

# 2021 Form 1040-V



Department of the Treasury  
Internal Revenue Service



Before you mail a check, consider your online payment options

IRS Direct Pay	Pay by Card	Electronic Federal Tax Payment System
<ul style="list-style-type: none"><li>• Pay with Bank account</li><li>• Schedule up to 30 days in advance</li><li>• No fees</li><li>• Immediate Confirmation</li></ul>	<ul style="list-style-type: none"><li>• Credit or Debit Card option</li><li>• Schedule in advance</li><li>• Service fees apply and vary by processor</li></ul>	<ul style="list-style-type: none"><li>• Registration required</li><li>• Business and Individuals</li><li>• Pay with Bank Account by phone or online</li><li>• No fees</li></ul>
Go to <b>directpay.irs.gov</b>	Go to <b>irs.gov/Payments</b>	Go to <b>EFTPS.gov</b> to enroll Registered users call 1800-555-3453

Online payments save time, reduce paper, and don't require postage.  
If you do mail a check, include the portion below with your payment.

Form **1040-V** (2021)

▼ Detach Here and Mail With Your Payment and Return ▼

FORM **1040-V**

Department of the Treasury  
Internal Revenue Service (99)

## Payment Voucher

► Do not staple or attach this voucher to your payment or return

OMB No. 1545-0074

**2021**

Amount you are paying by check or money order. Make your check or money order payable to "United States Treasury"

**38,378.00**

1064

SANTOSH K MAHENDRA  
PRATHYUSHA VEMULA  
38025 CONRAD ST  
Fremont, CA 94536

Internal Revenue Service  
P.O. Box 802501  
Cincinnati, OH 45280-2501

\*\*\*\*\* SL MAHE \*\* \* \*\*\*\*\*2 610

**Filing Status**  Single  Married filing jointly  Married filing separately (MFS)  Head of household (HOH)  Qualifying widow(er) (QW)

Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial <b>SANTOSH K</b>		Last name <b>MAHENDRA</b>		Your social security number <b>***-**-0673</b>	
If joint return, spouse's first name and middle initial <b>PRATHYUSHA</b>		Last name <b>DEMULA</b>		Spouse's social security number <b>***-**-7395</b>	
Home address (number and street). If you have a P.O. box, see instructions. <b>38025 CONRAD ST</b>				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. <b>Fremont</b>			State <b>CA</b>	ZIP code <b>94536</b>	
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, send, exchange, or otherwise acquire any financial interest in any virtual currency?  Yes  No

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

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

**Dependents** (see instructions):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check if qualifies for (see instructions):
				Child tax credit
<b>GITIKA</b>	<b>MAHENDRA</b>	<b>***-**-5739</b>	<b>Daughter</b>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

Attach Sch. B if required.	<b>1</b>	Wages, salaries, tips, etc. Attach Form(s) W-2	<b>1</b>	<b>679,028.</b>
	<b>2a</b>	Tax-exempt interest	<b>2a</b>	<b>37.</b>
	<b>3a</b>	Qualified dividends	<b>3a</b>	<b>196.</b>
	<b>4a</b>	IRA distributions	<b>4a</b>	
Standard Deduction for -	<b>5a</b>	Pensions and annuities	<b>5a</b>	
	<b>6a</b>	Social security benefits	<b>6a</b>	
• Single or married filing separately, \$12,550	<b>7</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here. ▶ <input type="checkbox"/>	<b>7</b>	<b>-3,000.</b>
	<b>8</b>	Other income from Schedule 1, line 10	<b>8</b>	<b>-1,358.</b>
• Married filing jointly or Qualifying widow(er), \$25,100	<b>9</b>	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>	<b>9</b>	<b>674,903.</b>
	<b>10</b>	Adjustments to income from Schedule 1, line 26	<b>10</b>	
• Head of household, \$18,800	<b>11</b>	Subtract line 10 from line 9. This is your <b>adjusted gross income</b>	<b>11</b>	<b>674,903.</b>
	<b>12a</b>	<b>Standard deduction or itemized deductions</b> (from Schedule A)	<b>12a</b>	<b>36,141.</b>
• If you checked any box under Standard Deduction, see instructions.	<b>b</b>	Charitable contributions if you take the standard deduction (see instructions)	<b>12b</b>	
	<b>c</b>	Add lines 12a and 12b	<b>12c</b>	<b>36,141.</b>
	<b>13</b>	Qualified business income deduction from Form 8995 or Form 8995-A	<b>13</b>	
	<b>14</b>	Add lines 12c and 13	<b>14</b>	<b>36,141.</b>
	<b>15</b>	<b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0-	<b>15</b>	<b>638,762.</b>

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	172,831.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	172,831.
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	0.
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	172,831.
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	4,204.
24	Add lines 22 and 23. This is your <b>total tax</b>	24	177,035.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	133,309.
b	Form(s) 1099	25b	25.
c	Other forms (see instructions)	25c	2,366.
d	Add lines 25a through 25c	25d	135,700.
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC) <b>NO</b>	27a	
	Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See Instructions		<input type="checkbox"/>
b	Nontaxable combat pay election	27b	
c	Prior year (2019) earned income	27c	
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 15	31	3,361.
32	Add lines 27a and 28 through 31. These are your <b>total other payments and refundable credits</b>	32	3,361.
33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	139,061.
34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	0.
35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here	35a	0.
b	Routing number	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number		
36	Amount of line 34 you want <b>applied to your 2022 estimated tax</b>	36	
37	<b>Amount you owe</b> . Subtract line 33 from line 24. For details on how to pay, see instructions	37	38,378.
38	Estimated tax penalty (see instructions)	38	404.

**Refund**

Direct deposit? See instructions.

**Amount You Owe**

**Third Party Designee**

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

Designee's name **Khushvinder P Singh EA** Phone no. **408-262-9190** Personal identification number (PIN) **15550**

**Sign Here**

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

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

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
<b>Khushvinder P Singh EA</b>		<b>SOFTWARE ENGINEER</b>	
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.)
		<b>SOFTWARE ENGINEER</b>	

Phone no. **(816) 769-3872** Email address

**Paid Preparer Use Only**

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
<b>Khushvinder P Singh EA</b>			<b>P****7272</b>	
Firm's name	Firm's address		Phone no.	Firm's EIN
<b>Global Tax Services</b>	<b>2092 Concourse Dr, Ste 25, San Jose, CA, 95131</b>		<b>(408) 262-9190</b>	<b>**-***3316</b>

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

**SCHEDULE 1**  
**(Form 1040)**

**Additional Income and Adjustments to Income**

OMB No. 1545-0074

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

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 1040, 1040-SR, or 1040-NR.  
▶ Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

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

**SANTOSH K MAHENDRA and PRATHYUSHA VEMULA**

Your social security number  
**\*\*\*-\*\*-0673**

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes	<b>1</b>	
<b>2a</b>	Alimony received	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions) ▶ _____		
<b>3</b>	Business income or (loss). Attach Schedule C.	<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797.	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	<b>5</b>	<b>-1,508.</b>
<b>6</b>	Farm income or (loss). Attach Schedule F	<b>6</b>	
<b>7</b>	Unemployment compensation	<b>7</b>	
<b>8</b>	Other income:		
<b>a</b>	Net operating loss	<b>8a</b>	( )
<b>b</b>	Gambling income	<b>8b</b>	
<b>c</b>	Cancellation of debt	<b>8c</b>	
<b>d</b>	Foreign earned income exclusion from Form 2555	<b>8d</b>	( )
<b>e</b>	Taxable Health Savings Account distribution	<b>8e</b>	
<b>f</b>	Alaska Permanent Fund dividends	<b>8f</b>	
<b>g</b>	Jury duty pay	<b>8g</b>	
<b>h</b>	Prizes and awards	<b>8h</b>	
<b>i</b>	Activity not engaged in for profit income	<b>8i</b>	
<b>j</b>	Stock options	<b>8j</b>	
<b>k</b>	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	<b>8k</b>	
<b>l</b>	Olympic and Paralympic medals and USOC prize money (see instructions)	<b>8l</b>	
<b>m</b>	Section 951(a) inclusion (see instructions)	<b>8m</b>	
<b>n</b>	Section 951A(a) inclusion (see instructions)	<b>8n</b>	
<b>o</b>	Section 461(l) excess business loss adjustment	<b>8o</b>	
<b>p</b>	Taxable distributions from an ABL account (see instructions)	<b>8p</b>	
<b>z</b>	Other income. List type and amount ▶ _____	<b>8z</b>	<b>150.</b>
	<b>Worksheet attached</b>		
<b>9</b>	Total other income. Add lines 8a through 8z	<b>9</b>	<b>150.</b>
<b>10</b>	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8.	<b>10</b>	<b>-1,358.</b>

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

Schedule 1 (Form 1040) 2021

UYA

<b>Part II Adjustments to Income</b>			
11	Educator expenses		11
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106		12
13	Health savings account deduction. Attach Form 8889		13
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14
15	Deductible part of self-employment tax. Attach Schedule SE		15
16	Self-employed SEP, SIMPLE, and qualified plans		16
17	Self-employed health insurance deduction		17
18	Penalty on early withdrawal of savings		18
19a	Alimony paid		19a
b	Recipient's SSN	▶ _____	
c	Date of original divorce or separation agreement (see instructions)	▶ _____	
20	IRA deduction		20
21	Student loan interest deduction		21
22	Reserved for future use		22
23	Archer MSA deduction		23
24	Other adjustments:		
a	Jury duty pay (see instructions)	24a	
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	24b	
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l	24c	
d	Reforestation amortization and expenses	24d	
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e	
f	Contributions to section 501(c)(18)(D) pension plans	24f	
g	Contributions by certain chaplains to section 403(b) plans	24g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h	
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i	
j	Housing deduction from Form 2555	24j	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k	
z	Other adjustments. List type and amount ▶ _____	24z	
25	Total other adjustments. Add lines 24a through 24z		25
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26
			0.

**SCHEDULE 2**  
**(Form 1040)**

**Additional Taxes**

OMB No. 1545-0074

**2021**  
Attachment  
Sequence No. **02**

Department of the Treasury  
Internal Revenue Service

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

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

**SANTOSH K MAHENDRA and PRATHYUSHA VEMULA**

Your social security number  
**\*\*\*-\*\*-0673**

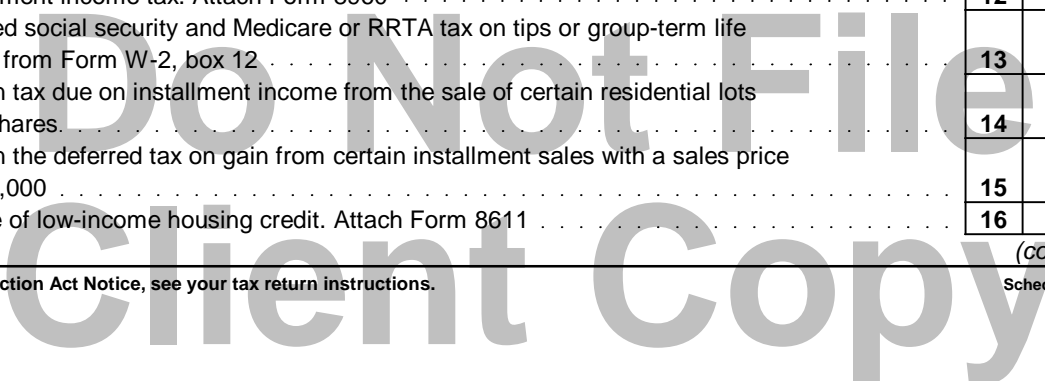
<b>Part I Tax</b>			
<b>1</b>	Alternative minimum tax. Attach Form 6251 . . . . .	<b>1</b>	
<b>2</b>	Excess advance premium tax credit repayment. Attach Form 8962 . . . . .	<b>2</b>	
<b>3</b>	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17. . . . .	<b>3</b>	<b>0.</b>
<b>Part II Other Taxes</b>			
<b>4</b>	Self-employment tax. Attach Schedule SE . . . . .	<b>4</b>	
<b>5</b>	Social security and Medicare tax on unreported tip income. Attach Form 4137 . . . . .	<b>5</b>	
<b>6</b>	Uncollected social security and Medicare tax on wages. Attach Form 8919 . . . . .	<b>6</b>	
<b>7</b>	Total additional social security and Medicare tax. Add lines 5 and 6. . . . .	<b>7</b>	
<b>8</b>	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required . . . . .	<b>8</b>	
<b>9</b>	Household employment taxes. Attach Schedule H . . . . .	<b>9</b>	
<b>10</b>	Repayment of first-time homebuyer credit. Attach Form 5405 if required . . . . .	<b>10</b>	
<b>11</b>	Additional Medicare Tax. Attach Form 8959 . . . . .	<b>11</b>	<b>4,204.</b>
<b>12</b>	Net investment income tax. Attach Form 8960 . . . . .	<b>12</b>	
<b>13</b>	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12 . . . . .	<b>13</b>	
<b>14</b>	Interest on tax due on installment income from the sale of certain residential lots and timeshares. . . . .	<b>14</b>	
<b>15</b>	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000 . . . . .	<b>15</b>	
<b>16</b>	Recapture of low-income housing credit. Attach Form 8611 . . . . .	<b>16</b>	

*(continued on page 2)*

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

Schedule 2 (Form 1040) 2021

UYA



**Part II Other Taxes (continued)**

<b>17</b>	Other additional taxes:		
<b>a</b>	Recapture of other credits. List type, form number, and amount . . . . .	<b>17a</b>	
<b>b</b>	Recapture of federal mortgage subsidy. If you sold your home in 2021, see instructions . . . . .	<b>17b</b>	
<b>c</b>	Additional tax on HSA distributions. Attach Form 8889 . . . . .	<b>17c</b>	
<b>d</b>	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889 . . . . .	<b>17d</b>	
<b>e</b>	Additional tax on Archer MSA distributions. Attach Form 8853 . . . . .	<b>17e</b>	
<b>f</b>	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853 . . . . .	<b>17f</b>	
<b>g</b>	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property . . . . .	<b>17g</b>	
<b>h</b>	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A . . . . .	<b>17h</b>	
<b>i</b>	Compensation you received from a nonqualified deferred compensation plan described in section 457A . . . . .	<b>17i</b>	
<b>j</b>	Section 72(m)(5) excess benefits tax . . . . .	<b>17j</b>	
<b>k</b>	Golden parachute payments . . . . .	<b>17k</b>	
<b>l</b>	Tax on accumulation distribution of trusts . . . . .	<b>17l</b>	
<b>m</b>	Excise tax on insider stock compensation from an expatriated corporation . . . . .	<b>17m</b>	
<b>n</b>	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866 . . . . .	<b>17n</b>	
<b>o</b>	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR. . . . .	<b>17o</b>	
<b>p</b>	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund . . . . .	<b>17p</b>	
<b>q</b>	Any interest from Form 8621, line 24 . . . . .	<b>17q</b>	
<b>z</b>	Any other taxes. List type and amount ▶ . . . . .	<b>17z</b>	
<b>18</b>	Total additional taxes. Add lines 17a through 17z . . . . .		<b>18</b>
<b>19</b>	Additional tax from Schedule 8812 . . . . .		<b>19</b>
<b>20</b>	Section 965 net tax liability installment from Form 965-A . . . . .	<b>20</b>	
<b>21</b>	Add lines 4, 7 through 16, 18, and 19. These are your <b>total other taxes</b> . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b. . . . .		<b>21</b>
			<b>4,204.</b>

**SCHEDULE 3**  
**(Form 1040)**

**Additional Credits and Payments**

OMB No. 1545-0074

**2021**  
Attachment  
Sequence No. **03**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 1040, 1040-SR, or 1040-NR.  
▶ Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

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

**SANTOSH K MAHENDRA and PRATHYUSHA VEMULA**

Your social security number  
**\*\*\*-\*\*-0673**

**Part I Nonrefundable Credits**

<b>1</b>	Foreign tax credit. Attach Form 1116 if required . . . . .	<b>1</b>	
<b>2</b>	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 . . . . .	<b>2</b>	
<b>3</b>	Education credits from Form 8863, line 19 . . . . .	<b>3</b>	
<b>4</b>	Retirement savings contributions credit. Attach Form 8880 . . . . .	<b>4</b>	
<b>5</b>	Residential energy credits. Attach Form 5695 . . . . .	<b>5</b>	
<b>6</b>	Other nonrefundable credits:		
<b>a</b>	General business credit. Attach Form 3800 . . . . .	<b>6a</b>	
<b>b</b>	Credit for prior year minimum tax. Attach Form 8801 . . . . .	<b>6b</b>	
<b>c</b>	Adoption credit. Attach Form 8839 . . . . .	<b>6c</b>	
<b>d</b>	Credit for the elderly or disabled. Attach Schedule R . . . . .	<b>6d</b>	
<b>e</b>	Alternative motor vehicle credit. Attach Form 8910 . . . . .	<b>6e</b>	
<b>f</b>	Qualified plug-in motor vehicle credit. Attach Form 8936 . . . . .	<b>6f</b>	
<b>g</b>	Mortgage interest credit. Attach Form 8396 . . . . .	<b>6g</b>	
<b>h</b>	District of Columbia first-time homebuyer credit. Attach Form 8859 . . . . .	<b>6h</b>	
<b>i</b>	Qualified electric vehicle credit. Attach Form 8834 . . . . .	<b>6i</b>	
<b>j</b>	Alternative fuel vehicle refueling property credit. Attach Form 8911 . . . . .	<b>6j</b>	
<b>k</b>	Credit to holders of tax credit bonds. Attach Form 8912 . . . . .	<b>6k</b>	
<b>l</b>	Amount on Form 8978, line 14. See instructions . . . . .	<b>6l</b>	
<b>z</b>	Other nonrefundable credits. List type and amount ▶	<b>6z</b>	
<b>7</b>	Total other nonrefundable credits. Add lines 6a through 6z . . . . .	<b>7</b>	
<b>8</b>	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20 . . . . .	<b>8</b>	<b>0.</b>

(continued on page 2)

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

Schedule 3 (Form 1040) 2021

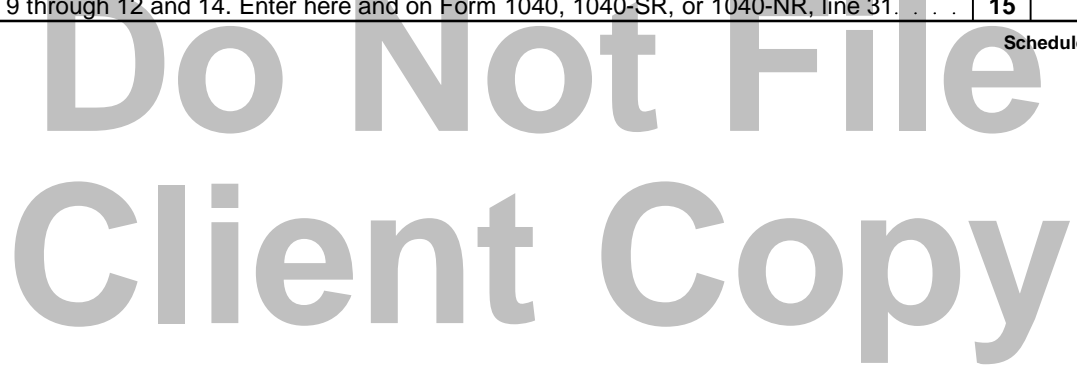
UYA



**Part II Other Payments and Refundable Credits**

<b>9</b>	Net premium tax credit. Attach Form 8962. . . . .	<b>9</b>	
<b>10</b>	Amount paid with request for extension to file (see instructions) . . . . .	<b>10</b>	
<b>11</b>	Excess social security and tier 1 RRTA tax withheld . . . . .	<b>11</b>	<b>3,361.</b>
<b>12</b>	Credit for federal tax on fuels. Attach Form 4136 . . . . .	<b>12</b>	
<b>13</b>	Other payments or refundable credits:		
<b>a</b>	Form 2439 . . . . .	<b>13a</b>	
<b>b</b>	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken before April 1, 2021. . . . .	<b>13b</b>	
<b>c</b>	Health coverage tax credit from Form 8885 . . . . .	<b>13c</b>	
<b>d</b>	Credit for repayment of amounts included in income from earlier years . . . . .	<b>13d</b>	
<b>e</b>	Reserved for future use . . . . .	<b>13e</b>	
<b>f</b>	Deferred amount of net 965 tax liability (see instructions) . . . . .	<b>13f</b>	
<b>g</b>	Credit for child and dependent care expenses from Form 2441, line 10. Attach Form 2441. . . . .	<b>13g</b>	
<b>h</b>	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken after March 31, 2021. . . . .	<b>13h</b>	
<b>z</b>	Other payments or refundable credits. List type and amount ▶ _____	<b>13z</b>	
<b>14</b>	Total other payments or refundable credits. Add lines 13a through 13z . . . . .	<b>14</b>	
<b>15</b>	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31. . . . .	<b>15</b>	<b>3,361.</b>

UYA



**SCHEDULE A  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Itemized Deductions**

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

▶ Attach to Form 1040 or 1040-SR.

**Caution:** If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

**2021**

Attachment  
Sequence No. **07**

Name(s) shown on Form 1040 or 1040-SR

**SANTOSH K MAHENDRA and PRATHYUSHA VEMULA**

Your social security number

**\*\*\*-\*\*-0673**

<b>Medical and Dental Expenses</b>	<b>1</b>	Medical and dental expenses (see instructions) . . . . .	<b>1</b>		
	<b>2</b>	Enter amount from Form 1040 or 1040-SR, line 11 . . . . .	<b>2</b>		
	<b>3</b>	Multiply line 2 by 7.5% (0.75) . . . . .	<b>3</b>		
	<b>4</b>	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- . . . . .	<b>4</b>		<b>0.</b>
<b>Taxes You Paid</b>	<b>5</b>	State and local taxes.			
	<b>a</b>	State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box . . . ▶ <input type="checkbox"/>	<b>5a</b>	<b>61,525.</b>	
	<b>b</b>	State and local real estate taxes (see instructions) . . . . .	<b>5b</b>	<b>13,740.</b>	
	<b>c</b>	State and local personal property taxes . . . . .	<b>5c</b>		
	<b>d</b>	Add lines 5a through 5c . . . . .	<b>5d</b>	<b>75,265.</b>	
	<b>e</b>	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) . . . . .	<b>5e</b>	<b>10,000.</b>	
	<b>6</b>	Other taxes. List type and amount ▶ _____	<b>6</b>		
<b>7</b>	Add lines 5e and 6 . . . . .	<b>7</b>		<b>10,000.</b>	
<b>Interest You Paid</b>	<b>8</b>	Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see inst. and check this box ▶ <input type="checkbox"/>			
	<b>a</b>	Home mortgage interest and points reported to you on Form 1098. See instructions if limited . . . . .	<b>8a</b>	<b>24,141.</b>	
	<b>b</b>	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶ _____	<b>8b</b>		
	<b>c</b>	Points not reported to you on Form 1098. See instructions for special rules . . . . .	<b>8c</b>		
	<b>d</b>	Mortgage insurance premiums (see instructions) . . . . .	<b>8d</b>		
	<b>e</b>	Add lines 8a through 8d . . . . .	<b>8e</b>	<b>24,141.</b>	
<b>9</b>	Investment interest. Attach Form 4952 if required. See instructions.	<b>9</b>			
<b>10</b>	Add lines 8e and 9 . . . . .	<b>10</b>		<b>24,141.</b>	
<b>Gifts to Charity</b>	<b>11</b>	Gifts by cash or check. If you made any gift of \$250 or more, see instructions . . . . .	<b>11</b>	<b>2,000.</b>	
	<b>12</b>	Other than by cash or check. If you made any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500 . . . . .	<b>12</b>		
	<b>13</b>	Carryover from prior year . . . . .	<b>13</b>		
	<b>14</b>	Add lines 11 through 13 . . . . .	<b>14</b>		<b>2,000.</b>
<b>Casualty and Theft Losses</b>	<b>15</b>	Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions . . . . .	<b>15</b>		<b>0.</b>
	<b>16</b>	Other – from list in instructions. List type and amount ▶ _____	<b>16</b>		<b>0.</b>
<b>Total Itemized Deductions</b>	<b>17</b>	Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12a . . . . .	<b>17</b>		<b>36,141.</b>
	<b>18</b>	If you elect to itemize deductions even though they are less than your standard deduction, check this box . . . . . ▶ <input type="checkbox"/>			

For Paperwork Reduction Act Notice, see the Instructions for Forms 1040 and 1040-SR.

Schedule A (Form 1040) 2021

UYA

**SCHEDULE B**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Interest and Ordinary Dividends**

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

OMB No. 1545-0074

**2021**

Attachment  
Sequence No. **08**

Name(s) shown on return

**SANTOSH K MAHENDRA and PRATHYUSHA VEMULA**

Your social security number

**\*\*\*-\*\*-0673**

**Part I**

**Interest**

(See instructions and the Instructions for Form 1040, line 2b.)

**Note:** If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

**1** List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ►

**HDFC**

**BANK OF AMERICA**

**Amount**

**22.**

**15.**

**1**

**2** Add the amounts on line 1 . . . . .

**37.**

**3** Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 . . . . .

**3**

**4** Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b. . . . .

**37.**

**4**

**Note:** If line 4 is over \$1,500, you must complete Part III.

**Part II**

**Ordinary Dividends**

(See instructions and the Instructions for Form 1040, line 3b.)

**Note:** If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

**5** List name of payer ► **ROBINHOOD SECURITIES LLC**

**CHARLES SCHWAB**

**MERRILL LYNCH, PIERCE, FENNER & SMITH IN**

**Amount**

**41.**

**3.**

**152.**

**5**

**6** Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b. . . . .

**196.**

**6**

**Note:** If line 6 is over \$1,500, you must complete Part III.

**Part III**

**Foreign Accounts and Trusts**

**Caution:** If required, failure to file FinCEN Form 114 may result in substantial penalties. See instructions.

You must complete this part if you **(a)** had over \$1,500 of taxable interest or ordinary dividends; **(b)** had a foreign account; or **(c)** received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

**7a** At any time during 2021, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions . . . . .

**Yes No**

**X**

If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements . . . . .

**X**

**b** If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ►

**8** During 2021, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions . . . . .

**X**

**SCHEDULE D**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Capital Gains and Losses**

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

▶ Go to [www.irs.gov/ScheduleD](http://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.

OMB No. 1545-0074

**2021**

Attachment  
Sequence No. **12**

Name(s) shown on return

**SANTOSH K MAHENDRA and PRATHYUSHA VEMULA**

Your social security number

**\*\*\*-\*\*-0673**

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)
<b>1a</b> 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 . . . . .				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .	<b>5,137,127.</b>	<b>5,819,607.</b>	<b>680,536.</b>	<b>-1,944.</b>
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .	<b>154,472.</b>	<b>194,106.</b>		<b>-39,634.</b>
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .				
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .			<b>4</b>	
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .			<b>5</b>	
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .			<b>6</b> ( )	
<b>7 Net short-term capital gain or (loss).</b> 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 page 2 . . . . .			<b>7</b>	<b>-41,578.</b>

**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)
<b>8a</b> 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 . . . . .				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .	<b>3,348.</b>	<b>3,134.</b>		<b>214.</b>
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .	<b>92,934.</b>	<b>106,845.</b>		<b>-13,911.</b>
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .				
<b>11</b> 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 . . . . .			<b>11</b>	
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .			<b>12</b>	
<b>13</b> Capital gain distributions. See the instructions . . . . .			<b>13</b>	
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .			<b>14</b> ( )	
<b>15 Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then, go to Part III on page 2 . . . . .			<b>15</b>	<b>-13,697.</b>

**Part III Summary**

<p><b>16</b> Combine lines 7 and 15 and enter the result . . . . .</p>	<p><b>16</b></p>	<p><b>-55,275.</b></p>
<ul style="list-style-type: none"> <li>● If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>● If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>● If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li> </ul>		
<p><b>17</b> Are lines 15 and 16 <b>both</b> gains?</p>		
<p><input type="checkbox"/> <b>Yes.</b> Go to line 18.</p>		
<p><input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.</p>		
<p><b>18</b> If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . ▶</p>	<p><b>18</b></p>	<p><b>0.</b></p>
<p><b>19</b> If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . . ▶</p>	<p><b>19</b></p>	<p><b>0.</b></p>
<p><b>20</b> Are lines 18 and 19 both zero or blank and are you not filing Form 4952?</p>		
<p><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16. <b>Don't</b> complete lines 21 and 22 below.</p>		
<p><input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.</p>		
<p><b>21</b> If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of:</p>		
<ul style="list-style-type: none"> <li>● The loss on line 16; or</li> <li>● (\$3,000), or if married filing separately, (\$1,500) } . . . . .</li> </ul>	<p><b>21</b></p>	<p><b>( 3,000.)</b></p>
<p><b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.</p>		
<p><b>22</b> Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?</p>		
<p><input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16.</p>		
<p><input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>		

**Sales and Other Dispositions of Capital Assets**

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form8949](http://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.

**2021**  
Attachment  
Sequence No. **12A**

Name(s) shown on return  
**SANTOSH K MAHENDRA and PRATHYUSHA VEMULA**

Social security number or taxpayer identification number  
**\*\*\*-\*\*-0673**

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 (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the <b>Note</b> 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). <b>See the separate instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
252	WORK ESPP	10/09/2020	07/21/2021	6,751.	7,610.			(859.)
256	WORK ESPP	04/09/2021	07/21/2021	6,858.	6,943.			(85.)
464	HP RSU	09/17/2020	03/03/2021	6,735.	4,468.			2,267.
29	HP RSU	09/17/2020	06/14/2021	456.	279.			177.
371	HP RSU	09/17/2020	06/14/2021	5,838.	3,573.			2,265.
89	CRM RSU	10/01/2021	10/04/2021	23,943.	24,498.			(555.)
1	CRM RSU	10/01/2021	10/04/2021	268.	275.			(7.)
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked) ▶				<b>50,849.</b>	<b>47,646.</b>			<b>3,203.</b>

**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](http://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.

**2021**  
Attachment  
Sequence No. **12A**

Name(s) shown on return  
**SANTOSH K MAHENDRA and PRATHYUSHA VEMULA**

Social security number or taxpayer identification number  
**\*\*\*-\*\*-0673**

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 (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the <b>Note</b> 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). <b>See the separate instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	ROBINHOOD CRYPTO SANTOSH 9903C See attached statement			22,246.	23,165.M			(919.)
	ROBINHOOD SANTOSH 9903 See attached statement			5,064,032.	5,748,796.M		680,536.	(4,228.)
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked) ▶				5,086,278.	5,771,961.		680,536.	(5,147.)

**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](http://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.

**2021**  
Attachment  
Sequence No. **12A**

Name(s) shown on return  
**SANTOSH K MAHENDRA and PRATHYUSHA VEMULA**

Social security number or taxpayer identification number  
**\*\*\*-\*\*-0673**

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 (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the <b>Note</b> 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) <b>Gain or (loss).</b> Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
870	WORK RSU	10/01/2020	07/21/2021	23,307.	23,655.			(348.)
555	WORK RSU	01/01/2021	01/04/2021	23,300.	23,443.			(143.)
785	WORK RSU	01/01/2021	07/21/2021	21,030.	33,158.			(12,128.)
472	WORK RSU	04/01/2021	04/01/2021	19,437.	19,177.			260.
868	WORK RSU	04/01/2021	07/21/2021	23,254.	35,267.			(12,013.)
470	WORK RSU	07/01/2021	07/01/2021	20,810.	20,821.			(11.)
871	WORK RSU	07/01/2021	07/21/2021	23,334.	38,585.			(15,251.)
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked) ▶				<b>154,472.</b>	<b>194,106.</b>			<b>(39,634.)</b>

**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.





Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1.

Social security number or taxpayer identification number

**SANTOSH K MAHENDRA and PRATHYUSHA VEMULA**

**\*\*\*-\*\*-0673**

Before you check Box D, E, or F 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 II Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-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 8a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box D, E, or F below. Check only one box.** If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-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.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-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 (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the <b>Note</b> 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). <b>See the separate instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	3469 WORK RSU	07/01/2020	07/22/2021	92,934.	106,845.			(13,911.)
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 8b</b> (if <b>Box D</b> above is checked), <b>line 9</b> (if <b>Box E</b> above is checked), or <b>line 10</b> (if <b>Box F</b> above is checked) ▶					92,934.	106,845.		(13,911.)

**Note:** If you checked Box D 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.

**Capital Loss Carryover Worksheet**

*Keep for Your Records*

Use this worksheet to figure your capital loss carryovers from 2021 to 2022 if your 2021 Schedule D, line 21, is a loss and **(a)** that loss is a smaller loss than the loss on your 2021 Schedule D, line 16, **or (b)** if the amount on your 2021 Form 1040, line 15 (or your 2021 Form 1040-NR, line 15, if applicable) would be less than zero if you could enter a negative amount on that line. Otherwise, you don't have any carryovers.

If you and your spouse once filed a joint return and are filing separate returns for 2022, any capital loss carryover from the joint return can be deducted only on the return of the spouse who actually had the loss.

If you excluded canceled debt from income in 2022, see Pub. 4681.

1. Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 15. . . . .	1.	<u>638,762.</u>
2. Enter the loss from Schedule D, line 21, as a positive amount . . . . .	2.	<u>3,000.</u>
3. Combine lines 1 and 2. If zero or less, enter -0- . . . . .	3.	<u>641,762.</u>
4. Enter the smaller of line 2 or line 3 . . . . .	4.	<u>3,000.</u>
<b>If line 7 of Schedule D is a loss, go to line 5; otherwise, enter -0- on line 5 and go to line 9.</b>		
5. Enter the loss from Schedule D, line 7, as a positive amount . . . . .	5.	<u>41,578.</u>
6. Enter any gain from Schedule D, line 15. If a loss, enter -0- . . . . .	6.	<u>          .</u>
7. Add lines 4 and 6 . . . . .	7.	<u>3,000.</u>
8. <b>Short-term capital loss carryover to 2022.</b> Subtract line 7 from line 5. If zero or less, enter -0- . . . . .	8.	<u>38,578.</u>
<b>If line 15 of Schedule D is a loss, go to line 9; otherwise, skip lines 9 through 13.</b>		
9. Enter the loss from Schedule D, line 15, as a positive amount . . . . .	9.	<u>13,697.</u>
10. Enter any gain from Schedule D, line 7 . . . . .	10.	<u>          .</u>
11. Subtract line 5 from line 4. If zero or less, enter -0- . . . . .	11.	<u>          .</u>
12. Add lines 10 and 11 . . . . .	12.	<u>          .</u>
13. <b>Long-term capital loss carryover to 2022.</b> Subtract line 12 from line 9. If zero or less, enter -0- . . . . .	13.	<u>13,697.</u>

Do Not File  
Client Copy

**SCHEDULE E**  
(Form 1040)

**Supplemental Income and Loss**  
(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

**2021**

Attachment  
Sequence No. **13**

Department of the Treasury  
Internal Revenue Service (99)

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

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

Name(s) shown on return

Your social security number

**SANTOSH K MAHENDRA and PRATHYUSHA VEMULA**

**\*\*\*-\*\*-0673**

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

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

<b>1a</b>	Physical address of each property (street, city, state, ZIP code)				
<b>A</b>	<b>318 FLINDER PL, SAN JOSE, CA 95123</b>				
<b>B</b>					
<b>C</b>					
<b>1b</b>	Type of Property (from list below)	<b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
<b>A</b>	<b>1</b>		<b>365</b>		<input type="checkbox"/>
<b>B</b>					<input type="checkbox"/>
<b>C</b>					<input type="checkbox"/>

**Type of Property:**

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

Income:	Properties:	A	B	C
<b>3</b> Rents received	<b>3</b>	<b>34,715.</b>		
<b>4</b> Royalties received	<b>4</b>			
<b>Expenses:</b>				
<b>5</b> Advertising	<b>5</b>			
<b>6</b> Auto and travel (see instructions)	<b>6</b>			
<b>7</b> Cleaning and maintenance	<b>7</b>			
<b>8</b> Commissions	<b>8</b>			
<b>9</b> Insurance	<b>9</b>	<b>672.</b>		
<b>10</b> Legal and other professional fees	<b>10</b>			
<b>11</b> Management fees	<b>11</b>			
<b>12</b> Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>	<b>15,702.</b>		
<b>13</b> Other interest	<b>13</b>			
<b>14</b> Repairs	<b>14</b>			
<b>15</b> Supplies	<b>15</b>			
<b>16</b> Taxes	<b>16</b>	<b>11,172.</b>		
<b>17</b> Utilities	<b>17</b>			
<b>18</b> Depreciation expense or depletion	<b>18</b>	<b>22,065.</b>		
<b>19</b> Other (list) ▶ <b>HOA 206*12</b>	<b>19</b>	<b>2,472.</b>		
<b>20</b> Total expenses. Add lines 5 through 19	<b>20</b>	<b>52,083.</b>	<b>0.</b>	<b>0.</b>
<b>21</b> Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	<b>21</b>	<b>-17,368.</b>	<b>0.</b>	<b>0.</b>
<b>22</b> Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	<b>22</b>	<b>( 0. )</b>	<b>( 0. )</b>	<b>( 0. )</b>
<b>23a</b> Total of all amounts reported on line 3 for all rental properties	<b>23a</b>	<b>34,715.</b>		
<b>b</b> Total of all amounts reported on line 4 for all royalty properties	<b>23b</b>	<b>0.</b>		
<b>c</b> Total of all amounts reported on line 12 for all properties	<b>23c</b>	<b>15,702.</b>		
<b>d</b> Total of all amounts reported on line 18 for all properties	<b>23d</b>	<b>22,065.</b>		
<b>e</b> Total of all amounts reported on line 20 for all properties	<b>23e</b>	<b>52,083.</b>		
<b>24</b> <b>Income.</b> Add positive amounts shown on line 21. Do not include any losses	<b>24</b>			<b>0.</b>
<b>25</b> <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	<b>25</b>			<b>( 0. )</b>
<b>26</b> <b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2	<b>26</b>			<b>0.</b>

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2021

UYA

Name(s) shown on return. Do not enter name and social security number if shown on Page 1.

Your social security number

**Caution:** The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

**Part II Income or Loss From Partnerships and S Corporations - Note:** If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you **must** check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which **any** amount is **not** at risk, you **must** check the box in column (f) on line 28 and attach **Form 6198**. See instructions.

**27** Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section  Yes  No

<b>28</b>	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
A	CENTRAL TEXAS 4PLEX LLC	P	<input type="checkbox"/>	87-1305047	<input type="checkbox"/>	<input type="checkbox"/>
B			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
C			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
D			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Passive Income and Loss		Nonpassive Income and Loss		
(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss allowed (see Schedule K-1)	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
A		1,508.		
B				
C				
D				
<b>29a Totals</b>	0.	0.		0.
<b>b Totals</b>	0.	1,508.	0.	
<b>30</b> Add columns (h) and (k) of line 29a			<b>30</b>	0.
<b>31</b> Add columns (g), (i), and (j) of line 29b			<b>31</b>	( 1,508. )
<b>32 Total partnership and S corporation income or (loss).</b> Combine lines 30 and 31			<b>32</b>	-1,508.

**Part III Income or Loss From Estates and Trusts**

<b>33</b>	(a) Name	(b) Employer identification number
A		
B		

Passive Income and Loss		Nonpassive Income and Loss		
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1	
A				
B				
<b>34a Totals</b>	0.	0.	0.	
<b>b Totals</b>	0.	0.		
<b>35</b> Add columns (d) and (f) of line 34a			<b>35</b>	0.
<b>36</b> Add columns (c) and (e) of line 34b			<b>36</b>	( 0. )
<b>37 Total estate and trust income or (loss).</b> Combine lines 35 and 36			<b>37</b>	0.

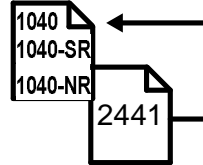
**Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder**

<b>38</b>	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b	
<b>39</b>	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below				<b>39</b>	0.

**Part V Summary**

<b>40</b>	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	<b>40</b>	0.
<b>41</b>	<b>Total income or (loss).</b> Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5	<b>41</b>	-1,508.
<b>42</b>	<b>Reconciliation of farming and fishing income.</b> Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AD; and Schedule K-1 (Form 1041), box 14, code F. See instructions	<b>42</b>	0.
<b>43</b>	<b>Reconciliation for real estate professionals.</b> If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules	<b>43</b>	0.

# Child and Dependent Care Expenses



Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040-SR, or 1040-NR.  
▶ Go to [www.irs.gov/Form2441](http://www.irs.gov/Form2441) for instructions and the latest information.

Name(s) shown on return

Your social security number

**SANTOSH K MAHENDRA and PRATHYUSHA VEMULA**

**\*\*\*-\*\*-0673**

**A** You can't claim a credit for child and dependent care expenses if your filing status is married filing separately unless you meet the requirements listed in the instructions under "Married Persons Filing Separately." If you meet these requirements, check this box.

**B** For 2021, your credit for child and dependent care expenses is refundable if you, or your spouse if married filing jointly, had a principal place of abode in the United States for more than half of 2021. If you meet these requirements, check this box.

**Part I Persons or Organizations Who Provided the Care - You must complete this part.**  
If you have more than three care providers, see the instructions and check this box

1	(a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Check here if the care provider is your household employee. (see instructions)	(e) Amount paid (see instructions)
	LITTLE FLOWERS MONTESSORI	4343 STEVENSON BLVD FREMONT, CA 94538	** - *** 1425	<input type="checkbox"/>	13,290.
				<input type="checkbox"/>	
				<input type="checkbox"/>	

Did you receive dependent care benefits?   
 No → Complete only Part II below.   
 Yes → Complete Part III on page 2 next.

**Caution:** If the care was provided in your home, you may owe employment taxes. For details, see the instructions for Schedule H (Form 1040). If you incurred care expenses in 2021 but didn't pay them until 2022, or if you prepaid in 2021 for care to be provided in 2022, don't include these expenses in column (c) of line 2 for 2021. See the instructions.

**Part II Credit for Child and Dependent Care Expenses**

**2** Information about your **qualifying person(s)**. If you have more than three qualifying persons, see the instructions and check this box

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2021 for the person listed in column (a)
First	Last		
GITIKA	MAHENDRA	***-**-5739	9,833.

<b>3</b> Add the amounts in column (c) of line 2. <b>Don't</b> enter more than \$8,000 if you had one qualifying person or \$16,000 if you had two or more persons. If you completed Part III, enter the amount from line 31.	<b>3</b>	<b>4,543.</b>
<b>4</b> Enter your <b>earned income</b> . See instructions.	<b>4</b>	<b>496,026.</b>
<b>5</b> If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); <b>all others</b> , enter the amount from line 4.	<b>5</b>	<b>181,494.</b>
<b>6</b> Enter the <b>smallest</b> of line 3, 4, or 5.	<b>6</b>	<b>4,543.</b>
<b>7</b> Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11. <b>7</b> <b>674,903.</b>		
<b>8</b> Enter on line 8 the decimal amount shown below that applies to the amount on line 7. ● If line 7 is \$125,000 or less, enter .50 on line 8. ● If line 7 is over \$125,000 and no more than \$438,000, see the instructions for line 8 for the amount to enter. ● If line 7 is over \$438,000, don't complete line 8. Enter zero on line 9a. You may be able to claim a credit on line 9b.	<b>8</b>	<b>X.</b>
<b>9a</b> Multiply line 6 by the decimal amount on line 8.	<b>9a</b>	
<b>9b</b> If you paid 2020 expenses in 2021, complete Worksheet A in the instructions. Enter the amount from line 13 of the worksheet here. Otherwise, go to line 10.	<b>9b</b>	<b>0.</b>
<b>10</b> Add lines 9a and 9b and enter the result. If you checked the box on line B above, this is your <b>refundable credit for child and dependent care expenses</b> ; enter the amount from this line on Schedule 3 (Form 1040), line 13g, and don't complete line 11. If you didn't check the box on line B above, go to line 11.	<b>10</b>	<b>0.</b>
<b>11</b> <b>Nonrefundable credit for child and dependent care expenses.</b> If you didn't check the box on line B above, your credit is nonrefundable and limited by the amount of your tax; see the instructions to figure the portion of line 10 that you can claim and enter that amount here and on Schedule 3 (Form 1040), line 2.	<b>11</b>	<b>0.</b>

**Part III Dependent Care Benefits**

<b>12</b>	Enter the total amount of <b>dependent care benefits</b> you received in 2021. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. <b>Don't</b> include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership . . . . .	<b>12</b>	<b>3,457.</b>
<b>13</b>	Enter the amount, if any, you carried over from 2020 and used in 2021. See instructions . . . . .	<b>13</b>	
<b>14</b>	If you forfeited or carried over to 2022 any of the amounts reported on line 12 or 13, enter the amount. See instructions . . . . .	<b>14</b>	( )
<b>15</b>	Combine lines 12 through 14. See instructions . . . . .	<b>15</b>	<b>3,457.</b>
<b>16</b>	Enter the total amount of <b>qualified expenses</b> incurred in 2021 for the care of the <b>qualifying person(s)</b> . . . . .	<b>16</b>	<b>13,290.</b>
<b>17</b>	Enter the <b>smaller</b> of line 15 or 16 . . . . .	<b>17</b>	<b>3,457.</b>
<b>18</b>	Enter your <b>earned income</b> . See instructions . . . . .	<b>18</b>	<b>496,026.</b>
<b>19</b>	Enter the amount shown below that applies to you. <ul style="list-style-type: none"> <li>● If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions for line 5).</li> <li>● If married filing separately, see instructions.</li> <li>● All others, enter the amount from line 18.</li> </ul>	<b>19</b>	<b>181,494.</b>
<b>20</b>	Enter the <b>smallest</b> of line 17, 18, or 19 . . . . .	<b>20</b>	<b>3,457.</b>
<b>21</b>	Enter \$10,500 (\$5,250 if married filing separately and you were required to enter your spouse's earned income on line 19). If you entered an amount on line 13, add it to the \$10,500 or \$5,250 amount you enter on line 21. However, don't enter more than the maximum amount allowed under your dependent care plan. See instructions . . . . .	<b>21</b>	<b>5,000.</b>
<b>22</b>	Is any amount on line 12 or 13 from your sole proprietorship or partnership? <input checked="" type="checkbox"/> <b>No.</b> Enter -0-. <input type="checkbox"/> <b>Yes.</b> Enter the amount here . . . . .	<b>22</b>	<b>0.</b>
<b>23</b>	Subtract line 22 from line 15 . . . . .	<b>23</b>	<b>3,457.</b>
<b>24</b>	<b>Deductible benefits.</b> Enter the <b>smallest</b> of line 20, 21, or 22. Also, include this amount on the appropriate line(s) of your return. See instructions. . . . .	<b>24</b>	
<b>25</b>	<b>Excluded benefits.</b> If you checked "No" on line 22, enter the smaller of line 20 or 21. Otherwise, subtract line 24 from the smaller of line 20 or line 21. If zero or less, enter -0- . . . . .	<b>25</b>	<b>3,457.</b>
<b>26</b>	<b>Taxable benefits.</b> Subtract line 25 from line 23. If zero or less, enter -0-. Also, include this amount on Form 1040 or 1040-SR, line 1; or Form 1040-NR, line 1a. On the dotted line next to Form 1040 or 1040-SR, line 1; or Form 1040-NR, line 1a, enter "DCB" . . . . .	<b>26</b>	<b>0.</b>

To claim the child and dependent care credit, complete lines 27 through 31 below.

<b>27</b>	Enter \$8,000 (\$16,000 if two or more qualifying persons). . . . .	<b>27</b>	<b>8,000.</b>
<b>28</b>	Add lines 24 and 25 . . . . .	<b>28</b>	<b>3,457.</b>
<b>29</b>	Subtract line 28 from line 27. If zero or less, <b>stop</b> . You can't take the credit. <b>Exception.</b> If you paid 2020 expenses in 2021, see the instructions for line 9b . . . . .	<b>29</b>	<b>4,543.</b>
<b>30</b>	Complete line 2 on page 1 of this form. <b>Don't</b> include in column (c) any benefits shown on line 28 above. Then, add the amounts in column (c) and enter the total here . . . . .	<b>30</b>	<b>9,833.</b>
<b>31</b>	Enter the <b>smaller</b> of line 29 or 30. Also, enter this amount on line 3 on page 1 of this form and complete lines 4 through 11 . . . . .	<b>31</b>	<b>4,543.</b>

**Additional Medicare Tax**

▶ If any line does not apply to you, leave it blank. See separate instructions.  
▶ Attach to Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.  
▶ Go to [www.irs.gov/Form8959](http://www.irs.gov/Form8959) for instructions and the latest information.

Name(s) shown on return

**SANTOSH K MAHENDRA and PRATHYUSHA VEMULA**

Your social security number

**\*\*\*-\*\*-0673**

**Part I Additional Medicare Tax on Medicare Wages**

1	Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5. . . .	1	717,066.	
2	Unreported tips from Form 4137, line 6 . . . . .	2		
3	Wages from Form 8919, line 6 . . . . .	3		
4	Add lines 1 through 3 . . . . .	4	717,066.	
5	Enter the following amount for your filing status: Married filing jointly . . . . . \$250,000 Married filing separately . . . . . \$125,000 Single, Head of household, or Qualifying widow(er) . . . . \$200,000	5	250,000.	
6	Subtract line 5 from line 4. If zero or less, enter -0- . . . . .	6		467,066.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II . . . . .	7		4,204.

**Part II Additional Medicare Tax on Self-Employment Income**

8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0- (Form 1040-PR or 1040-SS filers, see instructions.) . . . . .	8		
9	Enter the following amount for your filing status: Married filing jointly . . . . . \$250,000 Married filing separately . . . . . \$125,000 Single, Head of household, or Qualifying widow(er) . . . . \$200,000	9		
10	Enter the amount from line 4 . . . . .	10		
11	Subtract line 10 from line 9. If zero or less, enter -0- . . . . .	11		
12	Subtract line 11 from line 8. If zero or less, enter -0- . . . . .	12		
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III . . . . .	13		

**Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation**

14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions). . . . .	14		
15	Enter the following amount for your filing status: Married filing jointly . . . . . \$250,000 Married filing separately . . . . . \$125,000 Single, Head of household, or Qualifying widow(er) . . . . \$200,000	15		
16	Subtract line 15 from line 14. If zero or less, enter -0- . . . . .	16		
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV . . . . .	17		

**Part IV Total Additional Medicare Tax**

18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-PR or 1040-SS filers, see instructions), and go to Part V . . . . .	18		4,204.
----	---	----	--	--------

**Part V Withholding Reconciliation**

19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6. . . .	19	12,763.	
20	Enter the amount from line 1 . . . . .	20	717,066.	
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages . . . . .	21	10,397.	
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages . . . . .	22		2,366.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions) . . . . .	23		
24	<b>Total Additional Medicare Tax withholding.</b> Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-PR or 1040-SS filers, see instructions) . . . . .	24		2,366.

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

UYA



**Net Investment Income Tax -  
Individuals, Estates, and Trusts**

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form8960](http://www.irs.gov/Form8960) for instructions and the latest information.

Name(s) shown on your tax return

**SANTOSH K MAHENDRA and PRATHYUSHA VEMULA**

Your social security number or EIN

**\*\*\*-\*\*-0673**

- Part I Investment Income**
- Section 6013(g) election (see instructions)
  - Section 6013(h) election (see instructions)
  - Regulations section 1.1411-10(g) election (see instructions)

1	Taxable interest (see instructions)		1	37.
2	Ordinary dividends (see instructions)		2	196.
3	Annuities (see instructions)		3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	4a	-1,508.	
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b	1,508.	
c	Combine lines 4a and 4b	4c		
5a	Net gain or loss from disposition of property (see instructions)	5a	-3,000.	
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b		
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c		
d	Combine lines 5a through 5c	5d		-3,000.
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)	6		
7	Other modifications to investment income (see instructions)	7		
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7	8		-2,767.

**Part II Investment Expenses Allocable to Investment Income and Modifications**

9a	Investment interest expenses (see instructions)	9a		
b	State, local, and foreign income tax (see instructions)	9b		
c	Miscellaneous investment expenses (see instructions)	9c		
d	Add lines 9a, 9b, and 9c	9d		
10	Additional modifications (see instructions)	10		
11	Total deductions and modifications. Add lines 9d and 10	11		

**Part III Tax Computation**

12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13-17. Estates and trusts, complete lines 18a-21. If zero or less, enter -0-	12		
<b>Individuals:</b>				
13	Modified adjusted gross income (see instructions)	13	674,903.	
14	Threshold based on filing status (see instructions)	14	250,000.	
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	424,903.	
16	Enter the smaller of line 12 or line 15	16		
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). <b>Enter here and include on your tax return</b> (see instructions)	17		0.
<b>Estates and Trusts:</b>				
18a	Net investment income (line 12 above)	18a		
b	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)	18b		
c	Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-	18c		
19a	Adjusted gross income (see instructions)	19a		
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b		
c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c		
20	Enter the smaller of line 18c or line 19c	20		
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). <b>Enter here and include on your tax return</b> (see instructions)	21		

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

# Passive Activity Loss Limitations

Department of the Treasury  
Internal Revenue Service (99)

▶ See separate instructions.  
▶ Attach to Form 1040, 1040-SR, or 1041.  
▶ Go to [www.irs.gov/Form8582](http://www.irs.gov/Form8582) for instructions and the latest information.

**2021**  
Attachment  
Sequence No. **858**

Name(s) shown on return

Identifying number  
**\*\*\*-\*\*-0673**

**SANTOSH K MAHENDRA and PRATHYUSHA VEMULA**

**Part I 2021 Passive Activity Loss**

Caution: Complete Parts IV and V before completing Part I.

**Rental Real Estate Activities With Active Participation** (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** in the instructions.)

1a	Activities with net income (enter the amount from Part IV, column (a)) . . . . .	1a	0.
b	Activities with net loss (enter the amount from Part IV, column (b)) . . . . .	1b	( 17,368.)
c	Prior years' unallowed losses (enter the amount from Part IV, column (c)) . . . . .	1c	( 0.)
d	Combine lines 1a, 1b, and 1c. . . . .	1d	

**All Other Passive Activities**

2a	Activities with net income (enter the amount from Part V, column (a)) . . . . .	2a	0.
b	Activities with net loss (enter the amount from Part V, column (b)) . . . . .	2b	( 11,277.)
c	Prior years' unallowed losses (enter the amount from Part V, column (c)) . . . . .	2c	( 0.)
d	Combine lines 2a, 2b, and 2c . . . . .	2d	-11,277.

3	Combine lines 1d and 2d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used . . . . .	3	-28,645.
---	---	---	----------

If line 3 is a loss and:  
 • Line 1d is a loss, go to Part II.  
 • Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

**Caution:** If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II. Instead, go to line 10.

**Part II Special Allowance for Rental Real Estate Activities With Active Participation**

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

4	Enter the <b>smaller</b> of the loss on line 1d or the loss on line 3 . . . . .	4	17,368.
5	Enter \$150,000. If married filing separately, see instructions . . . . .	5	150,000.
6	Enter modified adjusted gross income, but not less than zero. See instructions . . . . .	6	674,903.
7	Subtract line 6 from line 5 . . . . .	7	0.
8	Multiply line 7 by 50% (0.50). <b>Do not</b> enter more than \$25,000. If married filing separately, see instructions . . . . .	8	0.
9	Enter the <b>smaller</b> of line 4 or line 8. . . . .	9	0.

Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7.

**Part III Total Losses Allowed**

10	Add the income, if any, on lines 1a and 2a and enter the total . . . . .	10	0.
11	<b>Total losses allowed from all passive activities for 2021.</b> Add lines 9 and 10. See instructions to find out how to report the losses on your tax return. . . . .	11	0.

**Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions.**

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
318 FLINDER PL	0.	-17,368.	0.	0.	-17,368.
	0.	0.	0.	0.	0.
	0.	0.	0.	0.	0.
	0.	0.	0.	0.	0.
	0.	0.	0.	0.	0.
<b>Total.</b> Enter on Part I, lines 1a, 1b, and 1c ▶	0.	-17,368.	0.		

For Paperwork Reduction Act Notice, see instructions.  
UYA

**Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.**

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 2a)	(b) Net loss (line 2b)	(c) Unallowed loss (line 2c)	(d) Gain	(e) Loss
CENTRAL TEXAS 4PLEX LLC	0.	-4,851.	0.	0.	-4,851.
VVG GROUP LLC	0.	-6,426.	0.	0.	-6,426.
	0.	0.	0.	0.	0.
	0.	0.	0.	0.	0.
	0.	0.	0.	0.	0.
<b>Total.</b> Enter on Part I, lines 2a, 2b, and 2c ▶	0.	-11,277.	0.		

**Part VI Use This Part if an Amount Is Shown on Part II, Line 9. See instructions.**

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a).
318 FLINDER PL	Sch E L22	-17,368.	1.000000	0.	-17,368.
		0.	0.000000	0.	0.
		0.	0.000000	0.	0.
		0.	0.000000	0.	0.
		0.	0.000000	0.	0.
<b>Total</b> ▶		-17,368.	1.00	0.	-17,368.

**Part VII Allocation of Unallowed Losses. See instructions.**

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
318 FLINDER PL	Sch E L22	-17,368.	0.606319	-17,368.
CENTRAL TEXAS 4PLEX LLC	Sch E L28	-4,851.	0.169349	-4,851.
VVG GROUP LLC	Sch E L28	-6,426.	0.224332	-6,426.
		0.	0.000000	0.
		0.	0.000000	0.
<b>Total</b> ▶		-28,645.	1.00	-28,645.

**Part VIII Allowed Losses. See instructions.**

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
318 FLINDER PL	Sch E L22	-17,368.	-17,368.	0.
CENTRAL TEXAS 4PLEX LLC	Sch E L28	-4,851.	-4,851.	0.
VVG GROUP LLC	Sch E L28	-6,426.	-6,426.	0.
		0.	0.	0.
		0.	0.	0.
<b>Total</b> ▶		-28,645.	-28,645.	0.

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return

SANTOSH K MAHENDRA

Business or activity to which this form relates

318 FLINDER PL

Identifying number

\*\*\*-\*\*-0673

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 main rows for Part I. Line 4: 0. Line 5: 0. Line 7: 13. Line 12: 14,117.

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

Table with 3 rows for Part II. Line 14, 15, 16.

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

Table with 2 rows for Section A. Line 17: 14,117.

Section B—Assets Placed in Service During 2021 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Line 19a: 39,739.5 yrs, HY, 200 DB, 7,948.

Section C—Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System

Table with 4 rows for Section C. Line 20a: 12 yrs, S/L. Line 20b: 30 yrs, MM, S/L. Line 20c: 40 yrs, MM, S/L.

Part IV Summary (See instructions.)

Table with 3 rows for Part IV. Line 21: 22,065. Line 22: 22,065. Line 23.

**2021 Other Income - Supporting Details for Schedule 1 (Form 1040), Line 8**

Name(s) shown on Form 1040 <b>SANTOSH K MAHENDRA and PRATHYUSHA VEMULA</b>	Your social security number <b>***-**-0673</b>
---	---

**Supporting Details for Schedule 1 (Form 1040), Lines 8a - 8p**

	<b>SANTOSH</b>	<b>PRATHYUSHA</b>
Net Operating Loss carry forward from 2020		
Gambling Winnings reported on Form W-2G		
Other winnings where a Form W-2G not received		
Cancellation of a nonbusiness debt, Form 1099-C		
Cancellation of a business debt, Partnership Sch K-1		
Foreign earned income exclusion from Form 2555		
HSA distributions and excess contributions, Form 8889		
MSA Distributions, Form 8853		
Alaska Permanent Fund dividends		
Jury Pay		
Prizes and awards		
Activity not engaged in for profit income (Hobby)		
Stock options		
Income from personal property rental		
Olympic and Paralympic medals and USOC prize money		
Section 951(a) inclusion		
Section 951A(a) inclusion		
Section 461(l) excess business loss adjustments		
Taxable distributions from ABLE accounts, Form 1099-QA		

**Supporting Details for Schedule 1 (Form 1040), Line 8z**

	<b>SANTOSH</b>	<b>PRATHYUSHA</b>
Other Income from Schedule K-1		
Child's income amount from Form 8814, line 12		
Medicare Advantage MSA Distributions, Form 8853		
Long-term Care Distribution, Form 8853		
Form 1099-MISC, Boxes 3 and 8	<b>150.</b>	
Coverdell ESA or Qualified Tuition Program		
Reemployment trade adjustment assistance (RTAA)		
Recapture of prior year tuition and fees deduction		
Recapture of charitable contribution deduction of a fractional interest in tangible personal property		
Recapture of charitable contribution deduction if no exempt use		
Income or loss, Form 8621		
Loss on excess deferral distribution		
Disaster relief payments		
Medicaid waiver payments to care provider (NOTICE 2014-07)		
Credit adjustment from regular income, Form 6478 and Form 8864		
Indian gaming proceeds (from 1099-MISC)		
Indian tribal distrib (from 1099-MISC)		
Native American distrib (from 1099-MISC)		
Airline Payments. If rolled over to traditional IRA, enter amount up to 90% as a negative number		
Foreign currency transaction electing section 988 treatment as ordinary income (Form 1099-B)		
Section 965(n) election - reduction of NOL		
Credits for sick and family leave wages (Schedule H)		
Total other income for Schedule 1, line 8z	<b>150.</b>	

Details for Form 1098, Line 1

SANTOSH K MAHENDRA and PRATHYUSHA VEMULA

\*\*\*-\*\*-0673 - \*\*\*-\*\*-7395

Date	Description	Amount
	MORTGAGE INTEREST \$22719	0.00
	R. MORTGAGE 750000/874397=0.8577	0.00
	Q.MORTGAGE 0.8577*22719	19,486.85
	<b>Total</b>	<b>19,486.85</b>

Do Not File  
Client Copy

Details for Schedule E, Part 1, Line 12

SANTOSH K MAHENDRA and PRATHYUSHA VEMULA

\*\*\*-\*\*-0673 - \*\*\*-\*\*-7395

Date	Description	Amount
	PENTAGON LOANDEPOT	3,061.13 12,640.71
	Total	15,701.84

Do Not File  
Client Copy

Details for Form 4562 Depreciation

SANTOSH K MAHENDRA and PRATHYUSHA VEMULA

\*\*\*-\*\*-0673 - \*\*\*-\*\*-7395

Date	Description	Amount
	LANDSACPING	10,470.00
	APPLIANCE	11,792.00
	CABINETS	8,000.00
	318 FLINDER	8,000.00
	AMAZON - SHOWER REPLACEMENT FROM AMZN	1,477.00
	Total	39,739.00

Do Not File  
Client Copy



2021 California Resident Income Tax Return

540

DO NOT ATTACH FEDERAL RETURN

\*\*\*-\*\*-0673 MAHE \*\*\*-\*\*-7395 21
SANTOSH K MAHENDRA
PRATHYUSHA VEMULA

38025 CONRAD ST
FREMONT CA 94536

08-25-1984 08-08-1988

Do Not File

Client Copy

Principal Residence section with fields for county, address, city, state, and ZIP code.

Filing Status section with options for Single, Married/RDP filing jointly, Head of household, etc.

Exemptions section with calculations for Personal, Blind, and Senior exemptions.

Your name: MAHENDRA

Your SSN or ITIN: \*\*\*-\*\*-0673

10 Dependents: Do not include yourself or your spouse/RDP.

Exemptions

	Dependent 1	Dependent 2	Dependent 3
First Name	GITIKA		
Last Name	MAHENDRA		
SSN. See instructions.	*****5739		
Dependent's relationship to you	DAUGHTER		

Total dependent exemptions . . . . . 10 1 X \$400 = \$ 400

11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32 . . . . . 11 \$ 658

Taxable Income

12 State wages from your federal Form(s) W-2, box 16 . . . . . 12 679,028 .00

13 Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11 . . . . . 13 674,903 .00

14 California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B . . . . . 14 .00

15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions . . . . . 15 674,903 .00

16 California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 27, column C . . . . . 16 .00

17 California adjusted gross income. Combine line 15 and line 16 . . . . . 17 674,903 .00

18 Enter the larger of: { Your California itemized deductions from Schedule CA (540), Part II, line 30; OR Your California standard deduction shown below for your filing status:

- Single or Married/RDP filing separately . . . . . \$4,803
- Married/RDP filing jointly, Head of household, or Qualifying widow(er) . . . \$9,606

If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions . . . . . 18 24,862 .00

19 Subtract line 18 from line 17. This is your taxable income. If less than zero, enter -0- . . . . . 19 650,041 .00

Tax

Tax Table  Tax Rate Schedule

31 Tax. Check the box if from:  FTB 3800  FTB 3803 . . . . . 31 54,705 .00

32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$212,288, see instructions . . . . . 32 .00

33 Subtract line 32 from line 31. If less than zero, enter -0- . . . . . 33 54,705 .00

34 Tax. See instructions. Check the box if from:  Schedule G-1  FTB 5870A . . . . . 34 .00

35 Add line 33 and line 34 . . . . . 35 54,705 .00

Special Credits

40 Nonrefundable Child and Dependent Care Expenses Credit. See instructions . . . . . 40 .00

43 Enter credit name [ ] code [ ] and amount . . . . . 43 .00

44 Enter credit name [ ] code [ ] and amount . . . . . 44 .00

Your name: MAHENDRA

Your SSN or ITIN: \*\*\*-\*\*-0673

Special Credits

- 45 To claim more than two credits. See instructions. Attach Schedule P (540) . . . . . ● 45  .00
- 46 Nonrefundable Renter's Credit. See instructions . . . . . ● 46  .00
- 47 Add line 40 through line 46. These are your total credits . . . . . ● 47  .00
- 48 Subtract line 47 from line 35. If less than zero, enter -0- . . . . . ● 48  .00

Other Taxes

- 61 Alternative Minimum Tax. Attach Schedule P (540) . . . . . ● 61  .00
- 62 Mental Health Services Tax. See instructions . . . . . ● 62  .00
- 63 Other taxes and credit recapture. See instructions . . . . . ● 63  .00
- 64 Excess Advance Premium Assistance Subsidy (APAS) repayment. See instructions . . . . . ● 64  .00
- 65 Add line 48, line 61, line 62, line 63, and line 64. This is your total tax . . . . . ● 65  .00

Payments

- 71 California income tax withheld. See instructions . . . . . ● 71  .00
- 72 2021 CA estimated tax and other payments. See instructions . . . . . ● 72  .00
- 73 Withholding (Form 592-B and/or 593). See instructions . . . . . ● 73  .00
- 74 Excess SDI (or VPD) withheld. See instructions . . . . . ● 74  .00
- 75 Earned Income Tax Credit (EITC) . . . . . ● 75  .00
- 76 Young Child Tax Credit (YCTC). See instructions . . . . . ● 76  .00
- 77 Net Premium Assistance Subsidy (PAS). See instructions . . . . . ● 77  .00
- 78 Add line 71 through line 77. These are your total payments.  
See instructions . . . . . ● 78  .00

Use Tax

- 91 Use Tax. Do not leave blank. See instructions . . . . . ● 91  .00
- If line 91 is zero, check if:  No use tax is owed.  You paid your use tax obligation directly to CDTFA.

IRS Penalty

- 92 If you and your household had full-year health care coverage, check the box.  
See instructions. Medicare Part A or C coverage is qualifying health care coverage . . . . . ●
- If you did not check the box, see instructions.  
Individual Shared Responsibility (ISR) Penalty. See instructions . . . . . ● 92  .00

Overpaid Tax/Tax Due

- 93 Payments balance. If line 78 is more than line 91, subtract line 91 from line 78. . . . . ● 93  .00
- 94 Use Tax balance. If line 91 is more than line 78, subtract line 78 from line 91 . . . . . ● 94  .00
- 95 Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92,  
subtract line 92 from line 93 . . . . . ● 95  .00
- 96 Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, then  
subtract line 93 from line 92 . . . . . ● 96  .00

Do Not File Client Copy

Your name: MAHENDRA

Your SSN or ITIN: \*\*\*-\*\*-0673

Overpaid Tax/Tax Due

- 97 Overpaid tax. If line 95 is more than line 65, subtract line 65 from line 95 . . . . .  97  .00
- 98 Amount of line 97 you want applied to your 2022 estimated tax . . . . .  98  .00
- 99 Overpaid tax available this year. Subtract line 98 from line 97 . . . . .  99  .00
- 100 Tax due. If line 95 is less than line 65, subtract line 95 from line 65 . . . . .  100  .00

Contributions

	Code	Amount
California Seniors Special Fund. See instructions . . . . .	● 400	<input type="text"/> .00
Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund . . . . .	● 401	<input type="text"/> .00
Rare and Endangered Species Preservation Voluntary Tax Contribution Program . . . . .	● 403	<input type="text"/> .00
California Breast Cancer Research Voluntary Tax Contribution Fund . . . . .	● 405	<input type="text"/> .00
California Firefighters' Memorial Voluntary Tax Contribution Fund . . . . .	● 406	<input type="text"/> .00
Emergency Food for Families Voluntary Tax Contribution Fund . . . . .	● 407	<input type="text"/> .00
California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund . . . . .	● 408	<input type="text"/> .00
California Sea Otter Voluntary Tax Contribution Fund . . . . .	● 410	<input type="text"/> .00
California Cancer Research Voluntary Tax Contribution Fund . . . . .	● 413	<input type="text"/> .00
School Supplies for Homeless Children Voluntary Tax Contribution Fund . . . . .	● 422	<input type="text"/> .00
State Parks Protection Fund/Parks Pass Purchase . . . . .	● 423	<input type="text"/> .00
Protect Our Coast and Oceans Voluntary Tax Contribution Fund . . . . .	● 424	<input type="text"/> .00
Keep Arts in Schools Voluntary Tax Contribution Fund . . . . .	● 425	<input type="text"/> .00
Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund . . . . .	● 431	<input type="text"/> .00
California Senior Citizen Advocacy Voluntary Tax Contribution Fund . . . . .	● 438	<input type="text"/> .00
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund . . . . .	● 439	<input type="text"/> .00
Rape Kit Backlog Voluntary Tax Contribution Fund . . . . .	● 440	<input type="text"/> .00
Schools Not Prisons Voluntary Tax Contribution Fund . . . . .	● 443	<input type="text"/> .00
Suicide Prevention Voluntary Tax Contribution Fund . . . . .	● 444	<input type="text"/> .00
Mental Health Crisis Prevention Voluntary Tax Contribution Fund . . . . .	● 445	<input type="text"/> .00
California Community and Neighborhood Tree Voluntary Tax Contribution Fund . . . . .	● 446	<input type="text"/> .00
110 Add code 400 through code 446. This is your total contribution . . . . .	● 110	<input type="text"/> .00

Your name: MAHENDRA

Your SSN or ITIN: \*\*\*-\*\*-0673

111 AMOUNT YOU OWE. If you do not have an amount on line 99, add line 94, line 96, line 100, and line 110. See instructions. Do not send cash.
Mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001 . . . • 111 0 .00
Pay Online - Go to ftb.ca.gov/pay for more information.

112 Interest, late return penalties, and late payment penalties . . . . . 112 .00

113 Underpayment of estimated tax.
Check the box: • [ ] FTB 5805 attached • [ ] FTB 5805F attached . . . . . • 113 .00

114 Total amount due. See instructions. Enclose, but do not staple, any payment . . . . . 114 .00

115 REFUND OR NO AMOUNT DUE. Subtract the sum of line 110, line 112 and line 113 from line 99. See instructions.

Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001 . . . • 115 5,889 .00

Refund and Direct Deposit
Fill in the information to authorize direct deposit of your refund into one or two accounts. Do not attach a voided check or a deposit slip.
See instructions. Have you verified the routing and account numbers? Use whole dollars only.
All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:

Type
• Routing number [ ] Checking [X] Savings [ ]
• Account number [ ]
• 116 Direct deposit amount 5,889 .00

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:

Type
• Routing number [ ] Checking [ ] Savings [ ]
• Account number [ ]
• 117 Direct deposit amount .00

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.

Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/forms to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed. Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature [ ] Date [ ] Spouse's/RDP's signature (if a joint tax return, both must sign) [ ]

Sign Here

Your email address. Enter only one email address. Preferred phone number
SANTOSHRAVE@GMAIL.COM 816-769-3872

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge) [ ]

It is unlawful to forge a spouse's/RDP's signature.

Firm's name (or yours, if self-employed) PTIN
GLOBAL TAX SERVICES P\*\*\*\*7272

Firm's address Firm's FEIN
2092 CONCOURSE DR, STE 25 SAN JOSE, CA 95131 \*\*\*\*\*3316

Joint tax return? (See instructions)

Do you want to allow another person to discuss this tax return with us? See instructions . . . . • [X] Yes [ ] No

Print Third Party Designee's Name Telephone Number
KHUSHVINDER SINGH EA 408-262-9190

**2021**

**Wage and Tax Statement**

**W-2**

**Important: Attach this schedule to the back of your original or amended Form 540, 540 2EZ, or 540NR.**

**Caution:** If this schedule is filled out, **do not** send your federal Form(s) W-2 to the Franchise Tax Board. If your federal Form(s) W-2 are from multiple states, **attach** copies showing California tax withheld to this schedule. If this schedule is blank, attach your federal Form(s) W-2 to the lower front of your tax return. **DO NOT ATTACH PAYMENT TO THIS SCHEDULE.**

\*Employee's social security number, name, and address must be the same as the information on federal Form(s) W-2.

**W-2 Information**

a. Employee's social security number\*  \*\*\*\*\*0673

c. Employer's name  SLACK TECHNOLOGIES LLC FORMALLY INC

b. Employer identification number (EIN)  \*\*\*\*\*0325

Employer's address  500 HOWARD STREET,

City  SAN FRANCISCO State  CA ZIP code  94105

e. Employee's first name\*  SANTOSH Initial\*  K Last name\*  MAHENDRA Suffix\*

f. Employee's address\*  38025 CONRAD ST

City\*  FREMONT State\*  CA ZIP code\*  94536

1. Wages, tips, other compensation  446,724

2. Federal income tax withheld  90,116

3. Social security wages  142,800

4. Social security tax withheld  8,854

6. Medicare tax withheld  9,076

7. Social security tips

8. Allocated tips (not included in box 1)

10. Dependent care benefits  2,857

11. Nonqualified plans

12. Codes and amounts

Code	Amount	Code	Amount
12a. <input type="radio"/> C	<input type="radio"/> 312	12c. <input type="radio"/> D	<input type="radio"/> 16,098
12b. <input type="radio"/> DD	<input type="radio"/> 14,577	12d. <input type="radio"/>	<input type="radio"/>

13. Check the appropriate box for: Statutory employee, Retirement plan, or Third-party sick pay

Statutory employee  Retirement plan  Third-party sick pay

14. SDI, VPDI, or CA SDI (from federal Form W-2, box 14 or 19)

Type  CA SDI Amount  1,540

16. State wages, tips, etc.  446,724

15. State and employer's state ID number

State  CA Employer's state ID number  296-1967

17. State income tax  40,689

2021

Wage and Tax Statement

W-2

Important: Attach this schedule to the back of your original or amended Form 540, 540 2EZ, or 540NR.

Caution: If this schedule is filled out, do not send your federal Form(s) W-2 to the Franchise Tax Board. If your federal Form(s) W-2 are from multiple states, attach copies showing California tax withheld to this schedule. If this schedule is blank, attach your federal Form(s) W-2 to the lower front of your tax return. DO NOT ATTACH PAYMENT TO THIS SCHEDULE.

\*Employee's social security number, name, and address must be the same as the information on federal Form(s) W-2.

W-2 Information

a. Employee's social security number\*
b. Employer identification number (EIN)
c. Employer's name
Employer's address
City State ZIP code

e. Employee's first name\* Initial\* Last name\* Suffix\*
f. Employee's address\*
City\* State\* ZIP code\*

1. Wages, tips, other compensation
2. Federal income tax withheld
3. Social security wages
4. Social security tax withheld
5. Medicare tax withheld
6. Social security tips
7. Social security tips
8. Allocated tips (not included in box 1)
9. Dependent care benefits
10. Dependent care benefits
11. Nonqualified plans

12. Codes and amounts
12a. Code Amount
12b. Code Amount
12c. Code Amount
12d. Code Amount

13. Check the appropriate box for: Statutory employee, Retirement plan, or Third-party sick pay

14. SDI, VPDI, or CA SDI (from federal Form W-2, box 14 or 19)
15. State and employer's state ID number
16. State wages, tips, etc.

17. State income tax

2021

Wage and Tax Statement

W-2

Important: Attach this schedule to the back of your original or amended Form 540, 540 2EZ, or 540NR.

Caution: If this schedule is filled out, do not send your federal Form(s) W-2 to the Franchise Tax Board. If your federal Form(s) W-2 are from multiple states, attach copies showing California tax withheld to this schedule. If this schedule is blank, attach your federal Form(s) W-2 to the lower front of your tax return. DO NOT ATTACH PAYMENT TO THIS SCHEDULE.

\*Employee's social security number, name, and address must be the same as the information on federal Form(s) W-2.

W-2 Information

a. Employee's social security number\*
b. Employer identification number (EIN)
c. Employer's name
Employer's address
City State ZIP code

e. Employee's first name\* Initial\* Last name\* Suffix\*
f. Employee's address\*
City\* State\* ZIP code\*

1. Wages, tips, other compensation
2. Federal income tax withheld
3. Social security wages
4. Social security tax withheld
5. Medicare tax withheld
6. Social security tips
7. Social security tips
8. Allocated tips (not included in box 1)
9. Dependent care benefits
10. Dependent care benefits
11. Nonqualified plans

12. Codes and amounts
12a. Code C Amount 122
12b. Code DD Amount 4,899
12c. Code D Amount 3,402
12d. Code Amount

13. Check the appropriate box for: Statutory employee, Retirement plan, or Third-party sick pay

14. SDI, VPDI, or CA SDI (from federal Form W-2, box 14 or 19)
Type VPDI Amount 608
16. State wages, tips, etc. Amount 50,810

15. State and employer's state ID number
State CA Employer's state ID number 449 1640 1
17. State income tax Amount 4,291



**2021 California Adjustments - Residents**

**CA (540)**

**Important:** Attach this schedule behind Form 540, Side 5 as a supporting California schedule.

Name(s) as shown on tax return: **SANTOSH K MAHENDRA AND PRATHYUSHA VEMULA** SSN or ITIN: **\*\*\*-\*\*-0673**

<b>Part I Income Adjustment Schedule</b>		<b>A Federal Amounts</b> (taxable amounts from your federal tax return)	<b>B Subtractions</b> See instructions	<b>C Additions</b> See instructions
<b>Section A - Income</b> from federal Form 1040 or 1040-SR				
1	Wages, salaries, tips, etc. See instructions before making an entry in column B or C . . . . . 1	679,028		
2	Taxable interest. a <input type="radio"/> _____ 2b <input type="radio"/>	37		
3	Ordinary dividends. See instructions. a <input type="radio"/> 196 3b <input type="radio"/>	196		
4	IRA distributions. See instructions. a <input type="radio"/> _____ 4b <input type="radio"/>			
5	Pensions and annuities. See instructions. a <input type="radio"/> _____ 5b <input type="radio"/>			
6	Social security benefits. a <input type="radio"/> _____ 6b <input type="radio"/>			
7	Capital gain or (loss). See instructions . . . . . 7	-3,000		
<b>Section B - Additional Income</b> from federal Schedule 1 (Form 1040)				
1	Taxable refunds, credits, or offsets of state and local income taxes . . . . . 1			
2a	Alimony received. See instructions . . . . . 2a			
3	Business income or (loss). See instructions . . . . . 3			
4	Other gains or (losses) . . . . . 4			
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. . . . . 5	-1,508		
6	Farm income or (loss) . . . . . 6			
7	Unemployment compensation . . . . . 7			
8	Other income:			
a	Federal net operating loss . . . . . 8a			
b	Gambling income . . . . . 8b			
e	Cancellation of debt . . . . . 8c			
d	Foreign earned income exclusion from federal Form 2555 . . . . . 8d			
e	Taxable Health Savings Account distribution . . . . . 8e			
f	Alaska Permanent Fund dividends . . . . . 8f			
g	Jury duty pay . . . . . 8g			
h	Prizes and awards . . . . . 8h			



Section B – Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
i Activity not engaged in for profit income . . . . . 8i	<input type="radio"/>		
j Stock options . . . . . 8j	<input type="radio"/>		
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	<input type="radio"/>		
l Olympic and Paralympic medals and USOC prize money 8l	<input type="radio"/>		
m IRC Section 951(a) inclusion . . . . . 8m	<input type="radio"/>	<input type="radio"/>	
n IRC Section 951A(a) inclusion . . . . . 8n	<input type="radio"/>	<input type="radio"/>	
o IRC Section 461(l) excess business loss adjustment 8o	<input type="radio"/>		<input type="radio"/>
p Taxable distributions from an ABLE account . . . . . 8p	<input type="radio"/>		
z Other income. List type and amount. <input type="radio"/> _____ 8z	<input type="radio"/>	150 <input type="radio"/>	<input type="radio"/>
9 a Total other income. Add lines 8a through 8z . . . 9a	<input type="radio"/>	150 <input type="radio"/>	<input type="radio"/>
b1 Disaster loss deduction from form FTB 3805V . . . 9b1		<input type="radio"/>	
b2 NOL deduction from form FTB 3805V . . . . . 9b2		<input type="radio"/>	
b3 NOL from form FTB 3805Z, 3807, or 3809 . . . . . 9b3		<input type="radio"/>	
b4 Student loan discharged due to closure of a for-profit school . . . . . 9b4	<input type="radio"/>	<input type="radio"/>	
10 Total. Combine Section A, line 1 through line 7 and Section B, line 1 through line 7, line 9a and line 9b4 in column A (as applicable). Add Section A, line 1 through line 7, and Section B, line through line 7, line 9a and line 9b1 through line 9b4 in column B and column C (as applicable). See instructions . . . . . 10	<input type="radio"/>	674,903 <input type="radio"/>	0 <input type="radio"/>

Do Not File  
Client Copy

**Section C – Adjustments to Income**  
from federal Schedule 1 (Form 1040)

11 Educator expenses . . . . . 11	<input type="radio"/>	<input type="radio"/>	
12 Certain business expenses of reservists, performing artists, and fee-basis government officials . . . . . 12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13 Health savings account deduction . . . . . 13	<input type="radio"/>	<input type="radio"/>	
14 Moving expenses. Attach form FTB 3913. See instructions . . . . . 14	<input type="radio"/>		<input type="radio"/>
15 Deductible part of self-employment tax. See instructions . . . . . 15	<input type="radio"/>	<input type="radio"/>	
16 Self-employed SEP, SIMPLE, and qualified plans . . . 16	<input type="radio"/>		
17 Self-employed health insurance deduction. See instructions . . . . . 17	<input type="radio"/>	<input type="radio"/>	



Section C – Adjustments to Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
18 Penalty on early withdrawal of savings . . . . . 18	<input checked="" type="radio"/>		
19 a Alimony paid . . . . . 19a	<input checked="" type="radio"/>		
b Recipient's: SSN <input checked="" type="radio"/> _____			
Last Name <input checked="" type="radio"/> _____			
20 IRA deduction . . . . . 20	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
21 Student loan interest deduction . . . . . 21	<input checked="" type="radio"/>		<input checked="" type="radio"/>
22 Reserved for future use . . . . . 22			
23 Archer MSA deduction . . . . . 23	<input checked="" type="radio"/>		
24 Other adjustments:			
a Jury duty pay . . . . . 24a	<input checked="" type="radio"/>		
b Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit . . . . . 24b	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l . . . . . 24c	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
d Reforestation amortization and expenses . . . . . 24d	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
e Repayment of supplemental unemployment benefits under the Trade Act of 1974 . . . . . 24e	<input checked="" type="radio"/>		
f Contributions to IRC Section 501(c)(18)(D) pension plans . . . . . 24f	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
g Contributions by certain chaplains to IRC Section 403(b) plans . . . . . 24g	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
h Attorney fees and court costs for actions involving certain unlawful discrimination claims . . . . . 24h	<input checked="" type="radio"/>		
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	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
j Housing deduction from federal Form 2555 . . . . . 24j	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041) . . . . . 24k	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
z Other adjustments. List type and amount.  <input checked="" type="radio"/> _____ 24z	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
25 Total other adjustments. Add lines 24a through 24z 25	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
26 Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions . . . . . 26	<input checked="" type="radio"/>	0	0
27 Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions . . . . . 27	<input checked="" type="radio"/>	674,903	0

Do Not File  
Client Copy

**Part II Adjustments to Federal Itemized Deductions**

Check the box if you did NOT itemize for federal but will itemize for California

	<b>A Federal Amounts</b> (from federal Schedule A (Form 1040))	<b>B Subtractions</b> See instructions	<b>C Additions</b> See instructions
<b>Medical and Dental Expenses</b> See instructions.			
<b>1</b> Medical and dental expenses <input checked="" type="radio"/> _____ <b>1</b>			
<b>2</b> Enter amount from federal Form 1040 or 1040-SR, line 11 <input checked="" type="radio"/> _____ <b>2</b>			
<b>3</b> Multiply line 2 by 7.5% (0.075) <input checked="" type="radio"/> _____ <b>3</b>			
<b>4</b> Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 <input checked="" type="radio"/> _____ <b>4</b>			<input checked="" type="radio"/>
<b>Taxes You Paid</b>			
<b>5 a</b> State and local income tax or general sales taxes <b>5a</b> <input checked="" type="radio"/> _____ <b>5a</b>	61,525	<input checked="" type="radio"/> 61,525	
<b>b</b> State and local real estate taxes <b>5b</b> <input checked="" type="radio"/> _____ <b>5b</b>	13,740		
<b>c</b> State and local personal property taxes <b>5c</b> <input checked="" type="radio"/> _____ <b>5c</b>			
<b>d</b> Add line 5a through line 5c <b>5d</b> <input checked="" type="radio"/> _____ <b>5d</b>	75,265		
<b>e</b> Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B. Enter the difference from line 5d and line 5e, column A in line 5e, column C <input checked="" type="radio"/> _____ <b>5e</b>	10,000	<input checked="" type="radio"/> 61,525	<input checked="" type="radio"/> 65,265
<b>6</b> Other taxes. List type <input checked="" type="radio"/> _____ <b>6</b>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>7</b> Add line 5e and line 6 <b>7</b> <input checked="" type="radio"/> _____ <b>7</b>	10,000	<input checked="" type="radio"/> 61,525	<input checked="" type="radio"/> 65,265
<b>Interest You Paid</b>			
<b>8 a</b> Home mortgage interest and points reported to you on federal Form 1098 <b>8a</b> <input checked="" type="radio"/> _____ <b>8a</b>	24,141		<input checked="" type="radio"/>
<b>b</b> Home mortgage interest not reported to you on federal Form 1098 <b>8b</b> <input checked="" type="radio"/> _____ <b>8b</b>			<input checked="" type="radio"/>
<b>c</b> Points not reported to you on federal Form 1098 <b>8c</b> <input checked="" type="radio"/> _____ <b>8c</b>			<input checked="" type="radio"/>
<b>d</b> Mortgage insurance premiums <b>8d</b> <input checked="" type="radio"/> _____ <b>8d</b>		<input checked="" type="radio"/>	
<b>e</b> Add line 8a through line 8d <b>8e</b> <input checked="" type="radio"/> _____ <b>8e</b>	24,141	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>9</b> Investment interest <b>9</b> <input checked="" type="radio"/> _____ <b>9</b>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>10</b> Add line 8e and line 9 <b>10</b> <input checked="" type="radio"/> _____ <b>10</b>	24,141	<input checked="" type="radio"/>	<input checked="" type="radio"/>

Part II Adjustments to Federal Itemized Deductions Continued	A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
<b>Gifts to Charity</b>			
11 Gifts by cash or check . . . . .	11 2,000		
12 Other than by cash or check . . . . .	12		
13 Carryover from prior year . . . . .	13		
14 Add line 11 through line 13 . . . . .	14 2,000		
<b>Casualty and Theft Losses</b>			
15 Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions . . . . .	15		
<b>Other Itemized Deductions</b>			
16 Other—from list in federal instructions . . . . .	16		
17 Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C . . . . .	17 36,141	61,525	65,265

18 Total. Combine line 17 column A less column B plus column C . . . . . 18 39,881

**Job Expenses and Certain Miscellaneous Deductions**

- 19 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions . . . . . 19
- 20 Tax preparation fees . . . . . 20
- 21 Other expenses - investment, safe deposit box, etc. List type . . . . . 21
- 22 Add line 19 through line 21 . . . . . 22
- 23 Enter amount from federal Form 1040 or 1040-SR, line 11 . . . . .
- 24 Multiply line 23 by 2% (0.02). If less than zero, enter 0 . . . . . 24
- 25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0 . . . . . 25
- 26 Total Itemized Deductions. Add line 18 and line 25 . . . . . 26 39,881
- 27 Other adjustments. See instructions. Specify . . . . . 27
- 28 Combine line 26 and line 27 . . . . . 28 39,881

29 Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?

Single or married/RDP filing separately . . . . . \$212,288

Head of household . . . . . \$318,437

Married/RDP filing jointly or qualifying widow(er) . . . . . \$424,581

No. Transfer the amount on line 28 to line 29.

Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29 . . . . . 29 24,862

30 Enter the larger of the amount on line 29 or your standard deduction listed below

Single or married/RDP filing separately. See instructions . . . . . \$4,803

Married/RDP filing jointly, head of household, or qualifying widow(er) . . . . . \$9,606

Transfer the amount on line 30 to Form 540, line 18 . . . . . 30 24,862

Alternative Minimum Tax and Credit Limitations - Residents

Attach this schedule to Form 540.

Name(s) as shown on Form 540

SANTOSH K MAHENDRA AND PRATHYUSHA VEMULA

Your SSN or ITIN

\*\*\*-\*\*-0673

Part I Alternative Minimum Taxable Income (AMTI) Important: See instructions for information regarding California/federal differences.

1 If you itemized deductions, go to line 2. If you did not itemize deductions, enter your standard deduction from Form 540, line 18, and go to line 6. 2 Medical and dental expenses. Enter the smaller of federal Schedule A (Form 1040), line 4, or 2 1/2% (.025) of federal Form 1040 or 1040-SR, line 11. 3 Personal property taxes and real property taxes. See instructions. 4 Certain interest on a home mortgage not used to buy, build, or improve your home. See instructions. 5 Miscellaneous itemized deductions. See instructions. 6 Refund of personal property taxes and real property taxes. See instructions. Do not include your state income tax refund on this line. 7 Investment interest expense adjustment. See instructions. 8 Post-1986 depreciation. See instructions. 9 Adjusted gain or loss. See instructions. 10 Incentive stock options and California qualified stock options (CQSOs). See instructions. 11 Passive activities adjustment. See instructions. 12 Beneficiaries of estates and trusts. Enter the amount from Schedule K-1 (541), line 12a. 13 Other adjustment and preferences. Enter the amount, if any, for each item, a through l, and enter the total on line 13. See instructions. a Circulation expenditures b Depletion c Installment sales d Intangible drilling costs e Long-term contracts f Loss limitations g Mining costs h Patron's adjustment i Pollution control facilities j Research and experimental k Tax shelter farm activities l Related adjustments. 14 Total Adjustments and Preferences. Combine line 1 through line 13. 15 Enter taxable income from Form 540, line 19. See instructions. 16 Net operating loss (NOL) deductions from Schedule CA (540), Part I, Section B, line 9b1, line 9b2, and line 9b3, column B. Enter as a positive amount. 17 AMTI exclusion. See instructions. 18 If your federal adjusted gross income (AGI) is less than the amount for your filing status (listed below), skip this line and go to line 19. If you itemized deductions and your federal AGI is more than the amount for your filing status, see instructions. Single or married/RDP filing separately \$212,288 Married/RDP filing jointly or qualifying widow(er) \$424,581 Head of household \$318,437 19 Combine line 14 through line 18. 20 Alternative minimum tax NOL deduction. See instructions. 21 Alternative Minimum Taxable Income. Subtract line 20 from line 19 (if married/RDP filing separately and line 21 is more than \$403,348, see instructions).

Part II Alternative Minimum Tax (AMT)

22 Exemption Amount. (If this schedule is for a certain child under age 24, see instructions.) If your filing status is: And line 21 is not over: Enter on line 22: Single or head of household \$292,763 \$78,070 Married/RDP filing jointly or qualifying widow(er) \$390,351 \$104,094 Married/RDP filing separately \$195,172 \$52,044 If Part I, line 21 is more than the amount shown above for your filing status, see instructions. 23 Subtract line 22 from line 21. If zero or less, enter -0-. See instructions. 24 Tentative Minimum Tax. Multiply line 23 by 7.0% (.07). 25 Regular tax before credits from Form 540, line 31. 26 Alternative Minimum Tax. Subtract line 25 from line 24. If zero or less, enter -0- here and on Form 540, line 61. If more than zero, enter here and on Form 540, line 61. If you make estimated tax payments for taxable year 2022, enter amount from line 26 on the 2022 Form 540-ES, California Estimated Tax Worksheet, line 16. (Exception: If you have carryover credit for solar energy or commercial solar energy, first enter the result on Side 2, Part III, Section C, line 22 or 23).

Part III Credits that Reduce Tax Note: Be sure to attach your credit forms to Form 540.

1	Enter the amount from Form 540, line 35	<input checked="" type="radio"/> 1	54,705
2	Enter the tentative minimum tax from Side 1, Part II, line 24	<input checked="" type="radio"/> 2	42,823

	(a) Credit amount	(b)* Credit used this year	(c) Tax balance that may be offset by credits	(d) Credit carryover
<b>Section A - Credits that reduce excess tax.</b>				
3	Subtract line 2 from line 1. If zero or less enter -0- and see instructions. This is your excess tax which may be offset by credits		<input checked="" type="radio"/> 11,882	
<b>A1 Credits that reduce excess tax and have no carryover provisions.</b>				
4	Code: 162 Prison inmate labor credit (FTB 3507)	<input checked="" type="radio"/>	11,882	
5	Code: 232 Child and dependent care expenses credit (FTB 3506)	<input checked="" type="radio"/>	11,882	
<b>A2 Credits that reduce excess tax and have carryover provisions. See instructions.</b>				
6	Code: <input checked="" type="radio"/> Credit Name: _____	<input checked="" type="radio"/>	11,882	<input checked="" type="radio"/>
7	Code: <input checked="" type="radio"/> Credit Name: _____	<input checked="" type="radio"/>	11,882	<input checked="" type="radio"/>
8	Code: <input checked="" type="radio"/> Credit Name: _____	<input checked="" type="radio"/>	11,882	<input checked="" type="radio"/>
9	Code: <input checked="" type="radio"/> Credit Name: _____	<input checked="" type="radio"/>	11,882	<input checked="" type="radio"/>
10	Code: 188 Credit for prior year alternative minimum tax	<input checked="" type="radio"/>	11,882	<input checked="" type="radio"/>
<b>Section B - Credits that may reduce tax below tentative minimum tax.</b>				
11	If Part III, line 3 is zero, enter the amount from line 1. If line 3 is more than zero, enter the total of line 2 and the last entry in column (c)		<input checked="" type="radio"/> 54,705	
<b>B1 Credits that reduce net tax and have no carryover provisions.</b>				
12	Code: 170 Credit for joint custody head of household	<input checked="" type="radio"/>	54,705	
13	Code: 173 Credit for dependent parent	<input checked="" type="radio"/>	54,705	
14	Code: 163 Credit for senior head of household	<input checked="" type="radio"/>	54,705	
15	Code: 155 Nonrefundable renter's credit	<input checked="" type="radio"/>	54,705	
<b>B2 Credits that reduce net tax and have carryover provisions. See instructions.</b>				
16	Code: <input checked="" type="radio"/> Credit Name: _____	<input checked="" type="radio"/>	54,705	<input checked="" type="radio"/>
17	Code: <input checked="" type="radio"/> Credit Name: _____	<input checked="" type="radio"/>	54,705	<input checked="" type="radio"/>
18	Code: <input checked="" type="radio"/> Credit Name: _____	<input checked="" type="radio"/>	54,705	<input checked="" type="radio"/>
19	Code: <input checked="" type="radio"/> Credit Name: _____	<input checked="" type="radio"/>	54,705	<input checked="" type="radio"/>
<b>B3 Other state tax credit.</b>				
20	Code: 187 Other state tax credit	<input checked="" type="radio"/>	54,705	
<b>Section C - Credits that may reduce alternative minimum tax.</b>				
21	Enter your alternative minimum tax from Side 1, Part II, line 26		<input checked="" type="radio"/>	
22	Code: 180 Solar energy credit carryover from Section B2, column (d)	<input checked="" type="radio"/>		<input checked="" type="radio"/>
23	Code: 181 Commercial solar energy credit carryover from Section B2, column (d)	<input checked="" type="radio"/>		<input checked="" type="radio"/>
24	Adjusted AMT. Enter the balance from line 23, column (c) here and on Form 540, line 61		<input checked="" type="radio"/> 0	

\*If the taxpayer is subject to the business credit limitation, the total of the business credits in Part III, Sections A and B, column (b) cannot exceed \$5,000,000. See instructions.



# 2021 Passive Activity Loss Limitations

3801

Attach to Form 540, Form 540NR, Form 541, or Form 100S.

Name(s) as shown on tax return <b>SANTOSH K MAHENDRA AND PRATHYUSHA VEMULA</b>	SSN, ITIN, FEIN, or CA corporation no. <b>***-**-0673</b>
---	--

**Part I 2021 Passive Activity Loss**

See the instructions for Part IV and Part VI for federal Form 8582, Passive Activity Loss Limitations, before completing Part I. Be sure to use California amounts.

**Rental Real Estate Activities with Active Participation**

1a Activities with net income from Part IV, column (a) . . . . .	1a	
1b Activities with net loss from Part IV, column (b) . . . . .	1b	( -17,368 )
1c Prior year unallowed losses from Part IV, column (c) . . . . .	1c	( )
1d Combine line 1a, line 1b, and line 1c . . . . .		1d -17,368

**All Other Passive Activities**

2a Activities with net income from Part V, column (a) . . . . .	2a	
2b Activities with net loss from Part V, column (b) . . . . .	2b	( -11,277 )
2c Prior year unallowed losses from Part V, column (c) . . . . .	2c	( )
2d Combine line 2a, line 2b, and line 2c . . . . .		2d -11,277
3 Combine line 1d and line 2d. If the result is net income or zero, see the instructions for line 3. If line 3 and line 1d are losses, go to line 4. Otherwise, enter -0- on line 9 and go to line 10. See instructions. . . . .		3 -28,645

**Part II Special Allowance for Rental Real Estate Activities with Active Participation**

Enter all numbers in Part II as positive amounts. See instructions.

4 Enter the smaller of losses from line 1d or line 3. . . . .	4	17,368
5 Enter \$150,000. If married/RDP filing a separate tax return, see instructions. . . . .	5	150,000
6 Enter federal modified adjusted gross income, but not less than zero. See instructions. If line 6 greater than or equal to line 5, skip line 7 and line 8, enter -0- on line 9, and then go to line 10. Otherwise, go to line 7 . . . . .	6	674,903
7 Subtract line 6 from line 5 . . . . .	7	
8 Multiply line 7 by 50% (.50). Do not enter more than \$25,000 . . . . .	8	
9 Enter the smaller of line 4 or line 8. . . . .	9	

**Part III Total Losses Allowed**

10 Add the income, if any, from line 1a and line 2a and enter the total . . . . .	10	
11 Total losses allowed from all passive activities for 2021. Add line 9 and line 10 . . . . . See the instructions on Page 2 to find out how to report the losses on your tax return.	11	



**California Passive Activity Worksheet (See General Instructions for Step 1.)**

Use this worksheet to figure California income (loss) from passive activities **before** application of passive activity loss (PAL) rules.

(a) Passive Activity Enter a description of the activity	(b) Federal Schedule Enter the name of the federal form or schedule on which you reported the activity	(c) California Schedule Enter the name of the California form or schedule, if any, used to calculate the California adjustment	(d) Federal Amount Enter your current year federal net income (loss) before application of the PAL rules	(e) California Adjustment Enter any adjustment resulting from differences in federal and California law	(f) California Amount Combine column (d) and column (e)
318 FLINDER PL	SCHEDULE E		-17,368		-17,368
CENTRAL TEXAS 4PLEX LLC	PARTNERSHIP SCHEDULE K-1		-4,851		-4,851
VVG GROUP LLC	PARTNERSHIP SCHEDULE K-1		-6,426		-6,426

**California Adjustment Worksheets (See General Instructions for Step 4.)**

Use these worksheets to figure your California adjustments **after** application of the PAL rules.

(a) Activities Enter a description of the activity. Group activities by the federal schedules on which they were reported	(b) Passive or Nonpassive Enter the character of the activity as passive or nonpassive for California purposes	(c) California Amount Enter the California net income (loss) from the activity after application of the PAL rules	(d) Federal Amount Enter the federal net income (loss) from the activity after application of the PAL rules	(e) California Adjustment Subtract the Total amount of column (d) from the Total amount of column (c) and enter the difference in column (e) below. Individuals should transfer this amount to Schedule CA (540 or 540NR) as follows:
---	--	---	---	---

(a) Schedule C Activities	(b) Passive or Nonpassive	(c) California Amount	(d) Federal Amount	(e) California Adjustment
				If the amount below is <b>positive</b> , transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR) Part II, Section B, line 3, column C.
				If the amount below is <b>negative</b> , transfer the amount to Sch. CA (540), Part I, or Sch. CA (540NR), Part II, Section B, (as a positive amount) line 3, column B.
Total . . . . .		1(c)	1(d) *	1(e)

(a) Schedule E Activities	(b) Passive or Nonpassive	(c) California Amount	(d) Federal Amount	(e) California Adjustment
318 FLINDER PL	PASSIVE			If the amount below is <b>positive</b> , transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 5, column C.
CENTRAL TEXAS 4	PASSIVE	-1,508	-1,508	
VVG GROUP LLC	PASSIVE			
				If the amount below is <b>negative</b> , transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR) Part II, Section B, (as a positive amount) line 5, column B.
Total . . . . .		2(c) -1,508	2(d) ** -1,508	2(e)

(a) Schedule F Activities	(b) Passive or Nonpassive	(c) California Amount	(d) Federal Amount	(e) California Adjustment
				If the amount below is <b>positive</b> , transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, line 6, column C.
				If the amount below is <b>negative</b> , transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, (as a positive amount) line 6, column B.
Total . . . . .		3(c)	3(d) ***	3(e)

\* This amount should be the same as the amount reported on Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 3, column A.  
 \*\* This amount should be the same as the amount reported on Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 5, column A.  
 \*\*\* This amount should be the same as the amount reported on Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 6, column A.

Part IV through Part IX are **not** required to be filed with your California tax return and may be detached before filing form FTB 3801. Keep a copy for your records. Refer to the instructions for federal Form 8582 for specific instructions on how to complete.

**Part IV** Complete this part before Part I, line 1a, line 1b, and line 1c

Name of activity	Current year		Prior year	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
318 FLINDER PL		-17,368			-17,368
Total. Enter on form Part I, line 1a, line 1b, and line 1c		-17,368			

**Part V** Complete this part before Part I, line 2a, line 2b, and line 2c

Name of activity	Current year		Prior year	Overall gain or loss	
	(a) Net income (line 2a)	(b) Net loss (line 2b)	(c) Unallowed loss (line 2c)	(d) Gain	(e) Loss
CENTRAL TEXAS 4PLEX LLC		-4,851			-4,851
VVG GROUP LLC		-6,426			-6,426
Total. Enter on form Part I, line 2a, line 2b, and line 2c		-11,277			

**Part VI** Use this part if an amount is shown on form Part II, line 9.

Name of activity	Form or schedule to be reported on	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
318 FLINDER PL	SCH E L23	-17,368	1.000000		-17,368
Total		-17,368	1.00		-17,368

**Part VII** Allocation of Unallowed Losses

Name of activity	Form or schedule to be reported on	(a) Loss	(b) Ratio	(c) Unallowed loss
318 FLINDER PL	SCH E L23	-17,368	0.606319	-17,368
CENTRAL TEXAS 4PLEX LLC	SCH E L28	-4,851	0.169349	-4,851
VVG GROUP LLC	SCH E L28	-6,426	0.224332	-6,426
Total		-28,645	1.00	-28,645

**Part VIII** Allowed Losses

Name of activity	Form or schedule to be reported on	(a) Loss	(b) Unallowed loss	(c) Allowed loss
318 FLINDER PL	SCH E L23	-17,368	-17,368	
CENTRAL TEXAS 4PLEX LLC	SCH E L28	-4,851	-4,851	
VVG GROUP LLC	SCH E L28	-6,426	-6,426	
Total		-28,645	-28,645	