

Taxpayer

venkata puvvada
XXX-XX-6542

2515 john eppes rd APT 204
Herndon, VA 20171

Spouse

Lakshmi NagaSusmitha Atmakuri
XXX-XX-2951

Dependents

Name	SSN	Relationship
haarathi lakshmi puvvada	XXX-XX-5004	DAUGHTER
Bhavy Sri Sai Bha Puvvada	XXX-XX-1790	DAUGHTER

2021 Federal Return Information

Prepared: 03-08-2022

Filing Status: Married Filing Jointly

Wages, Salaries, Tips, etc.:	\$	154,492
Total Income:	\$	175,296
Total Adjustments:	\$	3,300
Adjusted Gross Income:	\$	171,996
Total Deductions:	\$	25,100
QBI Amount:	\$	0
Taxable Income:	\$	146,896
Tax (before credits):	\$	23,814
Total Non-Refundable Credits:	\$	0
Tax (after credits):	\$	23,814
Earned Income Credit:	\$	0
Total Payments & Refundable Credits	\$	18,068
Amount You Overpaid:	\$	0
Your Tax Refund:	\$	0
Refund You Applied to 2022:	\$	0
Amount of Tax Owed (balance due):	\$	5,807

Tax Rate (percentage): 22

State Return Information

Resident State: VA

State	AGI	Taxable Income	Tax	Refund	Balance Due
VA	\$ 171,996	\$ 159,276	\$ 8,901		\$ 866

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 venkata	Last name puvvada	Your social security number 899-16-6542
If joint return, spouse's first name and middle initial Lakshmi NagaSusmitha	Last name Atmakuri	Spouse's social security number 756-83-2951
Home address (number and street). If you have a P.O. box, see instructions. 2515 john eppes rd		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. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. Herndon		
State VA	ZIP code 20171	
Foreign country name	Foreign province/state/county	Foreign postal code

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

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

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

Dependents (see instructions): If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check if qualifies for (see instructions):	
					Child tax credit	Credit for other dependents
	haarathi lakshmi	puvvada	954-91-5004	Daughter	<input type="checkbox"/>	<input type="checkbox"/>
	Bhavy Sri Sai Bha	Puvvada	423-71-1790	Daughter	<input checked="" type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required.	1 Wages, salaries, tips, etc. Attach Form(s) W-2	1	154,492
	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 ▶ <input type="checkbox"/>	7	20,168
	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	175,296
	10 Adjustments to income from Schedule 1, line 26	10	3,300
	11 Subtract line 10 from line 9. This is your adjusted gross income ▶	11	171,996
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	
	c Add lines 12a and 12b	12c	25,100
	13 Qualified business income deduction from Form 8995 or Form 8995-A	13	
	14 Add lines 12c and 13	14	25,100
	15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-.	15	146,896

Table with 2 columns: Description and Amount. Rows include Tax (23,814), Federal income tax withheld (14,472), Total payments (18,068), and Amount you owe (5,807).

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

Refund

Direct deposit? See instructions.

Amount You Owe

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions. [] Yes. Complete below. [X] No

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.

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

Table for signatures and dates. Includes fields for Your signature, Date, Your occupation, Spouse's signature, Date, Spouse's occupation, and Identity Protection PIN.

Paid Preparer Use Only

Preparer's signature, Date, PTIN, Preparer's name, Phone no., Firm's name, Firm's address, Firm's EIN.

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2021

Attachment
Sequence No. **01**

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

venkata puvvada & Lakshmi Atmakuri

Your social security number

899-16-6542

Part I Additional Income

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

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

Schedule 1 (Form 1040) 2021

Part II Adjustments to Income

11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	3,300
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	
18	Penalty on early withdrawal of savings	18	
19a	Alimony paid	19a	
b	Recipient's SSN ▶ _____		
c	Date of original divorce or separation agreement (see instructions) . . ▶ _____		
20	IRA deduction	20	
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
a	Jury duty pay (see instructions)	24a	
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	24b	
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l	24c	
d	Reforestation amortization and expenses	24d	
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e	
f	Contributions to section 501(c)(18)(D) pension plans	24f	
g	Contributions by certain chaplains to section 403(b) plans	24g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h	
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i	
j	Housing deduction from Form 2555	24j	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k	
z	Other adjustments. List type and amount ▶ _____	24z	
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26	3,300

**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

venkata puvvada & Lakshmi Atmakuri

Your social security number

899-16-6542

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	
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	0

(continued on page 2)

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

Schedule 3 (Form 1040) 2021

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	1,096
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	1,096

SCHEDULE D
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Capital Gains and Losses

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

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

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

2021

Attachment
Sequence No. **12**

Name(s) shown on return

venkata puvvada & Lakshmi Atmakuri

Your social security number

899-16-6542

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

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

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

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

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

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	228,634	212,214	3,748	20,168
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824			4	
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			5	
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions			6 ()	
7 Net short-term capital gain or (loss) . Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2			7	20,168

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

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

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

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

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

Schedule D (Form 1040) 2021

Part III Summary

<p>16 Combine lines 7 and 15 and enter the result</p> <ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 	16	20,168
<p>17 Are lines 15 and 16 both gains?</p> <p><input type="checkbox"/> Yes. Go to line 18.</p> <p><input checked="" type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p>		
<p>18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet ▶</p>	18	
<p>19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet ▶</p>	19	
<p>20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952?</p> <p><input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below.</p> <p><input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.</p>		
<p>21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:</p> <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500)] ▶ <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p>	21 ()	
<p>22 Do you have qualified dividends on Form 1040, 1040-SR, 1040-NR, line 3a?</p> <p><input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.</p> <p><input checked="" type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>		

SCHEDULE 8812
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

**Credits for Qualifying Children
and Other Dependents**

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

▶ Go to www.irs.gov/Schedule8812 for instructions and the latest information.

OMB No. 1545-0074

2021

Attachment
Sequence No. **47**

Name(s) shown on return

Your social security number

venkata puvvada & Lakshmi Atmakuri

899-16-6542

Part I-A Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR	1	171,996
2a	Enter income from Puerto Rico that you excluded	2a	
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b	
c	Enter the amount from line 15 of your Form 4563	2c	
d	Add lines 2a through 2c	2d	
3	Add lines 1 and 2d	3	171,996
4a	Number of qualifying children under age 18 with the required social security number	4a	1
b	Number of children included on line 4a who were under age 6 at the end of 2021	4b	1
c	Subtract line 4b from line 4a	4c	
5	If line 4a is more than zero, enter the amount from the Line 5 Worksheet ; otherwise, enter -0-	5	2,500
6	Number of other dependents, including any qualifying children who are not under age 18 or who do not have the required social security number	6	
Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4a.			
7	Multiply line 6 by \$500	7	
8	Add lines 5 and 7	8	2,500
9	Enter the amount shown below for your filing status. • Married filing jointly-\$400,000 • All other filing statuses-\$200,000	9	400,000
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.	10	0
11	Multiply line 10 by 5% (0.05)	11	
12	Subtract line 11 from line 8. If zero or less, enter -0-	12	2,500
13	Check all the boxes that apply to you (or your spouse if married filing jointly). A Check here if you (or your spouse if married filing jointly) have a principal place of abode in the United States for more than half of 2021 <input checked="" type="checkbox"/> B Check here if you (or your spouse if married filing jointly) are a bona fide resident of Puerto Rico for 2021 <input type="checkbox"/>		

Part I-B Filers Who Check a Box on Line 13

Caution: If you did not check a box on line 13, do not complete Part I-B; instead, skip to Part I-C.

14a	Enter the smaller of line 7 or line 12	14a	0
b	Subtract line 14a from line 12	14b	2,500
c	If line 14a is zero, enter -0-; otherwise, enter the amount from the Credit Limit Worksheet A	14c	0
d	Enter the smaller of line 14a or line 14c	14d	0
e	Add lines 14b and 14d	14e	2,500
f	Enter the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) received for 2021. See your Letter(s) 6419 for the amounts to include on this line. If you are missing Letter 6419, see the instructions before entering an amount on this line. If you didn't receive any advance child tax credit payments for 2021, enter -0-.	14f	0
Caution: If the amount on this line doesn't match the aggregate amounts reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.			
g	Subtract line 14f from line 14e. If zero or less, enter -0- on lines 14g through 14i and go to Part III	14g	2,500
h	Enter the smaller of line 14d or line 14g. This is your credit for other dependents. Enter this amount on line 19 of your Form 1040, 1040-SR, or 1040-NR	14h	0
i	Subtract line 14h from line 14g. This is your refundable child tax credit. Enter this amount on line 28 of your Form 1040, 1040-SR, or 1040-NR	14i	2,500

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

Schedule 8812 (Form 1040) 2021

Part I-C Filers Who Do Not Check a Box on Line 13

Caution: If you checked a box on line 13, do not complete Part I-C.

15a	Enter the amount from the Credit Limit Worksheet A	15a	
b	Enter the smaller of line 12 or line 15a Additional child tax credit. Complete Parts II-A through II-C if you meet each of the following items. 1. You are not filing Form 2555. 2. Line 4a is more than zero. 3. Line 12 is more than line 15a.	15b	
c	If you completed Parts II-A through II-C, enter the amount from line 27; otherwise, enter -0-	15c	
d	Add lines 15b and 15c	15d	
e	Enter the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) received for 2021. See your Letter(s) 6419 for the amounts to include on this line. If you are missing Letter 6419, see the instructions before entering an amount on this line. If you didn't receive any advance child tax credit payments for 2021, enter -0- Caution: If the amount on this line doesn't match the aggregate amounts reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.	15e	
f	Subtract line 15e from line 15d. If zero or less, enter -0- on lines 15f through 15h and go to Part III	15f	
g	Enter the smaller of line 15b or line 15f. This is your nonrefundable child tax credit and credit for other dependents. Enter this amount on line 19 of your Form 1040, 1040-SR, or 1040-NR	15g	
h	Subtract line 15g from line 15f. This is your additional child tax credit. Enter this amount on line 28 of your Form 1040, 1040-SR, or 1040-NR	15h	

Part II-A Additional Child Tax Credit (use only if completing Part I-C)

Caution: If you file Form 2555, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit.

Caution: If you checked a box on line 13, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit.

16a	Subtract line 15b from line 12. If zero, skip Parts II-A and II-B and enter -0- on line 27	16a	
b	Number of qualifying children under 18 with the required social security number: _____ x \$1,400. Enter the result. If zero, skip Parts II-A and II-B and enter -0- on line 27 TIP: The number of children you use for this line is the same as the number of children you used for line 4a.	16b	
17	Enter the smaller of line 16a or line 16b	17	
18a	Earned income (see instructions)	18a	
b	Nontaxable combat pay (see instructions)	18b	
19	Is the amount on line 18a more than \$2,500? <input type="checkbox"/> No. Leave line 19 blank and enter -0- on line 20. <input type="checkbox"/> Yes. Subtract \$2,500 from the amount on line 18a. Enter the result	19	
20	Multiply the amount on line 19 by 15% (0.15) and enter the result Next. On line 16b, is the amount \$4,200 or more? <input type="checkbox"/> No. If line 20 is zero, enter -0- on line 15c. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. <input type="checkbox"/> Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.	20	

Part II-B Certain Filers Who Have Three or More Qualifying Children

21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions	21	
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13	22	
23	Add lines 21 and 22	23	
24	1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27a, and Schedule 3 (Form 1040), line 11. 1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11. }	24	
25	Subtract line 24 from line 23. If zero or less, enter -0-	25	
26	Enter the larger of line 20 or line 25 Next, enter the smaller of line 17 or line 26 on line 27.	26	

Part II-C Additional Child Tax Credit

27	Enter this amount on line 15c	27	
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Part III Additional Tax (use only if line 14g or line 15f, whichever applies, is zero)		
28a	Enter the amount from line 14f or line 15e, whichever applies	28a
b	Enter the amount from line 14e or line 15d, whichever applies	28b
29	Excess advance child tax credit payments. Subtract line 28b from line 28a. If zero, stop; you do not owe the additional tax	29
30	Enter the number of qualifying children taken into account in determining the annual advance amount you received for 2021. See your Letter 6419 for this number. If you are missing your Letter 6419, you are filing a joint return, or you received more than one Letter 6419, see the instructions before entering a number on this line Caution: If the amount on this line doesn't match the number of qualifying children reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.	30
31	Enter the smaller of line 4a or line 30	31
32	Subtract line 31 from line 30. If zero, skip to line 40 and enter the amount from line 29; otherwise, continue to line 33	32
33	Enter the amount shown below for your filing status. <ul style="list-style-type: none"> • Married filing jointly or Qualifying widow(er)—\$60,000 • Head of household—\$50,000 • All other filing statuses—\$40,000 	33
34	Subtract line 33 from line 3. If zero or less, enter -0-	34
35	Enter the amount from line 33	35
36	Divide line 34 by line 35. Enter the result as a decimal (rounded to at least three places). If the result is 1.000 or more, enter 1.000	36
37	Multiply line 32 by \$2,000	37
38	Multiply line 37 by line 36	38
39	Subtract line 38 from line 37	39
40	Subtract line 39 from line 29. If zero or less, enter -0-. This is your additional tax. If more than zero, enter this amount on Schedule 2 (Form 1040), line 19	40

(This information is e-filed with the return. Do not include it if paper-filing)

Name(s) shown on return venkata puvvada & Lakshmi Atmakuri	Taxpayer's SSN 899-16-6542
	Spouse's SSN 756-83-2951
Routing Transit Number 044000037	
Bank Account Number 804609185	
Type of Account 1 Checking	
Amount of Tax Payment 5,807	
Requested Payment Date 03-09-2022	
Taxpayer's Daytime Phone Number 515-724-1682	
Type of Form being filed 1040	

Taxpayer's Signature	Date
Spouse's Signature	Date

Audit Assistance Program Membership Agreement

The following terms and conditions of this Membership Agreement (the "Agreement") govern the **Protection Plus Audit Assistance Membership Program** ("**Program**") provided to members of the Program ("**Members**") by Tax Protection Plus, LLC and the American Advantage Association (cumulatively referred to as "**Company**"). By accepting enrollment in the Program, you are agreeing to the terms of this Agreement.

1. Definitions: The following definitions are applicable to the Agreement.

- a. "**Tax Software Provider**" means the company providing the tax software that the **Taxpayer** used to prepare and transmit their tax return to the IRS and/or state taxing authority and through which **Taxpayer** enrolled into the **Program**.
- b. "**Protection Plus Audit Assistance Membership Program**" (or the "**Program**") is a service program offered by **Company**.
- c. "**Return**" means an IRS acknowledged individual federal tax return form 1040 and 1040SR and/or a state acknowledged individual state tax return (if applicable) for the previous year's tax return and is not otherwise excluded in this Agreement.
- d. "**Negligence**" means failure on the part of the **Taxpayer** to exercise the care or apply the effort to research IRS and/or state tax codes, instructions and guidelines that a reasonably prudent person would exercise in their efforts to comply with IRS and/or state tax codes in the preparation of a tax **Return**.
- e. "**Taxpayer**" or "**Member**" means the individual (or individuals if filing a Joint **Return**) who completes an acknowledged **Return** and elects to enroll in the Program through the **Tax Software Provider** and for whom **Company** receives payment of the **Company Program Fee**.
- f. "**Program Fee**" is the fee charged by the **Tax Software Provider** and paid by **Member** for the **Program**.
- g. "**Company Program Fee**" is the **Company** established fee charged by **Company** for a **Taxpayer** to participate in the **Program** and paid to **Company** out of the total **Program Fee**.
- h. "**Company**" is Tax Protection Plus, LLC and the American Advantage Association

2. Services provided by Company under the Program: From the date the IRS or state (if applicable) has acknowledged transmission of your **Return** and **Company** receives payment of the **Company Program Fee** and for a period of three (3) years after the April filing deadline for the **Return** (the Membership Term), if the **Taxpayer's Return** is audited or the IRS and/or state denies any of the credits described in Section 2.7, **Company** will provide the **Taxpayer** with the following services (collectively, the "Services"):

- 2.1 Evaluation of all related IRS and/or state correspondence.
- 2.2 Explanation of case requirements and the available options.
- 2.3 Professional IRS and/or state document review, consultation and organization.
- 2.4 Drafting of letters and other necessary correspondence with the IRS and/or state as needed.
- 2.5 Assistance with telephone communication with the IRS and/or state agent for explanations and discussions during the audit process.
- 2.6 Assistance with all IRS forms unless excluded below in section 3.
- 2.7 Assistance with denied credits when the **Return** is unfunded, including: Earned Income Credit, Child and Dependent Care Credit (form 2441), Education Credits, Child Tax Credit, Additional Child Tax Credit, Adoption Credit, Credit for the Elderly or Disabled, Savers Credit.
- 2.8 Assistance with rejected W-7 applications.
- 2.9 Assistance with IRS and/or state Identity Theft
- 2.10 Tax debt relief including but not limited to Installment Agreements, Offers in Compromise, Tax Penalty Abatement, Tax Liens, Wage Garnishment Relief, and Innocent Spouse Relief provided that **Taxpayer** meets all guidelines for approval of the applicable debt relief and pays all associated governmental fees.
- 2.11 The Services are subject to change, modification, or substitution at any time without notice to the **Member**. In order to receive Services, a **Member** must access the services as instructed within the Membership materials provided.

3. Program Exclusions: The following types of tax returns and or Inquiries are specifically excluded. **Company** is under no obligation to provide **Taxpayer** with the Services in connection with such returns and or Inquiries:

- 3.1 Non-Resident returns.
- 3.2 Returns other than individual 1040 and 1040SR and individual state **Returns** including, but not limited to, corporate, partnership, trust, estate, gift and employment returns.
- 3.3 Returns in which the **Taxpayer** had knowledge of additional taxes owed as of the date **Taxpayer** enrolled in the **Program**.
- 3.4 Returns prepared with **Negligence**, recklessness, intentional misrepresentation or fraud.
- 3.5 Local, city and county tax returns.
- 3.6 Returns that have become subject to IRS or state criminal investigations.
- 3.7 Inquiries related to foreign income, flow-through entities (partnerships and S-corporations as reported on Schedule K), court awards and damages, bartering income, canceled debt, estate tax or gift tax.
- 3.8 Inquiries related to the following credits: Foreign tax credit, Plug-in electric vehicle credit, Residential energy efficient property credit, Mortgage interest credit, Credit to holders of tax credit bonds, Health coverage tax credit, "Credit" for prior year minimum tax, "Credit" for excess Social Security tax or railroad retirement tax withheld.
- 3.9 Due to a lack of Clarity, we may not be able to assist with all IRS inquiries and audits related to the Affordable Care Act.
- 3.10 Due to a lack of clarity from the IRS and state taxing authorities, we may not be able to assist with all IRS and/or state inquiries and audits related to any federal or state Economic Impact Stimulus Payments (EIP).

4. Taxpayer Responsibilities: In order for **Company** to be obligated to provide the Services to **Taxpayer**, the **Taxpayer** agrees to take the following actions:

- 4.1 Contact the IRS and/or state (with the assistance of **Company**) per the audit notice received to request an extension of the deadline for responding,
- 4.2 Notify **Company** of any IRS correspondence or notice regarding the **Return** within thirty (30) days from the date of such notice along with a complete copy of the **Return**.
- 4.3 Provide **Company** any further assistance or documents as requested that support claims made on the **Return**.
- 4.4 Pay the **Program Fee**. In the event **Tax Software Provider** charges **Taxpayer** a **Program Fee**, **Taxpayer** agrees to pay the **Program Fee** by either paying such fee directly to the **Tax Software Provider** or by authorizing the **Program Fee** to be deducted from any tax refunds due the **Taxpayer** for payment to the **Tax Software Provider**. **Taxpayer** understands that the **Tax Software Provider** may charge **Taxpayer** a **Program Fee** that is greater than the **Company Program Fee** and retain the difference for their services.

5. Disclosure of Information: **Taxpayer** hereby agrees that his/her specific **Taxpayer** information, including all information that **Taxpayer** has disclosed to the **Tax Software Provider** or has been included on the **Return**, may be disclosed by the **Tax Software Provider** to **Company** and used by **Company** in the manner consistent with this Agreement.

6. Payment of Company Program Fee: Taxpayer understands that Tax Software Provider is responsible for payment of the Company Program Fee and that Company is under no obligation to provide Services unless Company receives payment of the Company Program Fee.

7. Cancellation and Refund Option: If, for any reason, a Member is not satisfied with the Program and wishes to terminate his/her membership, the Member may cancel the membership by notifying Company in writing or by telephoning a Program representative. Membership in the Program shall terminate on the date that Company receives written notice of cancellation. Cancellations within the first 30 days of Membership may be eligible for refund.

8. Member Representations and Acknowledgements: In return for the Services available under the Program, the Member makes the following representations and acknowledgements:

8.1 Member has read this Agreement carefully, understands the Program, and understands the various billing methods for payment of the Program Fee.

8.2 Member may cancel his/her Program membership at any time before the conclusion of the Membership Term and will be entitled to a refund subject to the terms of Section 7 of this Agreement.

8.3 Membership in the Program and benefits thereunder are not assignable without the express written consent of Company. Member agrees that he/she will use his/her Program membership only for his/her personal benefit. A Member's violation of this paragraph 8.3 will result in immediate termination of the Program Membership.

8.4 Member acknowledges that Company bears no responsibility for the payment of (or contribution to) any use or sales tax that may be imposed by any state or federal taxing authority on the Services provided under the Program. Payment of such taxes, to the extent imposed, shall remain the sole responsibility of the Member.

8.5 Member understands that Member is responsible for paying the Tax Software Provider for their services rendered.

8.6 Member understands and agrees that the Tax Software Provider is an independent contractor, and that Company in no way is responsible for the Services provided by the Tax Software Provider.

8.7 Member understands and agrees that they will be enrolled as a member of the American Advantage Association to be eligible to receive the benefits of the Program.

8.8 Member understands and agrees that the Program is not insurance.

8.9 The Taxpayer represents and warrants that they have truthfully provided correct, accurate and complete information to the Tax Software Provider and to the best of Taxpayer's knowledge, the Taxpayer has truthfully, completely and accurately completed all tax return forms and due diligence worksheets and procedures in accordance with all applicable IRS and state (if applicable) rules, regulations, procedures, guidelines, publications and requirements, and that the Services provided under the Program are conditioned upon such completion.

9. Disclaimer: Failure to comply with procedure and strategy actions recommended by Company may result in an IRS and/or state (if applicable) ruling unfavorable to the Taxpayer. Failure or refusal to comply with requests or instructions from the IRS and/or state (if applicable) during the audit may result in adverse actions taken by the IRS to Taxpayer's detriment. In all cases, Company will not be held responsible for the outcome and reserves the right to cease providing services when reasonably warranted.

10. Disclaimer of Warranties: Company is not a Tax Software Provider or Tax Preparer, or a direct Provider of the tax services provided to Members other than the Program. ACCORDINGLY, COMPANY GIVES NO WARRANTY, EXPRESS OR IMPLIED, AS TO DESCRIPTION, QUALITY, MERCHANTABILITY, FITNESS FOR ANY PARTICULAR PURPOSE, PRODUCTIVENESS, OR ANY OTHER MATTER, FOR ANY SERVICES OR MERCHANDISE PURCHASED OR RECEIVED BY A MEMBER FROM A TAX SOFTWARE PROVIDER. MEMBER ACKNOWLEDGES THAT HE/SHE IS NOT RELYING ON COMPANY'S SKILL OR JUDGMENT IN SELECTING A TAX SOFTWARE PROVIDER FOR THE SERVICES PROVIDED TO MEMBERS BY THE TAX SOFTWARE PROVIDER. In the event any product or service (other than the Program) purchased or received by a Member from a Tax Software Provider is canceled, modified, defective, or otherwise unsatisfactory to the Member, the Member will look solely to the Provider, Seller, Merchant, or Manufacturer of the product or service for any repair, exchange, refund, or satisfaction of claim.

11. General Release: Each Member who uses the Services under the Program membership hereby forever releases, acquits and discharges Company and their employees, agents and affiliates from any and all liabilities, claims, demands, actions, and causes of action that such Member or Member's legal representative(s) may have by reason of any monetary damage or personal injury sustained as a result of or during the course of the use of any and all Services under the Program. The sole recourse available to a Member or Member's legal representative(s) against Company shall be cancellation of the Program membership as provided in Section 7 and any refund available as provided in Section 7.

12. Notices: Any and all notices, consents, approvals, requests, and other written communications given or required under the terms of this Agreement shall be deemed to have been duly given and served when sent by email, U.S. Postal mail, postage prepaid and addressed to the Member, at the address provided by the Member.

13. Entire Agreement: This Agreement sets forth the entire agreement and understanding of the parties with regard to membership in the Program. No representations, inducements, promises or agreements, or otherwise, shall be of any force or effect. The validity or unenforceability of any term of this Agreement shall in no way affect the validity or enforceability of any other terms or provisions of this Agreement. Member Acknowledges that **THE PROGRAM IS NOT INSURANCE.**

14. Binding Effect: This Agreement shall be binding upon and inure to the benefit of the parties as well as their respective successors and permitted assigns.

15. Governing Law: This Agreement shall be governed and construed in accordance with the laws of the State of North Carolina regardless of any application of principles regarding conflicts of laws.

16. Headings: The headings or captions provided throughout this Agreement are for reference purposes only and shall in no way affect the meaning or interpretation of this Agreement.

17. Waiver of Breach: Waiver of breach of any provision of this Agreement shall not be deemed a waiver of any other breach of the same or different provision.

Identity Theft Restoration Program Membership Agreement

Services provided by Company under the Program: From the date the IRS and/or state (if applicable) has acknowledged transmission of your **Return** and **Company** receives payment of the **Company Program Fee** and for a period of one (1) year (the Membership Term), **Company** will provide the **Taxpayer** with the following services (collectively, the "Services"):

Identity Theft Restoration: Taxpayer is provided with toll free telephone access to Identity Theft Restoration Advocates who will provide **Taxpayer** with the following recovery services:

- Investigate and confirm the fraudulent activity, including known, unknown and potentially complicated additional sources of identity theft.
- Complete and mail customized, pre-populated, state specific "Fraud Packet" via certified mail with pre-paid return instructions.
- Place phone calls, send electronic notifications, and prepare appropriate documentation on the member's behalf, including dispute letters for defensible complaints to any and all appropriate state agencies and financial institutions.
- Issue fraud alerts and victim statements when necessary, with the three consumer credit reporting agencies, the FTC, SSA, and U.S. Postal Service.
- Submit Special Limited Power of Attorney and ID Theft Affidavit to involved creditors for card cancellation and new card issuance.
- Contact, follow up and escalate issues with affected agencies, creditors, financial institutions, to reinforce member's rights.
- Assist the member in notifying local law enforcement authorities to file the appropriate official reports.
- Utilize real time access to public records reports including DMV, criminal, address changes, liens, and judgments for further investigation where applicable.
- Provide peace of mind and resolution of key issues from start to finish as swiftly as possible.
- Provide members with a "Case Completion Kit" including copies of documentation, correspondence, forms and letters for their personal records.
- Provide daily identity monitoring with all three credit bureaus for six months.

Unlimited Legal Care at Discounted Rates:

As an Identity theft victim, **Member** is also provided access to a proprietary attorney network that will represent **Member** at the low hourly rate of \$125.00, or when appropriate, 40% off their usual and customary hourly rate, for all extended legal care. **Member** may use **Program** to prosecute identity theft thieves. This **Program** provides unlimited discounted legal care, at capped hourly rates, enabling **Member** to both defend yourself and prosecute thieves.

The Services are subject to change, modification, or substitution at any time without notice to the **Member**. In order to receive Services, a **Member** must access the services as instructed within the Membership materials provided.

Upon receipt of the payment of the Company Program Fees, your membership will be activated. If you have questions, you can contact us at 866-942-8348.

Worksheet for Schedule 8812, Line 5

Schedule 8812

(Keep for your records)

2021

Name(s) as shown on return

Tax ID Number

venkata puvvada & Lakshmi Atmakuri

899-16-6542

1. Multiply Schedule 8812, line 4b, by \$3,600	1.	3,600
2. Multiply Schedule 8812, line 4c, by \$3,000	2.	
3. Add line 1 and line 2	3.	3,600
4. Multiply Schedule 8812, line 4a, by \$2,000	4.	2,000
5. Subtract line 4 from line 3	5.	1,600
6. Enter the amount shown below for your filing status		
• Married filing jointly - \$12,500		
• Qualifying widow(er) - \$2,500		
• Head of household - \$4,375		
• All other filing statuses - \$6,250	6.	12,500
7. Enter the smaller of line 5 or line 6	7.	1,600
8. Enter the amount shown below for your filing status		
• Married filing jointly or Qualifying widow(er) - \$150,000		
• Head of household - \$112,500		
• All other filing statuses - \$75,000	8.	150,000
9. Subtract line 8 from Schedule 8812, line 3		
• If zero or less, enter -0-		
• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000		
For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc	9.	22,000
10. Multiply line 9 by 5% (0.05)	10.	1,100
11. Enter the smaller of line 7 or line 10	11.	1,100
12. Subtract line 11 from line 3. Enter on Schedule 8812, line 5	12.	2,500

Worksheet for Form 2210, Part III, Section B - Figure the Penalty

(Keep for your records)

2021

Name(s) as shown on return

Tax ID Number

venkata puvvada & Lakshmi Atmakuri

899-16-6542

Complete Rate Period 1 of each column before going to the next column; then go to Rate Periods 2, 3, and 4 in the same manner. If multiple estimated tax payments are applied to the underpayment amount in a column of line 1a, you'll need to make more than one computation for that column.

		Payment Due Dates				
		(a) 04/15/21	(b) 06/15/21	(c) 09/15/21	(d) 01/15/22	
1a	Enter your underpayment from Part III, Section A, line 17	1a	904	1,808	2,712	3,616
1b	Date and amount of each payment applied to the underpayment in the same column. Don't enter more than the underpayment amount on line 1a for each column (see instructions). Note. Your payments are applied in the order made first to any underpayment balance in an earlier column until that underpayment is fully paid.	1b	06-15-2021 904	09-15-2021 1,808	01-15-2022 2,712	03-09-2022 3,616
Rate Period 1: April 16, 2021 - June 30, 2021						
2	Computation starting dates for this period	2	04/15/21	06/15/21		
3	Number of days from the date on line 2 to the date the amount on line 1a was paid or 6/30/21, whichever is earlier	3	Days: 61	Days: 15		
4	Underpayment on line 1a x $\frac{\text{Number of dayson line 3}}{365}$ x 0.03	4	\$ 5	\$ 2		
Rate Period 2: July 1, 2021 - September 30, 2021						
5	Computation starting dates for this period	5	06/30/21	06/30/21	09/15/21	
6	Number of days from the date on line 5 to the date the amount on line 1a was paid or 9/30/21, whichever is earlier	6	Days:	Days: 77	Days: 15	
7	Underpayment on line 1a x $\frac{\text{Number of dayson line 6}}{365}$ x 0.03	7	\$	\$ 11	\$ 3	
Rate Period 3: October 1, 2021 - December 31, 2021						
8	Computation starting dates for this period	8	09/30/21	09/30/21	09/30/21	
9	Number of days from the date on line 8 to the date the amount on line 1a was paid or 12/31/21, whichever is earlier	9	Days:	Days:	Days: 92	
10	Underpayment on line 1a x $\frac{\text{Number of dayson line 9}}{365}$ x 0.03	10	\$	\$	\$ 21	
Rate Period 4: January 1, 2022 - April 15, 2022						
11	Computation starting dates for this period	11	12/31/21	12/31/21	12/31/21	01/15/22
12	Number of days from the date on line 11 to the date the amount on line 1a was paid or 4/15/22, whichever is earlier	12	Days:	Days:	Days: 15	Days: 53
13	Underpayment on line 1a x $\frac{\text{Number of dayson line 12}}{365}$ x 0.03	13	\$	\$	\$ 3	\$ 16
14	Penalty. Add all amounts on lines 4, 7, 10, and 13 in all columns. Enter the total here and on line 19 of Part III, Section B	14	\$	\$	\$ 3	\$ 61

Computation of Regular Tax

(This page is not filed with the return. It is for your records only.)

2021

Name(s) as shown on return

Tax ID Number

venkata puvvada & Lakshmi Atmakuri

899-16-6542

Statement for line 16 of Form 1040

Tax Rate Schedule for Married Filing Joint Filing Status

If taxable income is				of the	
over	but not over	pay	plus	% on excess	amount over
0	19,900	0.00		10%	0
19,900	81,050	1,990.00		12%	19,900
81,050	172,750	9,328.00		22%	81,050
172,750	329,850	29,502.00		24%	172,750
329,850	418,850	67,206.00		32%	329,850
418,850	628,300	95,686.00		35%	418,850
628,300	168,993.50		37%	628,300

$$\$9,328.00 + ((\$146,896.00 - \$81,050.00) \times 22.0\%) = \$23,814$$

Tax from Tax Rate Schedule \$ 23,814

\$ 23,814 Tax computed using only available method

Health Savings Accounts (HSAs)

Department of the Treasury
Internal Revenue Service

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

2021
Attachment
Sequence No. **52**

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

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶ **899-16-6542**

venkata puvvada & Lakshmi Atmakuri

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

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

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2021. See instructions ▶	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family
2	HSA contributions you made for 2021 (or those made on your behalf), including those made from January 1, 2022, through April 15, 2022, that were for 2021. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	3,300
3	If you were under age 55 at the end of 2021 and, on the first day of every month during 2021, you were, or were considered, an eligible individual with the same coverage, enter \$3,600 (\$7,200 for family coverage). All others , see the instructions for the amount to enter	3	7,200
4	Enter the amount you and your employer contributed to your Archer MSAs for 2021 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2021, also include any amount contributed to your spouse's Archer MSAs	4	
5	Subtract line 4 from line 3. If zero or less, enter -0-	5	7,200
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2021, see the instructions for the amount to enter	6	7,200
7	If you were age 55 or older at the end of 2021, married, and you or your spouse had family coverage under an HDHP at any time during 2021, enter your additional contribution amount. See instructions	7	
8	Add lines 6 and 7	8	7,200
9	Employer contributions made to your HSAs for 2021	9	3,300
10	Qualified HSA funding distributions	10	
11	Add lines 9 and 10	11	3,300
12	Subtract line 11 from line 8. If zero or less, enter -0-	12	3,900
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13	13	3,300

Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.

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

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

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

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

**Excess Social Security - Nonrailroad Employees
Worksheet - Form 1040, Schedule 3, Line 11**

(Keep for your records)

2021

Name(s) as shown on return

Tax ID Number

venkata puvvada

899-16-6542

If you are filing a joint return, you must figure any excess tax withheld separately for each spouse. DO NOT combine amount of both husband and wife.

1. Add all social security tax withheld (but not more than \$8,854 for each employer). This tax should be shown in box 4 of your Forms W-2. Enter the total here	1.	<u>9,950</u>
2. Enter any uncollected social security tax on tips or group-term life insurance on Form 1040 or Form 1040-SR, Schedule 2, line 13	2.	<u> </u>
3. Add lines 1 and 2. If \$8,854 or less, stop here. You cannot claim the credit	3.	<u>9,950</u>
4. Social security limit	4.	<u>\$8,854</u>
5. Excess. Subtract line 4 from line 3	5.	<u>1,096</u>

Estimated Tax Worksheet for Next Year

(Keep for your records)

2021

Name(s) as shown on return

Tax ID Number

venkata puvvada & Lakshmi Atmakuri

899-16-6542

1. Wages	1.		
2. Interest and Dividend income	2.		
3. Capital gain income	3.		
4. Taxable IRA/Pension income	4.		
5. Taxable Social Security income	5.		
6. Business income	6.		
7. Other income	7.		
8. Total income (add lines 1 thru 7)	8.		
9. Adjustments to income	9.		
10. Adjusted gross income (subtract line 9 from line 8)	10.		
11a. Itemized deductions	11a.		
11b. Standard deduction	11b.		
12. Taxable income (subtract the larger of line 11a or 11b from line 10)	12.		
13. Estimated Section 199A deduction for qualified trade or business income	13.		
14. Projected taxable income (subtract line 13 from line 12)	14.		
15. Projected Tax	15.		
16. Alternative Minimum Tax	16.		
17. Total tax	17.		
18a. Child Tax Credit and Other Dependent Credit	18a.		
18b. Other projected Credits	18b.		
18c. Total projected credits	18c.		
19. Subtract line 18d from line 17	19.		
20. Projected SE Tax - Taxpayer	20.		
21. Projected SE Tax - Spouse	21.		
22. Other taxes	22.		
23a. Add lines 19 through 22	23a.		
b. Earned income credit, additional child tax credit, fuel tax credit, net premium tax credit, refundable American opportunity credit, and refundable credit from Form 8885	23b.		
c. Total 2022 estimated tax. Subtract line 23b from line 23a. If zero or less enter -0-	23c.		
24a. Multiply line 23c by 90% (66 2/3% for farmers and fishermen)	24a.		
b. Required annual payment based on prior year's tax (see instructions) 110%	24b.	23,445	
c. Required annual payment to avoid a penalty. Enter the smaller of line 24a or 24b	24c.		23,445
25. Projected Withholding	25.		14,472
26. Projected Net Tax (subtract line 25 from line 24c)	26.		8,973

Estimates will be computed on \$8,973. This is line 26.

Use screen ETA to provide accurate estimates of next year's income, deductions, and credits. If screen ETA is used, lines 1-24a of this worksheet will be autofilled.

Form 1040 or 1040-SR

Investment Income for the Earned Income Credit

(Keep for your records)

2021

Name(s) as shown on return

Tax ID Number

venkata puvvada & Lakshmi Atmakuri

899-16-6542

Interest and Dividends

- 1. Enter any amount from Form 1040 or 1040-SR, line 2b ... 1. 174
2. Enter any amount from Form 1040 or 1040-SR, line 2a, plus any amount on Form 8814, line 1b ... 2.
3. Enter any amount from Form 1040 or 1040-SR, line 3b ... 3. 462
4. Enter the amount from Schedule 1 (Form 1040), line 8z, that is from Form 8814 if you are filing that form to report your child's interest and dividend income on your return. (If your child received an Alaska Permanent Fund dividend, use Worksheet 2, on the next page, to figure the amount to enter on this line.) ... 4.

Capital Gain Net Income

- 5. Enter the amount from Form 1040 or 1040-SR, line 7. If the amount on that line is a loss, enter -0- ... 5. 20,168
6. Enter any gain from Form 4797, Sales of Business Property, line 7. If the amount on that line is a loss, enter -0-. (But, if you completed lines 8 and 9 of Form 4797, enter the amount from line 9 instead.) ... 6.
7. Subtract line 6 of this worksheet from line 5 of this worksheet. (If the result is less than zero, enter -0-.) ... 7. 20,168

Royalties and Rental Income From Personal Property

- 8. Enter any royalty income from Schedule E, line 4, plus any income from the rental of personal property shown on Schedule 1 (Form 1040), line 8k. Subtract any expenses from Schedule E, line 20 related to royalty income, and any expenses from the rental of personal property deducted on Schedule 1, line 24z. (If the result is less than zero, enter -0-) ... 8.

Passive Activities

- 9. Enter the total of any net income from passive activities (such as income included on Schedule E, lines 26, 29a (col. (h)), 34a (col. (d)), or 40) and the total of any losses from passive activities (included on Schedule E, lines 26, 29b (col. (g)), 34b (col. (c)), or 40). (See instructions below for line 9.) (if zero or less, enter -0-) ... 9. 0
10. Adjustment from EIC screen ... 10.
11. Add the amounts on lines 1, 2, 3, 4, 7, 8, 9 and 10. Enter the total. This is your Investment Income ... 11. 20,804
12. Is the amount on line 11 more than \$10,000?
[X] Yes. You can't take the credit.
[] No. Go to Step 3 of the Form 1040 and 1040-SR instructions for line 27 to find out if you can take the credit (unless you are using this publication to find out if you can take the credit; in that case, go to Rule 7, next).

Instructions for line 9. In figuring the amount to enter on line 9, don't take into account any royalty income (or loss) included on line 26 of Schedule E or any amount included in your earned income. To find out if the income on line 26 or line 40 of Schedule E is from a passive activity, see the Schedule E instructions. If any of the rental real estate income (or loss) included on Schedule E, line 26, isn't from a passive activity, print "NPA" and the amount of that income (or loss) on the dotted line next to line 26.

Recovery Rebate Credit Worksheet

(keep for your records)

2021

Name(s) as shown on return

Tax ID Number

venkata puvvada & Lakshmi Atmakuri

899-16-6542

1.	Can you be claimed as a dependent on another person's 2021 return? If filing a joint return, go to line 2.		
	<input checked="" type="checkbox"/> No. Go to line 2.		
	<input type="checkbox"/> Yes. STOP You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30.		
2.	Does your 2021 return include a social security number that was issued on or before the due date of your 2021 return (including extensions) for you and, if filing a joint return, your spouse?		
	<input checked="" type="checkbox"/> Yes. Go to line 6.		
	<input type="checkbox"/> No. If you are filing a joint return, go to line 3. If you aren't filing a joint return, go to line 5.		
3.	Was at least one of you a member of the U.S. Armed Forces at any time during 2021, and does at least one of you have a social security number that was issued on or before the due date of your 2021 return (including extensions)?		
	<input type="checkbox"/> Yes. Your credit is not limited. Go to line 6.		
	<input type="checkbox"/> No. Go to line 4.		
4.	Does one of you have a social security number that was issued on or before the due date of your 2021 return (including extensions)?		
	<input type="checkbox"/> Yes. Your credit is limited. Go to line 6.		
	<input type="checkbox"/> No. Go to line 5.		
5.	Do you have any dependents listed in the <i>Dependents</i> section on page 1 of Form 1040 or 1040-SR for whom you entered a social security number that was issued on or before the due date of your 2021 return (including extensions) or an adoption taxpayer identification number?		
	<input type="checkbox"/> Yes. Enter zero on line 6 and go to line 7.		
	<input type="checkbox"/> No. STOP You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30.		
6.	Enter:		
	<ul style="list-style-type: none"> • \$1,400 if single, head of household, married filing separately, or qualifying widow(er), • \$1,400 if married filing jointly and you answered "Yes" to question 4, or • \$2,800 if married filing jointly and you answered "Yes" to question 2 or 3 	6.	2,800
7.	Multiply \$1,400 by the number of dependents listed in the <i>Dependents</i> section on page 1 of Form 1040 or 1040-SR for whom you entered a social security number that was issued on or before the due date of your 2021 return (including extensions) or an adoption taxpayer identification number	7.	1,400
8.	Add lines 6 and 7	8.	4,200
9.	Is the amount on line 11 of Form 1040 or 1040-SR more than the amount shown below for your filing status?		
	<ul style="list-style-type: none"> • Single or Married filing separately—\$75,000 • Married filing jointly or qualifying widow(er)—\$150,000 • Head of household—\$112,500 		
	<input checked="" type="checkbox"/> Yes. Enter the amount from line 11 of Form 1040 or 1040-SR and go to line 10	9.	171,996
	<input type="checkbox"/> No. Enter the amount from line 8 on line 12 and skip lines 10 and 11.		
10.	Is line 9 more than the amount shown below for your filing status?		
	<ul style="list-style-type: none"> • Single or married filing separately—\$80,000 • Married filing jointly or qualifying widow(er)—\$160,000 • Head of household—\$120,000 		
	<input checked="" type="checkbox"/> Yes. STOP You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30.		
	<input type="checkbox"/> No. Subtract line 9 from the amount shown above for your filing status	10.	
11.	Divide line 10 by the amount shown below for your filing status. Enter the result as a decimal (rounded to at least 2 places).		
	<ul style="list-style-type: none"> • Single or married filing separately—\$5,000 • Married filing jointly or qualifying widow(er)—\$10,000 • Head of household—\$7,500 	11.	
12.	Multiply line 8 by line 11	12.	
13.	Enter the amount, if any, of EIP 3 that was issued to you. If filing a joint return, include the amount, if any, of your spouse's EIP 3. You may refer to Notice 1444-C or your tax account information at IRS.gov/Account for the amount to enter here	13.	
14.	Recovery rebate credit. Subtract line 13 from line 12. If zero or less, enter -0-. If line 13 is more than line 12, you don't have to pay back the difference. Enter the result here and, if more than zero, on line 30 of Form 1040 or 1040-SR	14.	0

Summary of Estimates

2022

Name(s) as shown on return

Your SSN/EIN

venkata puvvada & Lakshmi Atmakuri

899-16-6542

Federal

Form: 1040-ES

Payment Schedule

Due Date	04-18-2022	06-15-2022	09-15-2022	01-17-2023	Total
Total Installment Amount	2,250	2,250	2,250	2,250	9,000
Overpayment Applied	0	0	0	0	0
Net Installment Due	2,250	2,250	2,250	2,250	9,000

Taxpayer Records

Amount Actually Paid					
Date Paid					
Check #/Confirmation					

2022 Form 1040-ES Estimated Tax Voucher and Filing Instructions
venkata puvvada & Lakshmi Atmakuri

Due date:

04-18-2022

Balance due:

\$2,250

Transaction method:

To pay by check or money order, write "2022 Form 1040-ES," your name, address, SSN or ITIN, and daytime phone number on the payment, make it payable to "United States Treasury," and mail to the address below. To pay using your bank account (at no extra cost to you), go to IRS.gov/Payments. To pay by credit or debit card (for a fee), go to 1040paytax.com.

Other information:

Detach the voucher below along the line and mail the voucher with your payment. Do not staple or attach the payment to the voucher.

Mail-to address:

Internal Revenue Service
P.O. Box 931100
Louisville, KY 40293-1100

Taxpayer records:

Amount paid _____
Check number _____
Date mailed _____

(Cut here)

Form 1040-ES (OCR)

2022

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0074

Estimated Tax

**Payment
Voucher 1**

Calendar year -
Due April 18, 2022

- ▶ Make your check or money order payable to "United States Treasury."
- ▶ Enter your SSN and "2022 Form 1040-ES" on your payment.
- ▶ If your name, address, or SSN is incorrect, see instructions.

**Amount of estimated tax you are
paying by check or money order.**

2,250

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

1024

venkata puvvada & Lakshmi Atmakuri
2515 john eppes rd APT 204
Herndon, VA 20171

P.O. Box 931100
Louisville, KY 40293-1100

899166542 TJ PUVV 30 0 202212 430

2022 Form 1040-ES Estimated Tax Voucher and Filing Instructions
venkata puvvada & Lakshmi Atmakuri

Due date:

06-15-2022

Balance due:

\$2,250

Transaction method:

To pay by check or money order, write "2022 Form 1040-ES," your name, address, SSN or ITIN, and daytime phone number on the payment, make it payable to "United States Treasury," and mail to the address below. To pay using your bank account (at no extra cost to you), go to IRS.gov/Payments. To pay by credit or debit card (for a fee), go to 1040paytax.com.

Other information:

Detach the voucher below along the line and mail the voucher with your payment. Do not staple or attach the payment to the voucher.

Mail-to address:

Internal Revenue Service
P.O. Box 931100
Louisville, KY 40293-1100

Taxpayer records:

Amount paid _____
Check number _____
Date mailed _____

(Cut here)

Form 1040-ES (OCR)

2022

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0074

Estimated Tax

Payment
Voucher **2**

Calendar year -
Due June 15, 2022

- ▶ Make your check or money order payable to "United States Treasury."
- ▶ Enter your SSN and "2022 Form 1040-ES" on your payment.
- ▶ If your name, address, or SSN is incorrect, see instructions.

Amount of estimated tax you are
paying by check or money order.

2,250

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

1024

venkata puvvada & Lakshmi Atmakuri
2515 john eppes rd APT 204
Herndon, VA 20171

P.O. Box 931100
Louisville, KY 40293-1100

899166542 TJ PUVV 30 0 202212 430

2022 Form 1040-ES Estimated Tax Voucher and Filing Instructions
venkata puvvada & Lakshmi Atmakuri

Due date:

09-15-2022

Balance due:

\$2,250

Transaction method:

To pay by check or money order, write "2022 Form 1040-ES," your name, address, SSN or ITIN, and daytime phone number on the payment, make it payable to "United States Treasury," and mail to the address below. To pay using your bank account (at no extra cost to you), go to IRS.gov/Payments. To pay by credit or debit card (for a fee), go to 1040paytax.com.

Other information:

Detach the voucher below along the line and mail the voucher with your payment. Do not staple or attach the payment to the voucher.

Mail-to address:

Internal Revenue Service
P.O. Box 931100
Louisville, KY 40293-1100

Taxpayer records:

Amount paid _____
Check number _____
Date mailed _____

(Cut here)

Form 1040-ES (OCR)

2022

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0074

Estimated Tax

Payment
Voucher **3**

Calendar year -
Due Sept. 15, 2022

- ▶ Make your check or money order payable to "United States Treasury."
- ▶ Enter your SSN and "2022 Form 1040-ES" on your payment.
- ▶ If your name, address, or SSN is incorrect, see instructions.

Amount of estimated tax you are
paying by check or money order.

2,250

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

1024

venkata puvvada & Lakshmi Atmakuri
2515 john eppes rd APT 204
Herndon, VA 20171

P.O. Box 931100
Louisville, KY 40293-1100

899166542 TJ PUVV 30 0 202212 430

2022 Form 1040-ES Estimated Tax Voucher and Filing Instructions
venkata puvvada & Lakshmi Atmakuri

Due date:

01-17-2023

Balance due:

\$2,250

Transaction method:

To pay by check or money order, write "2022 Form 1040-ES," your name, address, SSN or ITIN, and daytime phone number on the payment, make it payable to "United States Treasury," and mail to the address below. To pay using your bank account (at no extra cost to you), go to IRS.gov/Payments. To pay by credit or debit card (for a fee), go to 1040paytax.com.

Other information:

Detach the voucher below along the line and mail the voucher with your payment. Do not staple or attach the payment to the voucher.

Mail-to address:

Internal Revenue Service
P.O. Box 931100
Louisville, KY 40293-1100

Taxpayer records:

Amount paid _____
Check number _____
Date mailed _____

(Cut here)

Form 1040-ES (OCR)

2022

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0074

Estimated Tax

Payment
Voucher **4**

Calendar year -
Due Jan. 17, 2023

- ▶ Make your check or money order payable to "United States Treasury."
- ▶ Enter your SSN and "2022 Form 1040-ES" on your payment.
- ▶ If your name, address, or SSN is incorrect, see instructions.

Amount of estimated tax you are
paying by check or money order.

2,250

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

1024

venkata puvvada & Lakshmi Atmakuri
2515 john eppes rd APT 204
Herndon, VA 20171

P.O. Box 931100
Louisville, KY 40293-1100

899166542 TJ PUVV 30 0 202212 430

Account Transaction Summary

2021

Name(s) as shown on return

Your ID Number

venkata puvvada & Lakshmi Atmakuri

XXX-XX-6542

Account #1

Financial Institution Chase Bank
Routing Transit Number 044000037
Account Number 804609185
Account Type checking

Federal Main Form
Federal Debit (5,807) **Date of Debit** 03-09-2022

State Main Form(s)
VA Debit (866) **Date of Debit** 03-09-2022

Net Debit (6,673)

PLEASE VERIFY BANK INFORMATION

- 1. Bank Name
- 2. Bank Routing Transit Number
- 3. Bank Account Number
- 4. Bank Account Type

This information is used to deposit your refund or to pay any amount due. If you have provided incorrect information, or you have closed the account, you are responsible.

I have reviewed the above information and certify that this information is correct and authorize to use this account.

Your Signature

Date

Spouse's Signature (If Married Filing Jointly)

Date

Consent to Use of Tax Return Information

Efile.com ("we", "us", and "our")

Federal law requires this consent form be provided to you ("you" refers to each taxpayer, if more than one). 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 service. 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.

For your convenience, we have entered into an arrangement with certain third parties to offer financial products. To determine whether these services may be of interest to you, we will need to use your tax return information.

If you would like us to use your tax return information to determine whether these products are relevant to you, please sign and date this consent to the use of your tax return information.

By typing in your full name (type in both taxpayers' names if this is a joint consent) in the boxes indicated below and then clicking "Accept," you (including each of you if there is more than one taxpayer) authorize us to use the information you provide to us during the preparation of your 2021 tax return to determine whether to present you with the opportunity to apply for an electronic disbursement service and/or loan.

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) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

Please print this completed consent or save it in electronic form.

Enter venkata's full name here:

venkata puvvada

Enter Lakshmi NagaSusmitha's full name here:

Lakshmi NagaSusmitha Atmakuri

Today's date:

03-08-2022

Consent to Disclosure of Tax Return Information

Efile.com ("we", "us", and "our")

Federal law requires this consent form be provided to you ("you" refers to each taxpayer, if more than one). 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.

You have indicated you are interested in obtaining information on one or more of the following services and authorize us to disclose your 2021 tax return information to the following recipients for the following purposes:

You have indicated that you are interested in receiving an Electronic Disbursement Service and/or Loan (or collectively, "Products or Services") from EPS Financial, a division of Metabank. In order to provide you with the opportunity to apply for one of these Products or Services, we must disclose all of your 2021 tax return information necessary for evaluating the request to EPS Financial. If you request a more limited disclosure of tax return information, you will not be eligible to submit an application request for these Products or Services. If you would like us to disclose your 2021 tax return information for this purpose, please sign and date your consent to the disclosure of your tax return information.

To Protection Plus for the purpose of processing enrollment for audit assistance and/or identity theft restoration.

You may request a more limited disclosure of tax return information, provided that you authorize disclosure of all the information required by the product providers to consider your application. If you would like us to disclose your **2021** tax return information to these providers for this purpose, please provide the information requested below and sign your consent to the disclosure of your tax return information.

By typing in your full name (type in both taxpayers' names if this is a joint consent) in the boxes indicated below and then clicking "Accept," you (including each of you if there is more than one taxpayer) authorize us to disclose to the product providers all of your 2021 tax return information to process your application for these respective services.

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) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

Please print this completed consent or save it in electronic form.

Enter venkata's full name here:

venkata puvvada

Enter Lakshmi NagaSusmitha's full name here:

Lakshmi NagaSusmitha Atmakuri

Today's date:

03-08-2022

CONSENT TO DISCLOSURE OF TAX RETURN INFORMATION

_____ ("we," "us," and "our")

Printed name of tax preparer

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.

You have indicated that you are interested in purchasing audit protection from Tax Protection Plus, LLC. In order to facilitate this agreement, we must disclose your 2021 tax return information to Tax Protection Plus, LLC. You may request a more limited disclosure of tax return information, but you will not be eligible to purchase audit protection.

If you would like us to disclose your 2021 tax return information to Tax Protection Plus, LLC for this purpose, please sign and date your consent to the disclosure of your tax return information.

By signing below, you (including each of you if there is more than one taxpayer) authorize us to disclose to Tax Protection Plus, LLC your 2021 tax return information necessary so that they can evaluate and process your request for an audit protection product. You understand that if you are not willing to authorize us to share your tax information with Tax Protection Plus, LLC, you will not be able to obtain an audit protection product, but you can still choose to have your tax return prepared and filed by us for a fee.

Printed name of taxpayer: venkata puvvada

Taxpayer signature: _____ Date: 03-08-2022

Printed name of joint taxpayer: Lakshmi NagaSusmitha Atmakuri

Joint taxpayer signature: _____ Date: 03-08-2022

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) by telephone at 1-800-366-4484, or by e-mail at complaints@tigta.treas.gov.

Department of the Treasury
Internal Revenue Service

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

2021
Attachment
Sequence No. **12A**

Name(s) shown on return: **venkata puvvada & Lakshmi Atmakuri**
Social security number or taxpayer identification number: **899-16-6542**

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

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

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

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	2700 sh. context logic	06-21-2021	06-22-2021	35,572	31,200			4,372
	50 sh of Integrated media technology	06-29-2021	07-09-2021	242	221	O	(21)	
	300 sh. sofi tech	06-29-2021	10-18-2021	6,005	5,910			95
	420. sh of NOKIA	VARIOUS	07-13-2021	2,482	2,493			(11)
	266 sh of XSPA	VARIOUS	01-27-2021	721	2,125			(1,404)
	30 sh of Direcction etf trust	VARIOUS	01-27-2021	1,194	2,094			(900)
	5 sh of KPTI CALL	12-21-2020	01-15-2021		350			(350)
	2000 sh of METEN HOLDING GROUP	10-26-2021	10-26-2021	1,192	1,180	O	(12)	
	2 sh of CRSR CALLS	VARIOUS	06-23-2021	366	343			23
	59 shares of GME	05-13-2021	05-13-2021	9,675	9,607			68
	100. sh of NEPTUNE WELLNESS	02-09-2021	02-09-2021	244	234	O	(10)	
	3 sh. CVS calls	10-25-2021	11-03-2021	330	105			225
	3450. sh of ORPH	VARIOUS	06-16-2021	53,719	52,248			1,471
	10sh. FCEL CALLS	10-19-2021	11-01-2021	80	380			(300)
2	Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ►							

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

Sales and Other Dispositions of Capital Assets

Department of the Treasury
Internal Revenue Service

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

2021
Attachment
Sequence No. **12A**

Name(s) shown on return **venkata puvvada & Lakshmi Atmakuri** Social security number or taxpayer identification number **899-16-6542**

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

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

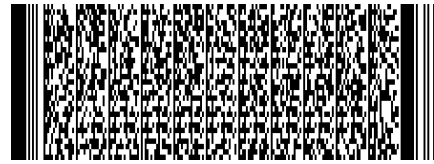
Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	28 sh. Charge point holdings	11-01-2021	11-01-2021	164	140			24
	100 shares of GOVX	02-09-2021	08-19-2021	640	640			
	3 sh. PDLI BIOPHARMA INC	12-24-2020	01-15-2021		188			(188)
	250 shares of OLB	10-26-2021	11-02-2021	1,262	1,238			24
	1000 shares of RIG	06-23-2021	06-23-2021	4,480	4,430			50
	199 shares of xpev	05-13-2021	06-09-2021	7,655	4,692	0	(2,963)	
	90 sh. Bank of Montreal	07-16-2020	01-27-2021	382	1,512			(1,130)
	10 sh. Las vegas sands corp	06-30-2021	07-16-2021	479	485			(6)
	127 sh. of DIGITAL WORLD ACQUISITION CORP	10-21-2021	10-21-2021	4,627	1,397			3,230
	1. sh of Amazon option	04-29-2021	04-30-2021	1	121			(120)
	405 sh. of TORCHLIGHT	VARIOUS	06-21-2021	4,120	1,411			2,709
	5000.sh of INVESCO MORTGAGE CAPITAL	06-09-2021	06-09-2021	23,349	21,250			2,099
	500 sh. ITRM	02-09-2021	02-09-2021	1,325	1,150	0	(175)	
	2 calls of BTCM	10-15-2021	11-19-2021	2	200			(198)
2	Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ►			228,634	212,214		3,748	20,168

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



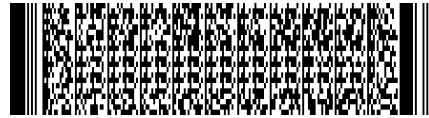
venkata puvvada
 Lakshmi Naga Atmakuri
 2515 john eppes rd APT 204

Herndon VA 20171

SSN - You	PUVV	899166542	Vendor ID	1024
SSN - Spouse	ATMA	756832951		
Fed Adj Gross Income (FAGI)	1.	171996.	Withholding (VA) - You	19A. 8035.
Additions	2.		Withholding (VA) - Spouse	19B.
Subtotal	3.	171996.	Estimated Payments	20.
Age Deduction - You	4A.		2020 Overpayment	21.
Age Deduction - Spouse	4B.		Extension Payments	22.
Soc Sec & Tier 1 Railroad	5.		Credit - Low-Income or EIC	23.
State Income Tax Overpayment	6.		Credit - Schedule OSC	24.
Subtractions	7.		Credits - Schedule CR	25.
Subtotal Subtractions	8.		Total Payments / Credits	26. 8035.
Total VA Adj Gross Income (VAGI)	9.	171996.	Tax You Owe	27. 866.
Itemized Deductions - VA Sch A	10.		Tax Overpayment	28.
Standard Deduction	11.	9000.	Overpayment Credited to Next Year	29.
Exemptions	12.	3720.	VAC - Virginia 529 / ABLE	30.
Deductions	13.		VAC - Other Contributions	31.
Subtotal (Deductions & Exemptions)	14.	12720.	Addition to Tax, Penalty & Interest	32.
VA Taxable Income	15.	159276.	Sales and Use Tax	33.
Amount of Tax	16.	8901.	Amount You Owe	866.
Spouse Tax Adjustment (STA)	17.		Will Pay by Credit/Debit Card	N
VAGI - Spouse	17A.		Your Refund	
Net Amount of Tax	18.	8901.	Bank Routing #	
			Bank Account #	



899166542



Filing Status, Age & License Information

Additional Filing Information

Filing Status 2
 Federal Head of Household
 DOB - You 08101986
 VA Driver's License ID - You B60834029
 VA Driver's License - Iss. Date - You 12262021
 Spouse Name (Filing Status 3 Only)
 DOB - Spouse 06281992
 VA Driver's License ID - Spouse
 VA Driver's License - Iss. Date - Spouse

Locality 059
 Uninsured & Authorize DMAS
 Name or Filing Status Change
 Address Change
 VA Return Not Filed Last Year
 Dependent on Another's Return
 Farmer / Fisherman / Merchant Seaman
 Amended
 Reason Code
 Overseas on Due Date
 Federal EIC & Amount
 Deceased Indicator
 No Sales & Use Tax Due Indicator X
 Obtain Electronic 1099G
 ID Theft PIN

Exemptions (A)

Exemptions (B)

You 1 65 & Over - You
 Spouse 1 65 & Over - Spouse
 Dependents 2 Blind - You
 Total (A) 4 Blind - Spouse
 Total (B)

Contact Information

I (We), the undersigned, declare under penalty of law that I (we) have examined this return & to the best of my (our) knowledge, it is a true, correct & complete return. If you are requesting direct deposit of your refund by providing bank information on your return, you are certifying that the information provided is for a domestic account within the territorial jurisdiction of the United States.

Signature - You _____ Date
 Signature - Spouse _____ Date
 Signature - Preparer _____ Date

Phone - You 5157241682 5157241682
 Phone - Spouse
 Phone - Preparer

The Tax Department may discuss my/our return with my/our preparer.

Preparer Information 0

File by May 1, 2022
 Include Page 1, Page 2 and all supporting 760CG documents.

2021 Schedule INC/CG

Report all W-2s, 1099s, & VK-1s with VA Withholding



899166542

venkata puvvada
Lakshmi Naga Atmakuri

Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
899166542	W	1642.	472251058	30472251058F001	31556.
899166542	W	6393.	541450219	30-541450219F-0	122936.

Total VA Withholding	SSN	VA Withholding
You	899166542	8035.
Spouse		

Total # of W-2s, 1099s & VK-1s 2

**DO NOT SEND THIS VA-8453 TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS.
IT MUST BE MAINTAINED IN YOUR FILES!**

Virginia Submission Identification Number (SID)

First Name & Middle Initial (if joint or combined return, enter both)															Last Name										B Your Social Security Number									
venkata & Lakshmi Naga															puvvada Atmakuri										899-16-6542									
Present Home Address															A Spouse's Social Security Number																			
2515 john eppes rd APT 204															756-83-2951																			
City, State and Zip Code															Online Filed Return																			
Herndon, VA 20171															<input checked="" type="checkbox"/>																			

Part I Tax Return Information		A Spouse	B Yourself
1. Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1)			171996
2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)			171996
3. Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)			159276
4. Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)			8901
5. Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)			8035
6. Amount you Owe (Form 760CG, Line 35; Form 760PY, Line 35; Form 763, Line 35)			866
7. Refund (Form 760CG, Line 36; 760PY, Line 36; Form 763, Line 36)			

Part II Declaration of Taxpayer

8a. I consent that my refund be directly deposited as designated on my 2021 Virginia income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund. I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process.

8b. I do not want direct deposit of my refund or I am not receiving a refund. I choose to have a check mailed to me.

8c. I authorize the Virginia Department of Taxation (Virginia Tax) and its designated Financial Agent to initiate an ACH electronic funds withdrawal entry to the financial institution account indicated on my 2021 Virginia income tax return for payment of my state taxes owed on this return and/or a payment of estimated tax. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process.

I declare under penalties of perjury that I have compared the information on my return with the information I have provided to my electronic return originator and that the amounts described in Part I above agree with the amounts shown on the corresponding lines of my 2021 Virginia individual income tax return. To the best of my knowledge and belief, my return is true, correct and complete. I consent that my return including this declaration and accompanying schedules and statements be sent to the Internal Revenue Service (IRS) by my electronic return originator (ERO) and by the IRS to Virginia Tax. This declaration is to be retained by the ERO or transmitter as validation of my electronically filed Virginia income tax return. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.

_____	_____	_____	_____
Your Signature	Date	Spouse's Signature (If Filing Status 2 or 4, BOTH must sign)	Date

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer

I declare that I have reviewed the above taxpayer's return and that the entries on this form are complete and correct to the best of my knowledge. I have obtained the taxpayer's signature on Form VA-8453 before submitting this return to the Internal Revenue Service (IRS) and Virginia Tax. I have provided the taxpayer with a copy of all forms and information to be filed with the IRS and Virginia Tax and have followed all other requirements as described in Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2021) and any requirements specified by Virginia Tax. If I am also the Paid Preparer, under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which preparer has any knowledge. EROs and paid preparer can sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.

ERO's Signature	Date	SSN/PTIN
Firm's name (or yours if self-employed)		Paid Preparer? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Self-employed? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Address, City, State and Zip		EIN
Paid Preparer's Signature		SSN/PTIN
Firm's name (or yours if self-employed)		Self-employed? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Address, City, State and Zip		EIN

VAWK_AGI

**For your records only.
Adjusted Gross Income Split Worksheet**

2021 AGI
FD/ST Summary

Name(s) as shown on state return
venkata puvvada & Lakshmi Atmakuri

Social Security Number
899-16-6542

Federal 1040 Income and Adjustments

Federal		State	
Col. A Spouse	Col. B Taxpayer	Col. A Spouse	Col. B Taxpayer

Federal 1040

1 Wages, salaries, tips, etc.	1	154,492	154,492
2b Taxable interest	2b	174	174
3b Ordinary dividends	3b	462	462
4b Taxable amount of IRA distributions	4b		
5b Taxable amount of Pensions and annuities	5b		
6b Taxable amount of Social security benefits	6b		
7 Capital gain or (loss)	7	20,168	20,168
8 Other income from Schedule 1	8		
9 Total income (Sum of Lines 1-8)	9	175,296	175,296
10 Adjustments to income from Schedule 1	10	3,300	3,300
11 Adjusted Gross Income (line 9 - line 10)	11	171,996	171,996

Schedule 1 - Additional Income

1 Taxable refunds, credits, or offsets of state and local income taxes	1		
2a Alimony received	2a		
3 Business income or (loss)	3		
4 Other gains or (losses)	4		
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc.	5		
6 Farm income or (loss)	6		
7 Unemployment compensation	7		
8 Other income.	8		
10 Total Additional Income (Sum of lines 1-8)	10		

Schedule 1 - Adjustments to Income

11 Educator Expenses	11		
12 Certain business expenses of reservists, performing artists, & fee-basis gov. officials	12		
13 Health savings account deduction	13	3,300	3,300
14 Moving expenses	14		
15 Deductible part of self-employment tax	15		
16 Self-employed SEP, SIMPLE, and qualified plans	16		
17 Self-employed health insurance deduction	17		
18 Penalty on early withdrawal of savings	18		
19a Alimony paid	19a		
20 IRA deduction	20		
21 Student loan interest deduction	21		
22 Reserved	22		
23 Archer MSA Deduction	23		
24 Other Deductions (see STWK_ADJ)	24		
26 Total Adjustments to income (Sum of lines 11-24)	26	3,300	3,300

VAWK_D

For your records only.
Capital Gains and Losses Worksheet

2021
STATE D Summary

Name(s) as shown on state return
venkata puvvada & Lakshmi Atmakuri

Social Security Number
899-16-6542

Part I Short-Term Capital Gains and Losses

Spouse Taxpayer Total

- Line 1a Totals for all ST 1099-B transactions reported to the IRS
Line 1b Transactions reported on 8949 with Box A checked
Line 2 Transactions reported on 8949 with Box B checked
Line 3 Transactions reported on 8949 with Box C checked
Line 4 Federal 6252 Short Term
Federal 4684 Short Term
Federal 6781 Short Term
Federal 8824 Short Term
Fed D2 ST Ln 4 (6252,4684,6781& 8824)
Line 5 Partnership, S-Corporation, Fiduciary
Fiduciary Final Year Deductions
Line 6 Federal Schedule D ST carryover amounts

Table with 3 columns: Spouse, Taxpayer, Total. Row 1b shows 20,168 for Taxpayer and Total.

Subtotal:

Subtotal row showing 20,168 for Taxpayer and Total.

Part II Long-Term Capital Gains and Losses

Spouse Taxpayer

- Line 8a Totals for all LT 1099-B transactions reported to the IRS
Line 8b Transactions reported on 8949 with Box D checked
Line 9 Transactions reported on 8949 with Box E checked
Line 10 Transactions reported on 8949 with Box F checked
Line 11 Federal 4797 Long Term
Federal 4797 Prior Year Unallowed Passive
Federal 4797 Sec 1231 from 6252
Federal 4797 Sec 1231 from 8824
Federal 2439 Long Term
Federal 6252 Long Term
Federal 4684 Long Term
Federal 6781 Long Term
Federal 8824 Long Term
Line 12 Partnership, S-Corporation, Fiduciary
Final Year Deductions from Fiduciary
Line 13 Capital Gain Distributions
Line 14 Federal Schedule D LT carryover amounts

Table with 3 columns: Spouse, Taxpayer, Total. All cells are empty for Part II.

Subtotal:

Subtotal row showing empty cells for Spouse, Taxpayer, and Total.

State's Computation

- Total Capital Gain or Loss
Limited Capital Gain or Loss (Amount carrying to the State)

Table with 3 columns: Spouse, Taxpayer, Total. Values: 20,168 and 20,168.

Special Note 1

When multiple Federal 6252s & 8824s are entered for business and personal properties, Overrides will be required.
You may enter individual Overrides on state Sch D screen. Please review the following lines to determine if an Override is necessary.

- * Line 4 - Federal 6252 Short Term
* Line 4 - Federal 8824 Short Term
* Line 11 - Federal 4797 Sec 1231 from 6252
* Line 11 - Federal 4797 Sec 1231 from 8824
* Line 11 - Federal 6252 Long Term
* Line 11 - Federal 8824 Long Term

VAWK_D

**For your records only.
Capital Gains and Losses Worksheet**

2021
FEDERAL D Summary

Name(s) as shown on state return
venkata puvvada & Lakshmi Atmakuri

Social Security Number
899-16-6542

Part I Short-Term Capital Gains and Losses

Spouse Taxpayer Total

Line 1a	Totals for all ST 1099-B transactions reported to the IRS			
Line 1b	Transactions reported on 8949 with Box A checked		20,168	20,168
Line 2	Transactions reported on 8949 with Box B checked			
Line 3	Transactions reported on 8949 with Box C checked			
Line 4	Federal 6252 Short Term			
	Federal 4684 Short Term			
	Federal 6781 Short Term			
	Federal 8824 Short Term			
	Fed D2 ST Ln 4 (6252,4684,6781& 8824)			
Line 5	Partnership, S-Corporation, Fiduciary			
	Fiduciary Final Year Deductions			
Line 6	Federal Schedule D ST carryover amounts			
Subtotal:			20,168	20,168

Part II Long-Term Capital Gains and Losses

Spouse Taxpayer

Line 8a	Totals for all LT 1099-B transactions reported to the IRS			
Line 8b	Transactions reported on 8949 with Box D checked			
Line 9	Transactions reported on 8949 with Box E checked			
Line 10	Transactions reported on 8949 with Box F checked			
Line 11	Federal 4797 Long Term			
	Federal 4797 Prior Year Unallowed Passive			
	Federal 4797 Sec 1231 from 6252			
	Federal 4797 Sec 1231 from 8824			
	Federal 2439 Long Term			
	Federal 6252 Long Term			
	Federal 4684 Long Term			
	Federal 6781 Long Term			
	Federal 8824 Long Term			
Line 12	Partnership, S-Corporation, Fiduciary			
	Final Year Deductions from Fiduciary			
Line 13	Capital Gain Distributions			
Line 14	Federal Schedule D LT carryover amounts			
Subtotal:				

State's Computation

Total Capital Gain or Loss		20,168	20,168
Limited Capital Gain or Loss (Amount carrying to the State)		20,168	20,168

Special Note 1

When multiple Federal 6252s & 8824s are entered for business **and** personal properties, Overrides **will** be required.
You may enter individual Overrides on state Sch D screen. Please review the following lines to determine if an Override is necessary.

- * Line 4 - Federal 6252 Short Term
- * Line 4 - Federal 8824 Short Term
- * Line 11 - Federal 4797 Sec 1231 from 6252
- * Line 11 - Federal 4797 Sec 1231 from 8824
- * Line 11 - Federal 6252 Long Term
- * Line 11 - Federal 8824 Long Term

VAWK_A5

State / Local tax payments made after 12/31/2021 that
will be deductible on 2022 Federal Schedule A

2021

Name(s) as shown on return

venkata puvvada & Lakshmi Naga Atmakuri

Your Social Security Number

899-16-6542

A. 2021 Income taxes due that were paid after 12/31/2021

A1. 4th quarter estimate/extension (may be adj. by refund) _____
A2. Amount paid with return 866
A3. Total payments made in 2022 **A.** 866

B. Adjustments made to payments

B1. Interest & Penalty _____
B2. Contributions, Donations, Checkoffs _____
B3. Other Tax payments (Use Tax, property tax, tangible tax, etc) _____
B4. Total adjustments **B.** _____

C. Total tax payments potentially deductible in 2022 (Line A less line B) **C.** 866