

**ABC ACCOUNTING & TAX SERVICES
3360 KNIGHTS ROAD
BENSALEM, PA 19020
215-639-5141**

March 3, 2022

RAMAKRISHNA SADHU and BINDU N NAMBURI
4005 BAILEY PARK DRIVE
CUMMING, GA 30041

Dear Ramakrishna and Bindu,

Your 2021 Federal Individual Income Tax return will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879 - IRS e-file Signature Authorization. No tax is payable with the filing of this return. The refund of \$2,847 will be directly deposited into your checking account.

Your 2021 Georgia Individual Income Tax Return will be electronically filed with the State of Georgia upon receipt of a signed Form GA-8453. No tax is payable with the filing of this return. The refund of \$944 will be directly deposited into your bank account.

Please be sure to call if you have any questions.

Sincerely,

MANISH JANI

RAMAKRISHNA SADHU AND BINDU N NAMBURI

023-88-4891

	2021	2020	Diff
INCOME			
Wages, salaries, tips, etc.....	155,861	150,720	5,141
Interest income.....	72	42	30
Total income.....	155,933	150,762	5,171
ADJUSTMENTS TO INCOME			
Total adjustments.....	0	0	0
Adjusted gross income.....	155,933	150,762	5,171
ITEMIZED DEDUCTIONS			
Taxes.....	10,000	8,229	1,771
Interest.....	7,603	495	7,108
Contributions.....	650	0	650
Total itemized deductions.....	18,253	8,724	9,529
TAX COMPUTATION			
Standard deduction.....	25,100	24,800	300
Charitable contr. if taking standard ded	600	0	600
Larger of itemized or standard deduction	25,700	24,800	900
Taxable income.....	130,233	125,962	4,271
Tax before credits.....	20,148	19,292	856
CREDITS			
Child tax credit & other dependent cr....	0	4,000	-4,000
Total credits.....	0	4,000	-4,000
Tax after credits.....	20,148	15,292	4,856
OTHER TAXES			
Total tax.....	20,148	15,292	4,856
PAYMENTS			
Federal income tax withheld.....	20,265	19,580	685
Refundable/Additional child tax credit...	2,730	0	2,730
Total payments.....	22,995	19,580	3,415
REFUND OR AMOUNT DUE			
Amount overpaid.....	2,847	4,288	-1,441
Amount refunded to you.....	2,847	4,288	-1,441
Amount you owe.....	0	0	0
TAX RATES			
Marginal tax rate.....	22.0%	22.0%	0.0%
Effective tax rate.....	15.5%	12.1%	3.4%

RAMAKRISHNA SADHU AND BINDU N NAMBURI

023-88-4891

	2021	2020	Diff
FEDERAL ADJUSTED GROSS INCOME			
Federal Adjusted Gross Income.....	155,933	150,762	5,171
SUBTRACTIONS FROM INCOME			
Total subtractions.....	600	0	600
ADJUSTED GROSS INCOME			
Adjustments from Schedule 1.....	-600	0	-600
Georgia modified adjusted gross income...	155,333	150,762	4,571
DEDUCTIONS & EXEMPTIONS			
Standard deduction.....	6,000	6,000	0
Georgia AGI less standard/itemized ded...	149,333	144,762	4,571
Exemption amount.....	13,400	13,400	0
Georgia taxable income.....	135,933	131,362	4,571
TAX CALCULATION			
Tax.....	7,581	7,318	263
Net tax.....	7,581	7,318	263
TAX PAYMENTS			
Georgia income tax withheld.....	8,525	8,229	296
Total prepayment credits.....	8,525	8,229	296
REFUND OR AMOUNT DUE			
Overpayment.....	944	911	33
Amount refunded to you.....	944	911	33
TAX RATES			
Marginal tax rate.....	5.8%	5.8%	0.0%
Effective tax rate.....	5.6%	5.6%	0.0%

Federal**2021 Federal Form 1040 Electronic Financial Transaction Information.**

The taxpayer will receive a refund of \$2,847 which will be deposited directly into the following account.

Name of Bank: BANK OF AMERICA
Routing Transit Number: 011000138
Account Number: *****7798
Account Type: Checking

Georgia**2021 Georgia GA Form 500 Electronic Financial Transaction Information.**

The taxpayer will receive a refund of \$944 which will be deposited directly into the following account.

Name of Bank: BANK OF AMERICA
Routing Transit Number: 011000138
Account Number: *****7798
Account Type: Checking

DO NOT MAIL

--- MUST BE ELECTRONICALLY FILED

FinCEN Form 114

Department of the Treasury
OMB no. 1506-0009

(Rev September 2013)

REPORT OF FOREIGN BANK AND FINANCIAL ACCOUNTS

Do NOT file with your Federal Tax Return

Do not use previous editions of this form

1 This report is for calendar year ended 12/31

2021

Amended

Part I Filer information

2 Type of Filer

a [X] Individual b [] Partnership c [] Corporation d [] Consolidated e [] Fiduciary or Other - Enter type

3 U.S. Taxpayer Identification Number

023884891

If filer has no U.S. Identification Number complete Item 4

3a TIN type

[X] SSN/ITIN

[] EIN

4 Foreign identification (Complete only if item 3 is not applicable)

a Type: [] Passport [] Foreign TIN [] Other

b Number c Country of Issue

5 Individual's date of birth MM/DD/YYYY

7/21/1977

6 Last Name or Organization Name

SADHU

7 First Name

RAMAKRISHNA

8 Middle Initial 8a Suffix

9 Mailing address (number, street, and apartment or suite number)

4005 BAILEY PARK DRIVE

10 City

CUMMING

11 State

GA

12 ZIP/Postal Code

30041

13 Country

US

14a Does the filer have a financial interest in 25 or more financial accounts?

[] Yes Enter total number of accounts Do not complete Part II or Part III, but maintain records of the information.
[X] No

14b Does the filer have signature authority over but no financial interest in 25 or more financial accounts?

[] Yes Enter total number of accounts Complete Part IV, items 34 through 43 for each person on whose behalf the filer has signature authority.
[X] No

Part II Information on financial account(s) owned separately

15 Maximum value of account during calendar year (See instructions under Monetary amounts, step 2)

15a Amount unknown

16 Type of account a [] Bank b [] Securities c [] Other - Enter type below

17 Name of Financial Institution in which account is held

Part II information will print on page 2

18 Account number or other designation

19 Mailing address (number, street, or suite number) of financial institution in which account is held

20 City

21 State, if known

22 Foreign postal code, if known

23 Country

Signature

44a Check here [X] if this report is completed by a third party preparer and complete the third party preparer section.

44 Filer Signature The report will be electronically signed when filed

45 Filer Title, if not reporting a personal account

46 Date (MM/DD/YYYY) This date will auto-fill when the FBAR is electronically signed

Third Party Preparer Use Only

47 Preparer's last name

JANI, MANISH

48 First name

49 MI

50 Check [X] if self-employed

51 TIN P00399646

51a TIN type [X] PTIN [] Foreign [] SSN/ITIN

52 Contact phone no.

215-639-5141

52a Ext

53 Firm's name

ABC ACCOUNTING & TAX SERVICES

54 Firm's TIN

45-4151146

54a TIN type [] EIN [] Foreign

55 Mailing address (number, street, apartment or suite number)

3360 KNIGHTS ROAD

56 City

BENSALEM

57 State

PA

58 ZIP/Postal Code

19020

59 Country

US

This form should be used to report a financial interest in, signature authority, or other authority over one or more financial accounts in foreign countries, as required by the Department of the Treasury Regulations 31 CFR 1010.350. No report is required if the aggregate value of the accounts did not exceed \$10,000. See instructions for definitions.

PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE

Pursuant to the requirements of Public Law 93-579 (Privacy Act of 1974), notice is hereby given that the authority to collect information on FinCEN Form 114 in accordance with 5 USC 552a (e) is Public Law 91-508; 31 USC 5314; 5 USC 301; 31 CFR 1010.350. The principal purpose for collecting the information is to assure maintenance of reports where such reports or records have a high degree of usefulness in criminal, tax, or regulatory investigations or proceedings. The information collected may be provided to those officers and employees of any constituent unit of the Department of the Treasury who have a need for the records in the performance of their duties. The records may be referred to any other department or agency of the United States upon the request of the head of such department or agency for use in a criminal, tax, or regulatory investigation or proceeding. The information collected may also be provided to appropriate state, local, and foreign law enforcement and regulatory personnel in the performance of their official duties. Disclosure of this information is mandatory. Civil and criminal penalties, including in certain circumstances a fine of not more than \$500,000 and imprisonment of not more than five years, are provided for failure to file a report, for failure to supply information, and for filing a false or fraudulent report. Disclosure of the Social Security number is mandatory. The authority to collect is 31 CFR 1010.350. The Social Security number will be used as a means to identify the individual who files the report. The estimated average burden associated with this collection of information is 60 minutes per respondent or record keeper, depending on individual circumstances. Comments regarding the accuracy of this burden estimate, and suggestions for reducing the burden should be directed to the Financial Crimes Enforcement Network, P.O. Box 39, Vienna, VA 22183, Attn: Office of Regulatory Policy.

Part II Information on financial account(s) owned separately FinCEN Form 114
 Complete a separate block for each account owned separately Page Number
 Add an additional Part II page as many times as necessary in order to provide information on all accounts 2 of 2

1 Filing for calendar year _ 2021 _	3-4 Check appropriate identification number <input checked="" type="checkbox"/> Taxpayer Identification Number <input type="checkbox"/> Foreign identification number Enter identification number here: 023884891	6 Last name or organization name SADHU
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15 Maximum value of account during calendar year (See instructions under Monetary amounts, step 2) 4,825.	15a Amount unknown <input type="checkbox"/>	16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other — Enter type below
--	--	---

17 Name of Financial Institution in which account is held
STATE BANK OF INDIA

18 Account number or other designation 00000031744589838	19 Mailing address (number, street, or suite number) of financial institution in which account is held R R PETA, NR. COLLECTRATE
---	---

20 City ELURU	21 State, if known	22 Foreign postal code, if known 534006	23 Country IN
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15 Maximum value of account during calendar year (See instructions under Monetary amounts, step 2) 6,500.	15a Amount unknown <input type="checkbox"/>	16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other — Enter type below
--	--	---

17 Name of Financial Institution in which account is held
STATE BANK OF INDIA

18 Account number or other designation 00000031744741691	19 Mailing address (number, street, or suite number) of financial institution in which account is held R R PETA, NR. COLLECTRATE
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20 City ELURU	21 State, if known	22 Foreign postal code, if known 534006	23 Country IN
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15 Maximum value of account during calendar year (See instructions under Monetary amounts, step 2)	15a Amount unknown <input type="checkbox"/>	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other — Enter type below
--	--	--

17 Name of Financial Institution in which account is held

18 Account number or other designation	19 Mailing address (number, street, or suite number) of financial institution in which account is held
--	--

20 City	21 State, if known	22 Foreign postal code, if known	23 Country
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15 Maximum value of account during calendar year (See instructions under Monetary amounts, step 2)	15a Amount unknown <input type="checkbox"/>	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other — Enter type below
--	--	--

17 Name of Financial Institution in which account is held

18 Account number or other designation	19 Mailing address (number, street, or suite number) of financial institution in which account is held
--	--

20 City	21 State, if known	22 Foreign postal code, if known	23 Country
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15 Maximum value of account during calendar year (See instructions under Monetary amounts, step 2)	15a Amount unknown <input type="checkbox"/>	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other — Enter type below
--	--	--

17 Name of Financial Institution in which account is held

18 Account number or other designation	19 Mailing address (number, street, or suite number) of financial institution in which account is held
--	--

20 City	21 State, if known	22 Foreign postal code, if known	23 Country
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15 Maximum value of account during calendar year (See instructions under Monetary amounts, step 2)	15a Amount unknown <input type="checkbox"/>	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other — Enter type below
--	--	--

17 Name of Financial Institution in which account is held

18 Account number or other designation	19 Mailing address (number, street, or suite number) of financial institution in which account is held
--	--

20 City	21 State, if known	22 Foreign postal code, if known	23 Country
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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 RAMAKRISHNA SADHU		Last name SADHU	Your social security number 023-88-4891
If joint return, spouse's first name and middle initial BINDU N NAMBURI		Last name NAMBURI	Spouse's social security number 684-59-4189
Home address (number and street). If you have a P.O. box, see instructions. 4005 BAILEY PARK DRIVE			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. State ZIP code CUMMING, GA 30041			
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):		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>	(1) First name Last name			Child tax credit	Credit for other dependents
	SAISHANKAR SADHU	614-63-2050	Son	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	ALEKHYA SADHU	812-59-6502	Daughter	<input checked="" type="checkbox"/>	<input type="checkbox"/>

1 Wages, salaries, tips, etc. Attach Form(s) W-2.....		1	155,861.
Attach Sch. B if required.	2a Tax-exempt interest.....	2a	
	b Taxable interest.....	2b	72.
	3a Qualified dividends.....	3a	
	b Ordinary dividends.....	3b	
	4a IRA distributions.....	4a	
	b Taxable amount.....	4b	
	5a Pensions and annuities.....	5a	
	b Taxable amount.....	5b	
	6a Social security benefits.....	6a	
	b Taxable amount.....	6b	
	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here..... ▶ <input type="checkbox"/>	7	
	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	155,933.
	10 Adjustments to income from Schedule 1, line 26.....	10	
	11 Subtract line 10 from line 9. This is your adjusted gross income ▶	11	155,933.
Standard Deduction for — • Single or Married filing separately, \$12,550 • Married filing jointly or Qualifying widow(er), \$25,100 • Head of household, \$18,800 • If you checked any box under <i>Standard Deduction</i> , see instructions.	12a Standard deduction or itemized deductions (from Schedule A).....	12a	25,100.
	b Charitable contributions if you take the standard deduction (see instructions) ..	12b	600.
	c Add lines 12a and 12b.....	12c	25,700.
	13 Qualified business income deduction from Form 8995 or Form 8995-A.....	13	
	14 Add lines 12c and 13.....	14	25,700.
	15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0.....	15	130,233.

16 Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814		
2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	20,148.
17 Amount from Schedule 2, line 3	17	
18 Add lines 16 and 17	18	20,148.
19 Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	
20 Amount from Schedule 3, line 8	20	
21 Add lines 19 and 20	21	0.
22 Subtract line 21 from line 18. If zero or less, enter -0-	22	20,148.
23 Other taxes, including self-employment tax, from Schedule 2, line 21	23	
24 Add lines 22 and 23. This is your total tax	24	20,148.
25 Federal income tax withheld from:		
a Form(s) W-2	25a	20,265.
b Form(s) 1099	25b	
c Other forms (see instructions)	25c	
d Add lines 25a through 25c	25d	20,265.
26 2021 estimated tax payments and amount applied from 2020 return	26	
27a Earned income credit (EIC)	27a	
Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/>		
b Nontaxable combat pay election 27b		
c Prior year (2019) earned income 27c		
28 Refundable child tax credit or additional child tax credit from Schedule 8812	28	2,730.
29 American opportunity credit from Form 8863, line 8	29	
30 Recovery rebate credit. See instructions	30	
31 Amount from Schedule 3, line 15	31	
32 Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	2,730.
33 Add lines 25d, 26, and 32. These are your total payments	33	22,995.
34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	2,847.
35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	2,847.
b Routing number 011000138 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d Account number 009515357798		
36 Amount of line 34 you want applied to your 2022 estimated tax	36	
37 Amount you owe . Subtract line 33 from line 24. For details on how to pay, see instructions	37	
38 Estimated tax penalty (see instructions)	38	

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

Refund

Direct deposit? See instructions.

Amount You Owe

Third Party Designee

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

Designee's name **MANISH JANI** Phone no. **215-639-5141** Personal identification number (PIN) **19020**

Sign Here

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

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
MANISH JANI		IT DEVELOPMENT MAN	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
		HOME-MAKER	
Phone no. (415) 259-5545	Email address		

Paid Preparer Use Only

Preparer's name MANISH JANI	Preparer's signature MANISH JANI	Date	PTIN P00399646	Check if: <input checked="" type="checkbox"/> Self-employed
Firm's name ABC ACCOUNTING & TAX SERVICES			Phone no. 215-639-5141	
Firm's address 3360 KNIGHTS ROAD BENSALEM, PA 19020			Firm's EIN 45-4151146	

SCHEDULE E
(Form 1040)

Supplemental Income and Loss

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

OMB No. 1545-0074

2021

Department of the Treasury
Internal Revenue Service (99)

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

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

Attachment
Sequence No. **13**

Name(s) shown on return

RAMAKRISHNA SADHU AND BINDU N NAMBURI

Your social security number

023-88-4891

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

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

1 a	Physical address of each property (street, city, state, ZIP code)				
A	MANJEERA PIPE LANE ROAD, MADINAGUDA, Hyderabad, Telangana 500049 India				
B	140 Couplet Dr, Athens, GA 30606				
C	4450 Nobel Pass, Cumming, GA 30041				
1 b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	1		365		
B	1		335		
C	1		180		

Type of Property:

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

Income:	Properties:	A	B	C
3 Rents received	3	3,874.	16,000.	13,200.
4 Royalties received	4			
Expenses:				
5 Advertising	5			
6 Auto and travel (see instructions)	6			826.
7 Cleaning and maintenance	7	242.	1,150.	475.
8 Commissions	8			
9 Insurance	9		785.	980.
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12			1,374.
13 Other interest	13			
14 Repairs	14		882.	1,522.
15 Supplies	15			
16 Taxes	16		3,048.	
17 Utilities	17			
18 Depreciation expense or depletion	18	3,346.	7,656.	14,000.
19 Other (list) ▶ See Stm 2 See St 3	19		230.	2,720.
20 Total expenses. Add lines 5 through 19	20	3,588.	13,751.	21,897.
21 Subtract line 20 from line 3 (rents) and/ or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	286.	2,249.	-8,697.
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	-850.		-1,685.
23 a Total of all amounts reported on line 3 for all rental properties	23a		33,074.	
b Total of all amounts reported on line 4 for all royalty properties	23b			
c Total of all amounts reported on line 12 for all properties	23c		1,374.	
d Total of all amounts reported on line 18 for all properties	23d		25,002.	
e Total of all amounts reported on line 20 for all properties	23e		39,236.	
24 Income. Add positive amounts shown on line 21. Do not include any losses	24			2,535.
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25			-2,535.
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2.	26			

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2021

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

RAMAKRISHNA SADHU AND BINDU N NAMBURI

Your social security number

023-88-4891

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	155,933.
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	155,933.
4a	Number of qualifying children under age 18 with the required social security number	4a	2
b	Number of children included on line 4a who were under age 6 at the end of 2021	4b	
c	Subtract line 4b from line 4a	4c	2
5	If line 4a is more than zero, enter the amount from the Line 5 Worksheet ; otherwise, enter -0-	5	5,700.
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	5,700.
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	5,700.
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) had 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) were 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	
b	Subtract line 14a from line 12	14b	5,700.
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	
e	Add lines 14b and 14d	14e	5,700.
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	2,970.
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	2,730.
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	2,730.

BAA 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-	15e	
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.		
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	26	
Next, enter the smaller of line 17 or line 26 on line 27.		

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	0.
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	0.

Schedule 8812 (Form 1040) 2021

Health Savings Accounts (HSAs)

2021

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.**

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 ▶

023-88-4891

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	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	7,200.
10	Qualified HSA funding distributions	10	
11	Add lines 9 and 10.	11	7,200.
12	Subtract line 11 from line 8. If zero or less, enter -0-	12	0.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13. Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	13	

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	6,118.
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	6,118.
15	Qualified medical expenses paid using HSA distributions (see instructions).	15	6,118.
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	0.
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	

Paid Preparer's Due Diligence Checklist

*Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status*

▶ **To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.
▶ Go to www.irs.gov/Form8867 for instructions and the latest information.**

Taxpayer name(s) shown on return

RAMAKRISHNA SADHU AND BINDU N NAMBURI

Taxpayer identification number

023-88-4891

Enter preparer's name and PTIN

MANISH JANI P00399646

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I–V for the benefit(s) claimed (check all that apply). EIC CTC/ACTC/ODC AOTC HOH

	Yes	No	N/A
1 Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you? (See instructions if relying on prior year earned income.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following.			
• Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.			
• Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input type="checkbox"/>	<input type="checkbox"/>	
b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	<input type="checkbox"/>	<input type="checkbox"/>	
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
List those documents provided by the taxpayer, if any, that you relied on:			

6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a Did you complete the required recertification Form 8862?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

BAA For Paperwork Reduction Act Notice, see separate instructions.

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

	Yes	No	N/A
9a Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	<input type="checkbox"/>	<input type="checkbox"/>	
b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	<input type="checkbox"/>	<input type="checkbox"/>	
c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

	Yes	No	N/A
10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

	Yes	No
13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	<input type="checkbox"/>	<input type="checkbox"/>

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

	Yes	No
14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	<input type="checkbox"/>	<input type="checkbox"/>

Part VI Eligibility Certification

- ▶ You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:
 - A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
 - B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
 - C. Submit Form 8867 in the manner required; **and**
 - D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 1. A copy of this Form 8867.
 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

▶ If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).

15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Depreciation and Amortization
(Including Information on Listed Property)

▶ Attach to your tax return.

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

Name(s) shown on return

RAMAKRISHNA SADHU AND BINDU N NAMBURI

Identifying number

023-88-4891

Business or activity to which this form relates

Schedule E (rental) - 4450 Nobel Pass

Part I Election To Expense Certain Property Under Section 179

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

1	Maximum amount (see instructions)	1	1,050,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,620,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instrs ..	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12	13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	8,025.
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2021	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here. <input type="checkbox"/>		

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

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property	6/01/21	303,275.	27.5 yrs	MM	S/L	5,975.
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

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

20 a Class life					S/L	
b 12-year			12 yrs		S/L	
c 30-year			30 yrs	MM	S/L	
d 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	14,000.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A – Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24 a Do you have evidence to support the business/investment use claimed? **Yes** **No** **24b** If 'Yes,' is the evidence written? **Yes** **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions							25	
26 Property used more than 50% in a qualified business use:								
27 Property used 50% or less in a qualified business use:								
Sedan	1/01/21	9.69						
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	0.
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	0.

Section B – Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (don't include commuting miles)	1,475											
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven	13,746											
33 Total miles driven during the year. Add lines 30 through 32	15,221											
34 Was the vehicle available for personal use during off-duty hours?	X											
35 Was the vehicle used primarily by a more than 5% owner or related person?	X											
36 Is another vehicle available for personal use?	X											

Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons. See instructions.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions		

Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2021 tax year (see instructions):					
43 Amortization of costs that began before your 2021 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

Passive Activity Loss Limitations

Department of the Treasury
Internal Revenue Service (99)

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

2021

Attachment
Sequence No. **858**

Name(s) shown on return

Identifying number

RAMAKRISHNA SADHU AND BINDU N NAMBURI

023-88-4891

Part I 2021 Passive Activity Loss

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

Rental Real Estate Activities With Active Participation (For the definition of active participation, see <i>Special Allowance for Rental Real Estate Activities</i> in the instructions.)			
1 a	Activities with net income (enter the amount from Part IV, column (a))	1 a	2,249.
1 b	Activities with net loss (enter the amount from Part IV, column (b))	1 b	8,697.
1 c	Prior years' unallowed losses (enter the amount from Part IV, column (c))	1 c	
1 d	Combine lines 1a, 1b, and 1c	1 d	-6,448.
All Other Passive Activities			
2 a	Activities with net income (enter the amount from Part V, column (a))	2 a	286.
2 b	Activities with net loss (enter the amount from Part V, column (b))	2 b	
2 c	Prior years' unallowed losses (enter the amount from Part V, column (c))	2 c	3,197.
2 d	Combine lines 2a, 2b, and 2c	2 d	-2,911.
3	Combine lines 1d and 2d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used	3	-9,359.

If line 3 is a loss and:

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

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

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

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

4	Enter the smaller of the loss on line 1d or the loss on line 3	4	6,448.
5	Enter \$150,000. If married filing separately, see instructions	5	150,000.
6	Enter modified adjusted gross income, but not less than zero. See instructions	6	155,933.
7	Subtract line 6 from line 5	7	
8	Multiply line 7 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions	8	
9	Enter the smaller of line 4 or line 8	9	0.

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

Part III Total Losses Allowed

10	Add the income, if any, on lines 1a and 2a and enter the total	10	2,535.
11	Total losses allowed from all passive activities for 2021. Add lines 9 and 10. See instructions to find out how to report the losses on your tax return	11	2,535.

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

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
140 Couplet Dr	2,249.			2,249.	
4450 Nobel Pass		8,697.			8,697.
Total. Enter on Part I, lines 1a, 1b, and 1c. ▶	2,249.	8,697.			

BAA For Paperwork Reduction Act Notice, see instructions.

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

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 2a)	(b) Net loss (line 2b)	(c) Unallowed loss (line 2c)	(d) Gain	(e) Loss
HOUSE IN INDIA	286.		3,197.		2,911.
Total. Enter on Part I, lines 2a, 2b, and 2c. . . ▶	286.		3,197.		

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

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a).
Total ▶			1.00		

Part VII Allocation of Unallowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
HOUSE IN INDIA	Sch E Ln 22	2,911.	0.250775	2,347.
4450 Nobel Pass	Sch E Ln 22	8,697.	0.749225	7,012.
Total ▶		11,608.	1.00	9,359.

Part VIII Allowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
HOUSE IN INDIA	Sch E Ln 22	3,197.	2,347.	850.
4450 Nobel Pass	Sch E Ln 22	8,697.	7,012.	1,685.
Total ▶		11,894.	9,359.	2,535.

Part IX **Activities With Losses Reported on Two or More Forms or Schedules.** See instructions.

	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
Name of activity:					
Form or schedule and line number to be reported on (see instructions):					
1 a Net loss plus prior year unallowed loss from form or schedule ▶					
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
Form or schedule and line number to be reported on (see instructions):					
1 a Net loss plus prior year unallowed loss from form or schedule ▶					
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
Form or schedule and line number to be reported on (see instructions):					
1 a Net loss plus prior year unallowed loss from form or schedule ▶					
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
Form or schedule and line number to be reported on (see instructions):					
1 a Net loss plus prior year unallowed loss from form or schedule ▶					
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
Total ▶		0.	1.00	0.	0.

Name of activity:					
Form or schedule and line number to be reported on (see instructions):					
1 a Net loss plus prior year unallowed loss from form or schedule ▶					
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
Form or schedule and line number to be reported on (see instructions):					
1 a Net loss plus prior year unallowed loss from form or schedule ▶					
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
Form or schedule and line number to be reported on (see instructions):					
1 a Net loss plus prior year unallowed loss from form or schedule ▶					
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
Form or schedule and line number to be reported on (see instructions):					
1 a Net loss plus prior year unallowed loss from form or schedule ▶					
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
Total ▶		0.	1.00	0.	0.

BAA

Alternative Minimum Tax
Passive Activity Loss Limitations

Department of the Treasury
Internal Revenue Service (99)

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

2021

Attachment
Sequence No. **858**

Name(s) shown on return

Identifying number

RAMAKRISHNA SADHU AND BINDU N NAMBURI

023-88-4891

Part I 2021 Passive Activity Loss

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

Rental Real Estate Activities With Active Participation (For the definition of active participation, see <i>Special Allowance for Rental Real Estate Activities</i> in the instructions.)			
1 a	Activities with net income (enter the amount from Part IV, column (a))	1 a	2,322.
1 b	Activities with net loss (enter the amount from Part IV, column (b))	1 b	8,697.
1 c	Prior years' unallowed losses (enter the amount from Part IV, column (c))	1 c	
1 d	Combine lines 1a, 1b, and 1c	1 d	-6,375.
All Other Passive Activities			
2 a	Activities with net income (enter the amount from Part V, column (a))	2 a	286.
2 b	Activities with net loss (enter the amount from Part V, column (b))	2 b	
2 c	Prior years' unallowed losses (enter the amount from Part V, column (c))	2 c	2,992.
2 d	Combine lines 2a, 2b, and 2c	2 d	-2,706.
3	Combine lines 1d and 2d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used	3	-9,081.

If line 3 is a loss and:

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

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

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

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

4	Enter the smaller of the loss on line 1d or the loss on line 3	4	6,375.
5	Enter \$150,000. If married filing separately, see instructions	5	150,000.
6	Enter modified adjusted gross income, but not less than zero. See instructions	6	155,933.
Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7.			
7	Subtract line 6 from line 5	7	
8	Multiply line 7 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions	8	
9	Enter the smaller of line 4 or line 8	9	0.

Part III Total Losses Allowed

10	Add the income, if any, on lines 1a and 2a and enter the total	10	2,608.
11	Total losses allowed from all passive activities for 2021. Add lines 9 and 10. See instructions to find out how to report the losses on your tax return	11	2,608.

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

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
140 Couplet Dr	2,322.			2,322.	
4450 Nobel Pass		8,697.			8,697.
Total. Enter on Part I, lines 1a, 1b, and 1c. ▶	2,322.	8,697.			

BAA For Paperwork Reduction Act Notice, see instructions.

Alternative Minimum Tax

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

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 2a)	(b) Net loss (line 2b)	(c) Unallowed loss (line 2c)	(d) Gain	(e) Loss
HOUSE IN INDIA	286.		2,992.		2,706.
Total. Enter on Part I, lines 2a, 2b, and 2c. . . ▶	286.		2,992.		

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

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a).
Total ▶			1.00		

Part VII Allocation of Unallowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
HOUSE IN INDIA	Sch E Ln 22	2,706.	0.237306	2,155.
4450 Nobel Pass	Sch E Ln 22	8,697.	0.762694	6,926.
Total ▶		11,403.	1.00	9,081.

Part VIII Allowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
HOUSE IN INDIA	Sch E Ln 22	2,992.	2,155.	837.
4450 Nobel Pass	Sch E Ln 22	8,697.	6,926.	1,771.
Total ▶		11,689.	9,081.	2,608.

BAA

Alternative Minimum Tax

Part IX **Activities With Losses Reported on Two or More Forms or Schedules.** See instructions.

	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
Name of activity:					
Form or schedule and line number to be reported on (see instructions):					
1 a Net loss plus prior year unallowed loss from form or schedule ▶					
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
Form or schedule and line number to be reported on (see instructions):					
1 a Net loss plus prior year unallowed loss from form or schedule ▶					
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
Form or schedule and line number to be reported on (see instructions):					
1 a Net loss plus prior year unallowed loss from form or schedule ▶					
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
Form or schedule and line number to be reported on (see instructions):					
1 a Net loss plus prior year unallowed loss from form or schedule ▶					
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
Total ▶		0.	1.00	0.	0.

Name of activity:					
Form or schedule and line number to be reported on (see instructions):					
1 a Net loss plus prior year unallowed loss from form or schedule ▶					
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
Form or schedule and line number to be reported on (see instructions):					
1 a Net loss plus prior year unallowed loss from form or schedule ▶					
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
Form or schedule and line number to be reported on (see instructions):					
1 a Net loss plus prior year unallowed loss from form or schedule ▶					
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
Form or schedule and line number to be reported on (see instructions):					
1 a Net loss plus prior year unallowed loss from form or schedule ▶					
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
Total ▶		0.	1.00	0.	0.

BAA Form 8582 (2021)

RAMAKRISHNA SADHU AND BINDU N NAMBURI

023-88-4891

**Statement 1
Form 1040
Wage Schedule**

<u>Taxpayer - Employer</u>	<u>Wages</u>	<u>Federal W/H</u>	<u>FICA</u>	<u>Medi- care</u>	<u>State W/H</u>	<u>Local W/H</u>
GENERAL MOTORS LLC	155,861.	20,265.	8,854.	2,474.	8,525.	
Grand Total	<u>155,861.</u>	<u>20,265.</u>	<u>8,854.</u>	<u>2,474.</u>	<u>8,525.</u>	<u>0.</u>

**Statement 2
Schedule E, Line 19 - 140 Couplet Dr
Other Rental and Royalty Expenses**

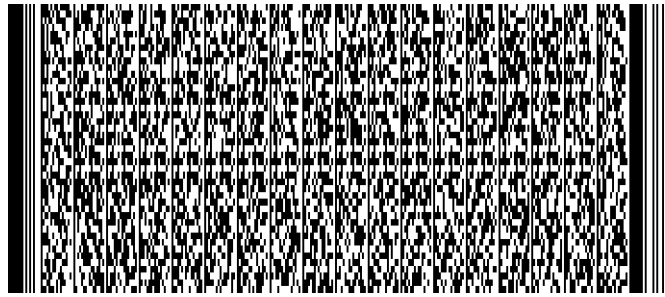
Licenses and Permits.....	\$	130.
Pest Control.....		100.
Total	\$	<u>230.</u>

**Statement 3
Schedule E, Line 19 - 4450 Nobel Pass
Other Rental and Royalty Expenses**

AHS Warranty.....	\$	450.
Association Dues.....		1,195.
Licenses and Permits.....		100.
Painting and Decorating.....		975.
Total	\$	<u>2,720.</u>



2200401513



Georgia Form 500 (Rev. 08/02/21) Individual Income Tax Return

Georgia Department of Revenue

2021 (Approved software version)

Page 1

Fiscal Year Beginning

STATE ISSUED

Fiscal Year Ending

YOUR DRIVER'S LICENSE/STATE ID

YOUR FIRST NAME

MI

YOUR SOCIAL SECURITY NUMBER

1. RAMAKRISHNA

023884891

LAST NAME (For Name Change See IT-511 Tax Booklet)

SUFFIX

SADHU

SPOUSE'S FIRST NAME

MI

SPOUSE'S SOCIAL SECURITY NUMBER

BINDU

N

684594189

LAST NAME

SUFFIX

NAMBURI

ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number)

CHECK IF ADDRESS HAS CHANGED

2. 4005 BAILEY PARK DRIVE

CITY (Please insert a space if the city has multiple names)

STATE

ZIP CODE

3. CUMMING

GA

30041

(COUNTRY IF FOREIGN)

4. Enter your Residency Status with the appropriate number. Residency Status 4. 1

1. FULL-YEAR RESIDENT 2. PART-YEAR RESIDENT TO 3. NONRESIDENT

Omit Lines 9 thru 14 and use Form 500 Schedule 3 if you are a part-year or nonresident filer.

5. Enter Filing Status with appropriate letter (See IT-511 Tax Booklet) Filing Status 5. B

A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head of Household or Qualifying Widow(er)

6. Number of exemptions (Check appropriate box(es) and enter total in 6c.) 6a. Yourself X 6b. Spouse X 6c. 2

7a. Number of Dependents (Enter details on Line 7b., and DO NOT include yourself or your spouse) 7a. 2

PAGES (1-5) ARE REQUIRED FOR PROCESSING

LACERTE

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YOUR SOCIAL SECURITY NUMBER
 023884891

7b. Dependents (If you have more than 4 dependents, attach a list of additional dependents)

First Name, MI. SAISHANKAR	Last Name SADHU
Social Security Number 614632050	Relationship to You SON

First Name, MI. ALEKHYA	Last Name SADHU
Social Security Number 812596502	Relationship to You DAUGHTER

First Name, MI.	Last Name
Social Security Number	Relationship to You

First Name, MI.	Last Name
Social Security Number	Relationship to You

INCOME COMPUTATIONS

If amount on line 8, 9, 10, 13 or 15 is negative, use the minus sign (-). Example -3,456.

8. Federal adjusted gross income (From Federal Form 1040).....	8.	155933
(Do not use FEDERAL TAXABLE INCOME) If the amount on Line 8 is \$40,000 or more, or your gross income is less than your W-2s you must include a copy of your Federal Form 1040 Pages 1, 2, and Schedule 1.		
9. Adjustments from Form 500 Schedule 1 (See IT-511 Tax Booklet).....	9.	-600
10. Georgia adjusted gross income (Net total of Line 8 and Line 9).....	10.	155333
11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION).....	11 a.	6000
(See IT-511 Tax Booklet)		
b. Self: 65 or over? Blind? Total x 1,300 =	11 b.	
Spouse: 65 or over? Blind?		
c. Total Standard Deduction (Line 11a + Line 11b).....	11 c.	6000
Use EITHER Line 11c OR Line 12c (Do not write on both lines)		
12. Total Itemized Deductions used in computing Federal Taxable Income. If you use itemized deductions, you must include Federal Schedule A		
a. Federal Itemized Deductions (Schedule A- Form 1040).....	12a.	
b. Less adjustments: (See IT-511 Tax Booklet).....	12b.	
c. Georgia Total Itemized Deductions.....	12c.	
13. Subtract either Line 11c or Line 12c from Line 10; enter balance.....	13.	149333

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YOUR SOCIAL SECURITY NUMBER
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14a. Enter the number from Line 6c. 2 Multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C	14a.	7400
14b. Enter the number from Line 7a. 2 Multiply by \$3,000.	14b.	6000
14c. Add Lines 14a. and 14b. Enter total	14c.	13400
15a. Income before GA NOL (Line 13 less Line 14c or Schedule 3, Line 14)	15a.	135933
15b. Georgia NOL utilized (Cannot exceed Line 15a or the amount after applying the 80% limitation, see IT-511 Tax Booklet for more information).	15b.	
15c. Georgia Taxable Income (Line 15a less Line 15b)	15c.	135933
16. Tax (Use Tax Table or Tax Rate Schedule in the IT-511 Tax Booklet)	16.	7581
17. Low Income Credit	17a.	17b.
18. Other State(s) Tax Credit (Include a copy of the other state(s) return)	18.	
19. Credits used from IND-CR Summary Worksheet	19.	
20. Total Credits Used from Schedule 2 Georgia Tax Credits (must be filed electronically)	20.	
21. Total Credits Used (sum of Lines 17-20) cannot exceed Line 16	21.	
22. Balance (Line 16 less Line 21) if zero or less than zero, enter zero	22.	7581

INCOME STATEMENT DETAILS Only enter income on which Georgia tax was withheld. Enter income from W-2s, 1099s, and G2-As on Line 4 GA Wages/Income. For other income statements complete Line 4 using the income reported from **Form G2-RP Line 12 or 13; Form G2-LP Line 11**, or for **Form G2-FL enter zero**.

(INCOME STATEMENT A)				(INCOME STATEMENT B)				(INCOME STATEMENT C)			
1. WITHHOLDING TYPE:				1. WITHHOLDING TYPE:				1. WITHHOLDING TYPE:			
<input checked="" type="checkbox"/> W-2	G2-A	G2-LP		W-2	G2-A	G2-LP		W-2	G2-A	G2-LP	
1099	G2-FL	G2-RP		1099	G2-FL	G2-RP		1099	G2-FL	G2-RP	
2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input checked="" type="checkbox"/> SSN				2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN				2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN			
270383222											
3. EMPLOYER/PAYER STATE WITHHOLDING ID				3. EMPLOYER/PAYER STATE WITHHOLDING ID				3. EMPLOYER/PAYER STATE WITHHOLDING ID			
2410560KZ											
4. GA WAGES/INCOME				4. GA WAGES/INCOME				4. GA WAGES/INCOME			
155861											
5. GA TAX WITHHELD				5. GA TAX WITHHELD				5. GA TAX WITHHELD			
8525											

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.
PAGES (1-5) ARE REQUIRED FOR PROCESSING



YOUR SOCIAL SECURITY NUMBER
 023884891

(INCOME STATEMENT D)		(INCOME STATEMENT E)		(INCOME STATEMENT F)	
1. WITHHOLDING TYPE:		1. WITHHOLDING TYPE:		1. WITHHOLDING TYPE:	
W-2	G2-A	G2-LP	W-2	G2-A	G2-LP
1099	G2-FL	G2-RP	1099	G2-FL	G2-RP
2. EMPLOYER/PAYER FEDERAL		2. EMPLOYER/PAYER FEDERAL		2. EMPLOYER/PAYER FEDERAL	
ID NUMBER (FEIN)	SSN	ID NUMBER (FEIN)	SSN	ID NUMBER (FEIN)	SSN
3. EMPLOYER/PAYER STATE WITHHOLDING ID		3. EMPLOYER/PAYER STATE WITHHOLDING ID		3. EMPLOYER/PAYER STATE WITHHOLDING ID	
4. GA WAGES/INCOME		4. GA WAGES/INCOME		4. GA WAGES/INCOME	
5. GA TAX WITHHELD		5. GA TAX WITHHELD		5. GA TAX WITHHELD	
23. Georgia Income Tax Withheld on Wages and 1099s	23.				8525
(Enter Tax Withheld Only and include W-2s and/or 1099s)					
24. Other Georgia Income Tax Withheld	24.				
(Must include G2-A, G2-FL, G2-LP and/or G2-RP)					
25. Estimated Tax paid for 2021 and Form IT-560	25.				
26. Schedule 2B Refundable Tax Credits	26.				
(Cannot be claimed unless filed electronically)					
27. Total prepayment credits (Add Lines 23, 24, 25 and 26)	27.				8525
28. If Line 22 exceeds Line 27, subtract Line 27 from Line 22 and enter					
balance due	28.				
29. If Line 27 exceeds Line 22, subtract Line 22 from Line 27 and enter					
overpayment	29.				944
30. Amount to be credited to 2022 ESTIMATED TAX	30.				
31. Georgia Wildlife Conservation Fund (No gift of less than \$1.00)	31.				
32. Georgia Fund for Children and Elderly (No gift of less than \$1.00)	32.				
33. Georgia Cancer Research Fund (No gift of less than \$1.00)	33.				
34. Georgia Land Conservation Program (No gift of less than \$1.00)	34.				
35. Georgia National Guard Foundation (No gift of less than \$1.00)	35.				
36. Dog & Cat Sterilization Fund (No gift of less than \$1.00)	36.				
37. Saving the Cure Fund (No gift of less than \$1.00)	37.				
38. Realizing Educational Achievement Can Happen (REACH) Program	38.				
(No gift of less than \$1.00)					

PAGES (1-5) ARE REQUIRED FOR PROCESSING

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01 1032-015 2021 GA 004 T1 21

Georgia Form **500**
Individual Income Tax Return
Georgia Department of Revenue
2021



YOUR SOCIAL SECURITY NUMBER
023884891

Page 5

- 39. Public Safety Memorial Grant (No gift of less than \$1.00) 39.
- 40. Form 500 UET (Estimated tax penalty) 500 UET exception attached 40.
- 41. (If you owe) Add Lines 28, 31 thru 40
MAKE CHECK PAYABLE TO GEORGIA DEPARTMENT OF REVENUE... 41.

Amount Due Mail To:
GEORGIA DEPARTMENT OF REVENUE
PROCESSING CENTER, PO BOX 740399
ATLANTA, GA 30374-0399

42. (If you are due a refund) Subtract the sum of Lines 30 thru 40 from Line 29
THIS IS YOUR REFUND 42. 944

If you do not enter Direct Deposit information or if you are a first time filer you will be issued a paper check.

42a. Direct Deposit (U.S. Accounts Only)

Type: Checking Routing Number 011000138
Savings Account Number 009515357798

Refund Due Mail To:
GEORGIA DEPARTMENT OF REVENUE
PROCESSING CENTER, PO BOX 740380
ATLANTA, GA 30374-0380

INCLUDE ALL ITEMS IN ENVELOPE, **DO NOT** STAPLE YOUR CHECK, W-2s, OTHER WITHHOLDING DOCUMENTS, OR TAX RETURN.

I/we declare under the penalties of perjury that I/we have examined this return (including accompanying schedules and statements) and to the best of my/our knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer(s), this declaration is based on all information of which the preparer has knowledge.

Taxpayer's Signature (Check box if deceased)

Spouse's Signature (Check box if deceased)

Taxpayer's Date of Death

Spouse's Date of Death

Taxpayer's Signature Date

Taxpayer's Phone Number
4152595545

Spouse's Signature Date

By providing my e-mail address I am authorizing the Georgia Department of Revenue to electronically notify me at the below e-mail address regarding any updates to my account(s).

Taxpayer's E-mail Address

I authorize DOR to discuss this return with the named preparer.

MANISH JANI

Signature of Preparer

Name of Preparer Other Than Taxpayer

MANISH JANI

Preparer's Phone Number

2156395141

Preparer's FEIN

454151146

Preparer's Firm Name

ABC ACCOUNTING & TAX SERVICES

Preparer's SSN/PTIN/SIDN

P00399646

PAGES (1-5) ARE REQUIRED FOR PROCESSING

LACERTE

01 1032-015 2021 GA 004 T1 21



YOUR SOCIAL SECURITY NUMBER
 023884891

SCHEDULE 1 ADJUSTMENTS to INCOME BASED on GEORGIA LAW

See IT-511 Tax Booklet

ADDITIONS to INCOME

- 1. Interest on Non-Georgia Municipal and State Bonds 1.
- 2. Lump Sum Distributions 2.
- 3. Reserved 3.
- 4. Net operating loss carryover deducted on Federal return..... 4.
- 5. Other (Specify) 5.
- 6. Total Additions (Enter sum of Lines 1-5 here)..... 6.

SUBTRACTION from INCOME

7. Retirement Income Exclusion (See IT-511 Tax Booklet) Complete Schedule 1, page 2 if claiming Retirement Income Exclusion.

a. Self: Date of Birth Date of Disability: Type of Disability:

7a.

b. Spouse: Date of Birth Date of Disability: Type of Disability:

7b.

- 8. Social Security Benefits (Taxable portion from Federal return) 8.
- 9. Path2College 529 Plan 9.
- 10. Interest on United States Obligations (See IT-511 Tax Booklet) 10.
- 11. Reserved 11.
- 12. Other Adjustments (Specify)

Adjustment	CHARITABLE DED	Amount	600
Adjustment		Amount	
Adjustment		Amount	
Adjustment		Amount	
	Total.....	12.	600

- 13. Total Subtractions (Enter sum of Lines 7-12 here)..... 13. 600
- 14. Net Adjustments (Line 6 less Line 13). Enter Net Total here and on
 Line 9 of Page 2 (+ or -) of Form 500 or 500X 14. -600



YOUR SOCIAL SECURITY NUMBER
 023884891

SCHEDULE 1 RETIREMENT INCOME EXCLUSION

(TAXPAYER)

See IT-511 Tax Booklet
(SPOUSE)

1. Salary and wages.....		
2. Other Earned Income (Losses).....		
3. Total Earned Income.....		
4. Maximum Earned Income.....	4000	4000
5. Smaller of Line 3 or 4; if zero or less, enter zero.....		
6. Interest Income.....		
7. Dividend Income.....		
8. Alimony.....		
9. Capital Gains (Losses).....		
10. Other Income (Losses)..... <small>(See IT-511 Tax Booklet)</small>		
11. Taxable IRA Distributions.....		
12. Taxable Pensions.....		
13. Rental, Royalty, Partnership, S Corp, etc. Income (Losses) <small>(See IT-511 Tax Booklet)</small>		
14. Total of Lines 6 through 13; if zero or less, enter zero.....		
15. Add Lines 5 and 14.....		
16. Maximum Allowable Exclusion*.....		
17. Smaller of Lines 15 and 16; enter here and on Form 500, Schedule 1, Lines 7a & b...		

*If age 62-64 or less than age 62 and permanently disabled enter \$35,000, or if age 65 or older enter \$65,000.



2213501519

Form **4562**
(Rev. 08/13/21)
GEORGIA

Georgia Depreciation and Amortization

(Including Information on Listed Property)

Note: Georgia does not allow any additional depreciation benefits provided by I.R.C. Section 168(k), 1400L, 1400N(d)(1), and certain other provisions.

▶ See separate instructions. ▶ Attach to your return.

2021

Name(s) shown on return RAMAKRISHNA SADHU AND BINDU N NAMBUR	Business or activity to which this form relates SCHEDULE E (RENTAL) - HOUSE IN INDI	Identification number 023-88-4891
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Part I Election To Expense Certain Tangible Property Under Section 179

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

1 Maximum amount. See IRS instructions for a higher limit for certain businesses	1	\$1,050,000
2 Total cost of IRC Section 179 property placed in service (see IRS instructions).	2	
3 Threshold cost of IRC Section 179 property before reduction in limitation.	3	\$2,620,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see IRS instructions	5	

(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6		
7 Listed property. Enter the amount from line 29.	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), lines 6 and 7.	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8.	9	
10 Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.	11	
12 IRC Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11.	12	
13 Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12. ▶	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14 Special depreciation allowance for qualified property (see instructions) (other than listed property) placed in service during the tax year.	14	Not allowed for Georgia purposes
15 Property subject to IRC Section 168(f)(1) election.	15	
16 Other depreciation (including ACRS).	16	3,346.

Part III MACRS Depreciation (Do not include listed property.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2021.	17	
18 If you are electing under IRC Section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here. <input type="checkbox"/>		

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

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only.) See IRS instructions	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property.						
b 5-year property.						
c 7-year property.						
d 10-year property.						
e 15-year property.						
f 20-year property.						
g 25-year property.			25 yrs		S/L	
h Residential rental property.			27.5 yrs	MM	S/L	
i Nonresidential real property.			27.5 yrs	MM	S/L	
			39 yrs	MM	S/L	
				MM	S/L	

Part IV Section C – Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System

20 a Class life.					S/L	
b 12-year.			12 yrs		S/L	
c 30-year.			30 yrs	MM	S/L	
d 40-year.			40 yrs	MM	S/L	



2213501529

Summary (See IRS instructions)

Table with 3 rows and 2 columns. Row 1: 21 Listed property. Enter amount from line 28. Row 2: 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Row 3: 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to IRC Section 263A costs.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See IRS instructions for limits for passenger automobiles.)

Section A table with 10 columns (a-i) and 5 rows (24a-29). Includes questions about business/investment use, depreciation allowance, and amounts in columns (h) and (i).

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Section B table with 7 rows (30-36) and 12 columns (a-f, Yes/No). Includes questions about total business/investment miles, commuting miles, and personal use availability.



2213501519

Form **4562**
(Rev. 08/13/21)
GEORGIA

Georgia Depreciation and Amortization

(Including Information on Listed Property)

Note: Georgia does not allow any additional depreciation benefits provided by I.R.C. Section 168(k), 1400L, 1400N(d)(1), and certain other provisions.
▶ See separate instructions. ▶ Attach to your return.

2021

Name(s) shown on return RAMAKRISHNA SADHU AND BINDU N NAMBUR	Business or activity to which this form relates SCHEDULE E (RENTAL) - 140 COUplet D	Identification number 023-88-4891
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Part I Election To Expense Certain Tangible Property Under Section 179

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

1	Maximum amount. See IRS instructions for a higher limit for certain businesses	1	\$1,050,000
2	Total cost of IRC Section 179 property placed in service (see IRS instructions).	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation.	3	\$2,620,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see IRS instructions	5	
(a) Description of property		(b) Cost (business use only)	(c) Elected cost
6			
7	Listed property. Enter the amount from line 29.	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), lines 6 and 7.	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8.	9	
10	Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5.	11	
12	IRC Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11.	12	
13	Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12. ▶	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special depreciation allowance for qualified property (see instructions) (other than listed property) placed in service during the tax year.	14	Not allowed for Georgia purposes
15	Property subject to IRC Section 168(f)(1) election.	15	
16	Other depreciation (including ACRS).	16	

Part III MACRS Depreciation (Do not include listed property.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2021.	17	7,656.
18	If you are electing under IRC Section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here. <input type="checkbox"/>		

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

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only.) See IRS instructions	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property.						
b 5-year property.						
c 7-year property.						
d 10-year property.						
e 15-year property.						
f 20-year property.						
g 25-year property.			25 yrs		S/L	
h Residential rental property.			27.5 yrs	MM	S/L	
i Nonresidential real property.			27.5 yrs	MM	S/L	
			39 yrs	MM	S/L	
				MM	S/L	

Part IV Section C – Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System

20 a Class life.					S/L	
b 12-year.			12 yrs		S/L	
c 30-year.			30 yrs	MM	S/L	
d 40-year.			40 yrs	MM	S/L	



2213501529

Summary (See IRS instructions)

Table with 3 rows and 2 columns. Row 1: 21 Listed property. Enter amount from line 28. Row 2: 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Row 3: 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to IRC Section 263A costs.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See IRS instructions for limits for passenger automobiles.)

Table with 10 columns (a-i) and 5 rows (24a-29). Row 24a: Do you have evidence to support the business/investment use claimed? Row 24b: If "Yes", is the evidence written? Row 25: Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. Row 26: Property used more than 50% in a qualified business use. Row 27: Property used 50% or less in a qualified business use. Row 28: Add amounts in column (h), lines 25 through 27. Row 29: Add amounts in column (i), line 26.

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table with 7 rows (30-36) and 12 columns (a-f, Yes/No). Row 30: Total business/investment miles driven during the year. Row 31: Total commuting miles driven during the year. Row 32: Total other personal (noncommuting) miles driven. Row 33: Total miles driven during the year. Row 34: Was the vehicle available for personal use during off-duty hours? Row 35: Was the vehicle used primarily by a more than 5% owner or related person? Row 36: Is another vehicle available for personal use?



2213501519

Form **4562**
(Rev. 08/13/21)
GEORGIA

Georgia Depreciation and Amortization

(Including Information on Listed Property)

Note: Georgia does not allow any additional depreciation benefits provided by I.R.C. Section 168(k), 1400L, 1400N(d)(1), and certain other provisions.

▶ See separate instructions. ▶ Attach to your return.

2021

Name(s) shown on return RAMAKRISHNA SADHU AND BINDU N NAMBUR	Business or activity to which this form relates SCHEDULE E (RENTAL) - 4450 NOBEL PA	Identification number 023-88-4891
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Part I Election To Expense Certain Tangible Property Under Section 179

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

1	Maximum amount. See IRS instructions for a higher limit for certain businesses	1	\$1,050,000
2	Total cost of IRC Section 179 property placed in service (see IRS instructions).	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation.	3	\$2,620,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see IRS instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29.	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), lines 6 and 7.	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8.	9	
10	Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5.	11	
12	IRC Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11.	12	
13	Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12.	▶ 13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special depreciation allowance for qualified property (see instructions) (other than listed property) placed in service during the tax year.	14	Not allowed for Georgia purposes
15	Property subject to IRC Section 168(f)(1) election.	15	
16	Other depreciation (including ACRS).	16	

Part III MACRS Depreciation (Do not include listed property.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2021.	17	
18	If you are electing under IRC Section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here. <input type="checkbox"/>		

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

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only.) See IRS instructions	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property.						
b 5-year property.		8,025.	5	HY	200DB	1,605.
c 7-year property.						
d 10-year property.						
e 15-year property.						
f 20-year property.						
g 25-year property.			25 yrs		S/L	
h Residential rental property.	06/01/21	303,275.	27.5 yrs	MM	S/L	5,975.
			27.5 yrs	MM	S/L	
i Nonresidential real property.			39 yrs	MM	S/L	
				MM	S/L	

Part IV Section C – Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System

20 a Class life.					S/L	
b 12-year.			12 yrs		S/L	
c 30-year.			30 yrs	MM	S/L	
d 40-year.			40 yrs	MM	S/L	



2213501529

Summary (See IRS instructions)

Table with 3 rows and 2 columns. Row 1: 21 Listed property. Enter amount from line 28. Row 2: 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Row 3: 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to IRC Section 263A costs.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See IRS instructions for limits for passenger automobiles.)

Table with 10 columns (a-i) and multiple rows. Row 1: 24a Do you have evidence to support the business/investment use claimed? Yes No. 24b If "Yes", is the evidence written? Yes No. Row 2: 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions). Row 3: 26 Property used more than 50% in a qualified business use. Row 4: 27 Property used 50% or less in a qualified business use. Row 5: 28 Add amounts in column (h), lines 25 through 27. Row 6: 29 Add amounts in column (i), line 26.

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table with 7 rows and 13 columns. Row 1: 30 Total business/investment miles driven during the year (do not include commuting miles). Row 2: 31 Total commuting miles driven during the year. Row 3: 32 Total other personal (noncommuting) miles driven. Row 4: 33 Total miles driven during the year. Add lines 30 through 32. Row 5: 34 Was the vehicle available for personal use during off-duty hours? Row 6: 35 Was the vehicle used primarily by a more than 5% owner or related person? Row 7: 36 Is another vehicle available for personal use?

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 RAMAKRISHNA SADHU		Last name SADHU	Your social security number 023-88-4891
If joint return, spouse's first name and middle initial BINDU N NAMBURI		Last name NAMBURI	Spouse's social security number 684-59-4189
Home address (number and street). If you have a P.O. box, see instructions. 4005 BAILEY PARK DRIVE			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. State ZIP code CUMMING, GA 30041			
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):		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>	(1) First name Last name			Child tax credit	Credit for other dependents
	SAISHANKAR SADHU	614-63-2050	Son	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	ALEKHYA SADHU	812-59-6502	Daughter	<input checked="" type="checkbox"/>	<input type="checkbox"/>

1 Wages, salaries, tips, etc. Attach Form(s) W-2		1	155,861.
Attach Sch. B if required.	2a Tax-exempt interest	2a	
	b Taxable interest	2b	72.
	3a Qualified dividends	3a	
	b Ordinary dividends	3b	
	4a IRA distributions	4a	
	b Taxable amount	4b	
	5a Pensions and annuities	5a	
	b Taxable amount	5b	
	6a Social security benefits	6a	
	b Taxable amount	6b	
	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	7	
	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	155,933.
	10 Adjustments to income from Schedule 1, line 26	10	
	11 Subtract line 10 from line 9. This is your adjusted gross income	11	155,933.
Standard Deduction for — • Single or Married filing separately, \$12,550 • Married filing jointly or Qualifying widow(er), \$25,100 • Head of household, \$18,800 • If you checked any box under <i>Standard Deduction</i> , see instructions.	12a Standard deduction or itemized deductions (from Schedule A)	12a	25,100.
	b Charitable contributions if you take the standard deduction (see instructions)	12b	600.
	c Add lines 12a and 12b	12c	25,700.
	13 Qualified business income deduction from Form 8995 or Form 8995-A	13	
	14 Add lines 12c and 13	14	25,700.
	15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	130,233.

16 Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814		
2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	20,148.
17 Amount from Schedule 2, line 3.....	17	
18 Add lines 16 and 17.....	18	20,148.
19 Nonrefundable child tax credit or credit for other dependents from Schedule 8812.....	19	
20 Amount from Schedule 3, line 8.....	20	
21 Add lines 19 and 20.....	21	0.
22 Subtract line 21 from line 18. If zero or less, enter -0-.....	22	20,148.
23 Other taxes, including self-employment tax, from Schedule 2, line 21.....	23	
24 Add lines 22 and 23. This is your total tax ▶	24	20,148.
25 Federal income tax withheld from:		
a Form(s) W-2.....	25a	20,265.
b Form(s) 1099.....	25b	
c Other forms (see instructions).....	25c	
d Add lines 25a through 25c.....	25d	20,265.
26 2021 estimated tax payments and amount applied from 2020 return.....	26	
27a Earned income credit (EIC).....	27a	
Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions..... ▶ <input type="checkbox"/>		
b Nontaxable combat pay election... 27b		
c Prior year (2019) earned income... 27c		
28 Refundable child tax credit or additional child tax credit from Schedule 8812.....	28	2,730.
29 American opportunity credit from Form 8863, line 8.....	29	
30 Recovery rebate credit. See instructions.....	30	
31 Amount from Schedule 3, line 15.....	31	
32 Add lines 27a and 28 through 31. These are your total other payments and refundable credits ▶	32	2,730.
33 Add lines 25d, 26, and 32. These are your total payments ▶	33	22,995.
34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	2,847.
35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here... ▶ <input type="checkbox"/>	35a	2,847.
▶ b Routing number..... 011000138 ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
▶ d Account number..... 009515357798		
36 Amount of line 34 you want applied to your 2022 estimated tax ... ▶ 36		
37 Amount you owe . Subtract line 33 from line 24. For details on how to pay, see instructions..... ▶	37	
38 Estimated tax penalty (see instructions)..... ▶ 38		

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

Refund

Direct deposit? See instructions.

Amount You Owe

Third Party Designee

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

Designee's name ▶ **MANISH JANI** Phone no. ▶ **215-639-5141** Personal identification number (PIN) ▶ **19020**

Sign Here

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

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) ▶
▶ _____		IT DEVELOPMENT MAN	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) ▶
▶ _____		HOME-MAKER	
Phone no. (415) 259-5545	Email address		

Paid Preparer Use Only

Preparer's name MANISH JANI	Preparer's signature MANISH JANI	Date	PTIN P00399646	Check if: <input checked="" type="checkbox"/> Self-employed
Firm's name ▶ ABC ACCOUNTING & TAX SERVICES			Phone no. 215-639-5141	
Firm's address ▶ 3360 KNIGHTS ROAD BENSALEM, PA 19020			Firm's EIN ▶ 45-4151146	

Depreciation and Amortization
(Including Information on Listed Property)

▶ Attach to your tax return.

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

Name(s) shown on return

RAMAKRISHNA SADHU AND BINDU N NAMBURI

Identifying number

023-88-4891

Business or activity to which this form relates

Schedule E (rental) - 4450 Nobel Pass

Part I Election To Expense Certain Property Under Section 179

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

1	Maximum amount (see instructions)	1	1,050,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,620,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instrs ..	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12	13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	8,025.
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2021	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here. <input type="checkbox"/>		

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

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property	6/01/21	303,275.	27.5 yrs	MM	S/L	5,975.
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

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

20 a Class life					S/L	
b 12-year			12 yrs		S/L	
c 30-year			30 yrs	MM	S/L	
d 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	14,000.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A – Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24 a Do you have evidence to support the business/investment use claimed? **Yes** **No** **24b** If 'Yes,' is the evidence written? **Yes** **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions							25	
26 Property used more than 50% in a qualified business use:								
27 Property used 50% or less in a qualified business use:								
Sedan	1/01/21	9.69						
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	0.
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	0.

Section B – Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (don't include commuting miles)	1,475											
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven	13,746											
33 Total miles driven during the year. Add lines 30 through 32	15,221											
34 Was the vehicle available for personal use during off-duty hours?	X											
35 Was the vehicle used primarily by a more than 5% owner or related person?	X											
36 Is another vehicle available for personal use?	X											

Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons. See instructions.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions.		

Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2021 tax year (see instructions):					
43 Amortization of costs that began before your 2021 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report.					44

Depreciation and Amortization
(Including Information on Listed Property)

▶ Attach to your tax return.

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

Name(s) shown on return

RAMAKRISHNA SADHU AND BINDU N NAMBURI

Identifying number

023-88-4891

Business or activity to which this form relates

Schedule E (rental) - HOUSE IN INDIA

Part I Election To Expense Certain Property Under Section 179

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

1	Maximum amount (see instructions)	1	1,050,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,620,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instrs ..	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12	13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	3,346.

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2021	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here. <input type="checkbox"/>		

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

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	

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

20 a Class life					S/L	
b 12-year			12 yrs		S/L	
c 30-year			30 yrs	MM	S/L	
d 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	3,346.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**Depreciation and Amortization
(Including Information on Listed Property)**

▶ Attach to your tax return.

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

Name(s) shown on return

RAMAKRISHNA SADHU AND BINDU N NAMBURI

Identifying number

023-88-4891

Business or activity to which this form relates

Schedule E (rental) - 140 Couplet Dr

Part I Election To Expense Certain Property Under Section 179

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

1	Maximum amount (see instructions)	1	1,050,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,620,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instrs ..	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12	13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2021	17	7,656.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here. <input type="checkbox"/>		

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

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	

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

20 a Class life					S/L	
b 12-year			12 yrs		S/L	
c 30-year			30 yrs	MM	S/L	
d 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	7,656.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	