

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.
▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name DURGAMANIKANTHA S RAVIKRINDI	Social security number 704-93-0484
Spouse's name SRILEKHYA BELLAMKONDA	Spouse's social security number 668-40-0819

Part I Tax Return Information – Tax Year Ending December 31, 2021 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income	1	206,175.
2	Total tax	2	31,419.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	28,839.
4	Amount you want refunded to you	4	
5	Amount you owe	5	1,823.

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- I authorize US TAX FILES LLC to enter or generate my PIN

3	0	4	8	4
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 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize US TAX FILES LLC to enter or generate my PIN

0	0	8	1	9
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 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

Filing Status [] Single [X] 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

Form fields for personal information: Your first name and middle initial (DURGAMANIKANTHA S), Last name (RAVIKRINDI), Your social security number (704-93-0484), Spouse's social security number (668-40-0819), Home address (849 FIREBRICK DR), City (CARY), State (NC), ZIP code (27519), 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? [X] 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

Table for Dependents with columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents.

Main tax calculation table with rows 1-15. Includes sections for Attach Sch. B if required and Standard Deduction for— with sub-rows 2a-2c, 3a-3b, 4a-4b, 5a-5b, 6a-6b, 7, 8, 9, 10, 11, 12a-12c, 13, 14, 15.

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

2021
Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
D RAVIKRINDI & S BELLAMKONDA

Your social security number
704-93-0484

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶ _____		
3	Business income or (loss). Attach Schedule C	3	1,450.
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-39,690.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling income	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Taxable Health Savings Account distribution	8e	
f	Alaska Permanent Fund dividends	8f	
g	Jury duty pay	8g	
h	Prizes and awards	8h	
i	Activity not engaged in for profit income	8i	
j	Stock options	8j	
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8k	
l	Olympic and Paralympic medals and USOC prize money (see instructions)	8l	
m	Section 951(a) inclusion (see instructions)	8m	
n	Section 951A(a) inclusion (see instructions)	8n	
o	Section 461(l) excess business loss adjustment	8o	
p	Taxable distributions from an ABLE account (see instructions)	8p	
z	Other income. List type and amount ▶ _____	8z	
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	-38,240.

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

Schedule 1 (Form 1040) 2021

Part II Adjustments to Income

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

**SCHEDULE 2
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Taxes

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

OMB No. 1545-0074

2021
Attachment
Sequence No. **02**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
D RAVIKRINDI & S BELLAMKONDA

Your social security number
704-93-0484

Part I Tax

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

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	39.
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5	
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6	
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required	8	0.
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	24.
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	

(continued on page 2)

Part II Other Taxes *(continued)*

17	Other additional taxes:		
a	Recapture of other credits. List type, form number, and amount ► _____	17a	
b	Recapture of federal mortgage subsidy. If you sold your home in 2021, see instructions	17b	
c	Additional tax on HSA distributions. Attach Form 8889	17c	
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d	
e	Additional tax on Archer MSA distributions. Attach Form 8853	17e	
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f	
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g	
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h	
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i	
j	Section 72(m)(5) excess benefits tax	17j	
k	Golden parachute payments	17k	
l	Tax on accumulation distribution of trusts	17l	
m	Excise tax on insider stock compensation from an expatriated corporation	17m	
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n	
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o	
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p	
q	Any interest from Form 8621, line 24	17q	
z	Any other taxes. List type and amount ► _____	17z	
18	Total additional taxes. Add lines 17a through 17z		18
19	Additional tax from Schedule 8812		19
20	Section 965 net tax liability installment from Form 965-A	20	
21	Add lines 4, 7 through 16, 18, and 19. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b		21

**SCHEDULE 3
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

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

OMB No. 1545-0074

2021
Attachment
Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
D RAVIKRINDI & S BELLAMKONDA

Your social security number
704-93-0484

Part I Nonrefundable Credits

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

(continued on page 2)

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions)		10	
11	Excess social security and tier 1 RRTA tax withheld		11	757.
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
a	Form 2439	13a		
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken before April 1, 2021	13b		
c	Health coverage tax credit from Form 8885	13c		
d	Credit for repayment of amounts included in income from earlier years	13d		
e	Reserved for future use	13e		
f	Deferred amount of net 965 tax liability (see instructions)	13f		
g	Credit for child and dependent care expenses from Form 2441, line 10. Attach Form 2441	13g		
h	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken after March 31, 2021	13h		
z	Other payments or refundable credits. List type and amount ► _____	13z		
14	Total other payments or refundable credits. Add lines 13a through 13z		14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31		15	757.

**SCHEDULE C
(Form 1040)**

**Profit or Loss From Business
(Sole Proprietorship)**

OMB No. 1545-0074

2021

Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service (99)

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

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065.

Name of proprietor DURGAMANIKANTHA S RAVIKRINDI		Social security number (SSN) 704-93-0484
A Principal business or profession, including product or service (see instructions) DoorDash, Inc.	B Enter code from instructions ▶ 9 9 9 9 9 9	
C Business name. If no separate business name, leave blank. DoorDash, Inc.	D Employer ID number (EIN) (see instr.) 	
E Business address (including suite or room no.) ▶ 303 2nd Street Suite 800 City, town or post office, state, and ZIP code SAN FRANCISCO, CA 94107		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶		
G Did you "materially participate" in the operation of this business during 2021? If "No," see instructions for limit on losses . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
H If you started or acquired this business during 2021, check here <input type="checkbox"/>		
I Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
J If "Yes," did you or will you file required Form(s) 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	1,450.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	1,450.
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	1,450.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6	7	1,450.

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8 Advertising	8		18 Office expense (see instructions)	18	
9 Car and truck expenses (see instructions)	9		19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals (see instructions)	24b	
17 Legal and professional services	17		25 Utilities	25	
18 Total expenses before expenses for business use of home. Add lines 8 through 27a	18		26 Wages (less employment credits)	26	
19 Tentative profit or (loss). Subtract line 18 from line 7	19	1,450.	27a Other expenses (from line 48)	27a	
20 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	20		27b Reserved for future use	27b	
21 Net profit or (loss). Subtract line 20 from line 19. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	21	1,450.			
22 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.	22		32a <input type="checkbox"/> All investment is at risk.		
			32b <input type="checkbox"/> Some investment is not at risk.		

SCHEDULE D
(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

2021

Attachment
Sequence No. **12**

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**
▶ **Go to www.irs.gov/ScheduleD for instructions and the latest information.**
▶ **Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.**

Name(s) shown on return

D RAVIKRINDI & S BELLAMKONDA

Your social security number

704-93-0484

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

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

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

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

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

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	255,208.	259,702.	14,896.	10,402.
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7 10,402.

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

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

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

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

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	10,402.
	<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 		
17	Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input checked="" type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet ▶	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet ▶	19	
20	Are lines 18 and 19 both zero or blank and are you not filing Form 4952? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p>	21	()
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? <input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. <input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

OMB No. 1545-0074

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

2021

Department of the Treasury
Internal Revenue Service (99)

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

Attachment
Sequence No. **13**

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

Name(s) shown on return

Your social security number

D RAVIKRINDI & S BELLAMKONDA

704-93-0484

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

1a	Physical address of each property (street, city, state, ZIP code)				
A	LALITH HOMES, SUBHANI NAGAR CHILAKALURIPET, GUNTUR ANDHRA PRADESH IN 522616				
B					
C					
1b	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		260	0	<input type="checkbox"/>
B					<input type="checkbox"/>
C					<input type="checkbox"/>

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	2,600.		
4 Royalties received	4			

Expenses:

5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7	4,860.		
8 Commissions.	8			
9 Insurance	9			
10 Legal and other professional fees	10			
11 Management fees	11	3,210.		
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest.	13			
14 Repairs.	14	16,230.		
15 Supplies	15	5,640.		
16 Taxes	16			
17 Utilities	17	12,350.		
18 Depreciation expense or depletion	18			
19 Other (list) ▶	19			
20 Total expenses. Add lines 5 through 19	20	42,290.		

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	-39,690.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(39,690.)	()	()

23a Total of all amounts reported on line 3 for all rental properties	23a	2,600.		
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			
d Total of all amounts reported on line 18 for all properties	23d			
e Total of all amounts reported on line 20 for all properties	23e	42,290.		

24 Income. Add positive amounts shown on line 21. Do not include any losses	24			
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	(39,690.)		

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	-39,690.		
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For Paperwork Reduction Act Notice, see the separate instructions.

NPA

-39,690.

Schedule E (Form 1040) 2021

**SCHEDULE SE
(Form 1040)**

Self-Employment Tax

OMB No. 1545-0074

2021
Attachment
Sequence No. **17**

Department of the Treasury
Internal Revenue Service (99)

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

Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR)
DURGAMANIKANTHA S RAVIKRINDI

Social security number of person
with **self-employment** income ► **704-93-0484**

Part I Self-Employment Tax

Note: If your only income subject to self-employment tax is **church employee income**, see instructions for how to report your income and the definition of church employee income.

A If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had \$400 or more of **other** net earnings from self-employment, check here and continue with Part I

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A **1a**

b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH **1b** ()

Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

2 Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order **2** 1,450.

3 Combine lines 1a, 1b, and 2 **3** 1,450.

4a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 **4a** 1,339.

Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.

b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here **4b**

c Combine lines 4a and 4b. If less than \$400, **stop**; you don't owe self-employment tax. **Exception:** If less than \$400 and you had **church employee income**, enter -0- and continue **4c** 1,339.

5a Enter your **church employee income** from Form W-2. See instructions for definition of church employee income **5a**

b Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0- **5b** 0.

6 Add lines 4c and 5b **6** 1,339.

7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2021 **7** 142,800

8a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$142,800 or more, skip lines 8b through 10, and go to line 11 **8a** 154,999.

b Unreported tips subject to social security tax from Form 4137, line 10 **8b**

c Wages subject to social security tax from Form 8919, line 10 **8c**

d Add lines 8a, 8b, and 8c **8d**

9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 **9**

10 Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124) **10**

11 Multiply line 6 by 2.9% (0.029) **11** 39.

12 Self-employment tax. Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4** **12** 39.

13 Deduction for one-half of self-employment tax.
Multiply line 12 by 50% (0.50). Enter here and on **Schedule 1 (Form 1040), line 15** **13** 20.

Part II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method **only** if **(a)** your gross farm income¹ wasn't more than \$8,820, **or (b)** your net farm profits² were less than \$6,367.

14 Maximum income for optional methods **14** 5,880

15 Enter the **smaller** of: two-thirds (²/₃) of gross farm income¹ (not less than zero) **or** \$5,880. Also, include this amount on line 4b above **15**

Nonfarm Optional Method. You may use this method **only** if **(a)** your net nonfarm profits³ were less than \$6,367 and also less than 72.189% of your gross nonfarm income,⁴ **and (b)** you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

16 Subtract line 15 from line 14 **16**

17 Enter the **smaller** of: two-thirds (²/₃) of gross nonfarm income⁴ (not less than zero) **or** the amount on line 16. Also, include this amount on line 4b above **17**

¹ From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B. ³ From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.
² From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A—minus the amount you would have entered on line 1b had you not used the optional method. ⁴ From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

Additional Taxes on Qualified Plans (Including IRAs) and Other Tax-Favored Accounts

▶ Attach to Form 1040, 1040-SR, or 1040-NR.
▶ Go to www.irs.gov/Form5329 for instructions and the latest information.

Name of individual subject to additional tax. If married filing jointly, see instructions.

SRILEKHYA BELLAMKONDA

Your social security number

668-40-0819

**Fill in Your Address Only
if You Are Filing This
Form by Itself and Not
With Your Tax Return**

Home address (number and street), or P.O. box if mail is not delivered to your home

Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete the spaces below. See instructions.

If this is an amended return, check here

Foreign country name

Foreign province/state/county

Foreign postal code

If you **only** owe the additional 10% tax on the full amount of the early distributions, you may be able to report this tax directly on Schedule 2 (Form 1040), line 8, without filing Form 5329. See instructions.

Part I Additional Tax on Early Distributions. Complete this part if you took a taxable distribution (other than a qualified disaster distribution) before you reached age 59½ from a qualified retirement plan (including an IRA) or modified endowment contract (unless you are reporting this tax directly on Schedule 2 (Form 1040)—see above). You may also have to complete this part to indicate that you qualify for an exception to the additional tax on early distributions or for certain Roth IRA distributions. See instructions.

1	Early distributions includible in income (see instructions). For Roth IRA distributions, see instructions.	1	
2	Early distributions included on line 1 that are not subject to the additional tax (see instructions). Enter the appropriate exception number from the instructions: _____	2	
3	Amount subject to additional tax. Subtract line 2 from line 1	3	
4	Additional tax. Enter 10% (0.10) of line 3. Include this amount on Schedule 2 (Form 1040), line 8 Caution: If any part of the amount on line 3 was a distribution from a SIMPLE IRA, you may have to include 25% of that amount on line 4 instead of 10%. See instructions.	4	

Part II Additional Tax on Certain Distributions From Education Accounts and ABLER Accounts. Complete this part if you included an amount in income, on Schedule 1 (Form 1040), line 8z, from a Coverdell education savings account (ESA) or a qualified tuition program (QTP), or on Schedule 1 (Form 1040), line 8p, from an ABLER account.

5	Distributions included in income from a Coverdell ESA, a QTP, or an ABLER account	5	
6	Distributions included on line 5 that are not subject to the additional tax (see instructions)	6	
7	Amount subject to additional tax. Subtract line 6 from line 5	7	
8	Additional tax. Enter 10% (0.10) of line 7. Include this amount on Schedule 2 (Form 1040), line 8	8	

Part III Additional Tax on Excess Contributions to Traditional IRAs. Complete this part if you contributed more to your traditional IRAs for 2021 than is allowable or you had an amount on line 17 of your 2020 Form 5329.

9	Enter your excess contributions from line 16 of your 2020 Form 5329. See instructions. If zero, go to line 15	9	
10	If your traditional IRA contributions for 2021 are less than your maximum allowable contribution, see instructions. Otherwise, enter -0-	10	
11	2021 traditional IRA distributions included in income (see instructions)	11	
12	2021 distributions of prior year excess contributions (see instructions)	12	
13	Add lines 10, 11, and 12	13	
14	Prior year excess contributions. Subtract line 13 from line 9. If zero or less, enter -0-	14	
15	Excess contributions for 2021 (see instructions)	15	
16	Total excess contributions. Add lines 14 and 15	16	
17	Additional tax. Enter 6% (0.06) of the smaller of line 16 or the value of your traditional IRAs on December 31, 2021 (including 2021 contributions made in 2022). Include this amount on Schedule 2 (Form 1040), line 8	17	

Part IV Additional Tax on Excess Contributions to Roth IRAs. Complete this part if you contributed more to your Roth IRAs for 2021 than is allowable or you had an amount on line 25 of your 2020 Form 5329.

18	Enter your excess contributions from line 24 of your 2020 Form 5329. See instructions. If zero, go to line 23	18	0.
19	If your Roth IRA contributions for 2021 are less than your maximum allowable contribution, see instructions. Otherwise, enter -0-	19	
20	2021 distributions from your Roth IRAs (see instructions)	20	
21	Add lines 19 and 20	21	
22	Prior year excess contributions. Subtract line 21 from line 18. If zero or less, enter -0-	22	
23	Excess contributions for 2021 (see instructions)	23	4,900.
24	Total excess contributions. Add lines 22 and 23	24	4,900.
25	Additional tax. Enter 6% (0.06) of the smaller of line 24 or the value of your Roth IRAs on December 31, 2021 (including 2021 contributions made in 2022). Include this amount on Schedule 2 (Form 1040), line 8	25	0.

Part V Additional Tax on Excess Contributions to Coverdell ESAs. Complete this part if the contributions to your Coverdell ESAs for 2021 were more than is allowable or you had an amount on line 33 of your 2020 Form 5329.

Table with 3 columns: Description, Amount, and Line Number. Rows 26-33 detailing excess contributions and additional tax for Coverdell ESAs.

Part VI Additional Tax on Excess Contributions to Archer MSAs. Complete this part if you or your employer contributed more to your Archer MSAs for 2021 than is allowable or you had an amount on line 41 of your 2020 Form 5329.

Table with 3 columns: Description, Amount, and Line Number. Rows 34-41 detailing excess contributions and additional tax for Archer MSAs.

Part VII Additional Tax on Excess Contributions to Health Savings Accounts (HSAs). Complete this part if you, someone on your behalf, or your employer contributed more to your HSAs for 2021 than is allowable or you had an amount on line 49 of your 2020 Form 5329.

Table with 3 columns: Description, Amount, and Line Number. Rows 42-49 detailing excess contributions and additional tax for HSAs.

Part VIII Additional Tax on Excess Contributions to an ABLE Account. Complete this part if contributions to your ABLE account for 2021 were more than is allowable.

Table with 3 columns: Description, Amount, and Line Number. Rows 50-51 detailing excess contributions and additional tax for ABLE accounts.

Part IX Additional Tax on Excess Accumulation in Qualified Retirement Plans (Including IRAs). Complete this part if you did not receive the minimum required distribution from your qualified retirement plan.

Table with 3 columns: Description, Amount, and Line Number. Rows 52-55 detailing minimum required distribution and additional tax for qualified retirement plans.

Sign Here Only if You Are Filing This Form by Itself and Not With Your Tax Return

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

Signature lines for preparer and date.

Form section for Paid Preparer Use Only, including fields for name, signature, date, firm name, address, EIN, and phone number.

Additional Medicare Tax

▶ If any line does not apply to you, leave it blank. See separate instructions.
 ▶ Attach to Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.
 ▶ Go to www.irs.gov/Form8959 for instructions and the latest information.

Name(s) shown on return

D RAVIKRINDI & S BELLAMKONDA

Your social security number

704-93-0484

Part I Additional Medicare Tax on Medicare Wages

1	Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5	1	251,304.		
2	Unreported tips from Form 4137, line 6	2			
3	Wages from Form 8919, line 6	3			
4	Add lines 1 through 3	4	251,304.		
5	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	5	250,000.		
6	Subtract line 5 from line 4. If zero or less, enter -0-	6			1,304.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II	7			12.

Part II Additional Medicare Tax on Self-Employment Income

8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0- (Form 1040-PR or 1040-SS filers, see instructions.)	8	1,339.		
9	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	9	250,000.		
10	Enter the amount from line 4	10	251,304.		
11	Subtract line 10 from line 9. If zero or less, enter -0-	11	0.		
12	Subtract line 11 from line 8. If zero or less, enter -0-	12			1,339.
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III	13			12.

Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation

14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions)	14			
15	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	15			
16	Subtract line 15 from line 14. If zero or less, enter -0-	16			
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV	17			

Part IV Total Additional Medicare Tax

18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-PR or 1040-SS filers, see instructions), and go to Part V	18			24.
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Part V Withholding Reconciliation

19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6	19	3,643.		
20	Enter the amount from line 1	20	251,304.		
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	3,644.		
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages	22			0.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions)	23			
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-PR or 1040-SS filers, see instructions)	24			0.

2021 MICHIGAN Individual Income Tax Return MI-1040

Amended Return
(Include Schedule AMD)

Return is due April 18, 2022. Type or print in blue or black ink.

1. Filer's First Name DURGAMANIKANTHA	M.I. S	Last Name RAVIKRINDI	2. Filer's Full Social Security No. (Example: 123-45-6789) 704 — 93 — 0484
If a Joint Return, Spouse's First Name SRILEKHYA	M.I.	Last Name BELLAMKONDA	3. Spouse's Full Social Security No. (Example: 123-45-6789) 668 — 40 — 0819
Home Address (Number, Street, or P.O. Box) 849 FIREBRICK DR			4. School District Code (5 digits – see page 60) 10000
City or Town CARY	State NC	ZIP Code 27519	

<p>5. STATE CAMPAIGN FUND Check if you (and/or your spouse, if filing a joint return) want \$3 of your taxes to go to this fund. This will not increase your tax or reduce your refund.</p> <p>a. <input type="checkbox"/> Filer b. <input type="checkbox"/> Spouse</p>	<p>6. FARMERS, FISHERMEN, OR SEAFARERS <input type="checkbox"/> Check this box if 2/3 of your income is from farming, fishing, or seafaring.</p>
<p>7. 2021 FILING STATUS. Check one.</p> <p>a. <input type="checkbox"/> Single</p> <p>b. <input checked="" type="checkbox"/> Married filing jointly</p> <p>c. <input type="checkbox"/> Married filing separately*</p> <p>* If you check box "c," complete line 3 and enter spouse's full name below: <div style="border: 1px solid black; height: 20px; width: 100%;"></div></p>	<p>8. 2021 RESIDENCY STATUS. Check all that apply.</p> <p>a. <input type="checkbox"/> Resident</p> <p>b. <input checked="" type="checkbox"/> Nonresident *</p> <p>c. <input type="checkbox"/> Part-Year Resident *</p> <p>* If you check box "b" or "c," you must complete and include Schedule NR.</p>

9. EXEMPTIONS. NOTE: If someone else can claim you as a dependent, check box 9e, enter 0 on line 9a and enter \$1,500 on line 9e (see instr.).

a. Number of exemptions (see instructions).....	a.	2	x \$4,900	9a.	9800	00
b. Number of individuals who qualify for one of the following special exemptions: deaf, blind, hemiplegic, paraplegic, quadriplegic, or totally and permanently disabled	9b.		x \$2,800	9b.		00
c. Number of qualified disabled veterans	c.		x \$400	9c.		00
d. Number of Certificates of Stillbirth from MDHHS (see instructions)	9d.		x \$4,900	9d.		00
e. Claimed as dependent, see line 9 NOTE above	9e.	<input type="checkbox"/>		9e.		00
f. Add lines 9a, 9b, 9c, 9d and 9e. Enter here and on line 15	9f.			9f.	9800	00
10. Adjusted Gross Income from your U.S. Form 1040 (see instructions)					206175	00
11. Additions from Schedule 1, line 9. Include Schedule 1	11.					00
12. Total. Add lines 10 and 11	12.				206175	00
13. Subtractions from Schedule 1, line 29. Include Schedule 1	13.				136871	00
14. Income subject to tax. Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0"	14.				69304	00
15. Exemption allowance. Enter amount from line 9f or Schedule NR, line 19	15.				3294	00
16. Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0"	16.				66010	00
17. Tax. Multiply line 16 by 4.25% (0.0425)	17.				2805	00

NON-REFUNDABLE CREDITS

		AMOUNT		CREDIT
18. Income Tax Imposed by government units outside Michigan. Include a copy of the return (see instructions)	18a.	00	18b.	00
19. Michigan Historic Preservation Tax Credit carryforward (see instructions)	19a.	00	19b.	00
20. Income Tax. Subtract the sum of lines 18b and 19b from line 17. If the sum of lines 18b and 19b is greater than line 17, enter "0"	20.			2805 00

Filer's Full Social Security Number

704 — 93 — 0484

21. Enter amount of Income Tax from line 20.....	21	2805	00
22. Voluntary Contributions from Form 4642, line 6. Include Form 4642	22.		00
23. USE TAX. Use tax due on Internet, mail order or other out-of-state purchases from Worksheet 1 (see instructions).....	23.	0	00
24. Total Tax Liability. Add lines 21, 22 and 23	24.	2805	00

REFUNDABLE CREDITS AND PAYMENTS

25. Property Tax Credit. Include MI-1040CR or MI-1040CR-2	25.		00
26. Farmland Preservation Tax Credit. Include MI-1040CR-5	26.		00
27. Earned Income Tax Credit. Multiply line 27a by 6% (0.06) and enter result on line 27b.	a.		00
27b.	27b.		00
28. Michigan Historic Preservation Tax Credit (refundable). Include Form 3581	28		00
29. Credit for allocated share of tax paid by an electing flow-through entity (see instructions).....	29.		00
30. Michigan tax withheld from Schedule W, line 6. Include Schedule W (do not submit W-2s)	30.	2945	00
31. Estimated tax, extension payments and 2020 credit forward.....	31.		00
32. 2021 AMENDED RETURNS ONLY. Taxpayers completing an original 2021 return should skip to line 33. Amended returns must include Schedule AMD (see instructions) .			
32a. <input type="checkbox"/> If you had a refund and/or credit forward on the original return, check box 32a and enter this amount as a negative number on line 32c.			
32b. <input type="checkbox"/> If you paid with the original return, check box 32b and enter the amount paid with the original return, plus any additional tax paid after filing, as a positive number on line 32c. Do not include interest or penalty.	32c.		00
33. Total refundable credits and payments. Add lines 25, 26, 27b, 28, 29, 30, 31 and 32c	33.	2945	00

REFUND OR TAX DUE

34. If line 33 is less than line 24, subtract line 33 from line 24. If applicable, see instructions.			
Include interest <input type="text"/> <input type="text"/> 00 and penalty <input type="text"/> <input type="text"/> 00	YOU OWE		
35. Overpayment. If line 33 is greater than line 24, subtract line 24 from line 33	35	140	00
36. Credit Forward. Amount of line 35 to be credited to your 2022 estimated tax for your 2022 tax return ...	36.		00
37. Subtract line 36 from line 35.....	REFUND	140	00

DIRECT DEPOSIT

Deposit your refund directly to your financial institution! See instructions and complete a, b and c.

a. Routing Transit Number	b. Account Number	c. Type of Account	
111000025	586036711395	1. <input checked="" type="checkbox"/> Checking	2. <input type="checkbox"/> Savings

Deceased Taxpayer. If Filer and/or Spouse died after December 31, 2020, enter dates below. **ENTER DATE OF DEATH ONLY.** Example: 04-15-2021 (MM-DD-YYYY)

Filer	— —	Spouse	— —
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Preparer Certification. I declare under penalty of perjury that this return is based on all information of which I have any knowledge.

Preparer's PTIN, FEIN or SSN
P02151891

Taxpayer Certification. I declare under penalty of perjury that the information in this return and attachments is true and complete to the best of my knowledge.

Filer's Signature _____ Date _____

Preparer's Name (print or type)
APPANA BHANU NAGA VENKATA SAT

Spouse's Signature _____ Date _____

Preparer's Signature
APPANA BHANU NAGA VENKATA SAT

By checking this box, I authorize Treasury to discuss my return with my preparer.

Preparer's Business Name, Address and Telephone Number
US TAX FILES LLC
11877 DOUGLAS RD STE 102142
ALPHARETTA GA 30005
623-255-5250

Refund, credit, or zero returns. Mail your return to:

Michigan Department of Treasury, Lansing, MI 48956

Pay amount on line 34 (see instructions). Mail your check and return to:

Michigan Department of Treasury, Lansing, MI 48929

2021 MICHIGAN Schedule 1 Additions and Subtractions

Issued under authority of Public Act 281 of 1967, as amended.

Attachment 01

Include with Form MI-1040. Type or print in blue or black ink.

Filer's First Name DURGAMANIKANTHA	M.I. S	Last Name RAVIKRINDI	Filer's Full Social Security No. (Example: 123-45-6789) 704 — 93 — 0484
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Additions to Income (all entries must be positive numbers)

1. Gross interest and dividends from obligations issued by states (other than Michigan) or their political subdivisions.....	1.		00
2. Deduction for taxes on or measured by income, including self-employment tax, taken on your federal return, and allocated share of tax paid by an electing flow-through entity (see instructions).....	2.		00
3. Gains from Michigan column of MI-1040D and MI-4797.....	3.		00
4. Losses attributable to other states (see instructions).....	4.		00
5. Net loss from federal column of your Michigan MI-1040D or MI-4797.....			
6. Oil, gas, and nonferrous metallic mineral expenses (Michigan sourced) deducted to arrive at Adjusted Gross Income (AGI).....	6.		00
7. Federal Net Operating Loss deduction included in AGI.....	7.		00
8. Other (see instructions). Describe: _____	8.		00
9. Total additions. Add lines 1 through 8. Enter here and on MI-1040, line 11	9.	0	00

Subtractions from Income (all entries must be positive numbers)

10. Income from U.S. government bonds and other U.S. obligations included in MI-1040, line 10. Include U.S. <i>Schedule B</i> if over \$5,000.....	10.		00
11. Amount included in MI-1040, line 10, from military retirement benefits due to service in the U.S. Armed Forces or Michigan National Guard, or taxable railroad retirement benefits.....			
12. Gains from federal column of Michigan MI-1040D and MI-4797.....	12.		00
13. Income attributable to another state. Explain type and source: <u>SCHEDULE NR</u>	13.	136871	00
14. Taxable Social Security benefits or military pay (not retirement) included on MI-1040, line 10.....	14.		00
15. Income earned while a resident of a Renaissance Zone (see instructions).....	15.		00
16. Michigan state and local income tax refunds received in 2021 and included on MI-1040, line 10 (see instructions).....	16.		00
17. Michigan Education Savings Program, MI 529 Advisor Plan, and Michigan Achieving a Better Life Experience Program.....	17.		
18. Michigan Education Trust.....	18.		00
19. Oil, gas, and nonferrous metallic minerals income (Michigan sourced) included in AGI.....	19.		0
20. Resident Tribal Member income exempted under a State/Tribal tax agreement or pursuant to <i>Revenue Administrative Bulletin 1988-47</i>	20.		00
21. Miscellaneous subtractions (see instructions). Describe: _____	21.		00

2021 MICHIGAN Schedule 1 Additions and Subtractions

Filer's First Name DURGAMANIKANTHA	M.I. S	Last Name RAVIKRINDI	Filer's Full Social Security No. (Example: 123-45-6789) 704 — 93 — 0484
--	------------------	--------------------------------	---

Deduction Based on Year of Birth

Complete 22A through 22H if claiming the Michigan Standard Deduction, the retirement benefits deduction or the senior investment income deduction on lines 23, 24, 25, or 26. Check box(es) 22C and/or 22G **only** if you or your spouse received retirement benefits from employment with a governmental agency not covered by the federal Social Security Act (SSA exempt employment). **See instructions before continuing.**

22.	FILER				SPOUSE			
	A. Year of Birth (19xx)	B. Age as of 12-31-2021	C. Check if filer received benefits from SSA exempt employment	D. Check if filer retired as of 01-01-2013 and born after 1952	E. Year of Birth (19xx)	F. Age as of 12-31-2021	G. Check if spouse received benefits from SSA exempt employment	H. Check if spouse retired as of 01-01-2013 and born after 1952
	1990	31	<input type="checkbox"/>	<input type="checkbox"/>	1993	28	<input type="checkbox"/>	<input type="checkbox"/>

23. Tier 2 Michigan Standard Deduction. Complete this line if the older of you or your spouse (if married) was born during the period January 1, 1946 through December 31, 1952, and reached age 67. Do not complete lines 24, 25 or 26.	23.		00
24. Tier 3 Michigan Standard Deduction. Complete this line if the older of you or your spouse (if married) was born during the period January 1, 1953 through January 1, 1955, and reached age 67 on or before December 31, 2021. Do not complete lines 23, 25 or 26. Enter amount from line 6 of Worksheet 2.....	24.		00
25. Retirement benefits. Enter amount from line 16, 17 or 18 of Form 4884, <i>Michigan Pension Schedule</i> . Include Form 4884	25.		00
26. Dividend/interest/capital gains deduction for taxpayers 76 years and older . Deduction is limited to \$12,127 for single or married filing separately filers and \$24,254 for joint filers, less any deduction for retirement benefits (see instructions).....	26.		0

Check this box if you are the unremarried surviving spouse claiming a dividend, interest or capital gains deduction for someone born before 1946 who was at least age 65 at the time of death.

27. Subtotal. Add lines 10 through 26	27	136871	00
28. 2021 Michigan NOL Deduction. Enter amount from line 11 or 12 of Form 5674, <i>Michigan Net Operating Loss Deduction</i> . Include Form 5674	28.		00
29. Total Subtractions. Add lines 27 and 28. Enter here and on MI-1040, line 13.....	29.	136871	00

2021 MICHIGAN Nonresident and Part-Year Resident Schedule

Issued under authority of Public Act 281 of 1967, as amended.

Type or print in blue or black ink.

Include with Form MI-1040. Read all instructions before completing this form.

Attachment 02

1. Filer's First Name DURGAMANIKANTHA	M.I. S	Last Name RAVIKRINDI	2. Filer's Full Social Security No. (Example: 123-45-6789) 704 — 93 — 0484
If a Joint Return, Spouse's First Name SRILEKHYA	M.I.	Last Name BELLAMKONDA	3. Spouse's Full Social Security No. (Example: 123-45-6789) 668 — 40 — 0819

4. 2021 RESIDENCY STATUS:

Check all that apply.

a. Nonresident

b. Part-Year Resident of Michigan.
Enter dates of Michigan residency in 2021*

*Dates of Michigan residency in 2021 (Enter dates as MM-DD-YYYY, Example: 04-15-2021)

	FILER		SPOUSE			
FROM:	—	—	2021	—	—	2021
TO:	—	—	2021	—	—	2021

Income Allocation

	A. Total Income		B. Michigan Income		C. Other State(s) Income	
5. Wages, salaries, other payments (tips, etc.)	234027	00	69304	00	164723	00
6. Interest and dividends	6	00	0	00	6	00
7. Business and farm income (include U.S. Schedules C and F)	1450	00	0	00	1450	00
8. Gains/losses from MI-1040D or U.S. Schedule D, and/or MI-4797 or U.S. Form 4797	10402	00	0	00	10402	00
9. Income reported on U.S. Schedule E (include U.S. Schedule E and supporting statements)....	-39690	00	0	00	-39690	00
10. Pensions, IRA distributions, annuities and Social Security (see Form 4884)		00		00		00
11. Other (see instructions)		00		00		00
12. Total income. Add lines 5 through 11	206195	00	69304	00	136891	00
13. Enter the total adjustments from U.S. 1040 Describe: <u>SE TAX DEDUCTION</u>	20	00	0	00	20	00
14. Subtract line 13 from line 12. The amount in column A should equal MI-1040, line 10. Enter amount in column C on Schedule 1, line 13 or, if a negative amount, enter as a positive amount on Schedule 1, line 4.	206175	00	69304	00	136871	00

Exemption Allowance (If one spouse is a full-year resident, and the other is not, see instructions.)

15. Enter amount from MI-1040, line 9f	15	9800	00
16. Enter Michigan source income from line 14, column B	16	69304	00
17. Enter total income from line 14, column A	1	206175	00
18. Divide line 16 by line 17 (if line 16 is greater than line 17, enter 100%)	18	33.61	%
19. If both spouses are part-year or nonresidents, multiply line 15 by the percentage on line 18 and enter here and on MI-1040, line 15. If one spouse is a full-year resident, complete Worksheet 6 and enter here and on MI-1040, line 15.	19	3294	00

2021 MICHIGAN Withholding Tax Schedule

Issued under authority of Public Act 281 of 1967, as amended.

Type or print in blue or black ink.

Attachment 13

INSTRUCTIONS: If you had Michigan income tax withheld in 2021, you must complete a *Withholding Tax Schedule* (Schedule W) to claim the withholding on your *Individual Income Tax Return* (MI-1040, line 30). Report military pay in Table 1 and military retirement benefits and taxable railroad retirement benefits (both Tier 1 and Tier 2) in Table 2 even if no Michigan tax was withheld. Include your completed Schedule W with Form MI-1040. See complete instructions on page 2 of this form. If you need additional space, include another Schedule W.

1. Filer's First Name DURGAMANIKANTHA	M.I. S	Last Name RAVIKRINDI	2. Filer's Full Social Security No. (Example: 123-45-6789) 704 — 93 — 0484
If a Joint Return, Spouse's First Name SRILEKHYA	M.I.	Last Name BELLAMKONDA	3. Spouse's Full Social Security No. (Example: 123-45-6789) 668 — 40 — 0819

TABLE 1: MICHIGAN TAX WITHHELD OR MILITARY PAY REPORTED ON W-2, W-2G or CORRECTED W-2 FORMS

A		B	C	D		E	
Enter "X" for: Filer or Spouse		Employer's identification number (Example: 38-1234567)	Box c — Employer's name	Box 1 — Wages, tips, other compensation		Box 17 — Michigan income tax withheld	
X		38-1357020	HENRY FORD HEALT	69304	00	2945	00
					00		00
					00		00
					00		00
					00		00
Enter Table 1 Subtotal from additional Schedule W forms (if applicable).....							
4. SUBTOTAL. Enter total of Table 1, column E.						4.	2945 0

TABLE 2: MICHIGAN TAX WITHHELD OR MILITARY RETIREMENT BENEFITS AND RAILROAD RETIREMENT BENEFITS (BOTH TIER 1 AND TIER 2) REPORTED ON 1099 FORMS

A		B	C	D	E		
Enter "X" for: Filer or Spouse		Payer's federal identification number (Example: 38-1234567)	Payer's name	Taxable pension distribution, misc. income, etc. (see inst.)	Michigan income tax withheld		
					00	00	
					00	00	
					00	00	
					00	00	
					00	00	
Enter Table 2 Subtotal from additional Schedule W forms (if applicable).....							00
5. SUBTOTAL. Enter total of Table 2, column E.						5.	00
6. TOTAL. Add lines 4 and 5. Enter here and carry to MI-1040, line 30.....						6.	2945 00

2021 City of Detroit Nonresident Income Tax Return

Issued under authority of Public Act 284 of 1964, as amended.

Check here if you are amending. List reason on page 3.

Return is due April 18, 2022.

Type or print in blue or black ink.

1. Filer's First Name DURGAMANIKANTHA		M.I. S	Last Name RAVIKRINDI		2. Filer's Full Social Security No. (Example: 123-45-6789) 704 — 93 — 0484	
If a Joint Return, Spouse's First Name SRILEKHYA		M.I.	Last Name BELLAMKONDA		3. Spouse's Full Social Security No. (Example: 123-45-6789) 668 — 40 — 0819	
Home Address (Number, Street, or P.O. Box) 849 FIREBRICK DR					4. City return for the city of: DETROIT	
City or Town CARY		State NC	ZIP Code 27519		City Code 170	
5. 2021 FILING STATUS. Check one. a. <input type="checkbox"/> Single b. <input checked="" type="checkbox"/> Married filing jointly c. <input type="checkbox"/> Married filing separately* <div style="border: 1px solid black; width: 200px; height: 20px; margin-left: 100px;"></div> <small>* If you check box "c," complete line 3 and enter spouse's full name below:</small>				8. EXEMPTIONS. 8a-8c apply to you and your spouse only.		
6. 2021 DEPENDENT STATUS <input type="checkbox"/> Check the box if you or your spouse can be claimed as a dependent on another person's tax return.				Personal Exemption a. 2		
7a. Filer's date of birth (MM-DD-YYYY) 08 — 16 — 1990		7b. Spouse's date of birth (MM-DD-YYYY) 04 — 23 — 1993		65 and over..... b.		
				Deaf, Disabled or Blind..... c.		
				Number of dependent children d.		
				Number of other dependents..... e.		
				TOTAL EXEMPTIONS. Add lines 8a through 8e. f. 2		

PART 1: INCOME

9. Wages, salaries, tips, etc. (see instructions)	9.		00
10. Business or farm income or (loss) from line 47. Include a copy of U.S. <i>Schedule C</i> or <i>Schedule F</i>	10.		00
11. Gain or (loss) from the sale of tangible property in the City of Detroit.	11.		00
12. Rental real estate and royalties. Include a copy of U.S. <i>Schedule E</i>	12.		00
13. Partnerships and trusts.....	13.		00
14. Total. Add lines 9 through 13.	14.		00
15. Subtractions from line 34.	15.		00
16. Income subject to tax. Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0".	16.	0	00
17. Exemption allowance. Multiply line 8f by \$600.	17.	1200	00
18. Taxable income. Subtract line 17 from line 16. If line 17 is greater than line 16, enter "0".	18.	0	00
19. Tax. Multiply line 18 by 1.2% (0.012).	19.	0	00

704 — 93 — 0484

PART 2: CREDITS AND PAYMENTS

20. Tax withheld from City Schedule W, line 5.....	20.	175	00
21. City estimated tax, extension payments and 2020 credit forward	21.		00
22. Tax paid for you by a partnership from City Schedule W, line 6.	22.		00
23. Total Credits and Payments. Add lines 20 through 22	23.	175	00

PART 3: REFUND OR TAX DUE

24a. Tax Due. If line 19 is greater than line 23, subtract line 23 from line 19.	24a.		00
24b. Interest if applicable (see instructions)	24b.		00
24c. Penalty if applicable (see instructions)	24c.		00
24d. Underpaid estimate penalty and interest (see instructions).....	24d.		00
24e. Balance Due. Add lines 24a through 24d.....	24e.		00
YOU OWE			
25. Overpayment. If line 23 is greater than line 19, subtract line 19 from line 23.	25.	175	00
26. Credit Forward. Amount of line 25 to be credited to your 2022 estimated tax for your 2022 tax return	26.		00
27. Refund. Subtract line 26 from line 25.	27.	175	00
REFUND			

PART 4: SUBTRACTIONS FROM INCOME (All entries must be positive numbers.)

28. Employee business expenses (see instructions).....	28.		00
29. Individual Retirement Account (IRA) contribution (see instructions).....	29.		00
30. Alimony paid. Do not include child support (see instructions).	30.		00
31. Work-related moving expenses for active duty military (see instructions).....	31.		00
32. Net profits received from a financial institution or an insurance company.....	32.		00
33. Capital gains (before July 1, 1962).....	33.		00
34. Total Subtractions. Add lines 28 through 33. Enter here and on line 15.	34.		00

PART 5: BUSINESS INCOME APPORTIONMENT

Name of Business Entity		Federal Employer Identification No. (FEIN)			
	A. Located Everywhere	B. Located in Detroit		C. Percentage (B divided by A)	
35. Average net book value of real and tangible personal property	00		00	XXXXX	
36. Gross annual rent paid for real property multiplied by 8.....	00		00	XXXXX	
37. CITY SHARE OF PROPERTY: Add lines 35 and 36. Divide column B by column A and enter as a percentage in column C.....	00		00		%
38. Total wages, salaries, commissions and other compensation of all employees.....	00		00		%
39. Gross receipts from sales made or services rendered.....	00		0		

40. TOTAL: Add lines 37, 38 and 39, column C.			%
41. Divide line 40 by 3 if column A has an amount greater than zero on each of lines 37, 38, and 39. If column A is zero for any of lines 37, 38 or 39, then divide line 40 by the number of factors that include an amount greater than zero in column A.			%
42. Net profit or (loss) from U.S. <i>Schedule C</i> or <i>Schedule F</i>	42	1450	00
43. Multiply line 41 by line 42	43		00
44. Applicable portion of net operating loss carryover.	44.		00
45. Applicable part of self-employment retirement deduction.	45.		00
46. Add lines 44 and 45.	46		00
47. Subtract line 46 from line 43. Enter here and on line 10.	47.		00

PART 6: AMENDED RETURN

48. Reason for amending:

PART 7: CERTIFICATION

Deceased Taxpayer. If Filer and/or Spouse died after December 31, 2020, enter dates below. ENTER DATE OF DEATH ONLY. Example: 04-15-2021 (MM-DD-YYYY)		Preparer Certification. I declare under penalty of perjury that this return is based on all information of which I have any knowledge.	
Filer	— —	Spouse	— —
		Preparer's PTIN, FEIN or SSN P02151891	
Taxpayer Certification. I declare under penalty of perjury that the information in this return and attachments is true and complete to the best of my knowledge.		Preparer's Name (print or type) APPANA BHANU NAGA VENKATA	
Filer's Signature	Date	Preparer's Business Name, Address and Telephone Number	
Spouse's Signature	Date	US TAX FILES LLC	
<input type="checkbox"/> By checking this box, I authorize the Michigan Department of Treasury to discuss my return with my preparer.		11877 DOUGLAS RD STE 102142 ALPHARETTA GA 30005 623-255-5250	

Refund or zero returns. Mail your return to: **Michigan Department of Treasury, Lansing, MI 48956**

Pay amount on line 24e. Mail your check and return to: **Michigan Department of Treasury, Lansing, MI 48929**

Make your check payable to "State of Michigan - Detroit." Print the last four digits of your **Social Security number** and "**2021 Detroit Income Tax**" on the front of your check. If paying on behalf of another taxpayer, **write the filer's name and the last four digits of the filer's Social Security number** on the check. Do not staple your check to the return. Keep a copy of your return and supporting schedules for six years. To check your refund status, have a copy of your Form 5119 available when you visit www.michigan.gov/citytax.

City of Detroit Withholding Tax Schedule - 2021

Issued under authority of Public Act 284 of 1964, as amended.

Type or print in blue or black ink.

INSTRUCTIONS: If you had city income tax withheld in 2021, you **must complete** a Withholding Tax Schedule (City Schedule W) to claim the withholding on your City Income Tax Return. **Do not attach your W-2s.** Include your completed City Schedule W with Form 5118, Form 5119, or Form 5120. If you need additional space, complete the *City of Detroit Withholding Tax Continuation Schedule* (Form 5253).

1. Filer's First Name DURGAMANIKANTHA	M.I. S	Last Name RAVIKRINDI	2. Filer's Full Social Security No. (Example: 123-45-6789) 704 — 93 — 0484
If a Joint Return, Spouse's First Name SRILEKHYA	M.I.	Last Name BELLAMKONDA	3. Spouse's Full Social Security No. (Example: 123-45-6789) 668 — 40 — 0819
4. Return for the city of: DETROIT			City Code 170

PART 1: CITY TAX WITHHELD

A Enter "X" for: Filer or Spouse	B — Employer's federal identification number (Example: 38-1234567)	C Employer's name	D — Wages, tips and other compensation from Box 1 of W-2 (see instructions)	E City income tax withheld from Box 19 of W-2
X	38-1357020	HENRY FORD HEALTH	69304 00	175 00
			00	00
			00	00
			00	00
			00	00
			00	00
			00	00
			00	00
			00	00
5. Total City Tax Withheld. Enter here and carry to Form 5118, line 17, Form 5119, line 20 or Form 5120, line 36.				175 00

PART 2: CITY TAX PAID FOR YOU BY A PARTNERSHIP

A Name of Partnership	B Federal Identification Number	C Tax Paid
		00
		00
		00
6. Total. Enter here and carry to Form 5118, line 19, Form 5119, line 22 or Form 5120, line 38.		

Check this box and complete the *City of Detroit Withholding Tax Continuation Schedule* (Form 5253) if you have more than eight W-2s to report or had tax paid on your behalf by more than three partnerships.

NOTE:

- All wage income earned by residents is subject to tax. Residents **should not** complete Part 3 on page 2.
- Nonresidents who performed work both within and outside the city listed on line 4 should complete Part 3 on page 2.

NONRESIDENTS ONLY

PART 3: WAGE ALLOCATION FOR NONRESIDENTS

Part 3 applies only to Nonresidents computing wages earned in Detroit. Do not complete Part 3 if all of your work is performed in Detroit because all wages are subject to tax. See instructions for additional information and definition of "days worked".

Residents **do not** complete Part 3 because all wages are subject to tax.

A separate computation must be made for each W-2. If both filer and spouse have income subject to allocation, figure them separately. Include only wages allocated to Detroit in column H below on Form 5119, line 9 or Form 5120, line 10, column B. If you need additional space, include a *City of Detroit Withholding Tax Continuation Schedule (Form 5253)*.

A	B	C	D	E	F	G	H
Enter "X" for: Filer or Spouse	Number of days paid (5 day week x 52 weeks = 260 days)	Number of vacation days, holidays, and other days not worked.	Actual number of days worked everywhere. Subtract C from B.	Actual number of days worked in Detroit	Percentage of days worked in Detroit. Divide E by D.	Total wages shown on W-2 (City Schedule W) (see instructions)	Wages earned in Detroit. Multiply G by percentage in F.
X	260	0	260	0	0.00 %	69304 00	0 00
	If column B is not 260 days, enter explanation.						
					%	00	00
	If column B is not 260 days, enter explanation.						
					%	00	00
	If column B is not 260 days, enter explanation.						
					%	00	00
	If column B is not 260 days, enter explanation.						
					%	00	00
	If column B is not 260 days, enter explanation.						
					%	00	00
	If column B is not 260 days, enter explanation.						
					%	00	00
	If column B is not 260 days, enter explanation.						
					%	00	00
	If column B is not 260 days, enter explanation.						

NOTE: If your City of Detroit allocation is less than 100 percent, please obtain a letter from your employer to verify columns B through E of Form 5121 and retain your work log. Treasury may request a copy of your work log and employer letter.