

DIWAKAR TAXES INC
2332 WALSH AVE SUITE A
SANTA CLARA, CA 95051
Phone: (408) 249-3985
Fax: (408) 454-6369

April 8, 2022

UMA MAHESWARA RAO and TULASI GANGUMALLA
1450 OLYMPIC DR
MILPITAS, CA 95035

Dear UMA MAHESWARA RAO and TULASI,

Include with your return, but do not staple or otherwise attach, Form 1040-V and a check made payable to the 'UNITED STATES TREASURY' in the amount of \$34,053. Write '2021 Form 1040' and your social security number on the check, along with your name, address and daytime telephone number.

Cincinnati, OH 45280-2501

If you have any questions about your return(s) or about your tax situation during the year, please do not hesitate to call me.

Sincerely,

SAVITA CHOUDHARY
DIWAKAR TAXES INC

Your marginal federal tax rate ('tax bracket') for 2021 was 35%.
Your average federal tax rate for 2021 was 27%.

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1450 OLYMPIC DR
MILPITAS, CA 95035

Dear UMA MAHESWARA RAO and TULASI,

Enclosed please find two copies of your 2021 California 540 tax return. I have prepared your return based on the information you provided

As requested, your California 540 **tax refund of \$2,275** will be deposited directly into your checking account.

If you have any questions about your return(s) please call me at 408-249-3985. I appreciate this opportunity to serve you.
Sincerely,

SAVITA CHOUDHARY
DIWAKAR TAXES INC

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) ▶ 772989202205015sbozf

Taxpayer's name UMA MAHESWARA RAO GANGUMALLA	Social security number 038-04-9402
Spouse's name TULASI GANGUMALLA	Spouse's social security number 892-03-9737

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	622,502
2 Total tax	2	162,083
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	128,030
4 Amount you want refunded to you	4	0
5 Amount you owe	5	34,053

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 DIWAKAR TAXES INC to enter or generate my PIN 49402
ERO firm name Enter five digits, but don't enter all zeros
 as my signature on the income tax return (original or amended) I am now authorizing.

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 DIWAKAR TAXES INC to enter or generate my PIN 39737
ERO firm name Enter five digits, but don't enter all zeros
 as my signature on the income tax return (original or amended) I am now authorizing.

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. 77298912345
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 ▶ DIWAKAR PALIWAL EA Date ▶ 2/19/2022

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

TAXABLE YEAR

FORM

2021

California e-file Signature Authorization for Individuals

8879

Table with 2 columns: Name (Your name, Spouse's/RDP's name) and SSN/ITIN. Rows include UMA MAHESWARA RAO GANGUMALLA and TULASI GANGUMALLA.

Part I Tax Return Information (whole dollars only)

Table with 3 rows: California adjusted gross income (AGI), Amount You Owe, Refund or No Amount Due. Values: 625,322, 0, 2,275.

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

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2021, and to the best of my knowledge and belief, it is true, correct, and complete.

Taxpayer's PIN: check one box only

I authorize DIWAKAR TAXES INC to enter my PIN 49402 as my signature on my 2021 e-filed California individual income tax return.

I will enter my PIN as my signature on my 2021 e-filed California individual income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method.

Your signature Date

Spouse's/RDP's PIN: check one box only

I authorize DIWAKAR TAXES INC to enter my PIN 39737 as my signature on my 2021 e-filed California individual income tax return.

I will enter my PIN as my signature on my 2021 e-filed California individual income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method.

Spouse's/RDP's signature Date

Practitioner PIN Method Returns Only -- continue below

Part III Certification and Authentication -- Practitioner PIN Method Only

ERO's Electronic Filer Identification Number (EFIN)/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

77298912345 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the 2021 California individual income tax return for the taxpayer(s) indicated above.

ERO's signature DIWAKAR PALIWAL EA Date 4/8/2022

2021 Tax Summary (1040)

UMA MAHESWARA RAO and TULASI GANGUMALLA

038-04-9402

Federal Information

Adjusted Gross Income	<u>\$622,502</u>	Filer's SSN: 038-04-9402	Date of Birth: 5/20/1985
Taxable Income	<u>\$597,402</u>	Spouse's SSN: 892-03-9737	Date of Birth: 4/5/1988
Income Tax	<u>\$156,720</u>		
Total Tax	<u>\$162,083</u>		
Overpayment	<u>\$0</u>	Filing status: Married Filing Joint	
Amount Applied	<u>\$0</u>	No. of exemptions: 4	
Refund	<u>\$0</u>		
Amount Due	<u>\$34,053</u>		
Tax Bracket	<u>35.00%</u>		
Average Tax Rate	<u>27.13%</u>		

Income:		% of Total
Wages	\$588,708	94.57%
Interest & Dividends	\$574	0.09%
Business	\$0	
Capital Gains	\$33,220	5.34%
Rents, partnerships	\$0	
Farm	\$0	
Other	\$0	
Total	\$622,502	

Other:		% of Total
Adjustments	\$0	
Deductions	\$25,100	4.03%
QBI deduction	\$0	
Taxable	\$597,402	95.97%
Total Income	\$622,502	

Deductions:		% of Total
Medical Expenses	\$0	
Taxes	\$10,000	41.85%
Interest Expenses	\$13,893	58.15%
Charity	\$0	
Casualty & Theft	\$0	
Other Misc. Deductions	\$0	
Total	\$23,893	

State Information**State: CA Form: 540**

Adjusted Gross Income	<u>\$625,322</u>	Overpayment	<u>\$2,275</u>
Taxable Income	<u>\$606,871</u>	Amount Applied	<u>\$0</u>
Income Tax	<u>\$50,444</u>	Refund	<u>\$2,275</u>
Total Tax	<u>\$50,444</u>	Amount Due	<u>\$0</u>

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)

Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial UMA MAHESWARA RAO		Last name GANGUMALLA	Your social security number 038-04-9402	
If joint return, spouse's first name and middle initial TULASI		Last name GANGUMALLA	Spouse's social security number 892-03-9737	
Home address (number and street). If you have a P.O. box, see instructions. 1450 OLYMPIC DR			Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse	
City, town, or post office. If you have a foreign address, also complete spaces below. MILPITAS		State CA		ZIP code 95035
Foreign country name		Foreign province/state/county		Foreign postal code

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

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

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

Dependents (see instructions):	(1) First name Last name		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
					Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here <input type="checkbox"/>	SAI SANJANA	GANGUMALLA	950-99-9448	Daughter	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	AVISH	GANGUMALLA	815-92-9596	Son	<input checked="" type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

1 Wages, salaries, tips, etc. Attach Form(s) W-2	1	588,708
2a Tax-exempt interest	2a	46
3a Qualified dividends	3a	528
4a IRA distributions	4a	
5a Pensions and annuities	5a	
6a Social security benefits	6a	
7 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	7	33,220
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	622,502
10 Adjustments to income from Schedule 1, line 26	10	
11 Subtract line 10 from line 9. This is your adjusted gross income ▶	11	622,502
12a Standard deduction or itemized deductions (from Schedule A)	12a	25,100
b Charitable contributions if you take the standard deduction (see instructions)	12b	
c Add lines 12a and 12b	12c	25,100
13 Qualified business income deduction from Form 8995 or Form 8995-A	13	
14 Add lines 12c and 13	14	25,100
15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	597,402

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

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	156,720
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	156,720
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3, line 8	20	
21	Add lines 19 and 20	21	0
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	156,720
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	5,363
24	Add lines 22 and 23. This is your total tax	24	162,083
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	124,501
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	3,529
d	Add lines 25a through 25c	25d	128,030
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	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	0
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	0
33	Add lines 25d, 26, and 32. These are your total payments	33	128,030

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

Refund

Direct deposit? See instructions.

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	35a	
b	Routing number	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number		
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	34,053
38	Estimated tax penalty (see instructions)	38	

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

Phone no. (669) 226-8418 Email address umangumalla@gmail.com

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
SAVITA CHOUDHARY	SAVITA CHOUDHARY	4/8/2022	P02504410	<input checked="" type="checkbox"/> Self-employed
Firm's name	Firm's address		Phone no.	Firm's EIN
DIWAKAR TAXES INC	2332 WALSH AVE SUITE A, SANTA CLARA, CA 95051		(408) 249-3985	45-2634275

SCHEDULE 2
(Form 1040)

Additional Taxes

OMB No. 1545-0074

2021

Department of the Treasury
Internal Revenue Service

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

▶ **Go to www.irs.gov/Form1040 for instructions and the latest information.**

Attachment
Sequence No. **02**

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

UMA MAHESWARA RAO and TULASI GANGUMALLA

Your social security number

038-04-9402

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	0

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	0
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	3,079
12	Net investment income tax. Attach Form 8960	12	1,284
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

HTA

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		0
19 Additional tax from Schedule 8812	19		1,000
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		5,363

**SCHEDULE B
(Form 1040)**

Interest and Ordinary Dividends

OMB No. 1545-0074

2021

Attachment
Sequence No. **08**

Department of the Treasury
Internal Revenue Service (99)

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

Name(s) shown on return

Your social security number

UMA MAHESWARA RAO and TULASI GANGUMALLA

038-04-9402

Part I

Interest

1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ▶

(See instructions and the Instructions for Form 1040, line 2b.)

FIRST TECH FEDERAL CREDIT UNION

Amount

46

1

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

2 Add the amounts on line 1 **2** 46

3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 **3**

4 Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b **4** 46

Note: If line 4 is over \$1,500, you must complete Part III.

Amount

Part II

Ordinary Dividends

5 List name of payer ▶
MORGAN STANLEY DOMESTIC HOLDING INC
ROBINHOOD SECURITIES LLC
MORGAN STANLEY DOMESTIC HOLDING INC

(See instructions and the Instructions for Form 1040, line 3b.)

288

25

215

5

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

6 Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b **6** 528

Note: If line 6 is over \$1,500, you must complete Part III.

Amount

Part III

Foreign Accounts and Trusts

You must complete this part if you **(a)** had over \$1,500 of taxable interest or ordinary dividends; **(b)** had a foreign account; or **(c)** received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

Yes No

7a At any time during 2021, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions X

If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements X

b If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ▶

8 During 2021, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions. X

Caution: If required, failure to file FinCEN Form 114 may result in substantial penalties. See instructions.

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

Schedule B (Form 1040) 2021

SCHEDULE D
(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

2021

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.**

Attachment
Sequence No. **12**

Name(s) shown on return
UMA MAHESWARA RAO and TULASI GANGUMALLA

Your social security number
038-04-9402

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				0
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	67,551	58,536	-8,218	797
2 Totals for all transactions reported on Form(s) 8949 with Box B checked	183,255	160,034		23,221
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				0
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 24,018

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				0
8b Totals for all transactions reported on Form(s) 8949 with Box D checked	11,637	9,118	-1,765	754
9 Totals for all transactions reported on Form(s) 8949 with Box E checked	52,220	43,772		8,448
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				0
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 9,202

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

Schedule D (Form 1040) 2021

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	33,220
	<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 checked="" type="checkbox"/> Yes. Go to line 18.		
	<input 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 checked="" 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) } 	21	()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?		
	<input 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.		

▶ Go to www.irs.gov/Form8949 for instructions and the latest information.
▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

UMA MAHESWARA RAO and TULASI GANGUMALLA

Social security number or taxpayer identification number

038-04-9402

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

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

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

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	269 INTEL CORP	2/19/2020	1/14/2021	13,610	11,635	B	-6,305	-4,330
	33 SH OF ADVANCED MICRO DEVICES INC	1/27/2021	2/9/2021	3,016	2,959			57
	5 SH OF ALPHABET INC	11/1/2021	12/20/2021	14,006	14,590			-584
	988 SH OF CLOUDERA INC	12/18/2020	1/6/2021	13,842	10,615	B	-1,913	1,314
	25 SH OF PAYPAL HOLDINGS INC	11/11/2021	11/17/2021	5,129	5,069			60
	18 SH OF SPLUNK INC	5/16/2021	11/15/2021	2,476	3,048			-572
	967 SH OF CLOUDERA INC	6/18/2021	10/8/2021	15,472	10,620			4,852
2 Totals.	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ▶			67,551	58,536		-8,218	797

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

Department of the Treasury
Internal Revenue Service

- ▶ Go to www.irs.gov/Form8949 for instructions and the latest information.
- ▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

UMA MAHESWARA RAO and TULASI GANGUMALLA

Social security number or taxpayer identification number

038-04-9402

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

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

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

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	ROBINHOOD CRYPTO LLC	VARIOUS	12/31/2021	358	234			124
	212 SH OF CLOUDERA INC	1/8/2021	1/15/2021	3,057	3,027			30
	442 SH OF CLOUDERA INC	3/15/2021	10/8/2021	7,072	5,640			1,432
	6491 SH OF CLOUDERA INC	3/15/2021	10/8/2021	103,856	82,825			21,031
	437 SH OF CLOUDERA INC	6/15/2021	10/8/2021	6,992	6,900			92
	1717 SH OF CLOUDERA INC	6/15/2021	10/8/2021	27,472	27,111			361
	1717 SH OF CLOUDERA INC	9/15/2021	10/8/2021	27,472	27,352			120
	436 SH OF CLOUDERA INC	9/15/2021	10/8/2021	6,976	6,945			31
2 Totals.	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ▶			183,255	160,034		0	23,221

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

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

Social security number or taxpayer identification number

UMA MAHESWARA RAO and TULASI GANGUMALLA

038-04-9402

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

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

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

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	230 INTEL CORP	8/16/2019	1/4/2021	11,637	9,118	B	-1,765	754
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ▶				11,637	9,118		-1,765	754

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

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

Social security number or taxpayer identification number

UMA MAHESWARA RAO and TULASI GANGUMALLA

038-04-9402

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

Part II

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

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

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	99 INTEL CORP	4/21/2018	3/10/2021	6,236	5,086			1,150
	69 INTEL CORP	4/26/2018	3/10/2021	4,346	3,634			712
	55 INTEL CORP	5/2/2018	3/10/2021	3,465	2,897			568
	252 INTEL CORP	7/24/2018	3/10/2021	15,874	13,277			2,597
	99 INTEL CORP	4/22/2019	3/10/2021	6,236	5,777			459
	68 INTEL CORP	4/26/2019	3/10/2021	4,283	3,557			726
	132 INTEL CORP	5/1/2019	3/10/2021	8,315	6,754			1,561
	55 INTEL CORP	5/2/2019	3/10/2021	3,465	2,790			675
2 Totals.	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)			52,220	43,772		0	8,448

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

Alternative Minimum Tax—Individuals

▶ Go to www.irs.gov/Form6251 for instructions and the latest information.

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

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

Your social security number

UMA MAHESWARA RAO and TULASI GANGUMALLA

038-04-9402

Part I Alternative Minimum Taxable Income (See instructions for how to complete each line.)

1	Enter the amount from Form 1040 or 1040-SR, line 15, if more than zero. If Form 1040 or 1040-SR, line 15, is zero, subtract line 14 of Form 1040 or 1040-SR from line 11 of Form 1040 or 1040-SR and enter the result here. (If less than zero, enter as a negative amount.)	1	597,402
2a	If filing Schedule A (Form 1040), enter the taxes from Schedule A, line 7; otherwise, enter the amount from Form 1040 or 1040-SR, line 12a	2a	25,100
b	Tax refund from Schedule 1 (Form 1040), line 1 or line 8z	2b	()
c	Investment interest expense (difference between regular tax and AMT)	2c	
d	Depletion (difference between regular tax and AMT)	2d	
e	Net operating loss deduction from Schedule 1 (Form 1040), line 8a. Enter as a positive amount	2e	
f	Alternative tax net operating loss deduction	2f	()
g	Interest from specified private activity bonds exempt from the regular tax	2g	
h	Qualified small business stock, see instructions	2h	
i	Exercise of incentive stock options (excess of AMT income over regular tax income)	2i	
j	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	2j	
k	Disposition of property (difference between AMT and regular tax gain or loss)	2k	
l	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	2l	
m	Passive activities (difference between AMT and regular tax income or loss)	2m	
n	Loss limitations (difference between AMT and regular tax income or loss)	2n	
o	Circulation costs (difference between regular tax and AMT)	2o	
p	Long-term contracts (difference between AMT and regular tax income)	2p	
q	Mining costs (difference between regular tax and AMT)	2q	
r	Research and experimental costs (difference between regular tax and AMT)	2r	
s	Income from certain installment sales before January 1, 1987	2s	()
t	Intangible drilling costs preference	2t	
3	Other adjustments, including income-based related adjustments	3	
4	Alternative minimum taxable income. Combine lines 1 through 3. (If married filing separately and line 4 is more than \$752,800, see instructions.)	4	622,502

Part II Alternative Minimum Tax (AMT)

5	Exemption. IF your filing status is AND line 4 is not over THEN enter on line 5 Single or head of household \$ 523,600 \$ 73,600 Married filing jointly or qualifying widow(er) 1,047,200 114,600 Married filing separately 523,600 57,300 If line 4 is over the amount shown above for your filing status, see instructions.	5	114,600
6	Subtract line 5 from line 4. If more than zero, go to line 7. If zero or less, enter -0- here and on lines 7, 9, and 11, and go to line 10	6	507,902
7	<ul style="list-style-type: none"> If you are filing Form 2555, see instructions for the amount to enter. If you reported capital gain distributions directly on Form 1040 or 1040-SR, line 7; you reported qualified dividends on Form 1040 or 1040-SR, line 3a; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 40 here. All others: If line 6 is \$199,900 or less (\$99,950 or less if married filing separately), multiply line 6 by 26% (0.26). Otherwise, multiply line 6 by 28% (0.28) and subtract \$3,998 (\$1,999 if married filing separately) from the result. 	7	137,436
8	Alternative minimum tax foreign tax credit (see instructions)	8	
9	Tentative minimum tax. Subtract line 8 from line 7	9	137,436
10	Add Form 1040 or 1040-SR, line 16 (minus any tax from Form 4972), and Schedule 2 (Form 1040), line 2. Subtract from the result Schedule 3 (Form 1040), line 1 and any negative amount reported on Form 8978, line 14 (treated as a positive number). If zero or less, enter -0-. If you used Schedule J to figure your tax on Form 1040 or 1040-SR, line 16, refigure that tax without using Schedule J before completing this line. See instructions	10	156,720
11	AMT. Subtract line 10 from line 9. If zero or less, enter -0-. Enter here and on Schedule 2 (Form 1040), line 1	11	0

Part III Tax Computation Using Maximum Capital Gains Rates

Complete Part III only if you are required to do so by line 7 or by the Foreign Earned Income Tax Worksheet in the instructions.

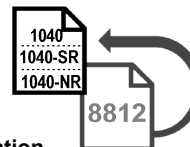
12	Enter the amount from Form 6251, line 6. If you are filing Form 2555, enter the amount from line 3 of the worksheet in the instructions for line 7	12	507,902
13	Enter the amount from line 4 of the Qualified Dividends and Capital Gain Tax Worksheet in the Instructions for Form 1040 or the amount from line 13 of the Schedule D Tax Worksheet in the Instructions for Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary). See instructions. If you are filing Form 2555, see instructions for the amount to enter	13	9,730
14	Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary). See instructions. If you are filing Form 2555, see instructions for the amount to enter	14	
15	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 13. Otherwise, add lines 13 and 14, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555, see instructions for the amount to enter	15	9,730
16	Enter the smaller of line 12 or line 15	16	9,730
17	Subtract line 16 from line 12	17	498,172
18	If line 17 is \$199,900 or less (\$99,950 or less if married filing separately), multiply line 17 by 26% (0.26). Otherwise, multiply line 17 by 28% (0.28) and subtract \$3,998 (\$1,999 if married filing separately) from the result ▶	18	135,490
19	Enter: <ul style="list-style-type: none"> • \$80,800 if married filing jointly or qualifying widow(er), • \$40,400 if single or married filing separately, or • \$54,100 if head of household. 	19	80,800
20	Enter the amount from line 5 of the Qualified Dividends and Capital Gain Tax Worksheet or the amount from line 14 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040 or 1040-SR, line 15; if zero or less, enter -0-. If you are filing Form 2555, see instructions for the amount to enter	20	587,672
21	Subtract line 20 from line 19. If zero or less, enter -0-	21	0
22	Enter the smaller of line 12 or line 13	22	9,730
23	Enter the smaller of line 21 or line 22. This amount is taxed at 0%	23	0
24	Subtract line 23 from line 22	24	9,730
25	Enter: <ul style="list-style-type: none"> • \$445,850 if single, • \$250,800 if married filing separately, • \$501,600 if married filing jointly or qualifying widow(er), or • \$473,750 if head of household, 	25	501,600
26	Enter the amount from line 21	26	0
27	Enter the amount from line 5 of the Qualified Dividends and Capital Gain Tax Worksheet or the amount from line 21 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040 or 1040-SR, line 15; if zero or less, enter -0-. If you are filing Form 2555, see instructions for the amount to enter	27	587,672
28	Add line 26 and line 27	28	587,672
29	Subtract line 28 from line 25. If zero or less, enter -0-	29	0
30	Enter the smaller of line 24 or line 29	30	0
31	Multiply line 30 by 15% (0.15) ▶	31	0
32	Add lines 23 and 30	32	0
If lines 32 and 12 are the same, skip lines 33 through 37 and go to line 38. Otherwise, go to line 33.			
33	Subtract line 32 from line 22	33	9,730
34	Multiply line 33 by 20% (0.20) ▶	34	1,946
If line 14 is zero or blank, skip lines 35 through 37 and go to line 38. Otherwise, go to line 35.			
35	Add lines 17, 32, and 33	35	0
36	Subtract line 35 from line 12	36	0
37	Multiply line 36 by 25% (0.25) ▶	37	0
38	Add lines 18, 31, 34, and 37	38	137,436
39	If line 12 is \$199,900 or less (\$99,950 or less if married filing separately), multiply line 12 by 26% (0.26). Otherwise, multiply line 12 by 28% (0.28) and subtract \$3,998 (\$1,999 if married filing separately) from the result	39	138,215
40	Enter the smaller of line 38 or line 39 here and on line 7. If you are filing Form 2555, do not enter this amount on line 7. Instead, enter it on line 4 of the worksheet in the instructions for line 7	40	137,436

SCHEDULE 8812
(Form 1040)

Credits for Qualifying Children and Other Dependents

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

▶ Go to www.irs.gov/Schedule8812 for instructions and the latest information.



OMB No. 1545-0074

2021

Attachment Sequence No. **47**

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

UMA MAHESWARA RAO and TULASI GANGUMALLA

Your social security number

038-04-9402

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

1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR	1	622,502
2a	Enter income from Puerto Rico that you excluded	2a	
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b	0
c	Enter the amount from line 15 of your Form 4563	2c	0
d	Add lines 2a through 2c	2d	0
3	Add lines 1 and 2d	3	622,502
4a	Number of qualifying children under age 18 with the required social security number	4a	1
b	Number of children included on line 4a who were under age 6 at the end of 2021	4b	1
c	Subtract line 4b from line 4a	4c	0
5	If line 4a is more than zero, enter the amount from the Line 5 Worksheet ; otherwise, enter -0-	5	2,000
6	Number of other dependents, including any qualifying children who are not under age 18 or who do not have the required social security number	6	1
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4a.		
7	Multiply line 6 by \$500	7	500
8	Add lines 5 and 7	8	2,500
9	Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 } • All other filing statuses—\$200,000 }	9	400,000
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. }	10	223,000
11	Multiply line 10 by 5% (0.05)	11	11,150
12	Subtract line 11 from line 8. If zero or less, enter -0-	12	0
13	Check all the boxes that apply to you (or your spouse if married filing jointly). A Check here if you (or your spouse if married filing jointly) had a principal place of abode in the United States for more than half of 2021 <input checked="" type="checkbox"/> B Check here if you (or your spouse if married filing jointly) were a bona fide resident of Puerto Rico for 2021 <input type="checkbox"/>		

Part I-B Filers Who Check a Box on Line 13

Caution: If you did not check a box on line 13, do not complete Part I-B; instead, skip to Part I-C.

14a	Enter the smaller of line 7 or line 12	14a	0
b	Subtract line 14a from line 12	14b	0
c	If line 14a is zero, enter -0-; otherwise, enter the amount from the Credit Limit Worksheet A	14c	0
d	Enter the smaller of line 14a or line 14c	14d	0
e	Add lines 14b and 14d	14e	0
f	Enter the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) received for 2021. See your Letter(s) 6419 for the amounts to include on this line. If you are missing Letter 6419, see the instructions before entering an amount on this line	14f	1,000
	Caution: If the amount on this line doesn't match the aggregate amounts reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.		
g	Subtract line 14f from line 14e. If zero or less, enter -0- on lines 14g through 14i and go to Part III	14g	0
h	Enter the smaller of line 14d or line 14g. This is your credit for other dependents. Enter this amount on line 19 of your Form 1040, 1040-SR, or 1040-NR	14h	0
i	Subtract line 14h from line 14g. This is your refundable child tax credit. Enter this amount on line 28 of your Form 1040, 1040-SR, or 1040-NR	14i	0

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

Schedule 8812 (Form 1040) 2021

HTA

Part I-C Filers Who Do Not Check a Box on Line 13

Caution: If you checked a box on line 13, do not complete Part I-C.

15a	Enter the amount from the Credit Limit Worksheet A	15a	0
b	Enter the smaller of line 12 or line 15a Additional child tax credit. Complete Parts II-A through II-C if you meet each of the following items. 1. You are not filing Form 2555. 2. Line 4a is more than zero. 3. Line 12 is more than line 15a.	15b	0
c	If you completed Parts II-A through II-C, enter the amount from line 27; otherwise, enter -0-	15c	0
d	Add lines 15b and 15c	15d	0
e	Enter the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) received for 2021. See your Letter(s) 6419 for the amounts to include on this line. If you are missing Letter 6419, see the instructions before entering an amount on this line. If you didn't receive any advance child tax credit payments for 2021, enter -0- Caution: If the amount on this line doesn't match the aggregate amounts reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.	15e	
f	Subtract line 15e from line 15d. If zero or less, enter -0- on lines 15f through 15h and go to Part III	15f	0
g	Enter the smaller of line 15b or line 15f. This is your nonrefundable child tax credit and credit for other dependents. Enter this amount on line 19 of your Form 1040, 1040-SR, or 1040-NR	15g	0
h	Subtract line 15g from line 15f. This is your additional child tax credit. Enter this amount on line 28 of your Form 1040, 1040-SR, or 1040-NR	15h	0

Part II-A Additional Child Tax Credit (use only if completing Part I-C)

Caution: If you file Form 2555, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit.

Caution: If you checked a box on line 13, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit.

16a	Subtract line 15b from line 12. If zero, skip Parts II-A and II-B and enter -0- on line 27	16a	0
b	Number of qualifying children under 18 with the required social security number: <u>0</u> x \$1,400. Enter the result. If zero, skip Parts II-A and II-B and enter -0- on line 27 TIP: The number of children you use for this line is the same as the number of children you used for line 4a.	16b	0
17	Enter the smaller of line 16a or line 16b	17	0
18a	Earned income (see instructions)	18a	0
b	Nontaxable combat pay (see instructions)	18b	0
19	Is the amount on line 18a more than \$2,500? <input type="checkbox"/> No. Leave line 19 blank and enter -0- on line 20. <input type="checkbox"/> Yes. Subtract \$2,500 from the amount on line 18a. Enter the result	19	0
20	Multiply the amount on line 19 by 15% (0.15) and enter the result Next. On line 16b, is the amount \$4,200 or more? <input type="checkbox"/> No. If line 20 is zero, enter -0- on line 15c. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. <input type="checkbox"/> Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.	20	0

Part II-B Certain Filers Who Have Three or More Qualifying Children

21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions	21	0
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13	22	0
23	Add lines 21 and 22	23	0
24	1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27a, and Schedule 3 (Form 1040), line 11. } 1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11. }	24	0
25	Subtract line 24 from line 23. If zero or less, enter -0-	25	0
26	Enter the larger of line 20 or line 25 Next, enter the smaller of line 17 or line 26 on line 27.	26	0

Part II-C Additional Child Tax Credit

27	Enter this amount on line 15c	27	0
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Part III Additional Tax (use only if line 14g or line 15f, whichever applies, is zero)

28a	Enter the amount from line 14f or line 15e, whichever applies	28a	1,000
b	Enter the amount from line 14e or line 15d, whichever applies	28b	0
29	Excess advance child tax credit payments. Subtract line 28b from line 28a. If zero, stop; you do not owe the additional tax	29	1,000
30	Enter the number of qualifying children taken into account in determining the annual advance amount you received for 2021. See your Letter 6419 for this number. If you are missing your Letter 6419, you are filing a joint return, or you received more than one Letter 6419, see the instructions before entering a number on this line Caution: If the amount on this line doesn't match the number of qualifying children reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.	30	1
31	Enter the smaller of line 4a or line 30	31	1
32	Subtract line 31 from line 30. If zero, skip to line 40 and enter the amount from line 29; otherwise, continue to line 33	32	0
33	Enter the amount shown below for your filing status. <ul style="list-style-type: none"> • Married filing jointly or Qualifying widow(er)—\$60,000 • Head of household—\$50,000 • All other filing statuses—\$40,000 	33	0
34	Subtract line 33 from line 3. If zero or less, enter -0-	34	0
35	Enter the amount from line 33	35	0
36	Divide line 34 by line 35. Enter the result as a decimal (rounded to at least three places). If the result is 1.000 or more, enter 1.000	36	0.0000
37	Multiply line 32 by \$2,000	37	0
38	Multiply line 37 by line 36	38	0
39	Subtract line 38 from line 37	39	0
40	Subtract line 39 from line 29. If zero or less, enter -0-. This is your additional tax. If more than zero, enter this amount on Schedule 2 (Form 1040), line 19	40	1,000

Health Savings Accounts (HSAs)

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

▶ Go to www.irs.gov/Form8889 for instructions and the latest information.

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

UMA MAHESWARA RAO GANGUMALLA

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶

038-04-9402

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2021. See instructions	▶	<input checked="" type="checkbox"/> Self-only	<input type="checkbox"/> Family
2	HSA contributions you made for 2021 (or those made on your behalf), including those made from January 1, 2022, through April 15, 2022, that were for 2021. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions		2	
3	If you were under age 55 at the end of 2021 and, on the first day of every month during 2021, you were, or were considered, an eligible individual with the same coverage, enter \$3,600 (\$7,200 for family coverage). All others , see the instructions for the amount to enter		3	7,200
4	Enter the amount you and your employer contributed to your Archer MSAs for 2021 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2021, also include any amount contributed to your spouse's Archer MSAs		4	
5	Subtract line 4 from line 3. If zero or less, enter -0-		5	7,200
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2021, see the instructions for the amount to enter		6	7,200
7	If you were age 55 or older at the end of 2021, married, and you or your spouse had family coverage under an HDHP at any time during 2021, enter your additional contribution amount. See instructions		7	
8	Add lines 6 and 7		8	7,200
9	Employer contributions made to your HSAs for 2021	9		2,820
10	Qualified HSA funding distributions	10		
11	Add lines 9 and 10		11	2,820
12	Subtract line 11 from line 8. If zero or less, enter -0-		12	4,380
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13		13	

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

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

14a	Total distributions you received in 2021 from all HSAs (see instructions)	14a		61
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions		14b	
c	Subtract line 14b from line 14a		14c	61
15	Qualified medical expenses paid using HSA distributions (see instructions)		15	61
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8e		16	0
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here ▶ <input type="checkbox"/>			
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c		17b	

Part III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule	18		
19	Qualified HSA funding distribution	19		
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8z, and enter "HSA" and the amount on the dotted line	20		0
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	21		0

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

Attachment
Sequence No. **71**

Name(s) shown on return: **UMA MAHESWARA RAO and TULASI GANGUMALLA** Your social security number: **038-04-9402**

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	592,095	
2	Unreported tips from Form 4137, line 6	2		
3	Wages from Form 8919, line 6	3		
4	Add lines 1 through 3	4	592,095	
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		342,095
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II	7		3,079

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		
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		
10	Enter the amount from line 4	10	592,095	
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		0

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		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		0

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		3,079
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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	12,114	
20	Enter the amount from line 1	20	592,095	
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	8,585	
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages	22		3,529
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		3,529

Net Investment Income Tax— Individuals, Estates, and Trusts

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to your tax return.**

▶ **Go to www.irs.gov/Form8960 for instructions and the latest information.**

Attachment
Sequence No. **72**

Name(s) shown on your tax return

UMA MAHESWARA RAO and TULASI GANGUMALLA

Your social security number or EIN

038-04-9402

- Part I Investment Income**
- Section 6013(g) election (see instructions)
- Section 6013(h) election (see instructions)
- Regulations section 1.1411-10(g) election (see instructions)

1	Taxable interest (see instructions)		1	46
2	Ordinary dividends (see instructions)		2	528
3	Annuities (see instructions)		3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	4a		
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b		
c	Combine lines 4a and 4b		4c	
5a	Net gain or loss from disposition of property (see instructions)	5a	33,220	
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b		
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c		
d	Combine lines 5a through 5c		5d	33,220
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)		6	
7	Other modifications to investment income (see instructions)		7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7		8	33,794

Part II Investment Expenses Allocable to Investment Income and Modifications

9a	Investment interest expenses (see instructions)	9a		
b	State, local, and foreign income tax (see instructions)	9b		
c	Miscellaneous investment expenses (see instructions)	9c		
d	Add lines 9a, 9b, and 9c		9d	0
10	Additional modifications (see instructions)		10	
11	Total deductions and modifications. Add lines 9d and 10		11	0

Part III Tax Computation

12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13–17. Estates and trusts, complete lines 18a–21. If zero or less, enter -0-		12	33,794
Individuals:				
13	Modified adjusted gross income (see instructions)	13	622,502	
14	Threshold based on filing status (see instructions)	14	250,000	
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	372,502	
16	Enter the smaller of line 12 or line 15		16	33,794
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include on your tax return (see instructions)		17	1,284
Estates and Trusts:				
18a	Net investment income (line 12 above)	18a		
b	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)	18b		
c	Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-	18c	0	
19a	Adjusted gross income (see instructions)	19a		
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b		
c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c	0	
20	Enter the smaller of line 18c or line 19c		20	0
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and include on your tax return (see instructions)		21	0

Paid Preparer's Due Diligence Checklist

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

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

Taxpayer name(s) shown on return UMA MAHESWARA RAO and TULASI GANGUMALLA	Taxpayer identification number 038-04-9402
Enter preparer's name and PTIN SAVITA CHOUDHARY P02504410	

Part I Due Diligence Requirements

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

	Yes	No	N/A
1 Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you? (See instructions if relying on prior year earned income.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
List those documents provided by the taxpayer, if any, that you relied on: _____ _____ _____			
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a Did you complete the required recertification Form 8862?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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

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

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

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

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

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

Part VI Eligibility Certification

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

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

15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input type="checkbox"/>	<input type="checkbox"/>
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2021 California Resident Income Tax Return

540

APE

ATTACH FEDERAL RETURN

038-04-9402 GANG 892-03-9737
UMAMAHESWAR GANGUMALLA
TULASI GANGUMALLA

21

A
R
RP

1450 OLYMPIC DR
MILPITAS CA 95035

05-20-1985 04-05-1988

Principal Residence

Enter your county at time of filing. (see instructions)

SANTA CLARA

If your address above is the same as your principal/physical residence address at the time of filing, check this box X
If not, enter below your principal/physical residence address at the time of filing.

Street address (number and street) (If foreign address, see instructions.) Apt. no/ste. no.

City State ZIP code

Filing Status

If your California filing status is different from your federal filing status, check the box here

- 1 Single
- 2 Married/RDP filing jointly. See inst.
- 3 Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here
- 4 Head of household (with qualifying person). See instructions.
- 5 Qualifying widow(er). Enter year spouse/RDP died.

See instructions.

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst.

Exemptions

► For line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line. **Whole dollars only**

- 7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. 7 2 X \$129 = \$ 258
- 8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 8 X \$129 = \$
- 9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 9 X \$129 = \$

Your name: Your SSN or ITIN:

10 Dependents: Do not include yourself or your spouse/RDP.

	Dependent 1	Dependent 2	Dependent 3
Exemptions	First Name <input type="radio"/> <input type="text" value="SAI SANJANA"/>	<input type="radio"/> <input type="text" value="AVISH"/>	<input type="radio"/> <input type="text"/>
	Last Name <input type="radio"/> <input type="text" value="GANGUMALLA"/>	<input type="radio"/> <input type="text" value="GANGUMALLA"/>	<input type="radio"/> <input type="text"/>
	SSN. See instructions. <input type="radio"/> <input type="text" value="950999448"/>	<input type="radio"/> <input type="text" value="815929596"/>	<input type="radio"/> <input type="text"/>
	Dependent's relationship to you <input type="radio"/> <input type="text" value="DAUGHTER"/>	<input type="radio"/> <input type="text" value="SON"/>	<input type="radio"/> <input type="text"/>

Total dependent exemptions. 10 X \$400 = \$

11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32 11 \$

Taxable Income	12 State wages from your federal Form(s) W-2, box 16. <input type="radio"/> 12 <input type="text" value="591,528"/> .00	
	13 Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11 <input type="radio"/> 13 <input type="text" value="622,502"/> .00	
	14 California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B <input type="radio"/> 14 <input type="text"/> .00	
	15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions <input type="radio"/> 15 <input type="text" value="622,502"/> .00	
	16 California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 27, column C <input type="radio"/> 16 <input type="text" value="2,820"/> .00	
	17 California adjusted gross income. Combine line 15 and line 16 <input type="radio"/> 17 <input type="text" value="625,322"/> .00	
	18 Enter the larger of { Your California itemized deductions from Schedule CA (540), Part II, line 30; OR Your California standard deduction shown below for your filing status: • Single or Married/RDP filing separately \$4,803 • Married/RDP filing jointly, Head of household, or Qualifying widow(er) . . . \$9,606 If Married/RDP filing separately or the box on line 6 is checked, STOP . See instructions . . . <input type="radio"/> 18 <input type="text" value="18,451"/> .00	
	19 Subtract line 18 from line 17. This is your taxable income . If less than zero, enter -0- <input type="radio"/> 19 <input type="text" value="606,871"/> .00	

Tax	31 Tax. Check the box if from: <input type="checkbox"/> Tax Table <input checked="" type="checkbox"/> Tax Rate Schedule <input type="radio"/> FTB 3800 <input type="radio"/> FTB 3803 <input type="radio"/> 31 <input type="text" value="50,444"/> .00	
	32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$212,288, see instructions. <input type="radio"/> 32 <input type="text"/> .00	
	33 Subtract line 32 from line 31. If less than zero, enter -0- <input type="radio"/> 33 <input type="text" value="50,444"/> .00	
	34 Tax. See instructions. Check the box if from: <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> FTB 5870A . . . <input type="radio"/> 34 <input type="text"/> .00	
	35 Add line 33 and line 34 <input type="radio"/> 35 <input type="text" value="50,444"/> .00	

Special Credits	40 Nonrefundable Child and Dependent Care Expenses Credit. See instructions <input type="radio"/> 40 <input type="text"/> .00	
	43 Enter credit name <input type="text"/> code <input type="radio"/> <input type="text"/> and amount . . . <input type="radio"/> 43 <input type="text"/> .00	
	44 Enter credit name <input type="text"/> code <input type="radio"/> <input type="text"/> and amount . . . <input type="radio"/> 44 <input type="text"/> .00	

Your name: **UMA MAHESWARA RAO** Your SSN or ITIN: **038-04-9402**

Special Credits	45	To claim more than two credits. See instructions. Attach Schedule P (540)	<input type="radio"/>	45	<input type="text"/>	<input type="text"/>	.00
	46	Nonrefundable Renter's Credit. See instructions	<input type="radio"/>	46	<input type="text"/>	<input type="text"/>	.00
	47	Add line 40 through line 46. These are your total credits	<input checked="" type="radio"/>	47	<input type="text"/>	<input type="text"/>	.00
	48	Subtract line 47 from line 35. If less than zero, enter -0-	<input checked="" type="radio"/>	48	<input type="text" value="50,444"/>	<input type="text"/>	.00

Other Taxes	61	Alternative Minimum Tax. Attach Schedule P (540)	<input type="radio"/>	61	<input type="text"/>	<input type="text"/>	.00
	62	Mental Health Services Tax. See instructions.	<input type="radio"/>	62	<input type="text"/>	<input type="text"/>	.00
	63	Other taxes and credit recapture. See instructions.	<input type="radio"/>	63	<input type="text"/>	<input type="text"/>	.00
	64	Excess Advance Premium Assistance Subsidy (APAS) repayment. See instructions	<input type="radio"/>	64	<input type="text"/>	<input type="text"/>	.00
	65	Add line 48, line 61, line 62, line 63, and line 64. This is your total tax	<input type="radio"/>	65	<input type="text" value="50,444"/>	<input type="text"/>	.00

Payments	71	California income tax withheld. See instructions	<input type="radio"/>	71	<input type="text" value="52,719"/>	<input type="text"/>	.00
	72	2021 CA estimated tax and other payments. See instructions	<input type="radio"/>	72	<input type="text"/>	<input type="text"/>	.00
	73	Withholding (Form 592-B and/or 593). See instructions	<input type="radio"/>	73	<input type="text"/>	<input type="text"/>	.00
	74	Excess SDI (or VPDI) withheld. See instructions	<input type="radio"/>	74	<input type="text"/>	<input type="text"/>	.00
	75	Earned Income Tax Credit (EITC)	<input type="radio"/>	75	<input type="text"/>	<input type="text"/>	.00
	76	Young Child Tax Credit (YCTC). See instructions	<input type="radio"/>	76	<input type="text"/>	<input type="text"/>	.00
	77	Net Premium Assistance Subsidy (PAS). See instructions	<input type="radio"/>	77	<input type="text"/>	<input type="text"/>	.00
	78	Add line 71 through line 77. These are your total payments. See instructions	<input checked="" type="radio"/>	78	<input type="text" value="52,719"/>	<input type="text"/>	.00

Use Tax	91	Use Tax. Do not leave blank. See instructions	<input type="radio"/>	91	<input type="text"/>	<input type="text"/>	.00
	If line 91 is zero, check if: <input checked="" type="checkbox"/> No use tax is owed. <input type="checkbox"/> You paid your use tax obligation directly to CDTFA.						

ISR Penalty	92	If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or C coverage is qualifying health care coverage	<input checked="" type="radio"/>	92	<input type="text"/>	<input type="text"/>	.00
	If you did not check the box, see instructions. Individual Shared Responsibility (ISR) Penalty. See instructions						

Overpaid Tax/Tax Due	93	Payments balance. If line 78 is more than line 91, subtract line 91 from line 78	<input checked="" type="radio"/>	93	<input type="text" value="52,719"/>	<input type="text"/>	.00
	94	Use Tax balance. If line 91 is more than line 78, subtract line 78 from line 91	<input checked="" type="radio"/>	94	<input type="text"/>	<input type="text"/>	.00
	95	Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93	<input checked="" type="radio"/>	95	<input type="text" value="52,719"/>	<input type="text"/>	.00
	96	Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, then subtract line 93 from line 92	<input checked="" type="radio"/>	96	<input type="text"/>	<input type="text"/>	.00

Your name: Your SSN or ITIN:

Overpaid Tax/Tax Due	97	Overpaid tax. If line 95 is more than line 65, subtract line 65 from line 95	<input checked="" type="radio"/>	97	<input type="text" value="2,275"/>	<input type="text" value="00"/>
	98	Amount of line 97 you want applied to your 2022 estimated tax	<input type="radio"/>	98	<input type="text"/>	<input type="text" value="00"/>
	99	Overpaid tax available this year. Subtract line 98 from line 97	<input type="radio"/>	99	<input type="text" value="2,275"/>	<input type="text" value="00"/>
	100	Tax due. If line 95 is less than line 65, subtract line 95 from line 65.	<input checked="" type="radio"/>	100	<input type="text"/>	<input type="text" value="00"/>

		<u>Code</u>	<u>Amount</u>
Contributions	California Seniors Special Fund. See instructions	<input type="radio"/> 400	<input type="text"/> <input type="text" value="00"/>
	Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	<input type="radio"/> 401	<input type="text"/> <input type="text" value="00"/>
	Rare and Endangered Species Preservation Voluntary Tax Contribution Program	<input type="radio"/> 403	<input type="text"/> <input type="text" value="00"/>
	California Breast Cancer Research Voluntary Tax Contribution Fund	<input type="radio"/> 405	<input type="text"/> <input type="text" value="00"/>
	California Firefighters' Memorial Voluntary Tax Contribution Fund	<input type="radio"/> 406	<input type="text"/> <input type="text" value="00"/>
	Emergency Food for Families Voluntary Tax Contribution Fund	<input type="radio"/> 407	<input type="text"/> <input type="text" value="00"/>
	California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund	<input type="radio"/> 408	<input type="text"/> <input type="text" value="00"/>
	California Sea Otter Voluntary Tax Contribution Fund	<input type="radio"/> 410	<input type="text"/> <input type="text" value="00"/>
	California Cancer Research Voluntary Tax Contribution Fund	<input type="radio"/> 413	<input type="text"/> <input type="text" value="00"/>
	School Supplies for Homeless Children Voluntary Tax Contribution Fund	<input type="radio"/> 422	<input type="text"/> <input type="text" value="00"/>
	State Parks Protection Fund/Parks Pass Purchase	<input type="radio"/> 423	<input type="text"/> <input type="text" value="00"/>
	Protect Our Coast and Oceans Voluntary Tax Contribution Fund	<input type="radio"/> 424	<input type="text"/> <input type="text" value="00"/>
	Keep Arts in Schools Voluntary Tax Contribution Fund	<input type="radio"/> 425	<input type="text"/> <input type="text" value="00"/>
	Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund	<input type="radio"/> 431	<input type="text"/> <input type="text" value="00"/>
	California Senior Citizen Advocacy Voluntary Tax Contribution Fund	<input type="radio"/> 438	<input type="text"/> <input type="text" value="00"/>
	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	<input type="radio"/> 439	<input type="text"/> <input type="text" value="00"/>
	Rape Kit Backlog Voluntary Tax Contribution Fund	<input type="radio"/> 440	<input type="text"/> <input type="text" value="00"/>
	Schools Not Prisons Voluntary Tax Contribution Fund	<input type="radio"/> 443	<input type="text"/> <input type="text" value="00"/>
	Suicide Prevention Voluntary Tax Contribution Fund	<input type="radio"/> 444	<input type="text"/> <input type="text" value="00"/>
	Mental Health Crisis Prevention Voluntary Tax Contribution Fund	<input type="radio"/> 445	<input type="text"/> <input type="text" value="00"/>
California Community and Neighborhood Tree Voluntary Tax Contribution Fund	<input type="radio"/> 446	<input type="text"/> <input type="text" value="00"/>	
110	Add code 400 through code 446. This is your total contribution	<input type="radio"/> 110	<input type="text"/> <input type="text" value="00"/>

Your name: Your SSN or ITIN:

Amount You Owe 111 **AMOUNT YOU OWE.** If you do not have an amount on line 99, add line 94, line 96, line 100, and line 110. See instructions. **Do not send cash.**
Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001.** ● 111 .00
Pay Online – Go to **ftb.ca.gov/pay** for more information.

Interest and Penalties 112 Interest, late return penalties, and late payment penalties 112 .00
113 Underpayment of estimated tax.
Check the box: ● **FTB 5805 attached** ● **FTB 5805F attached** ● 113 .00
114 Total amount due. See instructions. Enclose, but **do not** staple, any payment 114 .00

115 **REFUND OR NO AMOUNT DUE.** Subtract the sum of line 110, line 112 and line 113 from line 99. See instructions.
Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001.** ● 115 .00

Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip.
See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.
All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:

Refund and Direct Deposit
● Type
● Routing number Checking Savings ● Account number ● 116 Direct deposit amount .00

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:

● Type
● Routing number Checking Savings ● Account number ● 117 Direct deposit amount .00

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.

Our privacy notice can be found in annual tax booklets or online. Go to **ftb.ca.gov/privacy** to learn about our privacy policy statement, or go to **ftb.ca.gov/forms** and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed.
Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature Date Spouse's/RDP's signature (if a joint tax return, both must sign)

Sign Here

● Your email address. Enter only one email address. ● Preferred phone number

Paid preparer's signature (**declaration of preparer is based on all information of which preparer has any knowledge**)

It is unlawful to forge a spouse's/ RDP's signature.

Firm's name (or yours, if self-employed) ● PTIN

Joint tax return? (See instructions)

Firm's address ● Firm's FEIN

Do you want to allow another person to discuss this tax return with us? See instructions ● Yes No

Print Third Party Designee's Name Telephone Number

2021 California Adjustments — Residents

CA (540)

Important: Attach this schedule behind Form 540, Side 5 as a supporting California schedule.

Name(s) as shown on tax return: **UMA MAHESWARA RAO AND TULASI GANGUMALLA** SSN or ITIN: **038-04-9402**

Part I Income Adjustment Schedule		A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
Section A – Income from federal Form 1040 or 1040-SR				
1 Wages, salaries, tips, etc. See instructions before making an entry in column B or C	1	<input checked="" type="radio"/> 588,708	<input checked="" type="radio"/>	<input checked="" type="radio"/> 2,820
2 Taxable interest. a <input checked="" type="radio"/>	2b	<input checked="" type="radio"/> 46	<input checked="" type="radio"/>	<input checked="" type="radio"/>
3 Ordinary dividends. See instructions. a <input checked="" type="radio"/> 528	3b	<input checked="" type="radio"/> 528	<input checked="" type="radio"/>	<input checked="" type="radio"/>
4 IRA distributions. See instructions. a <input checked="" type="radio"/>	4b	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
5 Pensions and annuities. See instructions. a <input checked="" type="radio"/>	5b	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
6 Social security benefits. a <input checked="" type="radio"/>	6b	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
7 Capital gain or (loss). See instructions	7	<input checked="" type="radio"/> 33,220	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Section B – Additional Income from federal Schedule 1 (Form 1040)				
1 Taxable refunds, credits, or offsets of state and local income taxes	1	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
2a Alimony received. See instructions	2a	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
3 Business income or (loss). See instructions	3	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
4 Other gains or (losses)	4	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc.	5	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
6 Farm income or (loss)	6	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
7 Unemployment compensation.	7	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
8 Other income:				
a Federal net operating loss	8a	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
b Gambling income	8b	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
c Cancellation of debt	8c	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
d Foreign earned income exclusion from federal Form 2555	8d	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
e Taxable Health Savings Account distribution	8e	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
f Alaska Permanent Fund dividends	8f	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
g Jury duty pay	8g	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
h Prizes and awards	8h	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

Section B – Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
i Activity not engaged in for profit income 8i	<input checked="" type="radio"/>		
j Stock options 8j	<input checked="" type="radio"/>		
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	<input checked="" type="radio"/>		
l Olympic and Paralympic medals and USOC prize money 8l	<input checked="" type="radio"/>		
m IRC Section 951(a) inclusion 8m	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
n IRC Section 951A(a) inclusion 8n	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
o IRC Section 461(l) excess business loss adjustment 8o	<input checked="" type="radio"/>		<input checked="" type="radio"/>
p Taxable distributions from an ABLÉ account . . 8p	<input checked="" type="radio"/>		
z Other income. List type and amount. <input checked="" type="radio"/> _____ 8z	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
9 a Total other income. Add lines 8a through 8z. . 9a	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
b1 Disaster loss deduction from form FTB 3805V 9b1		<input checked="" type="radio"/>	
b2 NOL deduction from form FTB 3805V 9b2		<input checked="" type="radio"/>	
b3 NOL from form FTB 3805Z, 3807, or 3809 . 9b3		<input checked="" type="radio"/>	
b4 Student loan discharged due to closure of a for-profit school 9b4	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
10 Total. Combine Section A, line 1 through line 7, and Section B, line 1 through line 7, line 9a, and line 9b4 in column A (as applicable). Add Section A, line 1 through line 7, and Section B, line 1 through line 7, line 9a and line 9b1 through line 9b4 in column B and column C (as applicable). See instructions 10	<input checked="" type="radio"/> 622,502	<input checked="" type="radio"/>	<input checked="" type="radio"/> 2,820

Section C – Adjustments to Income
from federal Schedule 1 (Form 1040)

11 Educator expenses 11	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
12 Certain business expenses of reservists, performing artists, and fee-basis government officials 12	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
13 Health savings account deduction 13	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
14 Moving expenses. Attach form FTB 3913. See instructions 14	<input checked="" type="radio"/>		<input checked="" type="radio"/>
15 Deductible part of self-employment tax. See instructions 15	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
16 Self-employed SEP, SIMPLE, and qualified plans . . . 16	<input checked="" type="radio"/>		
17 Self-employed health insurance deduction. See instructions 17	<input checked="" type="radio"/>	<input checked="" type="radio"/>	

Section C – Adjustments to Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
18 Penalty on early withdrawal of savings 18	<input checked="" type="radio"/>		
19 a Alimony paid 19a	<input checked="" type="radio"/>		<input checked="" type="radio"/>
b Recipient's: SSN <input checked="" type="radio"/> _____ Last Name <input checked="" type="radio"/> _____			
20 IRA deduction 20	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
21 Student loan interest deduction 21	<input checked="" type="radio"/>		<input checked="" type="radio"/>
22 Reserved for future use 22			
23 Archer MSA deduction 23	<input checked="" type="radio"/>		
24 Other adjustments:			
a Jury duty pay 24a	<input checked="" type="radio"/>		
b Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit 24b	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l 24c	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
d Reforestation amortization and expenses 24d	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
e Repayment of supplemental unemployment benefits under the Trade Act of 1974 24e	<input checked="" type="radio"/>		
f Contributions to IRC Section 501(c)(18)(D) pension plans 24f	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
g Contributions by certain chaplains to IRC Section 403(b) plans 24g	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
h Attorney fees and court costs for actions involving certain unlawful discrimination claims 24h	<input checked="" type="radio"/>		
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	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
j Housing deduction from federal Form 2555 24j	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041) 24k	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
z Other adjustments. List type and amount. <input checked="" type="radio"/> _____ 24z	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
25 Total other adjustments. Add lines 24a through 24z 25	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
26 Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions 26	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
27 Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions 27	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
	622,502		2,820

Part II Adjustments to Federal Itemized Deductions

Check the box if you did NOT itemize for federal but will itemize for California X

	A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
Medical and Dental Expenses See instructions.			
1 Medical and dental expenses <input checked="" type="radio"/>	1		
2 Enter amount from federal Form 1040 or 1040-SR, line 11. <input checked="" type="radio"/> 622,502	2		
3 Multiply line 2 by 7.5% (0.075) <input checked="" type="radio"/> 46,688	3		
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 <input checked="" type="radio"/>	4		<input checked="" type="radio"/>
Taxes You Paid			
5 a State and local income tax or general sales taxes <input checked="" type="radio"/> 52,719	5a <input checked="" type="radio"/> 52,719	<input checked="" type="radio"/> 52,719	
b State and local real estate taxes <input checked="" type="radio"/> 11,754	5b <input checked="" type="radio"/> 11,754		
c State and local personal property taxes <input checked="" type="radio"/> 54	5c <input checked="" type="radio"/> 54		
d Add line 5a through line 5c <input checked="" type="radio"/> 64,527	5d <input checked="" type="radio"/> 64,527		
e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B. Enter the difference from line 5d and line 5e, column A in line 5e, column C <input checked="" type="radio"/> 10,000	5e <input checked="" type="radio"/> 10,000	<input checked="" type="radio"/> 52,719	<input checked="" type="radio"/> 54,527
6 Other taxes. List type <input checked="" type="radio"/>	6 <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
7 Add line 5e and line 6 <input checked="" type="radio"/> 10,000	7 <input checked="" type="radio"/> 10,000	<input checked="" type="radio"/> 52,719	<input checked="" type="radio"/> 54,527
Interest You Paid			
8 a Home mortgage interest and points reported to you on federal Form 1098 <input checked="" type="radio"/> 13,893	8a <input checked="" type="radio"/> 13,893		<input checked="" type="radio"/> 4,625
b Home mortgage interest not reported to you on federal Form 1098 <input checked="" type="radio"/>	8b <input checked="" type="radio"/>		<input checked="" type="radio"/>
c Points not reported to you on federal Form 1098 <input checked="" type="radio"/>	8c <input checked="" type="radio"/>		<input checked="" type="radio"/>
d Mortgage insurance premiums <input checked="" type="radio"/>	8d <input checked="" type="radio"/>		
e Add line 8a through line 8d <input checked="" type="radio"/> 13,893	8e <input checked="" type="radio"/> 13,893	<input checked="" type="radio"/>	<input checked="" type="radio"/> 4,625
9 Investment interest <input checked="" type="radio"/>	9 <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
10 Add line 8e and line 9 <input checked="" type="radio"/> 13,893	10 <input checked="" type="radio"/> 13,893	<input checked="" type="radio"/>	<input checked="" type="radio"/> 4,625

Part II Adjustments to Federal Itemized Deductions Continued	A Federal Amounts (from federal Schedule A Form 1040)	B Subtractions See instructions	C Additions See instructions
Gifts to Charity			
11 Gifts by cash or check 11	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
12 Other than by cash or check 12	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
13 Carryover from prior year 13	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
14 Add line 11 through line 13 14	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Casualty and Theft Losses			
15 Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions 15	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Other Itemized Deductions			
16 Other—from list in federal instructions 16	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
17 Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C 17	<input checked="" type="radio"/> 23,893	<input checked="" type="radio"/> 52,719	<input checked="" type="radio"/> 59,152

18 Total. Combine line 17 column A less column B plus column C 18 30,326

Job Expenses and Certain Miscellaneous Deductions

19 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions <input checked="" type="radio"/> 19	_____
20 Tax preparation fees <input checked="" type="radio"/> 20	_____
21 Other expenses - investment, safe deposit box, etc. List type <input checked="" type="radio"/> 21	_____
22 Add line 19 through line 21 <input checked="" type="radio"/> 22	_____
23 Enter amount from federal Form 1040 or 1040-SR, line 11 <input checked="" type="radio"/> 622,502	_____
24 Multiply line 23 by 2% (0.02). If less than zero, enter 0 <input checked="" type="radio"/> 24	12,450
25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0 <input checked="" type="radio"/> 25	_____
26 Total Itemized Deductions. Add line 18 and line 25 <input checked="" type="radio"/> 26	30,326
27 Other adjustments. See instructions. Specify. <input checked="" type="radio"/> 27	_____
28 Combine line 26 and line 27 <input checked="" type="radio"/> 28	30,326

29 Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?
 Single or married/RDP filing separately \$212,288
 Head of household \$318,437
 Married/RDP filing jointly or qualifying widow(er) \$424,581
 No. Transfer the amount on line 28 to line 29.
 Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29 29 18,451

30 Enter the larger of the amount on line 29 or your standard deduction listed below
 Single or married/RDP filing separately. See instructions \$4,803
 Married/RDP filing jointly, head of household, or qualifying widow(er) \$9,606
 Transfer the amount on line 30 to Form 540, line 18 30 18,451

2021

Alternative Minimum Tax and Credit Limitations — Residents

P (540)

Attach this schedule to Form 540.

Name(s) as shown on Form 540

Your SSN or ITIN

UMA MAHESWARA RAO AND TULASI GANGUMALLA

038-04-9402

Part I Alternative Minimum Taxable Income (AMTI) Important: See instructions for information regarding California/federal differences.

1	If you itemized deductions, go to line 2. If you did not itemize deductions, enter your standard deduction from Form 540, line 18, and go to line 6	1		00
2	Medical and dental expenses. Enter the smaller of federal Schedule A (Form 1040), line 4, or 2½% (.025) of federal Form 1040 or 1040-SR, line 11	<input checked="" type="radio"/>	2	00
3	Personal property taxes and real property taxes. See instructions	<input checked="" type="radio"/>	3	11,808 00
4	Certain interest on a home mortgage not used to buy, build, or improve your home. See instructions	<input checked="" type="radio"/>	4	18,518 00
5	Miscellaneous itemized deductions. See instructions	<input checked="" type="radio"/>	5	00
6	Refund of personal property taxes and real property taxes. See instructions Do not include your state income tax refund on this line.	<input checked="" type="radio"/>	6	() 00
7	Investment interest expense adjustment. See instructions	<input checked="" type="radio"/>	7	00
8	Post-1986 depreciation. See instructions	<input checked="" type="radio"/>	8	00
9	Adjusted gain or loss. See instructions	<input checked="" type="radio"/>	9	00
10	Incentive stock options and California qualified stock options (CQSOs). See instructions	<input checked="" type="radio"/>	10	00
11	Passive activities adjustment. See instructions	<input checked="" type="radio"/>	11	00
12	Beneficiaries of estates and trusts. Enter the amount from Schedule K-1 (541), line 12a	<input checked="" type="radio"/>	12	00
13	Other adjustment and preferences. Enter the amount, if any, for each item, a through l, and enter the total on line 13. See instructions.			
	a Circulation expenditures <input checked="" type="radio"/> 00		g Mining costs <input checked="" type="radio"/> 00	
	b Depletion <input checked="" type="radio"/> 00		h Patron's adjustment <input checked="" type="radio"/> 00	
	c Installment sales <input checked="" type="radio"/> 00		i Pollution control facilities <input checked="" type="radio"/> 00	
	d Intangible drilling costs <input checked="" type="radio"/> 00		j Research and experimental <input checked="" type="radio"/> 00	
	e Long-term contracts <input checked="" type="radio"/> 00		k Tax shelter farm activities <input checked="" type="radio"/> 00	
	f Loss limitations <input checked="" type="radio"/> 00		l Related adjustments <input checked="" type="radio"/> 00	
		<input checked="" type="radio"/>	13	00
14	Total Adjustments and Preferences. Combine line 1 through line 13	<input checked="" type="radio"/>	14	30,326 00
15	Enter taxable income from Form 540, line 19. See instructions	<input checked="" type="radio"/>	15	606,871 00
16	Net operating loss (NOL) deductions from Schedule CA (540), Part I, Section B, line 9b1, line 9b2, and line 9b3, column B. Enter as a positive amount	<input checked="" type="radio"/>	16	00
17	AMTI exclusion. See instructions	<input checked="" type="radio"/>	17	() 00
18	If your federal adjusted gross income (AGI) is less than the amount for your filing status (listed below), skip this line and go to line 19. If you itemized deductions and your federal AGI is more than the amount for your filing status, see instructions.	<input checked="" type="radio"/>	18	(11,875) 00
	Single or married/RDP filing separately			\$212,288
	Married/RDP filing jointly or qualifying widow(er)			\$424,581
	Head of household			\$318,437
19	Combine line 14 through line 18	<input checked="" type="radio"/>	19	625,322 00
20	Alternative minimum tax NOL deduction. See instructions	<input checked="" type="radio"/>	20	00
21	Alternative Minimum Taxable Income. Subtract line 20 from line 19 (if married/RDP filing separately and line 21 is more than \$403,348, see instructions)	<input checked="" type="radio"/>	21	625,322 00

Part II Alternative Minimum Tax (AMT)

22	Exemption Amount. (If this schedule is for a certain child under age 24, see instructions.)			
	If your filing status is:	And line 21 is not over:	Enter on line 22:	
	Single or head of household	\$292,763	\$78,070	} <input checked="" type="radio"/> 22 45,351 00
	Married/RDP filing jointly or qualifying widow(er)	\$390,351	\$104,094	
	Married/RDP filing separately	\$195,172	\$52,044	
	If Part I, line 21 is more than the amount shown above for your filing status, see instructions.			
23	Subtract line 22 from line 21. If zero or less, enter -0-. See instructions		23	579,971 00
24	Tentative Minimum Tax. Multiply line 23 by 7.0% (.07)		<input checked="" type="radio"/> 24	40,598 00
25	Regular tax before credits from Form 540, line 31		<input checked="" type="radio"/> 25	50,444 00
26	Alternative Minimum Tax. Subtract line 25 from line 24. If zero or less, enter -0- here and on Form 540, line 61. If more than zero, enter here and on Form 540, line 61. If you make estimated tax payments for taxable year 2022, enter amount from line 26 on the 2022 Form 540-ES, California Estimated Tax Worksheet, line 16. (Exception: If you have carryover credit for solar energy or commercial solar energy, first enter the result on Side 2, Part III, Section C, line 22 or 23)		<input checked="" type="radio"/> 26	00



Part III Credits that Reduce Tax Note: Be sure to attach your credit forms to Form 540.

1	Enter the amount from Form 540, line 35	<input checked="" type="radio"/> 1	50,444	00
2	Enter the tentative minimum tax from Side 1, Part II, line 24	<input checked="" type="radio"/> 2	40,598	00

	(a) Credit amount	(b)* Credit used this year	(c) Tax balance that may be offset by credits	(d) Credit carryover
Section A – Credits that reduce excess tax.				
3	Subtract line 2 from line 1. If zero or less enter -0- and see instructions. This is your excess tax which may be offset by credits		<input checked="" type="radio"/> 9,846	
A1 Credits that reduce excess tax and have no carryover provisions.				
4	Code: 162 Prison inmate labor credit (FTB 3507)	<input checked="" type="radio"/>		
5	Code: 232 Child and dependent care expenses credit (FTB 3506)	<input checked="" type="radio"/>		
A2 Credits that reduce excess tax and have carryover provisions. See instructions.				
6	Code: <input checked="" type="radio"/> Credit Name: _____	<input checked="" type="radio"/>		<input checked="" type="radio"/>
7	Code: <input checked="" type="radio"/> Credit Name: _____	<input checked="" type="radio"/>		<input checked="" type="radio"/>
8	Code: <input checked="" type="radio"/> Credit Name: _____	<input checked="" type="radio"/>		<input checked="" type="radio"/>
9	Code: <input checked="" type="radio"/> Credit Name: _____	<input checked="" type="radio"/>		<input checked="" type="radio"/>
10	Code: 188 Credit for prior year alternative minimum tax	<input checked="" type="radio"/>		<input checked="" type="radio"/>
Section B – Credits that may reduce tax below tentative minimum tax.				
11	If Part III, line 3 is zero, enter the amount from line 1. If line 3 is more than zero, enter the total of line 2 and the last entry in column (c).		<input checked="" type="radio"/> 50,444	
B1 Credits that reduce net tax and have no carryover provisions.				
12	Code: 170 Credit for joint custody head of household	<input checked="" type="radio"/>		
13	Code: 173 Credit for dependent parent	<input checked="" type="radio"/>		
14	Code: 163 Credit for senior head of household	<input checked="" type="radio"/>		
15	Nonrefundable renter's credit.	<input checked="" type="radio"/>		
B2 Credits that reduce net tax and have carryover provisions. See instructions.				
16	Code: <input checked="" type="radio"/> Credit Name: _____	<input checked="" type="radio"/>		<input checked="" type="radio"/>
17	Code: <input checked="" type="radio"/> Credit Name: _____	<input checked="" type="radio"/>		<input checked="" type="radio"/>
18	Code: <input checked="" type="radio"/> Credit Name: _____	<input checked="" type="radio"/>		<input checked="" type="radio"/>
19	Code: <input checked="" type="radio"/> Credit Name: _____	<input checked="" type="radio"/>		<input checked="" type="radio"/>
B3 Other state tax credit.				
20	Code: 187 Other state tax credit	<input checked="" type="radio"/>		
Section C – Credits that may reduce alternative minimum tax.				
21	Enter your alternative minimum tax from Side 1, Part II, line 26		<input checked="" type="radio"/>	
22	Code: 180 Solar energy credit carryover from Section B2, column (d)	<input checked="" type="radio"/>		<input checked="" type="radio"/>
23	Code: 181 Commercial solar energy credit carryover from Section B2, column (d)	<input checked="" type="radio"/>		<input checked="" type="radio"/>
24	Adjusted AMT. Enter the balance from line 23, column (c) here and on Form 540, line 61		<input checked="" type="radio"/>	

*If the taxpayer is subject to the business credit limitation, the total of the business credits in Part III, Sections A and B, column (b) cannot exceed \$5,000,000. See instructions.



2021

Wage and Tax Statement

W-2

Important: Attach this schedule to the back of your original or amended Form 540, 540 2EZ, or 540NR.

Caution: If this schedule is filled out, do not send your federal Form(s) W-2 to the Franchise Tax Board. If your federal Form(s) W-2 are from multiple states, attach copies showing California tax withheld to this schedule. If this schedule is blank, attach your federal Form(s) W-2 to the lower front of your tax return. DO NOT ATTACH PAYMENT TO THIS SCHEDULE.

*Employee's social security number, name, and address must be the same as the information on federal Form(s) W-2.

W-2 Information

a. Employee's social security number* 038049402

c. Employer's name INTEL CORPORATION

b. Employer identification number (EIN) 941672743

Employer's address 2200 MISSION COLLEGE BLVD

City SANTA CLARA State CA ZIP code 95054

e. Employee's first name* UMAMAHESWAR Initial* Initial Last name* GANGUMALLA Suffix* Suffix

f. Employee's address* 1450 OLYMPIC DR

City* MILPITAS State* CA ZIP code* 95035

1. <input type="radio"/> Wages, tips, other compensation <input type="radio"/> 8,070	4. <input type="radio"/> Social security tax withheld <input type="radio"/>	8. <input type="radio"/> Allocated tips (not included in box 1) <input type="radio"/>
2. <input type="radio"/> Federal income tax withheld <input type="radio"/>	6. <input type="radio"/> Medicare tax withheld <input type="radio"/>	10. <input type="radio"/> Dependent care benefits <input type="radio"/>
3. <input type="radio"/> Social security wages <input type="radio"/>	7. <input type="radio"/> Social security tips <input type="radio"/>	11. <input type="radio"/> Nonqualified plans <input type="radio"/>

12. Codes and amounts

12a. <input type="radio"/> Code <input type="radio"/> Amount <input type="radio"/>	12c. <input type="radio"/> Code <input type="radio"/> Amount <input type="radio"/>
12b. <input type="radio"/> Code <input type="radio"/> Amount <input type="radio"/>	12d. <input type="radio"/> Code <input type="radio"/> Amount <input type="radio"/>

13. Check the appropriate box for: Statutory employee, Retirement plan, or Third-party sick pay

Statutory employee Retirement plan Third-party sick pay

14. SDI, VPD, or CA SDI (from federal Form W-2, box 14 or 19)

Type Amount

16. State wages, tips, etc. 8,070

15. State and employer's state ID number

State CA Employer's state ID number 196-09882

17. State income tax

2021

Wage and Tax Statement

W-2

Important: Attach this schedule to the back of your original or amended Form 540, 540 2EZ, or 540NR.

Caution: If this schedule is filled out, do not send your federal Form(s) W-2 to the Franchise Tax Board. If your federal Form(s) W-2 are from multiple states, attach copies showing California tax withheld to this schedule. If this schedule is blank, attach your federal Form(s) W-2 to the lower front of your tax return. DO NOT ATTACH PAYMENT TO THIS SCHEDULE.

*Employee's social security number, name, and address must be the same as the information on federal Form(s) W-2.

W-2 Information

a. Employee's social security number* 038049402

c. Employer's name CLOUDERA INC

b. Employer identification number (EIN) 262922329

Employer's address 395 PAGE MILL ROAD

City PALO ALTO State CA ZIP code 94306

e. Employee's first name* UMAMAHESWAR Initial* Initial Last name* GANGUMALLA Suffix* Suffix

f. Employee's address* 1450 OLYMPIC DR

City* MILPITAS State* CA ZIP code* 95035

1. <input type="radio"/> Wages, tips, other compensation <input type="radio"/> 580,638	4. <input type="radio"/> Social security tax withheld <input type="radio"/> 8,854	8. <input type="radio"/> Allocated tips (not included in box 1) <input type="radio"/>
2. <input type="radio"/> Federal income tax withheld <input type="radio"/> 124,501	6. <input type="radio"/> Medicare tax withheld <input type="radio"/> 12,114	10. <input type="radio"/> Dependent care benefits <input type="radio"/>
3. <input type="radio"/> Social security wages <input type="radio"/> 142,800	7. <input type="radio"/> Social security tips <input type="radio"/>	11. <input type="radio"/> Nonqualified plans <input type="radio"/>

12. Codes and amounts

12a. <input type="radio"/> Code <input type="radio"/> C Amount <input type="radio"/> 205	12c. <input type="radio"/> Code <input type="radio"/> W Amount <input type="radio"/> 2,820
12b. <input type="radio"/> Code <input type="radio"/> D Amount <input type="radio"/> 17,961	12d. <input type="radio"/> Code <input type="radio"/> AA Amount <input type="radio"/> 1,539

13. Check the appropriate box for: Statutory employee, Retirement plan, or Third-party sick pay

Statutory employee Retirement plan Third-party sick pay

14. SDI, VPD, or CA SDI (from federal Form W-2, box 14 or 19)

Type VPD Amount 1,283

16. State wages, tips, etc. 583,458

15. State and employer's state ID number

State CA Employer's state ID number 290-5771-8

17. State income tax 52,719

2021

Wage and Tax Statement

W-2

Important: Attach this schedule to the back of your original or amended Form 540, 540 2EZ, or 540NR.

Caution: If this schedule is filled out, **do not** send your federal Form(s) W-2 to the Franchise Tax Board. If your federal Form(s) W-2 are from multiple states, **attach** copies showing California tax withheld to this schedule. If this schedule is blank, attach your federal Form(s) W-2 to the lower front of your tax return. **DO NOT ATTACH PAYMENT TO THIS SCHEDULE.**

*Employee's social security number, name, and address must be the same as the information on federal Form(s) W-2.

W-2 Information

a. Employee's social security number* 038049402

c. Employer's name CLOUDERA INC

b. Employer identification number (EIN) 262922329

Employer's address 395 PAGE MILL ROAD

City PALO ALTO State CA ZIP code 94306

e. Employee's first name* UMAMAHESWAR Initial* Initial Last name* GANGUMALLA Suffix* Suffix

f. Employee's address* 1450 OLYMPIC DR

City* MILPITAS State* CA ZIP code* 95035

1. <input type="radio"/> Wages, tips, other compensation	4. <input type="radio"/> Social security tax withheld	8. <input type="radio"/> Allocated tips (not included in box 1)
2. <input type="radio"/> Federal income tax withheld	6. <input type="radio"/> Medicare tax withheld	10. <input type="radio"/> Dependent care benefits
3. <input type="radio"/> Social security wages	7. <input type="radio"/> Social security tips	11. <input type="radio"/> Nonqualified plans

12. Codes and amounts

12a. <input type="radio"/> Code <input type="radio"/> DD Amount <input type="radio"/> 17,913	12c. <input type="radio"/> Code <input type="radio"/> Code Amount <input type="radio"/> Amount
12b. <input type="radio"/> Code <input type="radio"/> Code Amount <input type="radio"/> Amount	12d. <input type="radio"/> Code <input type="radio"/> Code Amount <input type="radio"/> Amount

13. Check the appropriate box for: Statutory employee, Retirement plan, or Third-party sick pay

Statutory employee Retirement plan Third-party sick pay

14. SDI, VPDI, or CA SDI (from federal Form W-2, box 14 or 19)

Type Amount 16. State wages, tips, etc.

15. State and employer's state ID number

State CA Employer's state ID number 290-5771-8 17. State income tax

2021

Wage and Tax Statement

W-2

Important: Attach this schedule to the back of your original or amended Form 540, 540 2EZ, or 540NR.

Caution: If this schedule is filled out, do not send your federal Form(s) W-2 to the Franchise Tax Board. If your federal Form(s) W-2 are from multiple states, attach copies showing California tax withheld to this schedule. If this schedule is blank, attach your federal Form(s) W-2 to the lower front of your tax return. DO NOT ATTACH PAYMENT TO THIS SCHEDULE.

*Employee's social security number, name, and address must be the same as the information on federal Form(s) W-2.

W-2 Information

a. Employee's social security number* 038049402
c. Employer's name
b. Employer identification number (EIN)
Employer's address
City State ZIP code

e. Employee's first name* Initial* Last name* Suffix*
UMAMAHESWAR GANGUMALLA

f. Employee's address*
1450 OLYMPIC DR
City* State* ZIP code*
MILPITAS CA 95035

1. Wages, tips, other compensation
2. Federal income tax withheld
3. Social security wages
4. Social security tax withheld
5. Medicare tax withheld
6. Social security tips
7. Allocated tips (not included in box 1)
8. Dependent care benefits
9. Nonqualified plans
10.
11.

12. Codes and amounts

12a. Code Amount
12b. Code Amount
12c. Code Amount
12d. Code Amount

13. Check the appropriate box for: Statutory employee, Retirement plan, or Third-party sick pay
Statutory employee Retirement plan Third-party sick pay

14. SDI, VPD, or CA SDI (from federal Form W-2, box 14 or 19)

Type Amount

16. State wages, tips, etc.

15. State and employer's state ID number

State Employer's state ID number
CA

17. State income tax

2021

Wage and Tax Statement

W-2

Important: Attach this schedule to the back of your original or amended Form 540, 540 2EZ, or 540NR.

Caution: If this schedule is filled out, do not send your federal Form(s) W-2 to the Franchise Tax Board. If your federal Form(s) W-2 are from multiple states, attach copies showing California tax withheld to this schedule. If this schedule is blank, attach your federal Form(s) W-2 to the lower front of your tax return. DO NOT ATTACH PAYMENT TO THIS SCHEDULE.

*Employee's social security number, name, and address must be the same as the information on federal Form(s) W-2.

W-2 Information

a. Employee's social security number* 038049402
c. Employer's name
b. Employer identification number (EIN)
Employer's address
City State ZIP code

e. Employee's first name* Initial* Last name* Suffix*
UMAMAHESWAR GANGUMALLA

f. Employee's address*
1450 OLYMPIC DR
City* State* ZIP code*
MILPITAS CA 95035

1. Wages, tips, other compensation
2. Federal income tax withheld
3. Social security wages
4. Social security tax withheld
5. Medicare tax withheld
6. Social security tips
7. Allocated tips (not included in box 1)
8. Dependent care benefits
9. Nonqualified plans
10.
11.

12. Codes and amounts

12a. Code Amount
12b. Code Amount
12c. Code Amount
12d. Code Amount

13. Check the appropriate box for: Statutory employee, Retirement plan, or Third-party sick pay
Statutory employee Retirement plan Third-party sick pay

14. SDI, VPD, or CA SDI (from federal Form W-2, box 14 or 19)

Type Amount
State wages, tips, etc.

15. State and employer's state ID number

State Employer's state ID number
CA
17. State income tax