



2021 Federal Tax Return Filing Instructions
FOR THE YEAR ENDING
December 31, 2021

Prepared for	RAVIKANTH PILLI																
Tax Summary	<table style="width: 100%;"><tr><td>Gross Income.....</td><td style="text-align: right;">\$157192</td></tr><tr><td>Adjusted Gross Income.....</td><td style="text-align: right;">\$157192</td></tr><tr><td>Total Deductions.....</td><td style="text-align: right;">\$12550</td></tr><tr><td>Total Taxable Income.....</td><td style="text-align: right;">\$144642</td></tr><tr><td>Total Tax.....</td><td style="text-align: right;">\$29025</td></tr><tr><td>Total Payments.....</td><td style="text-align: right;">\$25022</td></tr><tr><td>Refund Amount.....</td><td style="text-align: right;">\$0</td></tr><tr><td>Amount You Owe.....</td><td style="text-align: right;">\$4003</td></tr></table>	Gross Income.....	\$157192	Adjusted Gross Income.....	\$157192	Total Deductions.....	\$12550	Total Taxable Income.....	\$144642	Total Tax.....	\$29025	Total Payments.....	\$25022	Refund Amount.....	\$0	Amount You Owe.....	\$4003
Gross Income.....	\$157192																
Adjusted Gross Income.....	\$157192																
Total Deductions.....	\$12550																
Total Taxable Income.....	\$144642																
Total Tax.....	\$29025																
Total Payments.....	\$25022																
Refund Amount.....	\$0																
Amount You Owe.....	\$4003																
Make check payable to																	
Mailing Address	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000																

Instructions

If you e-filed your return and it has been accepted, you will get notified via text or email if you opted for that option.

If you have a balance due being paid by check or are paper filing the return, mail it to the address indicated.

Keep a copy of your return and supporting documents for your records.



2021 STATE TAX RETURN FILING INSTRUCTIONS

MASSACHUSETTS FOR THE YEAR ENDING December 31, 2021

Prepared for	RAVIKANTH PILLI																					
Tax Summary	<table><tr><td>Adjusted Gross Income.....</td><td>\$</td><td>157,192</td></tr><tr><td>Total Deductions.....</td><td>\$</td><td>3,500</td></tr><tr><td>Total Taxable Income.....</td><td>\$</td><td>149,292</td></tr><tr><td>Total Tax.....</td><td>\$</td><td>7,465</td></tr><tr><td>Total Payments.....</td><td>\$</td><td>7,377</td></tr><tr><td>Refund Amount.....</td><td>\$</td><td>0</td></tr><tr><td>Amount You Owe.....</td><td>\$</td><td>88</td></tr></table>	Adjusted Gross Income.....	\$	157,192	Total Deductions.....	\$	3,500	Total Taxable Income.....	\$	149,292	Total Tax.....	\$	7,465	Total Payments.....	\$	7,377	Refund Amount.....	\$	0	Amount You Owe.....	\$	88
Adjusted Gross Income.....	\$	157,192																				
Total Deductions.....	\$	3,500																				
Total Taxable Income.....	\$	149,292																				
Total Tax.....	\$	7,465																				
Total Payments.....	\$	7,377																				
Refund Amount.....	\$	0																				
Amount You Owe.....	\$	88																				
Make check payable to	Massachusetts Department of Revenue																					
Mailing Address	MASS DEPT OF REVENUE P.O. BOX 7003 BOSTON, MA 02204																					

Special Instructions

Sign and Date Your Return

Please Sign and Date Form Form1. If filing a joint return both you and your spouse need to sign the form.

Assemble What You Need to Mail

Attach any schedules and forms behind Form Form1. Include all pages of the Form1. If there are supporting statements, arrange them in the same order as the schedules and forms they support and attach them last. Attach a copy of each W-2, W-2G, 1099R, and 1099G for which MA tax has been withheld.

Pay Balance Due On Your Taxes

Complete your check or money order for \$ 88.0. Do not send cash and do not forget to sign the check. Enclose Form PV with your check. Write the last 4 digits of Social Security number(s), daytime phone number, tax year, and Form Form1 on your check or money order (U.S. funds only).

Mail Form Form1 & Other Documents To:

Mailing Address listed above. To retain the proof of mailing, we recommend using certified mail to send your form(s). When mailing to an address without a P.O. box, you may also use: Airborne Express, DHL Worldwide Express, FedEx, or UPS.

Keep A Copy

Click on Main Menu and then E-File or Print to print your return. Attach your copy of each W-2, W-2G, 1099R or 1099G with withholding. Keep with your records for three years.

INTERNAL REVENUE SERVICE
P O Box 931000
Louisville, KY 40293-1000

Fold here for #10 envelope

INTERNAL REVENUE SERVICE
P O Box 931000
Louisville, KY 40293-1000

Fold here for 6x9 envelope

Fold here for #10 envelope

Installment Agreement Request

▶ Go to www.irs.gov/Form9465 for instructions and the latest information.
▶ If you are filing this form with your tax return, attach it to the front of the return.
▶ See separate instructions.

OMB No. 1545-0074

Tip: If you owe \$50,000 or less, you may be able to avoid filing Form 9465 and establish an installment agreement online, even if you haven't yet received a tax bill. Go to www.irs.gov/OPA to apply for an Online Payment Agreement. If you establish your installment agreement using the Online Payment Agreement application, the user fee that you pay will be lower than it would be with Form 9465.

Part I Installment Agreement Request

This request is for Form(s) (for example, Form 1040 or Form 941) ▶ FORM 1040

Enter tax year(s) or period(s) involved (for example, 2018 and 2019, or January 1, 2019, to June 30, 2019) ▶ 2021

1a Your first name and initial <u>RAVIKANTH</u>	Last name <u>PILLI</u>	Your social security number <u>098-59-0528</u>
If a joint return, spouse's first name and initial	Last name	Spouse's social security no.
Current address (number and street). If you have a P.O. box and no home delivery, enter your box number. <u>50 Commons DR</u>		Apt. number <u>1</u>
City, town or post office, state, and ZIP code. If a foreign address, also complete the spaces below (see instructions). <u>Shrewsbury, MA 01545</u>		
Foreign country name	Foreign province/state/county	Foreign postal code

1b If this address is new since you filed your last tax return, check here

2 Name of your business (must no longer be operating)	Employer identification number (EIN)
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3 <u>5104930415</u>	<u>12:00PM</u>	4 <u>5104930415</u>	<u>12:00PM</u>
Your home phone number	Best time for us to call	Your work phone number	Ext. Best time for us to call

5 Enter the total amount you owe as shown on your tax return(s) (or notice(s))	5	<u>4,003</u>
6 If you have any additional balances due that aren't reported on line 5, enter the amount here (even if the amounts are included in an existing installment agreement)	6	
7 Add lines 5 and 6 and enter the result	7	<u>4,003</u>
8 Enter the amount of any payment you're making with this request. See instructions	8	
9 Amount owed. Subtract line 8 from line 7 and enter the result	9	<u>4,003</u>
10 Divide the amount on line 9 by 72.0 and enter the result	10	<u>56</u>
11a Enter the amount you can pay each month. Make your payment as large as possible to limit interest and penalty charges, as these charges will continue to accrue until you pay in full. If you have an existing installment agreement, this amount should represent your total proposed monthly payment amount for all your liabilities. If no payment amount is listed on line 11a, a payment will be determined for you by dividing the balance due on line 9 by 72 months	11a	<u>\$ 400</u>
b If the amount on line 11a is less than the amount on line 10 and you're able to increase your payment to an amount that is equal to or greater than the amount on line 10, enter your revised monthly payment	11b	<u>\$</u>

- If you can't increase your payment on line 11b to more than or equal to the amount shown on line 10, check the box. Also, complete and attach Form 433-F, Collection Information Statement
- If the amount on line 11a (or 11b, if applicable) is more than or equal to the amount on line 10 and the amount you owe is over \$25,000 but not more than \$50,000, then you don't have to complete Form 433-F. However, if you don't complete Form 433-F, then you must complete either line 13 or 14.
- If the amount on line 9 is greater than \$50,000, complete and attach Form 433-F.

12 Enter the date you want to make your payment each month. **Don't** enter a date later than the 28th 12 17

13 If you want to make your payments by direct debit from your checking account, see the instructions and fill in lines 13a and 13b. This is the most convenient way to make your payments and it will ensure that they are made on time.

▶ **a** Routing number 121000358 ▶ **b** Account number 325062201690

I authorize the U.S. Treasury and its designated Financial Agent to initiate a monthly ACH debit (electronic withdrawal) entry to the financial institution account indicated for payments of my federal taxes owed, 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 payment, I must contact the U.S. Treasury Financial Agent at **1-800-829-1040** no later than 14 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payments of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payments.

c Low-income taxpayers only. If you're unable to make electronic payments through a debit instrument by providing your banking information on lines 13a and 13b, check this box and your user fee will be reimbursed upon completion of your installment agreement. See instructions

14 If you want to make payments by payroll deduction, check this box and attach a completed Form 2159

By signing and submitting this form, I authorize the IRS to contact third parties and to disclose my tax information to third parties in order to process this request and administer the agreement over its duration. I also agree to the terms of this agreement, as provided in the instructions, if it's approved by the IRS.

Your signature	Date	Spouse's signature. If a joint return, both must sign.	Date
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2021 TWO YEAR COMPARISON

RAVIKANTH PILLI
098-59-0528

Keep for Your Records
Difference

	2021	2020	
Filing status	MFS		
INCOME:			
Wages, salaries, tips, etc.	157,192		157,192
Interest income			
Ordinary dividend income			
IRA distributions and pension income			
Taxable social security income			
Capital gain or (loss) (Schedule D)			
Schedule 1 - Income			
Refunds of state and local taxes			
Business income or (loss) (Schedule C)			
Other gains or (losses) (Form 4797)			
Rental real estate, partnerships, estates, etc. (Schedule E)			
Farm income or (loss) (Schedule F)			
Unemployment compensation			
Other income			
Total income	<u>157,192</u>		<u>157,192</u>
ADJUSTMENTS:			
Schedule 1 - Adjustments			
Deductible part of self-employment tax			
Self-employed SEP, SIMPLE and qualified plans deduction			
Self-employed health insurance			
IRA contributions			
Student loan interest deduction			
Other adjustments			
Charitable contributions if taking standard deduction	N/A		
Total adjustments			
ADJUSTED GROSS INCOME:	<u>157,192</u>		<u>157,192</u>
DEDUCTIONS:			
Standard deduction or Itemized deductions	12,550		12,550
Charitable contributions if taking standard deduction		N/A	
If itemized, Schedule A deductions:			
Medical and dental expenses			
Sales, income, and other taxes paid	5,000		5,000
Interest paid			
Gifts to charity			
Casualty and theft losses			
Other miscellaneous deductions			
Qualified business income deduction			
TAXABLE INCOME:	<u>144,642</u>		<u>144,642</u>
TAX COMPUTATION (BEFORE CREDITS):			
Tax	28,735		28,735
Tax calculation method	TCW		
Schedule 2 - Taxes			
Alternative minimum tax			
Excess advance premium tax credit repayment			
Total taxes	<u>28,735</u>		<u>28,735</u>
Tax rate	24%		

Tax Calculation Methods:

Sch D = Sch D tax worksheet
Sch J = Inc Aver for Farmer/Fisherman
FEITW = Foreign Earned Income Tax WS

QDCGTW = Qual Div Cap Gain Tax WS
F8615 = Child with unearned income

TCW = Tax Comp Worksheet (rates)
TABLE = Tax Table

2021 TWO YEAR COMPARISON

RAVIKANTH PILLI
098-59-0528

Keep for Your Records

	2021	2020	Difference
CREDITS:			
Child and other dependents tax credit	_____	_____	_____
Schedule 3 - Non-Refundable Credits			
Foreign tax credit	_____	_____	_____
Child care credit	_____	_____	_____
Education credit	_____	_____	_____
Retirement savings contribution credit	_____	_____	_____
Other credits	_____	_____	_____
Total credits	_____	_____	_____
OTHER TAXES:			
Schedule 2 - Other Taxes			
Self-employment tax	_____	_____	_____
Additional tax on IRAs	_____	_____	_____
Health Care (Individual Responsibility)	_____	_____	_____
Other taxes	290	_____	290
TOTAL TAXES:	290	_____	290
PAYMENTS:			
Federal income tax withheld	25,022	_____	25,022
Estimated payments made	_____	_____	_____
Earned income credit	_____	_____	_____
Refundable child tax credit or additional child tax credit	_____	_____	_____
American opportunity credit	_____	_____	_____
Recovery rebate credit	_____	_____	_____
Schedule 3 - Refundable Credits & Payments			
ACA premium tax credit	_____	_____	_____
Qualified sick and family leave credit	_____	N/A	_____
Deferral for certain Schedule H or Schedule SE filers	_____	N/A	_____
Other payments	_____	_____	_____
Total payments	25,022	_____	25,022
AMOUNT DUE / REFUND:			
Amount overpaid	_____	_____	_____
Overpayment applied to next year	_____	_____	_____
Refund	_____	_____	_____
Amount due	4,003	_____	4,003
Penalty	_____	_____	4,003

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)
 Check only 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 one box. qualifying person is a child but not your dependent ▶ **PRATHYUSHA RAVIKANTH**

Your first name and middle initial: **RAVIKANTH** Last name: **PILLI** Your social security number: **098-59-0528**

If joint return, spouse's first name and middle initial: Last name: **NonResidentAlien** Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. **50 Commons DR** Apt. no. **1**
 City, town, or post office. If you have a foreign address, also complete spaces below. **Shrewsbury** State **MA** ZIP code **01545**
 Foreign country name 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
 Yes No

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

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

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

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>					

	1 Wages, salaries, tips, etc. Attach Form(s) W-2		1	157,192
Attach Sch. B if required.	2a Tax-exempt interest	2a	2b Taxable interest	2b
	3a Qualified dividends	3a	3b Ordinary dividends	3b
	4a IRA distributions	4a	4b Taxable amount	4b
	5a Pensions and annuities	5a	5b Taxable amount	5b
	6a Social security benefits	6a	6b Taxable amount	6b
	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>		7	
8 Other income from Schedule 1, line 10		8		
9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income		9		157,192
10 Adjustments to income from Schedule 1, line 26		10		
11 Subtract line 10 from line 9. This is your adjusted gross income		11		157,192
Standard Deduction for- • Single or Married filing separately, \$12,550 • Married filing jointly or Qualifying widow(er), \$25,100 • Head of household, \$18,800 • If you checked any box under Standard Deduction, see instructions.	12a Standard deduction or itemized deductions (from Schedule A)	12a 12,550		
	b Charitable contributions if you take the standard deduction (see instructions)	12b		
	c Add lines 12a and 12b		12c	12,550
13 Qualified business income deduction from Form 8995 or Form 8995-A		13		
14 Add lines 12c and 13		14		12,550
15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-		15		144,642

16 Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	16	28,735
17 Amount from Schedule 2, line 3	17	
18 Add lines 16 and 17	18	28,735
19 Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	
20 Amount from Schedule 3, line 8	20	
21 Add lines 19 and 20	21	
22 Subtract line 21 from line 18. If zero or less, enter -0-	22	28,735
23 Other taxes, including self-employment tax, from Schedule 2, line 21	23	290
24 Add lines 22 and 23. This is your total tax	24	29,025
25 Federal income tax withheld from:		
a Form(s) W-2	25a	25,022
b Form(s) 1099	25b	
c Other forms (see instructions)	25c	
d Add lines 25a through 25c	25d	25,022
26 2021 estimated tax payments and amount applied from 2020 return	26	
27a Earned income credit (EIC). Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions ... <input type="checkbox"/>	27a	
b Nontaxable combat pay election	27b	
c Prior year (2019) earned income	27c	
28 Refundable child tax credit or additional child tax credit from Schedule 8812	28	
29 American opportunity credit from Form 8863, line 8	29	
30 Recovery rebate credit. See instructions.	30	
31 Amount from Schedule 3, line 15	31	
32 Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	
33 Add lines 25d, 26, and 32. These are your total payments	33	25,022
Refund 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	
35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	
b Routing number XXXXXXXXXXXXXXXXXXXX c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
d Account number XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
36 Amount of line 34 you want applied to your 2022 estimated tax	36	
Amount You Owe 37 Amount you owe . Subtract line 33 from line 24. For details on how to pay, see instructions	37	4,003
38 Estimated tax penalty (see instructions)	38	

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

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

Designee's name Phone no. Personal identification number (PIN)

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

Your signature	Date	Your occupation Software Engineer	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) <input type="text"/>

Phone no. 510-493-0415 Email address pilli.ravikanth@gmail.com

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
Firm's name				Phone no.
Firm's address				Firm's EIN

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

RAVIKANTH PILLI

Your social security number

098-59-0528

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	
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	
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	290
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)

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

Schedule 2 (Form 1040) 2021

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	290

Additional Medicare Tax

Department of the Treasury
Internal Revenue Service

- ▶ 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.

2021

Attachment
Sequence No. **71**

Name(s) shown on return RAVIKANTH PILLI	Your social security number 098-59-0528
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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	157,192		
2 Unreported tips from Form 4137, line 6	2			
3 Wages from Form 8919, line 6	3			
4 Add lines 1 through 3	4	157,192		
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	125,000		
6 Subtract line 5 from line 4. If zero or less, enter -0-	6		32,192	
7 Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II	7			290

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	0		
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	125,000		
10 Enter the amount from line 4	10	157,192		
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			0
13 Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III	13			

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	125,000		
16 Subtract line 15 from line 14. If zero or less, enter -0-	16			0
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			290
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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	2,279		
20 Enter the amount from line 1	20	157,192		
21 Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	2,279		
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			

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

2021 WAGES AND SALARIES SUMMARY ATTACHMENT

RAVIKANTH PILLI
098-59-0528

Employer Name	Employer EIN	T or S	Wages	Federal Withholding	Social Security Tax Withheld	State	State Wages	State Tax Withheld	Local Tax Withheld
Q9SOFTWARE LLC	47-2036136	T	157,192	25,022	8,854	MA	157,192	7,377	

Total 157,192 25,022 8,854 157,192 7,377

2021 FEDERAL TAX WITHHOLDINGS ATTACHMENT

RAVIKANTH PILLI
098-59-0528

W-2

Q9SOFTWARE LLC

25,022

Total to Form 1040/1040-SR line 25d

25,022

2021 SCHEDULE A - STATE AND LOCAL TAX ATTACHMENT

RAVIKANTH PILLI
098-59-0528

MA W2 W/H FROM Q9SOFTWARE LLC

7,377

2021 RECOVERY REBATE CREDIT WORKSHEET – LINE 30

RAVIKANTH PILLI
098-59-0528

Before you begin: ✓ See the instructions for line 30 to find out if you can take this credit and for definitions and other information needed to fill out this worksheet.
 ✓ If you received Notice 1444-C, have it available.
 Don't include on line 13 any amount you received but later returned to the IRS.
 If you can't take the recovery rebate credit, you don't have to repay any amount of EIP 3 on Form 1040 or 1040-SR.

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 36. _____ 0
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
8. Add lines 6 and 7
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
 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
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 – \$7,50011. _____
12. Multiply line 8 by line 11
13. Enter the amount, if any, of EIP 3 that was issued to you. If filing a joint return, include the amount, if any, or 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
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

A voucher is printed at the bottom of this page.

NOTE: This is a new scannable voucher approved by the IRS for filing of the 1040-V for the year 2021. This is different than the voucher that is on the IRS website.

- ▶ Use this voucher when making a payment with Form 1040.
- ▶ Do not staple this voucher or your payment to Form 1040.
- ▶ Make your check or money order payable to the "United States Treasury".
- ▶ Write your Social Security Number (SSN) on your check or money order.

Mail payment to:

INTERNAL REVENUE SERVICE
P O Box 931000
Louisville, KY 40293-1000

▼ Detach Here and Mail with Your Payment and Return ▼

Department of the Treasury Internal Revenue Service	2021 OMB No. 1545-0074	Form 1040-V Payment Voucher
▶ Use Form 1040-V when paying the balance due on Form 1040, Form 1040A, 1040EZ, or 1040NR. ▶ Enter your SSN on your check or money order ▶ If your name, address, or SSN is incorrect, see instructions.	Amount you are paying by check or money order. Make your check or money order payable to "United States Treasury"	Dollars 4,003

1729

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



RAVIKANTH PILLI
50 Commons DR
Shrewsbury, MA 01545

INTERNAL REVENUE SERVICE
P O Box 931000
Louisville, KY 40293-1000

2022 CARRYFORWARD INFORMATION

RAVIKANTH PILLI
098-59-0528

Keep for Your Records

Itemized Returns Only – 2021 state and local tax refund (this amount may not be taxable in 2022)	_____
Charitable contributions carryover to 2022	_____
Estimated short-term capital loss carryover	_____
Estimated long-term capital loss carryover	_____
2021 tax liability (for 2022 Form 2210 purposes)	29,025
Form 8839: 2021 carryover of unqualified expenses	_____
Refund amount applied to 2022	_____
Disallowed investment interest in 2021	_____
Additional state taxes paid	_____
Form 8396: Mortgage interest credit from 2019	_____
Mortgage interest credit from 2020	_____
Mortgage interest credit from 2021	_____
Form 8801: Minimum tax credit carryforward	0
Potential 2022 IRA contribution from 2021 tax refund	_____

NOL carryforward:				Regular Tax	AMT Tax
from 2001	_____	from 2011	_____	from 2001	_____
from 2002	_____	from 2012	_____	from 2002	_____
from 2003	_____	from 2013	_____	from 2003	_____
from 2004	_____	from 2014	_____	from 2004	_____
from 2005	_____	from 2015	_____	from 2005	_____
from 2006	_____	from 2016	_____	from 2006	_____
from 2007	_____	from 2017	_____	from 2007	_____
from 2008	_____	from 2018	_____	from 2008	_____
from 2009	_____	from 2019	_____	from 2009	_____
from 2010	_____	from 2020	_____	from 2010	_____
Gross NOL generated in 2021	_____	Gross AMT NOL generated in 2021	_____		
To be absorbed in carryback period	_____	To be absorbed in carryback period	_____		
Net carryforward from 2021	_____	Net carryforward from 2021	_____		
Total carryforward to 2022	_____	Total carryforward to 2022	_____		

- The amounts carried to next year from Schedule(s) E, pages 1 and/or 2, are found on Form 8582, Worksheet 6. Carryover AMT amounts are found on the AMT Form 8582, Worksheet 6.
- Foreign Tax Credit carryforward to 2022
- General Business Credit carryforward to 2022
- First-Time Homebuyer Credit Repayment carryforward to 2022
- If there are Form(s) 6252 in this tax return, the gross profit ratio and prior payments received (including the current year payments) will carry forward from each Form 6252.
- Amounts from Form 6251, lines 16 through 18, lines 27 and 28 are automatically carried forward to 2022.

MASS DEPT OF REVENUE

P.O. BOX 7003
BOSTON, MA 02204

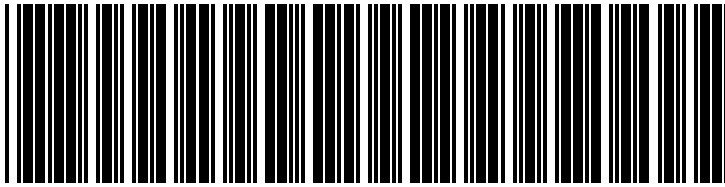
Fold here for #10 envelope

MASS DEPT OF REVENUE

P.O. BOX 7003
BOSTON, MA 02204

Fold here for 6x9 envelope

Fold here for #10 envelope



2021 Form 1

MA21001011729

Massachusetts Resident Income Tax Return

FOR FULL YEAR RESIDENTS ONLY

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

Year beginning Ending

Ravikanth Pilli 098-59-0528
Prathyusha Ravikanth
50 Commons DR APT 1 Shrewsbury MA 01545

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 \$1 You \$1 Spouse TOTAL
You Spouse
Fill in if name change You Spouse
Taxpayer deceased You Spouse
Fill in if under age 18 You Spouse

a. Total federal income 157192
b. Federal adjusted gross income 157192

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)
Fill in if noncustodial parent
Fill in if filing Schedule TDS
Fill in if filing Schedule FCI
Fill in if reporting crypto currency

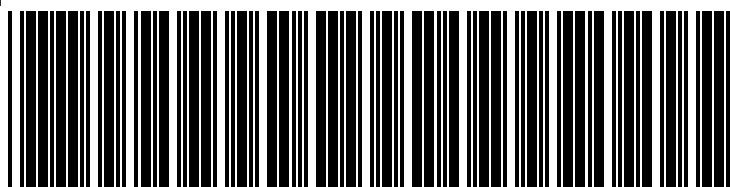
2. Exemptions

a. Personal exemptions **2a** 4400
b. No. of dependents. (Do not include yourself or your spouse.) Enter number 0 x \$1,000 = **2b**
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** 4400

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
pilli.ravikanth@gmail.com 5104930415

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST



2021 Form 1, pg. 2

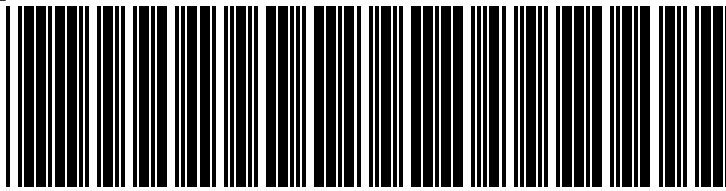
MA21001021729

Massachusetts Resident Income Tax Return

098-59-0528

3. Wages, salaries, tips	3	157192
4. Taxable pensions and annuities	4	
5. Mass. bank interest: a.	= 5	
- b. exemption		
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	157192
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	
12. Reserved for future use	12	
13. Reserved for future use	13	
14. Rental deduction. a. 13200	÷ 2 = 14	1500
15. Other deductions from Schedule Y, line 19	15	
16. Total deductions. Add lines 11 through 15	16	3500
17. 5.0% INCOME AFTER DEDUCTIONS. Subtract line 16 from line 10. Not less than "0"	17	153692
18. Exemption amount	18	4400
19. 5.0% INCOME AFTER EXEMPTIONS. Subtract line 18 from line 17. Not less than "0"	19	149292
20. INTEREST AND DIVIDEND INCOME	20	
21. TOTAL TAXABLE 5.0% INCOME. Add lines 19 and 20	21	149292

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

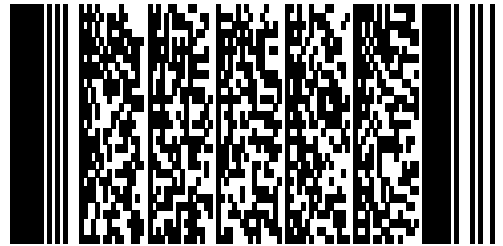
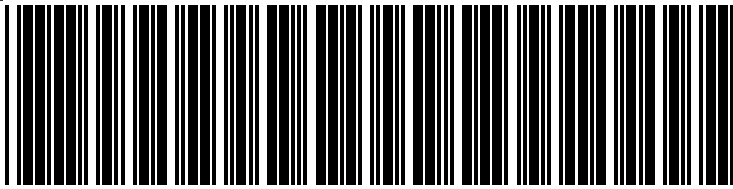


2021 Form 1, pg. 3

MA21001031729

Massachusetts Resident Income Tax Return
098-59-0528

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	7465
23. 12% INCOME. Not less than "0." a.	23	
	x .12 =	
24. TAX ON LONG-TERM CAPITAL GAINS. Not less than "0." Fill in if filing Sch. D-IS	24	
Fill in if any excess exemptions were used in calculating lines 20, 23 or 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	7465
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	7465
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	7465



2021 Form 1, pg. 4

MA21001041729

Massachusetts Resident Income Tax Return
098-59-0528

Table with 3 columns: Description, Amount, and Total. Rows include Massachusetts income tax withheld (7377), 2020 overpayment applied, 2021 estimated tax payments, Amended return only, Earned Income Credit, Senior Circuit Breaker Credit, Child under age 13, Dependent member(s), Other Refundable Credits, Excess Paid Family Leave Withholding, and TOTAL (7377).

Direct deposit of refund. Type of account: checking, savings

RTN # account #

Table with 3 columns: Description, Amount, and Total. Row 53: Tax due. Pay online at www.mass.gov/masstaxconnect. Mail to: Mass. DOR, PO Box 7003, Boston, MA 02204. Amount: 53. Total: 88. Includes Interest, Penalty, and M-2210 amt. 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

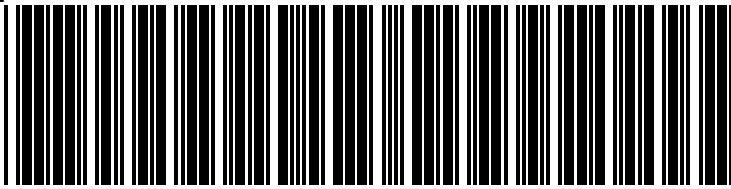
SSN/PTIN

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 INC
 MA21INC011729

Ravikanth Pilli 098-59-0528

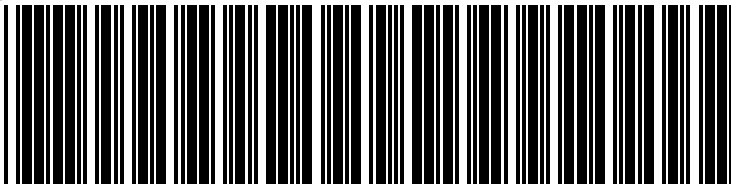
Form W-2 and 1099 Information

A. FEDERAL ID NO.	B. STATE TAX WITHHELD	C. STATE WAGES/ INCOME	D. TAXPAYER SS WITHHELD	E. SPOUSE SS WITHHELD	F. SOURCE OF WITHHOLDING
47-2036136	7377	157192	11133		W2

TOTALS	7377	157192	11133		
--------	------	--------	-------	--	--

MA Qualified Unemployment Deduction Worksheet

Household MFJ = 2 or Other = 1	1
Household Additional Dependents	0
Household Size	1
200% of the Federal Poverty Level for your household size	25,520
Enter Federal Adjusted Gross Income from U.S. Form 1040, line 11	157,192
Household Income Tax Exempt Interest FD 1040 Line 2a	0
Untaxed portion of Social Security Benefits received U.S. 1040, lines 6a and 6b	0
RESERVED	
Total Household Income	157,192
Yes: You Qualify for the Deduction	
<input checked="" type="checkbox"/> No: You Do Not Qualify for the Deduction	
Amount of Unemployment compensation you received and reported on Form 1, line 8a or Form 1-NR/PY line 10a	0
The smaller of the above line or \$10,200	0
If MFJ, the Amount of Unemployment compensation you received and reported on Form 1, line 8a or Form 1-NR/PY line 10a	0
The smaller of the above line or \$10,200	0
Total Amount to be entered on Schedule Y, line 9c	0



2021 Schedule HC
MA21029011729

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.

Ravikanth Pilli 098-59-0528

1a. Date of birth 08101987 1b. Spouse's date of birth 1c. Family size 1
2. Federal adjusted gross income 2 157192

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: Full-year MCC Part-year MCC No MCC/None
 3a Spouse: 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) You 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.
HP2000 HP15002575i8021

4g. **Spouse's Health Insurance.** Complete if you answered line(s) 4a or 4e and go to line 5.

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. Otherwise, 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.

A voucher is printed at the bottom of this page.

DETACH HERE

21 MAPV1

TXO 1040

Form Software Copyright 1996 – 2022 HRB Tax Group, Inc.

**2021 Form PV
Massachusetts Income Tax Payment Voucher**

Payment for period end date (mm/dd/yyyy)	Tax type	Voucher type	ID type	Vendor code
12/31/2021	053	01	005	1729
Name of taxpayer	Social Security number		Amount enclosed	
RAVIKANTH PILLI	098590528		\$ 88.00	
Name of taxpayer's spouse	Social Security number of taxpayer's spouse			
PRATHYUSHA RAVIKANTH				
Street address	City/Town	State	Zip	
50 COMMONS DR	SHREWSBURY	MA	01545	
Phone	E-mail	Fill in if name/address changed since 2020		
(510) 493-0415	pilli.ravikanth@gmai	<input type="checkbox"/>		

Pay online at mass.gov/masstaxconnect. Or, return this voucher with check or money order payable to: **Commonwealth of Massachusetts**.
Mail to: **Massachusetts Department of Revenue, PO Box 7062, Boston, MA 02204.**



00100098590528 123121 0000000000 053 010051729 00000088007

2021 MASSACHUSETTS AGI WORKSHEET

Keep for Your Records

-
- | | | |
|--|----|---------------|
| 1. Enter your total 5.0% income from Form 1, line 10. Not less than "0".* | 1. | <u>157192</u> |
| 2. Enter the total of Schedule Y, lines 2 through 10 and line 18 | 2. | _____ |
| 3. Subtract line 2 from line 1. Not less than "0" | 3. | <u>157192</u> |
| 4. Enter total Massachusetts bank interest or the interest exemption amount, whichever is smaller, from Form 1, line 5a or line 5b | 4. | _____ |
-

Note: If Form 1, line 10 is a loss, do not complete line 4 above. Instead, combine Form 1, line 10 with the smaller amount of total Massachusetts bank interest or the interest exemption amount. Enter the result in line 4 above, unless the result is a loss. If the result is a loss, enter "0."

-
- | | | |
|--|----|---------------|
| 5. Enter amount from Schedule B, line 35. If there is no entry in Schedule B, line 35 or if not filing Schedule B, enter the amount from Form 1, line 20 | 5. | _____ |
| 6. Enter the amount from Schedule D, line 19.** Not less than "0" | 6. | _____ |
| 7. Add lines 3 through 6 | 7. | <u>157192</u> |

If you are single and the total in line 7 is \$8,000 or less, you qualify for No Tax Status (see line 26 instructions). If you are single but do not qualify for No Tax Status, and your total in line 7 is \$14,000 or less, complete Form 1, line 27 and see line 28 instructions for the Limited Income Credit. If you are filing as head of household or married filing a joint return, compare line 7 with the chart in the instructions to see if you may qualify for No Tax Status or the Limited Income Credit.

*Add back any Abandoned Building Renovation deduction claimed on Schedule(s) C and/or E before entering an amount in line 1.

**If filing Schedule D-IS, Installment Sales, see the Schedule D-IS instructions for the amount to enter in line 6. Schedule D-IS and instructions are available on DOR's website at www.mass.gov/dor.