

Review your print out for checklist items.

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 SUJITH G	Last name NAGENDRA PRASAD	Your social security number 199-63-8137
If joint return, spouse's first name and middle initial Priyanka	Last name Kantharaj	Spouse's social security number 961-96-8188
Home address (number and street). If you have a P.O. box, see instructions. 3868 Central Pike		Apt. no. 324
City, town, or post office. If you have a foreign address, also complete spaces below. Hermitage		State TN
		ZIP code 370763448
Foreign country name	Foreign province/state/county	Foreign postal code

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

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

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

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

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

	1 Wages, salaries, tips, etc. Attach Form(s) W-2		1	127,385.
Attach Sch. B if required.	2a Tax-exempt interest	2a		
	3a Qualified dividends	3a		
	4a IRA distributions	4a		
	5a Pensions and annuities	5a		
	6a Social security benefits	6a		
	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here		7	
	8 Other income from Schedule 1, line 10		8	
	9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income		9	127,385.
	10 Adjustments to income from Schedule 1, line 26		10	
	11 Subtract line 10 from line 9. This is your adjusted gross income		11	127,385.
Standard Deduction for— • Single or Married filing separately, \$12,550 • Married filing jointly or Qualifying widow(er), \$25,100 • Head of household, \$18,800 • If you checked any box under <i>Standard Deduction</i> , see instructions.	12a Standard deduction or itemized deductions (from Schedule A)	12a	25,100.	
	b Charitable contributions if you take the standard deduction (see instructions)	12b	600.	
	c Add lines 12a and 12b			12c
	13 Qualified business income deduction from Form 8995 or Form 8995-A		13	
	14 Add lines 12c and 13		14	25,700.
	15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-		15	101,685.

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	13,868.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	13,868.
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3, line 8	20	2,000.
21	Add lines 19 and 20	21	2,000.
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	11,868.
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
24	Add lines 22 and 23. This is your total tax	24	11,868.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	23,387.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	23,387.
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC) Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/>	27a	
b	Nontaxable combat pay election	27b	
c	Prior year (2019) earned income	27c	
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 15	31	
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	23,387.
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	11,519.
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	11,519.
Direct deposit? See instructions.	b Routing number 263183159 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number 0070000129900		
	36 Amount of line 34 you want applied to your 2022 estimated tax	36	
Amount You Owe	37 Amount you owe . Subtract line 33 from line 24. For details on how to pay, see instructions	37	
	38 Estimated tax penalty (see instructions)	38	

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

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

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

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

Your signature	Date	Your occupation Software engineer	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation Student on F1 Visa	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. (813) 203-9218 Email address _____

Paid Preparer Use Only

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

**SCHEDULE 3
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

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

OMB No. 1545-0074

2021
Attachment
Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR SUJITH G NAGENDRA PRASAD & Priyanka Kantharaj	Your social security number 199-63-8137
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Part I Nonrefundable Credits

1 Foreign tax credit. Attach Form 1116 if required		1	
2 Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441		2	
3 Education credits from Form 8863, line 19		3	2,000.
4 Retirement savings contributions credit. Attach Form 8880		4	
5 Residential energy credits. Attach Form 5695		5	
6 Other nonrefundable credits:			
a General business credit. Attach Form 3800	6a		
b Credit for prior year minimum tax. Attach Form 8801	6b		
c Adoption credit. Attach Form 8839	6c		
d Credit for the elderly or disabled. Attach Schedule R	6d		
e Alternative motor vehicle credit. Attach Form 8910	6e		
f Qualified plug-in motor vehicle credit. Attach Form 8936	6f		
g Mortgage interest credit. Attach Form 8396	6g		
h District of Columbia first-time homebuyer credit. Attach Form 8859	6h		
i Qualified electric vehicle credit. Attach Form 8834	6i		
j Alternative fuel vehicle refueling property credit. Attach Form 8911	6j		
k Credit to holders of tax credit bonds. Attach Form 8912	6k		
l Amount on Form 8978, line 14. See instructions	6l		
z Other nonrefundable credits. List type and amount ▶ _____	6z		
7 Total other nonrefundable credits. Add lines 6a through 6z		7	
8 Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20		8	2,000.

(continued on page 2)

Part II Other Payments and Refundable Credits

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

Education Credits
(American Opportunity and Lifetime Learning Credits)

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040 or 1040-SR.**

2021
Attachment
Sequence No. **50**

▶ **Go to www.irs.gov/Form8863 for instructions and the latest information.**

Name(s) shown on return

Your social security number

SUJITH G NAGENDRA PRASAD & Priyanka Kantharaj

199-63-8137



Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.

Part I Refundable American Opportunity Credit

1	After completing Part III for each student, enter the total of all amounts from all Parts III, line 30	1	
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er)	2	
3	Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter	3	
4	Subtract line 3 from line 2. If zero or less, stop ; you can't take any education credit	4	
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	5	
6	If line 4 is: • Equal to or more than line 5, enter 1.000 on line 6 • Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places)	6	
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the year and meet the conditions described in the instructions, you can't take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box <input type="checkbox"/>	7	
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter the amount here and on Form 1040 or 1040-SR, line 29. Then go to line 9 below.	8	

Part II Nonrefundable Education Credits

9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions)	9	
10	After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19	10	13,115.
11	Enter the smaller of line 10 or \$10,000	11	10,000.
12	Multiply line 11 by 20% (0.20)	12	2,000.
13	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er)	13	180,000.
14	Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter	14	127,385.
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19	15	52,615.
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	16	20,000.
17	If line 15 is: • Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 • Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places)	17	1.000
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) ▶	18	2,000.
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Schedule 3 (Form 1040), line 3	19	2,000.

Name(s) shown on return SUJITH G NAGENDRA PRASAD & Priyanka Kantharaj	Your social security number 199-63-8137
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Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.

Part III Student and Educational Institution Information. See instructions.

<p>20 Student name (as shown on page 1 of your tax return) Priyanka Kantharaj</p>	<p>21 Student social security number (as shown on page 1 of your tax return) 961-96-8188</p>		
<p>22 Educational institution information (see instructions)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;"> <p>a. Name of first educational institution Middle Tennessee State University Business Office</p> <p>(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 1301 East Main Street Murfreesboro TN 37132</p> <p>(2) Did the student receive Form 1098-T from this institution for 2021? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(3) Did the student receive Form 1098-T from this institution for 2020 with box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution. 62-6005794</p> </td> <td style="width:50%; vertical-align: top;"> <p>b. Name of second educational institution (if any)</p> <p>(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</p> <p>(2) Did the student receive Form 1098-T from this institution for 2021? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(3) Did the student receive Form 1098-T from this institution for 2020 with box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.</p> </td> </tr> </table>		<p>a. Name of first educational institution Middle Tennessee State University Business Office</p> <p>(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 1301 East Main Street Murfreesboro TN 37132</p> <p>(2) Did the student receive Form 1098-T from this institution for 2021? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(3) Did the student receive Form 1098-T from this institution for 2020 with box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution. 62-6005794</p>	<p>b. Name of second educational institution (if any)</p> <p>(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</p> <p>(2) Did the student receive Form 1098-T from this institution for 2021? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(3) Did the student receive Form 1098-T from this institution for 2020 with box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.</p>
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<p>23 Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2021? <input type="checkbox"/> Yes — Stop! Go to line 31 for this student. <input checked="" type="checkbox"/> No — Go to line 24.</p>			
<p>24 Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2021 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions. <input checked="" type="checkbox"/> Yes — Go to line 25. <input type="checkbox"/> No — Stop! Go to line 31 for this student.</p>			
<p>25 Did the student complete the first 4 years of postsecondary education before 2021? See instructions. <input checked="" type="checkbox"/> Yes — Stop! Go to line 31 for this student. <input type="checkbox"/> No — Go to line 26.</p>			
<p>26 Was the student convicted, before the end of 2021, of a felony for possession or distribution of a controlled substance? <input type="checkbox"/> Yes — Stop! Go to line 31 for this student. <input type="checkbox"/> No — Complete lines 27 through 30 for this student.</p>			



You can't take the American opportunity credit and the lifetime learning credit for the same student in the same year. If you complete lines 27 through 30 for this student, don't complete line 31.

American Opportunity Credit

27 Adjusted qualified education expenses (see instructions). Don't enter more than \$4,000	27
28 Subtract \$2,000 from line 27. If zero or less, enter -0-	28
29 Multiply line 28 by 25% (0.25)	29
30 If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30, on Part I, line 1	30

Lifetime Learning Credit

31 Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10	31	13,115.
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Tax History Report

▶ Keep for your records

2021

Name(s) Shown on Return

SUJITH G NAGENDRA PRASAD & Priyanka Kantharaj

Five Year Tax History:					
	2017	2018	2019	2020	2021
Filing status	Single	MFJ	MFJ	MFJ	MFJ
Total income	67,260.	69,020.	98,594.	122,887.	127,385.
Adjustments to income		219.		300.	
Adjusted gross income	67,260.	68,801.	98,594.	122,587.	127,385.
Tax expense		0.	0.	0.	0.
Interest expense . . .					
Contributions					
Misc. deductions . . .					
Other itemized ded'ns					
Total itemized/ standard deduction . .	6,350.	24,000.	24,400.	24,800.	25,700.
Exemption amount . .	4,050.	0.	0.	0.	0.
QBI deduction					
Taxable income	56,860.	44,801.	74,194.	97,787.	101,685.
Tax	9,958.	4,998.	8,513.	13,091.	13,868.
Alternative min tax . .					
Total credits				1,542.	2,000.
Other taxes	105.	0.			
Payments	10,779.	9,440.	16,784.	23,870.	23,387.
Form 2210 penalty . .					
Amount owed					
Applied to next year's estimated tax .					
Refund	716.	4,442.	8,271.	12,321.	11,519.
Effective tax rate % . .	14.81	7.26	8.63	9.42	9.32
**Tax bracket %	25.0	12.0	12.0	22.0	22.0

**Tax bracket % is based on Taxable income.

IMPORTANT DISCLOSURES

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

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

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

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

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

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

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

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

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

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

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

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

Questions? Call 877-908-7228

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

2021

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

Form 1040 or Form 1040SR Worksheet Navigation QuickZooms

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

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

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

Your First Name	MI	Last Name	Your Social Security No.
<u>SUJITH</u>	<u>G</u>	<u>NAGENDRA PRASAD</u>	<u>199-63-8137</u>
If Joint Return, Spouse's First Name	MI	Last Name	Spouse's Social Security No.
<u>Priyanka</u>		<u>Kantharaj</u>	<u>961-96-8188</u>
Home Address (No. and Street). If You Have a P.O. Box, See Instructions.			Apt. No.
<u>3868 Central Pike</u>			<u>324</u>
City, Town or Post Office. If you have a foreign address, also complete below. State			ZIP Code
<u>Hermitage</u> <u>TN</u>			<u>37076-3448</u>
Foreign country name		Foreign province/state/county	Foreign postal code

QuickZoom to explanation statement for overseas extension ▶

Presidential Election Campaign

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

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

Filing Status Check only one box.
 All entries for filing status and dependents should be made on the Federal Information Worksheet.

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

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

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4)	
				✓ if qualifies for: under age 18 qualifying for child tax credit	Credit for other dependents
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

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

Standard Deduction

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

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

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

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

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

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	127,385.
2 a	Tax-exempt interest 2a		
b	Taxable interest	2b	
3 a	Qualified dividends 3a		
b	Ordinary dividends	3b	
4 a	IRA distributions 4a		
b	Taxable amount	4b	
5 a	Pensions and annuities 5a		
b	Taxable amount	5b	
6 a	Social security benefits 6a		
b	Taxable amount	6b	
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here. ▶ <input type="checkbox"/>	7	

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

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

8	Other income from Schedule 1, line 10.	8	
9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶	9	127,385.
10	Adjustments to income from Schedule 1, line 26 ▶	10	
11	Subtract line 10 from line 9. This is your adjusted gross income ▶	11	127,385.
	AGI including excludable Puerto Rico Income		127,385.

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

12	Standard deduction or itemized deductions (from Schedule A) Standard Deduction for — <ul style="list-style-type: none"> ● People who checked blind or over 65 or who can be claimed as a dependent, see instructions. ● All others: <ul style="list-style-type: none"> ● Single or Married filing separately: \$12,550 ● Married filing jointly or Qualifying widow(er): \$25,100 ● Head of household: \$18,800 ● If you checked any box under <i>Standard Deduction</i>, see instructions. QuickZoom to the Standard Deduction Worksheet. _____		
a	Itemized deductions (from Schedule A) or your standard deduction , see above 12 a		25,100.
	Enter the smaller of these cash contributions made or \$300 (\$600 if married filing jointly) on line 12b below if you take the standard deduction 600.		
b	Charitable contributions if you take the standard deduction. 12 b		600.
c	Add lines 12a and 12b.	12 c	25,700.
	Subtract itemized or standard deduction from adjusted gross income amount		101,685.

Form 1040 or Form 1040-SR, Lines 13 - 18			
13	Qualified business income deduction from Form 8995 or Form 8995-A	13	
14	Add lines 12c and 13	14	25,700.
15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	101,685.
16 Tax. Check if any from Form(s):			
1	<input type="checkbox"/> 8814		
2	<input type="checkbox"/> 4972		
3	<input type="checkbox"/>		
17	Amount from Schedule 2, line 3.	17	13,868.
18	Add lines 16 and 17	18	13,868.
QuickZoom to Schedule 2 — Additional Tax section ▶ _____			

Form 1040 or Form 1040-SR, Line 19 - 24			
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3, line 8.	20	2,000.
21	Add lines 19 and 20	21	2,000.
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	11,868.
23	Other taxes, including self-employment tax, from Schedule 2, line 21.	23	0.
24	Add lines 22 and 23. This is your total tax ▶	24	11,868.
QuickZoom to Schedule 3 — Additional Credits and Payments ▶ _____			

Form 1040 or Form 1040-SR, Lines 25 - 33			
25	Federal income tax withheld from:		
a	Form(s) W-2	25 a	23,387.
b	Form(s) 1099	25 b	
c	Other forms	25 c	
d	Add lines 25a through 25c.	25 d	23,387.
26	2021 estimated tax payments and amount applied from 2020 return	26	
27	If you have a qualifying child, attach Sch. EIC.		
a	Earned income credit (EIC)	27 a	
	Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. ▶ <input type="checkbox"/>		
b	Nontaxable combat pay election	27 b	
c	Prior year (2019) earned income	27 c	
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8.	29	
30	Recovery rebate credit.	30	
31	Amount from Schedule 3, line 15	31	
32	Add lines 27a and 28 through 31. These are your other payments and refundable credits ▶	32	
33	Add Lines 25d, 26, and 32. These are your total payments ▶	33	23,387.
QuickZoom to Schedule EIC Worksheet, pg. 2 if credit is not calculated. ▶ _____			
QuickZoom to "due diligence checklist" substitute for Form 8867. ▶ _____			
QuickZoom to Schedule 3 — Additional Credits and Payments ▶ _____			

Form 1040 or Form 1040-SR, Lines 34 - 36

Refund:			
34	If total Payments is more than total tax, subtract total tax from payments . This is the amount you overpaid	34	11,519.
35 a	Amount of overpayment you want refunded to you . If Form 8888 is attached, check here. <input type="checkbox"/>	35	11,519.
Direct deposit?			
▶ b Routing number <u>263183159</u>			
▶ c Type:			
<input checked="" type="checkbox"/> Checking			
<input type="checkbox"/> Savings			
▶ d Account number <u>0070000129900</u>			
36	Amount of overpayment on line 34 you want applied to your 2022 estimated tax	36	

Form 1040 or Form 1040-SR, Lines 37 and 38

Amount You Owe:			
37	Subtract total payments from total tax ▶ 37		
Note: Schedule H and Schedule E SE filers, line 37 may not represent all of the taxes you owe for 2021. See Schedule 3, line 12e, and its instructions for details.			
38	Estimated tax penalty ▶ 38		
QuickZoom to Late Penalties and Interest Worksheet ▶ QuickZoom. . . ▶			

Schedule 1 – Additional Income and Adjustments to Income

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes.	1	
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Alimony Received Smart Worksheet

A	Taxpayer	Spouse	Date of divorce/sep	*
B				<input type="checkbox"/>

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

2 a	Alimony received. . . . Taxpayer _____ Spouse _____	2 a	
b	Date of original divorce or separation agreement ▶ _____		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F.	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8 a	
b	Gambling income	8 b	
c	Cancellation of debt	8 c	
d	Foreign earned income exclusion from Form 2555	8 d	
e	Taxable Health Savings Account distribution	8 e	
f	Alaska Permanent Fund dividends	8 f	
g	Jury duty pay	8 g	
h	Prizes and awards	8 h	
i	Activity not engaged in for profit income	8 i	
j	Stock options.	8 j	
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8 k	
l	Olympic and Paralympic medals and USOC prize money	8 l	
m	Section 951(a) inclusion.	8 m	
n	Section 951A(a) inclusion.	8 n	
o	Section 461(l) excess business loss adjustment	8 o	
p	Taxable distributions from an ABL account	8 p	
z	Other income. List type and amount: _____	8 z	
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8.	10	
Total Income. Combine Form 1040 lines 1- 7 and Schedule 1, line 10, enter on Form 1040, line 9. ▶			127,385.

Quickzoom to 1040 Worksheet, line 9 – Total Income ▶ **QuickZoom.** . . ▶

Part II Adjustments to Income

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

Alimony Paid Smart Worksheet

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

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

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

Schedule 2 – Additional Taxes

Part I Tax

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

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE		4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5		
6	Uncollected social security and Medicare tax on wages. Attach Form 8919.	6		
7	Total additional social security and Medicare tax. Add lines 5 and 6		7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required		8	
9	Household employment taxes from Schedule H		9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required		10	
11	Additional Medicare Tax. Attach Form 8959		11	
12	Net investment income tax. Attach Form 8960		12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from W-2, box 12.		13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares		14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000.		15	
16	Recapture of low-income housing credit. Attach Form 8611		16	
17	Other additional taxes:			
a	Recapture of other credits. List type, form number, and amount: ▶ _____	17 a		
b	Recapture of federal mortgage subsidy. If you sold your home in 2021, see instructions	17 b		
c	Additional tax on HSA distributions. Attach Form 8889	17 c		
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17 d		
e	Additional tax on Archer MSA distributions. Attach Form 8853	17 e		
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853.	17 f		
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17 g		
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17 h		
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17 i		
j	Section 72(m)(5) excess benefits tax	17 j		
k	Golden parachute payments	17 k		
l	Tax on accumulation distribution of trusts	17 l		
m	Excise tax on insider stock compensation from an expatriated corporation	17 m		
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17 n		
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17 o		
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17 p		
q	Any interest from Form 8621, line 24.	17 q		
z	Any other taxes. List type and amount: ▶ _____	17 z		
18	Total additional taxes. Add lines 17a through 17z.		18	
19	Additional tax from Schedule 8812		19	
20	Section 965 net tax liability installment from Form 965-A.	20		
21	Add lines 4, 7 through 16, 18, and 19. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b		21	0.
	Total tax (add line 21 and Schedule 3, line 7b)			11,868.

Schedule 3 – Additional Credits and Payments

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required		1	
2	Credit for child and dependent care expenses from Form 2441, line 11.			
2	Attach Form 2441		2	
3	Education credits from Form 8863, line 19		3	2,000.
4	Retirement savings contributions credit. Attach Form 8880		4	
5	Residential Energy Credit. Attach Form 5695		5	
6	Other nonrefundable credits:			
a	General business credit. Attach Form 3800	6 a		
b	Credit for prior year minimum tax. Attach Form 8801	6 b		
c	Adoption credit. Attach Form 8839	6 c		
d	Credit for the elderly or disabled. Attach Schedule R	6 d		
e	Alternative motor vehicle credit. Attach Form 8910	6 e		
f	Qualified plug-in motor vehicle credit. Attach Form 8936	6 f		
g	Mortgage interest credit. Attach Form 8396	6 g		
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6 h		
i	Qualified electric vehicle credit. Attach Form 8834	6 i		
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6 j		
k	Credit to holders of tax credit bonds. Attach Form 8912	6 k		
l	Amount on Form 8978, line 14	6 l		
z	Other nonrefundable credits. List type and amount: ▶ _____	6 z		
7	Total other nonrefundable credits. Add lines 6a through 6z		7	
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20		8	2,000.
a	Add line 8 plus child tax/other dep. credit on line 19 above			2,000.
b	Subtract total credits on line 8a from tax on line 18 above			11,868.

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

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file		10	
11	Excess social security and tier 1 RRTA tax withheld		11	
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
a	Form 2439	13 a		
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken before April 1, 2021.	13 b		
c	Health coverage tax credit from Form 8885	13 c		
d	Credit for repayment of amounts included in income from earlier years	13 d		
e	Reserved for future use	13 e		
f		13 f		
g	Credit for child and dependent care expenses from Form 2441, line 10. Attach Form 2441	13 g		
h	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken after March 31, 2021	13 h		
z	Other payments or refundable credits. List type and amount . ▶ _____	13 z		
14	Total other payments or refundable credits. Add lines 13a through 13z.		14	
15	Total Payments: Part II, lines 9 through 12 and 14, Withholding (Form 1040, line 25d), Estimated Tax Payments (Form 1040, line 26) and Form 1040, lines 27-30		15	23,387.
	Other Payments and Refundable Credits (Form 1040, line 32) . ▶ _____			

Third Party Designee

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

Signature and Paid Preparer

Sign Here

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

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

Your Signature	Date	Your Occupation	If the IRS sent you an Identity Protection PIN, enter it here
_____	_____	<u>Software engineer</u>	▶ _____
Spouse's Signature. If joint, both must sign.	Date	Spouse's Occupation	
_____	_____	<u>Student on F1 Visa</u>	▶ _____
Daytime Phone No.		Email Address	
<u>(813) 203-9218</u>		_____	

Paid Preparer's Use Only

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

Filing Address Information

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

Name(s) Shown on Return SUJITH G NAGENDRA PRASAD & Priyanka Kantharaj	Your SSN 199-63-8137
--	-------------------------

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

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

Line 5b - Adjustment for gain or loss on dispositions

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

Capital gain/loss not included in net investment income

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

Calculation of line 5b adjustment due to capital loss carryforward

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

Line 7 - Other modifications to investment income

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

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

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

Lines 9 and 10 - Application of Itemized Deduction Limitations Worksheet

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

1	Reserved	1	_____
2	Enter the amount of state, local, and foreign income taxes that are properly allocable to investment income	2	_____
3	Enter the amount of other Itemized Deductions subject to the section 68 limitation and properly allocable to investment income before any itemized deduction limitation: _____ _____ _____	3	_____
4	Enter the total deductions properly allocable to investment income subject to the section 68 limitation. Enter the sum of lines 1 through 3.	4	_____
5	Enter the amount of total itemized deductions allowed after the section 68 limitation. Form 1040, line 12	5	_____
6	Enter all other itemized deductions allowed but not subject to the section 68 deduction limitation:	6	_____
7	Subtract line 6 from line 5.	7	_____
8	Enter the lesser of line 7 or line 4	8	_____

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

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

Total additional modifications to Form 8960, line 10		

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

1) Former Passive Activity Suspended Losses

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

2) Former Passive Activity Suspended Losses - Schedule D

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

3) Former Passive Activity Suspended Losses - Form 4797

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

Name(s) Shown on Return
SUJITH G NAGENDRA PRASAD & Priyanka Kantharaj

Social Security Number
199-63-8137

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

18	Limitation on business losses (Form 461)		
19	Global intangible low-taxed income (Form 8992)		
19	Does not apply to Form 1040NR		
20	Does not apply to Form 1040NR		
20	Section 965 deferred foreign income (Form 965)		
21	Unemployment income and repayment		
a	Union unemployment benefits		
b	Private fund unemployment benefits		
c	State employee unemployment benefits		
d	Repayment of non-government unemployment benefits		
22	Other taxable income:		
a	Employer stock compensation income for non-employee		
b	_____		
b	_____		
23	Income from Community Property:		
a	Positive community property adjustment		
b	Negative community property adjustment (enter as positive) . . .		
24	Total. Add lines 1 through 14, 15a(3), 15b, 16 through 23. Enter here and on Schedule 1, line 8		

Part I – Personal Information

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

Taxpayer:

First name SUJITH
 Middle initial G Suffix
 Last name NAGENDRA PRASAD
 Social security no. 199-63-8137
 Occupation Software engineer
 Date of birth 03/10/1989 (mm/dd/yyyy)
 Age as of 1-1-2022 32
 Daytime phone (813) 203-9218 Ext _____
 Legally blind
 Date of death _____

Spouse:

First name Priyanka
 Middle initial Suffix
 Last name Kantharaj
 Social security no. 961-96-8188
 Occupation Student on FI Visa
 Date of birth 10/03/1992 (mm/dd/yyyy)
 Age as of 1-1-2022 29
 Daytime phone Ext _____
 Legally blind
 Date of death _____

Dependent of Someone Else:

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

Dependent of Someone Else:

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

Credit for the Elderly or Disabled (Schedule R):

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

Credit for the Elderly or Disabled (Schedule R):

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

Presidential Election Campaign Fund:

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

Presidential Election Campaign Fund:

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

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

US Address:

Address 3868 Central Pike Apt no. . . 324
 City Hermitage State . . . TN ZIP code . . 37076-3448

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

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

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

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

Print Form 1040-SR instead of Form 1040 Yes No

Federal filing status:

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

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

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

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

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

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

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

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

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

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

Name of Financial Institution (optional) ... USF Federal Credit Union
Check the appropriate box ... Checking X Savings
Routing number ... 263183159 Account number ... 0070000129900

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

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

Amended Returns:

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

Part VI – Additional Information for Your Federal Return

Standard Deduction/Itemized Deductions:

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

Real Estate Professionals:

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

Credit for Qualified Retirement Savings Contributions (Form 8880):

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

American Opportunity and Lifetime Learning Credit (Form 8863)

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

Foreign Tax Credit (Form 1116):

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

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

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

Dual Status Alien Return:

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

Third Party Designee:

Caution: Review transferred information for accuracy.

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

If Yes, complete the following:

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

Disaster Tax Relief:

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

Part VI – Additional Information for Your Federal Return – Continued

Personal Representative for deceased taxpayers:

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

Part VII – State Filing Information

Identity Protection PIN:

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

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

Taxpayer:

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

Check the appropriate box:

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

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

Date the taxpayer established residence in state above ▶ _____

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

Spouse:

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

Check the appropriate box:

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

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

Date the spouse established residence in state above ▶ _____

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

Nonresident states:

Nonresident State(s)	Taxpayer/Spouse/Joint

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

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

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

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

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

Taxpayer's Prior year PIN . . . _____

Spouse's Prior year PIN _____

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

Taxpayer's PIN used to sign the return 01947

Spouse's PIN used to sign the return 01947

Taxpayer:

Drivers license or state ID number 132679053

Issued by what state TN

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

Spouse

Drivers license or state ID number 142834367

Issued by what state TN

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

Personal Information Worksheet
For the Taxpayer

2021

Keep for your records

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

Part I – Taxpayer's Personal Information

First name . . . SUJITH Middle initial . G Last name . . NAGENDRA PRASAD
Suffix

Social security no. . . 199-63-8137 Member of U.S. Armed Forces in 2021? . . Yes No

Date of birth 03/10/1989 (mm/dd/yyyy) age as of 1-1-2022 32

Occupation Software engineer Daytime phone (813) 203-9218 Ext _____

Marital status . . . Married

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

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

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

Check if this person is legally blind ▶ Yes No

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

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

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

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

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

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

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

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

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

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

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

Part III – Taxpayer's State Residency Information

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

Check the appropriate box:

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

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

Date this person established residence in state above ▶ _____

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

Part IV – Dependent Care Expenses

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

Unreimbursed medical expenses paid for qualifying person in 2021 _____

Employment taxes paid for dependent care providers in 2021 _____

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

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

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

Student Information Worksheet

2021

▶ Keep for your records

Name of Student SUJITH G NAGENDRA PRASAD	Social Security Number 199-63-8137
--	--

Part I – Student Status

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

Part II – College Student Information

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

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

- 1 Is this student qualified for the American Opportunity Credit? Yes No
- 2 Is this student qualified for the Lifetime Learning Credit? Yes No
- 3 Reserved Yes No

Part IV – Educational Institution and Tuition Summary

School Name EIN	Address (number, street, apt no., city, state, and ZIP Code)	Tuition paid	Scholar- ships or grants	On Form 1098-T	
Received 2020 1098T with Box 2 filled and box 7 checked? <input checked="" type="checkbox"/>					
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If a foreign address: foreign province/state: _____ Postal code: _____ Country: _____				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If a foreign address: foreign province/state: _____ Postal code: _____ Country: _____				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Totals					

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

Part V – Education Assistance (Scholarships, Fellowships, Grants, etc.)

	Total	Taxable	Tax-free
1 Educational assistance that is always tax-free:			
a Veteran or employer assistance from Form 1098-T Worksheets . . .	_____		
b Other veteran assistance or certain Indian tribal payments	_____		
c Other tax-free employer-provided assistance	_____		
d Total	_____		_____
2 Scholarships, fellowships, and grants not reported on Form W-2:			
a Scholarships and grants from Part IV above	_____		
b Other scholarships, fellowships and grants	_____		
c Total	_____		
3 Scholarship reported in 2021 not allocable to 2021 expense	_____		
4 Amount required to be used for other than qualified education expenses		_____	
5 Subtract line 3 and 4 from line 2c.	_____		
6 Total qualified education expenses from Part VI below.	0.		
7 If student is a candidate for a degree, enter the amount used for qualified education expenses, otherwise, enter -0-.			_____
8 Subtract line 7 from line 5.		_____	
9 Taxable part. Add lines 4 and 8.		_____	
10 Tax-free educational assistance. Add lines 1d and 7			_____

Part VI – Education Expenses

Description	Total	Amount eligible for						
		American Opportunity Credit Not Qualified	Lifetime Learning Credit Not Qualified	Reserved	Qualified Higher Education Expense for 529 Plan Not Applicable	Qualified Higher Education Expense for ESA Not Applicable	Qualified Higher Education Expense for US Bonds Not Applicable	Qualified Elementary and Secondary Expense for ESA and QTP Not Applicable
Expenses:								
1 Tuition paid from Part IV and qualified elementary and secondary tuition. Paid to institution as a condition of enrollment:								
2 Fees								
3 Books, supplies, equipment Paid to other than institution or not a condition of enrollment:								
4 Books, supplies, equipment 5 Other course-related . . .								
6 Room and board								
7 Special needs expenses . .								
8 Computer expenses								
9 QTP or ESA contribution .								
10 Academic tutoring								
11 Uniforms								
12 Transportation								
13 Total qualified expenses . .								
Adjustments:								
14 Refunds								
15 Tax-free assistance								

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

Part VII – Education Credit or Deduction Election

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

Part VIII – Qualified Tuition Program (Section 529 Plan)

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

Part IX – Education Savings Account (ESA)

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

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

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

Institution Name _____	Institution Name _____
------------------------	------------------------

Street address

Street address

City State Zip Code

City State Zip Code

Personal Information Worksheet
For the Spouse

2021

Keep for your records

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

Part I – Spouse's Personal Information

First name . . . Priyanka Middle initial . . . Last name . . . Kantharaj
Suffix

Social security no. . . 961-96-8188 Member of U.S. Armed Forces in 2021? . . Yes No

Date of birth 10/03/1992 (mm/dd/yyyy) age as of 1-1-2022 29

Occupation . . . Student on F1 Visa Daytime phone Ext

Marital status

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

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

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

Check if this person is legally blind ▶ Yes No

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

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

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

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

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

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

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

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

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

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

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

Part III – Spouse's State Residency Information

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

Check the appropriate box:

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

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

Date this person established residence in state above ▶

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

Part IV – Dependent Care Expenses

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

Unreimbursed medical expenses paid for qualifying person in 2021

Employment taxes paid for dependent care providers in 2021

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

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

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

Student Information Worksheet

2021

▶ Keep for your records

Name of Student <u>Priyanka Kantharaj</u>	Social Security Number <u>961-96-8188</u>
--	--

Part I – Student Status

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

Part II – College Student Information

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

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

- 1 Is this student qualified for the American Opportunity Credit? Yes No
Already completed 4 years of college
- 2 Is this student qualified for the Lifetime Learning Credit? Yes No
- 3 Reserved Yes No

Part IV – Educational Institution and Tuition Summary

School Name EIN	Address (number, street, apt no., city, state, and ZIP Code)	Tuition paid	Scholar- ships or grants	On Form 1098-T	
Middle Tennessee State University Business Office 62-6005794	1301 East Main Street Murfreesboro TN 37132	21,026.	7,911.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If a foreign address: foreign province/state: _____ Postal code: _____ Country: _____				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If a foreign address: foreign province/state: _____ Postal code: _____ Country: _____				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Totals		21,026.	7,911.		

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

Part V – Education Assistance (Scholarships, Fellowships, Grants, etc.)

	Total	Taxable	Tax-free
1 Educational assistance that is always tax-free:			
a Veteran or employer assistance from Form 1098-T Worksheets	_____		
b Other veteran assistance or certain Indian tribal payments	_____		
c Other tax-free employer-provided assistance	_____		
d Total	_____		_____
2 Scholarships, fellowships, and grants not reported on Form W-2:			
a Scholarships and grants from Part IV above	7,911.		
b Other scholarships, fellowships and grants	_____		
c Total	7,911.		
3 Scholarship reported in 2021 not allocable to 2021 expense	_____		
4 Amount required to be used for other than qualified education expenses	_____	_____	
5 Subtract line 3 and 4 from line 2c.	7,911.		
6 Total qualified education expenses from Part VI below.	21,526.		
7 If student is a candidate for a degree, enter the amount used for qualified education expenses, otherwise, enter -0-.			7,911.
8 Subtract line 7 from line 5.		0.	
9 Taxable part. Add lines 4 and 8.		0.	
10 Tax-free educational assistance. Add lines 1d and 7			7,911.

Part VI – Education Expenses

Description	Total	Amount eligible for						
		American Opportunity Credit Not Qualified	Lifetime Learning Credit	Reserved	Qualified Higher Education Expense for 529 Plan Not Applicable	Qualified Higher Education Expense for ESA Not Applicable	Qualified Higher Education Expense for US Bonds Not Applicable	Qualified Elementary and Secondary Expense for ESA and QTP Not Applicable
Expenses:								
1 Tuition paid from Part IV and qualified elementary and secondary tuition. Paid to institution as a condition of enrollment:	21,026.	21,026.	21,026.		21,026.	21,026.	21,026.	
2 Fees	_____	_____	_____		_____	_____		_____
3 Books, supplies, equipment Paid to other than institution or not a condition of enrollment:	_____	_____	_____		_____	_____		_____
4 Books, supplies, equipment	500.	500			500	500		_____
5 Other course-related	_____	_____			_____	_____		_____
6 Room and board	_____				_____	_____		_____
7 Special needs expenses	_____				_____	_____		_____
8 Computer expenses	_____				_____	_____		_____
9 QTP or ESA contribution	_____							
10 Academic tutoring	_____							
11 Uniforms	_____							
12 Transportation	_____							
13 Total qualified expenses	21,526.	21,526.	21,026.		21,526.	21,526.	21,026.	_____
Adjustments:								
14 Refunds	_____	_____	_____		_____	_____	_____	_____
15 Tax-free assistance	7,911.	7,911.	7,911.		7,911.	7,911.	7,911.	_____

16	Deducted on Sched A							
17	Used for credit							
18	Used for exclusion		0.	0.				
See tax help								
19	Total adjustments	7,911.	7,911.	7,911.		7,911.	7,911.	7,911.
20	Adjusted qualified expenses	13,615.	13,615.	13,115.		13,615.	13,615.	13,115.
								0.

Part VII – Education Credit or Deduction Election

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

Part VIII – Qualified Tuition Program (Section 529 Plan)

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

Part IX – Education Savings Account (ESA)

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

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

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

Institution Name _____	Institution Name _____
------------------------	------------------------

Street address

Street address

City

State

Zip Code

City

State

Zip Code

Part-Year Resident State Allocation Worksheet

2021

▶ Keep for your records

Check the box to activate this worksheet

Name(s) Shown on Return SUJITH G NAGENDRA PRASAD & Priyanka Kantharaj	Social Security Number 199-63-8137
--	---------------------------------------

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

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

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

* Enter the state of source for this income ▼

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

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

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

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

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

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

* Enter the state of source for this adjustment

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

► Keep for your records

Name(s) Shown on Return SUJITH G NAGENDRA PRASAD & Priyanka Kantharaj	Social Security Number 199-63-8137
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Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	127,385.		127,385.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages.			
	Unreported tips.	0.		0.
2	Total federal tax withheld	23,387.		23,387.
3 & 7	Total social security wages/tips	127,385.		127,385.
4	Total social security tax withheld	7,898.		7,898.
5	Total Medicare wages and tips	127,385.		127,385.
6	Total Medicare tax withheld	1,847.		1,847.
8	Total allocated tips			
9	Not used			
10 a	Total dependent care benefits			
b	Offsite dependent care benefits			
c	Onsite dependent care benefits			
11	Total distributions from nonqualified plans . . .			
12 a	Total from Box 12	12,370.		12,370.
b	Elective deferrals to qualified plans			
c	Roth contrib. to 401(k), 403(b), 457(b) plans. .			
d	Deferrals to government 457 plans			
e	Deferrals to non-government 457 plans			
f	Deferrals 409A nonqual deferred comp plan. .			
g	Income 409A nonqual deferred comp plan. . .			
h	Uncollected Medicare tax			
i	Uncollected social security and RRTA tier 1 . .			
j	Uncollected RRTA tier 2			
k	Income from nonstatutory stock options			
l	Non-taxable combat pay			
m	QSEHRA benefits			
n	Total other items from box 12	12,370.		12,370.
14 a	Total deductible mandatory state tax			
b	Total deductible charitable contributions			
c	This line does not apply to TurboTax			
d	Total RR Compensation			
e	Total RR Tier 1 tax			
f	Total RR Tier 2 tax			
g	Total RR Medicare tax			
h	Total RR Additional Medicare tax			
i	Total RRTA tips.			
j	Total other items from box 14			
k	Total sick leave subject to \$511 limit			
l	Total sick leave subject to \$200 limit			
m	Total emergency family leave wages			
16	Total state wages and tips			
17	Total state tax withheld			
19	Total local tax withheld.			

Name SUJITH G NAGENDRA PRASAD Social Security Number 199-63-8137

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

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

a Employee's social security no. 199-63-8137
b Employer ID number (EIN) 62-1463468
c Employer's name, address, and ZIP code
Asurion Insurance Services Inc
Street 648 Grassmere Park Dr
City Nashville
State TN ZIP Code 37211
Foreign Province _____
Foreign Postal Code _____
Foreign Country _____

1 Wages, tips, other compensation 127,384.80
3 Social security wages 127,384.80
5 Medicare wages and tips 127,384.80
7 Social security tips _____

2 Federal income tax withheld 23,386.79
4 Social security tax withheld 7,897.86
6 Medicare tax withheld 1,847.08
8 Allocated tips _____

▶ Enter unreported tips in Part VII on Page 2 below.

d Control number _____

Transfer employee information from the Federal Information Worksheet

e Employee's name
First Sujith M.I. G
Last Nagendra Prasad Suff. _____
f Employee's address and ZIP code
Street 3868 Central Pike 324
City Nashville
State TN ZIP Code 37076
Foreign Province _____
Foreign Postal Code _____
Foreign Country _____

9 _____
11 Nonqualified plans 0.00

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

12 Enter box 12 below _____
13 Statutory employee
 Retirement plan
 Third-party sick pay

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

Box 12 Code	Box 12 Amount
<u>C</u>	<u>63.00</u>
<u>DD</u>	<u>12,307.36</u>
_____	_____
_____	_____
_____	_____

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

Box 15 State	Box 15 Employer's state I.D. number	Box 16 State wages, tips, etc.	Box 17 State income tax
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

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

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

Taxpayer's name SUJITH G NAGENDRA PRASAD & Priyanka Kantharaj	Social Security No. 199-63-8137
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1098-T Information (Required):

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

Identify Student (Required):

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

Filer's name <u>Middle Tennessee State University Business Office</u> Street address <u>1301 East Main Street</u> City State Zip Code <u>Murfreesboro TN 37132</u> Foreign province/county _____ Foreign postal code Foreign country _____	1 Payments received for qualified tuition and related expenses \$ <u>21,026.</u>
	2 _____
	3 _____

Filer's Employer Identification Number <u>62-6005794</u>	Student's Taxpayer Identification Number <u>961-96-8188</u>	4 Adjustments made for a prior year \$ _____	5 Scholarships or grants \$ <u>7,911.</u>
---	--	--	---

Student's name <u>Priyanka</u> Street address Apt. No. <u>3868 Central Pike 324</u> City State Zip Code <u>Hermitage TN 37076-3448</u>	6 Adjustments to scholarships or grants for a prior year \$ _____	7 Checked if the amount in box 1 includes amounts for an academic period beginning January - March 2022 ▶ <input type="checkbox"/>
---	---	---

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

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

- A** Enter box 1 amount **not** paid during 2021 0.
- B** Enter box 1 amount actually paid during 2021 21,026.

Reconciliation of Box 5, Scholarships or Grants

- A** Enter portion of box 5 amount from veteran- or tax free employer-provided assistance . . . _____
- B** Enter portion of box 5 amount already included in income (on Forms W-2, 1099-MISC) . . . _____
- C** Portion of box 5 amount from scholarships or grants 7,911.
- D** Box 5 amount includes veteran- or employer-provided educational assistance

Form 1099-Q Summary

2021

► Keep for your records

Name(s) Shown on Return SUJITH G NAGENDRA PRASAD & Priyanka Kantharaj	Social Security No. 199-63-8137
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	Recipient Taxpayer	Recipient Spouse
Coverdell Educational Savings Account (ESA) Distributions		
1 Total gross distributions from box 1 of Form 1099-Q		
a Less: Rollover to another ESA of beneficiary		
b Less: Transfer to another family member		
c Less: Transfer to a non-family member		
d Less: Return of 2021 contributions		
e Less: Return of pre 2021 contributions. These are reported on the tax return in the year the contribution was made, not on the 2021 tax return		
2 Balance of gross Coverdell ESA distributions		
3 Education expenses not used as basis for credits		
4 Amount of ESA distributions after return of basis		
5 Earnings on return of 2021 contributions		
6 Earnings on non-family member transfer		
7 Taxable amount of ESA distributions on line 2		
8 Taxable amount included on Schedule 1 (Form 1040), line 21		
9 Non-taxable ESA distributions		
Gross State Qualified Tuition Plan (QTP) Distributions		
10 Total gross distributions from box 1 of Form 1099-Q		
a Less: Rollover to another QTP of beneficiary		
b Less: Transfer to another family member		
c Less: Transfer to a non-family member		
d Less: Expenses refunded and recontributed		
11 Balance of gross state QTP distributions		
12 Earnings on state QTP distributions on line 11		
Gross Private Qualified Tuition Plan (QTP) Distributions		
13 Total gross distributions from box 1 of Form 1099-Q		
a Less: Rollover to another QTP of beneficiary		
b Less: Transfer to another family member		
c Less: Transfer to a non-family member		
d Less: Expenses refunded and recontributed		
14 Balance of gross private QTP distributions		
15 Earnings on private QTP distributions on line 14		
Taxable Qualified Tuition Plan (QTP) Distributions		
16 Balance of gross QTP distributions.		
17 Earnings on QTP distributions on line 16		
18 Education expenses not used as basis for credits		
19 Non-taxable QTP distributions		
20 Taxable amount of earnings on line 17		
21 Earnings on non-family member transfer (state)		
22 Earnings on non-family member transfer (private)		
23 Taxable amount included on Schedule 1 (Form 1040), line 21		

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

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

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

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

Wages, Salaries, & Tips Worksheet

2021

▶ Keep for your records

Name(s) Shown on Return SUJITH G NAGENDRA PRASAD & Priyanka Kantharaj	Social Security Number 199-63-8137
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The following amounts are included in the total entered on line 1 of Form 1040 or on line 8 of Form 1040NR:

	Taxpayer	Spouse	Total
1 Wages, from Form W-2	127,385.		127,385.
2 Miscellaneous income, from Form 8919			
3 Items from Form 1099-R:			
a Disability before minimum retirement age			
b Return of contributions			
4 Excess reimbursement, from Form 2106			
5 a Taxable tips, from Form 4137			
b Noncash tips			
6 Excess moving expense reimbursement, from Form 3903			
7 Wages earned as a household employee (if less than \$2,100 and without a Form W-2)			
8 Items not on Form W-2 or Form 1099-R:			
a Sick pay or disability payments			
b Total foreign source income			
c Check this box if the amount on line 8b is eligible for the foreign exclusion/deduction . ▶	<input type="checkbox"/>	<input type="checkbox"/>	
d Ordinary income from employer stock transactions not reported on Form W-2			
9 Other earned income:			
a Non-gov unemployment received/repaid 2021			
b _____			

10 Subtotal. Add lines 1 through 9	127,385.		127,385.
11 Taxable employer-provided dependent care benefits, from Form 2441			
12 Taxable employer-provided adoption benefits less any excluded benefits from Form 8839			
13 Scholarship/fellowship income not on Form W-2		0.	0.
14 Other non-earned income:			

15 Total of lines 10 through 14	127,385.	0.	127,385.

Name(s) Shown on Return
SUJITH G NAGENDRA PRASAD & Priyanka Kantharaj

Social Security Number
199-63-8137

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

**Schedule D
Line 18**

28% Rate Gain Worksheet

2021

► Keep for your records

Name(s) Shown on Return
SUJITH G NAGENDRA PRASAD & Priyanka Kantharaj

Social Security Number
199-63-8137

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

Name(s) Shown on Return SUJITH G NAGENDRA PRASAD & Priyanka Kantharaj	Social Security Number 199-63-8137
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1 a Enter your taxable income from Form 1040, line 15 **1 a** 101,685.
b Enter amount on line 2c of your (and spouse's) Foreign Earned Income Tax Wksht **b** _____
c Add lines 1a and 1b **1 c** 101,685.

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

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

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

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

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

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

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

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

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

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

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

14 Subtract line 13 from line 1c. If zero or less, enter -0- **14** 101,685.

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

16 Enter the **smaller** of line 1c or line 15 **16** 80,800.

17 Enter the **smaller** of line 14 or line 16 **17** 80,800.

18 Subtr ln 10 from ln 1c. If zero or less, enter -0- **18** 101,685.

19 Enter the **smaller** of line 1c or:
• \$164,925 if single or married filing sep,
• \$329,850 if MFJ or qual widow(er), or
• \$164,900 if head of household. **19** 101,685.

20 Enter the **smaller** of line 14 or line 19 **20** 101,685.

21 Enter the **larger** of line 18 or line 20 **21** 101,685.

22 Subtract line 17 from line 16. This amount is taxed at 0% **22** 0.
If lines 1c and 16 are the same, skip lines 23 through 43 and go to line 44. Otherwise, go to line 23.

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

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

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

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

27 Enter the smaller of line 1c or line 26 **27** 101,685.

28 Add lines 21 and 22 **28** 101,685.

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

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

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

32 Add lines 24 and 30 **32** 0.
If lines 1 and 32 are the same, skip lines 33 through 43 and go to line 44. Otherwise, go to line 33

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

34 Multiply line 33 by 20% (0.20) **34** 0.
If Schedule D, line 19, is zero or blank, skip lines 35 through 40 and go to line 41. Otherwise, go to line 35.

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

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

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

38	Subtract line 37 from line 36. If zero or less, enter -0-	38	_____
39	Subtract line 38 from line 35. If zero or less, enter -0-	39	_____
40	Multiply line 39 by 25% (0.25)	40	_____
If Schedule D, line 18, is zero or blank, skip lines 41 through 43 and go to line 44. Otherwise, go to line 41.			
41	Add lines 21, 22, 30, 33, and 39	41	_____
42	Subtract line 41 from line 1c	42	_____
43	Multiply line 42 by 28% (0.28)	43	_____
44	Figure the tax on the amount on line 21 . If the amount on line 21 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 21 is \$100,000 or more, use the Tax Computation Worksheet	44	<u>13,868.</u>
45	Add lines 31, 34, 40, 43, and 44	45	<u>13,868.</u>
46	Figure the tax on the amount on line 1c . If the amount on line 1c is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1c is \$100,000 or more, use the Tax Computation Worksheet	46	<u>13,868.</u>
47	Tax on all taxable income (including capital gains and qualified dividends). Enter the smaller of line 45 or line 46. Also include this amount on Form 1040, line 16	47	<u>13,868.</u>

Name(s) Shown on Return SUJITH G NAGENDRA PRASAD & Priyanka Kantharaj	Social Security Number 199-63-8137
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1	Enter the amount from Form 1040 or 1040-SR, line 15.	1	<u> </u>
2	Enter the amount from Form 1040 or 1040-SR, line 3a	2	<u> </u>
3	Are you filing Schedule D?		
	<input type="checkbox"/> Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or loss, enter -0-	3	<u> </u>
	<input type="checkbox"/> No. Enter the amount from Form 1040 or 1040-SR, line 7.		
4	Add lines 2 and 3	4	<u> </u>
5	Subtract line 4 from line 1. If zero or less, enter -0-	5	<u> </u>
6	Enter:		
	\$40,400 if single or married filing separately,	}	6 <u> </u>
	\$80,800 if married filing jointly or qualifying widow(er),		
	\$54,100 if head of household.		
7	Enter the smaller of line 1 or line 6	7	<u> </u>
8	Enter the smaller of line 5 or line 7	8	<u> </u>
9	Subtract line 8 from line 7 (this amount taxed at 0%)	9	<u> </u>
10	Enter the smaller of line 1 or line 4	10	<u> </u>
11	Enter the amount from line 9	11	<u> </u>
12	Subtract line 11 from line 10.	12	<u> </u>
13	Enter:		
	\$445,850 if single,	}	13 <u> </u>
	\$250,800 if married filing separately,		
	\$501,600 if married filing jointly or qualifying widow(er),		
	\$473,750 if head of household.		
14	Enter the smaller of line 1 or line 13	14	<u> </u>
15	Add lines 5 and 9	15	<u> </u>
16	Subtract line 15 from line 14. If zero or less, enter -0-	16	<u> </u>
17	Enter the smaller of line 12 or line 16	17	<u> </u>
18	Multiply line 17 by 15% (0.15)	18	<u> </u>
19	Add lines 9 and 17	19	<u> </u>
20	Subtract line 19 from line 10	20	<u> </u>
21	Multiply line 20 by 20% (0.20)	21	<u> </u>
22	Figure the tax on the amount on line 5. If the amount on line 5 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 5 is \$100,000 or more, use the Tax Computation Worksheet.	22	<u> </u>
23	Add lines 18, 21, and 22	23	<u> </u>
24	Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet.	24	<u> </u>
25	Tax on all taxable income. Enter the smaller of line 23 or line 24 here and on Form 1040 or 1040-SR, line 16.	25	<u> </u>

IRA Contributions Worksheet

2021

▶ Keep for your records

Name(s) Shown on Return SUJITH G NAGENDRA PRASAD & Priyanka Kantharaj	Social Security Number 199-63-8137
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Traditional IRA Contributions

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

IRA Contributions Worksheet

2021

▶ Keep for your records

Roth IRA Contributions

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

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

Coverdell Education Savings Account (Education IRA) Contributions

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

► Keep for your records

Name(s) Shown on Return SUJITH G NAGENDRA PRASAD & Priyanka Kantharaj	Social Security Number 199-63-8137
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Tax Deductions

1 State and local taxes:

Optional Sales Tax Tables

a Available Income:

(1) Income from Form 1040, line 7	127,385.
(2) Nontaxable income entered elsewhere on return	
(3) Available income: 2020 refundable credits in excess of tax	0.
(4) Enter any additional nontaxable income	
(5) Total available income	127,385.

b Sales Tax Per State of Residence:

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

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

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

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

c Total general sales tax using tables

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

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

e Total sales tax deduction on specific items

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

g Actual State and Local General Sales Tax:

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

h State and Local Income Taxes:

State and Local Income taxes

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

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

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

Income Taxes . . Sales Taxes Greater amount .

2 State and local real estate taxes:

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

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

Interest Deductions

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

Name(s) Shown on Return SUJITH G NAGENDRA PRASAD & Priyanka Kantharaj	Social Security Number 199-63-8137
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State and Local Income Taxes

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

Nondeductible State Income Tax (Hawaii Only)

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

Charitable Deduction Limits Worksheet For Current Year Contributions

2021

▶ Keep for your records

Name(s) Shown on Return SUJITH G NAGENDRA PRASAD & Priyanka Kantharaj	Social Security Number 199-63-8137
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Step 1 – Enter your other charitable contributions made during the year.

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

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

8 Enter your adjusted gross income (AGI)	8	127,385.
--	---	----------

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

G Deduction for the year

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

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

Charitable Deduction Limits Worksheet For Carryover Contributions

2021

▶ Keep for your records

Name(s) Shown on Return SUJITH G NAGENDRA PRASAD & Priyanka Kantharaj	Social Security Number 199-63-8137
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Step 1 — Enter your other charitable contributions made during the year.

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

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

8 Enter your adjusted gross income (AGI)			8		127,385.
	Percentage of line 8	Used in Current Year			
a 60% AGI limit to line 9	76,431.	Less	0.	a	76,431.
b 50% AGI limit to line 12	63,693.	Less	0.	b	63,693.
c 30% AGI limit, Section C to line 19	38,216.	Less	0.	c	38,216.
d 30% AGI limit, Section D to line 26	38,216.	Less	0.	d	38,216.
e 20% AGI limit to line 35	25,477.	Less	0.	e	25,477.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

G Deduction for the year

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

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

Charitable Contributions Summary

2021

▶ Keep for your records

Name(s) Shown on Return SUJITH G NAGENDRA PRASAD & Priyanka Kantharaj	Social Security Number 199-63-8137
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Part I Cash Contributions Summary

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

Part II Non-Cash Contributions Summary

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

Part III Contribution Carryovers to 2022

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

Part IV Special Situations in Your Return for Current Year Donations

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

Name(s) Shown on Return SUJITH G NAGENDRA PRASAD & Priyanka Kantharaj	Social Security Number 199-63-8137
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FOR STATE USE ONLY: Employee Business Expenses – Subject to 2% Limitation

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

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

Investment
Expense ↓

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

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

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

Name(s) Shown on Return SUJITH G NAGENDRA PRASAD & Priyanka Kantharaj	Social Security Number 199-63-8137
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Use this worksheet **only** if someone can claim you, or your spouse if filing jointly, as a dependent.

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

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

Earned Income Worksheet

2021

▶ Keep for your records

Name(s) Shown on Return SUJITH G NAGENDRA PRASAD & Priyanka Kantharaj	Social Security Number 199-63-8137
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Part I – Earned Income Credit Worksheet Computation

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

Part II – Form 2441 and Standard Deduction Worksheet Computations

5 Net self-employment earnings (line 4 above)			
6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc	127,385.		127,385.
7 a Taxable employer-provided adoption benefits			
b Foreign earned income exclusion			
8 Add lines 5 through 7b. To Form 2441, lines 18 and 19	127,385.		127,385.
9 a Taxable dependent care benefits			
b Nontaxable combat pay			
10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5	127,385.		127,385.
11 Scholarship or fellowship income not on W-2		0.	0.
12 SE exempt earnings less nontaxable income			
13 Distributions from nonqualified/Sec. 457 plans			
14 Add lines 5, 6, 7a, 9a and 11 through 13. To Standard Deduction Worksheet	127,385.	0.	127,385.

Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss)			
16 Wages, salaries, tips, etc	127,385.		127,385.
17 Net self-employment loss			
18 Alimony received			
19 Nontaxable combat pay			
20 Foreign earned income exclusion			
21 Keogh, SEP or SIMPLE deduction			
22 Combine lines 15 through 21. To IRA Wks, In 2.	127,385.		127,385.

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

23 Self-employed, church and statutory employees			
24 Wages, salaries, tips, etc	127,385.		127,385.
25 Nontaxable combat pay			
26 Combine lines 23 through 25. To Schedule 8812, line 6a & Line 14 Wks, line 2.	127,385.		127,385.

► Keep for your records

Name(s) Shown on Return SUJITH G NAGENDRA PRASAD & Priyanka Kantharaj	Social Security Number 199-63-8137
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Investment Interest Expense (Form 4952, line 1)

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

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

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

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

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

Investment Expenses (Form 4952, line 5)

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

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

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

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

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

Compliance and Due Diligence Information

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

Yes, all of the above is correct.

No, I'll go back and review my dependent information.

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

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

2 **Yes**, my dependents lived with me at this address.

No, I'd like to add an additional address where I lived with my dependents. Use the Interview to add an additional address where you lived with your dependents the longest in 2021.

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

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

Schedule SE Adjustments Worksheet

2021

▶ Keep for your records

Name(s) Shown on Return SUJITH G NAGENDRA PRASAD & Priyanka Kantharaj	Social Security Number 199-63-8137
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	(a) Taxpayer	(b) Spouse
QuickZoom to the Long Schedule SE ▶	<input type="checkbox"/>	<input type="checkbox"/>
A Approved Form 4029. Exempt from SE tax on all income	<input type="checkbox"/>	<input type="checkbox"/>
B Chapter 11 bankruptcy net profit or loss for Schedule SE, line 3 . . .		
C QuickZoom to the Explanation statement for any adjustment to SE income/loss shown on a partnership K-1. (See Help).		
Part I Farm Profit or (Loss) Schedule SE, line 1		
1 Total Schedules F		
2 Farm partnerships, Schedules K-1		
3 Other SE farm profit or (loss) (See Help)		
4 Less SE exempt farm profit or (loss) (See Help)		
5 Total for Schedule SE, line 1		
6 Conservation Reserve Program payments not subject to self-employment tax reported on:		
a Schedule F, line 4b		
b Schedule K-1 (Form 1065), box 20, code AH		
c Total CRP payments not subject to SE tax		
Part II Nonfarm Profit or (Loss) Schedule SE, line 2		
1 a Total Schedules C		
b Less SE exempt Schedules C (approved Form 4361)		
2 Nonfarm partnerships, Schedules K-1		
3 Forms 6781		
4 Other SE income reported as income on Form 1040, line 7		
5 a Clergy Form W-2 wages		
b Clergy housing allowance		
c Less clergy business deductions		
d QuickZoom to the Explanation statement for entry on line 5c		
6 Other SE nonfarm profit or (loss) (See Help)		
7 Less other SE exempt nonfarm profit or (loss) (See Help)		
8 Total for Schedule SE, line 2		
9 Exempt Notary Public income for Schedule SE, line 3 (See Help) . . .		
Part III Farm Optional Method Schedule SE, page 2, Part II		
1 Use Farm Optional Method	<input type="checkbox"/>	<input type="checkbox"/>
2 Gross farm income from Schedules F		
3 Gross farming or fishing income from partnership Schedules K-1 . . .		
4 Other gross farming or fishing self-employment income		
5 Total gross income for Farm Optional Method		
Part IV Nonfarm Optional Method Schedule SE, page 2, Part II		
1 Use Nonfarm Optional Method (Must have had net SE earnings of \$400 or more in 2 of prior 3 years and used the Nonfarm Optional Method less than 5 times)	<input type="checkbox"/>	<input type="checkbox"/>
2 Gross nonfarm income from Schedules C		
3 Gross nonfarm income from partnership Schedules K-1		
4 Other gross nonfarm self-employment income		
5 Total gross income for Nonfarm Optional Method		

Education Tuition and Fees Summary

2021

▶ Keep for your records

Name(s) Shown on Return SUJITH G NAGENDRA PRASAD & Priyanka Kantharaj	Your Social Security No. 199-63-8137
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Part I - Qualified Education Expense Summary

(a) Student's name <u>First Name</u> <u>MI</u> <u>Last Name</u> <u>Suffix</u> <u>Social Security Number</u>	(b) Qualified Education Expenses	(c) Qualified for:		(d) Elected Credit if	(e) Elected Credit if
		Yes	No	manual	automatic
Priyanka Kantharaj 961-96-8188	13,615. 13,115.	Amer Opp Cr . ▶ <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Lifetime Cr . . . ▶ <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		Reserved . . . ▶ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	13,615.	Total Qualified Expenses			
		Amer Opp Cr . . . ▶ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Lifetime Cr . . . ▶ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Reserved . . . ▶ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Total Qualified Expenses			
		Amer Opp Cr . . . ▶ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Lifetime Cr . . . ▶ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Reserved . . . ▶ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Total Qualified Expenses			
Total qualified expenses	13,615. 13,115.	American Opportunity Credit Lifetime Learning Credit			

Part II - Optimize Education Expenses for the Lowest Tax

Automatic

- 1 **Launch OPTIMIZER** - Check to launch Automatic Education Expense Optimizer now ▶

- 2 **Automatic** - Check to use the choices calculated in Part I, column (e) above ▶
- or
- 3 **Manual** - Check to use the choices you entered in Part I, column (d) above ▶

Part III - Summary of Credits

Reserved

1	Reserved	1	
2	Reserved	2	
3	Reserved	3	
4	Reserved	4	

American Opportunity, Lifetime Learning Credits Summary

1	Tentative American Opportunity Credit	1	
2	Tentative Lifetime Learning Credit	2	2,000.
3	Total Education Credits (after limitations)	3	2,000.

Use a separate worksheet for each casualty or theft event.
Keep for your records

Name(s) shown on return: SUJITH G NAGENDRA PRASAD & Priyanka Kantharaj
Social Security No.: 199-63-8137

Part I Casualty or Theft Event Information

- 1 Description of this casualty or theft event
2 Date of casualty or theft event
3 Use of property, check one if not a Ponzi loss (line 5c):
a Personal (includes home office deducted under simplified method, see tax help)
b Business, employment, or income-producing
4 If box 3a is checked, check one:
a This event qualifies as a Hurricane Harvey or Tropical Storm Harvey Disaster.
b This event qualifies as a Hurricane Irma Disaster
c This event qualifies as a Hurricane Maria Disaster
d This event qualifies as a 2017 California Wildfire Disaster (01/01/2017-01/18/2018)
e This event is a qualified federally declared major disaster
f This event is a federally declared disaster (not "qualified")
g This event qualifies as a 2016 federally declared disaster area
h This event does not qualify as a federally declared disaster
i Enter the FEMA disaster decl. number if any line 4a-g is checked. Enter the four-digit number only. If the FEMA disaster decl. number begins with DR, enter it here
j If the FEMA disaster decl. number begins with EM instead of DR, enter it here
5 If box 3b is checked, check one:
a Check if the property was used in a passive activity
b Check if the property was not used in a passive activity
c Check if this is a Rev Proc 2009-20 Ponzi-Type loss
6 Worksheet Copy Number 1

Part II Property Information for All Properties Damaged or Stolen in the Casualty or Theft Event

- a Description including type of property
b For personal use property, enter the address, city, state and ZIP code
c Date acquired
d Cost or other basis
e Insurance or other reimbursement
f FMV before event
g FMV after event
h Was this a total loss? Yes/No
i If personal use, is this a collectible? Yes/No
j If business use, check one: Business/Employ
k If home office (standard method) enter: Sch C/No Sch C Ln 27

- a Description including type of property
b For personal use property, enter the address, city, state and ZIP code
c Date acquired
d Cost or other basis
e Insurance or other reimbursement
f FMV before event
g FMV after event
h Was this a total loss? Yes/No
i If personal use, is this a collectible? Yes/No
j If business use, check one: Business/Employ
k If home office (standard method) enter: Sch C/No Sch C Ln 27

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

2021

► Keep for your records

Name(s) Shown on Return SUJITH G NAGENDRA PRASAD & Priyanka Kantharaj	Social Security Number 199-63-8137
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	(a) Before Allocation of Capital Gain Excess *	(b) Allocation of Capital Gain Excess *	(c) After Allocation of Capital Gain Excess
1 Not applicable			
2 Enter your total qualified dividends as refigured for the Alternative Minimum Tax (AMT):			
a Total qualified dividends.			
b Adjustment from Schedules K-1			
c Other adjustments to qualified dividends			
d Total. Combine lines 2a, 2b, and 2c.		0.	0.
3 Enter the amount from Form 4952 for AMT, line 4g.			
4 Enter the amount from Form 4952 for AMT, line 4e.			
5 Subtract line 4 from line 3. If zero or less, enter -0-	0.		0.
6 Subtract line 5 from line 2. If zero or less, enter -0-	0.		0.
7 Net long-term capital gain:			
a Enter the gain from line 15 of Schedule D as refigured for the AMT	0.		
b Enter the gain from line 16 of Schedule D as refigured for the AMT	0.		
c Enter the smaller of line 7a or line 7b	0.		0.
8 Enter the smaller of line 3 or line 4			
9 Subtract line 8 from line 7c. If zero or less, enter -0-	0.	0.	0.
10 Add lines 6 and 9	0.		0.
A Enter the amount from Form 6251, line 6.	12,185.		
B Capital gain excess. Subtract line A from line 10. *	0.		
11 Total 28% rate and unrecaptured section 1250 gain:			
a Enter the gain from line 18 of Schedule D as refigured for the AMT	0.		
b Enter the gain from line 19 of Schedule D as refigured for the AMT			
c Add lines 11a and 11b.			0.
12 Enter the smaller of line 9 or line 11c			0.
13 Subtract line 12 from line 10. Also enter this amount on Form 6251, line 13.			0.

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

► Keep for your records

Name(s) Shown on Return SUJITH G NAGENDRA PRASAD & Priyanka Kantharaj	Social Security Number 199-63-8137
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Taxable Income – Line 1

1	Enter the amount from Form 1040 or 1040-SR, line 15, if more than zero. If Form 1040 or 1040-SR, line 15, is zero, subtract line 14 of Form 1040 of 1040-SR from line 11 of Form 1040 or 1040-SR and enter the result here. (If less than zero, enter as a negative amount.)	1	101,685.
2	Additions to income	2	
3	Add lines 1 and 2	3	101,685.
4	Subtractions from income	4	
5	Subtract line 4 from line 3. Enter on Form 6251, line 1	5	101,685.

Taxes – Line 2a

1	Generation skipping transfer taxes included on Schedule A, line 6	1	
---	---	---	--

Refund of Taxes – Line 2b

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

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

1	Alternative minimum taxable income (AMTI) without ATNOLD	1	126,785.
2	Enter adjustments	2	
3	Adjustment for domestic production activities deduction	3	
4	Adjusted AMTI without ATNOLD. Add lines 1-3	4	126,785.
5	ATNOLD limitation. Multiply line 4 by 90%.	5	114,107.
6	Enter ATNOL carried to 2020 from other year(s)	6	
7	Enter ATNOL included above attributable to qualified disaster losses	7	
8	ATNOL above not attributable to qualified disaster losses. Line 6 minus 7	8	
9	ATNOL deduction other than qualified disaster losses. Lesser of line 5 or 8	9	
10	ATNOL Disaster Deduction. Lesser of line 7 or (line 4 minus line 9)	10	
11	ATNOLD. Add lines 9 and 10. Enter on Form 6251, line 2f, as neg	11	

Incentive Stock Options – Line 2i

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

Alternative Minimum Taxable Income – Line 4

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

Exemption – Line 5

1	Enter \$73,600 if single or head of household, \$114,600 if married filing jointly or qualifying widow(er), \$57,300 if married filing separately	1	114,600.
2	Enter your alternative minimum taxable income from Form 6251, line 4	2	126,785.
3	Enter \$523,600 if single or head of household, \$1,047,200 if married filing jointly or qualifying widow(er), \$523,600 if married filing separately	3	1,047,200.
4	Subtract line 3 from line 2. If zero or less, enter -0-	4	0.
5	Multiply line 4 by 25% (.25)	5	0.
6	Subtract line 5 from line 1. If zero or less, enter -0-. Enter on 6251, line 5	6	114,600.

► Keep for your records

Name(s) Shown on Return SUJITH G NAGENDRA PRASAD & Priyanka Kantharaj	Social Security Number 199-63-8137
1 Enter the amount from Form 6251, line 6	1 _____
2 a Enter the amount from your (and your spouse's if filing jointly) Form 2555, lines 45 and 50.	2a _____
b Enter the total amount of any itemized deductions or exclusions you couldn't claim because they are related to excluded income	2b _____
c Subtract line 2b from line 2a. If zero or less, enter 0	2c _____
3 Add line 1 and line 2c	3 _____
4 Tax on the amount on line 3. <ul style="list-style-type: none"> ● If you reported capital gain distributions directly on Form 1040 or 1040-SR, line 7; or you reported qualified dividends on Form 1040 or 1040-SR, line 3a; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040 or 1040-SR) (as refigured for the AMT, if necessary), enter the amount from line 3 of this worksheet on Form 6251, line 12. Complete the rest of Part III of Form 6251. However, before completing Part III, see <i>Form 2555</i>, later, to see if you must complete Part III with certain modifications. Then enter the amount from Form 6251, line 40, here. ● All Others: If line 3 is \$199,900 or less (\$99,950 or less if married filing separately), multiply line 3 by 26% (0.26). Otherwise, multiply line 3 by 28% (0.28) and subtract \$3,998 (\$1,999 if married filing separately) from the result. 	4 _____
5 Tax on amount on line 2c. If line 2c is \$199,900 or less (\$99,950 or less if married filing separately), multiply line 2c by 26% (0.26). Otherwise, multiply line 2c by 28% (0.28) and subtract \$3,998 (\$1,999 if married filing separately) from the result	5 _____
6 Subtract line 5 from line 4. Enter the result here and on Form 6251, line 7.	6 _____

Federal Carryover Worksheet

2021

▶ Keep for your records

Name(s) Shown on Return SUJITH G NAGENDRA PRASAD & Priyanka Kantharaj	Social Security Number 199-63-8137
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2020 State and Local Income Tax Information

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

2020 State Extension Information

(a) State	(b) Paid With Extension

2020 Locality Extension Information

(a) Locality	(b) Paid With Extension

2020 State Estimates Information

(a) State	(c) Estimates Paid After 12/31

2020 Locality Estimates Information

(a) Locality	(c) Estimates Paid After 12/31

2020 State Taxes Due Information

(a) State	(e) Paid With Return

2020 Locality Taxes Due Information

(a) Locality	(e) Paid With Return

2020 State Refund Applied Information

(a) State	(g) Applied Amount

2020 Locality Refund Applied Information

(a) Locality	(g) Applied Amount

2020 State Tax Refund Information

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

2020 Locality Tax Refund Information

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

Other Tax and Income Information		2020	2021
1	Filing status	2 MFJ	2 MFJ
2	Number of exemptions for blind or over 65 (0 - 4)		
3	Itemized deductions	0.	0.
4	Check box if required to itemize deductions	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income	122,587.	127,385.
6	Tax liability for Form 2210 or Form 2210-F	11,549.	11,868.
7	Alternative minimum tax.		
8 a	Federal overpayment applied to next year estimated tax.		
b	Federal extension payment for 2020 return		

QuickZoom to the IRA Information Worksheet for IRA information ►

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

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

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

Charitable Contribution Carryovers

26	2020 Carryover of charitable contributions from:	Other Property		Capital Gain		Cash
		(a) 50%	(b) 30%	(c) 30%	(d) 20%	(e) 60/100%
	a 2020					
	b 2019					
	c 2018					
	d 2017					
	e 2016					
27	2021 Carryover of charitable contributions from:	Other Property		Capital Gain		Cash
		(a) 50%	(b) 30%	(c) 30%	(d) 20%	(e) 60/100%
	a 2021					
	b 2020					
	c 2019					
	d 2018					
	e 2017					
28	Amount overpaid less earned income credit					12,321.

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

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

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



► Keep for your records

Name(s) Shown on Return SUJITH G NAGENDRA PRASAD & Priyanka Kantharaj	Social Security Number 199-63-8137
--	---------------------------------------

Description	Amount
Income	
Wages	127,385.
Interest income before Series EE bond exclusion	_____
Dividend income	_____
Tax refund	_____
Alimony received	_____
Nonpassive business income or loss	_____
Royalty and nonpassive rental activities income or loss	_____
Nonpassive partnership income or loss	_____
Nonpassive S corporation income or loss	_____
Nonpassive farm rental income or loss	_____
Nonpassive farm income or loss	_____
Nonpassive estate and trust income or loss	_____
Real estate mortgage investment conduits	_____
Business gains and losses from nonpassive activities	_____
Capital gains and losses	_____
Taxable IRA distributions	_____
Taxable pension distributions	_____
Unemployment compensation	_____
Other income	_____
Total income	127,385.
Adjustments	
Educator expenses	_____
Certain business expenses of reservists, performing artists, and government officials	_____
Health savings account deduction	_____
Moving expenses	_____
Self-employed SEP, SIMPLE, and qualified plans	_____
Self-employed health insurance deduction	_____
Penalty on early withdrawals of savings	_____
Alimony paid	_____
Other adjustments	_____
Total adjustments	_____
Modified adjusted gross income	127,385.

Two-Year Comparison

2021

Name(s) Shown on Return SUJITH G NAGENDRA PRASAD & Priyanka Kantharaj	Social Security Number
--	------------------------

Income	2020	2021	Difference	%
Wages, salaries, tips, etc	124,761.	127,385.	2,624.	2.10
Interest and dividend income				
State tax refund				
Business income (loss)				
Capital and other gains (losses)	-1,874.		1,874.	100.00
IRA distributions				
Pensions and annuities				
Rents and royalties				
Partnerships, S Corps, etc				
Farm income (loss)				
Social security benefits				
Income other than the above				
Total Income	122,887.	127,385.	4,498.	3.66
Adjustments to Income	300.		-300.	-100.00
Adjusted Gross Income	122,587.	127,385.	4,798.	3.91
Itemized Deductions				
Medical and dental				
Income or sales tax				
Real estate taxes				
Personal property and other taxes				
Interest paid				
Gifts to charity				
Casualty and theft losses				
Miscellaneous				
Total Itemized Deductions	0.	0.	0.	
Standard or Itemized Deduction	24,800.	25,700.	900.	3.63
Qualified Business Income Deduction				
Taxable Income	97,787.	101,685.	3,898.	3.99
Income tax	13,091.	13,868.	777.	5.94
Additional income taxes				
Alternative minimum tax				
Total Income Taxes	13,091.	13,868.	777.	5.94
Nonbusiness credits	1,542.	2,000.	458.	29.70
Business credits				
Total Credits	1,542.	2,000.	458.	29.70
Self-employment tax				
Other taxes				
Total Tax After Credits	11,549.	11,868.	319.	2.76
Withholding	22,670.	23,387.	717.	3.16
Estimated and extension payments				
Earned income credit				
Additional child tax credit				
Other payments	1,200.		-1,200.	-100.00
Total Payments	23,870.	23,387.	-483.	-2.02
Form 2210 penalty				
Applied to next year's estimated tax				
Refund	12,321.	11,519.	-802.	-6.51
Balance Due				

Current year effective tax rate 9.32 %

Tax Summary
▶ Keep for your records

2021

Name (s)

SUJITH G NAGENDRA PRASAD & Priyanka Kantharaj

Total income	127,385.
Adjustments to income	
Adjusted gross income	127,385.
Itemized/standard deduction	25,700.
Qualified business income deduction	
Taxable income	101,685.
Tentative tax	13,868.
Additional taxes	
Alternative minimum tax	
Total credits	2,000.
Other taxes	
Total tax	11,868.
Total payments	23,387.
Estimated tax penalty	
Amount Overpaid	11,519.
Refund	11,519.
Amount Applied to Estimate	
Balance due	0.

Compare to U. S. Averages

▶ Keep for your records

2021

Name(s) Shown on Return SUJITH G NAGENDRA PRASAD & Priyanka Kantharaj	Social Security No 199-63-8137
--	-----------------------------------

Your 2021 adjusted gross income (AGI) 127,385.
 National adjusted gross income range used below from 100,000. to 199,999.

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

Selected Income, Deductions, and Credits	Actual Per Return	National Average
Salaries and wages	127,385.	122,635.
Taxable interest		1,288.
Tax-exempt interest		7,612.
Dividends		6,482.
Business net income less loss		27,849.
Net capital gain		14,584.
Net capital loss		2,371.
Taxable IRAs pensions and annuities		28,940.
Rent and royalty net income less loss		14,160.
Partnership and S corporation net income less loss		43,023.
Taxable social security benefits		24,980.
Medical and dental expenses deduction		12,111.
Taxes paid deduction	0.	12,122.
Interest paid deduction		9,263.
Charitable contributions deduction		4,627.
Total itemized deductions	0.	27,540.
Child care credit		630.
Education tax credits	2,000.	1,473.
Child tax credit		1,428.
Retirement savings contributions credit		0.
Earned income credit		0.
Other Information	Actual Per Return	National Average
Adjusted gross income	127,385.	143,501.
Taxable income	101,685.	108,489.
Income tax	13,868.	18,217.
Alternative minimum tax		2,462.
Total tax liability	11,868.	18,966.

ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

Taxpayer: SUJITH G NAGENDRA PRASAD & Priyanka Kantharaj
Primary SSN: 199-63-8137

Federal Return Submitted: Your return was electronically transmitted on 02/05/2022
Federal Return Acceptance Date: _____

Your return was electronically transmitted on 02/05/2022

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

There are two important aspects of the Intuit Electronic Postmark:

1. THE INTUIT ELECTRONIC POSTMARK.

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

TIMELY FILING:

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

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

2. THE ACCEPTANCE DATE.

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

We need your consent - Early Access

This is an IRS requirement

IRS regulations require the following statements:

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

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

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

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

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

First Name

Last Name

Please type the date below:

Date

F7216U01 SBIA5001

Read and accept this Disclosure Consent

This is an IRS requirement

IRS regulations require the following statements:

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

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

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

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

Sign this agreement by entering your name:

Please type the date below:

Date

Read and accept this Disclosure Consent

This is an IRS requirement

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

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

IRS regulations require the following statements:

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

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

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

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

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

Sign this agreement by entering your name:

Please type the date below:

Date

IMPORTANT DISCLOSURES

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

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

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

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

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

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

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

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

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

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

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

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

Questions? Call 877-908-7228

Pro Delegation Worksheet

2021

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

Preparer / Electronic Return Originator (ERO) Information

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

Electronic Filing and Printing of Tax Return Information

Electronic Filing:

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

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

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

Select state returns to file electronically:

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

Select state returns to file by mail:

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

Select other returns to file electronically:

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

Select other returns to file by mail:

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

Electronic Filing and Printing of Amended Return Information

Electronic Filing:

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

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

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

Select state amended return(s) to file electronically:

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

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

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

Smart Worksheets From 2021 Federal Tax Return

SMART WORKSHEET FOR: Form 8863: Education Credits Nonrefundable Credit -- Form 8863, Line 19

1	Enter amount from line 18, Form 8863	1	2,000.
2	Enter amount from line 9, Form 8863	2	
3	Add lines 1 and 2	3	2,000.
4	Enter the amount from Form 1040 or 1040-SR, line 18.	4	13,868.
5	Enter the amount from Schedule 3 (Form 1040 or 1040-SR), lines 1 and 2, 6d, and 6l	5	
6	Subtract line 5 from line 4	6	13,868.
7	Enter the smaller of line 3 or line 6 here and on Form 8863, line 19.	7	2,000.

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

Tax Smart Worksheet	
A Tax	13,868.
Check if from:	
1 Tax table	<input type="checkbox"/>
2 Tax Computation Worksheet (see instructions)	<input checked="" type="checkbox"/>
3 Schedule D Tax Worksheet	<input type="checkbox"/>
4 Qualified Dividends and Capital Gain Tax Worksheet	<input type="checkbox"/>
5 Schedule J	<input type="checkbox"/>
6 Form 8615	<input type="checkbox"/>
7 Foreign Earned Income Tax Worksheet	<input type="checkbox"/>
B Additional tax from Form 8814	_____
C Additional tax from Form 4972	_____
D Tax from additional Form(s) 4972	_____
E Recapture tax from Form 8863	_____
F IRC Section 197(f)(9)(B)(ii) election for an additional tax	_____
G Health Coverage Tax Credit Recovery, Form 8885, Line 5, if negative	_____
H Additional tax from Form 8621	_____
I Tax. Add lines A through G. Enter the result here and include in tax below.	13,868.
J Form 8621 tax deferral from line 9c (to line 24)	_____

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

Excess Social Security and Tier I RRTA Tax Withheld Smart Worksheet	
<p>The calculated amount for Excess social security and tier 1 RRTA tax withheld could include a portion that needs to be removed. When a taxpayer has multiple W-2's, each with the same EIN, excess withholding can only be claimed if the Employer's Name's in box c of the W-2's reflect separate business entities. This could occur when a parent company has multiple subsidiaries, or when a temp agency issues W-2's for distinctly different jobs. If you have multiple W-2's with the same EIN, for the same taxpayer, and for the same job, reduce the amount calculated on Line A below by the excess withholdings from only those W-2's.</p>	
A Total Excess Social Security or Tier I RRTA tax withheld claimed as a credit	0.

SMART WORKSHEET FOR: Federal Information Worksheet

TurboTax for the Web Filing Status Smart Worksheet

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

Marital Status _____

Filing Status Selected _____

SMART WORKSHEET FOR: Personal Worksheet (SUJITH) -- Student Info Worksheet

Apprenticeship and Education Loan Smart Worksheet

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

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

1 Principal. _____

2 Interest _____

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

QuickZoom to Student Loan Interest Deduction Worksheet ► _____

SMART WORKSHEET FOR: Personal Worksheet (Priyanka) -- Student Info Worksheet

Apprenticeship and Education Loan Smart Worksheet

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

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

1 Principal. _____

2 Interest _____

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

QuickZoom to Student Loan Interest Deduction Worksheet ► _____

SMART WORKSHEET FOR: Part-Year State Allocation Worksheet

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

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

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

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

Substitute Form W-2 Smart Worksheet

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

B Linked substitute W-2 Form 4852 ▶ _____

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

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

E QuickZoom to completed Form 4852 for reference ▶ _____

SMART WORKSHEET FOR: Tax and Interest Deduction Worksheet

Mortgage Interest Limited Smart Worksheet

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

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

QuickZoom to Deductible Home Mortgage Interest Worksheet ▶

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

A Home mortgage interest and points reported on Form 1098:

1 Sum of lines 5a through 5d below _____

2 Limited amount to report on line 5a below _____

B Home mortgage interest not reported on Form 1098:

1 Sum of lines 6a and 6b below _____

2 Limited amount to report on line 6a below _____

C Points not reported on Form 1098:

1 Sum of lines 7a through 7c below _____

2 Limited amount to report on line 7a below _____

SMART WORKSHEET FOR: Misc Itemized Deductions Wks

Depreciation Smart Worksheet	
A	Enter Section 179 carryover from prior year _____
B	QuickZoom to the Asset Entry Worksheet ▶
C	QuickZoom to the Depreciation/Amortization Reports ▶
D	QuickZoom to Form 4562 for Schedule A ▶
E	Treat all MACRS assets for activity as qualified Indian reservation property? . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F	Treat all assets acquired after Aug. 27, 2005 as qualified GO Zone property? <input type="checkbox"/> Regular <input type="checkbox"/> Extension <input checked="" type="checkbox"/> No
G	Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
H	Was this property located in a Qualified Disaster Area? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Nontaxable Combat Pay Election Smart Worksheet	
QuickZoom to enter nontaxable combat pay on Form W-2 ▶	
A Taxpayer:	
1	Taxpayer, nontaxable combat pay _____
1a	Taxpayer, prior year nontaxable combat pay from 2019 _____
2 Election for earned income credit (EIC):	
	Elect taxpayer's nontaxable combat pay as earned income for EIC? ▶ <input type="checkbox"/> Yes <input type="checkbox"/> No
3 Election for dependent care benefits (DCB):	
	Elect taxpayer's nontaxable combat pay as earned income for DCB? ▶ <input type="checkbox"/> Yes <input type="checkbox"/> No
4 Election for child and dependent care credit:	
	Elect taxpayer's nontaxable combat pay as earned income for child and dependent care credit? ▶ <input type="checkbox"/> Yes <input type="checkbox"/> No
B Spouse:	
1	Spouse, nontaxable combat pay _____
1a	Spouse, prior year nontaxable combat pay from 2019 _____
2 Election for earned income credit (EIC):	
	Elect spouse's nontaxable combat pay as earned income for EIC? ▶ <input type="checkbox"/> Yes <input type="checkbox"/> No
3 Election for dependent care benefits (DCB):	
	Elect spouse's nontaxable combat pay as earned income for DCB? ▶ <input type="checkbox"/> Yes <input type="checkbox"/> No
4 Election for child and dependent care credit:	
	Elect spouse's nontaxable combat pay as earned income for child and dependent care credit? ▶ <input type="checkbox"/> Yes <input type="checkbox"/> No
C You may compare the tax benefit of electing or not electing by checking a box on line A or line B and reviewing the overpayment or amount due below:	
Overpayment	_____ 11,519 .
Amount due	_____

SMART WORKSHEET FOR: Earned Income Credit Worksheet

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

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

A Elect to use 2019 earned income for EIC Yes No

B Earned income for EIC from your 2019 return 98,594.

C Current year earned income for EIC 127,385.

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

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

Overpayment 11,519. Amount due _____

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Investment Income Smart Worksheet

A Taxable and tax exempt interest _____

B Dividend income _____

C Capital gain net **income** _____

D Royalty and rental of personal property net **income** _____

E Passive activity net **income**:

1 Rental real estate net income or loss _____

2 Farm rental net income or loss _____

3 Partnerships and S corporations net income or loss _____

4 Estates and trusts net income or loss _____

5 Total of lines 1 through 4 _____

6 Total passive activity net **income**, line 5 if greater than zero _____

F Interest and dividends from Forms 8814 _____

G Adjustments _____

H **Total investment income**, add lines A through G 0.

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

No. You may take the credit.

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

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Age Requirements Smart Worksheet

Filers without a qualifying child have certain age requirements. Answer the questions below:

Taxpayer is a qualified former foster youth, or a qualified homeless youth

Spouse is a qualified former foster youth, or a qualified homeless youth

You qualify as a specified student if you were enrolled in a program that leads to a degree, certificate, or other recognized educational credential and carried at least one-half the normal workload for your course of study during at least 5 calendar months of the year. For purposes of determining whether you were enrolled during at least 5 calendar months, count any month during which you were enrolled for at least part of the month. The 5 months do not need to be consecutive.

Taxpayer qualifies as a specified student for EIC purposes when filing without a qualifying child

Spouse qualifies as a specified student for EIC purposes when filing without a qualifying child

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Married Filing Separately Smart Worksheet (with one or more qualifying child)

MFS filers with a qualifying child have additional requirements. Answer the questions below:

Did you and your spouse have the same principal residence for the last 6 months of 2021? **Yes** **No**

Are you legally separated according to your state law under a written separation agreement or a decree of separate maintenance and you lived apart from your spouse at the end of 2021? **Yes** **No**