

## Acknowledgement and General Information for Taxpayers Who File Returns Electronically

Thank you for participating in IRS e-file.

Taxpayer name

SUDHEER ADHA & SUMAN RAVULAPELLI

Taxpayer address (optional)

10455 E VIA LINDA APT 120  
SCOTTSDALE, AZ 85258

1.  Your federal income tax return for 2021 was filed electronically with the IRS Submission Processing Center. The electronic filing services were provided by SPLASHWISE GLOBAL SOLUTIONS LLC.
2.  Your return was accepted on 04-13-2022 using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you. The Submission ID assigned to your return is 3672792022103gzsv01w.
3.  Your return was accepted on \_\_\_\_\_. Allow 4 to 6 weeks for the processing of your return. The Earned Income Credit or a dependent's exemption on your return may be reduced or disallowed due to a child's name and social security number mismatch.
4.  Your electronic funds withdrawal payment request was accepted for processing.
5.  Your electronic funds withdrawal payment request was not accepted for processing. Refer to the "If You Owe Tax" section.
6.  Your Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return, was accepted on \_\_\_\_\_. The Submission ID assigned to your extension is \_\_\_\_\_.

**DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS.  
IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**

### If You Need to Make a Change to Your Return

If you need to make a change or correct the return you filed electronically, you should send a Form 1040X, Amended U.S. Individual Income Tax Return, to the IRS Submission Processing Center that processes paper returns for your area. The address is available at [www.irs.gov](http://www.irs.gov), or you can call the IRS toll-free at 1-800-829-1040.

### If You Need to Ask About Your Refund

The IRS notifies your Electronic Return Originator (ERO) when your return is accepted, usually within 48 hours. If your return was not accepted, the IRS notifies your ERO of the reasons for rejection. If it has been more than three weeks since the IRS accepted your return and you have not received your refund, go to [www.irs.gov](http://www.irs.gov) and click on "Where's My Refund?" to view your refund status. Exception: If box 3 above is checked, allow 4 to 6 weeks for processing of your return. A notice will be sent to you advising of changes to your return.

Also, you can call the TeleTax line at 1-800-829-4477, for automated refund information. You should have available the first social security number shown on your return, your filing status, and the exact amount of the refund you expect. TeleTax gives you the date for mailing or depositing your refund. You should receive your refund check within 30 days of the date given by TeleTax, or within one week of that date, if you chose direct deposit. If you do not receive it by then, or if TeleTax does not give your refund information, call the Refund Hotline at 1-800-829-1954.

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The IRS uses refunds to cover overdue taxes and notifies you when this occurs. The Fiscal Service offsets refunds through the Treasury Offset Program to cover past due child support, federal agency non-tax debts such as student loans and state income tax obligations. Fiscal Service sends you an offset notice if it applies your refund or part of your refund to non-tax debts. If you have questions about the offset, contact the agency identified in the notice. You may also call the Treasury Offset Program Call Center at 1-800-304-3107, if you have additional questions.

### If You Owe Tax

If your return has a balance due, you must pay the amount you owe by the prescribed due date. If you paid by electronic funds withdrawal (direct debit) or by credit card, no voucher is needed. The credit card service providers will charge a convenience fee based on the amount of taxes you are paying. The fees and the type of credit or debit cards accepted may vary between providers. You will be told the amount of the fee during the transaction and you will be given the option to either continue or end the transaction. For information on paying your taxes electronically, including by credit or debit card, go to [www.irs.gov/e-pay](http://www.irs.gov/e-pay).

If you are not paying electronically you may use Form 1040-V, Payment Voucher, which you can obtain from your Electronic Return Originator. If the IRS does not receive your payment by the prescribed due date, you will receive a notice that requests full payment of the tax due, plus penalties and interest. If you can not pay the amount in full, complete Form 9465, Installment Agreement Request, which you may file electronically. To apply for an installment agreement online, go to [www.irs.gov](http://www.irs.gov). You may also order Form 9465 by calling 1-800-TAX-FORM (1-800-829-3676). If approved, the IRS charges a user fee to set up an installment agreement.

### If You Need to Inquire About Your Electronic Funds Withdrawal Payment

You may call 1-888-353-4537 to inquire about the status of your electronic funds withdrawal payment. If there is a change to the bank account information included on your return, you should call this number to cancel a scheduled payment. You should have available the social security number of the first person listed on the tax return, the payment amount, and the bank account number. Cancellation requests must be received no later than 11:59 p.m. E.T. two business days prior to the scheduled payment date.

### Tax Refund Related Financial Products

Financial institutions offer a variety of financial products to taxpayers based on their refunds. Contracts for financial products are between you and the financial institution. The IRS is not associated with the contract. **If you have questions about tax refund related products, contact your Electronic Return Originator or the lender.**

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### Instructions for Electronic Return Originators

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**Line 2** - PIN Presence Indicator - Check box 2 if the taxpayer entered a PIN or authorized the ERO to enter or generate the PIN for the taxpayer, and the Acknowledgement File PIN Presence Indicator is a "Practitioner PIN," "Self-Select PIN" or "Online Filer PIN." Form 8879, IRS *e-file* Signature Authorization, is required if the ERO enters or generates the PIN or if the Practitioner PIN method is used. **Use Form 8453, U.S. Individual Income Tax Transmittal for an IRS *e-file* Return, to send required paper forms or supporting documentation listed next to the form check boxes (do not send Forms W-2, W-2G, or 1099R).**

**Line 3** - Exception Processing - Check box 3 if the Acknowledgement File Acceptance Code equals "Exception." The acceptance code indicates that this return has been previously rejected and this subsequent submission still has invalid data.

**Line 4** - Payment Acknowledgement Literal - Check box 4 if the taxpayer requested to use electronic funds withdrawal to pay the balance due, and the Acknowledgement File Payment Acknowledgement Literal field equals "Payment Request Received."

**Line 5** - Payment Acknowledgement Literal - Check box 5 if the taxpayer requested to use electronic funds withdrawal to pay the balance due, and the Acknowledgement File Payment Acknowledgement Literal field does not equal "Payment Request Received." If box 5 is checked, inform the taxpayer that he/she must pay by check, money order, debit card, or credit card.

**Note:** EROs can use the Acknowledgement File information, translated by the transmitter, to complete Form 9325.

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

Your first name and middle initial <b>SUDHEER</b>	Last name <b>ADHA</b>	Your social security number <b>210-82-6039</b>
If joint return, spouse's first name and middle initial <b>SUMAN</b>	Last name <b>RAVULAPELLI</b>	Spouse's social security number <b>182-84-0780</b>
Home address (number and street). If you have a P.O. box, see instructions. <b>10455 E VIA LINDA</b>		Apt. no. <b>120</b>
City, town, or post office. If you have a foreign address, also complete spaces below. <b>SCOTTSDALE</b>		State <b>AZ</b>
Foreign country name		ZIP code <b>85258</b>
Foreign province/state/county		Foreign postal code

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

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

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

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

**Dependents** (see instructions):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check if qualifies for (see instructions):	
				Child tax credit	Credit for other dependents
<b>DHRUV</b>	<b>ADHA</b>	<b>093-39-8363</b>	<b>SON</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>PRANAV</b>	<b>ADHA</b>	<b>677-20-4283</b>	<b>SON</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required.	<b>1</b> Wages, salaries, tips, etc. Attach Form(s) W-2	<b>1</b>	<b>172,502</b>
	<b>2a</b> Tax-exempt interest	<b>2a</b>	
	<b>3a</b> Qualified dividends	<b>3a</b>	<b>1,941</b>
	<b>4a</b> IRA distributions	<b>4a</b>	
	<b>5a</b> Pensions and annuities	<b>5a</b>	
	<b>6a</b> Social security benefits	<b>6a</b>	
	<b>7</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	<b>7</b>	<b>18,271</b>
	<b>8</b> Other income from Schedule 1, line 10	<b>8</b>	
	<b>9</b> Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> ▶	<b>9</b>	<b>192,733</b>
	<b>10</b> Adjustments to income from Schedule 1, line 26	<b>10</b>	
	<b>11</b> Subtract line 10 from line 9. This is your <b>adjusted gross income</b> ▶	<b>11</b>	<b>192,733</b>
<b>Standard Deduction for-</b> ● Single or Married filing separately, \$12,550 ● Married filing jointly or Qualifying widow(er), \$25,100 ● Head of household, \$18,800 ● If you checked any box under Standard Deduction, see instructions.	<b>12a</b> <b>Standard deduction or itemized deductions</b> (from Schedule A)	<b>12a</b>	<b>25,100</b>
	<b>b</b> Charitable contributions if you take the standard deduction (see instructions)	<b>12b</b>	
	<b>c</b> Add lines 12a and 12b	<b>12c</b>	<b>25,100</b>
	<b>13</b> Qualified business income deduction from Form 8995 or Form 8995-A	<b>13</b>	<b>1</b>
	<b>14</b> Add lines 12c and 13	<b>14</b>	<b>25,101</b>
	<b>15</b> <b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0-	<b>15</b>	<b>167,632</b>



**SCHEDULE 3  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Credits and Payments**

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

OMB No. 1545-0074

**2021**

Attachment  
Sequence No. **03**

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

SUDHEER ADHA & SUMAN RAVULAPELLI

Your social security number

210-82-6039

**Part I Nonrefundable Credits**

<b>1</b>	Foreign tax credit. Attach Form 1116 if required . . . . .		<b>1</b>	13
<b>2</b>	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 . . . . .		<b>2</b>	
<b>3</b>	Education credits from Form 8863, line 19 . . . . .		<b>3</b>	
<b>4</b>	Retirement savings contributions credit. Attach Form 8880 . . . . .		<b>4</b>	
<b>5</b>	Residential energy credits. Attach Form 5695 . . . . .		<b>5</b>	
<b>6</b>	Other nonrefundable credits:			
<b>a</b>	General business credit. Attach Form 3800 . . . . .	<b>6a</b>		
<b>b</b>	Credit for prior year minimum tax. Attach Form 8801 . . . . .	<b>6b</b>		
<b>c</b>	Adoption credit. Attach Form 8839 . . . . .	<b>6c</b>		
<b>d</b>	Credit for the elderly or disabled. Attach Schedule R . . . . .	<b>6d</b>		
<b>e</b>	Alternative motor vehicle credit. Attach Form 8910 . . . . .	<b>6e</b>		
<b>f</b>	Qualified plug-in motor vehicle credit. Attach Form 8936 . . . . .	<b>6f</b>		
<b>g</b>	Mortgage interest credit. Attach Form 8396 . . . . .	<b>6g</b>		
<b>h</b>	District of Columbia first-time homebuyer credit. Attach Form 8859 . . . . .	<b>6h</b>		
<b>i</b>	Qualified electric vehicle credit. Attach Form 8834 . . . . .	<b>6i</b>		
<b>j</b>	Alternative fuel vehicle refueling property credit. Attach Form 8911 . . . . .	<b>6j</b>		
<b>k</b>	Credit to holders of tax credit bonds. Attach Form 8912 . . . . .	<b>6k</b>		
<b>l</b>	Amount on Form 8978, line 14. See instructions . . . . .	<b>6l</b>		
<b>z</b>	Other nonrefundable credits. List type and amount ▶ _____	<b>6z</b>		
<b>7</b>	Total other nonrefundable credits. Add lines 6a through 6z . . . . .		<b>7</b>	
<b>8</b>	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20 . . . . .		<b>8</b>	13

(continued on page 2)

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

Schedule 3 (Form 1040) 2021

<b>Part II</b>		<b>Other Payments and Refundable Credits</b>			
<b>9</b>	Net premium tax credit. Attach Form 8962 . . . . .			<b>9</b>	
<b>10</b>	Amount paid with request for extension to file (see instructions) . . . . .			<b>10</b>	
<b>11</b>	Excess social security and tier 1 RRTA tax withheld . . . . .			<b>11</b>	
<b>12</b>	Credit for federal tax on fuels. Attach Form 4136. . . . .			<b>12</b>	
<b>13</b>	Other payments or refundable credits:				
<b>a</b>	Form 2439 . . . . .	<b>13a</b>			
<b>b</b>	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken before April 1, 2021 . . . . .	<b>13b</b>			
<b>c</b>	Health coverage tax credit from Form 8885 . . . . .	<b>13c</b>			
<b>d</b>	Credit for repayment of amounts included in income from earlier years . . . . .	<b>13d</b>			
<b>e</b>	Reserved for future use . . . . .	<b>13e</b>			
<b>f</b>	Deferred amount of net 965 tax liability (see instructions) . . . . .	<b>13f</b>			
<b>g</b>	Credit for child and dependent care expenses from Form 2441, line 10. Attach Form 2441 . . . . .	<b>13g</b>			
<b>h</b>	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken after March 31, 2021 . . . . .	<b>13h</b>			
<b>z</b>	Other payments or refundable credits. List type and amount ► _____	<b>13z</b>			
<b>14</b>	Total other payments or refundable credits. Add lines 13a through 13z . . . . .			<b>14</b>	
<b>15</b>	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31 . . . . .			<b>15</b>	<b>0</b>



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

Department of the Treasury  
Internal Revenue Service (99)

**Capital Gains and Losses**

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

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

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

OMB No. 1545-0074

**2021**

Attachment  
Sequence No. **12**

Name(s) shown on return

**SUDHEER ADHA & SUMAN RAVULAPELLI**

Your social security number

**210-82-6039**

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

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

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . . .				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .	3,055,861	3,246,397	187,083	(3,453)
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .	9,025	7,206		1,819
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .				
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>5</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>6</b> ( )
<b>7</b> <b>Net short-term capital gain or (loss)</b> . Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2 . . . . .				<b>7</b> (1,634)

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . . .				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .	46,163	26,265		19,898
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .				
<b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>11</b>
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>12</b>
<b>13</b> Capital gain distributions. See the instructions . . . . .				<b>13</b> 7
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>14</b> ( )
<b>15</b> <b>Net long-term capital gain or (loss)</b> . Combine lines 8a through 14 in column (h). Then, go to Part III on page 2 . . . . .				<b>15</b> 19,905

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

Schedule D (Form 1040) 2021



**Part III Summary**

<b>16</b>	Combine lines 7 and 15 and enter the result . . . . .	<b>16</b>	18,271
	<ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li> </ul>		
<b>17</b>	Are lines 15 and 16 <b>both</b> gains? <input checked="" type="checkbox"/> <b>Yes.</b> Go to line 18. <input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.		
<b>18</b>	If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . ▶	<b>18</b>	
<b>19</b>	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . . ▶	<b>19</b>	
<b>20</b>	Are lines 18 and 19 both zero or blank and are you not filing Form 4952? <input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16. <b>Don't</b> complete lines 21 and 22 below.  <input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.		
<b>21</b>	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of: <ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) ] ▶ . . . . .</li> </ul>	<b>21</b>	( )
	<b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.		
<b>22</b>	Do you have qualified dividends on Form 1040, 1040-SR, 1040-NR, line 3a?  <input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16.  <input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

# Sales and Other Dispositions of Capital Assets

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

Name(s) shown on return <b>SUDHEER ADHA &amp; SUMAN RAVULAPELLI</b>	Social security number or taxpayer identification number <b>210-82-6039</b>
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Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

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

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

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). <b>See the separate instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	<b>E TRADE SECURITIES LLC</b>	<b>VARIOUS</b>	<b>12-31-2021</b>	<b>2,922,116</b>	<b>3,105,852</b>	<b>W</b>	<b>183,195</b>	<b>(541)</b>
	<b>ROBINHOOD SECURITIES LLC</b>	<b>VARIOUS</b>	<b>12-31-2021</b>	<b>133,745</b>	<b>140,545</b>	<b>W</b>	<b>3,888</b>	<b>(2,912)</b>
<b>2</b>	<b>Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked) ►			<b>3,055,861</b>	<b>3,246,397</b>		<b>187,083</b>	<b>(3,453)</b>

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

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side <b>SUDHEER ADHA &amp; SUMAN RAVULAPELLI</b>	Social security number or taxpayer identification number <b>210-82-6039</b>
---	--

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

**Part II Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box D, E, or F below. Check only one box.** If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). <b>See the separate instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	<b>E TRADE SECURITEIS LLC</b>	VARIOUS	12-31-2021	46,136	26,243			19,893
	<b>ROBINHOOD SECURITIES LLC</b>	VARIOUS	12-31-2021	27	22			5
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 8b</b> (if <b>Box D</b> above is checked), <b>line 9</b> (if <b>Box E</b> above is checked), or <b>line 10</b> (if <b>Box F</b> above is checked) ▶				46,163	26,265			19,898

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

**Sales and Other Dispositions of Capital Assets**

Department of the Treasury  
Internal Revenue Service

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

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

Name(s) shown on return: **SUDHEER ADHA & SUMAN RAVULAPELLI**  
Social security number or taxpayer identification number: **210-82-6039**

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

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

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

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). <b>See the separate instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	ROBINHOOD CRYPTO LLC	VARIOUS	12-31-2021	9,025	7,206			1,819
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked) ►								
				9,025	7,206			1,819

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

**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](http://www.irs.gov/Schedule8812) for instructions and the latest information.

OMB No. 1545-0074

**2021**

Attachment  
Sequence No. **47**

Name(s) shown on return

Your social security number

**SUDHEER ADHA & SUMAN RAVULAPELLI**

**210-82-6039**

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

<b>1</b>	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR	<b>1</b>	<b>192,733</b>
<b>2a</b>	Enter income from Puerto Rico that you excluded	<b>2a</b>	
<b>b</b>	Enter the amounts from lines 45 and 50 of your Form 2555	<b>2b</b>	
<b>c</b>	Enter the amount from line 15 of your Form 4563	<b>2c</b>	
<b>d</b>	Add lines 2a through 2c	<b>2d</b>	
<b>3</b>	Add lines 1 and 2d	<b>3</b>	<b>192,733</b>
<b>4a</b>	Number of qualifying children under age 18 with the required social security number	<b>4a</b>	<b>2</b>
<b>b</b>	Number of children included on line 4a who were under age 6 at the end of 2021	<b>4b</b>	
<b>c</b>	Subtract line 4b from line 4a	<b>4c</b>	<b>2</b>
<b>5</b>	If line 4a is more than zero, enter the amount from the <b>Line 5 Worksheet</b> ; otherwise, enter -0-	<b>5</b>	<b>4,000</b>
<b>6</b>	Number of other dependents, including any qualifying children who are not under age 18 or who do not have the required social security number	<b>6</b>	
<b>Caution:</b> 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.			
<b>7</b>	Multiply line 6 by \$500	<b>7</b>	
<b>8</b>	Add lines 5 and 7	<b>8</b>	<b>4,000</b>
<b>9</b>	Enter the amount shown below for your filing status. • Married filing jointly-\$400,000 • All other filing statuses-\$200,000	<b>9</b>	<b>400,000</b>
<b>10</b>	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.	<b>10</b>	<b>0</b>
<b>11</b>	Multiply line 10 by 5% (0.05)	<b>11</b>	
<b>12</b>	Subtract line 11 from line 8. If zero or less, enter -0-	<b>12</b>	<b>4,000</b>
<b>13</b>	Check all the boxes that apply to you (or your spouse if married filing jointly). <b>A</b> Check here if you (or your spouse if married filing jointly) have a principal place of abode in the United States for more than half of 2021 <input checked="" type="checkbox"/> <b>B</b> Check here if you (or your spouse if married filing jointly) are a bona fide resident of Puerto Rico for 2021 <input checked="" 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.

<b>14a</b>	Enter the smaller of line 7 or line 12	<b>14a</b>	<b>0</b>
<b>b</b>	Subtract line 14a from line 12	<b>14b</b>	<b>4,000</b>
<b>c</b>	If line 14a is zero, enter -0-; otherwise, enter the amount from the <b>Credit Limit Worksheet A</b>	<b>14c</b>	<b>0</b>
<b>d</b>	Enter the smaller of line 14a or line 14c	<b>14d</b>	<b>0</b>
<b>e</b>	Add lines 14b and 14d	<b>14e</b>	<b>4,000</b>
<b>f</b>	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- <b>Caution:</b> 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.	<b>14f</b>	<b>2,000</b>
<b>g</b>	Subtract line 14f from line 14e. If zero or less, enter -0- on lines 14g through 14i and go to Part III	<b>14g</b>	<b>2,000</b>
<b>h</b>	Enter the smaller of line 14d or line 14g. <b>This is your credit for other dependents. Enter this amount on line 19 of your Form 1040, 1040-SR, or 1040-NR</b>	<b>14h</b>	<b>0</b>
<b>i</b>	Subtract line 14h from line 14g. <b>This is your refundable child tax credit. Enter this amount on line 28 of your Form 1040, 1040-SR, or 1040-NR</b>	<b>14i</b>	<b>2,000</b>

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

Schedule 8812 (Form 1040) 2021

**Health Savings Accounts (HSAs)**

Department of the Treasury  
Internal Revenue Service

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

**2021**  
Attachment  
Sequence No. **52**

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

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶ **210-82-6039**

**SUDHEER ADHA & SUMAN RAVULAPELLI**

**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. <b>Do not</b> 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 <b>every</b> month during 2021, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,600 (\$7,200 for family coverage). <b>All others</b> , 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	1,100
10	Qualified HSA funding distributions . . . . .	10	
11	Add lines 9 and 10 . . . . .	11	1,100
12	Subtract line 11 from line 8. If zero or less, enter -0- . . . . .	12	6,100
13	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 . . . . .	13	

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

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

14a	Total distributions you received in 2021 from all HSAs (see instructions) . . . . .	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions . . . . .	14b	
c	Subtract line 14b from line 14a . . . . .	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions) . . . . .	15	
16	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8e . . . . .	16	
17a	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here . . . . . ▶ <input type="checkbox"/>		
b	<b>Additional 20% tax</b> (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	<b>Total income.</b> 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	<b>Additional tax.</b> Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d . . . . .	21	

**Qualified Business Income Deduction  
Simplified Computation**

**2021**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to your tax return.**  
▶ **Go to [www.irs.gov/Form8995](http://www.irs.gov/Form8995) for instructions and the latest information.**

Attachment  
Sequence No. **55**

Name(s) shown on return

Your taxpayer identification number

**SUDHEER ADHA & SUMAN RAVULAPELLI**

**210-82-6039**

**Note.** You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.  
Use this form if your taxable income, before your qualified business income deduction, is at or below \$164,900 (\$164,925 if married filing separately; \$329,800 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i			
ii			
iii			
iv			
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c) . . . . .	2	0
3	Qualified business net (loss) carryforward from the prior year . . . . .	3	( )
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0- . . . . .	4	0
5	Qualified business income component. Multiply line 4 by 20% (0.20) . . . . .	5	0
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions) . . . . .	6	6
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year . . . . .	7	( )
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0- . . . . .	8	6
9	REIT and PTP component. Multiply line 8 by 20% (0.20) . . . . .	9	1
10	Qualified business income deduction before the income limitation. Add lines 5 and 9 . . . . .	10	1
11	Taxable income before qualified business income deduction (see instructions) . . . . .	11	167,633
12	Net capital gain (see instructions) . . . . .	12	20,212
13	Subtract line 12 from line 11. If zero or less, enter -0- . . . . .	13	147,421
14	Income limitation. Multiply line 13 by 20% (0.20) . . . . .	14	29,484
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions) . . . . . ▶	15	1
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0- . . . . .	16	( 0 )
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0- . . . . .	17	( 0 )

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

EEA

Amount from Form 1040, line 11..... 192,733  
Amount from Form 1040, line 12..... 25,100

Line 11 above is the difference between these amounts..... 167,633

		<b>a</b> Employee's social security number <b>210-82-6039</b>		OMB No. 1545-0008		Safe, accurate, FAST! Use		IRS e-file		Visit the IRS website at www.irs.gov/efile	
<b>b</b> Employer identification number (EIN) <b>13-3924155</b>				<b>1</b> Wages, tips, other compensation <b>118,416</b>		<b>2</b> Federal income tax withheld <b>9,049</b>					
<b>c</b> Employer's name, address, and ZIP code <b>COGNIZANT TECHNOLOGY SOLUTIONS US CORPORAT 211 QUALITY CIR STE 150 COLLEGE STATION TX 77845</b>				<b>3</b> Social security wages <b>122,240</b>		<b>4</b> Social security tax withheld <b>7,579</b>					
				<b>5</b> Medicare wages and tips <b>122,240</b>		<b>6</b> Medicare tax withheld <b>1,772</b>					
				<b>7</b> Social security tips		<b>8</b> Allocated tips					
<b>d</b> Control number				<b>9</b>		<b>10</b> Dependent care benefits					
<b>e</b> Employee's first name and initial <b>SUDHEER</b>		Last name <b>ADHA</b>		Suff.		<b>11</b> Nonqualified plans		<b>12a</b> See instructions for box 12 C   <b>354</b>			
<b>f</b> Employee's address and ZIP code <b>10455 E VIA LINDA APT 120 SCOTTSDALE AZ 852589222</b>		<b>13</b> Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		<b>14</b> Other		<b>12b</b>		D   <b>9,012</b>			
						<b>12c</b>		W   <b>1,100</b>			
						<b>12d</b>		DD   <b>13,461</b>			
<b>15</b> State Employer's state ID number AZ   <b>13 3924155</b>		<b>16</b> State wages, tips, etc. <b>118,416</b>		<b>17</b> State income tax <b>3,057</b>		<b>18</b> Local wages, tips, etc.		<b>19</b> Local income tax		<b>20</b> Locality name	

Form **W-2** Wage and Tax Statement **2021**

Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.  
This information is being furnished to the Internal Revenue Service.

EEA The information on the Form W-2 was used to prepare the taxpayer's 2021 Federal tax return by SPLASHWISE GLOBAL SOLUT



		<b>a</b> Employee's social security number <b>182-84-0780</b>		OMB No. 1545-0008		Safe, accurate, FAST! Use		IRS e-file		Visit the IRS website at www.irs.gov/efile	
<b>b</b> Employer identification number (EIN) <b>20-8095768</b>				<b>1</b> Wages, tips, other compensation <b>54,086</b>		<b>2</b> Federal income tax withheld <b>4,018</b>					
<b>c</b> Employer's name, address, and ZIP code <b>BLUEPRINT CONSULTING LLC</b>  <b>2N CENTRAL AVE18 FL 1923</b> <b>PHOENIX AZ 85004</b>				<b>3</b> Social security wages <b>65,671</b>		<b>4</b> Social security tax withheld <b>4,072</b>					
				<b>5</b> Medicare wages and tips <b>65,671</b>		<b>6</b> Medicare tax withheld <b>952</b>					
				<b>7</b> Social security tips		<b>8</b> Allocated tips					
<b>d</b> Control number				<b>9</b>		<b>10</b> Dependent care benefits					
<b>e</b> Employee's first name and initial <b>SUMAN</b>		Last name <b>RAVULAPELLI</b>		Suff.		<b>11</b> Nonqualified plans		<b>12a</b> See instructions for box 12 D   <b>11,585</b>			
<b>10455 E VIA LINDA APT 120</b> <b>SCOTTSDALE AZ 85258</b>				<b>13</b> Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		<b>12b</b>					
				<b>14</b> Other		<b>12c</b>					
						<b>12d</b>					
<b>f</b> Employee's address and ZIP code				<b>15</b> State Employer's state ID number AZ   <b>20 8095768</b>		<b>16</b> State wages, tips, etc. <b>54,086</b>		<b>17</b> State income tax <b>2,215</b>		<b>18</b> Local wages, tips, etc.	
								<b>19</b> Local income tax		<b>20</b> Locality name	

Form **W-2** Wage and Tax Statement **2021**

Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.  
This information is being furnished to the Internal Revenue Service.

EEA The information on the Form W-2 was used to prepare the taxpayer's 2021 Federal tax return by SPLASHWISE GLOBAL SOLUTIONS

# W-2 Detail Listing

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

**2021**

Name(s) as shown on return

Tax ID Number

SUDHEER ADHA & SUMAN RAVULAPELLI

210-82-6039

T/S	Employer Name	FEDERAL			STATE	
		Gross	W/H	State Code	Gross	W/H
T	COGNIZANT TECHNOLOGY SOLUTIO	118,416	9,049	AZ	118,416	3,057
S	BLUEPRINT CONSULTING LLC	54,086	4,018	AZ	54,086	2,215
<b>Taxpayer Totals</b>		<b>118,416</b>	<b>9,049</b>		<b>118,416</b>	<b>3,057</b>
<b>Spouse Totals</b>		<b>54,086</b>	<b>4,018</b>		<b>54,086</b>	<b>2,215</b>
<b>Totals</b>		<b>172,502</b>	<b>13,067</b>		<b>172,502</b>	<b>5,272</b>

# Recovery Rebate Credit Worksheet

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

2021

Name(s) as shown on return

Tax ID Number

SUDHEER ADHA & SUMAN RAVULAPELLI

210-82-6039

1. Can you be claimed as a dependent on another person's 2021 return? If filing a joint return, go to line 2.  
 **No.** Go to line 2.  
 **Yes. STOP** You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30.

2. Does your 2021 return include a social security number that was issued on or before the due date of your 2021 return (including extensions) for you and, if filing a joint return, your spouse?  
 **Yes.** Go to line 6.  
 **No.** If you are filing a joint return, go to line 3.  
If you aren't filing a joint return, go to line 5.

3. Was at least one of you a member of the U.S. Armed Forces at any time during 2021, and does at least one of you have a social security number that was issued on or before the due date of your 2021 return (including extensions)?  
 **Yes.** Your credit is not limited. Go to line 6.  
 **No.** Go to line 4.

4. Does one of you have a social security number that was issued on or before the due date of your 2021 return (including extensions)?  
 **Yes.** Your credit is limited. Go to line 6.  
 **No.** Go to line 5.

5. Do you have any dependents listed in the *Dependents* section on page 1 of Form 1040 or 1040-SR for whom you entered a social security number that was issued on or before the due date of your 2021 return (including extensions) or an adoption taxpayer identification number?  
 **Yes.** Enter zero on line 6 and go to line 7.  
 **No. STOP** You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30.

6. Enter:  
• \$1,400 if single, head of household, married filing separately, or qualifying widow(er),  
• \$1,400 if married filing jointly and you answered "Yes" to question 4, or  
• \$2,800 if married filing jointly and you answered "Yes" to question 2 or 3 . . . . . **6.** 2,800

7. Multiply \$1,400 by the number of dependents listed in the *Dependents* section on page 1 of Form 1040 or 1040-SR for whom you entered a social security number that was issued on or before the due date of your 2021 return (including extensions) or an adoption taxpayer identification number . . . . . **7.** 2,800

8. Add lines 6 and 7 . . . . . **8.** 5,600

9. Is the amount on line 11 of Form 1040 or 1040-SR more than the amount shown below for your filing status?  
• Single or Married filing separately—\$75,000  
• Married filing jointly or qualifying widow(er)—\$150,000  
• Head of household—\$112,500  
 **Yes.** Enter the amount from line 11 of Form 1040 or 1040-SR and go to line 10 . . . . . **9.** 192,733  
 **No.** Enter the amount from line 8 on line 12 and skip lines 10 and 11.

10. Is line 9 more than the amount shown below for your filing status?  
• Single or married filing separately—\$80,000  
• Married filing jointly or qualifying widow(er)—\$160,000  
• Head of household—\$120,000  
 **Yes. STOP** You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30.  
 **No.** Subtract line 9 from the amount shown above for your filing status . . . . . **10.** \_\_\_\_\_

11. Divide line 10 by the amount shown below for your filing status. Enter the result as a decimal (rounded to at least 2 places).  
• Single or married filing separately—\$5,000  
• Married filing jointly or qualifying widow(er)—\$10,000  
• Head of household—\$7,500 . . . . . **11.** \_\_\_\_\_

12. Multiply line 8 by line 11 . . . . . **12.** \_\_\_\_\_

13. Enter the amount, if any, of EIP 3 that was issued to you. If filing a joint return, include the amount, if any, of your spouse's EIP 3. You may refer to Notice 1444-C or your tax account information at [IRS.gov/Account](https://www.irs.gov/Account) for the amount to enter here . . . . . **13.** \_\_\_\_\_

14. **Recovery rebate credit.** Subtract line 13 from line 12. If zero or less, enter -0-. If line 13 is more than line 12, you don't have to pay back the difference. Enter the result here and, if more than zero, on line 30 of Form 1040 or 1040-SR . . . . . **14.** 0

82F Check box 82F if filing under extension OR FISCAL YEAR BEGINNING AND ENDING 66F

Personal information section including name (SUDHEER ADHA), spouse (SUMAN RAVULAPELLI), address (10455 E VIA LINDA), and phone (480-886-6824).

Filing status section with options for Married joint (checked), Head of household, Married separate, and Single. Includes dependent information for 10a and 10b.

Table for dependent information (Box 10a and 10b) with columns for name, SSN, relationship, and months lived in home.

Table for qualifying parents and grandparents (Box 11a) with columns for name, SSN, relationship, and months lived in home.

Main tax calculation table with sections for Additions (lines 12-19) and Subtractions (lines 20-34), resulting in a total of 192,733.00.

DO NOT STAPLE ANY ITEMS TO THE RETURN. Place any required federal and AZ schedules or other documents after Form 140.

Your Name (as shown on page 1) **SUDHEER ADHA** Your Social Security Number **210-82-6039**

Exemptions	35	Subtract lines 24 through 34c from line 19	35	192,733	00		
	36	Other Subtractions from Income. Complete <i>Other Subtraction from Arizona Gross Income</i> schedule on page 6	36		00		
	37	Subtract line 36 from line 35. Enter the difference	37	192,733	00		
	38	Age 65 or over: Multiply the number in box 8 by \$2,100	38		00		
	39	Blind: Multiply the number in box 9 by \$1,500	39		00		
	40	Other Exemptions. See instructions <b>40E</b> <input type="checkbox"/> Multiply the number in box <b>40E</b> by \$2,300	40		00		
	41	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000	41		00		
	42	<b>Arizona adjusted gross income:</b> Subtract lines 38 through 41 from line 37. If less than zero, enter "0".	42	192,733	00		
	43	<b>Deductions: Check box and enter amount.</b> See instructions <b>43I</b> <input type="checkbox"/> <b>ITEMIZED</b> <b>43S</b> <input checked="" type="checkbox"/> <b>STANDARD</b>	43	25,100	00		
	44	If you checked box <b>43S</b> and claim charitable contributions, check <b>44C</b> <input type="checkbox"/> <b>Complete page 3.</b> See instructions	44		00		
Balance of Tax	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0".	45	167,633	00		
	46a	Compute the tax using amount on line 45 and Tax Tables X and Y or Optional Tax Tables	46a	5,650	00		
	46b	If line 45 is \$250,001 or more (single/mfs) or \$500,001 or more (mfj/hoh) compute the tax surcharge. Enter the amount	46b		00		
	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 30	47		00		
	48	Subtotal of tax: Add lines 46a, 46b and 47. Enter the total	48	5,650	00		
	49	Dependent Tax Credit. See instructions	49	125	00		
	50	Family income tax credit (from the worksheet - see instructions)	50		00		
	51	Nonrefundable Credits from Arizona Form 301, Part 2, line 61	51		00		
	52	<b>Balance of tax:</b> Subtract lines 49, 50 and 51 from line 48. If the sum of lines 49, 50 and 51 is greater than line 48, enter "0".	52	5,525	00		
	53	2021 AZ income tax withheld	53	5,272	00		
Total Payments and Refundable Credits	54	2021 AZ estimated tax payments <b>54a</b> <input type="text" value="00"/> <b>Claim of Right 54b</b> <input type="text" value="00"/> Add 54a and 54b <b>54c</b>			00		
	55	2021 AZ extension payment (Form 204)	55		00		
	56	Increased Excise Tax Credit (from the worksheet - see instructions)	56		00		
	57	Property Tax Credit from Arizona Form 140PTC	57		00		
	58	Other refundable credits: Check the box(es) and enter the total amount <b>581</b> <input type="checkbox"/> 308-I <b>582</b> <input type="checkbox"/> 349	58		00		
	59	<b>Total payments and refundable credits:</b> Add lines 53 through 58. Enter the total	59	5,272	00		
	60	<b>TAX DUE:</b> If line 52 is larger than line 59, subtract line 59 from line 52. Enter amount of tax due. Skip lines 61, 62 and 63.	60	253	00		
Tax Due or Overpayment	61	<b>OVERPAYMENT:</b> If line 59 is larger than line 52, subtract line 52 from line 59. Enter amount of overpayment	61		00		
	62	Amount of line 61 to be applied to 2022 estimated tax	62		00		
	63	Balance of overpayment: Subtract line 62 from line 61. Enter the difference	63		00		
Voluntary Gifts	<b>64 - 74 Voluntary Gifts to:</b>						
		Solutions Teams Assigned to Schools	64	<input type="text" value="00"/>	Arizona Wildlife	65	<input type="text" value="00"/>
		Child Abuse Prevention	66	<input type="text" value="00"/>	Domestic Violence Services	67	<input type="text" value="00"/>
		Neighbors Helping Neighbors	69	<input type="text" value="00"/>	Special Olympics	70	<input type="text" value="00"/>
		I Didn't Pay Enough Fund	72	<input type="text" value="00"/>	Sustainable State Parks and Road Fund	73	<input type="text" value="00"/>
		Political Party (if amount is entered on line 68 - check only one):	75	<input type="checkbox"/>	Democratic	75	<input type="checkbox"/>
			75	<input type="checkbox"/>	Libertarian	75	<input type="checkbox"/>
			75	<input type="checkbox"/>	Republican	75	<input type="checkbox"/>
Penalty	76	Estimated payment penalty	76		00		
	77	<b>771</b> <input type="checkbox"/> Annualized/Other <b>772</b> <input type="checkbox"/> Farmer or Fisherman <b>773</b> <input type="checkbox"/> Form 221 included					
	78	Add lines 64 through 74 and 76; enter the total	78		00		
Refund or Amount Owed	79	<b>REFUND:</b> Subtract line 78 from line 63. If less than zero, enter amount owed on line 80	79		00		
		<b>Direct Deposit of Refund: Check box 79A</b> if your deposit will be ultimately placed in a <b>foreign account</b> ; see instructions. <b>79A</b> <input type="checkbox"/>					
		<b>98</b> <input type="checkbox"/> <b>C</b> <input type="checkbox"/> Checking or <input type="checkbox"/> <b>S</b> <input type="checkbox"/> Savings ROUTING NUMBER <input type="text"/> ACCOUNT NUMBER <input type="text"/>					
80	<b>AMOUNT OWED:</b> Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write your SSN on payment; and include with your return	80	253	00			

PLEASE SIGN HERE

Under penalties of perjury, I declare that I have read this return and any documents with it, 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 \_\_\_\_\_ 04-14-2022 IT PROFESSIONAL  
 DATE OCCUPATION  
 SPOUSE'S SIGNATURE \_\_\_\_\_ 04-14-2022 IT PROFESSIONAL  
 DATE SPOUSE'S OCCUPATION  
 PAID PREPARER'S SIGNATURE \_\_\_\_\_ 04-14-2022 SPLASHWISE GLOBAL SOLUTIONS LLC  
 DATE FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)  
30 N GOULD ST STE 4000 P02505912  
 PAID PREPARER'S STREET ADDRESS PAID PREPARER'S TIN  
SHERIDAN WY 82801 720-440-7141  
 PAID PREPARER'S CITY STATE ZIP CODE PAID PREPARER'S PHONE NUMBER

If you are also sending a payment, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016 (PO Box 29204, Phoenix, AZ 85038-9204 if your return has a barcode).  
 If you are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138 (PO Box 29205, Phoenix, AZ 85038-9205 if your return has a barcode).

Your First Name and Middle Initial <b>1</b> SUDHEER		Last Name ADHA	Enter your SSN(s) ▶	Your Social Security No. 210-82-6039
Spouse's First Name and Middle Initial <b>1</b> SUMAN		Last Name RAVULAPELLI		Spouse's Social Security No. 182-84-0780
Current Home Address - number and street, rural route <b>2</b> 10455 E VIA LINDA		Apt. No. 120	Daytime Phone (with area code) <b>94</b> 480-886-6824	
City, Town or Post Office <b>3</b> SCOTTSDALE	State AZ	ZIP Code 85258	REVENUE USE ONLY. DO NOT MARK IN THIS AREA. <b>88</b>	
<b>Please indicate the filing status below:</b> <input checked="" type="checkbox"/> Married filing joint return <input type="checkbox"/> Head of household: Enter name of qualifying child or dependent on next line. _____ <input type="checkbox"/> Married filing separate return: Enter spouse's name and Social Security Number above. <input type="checkbox"/> Single				
			<b>1</b> P	<b>80</b> RCVD

Enter the amount of **payment enclosed** ..... \$

If you are mailing this payment

**To ensure proper application of this payment be sure that you:**

- Do **not** send cash.
- Make your check or money order payable to Arizona Department of Revenue.
- Write your SSN, "2021 Tax" and 140 on your payment.
- Include your payment with this form.
- **Mail to** Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.

If you are making an electronic payment

**You can make this 140V payment by eCheck or credit card!**  
 American Express ♦ Visa ♦ Discover Card ♦ MasterCard  
**www.AZTaxes.gov**

- Click on "Make a Payment" and select "140V" as the Payment Type.
- Do not mail this form. We will apply this payment to your account.

**NOTE:** To avoid interest and penalties you must pay the full amount of your tax by April 18, 2022. You will not receive an additional notice from the Arizona Department of Revenue unless an error exists with your return.

<b>1</b>	Your First Name and Middle Initial SUDHEER	Last Name ADHA	Enter	Your Social Security Number 210-82-6039
<b>1</b>	Your Spouse's First Name and Middle Initial SUMAN	Last Name RAVULAPELLI	your SSN(s).	Spouse's Social Security No. 182-84-0780
<b>2</b>	Current Home Address - number and street, rural route 10455 E VIA LINDA	Apt. No. 120	Daytime Phone (with area code) <b>94</b> 480-886-6824	
<b>3</b>	City, Town or Post Office SCOTTSDALE	State AZ	ZIP Code 85258	<b>88</b>

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

**88**

**81** PM

**80** RCVD

**Please indicate the filing status below:**

- Married filing joint return
- Head of Household: Enter name of qualifying child or dependent on the next line.
- Married filing separate return: Enter spouse's name and Social Security Number above.
- Single

Enter the amount of **payment enclosed** ..... \$ 

253	00
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If you are mailing this payment

**To ensure proper application of payment, be sure that you:**

- Do **not** send cash.
- Make your check or money order payable to Arizona Department of Revenue.
- Write your SSN, "2021 Tax" and 140-SBI on your payment.
- Include your payment with this form.
- **Mail to** Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.

If you are making an electronic payment

**You can make this 140V-SBI payment by eCheck or credit card!**

American Express ♦ Visa ♦ Discover Card ♦ MasterCard

**www.AZTaxes.gov**

- Click on "Make a Payment" and select "140V-SBI" as the Payment Type.
- Do not mail this form. We will apply this payment to your account.

**NOTE:** To avoid interest and penalties you must pay the full amount of your tax by April 18, 2022. You will not receive an additional notice from the Arizona Department of Revenue unless an error exists with your return.

Taxpayer Name  
 SUDHEER ADHA & SUMAN RAVULAPELLI

SSN  
 210-82-6039

**Complete the following tables to compute your allowable Dependent Tax Credit.**

<b>Table 1</b>			
(a)	(b)	(c) Credit amount	(d) Multiply column (b) by column (c)
1. Enter number of dependents from page 1, box 10a	1	\$100	\$ 100.00
2. Enter number of dependents from page 1, box 10b	1	\$25	\$ 25.00
3. Credit amount before adjustment. Add lines 1 and 2. Enter total in column (d)			\$ 125.00
4. Enter your Arizona income ratio from AZ140NR or AZ140PY, page 1, line 27			
5. For AZ140NR or AZ140PY, multiply line 3 by the ratio on line 4. Enter the result here			\$ .00

**All taxpayers go to Table II.**

<b>Table II</b>			
If your filing status is single, married filing separate, or head of household: is your federal adjusted gross income on page 1, line 12 of the AZ140 or page 1, line 25 of the AZ140NR or AZ140PY, more than \$200,000?	Yes	No	
	<input type="checkbox"/>	<input type="checkbox"/>	
If your filing status is married filing joint, is your federal adjusted gross income on page 1, line 12 of the AZ140, page 1, line 12 or page 1, line 25 of the AZ140NR or AZ140PY, more than \$400,000?	Yes	No	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

- If you answered "No", you are not required to reduce the amount of credit computed in Table I. For the AZ140, enter the amount from Table I, line 3 on page 2, line 49. For the AZ140NR or AZ140PY, enter the amount from Table I, line 5 on page 2, line 59.
- If you answered "Yes", you are required to reduce the amount of credit computed in Table I.

**Complete Table III or Table IV.**

<b>Table III</b>	
<b>2021 Adjusted Dependent Tax Credit</b>	
<b>For filing status: single, married filing separate, or head of household</b>	
1. Enter your federal adjusted gross income from the AZ 140, page 1, line 12 or from the AZ140NR or AZ140PY, page 1, line 25	\$ .00
2. Federal adjusted gross income limit	\$ 200,000.00
3. Subtract line 2 from line 1. Enter the difference	\$ .00
<b>If the difference is greater than \$19,000, STOP. You cannot claim the dependent tax credit.</b>	
4. For the AZ140, enter amount from Table I, line 3, column (d). For the AZ140NR or AZ140PY, enter amount from Table I, line 5, column (d)	\$ .00
5. Based on the amount on line 3, enter the number from Table V. For example: if line 3 is \$1,500, enter <b>.90</b>	
6. Multiply line 4 by line 5. Enter the result. Also, for the AZ140, enter the result on page 2, line 49 or for the AZ140NR or AZ140PY, enter the result on page 2, line 59	\$ .00

<b>Table IV</b>	
<b>2021 Adjusted Dependent Tax Credit</b>	
<b>For filing status: married filing joint</b>	
1. Enter your federal adjusted gross income from the AZ 140, page 1, line 12 or from the AZ140NR or AZ140PY, page 1, line 25	\$ .00
2. Federal adjusted gross income limit	\$ 400,000.00
3. Subtract line 2 from line 1. Enter the difference	\$ .00
<b>If the difference is greater than \$19,000, STOP. You cannot claim the dependent tax credit.</b>	
4. For the AZ140, enter the amount from Table I, line 3, column (d). For the AZ140NR or AZ140PY, enter the amount from Table I, line 5, column (d)	\$ .00
5. Based on the amount on line 3, enter the number from Table V. For example: if line 3 is \$1,500, enter <b>.90</b>	
6. Multiply line 4 by line 5. Enter the result. Also, for the AZ140, enter the result on page 2, line 49 or for the AZ140NR or AZ140PY, enter the result on page 2, line 59	\$ .00