

Review your print out for checklist items.

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **04/18/2022**

2022 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2022 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax
you are paying by check
or money order.....▶

9,948.

REV 09/09/22 INTUIT.CG.CFP.SP

1555

658-20-5589 329-06-7412
ABHILASH R MEKALA
SHRAVYA MARANGANTI
175 POPLAR AVE
SAN BRUNO CA 94066-5411

INTERNAL REVENUE SERVICE
PO BOX 802502
CINCINNATI OH 45280-2502

658205589 DL MEKA 30 0 202212 430

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **06/15/2022**

2022 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2022 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax
you are paying by check
or money order.....▶

9,948.

REV 09/09/22 INTUIT.CG.CFP.SP

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CINCINNATI OH 45280-2502

658205589 DL MEKA 30 0 202212 430

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Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **09/15/2022**

2022 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2022 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax
you are paying by check
or money order.....▶

9,948.

REV 09/09/22 INTUIT.CG.CFP.SP

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▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **01/17/2023**

2022 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2022 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax
you are paying by check
or money order.....▶

9,948.

REV 09/09/22 INTUIT.CG.CFP.SP

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658-20-5589 329-06-7412
ABHILASH R MEKALA
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INTERNAL REVENUE SERVICE
PO BOX 802502
CINCINNATI OH 45280-2502

658205589 DL MEKA 30 0 202212 430

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 ABHILASH R		Last name MEKALA		Your social security number 658-20-5589	
If joint return, spouse's first name and middle initial SHRAVYA		Last name MARANGANTI		Spouse's social security number 329-06-7412	
Home address (number and street). If you have a P.O. box, see instructions. 175 Poplar Ave				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. San Bruno			State CA	ZIP code 940665411	
Foreign country name		Foreign province/state/county		Foreign postal code	

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

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

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

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

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
Uma	Mekala	799-40-5353	Daughter	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ira	Mekala	364-49-8019	Daughter	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required.	1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	609,449.
	2a	Tax-exempt interest 2a 0.	2b	
	3a	Qualified dividends 3a 49.	3b	2,878.
	4a	IRA distributions 4a	4b	
Standard Deduction for— • Single or Married filing separately, \$12,550 • Married filing jointly or Qualifying widow(er), \$25,100 • Head of household, \$18,800 • If you checked any box under <i>Standard Deduction</i> , see instructions.	5a	Pensions and annuities 5a	5b	
	6a	Social security benefits 6a	6b	
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	7	-3,000.
	8	Other income from Schedule 1, line 10	8	0.
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶	9	609,327.
	10	Adjustments to income from Schedule 1, line 26	10	
	11	Subtract line 10 from line 9. This is your adjusted gross income ▶	11	609,327.
	12a	Standard deduction or itemized deductions (from Schedule A) 12a 50,116.		
	b	Charitable contributions if you take the standard deduction (see instructions) 12b		
	c	Add lines 12a and 12b	12c	50,116.
	13	Qualified business income deduction from Form 8995 or Form 8995-A	13	
	14	Add lines 12c and 13	14	50,116.
	15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	559,211.

Form **1040** (2021)

SCHEDULE 2
(Form 1040)Department of the Treasury
Internal Revenue Service**Additional Taxes**▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**
▶ **Go to www.irs.gov/Form1040 for instructions and the latest information.**

OMB No. 1545-0074

2021
Attachment
Sequence No. **02**

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

ABHILASH R MEKALA & SHRAVYA MARANGANTI

Your social security number

658-20-5589

Part I Tax

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

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5	
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6	
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	3,570.
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	

(continued on page 2)

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

Schedule 2 (Form 1040) 2021

Part II Other Taxes (continued)

17	Other additional taxes:		
a	Recapture of other credits. List type, form number, and amount ►	17a	
b	Recapture of federal mortgage subsidy. If you sold your home in 2021, see instructions	17b	
c	Additional tax on HSA distributions. Attach Form 8889	17c	
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d	
e	Additional tax on Archer MSA distributions. Attach Form 8853	17e	
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f	
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g	
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h	
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i	
j	Section 72(m)(5) excess benefits tax	17j	
k	Golden parachute payments	17k	
l	Tax on accumulation distribution of trusts	17l	
m	Excise tax on insider stock compensation from an expatriated corporation	17m	
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n	
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o	
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p	
q	Any interest from Form 8621, line 24	17q	
z	Any other taxes. List type and amount ►	17z	
18	Total additional taxes. Add lines 17a through 17z	18	
19	Additional tax from Schedule 8812	19	2,002.
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	5,572.

**SCHEDULE A
(Form 1040)**Department of the Treasury
Internal Revenue Service (99)**Itemized Deductions**► Go to www.irs.gov/ScheduleA for instructions and the latest information.

► Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074

2021Attachment
Sequence No. **07****Caution:** If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

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

ABHILASH R MEKALA & SHRAVYA MARANGANTI

Your social security number

658-20-5589

**Medical
and
Dental
Expenses****Caution:** Do not include expenses reimbursed or paid by others.

- 1 Medical and dental expenses (see instructions) **1** 0.
- 2 Enter amount from Form 1040 or 1040-SR, line 11 **2** 609,327.
- 3 Multiply line 2 by 7.5% (0.075) **3** 45,700.
- 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- **4**

**Taxes You
Paid**

- 5 State and local taxes.
- a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box ► ☐ **5a** 56,063.
- b State and local real estate taxes (see instructions) **5b** 19,247.
- c State and local personal property taxes **5c** 1,800.
- d Add lines 5a through 5c **5d** 77,110.
- e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) **5e** 10,000.
- 6 Other taxes. List type and amount ► **6**
- 7 Add lines 5e and 6 **7** 10,000.

**Interest
You Paid****Caution:** Your mortgage interest deduction may be limited (see instructions).

- 8 Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box ► ☐
- a Home mortgage interest and points reported to you on Form 1098. See instructions if limited **8a** 25,716.
- b Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address **8b**
- c Points not reported to you on Form 1098. See instructions for special rules **8c**
- d Mortgage insurance premiums (see instructions) **8d**
- e Add lines 8a through 8d **8e** 25,716.
- 9 Investment interest. Attach Form 4952 if required. See instructions **9**
- 10 Add lines 8e and 9 **10** 25,716.

**Gifts to
Charity****Caution:** If you made a gift and got a benefit for it, see instructions.

- 11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions **11** 14,400.
- 12 Other than by cash or check. If you made any gift of \$250 or more, see instructions. You **must** attach Form 8283 if over \$500. **12**
- 13 Carryover from prior year **13**
- 14 Add lines 11 through 13 **14** 14,400.

**Casualty and
Theft Losses**

- 15 Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions **15**

**Other
Itemized
Deductions**

- 16 Other—from list in instructions. List type and amount ► **16**

**Total
Itemized
Deductions**

- 17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12a **17** 50,116.
- 18 If you elect to itemize deductions even though they are less than your standard deduction, check this box ► ☐

SCHEDULE B
(Form 1040)Department of the Treasury
Internal Revenue Service (99)**Interest and Ordinary Dividends**► Go to www.irs.gov/ScheduleB for instructions and the latest information.
► Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074

2021
Attachment
Sequence No. **08**

Name(s) shown on return

ABHILASH R MEKALA & SHRAVYA MARANGANTI

Your social security number

658-20-5589

Part I
Interest(See instructions
and the
Instructions for
Form 1040, line
2b.)**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.

- 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 ►

- 2 Add the amounts on line 1
- 3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815
- 4 Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b ►

Note: If line 4 is over \$1,500, you must complete Part III.**Part II**
Ordinary Dividends(See instructions
and the
Instructions for
Form 1040, line
3b.)**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.

- 5 List name of payer ► CHARLES SCHWAB & CO., INC.
WALMART INC C/O COMPUTERSHARE
- 6 Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b ►

Note: If line 6 is over \$1,500, you must complete Part III.**Part III****Foreign Accounts and Trusts****Caution:** If
required, failure
to file FinCEN
Form 114 may
result in
substantial
penalties. See
instructions.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.

- 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
- 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
- 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

Yes	No
	X
	X

SCHEDULE D
(Form 1040)Department of the Treasury
Internal Revenue Service (99)**Capital Gains and Losses**

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

OMB No. 1545-0074

2021Attachment
Sequence No. **12**

Name(s) shown on return

ABHILASH R MEKALA & SHRAVYA MARANGANTI

Your social security number

658-20-5589

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

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

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

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

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

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	2,647.	2,479.	0.	168.
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 (5,745.)
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 -5,577.

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

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

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

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked	329.	325.		4.
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13 53.
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 57.

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

BAA

REV 09/09/22 Intuit.cq.cfp.sp

Schedule D (Form 1040) 2021

Part III Summary

16 Combine lines 7 and 15 and enter the result	16 -5,520.
<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 	
17 Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.	
18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet ►	18
19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet ►	19
20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.	
21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) </div> <div style="font-size: 3em; margin-right: 10px;">}</div> <div> </div> </div>	21 (3,000.)
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 checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. <input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.	

Sales and Other Dispositions of Capital Assets

► 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

ABHILASH R MEKALA & SHRAVYA MARANGANTI

Social security number or taxpayer identification number

658-20-5589

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	
	WMT ES2 17.789000	VARIOUS	11/02/21	2,647.	2,479.	W	0.	168.
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) ►				2,647.	2,479.		0.	168.

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

ABHILASH R MEKALA & SHRAVYA MARANGANTI

658-20-5589

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	
WMT	ES2 2.211000	VARIOUS	11/02/21	329.	325.			4.
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) ►				329.	325.			4.

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.

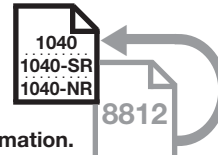
SCHEDULE 8812
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

**Credits for Qualifying Children
and Other Dependents**

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

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



OMB No. 1545-0074

2021

Attachment
Sequence No. **47**

Name(s) shown on return

ABHILASH R MEKALA & SHRAVYA MARANGANTI

Your social security number

658-20-5589

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	609,327.
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	
d	Add lines 2a through 2c	2d	0.
3	Add lines 1 and 2d	3	609,327.
4a	Number of qualifying children under age 18 with the required social security number	4a	2.
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	1.
5	If line 4a is more than zero, enter the amount from the Line 5 Worksheet ; otherwise, enter -0-	5	4,000.
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	0.
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	
8	Add lines 5 and 7	8	4,000.
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	210,000.
11	Multiply line 10 by 5% (0.05)	11	10,500.
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. If you didn't receive any advance child tax credit payments for 2021, enter -0-	14f	2,002.
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.

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Schedule 8812 (Form 1040) 2021

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	
b	Enter the smaller of line 12 or line 15a	15b	
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.			
c	If you completed Parts II-A through II-C, enter the amount from line 27; otherwise, enter -0-	15c	
d	Add lines 15b and 15c	15d	
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-	15e	
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.			
f	Subtract line 15e from line 15d. If zero or less, enter -0- on lines 15f through 15h and go to Part III	15f	
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	
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	

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	
b	Number of qualifying children under 18 with the required social security number: _____ x \$1,400. Enter the result. If zero, skip Parts II-A and II-B and enter -0- on line 27	16b	
TIP: The number of children you use for this line is the same as the number of children you used for line 4a.			
17	Enter the smaller of line 16a or line 16b	17	
18a	Earned income (see instructions)	18a	
b	Nontaxable combat pay (see instructions)	18b	
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	
20	Multiply the amount on line 19 by 15% (0.15) and enter the result	20	
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.			

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	
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	
23	Add lines 21 and 22	23	
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	
25	Subtract line 24 from line 23. If zero or less, enter -0-	25	
26	Enter the larger of line 20 or line 25	26	
Next, enter the smaller of line 17 or line 26 on line 27.			

Part II-C Additional Child Tax Credit

27	Enter this amount on line 15c	27	
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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	2,002.
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	2,002.
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	2.
31	Enter the smaller of line 4a or line 30	31	2.
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	
34	Subtract line 33 from line 3. If zero or less, enter -0-	34	
35	Enter the amount from line 33	35	
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	
37	Multiply line 32 by \$2,000	37	
38	Multiply line 37 by line 36	38	
39	Subtract line 38 from line 37	39	
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	2,002.

Additional Medicare Tax

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

OMB No. 1545-0074

2021
 Attachment
 Sequence No. **71**

Name(s) shown on return

ABHILASH R MEKALA & SHRAVYA MARANGANTI

Your social security number

658-20-5589

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	646,619.		
2 Unreported tips from Form 4137, line 6	2			
3 Wages from Form 8919, line 6	3			
4 Add lines 1 through 3	4	646,619.		
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	396,619.
7 Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II			7	3,570.

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			
11 Subtract line 10 from line 9. If zero or less, enter -0-	11			
12 Subtract line 11 from line 8. If zero or less, enter -0-			12	
13 Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III			13	

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

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

Part IV Total Additional Medicare Tax

18 Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-PR or 1040-SS filers, see instructions), and go to Part V	18			3,570.
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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	11,596.		
20 Enter the amount from line 1	20	646,619.		
21 Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	9,376.		
22 Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages			22	2,220.
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	2,220.

**Net Investment Income Tax—
Individuals, Estates, and Trusts**

▶ Attach to your tax return.

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

OMB No. 1545-2227

2021
Attachment
Sequence No. **72**

Name(s) shown on your tax return

ABHILASH R MEKALA & SHRAVYA MARANGANTI

Your social security number or EIN

658-20-5589

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	
2	Ordinary dividends (see instructions)	2	2,878.
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	-3,000.
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	-3,000.
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	-122.

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	
10	Additional modifications (see instructions)	10	
11	Total deductions and modifications. Add lines 9d and 10	11	

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	0.
Individuals:			
13	Modified adjusted gross income (see instructions)	13	609,327.
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	359,327.
16	Enter the smaller of line 12 or line 15	16	0.
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	0.
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	
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	
20	Enter the smaller of line 18c or line 19c	20	
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	

**SCHEDULE D
AMT**

**Capital Gains and Losses as Refigured
for the Alternative Minimum Tax**

► Keep for your records

2021

Name(s) shown on return

ABHILASH R MEKALA & SHRAVYA MARANGANTI

Your social security number

658-20-5589

Part I Short-Term Capital Gains and Losses — Assets Held One Year or Less

QuickZoom to Form(s) 8949, Short-Term Gain (Loss) Transactions ►

QuickZoom to Schedule D, Short-Term Gain (Loss) Regular Tax Totals ►

Short-Term Totals:	Sales Price	Adjstd Basis	Gn(Ls) Adjstmt	Gain (Loss)
1 a 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				
b Short-term totals from all Forms 8949 with box A checked	2,647.	2,479.	0.	168.
2 Short-term totals from all Forms 8949 with box B checked				
3 Short-term totals from all Forms 8949 with box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824:				
A Form(s) 6252, Installment Sale Income				
B Form(s) 4684, Casualties and Thefts				
C Form(s) 6781, Gains and Losses from Section 1256 Contracts and Straddles				
D Form(s) 8824, Like-Kind Exchanges				
E Sale of Incentive Stock Option stock (not entered elsewhere)				
F Other				
Total			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 10 of your Capital Loss Carryover Worksheet			6	-5,749.
7 Net short-term capital gain or (loss). Combine lines 1 thru 6 in column (f). . . ►			7	-5,581.

Part II Long-Term Capital Gains and Losses — Assets Held More Than One Year

QuickZoom to Form(s) 8949, Long-Term Gain (Loss) Transactions ►

QuickZoom to Schedule D, Long-Term Gain (Loss) Regular Tax Totals ►

Long-Term Totals:	Sales Price	Adjstd Basis	Gn(Ls) Adjstmt	Gain (Loss)
8 a 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				
b Long-term totals from all Forms 8949 with box D checked	329.	325.		4.
9 Long-term totals from all Forms 8949 with box E checked				
10 Long-term totals from all Forms 8949 with box F checked				

11	Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824: A Form 4797, Sales of Business Property (Gain from Pt I) B Form(s) 6252, Installment Sale Income C Form(s) 4684, Casualties and Thefts D Form(s) 6781, Gains and Losses from Section 1256 Contracts and Straddles E Form(s) 8824, Like-Kind Exchanges F Form(s) 2439, Notice to Shareholder of Undistributed Long-Term Capital Gains G Sale of Incentive Stock Option stock (not entered elsewhere) H Other Total	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	13	53.
14	Long-term capital loss carryover. Enter the amount, if any, from line 15 of your Capital Loss Carryover Worksheet	14	0.
15	Net long-term capital gain or (loss). Combine lines 8 thru 14 in column (f) . . ▶	15	57.

Part III Summary

16	Combine lines 7 and 15 and enter the result If line 16 is: • A gain , enter the amount on line 22 below. Then go to line 17 below. • A loss , skip lines 17 through 20 below. Then go to line 21. • Zero , skip lines 17 through 21 below and enter -0- on line 22 below.	16	-5,524.
17	Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18	Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet	18	0.
19	Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet	19	
20	Are lines 18 and 19 both zero or blank? <input type="checkbox"/> Yes. <input type="checkbox"/> No.		
21	If line 16 is a loss, enter here and on line 22 below, the smaller of: • The loss on line 16, or • (\$3,000), or, if married filing separately, (\$1,500)] Note: When figuring which amount is smaller, treat both amounts as positive numbers.	21	-3,000.
22	Do you have qualified dividends on Form 1040, line 9b? <input type="checkbox"/> Yes. <input type="checkbox"/> No. Capital gain (loss) as refigured for the Alternative Minimum Tax. If line 16 is a gain or zero, enter line 16. If line 16 is a loss, enter line 21. ▶		-3,000.

QuickZoom to the **Qualified Dividends and Capital Gain Tax Worksheet** ▶
QuickZoom to the **Schedule D Tax Worksheet** ▶
QuickZoom to the **Unrecaptured Section 1250 Gain Worksheet** ▶
QuickZoom to the **28% Rate Gain Worksheet** ▶
QuickZoom to the **Capital Loss Carryover Worksheet** ▶
QuickZoom to **Form 6251, Alternative Minimum Tax** ▶

Tax History Report

► Keep for your records

2021

Name(s) Shown on Return

ABHILASH R MEKALA & SHRAVYA MARANGANTI

	Five Year Tax History:				
	2017	2018	2019	2020	2021
Filing status	MFJ	MFJ	MFJ	MFJ	MFJ
Total income	248,544.	287,560.	619,445.	361,708.	609,327.
Adjustments to income	6,105.				
Adjusted gross income	242,439.	287,560.	619,445.	361,708.	609,327.
Tax expense	22,904.	10,158.	10,000.	10,000.	10,000.
Interest expense . . .	17,231.	11,259.	18,424.	24,017.	25,716.
Contributions	900.	1,200.	2,400.	2,100.	14,400.
Misc. deductions . . .					
Other itemized ded'ns					
Total itemized/ standard deduction . .	41,035.	24,000.	30,824.	36,117.	50,116.
Exemption amount . .	16,200.	0.	0.	0.	0.
QBI deduction			4.		
Taxable income	185,204.	263,560.	588,617.	325,591.	559,211.
Tax	38,417.	51,555.	156,305.	66,248.	144,805.
Alternative min tax . .	1,419.				
Total credits	328.	4,200.	1,219.	5,200.	
Other taxes	157.	841.	3,679.	1,305.	5,572.
Payments	54,567.	59,197.	143,657.	73,739.	125,623.
Form 2210 penalty . .					
Amount owed			15,108.		24,754.
Applied to next year's estimated tax .					
Refund	14,902.	11,001.		11,386.	
Effective tax rate % . .	16.30	16.47	25.04	16.88	23.76
**Tax bracket %	28.0	24.0	35.0	24.0	35.0

**Tax bracket % is based on Taxable income.

IMPORTANT DISCLOSURES

If you are owed federal tax refund(s), you have a right to choose how you will receive the refund(s). There are several options available to you. Some options cost money and some options are free. Please read about these options below.

You can file your federal tax return(s) electronically or by paper and obtain your federal tax refund(s) directly from the Internal Revenue Service ("IRS") for free. If you file your tax return(s) electronically, you can receive refund checks directly from the IRS through the U.S. Postal Service in 21 to 28 days from the time you file your tax return(s) or the IRS can deposit your refund(s) directly into your bank account in less than 21 days from the time you file your tax return(s) unless there are delays by the IRS. If you file a paper return through the U.S. Postal Service, you can receive refund checks directly from the IRS through the U.S. Postal Service in 6 to 8 weeks from the time the IRS receives your return(s) or the IRS can deposit your refund(s) directly into your bank account in 6 to 8 weeks from the time the IRS receives your return(s). However, if your return(s) contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund(s) no earlier than February 15, 2022.

You can file your federal tax return(s) electronically, select the Refund Processing Service ("RPS") for an additional fee of \$0.00 (the "RPS fee"), and have your federal tax refund(s) processed through a processor using banking services of a financial institution. The RPS allows your refund(s) to be deposited into a bank account at Civista Bank ("Bank") and deducts your TurboTax fees and other amounts that you authorize from your federal refund(s). The balance of your federal refund(s) is delivered to you via the disbursement method you select. If you file your tax return(s) electronically and select the RPS, the IRS will deposit your refund(s) with Bank. Upon Bank's receipt of your refund(s), Santa Barbara Tax Products Group, LLC, a division of Green Dot Corporation, a Delaware corporation, a processor, will deduct from your federal refund(s) the RPS fee, any fees charged by TurboTax for the preparation and filing of your tax return(s) and any other amounts authorized by you and disburse the balance of your refund proceeds to you. Unless there are unexpected delays, federal refunds are received in less than 21 days from the time you file your tax return(s) electronically. However, if your return(s) contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund(s) no earlier than February 15, 2022.

The RPS is not necessary to obtain your refund(s). If you have an existing bank account, you do not need to use the RPS, which requires the payment of a fee, in order to receive a direct deposit from the IRS. You may consult the IRS website (IRS.gov) for information about tax refund processing.

If you select the RPS, no prior debt you may owe to Bank will be deducted from your refund(s).

You can change your income tax withholdings which might result in you receiving additional funds throughout the year rather than waiting to receive these funds potentially in tax refund(s) next year. Please consult your employer or tax advisor for additional details.

This Agreement requires all disputes to be resolved by way of binding arbitration.
The terms of the arbitration provision appear in Section 11.

Information regarding low-cost deposit accounts may be available at www.mymoney.gov

The chart below shows the options for filing your federal tax returns (e-file or paper returns), the RPS product, refund disbursement options, estimated timing for obtaining your federal tax refund proceeds, and costs associated with the various options.

WHAT TYPE OF FILING METHOD?	WHAT ARE YOUR DISBURSEMENT OPTIONS?	WHAT IS THE ESTIMATED TIME TO RECEIVE REFUND(S)?	WHAT COSTS DO YOU INCUR IN ADDITION TO TAX PREPARATION FEES?
PAPER RETURN No Refund Processing Service	IRS direct deposit to your personal bank account.	Approximately 6 to 8 weeks ¹	No additional cost.
	Check mailed by IRS to address on tax return(s).	Approximately 6 to 8 weeks ¹	
ELECTRONIC FILING (E-FILE) No Refund Processing Service	IRS direct deposit to your personal bank account.	Usually within 21 days ¹	No additional cost.
	Check mailed by IRS to address on tax return(s).	Approximately 21 to 28 days ¹	
ELECTRONIC FILING (E-FILE) Refund Processing Service	Direct deposit to your personal bank account.	Usually within 21 days ¹	\$0.00 ²

¹You may experience delays with your tax refund(s) if, for example, you enter incorrect bank account or contact information, you enter a bank account in someone else's name, or if possible suspicious activity is detected. If your return(s) contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund(s) no earlier than February 15, 2022.

²The charges here consist of an RPS Fee, a TurboTax fee and any fees for additional products and services purchased. See Section 3 of the Refund Processing Service Agreement for the cost of the service you have chosen.

Questions? Call 877-908-7228

FORM 1040 or FORM 1040-SR WORKSHEET
NOTE: Form 1040, 1040-SR and Schedules 1 - 3 are fully calculated.

2021

Use this worksheet to enter all data which will flow to the Form 1040 or Form 1040SR and Schedules 1- 3.
Use these QuickZooms to jump to the entry sections for Schedules 1- 3 on this Worksheet:

Form 1040 or Form 1040SR Worksheet Navigation QuickZooms

QuickZoom to Schedule 1 — Additional Income and Adjustments to Income ►
QuickZoom to Schedule 2 — Additional Taxes ►
QuickZoom to Schedule 3 — Additional Credits and Payments ►

Form 1040 or Form 1040-SR — Personal Info, Filing Status, Dependent Info

For the year January 1 - December 31, 2021, or other tax year
beginning _____, 2021, ending _____, 20 ____.

Your First Name MI Last Name Your Social Security No.
ABHILASH R MEKALA 658-20-5589
If Joint Return, Spouse's First Name MI Last Name Spouse's Social Security No.
SHRAVYA MARANGANTI 329-06-7412
Home Address (No. and Street). If You Have a P.O. Box, See Instructions. Apt. No.
175 Poplar Ave
City, Town or Post Office. If you have a foreign address, also complete below. State ZIP Code
San Bruno CA 94066-5411
Foreign country name Foreign province/state/county Foreign postal code

QuickZoom to explanation statement for overseas extension ►

Presidential Election Campaign

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

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

Filing Status Check only one box.

All entries for filing status and dependents should be made on the Federal Information Worksheet.

- ☐ Single
☒ Married filing jointly (even if only one had income)
☐ Married filing separately. Enter spouse's SSN above and full name here.
☐ Head of household (with qualifying person). (See instructions) If the qualifying person is a child
but not your dependent, enter the child's name here. ►
☐ Qualifying widow(er) (See instructions)

Dependents If more than four dependents, see instructions and check here ☐

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for: under age 18 qualifying for child tax credit	Credit for other dependents
Uma	Mekala	799-40-5353	Daughter	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ira	Mekala	364-49-8019	Daughter	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

QuickZoom to the Federal Information Worksheet
QuickZoom to the Dependent and Nondependent Information Worksheet . . .

Standard Deduction

<input type="checkbox"/>	Someone can claim you as a dependent
<input type="checkbox"/>	Someone can claim your spouse as a dependent

a Check if: ☐ **You** were born before January 2, 1957 ☐ **Blind**
☐ **Spouse** was born before January 2, 1957 ☐ **Blind**
Total boxes checked **► a** _____

b If your spouse itemizes on a separate return or you were a dual-status alien, check here **► b** ☐

QuickZoom to required PPP loan forgiveness statement to report tax-exempt income. **►** _____

Form 1040 or Form 1040-SR, Lines 1 - 7

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	609,449.
2 a	Tax-exempt interest 2a		0.
b	Taxable interest	2b	
3 a	Qualified dividends 3a		49.
b	Ordinary dividends	3b	2,878.
4 a	IRA distributions 4a		
b	Taxable amount	4b	
5 a	Pensions and annuities 5a		
b	Taxable amount	5b	
6 a	Social security benefits 6a		
b	Taxable amount	6b	
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here. ► <input type="checkbox"/>	7	-3,000.

QuickZoom to Schedule 1 — Additional Income and Adjustments to Income **►** _____

Form 1040 or Form 1040-SR, Lines 8 - 11

8	Other income from Schedule 1, line 10.	8	0.
9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ►	9	609,327.
10	Adjustments to income from Schedule 1, line 26	10	
11	Subtract line 10 from line 9. This is your adjusted gross income ►	11	609,327.
	AGI including excludable Puerto Rico Income		609,327.

Form 1040 or Form 1040-SR, Line 12 — Standard or Itemized Deduction

12	Standard deduction or itemized deductions (from Schedule A) Standard Deduction for —		
	<ul style="list-style-type: none"> ● People who checked blind or over 65 or who can be claimed as a dependent, see instructions. ● All others: <ul style="list-style-type: none"> ● Single or Married filing separately: \$12,550 ● Married filing jointly or Qualifying widow(er): \$25,100 ● Head of household: \$18,800 ● If you checked any box under <i>Standard Deduction</i>, see instructions. 		
	QuickZoom to the Standard Deduction Worksheet.		
a	Itemized deductions (from Schedule A) or your standard deduction , see above	12 a	50,116.
	Enter the smaller of these cash contributions made or \$300 (\$600 if married filing jointly) on line 12b below if you take the standard deduction		14,400.
b	Charitable contributions if you take the standard deduction.	12 b	
c	Add lines 12a and 12b.	12 c	50,116.
	Subtract itemized or standard deduction from adjusted gross income amount		559,211.

Form 1040 or Form 1040-SR, Lines 13 - 18

13	Qualified business income deduction from Form 8995 or Form 8995-A	13	
14	Add lines 12c and 13	14	50,116.
15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	559,211.

16	Tax. Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>		
17	Amount from Schedule 2, line 3.	17	144,805.
18	Add lines 16 and 17	18	144,805.
QuickZoom to Schedule 2 — Additional Tax section ▶			

Form 1040 or Form 1040-SR, Line 19 - 24

19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3, line 8.	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	144,805.
23	Other taxes, including self-employment tax, from Schedule 2, line 21.	23	5,572.
24	Add lines 22 and 23. This is your total tax ▶	24	150,377.

QuickZoom to Schedule 3 — Additional Credits and Payments ▶

Form 1040 or Form 1040-SR, Lines 25 - 33

25	Federal income tax withheld from:		
a	Form(s) W-2	25 a	123,403.
b	Form(s) 1099	25 b	
c	Other forms	25 c	2,220.
d	Add lines 25a through 25c.	25 d	125,623.
26	2021 estimated tax payments and amount applied from 2020 return	26	
27	If you have a qualifying child, attach Sch. EIC.		
a	Earned income credit (EIC) No 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 ▶ <input type="checkbox"/>	27 a	
b	Nontaxable combat pay election	27 b	
c	Prior year (2019) earned income	27 c	
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8.	29	
30	Recovery rebate credit.	30	
31	Amount from Schedule 3, line 15	31	
32	Add lines 27a and 28 through 31. These are your other payments and refundable credits ▶	32	
33	Add Lines 25d, 26, and 32. These are your total payments ▶	33	125,623.

QuickZoom to Schedule EIC Worksheet, pg. 2 if credit is not calculated. ▶

QuickZoom to "due diligence checklist" substitute for Form 8867. ▶

QuickZoom to Schedule 3 — Additional Credits and Payments ▶

Form 1040 or Form 1040-SR, Lines 34 - 36**Refund:****34** If total Payments is more than total tax, subtract **total tax** from **payments**This is the amount you **overpaid****34****35 a** Amount of overpayment you want **refunded to you**.If Form 8888 is attached, check here. ☐**35**

Direct deposit?

▶ **b** Routing number XXXXXXXXXX▶ **c** Type:☐ Checking
☐ Savings▶ **d** Account number XXXXXXXXXXXXXXXXXXXX**36** Amount of overpayment on line 34 you want**applied to your 2022 estimated tax** ▶ **36****Form 1040 or Form 1040-SR, Lines 37 and 38****Amount You Owe:****37** Subtract total payments from total tax ▶ **37****Note:** Schedule H and Schedule E SE filers, line 37 may not represent all of the taxes you owe for 2021. See Schedule 3, line 12e, and its instructions for details.

24,754.

38 Estimated tax penalty ▶ **38****QuickZoom** to Late Penalties and Interest Worksheet ▶ **QuickZoom.****Schedule 1 – Additional Income and Adjustments to Income****Part I Additional Income****1** Taxable refunds, credits, or offsets of state and local income taxes **1** 0.**Alimony Received Smart Worksheet****A** Taxpayer Spouse Date of divorce/sep *
B ☐

* Check the box if the pre-2019 decree was modified after 2018 to treat the payments as nontaxable

2 a Alimony received. . . . Taxpayer Spouse **2 a****b** Date of original divorce or separation agreement ▶**3****3** Business income or (loss). Attach Schedule C**4****4** Other gains or (losses). Attach Form 4797**5****5** Rental real estate, royalties, partnerships, S corporations, trusts, etc.**6**

Attach Schedule E

7**6** Farm income or (loss). Attach Schedule F**7****7** Unemployment compensation**8****8** Other income:**a** Net operating loss **8 a****b** Gambling income **8 b****c** Cancellation of debt **8 c****d** Foreign earned income exclusion from Form 2555 **8 d****e** Taxable Health Savings Account distribution **8 e****f** Alaska Permanent Fund dividends **8 f****g** Jury duty pay **8 g****h** Prizes and awards **8 h****i** Activity not engaged in for profit income **8 i****j** Stock options **8 j****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 **8 k****l** Olympic and Paralympic medals and USOCprize money **8 l****m** Section 951(a) inclusion **8 m****n** Section 951A(a) inclusion **8 n****o** Section 461(l) excess business loss adjustment **8 o****p** Taxable distributions from an ABL account **8 p****8 z** Other income. List type and amount:**8 z****9** Total other income. Add lines 8a through 8z **9****10** Combine lines 1 through 7 and 9.Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8. **10****Total Income.** Combine Form 1040 lines 1- 7 and

Schedule 1, line 10, enter on Form 1040, line 9. ▶ 609,327.

Quickzoom to 1040 Worksheet, line 9 – **Total Income** ▶ **QuickZoom.**

Part II Adjustments to Income

11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	
18	Penalty on early withdrawal of savings	18	

Alimony Paid Smart Worksheet

	Recipient's name	Recipient's SSN	Date of divorce/sep	*	Alimony paid
A					
B					

* Check the box if the pre-2019 decree was modified after 2018 to treat the payments as nondeductible

19 a	Alimony paid	19 a	
b	Recipient's SSN ▶		
c	Date of original divorce or separation agreement ▶		
20	IRA deduction	20	
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
a	Jury duty pay	24 a	
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	24 b	
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l	24 c	
d	Reforestation amortization and expenses	24 d	
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24 e	
f	Contributions to section 501(c)(18)(D) pension plans.	24 f	
g	Contributions by certain chaplains to section 403(b) plans	24 g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims	24 h	
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	24 i	
j	Housing deduction from Form 2555	24 j	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24 k	
z	Other adjustments. List type and amount:	24 z	
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26	

Schedule 2 – Additional Taxes**Part I Tax**

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

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE		4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5		
6	Uncollected social security and Medicare tax on wages. Attach Form 8919.	6		
7	Total additional social security and Medicare tax. Add lines 5 and 6		7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required		8	
9	Household employment taxes from Schedule H		9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required		10	
11	Additional Medicare Tax. Attach Form 8959.		11	3,570.
12	Net investment income tax. Attach Form 8960		12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from 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	
17	Other additional taxes:			
a	Recapture of other credits. List type, form number, and amount: ▶ _____	17 a		
b	Recapture of federal mortgage subsidy. If you sold your home in 2021, see instructions	17 b		
c	Additional tax on HSA distributions. Attach Form 8889.	17 c		
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17 d		
e	Additional tax on Archer MSA distributions. Attach Form 8853	17 e		
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853.	17 f		
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17 g		
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17 h		
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17 i		
j	Section 72(m)(5) excess benefits tax	17 j		
k	Golden parachute payments	17 k		
l	Tax on accumulation distribution of trusts	17 l		
m	Excise tax on insider stock compensation from an expatriated corporation	17 m		
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17 n		
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17 o		
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17 p		
q	Any interest from Form 8621, line 24.	17 q		
z	Any other taxes. List type and amount: ▶ _____	17 z		
18	Total additional taxes. Add lines 17a through 17z.		18	
19	Additional tax from Schedule 8812		19	2,002.
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	5,572.
	Total tax (add line 21 and Schedule 3, line 7b)			150,377.

Schedule 3 – Additional Credits and Payments**Part I Nonrefundable Credits**

1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses from Form 2441, line 11.		
2	Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	
5	Residential Energy Credit. Attach Form 5695	5	
6	Other nonrefundable credits:		
a	General business credit. Attach Form 3800	6 a	
b	Credit for prior year minimum tax. Attach Form 8801	6 b	
c	Adoption credit. Attach Form 8839	6 c	
d	Credit for the elderly or disabled. Attach Schedule R	6 d	
e	Alternative motor vehicle credit. Attach Form 8910	6 e	
f	Qualified plug-in motor vehicle credit. Attach Form 8936	6 f	
g	Mortgage interest credit. Attach Form 8396	6 g	
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6 h	
i	Qualified electric vehicle credit. Attach Form 8834	6 i	
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6 j	
k	Credit to holders of tax credit bonds. Attach Form 8912	6 k	
l	Amount on Form 8978, line 14	6 l	
z	Other nonrefundable credits. List type and amount: ▶ _____	6 z	
7	Total other nonrefundable credits. Add lines 6a through 6z	7	
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	8	
a	Add line 8 plus child tax/other dep. credit on line 19 above		
b	Subtract total credits on line 8a from tax on line 18 above		144,805.

Quickzoom to 1040 Worksheet, line 24 – Total Tax ▶ QuickZoom. . . ▶

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962	9	
10	Amount paid with request for extension to file	10	
11	Excess social security and tier 1 RRTA tax withheld	11	
12	Credit for federal tax on fuels. Attach Form 4136	12	
13	Other payments or refundable credits:		
a	Form 2439	13 a	
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken before April 1, 2021	13 b	
c	Health coverage tax credit from Form 8885	13 c	
d	Credit for repayment of amounts included in income from earlier years	13 d	
e	Reserved for future use	13 e	
f		13 f	
g	Credit for child and dependent care expenses from Form 2441, line 10. Attach Form 2441	13 g	0.
h	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken after March 31, 2021	13 h	
z	Other payments or refundable credits. List type and amount . ▶ _____	13 z	
14	Total other payments or refundable credits. Add lines 13a through 13z.	14	0.
15	Total Payments: Part II, lines 9 through 12 and 14, Withholding (Form 1040, line 25d), Estimated Tax Payments (Form 1040, line 26) and Form 1040, lines 27-30	15	125,623.
	Other Payments and Refundable Credits (Form 1040, line 32) . ▶ _____		

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ **Yes.** Complete the following. ☒ **No**

Designee's Name ▶ _____
 Phone Number ▶ _____ Personal Identification Number (PIN) . . ▶ _____

Signature and Paid Preparer**Sign Here**

Joint return? See instructions.

Keep a copy of this return for your records.

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 accurately list all amounts and sources of income I received during the year. 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

Spouse's Signature. If joint, **both** must sign.

Date

Product Manager

Spouse's Occupation

Daytime Phone No.

(864) 650-0899

ENGINEER

Email Address

Paid Preparer's Use Only

Print/Type Preparer's name

Preparer's PTIN

Check if:

Preparer's Signature

Date

☐ Self-employed

Firm's Address (or yours if self-employed)

Firm's EIN.

Phone No.

Self-Prepared

State

ZIP Code

Filing Address Information

Send Form 1040 to: You have chosen to electronically file this return.

Name(s) Shown on Return ABHILASH R MEKALA & SHRAVYA MARANGANTI	Your SSN 658-20-5589
---	-------------------------

Line 4b - Adjustment for trade or business income or loss

(a) Activity name	(b) Gain or loss
Enter additional adjustments not included above:	
Adjustment for trade or business income not subject to net investment tax	

Line 5b - Adjustment for gain or loss on dispositions

(a) Activity name	(b) Gain or loss
Capital loss carryover adjustment from 2020 for net investment tax purposes	
Enter additional adjustments not included above and check the box if a capital gain or loss:	
	<input type="checkbox"/>
	<input type="checkbox"/>
Net gain or loss from disposition of property not subject to net investment tax	

Capital gain/loss not included in net investment income

(a) Activity name	(b) Capital Gain or Loss
Capital gain or loss from sale of property not subject to net investment income tax	

Calculation of line 5b adjustment due to capital loss carryforward

1	Net capital loss not included in net investment income	1	0.
2	Capital loss carryover to next year	2	2,520.
3	Lesser of line 1 or line 2 (Included as an adjustment on line 5b table above). . .	3	0.

Line 7 - Other modifications to investment income

1	Casualty and theft losses reported on Schedule A, line 15.	1	
2	Amounts reported on Form 8814, line 12	2	
3	Adjustment for distributions from estates and trusts	3	
4	Schedules C and F income/loss included in net investment income.	4	
5	Substitute interest and dividend payments	5	
6	Recovery of a prior year deduction	6	
7		7	
8	Total other modifications to investment income	8	

Line 9b - State, local, and foreign income taxes allocable to net investment income

1	State and local income taxes	1	56,063.
2	Investment income.	2	-122.
3	Total adjusted gross income	3	609,327.
4	Divide line 2 by line 3. Enter result as a decimal amount.	4	0.0000
5	State and local income taxes allocable to investment income	5	0.
6	State and local taxes (Schedule A, line 5e)	6	10,000.
7	Lesser of line 5 or line 6.	7	0.
8	Foreign income taxes	8	
9	Foreign income taxes allocable to investment income. Line 8 times line 4.	9	
10	Add lines 7 and 9. State, local and foreign income taxes allocable to investment income	10	0.

Lines 9 and 10 - Application of Itemized Deduction Limitations Worksheet**Part III - Application of Section 68 to Deductions Properly Allocable to Investment Income**

1	Reserved	1	
2	Enter the amount of state, local, and foreign income taxes that are properly allocable to investment income	2	0.
3	Enter the amount of other Itemized Deductions subject to the section 68 limitation and properly allocable to investment income before any itemized deduction limitation: _____ _____ _____	3	
4	Enter the total deductions properly allocable to investment income subject to the section 68 limitation. Enter the sum of lines 1 through 3.	4	0.
5	Enter the amount of total itemized deductions allowed after the section 68 limitation. Form 1040, line 12	5	50,116.
6	Enter all other itemized deductions allowed but not subject to the section 68 deduction limitation:	6	0.
7	Subtract line 6 from line 5.	7	50,116.
8	Enter the lesser of line 7 or line 4	8	0.

Part IV - Reconciliation of Schedule A Deductions to Form 8960 plus additional expenses, lines 9 and 10

(A)	(B)	(C)
Reenter the amounts and descriptions from Part III, lines 1-3	Fraction (see Help)	Column A times B
Miscellaneous Itemized Deductions properly allocable to Investment Income reportable on Form 8960, line 9c:		
1 Reserved.		
2 State, local, and foreign income taxes.	x	=
Itemized Deductions Subject to Section 68 reportable on Form 8960, line 10:		
3 _____	x	=
_____	x	=
_____	x	=
_____	x	=
Penalty on early withdrawal of savings		
Other modifications:		

Total additional modifications to Form 8960, line 10		

Calculation of Former Passive Activity Suspended Losses Allowed as Deduction Against NII**1) Former Passive Activity Suspended Losses**

(a) Activity name	(b) Suspended 12/31/2020	(c) Suspended 12/31/2021	(d) Used against activity	(e) Used against other passive

2) Former Passive Activity Suspended Losses - Schedule D

(a) Activity name	(b) Suspended 12/31/2020	(c) Suspended 12/31/2021	(d) Used against activity	(e) Used against other passive

3) Former Passive Activity Suspended Losses - Form 4797

(a) Activity name	(b) Suspended 12/31/2020	(c) Suspended 12/31/2021	(d) Used against activity	(e) Used against other passive

Schedule 1
Line 8

Other Income Statement

2021

Statement L8

Name(s) Shown on Return ABHILASH R MEKALA & SHRAVYA MARANGANTI	Social Security Number 658-20-5589
---	---------------------------------------

	(a) Taxpayer	(b) Spouse
1 Child's investment income, from Form 8814.		
2 Winnings:		
a From Form W-2G		
b Gambling winnings not reported on Form W-2G		
c Total gambling winnings.		
d Winnings (prizes, etc.) from Form 1099-MISC, box 3.		
e Other non-gambling awards and prizes		
3 Taxable income from Forms 1099-MISC or 1099-NEC:		
a Substitute payments in lieu of interest or dividends		
b1 Other income from box 3 (Excluding Olympic prize money)		
b2 Other income from box 3 Olympic prize money		
b Total Other income from box 3		
c Alaska Permanent Fund.		
d Tribal Gaming		
e Non-Employee Compensation from Form 1099-NEC box 1		
f Rent from personal property from Form 1099-MISC box 1		
4 Taxable income from Form 1099-Q or 1099-QA:		
a Qualified tuition program distributions		
b Coverdell ESA distributions		
c ABLE account distributions		
5 Taxable income from Form 1099-G:		
a Grants		
b RTAA payments		
6 Foreign earned income and housing exclusion, from Form 2555		
7 Net operating loss carryover from a prior year		
8 Other income, from Schedule(s) K-1		
9 Taxable distribution from:		
a Form 8853:		
1 Taxable Archer MSA distributions MSA		
2 Taxable Medicare Advantage distributions Med MSA		
3 Taxable long term care distributions LTC.		
4 Total Form 8853		
b Form 8889, Health Savings Accounts		
1 Taxable HSA Distributions from Form 1099-SA		
2 Last month rule and qualified HSA funding distribution amt		
3 Total Form 8889		
10 Refunds or reimbursements of deductions claimed in a prior year:		
a Reimbursement for deducted medical expenses		
b Refunds of deducted taxes (not state or local income taxes)		
Type of Tax	State or Local ID	
c Recapture of deducted moving expenses		
d Reimbursement for deducted casualty or theft loss		
e Reimbursement for deducted employee business expenses		
f Other refunds or reimbursements		
11 Recoveries of bad debts deducted in a prior year.		
12 Jury duty pay		
13 Bartering income not reported elsewhere		
14 Income from the rental of personal property		
15 Income from the Cancellation of Debt:		
a From Form 1099-C:		
1 Amount of debt canceled from box 2		
2 Amount of canceled debt excluded from income		
3 Taxable amount of canceled debt.		
b From Schedule(s) K-1		
16 Taxable income from Form 1099-K:		
a Payment Card/Third Party Network Transactions		
17 Income from "not for profit" activities (hobbies):		

18	Limitation on business losses (Form 461)		
19	Global intangible low-taxed income (Form 8992)		
19	Does not apply to Form 1040NR		
20	Does not apply to Form 1040NR		
20	Section 965 deferred foreign income (Form 965)		
21	Unemployment income and repayment		
a	Union unemployment benefits		
b	Private fund unemployment benefits		
c	State employee unemployment benefits		
d	Repayment of non-government unemployment benefits		
22	Other taxable income:		
a	Employer stock compensation income for non-employee		
b			
23	Income from Community Property:		
a	Positive community property adjustment.		
b	Negative community property adjustment (enter as positive) . . .		
24	Total. Add lines 1 through 14, 15a(3), 15b, 16 through 23. Enter here and on Schedule 1, line 8		

Charitable Organization Worksheet

2021

► Keep for your records

Name(s) Shown on Return

ABHILASH R MEKALA & SHRAVYA MARANGANTI

Social Security Number

658-20-5589

Charity Name . . . childfund

Address 1200 18th St NW

City Washington State DC ZIP code 20036

Combined Amounts Worksheet

Note: Amounts entered in worksheets below will be summarized in this worksheet.

Ref. No.	Date	Donation Description	Donation Type	Donation Amount
1	Various		Money	2,400.00
			Total:	2,400.00
			Prior Year Total:	2,100.00

ItsDeductible Item Donations Worksheet

Note: Amounts in this worksheet can only be entered using the interview process.

Ref. No.	Donat. Date	VM*	Item Description	High Value	Qty.	Med. Value	Qty.	Total Value

* VM, Valuation Method. 1 indicates it has been valued by ItsDeductible, 0 indicates you have created a custom valuation item.

Other Item Donations Worksheet

Note: Double-click to enter additional information if needed.

Ref. No.	Donated Date Acquired Date	Donation Description Donation Type How Acquired	Donation Cost How Valued Donation Value	Donation Allowed

Detail of Money Donations Worksheet

Ref. No.	Donat. Date	Each Don. Amt	Don. Per Yr	Once or Recurring				2021 Amount
1	Various	200.00	12	<input type="checkbox"/>	Once	<input checked="" type="checkbox"/>	Recur	2,400.00
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	

Detail of Mileage and Transportation Costs Worksheet

Ref. No.	Donation Date	Description of Trip				Total Donation Value
Miles Per Trip	Trips Per Yr	Once or Recurring		Miles Driven		
Other Costs	Description of Other Costs			Value of Miles		
		<input type="checkbox"/> Once	<input type="checkbox"/> Recur			
		<input type="checkbox"/> Once	<input type="checkbox"/> Recur			
		<input type="checkbox"/> Once	<input type="checkbox"/> Recur			

ABHILASH R MEKALA & SHRAVYA MARANGANTI

658-20-5589

Detail of Stock Donations Worksheet						
Ref. No.	Date of Donation	Stock Symbol, # shares	Value on Donation Date	Date Acquired	Stock Original Cost	Donation Value

Charitable Organization Questions

- 1 Was the **entire interest** given for all property donated to this charity? ☒ **Yes** ☐ **No**
- 2 Were **restrictions** attached to the charity's right to use or dispose of any property donated to this charity? ☐ **Yes** ☐ **No**
- 3 Did you give to anyone other than this charity the right to income from any of the donated property or to possession of any of the donated property? ☐ **Yes** ☐ **No**
- 4 What Type of charitable organization was it? Check one:
☒ **(a)** 50% charity ☐ **(b)** Other than 50% charity ☐ **(c)** 50% Charity, 100% donation

Charitable Organization Worksheet

2021

► Keep for your records

Name(s) Shown on Return

ABHILASH R MEKALA & SHRAVYA MARANGANTI

Social Security Number

658-20-5589

Charity Name . . . amit

Address

City

State

ZIP code . . .

Combined Amounts Worksheet

Note: Amounts entered in worksheets below will be summarized in this worksheet.

Ref. No.	Date	Donation Description	Donation Type	Donation Amount
1	(not needed)		Money	7,000.00
			Total:	7,000.00
			Prior Year Total:	

ItsDeductible Item Donations Worksheet

Note: Amounts in this worksheet can only be entered using the interview process.

Ref. No.	Donat. Date	VM*	Item Description	High Value	Qty.	Med. Value	Qty.	Total Value

* VM, Valuation Method. 1 indicates it has been valued by ItsDeductible, 0 indicates you have created a custom valuation item.

Other Item Donations Worksheet

Note: Double-click to enter additional information if needed.

Ref. No.	Donated Date Acquired Date	Donation Description Donation Type How Acquired	Donation Cost How Valued Donation Value	Donation Allowed

Detail of Money Donations Worksheet

Ref. No.	Donat. Date	Each Don. Amt	Don. Per Yr	Once or Recurring				2021 Amount
1	(not needed)	7,000.00	1	<input checked="" type="checkbox"/>	Once	<input type="checkbox"/>	Recur	7,000.00
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	

Detail of Mileage and Transportation Costs Worksheet

Ref. No.	Donation Date	Description of Trip				Total Donation Value
Miles Per Trip	Trips Per Yr	Once or Recurring		Miles Driven		
Other Costs	Description of Other Costs		Value of Miles			
			<input type="checkbox"/> Once <input type="checkbox"/> Recur			
			<input type="checkbox"/> Once <input type="checkbox"/> Recur			
			<input type="checkbox"/> Once <input type="checkbox"/> Recur			
			<input type="checkbox"/> Once <input type="checkbox"/> Recur			

ABHILASH R MEKALA & SHRAVYA MARANGANTI

658-20-5589

Detail of Stock Donations Worksheet						
Ref. No.	Date of Donation	Stock Symbol, # shares	Value on Donation Date	Date Acquired	Stock Original Cost	Donation Value

Charitable Organization Questions

- 1 Was the **entire interest** given for all property donated to this charity? ☒ **Yes** ☐ **No**
- 2 Were **restrictions** attached to the charity's right to use or dispose of any property donated to this charity? ☐ **Yes** ☐ **No**
- 3 Did you give to anyone other than this charity the right to income from any of the donated property or to possession of any of the donated property? ☐ **Yes** ☐ **No**
- 4 What Type of charitable organization was it? Check one:
☒ **(a)** 50% charity ☐ **(b)** Other than 50% charity ☐ **(c)** 50% Charity, 100% donation

Charitable Organization Worksheet

2021

► Keep for your records

Name(s) Shown on Return

ABHILASH R MEKALA & SHRAVYA MARANGANTI

Social Security Number

658-20-5589

Charity Name . . . covid

Address

City

State

ZIP code . . .

Combined Amounts Worksheet

Note: Amounts entered in worksheets below will be summarized in this worksheet.

Ref. No.	Date	Donation Description	Donation Type	Donation Amount
1	(not needed)		Money	5,000.00
			Total:	5,000.00
			Prior Year Total:	

ItsDeductible Item Donations Worksheet

Note: Amounts in this worksheet can only be entered using the interview process.

Ref. No.	Donat. Date	VM*	Item Description	High Value	Qty.	Med. Value	Qty.	Total Value

* VM, Valuation Method. 1 indicates it has been valued by ItsDeductible, 0 indicates you have created a custom valuation item.

ABHILASH R MEKALA & SHRAVYA MARANGANTI

658-20-5589

Other Item Donations Worksheet

Note: Double-click to enter additional information if needed.

Ref. No.	Donated Date Acquired Date	Donation Description Donation Type How Acquired	Donation Cost How Valued Donation Value	Donation Allowed

Detail of Money Donations Worksheet

Ref. No.	Donat. Date	Each Don. Amt	Don. Per Yr	Once or Recurring				2021 Amount
1	(not needed)	5,000.00	1	<input checked="" type="checkbox"/>	Once	<input type="checkbox"/>	Recur	5,000.00
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	

Detail of Mileage and Transportation Costs Worksheet

Ref. No.	Donation Date	Description of Trip				Total Donation Value
Miles Per Trip	Trips Per Yr	Once or Recurring		Miles Driven		
Other Costs	Description of Other Costs			Value of Miles		
		<input type="checkbox"/> Once <input type="checkbox"/> Recur				
		<input type="checkbox"/> Once <input type="checkbox"/> Recur				
		<input type="checkbox"/> Once <input type="checkbox"/> Recur				

ABHILASH R MEKALA & SHRAVYA MARANGANTI

658-20-5589

Detail of Stock Donations Worksheet						
Ref. No.	Date of Donation	Stock Symbol, # shares	Value on Donation Date	Date Acquired	Stock Original Cost	Donation Value

Charitable Organization Questions

- 1 Was the **entire interest** given for all property donated to this charity? ☒ **Yes** ☐ **No**
- 2 Were **restrictions** attached to the charity's right to use or dispose of any property donated to this charity? ► ☐ **Yes** ☐ **No**
- 3 Did you give to anyone other than this charity the right to income from any of the donated property or to possession of any of the donated property? ► ☐ **Yes** ☐ **No**
- 4 What Type of charitable organization was it? Check one:
☒ **(a)** 50% charity ☐ **(b)** Other than 50% charity ☐ **(c)** 50% Charity, 100% donation

Federal Information Worksheet

► Keep for your records

2021

Part I – Personal Information

Information in Part I is **completely calculated** from entries on Personal Information Worksheets.

Taxpayer:

First name ABHILASH
Middle initial R Suffix
Last name MEKALA
Social security no. 658-20-5589
Occupation Product Manager
Date of birth 12/26/1982 (mm/dd/yyyy)
Age as of 1-1-2022 39
Daytime phone (864) 650-0899 Ext
Legally blind
Date of death

Dependent of Someone Else:

Can taxpayer be claimed as dependent of another person (such as parent)? Yes ☐ No ☒
If yes, **was** taxpayer claimed as dependent on that person's return? Yes ☐ No ☒

Credit for the Elderly or Disabled (Schedule R):

Is the taxpayer retired on total and permanent disability? Yes ☐ No ☐

Presidential Election Campaign Fund:

Does the taxpayer want \$3 to go to the Presidential Election Campaign Fund? Yes ☐ No ☒

Spouse:

First name SHRAVYA
Middle initial Suffix
Last name MARANGANTI
Social security no. 329-06-7412
Occupation ENGINEER
Date of birth 05/02/1983 (mm/dd/yyyy)
Age as of 1-1-2022 38
Daytime phone (864) 643-0899 Ext
Legally blind
Date of death

Dependent of Someone Else:

Can spouse be claimed as dependent of another person (such as parent)? Yes ☐ No ☒
If yes, **was** spouse claimed as dependent on that person's return? Yes ☐ No ☒

Credit for the Elderly or Disabled (Schedule R):

Is the spouse retired on total and permanent disability? Yes ☐ No ☐

Presidential Election Campaign Fund:

Does the spouse want \$3 to go to the Presidential Election Campaign Fund? Yes ☐ No ☒

Part II – Address and Federal Filing Status (enter information in this section)

US Address:

Address 175 Poplar Ave
City San Bruno State CA ZIP code 94066-5411 Apt no.

Foreign Address:

Check this box to use foreign address ☐
Address Apt no.
City
Foreign code Foreign country
Foreign province/county Foreign postal code

APO/FPO/DPO address, check if appropriate APO ☐ FPO ☐ DPO ☐

Home phone
Check to print phone number on Form 1040 Home ☐ Taxpayer daytime ☒ Spouse daytime ☐

Print Form 1040-SR instead of Form 1040 Yes ☐ No ☒

Federal filing status:

☐ 1 Single
☒ 2 Married filing jointly
☐ 3 Married filing separately
Check this box if you **did not** live with your spouse at any time during the year. ☐
Check this box if you are eligible to claim your spouse's exemption/blind/over age 65 (see Help) ☐
☐ 4 Head of household
If the 'qualifying person' is your child but **not** your dependent:
Child's First name MI Last Name Suff
Child's social security number
☐ 5 Qualifying widow(er)
Check the appropriate box for the year your spouse died 2019 ☐ 2020 ☐
Are you a dependent with a qualifying child Yes ☐ No ☐
Enter qualifying person's name:
Child's First name MI Last Name Suff
Child's social security number

Part III – Dependent/Earned Income Credit/Child and Dependent Care Credit Information

Information in Part III is completely calculated from entries on Dependent/Nondependent Info Worksheets.

First name Last name	MI Suff	Social security number Relationship	Date of birth (mm/dd/yyyy)			Date of death (mm/dd/yyyy)		E I C	Lived with taxpyr in U.S.	Not qual credit other dep Educ Tuitn and Fees	* D e p
			Age	C o d e	Not qual for child tax cr	Qualified child/dep care exps incurred and paid 2021					
Uma Mekala		799-40-5353 Daughter	09/28/2012 9	L		0.		E	12		Yes
Ira Mekala		364-49-8019 Daughter	12/04/2016 5	L		18,000.		E	12		Yes

* "Yes" - qualifies as dependent, "No" - does not qualify as dependent

Part IV – Earned Income Credit Information (you must answer these questions to calculate EIC)

Is the taxpayer or spouse a qualifying child for EIC for another person? ☐ Yes ☐ No
 Was the taxpayer's (and spouse's if married filing jointly) home in the United States for more than half of 2021? ☐ Yes ☐ No
 If the SSN of the taxpayer, or spouse if married filing jointly, was obtained to get a federally funded benefit, such as Medicaid, and the Social Security card contains the legend **Not Valid for Employment**, check this box (see Help) ☐
 Check if you are filing head of household **and** your spouse is a nonresident alien **and** you lived with your spouse during the last six months of 2021 ☐
 Check if you were notified by the IRS that EIC cannot be claimed in 2021 or if you are ineligible to claim the EIC in 2021 for any other reason ☐

Part V – Direct Deposit or Direct Debit Information (not applicable for Form 9465)

Do you want to elect **direct deposit** of any federal tax refund? ☐ Yes ☒ No
 Do you want to elect **direct debit** of federal balance due (Electronic filing only)? . . . ☒ Yes ☐ No

If you selected either of the options above, fill out the information below:

Name of Financial Institution (optional) ☐ Bank of america

Check the appropriate box ☐ Checking ☒ Savings ☐
 Routing number ☐ 051000017 Account number ☐ 435008144960

Enter the following information only if you are requesting direct debit of balance due:

Enter the payment date to withdraw from the account above ☐ 04/17/2022
 Balance-due amount from this return ☐ 24,754.

Amended Returns:

Do you want to elect **direct debit** of federal **amended** balance due (e-File only)? . . . ☐ Yes ☐ No
 Enter the payment date to withdraw from the account above ☐
 Balance-due amount from this **amended** return ☐

Part VI – Additional Information for Your Federal Return**Standard Deduction/Itemized Deductions:**

Check this box if you are itemizing for state tax or other purposes even though your itemized deductions are less than your standard deduction ☐
 Check this box if you are married filing separately and your spouse itemized deductions ☐
 Check this box to take the standard deduction even if less than itemized deductions ☐

Real Estate Professionals:

Do you or your spouse qualify for the special passive activity rules for taxpayers in real property business? (see Help) ☐ Yes ☐ No

Credit for Qualified Retirement Savings Contributions (Form 8880):

Is the taxpayer a full-time student? ☐ Yes ☐ No
 Is the spouse a full-time student? ☐ Yes ☐ No

American Opportunity and Lifetime Learning Credit (Form 8863)

For 2021, were you (or your spouse if married) a nonresident alien for any part of the year, and did not elect to be treated as a resident alien? ☐ Yes ☐ No

Foreign Tax Credit (Form 1116):

Check this box to file Form 1116 even if you're not required to file Form 1116 ☐
 Resident country ☐ USA

Excludable Income from Am. Samoa, Guam, Commonwealth of the N. Mariana Islands, or Puerto Rico:

Excludable income of bona fide residents of American Samoa, Guam, or the Commonwealth of the Northern Mariana Islands ☐
 Excludable income from Puerto Rico ☐

Dual Status Alien Return:

Check this box if you are a dual-status alien ☐
 Check this box to print 'DUAL-STATUS STATEMENT' on Form 1040 ☐

Third Party Designee:

Caution: Review transferred information for accuracy.

Do you want to allow another person to discuss this return with the IRS? ☐ Yes ☐ No

If Yes, complete the following:

Third party designee name ☐

Third party designee phone number ☐

Personal Identification number (enter any 5 numbers) ☐

Disaster Tax Relief:

Check if you took a disaster distribution between 2018 and 2020 ☐

Part VI – Additional Information for Your Federal Return – Continued**Personal Representative for deceased taxpayers:**

Name of personal representative required for E-filed
returns when Form 1310 is not filed or it is not the
surviving spouse ▶ _____

Part VII – State Filing Information**Identity Protection PIN:**

If the IRS sent the taxpayer an Identity Protection PIN, enter it here ▶ _____

If the IRS sent the spouse an Identity Protection PIN, enter it here ▶ _____

Taxpayer:

Enter the taxpayer's state of residence as of December 31, 2021 ▶ CA

Check the appropriate box:

Taxpayer is a resident of the state above for the entire year ▶ ☒

Taxpayer is a resident of the state above for only part of year ▶ ☐

Date the taxpayer established residence in state above ▶ _____

In which state (or foreign country) did the taxpayer reside before this change? ▶ _____

Spouse:

Enter the spouse's state of residence as of December 31, 2021 ▶ CA

Check the appropriate box:

Spouse is a resident of the state above for the entire year ▶ ☒

Spouse is a resident of the state above for only part of year ▶ ☐

Date the spouse established residence in state above ▶ _____

In which state (or foreign country) did the spouse reside before this change? ▶ _____

Nonresident states:

Nonresident State(s)	Taxpayer/Spouse/Joint
_____	_____
_____	_____
_____	_____
_____	_____

Check this box if you are in a Registered Domestic Partnership or a civil union ▶ ☐

If you checked the box on the line above, also check the appropriate box below:

Check if this is your individual federal return you are filing with the IRS ▶ ☐

Check if this is the joint return created to file joint state tax return (see Help) ▶ ☐

Use the PIN that you signed last year's tax return with.

Taxpayer's Prior year PIN . . . _____

Spouse's Prior year PIN . . . _____

These signature PINs are chosen by the taxpayer and spouse and used for e-filing your tax return

Taxpayer's PIN used to sign the return 12268

Spouse's PIN used to sign the return 05028

Taxpayer:

Drivers license or state ID number Y8240880

Issued by what state CA

License or ID license . ▶ ☒ ID . ▶ ☐ neither . ▶ ☐ decline . ▶ ☐

Spouse

Drivers license or state ID number Y8185984

Issued by what state CA

License or ID license . ▶ ☒ ID . ▶ ☐ neither . ▶ ☐ decline . ▶ ☐

**Personal Information Worksheet
For the Taxpayer**

2021

► Keep for your records

QuickZoom to another copy of Personal Information Worksheet ►
QuickZoom to Federal Information Worksheet ►

Part I – Taxpayer's Personal Information

First name . . . ABHILASH Middle initial . R Last name . . . MEKALA
Suffix

Social security no. . . 658-20-5589 Member of U.S. Armed Forces in 2021? . . ☐ Yes ☒ No

Date of birth 12/26/1982 (mm/dd/yyyy) age as of 1-1-2022 39

Occupation Product Manager Daytime phone (864) 650-0899 Ext _____

Marital status . . . Married

If widowed, check the appropriate box for the year your spouse died:

After 2021 ► ☐ 2021 . ► ☐ 2020 . ► ☐ 2019 . ► ☐ Before 2019 . ► ☐

Are you retired on total and permanent disability? (for Schedule R, see Help). ► ☐ Yes ☐ No

Check if this person is legally blind ► ☐ Yes ☒ No

If deceased, enter the date of death ► (mm/dd/yyyy) _____

Were you under the age of 16 as of 1-1-2022 and this is the first year you
are filing a tax return? ► ☐ Yes ☐ No

Language in which you want the IRS to communicate with you ► _____

Do you want \$3 to go to Presidential Election Campaign Fund? ► ☐ Yes ☒ No

Part II – Questions for Individuals Who Could Be Or Are Dependents of Another Taxpayer

1 Can someone (such as your parent) claim you as a dependent? ► ☐ Yes ☒ No

2 If you answered 'Yes' to question 1, are you actually claimed as a dependent
on that person's tax return? ► ☐ Yes ☒ No

*Questions 3 through 5 are only required for individuals who claim the
American Opportunity Credit.*

3 Were you a full-time student during any part of five months during 2021? ► ☐ Yes ☐ No

4 Did your earned income exceed one-half of your support? ► ☐ Yes ☐ No

5 Was at least one of your parents alive on December 31, 2021? ► ☐ Yes ☐ No

Part III – Taxpayer's State Residency Information

Enter this person's state of residence as of December 31, 2021 CA

Check the appropriate box:

This person is a resident of the state above for the entire year ☒

This person is a resident of the state above for only part of year ☐

Date this person established residence in state above ► _____

In which state (or foreign country) did this person reside before this change? ► _____

Part IV – Dependent Care Expenses

Qualified dependent care expenses incurred and paid for this person in 2021 _____

Unreimbursed medical expenses paid for qualifying person in 2021 _____

Employment taxes paid for dependent care providers in 2021 _____

Full-time student for 5 calendar months during 2021? ► ☐ Yes ☐ No

Disabled person who was not physically or mentally capable of self-care? ► ☐ Yes ☐ No

This person is a qualifying person for the child and dependent care credit ► ☐ Yes ☒ No

**Personal Information Worksheet
For the Spouse**

2021

► Keep for your records

QuickZoom to another copy of Personal Information Worksheet ►
QuickZoom to Federal Information Worksheet ►

Part I — Spouse's Personal Information

First name . . . SHRAVYA Middle initial . . . Last name . . . MARANGANTI
Suffix
Social security no. . . . 329-06-7412 Member of U.S. Armed Forces in 2021? . . ☐ Yes ☒ No
Date of birth 05/02/1983 (mm/dd/yyyy) age as of 1-1-2022 38
Occupation ENGINEER Daytime phone (864) 643-0899 Ext

Marital status . . . Married
If widowed, check the appropriate box for the year your spouse died:
After 2021 ► ☐ 2021 . ► ☐ 2020 . ► ☐ 2019 . ► ☐ Before 2019 . ► ☐
Are you retired on total and permanent disability? (for Schedule R, see Help). ► ☐ Yes ☐ No
Check if this person is legally blind ► ☐ Yes ☒ No
If deceased, enter the date of death ► (mm/dd/yyyy)

Were you under the age of 16 as of 1-1-2022 and this is the first year you
are filing a tax return? ► ☐ Yes ☐ No
Language in which you want the IRS to communicate with you ►
Do you want \$3 to go to Presidential Election Campaign Fund? ► ☐ Yes ☒ No

Part II — Questions for Individuals Who Could Be Or Are Dependents of Another Taxpayer

- 1 **Can** someone (such as your parent) claim you as a dependent? ► ☐ Yes ☒ No
2 If you answered 'Yes' to question 1, are you actually claimed as a dependent
on that person's tax return? ► ☐ Yes ☒ No
*Questions 3 through 5 are only required for individuals who claim the
American Opportunity Credit.*
3 Were you a full-time student during any part of five months during 2021? ► ☐ Yes ☐ No
4 Did your earned income exceed one-half of your support? ► ☐ Yes ☐ No
5 Was at least one of your parents alive on December 31, 2021? ► ☐ Yes ☐ No

Part III — Spouse's State Residency Information

Enter this person's state of residence as of December 31, 2021 CA
Check the appropriate box:
This person is a resident of the state above for the entire year ☒
This person is a resident of the state above for only part of year ☐
Date this person established residence in state above ►
In which state (or foreign country) did this person reside before this change? ►

Part IV — Dependent Care Expenses

Qualified dependent care expenses incurred and paid for this person in 2021
Unreimbursed medical expenses paid for qualifying person in 2021
Employment taxes paid for dependent care providers in 2021
Full-time student for 5 calendar months during 2021? ► ☐ Yes ☐ No
Disabled person who was not physically or mentally capable of self-care? ► ☐ Yes ☐ No
This person is a qualifying person for the child and dependent care credit ► ☐ Yes ☒ No

Dependent and Nondependent Information Worksheet

2021

► Keep for your records

QuickZoom to another copy of Dependent and Nondependent Information Worksheet ►
QuickZoom to Federal Information Worksheet ►

Part I – Personal Information

First name . . . Uma Middle initial . . . Last name . . . Mekala
 Suffix

Social security no. . . 799-40-5353

Date of birth 09/28/2012 (mm/dd/yyyy) age as of 12-31-2021 9
 Did this person pass away in 2021 (deceased)? . . ☐ Yes ☐ No Date of death

Relationship to taxpayer or spouse Daughter

CAUTION: If claiming a child other than your own, see **Relationship** in the Tax Help.

NOTE: The ability to set your answers to being the same as last year for the dependent is only available in Step-by-Step mode and not in Forms mode.

Are the answers to the questions below for this person, to determine whether they are your dependent, the same as they were last year? ► ☐ Yes ☐ No

Dependency code *. 1 — Your dependent child who lived with you

*Dependency code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Dependent is disabled ☐

Check this box if:

- The taxpayer filing this return is filing as Qualifying Widow(er)
- This dependency code for this dependent is type X
- This dependent would qualify as a qualifying child for the Qualifying Widow(er) filing status, except the dependent's gross income was \$4,300 or more, or was filing a married filing joint return, or the taxpayer could be claimed as a dependent

Part II – Earned Income Credit and Child Tax Credit

Is this person a U.S. citizen, U.S. national, or a U.S. resident? ☒ Yes ☐ No
 Is this person a resident of Canada or Mexico? ☐ Yes ☒ No

This person is adopted and you are a U.S. citizen or U.S. national ☐

TurboTax Web Only:

Was the adoption final as of December 31, 2021? ☐ Yes ☐ No

Was the person placed with you for adoption after 2021, or was the adoption final in 2021 or later? ☐ Yes ☐ No

The adopted child lived with you all year ☐ Yes ☐ No

*If the child is adopted, you are a U.S. citizen or U.S. national and they lived with you all year, they are considered to meet the citizen test and the U.S. citizen box will automatically be checked yes.

Child is a potentially qualifying child for earned income credit ☒ Yes ☐ No

Child is a nondependent, but may qualify for earned income credit ☐ Yes ☐ No

You, and no one else, is claiming this nondependent for the earned income credit. ☐ Yes ☐ No

Months lived with taxpayer in the United States 12

Qualifying for the earned income credit * . E — Qualifying child

*EIC code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Check if Social Security number is **not** valid for employment ☐

Check if this person is **not** a qualifying child for the child tax credit ☐

Check if this person is **not** a qualifying person for the credit for other dependents ☐

Dependent has ITIN ☐

Part III – Dependent Care Expenses

Qualified child or dependent care expenses incurred and paid in 2021 0.
Unreimbursed medical expenses paid for qualifying person in 2021 _____
Employment taxes paid for dependent care providers in 2021 _____
Child or dependent is a qualifying person for the child and dependent care credit ☒ Yes ☐ No
Child is a nondependent, but may qualify for the child and dependent care credit ☐ Yes ☐ No

Part V – Dependent's State Residency Information

Enter this person's state of residence as of December 31, 2021 _____
Check the appropriate box:
This person is a resident of the state above for the entire year ☐
This person is a resident of the state above for only part of year ☐
 Date this person established residence in state above ► _____
 In which state (or foreign country) did this person reside before this change? ► _____

Part VI – Identity Protection Pin

If the IRS sent an Identity Protection PIN for this dependent, enter it here _____

Dependent and Nondependent Information Worksheet

2021

► Keep for your records

QuickZoom to another copy of Dependent and Nondependent Information Worksheet ►
QuickZoom to Federal Information Worksheet ►

Part I – Personal Information

First name . . . ira Middle initial . . . Last name . . . Mekala
Suffix

Social security no. . . 364-49-8019

Date of birth 12/04/2016 (mm/dd/yyyy) age as of 12-31-2021 5
Did this person pass away in 2021 (deceased)? . . ☐ Yes ☐ No Date of death

Relationship to taxpayer or spouse Daughter

CAUTION: If claiming a child other than your own, see **Relationship** in the Tax Help.

NOTE: The ability to set your answers to being the same as last year for the dependent is only available in Step-by-Step mode and not in Forms mode.

Are the answers to the questions below for this person, to determine whether they are your dependent, the same as they were last year? ► ☐ Yes ☐ No

Dependency code *. 1 — Your dependent child who lived with you

*Dependency code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Dependent is disabled ☐

Check this box if:

- The taxpayer filing this return is filing as Qualifying Widow(er)
- This dependency code for this dependent is type X
- This dependent would qualify as a qualifying child for the Qualifying Widow(er) filing status, except the dependent's gross income was \$4,300 or more, or was filing a married filing joint return, or the taxpayer could be claimed as a dependent

Part II – Earned Income Credit and Child Tax Credit

Is this person a U.S. citizen, U.S. national, or a U.S. resident? ☒ Yes ☐ No
Is this person a resident of Canada or Mexico? ☐ Yes ☒ No

This person is adopted and you are a U.S. citizen or U.S. national ☐

TurboTax Web Only:

Was the adoption final as of December 31, 2021? ☐ Yes ☐ No

Was the person placed with you for adoption after 2021, or was the adoption final in 2021 or later? ☐ Yes ☐ No

The adopted child lived with you all year ☐ Yes ☐ No

*If the child is adopted, you are a U.S. citizen or U.S. national and they lived with you all year, they are considered to meet the citizen test and the U.S. citizen box will automatically be checked yes.

Child is a potentially qualifying child for earned income credit ☒ Yes ☐ No
Child is a nondependent, but may qualify for earned income credit ☐ Yes ☐ No
You, and no one else, is claiming this nondependent for the earned income credit. ☐ Yes ☐ No

Months lived with taxpayer in the United States 12

Qualifying for the earned income credit * . E — Qualifying child

*EIC code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Check if Social Security number is **not** valid for employment ☐

Check if this person is **not** a qualifying child for the child tax credit ☐

Check if this person is **not** a qualifying person for the credit for other dependents ☐

Dependent has ITIN ☐

Part III – Dependent Care Expenses

Qualified child or dependent care expenses incurred and paid in 2021 18,000.
Unreimbursed medical expenses paid for qualifying person in 2021 _____
Employment taxes paid for dependent care providers in 2021 _____
Child or dependent is a qualifying person for the child and dependent care credit ☒ Yes ☐ No
Child is a nondependent, but may qualify for the child and dependent care credit ☐ Yes ☐ No

Part V – Dependent's State Residency Information

Enter this person's state of residence as of December 31, 2021 _____
Check the appropriate box:
This person is a resident of the state above for the entire year ☐
This person is a resident of the state above for only part of year ☐
 Date this person established residence in state above ► _____
 In which state (or foreign country) did this person reside before this change? ► _____

Part VI – Identity Protection Pin

If the IRS sent an Identity Protection PIN for this dependent, enter it here _____

Part-Year Resident State Allocation Worksheet

2021

► Keep for your records

Check the box to activate this worksheet ☐

Name(s) Shown on Return ABHILASH R MEKALA & SHRAVYA MARANGANTI	Social Security Number 658-20-5589
--	--

INCOME	Federal Amount	Resident State	Source State	Allocated Amount
1 T Wages, salaries, tips				
S Wages, salaries, tips				

* Enter state of source only if income is associated with a trade or a business ▼

	Federal Amount	Residency Info			* Src St	Allocated Amount
		From mm/dd	To mm/dd	Res St		
2 T Taxable interest						
S Taxable interest						
3 T Dividends						
S Dividends						
4 T State/local tax refund						
S State/local tax refund						
5 T Alimony received						
S Alimony received						

* Enter the state of source for this income ▼

INCOME (continued)	Federal Amount		Residency Info			* Src St	Allocated Amount
	Total	Subtotal	From mm/dd	To mm/dd	Res St		
6 T Business inc or loss .							
S Business inc or loss .							
7 T Farm income or loss .							
S Farm income or loss .							
8 Total Schedule E. T		See Sch E Income Allocation Smart Worksheet					
S							

* Enter the state of source for this income (See Tax Help) ▼

INCOME (continued)	Federal Amount	Residency Info			* Src St	Allocated Amount
		From mm/dd	To mm/dd	Res St		
9 T Capital gain or loss						
S Capital gain or loss						
10 T Other gains/losses						
S Other gains/losses						
11 T Unemployment compensation .						
S Unemployment compensation .						

	Federal Amount	Residency Info			Allocated Amount
		From mm/dd	To mm/dd	Res State	
12 T Taxable IRA distributions					
S Taxable IRA distributions					
13 T Taxable pensions/annuities . . .					
S Taxable pensions/annuities . . .					
14a T Taxable social security benefits .					
S Taxable social security benefits .					
b T Taxable railroad retirements . .					
S Taxable railroad retirements . .					
15 Total other income T					
S					
16 Total Income. T					
S					

ADJUSTMENTS	Federal Amount	Residency Info			Allocated Amount
		From mm/dd	To mm/dd	Res St	
17 T Educator expenses					
S Educator expenses					
18 Certain business expenses T					
S					
19 T Health savings account deduction . . .					
S Health savings account deduction . . .					
20 T Moving expenses					
S Moving expenses					
21 T Penalty - early withdrawal of savings . .					
S Penalty - early withdrawal of savings . .					

ADJUSTMENTS (continued)	Federal Amount	Residency Info			Allocated Amount
		From mm/dd	To mm/dd	Res St	
22 T Alimony paid S Alimony paid					
23 T IRA deduction S IRA deduction					
24 T Student loan interest deduction S Student loan interest deduction					

* Enter the state of source for this adjustment ▼

ADJUSTMENTS (continued)	Federal Amount	Residency Info			* Src St	Allocated Amount
		From mm/dd	To mm/dd	Res St		
25 T Self-employment tax						
S Self-employment tax						
26 T SEP, SIMPLE and qualified plans .						
S SEP, SIMPLE and qualified plans .						
27 T Self-employed health insurance . .						
S Self-employed health insurance . .						
28 T Reserved						
S Reserved						
29 Other adjustments T						
S						
	Federal Amount	From mm/dd	To mm/dd	Res St		Allocated Amount
30 Total adjustments T						
S						
31 Adjusted gross income T						
S						

► Keep for your records

Name(s) Shown on Return

ABHILASH R MEKALA & SHRAVYA MARANGANTI

Social Security Number

658-20-5589

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	401,056.	208,393.	609,449.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages.			
	Unreported tips.	0.	0.	0.
2	Total federal tax withheld	81,368.	42,035.	123,403.
3 & 7	Total social security wages/tips	142,800.	142,800.	285,600.
4	Total social security tax withheld	8,854.	8,854.	17,708.
5	Total Medicare wages and tips	420,555.	226,064.	646,619.
6	Total Medicare tax withheld	8,083.	3,513.	11,596.
8	Total allocated tips			
9	Not used			
10 a	Total dependent care benefits			
b	Offsite dependent care benefits			
c	Onsite dependent care benefits			
11	Total distributions from nonqualified plans . . .			
12 a	Total from Box 12	37,846.	17,671.	55,517.
b	Elective deferrals to qualified plans	19,499.	17,671.	37,170.
c	Roth contrib. to 401(k), 403(b), 457(b) plans. .			
d	Deferrals to government 457 plans			
e	Deferrals to non-government 457 plans			
f	Deferrals 409A nonqual deferred comp plan. .			
g	Income 409A nonqual deferred comp plan. . .			
h	Uncollected Medicare tax			
i	Uncollected social security and RRTA tier 1 . .			
j	Uncollected RRTA tier 2			
k	Income from nonstatutory stock options			
l	Non-taxable combat pay			
m	QSEHRA benefits			
n	Total other items from box 12	18,347.		18,347.
14 a	Total deductible mandatory state tax		1,540.	1,540.
b	Total deductible charitable contributions			
c	This line does not apply to TurboTax			
d	Total RR Compensation			
e	Total RR Tier 1 tax			
f	Total RR Tier 2 tax			
g	Total RR Medicare tax			
h	Total RR Additional Medicare tax			
i	Total RRTA tips.			
j	Total other items from box 14	197,724.		197,724.
k	Total sick leave subject to \$511 limit			
l	Total sick leave subject to \$200 limit			
m	Total emergency family leave wages			
16	Total state wages and tips	401,056.	208,393.	609,449.
17	Total state tax withheld	37,107.	17,416.	54,523.
19	Total local tax withheld.			

Name
ABHILASH R MEKALASocial Security Number
658-20-5589**Spouse's W-2****Do not transfer this W-2 to next year****Military:** Complete **Part VI** on Page 2 below.**a** Employee's social security no. . **658-20-5589****b** Employer ID number (EIN). . . **20-1665019****c** Employer's name, address, and ZIP code**Meta Platforms, Inc.**Street **1 Hacker Way**City **Menlo Park**State **CA** ZIP Code **94025**

Foreign Province _____

Foreign Postal Code _____

Foreign Country _____

d Control number . **0000054088NCR****Transfer employee information from
the Federal Information Worksheet****e** Employee's nameFirst **ABHILASH**M.I. **R**Last **MEKALA**

Suff. _____

f Employee's address and ZIP codeStreet **175 Poplar Ave**City **San Bruno**State **CA** ZIP Code **94066**

Foreign Province _____

Foreign Postal Code _____

Foreign Country _____

1 Wages, tips, other
compensation**401,056.24****3** Social security wages**142,800.00****5** Medicare wages and tips**420,554.94****7** Social security tips► Enter unreported tips in **Part VII** on Page 2 below.**2** Federal income
tax withheld**81,368.13****4** Social security tax withheld**8,853.60****6** Medicare tax withheld**8,083.04****8** Allocated tips**9****10** Dependent care benefits**11** Nonqualified plansDistributions from sect. 457
and nonqualified plans
(Important, see Help)**12** Enter box 12 below**13**☐ Statutory employee☒ Retirement plan☐ Third-party sick pay**14** Enter box 14 below **after** entering boxes 18, 19, and 20.**NOTE:** Enter box 15 **before** entering box 14.

Box 12 Code	Box 12 Amount	If Box 12 code is:
C	592.85	A: Enter amount attributable to RRTA Tier 2 tax .
D	19,498.70	M: Enter amount attributable to RRTA Tier 2 tax .
DD	17,754.36	P: Double-click to link to Form 3903, line 4 . . .
		R: Enter MSA contribution for Taxpayer
		Spouse
		W: Enter HSA contribution for Taxpayer
		Spouse
		G: Is employer a state or local government? Yes <input type="checkbox"/> No <input type="checkbox"/>

Box 15 State	Box 15 Employer's state I.D. number	Box 16 State wages, tips, etc.	Box 17 State income tax
CA	24293573	401,056.24	37,107.37

I confirm that the state withholding identification number(s) are accurate ☐

Box 20 Locality name	Box 18 Local wages, tips, etc.	Box 19 Local income tax	Associated State

Box 14 Description or Code on Actual Form W-2	Amount	TurboTax Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select "Other".)
VPDI	1,539.38	California VPDI tax
RSU	196,184.99	Other (not classified)

Name

SHRAVYA MARANGANTI

Social Security Number

329-06-7412

**Spouse's W-2****Do not transfer this W-2 to next year****Military: Complete Part VI on Page 2 below.****a** Employee's social security no. . . 329-06-7412**b** Employer ID number (EIN). . . 71-0794409**c** Employer's name, address, and ZIP code

WAL-MART ASSOCIATES, INC.

Street 702 SW 8TH STREET

City BENTONVILLE

State AR ZIP Code 72716-0135

Foreign Province

Foreign Postal Code

Foreign Country

d Control number .**Transfer employee information from the Federal Information Worksheet****e** Employee's name

First SHRAVYA

M.I.

Last MARANGANTI

Suff.

f Employee's address and ZIP code

Street 175 POPLAR AVE

City SAN BRUNO

State CA ZIP Code 94066

Foreign Province

Foreign Postal Code

Foreign Country

1 Wages, tips, other compensation

208,392.97

3 Social security wages

142,800.00

5 Medicare wages and tips

226,064.25

7 Social security tips

0.00

► Enter unreported tips in Part VII on Page 2 below.

2 Federal income tax withheld

42,035.42

4 Social security tax withheld

8,853.60

6 Medicare tax withheld

3,512.51

8 Allocated tips**9****10** Dependent care benefits**11** Nonqualified plans**12** Enter box 12 below**13** ☐ Statutory employee☒ Retirement plan☐ Third-party sick pay**14** Enter box 14 below **after** entering boxes 18, 19, and 20.**NOTE:** Enter box 15 **before** entering box 14.

Box 12 Code	Box 12 Amount	If Box 12 code is:
D	17,671.28	A: Enter amount attributable to RRTA Tier 2 tax . . .
		M: Enter amount attributable to RRTA Tier 2 tax . . .
		P: Double-click to link to Form 3903, line 4 . . .
		R: Enter MSA contribution for Taxpayer . . .
		Spouse
		W: Enter HSA contribution for Taxpayer . . .
		Spouse
		G: Is employer a state or local government? Yes <input type="checkbox"/> No <input type="checkbox"/>

Box 15 State	Box 15 Employer's state I.D. number	Box 16 State wages, tips, etc.	Box 17 State income tax
CA	427 5978 7	208,392.97	17,416.49

I confirm that the state withholding identification number(s) are accurate ☐

Box 20 Locality name	Box 18 Local wages, tips, etc.	Box 19 Local income tax	Associated State

Box 14 Description or Code on Actual Form W-2	Amount	TurboTax Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select "Other".)
CASDI	1,539.58	California SDI tax

Forms 1099-MISC / 1099-NEC Summary

2021

► Keep for your records

Name(s) Shown on Return ABHILASH R MEKALA & SHRAVYA MARANGANTI	Social Security Number 658-20-5589
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Box	Description	Taxpayer	Spouse	Total
	Form 1099-MISC Summary			
1	Total Rents			
	► Schedule C			
	► Schedule E			
	► Form 4835			
	► Other Income			
2	Total Royalties			
	► Schedule C			
	► Schedule E			
3	Total Other income			
	► Schedule C			
	► Schedule F			
	► Form 4835			
	For Form 1040:			
	► Winnings (Prizes, etc.)			
	► Tribal Gaming			
	► Alaska Permanent Fund			
	► Other Income			
4	Federal tax withheld			
5	Fishing boat proceeds			
6	Medical and health care payments			
8	Substitute payments			
9	Total Crop insurance proceeds			
	► Schedule F			
	► Form 4835			
10	Gross proceeds paid to an attorney			
	► Taxable amount			
11	Fish purchased for resale			
12	Section 409A deferrals			
13	Excess golden parachute payments			
14	Nonqualified deferred compensation			
15	State tax withheld — total			
Total	Boxes 1-3, 5-14.			
	Form 1099-NEC Summary			
1	Total Nonemployee compensation			
	► Schedule C			
	► Schedule F			
	► Wages			
	► Other Income			
4	Federal tax withheld			
5	State tax withheld — total			

Form 1099-R Summary
 ► Keep for your records

2021

Name(s) Shown on Return ABHILASH R MEKALA & SHRAVYA MARANGANTI	Social Security No. 658-20-5589
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Traditional IRA Distributions			Taxpayer	Spouse
Gross	1	Total gross distributions from box 1 of Form 1099-R . . .		
	a	Less: Amounts rolled over		
	b	Less: Inherited and treat as own		
	c	Less: Other inherited IRA amount		
	d	Less: Return of contributions		
	e	Less: Qualified charitable distributions		
	f	Less: HSA funding distributions		
	2	Balance of gross traditional IRA distributions		
	a	Gross distribution transferred to Form 8915E, 3(a) . . .		
	b	Gross distribution transferred to Form 8915E, 3(a) . . .		
	c	Gross distribution transferred to Form 8915D, 3(a) . . .		
	d	Gross distribution transferred to Form 8915C, 3(a) . . .		
	e	Qualified disaster distributions		
	f	Less: Amount rolled over		
	g	Gross distribution transferred to Form 8915E, 3(b) . . .		
h	Gross distribution transferred to Form 8915E, 3(b) . . .			
i	Gross distribution transferred to Form 8915D, 3(b) . . .			
j	Gross distribution transferred to Form 8915C, 3(b) . . .			
k	Less: Amount rolled over			
3	Amount of line 2 converted to a Roth IRA			
4	Net amount of line 2 converted to a Roth IRA			
5	Amount of line 2 not converted to a Roth IRA			
Taxable	6	Earnings on return of contributions		
	7	Taxable amount of inherited IRAs on line 1c		
	8	Taxable amount not converted to Roth IRA		
	9	Taxable amount of Roth IRA conversions		
	10	Taxable amount included on Form 1040, line 4b		
	11	If checked, taxable amount calculated on Form 8606 . .	<input type="checkbox"/>	<input type="checkbox"/>

Roth IRA Distributions

Gross	12	Total gross distributions from box 1 of Form 1099-R . .		
	a	Less: Rollover to another Roth IRA		
	b	Less: Inherited and treat as own		
	c	Less: Other inherited Roth IRA amount		
	d	Less: Return of contributions		
	e	Qualified disaster distribution		
	13	Roth IRA distributions subject to distribution rules . . .		
Qualified	14	Total gross qualified distributions		
	a	Less: Rollover to another Roth IRA		
	b	Less: Inherited and treat as own		
	c	Less: Other inherited Roth IRA amount		
	15	Qualified distributions subject to distribution rules . . .		
Taxable	16	Net nonqualified distributions for Form 8606		
	17	Earnings on return of contributions		
	18	Taxable amount of inherited Roth IRAs on line 12c . . .		
	19	Taxable earnings on nonqualified distributions		
	20	Taxable amount included on Form 1040, line 4b		

IRA Qualified Disaster Distributions From Forms 8915-B, C, D, E

Taxable	20 a	Qualified distributions on Form 1040, line 4b		
----------------	-------------	---	--	--

Recharacterizations (See Help)

Gross	21 a	2021 form code N (included on Form 1040, line 4a) . . .		
	b	2022 form code R (not included on 1040, line 4a) . . .		

Pensions and Annuities			Taxpayer	Spouse
Gross	22	Total gross distributions from box 1 of Form 1099-R . . .		
	a	Less: Lump sum transferred to Form 4972		
	b	Less: Amount not reported on Form 1040, line 4c		
	c	Designated Roth distribution allocated to an IRR		
	23	Amount of line 22 converted to a Roth IRA		
	24	Distributions from Canada RRP Wks, line 7a		
	25	Gross distribution transferred to Form 1040, line 4c		
	a	Less: Amount rolled over		
	b	Amount attributable to an in-plan Roth rollover		
	c	Gross distribution transferred to Form 8915E, 2(a)		
	d	Gross distribution transferred to Form 8915E, 2(a)		
	e	Gross distribution transferred to Form 8915D, 2(a)		
	f	Gross distribution transferred to Form 8915C, 2(a)		
	g	Qualified disaster distribution		
	h	Less: Amount rolled over		
	i	Gross distribution transferred to Form 8915E, 2(b)		
	j	Gross distribution transferred to Form 8915E, 2(b)		
k	Gross distribution transferred to Form 8915D, 2(b)			
l	Gross distribution transferred to Form 8915C, 2(b)			
Taxable	26	Taxable amount in box 2a, Form 1099-R		
	a	Taxable amount rolled over		
	b	Non-taxable amount rolled over		
	c	Designated Roth contribution basis rolled to Roth IRA		
	d	Insurance premiums for retired public safety officers		
	e	Qualified disaster amount to Form 8915C, D, E		
	27	Lump sum amount transferred to Form 4972		
	28	Amount transferred to Form 1040, line 1		
	a	Disability before minimum retirement age		
	b	Return of contributions		
	c	Insurance premiums for retired public safety officers		
	29	Nontaxable amount from Simplified Method		
	30	Capital gains from charitable gift annuities		
	a	Capital gain subject to the 28% rate		
	b	Unrecaptured section 1250 gain		
	31	Taxable amount of Roth IRA conversions		
	a	Taxable amount of in-plan Roth rollovers		
32 a	Taxable amount of distributions			
b	Taxable distributions from Canada RRP Wks, line 7b			
c	Taxable disaster distributions from Form 8915C, D, E			
d	Taxable amount transferred to Form 1040, line 4d			

Section 1035 Tax-free Exchange

Pensions IRAs	33	Total gross distributions from box 1 of Form 1099-R . . .		
	34	Total gross distributions from box 1 of Form 1099-R . . .		

Distributions on 2021 1099-Rs Not Reported on the 2021 Return

Code P	35	Distribution reported on 2020 tax return		
Code R	36	Recharacterizations of prior year contributions or conversions. Need not be reported on tax return.		

Tax Withholding

Box 4	37	Total federal tax withheld		
Box 14	38	Total state tax withheld		
Box 17	39	Total local tax withheld		

Nontaxable Distributions for Sales Tax Deduction

	40	Nontaxable IRA distributions		
	41	Nontaxable pension distributions		

Health Insurance Premiums

	42	Health insurance deductible on Schedule A		
--	-----------	---	--	--

Taxable Distributions included in Net Investment Income

	43	Annuity payments and other distributions that may be subject to the net investment income tax		
--	-----------	---	--	--

Wages, Salaries, & Tips Worksheet

2021

► Keep for your records

Name(s) Shown on Return ABHILASH R MEKALA & SHRAVYA MARANGANTI	Social Security Number 658-20-5589
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The following amounts are included in the total entered on line 1 of Form 1040 or on line 8 of Form 1040NR:

	Taxpayer	Spouse	Total
1 Wages, from Form W-2	401,056.	208,393.	609,449.
2 Miscellaneous income, from Form 8919			
3 Items from Form 1099-R:			
a Disability before minimum retirement age . . .			
b Return of contributions			
4 Excess reimbursement, from Form 2106			
5 a Taxable tips, from Form 4137			
b Noncash tips			
6 Excess moving expense reimbursement, from Form 3903			
7 Wages earned as a household employee (if less than \$2,100 and without a Form W-2) . .			
8 Items not on Form W-2 or Form 1099-R:			
a Sick pay or disability payments			
b Total foreign source income			
c Check this box if the amount on line 8b is eligible for the foreign exclusion/deduction . ►	<input type="checkbox"/>	<input type="checkbox"/>	
d Ordinary income from employer stock transactions not reported on Form W-2			
9 Other earned income:			
a Non-gov unemployment received/repaid 2021			
b _____			

10 Subtotal. Add lines 1 through 9	401,056.	208,393.	609,449.
11 Taxable employer-provided dependent care benefits, from Form 2441			
12 Taxable employer-provided adoption benefits less any excluded benefits from Form 8839 . .			
13 Scholarship/fellowship income not on Form W-2			
14 Other non-earned income:			

15 Total of lines 10 through 14	401,056.	208,393.	609,449.

Qualified Business Income Deduction Summary

2021

► Keep for your records

Name(s) Shown on Return ABHILASH R MEKALA & SHRAVYA MARANGANTI	Social Security Number 658-20-5589
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QuickZoom to QBI Component Worksheet ► _____
QuickZoom to Form 8995. ► _____
QuickZoom to Form 8995-A ► _____

1 Trade or business name _____ Net QBI _____

2 Net qualified business income (QBI) from qualified trades or businesses _____
3 Loss from previous year _____
4 Sum of activities with gains (only positive amounts from table on line 1) _____
5 Sum of activities with losses (only negative amounts from table on line 1) _____

6 Check if using Simplified Computation (Form 8995) ☐

7 QBI component from Form 8995 line 5 or Form 8995A line 16 _____
8 QBI loss carryover from Form 8995 line 16 or Form 8995A Schedule C line 6 _____

9 Total REIT dividends _____
10 PTP Income from non-SSTBs _____
11 PTP Income from SSTBs _____
12 Allowed PTP Income from SSTBs _____
13 Total Allowed PTP income (sum of line 10 and line 12) _____
14 Carryover REIT/PTP losses from prior year _____
15 Total REIT/PTP income _____
16 20% of total REIT/PTP income _____
17 Disallowed REIT/PTP loss _____

18 Combined QBI Amount (QBI component plus 20% of REIT/PTP income). _____

19 Taxable income before qualified business income deduction. _____
20 Net capital gains 0. _____
21 Taxable income minus net capital gains. If zero or less, enter -0- _____
22 20% of taxable income minus net capital gains _____

23 QBI deduction before DPAD. _____
Lesser of Combined QBI Amount or 20% of taxable income minus cap gains

24 Section 199A(g) deduction for domestic production activities _____

25 **Total 199A (QBI) deduction** (sum of lines 23 and 24) _____

Schedule D
Line 19

Unrecaptured Section 1250 Gain Worksheet

2021

► Keep for your records

Name(s) Shown on Return

ABHILASH R MEKALA & SHRAVYA MARANGANTI

Social Security Number

658-20-5589

		Regular Tax	Alternative Minimum Tax
If you are not reporting a gain on Form 4797, line 7, skip lines 1 through 9 and go to line 10.			
1	If you have a section 1250 property in Part III of Form 4797 for which you made an entry in Part I of Form 4797 (but not Form 6252), enter the smaller of line 22 or line 24 of Form 4797 for that property. If you did not have any such property, go to line 4.	1	
2	Enter the amount from Form 4797, line 26g, for the property for which you made an entry on line 1	2	
3	Subtract line 2 from line 1	3	
4	Enter the total unrecaptured section 1250 gain included on lines 26 or 37 of Form(s) 6252 from installment sales of trade or business property held more than one year	4	
5	Enter the total of any amounts reported on a Schedule K-1 from a partnership or an S corporation as "unrecaptured section 1250 gain".	5	
6	Add lines 3 through 5	6	
7	Enter the smaller of line 6 or the gain from Form 4797, line 7	7	
8	Enter the amount, if any, from Form 4797, line 8	8	
9	Subtract line 8 from line 7. If zero or less, enter -0-	9	
10	Enter the amount of any gain from sale of an interest in a partnership attributable to unrecaptured section 1250 gain.	10	
11	Enter the total of any amounts reported to you as "unrecaptured section 1250 gain" from an estate, trust, real estate investment trust or mutual fund		
	Regular AMT		
a	On Form 1099-DIV		
b	On Form 2439		
c	On Schedule(s) K-1		
d	On Form 1099-R		
e	From Form 8814		
f	Other.		
	Total	11	
12	Enter the total of any unrecaptured section 1250 gain from sales (including installment sales) or other dispositions of section 1250 property held more than 1 year for which you did not make an entry in Part I of Form 4797 for the year of sale	12	
13	Add lines 9 through 12.	13	
14	If you had any section 1202 gain or collectibles gain or (loss), enter the total of lines 1 thru 4 of the 28% Rate Gain Worksheet . Otherwise, enter -0-	14	0.
15	Enter the (loss), if any, from Schedule D, line 7. If Schedule D, line 7, is zero or a gain, enter -0-	15	-5,577.
16	Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), line 11, code D	16	0.
a	Enter your capital gain excess, if you are filing Form 2555	a	0.
17	Combine lines 14 through 16a. If the result is a (loss), enter it as a positive amount. If the result is zero or a gain, enter -0-	17	5,577.
18	Unrecaptured section 1250 gain. Subtract line 17 from line 13. If zero or less, enter -0-. If more than zero, enter the result here and on Schedule D, line 19.	18	

Schedule D
Line 18

28% Rate Gain Worksheet

► Keep for your records

2021

Name(s) Shown on Return ABHILASH R MEKALA & SHRAVYA MARANGANTI	Social Security Number 658-20-5589
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				Regular Tax	Alternative Minimum Tax
1	Enter the total of all collectibles gain or (loss) from items you reported on Form 8949, Part II	1			
2	Enter as a positive number the amount of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 50% of the gain, plus 2/3 of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 60% of the gain, plus 1/3 of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 75% of the gain.				
	<div style="display: flex; justify-content: space-around;"> <div>50 % Exclusion</div> <div>60 % Exclusion</div> <div>75% Exclusion</div> </div>				
a	Schedule D . . .				
b	Form 8814 . . .				
c	Schedule B . . .				
d	Form 6252 . . .				
e	Form 2439 . . .				
f	Other				
	Total	2			
3	Enter the total of all collectibles gain or (loss) from:				
	<div style="display: flex; justify-content: space-around;"> <div>Regular</div> <div>AMT</div> </div>				
a	Form 4684, line 4 (but only if line 15 is more than zero)				
b	Form 6252				
c	Form 6781, Part II				
d	Form 8824				
	Total	3			
4	Enter the total of any collectibles gain reported to you on:				
	<div style="display: flex; justify-content: space-around;"> <div>Regular</div> <div>AMT</div> </div>				
a	Form 1099-DIV, box 2d . . .				
b	Form 2439, box 1d				
c	Schedule K-1 from a partnership, S corporation, estate, or trust				
d	Disposition of interest in partnership or S corporation				
e	Other				
	Total	4			
5	Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), line 11, code C	5			
6	If Schedule D, line 7, is a (loss), enter that (loss) here. Otherwise, enter -0-.	6			
7	Combine lines 1 through 6. If zero or less, enter -0-. If more than zero, also enter this amount on Schedule D, line 18	7			
8	Enter the amount of any capital gain excess	8			0.
9	Subtract line 8 from line 7. If zero or less, enter -0-. Enter this amount on Schedule D Tax Worksheet, line 11a	9	0.		0.

Name(s) Shown on Return
ABHILASH R MEKALA & SHRAVYA MARANGANTISocial Security Number
658-20-5589

1 a	Enter your taxable income from Form 1040, line 15	1 a	559,211.
b	Enter amount on line 2c of your (and spouse's) Foreign Earned Income Tax Wksht . . .	b	
c	Add lines 1a and 1b	1 c	559,211.
2 a	Enter your qualified dividends from Form 1040, line 3a	2 a	49.
b	Enter any capital gain excess attributable to qualified dividends	b	
c	Subtract line 2b from line 2a	2 c	49.
3	Amount from Form 4952, line 4g	3	
4 a	Amount from Form 4952, line 4e	4 a	
b	Amount from the dotted line next to Form 4952, line 4e	b	
c	Line 4b, if applicable, 4a, if not	c	
5	Subtract line 4c from line 3	5	0.
6	Subtract line 5 from line 2c. If zero or less, enter -0-	6	49.
7 a	Enter line 15 of Schedule D	7 a	57.
b	Enter line 16 of Schedule D	b	-5,520.
c	Enter the smaller of line 7a or line 7b	7 c	0.
8	Enter the smaller of line 3 or line 4c	8	
9 a	Subtract line 8 from line 7	9 a	0.
b	Enter any capital gain excess attributable to capital gains	b	
c	Subtract line 9b from line 9a	9 c	0.
10	Add lines 6 and 9c	10	49.
11 a	Enter the amount from Schedule D, line 18	11 a	0.
b	Enter the amount from Schedule D, line 19	b	
c	Add lines 11a and 11b	11 c	0.
12	Enter the smaller of line 9c or line 11c	12	0.
13	Subtract line 12 from line 10	13	49.
14	Subtract line 13 from line 1c. If zero or less, enter -0-	14	559,162.
15	Enter: <ul style="list-style-type: none">• \$40,400 if single or married filing separately,• \$80,800 if married filing jointly or qualifying widow(er), or• \$54,100 if head of household.	15	80,800.
16	Enter the smaller of line 1c or line 15	16	80,800.
17	Enter the smaller of line 14 or line 16	17	80,800.
18	Subtr ln 10 from ln 1c. If zero or less, enter -0-	18	559,162.
19	Enter the smaller of line 1c or: <ul style="list-style-type: none">• \$164,925 if single or married filing sep,• \$329,850 if MFJ or qual widow(er), or• \$164,900 if head of household.	19	329,850.
20	Enter the smaller of line 14 or line 19	20	329,850.
21	Enter the larger of line 18 or line 20	21	559,162.
22	Subtract line 17 from line 16. This amount is taxed at 0%	22	0.
If lines 1c and 16 are the same, skip lines 23 through 43 and go to line 44. Otherwise, go to line 23.			
23	Enter the smaller of line 1c or line 13	23	49.
24	Enter the amount from line 22 (if line 22 is blank, enter -0-)	24	0.
25	Subtract line 24 from line 23. If zero or less, enter -0-	25	49.
26	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.	26	501,600.
27	Enter the smaller of line 1c or line 26	27	501,600.
28	Add lines 21 and 22	28	559,162.
29	Subtract line 28 from line 27. If zero or less, enter -0-	29	0.
30	Enter the smaller of line 25 or line 29	30	0.
31	Multiply line 30 by 15% (0.15)	31	0.
32	Add lines 24 and 30	32	0.
If lines 1 and 32 are the same, skip lines 33 through 43 and go to line 44. Otherwise, go to line 33			
33	Subtract line 32 from line 23	33	49.
34	Multiply line 33 by 20% (0.20)	34	10.
If Schedule D, line 19, is zero or blank, skip lines 35 through 40 and go to line 41. Otherwise, go to line 35.			
35	Enter the smaller of line 9c above or Schedule D, line 19	35	
36	Add lines 10 and 21	36	
37	Enter the amount from line 1c above	37	

38	Subtract line 37 from line 36. If zero or less, enter -0-	38	_____
39	Subtract line 38 from line 35. If zero or less, enter -0-	39	_____
40	Multiply line 39 by 25% (0.25)	40	_____
If Schedule D, line 18, is zero or blank, skip lines 41 through 43 and go to line 44. Otherwise, go to line 41.			
41	Add lines 21, 22, 30, 33, and 39	41	_____
42	Subtract line 41 from line 1c	42	_____
43	Multiply line 42 by 28% (0.28)	43	_____
44	Figure the tax on the amount on line 21 . If the amount on line 21 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 21 is \$100,000 or more, use the Tax Computation Worksheet	44	<u>144,795.</u>
45	Add lines 31, 34, 40, 43, and 44	45	<u>144,805.</u>
46	Figure the tax on the amount on line 1c . If the amount on line 1c is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1c is \$100,000 or more, use the Tax Computation Worksheet	46	<u>144,812.</u>
47	Tax on all taxable income (including capital gains and qualified dividends). Enter the smaller of line 45 or line 46. Also include this amount on Form 1040, line 16	47	<u>144,805.</u>

Form 1040 Qualified Dividends and Capital Gain Tax Worksheet
Line 16 ▶ Keep for your records

2021

Name(s) Shown on Return ABHILASH R MEKALA & SHRAVYA MARANGANTI	Social Security Number 658-20-5589
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1	Enter the amount from Form 1040 or 1040-SR, line 15.	1	<u>559,211.</u>
2	Enter the amount from Form 1040 or 1040-SR, line 3a	2	<u>49.</u>
3	Are you filing Schedule D?		
	<input checked="" type="checkbox"/> Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or loss, enter -0-		
	3 <u>0.</u>		
	<input type="checkbox"/> No. Enter the amount from Form 1040 or 1040-SR, line 7.		
4	Add lines 2 and 3	4	<u>49.</u>
5	Subtract line 4 from line 1. If zero or less, enter -0-	5	<u>559,162.</u>
6	Enter:		
	\$40,400 if single or married filing separately, \$80,800 if married filing jointly or qualifying widow(er), \$54,100 if head of household.	6	<u>80,800.</u>
7	Enter the smaller of line 1 or line 6	7	<u>80,800.</u>
8	Enter the smaller of line 5 or line 7	8	<u>80,800.</u>
9	Subtract line 8 from line 7 (this amount taxed at 0%)	9	<u>0.</u>
10	Enter the smaller of line 1 or line 4	10	<u>49.</u>
11	Enter the amount from line 9	11	<u>0.</u>
12	Subtract line 11 from line 10.	12	<u>49.</u>
13	Enter:		
	\$445,850 if single, \$250,800 if married filing separately, \$501,600 if married filing jointly or qualifying widow(er), \$473,750 if head of household.	13	<u>501,600.</u>
14	Enter the smaller of line 1 or line 13	14	<u>501,600.</u>
15	Add lines 5 and 9	15	<u>559,162.</u>
16	Subtract line 15 from line 14. If zero or less, enter -0-	16	<u>0.</u>
17	Enter the smaller of line 12 or line 16	17	<u>0.</u>
18	Multiply line 17 by 15% (0.15)	18	<u>0.</u>
19	Add lines 9 and 17	19	<u>0.</u>
20	Subtract line 19 from line 10	20	<u>49.</u>
21	Multiply line 20 by 20% (0.20)	21	<u>10.</u>
22	Figure the tax on the amount on line 5. If the amount on line 5 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 5 is \$100,000 or more, use the Tax Computation Worksheet.		
		22	<u>144,795.</u>
23	Add lines 18, 21, and 22	23	<u>144,805.</u>
24	Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet.		
		24	<u>144,812.</u>
25	Tax on all taxable income. Enter the smaller of line 23 or line 24 here and on Form 1040 or 1040-SR, line 16.		
		25	<u>144,805.</u>

Schedule D
Lines 6 and 14

Capital Loss Carryover Worksheet

2021

Capital Loss Carryover from 2020 to 2021

► Keep for your records

Name(s) Shown on Return ABHILASH R MEKALA & SHRAVYA MARANGANTI	Social Security Number 658-20-5589
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		Regular Tax	Alternative Minimum Tax
1	Enter the amount from your 2020 Form 1040, line 15. If a loss, enter as a negative amount	1 325,591.	335,591.
2	Enter the loss from your 2020 Schedule D, line 21, as a positive amount	2 3,000.	3,000.
3	Combine lines 1 and 2. If zero or less, enter -0-.	3 328,591.	338,591.
4	Enter the smaller of line 2 or line 3	4 3,000.	3,000.
	If line 7 of your 2020 Schedule D is a loss, go to line 5; otherwise, enter -0- on line 5 and go to line 9.		
5	Enter the loss from your 2020 Schedule D, line 7, as a positive amount.	5 10,198.	10,202.
6	Enter any gain from your 2020 Schedule D, line 15. If a loss, enter -0-	6 1,453.	1,453.
7	Add lines 4 and 6	7 4,453.	4,453.
8	Short-term capital loss carryover for 2021. Subtract line 7 from line 5. If zero or less, enter -0-. If more than zero, also enter on Schedule D, line 6, as a negative amount ►	8 5,745.	5,749.
	If line 15 of your 2020 Schedule D is a loss, go to line 9; otherwise, skip lines 9 thru 13.		
9	Enter the loss from your 2020 Schedule D, line 15, as a positive amount	9	
10	Enter any gain from your 2020 Schedule D, line 7. If a loss, enter -0-	10 0.	0.
11	Subtract line 5 from line 4. If zero or less, enter -0-	11 0.	0.
12	Add lines 10 and 11	12 0.	0.
13	Long-term capital loss carryover for 2021. Subtract line 12 from line 9. If zero or less, enter -0-. If more than zero, also enter on Schedule D, line 14, as a negative amount ►	13 0.	0.

Capital Loss Carryforward Worksheet

2022

Capital Loss Carryforward from 2021 to 2022

► Keep for your records

Name(s) Shown on Return ABHILASH R MEKALA & SHRAVYA MARANGANTI		Social Security Number 658-20-5589	
		Regular Tax	Alternative Minimum Tax
1	Enter the amount from 2021 Form 1040, line 15. If a loss, enter as a negative amount	1 559,211.	569,211.
2	Enter the loss from 2021 Schedule D, line 21, as a positive amount	2 3,000.	3,000.
3	Combine lines 1 and 2. If zero or less, enter -0-.	3 562,211.	572,211.
4	Enter the smaller of line 2 or line 3	4 3,000.	3,000.
	If line 7 of 2021 Schedule D is a loss, go to line 5; otherwise, enter -0- on line 5 and go to line 9		
5	Enter the loss from 2021 Schedule D, line 7, as a positive amount.	5 5,577.	5,581.
6	Enter any gain from 2021 Schedule D, line 15. If a loss, enter -0-	6 57.	57.
7	Add lines 4 and 6	7 3,057.	3,057.
8	Short-term capital loss carryforward to 2022. Subtract line 7 from line 5. If zero or less, enter -0- ►	8 2,520.	2,524.
	If line 15 of Schedule D is a loss, go to line 9; otherwise, skip lines 9 thru 13.		
9	Enter the loss from 2021 Schedule D, line 15, as a positive amount	9	
10	Enter any gain from 2021 Schedule D, line 7. If a loss, enter -0-	10 0.	0.
11	Subtract line 5 from line 4. If zero or less, enter -0-	11 0.	0.
12	Add lines 10 and 11	12 0.	0.
13	Long-term capital loss carryforward to 2022. Subtract line 12 from line 9. If zero or less, enter -0- ►	13 0.	0.

Form 1099-B Worksheet

► Keep for your records

2021

Name(s) Shown on Return

ABHILASH R MEKALA & SHRAVYA MARANGANTI

Social Security No.

658-20-5589

Name of reporting financial institution ► COMPUTERSHAREAcct Number ► WMT:C1025136884 Reporter's Tax ID . . . ► 43-1912740Owner of account ► ☐Transactions were not reported to IRS ► ☐**Form 8949 Reporting Exception Transactions***Any transactions that are eligible to be reported directly on Schedule D, bypassing Form 8949, may be summarized here.***Box A transactions to report directly on Sch D, Line 1a (short term)****Box D transactions to report directly on Sch D, Line 8a (long term)**(Do **not** duplicate any transactions summarized above when making entries in the table below.)

Proceeds	Cost Basis

Brokerage Statement (Form 1099-B or substitute) Summary Table*Gains and losses by "8949 Box" (i.e. the Box to be checked on Form 8949) to assist in reconciling the transactions in the Quick Entry Table with a brokerage statement.*

8949 Box	Proceeds	Cost Basis	Gain/(Loss)	Adjustment Amt	Adj Gain/(Loss)	Code(s)
Box A	2,646.55	2,479.48	167.07	0.23	167.30	W
Short term sales with cost basis reported to the IRS						
Box D	328.95	324.94	4.01		4.01	
Long term sales with cost basis reported to the IRS						
Totals	2,975.50	2,804.42	171.08	0.23	171.31	

Form 8949 and Schedule D Totals*Totals gains/losses as they will appear on Form 8949 and Schedule D.**Note that these totals may differ from your statement to comply with IRS rounding instructions. (See help)*

Location on tax return	Proceeds	Cost Basis	Adjustment Amt	Code(s)	Adj Gain/(Loss)
Sch D, Line 1a					
Form 8949, Box A	2,647.00	2,479.00	0.00	W	168.00
Form 8949, Box B					
Form 8949, Box C					
Sch D, Line 8a					
Form 8949, Box D	329.00	325.00			4.00
Form 8949, Box E					
Form 8949, Box F					

Total Federal Backup Withholding State ID

State Backup Withholding

Total State Backup Withholding

Total Collectible Gain

Qualified Small Business (QSB) gain (Sec 1202)

Maximum 50% exclusion gain ►

Maximum 60% exclusion gain ►

Maximum 75% exclusion gain ►

Maximum 100% exclusion gain ►

Total Gain	Excluded Gain	Net Gain

PDF AttachmentTaxpayer must mail in a statement with more details? ☐ Yes ☒ No*If yes, you'll need to submit a copy of your 1099-B to the IRS to provide documentation for some of the transactions on your sales summary.*

Name(s) Shown on Return
ABHILASH R MEKALA & SHRAVYA MARANGANTI

Social Security No.
658-20-5589

Name of reporting financial institution ▶ COMPUTERSHARE
Acct Number ▶ WMT:C1025136884 Reporter's Tax ID . . . ▶ 43-1912740

Owner of account ▶
Transactions were not reported to IRS ▶ ☐

Quick Entry Table

If you have additional sale info to enter for a sale, double-click on any field in the table to QuickZoom to the associated Capital Gain (Loss) Adjustments Worksheet. (See field help for more details.)

Sale#	Property Description		Sales Price (Proceeds)	Cost or Other Basis	Disallowed Wash Sale
8949 Box	Date Sold	Date Acquired			
Adjustment Amount	Adjustment Code(s)	Holding Period	Basis Reported to IRS?	Reported on Form 1099B?	
Additional fields for use by Step-by-Step and Import only (See help)					
1	WMT	ES2	2.211000	Check here if this summarizes multiple sales. . . . ▶	
	11/02/21	VARIOUS	328.95	324.94	
		L	Yes	X	No
Check to use worksheet (see help) ▶			O		
					X
2	WMT	ES2	17.789000	Check here if this summarizes multiple sales. . . . ▶	
	11/02/21	VARIOUS	2,646.55	2,479.48	0.23
		S	Yes	X	No
Check to use worksheet (see help) ▶			O		
					X
			Check here if this summarizes multiple sales. . . . ▶		
			Yes	No	Yes
Check to use worksheet (see help) ▶					No
			Check here if this summarizes multiple sales. . . . ▶		
			Yes	No	Yes
Check to use worksheet (see help) ▶					No
			Check here if this summarizes multiple sales. . . . ▶		
			Yes	No	Yes
Check to use worksheet (see help) ▶					No
Sale(s) missing info?					

Sale Results

[illegible]

Name(s) Shown on Return ABHILASH R MEKALA & SHRAVYA MARANGANTI	Social Security No. 658-20-5589
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Brokerage Statement (Form 1099-B or substitute) Summary Table <i>Gains and losses by "8949 Box" (i.e. the Box to be checked on Form 8949) to assist in reconciling the transactions in the Quick Entry Table with a brokerage statement.</i>						
8949 Box	Proceeds	Cost Basis	Gain/(Loss)	Adjustment Amt	Adj Gain/(Loss)	Code(s)
Box A	2,646.55	2,479.48	167.07	0.23	167.30	W
Short term sales with cost basis reported to the IRS						
Box D	328.95	324.94	4.01		4.01	
Long term sales with cost basis reported to the IRS						
Totals	2,975.50	2,804.42	171.08	0.23	171.31	

Form 8949 and Schedule D Totals <i>Totals gains/losses as they will appear on Form 8949 and Schedule D.</i> <i>Note that these totals may differ from your statement to comply with IRS rounding instructions. (See help)</i>						
Location on tax return	Proceeds	Cost Basis	Adjustment Amt	Code(s)	Adj Gain/(Loss)	
Sch D, Line 1a						
Form 8949, Box A	2,647.00	2,479.00	0.00	W	168.00	
Form 8949, Box B						
Form 8949, Box C						
Sch D, Line 8a						
Form 8949, Box D	329.00	325.00			4.00	
Form 8949, Box E						
Form 8949, Box F						

PDF Attachment

Taxpayer must mail in a statement with more details? ☐ Yes ☒ No

IRA Contributions Worksheet

2021

► Keep for your records

Name(s) Shown on Return

ABHILASH R MEKALA & SHRAVYA MARANGANTI

Social Security Number

658-20-5589

Traditional IRA Contributions

Regular Traditional IRA Contributions		Taxpayer	Spouse
1	Enter traditional IRA contributions made for 2021, including any made between 1/1/2022 and 4/18/2022, any amounts later recharacterized to a Roth IRA, and any excess contributions, but not including any rollovers. Also include any contributions to deemed IRAs under an employer plan		
2	Contributions recharacterized from a Roth IRA (from line 24) . . .		
3	Traditional IRA contributions, from Schedule(s) K-1		
4	Contributions recharacterized (not converted) to a Roth IRA . . .		
►	If there is a recharacterization indicated on line 4, an explanation must be attached to the tax return.		
5	Traditional IRA contributions. Combine lines 1 through 4		
6	Enter any contribution included on line 5 withdrawn before the due date of the tax return. <i>See Help</i>		
7	Excess traditional IRA contribution credit.		
8	Repayments of qualified reservist distributions		
9	Total traditional IRA contributions.		
Additional Traditional IRA Contribution Information		Taxpayer	Spouse
10	Check if covered by a retirement plan at work. If married filing a separate return, check box in spouse column, if applicable . . .	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
11	Enter any contributions included on line 9 that were made during 1/1/2022 to 4/18/2022 (<i>See Help</i>).		
Deductible and Non-deductible Traditional IRA Contributions		Taxpayer	Spouse
12	Deductible traditional IRA contributions from worksheet.		
13	Nondeductible traditional IRA contributions from worksheet.		
	QuickZoom to worksheet indicated by the check: <input type="checkbox"/> IRA deduction worksheet ► <input type="checkbox"/> Worksheet for social security recipients ►		
14	Amount on line 13 you elect to make nondeductible		
15	Excess traditional IRA contributions, to Form 5329, line 15 Note: You may avoid a penalty by withdrawing the amount on line 15 before due date of return, including extensions.		
16	Deductible traditional IRA contributions, to Schedule 1 (Form 1040), Line 19.		
17	Qualified reservist repayments		
18	Nondeductible traditional IRA contributions, to Form 8606, ln 1. . .		

IRA Contributions Worksheet

2021

► Keep for your records

ABHILASH R MEKALA & SHRAVYA MARANGANTI

658-20-5589

Page 2

Roth IRA Contributions

Regular Roth IRA Contributions		Taxpayer	Spouse
19	Enter regular Roth IRA contributions made for 2021, including any made between 1/1/2022 and 4/18/2022, any amounts later recharacterized to a traditional IRA, and any excess contributions, but not including any rollovers or conversions. Also include any contributions to deemed Roth IRAs under an employer plan.		
20	Contributions recharacterized from a traditional IRA, (from In 4). . .		
21	Roth IRA contributions, from Schedule(s) K-1		
22	Enter contributions recharacterized to a traditional IRA.		
►	If there is a recharacterization indicated on line 23, an explanation must be attached to the tax return.		
23	Disallowed Roth IRA conversions		
24	Roth IRA contributions. Combine lines 20 through 23		
25	Enter any contribution included on line 24 withdrawn before the due date of the tax return. <i>See Help</i>		
26	Excess Roth IRA contribution credit		
27	Total Roth IRA contributions		
28	Repayments of qualified Roth reservist distributions		

Roth IRA Contributions After Limitations		Taxpayer	Spouse
29	Roth IRA contributions after limitation		
30	Excess Roth IRA contributions, to Form(s) 5329, line 23		
Note: You may avoid a penalty by withdrawing the amount on line 31 before due date of return, including extensions.			

Coverdell Education Savings Account (Education IRA) Contributions

Excess Coverdell Education Savings Account Contributions		Taxpayer	Spouse
31	Enter any excess contributions made to Coverdell Education Savings Accounts (ESAs) of which you are the beneficiary.		
Note: You do not need to report any Coverdell ESA contributions which are not excess contributions..			

IRA Deduction Worksheet

► Keep for your records

2021

Name(s) Shown on Return ABHILASH R MEKALA & SHRAVYA MARANGANTI		Social Security Number 658-20-5589	
If filing a joint return, complete lines 1, 2, 3, and 5 for both spouses even if only one spouse has an IRA contribution.		(a) Your IRA	(b) Spouse's IRA
1	Check if covered by a retirement plan at work.	<input type="checkbox"/>	<input type="checkbox"/>
2	Enter your wages and other earned income.		
3	Maximum contribution allowed.		
4	Enter traditional IRA contributions made, or will be made by April 18, 2022, for 2021 (<i>do not enter more than line 3</i>)		
5	Enter Roth IRA contributions made, or will be made by April 18, 2022, for 2021 (<i>do not enter more than line 3</i>)		
Complete the rest of this worksheet for each column only if an amount has been entered on line 4 for that column.			
If (1) you are not filing a joint return, or (2) line 2, column a equals line 2, column b, then skip lines 6 through 9 and enter the smaller of line 2 or line 4 on line 10.			
6	Enter the sum of line 2, columns a and b (enter in both columns if there is an entry on line 4 in both columns)		
7	Enter the sum of line 3, columns a and b (enter in both columns if there is an entry on line 4 in both columns) If line 7 is less than line 6, skip lines 8 and 9 and enter the amount from line 4 on line 10.		
8	In the column with the lower amount on line 2, enter the smaller of line 2 or the sum of line 4 and line 5 from the column with the higher amount on line 2		
9	In the column with the lower amount on line 2, subtract line 8 from line 6. In the column with the higher amount on line 2, enter the smaller of line 2 or line 4		
10	Enter the smaller of line 4 or line 9		
If line 1, column a is not checked and, if filing a joint return, line 1, column b is also not checked, skip lines 11 through 15 and enter the amount from line 10 on line 16.			
11	If filing a joint return, enter \$125,000 in the column with the box on line 1 checked, and enter \$208,000 in the column with the box on line 1 not checked. If single or head of household, enter \$76,000 in column a. If qualifying widow(er), enter \$125,000 in column a. If married filing separately, enter \$76,000 (\$10,000 if you lived with your spouse at any time during 2021) in column a		
12	Enter your modified adjusted gross income. If equal to or more than line 11, enter zero on line 15 and go to line 16		
13	Subtract line 12 from line 11. If the result is \$10,000 or more (\$20,000 or more if filing joint and the box on line 1 is checked, or if a qualifying widow(er)), enter the amount from line 3 on line 15 and go to line 16.		
14	Fraction of line 13 that is deductible		
15	Multiply line 13 by line 14. Round up to the next multiple of \$10. If less than \$200, enter \$200		
16	IRA deduction. Enter the smaller of line 10 or line 15.		

Roth IRA Contribution Limit Worksheet

2021

► Keep for your records

Name(s) Shown on Return ABHILASH R MEKALA & SHRAVYA MARANGANTI	Social Security Number 658-20-5589
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1	Enter your modified adjusted gross income	1	
2	Enter \$125,000 (\$198,000 if married filing jointly or qualifying widow(er), \$0 if married filing separately and you lived with your spouse at any time during the year)	2	
If line 1 is equal to or less than line 2, skip line 3 and 4, and go to line 5 if married filing a joint return, otherwise, go to line 7.			
3	Subtract line 2 from line 1. If the result is \$10,000 or more (\$15,000 or more if line 2 is \$125,000), skip line 4 through 15 and enter zero on line 16	3	
4	Divide line 3 by \$10,000 (\$15,000 if line 2 is \$125,000)	4	
If married filing a joint return, complete lines 5 and 6, otherwise, go to line 7.			
5	Enter your combined wages and other earned income	5	
6	Enter your combined maximum allowed contribution	6	

If filing a joint return, complete lines 7 through 10 for both spouses even if only one spouse has a Roth contribution.			(a) Your IRA	(b) Spouse's IRA
7	Enter your wages and other earned income	7		
8	Maximum contribution allowed	8		
9	Enter traditional IRA contributions made, or will be made by April 18, 2022, for 2021, whether or not they were deductible (<i>do not enter more than line 8</i>)	9		
10	Enter Roth IRA contributions made, or will be made by April 18, 2022, for 2021 (<i>do not enter more than line 8</i>)	10		
Complete the rest of this worksheet for each column only if an amount is entered on line 10 for that column. Complete lines 11 through 16 in the column with the higher amount on line 7 before completing the other column.				
11	In the column with the higher amount on line 7 (or in both if line 7, column a equals column b), enter smaller of line 8 or line 7. In the column with the lower amount on line 7, enter the amount from line 8 (or the amount from the special married filing joint worksheet, line H, if applicable)	11		
12	Subtract line 9 from line 11	12		
If line 4 is zero or blank, or if line 11 is \$200 or less, enter the amount from line 12 on line 14.				
13	Multiply line 11 by line 4	13		
14	Subtract line 13 from line 11. Round up to the next multiple of \$10. If less than \$200, enter \$200	14		
15	Smaller of line 8 or either line D or line I from the special married filing joint worksheet, if applicable.	15		
16	Limited Roth IRA contribution. Smallest of line 10, line 12, line 14, or line 15.	16		

Schedule A
Line 1

Medical Expenses Worksheet

► Keep for your records

2021

Name(s) Shown on Return ABHILASH R MEKALA & SHRAVYA MARANGANTI	Social Security Number 658-20-5589
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<p>1 Prescription medications</p> <p>2 Health insurance premiums:</p> <p>a Premiums other than self-employed health insurance or reported on a 1095-A . . .</p> <p>b From Form(s) 1095-A - net of adjustments</p> <p style="padding-left: 20px;">Taxpayer's portion of 1095-A premiums (total less spouse) . . . _____</p> <p style="padding-left: 20px;">Spouse's portion of 1095-A premiums, enter the amount for the spouse, the remaining goes to the taxpayer _____</p> <p>c Medicare premiums</p> <p>d From Form(s) 1099-R</p> <p>NOTE: If LTC premiums are associated with a specific business activity, enter them directly on the applicable Self-Employed Health and Long-Term Care Insurance Deduction Worksheet, not on lines 2e - 2j below.</p> <p>e Taxpayer's gross long-term care premiums 2 e _____</p> <p>f Taxpayer's allowable long-term care premiums f _____</p> <p>g Spouse's gross long-term care premiums g _____</p> <p>h Spouse's allowable long-term care premiums h _____</p> <p>i Dep or child under 27 gross long-term care premiums . . . i _____</p> <p>j Dep or child under 27 allowable long-term care prem. . . j _____</p> <p>k Total allowable long-term care premiums, sum of lines 2f, 2h, and 2j k _____</p> <p>l Taxpayer's long-term care premiums not deducted as an adjustment to income. . . l _____</p> <p>m Spouse's long-term care premiums not deducted as an adjustment to income. . . m _____</p> <p>n Dependent's long-term care premiums not deducted as an adj to income n _____</p> <p>o Other self-employed health insurance not deducted as an adj to income o _____</p> <p>3 Fees for doctors, dentists, etc 3 _____</p> <p>4 Fees for hospitals, clinics, etc. 4 _____</p> <p>5 Lab and x-ray fees 5 _____</p> <p>6 Expenses for qualified long-term care 6 _____</p> <p>7 Eyeglasses and contact lenses 7 _____</p> <p>8 Medical equipment and supplies 8 _____</p> <p>9 Medical transportation expenses:</p> <p>a Medical miles driven 9 a _____</p> <p>b Multiply the number of miles on line 9a by 16 cents per mile b _____</p> <p>c Other medical transportation costs not included above for example: ambulance fees c _____</p> <p>d Total medical transportation expenses (add lines 9b and 9c) 9 d _____</p> <p>10 Lodging for medical purposes (up to \$50 per night per person) 10 _____</p> <p>11 Other medical and dental expenses:</p> <p>a _____ 11 a _____</p> <p>b _____ b _____</p> <p>c _____ c _____</p> <p>d _____ d _____</p> <p>e _____ e _____</p> <p>f _____ f _____</p> <p>g _____ g _____</p> <p>h _____ h _____</p> <p>i _____ i _____</p> <p>j _____ j _____</p> <p>12 Total of medical and dental expenses (add lines 1 through 11j) 12 _____</p> <p>13 a Less: insurance reimbursement for any expenses listed 13 a _____</p> <p>b Less: medical savings account (MSA) or health savings account (HSA) distributions b _____</p> <p>14 Total deductible medical and dental expenses. Subtract lines 13a plus 13b from line 12 (to Schedule A, line 1) 14 _____ 0.</p>	<div style="border-left: 1px solid black; border-right: 1px solid black; height: 100%;"></div>
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2021

Name(s) Shown on Return
ABHILASH R MEKALA & SHRAVYA MARANGANTI

Social Security Number
658-20-5589

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1	04/15/21		04/15/21			04/15/21		
2	06/15/21		06/15/21			06/15/21		
3	09/15/21		09/15/21			09/15/21		
4	01/18/22		01/18/22			01/18/22		
5								
Tot Estimated Payments . . .								

Tax Payments Other Than Withholding (If multiple states, see Tax Help)		Federal	State	ID	Local	ID
6	Overpayments applied to 2021					
7	Credited by estates and trusts					
8	Totals Lines 1 through 7					
9	2021 extensions					

Taxes Withheld From:					Federal	State	Local
10	Forms W-2				123,403.	54,523.	
11	Forms W-2G						
12	Forms 1099-R						
13	Forms 1099-MISC, 1099-NEC, 1099-K, 1099-G .						
14	Schedules K-1						
15	Forms 1099-INT, DIV and OID						
16	Social Security and Railroad Benefits						
17	Form 1099-B	St		Loc			
18 a	Other withholding	St		Loc			
b	Other withholding	St		Loc			
c	Other withholding	St		Loc			
d	Positive Adjustment	St		Loc			
e	Negative Adjustment	St		Loc			
f	Additional Medicare Tax				2,220.		
19	Total Withholding Lines 10 through 18f				125,623.	54,523.	
20	Total Tax Payments for 2021				125,623.	54,523.	

Prior Year Taxes Paid In 2021 (If multiple states or localities, see Tax Help)		State	ID	Local	ID
21	Tax paid with 2020 extensions				
22	2020 estimated tax paid after 12/31/2020				
23	Balance due paid with 2020 return				
24	Other (amended returns, installment payments, etc) . .				

25 Amount paid with 2020 federal extension _____ Date paid. . . . _____
(If blank, 5/17/2021 will be used)

Schedule A
Lines 5 - 12

Tax and Interest Deduction Worksheet

2021

► Keep for your records

Name(s) Shown on Return ABHILASH R MEKALA & SHRAVYA MARANGANTI	Social Security Number 658-20-5589
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Tax Deductions

1 State and local taxes:

Optional Sales Tax Tables

a Available Income:

(1) Income from Form 1040, line 7	609,327.
(2) Nontaxable income entered elsewhere on return	0.
(3) Available income: 2020 refundable credits in excess of tax	0.
(4) Enter any additional nontaxable income	
(5) Total available income	609,327.

b Sales Tax Per State of Residence:

Enter state in column (1), then enter total (combined) state and local sales tax rate in column (4).

Arizona, Colorado, Louisiana, Mississippi, New York or South Carolina only:

Double-click in column (4) to select your locality for each state entered.

(1) State	(2) Date Lived in State From	(3) Date Lived in State To	(4) Enter Total State & Local Rate (%)	(5) State Sales Tax Rate (%)	(6) Local Sales Tax Rate (%) (4) - (5)	(7) State Sales Tax Table Amount	(8) Local Sales Tax Amount	(9) Prorated or Total Amount

c Total general sales tax using tables

d Sales Tax Paid on Specific Items (see help):

(1) ST	(2) Total State & Local Rate	(3) Description	(4) Type	(5) Cost	(6) Rate if Different	(7) Actual Sales Tax Amount Paid	(8) Specific Item Deduction

e Total sales tax deduction on specific items

f Total general sales tax per tables plus sales tax on specific items

g Actual State and Local General Sales Tax:

Actual sales taxes (enter the total sales taxes paid during the year on all items).

h State and Local Income Taxes:

State and Local Income taxes 56,063.00

i State and Local Tax Deduction to Schedule A, line 5a:

Greater of line 1f, line 1g, or line 1h (to Schedule A, line 5a). 56,063.00

j Check a box to choose to use income taxes paid, sales taxes paid, or whichever provides the greater deduction:

Income Taxes . . ☐ Sales Taxes . . . ☐ Greater amount . ☒

2 State and local real estate taxes:

a Real estate taxes paid on principal residence **not** entered on Form 1098

b	Real estate taxes paid on principal residence entered on Home Mortgage Int. Wks . . .	19,246.53
c	Real estate taxes paid on additional homes or land	
	Personal portion of real estate taxes from Schedule E Worksheet for:	
d	Principal residence	
e	Vacation home	
f	Less real estate taxes deducted on Form 8829	
g	Foreign real property taxes included in lines 2a-2f above	
h	Add lines 2a through 2f, less line 2g (to Schedule A, line 5b)	19,247.00
3	State and local personal property taxes:	
a	Auto registration fees based on the value of the vehicle.	
	2020 Amount Enter 2021 description:	
	600.00 honda civic	600.00
	toyota sienna	1,200.00
b	Non-business portion of personal property taxes from Car & Truck Exp Wks	
c	Other personal property taxes	
d	Add lines 3a through 3c (to Schedule A, line 5c)	1,800.00
4	Other taxes:	
a	Other taxes from Schedule(s) K-1	
b	Foreign taxes from interest and dividends	
c	Foreign taxes from Schedule(s) K-1	
d	Other foreign taxes (not used to claim a foreign tax credit)	
e	Other taxes.	
	2020 Amount Enter 2021 description:	
f	Foreign real property taxes included in lines 4a-4e above	
g	Add lines 4a through 4e, less line 4f (to Schedule A, line 6)	

Interest Deductions

5	Home mortgage interest and points reported on Form 1098:	
a	Mortgage interest and points from the Home Mortgage Interest Worksheet	25,716.00
b	Qualified mortgage interest from Schedule E Worksheet	
c	Less home mortgage interest/points deducted on Form 8829	
d	Less home mortgage interest from Form 8396, line 3	
e	Add lines 5a through 5d (to Sch A, line 8a) or line A2 from above	25,716.00
6	Home mortgage interest not reported on Form 1098:	
a	Mortgage interest from the Home Mortgage Interest Worksheet	
b	Less home mortgage interest deducted on Form 8829	
c	Add lines 6a and 6b (to Sch A, line 8b) or line B2 from above	
7	Points not reported on Form 1098:	
a	Amortizable points from the Home Mortgage Interest Worksheet	
b	Other points not on Form 1098 from the Home Mortgage Interest Worksheet	
c	Less points deducted on Form 8829	
d	Add lines 7a through 7c (to Schedule A, line 8c) or line C2 from above	

Schedule A
Line 5

State and Local Tax Deduction Worksheet

2021

► Keep for your records

Name(s) Shown on Return ABHILASH R MEKALA & SHRAVYA MARANGANTI	Social Security Number 658-20-5589
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State and Local Income Taxes

State income taxes:		
1 State income tax withheld	1	54,523.
2 2021 state estimated taxes paid in 2021	2	
3 2020 state estimated taxes paid in 2021	3	
4 Amount paid with 2020 state application for extension	4	
5 Amount paid with 2020 state income tax return	5	
6 Overpayment on 2020 state income tax return applied to 2021 tax	6	
7 Other amounts paid in 2021 (amended returns, installment payments, etc.)	7	
8 State estimated tax from Schedule(s) K-1 (Form 1041)	8	
Local income taxes:		
9 Local income tax withheld	9	
10 2021 local estimated taxes paid in 2021	10	
11 2020 local estimated taxes paid in 2021	11	
12 Amount paid with 2020 local application for extension	12	
13 Amount paid with 2020 local income tax return	13	
14 Overpayment on 2020 local income tax return applied to 2021 tax	14	
15 Other amounts paid in 2021 (amended returns, installment payments, etc.)	15	
16 Local estimated tax from Schedule(s) K-1 (Form 1041)	16	
Other:		
17 <u>State mandatory taxes</u>	17	1,540.
18 Total Add lines 1 through 17	18	56,063.
19 State and local refund allocated to 2021	19	
20 Nondeductible state income tax from line 28	20	
21 Total reductions Add lines 19 and 20.	21	
22 Total state and local income tax deduction Line 18 less line 21	22	56,063.

Nondeductible State Income Tax (Hawaii Only)

23 Nontaxable federal employee cost of living allowance	23	
24 Adjusted gross income	24	
25 Add lines 23 and 24	25	
26 Nondeductible percent. Line 23 divided by line 25	26	%
27 Hawaii state income tax included in line 18	27	
28 Nondeductible Hawaii state income tax. Multiply line 26 by line 27.	28	

Schedule A
Lines 6 and 10-13

Home Mortgage Interest Worksheet

2021

► Keep for your records

Name(s) Shown on Return ABHILASH R MEKALA & SHRAVYA MARANGANTI	Social Security Number 658-20-5589
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Note: Use this worksheet to report home mortgage interest you paid on your main home or second home.
Enter mortgage interest you paid for business property other than a home office on the appropriate schedule or form for the business activity (Schedule C, Schedule E, etc.).

Mortgage Lender Info:

- 1 a** Recipient's/lender's name Wells Fargo Bank N.A.
- b** Is this property your main home, second home, or other? Second home
- 2 a** Was the mortgage interest reported to you on Form 1098? **Yes** ☒ **No** ☐
- b** Mortgage interest paid on your main home or second home in 2021 10,516.86
- c** Check this box if Box 7 is checked on Form 1098 ☐
- d** Is this loan secured by a residence of yours? **Yes** ☒ **No** ☐
- 3** Outstanding mortgage principal 283,630.74
- 4** Mortgage origination date 06/23/2016
- 5 a** Did your home loan close after December 31, 2006? **Yes** ☒ **No** ☐
- b** Mortgage insurance premiums 0.00
- 6** Mortgage acquisition date
- 7 a** Points paid to buy or improve your **main** home in 2021
- b** Check if points were reported to you on Form 1098 ☐
- c** Check if points were reported on the HUD-1 loan closing statement, or my name is not listed first on Form 1098 ☐
- Computed points reported on Form 1098 ☐
- Computed points not reported on Form 1098 ☐
- 8** Property taxes 4,926.94
- 9** Check this box if you refinanced your loan with a different lender, paid off this loan, or sold the property ☐
- 10** Did you pay points to this lender which must be spread over the life of the loan, for example: points you paid on your second home, on a home equity loan, or when you refinanced, enter the following **Yes** ☐ **No** ☒
- a** Total points originally paid on a loan for which the points must be amortized
- b** Length of loan (years)
- c** Points deducted in prior years for this loan
- d** Amortized points allowable this year
- e** Amortizable points deducted this year (to Tax and Interest Deduction Wkst., line 7a)*
- * As adjusted by the Home Mortgage Interest Limitation Smart Worksheet below, if applicable

Uncommon Situations:

- 11** Were you and someone else liable for this mortgage and the **other person** received the Form 1098, enter the other person's name and address **Yes** ☐ **No** ☒
- Name
- Address
- City State ZIP
- 12** Did you buy your home from the recipient and did **NOT** receive a Form 1098, enter the recipient's identifying number and address **Yes** ☐ **No** ☐
- Recipient's SSN -OR- Recipient's EIN
- Recipient's address
- City State ZIP
- 13** Did you pay more mortgage interest than what is shown on Form 1098 **Yes** ☐ **No** ☐
- QuickZoom** to attach a statement to your return explaining the difference.

Schedule A
Lines 6 and 10-13

Home Mortgage Interest Worksheet

2021

► Keep for your records

Name(s) Shown on Return ABHILASH R MEKALA & SHRAVYA MARANGANTI	Social Security Number 658-20-5589
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Note: Use this worksheet to report home mortgage interest you paid on your main home or second home.
Enter mortgage interest you paid for business property other than a home office on the appropriate schedule or form for the business activity (Schedule C, Schedule E, etc.).

Mortgage Lender Info:

- 1 a Recipient's/lender's name Wells Fargo Bank N.A.
- b Is this property your main home, second home, or other? Main home
- 2 a Was the mortgage interest reported to you on Form 1098? Yes ☒ No ☐
- b Mortgage interest paid on your main home or second home in 2021 36,862.38
- c Check this box if Box 7 is checked on Form 1098 ☐
- d Is this loan secured by a residence of yours? Yes ☒ No ☐
- 3 Outstanding mortgage principal 1,018,773.28
- 4 Mortgage origination date 05/24/2019
- 5 a Did your home loan close after December 31, 2006? Yes ☒ No ☐
- b Mortgage insurance premiums 0.00
- 6 Mortgage acquisition date
- 7 a Points paid to buy or improve your **main** home in 2021
- b Check if points were reported to you on Form 1098 ☐
- c Check if points were reported on the HUD-1 loan closing statement, or my name is not listed first on Form 1098 ☐
- Computed points reported on Form 1098 ☐
- Computed points not reported on Form 1098 ☐
- 8 Property taxes 14,319.59
- 9 Check this box if you refinanced your loan with a different lender, paid off this loan, or sold the property ☐
- 10 Did you pay points to this lender which must be spread over the life of the loan, for example: points you paid on your second home, on a home equity loan, or when you refinanced, enter the following Yes ☐ No ☒
- a Total points originally paid on a loan for which the points must be amortized
- b Length of loan (years)
- c Points deducted in prior years for this loan
- d Amortized points allowable this year
- e Amortizable points deducted this year (to Tax and Interest Deduction Wkst., line 7a)*
- * As adjusted by the Home Mortgage Interest Limitation Smart Worksheet below, if applicable

Uncommon Situations:

- 11 Were you and someone else liable for this mortgage and the **other person** received the Form 1098, enter the other person's name and address Yes ☐ No ☒
- Name
- Address
- City State ZIP
- 12 Did you buy your home from the recipient and did **NOT** receive a Form 1098, enter the recipient's identifying number and address Yes ☐ No ☐
- Recipient's SSN -OR- Recipient's EIN
- Recipient's address
- City State ZIP
- 13 Did you pay more mortgage interest than what is shown on Form 1098 Yes ☐ No ☐
- QuickZoom** to attach a statement to your return explaining the difference.

Schedule A

Deductible Home Mortgage Interest Worksheet

2021

Name(s) Shown on Return

ABHILASH R MEKALA & SHRAVYA MARANGANTI

Social Security Number

658-20-5589

Part 1 - Home Mortgage Loan Information

	Loan 1	Loan 2	Loan 3	Loan 4	Loan 5
Interest paid in 2021	10,517.	36,862.			
Points paid in 2021 on 1098					
Points paid in 2021 not on 1098					
Mortgage origination date	06/23/2016	05/24/2019			
Months loan outstanding	12	12			
Principal paid on loan in 2021	3,631.	0.			
Were all proceeds of this loan used to buy, build or substantially improve the taxpayer's home that secures the loan?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was the mortgage interest reported to you on form 1098?	X <input checked="" type="checkbox"/> <input type="checkbox"/>	X <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Home Debt Originating after December 15, 2017

Beginning of year balance		1,018,773.			
Borrowed in 2021		81,227.			
Home equity debt					
Principal applied		0.			
Ending balance		1,100,000.			
Enter amount of debt used to buy, build or substantially improve the home		1,100,000.			
Average balance		1,100,000.			

Home Debt Originating after October 13, 1987 and on or before December 15, 2017

Beginning of year balance	283,631.				
Home equity debt					
Principal applied	3,631.				
Ending balance	280,000.				
Home equity debt					
Enter amount of debt used to buy, build or substantially improve the home	283,631.				
Average balance	281,815.				

Home Debt Originating before October 14, 1987 (Grandfathered Debt)

Beginning of year balance					
Principal applied					
Ending balance					
Enter amount of debt used to buy, build or substantially improve the home *					
* Per Pub. 936, all interest from grandfathered debt is deductible. The program will automatically treat the entire amount of debt as being used to buy, build or substantially improve the home					
Average balance					

Deductible Home Mortgage Interest Worksheet

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2021

Page 2

Part 1 – Qualified Loan Limit

Qualified loans acquired prior to October 14, 1987		
1 Average balance of debt acquired prior to October 14, 1987 (grandfathered debt)	1	
Qualified loans acquired after October 13, 1987 and before December 16, 2017		
2 Average balance of debt acquired after October 13, 1987 and before December 16, 2017	2	281,815.
3 Enter \$1,000,000 (\$500,000 if married filing separately)	3	1,000,000.
4 Enter larger of the amount on line 1 or the amount on line 3.	4	1,000,000.
5 Add the amounts on lines 1 and 2. Enter the total here	5	281,815.
6 Enter the smaller of the amount on line 4 or the amount on line 5.	6	281,815.
Qualified loans acquired after December 15, 2017		
7 Average balance of debt acquired after December 15, 2017	7	1,100,000.
8 Enter \$750,000 (\$375,000 if married filing separately)	8	750,000.
9 Enter larger of the amount on line 6 and the amount on line 8.	9	750,000.
10 Add the amounts on lines 6 and 7. Enter the total here.	10	1,381,815.
Total qualified loans		
11 Enter the smaller of line 9 or line 10. This is your qualified loan limit	11	750,000.

Part 2 – Deductible Home Mortgage Interest

12 Enter the total of the average balances of all mortgages from lines 1, 2 and 7 on all qualified homes. See the line 12 instructions	12	1,381,815.
13 Interest from loans excluded from limitation worksheet reported on 1098 subject to limitation	13	
14 Total amount of interest that you paid on the loans from line 12 reported on form 1098.	14	47,379.
15 Interest from loans excluded from limitation worksheet not reported on 1098 subject to limitation	15	
16 Total amount of interest that you paid on the loans from line 12 not reported on form 1098.	16	
17 Divide line 11 by line 12.	17	.542764
18 Multiply line 13 by the decimal amount on line 15. Enter the result.	18	25,716.
19 Interest from loans excluded from limitation worksheet reported on 1098 not subject to limitation	19	
20 Add lines 16 and 17. This is deductible home mortgage interest for loans reported on form 1098. Enter this amount on Schedule A line 8a	20	25,716.
21 Multiply line 14 by the decimal amount on line 15. Enter the result.	21	
22 Interest from loans excluded from limitation worksheet not reported on 1098 not subject to limitation	22	
23 Add lines 19 and 20. This is deductible home mortgage interest for loans not reported on form 1098. Enter this amount on Schedule A line 8b	23	
24 Subtract line 18 from line 13	24	21,663.
25 Subtract line 21 from line 14	25	
26 Add lines 22 and 23. This is not home mortgage interest	26	21,663.

2021

- Keep for your records

Name(s) Shown on Return ABHILASH R MEKALA & SHRAVYA MARANGANTI	Social Security Number 658-20-5589
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Cash Contributions

[illegible]

Charitable Deduction Limits Worksheet For Current Year Contributions

2021

► Keep for your records

Name(s) Shown on Return ABHILASH R MEKALA & SHRAVYA MARANGANTI	Social Security Number 658-20-5589
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Step 1 — Enter your other charitable contributions made during the year.

1	Enter your cash contributions to 100% limit organizations	1	
2	Enter your contributions of capital gain property "for the use of" any qualified organization	2	
3	Enter your other contributions "for the use of" any qualified organization. Don't include any contributions you entered on a previous line	3	
4	Enter your other contributions to qualified organizations that aren't 50% limit organizations. Don't include any contributions you entered on a previous line	4	
5	Enter your contributions of capital gain property to 50% limit organizations deducted at fair market value. Don't include any contributions you entered on a previous line.	5	
6	Enter your noncash contributions to 50% limit organizations other than capital gain property you deducted at fair market value. Be sure to include contributions of capital gain property to 50% limit organizations if you reduced the property's fair market value. Don't include any contributions you entered on a previous line	6	
7	Enter your cash contributions to 50% limit organizations. Don't include any contributions you entered on a previous line	7	14,400.

Step 2 — Figure your deduction for the year (if any result is zero or less, enter -0-)

8	Enter your adjusted gross income (AGI)	8	609,327.
---	--	---	----------

A Cash contributions subject to the limit based on 60% of AGI

(If line 7 is zero, leave lines 9 through 11 blank)

9	Multiply line 8 by 0.6	9	365,596.	
10	Deductible amount. Enter the smaller of line 7 or line 9.	10	14,400.	
11	Carryover. Subtract line 10 from line 7.	11		0.

B Noncash contributions subject to the limit based on 50% of AGI

(If line 6 is zero, leave lines 12 through 15 blank)

12	Multiply line 8 by 0.5	12		
13	Subtract line 10 from line 12	13		
14	Deductible amount. Enter the smaller of line 6 or line 13.	14		
15	Carryover. Subtract line 14 from line 6.	15		

C Contributions (other than capital gain property) subject to limit based on 30% of AGI

(If lines 3 and 4 are both zero, leave lines 16 through 22 blank)

16	Multiply line 8 by 0.5	16		
17	Add lines 5, 6, and 7.	17		
18	Subtract line 17 from line 16	18		
19	Multiply line 8 by 0.3	19		
20	Add lines 3 and 4	20		
21	Deductible amount. Enter the smallest of line 18, 19, or 20	21		
a	Cash portion of deductible amount - for Sch A line 11	a		
b	Non-cash portion of deductible amount - for Sch A line 12.	b		
22	Carryover. Subtract line 21 from line 20	22		

D Contributions of capital gain property subject to limit based on 30% of AGI

(If line 5 is zero, leave lines 23 through 28 blank)

23	Multiply line 8 by 0.5	23		
24	Add lines 6 and 7	24		
25	Subtract line 24 from line 23	25		
26	Multiply line 8 by 0.3	26		
27	Deductible amount. Enter the smallest of line 5, 25, or 26	27		
28	Carryover. Subtract line 27 from line 5.	28		

E Contributions subject to the limit based on 20% of AGI

(If line 2 is zero, leave lines 29 through 37 blank)

29	Multiply line 8 by 0.5	29		
30	Add lines 10, 14, 21, and 27	30		
31	Subtract line 30 from line 29	31		
32	Multiply line 8 by 0.3	32		
33	Subtract line 21 from line 32	33		
34	Subtract line 27 from line 32	34		
35	Multiply line 8 by 0.2	35		
36	Deductible amount. Enter the smallest of line 2, 31, 33, 34, or 35	36		
37	Carryover. Subtract line 36 from line 2	37		

F Qualified contributions subject to limit based on 100% of AGI

(If line 1 is zero, leave lines 38 through 42 blank)

38	Enter the amount from line 8	38		
39	Add lines 10, 14, 21, 27, and 36	39		
40	Subtract line 39 from line 38	40		
41	Deductible amount. Enter the smaller of line 1 or line 40	41		
42	Carryover. Subtract line 41 from line 1	42		

G Deduction for the year

43	Add lines 10, 14, 21, 27, 36 and 41. Enter the total here and include the deductible amounts on Schedule A (Form 1040), line 11 or line 12 whichever is appropriate.	43	14,400.	
44	Carryover to next year. Add lines 11, 15, 22, 28 and 37	44		0.

Note: Any amounts in the carryover column are not deductible this year but can be carried over to next year. See Carryovers, later, for more information about how you will use them next year.

Charitable Deduction Limits Worksheet For Carryover Contributions

2021

► Keep for your records

Name(s) Shown on Return ABHILASH R MEKALA & SHRAVYA MARANGANTI	Social Security Number 658-20-5589
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Step 1 — Enter your other charitable contributions made during the year.

1	Enter your cash contributions to 100% limit organizations	1	
2	Enter your contributions of capital gain property "for the use of" any qualified organization	2	
3	Enter your other contributions "for the use of" any qualified organization. Don't include any contributions you entered on a previous line	3	
4	Enter your other contributions to qualified organizations that aren't 50% limit organizations. Don't include any contributions you entered on a previous line	4	
5	Enter your contributions of capital gain property to 50% limit organizations deducted at fair market value. Don't include any contributions you entered on a previous line	5	
6	Enter your noncash contributions to 50% limit organizations other than capital gain property you deducted at fair market value. Be sure to include contributions of capital gain property to 50% limit organizations if you reduced the property's fair market value. Don't include any contributions you entered on a previous line	6	
7	Enter your cash contributions to 50% limit organizations. Don't include any contributions you entered on a previous line	7	0.

Step 2 — Figure your deduction for the year (if any result is zero or less, enter -0-)

8	Enter your adjusted gross income (AGI)	8	609,327.
	Percentage of line 8	Used in Current Year	
a	60% AGI limit to line 9	365,596. Less 14,400.	a 351,196.
b	50% AGI limit to line 12	304,664. Less 14,400.	b 290,264.
c	30% AGI limit, Section C to line 19	182,798. Less 0.	c 182,798.
d	30% AGI limit, Section D to line 26	182,798. Less 0.	d 182,798.
e	20% AGI limit to line 35	121,865. Less 0.	e 121,865.

A Cash contributions subject to the limit based on 60% of AGI

(If line 7 is zero, leave lines 9 through 11 blank)

9	Multiply line 8 by 0.6	9	
10	Deductible amount. Enter the smaller of line 7 or line 9	10	
11	Carryover. Subtract line 10 from line 7	11	

B Noncash contributions subject to the limit based on 50% of AGI

(If line 6 is zero, leave lines 12 through 15 blank)

12	Multiply line 8 by 0.5	12	
13	Subtract line 10 from line 12	13	
14	Deductible amount. Enter the smaller of line 6 or line 13	14	
15	Carryover. Subtract line 14 from line 6	15	

C Contributions (other than capital gain property) subject to limit based on 30% of AGI

(If lines 3 and 4 are both zero, leave lines 16 through 22 blank)

16	Multiply line 8 by 0.5	16	
17	Add lines 5, 6, and 7	17	
18	Subtract line 17 from line 16	18	
19	Multiply line 8 by 0.3	19	
20	Add lines 3 and 4	20	
21	Deductible amount. Enter the smallest of line 18, 19, or 20	21	
a	Cash portion of deductible amount - for Sch A line 11	a	
b	Non-cash portion of deductible amount - for Sch A line 12	b	
22	Carryover. Subtract line 21 from line 20	22	

D Contributions of capital gain property subject to limit based on 30% of AGI

(If line 5 is zero, leave lines 23 through 28 blank)

23	Multiply line 8 by 0.5	23	
24	Add lines 6 and 7	24	
25	Subtract line 24 from line 23	25	
26	Multiply line 8 by 0.3	26	
27	Deductible amount. Enter the smallest of line 5, 25, or 26	27	
28	Carryover. Subtract line 27 from line 5	28	

E Contributions subject to the limit based on 20% of AGI

(If line 2 is zero, leave lines 29 through 37 blank)

29	Multiply line 8 by 0.5	29		
30	Add lines 10, 14, 21, and 27	30		
31	Subtract line 30 from line 29	31		
32	Multiply line 8 by 0.3	32		
33	Subtract line 21 from line 32	33		
34	Subtract line 27 from line 32	34		
35	Multiply line 8 by 0.2	35		
36	Deductible amount. Enter the smallest of line 2, 31, 33, 34, or 35	36		
37	Carryover. Subtract line 36 from line 2	37		

F Qualified contributions for certain disaster relief efforts (Not applicable for carryovers)

(If line 1 is zero, leave lines 38 through 42 blank)

38	Enter the amount from line 8	38		
39	Add lines 10, 14, 21, 27, and 36	39		
40	Subtract line 39 from line 38	40		
41	Deductible amount. Enter the smaller of line 1 or line 40	41		
42	Carryover. Subtract line 41 from line 1	42		

G Deduction for the year

43	Add lines 10, 14, 21, 27, 36 and 41. Enter the total here and include the deductible amounts on Schedule A (Form 1040), line 11 or line 12 whichever is appropriate.	43		
44	Carryover to next year. Add lines 11, 15, 22, 28 and 37	44		

Note: Any amounts in the carryover column are not deductible this year but can be carried over to next year. See Carryovers, later, for more information about how you will use them next year.

Charitable Contributions Summary

► Keep for your records

2021

Name(s) Shown on Return ABHILASH R MEKALA & SHRAVYA MARANGANTI	Social Security Number 658-20-5589
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Part I Cash Contributions Summary

Name of Charitable Organization	(a) Total	(b) 60% Limit	(c) 30% Limit	(d) 100% Limit
childfund	2,400.	2,400.		
amit	7,000.	7,000.		
covid	5,000.	5,000.		
Totals:	14,400.	14,400.		

Part II Non-Cash Contributions Summary

Name of Charitable Organization	Total	Other Property		Capital Gain Property	
	(a) Total	(b) 50% Limit	(c) 30% Limit	(d) 30% Limit	(e) 20% Limit
Totals:					

Part III Contribution Carryovers to 2022

	Total	Cash and Other Non-Capital Gain Property				Capital Gain Property	
	(a) Total	(b) 100% Limit	(c) 60% Limit	(d) 50% Limit	(e) 30% Limit	(f) 30% Limit	(g) 20% Limit
1 2021 contributions .	14,400.		14,400.				
2 2021 contributions allowed	14,400.		14,400.				
3 Carryovers from:							
a 2020 tax year . . .	0.	N/A	0.				
b 2019 tax year . . .		N/A					
c 2018 tax year . . .		N/A					
d 2017 tax year . . .		N/A					
e 2016 tax year . . .		N/A					
4 Carryovers allowed in 2021		N/A					
5 Carryovers disallowed in 2021		N/A					
6 Carryovers to 2022:							
a From 2021	0.		0.				
b From 2020		N/A					
c From 2019		N/A					
d From 2018		N/A					
e From 2017		N/A					
f From 2016		N/A					

Part IV Special Situations in Your Return for Current Year Donations

- Was the **entire interest** given for all property donated to all charities? ☒ Yes ☐ No
- Were **restrictions** attached to any charities' right to use or dispose of any property donated to any charity? ☐ Yes ☒ No
- Did you give to anyone other than the charity the right to income from any of the donated property or to possession of any of the donated property? ☐ Yes ☒ No
- Was any charity other than a 60%/50% charity? ☐ Yes ☒ No

Schedule A
Lines 16

Miscellaneous Itemized Deductions Worksheet

2021

► Keep for your records

Name(s) Shown on Return

ABHILASH R MEKALA & SHRAVYA MARANGANTI

Social Security Number

658-20-5589

FOR STATE USE ONLY: Employee Business Expenses — Subject to 2% Limitation

1	Deductible expenses from Form 2106, line 10 less deductions for performing artists and armed forces reservists claimed elsewhere	1	
2 a	Qualified Educator Expenses (from Educator Expenses Worksheet)	2a	
b	Educator Expense Deduction (from 1040, line 23)	2b	
c	Excess Educator Expenses (line 2a less line 2b).	2c	
3	Union and professional dues	3	
4	Professional subscriptions	4	
5	Uniforms and protective clothing	5	
6	Job search costs	6	
7	Tax preparation fees	7	
8	Entertainment expenses	8	
9	Other:	9	
10	Combine lines 1 through 9	10	

FOR STATE USE ONLY:**Miscellaneous Expenses — Subject to 2% Limitation**

Check the box in investment column if an investment expense

Investment
Expense ↓

11	Depreciation and amortization deductions	<input checked="" type="checkbox"/>	11	
12	Casualty/theft losses of property used in services as an employee		12	
13	REMIC expenses, from Schedule E	<input checked="" type="checkbox"/>	13	
14	Investment expenses related to interest and dividend income	<input checked="" type="checkbox"/>	14	
15	Expenses related to portfolio income, from Schedule(s) K-1	<input checked="" type="checkbox"/>	15	
16	Miscellaneous deductions, from Schedule(s) K-1		16	
17	RESERVED		17	
18	Investment counsel and advisory fees	<input checked="" type="checkbox"/>	18	
19	Certain attorney and accounting fees	<input checked="" type="checkbox"/>	19	
20	Safe deposit box rental fees	<input checked="" type="checkbox"/>	20	
21	IRA custodial fees	<input checked="" type="checkbox"/>	21	
22	Loss incurred from total distribution of all traditional IRAs		22	
23	Loss incurred from total distribution of all Roth IRAs		23	
24	Loss incurred from final distribution of a QTP investment		24	
25	Hobby expense (limited to hobby income)		25	
26	Other:			
a	Prior year government unemployment benefits repaid in 2021		26	
b				
27	Combine lines 11 through 26		27	

FOR FEDERAL AND STATE USE:**Other Miscellaneous Deductions — Not Subject to 2% Limitation**

28	Expenses related to portfolio income, from Schedule(s) K-1	<input checked="" type="checkbox"/>	28	
29	Federal estate tax paid on decedent's income reported on this return		29	
30	Impairment-related expenses of a handicapped employee, from Form 2106		30	
31	Amortizable bond premiums on bonds acquired before 10/23/86		31	
32	Gambling losses		32	
33	Deduction for repayment of amounts under claim of right if over \$3,000		33	
34	Casualty/theft losses of income-producing property		34	
35	Unrecovered investment in annuity		35	
36	Ordinary loss attributable to certain debt instruments		36	
37	Net Qualified Disaster Loss		37	
38	Combine lines 28 through 37 (to Schedule A, line 16)		38	

***Earned income** includes wages, salaries, tips, professional fees, and other compensation received for personal services you performed. It also includes any taxable scholarship or fellowship grant. Generally, your earned income is the total of the amount(s) you reported on Form 1040 or 1040-SR, line 1, and Schedule 1, lines 3 and 6, minus the amount, if any, on Schedule 1, line 14. Earned income, for the purpose of figuring your standard deduction, doesn't include qualified disability trust distributions.

Earned Income Worksheet

2021

► Keep for your records

Name(s) Shown on Return ABHILASH R MEKALA & SHRAVYA MARANGANTI	Social Security Number 658-20-5589
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Part I – Earned Income Credit Worksheet Computation

	Taxpayer	Spouse	Total
1 If filing Schedule SE:			
a Net self-employment income			
b Optional Method and Church Employee income			
c Add lines 1a and 1b			
d One-half of self-employment tax			
e Subtract line 1d from line 1c			
2 If not required to file Schedule SE:			
a Net farm profit or (loss)			
b Net nonfarm profit or (loss)			
c Add lines 2a and 2b			
3 If filing Schedule C as a statutory employee, enter the amount from line 1 of that Schedule C			
4 Add lines 1e, 2c and 3. To EIC Wks, line 5			

Part II – Form 2441 and Standard Deduction Worksheet Computations

5 Net self-employment earnings (line 4 above)			
6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc	401,056.	208,393.	609,449.
7 a Taxable employer-provided adoption benefits.			
b Foreign earned income exclusion			
8 Add lines 5 through 7b. To Form 2441, lines 18 and 19	401,056.	208,393.	609,449.
9 a Taxable dependent care benefits.			
b Nontaxable combat pay			
10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5	401,056.	208,393.	609,449.
11 Scholarship or fellowship income not on W-2			
12 SE exempt earnings less nontaxable income			
13 Distributions from nonqualified/Sec. 457 plans			
14 Add lines 5, 6, 7a, 9a and 11 through 13. To Standard Deduction Worksheet	401,056.	208,393.	609,449.

Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss)			
16 Wages, salaries, tips, etc	401,056.	208,393.	609,449.
17 Net self-employment loss			
18 Alimony received.			
19 Nontaxable combat pay			
20 Foreign earned income exclusion			
21 Keogh, SEP or SIMPLE deduction			
22 Combine lines 15 through 21. To IRA Wks, ln 2.	401,056.	208,393.	609,449.

Part IV – Schedule 8812 and Child Tax Credit Line 14 Worksheet Computations

23 Self-employed, church and statutory employees			
24 Wages, salaries, tips, etc	401,056.	208,393.	609,449.
25 Nontaxable combat pay			
26 Combine lines 23 through 25. To Schedule 8812, line 6a & Line 14 Wks, line 2.	401,056.	208,393.	609,449.

► Keep for your records

Name(s) Shown on Return

ABHILASH R MEKALA & SHRAVYA MARANGANTI

Social Security Number

658-20-5589

Investment Interest Expense (Form 4952, line 1)

1	Investment interest expense, from Schedule K-1	1	
2	Investment interest expense from royalties	2	
3	Other investment interest expense:	3 a	
a	-----	b	
b	-----	c	
c	-----	d	
d	-----		
4	Total investment interest expense. Add lines 1 through 3.	4	

Gross Income from Property Held for Investment (Form 4952, line 4a)

5	Taxable investment income:		
a	From Schedule B, Interest and Dividend Income	5 a	2,878.
b	From Schedules K-1, Partnerships, S Corporations, Estates and Trusts	b	
c	From Form 8814, Parents' Election to Report Child's Interest and Dividends	c	
d	Total	d	2,878.
6	Royalty income, from Schedule E	6	
7	Net passive income from publicly traded partnerships	7	
8	Income from nonpassive trade or business without material participation	8	
9	Other investment income:	9 a	
a	-----	b	
b	-----	c	
c	-----	d	
d	-----		
10	Total investment income. Add lines 5d through 9.	10	2,878.

Net Capital Gain Income (Form 4952, lines 4d and 4e)

		Regular Tax	Alt Min Tax
11 a	Net gains from Schedule D, line 16	11 a	
b	Less net gains from property not held for investment	b	
c	Net gains from property held for investment.	c	
12 a	Net capital gains from Schedule D, lesser of ln 15 or ln 16.	12 a	
b	Less net capital gains from property not held for investment	b	
c	Net capital gains from property held for investment.	c	

Investment Expenses (Form 4952, line 5)

13	Royalty expenses	13	
14	Investment expenses reported on schedule K-1 partnership or S-corp	14	
15	Expenses from nonpassive trade or business without material participation	15	
16	Other investment expenses:	16 a	
a	-----	b	
b	-----	c	
c	-----	d	
d	-----		
17	Total investment expenses. Add lines 13 through 17.	17	

Allocation of Investment Interest Expense (Schedule A, line 14)

		Regular Tax	Alt Min Tax
18	Allowed investment interest expense, Form 4952, line 8	18	
19	Less amount deducted on other forms and schedules:	19	
a	Deducted on Schedule E, page 2 for passthru entities	a	
b	Deducted on Schedule E, page 1 for royalties	b	
c	Other amounts deducted on other forms and schedules	c	
d	Total amount deducted on other forms and schedules	d	
20	Investment interest expense.	20	

Schedule E

Schedule E Worksheet

2021

► Keep for your records

Name(s) shown on return

ABHILASH R MEKALA & SHRAVYA MARANGANTI

Social Security No.

658-20-5589

General Information:

Property description Virginia Home

Property type . . 2 Multi-Family Residence If type is other, enter a description . .

Location (street address) 4438B beechstone ln

City Fairfax State VA ZIP code 22033

If a foreign address: Foreign province or state . .

Foreign postal code Foreign country

Complete For All Properties:

Did you make any payments that would require you to file Form(s) 1099? Yes ☐ No ☒If yes, did you or will you file all required Form(s) 1099? Yes ☐ No ☐

Complete For All Rental Properties:

Days rented at fair rental value . . . 360 Days of personal use 5

Check All That Apply:

A Owned by spouse ☐ B Owned jointly ☒C Active participation ☒ D Material participation ☐E Qualified joint venture ☐ F Some investment is not at risk ☐G Other passive exceptions ☐ H Complete taxable disposition — See Help . . ☐Trade or business not subject to net investment income tax ☐I Treat all MACRS assets for this activity as qualified Indian reservation property? . . Yes ☐ No ☒J Treat all assets acquired after August 27, 2005 as
qualified GO Zone property? Regular ☐ Extension ☐ No ☒K Treat all assets acquired after May 4, 2007 as
qualified Kansas Disaster Zone property? Yes ☐ No ☒L Was this activity located in a Qualified Disaster Area? Yes ☐ No ☒

M Reserved for future use

Ownership Percentage:

N Check to allocate income and expenses using ownership percentage ☐

O Enter ownership percentage %

Owner-Occupied Rentals:

P Check to allocate personal use items to Schedule A ☐

Q Percentage of rental use %

Vacation Home or Property with Personal Use Days:

R Check to allocate interest and taxes using the Tax Court Method ☐

S Number of days property owned if less than the entire year

Property Location

Page 2

4438B beechstone ln, Fairfax, VA 22033

Income		% if Different	Total
3	Enter rental income (not reported elsewhere)		
	Rental income from Form 1099-MISC		
	Rental income from Form 1099-K		
	Rental Income from Cancellation of Debt Wks . . .		
	Total rents received	100.000000	
4	Enter royalties received (not reported elsewhere) .		
	Royalty income from Form 1099-MISC		
	Royalty income from Form 1099-K		
	Royalty Income from Cancellation of Debt Wks . . .		
	Royalty Income from Schedule K-1		
	Total royalties received		

Expenses	(a) Total	(b) Enter % if not 100.00	(c) Reported On Schedule E	(d) Vacation Home Loss Limitation	(e) Allocated to Personal use
5 Advertising					
6 a Auto					
b Travel					
7 Cleaning and maint . .					
8 Commissions					
9 a Mort insur qualified . .					
From Form 1098 import					
Total mort insur qual .					
b Other Insurance					
10 Legal & other prof fees					
11 Management fees . . .					
12 a Mortgage int qualified .					
From Form 1098 import					
Total mort int qualified					
b Mort int other					
From Form 1098 import					
Total mort int other . .					
13 Other interest					
14 Repairs					
15 Supplies					
16 a Real estate taxes . . .					
From Form 1098 import					
Total real estate taxes					
b Other taxes					
17 Utilities					
18 a Depreciation					
b Depletion					
c Depreciation carryover					
19 Other expenses					
a					
b					
c					
d					
e Indirect operating exp .					
f Operating exp carryover					
g Vehicle rental					
h Amortization					
20 Add lines 5 through 19					
21 Income or (loss)					
22 Deductible rental real estate loss					

Schedule E Two-Year Comparison

2021

► Keep for your records

Name(s) Shown on Return ABHILASH R MEKALA & SHRAVYA MARANGANTI	Social Security Number 658-20-5589
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Property Location

Note: Transferred data will not be displayed in the prior year column unless you have entered current year data on the Schedule E Worksheet and are using TurboTax Premier or Self-Employed.

	2020	2020 Percent of Income*	2021	2021 Percent of Income*	2020 to 2021 Comparison <input type="checkbox"/> as amount <input type="checkbox"/> as percent
Income:					
1 Rental income					
2 Royalty income.					
Expenses:					
3 Advertising					
4 Auto.					
5 Travel					
6 Cleaning & maintenance					
7 Commissions.					
8 Insurance:					
a Mortgage Insur qualified.					
b Other insurance					
9 Legal & professional. . .					
10 Management fees					
11 Mortgage interest:					
a Qualified					
b Other					
12 Other interest.					
13 Repairs					
14 Supplies					
15 a Real estate taxes					
b Other taxes					
16 Utilities					
17 a Depreciation					
b Depletion					
c Depreciation carryover .					
18 a Other expenses					
b Indirect operating exp . .					
c Operating exp carryover.					
d Vehicle rental.					
e Amortization					
19 Total expenses.					
20 Income or (loss)					
21 Deductible rental loss .					
Passive suspended losses:					
Schedule E					
Form 4797.					
Schedule D					

*Lines 1 through 20 as a percentage of income.

Form 1040
Line 27

Earned Income Credit Worksheet

2021

► Keep for your records

Name(s) Shown on Return ABHILASH R MEKALA & SHRAVYA MARANGANTI	Social Security Number 658-20-5589
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- QuickZoom** to Schedule EIC ►
QuickZoom to Dependent Information Worksheet to enter qualifying children information. ►
QuickZoom to Wages, Salaries, & Tips Worksheet to enter earned and non-earned income ►
QuickZoom to page 2 of this worksheet, if credit is not calculated on line 7. ►

1	Enter the amount from Form 1040 line 1 less amounts considered not earned for EIC purposes	1	609,449.
2	Adjustments to line 1 amount:		
a	Income reported as wages and as self-employment income.	2 a	
b	Other income entered as wages that is not considered earned income	b	
c	Distributions from section 457 and other nonqualified plans reported on W-2	c	
3	Subtract lines 2a, 2b and 2c from line 1	3	609,449.
4 a	Taxpayer's nontaxable combat pay election for EIC	4 a	
b	Spouse's nontaxable combat pay election for EIC	b	
c	Total nontaxable combat pay election	4 c	
5	If you were self-employed or used Schedule C as a statutory employee, enter the amount from the Earned Income Worksheet, line 4	5	
6	Medicaid Waiver Payments reported as nontaxable	6	
7	Earned income. Add lines 3, 4, 5, and 6	7	609,449.
8	Enter the credit, from the EIC Table , for the amount on line 7. Be sure to use the correct column for filing status and number of children.	8	0.
	If line 8 is zero, stop . You cannot take the credit. Enter "No" on the dotted line next to Form 1040, line 27.		
9	Enter your AGI from Form 1040, line 11	9	
10	If you have: <ul style="list-style-type: none"> • No qualifying children, is the amount on line 9 less than \$11,650 (\$17,600 if married filing jointly)? • 1 or more qualifying children, is the amount on line 9 less than \$19,550 (\$25,500 if married filing jointly)? <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;"><input checked="" type="checkbox"/></div> <div>Yes. Go to line 11 now.</div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;"><input type="checkbox"/></div> <div>No. Enter the credit, from the EIC Table, for the amount on line 9. Be sure to use the correct column for filing status and number of children</div> </div>	10	
11	Earned income credit. <ul style="list-style-type: none"> • If 'Yes' on line 10, enter the amount from line 8 • If 'No' on line 10, enter the smaller of line 8 or line 10 	11	

Enter line 11 amount on Form 1040, line 27.

If one or more of the boxes below are checked, the earned income credit is not allowed.

- 1 The total taxable earned income (line 7 above) is equal to or more than:
- | | |
|-------------------------------------|---|
| <input type="checkbox"/> | \$21,430 (\$27,380 if married filing jointly) without a qualifying child. |
| <input type="checkbox"/> | \$42,158 (\$48,108 if married filing jointly) with one qualifying child. |
| <input checked="" type="checkbox"/> | \$47,915 (\$53,865 if married filing jointly) with two qualifying children. |
| <input type="checkbox"/> | \$51,464 (\$57,414 if married filing jointly) with more than two qualifying children. |
- 2 The Adjusted Gross Income (line 9 above) is equal to or more than:
- | | |
|-------------------------------------|---|
| <input type="checkbox"/> | \$21,430 (\$27,380 if married filing jointly) without a qualifying child. |
| <input type="checkbox"/> | \$42,158 (\$48,108 if married filing jointly) with one qualifying child. |
| <input checked="" type="checkbox"/> | \$47,915 (\$53,865 if married filing jointly) with two qualifying children. |
| <input type="checkbox"/> | \$51,464 (\$57,414 if married filing jointly) with more than two qualifying children. |
- 3 ☐ Investment income is more than \$10,000.
(Investment Income Smart Worksheet, item H above)
- 4 ☐ **Without a qualifying child** - The married filing separate filing status is checked.
With a qualifying child - The married filing separate filing status is checked and taxpayer/spouse had the same principal residence for the last 6 months of 2021, and they did not live apart on 12/31 or had no written separation agreement or decree of separate maintenance.
(Information Worksheet, Part II)
- 5 ☐ Taxpayer (or spouse if filing joint) is a qualifying child of another person.
(Information Worksheet, Part IV)
- 6 ☐ Without a qualifying child, and your (or your spouse's, if married filing jointly) main home is in the U.S. less than half the year.
(Information Worksheet, Part IV)
- 7 ☐ Without a qualifying child, taxpayer (and spouse if filing joint) are under the minimum age to qualify for EIC.
(Information Worksheet, Part I)
- 8 ☐ Without a qualifying child, and taxpayer (or spouse if filing joint) is eligible to be claimed as a dependent on someone else's return.
(Information Worksheet, Part I)
- 9 ☐ Social Security Number is invalid for EIC purposes, for taxpayer, (or spouse, if married filing joint).
(Information Worksheet, Part I)
- 10 ☐ Have qualifying children, but all are qualifying children of another person.
(Information Worksheet, Part III)
- 11 ☐ Disallowed by IRS to claim Earned Income Credit in 2021.
(Information Worksheet, Part IV)
- 12 ☐ Filing Form 2555, Foreign Earned Income.
- 13 ☐ Not a citizen or resident alien for the entire year, claiming dual status.
(Information Worksheet, Part VI)
- 14 ☐ Head of household filing status and lived with nonresident alien spouse during the last six months of the year.
(Information Worksheet, Part IV)

Compliance and Due Diligence Information

1 Is this how long your dependents lived with you in the U.S in 2021?

☐ **Yes**, all of the above is correct.

☐ **No**, I'll go back and review my dependent information.

The IRS may ask you for documents to prove you lived with anyone you're claiming for the Earned Income Credit.

Is this where you lived with your dependents the longest in 2021?

2 ☐ **Yes**, my dependents lived with me at this address.

☐ **No**, I'd like to add an additional address where I lived with my dependents. Use the Interview to add an additional address where you lived with your dependents the longest in 2021.

Compliance and Due Diligence Indicator	<input checked="" type="checkbox"/>
Disqualified from Earned Income Credit.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Potential qualifying child count	▶	<u>2</u>
Non dependent potential qualifying child count	▶	<u>0</u>
Qualifying child count (max 3)	▶	<u>2</u>

Schedule SE Adjustments Worksheet

2021

► Keep for your records

Name(s) Shown on Return ABHILASH R MEKALA & SHRAVYA MARANGANTI		Social Security Number 658-20-5589	
	(a) Taxpayer	(b) Spouse	
QuickZoom to the Long Schedule SE ►	<input type="checkbox"/>	<input type="checkbox"/>	
A Approved Form 4029. Exempt from SE tax on all income	<input type="checkbox"/>	<input type="checkbox"/>	
B Chapter 11 bankruptcy net profit or loss for Schedule SE, line 3 . . .			
C QuickZoom to the Explanation statement for any adjustment to SE income/loss shown on a partnership K-1. (See Help).			
Part I Farm Profit or (Loss) Schedule SE, line 1			
1 Total Schedules F			
2 Farm partnerships, Schedules K-1			
3 Other SE farm profit or (loss) (See Help)			
4 Less SE exempt farm profit or (loss) (See Help)			
5 Total for Schedule SE, line 1			
6 Conservation Reserve Program payments not subject to self-employment tax reported on:			
a Schedule F, line 4b			
b Schedule K-1 (Form 1065), box 20, code AH			
c Total CRP payments not subject to SE tax			
Part II Nonfarm Profit or (Loss) Schedule SE, line 2			
1 a Total Schedules C			
b Less SE exempt Schedules C (approved Form 4361)			
2 Nonfarm partnerships, Schedules K-1			
3 Forms 6781			
4 Other SE income reported as income on Form 1040, line 7			
5 a Clergy Form W-2 wages			
b Clergy housing allowance			
c Less clergy business deductions			
d QuickZoom to the Explanation statement for entry on line 5c.			
6 Other SE nonfarm profit or (loss) (See Help)			
7 Less other SE exempt nonfarm profit or (loss) (See Help)			
8 Total for Schedule SE, line 2			
9 Exempt Notary Public income for Schedule SE, line 3 (See Help). . .			
Part III Farm Optional Method Schedule SE, page 2, Part II			
1 Use Farm Optional Method	<input type="checkbox"/>	<input type="checkbox"/>	
2 Gross farm income from Schedules F			
3 Gross farming or fishing income from partnership Schedules K-1 . .			
4 Other gross farming or fishing self-employment income			
5 Total gross income for Farm Optional Method			
Part IV Nonfarm Optional Method Schedule SE, page 2, Part II			
1 Use Nonfarm Optional Method (Must have had net SE earnings of \$400 or more in 2 of prior 3 years and used the Nonfarm Optional Method less than 5 times)	<input type="checkbox"/>	<input type="checkbox"/>	
2 Gross nonfarm income from Schedules C			
3 Gross nonfarm income from partnership Schedules K-1			
4 Other gross nonfarm self-employment income			
5 Total gross income for Nonfarm Optional Method			

Name(s) Shown on Return

ABHILASH R MEKALA & SHRAVYA MARANGANTI

Social Security Number

658-20-5589

Part I Information from Form(s) 1098-E, Student Loan Interest Statement

(a) Lender's name	(b) Borrower (Taxpayer, Spouse)	(c) Borrower's social security number	(d) Prior Year Student Loan Interest	(e) Student loan interest (Box 1)
<i>Additional fields for use by Step-by-Step and Import only (See help)</i>				
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
Total student loan interest.				
Less total student loan interest used for QTP (Section 529 plan)				
Total adjusted student loan interest				

Part II Computation of Student Loan Interest Deduction

1 Enter the total interest you paid in 2021 on qualified student loans (see Form 1040 instructions).	1	
2 Enter the smaller of line 1 or \$2,500.	2	
3 Modified AGI Note: If line 3 is \$85,000 or more if single, head of household, or qualifying widow(er) or \$170,000 or more if married filing jointly, stop here . You cannot take the deduction.	3	609,327.
4 Enter: \$70,000 if single, head of household, or qualifying widow(er); \$140,000 if married filing jointly.	4	
5 Subtract line 4 from line 3. If zero or less, enter -0- here and on line 7, skip line 6, and go on to line 8	5	
6 Divide line 5 by \$15,000 or \$30,000 if married filing jointly. Enter the result as a decimal (rounded to at least three places)	6	
7 Multiply line 2 by line 6	7	
8 Student loan interest deduction. Subtract line 7 from line 2. Enter the result here and on Form 1040, Sch 1, line 21. Do not include this amount in figuring any other deduction on your return (such as on Schedule A, C, E, etc.)	8	

* **Modified AGI** is the amount from Form 1040, line 9, increased by any excludable income from Puerto Rico, or of bona fide residents of American Samoa, Guam, or the Commonwealth of the Northern Mariana Islands, and foreign earned income/housing exclusion, and decreased by amounts on not Schedule 1 (Form 1040), lines 11 through 20, 23, 25, and any write-in amount next to line 26, including the foreign housing deduction on line A of the Other Adjustments to Income Smart Worksheet.

Schedule 1
Line 10

Educator Expenses Worksheet

2021

► Keep for your records

Name(s) Shown on Return

ABHILASH R MEKALA & SHRAVYA MARANGANTI

Social Security Number

658-20-5589

Caution: Do not enter the same educator expenses on Schedule A or Form 2106. The program will automatically transfer remaining educator expenses to the Miscellaneous Itemized Deductions Worksheet.

	Taxpayer	Spouse
1 Qualified educator expenses		
2 Non-taxable Coverdell ESA distributions		
3 Non-taxable qualified tuition program distributions		
4 Subtract lines 2 and 3 from line 1.		
5 Qualified educator expenses from line 4.		
6 Excludable interest on series EE and I U.S. savings bonds issued after 1989 from Form 8815, line 14.		
7 Subtract line 6 from line 5.		
8 Educator expenses deduction. Report this amount on Form 1040 Schedule 1, line 10 (see Help)		
9 Subtract line 8 from line 1. This amount transfers to the Miscellaneous Itemized Deductions Worksheet, line 2 when the box on line 10 is not checked		
10 Check the box if you do NOT want to transfer excess educator expenses to Schedule A, Miscellaneous Itemized Deductions Worksheet. ►		<input type="checkbox"/>

Note: Excess educator expenses are no longer deductible as a federal miscellaneous itemized deduction. They may be deductible for states, however, that do not conform to this federal change.

Use a separate worksheet for each casualty or theft event.

► Keep for your records

Name(s) shown on return

ABHILASH R MEKALA & SHRAVYA MARANGANTI

Social Security No.

658-20-5589

Part I Casualty or Theft Event Information

- 1 Description of this casualty or theft event► _____
- 2 Date of casualty or theft event ► _____
- 3 Use of property, check one if not a Ponzi loss (line 5c):
- a Personal (includes home office deducted under simplified method, see tax help)► ☐
- b Business, employment, or income-producing► ☐
- 4 If box 3a is checked, check one:
- a This event qualifies as a Hurricane Harvey or Tropical Storm Harvey Disaster► ☐
- b This event qualifies as a Hurricane Irma Disaster► ☐
- c This event qualifies as a Hurricane Maria Disaster► ☐
- d This event qualifies as a **2017** California Wildfire Disaster (01/01/2017-01/18/2018)► ☐
- e This event is a qualified federally declared major disaster► ☐
- f This event is a federally declared disaster (not "qualified")► ☐
- g This event qualifies as a **2016** federally declared disaster area► ☐
- h This event **does not** qualify as a federally declared disaster► ☐
- i Enter the FEMA disaster decl. number if any line 4a-g is checked. Enter the four-digit number only. If the FEMA disaster decl. number begins with DR, enter it here► _____
- j If the FEMA disaster decl. number begins with EM instead of DR, enter it here► _____
- 5 If box 3b is checked, check one:
- a Check if the property was used in a passive activity► ☐
- b Check if the property was **not** used in a passive activity► ☐
- c Check if this is a Rev Proc 2009-20 Ponzi-Type loss► ☐
- 6 Worksheet Copy Number 1

Part II Property Information for All Properties Damaged or Stolen in the Casualty or Theft Event

- a **Description** including type of property . . .► _____
- b For personal use property, enter the address, city, state and ZIP code

- c Date acquired► _____ d Cost or other basis . . .► _____
- e Insurance or other reimbursement► _____
- f FMV before event► _____ g FMV after event . . .► _____
- h Was this a total loss ? Yes . . .► ☐ No . . .► ☐
- i If **personal** use, is this a collectible ? Yes . . .► ☐ No . . .► ☐
- j If **business** use, check one: Business► ☐ Employ► ☐ Income . . .► ☐
- k If **home office** (standard method) enter: Sch C . . .► ☐ No Sch C► ☐ Ln 27
- a **Description** including type of property . . .► _____
- b For personal use property, enter the address, city, state and ZIP code

- c Date acquired► _____ d Cost or other basis . . .► _____
- e Insurance or other reimbursement► _____
- f FMV before event► _____ g FMV after event . . .► _____
- h Was this a total loss ? Yes . . .► ☐ No . . .► ☐
- i If **personal** use, is this a collectible ? Yes . . .► ☐ No . . .► ☐
- j If **business** use, check one: Business► ☐ Employ► ☐ Income . . .► ☐
- k If **home office** (standard method) enter: Sch C . . .► ☐ No Sch C► ☐ Ln 27

Schedule D Tax Worksheet
as refigured for the
Alternative Minimum Tax

2021

► Keep for your records

Name(s) Shown on Return ABHILASH R MEKALA & SHRAVYA MARANGANTI		Social Security Number 658-20-5589	
	(a) Before Allocation of Capital Gain Excess *	(b) Allocation of Capital Gain Excess *	(c) After Allocation of Capital Gain Excess
1 Not applicable			
2 Enter your total qualified dividends as refigured for the Alternative Minimum Tax (AMT):			
a Total qualified dividends. 49 .			
b Adjustment from Schedules K-1			
c Other adjustments to qualified dividends			
d Total. Combine lines 2a, 2b, and 2c	49 .	0 .	49 .
3 Enter the amount from Form 4952 for AMT, line 4g.			
4 Enter the amount from Form 4952 for AMT, line 4e.			
5 Subtract line 4 from line 3. If zero or less, enter -0-	0 .		0 .
6 Subtract line 5 from line 2. If zero or less, enter -0-	49 .		49 .
7 Net long-term capital gain:			
a Enter the gain from line 15 of Schedule D as refigured for the AMT 57 .			
b Enter the gain from line 16 of Schedule D as refigured for the AMT 0 .			
c Enter the smaller of line 7a or line 7b	0 .		0 .
8 Enter the smaller of line 3 or line 4			
9 Subtract line 8 from line 7c. If zero or less, enter -0-	0 .	0 .	0 .
10 Add lines 6 and 9	49 .		49 .
A Enter the amount from Form 6251, line 6.	454,611 .		
B Capital gain excess. Subtract line A from line 10. *	0 .		
11 Total 28% rate and unrecaptured section 1250 gain:			
a Enter the gain from line 18 of Schedule D as refigured for the AMT 0 .			
b Enter the gain from line 19 of Schedule D as refigured for the AMT			
c Add lines 11a and 11b.			0 .
12 Enter the smaller of line 9 or line 11c			0 .
13 Subtract line 12 from line 10. Also enter this amount on Form 6251, line 13.			49 .

* Capital gain excess applies only if filing Form 2555, Foreign Earned Income.

► Keep for your records

Name(s) Shown on Return

ABHILASH R MEKALA & SHRAVYA MARANGANTI

Social Security Number

658-20-5589

Taxable Income – Line 1

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	559,211.
2	Additions to income	2	
3	Add lines 1 and 2	3	559,211.
4	Subtractions from income	4	
5	Subtract line 4 from line 3. Enter on Form 6251, line 1	5	559,211.

Taxes – Line 2a

1	Generation skipping transfer taxes included on Schedule A, line 6	1	
---	---	---	--

Refund of Taxes – Line 2b

1	Taxable refund of state and local income tax	1	0.
2	Amount and description of any refund of state and local personal property taxes, foreign income or real property taxes.	2	
3	Total tax refund adjustment. Enter on Form 6251, line 2b.	3	0.

Alternative Tax Net Operating Loss Deduction (ATNOLD) – Line 2f

1	Alternative minimum taxable income (AMTI) without ATNOLD	1	569,211.
2	Enter adjustments	2	
3	Adjustment for domestic production activities deduction	3	
4	Adjusted AMTI without ATNOLD. Add lines 1-3	4	569,211.
5	ATNOLD limitation. Multiply line 4 by 90%.	5	512,290.
6	Enter ATNOL carried to 2020 from other year(s)	6	
7	Enter ATNOL included above attributable to qualified disaster losses	7	
8	ATNOL above not attributable to qualified disaster losses. Line 6 minus 7	8	
9	ATNOL deduction other than qualified disaster losses. Lesser of line 5 or 8	9	
10	ATNOL Disaster Deduction. Lesser of line 7 or (line 4 minus line 9)	10	
11	ATNOLD. Add lines 9 and 10. Enter on Form 6251, line 2f, as neg	11	

Incentive Stock Options – Line 2i

1	Incentive stock options adjustment from Schedule K-1 worksheets	1	
2	Incentive stock options from Employer Stock Transaction Worksheets	2	
3	Incentive stock options from Exercise of Stock Options Worksheets	3	
4	Other incentive stock options	4	
5	Total incentive stock options. Enter on Form 6251, line 2i.	5	

Disposition of Property – Line 2k

	Alternative Minimum Tax	Regular Tax	Difference
1 Net capital gain or loss (Schedule D)	-3,000.	-3,000.	0.
2 Ordinary gain or loss (Form 4797, Part II)			
3 Ordinary income from sale of Incentive Stock			
4 Total. Enter on Form 6251, line 2k			0.

Post-86 Depreciation – Line 2l

1 From depreciation worksheets	1	
2 Plus amount from Schedule K-1 worksheets	2	
3 Add lines 1 and 2.	3	
4 Any amount relating to an activity for which the partnership interest basis limits apply, for which you are not at risk, or which is a tax shelter farm activity.	4	
5 Total. Subtract line 4 from line 3. Enter on Form 6251, line 2l.	5	

Passive Activities – Line 2m

1 Adjustment for recomputed income (loss) from passive activities	1	
2 Adjustment for recomputed income (loss) from publicly traded partnerships	2	
3 Other adjustments to passive activities	3	
4 Total. Add lines 1, 2, and 3. Enter on Form 6251, line 2m	4	

Circulation Costs – Line 2o

1 Circulation costs adjustment from Schedule K-1 Worksheets	1	
2 Other circulation costs adjustment	2	
3 Total. Add lines 1 and 2. Enter on Form 6251, line 2o	3	

Mining Costs – Line 2q

1 Mining costs adjustment from Schedule K-1 Worksheets	1	
2 Other mining costs adjustment	2	
3 Total. Add lines 1 and 2. Enter on Form 6251, line 2q	3	

Research and Experimental Costs – Line 2r

1 Research and Experimental costs adjustment from Schedule K-1 Worksheets	1	
2 Other research and experimental costs adjustment.	2	
3 Total. Add lines 1 and 2. Enter on Form 6251, line 2r	3	

Intangible Drilling Costs – Line 2t

1 Excess intangible drilling costs	1	
2 Net income from oil and gas wells	2	
3 Multiply line 2 by 65% (.65)	3	
4 Tentative intangible drilling costs preference. Subtract line 3 from line 1.	4	
5 Independent producers exception amount.	5	
6 Subtract line 5 from line 4. Enter this amount on Form 6251, line 2t	6	

Other Adjustments – Line 3

1 Pre-1987 depreciation from depreciation worksheets.	1	
2 Plus amount from Schedule K-1 worksheets	2	
3 Add lines 1 and 2	3	
4 Any amount relating to an activity for which the partnership interest basis limits apply, for which you are not at risk, or which is a tax shelter farm activity.	4	
5 Subtract line 4 from line 3.	5	
6 Enter other adjustments, including income-based related adjustments	6	
7 Add lines 5 and 6	7	
8 Standard deduction if a qualified disaster loss was added to standard deduction.	8	
9 Total other adjustments. Add lines 7 and 8 and enter on Form 6251, line 3	9	

Alternative Minimum Taxable Income – Line 4

If married filing separately and Form 6251, line 4, is more than \$752,800:		
1 Alternative minimum taxable income, Form 6251	1	
2 Threshold amount	2	
3 Subtract line 2 from line 1	3	
4 Multiply line 3 by 25% (.25)	4	
5 Smaller of line 4 or \$57,300	5	
6 Add line 1 and line 5. Enter on Form 6251, line 4	6	

Exemption – Line 5

1 Enter \$73,600 if single or head of household, \$114,600 if married filing jointly or qualifying widow(er), \$57,300 if married filing separately	1	114,600.
2 Enter your alternative minimum taxable income from Form 6251, line 4	2	569,211.
3 Enter \$523,600 if single or head of household, \$1,047,200 if married filing jointly or qualifying widow(er), \$523,600 if married filing separately	3	1,047,200.
4 Subtract line 3 from line 2. If zero or less, enter -0-	4	0.
5 Multiply line 4 by 25% (.25)	5	0.
6 Subtract line 5 from line 1. If zero or less, enter -0-. Enter on 6251, line 5	6	114,600.

Form 6251
Line 7

Foreign Earned Income
Alternative Minimum Tax Worksheet

2021

► Keep for your records

Name(s) Shown on Return ABHILASH R MEKALA & SHRAVYA MARANGANTI		Social Security Number 658-20-5589
1	Enter the amount from Form 6251, line 6	1 _____
2 a	Enter the amount from your (and your spouse's if filing jointly) Form 2555, lines 45 and 50.	2a _____
b	Enter the total amount of any itemized deductions or exclusions you couldn't claim because they are related to excluded income	2b _____
c	Subtract line 2b from line 2a. If zero or less, enter 0	2c _____
3	Add line 1 and line 2c	3 _____
4	Tax on the amount on line 3. • If you reported capital gain distributions directly on Form 1040 or 1040-SR, line 7; or 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 or 1040-SR) (as refigured for the AMT, if necessary), enter the amount from line 3 of this worksheet on Form 6251, line 12. Complete the rest of Part III of Form 6251. However, before completing Part III, see <i>Form 2555</i> , later, to see if you must complete Part III with certain modifications. Then enter the amount from Form 6251, line 40, here. • All Others: If line 3 is \$199,900 or less (\$99,950 or less if married filing separately), multiply line 3 by 26% (0.26). Otherwise, multiply line 3 by 28% (0.28) and subtract \$3,998 (\$1,999 if married filing separately) from the result.	4 _____
5	Tax on amount on line 2c. If line 2c is \$199,900 or less (\$99,950 or less if married filing separately), multiply line 2c by 26% (0.26). Otherwise, multiply line 2c by 28% (0.28) and subtract \$3,998 (\$1,999 if married filing separately) from the result	5 _____
6	Subtract line 5 from line 4. Enter the result here and on Form 6251, line 7.	6 _____

Federal Carryover Worksheet

2021

► Keep for your records

Name(s) Shown on Return ABHILASH R MEKALA & SHRAVYA MARANGANTI	Social Security Number 658-20-5589
---	---------------------------------------

2020 State and Local Income Tax Information

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
CA			30,391.		8,760.	
Totals . .			30,391.		8,760.	

2020 State Extension Information

(a) State	(b) Paid With Extension

2020 Locality Extension Information

(a) Locality	(b) Paid With Extension

2020 State Estimates Information

(a) State	(c) Estimates Paid After 12/31

2020 Locality Estimates Information

(a) Locality	(c) Estimates Paid After 12/31

2020 State Taxes Due Information

(a) State	(e) Paid With Return

2020 Locality Taxes Due Information

(a) Locality	(e) Paid With Return

2020 State Refund Applied Information

(a) State	(g) Applied Amount

2020 Locality Refund Applied Information

(a) Locality	(g) Applied Amount

2020 State Tax Refund Information

(a) State	(d) Total Withheld/Pmts	(f) Total Overpayment
CA	30,391.	8,760.

2020 Locality Tax Refund Information

(a) Locality	(d) Total Withheld/Pmts	(f) Total Overpayment

Other Tax and Income Information			2020	2021
1	Filing status	1	2 MFJ	2 MFJ
2	Number of exemptions for blind or over 65 (0 - 4)	2		
3	Itemized deductions	3	36,117.	50,116.
4	Check box if required to itemize deductions	4	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income	5	361,708.	609,327.
6	Tax liability for Form 2210 or Form 2210-F	6	62,353.	150,377.
7	Alternative minimum tax	7		
8 a	Federal overpayment applied to next year estimated tax	8 a		
b	Federal extension payment for 2020 return	b		

QuickZoom to the IRA Information Worksheet for IRA information ►

Excess Contributions			2020	2021
9 a	Taxpayer's excess Archer MSA contributions as of 12/31	9 a		
b	Spouse's excess Archer MSA contributions as of 12/31	b		
10 a	Taxpayer's excess Coverdell ESA contributions as of 12/31	10 a		
b	Spouse's excess Coverdell ESA contributions as of 12/31	b		
11 a	Taxpayer's excess HSA contributions as of 12/31	11 a		
b	Spouse's excess HSA contributions as of 12/31	b		

Loss and Expense Carryovers			2020	2021
Note: Enter all entries as a positive amount				
12 a	Short-term capital loss	12 a	5,745.	2,520.
b	AMT Short-term capital loss	b	5,749.	2,524.
13 a	Long-term capital loss	13 a	0.	
b	AMT Long-term capital loss	b	0.	
14 a	Net operating loss available to carry forward	14 a		
b	AMT Net operating loss available to carry forward	b		
15 a	Investment interest expense disallowed	15 a		
b	AMT Investment interest expense disallowed	b		
16	Nonrecaptured net Section 1231 losses from:	16 a		
	a 2021	a		
	b 2020	b		
	c 2019	c		
	d 2018	d		
	e 2017	e		
	f 2016	f		
17	AMT Nonrecap'd net Sec 1231 losses from:	17 a		
	a 2021	a		
	b 2020	b		
	c 2019	c		
	d 2018	d		
	e 2017	e		
	f 2016	f		

Credit Carryovers				2020	2021
18	General business credit			18	
19	Adoption credit from:	a	2021	19 a	
		b	2020	b	
		c	2019	c	
		d	2018	d	
		e	2017	e	
		f	2016	f	
20	Mortgage interest credit from:	a	2021	20 a	
		b	2020	b	
		c	2019	c	
		d	2018	d	
21	Credit for prior year minimum tax			21	
22	District of Columbia first-time homebuyer credit			22	
23	Residential energy efficient property credit			23	
Other Carryovers				2020	2021
24	Section 179 expense deduction disallowed			24	
25	Excess foreign housing deduction:	a	Taxpayer (Form 2555, line 46)	25 a	
		b	Taxpayer (Form 2555, line 48)	b	
		c	Spouse (Form 2555, line 46)	c	
		d	Spouse (Form 2555, line 48)	d	

Charitable Contribution Carryovers

2020 Carryover of charitable contributions from:		Other Property		Capital Gain		Cash
		(a) 50%	(b) 30%	(c) 30%	(d) 20%	(e) 60/100%
a	2020					0.
b	2019					
c	2018					
d	2017					
e	2016					
2021 Carryover of charitable contributions from:		Other Property		Capital Gain		Cash
		(a) 50%	(b) 30%	(c) 30%	(d) 20%	(e) 60/100%
a	2021					0.
b	2020					
c	2019					
d	2018					
e	2017					
28	Amount overpaid less earned income credit					11,386.

Qualified Business Income Deduction (Section 199A) carryovers

Qualified Business Income Deduction (Section 199A) carryovers				2020	2021
29	Qualified business loss carryforward			29	
30	Qualified PTP loss carryforward			30	
31	Applicable percentage	2018	31 a		
		2019	b		
		2020	b		

2020 State Capital Loss Carryovers (For users not transferring from the prior year)

State ID	Short-term Capital Loss for State	AMT Short-term Capital Loss for State	Long-term Capital Loss for State	AMT Long-term Capital Loss for State	Capital Loss (combined) for State	AMT Capital Loss (combined) for State

IRA Information Worksheet

2021

► Keep for your records

Name(s) Shown on Return ABHILASH R MEKALA & SHRAVYA MARANGANTI	Social Security Number 658-20-5589
---	---------------------------------------

Part I Traditional IRA		Taxpayer	Spouse
Basis and Value			
1	Total basis in traditional IRAs		
2	Year-end value on 12/31/2021		
3	Basis carryover as of 12/31/2021		
Excess Contributions			
4	Excess contributions as of 12/31/2020		
5	Carryover of excess contributions to 2022		
Part II Roth IRA		Taxpayer	Spouse
Basis (Contribution and Conversion History)			
6	Basis in Roth IRA contributions		
7	Basis in Roth IRA conversions		
8	Contribution basis carryover as of 12/31/2021		
9	Conversion basis carryover as of 12/31/2021		
Excess Contributions			
10	Excess contributions as of 12/31/2020		
11	Carryover of excess contributions to 2022		
Part III Traditional IRA Basis Detail		Taxpayer	Spouse
12	Basis for 2020 and earlier years		
13	Adjustment due to return of excess contributions		
14	Rollover of nontaxable portion of a qualified retirement plan		
15	Basis received from former spouse due to divorce or inherited		
16	Basis transferred to former spouse due to divorce		
17	Adjusted total basis in Traditional IRAs		
Part IV Traditional IRA Year-end Value Detail		Taxpayer	Spouse
18	Enter the combined value of all traditional IRAs (including SEP and SIMPLE IRAs) on 12/31/2021 <i>(See Help)</i>		
19	If any amounts were recharacterized either to or from any traditional IRA, enter the net amounts recharacterized after 12/31/2021. qualified charitable distributions (QCD) made in Jan. 2022 to be treated as made in December 2021 <i>(See Help)</i> .		
20	Enter the total amount of any traditional IRA distributions that you rolled over, or intend to roll over, to another traditional IRA, but the rollover was (or will be) made after 12/31/2021		
21	Check this box if you converted all of the traditional IRAs you had in 2021 to Roth IRAs in 2021	<input type="checkbox"/>	<input type="checkbox"/>

IRA Information Worksheet

► Keep for your records

2021

Page 2

Name(s) Shown on Return

ABHILASH R MEKALA & SHRAVYA MARANGANTI

Social Security Number

658-20-5589

Part V Roth IRA Contribution and Conversion Balances		Taxpayer	Spouse
22	Opened a Roth IRA before 2017	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2020 Balances (Basis - Before 2021 Transactions)			
23	Cumulative regular Roth IRA contributions, including rollovers from Roth 401(k) and Roth 403(b)		
24	Cumulative pre 2017 conversions - taxable and nontaxable		
25	2017 conversion contributions taxable at conversion		
26	2017 conversion contributions not taxable at conversion		
27	2018 conversion contributions taxable at conversion		
28	2018 conversion contributions not taxable at conversion		
29	2019 conversion contributions taxable at conversion		
30	2019 conversion contributions not taxable at conversion		
31	2020 conversion contributions taxable at conversion		
32	2020 conversion contributions not taxable at conversion		
2021 Transactions - Contributions		Taxpayer	Spouse
33	Regular Roth IRA contributions		
34	Rollover from Roth 401(k) and Roth 403(b)		
35	Conversion contributions taxable at conversion		
36	Conversion contributions not taxable at conversion		
37	Repayments of qualified Roth reservist distributions		
2021 Transactions - Distributions			
38	Distributions from regular Roth IRA contributions and from rollovers from Roth 401(k) and Roth 403(b)		
39	Distributions from cumulative pre 2017 conversions		
40	Distributions from 2017 conversions taxable at conversion		
41	Distribs. from 2017 conversions not taxable at conversion		
42	Distributions from 2018 conversions taxable at conversion		
43	Distribs. from 2018 conversions not taxable at conversion		
44	Distributions from 2019 conversions taxable at conversion		
45	Distribs. from 2019 conversions not taxable at conversion		
46	Distributions from 2020 conversions taxable at conversion		
47	Distribs. from 2020 conversions not taxable at conversion		
48	Distributions from 2021 conversions taxable at conversion		
49	Distribs. from 2021 conversions not taxable at conversion		
50	Did you have any open Roth IRA accounts on 12/31/2021?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Balance c/over to 2022 (Basis - After 2021 Transactions)			
51	Cumulative regular Roth IRA contributions, including rollovers from Roth 401(k) and Roth 403(b)		
52	Cumulative pre 2018 conversions - taxable and nontaxable		
53	2018 conversion contributions taxable at conversion		
54	2018 conversion contributions not taxable at conversion		
55	2019 conversion contributions taxable at conversion		
56	2019 conversion contributions not taxable at conversion		
57	2020 conversion contributions taxable at conversion		
58	2020 conversion contributions not taxable at conversion		
59	2021 conversion contributions taxable at conversion		
60	2021 conversion contributions not taxable at conversion		

IRA Information Worksheet

► Keep for your records

2021

Page 3

Name(s) Shown on Return

ABHILASH R MEKALA & SHRAVYA MARANGANTI

Social Security Number

658-20-5589

Part VI Roth IRA Basis Adjustments		Taxpayer	Spouse
Received From Former Spouse due to Divorce or Inheritance			
	Cumulative regular Roth IRA contributions, including rollovers from Roth 401(k) and Roth 403(b)		
61			
62	Cumulative pre 2017 conversions - taxable and nontaxable		
63	2017 conversion contributions taxable at conversion		
64	2017 conversion contributions not taxable at conversion		
65	2018 conversion contributions taxable at conversion		
66	2018 conversion contributions not taxable at conversion		
67	2019 conversion contributions taxable at conversion		
68	2019 conversion contributions not taxable at conversion		
69	2020 conversion contributions taxable at conversion		
70	2020 conversion contributions not taxable at conversion		
71	2021 conversion contributions taxable at conversion		
72	2021 conversion contributions not taxable at conversion		
Transferred To Former Spouse due to Divorce			
	Cumulative regular Roth IRA contributions, including rollovers from Roth 401(k) and Roth 403(b)		
73			
74	Cumulative pre 2017 conversions - taxable and nontaxable		
75	2017 conversion contributions taxable at conversion		
76	2017 conversion contributions not taxable at conversion		
77	2018 conversion contributions taxable at conversion		
78	2018 conversion contributions not taxable at conversion		
79	2019 conversion contributions taxable at conversion		
80	2019 conversion contributions not taxable at conversion		
81	2020 conversion contributions taxable at conversion		
82	2020 conversion contributions not taxable at conversion		
83	2021 conversion contributions taxable at conversion		
84	2021 conversion contributions not taxable at conversion		

Form 8582
Line 7

Modified Adjusted Gross Income Worksheet

2021

► Keep for your records

Name(s) Shown on Return

ABHILASH R MEKALA & SHRAVYA MARANGANTI

Social Security Number

658-20-5589

Description	Amount
Income	
Wages	609,449.
Interest income before Series EE bond exclusion	
Dividend income	2,878.
Tax refund	0.
Alimony received	
Nonpassive business income or loss	
Royalty and nonpassive rental activities income or loss	
Nonpassive partnership income or loss	
Nonpassive S corporation income or loss	
Nonpassive farm rental income or loss	
Nonpassive farm income or loss	
Nonpassive estate and trust income or loss	
Real estate mortgage investment conduits	
Business gains and losses from nonpassive activities	
Capital gains and losses	-3,000.
Taxable IRA distributions	
Taxable pension distributions	
Unemployment compensation	
Other income	
Total income	609,327.
Adjustments	
Educator expenses	
Certain business expenses of reservists, performing artists, and government officials	
Health savings account deduction	
Moving expenses	
Self-employed SEP, SIMPLE, and qualified plans	
Self-employed health insurance deduction	
Penalty on early withdrawals of savings	
Alimony paid	
Other adjustments	
Total adjustments	
Modified adjusted gross income	609,327.

Depreciation Options

2021

Name(s) Shown on Return

ABHILASH R MEKALA & SHRAVYA MARANGANTI

Social Security Number

658-20-5589

Depreciation for Miscellaneous 2% Itemized Deductions and Form 2106

- 1 Enable state depreciation calculation for assets and vehicles associated with Form 2106 that contain a miscellaneous 2% itemized deduction ☐ Yes ☒ No
- 2 Enable state depreciation calculation for assets associated with Miscellaneous 2% Itemized Deductions ☐ Yes ☒ No

MACRS Convention and Computation

☒ Compute convention (result shown below).

When 'Compute convention' is checked, the program automatically determines which convention applies to MACRS personal property assets placed in service in 2021, and checks the appropriate box below. If 'Compute Convention' is unchecked, the program uses the 'Half-year convention' unless you check 'Mid-quarter convention.'

- 1 ☒ Half-year convention
- 2 ☐ Mid-quarter convention
- 3 Use IRS tables for all MACRS property placed in service this year? ☐ Yes ☒ No

Federal Section 179 Information

If more than one business activity is claiming a Section 179 expense deduction, the limitation must be computed on a separate copy of Form 4562, per the IRS instructions. This is the copy that appears on the menu as Form 4562:Section 179 Limitation. Please review Tax Help for instructions on allocating the allowable Section 179 back to the individual activities when the deduction is limited.

If only one business activity is claiming a Section 179 expense deduction, the limitation will be computed on the Form 4562 for that activity.

- | | | |
|--|-----|---|
| 1 a Elect to treat Qualified Real Property as "Section 179 Property" | 1 a | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| b Calculated "Total cost of Section 179 property placed in service" | b | |
| c Additions or subtractions to calculated total on line 1a | c | |
| 2 If Married Filing Separately, enter: | | |
| a Total cost of eligible property placed in service this year by spouse. | 2 a | |
| b Allocation percentage elected for your return, if other than 50%. | b | % |
| c Section 179 elected on Qualified Real Property this year by spouse | c | |
| 3 a Taxable income computed for the Section 179 limitation | 3 a | 609,449. |
| b Additions or subtractions to taxable income | b | |

State Depreciation

Enter the State ID of all states for which you want depreciation computed. A corresponding state record will be created on all assets and vehicles in the Federal return.

Note: Only supported states may be selected. Not applicable to California. California depreciation data must be entered in the state return.

To delete or change a state:

- Check the "Yes" box for "Delete this state's depreciation data from the Federal file now"
- Delete the entry in the "State" field, or change it to the desired state
- Check the "No" box for "Delete this state's depreciation data from the Federal file now"

States currently entered: _____

- | | | |
|---|--|--|
| State | State | |
| Delete this state's depreciation data from Federal file when transferring to 2022 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Delete this state's depreciation data from the Federal file now | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| State | State | |
| Delete this state's depreciation data from Federal file when transferring to 2022 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Delete this state's depreciation data from the Federal file now | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

State Section 179 Dollar Limitation

1	State.	1	
2 a	Married Filing Separately for state? If Yes, enter:	2 a	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	Total cost of state eligible property placed in service this year by spouse . . .	b	
c	Allocation percentage elected for state return	c	%
d	State Section 179 elected on Qualified Real Property this year by spouse . .	d	
3 a	Elect to treat state Qualified Real Property as "Section 179 Property".	3 a	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	Calculated "Total cost of state Section 179 property placed in service"	b	
c	Additions or subtractions to state calculated value	c	
4	State maximum amount	4	
5	State threshold cost of Section 179 property.	5	
6	Reduction in state limitation (Line 3b less line 5, not less than 0)	6	
7	State dollar limitation (Ln 4 less Ln 6, not less than 0. MFS, times Ln 2d) . . .	7	
8	Total state Section 179 elected (Cannot exceed line 7).	8	
9	Total state Section 179 elected on Qualified Real Property.	9	

State Defaults for post-2017 TCJA Autos/Trucks & Farm PropertyCheck box to reset all state Asset Class defaults shown below. ☐

STATE CALC		Autos & Trucks		STATE CALC		Farm Property	
State	F/S conformity	Start	End	F/S conformity	Start	End	
AL	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
AZ	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
AR	State	01/01/2019	PERMANENT	State	01/01/2019	PERMANENT	
		See State Asset Class Default Statement				See State 2009 Economic Stimulus Default Statement	

State Defaults for Economic Stimulus Depreciation Allowance and 2021 Section 179

Note: Only supported states are shown

Check box to reset all state Economic Stimulus defaults shown below. ☐

STATE CALC		STIMULUS BONUS DEPRECIATION			2021 SECTION 179		
State	F/S conformity	1st yr	Stimulus start	Stimulus end	1st yr	Maximum	Threshold
AL	State	Full	12/31/2008	12/31/2027	Full	1,050,000.	2,620,000.
AZ	State	Full	12/31/2012	12/31/2027	Part	1,050,000.	2,620,000.
AR	State	N/A	N/A	N/A	Full	25,000.	200,000.
					See State 2009 Economic Stimulus Default Statement		

State Defaults for Qualified Disaster Area Depreciation Allowance and Section 179Check box to reset all state Qualified Disaster Area defaults shown below. ☐

STATE CALC		DISASTER AREA BONUS DEPRECIATION			DISASTER AREA SECTION 179		
State	F/S conformity	1st yr	Disaster Area start	Disaster Area end	1st yr	Maximum Increase	Threshold Increase
AL	None	N/A	N/A	N/A	N/A	0.	0.
AZ	State	N/A	12/31/2007	12/31/2013	Part	100,000.	600,000.
AR	None	N/A	N/A	N/A	N/A	0.	0.
					See State Qualified Disaster Area Default Statement		

State Defaults for Kansas Disaster Zone Depreciation Allowance and Section 179Check box to reset all state Kansas Disaster Zone defaults shown below ☐

STATE CALC		KANSAS ZONE BONUS DEPRECIATION			KANSAS ZONE SECTION 179		
State	F/S conformity	1st yr	Kansas Zone start	Kansas Zone end	1st yr	Maximum Increase	Threshold Increase
AL	None	N/A	N/A	N/A	N/A	0.	0.
AZ	State	N/A	05/04/2007	12/31/2009	Part	100,000.	600,000.
AR	None	N/A	N/A	N/A	N/A	0.	0.
						See State Kansas Disaster Zone Default Statement	

State Defaults for Cellulosic Biomass Ethanol Plant Property (CBEPP)Check box to reset all state CBEPP defaults shown below ☐

STATE CALC		CBEPP BONUS DEPRECIATION		
State	F/S conformity	1st yr	CBEPP start	CBEPP end
AL	Federal	Full	12/20/2006	12/31/2020
AZ	Federal	Full	12/20/2006	12/31/2020
AR	None	N/A	N/A	N/A
			See State CBEPP Default Statement	

State Defaults for GO Zone Depreciation Allowance and GO Zone Section 179Check box to reset all state GO Zone defaults shown below ☐

STATE CALC		GO ZONE BONUS DEPRECIATION			GO ZONE SECTION 179		
State	F/S conformity	1st yr	GO Zone start	GO Zone end	1st yr	Maximum Increase	Threshold Increase
AL	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
AZ	State	Full	08/28/2005	03/30/2012	Part	100,000.	600,000.
AR	None	N/A	N/A	N/A	N/A	0.	0.
						See State GO Zone Default Statement	

State Defaults for Pre-2006 Special Depreciation Allowance (SDA), and Trucks/VansCheck box to reset all state SDA & Truck/Van defaults shown below ☐

STATE CALC		PRE-2006 SPECIAL DEPRECIATION ALLOWANCE						Truck
State	F/S calc	SDA %	1st yr	30% start	30% end	50% start	50% end	/Van
AL	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
AZ	State	None	N/A	N/A	N/A	N/A	N/A	Y
AR	State	None	N/A	N/A	N/A	N/A	N/A	Y
				See State Pre-2006 SDA Default Statement				

State Defaults for Sec 179 on Computer Software & Qualified Real PropertyCheck box to reset all state Sec 179 defaults shown below ☐

STATE CALC		COMPUTER SOFTWARE		STATE CALC		QUALIFIED REAL PROPERTY	
						& 179 Lodging Property	
State	F/S conformity	Start	End	F/S conformity	Start	End	
AL	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT	
AZ	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT	
AR	Federal	TY2003	PERMANENT	None	N/A	N/A	
			See State Software/Real Property Sec 179 Default Statement				

State Defaults for Asset Class on Qualified Real Property & Farm Machinery/EquipmentCheck box to reset all state Asset Class defaults shown below ☐

STATE CALC		FARM & RETAIL		STATE CALC		QUAL IMPROVEMENT PROP	
State	F/S conformity	Start	End	F/S conformity	Start	End	
AL	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT	
AZ	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT	
AR	Federal	12/31/2008	12/31/2017	State	10/22/2004	12/31/2017	
			See State Asset Class Default Statement				

State Defaults for Taking Economic Stimulus Depreciation Allowance on Fruit/Nut Tree/Vine in Year Planted/Grafted

 Check box to reset defaults shown below. ☐

STATE CALC			Fruit/Nut Tree/Vine SDA	
State	F/S conformity	1st yr	Start	End
AL	Federal	Full	12/31/15	12/31/27
AZ	State	Full	12/31/12	12/31/27
AR	State	N/A	N/A	N/A
			See Fruit/Nut Tree/Vine SDA in Year Planted/Grafted	

Two-Year Comparison

2021

Name(s) Shown on Return ABHILASH R MEKALA & SHRAVYA MARANGANTI			Social Security Number	
Income	2020	2021	Difference	%
Wages, salaries, tips, etc	347,345.	609,449.	262,104.	75.46
Interest and dividend income	611.	2,878.	2,267.	371.03
State tax refund	0.	0.	0.	
Business income (loss)				
Capital and other gains (losses)	-3,000.	-3,000.	0.	0.00
IRA distributions				
Pensions and annuities				
Rents and royalties	5,202.		-5,202.	-100.00
Partnerships, S Corps, etc				
Farm income (loss)				
Social security benefits				
Income other than the above	11,550.		-11,550.	-100.00
Total Income	361,708.	609,327.	247,619.	68.46
Adjustments to Income				
Adjusted Gross Income	361,708.	609,327.	247,619.	68.46
Itemized Deductions				
Medical and dental	0.		0.	
Income or sales tax	31,515.	56,063.	24,548.	77.89
Real estate taxes	11,950.	19,247.	7,297.	61.06
Personal property and other taxes	600.	1,800.	1,200.	200.00
Interest paid	24,017.	25,716.	1,699.	7.07
Gifts to charity	2,100.	14,400.	12,300.	585.71
Casualty and theft losses				
Miscellaneous				
Total Itemized Deductions	36,117.	50,116.	13,999.	38.76
Standard or Itemized Deduction	36,117.	50,116.	13,999.	38.76
Qualified Business Income Deduction				
Taxable Income	325,591.	559,211.	233,620.	71.75
Income tax	66,248.	144,805.	78,557.	118.58
Additional income taxes				
Alternative minimum tax				
Total Income Taxes	66,248.	144,805.	78,557.	118.58
Nonbusiness credits	5,200.		-5,200.	-100.00
Business credits				
Total Credits	5,200.		-5,200.	-100.00
Self-employment tax				
Other taxes	1,305.	5,572.	4,267.	326.97
Total Tax After Credits	62,353.	150,377.	88,024.	141.17
Withholding	69,357.	125,623.	56,266.	81.13
Estimated and extension payments				
Earned income credit				
Additional child tax credit				
Other payments	4,382.	0.	-4,382.	-100.00
Total Payments	73,739.	125,623.	51,884.	70.36
Form 2210 penalty				
Applied to next year's estimated tax				
Refund	11,386.		-11,386.	-100.00
Balance Due		24,754.	24,754.	

Current year effective tax rate 23.76 %

Tax Summary
► Keep for your records

2021

Name (s)

ABHILASH R MEKALA & SHRAVYA MARANGANTI

Total income	609,327.
Adjustments to income	
Adjusted gross income	609,327.
Itemized/standard deduction	50,116.
Qualified business income deduction	
Taxable income	559,211.
Tentative tax	144,805.
Additional taxes	
Alternative minimum tax	
Total credits	
Other taxes	5,572.
Total tax	150,377.
Total payments	125,623.
Estimated tax penalty	
Amount Overpaid	0.
Refund	0.
Amount Applied to Estimate	0.
Balance due	24,754.

Recovery Rebate Credit Worksheet

2021

Name(s) Shown on Return

ABHILASH R MEKALA & SHRAVYA MARANGANTI

Social Security No.

658-20-5589

This worksheet is used to compute the allowed recovery rebate credit for line 30 of Form 1040 or 1040-SR after accounting for any economic stimulus payment previously received.

<p>1 Can you be claimed as a dependent on another person's 2021 return?</p> <p><input checked="" type="checkbox"/> No. Go to line 2</p> <p><input type="checkbox"/> Yes. Stop. You can't take the credit. Don't complete the rest of this worksheet</p> <p>2 Does your 2021 return include a social security number that was issued on or before the due date of your 2021 return (including extensions) for you and, if filing a joint return, your spouse?</p> <p><input checked="" type="checkbox"/> Yes. Go to line 6</p> <p><input type="checkbox"/> No. If you are filing a joint return, go to line 3.</p> <p style="padding-left: 20px;">If you aren't filing a joint return, go to line 5.</p> <p>3 Was at least one of you a member of the U.S. Armed Forces at any time during 2020, and does at least one of you have a social security number that was issued on or before the due date of your 2021 return (including extensions)?</p> <p><input type="checkbox"/> Yes. Your credit is not limited. Go to line 6.</p> <p><input type="checkbox"/> No. Go to line 4.</p> <p>4 Does one of you have a social security number that was issued on or before the due date of your 2021 return (including extensions)?</p> <p><input type="checkbox"/> Yes. Your credit is limited. Go to line 6.</p> <p><input type="checkbox"/> No. Go to line 5</p> <p>5 Do you have any dependents listed in the Dependents section on page 1 of Form 1040 or 1040-SR for whom you entered a social security number that was issued on or before the due date of your 2021 return (including extensions) or an adoption taxpayer identification number?</p> <p><input type="checkbox"/> Yes. Enter 0 on line 6 and go to line 7.</p> <p><input type="checkbox"/> No. Stop. You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on Form 1040, line 30.</p> <p>6 Enter: • \$1,400 if single, head of household, married filing separately, qualifying widow(er). • \$1,400 if married filing jointly and you answered "Yes" to question 4, or • \$2,800 if married filing jointly and you answered "Yes" to question 2 or 3</p> <p>7 Multiply \$1,400 by the number of dependents listed in the Dependents section on page 1 of Form 1040 or 1040-SR for whom you entered a social security number that was issued on or before the due date of your 2021 return (including identification number</p> <p>8 Add lines 6 and 7</p> <p>9 Is the amount on line 11 of Form 1040 or 1040-SR more than the amount shown below for your filing status?</p> <p style="padding-left: 20px;">• Single or married filing separately-\$75,000 • Married filing jointly or qualifying widow(er)-\$150,000 • Head of household-\$112,500</p> <p><input checked="" type="checkbox"/> Yes. Enter the amount from line 11 of Form 1040 or 1040-SR and go to line 10</p> <p><input type="checkbox"/> No. Enter the amount from line 8 on line 12 and skip lines 10 and 11</p> <p>10 Is line 9 more than the amount shown below for your filing status?</p> <p style="padding-left: 20px;">• Single or married filing separately-\$80,000 • Married filing jointly or qualifying widow(er)-\$160,000 • Head of household-\$120,000</p> <p><input checked="" type="checkbox"/> Yes. Stop. You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on Form 1040, line 30.</p> <p><input type="checkbox"/> No. Subtract line 9 from the amount shown above for your filing status.</p> <p>11 Divide line 10 by the amount shown below for your filing status. Enter the result as a decimal (rounded to at least 2 places).</p> <p style="padding-left: 20px;">• Single or married filing separately-\$5,000 • Married filing jointly or qualifying widow(er)-\$10,000 • Head of household-\$7,500</p> <p>12 Multiply line 8 by line 11.</p> <p>13 Enter the amount, if any, of EIP 3 that was issued to you. If filing a joint return, include the amount, if any, of your spouse's EIP 3. You may refer to Notice 1444-C or your tax account information at IRS.gov/Account for the amount to enter here</p> <p>14 Recovery rebate credit. Subtract line 13 from line 12. If zero or less, enter -0-. If line 13 is more than line 12, you don't have to pay back the difference. Enter the result here and, if more than zero, on line 30 of Form 1040 or 1040-SR.</p>	<p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p>	<p style="text-align: right;">2,800.</p> <p style="text-align: right;">2,800.</p> <p style="text-align: right;">5,600.</p> <p style="text-align: right;">609,327.</p>
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Compare to U. S. Averages

► Keep for your records

2021

Name(s) Shown on Return ABHILASH R MEKALA & SHRAVYA MARANGANTI	Social Security No 658-20-5589
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Your 2021 adjusted gross income (AGI) 609,327.
National adjusted gross income range used below from 250,000. to 999,999,999.

Note: National average amounts have been adjusted for inflation. See Help for details.

Selected Income, Deductions, and Credits	Actual Per Return	National Average
Salaries and wages	609,449.	420,672.
Taxable interest		9,774.
Tax-exempt interest	0.	22,018.
Dividends	2,878.	40,627.
Business net income less loss		117,046.
Net capital gain		224,792.
Net capital loss	-3,000.	2,572.
Taxable IRAs pensions and annuities		55,785.
Rent and royalty net income less loss		59,269.
Partnership and S corporation net income less loss		412,887.
Taxable social security benefits		29,596.
Medical and dental expenses deduction		33,938.
Taxes paid deduction	10,000.	54,302.
Interest paid deduction	25,716.	17,191.
Charitable contributions deduction	14,400.	23,799.
Total itemized deductions	50,116.	86,708.
Child care credit		605.
Education tax credits		0.
Child tax credit		0.
Retirement savings contributions credit		0.
Earned income credit		0.
Other Information	Actual Per Return	National Average
Adjusted gross income	609,327.	702,893.
Taxable income	559,211.	615,462.
Income tax	144,805.	177,999.
Alternative minimum tax		8,305.
Total tax liability	150,377.	183,156.

Estimated Taxes and Form W-4 Worksheet

Name: ABHILASH R MEKALA & SHRAVYA MARANGANTI
SSN: 658-20-5589

Note: To calculate additional withholding for more than 3 jobs between taxpayer and spouse, or if the lowest paying job earns more than \$120,000 - see the IRS W-4 Calculator at www.irs.gov/W4App.

Choose the Method You Will Use to Pay Your 2022 Federal Income Taxes

- ☐ By withholding from my paychecks. (You will also need to complete the **Additional Information for Form W-4 Worksheet**. QuickZoom below.)
- ☒ By making estimated tax payments. If estimated payments are in addition to withholding, my estimated 2022 withholding will be _____.
- Overpayment from my 2021 return. _____ 0.
- Amount of my 2021 overpayment to apply to 2022 instead of refunding it _____.

Enter Your Filing Status and Other Information for Your 2022 Tax Return

Choose your filing status 2 - Married filing jointly

Taxpayer age as of the end of 2022 40

Spouse age as of the end of 2022 39

Do you qualify for an additional standard deduction?

Taxpayer:

Spouse:

Total 0

☐ Check if you must itemize in 2022. (See Tax Help.)

Dependent of Another

☐ Check if you will be the dependent of another person (but not if married filing jointly).

Dependents on return:

	2021	2022
Number of qualifying children dependents age 16 and under	2	2
Number of qualifying children dependents age 17 to 23	0	0
Number of other dependents on return	0	0

Enter Your 2022 Income and Deductions in 2nd column

	2021 Actual	2022 Expected
Compensation:		
Annual wages and salary for taxpayer	401,056.	
Medicare wages for taxpayer (W-2 box 5)	420,555.	
Annual wages and salary for spouse	208,393.	
Medicare wages for spouse (W-2 box 5)	226,064.	
Self-employment Income:		
Schedule C income for taxpayer		
Schedule C income for spouse		
Schedule F & K-1 income for taxpayer		
Schedule F & K-1 income for spouse		
Conservation Reserve Program Payments for taxpayer		
Conservation Reserve Program Payments for spouse		
Annual net income from self-employment for taxpayer		
Annual net income from self-employment for spouse		

W-2: ☐ Check to populate W-2 table from 2021 return

Employer **Owner** **Wages** **2021 Withholding** **2022 Wages** **2022 Withholding**

Schedule C: ☐ Check to populate Schedule C table from 2021 return

Name **Owner** **2021 Income** **2021 Expenses** **2022 Income** **2022 Expenses**

Other Tax Information:			
Note: Include this income in the Other Income section below.			
Net Investment Income for 3.8% tax	0 .		
Qualified dividends	49 .		
Maximum Capital Gains Rate Tax Information:			
Net short-term capital gains or losses	-5,577 .		
Net long-term capital gains or losses	57 .		
Net 28%-rate capital gains included in long-term			
Unrecap'd Sec 1250 gains incl in long-term (<i>see Tax Help</i>)			
Investment income election (<i>see Tax Help</i>)			
Other Income:			
Total of your other taxable income and losses (<i>see Tax Help</i>) . . .	2,878 .		
Foreign income or housing exclusions.			
Adjustments:			
Deductible IRA contributions, alimony, etc			
Itemized Deductions:			
Total medical expenses	0 .		
State and local property and income taxes (or sales tax)	10,000 .		
Deductible foreign income taxes			
Deductible mortgage interest	25,716 .		
Cash charitable contributions	14,400 .		
Other charitable contributions			
Deductible investment interest expense, casualty or theft losses (<i>see Tax Help</i>)			
Other itemized deductions			
Net qualified disaster loss (<i>see Tax Help</i>)			
Standard Deduction:			
Standard deduction	25,100 .	25,900 .	
Charitable cash contributions if using the standard deduction			

Deduction Allowed:		
Deduction (<i>greater of standard+qual'd disaster loss or item'd</i>)	50,116.	25,900.
Other Deduction:		
Qualified business income deduction (<i>see Tax Help</i>)		
Credits:		
Earned Income Tax Credit		
Child Tax Credit		0.
Child and Dependent Care Credit		
Education Credits		
Other Credits.		

Income Tax Calculation for Your 2022 Tax Return	2021 Actual	2022 Expected
Taxable income	559,211.	0.
Income tax	144,805.	
Alternative minimum tax (Enter Alt Min tax expected in 2022) . . .		
Premium tax credit repayment (Enter amt expected for 2022) . . .		
Total credits (Enter credits expected in 2022)		0.
Tax on self-employment income and add'l 0.9% Medicare tax . . .	3,570.	0.
Net investment income tax (3.8%)		0.
Other taxes (Enter other taxes expected in 2022)	2,002.	
Total federal income tax	150,377.	0.

Enter the Tax Payments You've Already Made for Your 2022 Tax Return	
The federal income tax actually withheld from your paychecks to date	
Taxpayer	
Spouse	
Federal estimated tax payments you've already made	
Payment number 1 (April 18, 2022)	
Payment number 2 (June 15, 2022)	
Payment number 3 (September 15, 2022)	
2021 federal overpayment credited to 2022 (<i>from page 1 above</i>)	
Total taxes paid to date	
Balance of payments needed or (expected refund)	0.

Summary of Taxes to be Paid for 2022	
Federal income taxes to be withheld from your paychecks	
Your 2021 federal overpayment you applied to 2022	
Your 2022 federal estimated taxes,	
based on <u>110% of your 2021 actual tax</u>	39,792.
Estimate of total payments you will need to make for 2022	39,792.

Estimated Tax Payment Options

Name:	<u>ABHILASH R MEKALA & SHRAVYA MARANGANTI</u>
SSN:	<u>658-20-5589</u>

Prepare My 2022 Estimated Taxes Based on	Tax Amount
<input type="checkbox"/> 90% of tax on your 2022 estimated taxable income	0.
<input type="checkbox"/> 100% of tax on your 2022 estimated taxable income	0.
<input type="checkbox"/> 66-2/3% of tax on your 2022 estimated taxable income (for farmers and fishermen only, see Tax Help)	0.
<input checked="" type="checkbox"/> 100% (110%) of your 2021 taxes (prior-year exception) Note: If your 2021 taxes were less than \$1000, see Tax Help	165,415.

Amount of Estimated Taxes to Pay in 2022	
Taxes based on method above	165,415.
Expected withholding for 2022 . . . (.2021 actual withholding)	125,623.
Taxes due after withholding	39,792.
Estimates you've already paid	
Last year's overpayment you applied to this year	
Balance of estimated taxes due	39,792.

Round My Payments Up
<input type="checkbox"/> To the next \$10 <input type="checkbox"/> To the next \$100

Prepare Estimated Tax Payment Vouchers
<input checked="" type="checkbox"/> The amount of estimated taxes due is \$1,000 or more (see Tax Help) <input type="checkbox"/> Even if the amount of estimated taxes due is less than \$1,000 <input type="checkbox"/> No, do not prepare estimated tax payment vouchers

Schedule of Estimated Tax Payments for 2022	
Check the box for the payment date due next. We will prepare your vouchers based on your choice.	
<input type="checkbox"/> Payment number 1, due April 18, 2022	9,948.
<input type="checkbox"/> Payment number 2, due June 15, 2022	9,948.
<input type="checkbox"/> Payment number 3, due September 15, 2022	9,948.
<input type="checkbox"/> Payment number 4, due January 17, 2023	9,948.

Total estimated tax payments for 2022	39,792.
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Print Estimated Tax Vouchers
<input checked="" type="checkbox"/> Yes, print those prepared by program <input type="checkbox"/> No, I will use those supplied by the I.R.S. and write in the amounts

Additional Information for Form W-4

Name:	<u>ABHILASH R MEKALA & SHRAVYA MARANGANTI</u>
SSN:	<u>658-20-5589</u>

Note: To calculate additional withholding for more than 3 jobs between taxpayer and spouse, or if the lowest paying job earns more than \$120,000 - see the IRS W-4 Calculator at www.irs.gov/W4App.

<input type="checkbox"/> This box will be checked if your entries on the Estimated Taxes and Form W-4 Worksheet indicate that this worksheet and Form W-4 are necessary for your next year's plan.		
Enter Salary and Pay Periods for 2022 Your annual salary for this year Salary you have already received in 2022 Your remaining salary for this year Number of paychecks you have remaining this year How often you are paid Your gross salary per pay period	Taxpayer <hr/> <hr/> <hr/> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <hr/> <hr/>	Spouse <hr/> <hr/> <hr/> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <hr/> <hr/>

Form W-4 Personal Withholding Adjustments Withholding status Additional withholding per pay period Estimated future withholding per pay period Estimated future withholding through remainder of year Top tax rate being withheld	Taxpayer <hr/> <hr/> <hr/> <hr/> <div style="text-align: right;">%</div>	Spouse <hr/> <hr/> <hr/> <hr/> <div style="text-align: right;">%</div>
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Change in Federal Income Tax Withholding per Pay Period See tax help for more information. Current withholding per pay period Estimated future withholding per pay period Increase/(decrease) in net pay per pay period	Taxpayer <hr/> <hr/> <hr/>	Spouse <hr/> <hr/> <hr/>
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Summary of Federal Income Taxes to be Withheld in 2022: Total taxes withheld to date, entered on ES & Form W4 Worksheet and future withholding from above. Taxpayer's withholding Spouse's withholding Total withholding	<hr/> <hr/> <hr/>
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ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

Taxpayer: ABHILASH R MEKALA & SHRAVYA MARANGANTI

Primary SSN: 658-20-5589

Federal Return Submitted: Your return was electronically transmitted on 04/09/2022

Federal Return Acceptance Date: _____

Your return was electronically transmitted on 04/09/2022

The Intuit Electronic Postmark shows the date and time Intuit received your federal tax return. The Intuit Electronic Postmark documents the filing date of your income tax return, and the electronic postmark information should be kept on file with your tax return and other tax-related documentation.

There are two important aspects of the Intuit Electronic Postmark:

1. THE INTUIT ELECTRONIC POSTMARK.

The electronic postmark shows the date and time Intuit received the federal return, and is deemed the filing date if the date of the electronic postmark is on or before the date prescribed for filing of the federal individual income tax return.

TIMELY FILING:

For your federal return to be considered filed on time, your return must be postmarked on or before midnight . Intuit's electronic postmark is issued in the Pacific Time (PT) zone. If you are not filing in the PT zone, you will need to add or subtract hours from the Intuit Electronic Postmark time to determine your local postmark time. For example, if you are filing in the Eastern Time (ET) zone, and you electronically file your return at 9 AM on , your Intuit electronic postmark will indicate , 6 AM. If your federal tax return is rejected, the IRS still considers it filed on time if the electronic postmark is on or before , and a corrected return is submitted and accepted before . If your return is submitted after , a new time stamp is issued to reflect that your return was submitted after the IRS deadline, and consequently, is no longer considered to have been filed on time.

If you request an automatic six-month extension, your return must be electronically postmarked by midnight . If your federal tax return is rejected, the IRS will still consider it filed on time if the electronic postmark is on or before , and the corrected return is submitted and accepted by

2. THE ACCEPTANCE DATE.

Once the IRS accepts the electronically filed return, the acceptance date will be provided by the Intuit Electronic Filing Center. This date is proof that the IRS accepted the electronically filed return.

We need your consent - Early Access

This is an IRS requirement

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) at <https://www.treasury.gov/tigta/>.

To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

<hr/> <hr/> <hr/> <hr/>

First Name

Last Name

Please type the date below:

Date

F7216U01 SBIA5001

Read and accept this Disclosure Consent

This is an IRS requirement

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) at <https://www.treasury.gov/tigta/>.

To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

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Sign this agreement by entering your name:

Please type the date below:

Date

Read and accept this Disclosure Consent

This is an IRS requirement

To, enable the Tax Identity restoration protection service that you purchased as part of a bundle, we need your consent to send some of your personal information to our partner, ID Notify.

Entering your name and date below allows us to disclose the data below to IDNotify, provided by CSIdentity Corp., an Experian company. With your consent, we will send the following: First Name, Middle Initial, Last Name, Date of Birth, Phone Number, Street Address, City, State, Zip, Social Security Number, Email Address, Username, and a randomly generated Subscriber Number.

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) at <https://www.treasury.gov/tigta/>.

To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

I authorize Intuit to send my information listed above to CSIdentity Corporation.

Sign this agreement by entering your name:

Abhilash

Mekala

Please type the date below:

04/09/2022

Date

SHRAVYA

MARANGANTI

04/09/2022



IMPORTANT DISCLOSURES

If you are owed federal tax refund(s), you have a right to choose how you will receive the refund(s). There are several options available to you. Please read about these options below.

You can file your federal tax return(s) electronically or by paper and obtain your federal tax refund(s) directly from the Internal Revenue Service ("IRS") for free. If you file your tax return(s) electronically, you can receive refund checks directly from the IRS through the U.S. Postal Service in 21 to 28 days from the time you file your tax return(s) or the IRS can deposit your refund(s) directly into your bank account in less than 21 days from the time you file your tax return(s) unless there are delays by the IRS. If you file a paper return through the U.S. Postal Service, you can receive refund checks directly from the IRS through the U.S. Postal Service in 6 to 8 weeks from the time the IRS receives your return(s) or the IRS can deposit your refund(s) directly into your bank account in 6 to 8 weeks from the time the IRS receives your return(s). However, if your return(s) contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund(s) no earlier than February 15, 2022.

You can file your federal tax return(s) electronically, select the Refund Processing Service ("RPS"), and have your federal tax refund(s) processed through a processor using banking services of a financial institution. The RPS allows your refund(s) to be deposited into a bank account at Civista Bank ("Bank") and deducts your TurboTax fees and other amounts that you authorize from your federal refund(s). The balance of your federal refund(s) is delivered to you via the disbursement method you select. If you file your tax return(s) electronically and select the RPS, the IRS will deposit your refund(s) with Bank. Upon Bank's receipt of your refund(s), Santa Barbara Tax Products Group, LLC, a division of Green Dot Corporation, a Delaware corporation, a processor, will deduct from your federal refund(s) any fees charged by TurboTax for the preparation and filing of your tax return(s) and any other amounts authorized by you and disburse the balance of your refund proceeds to you. Unless there are unexpected delays, federal refunds are received in less than 21 days from the time you file your tax return(s) electronically. However, if your return(s) contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund(s) no earlier than February 15, 2022.

The RPS is not necessary to obtain your refund(s). If you have an existing bank account, you do not need to use the RPS in order to receive a direct deposit from the IRS. You may consult the IRS website (IRS.gov) for information about tax refund processing.

If you select the RPS, no prior debt you may owe to Bank will be deducted from your refund(s).

You can change your income tax withholdings which might result in you receiving additional funds throughout the year rather than waiting to receive these funds potentially in tax refund(s) next year. Please consult your employer or tax advisor for additional details.

This Agreement requires all disputes to be resolved by way of binding arbitration.
The terms of the arbitration provision appear in Section 10.

Information regarding low-cost deposit accounts may be available at www.mymoney.gov

The chart below shows the options for filing your federal tax returns (e-file or paper returns), the RPS product, refund disbursement options, estimated timing for obtaining your federal tax refund proceeds, and costs associated with the various options.

WHAT TYPE OF FILING METHOD?	WHAT ARE YOUR DISBURSEMENT OPTIONS?	WHAT IS THE ESTIMATED TIME TO RECEIVE REFUND(S)?	WHAT COSTS DO YOU INCUR IN ADDITION TO TAX PREPARATION FEES?
PAPER RETURN No Refund Processing Service	IRS direct deposit to your personal bank account.	Approximately 6 to 8 weeks ¹	Free
	Check mailed by IRS to address on tax return(s).	Approximately 6 to 8 weeks ¹	
ELECTRONIC FILING (E-FILE) No Refund Processing Service	IRS direct deposit to your personal bank account.	Usually within 21 days ¹	Free
	Check mailed by IRS to address on tax return(s).	Approximately 21 to 28 days ¹	
ELECTRONIC FILING (E-FILE) Refund Processing Service	Direct deposit to your personal bank account.	Usually within 21 days ¹	Free option with your purchase of a Tax Product ²

¹You may experience delays with your tax refund(s) if, for example, you enter incorrect bank account or contact information, you enter a bank account in someone else's name, or if possible suspicious activity is detected. If your return(s) contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund(s) no earlier than February 15, 2022.

²The charges here consist of a TurboTax Fee, the cost of the Tax Product, and any fees for additional products and services purchased. Note that the cost of the Tax Product may vary depending on the edition of TurboTax purchased. See Section 3 of the Refund Processing Service Agreement for the cost of the service you have chosen.

Questions? Call 877-908-7228

Pro Delegation Worksheet

2021

Check this box if you are preparing this return as a PRO preparer ☐

Preparer / Electronic Return Originator (ERO) Information

Preparer Name _____ Print name in signature area? ☐

Preparer Tax ID # (PTIN) _____

NY Tax Preparer Registration # _____ or NY Exclusion Code _____

For NM, OR Preparers Only: State ID# _____

Preparer E-mail _____ Print date on return? ☐

Preparer Phone _____ CAF # _____

Electronic Filing Only: ERO Practitioner PIN _____

Electronic Filing and Printing of Tax Return Information

Electronic Filing:

- ☐ File **federal** return electronically
- ☐ File **state** returns electronically
- ☐ File **other** returns electronically

Select state returns to file electronically:

State(s)

Select other returns to file electronically:

Other Return(s)

Print and Mail Selections (use only if e-file ineligible):

- ☐ Federal return printed and mailed to IRS
- ☐ State return printed and mailed to state agency
- ☐ Other return printed and mailed

Select state returns to file by mail:

State(s)

Select other returns to file by mail:

Other Return(s)

Electronic Filing and Printing of Amended Return Information

Electronic Filing:

- ☐ File **federal** amended return(s) electronically
- ☐ File **state** amended return(s) electronically

Select state amended return(s) to file electronically:

State(s)

Print and Mail Selections (use only if e-file ineligible):

- ☐ Federal amended return printed and mailed
- ☐ State amended return printed and mailed

Select state amended return(s) to file by mail:

State(s)

By using a computer system and software to prepare and transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's return to the state Department of Revenue, as applicable by law.

☐ Sign return electronically using Practitioner PIN

- ☐ Automatically generate PIN equal to last 5 digits of taxpayer(s) SSN (See help)
- ☐ Taxpayer(s) entered own PIN(s)
- ☐ Preparer entered PIN(s) on behalf of taxpayer(s)

Date PIN entered.

Taxpayer and Spouse (if applicable) driver's license and/or state identification must be completed on the federal information worksheet prior to e-filing the return.

	Driver's license
	State issued identification card
	Passport
	Account statement from financial institution
	Utility billing statement
	Credit card billing statement

	To indicate a client return download in FnF
	New Finish and File enabled

[illegible]

Please fill out the survey at the link below to help us better understand your experience working with the tax optimization features.

<https://forms.gle/ugi2CxnyuAXNW2Kb7>

Suggestions For Customer

Suggestion ID	Suggestion
0000	No pilot project expert suggestion was determined for this customer

[illegible]

Pro Notes About Suggestions

Suggestion ID	Suggestion
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[illegible]

Smart Worksheets From 2021 Federal Tax Return

SMART WORKSHEET FOR: Schedule A: Itemized Deductions

Qualified Mortgage Insurance Premiums Smart Worksheet	
A	Qualified Mortgage Insurance Premiums
1	Principal Residence — Enter the premiums paid in 2021 for qualified mortgage insurance for a contract entered into after 2006 not entered on Form 1098
2	Qualified mortgage insurance premiums from the Home Mortgage Interest Wks.
3	Qualified mortgage insurance premiums from Schedule E Worksheet
4	Less qualified mortgage insurance premiums deducted on Form 8829
5	Total qualified mortgage insurance premiums
B	Amount from Form 1040, line 11
C	\$100,000 (\$50,000 if married filing separately) 100,000.
D	Is the amount on Line B more than the amount on line C?
<input type="checkbox"/>	No. The deduction is not limited. The amount from line A above goes on Schedule A, line 8d.
<input checked="" type="checkbox"/>	Yes. Line C subtracted from line B. If the result is not a multiple of \$1,000 (\$500 if married filing separately) it is increased to the next multiple of \$1,000 (\$500 if married filing separately) -100,000.
E	Line D divided by \$10,000 (\$5,000 if married filing separately). The result is a decimal. If the result is 1.0 or more then 1.0. -10.0
F	Line A multiplied by line E
G	Qualified mortgage insurance premiums deduction. Line F subtracted from line A. The result goes on Schedule A, line 8d.

SMART WORKSHEET FOR: Schedule B: Interest and Dividend Income

[illegible]

[illegible]

SMART WORKSHEET FOR: Schedule D AMT: Capital Gains&Losses AMT

(a) Description of Long-Term Property Transaction		(b) Related Box on Form 8949			
(c) Date Acquired	(d) Date Sold	(e) Sales Price	(f) Cost or Other basis	(g) Gain or Loss Adjustment	(h) Gain or (Loss)
WMT ES2	2.211000	D			
VARIOUS	11/02/21	329.	325.		4.
		—			
		—			
		—			
		—			
		—			
		—			
		—			

SMART WORKSHEET FOR: 1040/1040SR Wks: Form 1040 or Form 1040-SR Worksheet

Tax Smart Worksheet	
A Tax	144,805.
Check if from:	
1 Tax table	<input type="checkbox"/>
2 Tax Computation Worksheet (see instructions)	<input type="checkbox"/>
3 Schedule D Tax Worksheet	<input type="checkbox"/>
4 Qualified Dividends and Capital Gain Tax Worksheet	<input checked="" type="checkbox"/>
5 Schedule J	<input type="checkbox"/>
6 Form 8615	<input type="checkbox"/>
7 Foreign Earned Income Tax Worksheet	<input type="checkbox"/>
B Additional tax from Form 8814	
C Additional tax from Form 4972	
D Tax from additional Form(s) 4972	
E Recapture tax from Form 8863	
F IRC Section 197(f)(9)(B)(ii) election for an additional tax	
G Health Coverage Tax Credit Recovery, Form 8885, Line 5, if negative	
H Additional tax from Form 8621	
I Tax. Add lines A through G. Enter the result here and include in tax below.	144,805.
J Form 8621 tax deferral from line 9c (to line 24)	

SMART WORKSHEET FOR: 1040/1040SR Wks: Form 1040 or Form 1040-SR Worksheet

Excess Social Security and Tier I RRTA Tax Withheld Smart Worksheet

The calculated amount for Excess social security and tier 1 RRTA tax withheld could include a portion that needs to be removed. When a taxpayer has multiple W-2's, each with the same EIN, excess withholding can only be claimed if the Employer's Name's in box c of the W-2's reflect separate business entities. This could occur when a parent company has multiple subsidiaries, or when a temp agency issues W-2's for distinctly different jobs. If you have multiple W-2's with the same EIN, for the same taxpayer, and for the same job, reduce the amount calculated on Line A below by the excess withholdings from only those W-2's.

A

Total Excess Social Security or Tier I RRTA tax withheld claimed as a credit . . . 0.

SMART WORKSHEET FOR: Federal Information Worksheet

TurboTax for the Web Filing Status Smart Worksheet

Check this box to override the filing status selected thru Interview . . ☐

Marital Status

Filing Status Selected

SMART WORKSHEET FOR: Dependent Information Worksheet (Uma)

Dependency/EIC Smart Worksheet

NOTE: It is recommended that you answer the questions below using the Step-by-Step mode. That will help insure that answers to the questions are not inconsistent.

- A** How many months did this person live with you? The whole year
Note: If born or died in current year and lived with you entire time or qualified missing child select "The whole year". If more than one-half the year select 7 or more
- B** Who are the parents of this person?
 (Used to determine if additional questions are necessary for children of divorced parents.)
 Both Taxpayer and spouse ☒ ☐
 Taxpayer ☐
 Spouse ☐
- C** Did this person provide more than 1/2 of their own support? ☐ Yes ☒ No
- D** Was this person married on December 31, 2021 and filing a joint return for the year (You may answer **no** if the only reason the joint return is filed is to get a refund of tax withheld or estimated tax payments and neither spouse would have a tax liability on their return if they filed separate returns)? ☐ Yes ☐ No
 Detailed answers for this question. This dependent:
 - Was married on December 31, 2021 ☐ Yes ☐ No
 - If married, filed a joint return for the year ☐ Yes ☐ No
 - If filed joint return, only filed to get a refund of tax withheld or estimated tax payments. ☐ Yes ☐ No
 - If filed married filing separate, neither spouse had a tax liability on their return if they had filed separately ☐ Yes ☐ No
- E** Is this person a Full time student? ☐ Yes ☐ No
- F** Is this person's gross income less than \$4,300? ☐ Yes ☐ No
- 1** Did you provide over 1/2 the support for this person?
 or
 Did you provide over 10% of the support for the person and with other individuals who would be able to claim the person except for the support test over 1/2 the support and all of you have agreed that you alone will claim the person and you have filled out the Multiple Support Declaration, Form 2120, to attach to your return? ☐ Yes ☐ No
- G** Is there an agreement with this person's other parent about who can claim this person as a dependent? ☐ Yes ☐ No
Note: The noncustodial parent claiming the exemption for the child must attach to their return Form 8332 from the custodial parent releasing the claim to the exemption for the child
1 TurboTax Web Only:
 Is the other parent claiming this dependent per the custody agreement? ☐ Yes ☐ No
 Has the other parent waived their legal right so you can claim this dependent on your tax return? ☐ Yes ☐ No
- H** Who will be claiming this person as a dependent as a result of:
 - an agreement between the parents
 - the rules controlling who can claim a qualifying child when the child meets the conditions to be a qualifying child of more than one person?
 Taxpayer (includes spouse if married filing joint) in this return? ☒
 Other parent in different return? ☐
 Someone else in different return? ☐

SMART WORKSHEET FOR: Dependent Information Worksheet (Uma)

Child and Dependent Care Expenses, Form 2441, Special Situations Worksheet

Check this box if this person is a qualifying person only for the dependent care expenses because they were not your dependent but would have been except that:

* They received gross income greater than \$4,300 or more or

* They filed a joint return ☐

SMART WORKSHEET FOR: Dependent Information Worksheet (ira)

Dependency/EIC Smart Worksheet

NOTE: It is recommended that you answer the questions below using the Step-by-Step mode. That will help insure that answers to the questions are not inconsistent.

A How many months did this person live with you? The whole year

Note: If born or died in current year and lived with you entire time or qualified missing child select "The whole year". If more than one-half the year select 7 or more

B Who are the parents of this person?

(Used to determine if additional questions are necessary for children of divorced parents.)

Both Taxpayer and spouse ☒ X

Taxpayer ☐

Spouse ☐

C Did this person provide more than 1/2 of their own support? ☐ Yes ☒ X No

D Was this person married on December 31, 2021 and filing a joint return for the year (You may answer **no** if the only reason the joint return is filed is to get a refund of tax withheld or estimated tax payments and neither spouse would have a tax liability on their return if they filed separate returns)? ☐ Yes ☐ No

Detailed answers for this question. This dependent:

- Was married on December 31, 2021 ☐ Yes ☐ No

- If married, filed a joint return for the year ☐ Yes ☐ No

- If filed joint return, only filed to get a refund of tax withheld or estimated tax payments. ☐ Yes ☐ No

- If filed married filing separate, neither spouse had a tax liability on their return if they had filed separately ☐ Yes ☐ No

E Is this person a Full time student? ☐ Yes ☐ No

F Is this person's gross income less than \$4,300? ☐ Yes ☐ No

1 Did you provide over 1/2 the support for this person?

or

Did you provide over 10% of the support for the person and with other individuals who would be able to claim the person except for the support test over 1/2 the support and all of you have agreed that you alone will claim the person and you have filled out the Multiple Support Declaration, Form 2120, to attach to your return? ☐ Yes ☐ No

G Is there an agreement with this person's other parent about who can claim this person as a dependent? ☐ Yes ☐ No

Note: The noncustodial parent claiming the exemption for the child must attach to their return Form 8332 from the custodial parent releasing the claim to the exemption for the child

1 TurboTax Web Only:

Is the other parent claiming this dependent per the custody agreement? ☐ Yes ☐ No

Has the other parent waived their legal right so you can claim this dependent on your tax return? ☐ Yes ☐ No

H Who will be claiming this person as a dependent as a result of:

- an agreement between the parents

- the rules controlling who can claim a qualifying child when the child meets the conditions to be a qualifying child of more than one person?

Taxpayer (includes spouse if married filing joint) in this return? ☒ X

Other parent in different return? ☐

Someone else in different return? ☐

SMART WORKSHEET FOR: Dependent Information Worksheet (ira)

Child and Dependent Care Expenses, Form 2441, Special Situations Worksheet

Check this box if this person is a qualifying person only for the dependent care expenses because they were not your dependent but would have been except that:

* They received gross income greater than \$4,300 or more or

* They filed a joint return ☐

SMART WORKSHEET FOR: Part-Year State Allocation Worksheet

Additional Other Income Allocation Smart Worksheet						
<i>* Enter the state of source for this income (See Tax Help)</i> ▼						
	Federal Amount	Residency Info			*	Allocated Amount
		From mm/dd	To mm/dd	Res St	Src St	
Y Not-for-profit (hobby) income . . T						
Not-for-profit (hobby) income . . S						
Z Stock options T						
Stock options S						
AA Miscellaneous other income . . T						
Miscellaneous other income . . S						

SMART WORKSHEET FOR: Form W-2 : Wage & Tax Statement (Copy 1)

Qualified Business Income Deduction Smart Worksheet			
<i>Completing this worksheet is only necessary if Statutory Employee (Box 13) has been checked and expenses will not be deducted on Schedule C ("No" checked in Part III, line 3).</i>			
A	Is this activity a qualified trade or business under Section 199A?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B	QBI worksheet to report ▶		
C	Specified Service Trade or Business (SSTB)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D	I am not a statutory employee	<input type="checkbox"/>	

SMART WORKSHEET FOR: Form W-2 : Wage & Tax Statement (Copy 1)

Substitute Form W-2 Smart Worksheet	
A	Treat as a substitute W-2 and generate a form 4852 <input style="float: right;" type="checkbox"/>
B	Linked substitute W-2 Form 4852 ▶ _____
C	Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?" _____ _____ _____
D	Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?" _____ _____ _____
E	QuickZoom to completed Form 4852 for reference ▶ _____

SMART WORKSHEET FOR: Form W-2 : Wage & Tax Statement (Copy 2)

Qualified Business Income Deduction Smart Worksheet <i>Completing this worksheet is only necessary if Statutory Employee (Box 13) has been checked and expenses will not be deducted on Schedule C ("No" checked in Part III, line 3).</i>	
A	Is this activity a qualified trade or business under Section 199A? <input type="checkbox"/> Yes <input type="checkbox"/> No
B	QBI worksheet to report ▶ _____
C	Specified Service Trade or Business (SSTB)? <input type="checkbox"/> Yes <input type="checkbox"/> No
D	I am not a statutory employee <input type="checkbox"/>

SMART WORKSHEET FOR: Form W-2 : Wage & Tax Statement (Copy 2)

Substitute Form W-2 Smart Worksheet	
A	Treat as a substitute W-2 and generate a form 4852 <input style="float: right;" type="checkbox"/>
B	Linked substitute W-2 Form 4852 ▶ _____
C	Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?" _____ _____ _____
D	Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?" _____ _____ _____
E	QuickZoom to completed Form 4852 for reference ▶ _____

SMART WORKSHEET FOR: Capital Loss Carryover Worksheet

2020 Capital Loss Information Smart Worksheet		
	Regular Tax	Alternative Minimum Tax
A Net short-term capital gain or (loss). (2020 Schedule D, line 7) . . .	-10,198.	-10,202.
B Net long-term capital gain or (loss). (2020 Schedule D, line 15) . . .	1,453.	1,453.
C Allowable net capital (loss). (2020 Schedule D, line 21)	-3,000.	-3,000.
D Taxable income. (2020 Form 1040, line 15 or Form 1040NR, line 15)	325,591.	
E Alternative minimum taxable income before exemptions. (2020 Form 6251, line 4)		335,591.
F Ownership: <input checked="" type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint		

SMART WORKSHEET FOR: Roth IRA Limit Worksheet

Special Married Filing Joint Smart Worksheet		
Complete this smart worksheet if all the following are true:		
You are filing a joint tax return, and		
Line 5 is less than line 6, and		
Line 7, column a does not equal line 7, column b.		
A	Combined earned income - amount from line 5	_____
B	Add line 9, column a and b	_____
C	Subtract line B from line A.	_____
D	Smaller of line C or the amount from line 8	_____
E	Line D applies to Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/>	
Complete the rest of this worksheet only for the spouse with the lower amount on line 7 if that spouse made a contribution to a Roth IRA.		
F	Lines G through I of this worksheet apply to Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/>	
G	Line 16 amount from the column with the higher amount on line 7	_____
H	Subtract line G from Line A. If the result is more than the amount on line 8, enter the amount from line 8	_____
I	Subtract line G from Line C. If the result is more than the amount on line 8, enter the amount from line 8	_____

SMART WORKSHEET FOR: Tax and Interest Deduction Worksheet

Mortgage Interest Limited Smart Worksheet

If your mortgage interest deduction needs to be limited for one of the following reasons, use the Deductible Home Mortgage Interest Worksheet to determine the amount to be reported on lines **A**, **B**, and **C** below:

- The principal amount of your mortgage and home equity debt is over \$750,000 (\$375,000 if married filing separate), or
- You had home debt that was **not** used to buy, build or substantially improve your home that secures the loan

QuickZoom to Deductible Home Mortgage Interest Worksheet ►

Does your mortgage interest need to be limited: Yes . . . ☒ No . . . ☐

A Home mortgage interest and points reported on Form 1098:

- | | | |
|---|---|-----------|
| 1 | Sum of lines 5a through 5d below | 25,716.00 |
| 2 | Limited amount to report on line 5a below | 25,716.00 |

B Home mortgage interest not reported on Form 1098:

- | | | |
|---|---|-------|
| 1 | Sum of lines 6a and 6b below | _____ |
| 2 | Limited amount to report on line 6a below | _____ |

C Points not reported on Form 1098:

- | | | |
|---|---|-------|
| 1 | Sum of lines 7a through 7c below | _____ |
| 2 | Limited amount to report on line 7a below | _____ |

SMART WORKSHEET FOR: Home Mortgage Interest Worksheet (Wells Fargo Bank N.A.)

Home Mortgage Interest Limitation Smart Worksheet				
A	Is this the original loan used to purchase this home?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
	Loan refinanced in 2021 with a new 1098? (not most recent 1098)	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
B	Was this loan the result of refinancing a previous loan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Was cash ever taken out as part of a refinance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Enter the origination date of the original loan			
	Enter the purchase price of the original loan			
C	Were all loan proceeds used to purchase, build, or improve the home secured by this loan? (see help if this loan is a refinance loan)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	If no, amount used to purchase, build, or improve this home (see help)			
D	Debt originated before 12/14/2017 and debt amount has not increased since origination OR Home purchase under contract before 12/15/2017 and closed before 4/1/2018? (no cash out refinances after 12/14/2017 in both cases)	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
E	Date loan was paid off, if paid off in 2021	12/01/2021		
F	Outstanding mortgage principal as of 12/31/2021 (or pay-off date, if applicable)	280,000.00		
	Check if you had only one 1098	<input type="checkbox"/>		
G		Total	Post-12/15/17 Home Debt	10/14/87 - 12/15/17 Home Debt
1	Interest paid in 2021	10,516.86		10,516.86
2	Total points			
3	Beginning balance	283,630.74		283,630.74
4	Borrowed in 2021			
5	Principal applied	3,630.74		3,630.74
6	Ending balance	280,000.00		280,000.00
7	Average loan balance			
8	Acquisition debt	283,630.74		283,630.74
9	Acquisition interest	10,516.86		10,516.86
10	Deductible points			

SMART WORKSHEET FOR: Home Mortgage Interest Worksheet (Wells Fargo Bank N.A.)

Home Mortgage Interest Limitation Smart Worksheet				
A	Is this the original loan used to purchase this home?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
	Loan refinanced in 2021 with a new 1098? (not most recent 1098)	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
B	Was this loan the result of refinancing a previous loan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Was cash ever taken out as part of a refinance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Enter the origination date of the original loan			
	Enter the purchase price of the original loan			
C	Were all loan proceeds used to purchase, build, or improve the home secured by this loan? (see help if this loan is a refinance loan)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	If no, amount used to purchase, build, or improve this home (see help)			
D	Debt originated before 12/14/2017 and debt amount has not increased since origination OR Home purchase under contract before 12/15/2017 and closed before 4/1/2018? (no cash out refinances after 12/14/2017 in both cases)	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
E	Date loan was paid off, if paid off in 2021	12/01/2021		
F	Outstanding mortgage principal as of 12/31/2021 (or pay-off date, if applicable) . . .	1,100,000.00		
	Check if you had only one 1098	<input type="checkbox"/>		
G		Total	Post-12/15/17 Home Debt	10/14/87 - 12/15/17 Home Debt
1	Interest paid in 2021	36,862.38	36,862.38	
2	Total points			
3	Beginning balance	1,018,773.28	1,018,773.28	
4	Borrowed in 2021	81,226.72	81,226.72	
5	Principal applied	0.00	0.00	
6	Ending balance	1,100,000.00	1,100,000.00	
7	Average loan balance			
8	Acquisition debt	1,100,000.00	1,100,000.00	
9	Acquisition interest	36,862.38	36,862.38	
10	Deductible points			

SMART WORKSHEET FOR: Misc Itemized Deductions Wks

Depreciation Smart Worksheet	
A	Enter Section 179 carryover from prior year
B	QuickZoom to the Asset Entry Worksheet ▶
C	QuickZoom to the Depreciation/Amortization Reports ▶
D	QuickZoom to Form 4562 for Schedule A ▶
E	Treat all MACRS assets for activity as qualified Indian reservation property? . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F	Treat all assets acquired after Aug. 27, 2005 as qualified GO Zone property? <input type="checkbox"/> Regular <input type="checkbox"/> Extension <input checked="" type="checkbox"/> No
G	Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
H	Was this property located in a Qualified Disaster Area? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SMART WORKSHEET FOR: Schedule E Worksheet (4438B beechstone In)

This copy of the Worksheet will be on . ▶ Schedule E, Page 1, Copy 1, Property A

SMART WORKSHEET FOR: Schedule E Worksheet (4438B beechstone In)

Mortgage Interest Smart Worksheet			
Lender's Name	Amount	Qualified Mortgage Interest	
Wells Fargo Bank N.A.		Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/>
		Yes	<input type="checkbox"/> No <input type="checkbox"/>
		Yes	<input type="checkbox"/> No <input type="checkbox"/>
		Yes	<input type="checkbox"/> No <input type="checkbox"/>

SMART WORKSHEET FOR: Schedule E Worksheet (4438B beechstone In)

Qualified Business Income Deduction Smart Worksheet <i>Completing this worksheet past line A is generally only necessary if Form 8995A must be filed (i.e. taxable income is above threshold amounts or qualified coop payments are present).</i>	
A 1	Is this activity a qualified trade or business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
a	This rental is part of a Rental Real Estate Enterprise described in Rev Proc 2019-38 <input type="checkbox"/> If part of a Rev Proc 2019-38 enterprise, select group # (see help) _____
2	QBI worksheet to report if qualified business (double click to link) ▶ _____
B	Trade or Business Name _____
C	Trade or Business ID Number _____
D 1	Is this a Specified Service Trade or Business (SSTB)? <input type="checkbox"/> Yes <input type="checkbox"/> No
2	If No, is income attributable to a SSTB? (see help) <input type="checkbox"/> Yes <input type="checkbox"/> No
3	QBI worksheet for SSTB income (this will auto-populate if Yes) _____
4	Percentage of qualified income attributable to SSTB _____ %
E 1	Tentative Schedule E profit (loss) from this business _____
2	Adjustments to qualified business income _____
3	Schedule E qualified business income _____
4 a	Calculated QBI allowed after passive/at-risk limits _____
b	Adjustments to allowed QBI _____
c	Allowable QBI after loss limits _____
5	Additional deductions related to this business reported on separate schedules _____
6	Net profit (loss) after adjustments, limitations, and deductions _____
7	Allowable Schedule E profit (loss) allocated to SSTB _____
8	Allowable Schedule E profit (loss) from this business _____
F 1	Ordinary gain (loss) from business assets _____
2	Ordinary gain (loss) adjustments _____
3	Qualified ordinary gain (loss) _____
4 a	Calculated QBI allowed after passive/at-risk limits _____
b	Adjustments to allowed QBI _____
c	Allowable short term qualified gain (loss) after passive/at-risk limits _____
5	Allowable ordinary gain (loss) allocated to SSTB _____
6	Allowable ordinary gain (loss)/recapture from this business _____
G 1	Section 1231 gain (loss) from business assets _____
2	Section 1231 gain (loss) adjustments _____
3	Section 1231 gain (loss) from qualified business _____
4 a	Calculated QBI allowed after passive/at-risk limits _____
b	Adjustments to allowed QBI _____
c	Allowable ordinary 1231 qualified gain (loss) _____
5	Allowable ordinary 1231 gain (loss) allocated to SSTB _____
6	Allowable ordinary 1231 gain (loss) from this business _____

SMART WORKSHEET FOR: Schedule E Worksheet (4438B beechstone ln)

Carryovers to 2021 Smart Worksheet

	Regular Tax	QBI	Alternative Minimum Tax
A Section 179 carryover (enter as positive amount) . . .			
At-Risk Loss Carryovers (enter as negative amts)			
B Schedule E suspended loss			
C Schedule D short-term suspended loss			
D Schedule D long-term suspended loss			
E Form 4797 ordinary suspended loss			
F Form 4797 long-term suspended loss			
Passive Loss Carryovers (enter as negative amts)			
G Schedule E suspended loss			
H Schedule D short-term suspended loss			
I Schedule D long-term suspended loss			
J Form 4797 ordinary suspended loss			
K Form 4797 long-term suspended loss			
Vacation Home Carryover Enter carryover expenses as positive numbers.			
L Vacation home operating expenses			
M Vacation home depreciation			

Carryovers to 2021 Additional Info for Section 199A Deduction

Section 199A (QBI deduction) requires first-in-first-out use of previously disallowed losses. Businesses qualified under Section 199A must complete this section for any previously disallowed losses.

Percentage of SSTB income (by category) Enter 100 for businesses that were SSTBs in the year in question. If non-SSTB with income attributable to SSTB, enter the % attributable to SSTB. Otherwise, enter 0. (Not required if applicable % is 100%.)			
Applicable %	Operating %	Form 4797 ord	Form 4797 l/t
2018	0.00	0.00	0.00
2019	0.00	0.00	0.00
2020	0.00	0.00	0.00

	Regular Tax	QBI
Disallowed Section 179 Deduction by Year		
Before 2018 . . . A Section 179 carryover		
2018 B Section 179 carryover		
2019 C Section 179 carryover		
2020 D Section 179 carryover		
Disallowed At-Risk Losses by Year and Type		
Before 2018 . . . A Operating loss		
B Form 4797 ordinary loss		
C Form 4797 long-term loss		
2018 D Operating loss		
E Form 4797 ordinary loss		
F Form 4797 long-term loss		
2019 G Operating loss		
H Form 4797 ordinary loss		

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Nontaxable Combat Pay Election Smart Worksheet	
QuickZoom to enter nontaxable combat pay on Form W-2 ►	
A Taxpayer:	
1 Taxpayer, nontaxable combat pay	_____
1a Taxpayer, prior year nontaxable combat pay from 2019	_____
2 Election for earned income credit (EIC):	
Elect taxpayer's nontaxable combat pay as earned income for EIC?	► <input type="checkbox"/> Yes <input type="checkbox"/> No
3 Election for dependent care benefits (DCB):	
Elect taxpayer's nontaxable combat pay as earned income for DCB?	► <input type="checkbox"/> Yes <input type="checkbox"/> No
4 Election for child and dependent care credit:	
Elect taxpayer's nontaxable combat pay as earned income for child and dependent care credit?	► <input type="checkbox"/> Yes <input type="checkbox"/> No
B Spouse:	
1 Spouse, nontaxable combat pay	_____
1a Spouse, prior year nontaxable combat pay from 2019	_____
2 Election for earned income credit (EIC):	
Elect spouse's nontaxable combat pay as earned income for EIC?	► <input type="checkbox"/> Yes <input type="checkbox"/> No
3 Election for dependent care benefits (DCB):	
Elect spouse's nontaxable combat pay as earned income for DCB?	► <input type="checkbox"/> Yes <input type="checkbox"/> No
4 Election for child and dependent care credit:	
Elect spouse's nontaxable combat pay as earned income for child and dependent care credit?	► <input type="checkbox"/> Yes <input type="checkbox"/> No
C You may compare the tax benefit of electing or not electing by checking a box on line A or line B and reviewing the overpayment or amount due below:	
Overpayment _____	Amount due <u>24,754.</u>

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Prior Year Earned Income Election Smart Worksheet	
Election to use 2019 earned income for Earned Income Credit	
The "Yes" box must be marked on Line A for 2019 earned income to be used for EIC calculations.	
A Elect to use 2019 earned income for EIC	► <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B Earned income for EIC from your 2019 return	616,393.
C Current year earned income for EIC	609,449.
If Line C is equal to or greater than Line B the taxpayer is not eligible to use 2019 earned income for EIC calculations.	
D You may compare the tax benefit of electing to use 2021 Earned Income by checking the boxes on line A	
Overpayment _____	Amount due <u>24,754.</u>

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Investment Income Smart Worksheet	
A	Taxable and tax exempt interest 0.
B	Dividend income 2,878.
C	Capital gain net income 0.
D	Royalty and rental of personal property net income
E	Passive activity net income :
1	Rental real estate net income or loss
2	Farm rental net income or loss
3	Partnerships and S corporations net income or loss
4	Estates and trusts net income or loss
5	Total of lines 1 through 4
6	Total passive activity net income , line 5 if greater than zero
F	Interest and dividends from Forms 8814
G	Adjustments
H	Total investment income , add lines A through G 2,878.

Is line H, **total investment income** over \$10,000?

☒ **No.** You may take the credit.

☐ **Yes. Stop.** You **cannot** take the credit.

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Age Requirements Smart Worksheet	
<p>Filers without a qualifying child have certain age requirements. Answer the questions below:</p> <p><input type="checkbox"/> Taxpayer is a qualified former foster youth, or a qualified homeless youth</p> <p><input type="checkbox"/> Spouse is a qualified former foster youth, or a qualified homeless youth</p> <p>You qualify as a specified student if you were enrolled in a program that leads to a degree, certificate, or other recognized educational credential and carried at least one-half the normal workload for your course of study during at least 5 calendar months of the year. For purposes of determining whether you were enrolled during at least 5 calendar months, count any month during which you were enrolled for at least part of the month. The 5 months do not need to be consecutive.</p> <p><input type="checkbox"/> Taxpayer qualifies as a specified student for EIC purposes when filing without a qualifying child</p> <p><input type="checkbox"/> Spouse qualifies as a specified student for EIC purposes when filing without a qualifying child</p>	

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Married Filing Separately Smart Worksheet (with one or more qualifying child)	
<p>MFS filers with a qualifying child have additional requirements. Answer the questions below:</p> <p>Did you and your spouse have the same principal residence for the last 6 months of 2021? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you legally separated according to your state law under a written separation agreement or a decree of separate maintenance and you lived apart from your spouse at the end of 2021? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Qualifying Children Smart Worksheet					
First name Last name	MI Suff	Social security number Relationship	Year of birth Was the child under age 24 at the end of 2021, a student, and younger than you (or your spouse, if filing jointly)?	Was the child permanently and totally disabled during any part of 2021?	Lived with taxpayer in the U.S.
Uma		799-40-5353	2012		
Mekala		Daughter	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	12
ira		364-49-8019	2016		
Mekala		Daughter	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	12

SMART WORKSHEET FOR: Estimated Tax Payment Options

For Residents of Guam or the U.S. Virgin Islands Only	
<input type="checkbox"/>	Permanent resident of Guam or U.S. Virgin Islands
<input type="checkbox"/>	Nonpermanent resident of Guam or U.S. Virgin Islands

Additional Information From 2021 Federal Tax Return

Form 4562 Depreciation Options

State Asset Class Default Statement

Continuation Statement

STATE CALC		Autos & Trucks		STATE CALC		Farm Property	
State	F/S conformity	Start	End	F/S conformity	Start	End	
CO	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
CT	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
DE	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
DC	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
GA	Federal	01/01/2018	PERMANENT	None	N/A	N/A	
HI	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
ID	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
IL	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
IN	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
IA	State	01/01/2019	PERMANENT	State	01/01/2019	PERMANENT	
KS	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
KY	Federal	01/01/2018	PERMANENT	None	N/A	N/A	
LA	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
ME	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
MD	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
MA	None	N/A	N/A	None	N/A	N/A	
MI	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
MN	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
MS	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
MO	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
MT	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
NE	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
NH	None	N/A	N/A	None	N/A	N/A	
NJ	Federal	01/01/2018	PERMANENT	None	N/A	N/A	
NM	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
NY	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
NC	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
ND	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
OH	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
OK	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
OR	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
PA	None	N/A	N/A	None	N/A	N/A	
RI	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
SC	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
UT	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
VT	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
VA	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
WV	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
WI	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
XX	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	

Form 4562 Depreciation Options

State 2009 Economic Stimulus Default Statement

Continuation Statement

STATE CALC		STIMULUS BONUS DEPRECIATION			2021 SECTION 179		
State	F/S conformity	1st yr	Stimulus start	Stimulus end	1st yr	Maximum	Threshold
CO	Federal	Full	12/31/2007	12/31/2027	Full	1,050,000.	2,620,000.
CT	Federal	Part	12/31/2007	12/31/2027	Full	1,050,000.	2,620,000.
DE	Federal	Full	12/31/2007	12/31/2027	Full	1,050,000.	2,620,000.
DC	State	N/A	N/A	N/A	Full	25,000.	200,000.

Form 4562 Depreciation Options

State 2009 Economic Stimulus Default Statement

Continuation Statement

STATE CALC		STIMULUS BONUS DEPRECIATION			2021 SECTION 179		
State	F/S conformity	1st yr	Stimulus start	Stimulus end	1st yr	Maximum	Threshold
GA	State	N/A	N/A	N/A	Full	1,050,000.	2,620,000.
HI	State	N/A	N/A	N/A	Full	25,000.	200,000.
ID	State	Full	12/31/2007	12/31/2009	Full	1,050,000.	2,620,000.
IL	State	Part	12/31/2007	12/31/2020	Full	1,050,000.	2,620,000.
IN	State	N/A	N/A	N/A	Full	25,000.	2,620,000.
IA	State	Full	12/31/2020	12/31/2027	Full	1,050,000.	2,620,000.
KS	Federal	Full	12/31/2007	12/31/2027	Full	1,050,000.	2,620,000.
KY	State	N/A	N/A	N/A	Full	100,000.	2,620,000.
LA	Federal	Full	12/31/2007	12/31/2027	Full	1,050,000.	2,620,000.
ME	State	N/A	N/A	N/A	Full	1,050,000.	2,620,000.
MD	State	N/A	N/A	N/A	Full	25,000.	200,000.
MA	State	N/A	N/A	N/A	Full	1,050,000.	2,620,000.
MI	Federal	Full	12/31/2007	12/31/2027	Full	1,050,000.	2,620,000.
MN	Federal	Part	12/31/2007	12/31/2027	Full	1,050,000.	2,620,000.
MS	State	N/A	N/A	N/A	Full	1,050,000.	2,620,000.
MO	Federal	Full	12/31/2007	12/31/2027	Full	1,050,000.	2,620,000.
MT	Federal	Full	12/31/2007	12/31/2027	Full	1,050,000.	2,620,000.
NE	Federal	Full	12/31/2007	12/31/2027	Full	1,050,000.	2,620,000.
NH	State	N/A	N/A	N/A	Full	500,000.	2,000,000.
NJ	State	N/A	N/A	N/A	Full	25,000.	200,000.
NM	Federal	Full	12/31/2007	12/31/2027	Full	1,050,000.	2,620,000.
NY	State	N/A	N/A	N/A	Full	1,050,000.	2,620,000.
NC	Federal	Part	12/31/2007	12/31/2027	Part	1,050,000.	2,620,000.
ND	Federal	Full	12/31/2007	12/31/2027	Full	1,050,000.	2,620,000.
OH	Federal	Part	12/31/2007	12/31/2027	Part	1,050,000.	2,620,000.
OK	Federal	Full	12/31/2007	12/31/2027	Full	1,050,000.	2,620,000.
OR	State	Full	12/31/2007	12/31/2027	Full	1,050,000.	2,620,000.
PA	State	N/A	N/A	N/A	Full	25,000.	200,000.
RI	State	N/A	N/A	N/A	Full	1,050,000.	2,620,000.
SC	State	N/A	N/A	N/A	Full	1,050,000.	2,620,000.
UT	Federal	Full	12/31/2007	12/31/2027	Full	1,050,000.	2,620,000.
VT	State	N/A	N/A	N/A	Full	1,050,000.	2,620,000.
VA	State	N/A	N/A	N/A	Full	1,050,000.	2,620,000.
WV	Federal	Full	12/31/2007	12/31/2027	Full	1,050,000.	2,620,000.
WI	State	Full	12/31/2007	12/31/2013	Full	1,050,000.	2,620,000.
XX	Federal	Full	12/31/2007	12/31/2027	Full	1,050,000.	2,620,000.

Form 4562 Depreciation Options

State Qualified Disaster Area Default Statement

Continuation Statement

STATE CALC		DISASTER AREA BONUS DEPRECIATION			DISASTER AREA SECTION 179		
State	F/S conformity	1st yr	Disaster Area start	Disaster Area end	1st yr	Maximum Increase	Threshold Increase
CO	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
CT	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
DE	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
DC	None	N/A	N/A	N/A	N/A	0.	0.
GA	None	N/A	N/A	N/A	N/A	0.	0.
HI	None	N/A	N/A	N/A	N/A	0.	0.
ID	State	Full	12/31/2008	12/31/2013	Full	100,000.	600,000.
IL	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
IN	None	N/A	N/A	N/A	N/A	0.	0.
IA	None	N/A	N/A	N/A	N/A	0.	0.

Form 4562 Depreciation Options**State Qualified Disaster Area Default Statement****Continuation Statement**

STATE CALC		DISASTER AREA BONUS DEPRECIATION			DISASTER AREA SECTION 179		
State	F/S conformity	1st yr	Disaster Area start	Disaster Area end	1st yr	Maximum Increase	Threshold Increase
KS	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
KY	None	N/A	N/A	N/A	N/A	0.	0.
LA	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
ME	State	N/A	12/31/2010	12/31/2013	Full	100,000.	600,000.
MD	State	Full	12/31/2007	12/31/2013	N/A	0.	0.
MA	None	N/A	N/A	N/A	N/A	0.	0.
MI	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
MN	Federal	Part	12/31/2007	12/31/2013	Part	100,000.	600,000.
MS	State	N/A	12/31/2007	12/31/2013	Full	100,000.	600,000.
MO	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
MT	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
NE	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
NH	None	N/A	N/A	N/A	N/A	0.	0.
NJ	None	N/A	N/A	N/A	N/A	0.	0.
NM	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
NY	State	N/A	12/31/2007	12/31/2013	Full	100,000.	600,000.
NC	Federal	Part	12/31/2007	12/31/2013	Full	100,000.	600,000.
ND	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
OH	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
OK	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
OR	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
PA	None	N/A	N/A	N/A	N/A	0.	0.
RI	None	N/A	N/A	N/A	N/A	0.	0.
SC	State	N/A	12/31/2007	12/31/2013	Full	100,000.	600,000.
UT	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
VT	None	N/A	N/A	N/A	N/A	0.	0.
VA	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
WV	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
WI	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
XX	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.

Form 4562 Depreciation Options**State Kansas Disaster Zone Default Statement****Continuation Statement**

STATE CALC		KANSAS ZONE BONUS DEPRECIATION			KANSAS ZONE SECTION 179		
State	F/S conformity	1st yr	Kansas Zone start	Kansas Zone end	1st yr	Maximum Increase	Threshold Increase
CO	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
CT	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
DE	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
DC	None	N/A	N/A	N/A	N/A	0.	0.
GA	None	N/A	N/A	N/A	N/A	0.	0.
HI	None	N/A	N/A	N/A	N/A	0.	0.
ID	State	Full	12/31/2008	12/31/2009	Full	100,000.	600,000.
IL	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
IN	None	N/A	N/A	N/A	N/A	0.	0.
IA	None	N/A	N/A	N/A	N/A	0.	0.
KS	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
KY	None	N/A	N/A	N/A	N/A	0.	0.
LA	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
ME	None	N/A	N/A	N/A	N/A	0.	0.
MD	State	Full	05/04/2007	12/31/2009	N/A	0.	0.
MA	None	N/A	N/A	N/A	N/A	0.	0.

Form 4562 Depreciation Options**State Kansas Disaster Zone Default Statement****Continuation Statement**

STATE CALC		KANSAS ZONE BONUS DEPRECIATION			KANSAS ZONE SECTION 179		
State	F/S conformity	1st yr	Kansas Zone start	Kansas Zone end	1st yr	Maximum Increase	Threshold Increase
MI	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
MN	Federal	Part	05/04/2007	12/31/2009	Part	100,000.	600,000.
MS	State	N/A	05/04/2007	12/31/2009	Full	100,000.	600,000.
MO	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
MT	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
NE	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
NH	None	N/A	N/A	N/A	N/A	0.	0.
NJ	None	N/A	N/A	N/A	N/A	0.	0.
NM	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
NY	State	N/A	05/04/2007	12/31/2009	Full	100,000.	600,000.
NC	Federal	Part	05/04/2007	12/31/2009	Full	100,000.	600,000.
ND	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
OH	Federal	Full	05/04/2007	12/31/2009	Part	100,000.	600,000.
OK	State	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
OR	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
PA	None	N/A	N/A	N/A	N/A	0.	0.
RI	None	N/A	N/A	N/A	N/A	0.	0.
SC	None	N/A	N/A	N/A	N/A	0.	0.
UT	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
VT	None	N/A	N/A	N/A	N/A	0.	0.
VA	None	N/A	N/A	N/A	N/A	0.	0.
WV	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
WI	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
XX	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.

Form 4562 Depreciation Options**State CBEPP Default Statement****Continuation Statement**

STATE CALC		CBEPP BONUS DEPRECIATION		
State	F/S conformity	1st yr	CBEPP start	CBEPP end
CO	Federal	Full	12/20/2006	12/31/2020
CT	Federal	Full	12/20/2006	12/31/2020
DE	Federal	Full	12/20/2006	12/31/2020
DC	None	N/A	N/A	N/A
GA	Federal	Full	12/20/2006	12/31/2020
HI	Federal	Full	12/20/2006	12/31/2020
ID	Federal	Full	12/20/2006	12/31/2020
IL	Federal	Full	12/20/2006	12/31/2020
IN	Federal	Full	12/20/2006	12/31/2020
IA	Federal	Full	12/20/2006	12/31/2020
KS	Federal	Full	12/20/2006	12/31/2020
KY	None	N/A	N/A	N/A
LA	Federal	Full	12/20/2006	12/31/2020
ME	State	Full	12/20/2006	12/31/2007
MD	Federal	Full	12/20/2006	12/31/2020
MA	Federal	Full	12/20/2006	12/31/2020
MI	Federal	Full	12/20/2006	12/31/2020
MN	State	Full	12/20/2006	12/31/2017
MS	None	N/A	N/A	N/A
MO	Federal	Full	12/20/2006	12/31/2020
MT	Federal	Full	12/20/2006	12/31/2020
NE	None	N/A	N/A	N/A

Form 4562 Depreciation Options
State CBEPP Default Statement
Continuation Statement

STATE CALC		CBEPP BONUS DEPRECIATION		
State	F/S conformity	1st yr	CBEPP start	CBEPP end
NH	None	N/A	N/A	N/A
NJ	None	N/A	N/A	N/A
NM	Federal	Full	12/20/2006	12/31/2020
NY	None	N/A	N/A	N/A
NC	Federal	Full	12/20/2006	12/31/2020
ND	Federal	Full	12/20/2006	12/31/2020
OH	Federal	Full	12/20/2006	12/31/2020
OK	Federal	Full	12/20/2006	12/31/2020
OR	Federal	Full	12/20/2006	12/31/2020
PA	None	N/A	N/A	N/A
RI	None	N/A	N/A	N/A
SC	None	N/A	N/A	N/A
UT	Federal	Full	12/20/2006	12/31/2020
VT	Federal	Full	12/20/2006	12/31/2020
VA	None	N/A	N/A	N/A
WV	None	N/A	N/A	N/A
WI	State	Full	12/20/2006	12/31/2013
XX	Federal	Full	12/20/2006	12/31/2020

Form 4562 Depreciation Options
State GO Zone Default Statement
Continuation Statement

STATE CALC		GO ZONE BONUS DEPRECIATION			GO ZONE SECTION 179		
State	F/S conformity	1st yr	GO Zone start	GO Zone end	1st yr	Maximum Increase	Threshold Increase
CO	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
CT	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
DE	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
DC	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
GA	None	N/A	N/A	N/A	N/A	0.	0.
HI	None	N/A	N/A	N/A	N/A	0.	0.
ID	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
IL	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
IN	None	N/A	N/A	N/A	N/A	0.	0.
IA	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
KS	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
KY	None	N/A	N/A	N/A	N/A	0.	0.
LA	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
ME	State	Full	08/28/2005	12/31/2007	N/A	0.	0.
MD	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
MA	None	N/A	N/A	N/A	N/A	0.	0.
MI	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
MN	Federal	Part	08/28/2005	03/30/2012	Part	100,000.	600,000.
MS	State	N/A	08/28/2005	03/30/2012	Full	100,000.	600,000.
MO	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
MT	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
NE	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
NH	None	N/A	N/A	N/A	N/A	0.	0.
NJ	None	N/A	N/A	N/A	N/A	0.	0.
NM	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
NY	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
NC	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
ND	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.

Form 4562 Depreciation Options
State GO Zone Default Statement
Continuation Statement

STATE CALC		GO ZONE BONUS DEPRECIATION			GO ZONE SECTION 179		
State	F/S conformity	1st yr	GO Zone start	GO Zone end	1st yr	Maximum Increase	Threshold Increase
OH	Federal	Full	08/28/2005	03/30/2012	Part	100,000.	600,000.
OK	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
OR	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
PA	None	N/A	N/A	N/A	N/A	0.	0.
RI	None	N/A	N/A	N/A	N/A	0.	0.
SC	State	Full	08/28/2005	05/06/2009	Full	100,000.	600,000.
UT	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
VT	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
VA	None	N/A	N/A	N/A	N/A	0.	0.
WV	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
WI	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
XX	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.

Form 4562 Depreciation Options
State Pre-2005 SDA Default Statement
Continuation Statement

STATE CALC		PRE-2006 SPECIAL DEPRECIATION ALLOWANCE						Truck
State	F/S calc	SDA %	1st yr	30% start	30% end	50% start	50% end	/Van
CO	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
CT	Fed	50, 30	Part	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
DE	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
DC	State	None	N/A	N/A	N/A	N/A	N/A	Y
GA	State	None	N/A	N/A	N/A	N/A	N/A	Y
HI	State	None	N/A	N/A	N/A	N/A	N/A	Y
ID	State	None	N/A	N/A	N/A	N/A	N/A	Y
IL	Fed	50, 30	Part	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
IN	State	None	N/A	N/A	N/A	N/A	N/A	Y
IA	Both	50	Full	N/A	N/A	05/06/2003	12/31/2004	Y
KS	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
KY	State	None	N/A	N/A	N/A	N/A	N/A	Y
LA	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
ME	Both	50, 30	Full	09/11/2001	12/31/2001	01/01/2006	12/31/2006	Y
MD	State	None	N/A	N/A	N/A	N/A	N/A	Y
MA	State	None	N/A	N/A	N/A	N/A	N/A	Y
MI	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
MN	Fed	50, 30	Part	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
MS	State	None	N/A	N/A	N/A	N/A	N/A	Y
MO	Both	50, 30	Full	09/11/2001	06/30/2002	05/06/2003	12/31/2006	Y
MT	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
NE	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
NH	State	None	N/A	N/A	N/A	N/A	N/A	N
NJ	Both	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2003	Y
NM	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
NY	Both	50, 30	Full	09/11/2001	05/31/2003	05/06/2003	05/31/2003	Y
NC	Fed	50, 30	Part	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
ND	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
OH	Fed	50, 30	Part	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
OK	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
OR	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
PA	State	None	N/A	N/A	N/A	N/A	N/A	Y
RI	State	None	N/A	N/A	N/A	N/A	N/A	Y
SC	State	None	N/A	N/A	N/A	N/A	N/A	Y

Form 4562 Depreciation Options
State Pre-2005 SDA Default Statement
Continuation Statement

STATE CALC		PRE-2006 SPECIAL DEPRECIATION ALLOWANCE						Truck
State	F/S calc	SDA %	1st yr	30% start	30% end	50% start	50% end	/Van
UT	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
VT	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
VA	State	None	N/A	N/A	N/A	N/A	N/A	Y
WV	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
WI	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
XX	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y

Form 4562 Depreciation Options
State Software/Real Property Sec 179 Default Statement
Continuation Statement

STATE CALC		COMPUTER SOFTWARE		STATE CALC	& 179 Lodging Property	
State	F/S conformity	Start	End	F/S conformity	Start	End
CO	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
CT	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
DE	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
DC	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
GA	Federal	TY2003	PERMANENT	None	N/A	N/A
HI	None	N/A	N/A	None	N/A	N/A
ID	Federal	TY2003	PERMANENT	State	TY2010	PERMANENT
IL	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
IN	Federal	TY2003	PERMANENT	State	TY2010	PERMANENT
IA	None	N/A	N/A	State	TY2018	PERMANENT
KS	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
KY	None	N/A	N/A	None	N/A	N/A
LA	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
ME	State	TY2011	PERMANENT	State	TY2011	PERMANENT
MD	None	N/A	N/A	None	N/A	N/A
MA	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
MI	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
MN	None	N/A	N/A	State	TY2010	PERMANENT
MS	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
MO	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
MT	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
NE	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
NH	None	N/A	N/A	None	N/A	N/A
NJ	None	N/A	N/A	None	N/A	N/A
NM	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
NY	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
NC	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
ND	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
OH	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
OK	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
OR	Federal	TY2003	PERMANENT	State	TY2011	PERMANENT
PA	None	N/A	N/A	None	N/A	N/A
RI	State	TY2014	PERMANENT	State	TY2014	PERMANENT
SC	Federal	TY2003	PERMANENT	State	TY2010	PERMANENT
UT	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
VT	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
VA	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
WV	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
WI	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
XX	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT

Form 4562 Depreciation Options
State Asset Class Default Statement
Continuation Statement

STATE CALC		FARM & RETAIL		STATE CALC	QUAL IMPROVEMENT PROP	
State	F/S conformity	Start	End	F/S conformity	Start	End
CO	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
CT	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
DE	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
DC	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
GA	None	N/A	N/A	State	10/22/2004	12/31/2017
HI	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
ID	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
IL	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
IN	Federal	12/31/2008	12/31/2017	State	12/31/2011	PERMANENT
IA	None	N/A	N/A	State	12/31/2019	PERMANENT
KS	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
KY	None	N/A	N/A	None	N/A	N/A
LA	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
ME	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
MD	None	N/A	N/A	State	10/22/2004	PERMANENT
MA	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
MI	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
MN	Federal	12/31/2008	12/31/2017	State	10/22/2004	12/31/2017
MS	Federal	12/31/2008	12/31/2017	State	10/22/2004	12/31/2017
MO	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
MT	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
NE	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
NH	None	N/A	N/A	None	N/A	N/A
NJ	None	N/A	N/A	None	N/A	N/A
NM	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
NY	Federal	12/31/2008	12/31/2017	State	10/22/2004	12/31/2017
NC	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
ND	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
OH	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
OK	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
OR	State	12/31/2008	12/31/2017	State	10/22/2004	PERMANENT
PA	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
RI	State	12/31/2013	12/31/2017	State	12/31/2013	PERMANENT
SC	State	12/31/2008	12/31/2009	Federal	10/22/2004	PERMANENT
UT	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
VT	Federal	12/31/2008	12/31/2017	State	10/22/2004	12/31/2017
VA	Federal	12/31/2008	12/31/2017	State	10/22/2004	12/31/2017
WV	Federal	12/31/2008	12/31/2017	State	10/22/2004	PERMANENT
WI	State	12/31/2008	12/31/2013	State	10/22/2004	PERMANENT
XX	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT

Form 4562 Depreciation Options
Fruit/Nut Tree/Vine SDA in Year Planted/Grafted
Continuation Statement

STATE CALC			Fruit/Nut Tree/Vine SDA	
State	F/S conformity	1st yr	Start	End
CO	Federal	Full	12/31/15	12/31/27
CT	Federal	Part	12/31/15	12/31/27
DE	Federal	Full	12/31/15	12/31/27
DC	State	N/A	N/A	N/A
GA	State	N/A	N/A	N/A
HI	State	N/A	N/A	N/A

Form 4562 Depreciation Options**Fruit/Nut Tree/Vine SDA in Year Planted/Grafted****Continuation Statement**

STATE CALC			Fruit/Nut Tree/Vine SDA	
State	F/S conformity	1st yr	Start	End
ID	State	N/A	N/A	N/A
IL	Federal	Part	12/31/15	12/31/27
IN	State	N/A	N/A	N/A
IA	State	N/A	N/A	N/A
KS	Federal	Full	12/31/15	12/31/27
KY	State	N/A	N/A	N/A
LA	Federal	Full	12/31/15	12/31/27
ME	State	N/A	N/A	N/A
MD	State	N/A	N/A	N/A
MA	State	N/A	N/A	N/A
MI	Federal	N/A	12/31/15	12/31/27
MN	Federal	Part	12/31/15	12/31/27
MS	State	N/A	N/A	N/A
MO	Federal	Full	12/31/15	12/31/27
MT	Federal	Full	12/31/15	12/31/27
NE	Federal	Full	12/31/15	12/31/27
NH	State	N/A	N/A	N/A
NJ	State	N/A	N/A	N/A
NM	Federal	Full	12/31/15	12/31/27
NY	State	N/A	N/A	N/A
NC	Federal	Part	12/31/15	12/31/27
ND	Federal	Full	12/31/15	12/31/27
OH	Federal	Part	12/31/15	12/31/27
OK	Federal	Full	12/31/15	12/31/27
OR	Federal	Full	12/31/15	12/31/27
PA	State	N/A	N/A	N/A
RI	State	N/A	N/A	N/A
SC	State	N/A	N/A	N/A
UT	Federal	Full	12/31/15	12/31/27
VT	State	N/A	N/A	N/A
VA	State	N/A	N/A	N/A
WV	Federal	Full	12/31/15	12/31/27
WI	State	Full	12/31/15	12/31/13
XX	Federal	Full	12/31/15	12/31/27

TAXABLE YEAR	California Online e-file Return Authorization for Individuals	FORM
2021		8453-OL

Your first name and initial ABHILASH R		Last name MEKALA	Suffix	Your SSN or ITIN 658-20-5589
If filing jointly, spouse's/RDP's first name and initial SHRAVYA		Last name MARANGANTI	Suffix	Spouse's/RDP's SSN or ITIN 329-06-7412
Street address (number and street) or PO box 175 POPLAR AVE		Apt. no./ste. no.	PMB/private mailbox	Daytime telephone number (864) 650-0899
City SAN BRUNO			State CA	ZIP code 94066-5411
Foreign country name		Foreign province/state/county		Foreign postal code

Part I Tax Return Information (whole dollars only)

1 California adjusted gross income. See instructions	1	609,327.
2 Refund or no amount due. See instructions	2	9,306.
3 Amount you owe. See instructions	3	

Part II Settle Your Account Electronically for Taxable Year 2021 (Pay by 4/18/2022)4 ☒ Direct deposit of refund5 ☐ Electronic funds withdrawal 5a Amount _____ 5b Withdrawal date (mm/dd/yyyy) _____**Part III Make Estimated Tax Payments for Taxable Year 2022** These are NOT installment payments for the current amount you owe.

	First Payment 4/18/2022	Second Payment 6/15/2022	Third Payment 9/15/2022	Fourth Payment 1/17/2023
6 Amount				
7 Withdrawal date				

Part IV Banking Information (Have you verified your banking information?)

8 Amount of refund to be directly deposited to account below _____ 9,306.	12 The remaining amount of my refund for direct deposit _____
9 Routing number 071000013	13 Routing number _____
10 Account number 59385380068405127	14 Account number _____
11 Type of account: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	15 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings

Part V Declaration of Taxpayer(s)

I authorize my account to be settled as designated in Part II. If I check Part II, box 4, I declare that the direct deposit refund information in Part IV agrees with the authorization stated on my return. If I check Part II, box 5, I authorize an electronic funds withdrawal for the amount listed on line 5a and any estimated payment amounts listed on line 6 from the bank account listed on lines 9, 10, and 11. If I have filed a joint return, this is an irrevocable appointment of the other spouse/registered domestic partner (RDP) as an agent to receive the refund or authorize an electronic funds withdrawal.

Under penalties of perjury, I declare that the information I provided to the Franchise Tax Board (FTB), either directly or through e-file software, including my name, address, and social security number (SSN) or individual taxpayer identification number (ITIN), and the amounts shown in Part I above, agrees with the information and amounts shown on the corresponding lines of my 2021 California income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my return and accompanying schedules and statements to be transmitted to the FTB directly or through the e-file software. **If the processing of my return or refund is delayed, I authorize the FTB to disclose to me, either directly or through the e-file software, the reason(s) for the delay or the date when the refund was sent.**

**Sign
Here**

Your signature _____

Date _____

Spouse's/RDP's signature. If filing jointly, both must sign.
It is unlawful to forge a spouse's/RDP's signature.

Date _____

2021 California Resident Income Tax Return**540**

APE

ATTACH FEDERAL RETURN

658-20-5589 MEKA 329-06-7412
 ABHILASH R MEKALA
 SHRAVYA MARANGANTI

21

175 POPLAR AVE
 SAN BRUNO CA 94066-5411

12-26-1982 05-02-1983

Principal Residence

Enter your county at time of filing (see instructions)

☒ SAN MATEO
If your address above is the same as your principal/physical residence address at the time of filing, check this box . . . ☒ ☐

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

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

Filing Status

1 ☐ Single 4 ☐ Head of household (with qualifying person). See instructions.

2 ☒ Married/RDP filing jointly. See inst. 5 ☐ Qualifying widow(er). Enter year spouse/RDP died.

See instructions.

3 ☐ Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here.

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

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. See instructions. ☒ 9 X \$129 = ☒ \$

Your name: MEKALA

Your SSN or ITIN: 658-20-5589

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

Exemptions

	Dependent 1	Dependent 2	Dependent 3
First Name	UMA	IRA	
Last Name	MEKALA	MEKALA	
SSN. See instructions.	799405353	364498019	
Dependent's relationship to you	DAUGHTER	DAUGHTER	

Total dependent exemptions ● 10 2 X \$400 = ● \$ 800

11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32 ● 11 \$ 1058

Taxable Income

12	State wages from your federal Form(s) W-2, box 16	● 12	609449	.00
13	Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11	● 13	609327	.00
14	California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B.	● 14	0	.00
15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions	15	609327	.00
16	California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 27, column C.	● 16		.00
17	California adjusted gross income. Combine line 15 and line 16	● 17	609327	.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	● 18	58650	.00
19	Subtract line 18 from line 17. This is your taxable income . If less than zero, enter -0-	● 19	550677	.00

Tax

31	Tax. Check the box if from: <input type="checkbox"/> Tax Table <input checked="" type="checkbox"/> Tax Rate Schedule	
	● <input type="checkbox"/> FTB 3800 ● <input type="checkbox"/> FTB 3803	● 31 45218 .00
32	Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$212,288, see instructions.	● 32 0 .00
33	Subtract line 32 from line 31. If less than zero, enter -0-	● 33 45218 .00
34	Tax. See instructions. Check the box if from: <input type="checkbox"/> Schedule G-1 ● <input type="checkbox"/> FTB 5870A .	● 34 .00
35	Add line 33 and line 34.	● 35 45218 .00

Special Credits

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

Your name:

MEKALA

Your SSN or ITIN:

658-20-5589

Special Credits

- 45 To claim more than two credits. See instructions. Attach Schedule P (540). ● 45 .00
- 46 Nonrefundable Renter's Credit. See instructions ● 46 .00
- 47 Add line 40 through line 46. These are your total credits ● 47 .00
- 48 Subtract line 47 from line 35. If less than zero, enter -0- ● 48 .00

Other Taxes

- 61 Alternative Minimum Tax. Attach Schedule P (540) ● 61 .00
- 62 Mental Health Services Tax. See instructions ● 62 .00
- 63 Other taxes and credit recapture. See instructions ● 63 .00
- 64 Excess Advance Premium Assistance Subsidy (APAS) repayment. See instructions. ● 64 .00
- 65 Add line 48, line 61, line 62, line 63, and line 64. This is your total tax ● 65 .00

Payments

- 71 California income tax withheld. See instructions ● 71 .00
- 72 2021 CA estimated tax and other payments. See instructions ● 72 .00
- 73 Withholding (Form 592-B and/or 593). See instructions ● 73 .00
- 74 Excess SDI (or VPD) withheld. See instructions ● 74 .00
- 75 Earned Income Tax Credit (EITC) ● 75 .00
- 76 Young Child Tax Credit (YCTC). See instructions ● 76 .00
- 77 Net Premium Assistance Subsidy (PAS). See instructions ● 77 .00
- 78 Add line 71 through line 77. These are your total payments. See instructions ● 78 .00

Use Tax

- 91 **Use Tax.** Do not leave blank. See instructions. ● 91 .00
- If line 91 is zero, check if: ☒ No use tax is owed. ☐ 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. ● ☒ If you did not check the box, see instructions.
- Individual Shared Responsibility (ISR) Penalty. See instructions ● 92 .00

Overpaid Tax/Tax Due

- 93 Payments balance. If line 78 is more than line 91, subtract line 91 from line 78 ● 93 .00
- 94 **Use Tax balance.** If line 91 is more than line 78, subtract line 78 from line 91 ● 94 .00
- 95 Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93. ● 95 .00
- 96 Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, then subtract line 93 from line 92. ● 96 .00

Your name:

MEKALA

Your SSN or ITIN:

658-20-5589

Overpaid Tax/Tax Due

- 97 Overpaid tax. If line 95 is more than line 65, subtract line 65 from line 95. ☒ 97 9306 .00
- 98 Amount of line 97 you want applied to your **2022** estimated tax ☐ 98 .00
- 99 Overpaid tax available this year. Subtract line 98 from line 97 ☐ 99 9306 .00
- 100 Tax due. If line 95 is less than line 65, subtract line 95 from line 65 ☒ 100 .00

Contributions

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

Your name:

MEKALA

Your SSN or ITIN:

658-20-5589

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**Pay Online – Go to **ftb.ca.gov/pay** for more information.

.00

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

.00

.00

.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**

9306

.00

Refund and Direct Deposit

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:

● Routing number

071000013

● Type



Checking

● Account number

59385380068405127

● **116** Direct deposit amount

9306

.00



Savings

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

● Routing number

● Type



Checking

● Account number

● **117** Direct deposit amount

.00



Savings

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)

● Your email address. Enter only one email address.

● Preferred phone number

8646500899

**Sign
Here**It is unlawful
to forge a
spouse's/
RDP's
signature.Joint tax
return?
(See
instructions)Paid preparer's signature (**declaration of preparer is based on all information of which preparer has any knowledge**)

SELF-PREPARED

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

● PTIN

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

A R MEKALA & S MARANGANTI

SSN or ITIN

658205589

Part I Income Adjustment Schedule**Section A — Income** from federal Form 1040 or 1040-SR**A Federal Amounts**
(taxable amounts from your federal tax return)**B Subtractions**
See instructions**C Additions**
See instructions

1 Wages, salaries, tips, etc. See instructions before making an entry in column B or C 1	<input checked="" type="radio"/> 609,449.	<input checked="" type="radio"/>	<input checked="" type="radio"/>
2 Taxable interest. a <input checked="" type="radio"/> 0. 2b <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
3 Ordinary dividends. See instructions. a <input checked="" type="radio"/> 49. 3b <input checked="" type="radio"/> 2,878.	<input checked="" type="radio"/>	<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"/>	<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"/>	<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"/> -3,000.	<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"/> 0.	<input checked="" type="radio"/> 0.	
2a Alimony received. See instructions. 2a	<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"/>	
8 Other income:			
a Federal net operating loss. 8a	<input checked="" type="radio"/>		<input checked="" type="radio"/>
b Gambling income. 8b	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
c Cancellation of debt 8c	<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"/>
e Taxable Health Savings Account distribution . . 8e	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
f Alaska Permanent Fund dividends 8f	<input checked="" type="radio"/>		
g Jury duty pay. 8g	<input checked="" type="radio"/>		
h Prizes and awards 8h	<input checked="" type="radio"/>		

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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 type="radio"/>		
j Stock options 8j	<input 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 type="radio"/>		
l Olympic and Paralympic medals and USOC prize money 8l	<input type="radio"/>		
m IRC Section 951(a) inclusion 8m	<input type="radio"/>	<input type="radio"/>	
n IRC Section 951A(a) inclusion. 8n	<input type="radio"/>	<input type="radio"/>	
o IRC Section 461(l) excess business loss adjustment 8o	<input type="radio"/>		<input type="radio"/>
p Taxable distributions from an ABLÉ account . . 8p	<input type="radio"/>		
z Other income. List type and amount. <input type="radio"/> _____ 8z	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9 a Total other income. Add lines 8a through 8z. 9a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b1 Disaster loss deduction from form FTB 3805V . 9b1		<input type="radio"/>	
b2 NOL deduction from form FTB 3805V 9b2		<input type="radio"/>	
b3 NOL from form FTB 3805Z, 3807, or 3809 . . 9b3		<input type="radio"/>	
b4 Student loan discharged due to closure of a for-profit school. 9b4	<input type="radio"/>	<input 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 type="radio"/> 609,327.	<input type="radio"/> 0.	<input type="radio"/>

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

11 Educator expenses 11	<input type="radio"/>	<input type="radio"/>	
12 Certain business expenses of reservists, performing artists, and fee-basis government officials. 12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13 Health savings account deduction 13	<input type="radio"/>	<input type="radio"/>	
14 Moving expenses. Attach form FTB 3913. See instructions 14	<input type="radio"/>		<input type="radio"/>
15 Deductible part of self-employment tax. See instructions. 15	<input type="radio"/>	<input type="radio"/>	
16 Self-employed SEP, SIMPLE, and qualified plans. . 16	<input type="radio"/>		
17 Self-employed health insurance deduction. See instructions. 17	<input type="radio"/>	<input 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 type="radio"/>		
19 a Alimony paid. 19a	<input type="radio"/>		<input type="radio"/>
b Recipient's: SSN <input type="radio"/> _____ Last Name <input type="radio"/> _____			
20 IRA deduction. 20	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21 Student loan interest deduction 21	<input type="radio"/>		<input type="radio"/>
22 Reserved for future use 22			
23 Archer MSA deduction 23	<input type="radio"/>		
24 Other adjustments:			
a Jury duty pay 24a	<input type="radio"/>		
b Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit. 24b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l 24c	<input type="radio"/>	<input type="radio"/>	
d Reforestation amortization and expenses. 24d	<input type="radio"/>	<input type="radio"/>	
e Repayment of supplemental unemployment benefits under the Trade Act of 1974 24e	<input type="radio"/>		
f Contributions to IRC Section 501(c)(18)(D) pension plans 24f	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g Contributions by certain chaplains to IRC Section 403(b) plans 24g	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h Attorney fees and court costs for actions involving certain unlawful discrimination claims 24h	<input 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 type="radio"/>	<input type="radio"/>	
j Housing deduction from federal Form 2555 24j	<input type="radio"/>	<input type="radio"/>	
k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041) 24k	<input type="radio"/>	<input type="radio"/>	
z Other adjustments. List type and amount. <input type="radio"/> _____ 24z	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25 Total other adjustments. Add lines 24a through 24z 25	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26 Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions 26	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27 Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions 27	<input type="radio"/> 609,327.	<input type="radio"/> 0.	<input type="radio"/>

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Part II Adjustments to Federal Itemized Deductions

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

	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"/> 0 . 1			
2 Enter amount from federal Form 1040 or 1040-SR, line 11.. <input checked="" type="radio"/> 609,327 . 2			
3 Multiply line 2 by 7.5% (0.075) <input checked="" type="radio"/> 45,700 . 3			
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 4 <input checked="" type="radio"/>			<input checked="" type="radio"/> 0 .
Taxes You Paid			
5 a State and local income tax or general sales taxes. 5a <input checked="" type="radio"/> 56,063 . <input checked="" type="radio"/> 56,063 .			
b State and local real estate taxes 5b <input checked="" type="radio"/> 19,247 .			
c State and local personal property taxes 5c <input checked="" type="radio"/> 1,800 .			
d Add line 5a through line 5c. 5d <input checked="" type="radio"/> 77,110 .			
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 5e <input checked="" type="radio"/> 10,000 . <input checked="" type="radio"/> 56,063 . <input checked="" type="radio"/> 67,110 .			
6 Other taxes. List type <input checked="" type="radio"/> 6 <input checked="" type="radio"/>			
7 Add line 5e and line 6. 7 <input checked="" type="radio"/> 10,000 . <input checked="" type="radio"/> 56,063 . <input checked="" type="radio"/> 67,110 .			
Interest You Paid			
8 a Home mortgage interest and points reported to you on federal Form 1098 8a <input checked="" type="radio"/> 25,716 .			<input checked="" type="radio"/> 8,572 .
b Home mortgage interest not reported to you on federal Form 1098. 8b <input checked="" type="radio"/>			<input checked="" type="radio"/>
c Points not reported to you on federal Form 1098. 8c <input checked="" type="radio"/>			<input checked="" type="radio"/>
d Mortgage insurance premiums 8d <input checked="" type="radio"/>			
e Add line 8a through line 8d 8e <input checked="" type="radio"/> 25,716 . <input checked="" type="radio"/> 8,572 .			
9 Investment interest. 9 <input checked="" type="radio"/>			<input checked="" type="radio"/>
10 Add line 8e and line 9. 10 <input checked="" type="radio"/> 25,716 . <input checked="" type="radio"/> 8,572 .			

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"/> 14,400.	<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"/> 14,400.	<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"/> 50,116.	<input checked="" type="radio"/> 56,063.	<input checked="" type="radio"/> 75,682.

18 Total. Combine line 17 column A less column B plus column C ☒ **18** 69,735.

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 ☒ **19** _____

20 Tax preparation fees ☒ **20** _____

21 Other expenses - investment, safe deposit box, etc. List type. ☒ **21** 0.

22 Add line 19 through line 21 ☒ **22** 0.

23 Enter amount from federal Form 1040 or 1040-SR, line 11 ☒ 609,327.

24 Multiply line 23 by 2% (0.02). If less than zero, enter 0. ☒ **24** 12,187.

25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0. ☒ **25** 0.

26 Total Itemized Deductions. Add line 18 and line 25 ☒ **26** 69,735.

27 Other adjustments. See instructions. Specify. ☒ **27** _____

28 Combine line 26 and line 27. ☒ **28** 69,735.

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** 58,650.

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** 58,650.

2021**California Capital Gain or Loss Adjustment**

Do not complete this schedule if all of your California gains (losses) are the same as your federal gains (losses).

D (540)

Name(s) as shown on return

SSN or ITIN

A R MEKALA & S MARANGANTI

658205589

	(a) Description of property Example: 100 shares of "Z" Co.	(b) Sales price	(c) Cost or other basis	(d) Loss If (c) is more than (b), subtract (b) from (c)	(e) Gain If (b) is more than (c), subtract (c) from (b)
1					
a	WMT ES2 17.789000	2,647.	2,479.		168.
b	WMT ES2 2.211000	329.	325.		4.
c					
d					
e					
f					
g					
h					
i					
j					
k					
l					
m					
n					
o					
p					
q					
r					
s					
t					
u					
v					

2 Net gain or (loss) shown on California Schedule(s) K-1 (100S, 541, 565, and 568). **2** ☐ ☐

3 Capital gain distributions (federal Form 1099-DIV, box 2a) ☒ **3** 53.

4 Total 2021 gains from all sources. Add column (e) amounts of line 1, line 2, and line 3 ☒ **4** 225.

5 2021 loss. Add column (d) amounts of line 1 and line 2. ☒ **5** ()

6 California capital loss carryover from 2020, if any. See instructions. ☒ **6** (5,475.)

7 Total 2021 loss. Add line 5 and line 6 ☒ **7** (5,475.)

Taxable Year

2021

Date Accepted _____

**California e-file Return Authorization
for Limited Liability Companies**

Form

8453-LLC

Limited liability company name _____

CA SOS file No. or FEIN _____

Part I Tax Return Information (whole dollars only)

- | | | |
|----------|--|-------|
| 1 | Total income (Form 568, Schedule B, line 12 or Form 568, line 1 for Single Member LLCs) | _____ |
| 2 | Ordinary income (Form 568, Schedule B, line 23 or Form 568, Line 1 for Single Member LLCs) | _____ |
| 3 | Tax and fee due (Form 568, line 14) | _____ |
| 4 | Overpayment (Form 568, line 15) | _____ |
| 5 | Total amount due (Form 568, line 19) | _____ |

Part II Settle Your Account Electronically for Taxable Year 2021.

- | | | |
|------------|--|--------------------------|
| 6 | Electronic funds withdrawal | <input type="checkbox"/> |
| 6 a | Amount | _____ |
| 6 b | Withdrawal date (mm/dd/yyyy) | _____ |

Part III Make Annual Tax or Estimated Fee Payment for Taxable Year 2022This is **NOT** an installment payment for the current amount the LLC owes.

- | | | |
|----------|---------------------------|-----------------------|
| | Annual Tax Payment | Estimated Fee Payment |
| 7 | Amount | _____ |
| 8 | Withdrawal date | _____ |

Part IV Banking Information

(Have you verified the LLC's banking information?)

- | | | | | |
|-----------|--------------------------|--|-----------|---|
| 9 | Routing number | | 11 | Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| 10 | Account number | | | |

Part V Declaration of Authorized Member or Manager

I authorize the limited liability company account to be settled as designated in Parts II, III, and IV. If I check Box 6, I authorize an electronic funds withdrawal for the amount listed on line 6a and for the 2022 annual tax or estimated fee payment amount listed on line 7 from the bank account specified in Part IV.

Under penalties of perjury, I declare that I am an authorized member or manager of the above limited liability company and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the limited liability company's 2021 California income tax return. To the best of my knowledge and belief, the limited liability company's return is true, correct, and complete. If the limited liability company is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not

receive full and timely payment of the limited liability company's tax liability, the limited liability company will remain liable for the tax liability and all applicable interest and penalties. I authorize the limited liability company return and accompanying schedules and statements be transmitted to the FTB by my ERO, transmitter, or intermediate service provider. **If the processing of the limited liability company's return or refund is delayed, I authorize the FTB to disclose to my ERO or intermediate service provider, the reason(s) for the delay or the date when the refund was sent.**

Sign Here

Signature of authorized member or manager

Date

Title

Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above limited liability company's return and that the entries on form FTB 8453-LLC are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the limited liability company's return. I declare, however, that form FTB 8453-LLC accurately reflects the data on the return.) I have obtained the signature from the limited liability company authorized member or manager on form FTB 8453-LLC before transmitting this return to the FTB; I have provided the limited liability company authorized member or manager with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2021 Handbook for Authorized e-file Providers. I will keep form FTB 8453-LLC on file for **four** years from the due date of the return or **four** years from the date the limited liability company return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above limited liability company's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign

ERO's signature

Date

Check if also
paid preparer ☐

ERO's PTIN

Firm's name (or yours, if self-employed) and address

FEIN.

Check if self-
employed. ☐

Paid Preparer Must Sign

Under penalties of perjury, I declare that I have examined the above limited liability company's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid preparer's signature

Date

Check if self-
employed. ☐

Paid preparer's PTIN

Firm's name (or yours if self-employed) and address

FEIN

Healthcare Entry Sheet

2021

► Keep for your records

The forms associated with healthcare (3853, 3849, 3895, and this Healthcare Entry Sheet) all interact with information from the information worksheet. Be sure to enter all personal information including dependents listed on the return **before** using this sheet to track health insurance coverage.

Yes No/Partial

☒

Everyone on the tax return was covered by health insurance all year.

If everyone on the return was covered then check the YES box above - no other action is required.

Health Insurance Coverage for Individuals: Use this form to report healthcare coverage for individuals for months:

- not reported on 3895, 1095-B or 1095-C
- not covered by employer
- months not covered by an exemption

Note: The 3895 information **must** be entered on Form 3895 in order to correctly calculate any Premium Assistance Subsidy. The 1095-B or the 1095-C can be entered directly in the table below.

If applicable enter information on form 3895, California Health Insurance Marketplace Statement

Note: The FTB is not requiring the 1095-B or 1095-C be filed with the returns. Keep these forms for your records and track the the months using the checkboxes below.

If applicable enter Market Place exemptions (ECNs) or Request exemptions on form 3853

a. Name of covered individual(s)		Covered all												
b. SSN	c. DOB	12 months	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1 ABHILASH R MEKALA	12/26/82	*Oct 2021			*Nov 2021			*Dec 2021						
658-20-5589	12/26/82	X	X	X	X	X	X	X	X	X	X	X	X	T
2 SHRAVYA MARANGANTI	05/02/83	*Oct 2021			*Nov 2021			*Dec 2021						
329-06-7412	05/02/83	X	X	X	X	X	X	X	X	X	X	X	X	S
3 Uma Mekala	09/28/12	*Oct 2021			*Nov 2021			*Dec 2021						
799-40-5353	09/28/12	X	X	X	X	X	X	X	X	X	X	X	X	1
4 ira Mekala	12/04/16	*Oct 2021			*Nov 2021			*Dec 2021						
364-49-8019	12/04/16	X	X	X	X	X	X	X	X	X	X	X	X	2
5		*Oct 2021			*Nov 2021			*Dec 2021						
6		*Oct 2021			*Nov 2021			*Dec 2021						

To review the detail of each person listed on the return (covered, not covered, exempt) and to see any penalty calculation go to the **Health Care Individual Responsibility Smart Worksheet** on Form 3853. ►

Completion checkbox:

☐

Check this box once you are finished with all the healthcare related entries.

Name A R MEKALA & S MARANGANTI		Social Security Number 658-20-5589		
	(a) Credit amount	(b) Credit used this year	(c) Tax that may be offset by credits	(d) Credit carryover
I Schedule P/P(540NR), Part III, Section A, line 5, column (c)			10,280.	
II Credits that reduce excess tax and have carryover provisions.				
Code Credit Name				
205 Disabled Access			10,280.	
204 Donated Agricultural Products Transportation			10,280.	
190 Employer Childcare Contribution . . .			10,280.	
189 Employer Child Care Program			10,280.	
203 Enhanced Oil Recovery			10,280.	
207 Farmworker Housing			10,280.	
198 Local Agency Military Base Recovery Area Hiring			10,280.	
198 Local Agency Military Base Recovery Area Sales or Use Tax			10,280.	
220 New Jobs			10,280.	
237 New Motion Picture & Television			10,280.	
238 New Donated Fresh Fruits or Vegetables			10,280.	
239 Program 3.0 Motion Picture & Television			10,280.	
240 Main Street Small Business Credit . .			10,280.	
234 New Employment			10,280.	
175 Agricultural Products			10,280.	
223 Motion Picture and Television Production			10,280.	
209 Community Development Financial Institution Deposits Credit			10,280.	
224 Donated Fresh Fruits or Vegetables Credit			10,280.	
194 Employee Ridesharing			10,280.	
191 Employer Ridesharing (Large)			10,280.	
192 Employer Ridesharing (Small)			10,280.	
193 Employer Ridesharing (Transit Passes)			10,280.	
182 Energy Conservation			10,280.	
218 Environmental Tax			10,280.	
160 Low Emission Vehicles			10,280.	
211 Manufacturing Enhancement Area Hiring			10,280.	
184 Political Contributions			10,280.	
174 Recycling Equipment			10,280.	
186 Residential Rental and Farm Sales . .			10,280.	
206 Rice Straw			10,280.	
171 Ridesharing			10,280.	
200 Salmon and Steelhead Trout Habitat Restoration			10,280.	
179 Solar Pump			10,280.	
178 Water Conservation			10,280.	

161 Young Infant			10,280.	
241 Main Street Small Business Tax II . .			10,280.	

A R MEKALA & S MARANGANTI

658-20-5589

Page 2

	(a) Credit amount	(b) Credit used this year	(c) Tax that may be offset by credits	(d) Credit carryover
III Schedule P/P(540NR), Part III, Section B, line 15, column (c)			45,218.	
IV Credits that reduce net tax and have carryover provisions. Code Credit Name				
233 California Competes			45,218.	
235 College Access			45,218.	
197 Child Adoption			45,218.	
176 Enterprise Zone Hiring			45,218.	
176 Enterprise Zone Sales or Use Tax . .			45,218.	
172 Low-Income Housing			45,218.	
213 Natural Heritage Preservation			45,218.	
183 Research			45,218.	
210 Targeted Tax Area Hiring			45,218.	
210 Targeted Tax Area Sales or Use Tax .			45,218.	
196 Commercial Solar Electric System . .			45,218.	
181 Commercial Solar Energy			45,218.	
185 Orphan Drug			45,218.	
180 Solar Energy			45,218.	
242 Pass-Through Entity Elective Tax . . .			45,218.	

California Information Worksheet

► Keep for your records

2021

Part I — Personal Information

Taxpayer:

First Name ABHILASH
Middle Initial R Suffix
Last Name MEKALA
Social Security No. 658-20-5589
Date of Birth 12/26/1982 (mm/dd/yyyy)
or age as of 1-1-2022 39
Date of Death (mm/dd/yyyy)
Legally blind
Daytime Phone (864) 650-0899 Ext

Spouse/RDP:

First Name SHRAVYA
Middle Initial Suffix
Last Name MARANGANTI
Social Security No. 329-06-7412
Date of Birth 05/02/1983 (mm/dd/yyyy)
or age as of 1-1-2022 38
Date of Death (mm/dd/yyyy)
Legally blind
Daytime Phone (864) 643-0899 Ext

Home phone
Your email address to print on Form 540, 540NR or 540X (optional)
Check to print phone number on Form 540. ☒ Taxpayer daytime ☐ Spouse/RDP day ☐ Home

c/o Address
Street Address 175 Poplar Ave
Unit Description Unit Number Private Mailbox (PMB)
City San Bruno State CA ZIP Code 94066-5411
Foreign province/country Foreign postal code
Foreign country

Principal Residence (California Resident filers only):

County in California San Mateo
Is your address above the same as your principal/physical residence address? Yes ☒ No ☐
If not, enter your principal/physical residence address below:
Street address (number and street) or PO box
Apartment number or suite number State ZIP code
City

Military Filers:

☐ APO ☐ FPO

For Military Extension:

Military indicator Taxpayer Spouse/RDP

Part II — Main Form

☒ Form 540: Resident Income Tax Return. ►
☐ Form 540NR: Nonresident or Part-Year Resident Income Tax Return ►
Enter your state of residence as of December 31, 2021 CA
☒ Resident entire year
☐ Resident part of year
Date you established residence in state above
In which state (or foreign country) did you reside before this change?
QuickZoom to enter Part-Year and Nonresident income allocations on Schedule CA(NR) ►

Part III — Filing Status

☐ Single
☒ Married/RDP filing joint return
☐ Married/RDP filing separate return
☐ You **did not** live with spouse at any time during the year
Yes No
☐ ☐ If filing electronically, is spouse a CA Nonresident?
☐ ☐ If filing electronically, is spouse Active Duty Military?
☐ Head of household (with qualifying person) **Stop.** See instructions.
If the 'qualifying person' is your child but **not** your dependent:
Child's name
Child's social security number
☐ Qualifying widow(er)
Year spouse/RDP died ☐ 2019 ☐ 2020
If the 'qualifying person' is your child but **not** your dependent:
Child's First name Last Name
☐ Check the box if your California filing status is different from your federal filing status.

Part IV — Dependent Information

First Name	I	Last Name	*	**	Social Security No.	Relationship	DOB	DOD
Uma		Mekala	<input type="checkbox"/>		799-40-5353	Daughter	09/28/12	
ira		Mekala	<input type="checkbox"/>		364-49-8019	Daughter	12/04/16	
			<input type="checkbox"/>					
			<input type="checkbox"/>					

* Check this box if this dependent was ineligible for an SSN or ITIN and **was a resident of Canada or Mexico** (see Form 3568)

** Select resident of either Mexico or Canada if ineligible for SSN or ITIN

Part V – Standard Deduction/Itemized Deductions

- ☐ Calculate California itemized deductions even if itemized deductions are less than the standard deduction
- ☐ You are married filing separately and your spouse itemized deductions
- ☐ Take the standard deduction even if less than itemized deductions

Part VI – Other Information**Prior Name:**

If you filed your 2020 return under a different last name, enter the last name **only** from the 2020 return ▶ Taxpayer . _____ Spouse/RDP _____

Dependent of Someone Else:

Taxpayer **Spouse**

☐ ☐ Can someone (such as a parent) claim you and/or your spouse/RDP as a dependent?

Interest and Penalties:

Returns filed late: Enter interest, late return and late payment penalties _____

Farmers and Fishermen:

- ☐ At least two-thirds of your 2020 or 2021 gross income is from farming or fishing
- ☐ Return will be filed and tax due will be paid by March 1, 2022

Mandatory Electronic Payments

- ☒ You are required to make California tax payments electronically
- ☐ A waiver is or will be in effect for the current year
- ☐ Force print all payment vouchers even if required to pay electronically

Schedule W-2:

☐ You do **not** want to complete Schedule W-2

Executor/Guardian Information:

First Name

MI

Last Name

Suf.

Executor/Guardian _____

Surviving Spouse Indicator ☐ Check this box instead of entering the Spouse/RDP name above

Executor type (if filing electronically) _____

Third Party Designee:

Yes **No**

☐ ☐ Do you want to allow another person to discuss your return with the Franchise Tax Board?

If yes, enter the person's name

Telephone

First

Middle init

Last Name

Suffix

Disasters:

☐ Claiming a disaster loss (see FTB Publication 1034)

QuickZoom to enter disaster explanation ▶ _____

Outside of the USA:

☐ You were living or traveling outside the United States on May 17, 2022

Special Condition Text (prints at the top of Form 540 or 540NR)**Part VII – Direct Deposit Information or Direct Debit Information**

Yes **No**

☒ ☐ Do you want to elect direct deposit of state tax refund?

☐ ☐ Do you want direct debit of state tax payment? (EF Only)

☐ ☐ Do you want direct debit of state tax payment for the **amended return**? (EF Only)

Bank Information:

Enter the following information if you want to directly deposit any state tax refund or direct debit of state tax payment:

Name of Financial Institution (optional) JP Morgan Chase/Charles Schwab

Account type Checking . ☒ Savings . ☐

Routing number 071000013

Account number 59385380068405127

Enter the following information only if you are requesting direct debit of balance due:

Enter the payment date to debit the account above _____

State balance-due amount from this return _____

Direct debit of balance due with amended return information:

Payment date to debit the account above _____

State balance-due amount paid with this amended return _____

International ACH Transactions

Yes No

☐☒

Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

Part VIII – California Contributions

1	California Seniors Special Fund (Taxpayer)	1	
2	California Seniors Special Fund (Spouse/RDP)	2	
3	Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	3	
4	Rare and Endangered Species Preservation Voluntary Tax Contribution Program .	4	
5	California Breast Cancer Research Voluntary Tax Contribution Fund	5	
6	California Firefighters' Memorial Voluntary Tax Contribution Fund	6	
7	Emergency Food For Families Voluntary Tax Contribution Fund	7	
8	California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund . .	8	
9	California Sea Otter Voluntary Tax Contribution Fund	9	
10	California Cancer Research Voluntary Tax Contribution Fund	10	
11	School Supplies for Homeless Children Fund	11	
12	State Parks Protection Fund/Parks Pass Purchase	12	
13	Protect Our Coast and Oceans Voluntary Tax Contribution Fund	13	
14	Keep Arts in Schools Voluntary Tax Contribution Fund	14	
15	Prevention of Animal Homelessness & Cruelty Voluntary Tax Contribution Fund . .	15	
16	California Senior Citizen Advocacy Voluntary Tax Contribution Fund	16	
17	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	17	
18	Rape Kit Backlog Voluntary Tax Contribution Fund	18	
19	Schools Not Prisons Voluntary Tax Contribution Fund	19	
20	Suicide Prevention Voluntary Tax Contribution Fund	20	
21	Mental Health Crisis Prevention Voluntary Tax Contribution Fund	21	
22	California Community and Neighborhood Tree Voluntary Tax Contribution Fund . .	22	

Part IX – Extension Status**Yes No**

☐ ☒ Have you filed Form 3519 - "Payment Voucher for Automatic Extension for Individuals" **or** extended the federal tax return?

If Yes, enter the extended due date

QuickZoom to Form 3519: Payment voucher for automatic extension ▶

Automatic extension information for military filers (Electronic Filing Only):

	Taxpayer	Spouse
Beginning Military Date	_____	_____
Ending Military Date	_____	_____
Combat zone/QHDA Operation or Area Served	_____	_____

Part X – Amended Return

☐ Are you filing a California amended return?

Enter the tax year you are amending

Previous California payment made

Previous California refund received

QuickZoom here to Schedule X ▶

QuickZoom to Form 540 ▶

QuickZoom to Form 540NR. ▶

Part XI – Mortgage Interest Adjustment

☒ Reviewed Mortgage and Interest Adjustments

Interest and Dividend Adjustments Worksheet

2021

Name as Shown on Return
A R MEKALA & S MARANGANTI

Social Security Number
658-20-5589

Interest Income Adjustments	(B) Subtractions	(C) Additions
1 Bonds or obligations of the United States or any of its territories*		
2 Loans made in an enterprise zone		
3 Interest on obligations of District of Columbia issued after December 27, 1973		
4 Additional interest on state, county, city, town or other local government bonds issued by or in a state other than California		
5 California interest adjustments from K-1's		
6 Interest earned from Health Savings Account		
7 Interest from Ottoman Turkish Empire Settlement Payments		
8 Other interest income subtraction		
9 Tax exempt interest from other states or that do not meet 50% rule		
10 a Canadian RRSP undistributed interest income from Form 8891		
b RRSP total interest income for the year		
11 Interest from Build America Bond		
12 Other adjustments (itemize):		
a -----		
b -----		
c -----		
d -----		
Total adjustments from taxable interest income. Enter here and on Schedule CA (540/540NR), line 2.		

Dividend Income Adjustments	(B) Subtractions	(C) Additions
13 Controlled foreign corporation dividends		
14 Regulated investment company (RIC) capital gains		
15 Distributions of pre-1987 earnings from S Corporations		
16 U.S. obligations dividends adjustment		
17 California dividend adjustments from K-1's		
18 a Canadian RRSP undistributed dividend income from Form 8891		
b RRSP total interest dividend for the year		
19 Other adjustments (itemize):		
a -----		
b -----		
c -----		
d -----		
e Dividend earned from Health Savings Account		
Total adjustments from taxable dividend income. Enter here and on Schedule CA (540/540NR), line 3.		

* Do not make adjustments in either column B or column C for the amount of interest you earned on Federal National Mortgage Association (Fannie Mae) Bonds, Government National Mortgage Association (Ginnie Mae) Bonds, and Federal Home Loan Mortgage Corporations (FHLMC) securities. California law is the same as federal law for these types of interest income.

Schedule CA
Section B Line 8z

California Other Income Statement

► Attach to return (after all other FTB forms)

2021

Name as Shown on Return
A R MEKALA & S MARANGANTI

Social Security Number
658-20-5589

	(A) Federal	(B) Subtractions	(C) Additions
1 COBRA premium assistance			
2 Emergency financial aid grants			
3 California microbusiness COVID-19 relief grant.			
4 California venues grant			
5 Shuttered venue operator grants			
6 Restaurant revitalization grants			
7 Small Business COVID-19 Relief Grant Program			
8 Income exclusion for rent forgiveness			
9 IRC Section 965 deferred foreign income			
10 Qualified equity grants.			
11 Expanded use of 529 account funds			
12 Native American income, Form 3504			
13 Federal form 8814/California form 3803 adjustment			
14 Reward from a crime hotline			
15 Beverage container recycling income			
16 Rebates or vouchers from a local water agency, energy agency or energy supplier.			
17 Financial incentive for seismic improvement			
18 Original issue discount (OID) for debt instruments issued in 1985 and 1986			
19 Foreign income of nonresident aliens			
20 Cost-share payments received by forest landowners			
21 Coverdell (ESA) distributions			
22 Grants paid to low-income individuals			
23 California National Guard Surviving Spouse & Children Relief Act of 2004			
24 Ottoman Turkish Empire Settlement Payments			
25 Other income, from Schedule(s) K-1			
26 a Canadian RRSP undistributed other income from Form 8891 . .			
b RRSP total other income for the year			
27 Taxable Archer MSA distribution (Form 3805P).			
28 Excess business loss adjustment			
Other taxable income:			
29 a			
b			
c			
d			
e			
f			
g			
30 Total. Add lines 1 through 29 Enter here and on Schedule CA or Schedule CA(NR),Section B line 8z.			

► Keep for your records

Name(s) Shown on Return

A R MEKALA & S MARANGANTI

Social Security Number

658-20-5589

Part 1 - Home Mortgage Loan Information

	Loan 1 Wells Fargo Bank N.A.	Loan 2 Wells Fargo Bank N.A.	Loan 3	Loan 4	Loan 5
Beginning mortgage principal	283,631.	1,100,000.			
End of year mortgage principal	280,000.	1,100,000.			
Principal paid on loan in 2021	3,631.	0.			
Non-acquisition debt at origination					
Total interest paid in 2021	10,517.	36,862.			
Acquisition interest paid in 2021	10,517.	36,862.			
Non-acq. interest paid in 2021					
Points deductible in 2021					
Acquisition points paid in 2021					
Non-Acq. points paid in 2021					
Acquisition points amortized					
Non-Acq. points amortized					
This loan was refinanced in 2021 with a new Form 1098	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Loan is the result of a refinancing a previous loan	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Mortgage interest was reported to you on Form 1098?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Points were reported to you on Form 1098?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Were all proceeds of this loan used to buy, build or substantially improve the taxpayer's home that secures the loan?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Proceeds used to buy, build or improve taxpayer's home.	283,631.	1,100,000.			

Home Acquisition Debt

Home mortgage debt used to buy, build or improve the taxpayer's home

Beginning balance	283,631.	1,100,000.			
Principal applied	3,631.	0.			
Ending balance	280,000.	1,100,000.			
Average balance.	281,816.	1,100,000.			

Non-Acquisition Debt

Home mortgage debt NOT used to buy, build or improve the taxpayer's home

Beginning balance					
Principal applied					
Ending balance					
Average balance.					

Additional Information - Home Acquisition Debt exceeding limit or Home Equity Debt

Fair market value of homes on date debt was last secured by home ▶	
Home acquisition debt on date debt was last secured by home ▶	<u>1,380,000.</u>

Deductible Home Mortgage Interest Worksheet**2021**

▶ Keep for your records

A R MEKALA & S MARANGANTI

658-20-5589

Page 2

Part 2 – Deductible Home Mortgage Interest on Acquisition Debt

Your state may allow a mortgage interest deduction on more acquisition debt than on your federal return

1	Deductible acquisition debt home mortgage interest on Federal return	1	<u>25,716.</u>
2	Deductible acquisition debt home mortgage interest recalculated using \$1,000,000 limit (\$500,000 if married filing separately)	2	<u>34,288.</u>

Part 3 – Deductible Home Mortgage Interest on Non-Acquisition Debt

Your state allows for an additional mortgage interest deduction on up to \$100,000 of non-acquisition debt

1	Mortgage interest related to non-acquisition debt.	1	
2	Average balance of all qualified homes with non-acquisition debt	2	
3	Remaining FMV. FMV less total mortgage acquisition debt	3	<u>0.</u>
4	Limit on non-acquisition debt of \$100,000 (\$50,000 if married filing separately) . . .	4	<u>100,000.</u>
5	Lesser of lines 2, 3, and 4. This is amount of eligible non-acquisition debt	5	<u>0.</u>
6	Divide line 5 by line 2	6	<u>.000000</u>
7	Multiply line 1 by line 6. This is deductible home mortgage interest on NA debt.	7	
8	Home mortgage interest on acquisition debt from Part 2, line 2.	8	<u>34,288.</u>
9	Add line 7 and line 8. This is total deductible home mortgage interest	9	<u>34,288.</u>

Was the mortgage interest limited on federal return?

Yes . . .

☒

No . . .

☐

Does your mortgage interest need to be limited/adjusted for state:

Yes . . .

☐

No . . .

☐

Total interest above reported on Form 1098. 34,288.

Total acquisition debt points reported on Form 1098 x limit %

Total non-acquisition debt points reported on 1098 x line 6

Qualified mortgage interest (reported on Form 1098) from Schedule E Worksheet

Less home mortgage interest/points (reported on Form 1098) deducted on form 8829

Less home mortgage interest (reported on Form 1098) from Form 8396, line 3.

Adjusted total interest/points reported on Form 1098. 34,288.

Total interest above **not** reported on 1098.

Less home mortgage interest (**not** reported on Form 1098) deducted on Form 8829

Adjusted total interest **not** reported on Form 1098

Total acquisition debt points **not** reported on Form 1098. x limit %

Total non-acquisition points above **not** reported on 1098. x line 6

Less points (**not** reported on Form 1098) deducted on Form 8829

Adjusted total points **not** reported on Form 1098

Tax Payments Worksheet

2021

► Keep for your records

Name A R MEKALA & S MARANGANTI	Social Security Number 658-20-5589
-----------------------------------	---------------------------------------

Tax Payments for the Current Year

		State	
		Date	Payment
1	First Payment		
2	Second Payment		
3	Third Payment		
4	Fourth Payment		
Additional Payments			
5	Payment		
	Payment		
	Payment		
	Payment		
	Payment		
6	Overpayment from previous year applied to current year	6	
7	Amount paid with current year extension	7	
8	Total tax payments	8	

Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2	9	54,524.
10	State withholding on Forms W-2G	10	
11	State withholding on Forms 1099-R	11	
12 a	State withholding on Forms 1099-MISC	12 a	
b	State withholding on Forms 1099-NEC	b	
c	State withholding on Forms 1099-G	c	
d	State withholding on Forms 1099-K	d	
13	Other state tax withholding	13	
14	Total income tax withheld	14	54,524.
15	Date return will be filed and balance paid	15	

California Itemized Deductions Phaseout Worksheet

2021

► Keep for your records

Name as Shown on Return A R MEKALA & S MARANGANTI	Social Security Number 658-20-5589
---	--

Use this worksheet to figure the amount you may deduct if your federal adjusted gross income on Form 540, line 13 or Form 540NR, line 13 is more than:

- \$212,288 if single or married/RDP filing separate;
- \$318,437 if head of household; or
- \$424,581 if married/RDP filing joint or qualifying widow(er).

1	Enter the amount from Schedule CA, line 28 or Schedule CA (540NR), line 28 . . .	1	69,735.
2	Add the amounts on federal Schedule A (Form 1040), line 4, line 9, and line 15 plus any gambling losses included on line 16 (or on Schedule A (Form 1040NR), line 6 plus any investment interest expense and gambling losses included on line 7)	2	
3	Subtract line 2 from line 1	3	69,735.
	Note: If the result is zero, stop here ; enter the amount from line 1 on Schedule CA, line 29 or Schedule CA (540NR), line 29		
4	Multiply line 3 by 80% (.80)	4	55,788.
5	Enter the amount from Form 540, line 13 or Form 540NR, line 13	5	609,327.
6	Enter the amount shown for your filing status: <ul style="list-style-type: none"> • Single or married/RDP filing separate, enter \$212,288 • Head of household, enter \$318,437 • Married/RDP filing joint or qualifying widow(er), enter \$424,581 	6	424,581.
7	Subtract line 6 from line 5 If the result is zero or less, STOP . Enter the amount from line 1 on Schedule CA, line 29 or Schedule CA (540NR), line 29	7	184,746.
8	Multiply line 7 by 6% (.06)	8	11,085.
9	Compare the amounts on line 4 and line 8. Enter the smaller amount here	9	11,085.
10	Total itemized deductions. Subtract line 9 from line 1. Enter the result here and on Schedule CA, line 29 or Schedule CA (540NR), line 29	10	58,650.

Use Tax Worksheet

2021

► Keep for your records

Name as Shown on Return

A R MEKALA & S MARANGANTI

Social Security Number

658-20-5589

Use the Use Tax Worksheet to calculate use tax liability if any of the following apply:

- You prefer to calculate the amount of use tax due based upon actual purchases subject to use tax.
- Owe use tax on non-business purchases of individual items of property with a sale price \$1,000 or more.
- Owe use tax on any item purchased for use in a trade or business not registered with the California Department of Tax and Fee Administration.

If you have a combination of individual items purchased for \$1,000 or more and individual, non-business items purchased for less than \$1,000 you may either:

- Use the Use Tax Worksheet to compute use tax due on all purchases, or
- Use the Use Tax Worksheet to compute use tax due on all individual items purchases for \$1,000 or more and use the Estimated Use Tax Table to estimate the use tax due on individual, non-business items purchased for less than \$1,000.

Round all amounts to the nearest whole dollar.

Use Tax Worksheet

(a) Purchases from out-of-state	(b) Sales and use tax rate	(c) Sales and use tax rate	(d) (a) x (c)	(e) Use tax paid to other state	(f) Use tax due
		%			
		%			
		%			
		%			

A. Use tax amount based on table above.

Estimated Use Tax Table

Use the Estimated Use Tax Table below to estimate and report the use tax due on individual non-business items you purchased for less than \$1,000 each, instead of reporting your use tax liability determined using the Use Tax Worksheet above.

Adjusted Gross Income AGI Range	Use Tax
Less than \$10,000	\$0
\$10,000 - \$19,999	\$1
\$20,000 - \$29,999	\$2
\$30,000 - \$39,999	\$3
\$40,000 - \$49,999	\$4
\$50,000 - \$59,999	\$4
\$60,000 - \$69,999	\$5
\$70,000 - \$79,999	\$6
\$80,000 - \$89,999	\$7
\$90,000 - \$99,999	\$8
\$100,000 - \$124,999	\$9
\$125,000 - \$149,999	\$11
\$150,000 - \$174,999	\$13
\$175,000 - \$199,999	\$15
More than \$199,999	Multiply AGI by 0.008% (0.00008)

To use the Estimated Use Tax Table to calculate Use Tax, check here ☐

B. Use tax based on California adjusted gross income

1	Sum of Use Tax Worksheet, line A and Estimated Use Tax Table, line B This is the total use tax due. If the amount is less than zero, enter -0-	1	
---	---	---	--

California Carryover Worksheet

2021

Use this worksheet to enter information from your 2020 tax return
which will be used on your 2021 tax return

► Keep for your records

Name as Shown on Return A R MEKALA & S MARANGANTI	Social Security Number 658-20-5589
--	---------------------------------------

2020 Tax and Income Information

1	Filing status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married Filing Joint	<input type="checkbox"/> Married Filing Separate
		<input type="checkbox"/> Head of Household	<input type="checkbox"/> Qualifying Widow(er)	
2	Tax liability (Form 540, lines 48, 61, 62; Form 540 2EZ, line 21; or Form 540NR, lines 63, 71 and 72; plus any IRC Section 453A interest from Form 540 line 63 or Form 540NR line 73)	2	21,631.	
3	Tax on lump-sum distributions (Schedule G-1)	3		
4	California income tax withheld (Form 540, lines 71 and 73; Form 540 2EZ, line 22 or Form 540NR, lines 81 and 83)	4	29,569.	
5	Excess California SDI withheld (Form 540, line 74; or Form 540NR, line 84)	5	822.	
6	California adjusted gross income (Form 540, line 17; Form 540 2EZ, line 16; or Form 540NR, line 32)	6	355,115.	
7	Refund (Form 540, line 115; Form 540 2EZ, line 28; or Form 540NR, line 125)	7	8,760.	
8	Balance Due (Form 540, line 114; Form 540 2EZ, line 27; or Form 540NR, line 124)	8		

Loss Carryovers (Non-passive)

		Regular Tax	AMT
9 a	Capital loss carryover	5,475.	5,475.
b	Capital loss carryover (nonresidents)		
10	Schedule D-1 - Nonrecaptured net section 1231 losses from:		
a	2020		
b	2019		
c	2018		
d	2017		
e	2016		

Other Carryovers

11	Disallowed investment interest expense carryforward (Form 3526, line 7)	11	
12	Disallowed alternative minimum tax investment interest expense carryforward (Form 3526-AMT, line 7)	12	
13	Net operating loss carryforward from Form 3805V	13	
14	Disaster loss carryforward from Form 3805V	14	

Form 3510 (Credit for Prior Year Alternative Minimum Tax)

15 Form 3510 information - 2020 Resident filers		
a Schedule P, Part I, line 15 through line 18	15 a	_____
b Schedule P, Part I, line 1 through line 7, 13b, 13i, and any other exclusions on a line other than those listed	b	_____
c Schedule P, Part II, line 25	c	_____
d Schedule P, Part II, line 26	d	_____
e Schedule P, Part III, Section C, lines 22 and 23, column b	e	_____
16 Form 3510 information - 2020 Nonresident or Part-year residents		
a Schedule P(NR), Part I, line 15 through line 18	16 a	_____
b Schedule P(NR), Part I, line 1 through line 7, 13b, 13i and any other exclusions on a line other than those listed	b	_____
c Schedule P(NR), Part II, line 35	c	_____
d Schedule P(NR), Part II, line 28	d	_____
e Schedule P(NR), Part II, line 29a and 29h	e	_____
f Schedule P(NR), Part II, line 44	f	_____
g Schedule P(NR), Part II, line 45	g	_____
h Schedule P(NR), Part III, Section C, lines 22 and 23, column b	h	_____

Charitable Contribution Carryforward

17 Schedule CA/CA(NR) - Charitable Contribution Carryforward		
a 2021	17 a	_____
b 2020	b	_____
c 2019	c	_____
d 2018	d	_____
e 2017	e	_____

Schedule P/P(NR)
Line 17

AMT Exclusion Worksheet

► Keep for your records

2021

Name as Shown on Return A R MEKALA & S MARANGANTI		Social Security Number 658-20-5589	
	(A) Gross Receipts Less Returns and Allowances	(B) AMT Exclusion	
1	Schedule C		
2	Schedule D		
3	Schedule D-1		
4	Schedule E		
5	Schedule F		
6	Schedule K-1 (Partnerships)		
7	Schedule K-1 (S Corporations)		
8	Form 3805E		
9	Form 4684		
10	Form 4835		
11	Form 8824		
12	One-half self-employment tax and Keogh/SEP deduction		
13	Other		
14	Total		

Schedule P/P(NR)
Line 22

AMT Exemption Worksheet
► Keep for your records

2021

Name as Shown on Return
A R MEKALA & S MARANGANTI

Social Security Number
658-20-5589

1	Enter \$78,070 if single or head of household; \$104,094 if married/RDP filing jointly or qualifying widow(er); \$52,044 if married/RDP filing separately	1	<u>104,094.</u>
2	Enter your AMTI from Schedule P/P(NR), Part I, line 21	2	<u>560,639.</u>
3	Enter \$292,763 if single or head of household; \$390,351 if married/RDP filing jointly or qualifying widow(er); \$195,172 if married/RDP filing separately	3	<u>390,351.</u>
4	Subtract line 3 from line 2. If zero or less, enter -0-	4	<u>170,288.</u>
5	Multiply line 4 by 25% (.25)	5	<u>42,572.</u>
6	Subtract line 5 from line 1. If zero or less, enter -0-	6	<u>61,522.</u>
	If any of the three conditions under "Certain Children Under Age 24" apply to you, go to line 7. Otherwise, enter this amount on Schedule P/P(NR), line 22.		
7	Minimum exemption amount for certain children under age 24	7	<u> </u>
8	Enter your earned income, if any. Get the instructions for federal Form 6251 for more information	8	<u> </u>
9	Add line 7 and line 8	9	<u> </u>
10	Smaller of line 6 or line 9. Enter here and on Schedule P/P(NR), Part II, line 22. . .	10	<u> </u>

Credits Worksheet

► Keep for your records

2021

Name A R MEKALA & S MARANGANTI	Social Security Number 658-20-5589
-----------------------------------	---------------------------------------

Code	Current Credits	Carryover Amount	Available Credit
233	California Competes, FTB 3531		
223	California Motion Picture and Television Production, FTB 3541		
232	Child and Dependent Care Expenses Credit, FTB 3506		
235	College Access, FTB 3592		
173	Dependent Parent		
205	Disabled Access Credit current year amount from Form 3548 line 6		
205	Disabled Access for Eligible Small Businesses, FTB 3548		
204	Donated Agricultural Products Transportation, FTB 3547		
203	Enhanced Oil Recovery, FTB 3546		
241	Main Street Small Business Tax II, FTB 3866		
213	Natural Heritage Preservation, FTB 3503		
237	New California Motion Picture and Television Production, FTB 3541		
238	New Donated Fresh Fruits or Vegetables, FTB 3814		
234	New Employment, FTB 3554		
None	Nonrefundable Renter's Credit		
187	Other State Tax, Schedule S		
242	Pass-Through Entity Elective Tax, FTB 3804-CR		
188	Prior Year Alternative Minimum Tax, FTB 3510		
162	Prison Inmate Labor, FTB 3507		
239	Program 3.0 Motion Picture and Television Production, FTB 3541		
183	Research, FTB 3523		
Repealed Credits with Carryover Provision — FTB 3540			
175	Agricultural Products		
196	Commercial Solar Electric System		
181	Commercial Solar Energy		
209	Community Development Financial Institutions Investment		
224	Donated Fresh Fruits or Vegetables Credit		
194	Employee Ridesharing		
190	Employer Childcare Contribution		
189	Employer Childcare Program		
191	Employer Ridesharing (Large Employer)		
192	Employer Ridesharing (Small Employer)		
193	Employer Ridesharing (Public Transit Passes)		
182	Energy Conservation		
176	Enterprise Zone Hiring, FTB 3805Z		
176	Enterprise Zone Sales or Use Tax, FTB 3805Z		
218	Environmental Tax		
207	Farmworker Housing		
198	Local Agency Military Base Recovery Area Hiring, FTB 3807		
198	Local Agency Military Base Recovery Area Sales or Use Tax, 3807		
160	Low-Emission Vehicles		
240	Main Street Small Business Tax, FTB 3866		
211	Manufacturing Enhancement Area Hiring, FTB 3808		
220	New Jobs		
185	Orphan Drug		
184	Political Contributions		
174	Recycling Equipment		
186	Residential Rental and Farm Sales		
171	Ridesharing		
200	Salmon and Steelhead Trout Habitat Restoration		
180	Solar Energy		
179	Solar Pump		
210	Targeted Tax Area Hiring, FTB 3809		
210	Targeted Tax Area Sales or Use Tax, FTB 3809		
178	Water Conservation		
161	Young Infant		
Non-Business Credits (not subject to \$5,000,000 limit)			
197	Child Adoption		
170	Joint Custody Head of Household		
172	Low-Income Housing, FTB 3521		
163	Senior Head of Household		

California Capital Loss Carryover Worksheet

2021

► Keep for your records

Name as Shown on Return A R MEKALA & S MARANGANTI	Social Security Number 658-20-5589
--	---------------------------------------

Part I — Capital Loss Carryover Worksheet

1	Loss from Schedule D, line 11, stated as a positive number	1	3,000.
2	Amount from Form 540 or Form 540NR, line 17	2	609,327.
3	Amount from Form 540 or Form 540NR, line 18	3	58,650.
4	Subtract line 3 from line 2. If less than zero, enter as a negative amount	4	550,677.
5	Combine line 1 and line 4. If less than zero, enter -0-	5	553,677.
6	Enter loss from Schedule D, line 8, stated as a positive amount	6	5,250.
7	Enter the smaller of line 1 or line 5	7	3,000.
8	Subtract line 7 from line 6. This is your capital loss carryover to 2022	8	2,250.

Part II — Capital Loss Carryover Worksheet for Nonresidents and Part-Year Residents

1	Loss from California Schedule D Nonresident and Part-Year Resident Capital Gain/Loss Allocation Worksheet, line 5, stated as a positive number	1	
2	Amount from Form 540NR, line 17	2	
3	Amount from Form 540NR, line 18	3	
4	Subtract line 3 from line 2. If less than zero, enter as a negative amount	4	
5	Combine line 1 and line 4. If less than zero, enter -0-	5	
6	Loss from California Schedule D Nonresident and Part-Year Resident Capital Gain/Loss Allocation Worksheet, line 4, stated as a positive amount	6	
7	Enter the smaller of line 1 or line 5	7	
8	Subtract line 7 from line 6. This is your capital loss carryover to 2022	8	

**California
Schedule E Worksheet**

2021

► Keep for your records

Name(s) Shown on Return <u>A R MEKALA & S MARANGANTI</u>	Social Security No. <u>658-20-5589</u>
---	---

1 Property description Virginia Home
Property type. . . 2 Multi-Family Residence If type is other, enter a description . . .
Location (street address) 4438B beechstone ln
City Fairfax State VA ZIP code 22033
Foreign country
Link to single member LLC return, Form 568

2 Days rented at fair rental value. 360 Days of personal use 0

Check all that apply

<p>A Owned by spouse <input type="checkbox"/></p> <p>C Active participation. <input checked="" type="checkbox"/></p> <p>E Other passive exceptions <input type="checkbox"/></p> <p>G Complete taxable disposition <input type="checkbox"/></p>	<p>B Owned jointly <input checked="" type="checkbox"/></p> <p>D Material participation <input type="checkbox"/></p> <p>F Some investment is not at risk. <input type="checkbox"/></p>
--	--

Ownership Percentage

H Check to allocate income and expenses using ownership percentage ☐

I Enter ownership percentage _____ %

Owner rents part of a property

J Check to allocate personal use items to Schedule A ☐

K Percentage of rental use _____ %

Vacation home or property with personal use days

L Check to allocate interest and taxes using Tax Court Method ☐

M Number of days property owned if less than the entire year _____

4438B beechstone ln, Fairfax, VA 22033

Income		% if Different	Total
3	Enter rental income (not reported elsewhere)		
	Rental income from Form 1099-MISC		
	Rental income from Form 1099-K		
	Rental Income from Cancellation of Debt Wks		
	Total rents received	100.000000	
4	Enter royalties received (not reported elsewhere) .		
	Royalty income from Form 1099-MISC		
	Royalty income from Form 1099-K		
	Royalty Income from Cancellation of Debt Wks		
	Royalty Income from Schedule K-1		
	Total royalties received		

Expenses	(a) Total	(b) Enter % if Not 100.00	(c) Reported on Schedule E	(d) Vacation Home Loss Limitation	(e) Allocated to Personal Use
5 Advertising					
6 a Auto					
b Travel					
7 Cleaning and maint . .					
8 Commissions					
9 a Mort insur qualified . .					
From Form 1098 wks .					
Total mort insur qual. .					
9 b Insurance					
10 Legal and other professional fees					
11 Management fees . . .					
12 a Mortgage int qualified					
From Form 1098 wks .					
Total mort int qualified .					
b Mort int other					
From Form 1098 wks .					
Total mort int other. . .					
13 Other interest.					
14 Repairs					
15 Supplies					
16 a Real estate taxes . . .					
From Form 1098 wks .					
Total real estate taxes .					
b Other taxes					
17 Utilities					
18 a Depreciation					
b Depletion					
c Depreciation carryover					
19 Other expenses					
a					
b					
c					
d					
e Indirect operating exp .					
f Operating exp carryover					
g Vehicle rental.					
h Amortization					
20 Add lines 5 through 19					
21 Income or (loss)					
22 Deductible rental real estate loss					

► Keep for your records

Name as Shown on Return

A R MEKALA & S MARANGANTI

Social Security Number

658-20-5589

	(a) Amount From Federal Form 4952	(b) California Adjustment, If Any

Investment Interest Expense (Form 3526, line 1)

1	Investment interest expense from Schedule K-1		
2	Investment interest expense from royalties		
3	Other investment interest expense:		
a			
b			
c			
d			
4	Total investment interest expense. Add lines 1 through 3		

Gross Income from Property Held for Investment (Form 3526, line 4a)

5	Taxable investment income from Schedule B, K-1s and Form 3803.	2,878.	
6	Royalty income from Schedule E		
7	Net passive income from publicly traded partnerships		
8	Income from nonpassive trade or business without material participation		
9	Other investment income:		
a			
b			
c			
d			
10	Total investment income. Add lines 5 through 9		2,878.

Net Gain from the Disposition of Property Held for Investment (Form 3526, line 4b)

11 a	Net gains from Schedule D, line 8		0.
b	Less net gains from property not held for investment		
c	Net gains from property held for investment. Line 11a less line 11b		0.

Net Capital Gain from the Disposition of Property Held for Investment (Form 3526, line 4c)

12	Net capital gain from the disposition of property held for investment		0.
----	--	--	----

	(a) Amount From Federal Form 4952	(b) California Adjustment, If Any
--	--	--

Investment Expenses (Form 3526, line 5)

13	Royalty expenses		
14 a	Investment expenses included as itemized deductions (subject to the 2% limitation)		
b	Investment expenses included as itemized deductions (not 2% limitation)		
15	Expenses from nonpassive trade or business without material participation		
16	Other investment expenses:		
a	_____		
b	_____		
c	_____		
d	_____		
17	Total investment expenses. Add lines 13 through 16.		

	(a) Regular Tax	(b) Alternative Minimum Tax
--	-----------------------	-----------------------------------

Allocation of Investment Interest Expense

18	Allowed investment interest expense, from Form 3526, line 8	0.	0.
19	Less interest expense deducted on other forms and schedules:		
a	Deducted on Schedule E, page 2 for passthru entities		
b	Deducted on Schedule E, page 1 for royalties		
c	Other amounts deducted on other forms and schedules		
d	Total amount deducted on other forms and schedules		
20	California investment interest expense.	0.	0.
21	Allowed federal investment interest expense deducted elsewhere . .		
22	Allowed federal Schedule A investment interest expense		
23	Adjustment for interest expense deducted on other forms and schedules. Subtract line 21 from line 19		
24	Adjustment for itemized deductions. Subtract line 22 from line 20. Enter here and on Schedule CA, line 9	0.	

California Depreciation Options

2021

Name as Shown on Return
A R MEKALA & S MARANGANTI

Social Security Number
658-20-5589

MACRS Convention

The program uses the half-year convention for all MACRS personal property assets placed in service in 2021 unless you check 'Mid-quarter convention' below.

- 1 ☒ Half-year convention
2 ☐ Mid-quarter convention

MACRS Computation

Use IRS tables for all MACRS property placed in service this year? ☐ Yes ☒ No

Section 179 Limitation

If more than one business activity is claiming a Section 179 expense deduction, the limitation must be computed on a separate copy of the Section 179 Worksheet. This is the copy that appears on the menu as Form 3885A:Section 179 Limitation. Please review Tax Help for instructions on allocating the allowable Section 179 back to the individual activities when the deduction is limited.

If only one business activity is claiming a Section 179 expense deduction, the limitation will be computed on the Section 179 Worksheet for that activity.

Section 179 Information

1 a	Calculated "Total cost of Section 179 property placed in service"	1 a	
b	Additions or subtractions to calculated value	b	
2	If Married Filing Separately, enter:		
a	Total cost of eligible property placed in service this year by spouse.	2 a	
b	Allocation percentage elected for your return, if other than 50%.	b	%
3	Taxable Income for the Section 179 Limitation		
a	Federal taxable income for the Section 179 limitation	3 a	609,449.
b	California Adjustments (calculated)	b	
c	Other additions or subtractions to taxable income	c	
d	California Taxable Income for the Section 179 Limitation	d	609,449.

Two-Year Comparison

2021

A R MEKALA & S MARANGANTI

Income	2020	2021	Difference	%
Federal AGI and California Adjustments:				
Federal adjusted gross income	361,708.	609,327.	247,619.	68.46
California adjustments	-6,593.	0.	6,593.	100.00
Adjusted Gross Income	355,115.	609,327.	254,212.	71.59
Standard or Itemized Deduction . . .	49,876.	58,650.	8,774.	17.59
Taxable Income	305,239.	550,677.	245,438.	80.41
Tax	22,645.	45,218.	22,573.	99.68
Exemption credits	1,014.	0.	-1,014.	-100.00
Tax less exemption credits	21,631.	45,218.	23,587.	109.04
Schedule G-1 and Form 5870A tax . . .				
Tax before credits	21,631.	45,218.	23,587.	109.04
Credits				
Tax after credits	21,631.	45,218.	23,587.	109.04
Alternative minimum tax				
Other taxes and IRC interest				
Total Tax After Credits	21,631.	45,218.	23,587.	109.04
Withholding	29,569.	54,524.	24,955.	84.40
Estimated payments				
Other payments	822.		-822.	-100.00
Total Payments	30,391.	54,524.	24,133.	79.41
Use tax	0.	0.	0.	
Contributions				
Form 5805/5805F penalty				
Other penalties and interest				
Applied to next year's estimated tax . . .	0.		0.	
Amount Refund	8,760.	9,306.	546.	6.23
Amount Due				
Current year effective tax rate				7.42 %

Tax Summary
► Keep for your records

2021

Name(s) A R MEKALA & S MARANGANTI	
Federal adjusted gross income	609,327.
Net California adjustments	0.
California adjusted gross income	609,327.
Itemized/standard deduction	58,650.
California taxable income	550,677.
Tax	45,218.
Exemption credits	0.
Tax less exemptions	45,218.
Tax from Schedule G-1/FTB 5870A	
Credits	
Other taxes	
Total tax (including ISR penalty, if applicable)	45,218.
Total payments	54,524.
Use tax	0.
Contributions	
Underpayment penalty	
Interest, late filing and late payment penalties	
Refund	9,306.
Balance due	
Tax bracket	9.3 %

California Electronic Filing Information Worksheet

2021

► Keep for your records

Name as Shown on Return

A R MEKALA & S MARANGANTI

Social Security Number

658-20-5589

Electronic Return Originator Information

The program calculates this information based on the preparer code entered on the federal information worksheet (or the ERO code entered on the federal electronic filing information worksheet if you are an intermediate service provider).

Firm Name

Social Security Number/Preparer Tax ID Number

Name

Phone Number

Fax Number

Address

Employer Identification Number

City

State

Zip Code

EFIN

Country

E-mail Address

Paid Preparer Information

Firm Name

Social Security Number/Preparer Tax ID Number

Name

Employer Identification Number

Address

Phone Number

Fax Number

City

State

Zip Code

Country

E-mail Address

Electronic Filing Review Check

If any of the questions below are checked yes, the return may not be filed electronically

	Yes	No
1 Are there more than fifty W-2s, or twenty 1099-Rs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 Are there more than ten copies of Form 3803 or ten copies of Form 3805E?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 Are there more than twenty five copies of Schedule S?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Is there an amended Form 3805P attached?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Were any entries made for Form 3503, 3507, 3546, 3553, 3807, 3808, 3809, or 5870A?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Is there withholding from a form other than W-2, W-2G, 1099R, 1099G, 1099B, 1099INT 1099DIV, 1099MISC, 592-B, and 593?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Are any invalid entries made on Form 3805V page 3, part III? (See help)	<input type="checkbox"/>	<input type="checkbox"/>
8 Are there more than 97 detail lines on forms to be filed? (See help)	<input type="checkbox"/>	<input type="checkbox"/>
9 Is this a fiscal year filer?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Is Form 3506 being filed to claim credit for prior year expenses or the taxpayer or spouse is claimed as a qualifying person?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11 Is the Federal filing status married filing joint and the California filing status married filing separate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12 Is Federal Form 4852 (substitute W2) being used?	<input type="checkbox"/>	<input type="checkbox"/>
13 Check that you have the correct selections for the RDP return?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14 On the 3506, are there any foreign care providers?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15 Is Direct Debit selected and no balance due on the return?	<input type="checkbox"/>	<input type="checkbox"/>

Smart Worksheets From 2021 California Tax Return

SMART WORKSHEET FOR: Form 540: California Resident Income Tax Return

CA Form 540 Exemption Credits Using AGI Limitation Smart Worksheet	
This worksheet is used if filing status is: And federal AGI (line 13) is more than:	
♦ Single or Married/RDP filing separately	\$212,288
♦ Married/RDP filing jointly, or qualifying widow(er)	\$424,581
♦ Head of household	\$318,437
A Federal AGI from line 13	609,327.
B Amount for filing status	424,581.
C Subtract line B from line A	184,746.
D Line C / \$2,500 (\$1,250 if married/RDP filing separately). Rounded up	74.
E Multiply line D by \$6	444.
F Add the numbers from the boxes on lines 7, 8, and 9 (not dollars)	2.
G Multiply line E by line F	888.
H Add the dollar amounts from lines 7, 8, and 9	258.
I Subtract line G from line H. If zero or less, enter 0	0.
J Enter the number from the box on line 10 (not the dollar amount)	2.
K Multiply line E by line J	888.
L Enter the dollar amount from line 10	800.
M Subtract line K from line L. If zero or less, enter 0.	0.
N Add line I and line M. Result goes to line 32	0.

SMART WORKSHEET FOR: Form 540: California Resident Income Tax Return

Form 540 California Income Tax Withheld Smart Worksheet	
A California income tax withheld from the Tax Payments Worksheet	54,524.
B Real estate and other withholding from Form(s) 592-B and 593 entered on the federal Tax Payments Worksheet and included on line A	
Note: Make sure that the amount on line B is reported on the federal Tax Payments Worksheet line(s) 18a-c or you will not get the state income tax deduction on your federal Schedule A.	
C California income tax withheld for line 71. Subtract line B from line A	54,524.

SMART WORKSHEET FOR: Schedule D (540): California Capital Gain or Loss Adjustment

Capital Gains and Losses Smart Worksheet

Enter dispositions of capital assets related to a **specific activity** (i.e., Schedule C, E, etc) on the Disposition Worksheets for non-depreciable assets for that activity. To get there, go to the activity form and **QuickZoom** to the Disposition Worksheet. Entries on the Disposition Worksheets for non-depreciable assets flow to line 1.

Enter dispositions **not** related to a specific activity in the smart worksheet below.

Note: California did not conform to the deferral of capital gains reinvested in a Qualified Opportunity Fund. The gain realized on the sale of these assets will be reported in Column (e).

[illegible]

* Check box to exclude transaction from Schedule D

Other Capital Gains and/or Losses

- | | | | |
|----------|--|---|-------|
| A | Federal Form 1099-R gains | ▶ | _____ |
| B | Federal Form 4684 gain | ▶ | _____ |
| C | Federal Form 6781 gains or losses | ▶ | _____ |
| D | Federal Form 8824 gain | ▶ | _____ |
| E | Canadian RRSP account total capital gain | ▶ | _____ |
| F | Net capital gain or loss from HSA account | ▶ | _____ |
| G | Net IRC Section 1231 gain from Schedule D-1, line 9 or line 7 | ▶ | _____ |
| H | Form FTB 3805E | ▶ | _____ |
| I | 1 Gain attributable to sale of Qualified Small Business stock included on
Line H above | ▶ | _____ |
| | 2 Gain qualifying under R&TC 18152.5 | ▶ | _____ |
| J | Capital gain adjustment for federal gain arising from casualty theft/loss
of employee business property | ▶ | _____ |
| K | Check this box to print Schedule D and its worksheets even if you are not required to <input type="checkbox"/> | | |

SMART WORKSHEET FOR: Schedule D (540): California Capital Gain or Loss Adjustment

Capital Gain Distributions Smart Worksheet

A	Capital Gain Distributions from federal Schedule D	53.
B	Less: Capital Gain Distributions from federal Form 8814	
C	Plus: Capital Gain Distributions from FTB Form 3803	
D	Other Capital Gain Distributions adjustment	
E	Total California Capital Gain Distributions	53.

SMART WORKSHEET FOR: Interest and Dividend Adjustments Wks

Tax Exempt Interest Smart Worksheet

A	Total tax exempt interest from federal Schedule B	0.
B	California state tax exempt interest from federal Schedule B	0.
C	Of the amount in line B, enter the portion attributable to funds where at least 50% of their assets are not invested in U.S./California municipal obligations	
D	Exempt interest that meets the 50% rule (B - C)	0.
E	Out of state exempt interest from federal Schedule B	
F	Exempt interest additions per California tax law, line 9 below. (C + E)	

SMART WORKSHEET FOR: California Credits Worksheet

Credit Information Smart Worksheet

Review FTB instructions and check the corresponding box if you qualify for any of the following credits:

A	Credit for Joint Custody Head of Household (Code: 170)	<input type="checkbox"/>
B	Credit for Dependent Parent (Code: 173)	<input type="checkbox"/>
C	Credit for Senior Head of Household (Code: 163)	<input type="checkbox"/>
D	Credit for Adoption Costs (Code: 197):	

Child's Name	Qualifying Costs for Each Child	Credit	Allowable Credit
Total			

SMART WORKSHEET FOR: Schedule E Worksheet (4438B beechstone ln)

General Information Smart Worksheet

- A** Federal depreciation from this activity _____
- B** Federal amortization from this activity _____
- C** Federal profit (loss) before passive loss limitation, if any 0.
- D** If this activity is a passive activity, enter the current year net income or
the current year net loss recorded on the federal Passive Activities
Worksheet 1 **or** Passive Activities Worksheet 3, column A or column B,
whichever is applicable _____
- E** **QuickZoom** to another copy of Schedule E Worksheet ➡

SMART WORKSHEET FOR: Schedule E Worksheet (4438B beechstone ln)

Federal/California Adjustment Smart Worksheet

- A** Net California profit or (loss) allowed _____
- B** Net federal profit or (loss) allowed 0.
- C** Federal/CA adjustment. Line A less line B 0.

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 ABHILASH R		Last name MEKALA		Your social security number 658-20-5589	
If joint return, spouse's first name and middle initial SHRAVYA		Last name MARANGANTI		Spouse's social security number 329-06-7412	
Home address (number and street). If you have a P.O. box, see instructions. 175 Poplar Ave				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. San Bruno			State CA	ZIP code 940665411	
Foreign country name		Foreign province/state/county		Foreign postal code	

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

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

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

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

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
Uma	Mekala	799-40-5353	Daughter	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ira	Mekala	364-49-8019	Daughter	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required.	1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	609,449.
	2a	Tax-exempt interest	2b	
	3a	Qualified dividends	3b	2,878.
	4a	IRA distributions	4b	
Standard Deduction for— • Single or Married filing separately, \$12,550 • Married filing jointly or Qualifying widow(er), \$25,100 • Head of household, \$18,800 • If you checked any box under <i>Standard Deduction</i> , see instructions.	5a	Pensions and annuities	5b	
	6a	Social security benefits	6b	
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	7	-3,000.
	8	Other income from Schedule 1, line 10	8	0.
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶	9	609,327.
	10	Adjustments to income from Schedule 1, line 26	10	
	11	Subtract line 10 from line 9. This is your adjusted gross income ▶	11	609,327.
	12a	Standard deduction or itemized deductions (from Schedule A)	12a	50,116.
	b	Charitable contributions if you take the standard deduction (see instructions)	12b	
	c	Add lines 12a and 12b	12c	50,116.
	13	Qualified business income deduction from Form 8995 or Form 8995-A	13	
	14	Add lines 12c and 13	14	50,116.
	15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	559,211.

Form **1040** (2021)

SCHEDULE 2
(Form 1040)Department of the Treasury
Internal Revenue Service**Additional Taxes**▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**
▶ **Go to www.irs.gov/Form1040 for instructions and the latest information.**

OMB No. 1545-0074

2021
Attachment
Sequence No. **02**

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

ABHILASH R MEKALA & SHRAVYA MARANGANTI

Your social security number

658-20-5589

Part I Tax

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

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5	
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6	
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	3,570.
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	

(continued on page 2)

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

Schedule 2 (Form 1040) 2021

Part II Other Taxes (continued)

17	Other additional taxes:		
a	Recapture of other credits. List type, form number, and amount ►	17a	
b	Recapture of federal mortgage subsidy. If you sold your home in 2021, see instructions	17b	
c	Additional tax on HSA distributions. Attach Form 8889	17c	
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d	
e	Additional tax on Archer MSA distributions. Attach Form 8853	17e	
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f	
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g	
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h	
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i	
j	Section 72(m)(5) excess benefits tax	17j	
k	Golden parachute payments	17k	
l	Tax on accumulation distribution of trusts	17l	
m	Excise tax on insider stock compensation from an expatriated corporation	17m	
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n	
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o	
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p	
q	Any interest from Form 8621, line 24	17q	
z	Any other taxes. List type and amount ►	17z	
18	Total additional taxes. Add lines 17a through 17z	18	
19	Additional tax from Schedule 8812	19	2,002.
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	5,572.

**SCHEDULE A
(Form 1040)**Department of the Treasury
Internal Revenue Service (99)**Itemized Deductions**► Go to www.irs.gov/ScheduleA for instructions and the latest information.

► Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074

2021Attachment
Sequence No. **07****Caution:** If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

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

ABHILASH R MEKALA & SHRAVYA MARANGANTI

Your social security number

658-20-5589

**Medical
and
Dental
Expenses****Caution:** Do not include expenses reimbursed or paid by others.

- 1 Medical and dental expenses (see instructions) **1** 0.
- 2 Enter amount from Form 1040 or 1040-SR, line 11 **2** 609,327.
- 3 Multiply line 2 by 7.5% (0.075) **3** 45,700.
- 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- **4**

**Taxes You
Paid**

- 5 State and local taxes.
- a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box ► ☐ **5a** 56,063.
- b State and local real estate taxes (see instructions) **5b** 19,247.
- c State and local personal property taxes **5c** 1,800.
- d Add lines 5a through 5c **5d** 77,110.
- e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) **5e** 10,000.
- 6 Other taxes. List type and amount ► **6**
- 7 Add lines 5e and 6 **7** 10,000.

**Interest
You Paid****Caution:** Your mortgage interest deduction may be limited (see instructions).

- 8 Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box ► ☐
- a Home mortgage interest and points reported to you on Form 1098. See instructions if limited **8a** 25,716.
- b Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address **8b**
- c Points not reported to you on Form 1098. See instructions for special rules **8c**
- d Mortgage insurance premiums (see instructions) **8d**
- e Add lines 8a through 8d **8e** 25,716.
- 9 Investment interest. Attach Form 4952 if required. See instructions **9**
- 10 Add lines 8e and 9 **10** 25,716.

**Gifts to
Charity****Caution:** If you made a gift and got a benefit for it, see instructions.

- 11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions **11** 14,400.
- 12 Other than by cash or check. If you made any gift of \$250 or more, see instructions. You **must** attach Form 8283 if over \$500. **12**
- 13 Carryover from prior year **13**
- 14 Add lines 11 through 13 **14** 14,400.

**Casualty and
Theft Losses**

- 15 Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions **15**

**Other
Itemized
Deductions**

- 16 Other—from list in instructions. List type and amount ► **16**

**Total
Itemized
Deductions**

- 17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12a **17** 50,116.
- 18 If you elect to itemize deductions even though they are less than your standard deduction, check this box ► ☐

SCHEDULE D
(Form 1040)Department of the Treasury
Internal Revenue Service (99)**Capital Gains and Losses**

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

OMB No. 1545-0074

2021Attachment
Sequence No. **12**

Name(s) shown on return

ABHILASH R MEKALA & SHRAVYA MARANGANTI

Your social security number

658-20-5589

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

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

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

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

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

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	2,647.	2,479.	0.	168.
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 (5,745.)
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 -5,577.

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

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

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

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked	329.	325.		4.
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13 53.
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 57.

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

BAA

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Schedule D (Form 1040) 2021

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	-5,520.
<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 			
17	Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet ►	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet ►	19	
20	Are lines 18 and 19 both zero or blank and are you not filing Form 4952? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } 	21	(3,000.)
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 checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. <input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

Sales and Other Dispositions of Capital Assets

► 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

ABHILASH R MEKALA & SHRAVYA MARANGANTI

Social security number or taxpayer identification number

658-20-5589

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	
WMT	ES2 17.789000	VARIOUS	11/02/21	2,647.	2,479.	W	0.	168.
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) ►				2,647.	2,479.		0.	168.

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

ABHILASH R MEKALA & SHRAVYA MARANGANTI

658-20-5589

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	
WMT	ES2 2.211000	VARIOUS	11/02/21	329.	325.			4.
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) ►				329.	325.			4.

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.

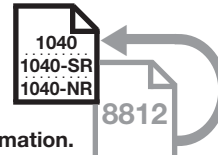
SCHEDULE 8812
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

**Credits for Qualifying Children
and Other Dependents**

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

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



OMB No. 1545-0074

2021

Attachment
Sequence No. **47**

Name(s) shown on return

ABHILASH R MEKALA & SHRAVYA MARANGANTI

Your social security number

658-20-5589

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	609,327.
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	
d	Add lines 2a through 2c	2d	0.
3	Add lines 1 and 2d	3	609,327.
4a	Number of qualifying children under age 18 with the required social security number	4a	2.
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	1.
5	If line 4a is more than zero, enter the amount from the Line 5 Worksheet ; otherwise, enter -0-	5	4,000.
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	0.
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	
8	Add lines 5 and 7	8	4,000.
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	210,000.
11	Multiply line 10 by 5% (0.05)	11	10,500.
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. If you didn't receive any advance child tax credit payments for 2021, enter -0-	14f	2,002.
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.

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Schedule 8812 (Form 1040) 2021

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	
b	Enter the smaller of line 12 or line 15a	15b	
	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.		
c	If you completed Parts II-A through II-C, enter the amount from line 27; otherwise, enter -0-	15c	
d	Add lines 15b and 15c	15d	
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-	15e	
	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.		
f	Subtract line 15e from line 15d. If zero or less, enter -0- on lines 15f through 15h and go to Part III	15f	
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	
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	

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	
b	Number of qualifying children under 18 with the required social security number: _____ x \$1,400. Enter the result. If zero, skip Parts II-A and II-B and enter -0- on line 27	16b	
	TIP: The number of children you use for this line is the same as the number of children you used for line 4a.		
17	Enter the smaller of line 16a or line 16b	17	
18a	Earned income (see instructions)	18a	
b	Nontaxable combat pay (see instructions)	18b	
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	
20	Multiply the amount on line 19 by 15% (0.15) and enter the result	20	
	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.		

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	
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	
23	Add lines 21 and 22	23	
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	
25	Subtract line 24 from line 23. If zero or less, enter -0-	25	
26	Enter the larger of line 20 or line 25	26	
	Next, enter the smaller of line 17 or line 26 on line 27.		

Part II-C Additional Child Tax Credit

27	Enter this amount on line 15c	27	
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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	2,002.
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	2,002.
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	2.
31	Enter the smaller of line 4a or line 30	31	2.
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	
34	Subtract line 33 from line 3. If zero or less, enter -0-	34	
35	Enter the amount from line 33	35	
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	
37	Multiply line 32 by \$2,000	37	
38	Multiply line 37 by line 36	38	
39	Subtract line 38 from line 37	39	
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	2,002.

Additional Medicare Tax

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

OMB No. 1545-0074

2021
Attachment
Sequence No. **71**

Name(s) shown on return

ABHILASH R MEKALA & SHRAVYA MARANGANTI

Your social security number

658-20-5589

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	646,619.		
2 Unreported tips from Form 4137, line 6	2			
3 Wages from Form 8919, line 6	3			
4 Add lines 1 through 3	4	646,619.		
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	396,619.
7 Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II			7	3,570.

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			
11 Subtract line 10 from line 9. If zero or less, enter -0-	11			
12 Subtract line 11 from line 8. If zero or less, enter -0-			12	
13 Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III			13	

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

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

Part IV Total Additional Medicare Tax

18 Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-PR or 1040-SS filers, see instructions), and go to Part V	18			3,570.
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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	11,596.		
20 Enter the amount from line 1	20	646,619.		
21 Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	9,376.		
22 Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages			22	2,220.
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	2,220.

**Net Investment Income Tax—
Individuals, Estates, and Trusts**

▶ Attach to your tax return.

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

OMB No. 1545-2227

2021
Attachment
Sequence No. **72**

Name(s) shown on your tax return

ABHILASH R MEKALA & SHRAVYA MARANGANTI

Your social security number or EIN

658-20-5589

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	
2	Ordinary dividends (see instructions)	2	2,878.
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	-3,000.
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	-3,000.
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	-122.

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	
10	Additional modifications (see instructions)	10	
11	Total deductions and modifications. Add lines 9d and 10	11	

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	0.
Individuals:			
13	Modified adjusted gross income (see instructions)	13	609,327.
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	359,327.
16	Enter the smaller of line 12 or line 15	16	0.
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	0.
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	
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	
20	Enter the smaller of line 18c or line 19c	20	
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	

**SCHEDULE D
AMT**

**Capital Gains and Losses as Refigured
for the Alternative Minimum Tax**

► Keep for your records

2021

Name(s) shown on return

ABHILASH R MEKALA & SHRAVYA MARANGANTI

Your social security number

658-20-5589

Part I Short-Term Capital Gains and Losses — Assets Held One Year or Less

QuickZoom to Form(s) 8949, Short-Term Gain (Loss) Transactions ►

QuickZoom to Schedule D, Short-Term Gain (Loss) Regular Tax Totals ►

Short-Term Totals:	Sales Price	Adjstd Basis	Gn(Ls) Adjstmt	Gain (Loss)
1 a 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				
b Short-term totals from all Forms 8949 with box A checked	2,647.	2,479.	0.	168.
2 Short-term totals from all Forms 8949 with box B checked				
3 Short-term totals from all Forms 8949 with box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824:				
A Form(s) 6252, Installment Sale Income				
B Form(s) 4684, Casualties and Thefts				
C Form(s) 6781, Gains and Losses from Section 1256 Contracts and Straddles				
D Form(s) 8824, Like-Kind Exchanges				
E Sale of Incentive Stock Option stock (not entered elsewhere)				
F Other				
Total			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 10 of your Capital Loss Carryover Worksheet			6	-5,749.
7 Net short-term capital gain or (loss). Combine lines 1 thru 6 in column (f). . . ►			7	-5,581.

Part II Long-Term Capital Gains and Losses — Assets Held More Than One Year

QuickZoom to Form(s) 8949, Long-Term Gain (Loss) Transactions ►

QuickZoom to Schedule D, Long-Term Gain (Loss) Regular Tax Totals ►

Long-Term Totals:	Sales Price	Adjstd Basis	Gn(Ls) Adjstmt	Gain (Loss)
8 a 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				
b Long-term totals from all Forms 8949 with box D checked	329.	325.		4.
9 Long-term totals from all Forms 8949 with box E checked				
10 Long-term totals from all Forms 8949 with box F checked				

11	Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824: A Form 4797, Sales of Business Property (Gain from Pt I) B Form(s) 6252, Installment Sale Income C Form(s) 4684, Casualties and Thefts D Form(s) 6781, Gains and Losses from Section 1256 Contracts and Straddles E Form(s) 8824, Like-Kind Exchanges F Form(s) 2439, Notice to Shareholder of Undistributed Long-Term Capital Gains G Sale of Incentive Stock Option stock (not entered elsewhere) H Other Total	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	13	53.
14	Long-term capital loss carryover. Enter the amount, if any, from line 15 of your Capital Loss Carryover Worksheet	14	0.
15	Net long-term capital gain or (loss). Combine lines 8 thru 14 in column (f) . . ▶	15	57.

Part III Summary

16	Combine lines 7 and 15 and enter the result If line 16 is: • A gain , enter the amount on line 22 below. Then go to line 17 below. • A loss , skip lines 17 through 20 below. Then go to line 21. • Zero , skip lines 17 through 21 below and enter -0- on line 22 below.	16	-5,524.
17	Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18	Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet	18	0.
19	Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet	19	
20	Are lines 18 and 19 both zero or blank? <input type="checkbox"/> Yes. <input type="checkbox"/> No.		
21	If line 16 is a loss, enter here and on line 22 below, the smaller of: • The loss on line 16, or • (\$3,000), or, if married filing separately, (\$1,500)] Note: When figuring which amount is smaller, treat both amounts as positive numbers.	21	-3,000.
22	Do you have qualified dividends on Form 1040, line 9b? <input type="checkbox"/> Yes. <input type="checkbox"/> No. Capital gain (loss) as refigured for the Alternative Minimum Tax. If line 16 is a gain or zero, enter line 16. If line 16 is a loss, enter line 21. ▶		-3,000.

QuickZoom to the **Qualified Dividends and Capital Gain Tax Worksheet** ▶
QuickZoom to the **Schedule D Tax Worksheet** ▶
QuickZoom to the **Unrecaptured Section 1250 Gain Worksheet** ▶
QuickZoom to the **28% Rate Gain Worksheet** ▶
QuickZoom to the **Capital Loss Carryover Worksheet** ▶
QuickZoom to **Form 6251, Alternative Minimum Tax** ▶

Tax History Report

► Keep for your records

2021

Name(s) Shown on Return

ABHILASH R MEKALA & SHRAVYA MARANGANTI

	Five Year Tax History:				
	2017	2018	2019	2020	2021
Filing status	MFJ	MFJ	MFJ	MFJ	MFJ
Total income	248,544.	287,560.	619,445.	361,708.	609,327.
Adjustments to income	6,105.				
Adjusted gross income	242,439.	287,560.	619,445.	361,708.	609,327.
Tax expense	22,904.	10,158.	10,000.	10,000.	10,000.
Interest expense . . .	17,231.	11,259.	18,424.	24,017.	25,716.
Contributions	900.	1,200.	2,400.	2,100.	14,400.
Misc. deductions . . .					
Other itemized ded'ns					
Total itemized/ standard deduction . .	41,035.	24,000.	30,824.	36,117.	50,116.
Exemption amount . .	16,200.	0.	0.	0.	0.
QBI deduction			4.		
Taxable income	185,204.	263,560.	588,617.	325,591.	559,211.
Tax	38,417.	51,555.	156,305.	66,248.	144,805.
Alternative min tax . .	1,419.				
Total credits	328.	4,200.	1,219.	5,200.	
Other taxes	157.	841.	3,679.	1,305.	5,572.
Payments	54,567.	59,197.	143,657.	73,739.	125,623.
Form 2210 penalty . .					
Amount owed			15,108.		24,754.
Applied to next year's estimated tax .					
Refund	14,902.	11,001.		11,386.	
Effective tax rate % . .	16.30	16.47	25.04	16.88	23.76
**Tax bracket %	28.0	24.0	35.0	24.0	35.0

**Tax bracket % is based on Taxable income.

[illegible]

(a) Description of Long-Term Property Transaction		(b) Related Box on Form 8949			
(c) Date Acquired	(d) Date Sold	(e) Sales Price	(f) Cost or Other basis	(g) Gain or Loss Adjustment	(h) Gain or (Loss)
WMT ES2	2.211000	D			
VARIOUS	11/02/21	329.	325.		4.
		—			
		—			
		—			
		—			
		—			