



2021 Income Tax Return

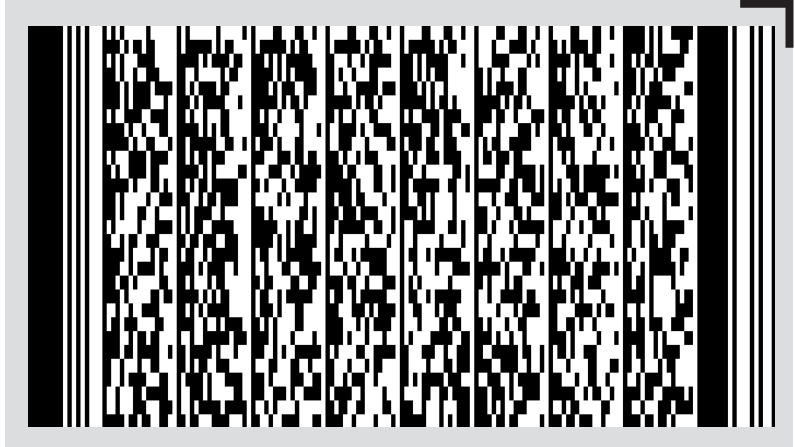
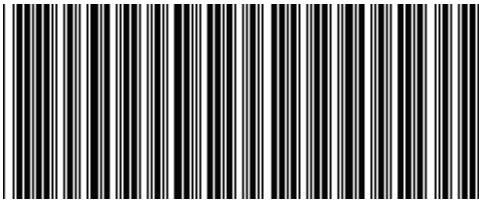
Massachusetts Return

Thank you for using
FreeTaxUSA.com to prepare your
2021 income tax return.

You can view the status of your tax return by
signing in to your account at www.freetaxusa.com.

2022 tax preparation on FreeTaxUSA.com will be
available starting in January of 2023.

We look forward to preparing your 2022 tax return.



2021 Form 1

MA21001011201

Massachusetts Resident Income Tax Return

FOR FULL YEAR RESIDENTS ONLY

For the year January 1–December 31, 2021 or other taxable

Year beginning

Ending

PRAVEEN TIMMAPURAM
ROOPA MANDADI
2056 PINEOLA BOG TRAIL

278-08-8006
152-17-0520
APEX

NC 27502

Fill in if: Amended return Other jurisdiction change Federal amendment Amended return due to IRS BBA Partnership Audit

State Election Campaign Fund:

Fill in if veteran of Operations Enduring Freedom, Iraqi Freedom, Noble Eagle or Sinai Peninsula

Fill in if name change

Taxpayer deceased

Fill in if under age 18

a. Total federal income 291388

b. Federal adjusted gross income 291388

- 1. **Filing status** (select one only):
 - Single
 - Married filing jointly
 - Married filing separate return
 - Head of household

You are a custodial parent who has released claim to exemption for child(ren)

2. Exemptions

a. Personal exemptions		2a	8800
b. Number of dependents. (Do not include yourself or your spouse.) Enter number	2	x \$1,000 = 2b	2000
c. Age 65 or over before 2022	You + Spouse =	x \$700 = 2c	
d. Blindness	You + Spouse =	x \$2,200 = 2d	
e. Medical/dental		2e	
f. Adoption		2f	
g. Total exemptions. Add items 2a through 2f. Enter here and on line 18		2g	10800

SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.

Your signature

Date

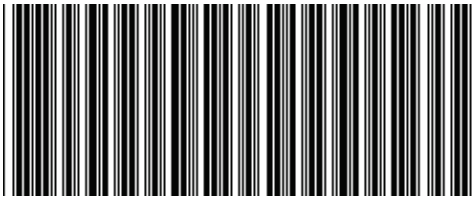
Spouse's signature

Date

VINPRA@GMAIL.COM

8484667296

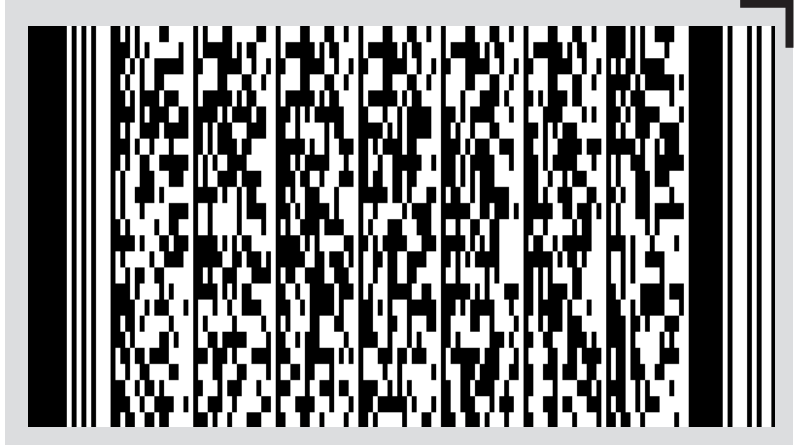
PRIVACY ACT NOTICE AVAILABLE UPON REQUEST



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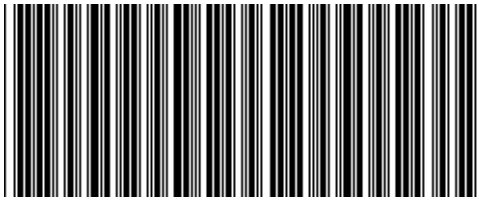
MA21001021201

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3.	Wages, salaries, tips		3	273692
4.	Taxable pensions and annuities		4	
5.	Mass. bank interest: a.	379	= 5	179
		- b. exemption 200		
6a.	Business/profession income/loss		6a	
6b.	Farming income/loss		6b	
7.	Rental, royalty and REMIC, partnership, S corp., trust income/loss		7	
8a.	Unemployment		8a	
8b.	Mass. lottery winnings		8b	
9.	Other income from Schedule X, line 6		9	
10.	TOTAL 5.0% INCOME		10	273871
11a.	Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass. Retirement		11a	2000
11b.	Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement		11b	2000
12.	Reserved for future use		12	
13.	Reserved for future use		13	
14.	Rental deduction. a.		÷ 2 = 14	
15.	Other deductions from Schedule Y, line 19		15	
16.	Total deductions. Add lines 11 through 15		16	4000
17.	5.0% INCOME AFTER DEDUCTIONS. Subtract line 16 from line 10. Not less than "0"		17	269871
18.	Exemption amount		18	10800
19.	5.0% INCOME AFTER EXEMPTIONS. Subtract line 18 from line 17. Not less than "0"		19	259071
20.	INTEREST AND DIVIDEND INCOME		20	
21.	TOTAL TAXABLE 5.0% INCOME. Add lines 19 and 20		21	259071

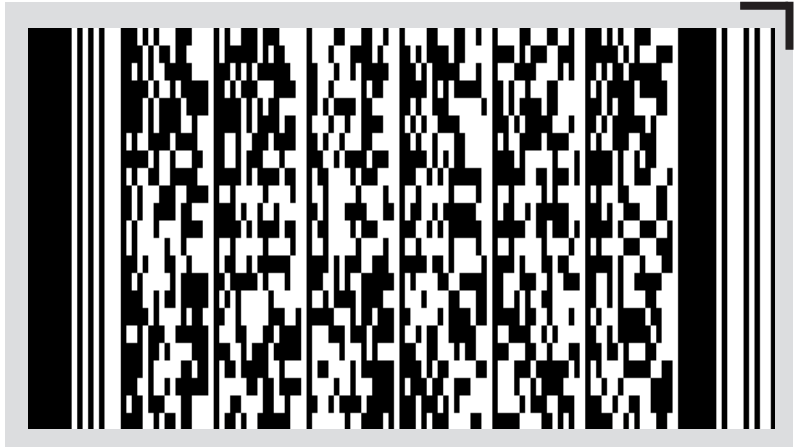
BE SURE TO INCLUDE THIS PAGE WITH FORM 1, PAGE 1



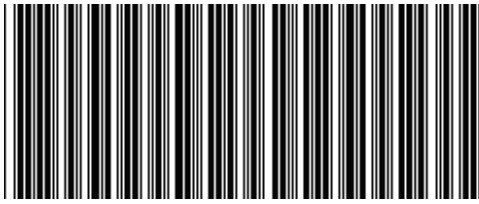
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22. TAX ON 5.0% INCOME. Note: If choosing the optional 5.85% tax rate, fill in and multiply line 21 and the amount in Schedule D, line 21 by .0585	22	12954
23. 12% INCOME. Not less than "0" a.	x .12 = 23	
24. TAX ON LONG-TERM CAPITAL GAINS. Not less than "0." Fill in if filing Schedule D-IS Fill in if any excess exemptions were used in calculating lines 20, 23 or 24	24	
25. Credit recapture amount (from Credit Recapture Schedule)	25	
26. Additional tax on installment sale	26	
27. If you qualify for No Tax Status, fill in and enter "0" on line 28		
28. TOTAL INCOME TAX. Add lines 22 through 26	28	12954
29. Limited Income Credit	29	
30. Income tax due to another state or jurisdiction	30	
31. Other credits from Credit Manager Schedule	31	
32. INCOME TAX AFTER CREDITS. Subtract the total of lines 29 through 31 from line 28. Not less than "0"	32	12954
33. Voluntary Contributions		
a. Endangered Wildlife Conservation	33a	
b. Organ Transplant Fund	33b	
c. Massachusetts Public Health HIV and Hepatitis Fund	33c	
d. Massachusetts U.S. Olympic Fund	33d	
e. Massachusetts Military Family Relief Fund	33e	
f. Homeless Animal Prevention and Care	33f	
Total. Add lines 33a through 33f	33	
34. Use tax due on Internet, mail order and other out-of-state purchases	34	
35. Health care penalty a. You + b. Spouse	35	
36. Amended return only. Overpayment from original return	36	
37. INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX. Add lines 32 through 36	37	12954



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Table with 3 columns: Line number, Description, and Amount. Includes lines 38-52 with various tax items like income tax withheld, credits, and overpayment.

Direct deposit of refund. Type of account X checking
savings
RTN # 211391825 account # 17155300

53. Tax due. Pay online at www.mass.gov/dor/payonline. Mail to: Mass. DOR, PO Box 7003, Boston, MA 02204
Interest Penalty M-2210 amt. 53 EX enclose Form M-2210

May the Department of Revenue discuss this return with the preparer shown here?

I do not want preparer to file my return electronically

(this may delay your refund)

Paid preparer's

Print paid preparer's name

Date

Check if self-employed

SSN/PTIN

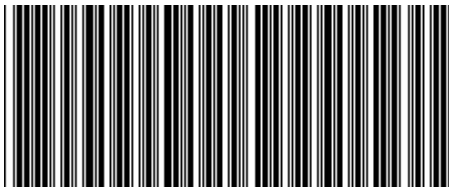
SELF PREPARED

Paid preparer's signature

Paid preparer's phone

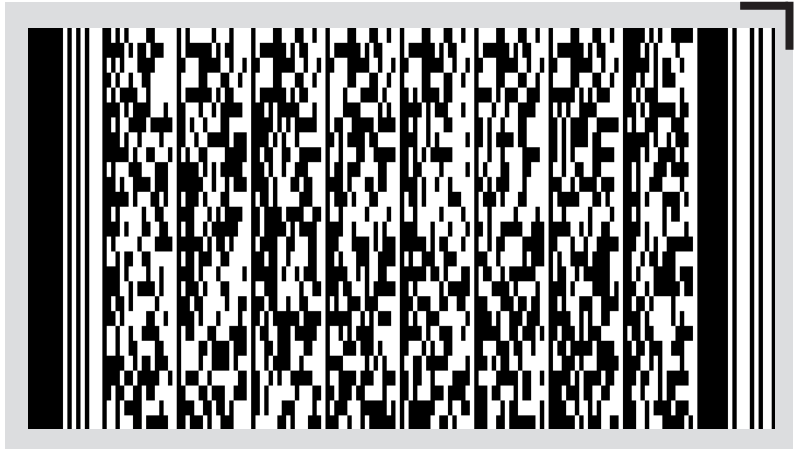
Paid preparer's EIN

BE SURE TO INCLUDE THIS PAGE WITH FORM 1, PAGE 1



2021 Schedule HC

MA21029011201



278-08-8006

Schedule HC, Health Care Information, must be completed by all full-year residents and certain part-year residents (see instructions).

Note: Schedule HC must be enclosed with your Form 1 or Form 1-NR/PY. Failure to do so will delay the processing of your return.

PRAVEEN TIMMAPURAM

1a. Date of birth 09021979 1b. Spouse's date of birth 03071984 1c. Family size 4
2. Federal adjusted gross income 2 291388

3. Indicate the time period that you were enrolled in a Minimum Creditable Coverage (MCC) health insurance plan(s). The Form MA 1099-HC from your insurer will indicate whether your insurance met MCC requirements. Note: MassHealth, Medicare, and health coverage for U.S. Military, including Veterans Administration and Tri-Care, meet the MCC requirements. If you did not receive a Form MA 1099-HC from your insurer, or you had insurance that did not meet MCC requirements, see the special section on MCC requirements in the instructions.

See instructions if, during 2021, you turned 18, you were a part-year resident or a taxpayer was deceased. 3a You: [X] Full-year MCC Part-year MCC No MCC/None 3a Spouse: [X] Full-year MCC Part-year MCC No MCC/None If you filled in the full-year or part-year MCC oval, go to line 4. If you filled in No MCC/None, go to line 6.

4. Indicate the health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements in which you were enrolled in 2021, as shown on Form MA 1099-HC (check all that apply). If you did not receive this form, fill in line(s) 4f and/or 4g and see instructions. Fill in if you were enrolled in private insurance and MassHealth or Commonwealth Care and enter your private insurance information in line(s) 4f and/or 4g and go to line 5.

4a. Private insurance, including ConnectorCare (completes line(s) 4f and/or 4g below) [X] You [X] Spouse
4b. MassHealth. Fill in and go to line 5 You Spouse
4c. Medicare (including a replacement or supplemental plan). Fill in and go to line 5 You Spouse
4d. U.S. Military (including Veterans Administration and Tri-Care). Fill in and go to line 5 You Spouse
4e. Other program (enter the program name(s) only in lines 4f and/or 4g below). Note: Health Safety Net is not considered insurance or minimum creditable coverage. You Spouse

4f. Your Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5. UNITED HEALTH CARE 374823723 32749287492

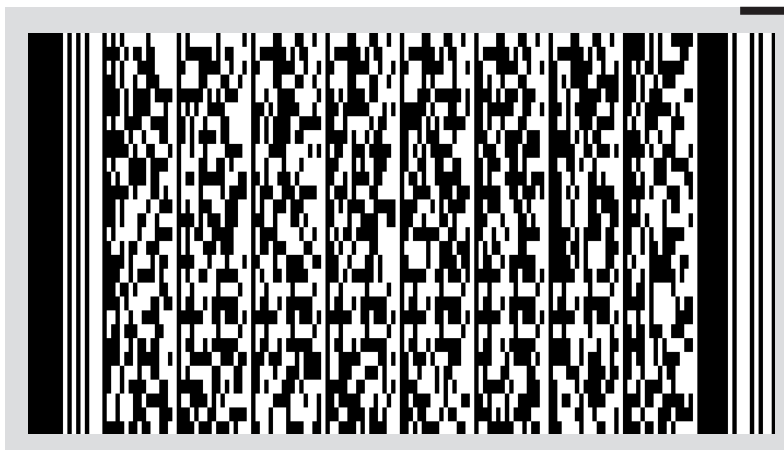
4g. Spouse Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5. UNITED HEALTH CARE 374823723 32749287492

5. If you had health insurance that met MCC requirements for the full-year, including private insurance, MassHealth, Commonwealth Care or ConnectorCare, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Other wise, go to line 6.

If you had Medicare (including a replacement or supplemental plan), U.S. Military (including Veterans Administration and Tri-Care), or other government insurance at any point during 2021, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Otherwise, go to line 6.



2021 Schedule DI
 MA21SDI011201



PRAVEEN

TIMMAPURAM

278-08-8006

Schedule DI. Dependent Information

VIHAAN
 SON

TIMMAPURAM

730-87-9058

Is dependent a qualifying child for earned income credit? 04252012

Is dependent disabled?

SRIYA
 DAUGHTER

R TIMMAPURAM

661-23-4791

Is dependent a qualifying child for earned income credit? 09232017

Is dependent disabled?

Is dependent a qualifying child for earned income credit?

Is dependent disabled?

Is dependent a qualifying child for earned income credit?

Is dependent disabled?

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Is dependent a qualifying child for earned income credit?

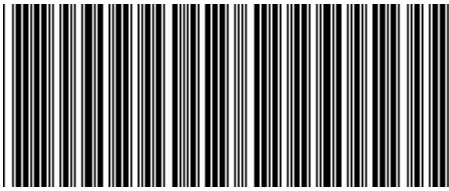
Is dependent disabled?

Is dependent a qualifying child for earned income credit?

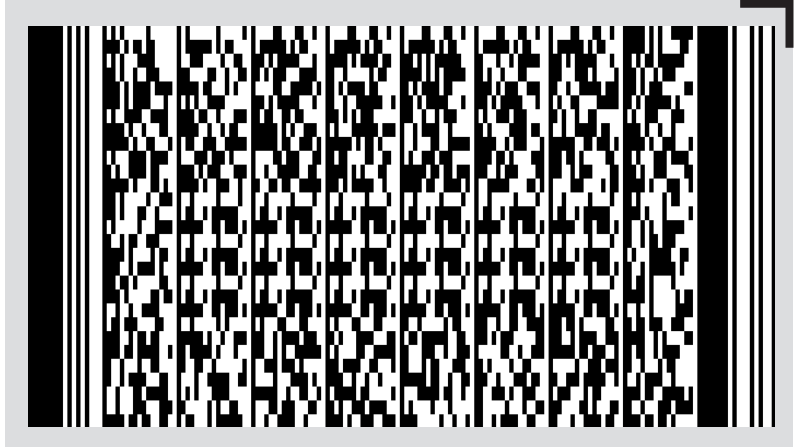
Is dependent disabled?

Is dependent a qualifying child for earned income credit?

Is dependent disabled?



2021 Schedule INC
 MA21INC011201



PRAVEEN

TIMMAPURAM

278-08-8006

Form W-2 and 1099 Information

A. FEDERAL ID NUMBER	B. STATE TAX WITHHELD	C. STATE WAGES/INCOME	D. TAXPAYER SS WITHHELD	E. SPOUSE SS WITHHELD	F. SOURCE OF WITHHOLDING
20-1897045	8961	189860	8854		W2
82-0676915	4069	83832		5198	W2

TOTALS	13030	273692	8854	5198	
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