreign country name:
Foreign province/state/county:
Foreign postal code:
Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
[] You [] Spouse

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? [X] 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

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) if qualifies for (see instructions): Child tax credit, Credit for other dependents. Includes a checkbox for 'If more than four dependents, see instructions and check here'.

Main tax calculation table with 15 rows. Columns include line numbers, descriptions (e.g., Wages, salaries, tips, etc.), and amounts. Total taxable income is 58,712.

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

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	8,668.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	8,668.
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	8,668.
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	8,668.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	8,685.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	8,685.
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC) No	27a	
	Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/>		
b	Nontaxable combat pay election	27b	
c	Prior year (2019) earned income	27c	
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	1,400.
31	Amount from Schedule 3, line 15	31	
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	1,400.
33	Add lines 25d, 26, and 32. These are your total payments	33	10,085.
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	1,417.
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	1,417.
Direct deposit? See instructions.	b Routing number 072000326 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number 368618226		
	36 Amount of line 34 you want applied to your 2022 estimated tax	36	
Amount You Owe	37 Amount you owe . Subtract line 33 from line 24. For details on how to pay, see instructions	37	
	38 Estimated tax penalty (see instructions)	38	

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

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

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

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

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

Phone no. (248) 854-2048 Email address _____

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
Firm's name Self-Prepared	Firm's address			Phone no. Firm's EIN

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

2021
Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
Praneeth Sai C Vaddepalli

Your social security number
640-69-0648

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	0.
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶ _____		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling income	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Taxable Health Savings Account distribution	8e	288.
f	Alaska Permanent Fund dividends	8f	
g	Jury duty pay	8g	
h	Prizes and awards	8h	
i	Activity not engaged in for profit income	8i	
j	Stock options	8j	
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8k	
l	Olympic and Paralympic medals and USOC prize money (see instructions)	8l	
m	Section 951(a) inclusion (see instructions)	8m	
n	Section 951A(a) inclusion (see instructions)	8n	
o	Section 461(l) excess business loss adjustment	8o	
p	Taxable distributions from an ABLE account (see instructions)	8p	
z	Other income. List type and amount ▶ _____	8z	0.
9	Total other income. Add lines 8a through 8z	9	288.
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	288.

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

Schedule 1 (Form 1040) 2021

Part II Adjustments to Income

11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN	▶ _____		
c	Date of original divorce or separation agreement (see instructions) ▶ _____			
20	IRA deduction		20	
21	Student loan interest deduction		21	623.
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
a	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	24b		
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l	24c		
d	Reforestation amortization and expenses	24d		
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i		
j	Housing deduction from Form 2555	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
z	Other adjustments. List type and amount ▶ _____	24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	623.