

Electronic Filing Instructions for your 2021 Federal Tax Return

Important: Your taxes are not finished until all required steps are completed.



LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA
1928 Everglades Dr
Milpitas, CA 95035-6612

Balance Due/Refund	Your federal tax return (Form 1040) shows a refund due to you in the amount of \$7,350.00. Your tax refund will be direct deposited into your account. The account information you entered - Account Number: 009514643274 Routing Transit Number: 011000138.																		
When Will You Get Your Refund?	The IRS issued more than 9 out of 10 refunds to taxpayers in less than 21 days last year. The same results are expected in 2022. To get your estimated refund date from TurboTax, log into My TurboTax at www.turbotax.com . If you do not receive your refund within 21 days, or the amount you get is not what you expected, contact the Internal Revenue Service directly at 1-800-829-4477. You can also check www.irs.gov and select the "Where's my refund?" link.																		
What You Need to Keep	Your Electronic Filing Instructions (this form) A copy of your federal return																		
2021 Federal Tax Return Summary	<table><tr><td>Adjusted Gross Income</td><td>\$</td><td>348,709.00</td></tr><tr><td>Taxable Income</td><td>\$</td><td>323,363.00</td></tr><tr><td>Total Tax</td><td>\$</td><td>66,524.00</td></tr><tr><td>Total Payments/Credits</td><td>\$</td><td>73,874.00</td></tr><tr><td>Amount to be Refunded</td><td>\$</td><td>7,350.00</td></tr><tr><td>Effective Tax Rate</td><td></td><td>17.60%</td></tr></table>	Adjusted Gross Income	\$	348,709.00	Taxable Income	\$	323,363.00	Total Tax	\$	66,524.00	Total Payments/Credits	\$	73,874.00	Amount to be Refunded	\$	7,350.00	Effective Tax Rate		17.60%
Adjusted Gross Income	\$	348,709.00																	
Taxable Income	\$	323,363.00																	
Total Tax	\$	66,524.00																	
Total Payments/Credits	\$	73,874.00																	
Amount to be Refunded	\$	7,350.00																	
Effective Tax Rate		17.60%																	
Estimated Payments to Make for Next Year's Return	<p>Estimated Payments for 2022 - Do not mail these vouchers with your 2021 income tax return. The estimated vouchers displayed below are used to prepay your 2022 income taxes that will be filed next year. If you expect to owe more than \$1,000 in 2022, you may incur underpayment penalties if you do not make these four estimated tax payments. This printout includes your estimated tax vouchers for your federal estimated taxes (Form 1040-ES).</p> <p>Mail payments according to the schedule below:</p> <table><thead><tr><th>Voucher Number</th><th>Due Date</th><th>Amount</th></tr></thead><tbody><tr><td>1</td><td>04/18/2022</td><td>\$ 1,419.00</td></tr><tr><td>2</td><td>06/15/2022</td><td>\$ 1,419.00</td></tr><tr><td>3</td><td>09/15/2022</td><td>\$ 1,419.00</td></tr><tr><td>4</td><td>01/17/2023</td><td>\$ 1,419.00</td></tr></tbody></table> <p>Include a separate check or money order for each payment, payable to "United States Treasury". Write your social security number and "Form 1040-ES" on each check.</p>	Voucher Number	Due Date	Amount	1	04/18/2022	\$ 1,419.00	2	06/15/2022	\$ 1,419.00	3	09/15/2022	\$ 1,419.00	4	01/17/2023	\$ 1,419.00			
Voucher Number	Due Date	Amount																	
1	04/18/2022	\$ 1,419.00																	
2	06/15/2022	\$ 1,419.00																	
3	09/15/2022	\$ 1,419.00																	
4	01/17/2023	\$ 1,419.00																	

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1928 Everglades Dr
Milpitas, CA 95035-6612

Estimated Payments to Make for Next Year's Return (Continued)		Mail payments to: Internal Revenue Service P.O. Box 802502 Cincinnati, OH 45280-2502
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▼ 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.....▶

1,419.

REV 04/09/22 TTW

1555

024-88-7197 382-35-7565
LEELA SESHU REDDY CHEEDEPUDI
VANI YENUMULA
1928 EVERGLADES DR
MILPITAS CA 95035-6612

INTERNAL REVENUE SERVICE
PO BOX 802502
CINCINNATI OH 45280-2502

024887197 CP CHEE 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.....▶

1,419.

REV 04/09/22 TTW

1555

024-88-7197 382-35-7565
LEELA SESHU REDDY CHEEDEPUDI
VANI YENUMULA
1928 EVERGLADES DR
MILPITAS CA 95035-6612

INTERNAL REVENUE SERVICE
PO BOX 802502
CINCINNATI OH 45280-2502

024887197 CP CHEE 30 0 202212 430

▼ Detach Here and Mail With Your Payment ▼

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.....▶

1,419.

REV 04/09/22 TTW

1555

024-88-7197 382-35-7565
LEELA SESHU REDDY CHEEDEPUDI
VANI YENUMULA
1928 EVERGLADES DR
MILPITAS CA 95035-6612

INTERNAL REVENUE SERVICE
PO BOX 802502
CINCINNATI OH 45280-2502

024887197 CP CHEE 30 0 202212 430

▼ 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.....▶	1,419.
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REV 04/09/22 TTW 1555

024-88-7197 382-35-7565
LEELA SESHU REDDY CHEEDEPUDI
VANI YENUMULA
1928 EVERGLADES DR
MILPITAS CA 95035-6612

INTERNAL REVENUE SERVICE
PO BOX 802502
CINCINNATI OH 45280-2502

024887197 CP CHEE 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 LEELA SESHU REDDY	Last name CHEEDEPUDI	Your social security number 024-88-7197	
If joint return, spouse's first name and middle initial VANI	Last name YENUMULA	Spouse's social security number 382-35-7565	
Home address (number and street). If you have a P.O. box, see instructions. 1928 Everglades Dr		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse	
City, town, or post office. If you have a foreign address, also complete spaces below. Milpitas	State CA		ZIP code 950356612
Foreign country name	Foreign province/state/county		Foreign postal code

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

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

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

Dependents (see instructions): If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
					Child tax credit	Credit for other dependents
	PRATEEK R	CHEEDEPUDI	380-35-5303	Son	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	TARA R	CHEEDEPUDI	768-47-7952	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. 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.	1	Wages, salaries, tips, etc. Attach Form(s) W-2		1	357,890.
	2a	Tax-exempt interest	60.	2b	238.
	3a	Qualified dividends	3,046.	3b	4,103.
	4a	IRA distributions		4b	
	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	-37.
	8	Other income from Schedule 1, line 10		8	-13,485.
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶		9	348,709.
	10	Adjustments to income from Schedule 1, line 26		10	
	11	Subtract line 10 from line 9. This is your adjusted gross income ▶		11	348,709.
	12a	Standard deduction or itemized deductions (from Schedule A)	25,100.	12a	
	b	Charitable contributions if you take the standard deduction (see instructions)	225.	12b	
	c	Add lines 12a and 12b		12c	25,325.
	13	Qualified business income deduction from Form 8995 or Form 8995-A		13	21.
14	Add lines 12c and 13		14	25,346.	
15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-		15	323,363.	

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	65,375.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	65,375.
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	65,375.
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	1,149.
24	Add lines 22 and 23. This is your total tax	24	66,524.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	63,103.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	0.
d	Add lines 25a through 25c	25d	63,103.
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC) No	27a	
	Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/>		
b	Nontaxable combat pay election	27b	
c	Prior year (2019) earned income	27c	
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	4,000.
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 15	31	6,771.
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	10,771.
33	Add lines 25d, 26, and 32. These are your total payments	33	73,874.
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	7,350.
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	7,350.
Direct deposit? See instructions.	b Routing number 011000138 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number 009514643274		
	36 Amount of line 34 you want applied to your 2022 estimated tax	36	
Amount You Owe	37 Amount you owe . Subtract line 33 from line 24. For details on how to pay, see instructions	37	
	38 Estimated tax penalty (see instructions)	38	

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

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

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

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

Your signature	Date	Your occupation Software Engineer	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation Project Manager	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. (408) 657-3748 Email address _____

Paid Preparer Use Only

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

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

2021
Attachment
Sequence No. **01**

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

LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA

Your social security number

024-88-7197

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	0.
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶ _____		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	4,424.
8	Other income:		
a	Net operating loss	8a	()
b	Gambling income	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Taxable Health Savings Account distribution	8e	
f	Alaska Permanent Fund dividends	8f	
g	Jury duty pay	8g	
h	Prizes and awards	8h	
i	Activity not engaged in for profit income	8i	
j	Stock options	8j	
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8k	
l	Olympic and Paralympic medals and USOC prize money (see instructions)	8l	
m	Section 951(a) inclusion (see instructions)	8m	
n	Section 951A(a) inclusion (see instructions)	8n	
o	Section 461(l) excess business loss adjustment	8o	
p	Taxable distributions from an ABLE account (see instructions)	8p	
z	Other income. List type and amount ▶ _____	8z	
	IRS Notice 2014-7 excludable income -17,909.		-17,909.
9	Total other income. Add lines 8a through 8z	9	-17,909.
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	-13,485.

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

Schedule 1 (Form 1040) 2021

Part II Adjustments to Income

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

**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

LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA

Your social security number

024-88-7197

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	985.
12	Net investment income tax. Attach Form 8960	12	164.
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	

(continued on page 2)

Part II Other Taxes *(continued)*

17	Other additional taxes:		
a	Recapture of other credits. List type, form number, and amount ► _____	17a	
b	Recapture of federal mortgage subsidy. If you sold your home in 2021, see instructions	17b	
c	Additional tax on HSA distributions. Attach Form 8889	17c	
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d	
e	Additional tax on Archer MSA distributions. Attach Form 8853	17e	
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f	
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g	
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h	
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i	
j	Section 72(m)(5) excess benefits tax	17j	
k	Golden parachute payments	17k	
l	Tax on accumulation distribution of trusts	17l	
m	Excise tax on insider stock compensation from an expatriated corporation	17m	
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n	
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o	
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p	
q	Any interest from Form 8621, line 24	17q	
z	Any other taxes. List type and amount ► _____	17z	
18	Total additional taxes. Add lines 17a through 17z		18
19	Additional tax from Schedule 8812		19
20	Section 965 net tax liability installment from Form 965-A	20	
21	Add lines 4, 7 through 16, 18, and 19. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b		21
			1,149.

**SCHEDULE 3
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

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

OMB No. 1545-0074

2021
Attachment
Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA

Your social security number
024-88-7197

Part I Nonrefundable Credits

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

(continued on page 2)

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions)		10	
11	Excess social security and tier 1 RRTA tax withheld		11	6,771.
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
a	Form 2439	13a		
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken before April 1, 2021	13b		
c	Health coverage tax credit from Form 8885	13c		
d	Credit for repayment of amounts included in income from earlier years	13d		
e	Reserved for future use	13e		
f	Deferred amount of net 965 tax liability (see instructions)	13f		
g	Credit for child and dependent care expenses from Form 2441, line 10. Attach Form 2441	13g		
h	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken after March 31, 2021	13h		
z	Other payments or refundable credits. List type and amount ► _____	13z		
14	Total other payments or refundable credits. Add lines 13a through 13z		14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31		15	6,771.

SCHEDULE B
(Form 1040)

Interest and Ordinary Dividends

OMB No. 1545-0074

2021
Attachment
Sequence No. **08**

Department of the Treasury
Internal Revenue Service (99)

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

Name(s) shown on return

LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA

Your social security number

024-88-7197

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 ▶ wells fargo bank CHARLES SCHWAB & CO., INC. NATIONAL FINANCIAL SERVICES LLC BANK OF AMERICA, N.A. loanDepot	
2	Add the amounts on line 1	237.67
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 ▶	237.67

		Amount
		25.22
		58.50
		0.05
		54.82
		99.08
1		
2		237.67
3		
4		237.67

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 ▶ NATIONAL FINANCIAL SERVICES LLC CHARLES SCHWAB & CO., INC. Betterment Securities	
6	Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b ▶	4,103.02

		Amount
		931.79
		3,133.93
		37.30
5		
6		4,103.02

Part III

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.

Foreign Accounts and Trusts

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

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	Yes	No
		X	
	If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements		X
b	If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ▶		
8	During 2021, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions		X

SCHEDULE D
(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

2021

Attachment
Sequence No. **12**

Department of the Treasury
Internal Revenue Service (99)

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

Name(s) shown on return

LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA

Your social security number

024-88-7197

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	4,620.	5,009.		-389.
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	18.	19.	0.	-1.
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824			4	
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			5	
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions			6 ()	
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back			7	-390.

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	33.	13.		20.
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	333.
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	353.

Part III Summary

<p>16 Combine lines 7 and 15 and enter the result</p> <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. 	16	-37.
<p>17 Are lines 15 and 16 both gains?</p> <p><input type="checkbox"/> Yes. Go to line 18.</p> <p><input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p>		
<p>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 ▶</p>	18	
<p>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 ▶</p>	19	
<p>20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952?</p> <p><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.</p> <p><input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.</p>		
<p>21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:</p> <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p>	21	(37.)
<p>22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?</p> <p><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.</p> <p><input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>		

Form **8949**

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

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

2021
Attachment
Sequence No. **12A**

Name(s) shown on return
LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA

Social security number or taxpayer identification number
024-88-7197

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	
	155.00 SCHWAB EMERGING MARKETS EQUITY ETF	VARIOUS	08/19/21	4,620.	5,009.			-389.
	KYNDRYL HLDGS INC COMMON STOCK	05/11/21	11/08/21	0.	0.			0.
	0.01sh of KYNDRYL HLDGS INC COMMON STOCK	03/19/21	11/08/21	0.	0.			0.
	0.02sh of KYNDRYL HLDGS INC COMMON STOCK	03/19/21	11/08/21	0.	0.			0.
	KYNDRYL HLDGS INC COMMON STOCK	03/19/21	11/08/21	0.	0.			0.
	0.01sh of KYNDRYL HLDGS INC COMMON STOCK	03/19/21	11/08/21	0.	0.			0.

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) **►**

				4,620.	5,009.			-389.
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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 LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA	Social security number or taxpayer identification number 024-88-7197
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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	
	0.02sh of GENERAL ELECTRIC CO COM NEW	03/16/20	08/02/21	2.	1.			1.
	0.01sh of GENERAL ELECTRIC CO COM NEW	06/29/20	08/02/21	2.	1.			1.
	0.04sh of GENERAL ELECTRIC CO COM NEW	03/18/20	08/02/21	4.	2.			2.
	0.05sh of GENERAL ELECTRIC CO COM NEW	07/17/19	08/02/21	5.	4.			1.
	0.33sh of VICTORIAS SECRET ANDCO COMMON ST	03/02/20	08/05/21	20.	5.			15.
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) ▶				33.	13.			20.

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.

Sales and Other Dispositions of Capital Assets

Department of the Treasury
Internal Revenue Service

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

Name(s) shown on return

Social security number or taxpayer identification number

LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA

024-88-7197

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	
	0.50 ISHARES GOLD TRUST	01/04/21	05/25/21	18.	19.	W	0.	-1.
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) ►				18.	19.		0.	-1.

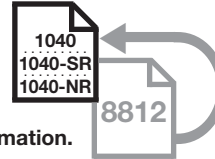
Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

SCHEDULE 8812
(Form 1040)

Credits for Qualifying Children and Other Dependents

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

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



OMB No. 1545-0074

2021

Attachment Sequence No. **47**

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA

Your social security number

024-88-7197

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	348,709.
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	348,709.	
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	0.	
c	Subtract line 4b from line 4a	4c	2.	
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	0.	
11	Multiply line 10 by 5% (0.05)	11	0.	
12	Subtract line 11 from line 8. If zero or less, enter -0-	12	4,000.	
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	4,000.
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	4,000.
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- 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.	14f	0.
g	Subtract line 14f from line 14e. If zero or less, enter -0- on lines 14g through 14i and go to Part III	14g	4,000.
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	4,000.

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

BAA

REV 04/09/22 TTW

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	
b	Enter the amount from line 14e or line 15d, whichever applies	28b	
29	Excess advance child tax credit payments. Subtract line 28b from line 28a. If zero, stop; you do not owe the additional tax	29	
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	
31	Enter the smaller of line 4a or line 30	31	
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	
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	

Health Savings Accounts (HSAs)

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**
▶ **Go to www.irs.gov/Form8889 for instructions and the latest information.**

2021
Attachment
Sequence No. **52**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
LEELA SESHU REDDY CHEEDEPUDI

Social security number of HSA
beneficiary. If both spouses
have HSAs, see instructions ▶ **024-88-7197**

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

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

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2021. See instructions ▶	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family
2	HSA contributions you made for 2021 (or those made on your behalf), including those made from January 1, 2022, through April 15, 2022, that were for 2021. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	0.
3	If you were under age 55 at the end of 2021 and, on the first day of every month during 2021, you were, or were considered, an eligible individual with the same coverage, enter \$3,600 (\$7,200 for family coverage). All others , see the instructions for the amount to enter	3	1,200.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2021 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2021, also include any amount contributed to your spouse's Archer MSAs	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0-	5	1,200.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2021, see the instructions for the amount to enter	6	1,200.
7	If you were age 55 or older at the end of 2021, married, and you or your spouse had family coverage under an HDHP at any time during 2021, enter your additional contribution amount. See instructions	7	
8	Add lines 6 and 7	8	1,200.
9	Employer contributions made to your HSAs for 2021	9	167.
10	Qualified HSA funding distributions	10	
11	Add lines 9 and 10	11	167.
12	Subtract line 11 from line 8. If zero or less, enter -0-	12	1,033.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	13	0.

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

14a	Total distributions you received in 2021 from all HSAs (see instructions)	14a	870.
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b	870.
c	Subtract line 14b from line 14a	14c	0.
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8e	16	0.
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here ▶ <input type="checkbox"/>		
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b	

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

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

**Qualified Business Income Deduction
Simplified Computation**

Department of the Treasury
Internal Revenue Service

▶ **Attach to your tax return.**

Attachment
Sequence No. **55**

▶ **Go to www.irs.gov/Form8995 for instructions and the latest information.**

Name(s) shown on return

LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA

Your taxpayer identification number

024-88-7197

Note. You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$164,900 (\$164,925 if married filing separately; \$329,800 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i			
ii			
iii			
iv			
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	
3	Qualified business net (loss) carryforward from the prior year	3 ()	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	
5	Qualified business income component. Multiply line 4 by 20% (0.20)		5
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6 107.	
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7 ()	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8 107.	
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		9 21.
10	Qualified business income deduction before the income limitation. Add lines 5 and 9		10 21.
11	Taxable income before qualified business income deduction (see instructions)	11 323,384.	
12	Net capital gain (see instructions)	12 3,046.	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13 320,338.	
14	Income limitation. Multiply line 13 by 20% (0.20)		14 64,068.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions) ▶		15 21.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-		16 (0.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-		17 (0.)

Additional Medicare Tax

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

Name(s) shown on return

Your social security number

LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA

024-88-7197

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	359,498.	
2	Unreported tips from Form 4137, line 6	2		
3	Wages from Form 8919, line 6	3		
4	Add lines 1 through 3	4	359,498.	
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		109,498.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II	7		985.

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		985.
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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	5,212.	
20	Enter the amount from line 1	20	359,498.	
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	5,213.	
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages	22		0.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions)	23		
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-PR or 1040-SS filers, see instructions)	24		0.

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

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

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

Name(s) shown on your tax return

LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA

Your social security number or EIN

024-88-7197

- 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	238.
2	Ordinary dividends (see instructions)		2	4,103.
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	-37.	
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	-37.
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	4,304.

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	4,304.
Individuals:				
13	Modified adjusted gross income (see instructions)	13	348,709.	
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	98,709.	
16	Enter the smaller of line 12 or line 15		16	4,304.
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	164.
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	

Name(s) Shown on Return LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA	Social Security Number 024-88-7197
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Part I State and Local Income Tax Refunds from 2020 Tax Returns

1	(a) State or Local Code	(b) Refund Amount	(c) Estimated Tax Paid After 12/31/2020	(d) Extension Payments	(e) Total Payments and Withholding	(f) Refund Allocated to Column (c)	(g) Refund Allocated to Column (d)
	CA	4,424.			37,799.		
	Totals	4,424.			37,799.		

- 2 Total state and local refunds. Total line 1 column (b). 4,424.
- 3 Refund allocated to tax paid after 12/31/2020. Total line 1 columns (f) and (g).
(Include net tax paid after 12/31/2020 on Schedule A, line 5a.) _____
- 4 Net refund. Line 2 less line 3. 4,424.

Part II Recovery Amount

The **recovery amount** is the state and local income tax deducted in 2020 refunded in 2021.

- 5 Total state and local income tax deduction from line 5a of your 2020 Schedule A 40,058.
- 6 **Recovery amount.** Lesser of line 4 or line 5. 4,424.

Part III Recovery Exclusion

The **recovery exclusion** is the part of the recovery amount which did **not** reduce tax in 2020.

- 7 **Recovery exclusion from sales tax deduction, SALT limitation and standard deduction:**
 - a Allowable itemized deductions, from 2020 Schedule A, line 17 26,801.
 - b Allowable itemized deductions, refigured by excluding recovery amount:
 - (1) Refigured state and local tax deduction (Schedule A, line 5a):
 - (a) Refigured state income tax deduction 35,634.
 - (b) Sales tax deduction _____
 - (c) Refigured deduction. Larger of (a) or (b) 35,634.
 - (2) Refigured total itemized deductions 26,801.
 - (3) Refigured allowable itemized deductions from line 7b(2) 26,801.
 - c 2020 standard deduction based on 2020 filing status and deductions. 24,800.
 - d Larger of lines 7b(3) or 7c. 26,801.
 - e Subtract line 7d from line 7a 0.
 - f Subtract line 7e from line 6 4,424.
- 8 **Recovery exclusion from negative taxable income.** If 2020 taxable income was negative, enter here as a positive number, else enter zero. 0.
- 9 **Recovery exclusion from alternative minimum tax.** If no alternative minimum tax (AMT) in 2020 enter zero. If did pay AMT in 2020, enter amt from line 24 0.
- 10 **Recovery exclusion from unused tax credits.** If no unused credits in 2020, enter zero. If there were unused credits in 2020, enter amount from line 35. 0.
- 11 **Total recovery exclusion.** Add lines 7f, 8, 9, and 10. 4,424.

Part IV Taxable Refund

The **recovery amount** less the **recovery exclusion** is a **taxable refund**.

- 12 **Taxable refund from 2020.** Line 6 less line 11. 0.
- 13 Total taxable refunds from **2019** or prior tax returns. Total line 36 column (d). _____
- 14 **Total taxable refunds.** Add lines 12 and 13. Enter here and on Schedule 1, line 1 0.

Tax History Report

▶ Keep for your records

2021

Name(s) Shown on Return

LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA

Five Year Tax History:					
	2017	2018	2019	2020	2021
Filing status				MFJ	MFJ
Total income				447,644.	348,709.
Adjustments to income				2,100.	
Adjusted gross income				445,544.	348,709.
Tax expense				10,084.	10,165.
Interest expense . . .				15,490.	13,643.
Contributions				1,227.	225.
Misc. deductions . . .					
Other itemized ded'ns					
Total itemized/ standard deduction . .				26,801.	25,325.
Exemption amount . .				0.	0.
QBI deduction				17.	21.
Taxable income				418,726.	323,363.
Tax				95,868.	65,375.
Alternative min tax . .					
Total credits				1,700.	
Other taxes				1,910.	1,149.
Payments				80,692.	73,874.
Form 2210 penalty . .				101.	
Amount owed				15,487.	
Applied to next year's estimated tax .					
Refund					7,350.
Effective tax rate % . .				21.14	17.60
**Tax bracket %				35.0	24.0

**Tax bracket % is based on Taxable income.



Audit Defense Order Confirmation

Thank you for choosing Audit Defense for your 2021 income tax return. This service is provided by an independent tax firm TaxAudit.com, a service of TaxResources, Inc.

Name: LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA
Confirmation Number: 5751297033
Amount Paid: 45.00

When TaxAudit.com defends your income tax return during an IRS or state audit, you have professional representation throughout the entire process.

TaxAudit.com:

- Defends your 2021 income tax return in an audit through the highest level of appeals
- Schedules and attends all audit appointments
- Reviews your tax return for additional problem areas
- Reviews your source documentation before the tax agency sees it
- Handles all audit correspondence and makes all audit phone calls
- Prepares requests for appeals conferences and U.S. Tax Court Petition, if necessary
- Minimizes the financial impact of an audit

If you paid for Audit Defense by credit card:

1. You'll receive an email from TaxAudit.com in two to five days notifying you that your membership has been processed
2. View and print your certificate at <http://intuit.taxaudit.com>
3. To ensure you receive your confirmation email, please add AuditDefenseCertificates@taxaudit.com to your email address book

If you choose to pay for Audit Defense with your tax refund (e-filed returns only):

1. You'll need notice that the IRS has accepted your e-filed return and your refund has been processed
2. Two to five days after this, you'll receive an email from TaxAudit.com notifying you that your membership has been processed
3. View and print your certificate at <http://intuit.taxaudit.com>
4. To ensure you receive your confirmation email, please add AuditDefenseCertificates@taxaudit.com to your email address book

IMPORTANT: If you're **filing by mail** and **did not pay** for Audit Defense with a credit card, your order will not go through. We recommend going back and either e-filing your return or paying by credit card.

If you receive any audit or tax notice from the IRS or state taxing agency, contact TaxAudit.com immediately at 877-829-9695. TaxAudit.com's customer service office hours are 8 a.m. to 5 p.m. Pacific Time, Monday through Friday. TaxAudit.com must be your only contact with the IRS or state (please read the Audit Defense Membership Agreement).

For more information, or to purchase Audit Defense for other tax returns, visit TaxAudit.com's website at <http://intuit.taxaudit.com>.

Name(s) Shown on Return LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA	Social Security Number 024-88-7197
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	(a) Taxpayer	(b) Spouse				
1 Child's investment income, from Form 8814.						
2 Gambling winnings:						
a From Form W-2G						
b Winnings (prizes, etc.) from Form 1099-MISC, box 3.						
c Not reported on Form W-2G or Form 1099-MISC.						
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						
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)						
<table border="1" style="margin-left: 40px; border-collapse: collapse; width: 100%;"> <tr> <td style="width: 50%; text-align:center;">Type of Tax</td> <td style="width: 50%; text-align:center;">State or Local ID</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Type of Tax	State or Local ID				
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)						
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	IRS Notice 2014-7 excludable income		-17,909.
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		-17,909.

Part I – Personal Information

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

Taxpayer:

First name LEELA SESHU REDDY
 Middle initial _____ Suffix _____
 Last name CHEEDEPUDI
 Social security no. 024-88-7197
 Occupation Software Engineer
 Date of birth 12/11/1978 (mm/dd/yyyy)
 Age as of 1-1-2022 43
 Daytime phone (408) 657-3748 Ext _____
 Legally blind
 Date of death _____

Spouse:

First name VANI
 Middle initial _____ Suffix _____
 Last name YENUMULA
 Social security no. 382-35-7565
 Occupation Project Manager
 Date of birth 10/22/1982 (mm/dd/yyyy)
 Age as of 1-1-2022 39
 Daytime phone _____ 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

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 taxpayer retired on total and permanent disability? . . 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 taxpayer want \$3 to go to the Presidential Election Campaign Fund? . . 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 1928 Everglades Dr Apt no. _____
 City Milpitas State CA ZIP code 95035-6612

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						
PRATEEK CHEEDEPUDI	R	380-35-5303 Son	08/23/2008 13	L					E	12		Yes
TARA CHEEDEPUDI	R	768-47-7952 Daughter	02/26/2013 8	L					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 X Savings
Routing number ... 011000138 Account number ... 009514643274

Enter the following information only if you are requesting direct debit of balance due:
Enter the payment date to withdraw from the account above ...
Balance-due amount from this return ...

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 50301

Spouse's PIN used to sign the return 20302

Taxpayer:

Drivers license or state ID number F3335456

Issued by what state CA

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

Spouse

Drivers license or state ID number F2520672

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 . . . LEELA SESHU REDDY Middle initial . . . Last name . . . CHEEDEPUDI

Suffix

Social security no. . . 024-88-7197 Member of U.S. Armed Forces in 2021? . . Yes No

Date of birth 12/11/1978 (mm/dd/yyyy) age as of 1-1-2022 43

Occupation Software Engineer Daytime phone (408) 657-3748 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 . . . VANI Middle initial . . . Last name . . . YENUMULA
Suffix
Social security no. . . 382-35-7565 Member of U.S. Armed Forces in 2021? . . Yes No
Date of birth 10/22/1982 (mm/dd/yyyy) age as of 1-1-2022 39
Occupation . . . Project Manager Daytime phone . . . 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 . . . PRATEEK Middle initial . R Last name . . CHEEDEPUDI
Suffix

Social security no. . . 380-35-5303

Date of birth 08/23/2008 (mm/dd/yyyy) age as of 12-31-2021 13
Did this person pass away in 2021 (deceased)? . . [] Yes [] No Date of death

Relationship to taxpayer or spouse Son

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? [X] Yes [] No

Dependency code * . L - 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? [X] Yes [] No
Is this person a resident of Canada or Mexico? [] Yes [X] 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 [X] 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 _____
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 . . . TARA Middle initial . R Last name . . . CHEEDEPUDI
Suffix

Social security no. . . 768-47-7952

Date of birth 02/26/2013 (mm/dd/yyyy) age as of 12-31-2021 8
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? X Yes No

Dependency code * . L - 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 X

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? X Yes No
Is this person a resident of Canada or Mexico? Yes X 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 X 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 _____

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 _____

► Keep for your records

Name(s) Shown on Return

LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA

Social Security Number

024-88-7197

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	246,889.	111,001.	357,890.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages.			
	Unreported tips.	0.	0.	0.
2	Total federal tax withheld	54,027.	9,076.	63,103.
3 & 7	Total social security wages/tips	252,001.	93,092.	345,093.
4	Total social security tax withheld	15,625.	5,772.	21,397.
5	Total Medicare wages and tips	266,406.	93,092.	359,498.
6	Total Medicare tax withheld	3,862.	1,350.	5,212.
8	Total allocated tips		0.	0.
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	46,675.	14.	46,689.
b	Elective deferrals to qualified plans	19,518.		19,518.
c	Roth contrib. to 401(k), 403(b), 457(b) plans. .	3,716.		3,716.
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	23,441.	14.	23,455.
14 a	Total deductible mandatory state tax	2,850.	845.	3,695.
b	Total deductible charitable contributions	225.		225.
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			
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	247,055.	111,001.	358,056.
17	Total state tax withheld	21,215.	5,386.	26,601.
19	Total local tax withheld.		272.	272.

Name LEELA SESHU REDDY CHEEDEPUDI Social Security Number 024-88-7197

Spouse's W-2
 Do not transfer this W-2 to next year

Military: Complete **Part VI** on Page 2 below.

<p>a Employee's social security no. . . <u>024-88-7197</u></p> <p>b Employer ID number (EIN) . . . <u>94-2905596</u></p> <p>c Employer's name, address, and ZIP code <u>Samsung Semiconductor, Inc.</u> Street <u>1100 Klein Road</u> City <u>Plano</u> State <u>TX</u> ZIP Code <u>75074</u> Foreign Province _____ Foreign Postal Code _____ Foreign Country _____</p> <p>d Control number . . . _____</p> <p><input type="checkbox"/> Transfer employee information from the Federal Information Worksheet</p> <p>e Employee's name First <u>Leela Seshu Reddy</u> M.I. _____ Last <u>Cheedepudi</u> Suff. _____</p> <p>f Employee's address and ZIP code Street <u>1928 Everglades Dr</u> City <u>Milpitas</u> State <u>CA</u> ZIP Code <u>95035</u> Foreign Province _____ Foreign Postal Code _____ Foreign Country _____</p>	<p>1 Wages, tips, other compensation <u>105,594.75</u></p> <p>3 Social security wages <u>109,201.57</u></p> <p>5 Medicare wages and tips <u>109,201.57</u></p> <p>7 Social security tips _____ ▶ Enter unreported tips in Part VII on Page 2 below.</p> <p>9 _____</p> <p>11 Nonqualified plans _____</p> <p>12 Enter box 12 below _____</p> <p>13 <input type="checkbox"/> Statutory employee <input checked="" type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay</p> <p>14 Enter box 14 below after entering boxes 18, 19, and 20. NOTE: Enter box 15 before entering box 14.</p>	<p>2 Federal income tax withheld <u>25,536.87</u></p> <p>4 Social security tax withheld <u>6,770.50</u></p> <p>6 Medicare tax withheld <u>1,583.42</u></p> <p>8 Allocated tips _____</p> <p>10 Dependent care benefits Distributions from sect. 457 and nonqualified plans (Important, see Help) _____</p>
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Box 12 Code	Box 12 Amount	If Box 12 code is:
<u>D</u>	<u>3,606.82</u>	A: Enter amount attributable to RRTA Tier 2 tax . . . _____
<u>W</u>	<u>166.67</u>	M: Enter amount attributable to RRTA Tier 2 tax . . . _____
<u>AA</u>	<u>1,442.73</u>	P: Double-click to link to Form 3903, line 4 . . . _____
<u>DD</u>	<u>1,912.96</u>	R: Enter MSA contribution for Taxpayer _____ Spouse _____
_____	_____	W: Enter HSA contribution for Taxpayer <u>166.67</u> 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
<u>CA</u>	<u>306-8347-8</u>	<u>105,761.42</u>	<u>9,599.21</u>
_____	_____	_____	_____
_____	_____	_____	_____

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".)
<u>CASDI</u>	<u>1,310.42</u>	<u>California SDI tax</u>
_____	_____	_____
_____	_____	_____

▶ Keep for your records

Name VANI YENUMULA Social Security Number 382-35-7565

Spouse's W-2
 Do not transfer this W-2 to next year

Military: Complete Part VI on Page 2 below.

<p>a Employee's social security no. . . <u>382-35-7565</u></p> <p>b Employer ID number (EIN) . . . <u>58-2193758</u></p> <p>c Employer's name, address, and ZIP code <u>ASK STAFFING INC</u> Street <u>6495 SHILOH ROAD</u> City <u>ALPHARETTA</u> State <u>GA</u> ZIP Code <u>30005</u> Foreign Province _____ Foreign Postal Code _____ Foreign Country _____</p> <p>d Control number . <u>005971MIAM/J5F</u></p> <p><input type="checkbox"/> Transfer employee information from the Federal Information Worksheet</p> <p>e Employee's name First <u>VANI</u> M.I. _____ Last <u>YENUMULA</u> Suff. _____</p> <p>f Employee's address and ZIP code Street <u>1928 EVERGLADES DRIVE</u> City <u>MILPITAS</u> State <u>CA</u> ZIP Code <u>95035</u> Foreign Province _____ Foreign Postal Code _____ Foreign Country _____</p>	<p>1 Wages, tips, other compensation <u>64,800.00</u></p> <p>3 Social security wages <u>64,800.00</u></p> <p>5 Medicare wages and tips <u>64,800.00</u></p> <p>7 Social security tips _____</p> <p>▶ Enter unreported tips in Part VII on Page 2 below.</p>	<p>2 Federal income tax withheld <u>6,364.18</u></p> <p>4 Social security tax withheld <u>4,017.60</u></p> <p>6 Medicare tax withheld <u>939.60</u></p> <p>8 Allocated tips _____</p>
<p>11 Nonqualified plans _____</p> <p>12 Enter box 12 below _____</p> <p>13 <input type="checkbox"/> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay</p> <p>14 Enter box 14 below after entering boxes 18, 19, and 20. NOTE: Enter box 15 before entering box 14.</p>	<p>9 _____</p> <p>10 Dependent care benefits Distributions from sect. 457 and nonqualified plans (Important, see Help) _____</p>	

Box 12 Code	Box 12 Amount	If Box 12 code is:
_____	_____	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
<u>CA</u>	<u>302-1960 4</u>	<u>64,800.00</u>	<u>3,910.58</u>
_____	_____	_____	_____
_____	_____	_____	_____

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".)
<u>SDI</u>	<u>777.60</u>	<u>California SDI tax</u>
_____	_____	_____
_____	_____	_____

▶ Keep for your records

Name VANI YENUMULA Social Security Number 382-35-7565

Spouse's W-2
Do not transfer this W-2 to next year

Military: Complete Part VI on Page 2 below.

<p>a Employee's social security no. . . <u>382-35-7565</u></p> <p>b Employer ID number (EIN) . . . <u>20-4078036</u></p> <p>c Employer's name, address, and ZIP code <u>Premier healthcare services llc</u></p> <p>Street <u>400 interstate N pkwy su</u> City <u>atlanta</u> State <u>GA</u> ZIP Code <u>30339</u></p> <p>Foreign Province _____ Foreign Postal Code _____ Foreign Country _____</p>	<p>1 Wages, tips, other compensation <u>5,598.00</u></p> <p>3 Social security wages <u>5,598.00</u></p> <p>5 Medicare wages and tips <u>5,598.00</u></p> <p>7 Social security tips _____</p> <p>▶ Enter unreported tips in Part VII on Page 2 below.</p>	<p>2 Federal income tax withheld <u>305.65</u></p> <p>4 Social security tax withheld <u>347.08</u></p> <p>6 Medicare tax withheld <u>81.17</u></p> <p>8 Allocated tips _____</p>
--	--	--

d Control number . 134284 NCN2/HXG

Transfer employee information from the Federal Information Worksheet

e Employee's name
First VANI M.I. _____
Last YENUMULA Suff. _____

f Employee's address and ZIP code
Street 1928 Everglades Dr
City Milpitas
State CA ZIP Code 95035-6612

Foreign Province _____
Foreign Postal Code _____
Foreign Country _____

<p>9 _____</p> <p>11 Nonqualified plans _____</p> <p>12 Enter box 12 below _____</p> <p>13 <input type="checkbox"/> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay</p> <p>14 Enter box 14 below after entering boxes 18, 19, and 20. NOTE: Enter box 15 before entering box 14.</p>	<p>10 Dependent care benefits Distributions from sect. 457 and nonqualified plans (Important, see Help) _____</p>
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Box 12 Code	Box 12 Amount	If Box 12 code is:
		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
<u>CA</u>	<u>263-3076 1</u>	<u>5,598.00</u>	<u>61.15</u>

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".)
<u>OTHER</u>	<u>67.18</u>	<u>California SDI tax</u>

▶ Keep for your records

Name LEELA SESHU REDDY CHEEDEPUDI Social Security Number 024-88-7197

Spouse's W-2
 Do not transfer this W-2 to next year

Military: Complete Part VI on Page 2 below.

<p>a Employee's social security no. . . <u>024-88-7197</u></p> <p>b Employer ID number (EIN) . . . <u>82-3158290</u></p> <p>c Employer's name, address, and ZIP code <u>Landing AI US Corp</u> Street <u>195 Page Mill Rd</u> City <u>Palo Alto</u> State <u>CA</u> ZIP Code <u>94306</u> Foreign Province _____ Foreign Postal Code _____ Foreign Country _____</p> <p>d Control number . . . _____</p> <p><input type="checkbox"/> Transfer employee information from the Federal Information Worksheet</p> <p>e Employee's name First <u>Leela Seshu Reddy</u> M.I. _____ Last <u>Cheedepudi</u> Suff. _____</p> <p>f Employee's address and ZIP code Street <u>1928 Everglades Dr</u> City <u>Milpitas</u> State <u>CA</u> ZIP Code <u>95035</u> Foreign Province _____ Foreign Postal Code _____ Foreign Country _____</p>	<p>1 Wages, tips, other compensation <u>141,293.50</u></p> <p>3 Social security wages <u>142,799.75</u></p> <p>5 Medicare wages and tips <u>157,204.38</u></p> <p>7 Social security tips _____</p> <p>▶ Enter unreported tips in Part VII on Page 2 below.</p>	<p>2 Federal income tax withheld <u>28,490.37</u></p> <p>4 Social security tax withheld <u>8,853.60</u></p> <p>6 Medicare tax withheld <u>2,279.46</u></p> <p>8 Allocated tips _____</p>
<p>9 _____</p> <p>11 Nonqualified plans _____</p> <p>12 Enter box 12 below _____</p> <p>13 <input type="checkbox"/> Statutory employee <input checked="" type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay</p> <p>14 Enter box 14 below after entering boxes 18, 19, and 20. NOTE: Enter box 15 before entering box 14.</p>	<p>10 Dependent care benefits Distributions from sect. 457 and nonqualified plans (Important, see Help) _____</p>	

Box 12 Code	Box 12 Amount	If Box 12 code is:
<u>D</u>	<u>15,910.88</u>	A: Enter amount attributable to RRTA Tier 2 tax . . . _____
<u>AA</u>	<u>2,272.96</u>	M: Enter amount attributable to RRTA Tier 2 tax . . . _____
<u>DD</u>	<u>21,361.05</u>	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
<u>CA</u>	<u>087-3537-5</u>	<u>141,293.50</u>	<u>11,616.46</u>
_____	_____	_____	_____
_____	_____	_____	_____

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".)
<u>CA SDI</u>	<u>1,539.58</u>	<u>California SDI tax</u>
<u>CHARITY</u>	<u>225.00</u>	<u>Charitable cash contribution</u>
_____	_____	_____
_____	_____	_____

Name VANI YENUMULA Social Security Number 382-35-7565

Spouse's W-2 **Military: Complete Part VI on Page 2 below.**
 Do not transfer this W-2 to next year

<p>a Employee's social security no. . . <u>382-35-7565</u></p> <p>b Employer ID number (EIN) . . . <u>81-4996118</u></p> <p>c Employer's name, address, and ZIP code <u>ACCENTURE FLEX LLC</u> <u>SUITE 100</u> Street <u>6415 BABCOCK ROAD</u> City <u>SAN ANTONIO</u> State <u>TX</u> ZIP Code <u>78249</u></p> <p>Foreign Province _____ Foreign Postal Code _____ Foreign Country _____</p>	<p>1 Wages, tips, other compensation <u>22,693.86</u></p> <p>3 Social security wages <u>22,693.86</u></p> <p>5 Medicare wages and tips <u>22,693.86</u></p> <p>7 Social security tips _____</p> <p>▶ Enter unreported tips in Part VII on Page 2 below.</p>	<p>2 Federal income tax withheld <u>2,406.18</u></p> <p>4 Social security tax withheld <u>1,407.02</u></p> <p>6 Medicare tax withheld <u>329.06</u></p> <p>8 Allocated tips _____</p>
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d Control number _____

Transfer employee information from the Federal Information Worksheet

e Employee's name
 First VANI M.I. _____
 Last YENUMULA Suff. _____

f Employee's address and ZIP code
 Street 1928 Everglades Dr
 City Milpitas
 State CA ZIP Code 95035-6612

Foreign Province _____
 Foreign Postal Code _____
 Foreign Country _____

<p>9 _____</p> <p>11 Nonqualified plans _____</p> <p>12 Enter box 12 below _____</p> <p>13 <input type="checkbox"/> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay</p> <p>14 Enter box 14 below after entering boxes 18, 19, and 20. NOTE: Enter box 15 before entering box 14.</p>	<p>10 Dependent care benefits Distributions from sect. 457 and nonqualified plans (Important, see Help) _____</p>
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Box 12 Code	Box 12 Amount	If Box 12 code is:
<u>C</u>	<u>13.86</u>	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
<u>CA</u>	<u>08430027</u>	<u>22,693.86</u>	<u>1,414.28</u>

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
<u>CASDI</u>		<u>272.33</u>	<u>CA</u>

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".)

Name VANI YENUMULA Social Security Number 382-35-7565

Spouse's W-2
 Do not transfer this W-2 to next year

Military: Complete Part VI on Page 2 below.

<p>a Employee's social security no. . . <u>382-35-7565</u></p> <p>b Employer ID number (EIN) . . . <u>94-2629822</u></p> <p>c Employer's name, address, and ZIP code <u>TARA R CHEEDEPUDI</u></p> <p>Street <u>PO BOX 1717</u></p> <p>City <u>WEST SACRAMENTO</u></p> <p>State <u>CA</u> ZIP Code <u>95691</u></p> <p>Foreign Province _____</p> <p>Foreign Postal Code _____</p> <p>Foreign Country _____</p>	<p>1 Wages, tips, other compensation <u>17,909.10</u></p> <p>3 Social security wages <u>0.00</u></p> <p>5 Medicare wages and tips <u>0.00</u></p> <p>7 Social security tips <u>0.00</u></p> <p>▶ Enter unreported tips in Part VII on Page 2 below.</p>	<p>2 Federal income tax withheld <u>0.00</u></p> <p>4 Social security tax withheld <u>0.00</u></p> <p>6 Medicare tax withheld <u>0.00</u></p> <p>8 Allocated tips <u>0.00</u></p>
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<p>d Control number . . . _____</p> <p><input checked="" type="checkbox"/> Transfer employee information from the Federal Information Worksheet</p> <p>e Employee's name First <u>VANI</u> M.I. _____ Last <u>YENUMULA</u> Suff. _____</p> <p>f Employee's address and ZIP code Street <u>1928 Everglades Dr</u> City <u>Milpitas</u> State <u>CA</u> ZIP Code <u>95035-6612</u></p> <p>Foreign Province _____</p> <p>Foreign Postal Code _____</p> <p>Foreign Country _____</p>	<p>9 _____</p> <p>10 Dependent care benefits Distributions from sect. 457 and nonqualified plans (Important, see Help) _____</p> <p>11 Nonqualified plans <u>0.00</u></p> <p>12 Enter box 12 below _____</p> <p>13 <input type="checkbox"/> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay</p> <p>14 Enter box 14 below after entering boxes 18, 19, and 20. NOTE: Enter box 15 before entering box 14.</p>
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Box 12 Code	Box 12 Amount	If Box 12 code is: 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
<u>CA</u>	<u>942629822</u>	<u>17,909.10</u>	<u>0.00</u>

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".)

Form 1099-INT Worksheet
 ▶ Keep for your records

2021

Name(s) Shown on Return VANI YENUMULA	Social Security Number 382-35-7565
---	--

Ownership: (defaults to taxpayer) Check if Taxpayer
 Check if Spouse **X**
 Check if Joint

Payer's name wells fargo bank

Box 1	Interest income for 2021 (not included in box 3) <u>25.22</u> Choose type if special state handling (State Use Only – see Help).	
Box 2	Early withdrawal penalty	
Box 3	Interest on U.S. Savings Bonds and Treasury obligations	
Box 4	Federal income tax withheld	
Box 5	Investment expenses	
Box 6	Foreign tax paid. (All interest is considered passive. See Help) a Check to deduct foreign taxes on Schedule A . . . <input type="checkbox"/> OR b DoubleClick to link to a copy of Form 1116 c For Form 1116, select which column A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> d Foreign source amount included in interest	
Box 7	Foreign country or U.S. possession (<i>Imported name:</i> _____) Check this box if foreign tax is from a mutual fund or a registered investment company. See Tax Help for additional information <input type="checkbox"/>	
Box 8	Tax-exempt interest – Total	

Tax-exempt Interest State Allocation
 For each row, enter state ID in column (a) and enter percent in column (b) or amount in column (c).

	(a) State or Territory ID	(b) Percent of total interest for state	(c) Amount of interest for state
Enter resident state ID ▶			
Enter each nonresident state on separate row . . . ▶			
or			
Enter XX for all nonresident states (that aren't filed) i.e., you own a fund with no resident state interest.			
Total ▶			

State ID where exempt interest was earned. If more than 1 state, see Help

Box 9	Specified private activity bond included in Box 8 subject to AMT, if any OR Private activity bond interest percentage of Box 8, if any %	
Box 10	Market discount (See tax help for manual entries required if you enter amount for market discount)	
Box 11	Bond premium	
Box 12	Bond premium on treasury obligations	
Box 13	Bond premium on tax-exempt bond	
Box 14	Tax-exempt and tax credit bond CUSIP number (if various, leave blank)	

Box 15 State	Box 16 State identification no.	Box 17 State tax withheld	
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I confirm that the state withholding identification number(s) are accurate

FATCA filing requirement.

Adjustments to Interest

Check the box that identifies the type of adjustment being made:

- | | |
|---|---|
| N <input type="checkbox"/> Nominee distribution
O <input type="checkbox"/> Original issue discount (OID)
B <input type="checkbox"/> Amortizable bond premium (ABP)
T <input type="checkbox"/> Bond premium on tax-exempt | A <input type="checkbox"/> Accrued interest
H <input type="checkbox"/> Other
R <input type="checkbox"/> Bond premium on treasury obligations
U <input type="checkbox"/> U.S. savings bond interest previously reported |
|---|---|

Enter adjustment amount (enter as positive if subtracting / negative if adding)

Additional Payer and Recipient Information

Payer's TIN Payer's address and ZIP code Street City State ZIP Code Foreign Country	Recipient's address and ZIP code Transfer address from Federal Information Wks . . . <input type="checkbox"/> Street City State ZIP Code Foreign Country
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Form 1099-INT Worksheet
 ▶ Keep for your records

2021

Name(s) Shown on Return LEELA SESHU REDDY CHEEDEPUDI	Social Security Number 024-88-7197
--	--

Ownership: (defaults to taxpayer) Check if Taxpayer
 Check if Spouse
 Check if Joint

Payer's name CHARLES SCHWAB & CO., INC.

Box 1	Interest income for 2021 (not included in box 3) <u>58.50</u> Choose type if special state handling (State Use Only – see Help).	
Box 2	Early withdrawal penalty	
Box 3	Interest on U.S. Savings Bonds and Treasury obligations	
Box 4	Federal income tax withheld	
Box 5	Investment expenses	
Box 6	Foreign tax paid. (All interest is considered passive. See Help) a Check to deduct foreign taxes on Schedule A . . . <input type="checkbox"/> OR b DoubleClick to link to a copy of Form 1116 . . . <input type="checkbox"/> c For Form 1116, select which column . . . A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> d Foreign source amount included in interest	
Box 7	Foreign country or U.S. possession (<i>Imported name:</i> _____) Check this box if foreign tax is from a mutual fund or a registered investment company. See Tax Help for additional information <input type="checkbox"/>	
Box 8	Tax-exempt interest – Total	

Tax-exempt Interest State Allocation
 For each row, enter state ID in column (a) and enter percent in column (b) or amount in column (c).

	(a) State or Territory ID	(b) Percent of total interest for state	(c) Amount of interest for state
Enter resident state ID ▶			
Enter each nonresident state on separate row . . . ▶			
or			
Enter XX for all nonresident states (that aren't filed) i.e., you own a fund with no resident state interest.			
Total ▶			

State ID where exempt interest was earned. If more than 1 state, see Help

Box 9	Specified private activity bond included in Box 8 subject to AMT, if any OR Private activity bond interest percentage of Box 8, if any %	
Box 10	Market discount (See tax help for manual entries required if you enter amount for market discount)	
Box 11	Bond premium	
Box 12	Bond premium on treasury obligations <u>0.00</u>	
Box 13	Bond premium on tax-exempt bond	
Box 14	Tax-exempt and tax credit bond CUSIP number (if various, leave blank)	

Box 15 State	Box 16 State identification no.	Box 17 State tax withheld	
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I confirm that the state withholding identification number(s) are accurate

FATCA filing requirement

Adjustments to Interest

Check the box that identifies the type of adjustment being made:

N <input type="checkbox"/> Nominee distribution O <input type="checkbox"/> Original issue discount (OID) B <input type="checkbox"/> Amortizable bond premium (ABP) T <input type="checkbox"/> Bond premium on tax-exempt	A <input type="checkbox"/> Accrued interest H <input type="checkbox"/> Other R <input type="checkbox"/> Bond premium on treasury obligations U <input type="checkbox"/> U.S. savings bond interest previously reported
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Enter adjustment amount (enter as positive if subtracting / negative if adding)

Additional Payer and Recipient Information

Payer's TIN <u>94-1737782</u> Payer's address and ZIP code Street . <u>211 MAIN ST.</u> City . . <u>SAN FRANCISCO</u> State . <u>CA</u> ZIP Code <u>94105</u> Foreign Country	Recipient's address and ZIP code Transfer address from Federal Information Wks . . <input type="checkbox"/> Street City State ZIP Code Foreign Country
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Form 1099-INT Worksheet
 ▶ Keep for your records

2021

Name(s) Shown on Return LEELA SESHU REDDY CHEEDEPUDI	Social Security Number 024-88-7197
--	--

Ownership: (defaults to taxpayer) Check if Taxpayer
 Check if Spouse
 Check if Joint

Payer's name NATIONAL FINANCIAL SERVICES LLC

Box 1	Interest income for 2021 (not included in box 3) <u>0.05</u> Choose type if special state handling (State Use Only – see Help).	
Box 2	Early withdrawal penalty	
Box 3	Interest on U.S. Savings Bonds and Treasury obligations	
Box 4	Federal income tax withheld	
Box 5	Investment expenses	
Box 6	Foreign tax paid. (All interest is considered passive. See Help) a Check to deduct foreign taxes on Schedule A . . . <input type="checkbox"/> OR b DoubleClick to link to a copy of Form 1116 . . . <input type="checkbox"/> c For Form 1116, select which column . . . A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> d Foreign source amount included in interest	
Box 7	Foreign country or U.S. possession (<i>Imported name:</i> _____) Check this box if foreign tax is from a mutual fund or a registered investment company. See Tax Help for additional information <input type="checkbox"/>	
Box 8	Tax-exempt interest – Total	

Tax-exempt Interest State Allocation
 For each row, enter state ID in column (a) and enter percent in column (b) or amount in column (c).

	(a) State or Territory ID	(b) Percent of total interest for state	(c) Amount of interest for state
Enter resident state ID ▶			
Enter each nonresident state on separate row . . . ▶			
or			
Enter XX for all nonresident states (that aren't filed) i.e., you own a fund with no resident state interest.			
Total ▶			

State ID where exempt interest was earned. If more than 1 state, see Help

Box 9	Specified private activity bond included in Box 8 subject to AMT, if any OR Private activity bond interest percentage of Box 8, if any %	
Box 10	Market discount (See tax help for manual entries required if you enter amount for market discount)	
Box 11	Bond premium	
Box 12	Bond premium on treasury obligations	
Box 13	Bond premium on tax-exempt bond	
Box 14	Tax-exempt and tax credit bond CUSIP number (if various, leave blank)	

Box 15 State	Box 16 State identification no.	Box 17 State tax withheld	
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I confirm that the state withholding identification number(s) are accurate

FATCA filing requirement

Adjustments to Interest

Check the box that identifies the type of adjustment being made:

N <input type="checkbox"/> Nominee distribution O <input type="checkbox"/> Original issue discount (OID) B <input type="checkbox"/> Amortizable bond premium (ABP) T <input type="checkbox"/> Bond premium on tax-exempt	A <input type="checkbox"/> Accrued interest H <input type="checkbox"/> Other R <input type="checkbox"/> Bond premium on treasury obligations U <input type="checkbox"/> U.S. savings bond interest previously reported
---	---

Enter adjustment amount (enter as positive if subtracting / negative if adding)

Additional Payer and Recipient Information

Payer's TIN <u>04-3523567</u> Payer's address and ZIP code Street City State ZIP Code Foreign Country	Recipient's address and ZIP code Transfer address from Federal Information Wks . . . <input type="checkbox"/> Street City State ZIP Code Foreign Country
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Form 1099-INT Worksheet
 ▶ Keep for your records

2021

Name(s) Shown on Return LEELA SESHU REDDY CHEEDEPUDI	Social Security Number 024-88-7197
--	--

Ownership: (defaults to taxpayer) Check if Taxpayer
 Check if Spouse
 Check if Joint

Payer's name BANK OF AMERICA, N.A.

Box 1	Interest income for 2021 (not included in box 3) Choose type if special state handling (State Use Only – see Help).	54.82
Box 2	Early withdrawal penalty	
Box 3	Interest on U.S. Savings Bonds and Treasury obligations	
Box 4	Federal income tax withheld	
Box 5	Investment expenses	
Box 6	Foreign tax paid. (All interest is considered passive. See Help) a Check to deduct foreign taxes on Schedule A . . . <input type="checkbox"/> OR b DoubleClick to link to a copy of Form 1116 c For Form 1116, select which column A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> d Foreign source amount included in interest	
Box 7	Foreign country or U.S. possession (<i>Imported name:</i> _____) Check this box if foreign tax is from a mutual fund or a registered investment company. See Tax Help for additional information <input type="checkbox"/>	
Box 8	Tax-exempt interest – Total	

Tax-exempt Interest State Allocation
 For each row, enter state ID in column (a) and enter percent in column (b) or amount in column (c).

	(a) State or Territory ID	(b) Percent of total interest for state	(c) Amount of interest for state
Enter resident state ID ▶			
Enter each nonresident state on separate row . . . ▶			
or			
Enter XX for all nonresident states (that aren't filed) i.e., you own a fund with no resident state interest.			
Total ▶			

State ID where exempt interest was earned. If more than 1 state, see Help

Box 9	Specified private activity bond included in Box 8 subject to AMT, if any OR Private activity bond interest percentage of Box 8, if any %	
Box 10	Market discount (See tax help for manual entries required if you enter amount for market discount)	
Box 11	Bond premium	
Box 12	Bond premium on treasury obligations	
Box 13	Bond premium on tax-exempt bond	
Box 14	Tax-exempt and tax credit bond CUSIP number (if various, leave blank)	

Box 15 State	Box 16 State identification no.	Box 17 State tax withheld	
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I confirm that the state withholding identification number(s) are accurate

FATCA filing requirement.

Adjustments to Interest

Check the box that identifies the type of adjustment being made:

N <input type="checkbox"/> Nominee distribution O <input type="checkbox"/> Original issue discount (OID) B <input type="checkbox"/> Amortizable bond premium (ABP) T <input type="checkbox"/> Bond premium on tax-exempt	A <input type="checkbox"/> Accrued interest H <input type="checkbox"/> Other R <input type="checkbox"/> Bond premium on treasury obligations U <input type="checkbox"/> U.S. savings bond interest previously reported
---	---

Enter adjustment amount (enter as positive if subtracting / negative if adding)

Additional Payer and Recipient Information

Payer's TIN 94-1687665 Payer's address and ZIP code Street . PO BOX 15293 City . WILMINGTON State . DE ZIP Code 19850-5293 Foreign Country .	Recipient's address and ZIP code Transfer address from Federal Information Wks . . <input type="checkbox"/> Street . 1928 EVERGLADES DR City . MILPITAS State . CA ZIP Code 95035-6612 Foreign Country .
--	--

Form 1099-INT Worksheet
 ▶ Keep for your records

2021

Name(s) Shown on Return LEELA SESHU REDDY CHEEDEPUDI	Social Security Number 024-88-7197
--	--

Ownership: (defaults to taxpayer) Check if Taxpayer
 Check if Spouse
 Check if Joint

Payer's name loanDepot

Box 1	Interest income for 2021 (not included in box 3) <u>99.08</u> Choose type if special state handling (State Use Only – see Help).
Box 2	Early withdrawal penalty _____
Box 3	Interest on U.S. Savings Bonds and Treasury obligations _____
Box 4	Federal income tax withheld _____
Box 5	Investment expenses _____
Box 6	Foreign tax paid. (All interest is considered passive. See Help) _____ a Check to deduct foreign taxes on Schedule A . . . <input type="checkbox"/> OR b DoubleClick to link to a copy of Form 1116 . . . <input type="checkbox"/> c For Form 1116, select which column . . . A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> d Foreign source amount included in interest _____
Box 7	Foreign country or U.S. possession (<i>Imported name:</i> _____) Check this box if foreign tax is from a mutual fund or a registered investment company. See Tax Help for additional information <input type="checkbox"/>
Box 8	Tax-exempt interest – Total _____

Tax-exempt Interest State Allocation
 For each row, enter state ID in column (a) and enter percent in column (b) or amount in column (c).

	(a) State or Territory ID	(b) Percent of total interest for state	(c) Amount of interest for state
Enter resident state ID ▶	_____	_____	_____
Enter each nonresident state on separate row . . . ▶	_____	_____	_____
or			
Enter XX for all nonresident states (that aren't filed) i.e., you own a fund with no resident state interest.	_____	_____	_____
Total ▶	_____	_____	_____

State ID where exempt interest was earned. If more than 1 state, see Help _____

Box 9	Specified private activity bond included in Box 8 subject to AMT, if any OR _____ Private activity bond interest percentage of Box 8, if any _____%
Box 10	Market discount (See tax help for manual entries required if you enter amount for market discount) _____
Box 11	Bond premium _____
Box 12	Bond premium on treasury obligations _____
Box 13	Bond premium on tax-exempt bond _____
Box 14	Tax-exempt and tax credit bond CUSIP number (if various, leave blank) _____

Box 15 State	Box 16 State identification no.	Box 17 State tax withheld	
_____	_____	_____	

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

FATCA filing requirement

Adjustments to Interest

Check the box that identifies the type of adjustment being made:

N <input type="checkbox"/> Nominee distribution O <input type="checkbox"/> Original issue discount (OID) B <input type="checkbox"/> Amortizable bond premium (ABP) T <input type="checkbox"/> Bond premium on tax-exempt	A <input type="checkbox"/> Accrued interest H <input type="checkbox"/> Other R <input type="checkbox"/> Bond premium on treasury obligations U <input type="checkbox"/> U.S. savings bond interest previously reported
---	---

Enter adjustment amount (enter as positive if subtracting / negative if adding) _____

Additional Payer and Recipient Information

Payer's TIN _____ Payer's address and ZIP code Street _____ City _____ State _____ ZIP Code _____ Foreign Country _____	Recipient's address and ZIP code Transfer address from Federal Information Wks . . . <input type="checkbox"/> Street _____ City _____ State _____ ZIP Code _____ Foreign Country _____
---	--

Form 1099-DIV Worksheet
Keep for your records

2021

Name(s) Shown on Return: LEELA SESHU REDDY CHEEDEPUDI
Social Security Number: 024-88-7197

Ownership: Check if Taxpayer [X], Check if Spouse, Check if Joint

Payer's name: NATIONAL FINANCIAL SERVICES LLC

Table with 2 columns: Box number and Amount. Rows include Box 1a (931.79), Box 1b (799.51), Box 2a (333.28), Box 2b (5.39), Box 2c, Box 2d, Box 2e, Box 2f, Box 3 (1.01), Box 4, Box 5 (20.51), Box 6, Box 7 (0.09), Box 8 (Various), Box 9, Box 10, Box 11.

Tax-exempt Interest Dividends State Allocation
For each row, enter state ID in column (a) and enter percent in column (b) or amount in column (c).

Table for Tax-exempt Interest Dividends State Allocation with columns (a) State or Territory ID, (b) Percent of total interest dividends for state, and (c) Amount of interest dividends for state.

Box 12: Specified private activity bond amount included in box 11 above OR Percent of private activity bond amount included in %

Box 13 State, Box 14 State identification no., Box 15 State tax withheld. I confirm that the state withholding identification number(s) are accurate []

FATCA filing requirement []

Adjustments to Dividends or ESOP Distribution

Check the box that identifies the type of adjustment being made or if ESOP distribution: N [], H [], D []
Enter nominee or other adjustment amount (enter as positive)

Additional Payer and Recipient Information

Payer's TIN: 04-3523567
Payer's address and ZIP code: Street, City, State, ZIP Code, Foreign Country
Recipient's address and ZIP code: Transfer address from Federal Information Wks [], Street, City, State, ZIP Code, Foreign Country

Form 1099-DIV Worksheet
Keep for your records

2021

Name(s) Shown on Return: LEEEA SESHU REDDY CHEEDEPUDI
Social Security Number: 024-88-7197

Ownership: Check if Taxpayer [X], Check if Spouse, Check if Joint

Payer's name: CHARLES SCHWAB & CO., INC.

Table with 2 columns: Box number and Description. Includes rows for Box 1a (Total ordinary dividends), Box 1b (Qualified dividends), Box 2a (Total capital gain distributions), Box 2b (Unrecaptured Section 1250 gain), Box 2c (Section 1202 gain eligible for various exclusions), Box 2d (Collectibles (28%) gain), Box 2e (Section 897 ordinary dividends), Box 2f (Section 897 capital gain), Box 3 (Nondividend distributions), Box 4 (Federal income tax withheld), Box 5 (Section 199A dividends), Box 6 (Investment expenses), Box 7 (Foreign tax paid), Box 8 (Foreign country or U.S. possession), Box 9 (Cash liquidation distributions), Box 10 (Noncash liquidation distributions), Box 11 (Exempt-interest dividends).

Tax-exempt Interest Dividends State Allocation
For each row, enter state ID in column (a) and enter percent in column (b) or amount in column (c).

Table for Tax-exempt Interest Dividends State Allocation with columns: (a) State or Territory ID, (b) Percent of total interest dividends for state, (c) Amount of interest dividends for state.

Box 12: Specified private activity bond amount included in box 11 above: 0.00
Percent of private activity bond amount included in: %

Table with 3 columns: Box 13 State, Box 14 State identification no., Box 15 State tax withheld.

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

FATCA filing requirement.

Adjustments to Dividends or ESOP Distribution

Check the box that identifies the type of adjustment being made or if ESOP distribution:

N [] Nominee distribution
H [] Other adjustment
D [] ESOP distribution

Enter nominee or other adjustment amount (enter as positive)

Additional Payer and Recipient Information

Payer's TIN: 94-1737782
Payer's address and ZIP code: 211 MAIN ST, SAN FRANCISCO, CA 94105
Recipient's address and ZIP code

Form 1099-DIV Worksheet
Keep for your records

2021

Name(s) Shown on Return LEELA SESHU REDDY CHEEDEPUDI	Social Security Number 024-88-7197
--	--

Ownership: (defaults to taxpayer)
 Check if Taxpayer
 Check if Spouse
 Check if Joint

Payer's name Betterment Securities

Box 1a	Total ordinary dividends U.S. government interest, if any, included in box 1a	37.30
Box 1b	Qualified dividends Adjusted qualified dividends	25.60
Box 2a	Total capital gain distributions	0.00
Box 2b	Unrecaptured Section 1250 gain	0.00
Box 2c	Section 1202 gain eligible for 50% exclusion on QSB stock (See tax help) Section 1202 gain eligible for 60% exclusion Section 1202 gain eligible for 75% exclusion Section 1202 gain eligible for 100% exclusion	
Box 2d	Collectibles (28%) gain	0.00
Box 2e	Section 897 ordinary dividends	
Box 2f	Section 897 capital gain	
Box 3	Nondividend distributions	0.00
Box 4	Federal income tax withheld	0.00
Box 5	Section 199A dividends Adjusted 199A dividends	0.62
Box 6	Investment expenses	0.00
Box 7	Foreign tax paid (All income is considered passive. See Help) a Check to deduct foreign taxes on Schedule A. <input checked="" type="checkbox"/> OR b DoubleClick to link to a copy of Form 1116. c For Form 1116, select which column: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> d Foreign source amount included in dividends	1.22
Box 8	Foreign country or U.S. possession (Imported name: <u>Various</u>) Check this box if foreign tax is from a mutual fund or a regulated investment company. See Tax Help for additional information. <input type="checkbox"/>	Various
Box 9	Cash liquidation distributions	0.00
Box 10	Noncash (fair market value) liquidation distributions	0.00
Box 11	Exempt-interest dividends	

Tax-exempt Interest Dividends State Allocation
For each row, enter state ID in column (a) and enter percent in column (b) or amount in column (c).

	(a) State or Territory ID	(b) Percent of total interest dividends for state	(c) Amount of interest dividends for state
Enter resident state ID ▶			
Enter each nonresident state on a separate row ▶			
or			
Enter XX for all nonresident states (that aren't filed) i.e. you own a fund with no resident state dividends.			
Total ▶			
State where the dividends were earned. Postal code (such as "CA" or "NY")			

Box 12 a Specified private activity bond amount included in box 11 above
 OR
 b Percent of private activity bond amount included in %

Box 13 State	Box 14 State identification no.	Box 15 State tax withheld	
------------------------	---	-------------------------------------	--

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

FATCA filing requirement.

Adjustments to Dividends or ESOP Distribution

Check the box that identifies the type of adjustment being made or if ESOP distribution:

N Nominee distribution
H Other adjustment
D ESOP distribution

Enter nominee or other adjustment amount (enter as positive)

Additional Payer and Recipient Information

Payer's TIN 74-3132639	Recipient's address and ZIP code
Payer's address and ZIP code	Transfer address from Federal Information Wks <input type="checkbox"/>
Street _____	Street _____
City _____	City _____
State _____ ZIP Code _____	State _____ ZIP Code _____
Foreign Country _____	Foreign Country _____

► Keep for your records

Name(s) Shown on Return <u>LEELA SESHU REDDY CHEEDEPUDI</u>	Your Social Security No. <u>024-88-7197</u>
--	--

Ownership:

Taxpayer ► Spouse ► Joint ► CORRECTED . . ►

Note: If filing electronically, all payer and recipient information **must** be entered. See page 2 for additional information **required** for boxes 1 through 9.

PAYER'S name, street address, city, state, ZIP code, and telephone no. <u>STATE OF CALIFORNIA FRANCHISE TAX BOARD</u> <u>PO BOX 942840</u> <u>SACRAMENTO CA 94240-0040</u> Check box to use Foreign Address . . ► <input type="checkbox"/> Foreign Street Address _____ Foreign City . _____ Foreign Province . . _____ Foreign Postal Code _____ Country . _____ Payer's TIN Telephone number <u>68-0204061</u> _____ Recipient's TIN <u>024-88-7197</u> Recipient's name, street address, city, state, ZIP code. <u>LEELA SESHU CHEEDEPUDI & VANI YENUMULA</u> <u>1928 Everglades Dr</u> <u>Milpitas CA 95035-6612</u> Check box to use Foreign Address . . ► <input type="checkbox"/> Foreign Street Address _____ Foreign City . _____ Foreign Province . . _____ Foreign Postal Code _____ Country . _____ Account number (optional) _____	1 Unemployment compensation . . . \$ <u>4,424.</u>	
	2 State or local income tax refunds, credits, or offsets. <i>Do not enter here. Enter on Federal Carryover Worksheet. QuickZoom to Federal Carryover Worksheet ►</i>	
	3 Box 2 amount is for tax year _____	4 Federal income tax withheld \$ _____
	5 RTAA payments \$ _____	6 Taxable grants \$ _____
	7 Agriculture payments \$ _____	8 State or local income tax refunds, credits, or offsets from a trade or business \$ _____
	9 Market gain. \$ _____	
	10a State _____	10b State identification no. _____ I confirm that the state withholding identification number(s) are accurate <input type="checkbox"/>
	11 State income tax withheld \$ _____ \$ _____	
	12 a Locality name _____	13 Local income tax withheld \$ _____

Additional Government Payments Information

Name(s) Shown on Return
LEELA SESHU REDDY CHEEDEPUDI

Your Social Security No.
024-88-7197

State or local abbreviations:

State Local

Enter the abbreviation of the state or locality issuing the payment ▶ CA _____

Unemployment repaid:

Enter the portion of the amount entered in box 1 that was repaid, if any _____

Agriculture payments:

(If there is an amount in box 7)

Required: Double-click to select the form on which to report this income:

Schedule F line 4a or 39a . . ▶ _____ Form 4835 line 3a ▶ _____

Schedule F line 6a or 41 . . ▶ _____ Form 4835 line 5a ▶ _____

Trade or business income:

(If there is an amount in box 8)

Enter the taxable portion of the refund amount reported in box 8. _____

Required: Double-click to select the form on which to report this income:

Schedule C line 6 ▶ _____ Schedule F line 8 or 43 . . ▶ _____

Market gain:

(If there is an amount in box 9)

Required: Double-click to select the form on which to report this income:

Schedule F line 4a or 39a . . ▶ _____ Form 4835 line 3a ▶ _____

QuickZoom to another copy of Form 1099-G ▶

Distributions from an HSA, Archer MSA, or Medicare Advantage MSA

Keep for your records

Name: LEEELA SESHU REDDY CHEEDEPUDI; Social Security Number: 024-88-7197

Check if for spouse [] See below for additional distribution information; Corrected amount []; Void []

Payer's name, street address, city, state, and Zip code: HSA Bank, a division of Webster Bank, N.A., 605 N 8th Street, STE 320, Sheboygan WI 53081

Payer's TIN: 06-0273620; Recipient's TIN: 024-88-7197; 1 Gross distribution: \$ 870.00; 2 Earnings on excess contributions: \$ 0.00

Check to transfer Recipient's information from Federal Information Worksheet []; 3 Distribution code: 1; 4 FMV on date of death: \$ 0.

Recipient's Name: LEEELA SESHU REDDY CHEEDEPUDI; Street address: 1928 Everglades Dr; City: Milpitas CA; ZIP Code: 95035-6612; Account number: 65603484; 5 HSA [X], Archer MSA [], MA MSA []

Additional Distribution Information

Recipient's Age

A Check this box if the recipient was age 65 or over at time of distribution []

Medical Expenses See Help for important information

B Check this box if the entire amount in box 1 was used to pay qualified medical expenses and can be treated as tax free []

C If less than the amount in box 1 was used to pay medical expenses, enter the amount that was used to pay qualified medical expenses and can be treated tax free _____

Rollover

D Enter the amount in box 1 that was rolled over _____ 870.00

Return of Excess Contribution

E Check this box if this is the return of excess contributions made by the employer (See Help) []

Death Distribution (Box 3 - Code 4)

F Was the MSA or HSA inherited from a spouse who died? [] Yes [] No

- QuickZoom to Form 8853, p1
QuickZoom to Form 8889T
QuickZoom to Form 8889S

Qualified Business Income Deduction Summary

2021

▶ Keep for your records

Name(s) Shown on Return LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA	Social Security Number 024-88-7197
--	--

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)	<input checked="" type="checkbox"/>
--	-------------------------------------

7 QBI component from Form 8995 line 5 or Form 8995A line 16	
8 QBI loss carryover from Form 8895 line 16 or Form 8995A Schedule C line 6	0.

9 Total REIT dividends	107.
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	107.
16 20% of total REIT/PTP income	21.
17 Disallowed REIT/PTP loss	0.

18 Combined QBI Amount (QBI component plus 20% of REIT/PTP income)	21.
---	-----

19 Taxable income before qualified business income deduction	323,384.
20 Net capital gains	3,046.
21 Taxable income minus net capital gains. If zero or less, enter -0-	320,338.
22 20% of taxable income minus net capital gains	64,068.

23 QBI deduction before DPAD	21.
<i>Lesser of Combined QBI Amount or 20% of taxable income minus cap gains</i>	

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

25 Total 199A (QBI) deduction (sum of lines 23 and 24)	21.
--	-----

Form 1040 Qualified Dividends and Capital Gain Tax Worksheet

2021

Line 16

► Keep for your records

Name(s) Shown on Return LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA	Social Security Number 024-88-7197
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1	Enter the amount from Form 1040 or 1040-SR, line 15.	1	<u>323,363.</u>
2	Enter the amount from Form 1040 or 1040-SR, line 3a	2	<u>3,046.</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>3,046.</u>
5	Subtract line 4 from line 1. If zero or less, enter -0-	5	<u>320,317.</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>3,046.</u>
11	Enter the amount from line 9	11	<u>0.</u>
12	Subtract line 11 from line 10.	12	<u>3,046.</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>323,363.</u>
15	Add lines 5 and 9	15	<u>320,317.</u>
16	Subtract line 15 from line 14. If zero or less, enter -0-	16	<u>3,046.</u>
17	Enter the smaller of line 12 or line 16	17	<u>3,046.</u>
18	Multiply line 17 by 15% (0.15)	18	<u>457.</u>
19	Add lines 9 and 17	19	<u>3,046.</u>
20	Subtract line 19 from line 10	20	<u>0.</u>
21	Multiply line 20 by 20% (0.20)	21	<u>0.</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>64,918.</u>
23	Add lines 18, 21, and 22	23	<u>65,375.</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>65,649.</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>65,375.</u>

Form 1099-B Worksheet

▶ Keep for your records

2021

Name(s) Shown on Return LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA	Social Security No. 024-88-7197
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Name of reporting financial institution ▶ CHARLES SCHWAB & CO., INC.
Acct Number ▶ 83261678 **Reporter's Tax ID** . . . ▶ 94-1737782

Owner of account ▶
 Transactions were not reported to IRS ▶

Form 8949 Reporting Exception Transactions		
<i>Any transactions that are eligible to be reported directly on Schedule D, bypassing Form 8949, may be summarized here.</i>		
Box A transactions to report directly on Sch D, Line 1a (short term)	Proceeds	Cost Basis
Box D transactions to report directly on Sch D, Line 8a (long term)		
<i>(Do not duplicate any transactions summarized above when making entries in the table below.)</i>		

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	4,619.98	5,009.12	-389.14		-389.14	
Short term sales with cost basis reported to the IRS						
Box C	18.02	18.50	-0.48	0.48	0.00	W
Short term sales not reported to the IRS						
Totals	4,638.00	5,027.62	-389.62	0.48	-389.14	

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	4,620.00	5,009.00			-389.00	
Form 8949, Box B						
Form 8949, Box C	18.00	19.00	0.00	W	-1.00	
Sch D, Line 8a						
Form 8949, Box D						
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)	Total Gain	Excluded Gain	Net Gain
Maximum 50% exclusion gain ▶			
Maximum 60% exclusion gain ▶			
Maximum 75% exclusion gain ▶			
Maximum 100% exclusion gain ▶			

PDF Attachment
 Taxpayer 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.

Form 1099-B Worksheet

▶ Keep for your records

2021

Name(s) Shown on Return LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA	Social Security No. 024-88-7197
---	------------------------------------

Name of reporting financial institution ▶ National Financial Services LLC
Acct Number ▶ X85114553 **Reporter's Tax ID** . . . ▶ _____

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

Form 8949 Reporting Exception Transactions		
<i>Any transactions that are eligible to be reported directly on Schedule D, bypassing Form 8949, may be summarized here.</i>		
Box A transactions to report directly on Sch D, Line 1a (short term)	Proceeds	Cost Basis
Box D transactions to report directly on Sch D, Line 8a (long term)		
<i>(Do not duplicate any transactions summarized above when making entries in the table below.)</i>		

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	0.75	0.84	-0.09		-0.09	
Short term sales with cost basis reported to the IRS						
Box D	32.90	13.16	19.74		19.74	
Long term sales with cost basis reported to the IRS						
Totals	33.65	14.00	19.65		19.65	

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	0.00	0.00			0.00
Form 8949, Box B					
Form 8949, Box C					
Sch D, Line 8a					
Form 8949, Box D	33.00	13.00			20.00
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)	Total Gain	Excluded Gain	Net Gain
Maximum 50% exclusion gain ▶			
Maximum 60% exclusion gain ▶			
Maximum 75% exclusion gain ▶			
Maximum 100% exclusion gain ▶			

PDF Attachment
 Taxpayer 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 LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA	Social Security No. 024-88-7197
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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	4,619.98	5,009.12	-389.14		-389.14	
Short term sales with cost basis reported to the IRS						
Box C	18.02	18.50	-0.48	0.48	0.00	W
Short term sales not reported to the IRS						
Totals	4,638.00	5,027.62	-389.62	0.48	-389.14	

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	4,620.00	5,009.00			-389.00	
Form 8949, Box B						
Form 8949, Box C	18.00	19.00	0.00	W	-1.00	
Sch D, Line 8a						
Form 8949, Box D						
Form 8949, Box E						
Form 8949, Box F						

PDF Attachment

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

Name(s) Shown on Return LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA	Social Security No. 024-88-7197
---	------------------------------------

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	0.75	0.84	-0.09		-0.09	
Short term sales with cost basis reported to the IRS						
Box D	32.90	13.16	19.74		19.74	
Long term sales with cost basis reported to the IRS						
Totals	33.65	14.00	19.65		19.65	

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	0.00	0.00			0.00
Form 8949, Box B					
Form 8949, Box C					
Sch D, Line 8a					
Form 8949, Box D	33.00	13.00			20.00
Form 8949, Box E					
Form 8949, Box F					

PDF Attachment

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

Tax Payments Worksheet

2021

▶ Keep for your records

Name(s) Shown on Return LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA	Social Security Number 024-88-7197
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Estimated Tax Payments for 2021 (If more than 4 payments for any state or locality, see Tax Help)

	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			63,103.	26,601.	272.
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			0.		
19	Total Withholding Lines 10 through 18f			63,103.	26,601.	272.
20	Total Tax Payments for 2021			63,103.	26,601.	272.

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)

Earned Income Worksheet

2021

▶ Keep for your records

Name(s) Shown on Return LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA	Social Security Number 024-88-7197
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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	246,889.	111,001.	357,890.
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	246,889.	111,001.	357,890.
9 a Taxable dependent care benefits.			
b Nontaxable combat pay			
10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5	246,889.	111,001.	357,890.
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	246,889.	111,001.	357,890.

Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss)			
16 Wages, salaries, tips, etc	246,889.	111,001.	357,890.
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, In 2.	246,889.	111,001.	357,890.

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

23 Self-employed, church and statutory employees			
24 Wages, salaries, tips, etc	246,889.	111,001.	357,890.
25 Nontaxable combat pay			
26 Combine lines 23 through 25. To Schedule 8812, line 6a & Line 14 Wks, line 2.	246,889.	111,001.	357,890.

Federal Carryover Worksheet

2021

▶ Keep for your records

Name(s) Shown on Return LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA	Social Security Number 024-88-7197
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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			37,799.		4,424.	
Totals . .			37,799.		4,424.	

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	37,799.	4,424.

2020 Locality Tax Refund Information

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

Other Tax and Income Information		2020	2021
1	Filing status	2 MFJ	2 MFJ
2	Number of exemptions for blind or over 65 (0 - 4)		
3	Itemized deductions	26,801.	24,033.
4	Check box if required to itemize deductions	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income	445,544.	348,709.
6	Tax liability for Form 2210 or Form 2210-F	96,078.	62,524.
7	Alternative minimum tax.		
8 a	Federal overpayment applied to next year estimated tax.		
b	Federal extension payment for 2020 return		

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		
b	Spouse's excess Archer MSA contributions as of 12/31		
10 a	Taxpayer's excess Coverdell ESA contributions as of 12/31		
b	Spouse's excess Coverdell ESA contributions as of 12/31.		
11 a	Taxpayer's excess HSA contributions as of 12/31		
b	Spouse's excess HSA contributions as of 12/31		

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

Credit Carryovers			2020	2021
18	General business credit		18	
19	Adoption credit from:		19 a	
	a	2021		
	b	2020		
	c	2019		
	d	2018		
	e	2017		
	f	2016		
20	Mortgage interest credit from:		20 a	
	a	2021		
	b	2020		
	c	2019		
	d	2018		
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:		25 a	
	a	Taxpayer (Form 2555, line 46)		
	b	Taxpayer (Form 2555, line 48)		
	c	Spouse (Form 2555, line 46)		
	d	Spouse (Form 2555, line 48)		

Charitable Contribution Carryovers

26	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					
27	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					0.

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



Two-Year Comparison

2021

Name(s) Shown on Return LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA	Social Security Number
---	------------------------

Income	2020	2021	Difference	%
Wages, salaries, tips, etc	447,456.	357,890.	-89,566.	-20.02
Interest and dividend income	1,986.	4,341.	2,355.	118.58
State tax refund		0.	0.	
Business income (loss)				
Capital and other gains (losses)	-1,798.	-37.	1,761.	97.94
IRA distributions				
Pensions and annuities				
Rents and royalties				
Partnerships, S Corps, etc				
Farm income (loss)				
Social security benefits				
Income other than the above	0.	-13,485.	-13,485.	
Total Income	447,644.	348,709.	-98,935.	-22.10
Adjustments to Income	2,100.		-2,100.	-100.00
Adjusted Gross Income	445,544.	348,709.	-96,835.	-21.73
Itemized Deductions				
Medical and dental				
Income or sales tax	40,058.	30,568.	-9,490.	-23.69
Real estate taxes	9,630.	9,828.	198.	2.06
Personal property and other taxes	300.	359.	59.	19.67
Interest paid	15,490.	13,643.	-1,847.	-11.92
Gifts to charity	1,227.	225.	-1,002.	-81.66
Casualty and theft losses				
Miscellaneous				
Total Itemized Deductions	26,717.	24,033.	-2,684.	-10.05
Standard or Itemized Deduction	26,801.	25,325.	-1,476.	-5.51
Qualified Business Income Deduction	17.	21.	4.	23.53
Taxable Income	418,726.	323,363.	-95,363.	-22.77
Income tax	95,868.	65,375.	-30,493.	-31.81
Additional income taxes				
Alternative minimum tax				
Total Income Taxes	95,868.	65,375.	-30,493.	-31.81
Nonbusiness credits	1,700.		-1,700.	-100.00
Business credits				
Total Credits	1,700.		-1,700.	-100.00
Self-employment tax				
Other taxes	1,910.	1,149.	-761.	-39.84
Total Tax After Credits	96,078.	66,524.	-29,554.	-30.76
Withholding	72,778.	63,103.	-9,675.	-13.29
Estimated and extension payments				
Earned income credit				
Additional child tax credit		4,000.	4,000.	
Other payments	7,914.	6,771.	-1,143.	-14.44
Total Payments	80,692.	73,874.	-6,818.	-8.45
Form 2210 penalty	101.		-101.	-100.00
Applied to next year's estimated tax				
Refund		7,350.	7,350.	
Balance Due	15,487.		-15,487.	-100.00

Current year effective tax rate 17.60 %

Tax Summary
▶ Keep for your records

2021

Name (s)

LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA

Total income	348,709.
Adjustments to income	
Adjusted gross income	348,709.
Itemized/standard deduction	25,325.
Qualified business income deduction	21.
Taxable income	323,363.
Tentative tax	65,375.
Additional taxes	
Alternative minimum tax	
Total credits	
Other taxes	1,149.
Total tax	66,524.
Total payments	73,874.
Estimated tax penalty	
Amount Overpaid	7,350.
Refund	7,350.
Amount Applied to Estimate	
Balance due	0.

Compare to U. S. Averages

▶ Keep for your records

2021

Name(s) Shown on Return <u>LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA</u>	Social Security No <u>024-88-7197</u>
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Your 2021 adjusted gross income (AGI) 348,709.
 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	357,890.	420,672.
Taxable interest	238.	9,774.
Tax-exempt interest	60.	22,018.
Dividends	4,103.	40,627.
Business net income		117,046.
Business net loss		24,694.
Net capital gain		224,792.
Net capital loss	-37.	2,572.
Taxable IRA		55,785.
Taxable pensions and annuities		64,970.
Rent and royalty net income		59,269.
Rent and royalty net loss		30,396.
Partnership and S corporation net income		412,887.
Partnership and S corporation net loss		82,766.
Taxable social security benefits		29,596.
Medical and dental expenses deduction		33,938.
Taxes paid deduction	10,165.	54,302.
Interest paid deduction	13,643.	17,191.
Charitable contributions deduction	225.	23,799.
Total itemized deductions	24,033.	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	348,709.	702,893.
Taxable income	323,363.	615,462.
Income tax	65,375.	177,999.
Alternative minimum tax		8,305.
Total tax liability	66,524.	183,156.

Estimated Tax Payment Options

Name:	<u>LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA</u>
SSN:	<u>024-88-7197</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	68,776.

Amount of Estimated Taxes to Pay in 2022	
Taxes based on method above	68,776.
Expected withholding for 2022 . . . (.2021 actual withholding)	63,103.
Taxes due after withholding	5,673.
Estimates you've already paid	_____
Last year's overpayment you applied to this year	_____
Balance of estimated taxes due	5,673.

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	1,419.
<input type="checkbox"/> Payment number 2, due June 15, 2022	1,419.
<input type="checkbox"/> Payment number 3, due September 15, 2022	1,419.
<input type="checkbox"/> Payment number 4, due January 17, 2023	1,419.

Total estimated tax payments for 2022	5,676.
---	--------

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

SMART WORKSHEET FOR: Schedule 8812: Additional Child Tax Credit

Principal Place of Abode and Letter 6419 Information Smart Worksheet

A 1 Check 'Yes' if you (or your spouse if married filing jointly) have a principal place of abode in the United States for more than half of 2021, otherwise check 'No'. **Yes** **No**

2 Check 'Yes' if you (or your spouse if married filing jointly) are a bona fide resident of Puerto Rico for 2021, otherwise check 'No'

B 1 Advance child tax credit payments received from Letter 6419 - **taxpayer**. 0.

2 Advance child tax credit payments received from Letter 6419 - **spouse** 0.

C 1 Number of qualifying children from Letter 6419 - **taxpayer**. _____

2 Number of qualifying children from Letter 6419 - **spouse** _____

D Check if on your **2020** tax return you filed married filing jointly and on your **2021** tax return you file married filing jointly with a **different** spouse

SMART WORKSHEET FOR: Form 8889: Health Savings Accounts (Taxpayer)

Line 3 Smart Worksheet

A Select your coverage for each month below. Select Family for any month you had Self-only coverage and your spouse had family coverage. Select None for for any month you were covered by Medicare.

1	January	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input checked="" type="checkbox"/>	Family	<u>7,200.</u>
2	February	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input checked="" type="checkbox"/>	Family	<u>7,200.</u>
3	March	<input checked="" type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	_____
4	April	<input checked="" type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	_____
5	May	<input checked="" type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	_____
6	June	<input checked="" type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	_____
7	July	<input checked="" type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	_____
8	August	<input checked="" type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	_____
9	September	<input checked="" type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	_____
10	October	<input checked="" type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	_____
11	November	<input checked="" type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	_____
12	December	<input checked="" type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	_____

B Maximum allowable contribution. 1,200.
Greater of: Sum of Lines A1 through A12 divided by 12, OR Line A12

SMART WORKSHEET FOR: Form 8889: Health Savings Accounts (Taxpayer)

Line 6 Smart Worksheet

A	Enter the amount from Line 3 which is related to Family Coverage Plan(s) and both taxpayer and spouse had HSAs during the year	<u>0.</u>
B	Portion of Line 5 attributed to both taxpayer and spouse having coverage under high deductible health plans and each making an HSA contribution during the year. (Line 6A minus Line 4)	<u>0.</u>
C	Portion of Line B amount to be carried to Line 6 of spouse's form QuickZoom to Form 8889S. ▶	<u>0.</u>
D	Remainder to be carried to Line 6 (Line 5 minus Line C)..	<u>1,200.</u>

SMART WORKSHEET FOR: Form 8889: Health Savings Accounts (Taxpayer)

Line 9 Employer Contribution Smart Worksheet	
A Enter the employer contributions reported in Box 12 of Form W-2 (code W)	167.
B Enter employer contributions made in 2021 for the tax year 2020	
C Subtract line B from line A	167.
D Enter employer contributions made in 2022 for the tax year 2021	
E Other employer contributions for 2021 not reported above	
F Employer contributions for 2021. Add lines C, D and E. Enter on line 9	167.

SMART WORKSHEET FOR: Form 8889: Health Savings Accounts (Taxpayer)

Line 14 Smart Worksheet	
A Gross distributions	870.
B Rollovers	870.
C Return of excess contributions	
D Subtract lines B and C from line A	0.
E Taxable earnings on excess contributions	
Non-surviving spouse beneficiaries who received no distribution this year use lines F & G	
F FMV of inherited HSA assets if no distribution received	
G Qualified medical expenses	

SMART WORKSHEET FOR: Form 8889: Health Savings Accounts (Taxpayer)

Line 18 Smart Worksheet	
Check here if failure to maintain HDHP coverage in 2021 was due to death or disability <input type="checkbox"/>	
A 1 Total HSA contribution in 2020	6,080.
2 Excess contribution in 2020	
3 Net HSA contribution in 2020	6,080.
B Check the box below to indicate the type of coverage you had for each month of 2020. Select Family for any month that you had self only coverage and were married to a spouse with family coverage. Select None for any month you were covered by Medicare.	
1	January ▶ <input type="checkbox"/> None <input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family
2	February ▶ <input type="checkbox"/> None <input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family
3	March ▶ <input type="checkbox"/> None <input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family
4	April ▶ <input type="checkbox"/> None <input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family
5	May ▶ <input type="checkbox"/> None <input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family
6	June ▶ <input type="checkbox"/> None <input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family
7	July ▶ <input type="checkbox"/> None <input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family
8	August ▶ <input type="checkbox"/> None <input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family
9	September ▶ <input type="checkbox"/> None <input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family
10	October ▶ <input type="checkbox"/> None <input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family
11	November ▶ <input type="checkbox"/> None <input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family
12	December ▶ <input type="checkbox"/> None <input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family
C 1 Total maximum allowable contribution for 2020	
2 Amount allocated to spouse in 2020	0.
3 Net maximum allowable contribution for 2020	

SMART WORKSHEET FOR: Form 8995: QB Income Deduction Simplified Computation

Qualified REIT dividend and PTP income Smart Worksheet	
Qualified REIT dividends	107.
Qualified PTP income	_____

SMART WORKSHEET FOR: State and Local Income Tax Refund Worksheet

2020 Federal Form 1040 Information Smart Worksheet	
Use this worksheet to compute taxable refund amount? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, skip this Smart Worksheet. Total refunds from Line 1 column (b) will be reported as income.	
A Did you itemize deductions in 2020? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, none of your refund from 2020 is reportable as income. Do not complete the remainder of this worksheet.	
B Enter the amount from your 2020 Schedule A, line 5a, State and local tax <u>40,058.</u> If none, enter zero, and do not complete the remainder of this worksheet.	
C Which type of taxes were deducted on your 2020 Schedule A, line 5a?	
1 Income taxes	<input checked="" type="checkbox"/>
2 General sales taxes (2020 Schedule A, box 5a, was checked)	<input type="checkbox"/>
3 Not applicable	<input type="checkbox"/>
If general sales taxes were deducted, none of the refund from 2020 is reportable as income. Do not complete the remainder of this worksheet.	
D Enter the deduction for general sales taxes that could have been taken in 2020 if you know that amount. _____	
E What was your filing status for 2020?	
<input type="checkbox"/> Single	
<input checked="" type="checkbox"/> Married filing jointly	
<input type="checkbox"/> Married filing separately	
<input type="checkbox"/> Married filing separately and your spouse itemized deductions	
<input type="checkbox"/> Head of household	
<input type="checkbox"/> Qualifying widow(er)	
F Could be claimed as a dependent by someone else in 2020? . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
G If yes, enter your earned income for 2020 _____	
Enter the following amounts from your 2020 Form 1040:	
H Line 11, Adjusted gross income	<u>445,544.</u>
I Line 12, Itemized deductions or standard deduction	<u>26,801.</u>
J Total number of boxes checked under Standard deduction for age and blindness . . . _____	
K Line 15, Taxable income. Line K less line L (if less than zero, enter as negative).	<u>418,743.</u>
L Line 16, Tax	<u>95,868.</u>
M Sch 2, Line 1, Alternative minimum tax	_____
N Sch 2, Line 2, Excess advance premium tax credit repayment	_____
O Line 18, Total tax before credits	<u>95,868.</u>
P Line 22, Total tax after credits	<u>94,168.</u>
Enter the following amounts from your 2020 Schedule A, Itemized Deductions:	
Q Line 7, Taxes	<u>10,084.</u>
1 Line 5b, State and local real estate taxes	<u>9,630.</u>
2 Line 5c, State and local personal property taxes	<u>216.</u>
3 Line 5e, State and local taxes after limitation	<u>10,000.</u>

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 . . .	<input type="checkbox"/>
Marital Status	_____
Filing Status Selected	_____

SMART WORKSHEET FOR: Dependent Information Worksheet (PRATEEK)

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 (PRATEEK)

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 (TARA)

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 (TARA)

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: Form W-2 (Samsung Semiconductor, Inc.): Wage & Tax Statement

Qualified Business Income Deduction Smart Worksheet

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).

A Is this activity a qualified trade or business under Section 199A? Yes No

B QBI worksheet to report

C Specified Service Trade or Business (SSTB)? Yes No

D I am not a statutory employee

SMART WORKSHEET FOR: Form W-2 (Samsung Semiconductor, Inc.): Wage & Tax Statement

Substitute Form W-2 Smart Worksheet

A Treat as a substitute W-2 and generate a form 4852

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 (ASK STAFFING INC): Wage & Tax Statement

Qualified Business Income Deduction Smart Worksheet

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).

A Is this activity a qualified trade or business under Section 199A? Yes No

B QBI worksheet to report

C Specified Service Trade or Business (SSTB)? Yes No

D I am not a statutory employee

SMART WORKSHEET FOR: Form W-2 (ASK STAFFING INC): Wage & Tax Statement

Substitute Form W-2 Smart Worksheet

A Treat as a substitute W-2 and generate a form 4852

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 (Premier healthcare services llc): Wage & Tax Statement

Qualified Business Income Deduction Smart Worksheet

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).

A Is this activity a qualified trade or business under Section 199A? Yes No

B QBI worksheet to report ▶ _____

C Specified Service Trade or Business (SSTB)? Yes No

D I am not a statutory employee

SMART WORKSHEET FOR: Form W-2 (Premier healthcare services llc): Wage & Tax Statement

Substitute Form W-2 Smart Worksheet

A Treat as a substitute W-2 and generate a form 4852

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 (Landing AI US Corp): Wage & Tax Statement

Qualified Business Income Deduction Smart Worksheet
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).

A Is this activity a qualified trade or business under Section 199A? Yes No

B QBI worksheet to report Yes No

C Specified Service Trade or Business (SSTB)? Yes No

D I am not a statutory employee

SMART WORKSHEET FOR: Form W-2 (Landing AI US Corp): Wage & Tax Statement

Substitute Form W-2 Smart Worksheet

A Treat as a substitute W-2 and generate a form 4852

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 (ACCENTURE FLEX LLC): Wage & Tax Statement

Qualified Business Income Deduction Smart Worksheet
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).

A Is this activity a qualified trade or business under Section 199A? Yes No

B QBI worksheet to report Yes No

C Specified Service Trade or Business (SSTB)? Yes No

D I am not a statutory employee

SMART WORKSHEET FOR: Form W-2 (ACCENTURE FLEX LLC): Wage & Tax Statement

Substitute Form W-2 Smart Worksheet

A Treat as a substitute W-2 and generate a form 4852

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 (TARA R CHEEDEPUDI): Wage & Tax Statement

Qualified Business Income Deduction Smart Worksheet

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).

A Is this activity a qualified trade or business under Section 199A? Yes No

B QBI worksheet to report ▶ _____

C Specified Service Trade or Business (SSTB)? Yes No

D I am not a statutory employee

SMART WORKSHEET FOR: Form W-2 (TARA R CHEEDEPUDI): Wage & Tax Statement

Substitute Form W-2 Smart Worksheet

A Treat as a substitute W-2 and generate a form 4852

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: 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 your 2021 Federal Tax Return

Form 1099-B Worksheet (National Financial Services LLC) -- Capital Asset Sales Wksht (1)

TQUICK

Continuation Statement

5	KYNDRYL HLDGS INC COMMON STOCK	Check here if this summarizes multiple sales . . . ▶									
A	11/08/21	05/11/21	0.01	0.03							
		S	Yes	X	No	Yes	X	No			
Check to use worksheet (see help) ▶											
6	0.01sh of KYNDRYL HLDGS INC COMMON STOCK	Check here if this summarizes multiple sales . . . ▶									
A	11/08/21	03/19/21	0.13	0.14							
		S	Yes	X	No	Yes	X	No			
Check to use worksheet (see help) ▶											
7	0.02sh of KYNDRYL HLDGS INC COMMON STOCK	Check here if this summarizes multiple sales . . . ▶									
A	11/08/21	03/19/21	0.44	0.49							
		S	Yes	X	No	Yes	X	No			
Check to use worksheet (see help) ▶											
8	KYNDRYL HLDGS INC COMMON STOCK	Check here if this summarizes multiple sales . . . ▶									
A	11/08/21	03/19/21	0.02	0.02							
		S	Yes	X	No	Yes	X	No			
Check to use worksheet (see help) ▶											
9	0.01sh of KYNDRYL HLDGS INC COMMON STOCK	Check here if this summarizes multiple sales . . . ▶									
A	11/08/21	03/19/21	0.15	0.16							
		S	Yes	X	No	Yes	X	No			
Check to use worksheet (see help) ▶											
10	0.33sh of VICTORIAS SECRET ANDCO COMMON ST	Check here if this summarizes multiple sales . . . ▶									
D	08/05/21	03/02/20	20.17	4.86							
		L	Yes	X	No	Yes	X	No			
Check to use worksheet (see help) ▶											

Electronic Filing Instructions for your 2021 California Tax Return

Important: Your taxes are not finished until all required steps are completed.



L CHEEDEPUDI & V YENUMULA
1928 Everglades Dr
Milpitas, CA 95035-6612

Balance Due/Refund	Your California state tax return (Form 540) shows a refund due to you in the amount of \$5,153.00. Your tax refund will be direct deposited into your account. The account information you entered - Account Number: 009514643274 Routing Transit Number: 011000138.															
Where's My Refund?	Before you call the Franchise Tax Board with questions about your refund, give them 21 days processing time from the date your return is accepted. If then you have not received your refund, or the amount is not what you expected, contact the Franchise Tax Board directly at 1-800-338-0505. From outside of California use 1-916-845-6500. You can also visit the Franchise Tax Board web site at http://www.ftb.ca.gov/online/refund/ .															
What You Need to Sign	Sign and date Form 8453-OL within 1 day of acceptance. Since you are married filing jointly, your spouse must also sign and date the form.															
Do Not Mail	Do not mail a paper copy of your tax return. Since you filed electronically, the Franchise Tax Board already has your return.															
What You Need to Keep	Your Electronic Filing Instructions (this form) - Form 8453-OL and attachment(s) A copy of your state and federal returns															
2021 California Tax Return Summary	<table><tr><td>Taxable Income</td><td>\$</td><td>320,562.00</td></tr><tr><td>Total Tax</td><td>\$</td><td>22,759.00</td></tr><tr><td>Total Payments/Credits</td><td>\$</td><td>27,912.00</td></tr><tr><td>Amount to be Refunded</td><td>\$</td><td>5,153.00</td></tr><tr><td>Effective Tax Rate</td><td></td><td>6.61%</td></tr></table>	Taxable Income	\$	320,562.00	Total Tax	\$	22,759.00	Total Payments/Credits	\$	27,912.00	Amount to be Refunded	\$	5,153.00	Effective Tax Rate		6.61%
Taxable Income	\$	320,562.00														
Total Tax	\$	22,759.00														
Total Payments/Credits	\$	27,912.00														
Amount to be Refunded	\$	5,153.00														
Effective Tax Rate		6.61%														

TAXABLE YEAR **2021** **California Online e-file Return Authorization** for Individuals FORM **8453-OL**

Your first name and initial Last name Suffix Your SSN or ITIN
LEELA SESHU REDDY CHEEDEPUDI 024-88-7197
If filing jointly, spouse's/RDP's first name and initial Last name Suffix Spouse's/RDP's SSN or ITIN
VANI YENUMULA 382-35-7565
Street address (number and street) or PO box Apt. no./ste. no. PMB/private mailbox Daytime telephone number
1928 EVERGLADES DR (408) 657-3748
City State ZIP code
MILPITAS CA 95035-6612
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	344,452.
2 Refund or no amount due. See instructions	2	5,153.
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 refund
5 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 _____ 5,153. 12 The remaining amount of my refund for direct deposit _____
9 Routing number 011000138 13 Routing number _____
10 Account number 009514643274 14 Account number _____
11 Type of account: Checking Savings 15 Type of account: Checking 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. _____ Date _____
It is unlawful to forge a spouse's/RDP's signature.

2021 California Resident Income Tax Return

540

APE

ATTACH FEDERAL RETURN

024-88-7197 CHEE 382-35-7565
LEELASESHUR CHEEDEPUDI
VANI YENUMULA

21

1928 EVERGLADES DR
MILPITAS CA 95035-6612

12-11-1978 10-22-1982

Principal Residence

Enter your county at time of filing (see instructions)

SANTA CLARA

If your address above is the same as your principal/physical residence address at the time of filing, check this box

If not, enter below your principal/physical residence address at the time of filing.

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

City State ZIP code

Filing Status

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

1 Single 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

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 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: Your SSN or ITIN:

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

	Dependent 1	Dependent 2	Dependent 3
First Name	<input type="radio"/> PRATEEK R	<input type="radio"/> TARA R	<input type="radio"/>
Last Name	<input type="radio"/> CHEEDEPUDI	<input type="radio"/> CHEEDEPUDI	<input type="radio"/>
SSN. See instructions.	<input type="radio"/> 380355303	<input type="radio"/> 768477952	<input type="radio"/>
Dependent's relationship to you	<input type="radio"/> SON	<input type="radio"/> DAUGHTER	<input type="radio"/>

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

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

12	State wages from your federal Form(s) W-2, box 16	● 12	<input type="text" value="358056"/>	<input type="text" value=".00"/>
13	Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11	● 13	<input type="text" value="348709"/>	<input type="text" value=".00"/>
14	California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B.	● 14	<input type="text" value="4424"/>	<input type="text" value=".00"/>
15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions	● 15	<input type="text" value="344285"/>	<input type="text" value=".00"/>
16	California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 27, column C.	● 16	<input type="text" value="167"/>	<input type="text" value=".00"/>
17	California adjusted gross income. Combine line 15 and line 16	● 17	<input type="text" value="344452"/>	<input type="text" value=".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	<input type="text" value="23890"/>	<input type="text" value=".00"/>
19	Subtract line 18 from line 17. This is your taxable income . If less than zero, enter -0-	● 19	<input type="text" value="320562"/>	<input type="text" value=".00"/>

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	<input type="text" value="23817"/>	<input type="text" value=".00"/>
32	Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$212,288, see instructions.	● 32	<input type="text" value="1058"/>	<input type="text" value=".00"/>
33	Subtract line 32 from line 31. If less than zero, enter -0-	● 33	<input type="text" value="22759"/>	<input type="text" value=".00"/>
34	Tax. See instructions. Check the box if from: <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> FTB 5870A	● 34	<input type="text" value=""/>	<input type="text" value=".00"/>
35	Add line 33 and line 34	● 35	<input type="text" value="22759"/>	<input type="text" value=".00"/>

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

Your name: Your SSN or ITIN:

Special Credits	45	To claim more than two credits. See instructions. Attach Schedule P (540).	<input type="radio"/>	45	<input type="text"/>	.00
	46	Nonrefundable Renter's Credit. See instructions	<input type="radio"/>	46	<input type="text"/>	.00
	47	Add line 40 through line 46. These are your total credits	<input checked="" type="radio"/>	47	<input type="text"/>	.00
	48	Subtract line 47 from line 35. If less than zero, enter -0-	<input checked="" type="radio"/>	48	<input type="text" value="22759"/>	.00

Other Taxes	61	Alternative Minimum Tax. Attach Schedule P (540)	<input type="radio"/>	61	<input type="text"/>	.00
	62	Mental Health Services Tax. See instructions	<input type="radio"/>	62	<input type="text"/>	.00
	63	Other taxes and credit recapture. See instructions	<input type="radio"/>	63	<input type="text"/>	.00
	64	Excess Advance Premium Assistance Subsidy (APAS) repayment. See instructions.	<input type="radio"/>	64	<input type="text"/>	.00
	65	Add line 48, line 61, line 62, line 63, and line 64. This is your total tax	<input type="radio"/>	65	<input type="text" value="22759"/>	.00

Payments	71	California income tax withheld. See instructions	<input type="radio"/>	71	<input type="text" value="26602"/>	.00
	72	2021 CA estimated tax and other payments. See instructions	<input type="radio"/>	72	<input type="text"/>	.00
	73	Withholding (Form 592-B and/or 593). See instructions	<input type="radio"/>	73	<input type="text"/>	.00
	74	Excess SDI (or VPD) withheld. See instructions	<input type="radio"/>	74	<input type="text" value="1310"/>	.00
	75	Earned Income Tax Credit (EITC)	<input type="radio"/>	75	<input type="text"/>	.00
	76	Young Child Tax Credit (YCTC). See instructions	<input type="radio"/>	76	<input type="text"/>	.00
	77	Net Premium Assistance Subsidy (PAS). See instructions	<input type="radio"/>	77	<input type="text"/>	.00
	78	Add line 71 through line 77. These are your total payments. See instructions	<input checked="" type="radio"/>	78	<input type="text" value="27912"/>	.00

Use Tax	91	Use Tax. Do not leave blank. See instructions.	<input type="radio"/>	91	<input type="text" value="0"/>	.00
	If line 91 is zero, check if:		<input checked="" type="checkbox"/>	No use tax is owed.	<input type="checkbox"/>	You paid your use tax obligation directly to CDTFA.

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

Overpaid Tax/Tax Due	93	Payments balance. If line 78 is more than line 91, subtract line 91 from line 78	<input checked="" type="radio"/>	93	<input type="text" value="27912"/>	.00
	94	Use Tax balance. If line 91 is more than line 78, subtract line 78 from line 91	<input checked="" type="radio"/>	94	<input type="text"/>	.00
	95	Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93.	<input checked="" type="radio"/>	95	<input type="text" value="27912"/>	.00
	96	Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, then subtract line 93 from line 92.	<input checked="" type="radio"/>	96	<input type="text"/>	.00

Your name: Your SSN or ITIN:

Overpaid Tax/Tax Due	97 Overpaid tax. If line 95 is more than line 65, subtract line 65 from line 95. <input checked="" type="radio"/> 97 <input type="text" value="5153"/> <input type="text" value=".00"/>
	98 Amount of line 97 you want applied to your 2022 estimated tax <input type="radio"/> 98 <input type="text"/> <input type="text" value=".00"/>
	99 Overpaid tax available this year. Subtract line 98 from line 97 <input type="radio"/> 99 <input type="text" value="5153"/> <input type="text" value=".00"/>
	100 Tax due. If line 95 is less than line 65, subtract line 95 from line 65 <input checked="" type="radio"/> 100 <input type="text"/> <input type="text" value=".00"/>

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

Your name: Your SSN or ITIN:

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

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

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

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 ● Type Checking Savings ● Account number ● **116** Direct deposit amount **.00**

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:
● Routing number ● Type Checking Savings ● Account number ● **117** Direct deposit amount **.00**

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

Our privacy notice can be found in annual tax booklets or online. Go to **ftb.ca.gov/privacy** to learn about our privacy policy statement, or go to **ftb.ca.gov/forms** and search for **1131** to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed.

Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

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

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

Sign Here

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

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

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

Firm's address ● Firm's FEIN

Joint tax return? (See instructions)

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: **L CHEEDEPUDI & V YENUMULA** SSN or ITIN: **024887197**

Part I Income Adjustment Schedule		A Federal Amounts	B Subtractions	C Additions
Section A – Income from federal Form 1040 or 1040-SR		(taxable amounts from your federal tax return)	See instructions	See instructions
1	Wages, salaries, tips, etc. See instructions before making an entry in column B or C 1	357,890.		167.
2	Taxable interest. a 60. 2b	238.		
3	Ordinary dividends. See instructions. a 3,046. 3b	4,103.		
4	IRA distributions. See instructions. a 4b			
5	Pensions and annuities. See instructions. a 5b			
6	Social security benefits. a 6b			
7	Capital gain or (loss). See instructions. 7	-37.		
Section B – Additional Income from federal Schedule 1 (Form 1040)				
1	Taxable refunds, credits, or offsets of state and local income taxes 1	0.	0.	
2a	Alimony received. See instructions. 2a			
3	Business income or (loss). See instructions. 3			
4	Other gains or (losses) 4			
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. 5			
6	Farm income or (loss) 6			
7	Unemployment compensation 7	4,424.	4,424.	
8	Other income:			
8a	a Federal net operating loss. 8a			
8b	b Gambling income. 8b			
8c	c Cancellation of debt 8c			
8d	d Foreign earned income exclusion from federal Form 2555 8d			
8e	e Taxable Health Savings Account distribution 8e			
8f	f Alaska Permanent Fund dividends 8f			
8g	g Jury duty pay. 8g			
8h	h Prizes and awards 8h			

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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"/>
	-17,909.		
9 a Total other income. Add lines 8a through 8z. 9a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	-17,909.		
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"/>	<input type="radio"/>	<input type="radio"/>
	348,709.	4,424.	167.

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 <small>(taxable amounts from your federal tax return)</small>	B Subtractions <small>See instructions</small>	C Additions <small>See instructions</small>
18 Penalty on early withdrawal of savings. 18	<input checked="" type="radio"/>		
19 a Alimony paid. 19a	<input checked="" type="radio"/>		<input checked="" type="radio"/>
b Recipient's: SSN <input checked="" type="radio"/> _____ Last Name <input checked="" type="radio"/> _____			
20 IRA deduction. 20	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
21 Student loan interest deduction 21	<input checked="" type="radio"/>		<input checked="" type="radio"/>
22 Reserved for future use 22			
23 Archer MSA deduction 23	<input checked="" type="radio"/>		
24 Other adjustments:			
a Jury duty pay 24a	<input checked="" type="radio"/>		
b Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit. 24b	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l 24c	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
d Reforestation amortization and expenses. 24d	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
e Repayment of supplemental unemployment benefits under the Trade Act of 1974 24e	<input checked="" type="radio"/>		
f Contributions to IRC Section 501(c)(18)(D) pension plans 24f	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
g Contributions by certain chaplains to IRC Section 403(b) plans 24g	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
h Attorney fees and court costs for actions involving certain unlawful discrimination claims 24h	<input checked="" type="radio"/>		
i Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations. 24i	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
j Housing deduction from federal Form 2555 24j	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041) 24k	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
z Other adjustments. List type and amount. <input checked="" type="radio"/> _____ 24z	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
25 Total other adjustments. Add lines 24a through 24z 25	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
26 Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions 26	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
27 Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions 27	<input checked="" type="radio"/> 348,709.	<input checked="" type="radio"/> 4,424.	<input checked="" type="radio"/> 167.

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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"/> _____ 1			
2 Enter amount from federal Form 1040 or 1040-SR, line 11.. <input checked="" type="radio"/> 348,709. 2			
3 Multiply line 2 by 7.5% (0.075) <input checked="" type="radio"/> 26,153. 3			
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 <input checked="" type="radio"/> 4			<input checked="" type="radio"/>
Taxes You Paid			
5 a State and local income tax or general sales taxes. .5a <input checked="" type="radio"/> 30,568. <input checked="" type="radio"/> 30,568.	<input checked="" type="radio"/> 30,568.	<input checked="" type="radio"/> 30,568.	
b State and local real estate taxes5b <input checked="" type="radio"/> 9,828.	<input checked="" type="radio"/> 9,828.		
c State and local personal property taxes5c <input checked="" type="radio"/> 194.	<input checked="" type="radio"/> 194.		
d Add line 5a through line 5c.5d <input checked="" type="radio"/> 40,590.	<input checked="" type="radio"/> 40,590.		
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 C5e <input checked="" type="radio"/> 10,000. <input checked="" type="radio"/> 30,568. <input checked="" type="radio"/> 30,590.	<input checked="" type="radio"/> 10,000.	<input checked="" type="radio"/> 30,568.	<input checked="" type="radio"/> 30,590.
6 Other taxes. List type <input checked="" type="radio"/> OTHER TAXES 6 <input checked="" type="radio"/> 165. <input checked="" type="radio"/> 165. <input checked="" type="radio"/>	<input checked="" type="radio"/> 165.	<input checked="" type="radio"/> 165.	<input checked="" type="radio"/>
7 Add line 5e and line 6. 7 <input checked="" type="radio"/> 10,165. <input checked="" type="radio"/> 30,733. <input checked="" type="radio"/> 30,590.	<input checked="" type="radio"/> 10,165.	<input checked="" type="radio"/> 30,733.	<input checked="" type="radio"/> 30,590.
Interest You Paid			
8 a Home mortgage interest and points reported to you on federal Form 10988a <input checked="" type="radio"/> 13,643. <input checked="" type="radio"/>	<input checked="" type="radio"/> 13,643.		<input checked="" type="radio"/>
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 premiums8d <input checked="" type="radio"/>		<input checked="" type="radio"/>	
e Add line 8a through line 8d8e <input checked="" type="radio"/> 13,643. <input checked="" type="radio"/>	<input checked="" type="radio"/> 13,643.	<input checked="" type="radio"/>	<input checked="" type="radio"/>
9 Investment interest. 9 <input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
10 Add line 8e and line 9. 10 <input checked="" type="radio"/> 13,643. <input checked="" type="radio"/>	<input checked="" type="radio"/> 13,643.	<input checked="" type="radio"/>	<input checked="" type="radio"/>

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	225 .		
12 Other than by cash or check. 12			
13 Carryover from prior year. 13			
14 Add line 11 through line 13 14	225 .		
Casualty and Theft Losses			
15 Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions . . 15			
Other Itemized Deductions			
16 Other—from list in federal instructions. 16			
17 Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C. 17	24,033 .	30,733 .	30,590 .
18 Total. Combine line 17 column A less column B plus column C 18			23,890 .
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 23	348,709 .		
24 Multiply line 23 by 2% (0.02). If less than zero, enter 0. 24		6,974 .	
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			23,890 .
27 Other adjustments. See instructions. Specify. 27			
28 Combine line 26 and line 27. 28			23,890 .
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			23,890 .
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			23,890 .

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).

Name(s) as shown on return

L CHEEDEPUDI & V YENUMULA

SSN or ITIN

024887197

	(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	<input checked="" type="radio"/> 0.50 ISHARES GOLD TRUST	<input checked="" type="radio"/> 18.	<input checked="" type="radio"/> 19.	<input checked="" type="radio"/> 1.	<input checked="" type="radio"/>
b	<input checked="" type="radio"/> 155.00 SCHWAB EMERGING MARKETS EQUITY ETF	<input checked="" type="radio"/> 4,620.	<input checked="" type="radio"/> 5,009.	<input checked="" type="radio"/> 389.	<input checked="" type="radio"/>
c	<input checked="" type="radio"/> KYNDRYL HLDGS INC COMMON STOCK	<input checked="" type="radio"/> 0.	<input checked="" type="radio"/> 0.	<input checked="" type="radio"/>	<input checked="" type="radio"/> 0.
d	<input checked="" type="radio"/> 0.01SH OF KYNDRYL HLDGS INC COMMON STOCK	<input checked="" type="radio"/> 0.	<input checked="" type="radio"/> 0.	<input checked="" type="radio"/>	<input checked="" type="radio"/> 0.
e	<input checked="" type="radio"/> 0.02SH OF KYNDRYL HLDGS INC COMMON STOCK	<input checked="" type="radio"/> 0.	<input checked="" type="radio"/> 0.	<input checked="" type="radio"/>	<input checked="" type="radio"/> 0.
f	<input checked="" type="radio"/> KYNDRYL HLDGS INC COMMON STOCK	<input checked="" type="radio"/> 0.	<input checked="" type="radio"/> 0.	<input checked="" type="radio"/>	<input checked="" type="radio"/> 0.
g	<input checked="" type="radio"/> 0.01SH OF KYNDRYL HLDGS INC COMMON STOCK	<input checked="" type="radio"/> 0.	<input checked="" type="radio"/> 0.	<input checked="" type="radio"/>	<input checked="" type="radio"/> 0.
h	<input checked="" type="radio"/> 0.02SH OF GENERAL ELECTRIC CO COM NEW	<input checked="" type="radio"/> 2.	<input checked="" type="radio"/> 1.	<input checked="" type="radio"/>	<input checked="" type="radio"/> 1.
i	<input checked="" type="radio"/> 0.01SH OF GENERAL ELECTRIC CO COM NEW	<input checked="" type="radio"/> 2.	<input checked="" type="radio"/> 1.	<input checked="" type="radio"/>	<input checked="" type="radio"/> 1.
j	<input checked="" type="radio"/> 0.04SH OF GENERAL ELECTRIC CO COM NEW	<input checked="" type="radio"/> 4.	<input checked="" type="radio"/> 2.	<input checked="" type="radio"/>	<input checked="" type="radio"/> 2.
k	<input checked="" type="radio"/> 0.05SH OF GENERAL ELECTRIC CO COM NEW	<input checked="" type="radio"/> 5.	<input checked="" type="radio"/> 4.	<input checked="" type="radio"/>	<input checked="" type="radio"/> 1.
l	<input checked="" type="radio"/> 0.33SH OF VICTORIAS SECRET ANDCO COMMON ST	<input checked="" type="radio"/> 20.	<input checked="" type="radio"/> 5.	<input checked="" type="radio"/>	<input checked="" type="radio"/> 15.
m	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
n	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
o	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
p	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
q	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
r	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
s	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
t	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
u	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
v	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

2	Net gain or (loss) shown on California Schedule(s) K-1 (100S, 541, 565, and 568).....	2	<input checked="" type="radio"/>	<input checked="" type="radio"/>
3	Capital gain distributions (federal Form 1099-DIV, box 2a)	3	<input checked="" type="radio"/>	333.
4	Total 2021 gains from all sources. Add column (e) amounts of line 1, line 2, and line 3	4	<input checked="" type="radio"/>	353.
5	2021 loss. Add column (d) amounts of line 1 and line 2.	5	<input checked="" type="radio"/>	(390.)
6	California capital loss carryover from 2020, if any. See instructions.	6	<input checked="" type="radio"/>	()
7	Total 2021 loss. Add line 5 and line 6	7	<input checked="" type="radio"/>	(390.)



- 8** Net gain or loss. Combine line 4 and line 7. If a loss, go to line 9. If a gain, go to line 10 **8** _____ -37.
- 9** If line 8 is a loss, enter the smaller of: **a** the loss on line 8.
 b \$3,000 (\$1,500 if married/RDP filing separate). See instructions **9** (_____ -37.)
- 10** Enter the gain or (loss) from federal Form 1040 or 1040-SR, line 7 **10** _____ -37.
- 11** Enter the California gain from line 8 or (loss) from line 9 **11** _____ -37.
- 12 a** If line 10 is **more** than line 11, enter the difference here and on Schedule CA (540), Part I,
Section A, line 7, column B **12a** _____
- b** If line 10 is **less** than line 11, enter the difference here and on Schedule CA (540), Part I,
Section A, line 7, column C **12b** _____ 0.

Name as Shown on Return

L CHEEDEPUDI & V YENUMULA

Social Security No.

024-88-7197

Line 1 – Wages, Salaries, Tips, Etc.

	(B) Subtractions	(C) Additions
1 Excess reimbursements from Form 2106 included in wage income		
2 Active duty military pay		
3 Sick pay received under the Federal Insurance Contributions Act and Railroad Retirement Act		
4 Income exempted by U.S. tax treaties (unless specifically exempt for state purposes also)		
5 Exclusion for compensation from exercising a California Qualified Stock Option (CQSO)		
6 Ridesharing fringe benefit differences		
7 HSA employer contributions		167.
8 Paid Family Leave Insurance (PFL) benefits		
9 Employer-provided adoption benefits income exclusions.		
10 In-Home Supportive Services (IHSS) supplementary payment		
11 Native American income (Form 3504)		
12		
a as smallest of amount spent or fair rental value		
b Enter the amount spent on qual. housing expenses _____		
13 Excess moving reimbursements		
14 CA Employees and federal Independent Contractors income		
15 Employer-provided dependent care assistance exclusion		
16 Other (itemize):		
a _____		
b _____		
c _____		
d _____		
Total adjustments to wages, salaries, tips, etc. Enter here and on Schedule CA (540/540NR), line 1.		167.

Line 4 – IRA, Pensions, and Annuities

IRA's	(B) Subtractions	(C) Additions
1 Other (itemize):		
a _____		
b _____		
c _____		
d _____		
Total adjustments to IRA distributions. Enter here and on Schedule CA (540/540NR), line 4		

Pensions and Annuities

	(B) Subtractions	(C) Additions
1 Form 1099-R, Railroad Retirement Benefits		
Check here to confirm the Tier 2 RRB above is correct . . . ▶ <input type="checkbox"/>		
2 Other (itemize):		
a _____		
b _____		
c _____		
d _____		
Total adjustments to pensions and annuities. Enter here and on Schedule CA (540/540NR), line 5.		

**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

2021

Attachment
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

Your social security number

L CHEEDEPUDI & V YENUMULA

024-88-7197

Medical and Dental Expenses

Caution: Do not include expenses reimbursed or paid by others.

1	Medical and dental expenses (see instructions)		1
2	Enter amount from Form 1040 or 1040-SR, line 11	2 348,709.	
3	Multiply line 2 by 7.5% (0.075)	3 26,153.	
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-		4 0.

Taxes You Paid

5	State and local taxes.		
5a	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 <input type="checkbox"/>	5a 30,568.	
5b	State and local real estate taxes (see instructions)	5b 9,828.	
5c	State and local personal property taxes	5c 194.	
5d	Add lines 5a through 5c	5d 40,590.	
5e	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 ▶	6 165.	
7	Add lines 5e and 6		7 10,165.

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 <input type="checkbox"/>		
8a	Home mortgage interest and points reported to you on Form 1098. See instructions if limited	8a 13,643.	
8b	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	
8c	Points not reported to you on Form 1098. See instructions for special rules	8c	
8d	Mortgage insurance premiums (see instructions)	8d	
8e	Add lines 8a through 8d	8e 13,643.	
9	Investment interest. Attach Form 4952 if required. See instructions.	9	
10	Add lines 8e and 9		10 13,643.

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	11 225.	
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		14 225.

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 24,033.
18	If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/>		

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

X checkbox

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

Table with columns for individual names, SSN, DOB, and months from October to December 2021. Includes entries for LEELA SESHU REDDY, VANI, PRATEEK, and TARA.

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.

California Information Worksheet

2021

▶ Keep for your records

Part I — Personal Information

Taxpayer: First Name <u>LEELA SESHU REDDY</u> Middle Initial _____ Suffix _____ Last Name <u>CHEEDEPUDI</u> Social Security No. <u>024-88-7197</u> Date of Birth <u>12/11/1978</u> (mm/dd/yyyy) or age as of 1-1-2022 <u>43</u> Date of Death _____ (mm/dd/yyyy) Legally blind <input type="checkbox"/> Daytime Phone (408) 657-3748 Ext _____ Home phone _____ Your email address to print on Form 540, 540NR or 540X (optional) _____ Check to print phone number on Form 540. <input checked="" type="checkbox"/> Taxpayer daytime <input type="checkbox"/> Spouse/RDP day <input type="checkbox"/> Home	Spouse/RDP: First Name <u>VANI</u> Middle Initial _____ Suffix _____ Last Name <u>YENUMULA</u> Social Security No. <u>382-35-7565</u> Date of Birth <u>10/22/1982</u> (mm/dd/yyyy) or age as of 1-1-2022 <u>39</u> Date of Death _____ (mm/dd/yyyy) Legally blind <input type="checkbox"/> Daytime Phone _____ Ext _____
--	--

c/o Address _____
 Street Address . . . 1928 Everglades Dr
 Unit Description . . . _____ Unit Number _____ Private Mailbox (PMB) . . . _____
 City Milpitas State CA ZIP Code 95035-6612
 Foreign province/county _____ Foreign postal code _____
 Foreign country . . . _____

Principal Residence (California Resident filers only):
 County in California Santa Clara
 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 _____
 City . . . _____ State _____ ZIP code _____

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
PRATEEK	R	CHEEDEPUDI	<input type="checkbox"/>		380-35-5303	Son	08/23/08	
TARA	R	CHEEDEPUDI	<input type="checkbox"/>		768-47-7952	Daughter	02/26/13	
			<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) Bank of America
Account type Checking [X] Savings []
Routing number 011000138
Account number 009514643274

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

Tax Payments Worksheet

2021

▶ Keep for your records

Name L CHEEDEPUDI & V YENUMULA	Social Security Number 024-88-7197
-----------------------------------	---------------------------------------

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	26,602.
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	26,602.
15	Date return will be filed and balance paid	15	

**California
Excess SDI (or VPDI) Worksheet**

2021

▶ Keep for your records

Name as Shown on Return L CHEEDEPUDI & V YENUMULA	Social Security No. 024-88-7197
--	------------------------------------

	You	Your Spouse/RDP
A Did you have two or more employers during 2021?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
B Did you receive more than \$128,298 in wages?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
C Did the amounts of SDI (or VPDI) withheld appear on your Forms W-2?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

If you answered yes to the questions above, fill out the worksheet below to calculate your excess SDI (or VPDI) credit.

	You	Your Spouse
1 Add amounts of SDI (or VPDI) withheld shown on your Forms W-2	2,850.	
1 a Total SDI (or VPDI) withheld shown on Forms W-2 TP: <u>2,850.</u> SP: _____		
2 2021 SDI (or VPDI) limit.	1,540.	
3 Excess SDI (or VPDI) withheld. Subtract line 2 from line 1. Enter the result here and enter on Form 540, line 74; or Form 540NR, line 84. Note: If zero or less, enter zero	1,310.	

Note: if line 1 and 1a has different amount, it indicates the SDI (or VPDI) was withheld more than 1.2% by a single employer. If SDI (or VPDI) was withheld by a single employer at more than 1.2% of gross wages, you may not claim excess SDI (or VPDI) on your Form 540. Contact the employer for a refund.

California Electronic Filing Information Worksheet

2021

▶ Keep for your records

Name as Shown on Return L CHEEDEPUDI & V YENUMULA	Social Security Number 024-88-7197
--	---------------------------------------

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
Country	E-mail Address	
	EFIN	

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 your 2021 California Tax Return

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 <u>26,602.</u>
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 <u>26,602.</u>

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).

Description		*			
Date Acquired	Date Sold	Sales price	Cost or other basis	Gain/loss	
0.50 ISHARES GOLD TRUST		<input type="checkbox"/>			
01/04/2021	05/25/2021	18.	19.	-1.	
155.00 SCHWAB EMERGING MARKETS EQUITY ETF					
VARIOUS	08/19/2021	4,620.	5,009.	-389.	
KYNDRYL HLDGS INC COMMON STOCK					
05/11/2021	11/08/2021	0.	0.	0.	
0.01SH OF KYNDRYL HLDGS INC COMMON STOCK					
03/19/2021	11/08/2021	0.	0.	0.	
0.02SH OF KYNDRYL HLDGS INC COMMON STOCK					
03/19/2021	11/08/2021	0.	0.	0.	
See Schedule D Transactions					

* 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

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 <u>333.</u>
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 <u>333.</u>

Additional information from your 2021 California Tax Return

SMART WORKSHEET FOR: Schedule D (540): California Capital Gain or Loss Adjustment

Schedule D Transactions

Continuation Statement

Description		*			
Date Acquired	Date Sold	Sales price	Cost or other basis	Gain/loss	
KYNDRYL HLDGS INC COMMON STOCK					
03/19/2021	11/08/2021	0.	0.	0.	
0.01SH OF KYNDRYL HLDGS INC COMMON STOCK					
03/19/2021	11/08/2021	0.	0.	0.	
0.02SH OF GENERAL ELECTRIC CO COM NEW					
03/16/2020	08/02/2021	2.	1.	1.	
0.01SH OF GENERAL ELECTRIC CO COM NEW					
06/29/2020	08/02/2021	2.	1.	1.	
0.04SH OF GENERAL ELECTRIC CO COM NEW					
03/18/2020	08/02/2021	4.	2.	2.	
0.05SH OF GENERAL ELECTRIC CO COM NEW					
07/17/2019	08/02/2021	5.	4.	1.	
0.33SH OF VICTORIAS SECRET ANDCO COMMON ST					
03/02/2020	08/05/2021	20.	5.	15.	

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 LEELA SESHU REDDY		Last name CHEEDEPUDI		Your social security number 024-88-7197	
If joint return, spouse's first name and middle initial VANI		Last name YENUMULA		Spouse's social security number 382-35-7565	
Home address (number and street). If you have a P.O. box, see instructions. 1928 Everglades Dr				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. Milpitas			State CA	ZIP code 950356612	
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): If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
					Child tax credit	Credit for other dependents
	PRATEEK R	CHEEDEPUDI	380-35-5303	Son	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	TARA R	CHEEDEPUDI	768-47-7952	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. 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.	1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	357,890.
	2a	Tax-exempt interest	2a	60.
	3a	Qualified dividends	3a	3,046.
	4a	IRA distributions	4a	
	5a	Pensions and annuities	5a	
	6a	Social security benefits	6a	
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	7	-37.
	8	Other income from Schedule 1, line 10	8	-13,485.
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶	9	348,709.
	10	Adjustments to income from Schedule 1, line 26	10	
	11	Subtract line 10 from line 9. This is your adjusted gross income ▶	11	348,709.
	12a	Standard deduction or itemized deductions (from Schedule A)	12a	25,100.
	b	Charitable contributions if you take the standard deduction (see instructions)	12b	225.
	c	Add lines 12a and 12b	12c	25,325.
	13	Qualified business income deduction from Form 8995 or Form 8995-A	13	21.
14	Add lines 12c and 13	14	25,346.	
15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	323,363.	

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	65,375.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	65,375.
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	65,375.
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	1,149.
24	Add lines 22 and 23. This is your total tax	24	66,524.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	63,103.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	0.
d	Add lines 25a through 25c	25d	63,103.
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC) No	27a	
	Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/>		
b	Nontaxable combat pay election	27b	
c	Prior year (2019) earned income	27c	
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	4,000.
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 15	31	6,771.
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	10,771.
33	Add lines 25d, 26, and 32. These are your total payments	33	73,874.
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	7,350.
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	7,350.
Direct deposit? See instructions.	b Routing number 011000138 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number 009514643274		
	36 Amount of line 34 you want applied to your 2022 estimated tax	36	
Amount You Owe	37 Amount you owe . Subtract line 33 from line 24. For details on how to pay, see instructions	37	
	38 Estimated tax penalty (see instructions)	38	

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

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

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

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

Your signature	Date	Your occupation Software Engineer	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation Project Manager	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. (408) 657-3748 Email address _____

Paid Preparer Use Only

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

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

2021
Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA

Your social security number
024-88-7197

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	0.
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶ _____		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	4,424.
8	Other income:		
a	Net operating loss	8a	()
b	Gambling income	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Taxable Health Savings Account distribution	8e	
f	Alaska Permanent Fund dividends	8f	
g	Jury duty pay	8g	
h	Prizes and awards	8h	
i	Activity not engaged in for profit income	8i	
j	Stock options	8j	
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8k	
l	Olympic and Paralympic medals and USOC prize money (see instructions)	8l	
m	Section 951(a) inclusion (see instructions)	8m	
n	Section 951A(a) inclusion (see instructions)	8n	
o	Section 461(l) excess business loss adjustment	8o	
p	Taxable distributions from an ABLE account (see instructions)	8p	
z	Other income. List type and amount ▶ _____	8z	
	IRS Notice 2014-7 excludable income -17,909.		-17,909.
9	Total other income. Add lines 8a through 8z	9	-17,909.
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	-13,485.

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

Schedule 1 (Form 1040) 2021

Part II Adjustments to Income

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

**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 LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA	Your social security number 024-88-7197
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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	985.
12 Net investment income tax. Attach Form 8960		12	164.
13 Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12		13	
14 Interest on tax due on installment income from the sale of certain residential lots and timeshares		14	
15 Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000		15	
16 Recapture of low-income housing credit. Attach Form 8611		16	

(continued on page 2)

Part II Other Taxes *(continued)*

17	Other additional taxes:		
a	Recapture of other credits. List type, form number, and amount ► _____	17a	
b	Recapture of federal mortgage subsidy. If you sold your home in 2021, see instructions	17b	
c	Additional tax on HSA distributions. Attach Form 8889	17c	
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d	
e	Additional tax on Archer MSA distributions. Attach Form 8853	17e	
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f	
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g	
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h	
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i	
j	Section 72(m)(5) excess benefits tax	17j	
k	Golden parachute payments	17k	
l	Tax on accumulation distribution of trusts	17l	
m	Excise tax on insider stock compensation from an expatriated corporation	17m	
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n	
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o	
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p	
q	Any interest from Form 8621, line 24	17q	
z	Any other taxes. List type and amount ► _____	17z	
18	Total additional taxes. Add lines 17a through 17z		18
19	Additional tax from Schedule 8812		19
20	Section 965 net tax liability installment from Form 965-A	20	
21	Add lines 4, 7 through 16, 18, and 19. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b		21
			1,149.

**SCHEDULE 3
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

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

OMB No. 1545-0074

2021
Attachment
Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA	Your social security number 024-88-7197
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Part I Nonrefundable Credits

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

(continued on page 2)

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions)		10	
11	Excess social security and tier 1 RRTA tax withheld		11	6,771.
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
a	Form 2439	13a		
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken before April 1, 2021	13b		
c	Health coverage tax credit from Form 8885	13c		
d	Credit for repayment of amounts included in income from earlier years	13d		
e	Reserved for future use	13e		
f	Deferred amount of net 965 tax liability (see instructions)	13f		
g	Credit for child and dependent care expenses from Form 2441, line 10. Attach Form 2441	13g		
h	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken after March 31, 2021	13h		
z	Other payments or refundable credits. List type and amount ► _____	13z		
14	Total other payments or refundable credits. Add lines 13a through 13z		14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31		15	6,771.

SCHEDULE B
(Form 1040)

Interest and Ordinary Dividends

OMB No. 1545-0074

2021
Attachment
Sequence No. **08**

Department of the Treasury
Internal Revenue Service (99)

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

Name(s) shown on return

LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA

Your social security number

024-88-7197

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 ▶ wells fargo bank CHARLES SCHWAB & CO., INC. NATIONAL FINANCIAL SERVICES LLC BANK OF AMERICA, N.A. loanDepot	
2	Add the amounts on line 1	237.67
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 ▶	237.67

		Amount
		25.22
		58.50
		0.05
		54.82
		99.08
1		
2		237.67
3		
4		237.67

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 ▶ NATIONAL FINANCIAL SERVICES LLC CHARLES SCHWAB & CO., INC. Betterment Securities	
6	Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b ▶	4,103.02

		Amount
		931.79
		3,133.93
		37.30
5		
6		4,103.02

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

Part III

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.

Foreign Accounts and Trusts

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

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	Yes	No
		X	
	If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements		X
b	If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ▶		
8	During 2021, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions		X

SCHEDULE D
(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

2021

Attachment
Sequence No. **12**

Department of the Treasury
Internal Revenue Service (99)

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

Name(s) shown on return

LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA

Your social security number

024-88-7197

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	4,620.	5,009.		-389.
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	18.	19.	0.	-1.
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824			4	
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			5	
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions			6	()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back			7	-390.

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	33.	13.		20.
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	333.
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	353.

Part III Summary

<p>16 Combine lines 7 and 15 and enter the result</p> <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. 	16	-37.
<p>17 Are lines 15 and 16 both gains?</p> <p><input type="checkbox"/> Yes. Go to line 18.</p> <p><input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p>		
<p>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 ▶</p>	18	
<p>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 ▶</p>	19	
<p>20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952?</p> <p><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.</p> <p><input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.</p>		
<p>21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:</p> <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p>	21	(37.)
<p>22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?</p> <p><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.</p> <p><input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>		

Department of the Treasury
Internal Revenue Service

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

Name(s) shown on return: **LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA**
Social security number or taxpayer identification number: **024-88-7197**

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	
	155.00 SCHWAB EMERGING MARKETS EQUITY ETF	VARIOUS	08/19/21	4,620.	5,009.			-389.
	KYNDRYL HLDGS INC COMMON STOCK	05/11/21	11/08/21	0.	0.			0.
	0.01sh of KYNDRYL HLDGS INC COMMON STOCK	03/19/21	11/08/21	0.	0.			0.
	0.02sh of KYNDRYL HLDGS INC COMMON STOCK	03/19/21	11/08/21	0.	0.			0.
	KYNDRYL HLDGS INC COMMON STOCK	03/19/21	11/08/21	0.	0.			0.
	0.01sh of KYNDRYL HLDGS INC COMMON STOCK	03/19/21	11/08/21	0.	0.			0.

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) ►

4,620. 5,009. -389.

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 LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA	Social security number or taxpayer identification number 024-88-7197
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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	
	0.02sh of GENERAL ELECTRIC CO COM NEW	03/16/20	08/02/21	2.	1.			1.
	0.01sh of GENERAL ELECTRIC CO COM NEW	06/29/20	08/02/21	2.	1.			1.
	0.04sh of GENERAL ELECTRIC CO COM NEW	03/18/20	08/02/21	4.	2.			2.
	0.05sh of GENERAL ELECTRIC CO COM NEW	07/17/19	08/02/21	5.	4.			1.
	0.33sh of VICTORIAS SECRET ANDCO COMMON ST	03/02/20	08/05/21	20.	5.			15.
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) ▶				33.	13.			20.

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.

Sales and Other Dispositions of Capital Assets

Department of the Treasury
Internal Revenue Service

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

Name(s) shown on return

Social security number or taxpayer identification number

LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA

024-88-7197

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	
	0.50 ISHARES GOLD TRUST	01/04/21	05/25/21	18.	19.	W	0.	-1.
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) ►				18.	19.		0.	-1.

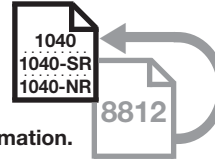
Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

SCHEDULE 8812
(Form 1040)

Credits for Qualifying Children and Other Dependents

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

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



OMB No. 1545-0074

2021

Attachment Sequence No. **47**

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA

Your social security number

024-88-7197

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	348,709.
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	348,709.	
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	0.	
c	Subtract line 4b from line 4a	4c	2.	
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	0.	
11	Multiply line 10 by 5% (0.05)	11	0.	
12	Subtract line 11 from line 8. If zero or less, enter -0-	12	4,000.	
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	4,000.	
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	4,000.	
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	0.	
Caution: If the amount on this line doesn't match the aggregate amounts reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.				
g	Subtract line 14f from line 14e. If zero or less, enter -0- on lines 14g through 14i and go to Part III	14g	4,000.	
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	4,000.	

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	
b	Enter the amount from line 14e or line 15d, whichever applies	28b	
29	Excess advance child tax credit payments. Subtract line 28b from line 28a. If zero, stop; you do not owe the additional tax	29	
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	
31	Enter the smaller of line 4a or line 30	31	
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	
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	

Health Savings Accounts (HSAs)

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**
▶ **Go to www.irs.gov/Form8889 for instructions and the latest information.**

2021
Attachment
Sequence No. **52**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
LEELA SESHU REDDY CHEEDEPUDI

Social security number of HSA
beneficiary. If both spouses
have HSAs, see instructions ▶ **024-88-7197**

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

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

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2021. See instructions ▶	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family
2	HSA contributions you made for 2021 (or those made on your behalf), including those made from January 1, 2022, through April 15, 2022, that were for 2021. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	0.
3	If you were under age 55 at the end of 2021 and, on the first day of every month during 2021, you were, or were considered, an eligible individual with the same coverage, enter \$3,600 (\$7,200 for family coverage). All others , see the instructions for the amount to enter	3	1,200.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2021 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2021, also include any amount contributed to your spouse's Archer MSAs	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0-	5	1,200.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2021, see the instructions for the amount to enter	6	1,200.
7	If you were age 55 or older at the end of 2021, married, and you or your spouse had family coverage under an HDHP at any time during 2021, enter your additional contribution amount. See instructions	7	
8	Add lines 6 and 7	8	1,200.
9	Employer contributions made to your HSAs for 2021	9	167.
10	Qualified HSA funding distributions	10	
11	Add lines 9 and 10	11	167.
12	Subtract line 11 from line 8. If zero or less, enter -0-	12	1,033.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	13	0.

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

14a	Total distributions you received in 2021 from all HSAs (see instructions)	14a	870.
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b	870.
c	Subtract line 14b from line 14a	14c	0.
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8e	16	0.
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here ▶ <input type="checkbox"/>		
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b	

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

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

**Qualified Business Income Deduction
Simplified Computation**

Department of the Treasury
Internal Revenue Service

▶ **Attach to your tax return.**

Attachment
Sequence No. **55**

▶ **Go to www.irs.gov/Form8995 for instructions and the latest information.**

Name(s) shown on return

LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA

Your taxpayer identification number

024-88-7197

Note. You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$164,900 (\$164,925 if married filing separately; \$329,800 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i			
ii			
iii			
iv			
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	
3	Qualified business net (loss) carryforward from the prior year	3 ()	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	
5	Qualified business income component. Multiply line 4 by 20% (0.20)		5
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6 107.	
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7 ()	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8 107.	
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		9 21.
10	Qualified business income deduction before the income limitation. Add lines 5 and 9		10 21.
11	Taxable income before qualified business income deduction (see instructions)	11 323,384.	
12	Net capital gain (see instructions)	12 3,046.	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13 320,338.	
14	Income limitation. Multiply line 13 by 20% (0.20)		14 64,068.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions) ▶		15 21.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-		16 (0.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-		17 (0.)

Additional Medicare Tax

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

Name(s) shown on return

LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA

Your social security number

024-88-7197

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	359,498.	
2	Unreported tips from Form 4137, line 6	2		
3	Wages from Form 8919, line 6	3		
4	Add lines 1 through 3	4	359,498.	
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		109,498.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II	7		985.

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		985.
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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	5,212.	
20	Enter the amount from line 1	20	359,498.	
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	5,213.	
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages	22		0.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions)	23		
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-PR or 1040-SS filers, see instructions)	24		0.

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

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

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

Name(s) shown on your tax return

LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA

Your social security number or EIN

024-88-7197

- 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	238.
2	Ordinary dividends (see instructions)		2	4,103.
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	-37.	
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	-37.
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	4,304.

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	4,304.
13	Modified adjusted gross income (see instructions)	13	348,709.	
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	98,709.	
16	Enter the smaller of line 12 or line 15		16	4,304.
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	164.
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	

Name(s) Shown on Return LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA	Social Security Number 024-88-7197
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Part I State and Local Income Tax Refunds from 2020 Tax Returns

1	(a) State or Local Code	(b) Refund Amount	(c) Estimated Tax Paid After 12/31/2020	(d) Extension Payments	(e) Total Payments and Withholding	(f) Refund Allocated to Column (c)	(g) Refund Allocated to Column (d)
	CA	4,424.			37,799.		
	Totals	4,424.			37,799.		

- 2 Total state and local refunds. Total line 1 column (b). 4,424.
- 3 Refund allocated to tax paid after 12/31/2020. Total line 1 columns (f) and (g).
(Include net tax paid after 12/31/2020 on Schedule A, line 5a.) _____
- 4 Net refund. Line 2 less line 3. 4,424.

Part II Recovery Amount

The **recovery amount** is the state and local income tax deducted in 2020 refunded in 2021.

- 5 Total state and local income tax deduction from line 5a of your 2020 Schedule A 40,058.
- 6 **Recovery amount.** Lesser of line 4 or line 5. 4,424.

Part III Recovery Exclusion

The **recovery exclusion** is the part of the recovery amount which did **not** reduce tax in 2020.

- 7 **Recovery exclusion from sales tax deduction, SALT limitation and standard deduction:**
 - a Allowable itemized deductions, from 2020 Schedule A, line 17 26,801.
 - b Allowable itemized deductions, refigured by excluding recovery amount:
 - (1) Refigured state and local tax deduction (Schedule A, line 5a):
 - (a) Refigured state income tax deduction 35,634.
 - (b) Sales tax deduction _____
 - (c) Refigured deduction. Larger of (a) or (b) 35,634.
 - (2) Refigured total itemized deductions 26,801.
 - (3) Refigured allowable itemized deductions from line 7b(2) 26,801.
 - c 2020 standard deduction based on 2020 filing status and deductions. 24,800.
 - d Larger of lines 7b(3) or 7c. 26,801.
 - e Subtract line 7d from line 7a 0.
 - f Subtract line 7e from line 6 4,424.
- 8 **Recovery exclusion from negative taxable income.** If 2020 taxable income was negative, enter here as a positive number, else enter zero. 0.
- 9 **Recovery exclusion from alternative minimum tax.** If no alternative minimum tax (AMT) in 2020 enter zero. If did pay AMT in 2020, enter amt from line 24 0.
- 10 **Recovery exclusion from unused tax credits.** If no unused credits in 2020, enter zero. If there were unused credits in 2020, enter amount from line 35. 0.
- 11 **Total recovery exclusion.** Add lines 7f, 8, 9, and 10. 4,424.

Part IV Taxable Refund

The **recovery amount** less the **recovery exclusion** is a **taxable refund**.

- 12 **Taxable refund from 2020.** Line 6 less line 11. 0.
- 13 Total taxable refunds from **2019** or prior tax returns. Total line 36 column (d). _____
- 14 **Total taxable refunds.** Add lines 12 and 13. Enter here and on Schedule 1, line 1 0.

Tax History Report

▶ Keep for your records

2021

Name(s) Shown on Return

LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA

Five Year Tax History:					
	2017	2018	2019	2020	2021
Filing status				MFJ	MFJ
Total income				447,644.	348,709.
Adjustments to income				2,100.	
Adjusted gross income				445,544.	348,709.
Tax expense				10,084.	10,165.
Interest expense . . .				15,490.	13,643.
Contributions				1,227.	225.
Misc. deductions . . .					
Other itemized ded'ns					
Total itemized/ standard deduction . .				26,801.	25,325.
Exemption amount . .				0.	0.
QBI deduction				17.	21.
Taxable income				418,726.	323,363.
Tax				95,868.	65,375.
Alternative min tax . .					
Total credits				1,700.	
Other taxes				1,910.	1,149.
Payments				80,692.	73,874.
Form 2210 penalty . .				101.	
Amount owed				15,487.	
Applied to next year's estimated tax .					
Refund					7,350.
Effective tax rate % . .				21.14	17.60
**Tax bracket %				35.0	24.0

**Tax bracket % is based on Taxable income.

SMART WORKSHEET FOR: Schedule 8812: Additional Child Tax Credit

Principal Place of Abode and Letter 6419 Information Smart Worksheet

A 1 Check 'Yes' if you (or your spouse if married filing jointly) have a principal place of abode in the United States for more than half of 2021, otherwise check 'No'. **Yes** **No**

2 Check 'Yes' if you (or your spouse if married filing jointly) are a bona fide resident of Puerto Rico for 2021, otherwise check 'No'

B 1 Advance child tax credit payments received from Letter 6419 - **taxpayer**. 0.

2 Advance child tax credit payments received from Letter 6419 - **spouse** 0.

C 1 Number of qualifying children from Letter 6419 - **taxpayer**. _____

2 Number of qualifying children from Letter 6419 - **spouse** _____

D Check if on your **2020** tax return you filed married filing jointly and on your **2021** tax return you file married filing jointly with a **different** spouse

SMART WORKSHEET FOR: Form 8889: Health Savings Accounts (Taxpayer)

Line 3 Smart Worksheet

A Select your coverage for each month below. Select Family for any month you had Self-only coverage and your spouse had family coverage. Select None for for any month you were covered by Medicare.

1	January	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input checked="" type="checkbox"/>	Family	<u>7,200.</u>
2	February	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input checked="" type="checkbox"/>	Family	<u>7,200.</u>
3	March	<input checked="" type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	_____
4	April	<input checked="" type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	_____
5	May	<input checked="" type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	_____
6	June	<input checked="" type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	_____
7	July	<input checked="" type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	_____
8	August	<input checked="" type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	_____
9	September	<input checked="" type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	_____
10	October	<input checked="" type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	_____
11	November	<input checked="" type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	_____
12	December	<input checked="" type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	_____

B Maximum allowable contribution. 1,200.
Greater of: Sum of Lines A1 through A12 divided by 12, OR Line A12

SMART WORKSHEET FOR: Form 8889: Health Savings Accounts (Taxpayer)

Line 6 Smart Worksheet

A	Enter the amount from Line 3 which is related to Family Coverage Plan(s) and both taxpayer and spouse had HSAs during the year	<u>0.</u>
B	Portion of Line 5 attributed to both taxpayer and spouse having coverage under high deductible health plans and each making an HSA contribution during the year. (Line 6A minus Line 4)	<u>0.</u>
C	Portion of Line B amount to be carried to Line 6 of spouse's form QuickZoom to Form 8889S. ▶	<u>0.</u>
D	Remainder to be carried to Line 6 (Line 5 minus Line C).	<u>1,200.</u>

SMART WORKSHEET FOR: Form 8889: Health Savings Accounts (Taxpayer)

Line 9 Employer Contribution Smart Worksheet	
A Enter the employer contributions reported in Box 12 of Form W-2 (code W)	167.
B Enter employer contributions made in 2021 for the tax year 2020	
C Subtract line B from line A	167.
D Enter employer contributions made in 2022 for the tax year 2021	
E Other employer contributions for 2021 not reported above	
F Employer contributions for 2021. Add lines C, D and E. Enter on line 9	167.

SMART WORKSHEET FOR: Form 8889: Health Savings Accounts (Taxpayer)

Line 14 Smart Worksheet	
A Gross distributions	870.
B Rollovers	870.
C Return of excess contributions	
D Subtract lines B and C from line A	0.
E Taxable earnings on excess contributions	
Non-surviving spouse beneficiaries who received no distribution this year use lines F & G	
F FMV of inherited HSA assets if no distribution received	
G Qualified medical expenses	

SMART WORKSHEET FOR: Form 8889: Health Savings Accounts (Taxpayer)

Line 18 Smart Worksheet	
Check here if failure to maintain HDHP coverage in 2021 was due to death or disability <input type="checkbox"/>	
A 1 Total HSA contribution in 2020	6,080.
2 Excess contribution in 2020	
3 Net HSA contribution in 2020	6,080.
B Check the box below to indicate the type of coverage you had for each month of 2020. Select Family for any month that you had self only coverage and were married to a spouse with family coverage. Select None for any month you were covered by Medicare.	
1	January ▶ <input type="checkbox"/> None <input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family
2	February ▶ <input type="checkbox"/> None <input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family
3	March ▶ <input type="checkbox"/> None <input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family
4	April ▶ <input type="checkbox"/> None <input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family
5	May ▶ <input type="checkbox"/> None <input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family
6	June ▶ <input type="checkbox"/> None <input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family
7	July ▶ <input type="checkbox"/> None <input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family
8	August ▶ <input type="checkbox"/> None <input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family
9	September ▶ <input type="checkbox"/> None <input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family
10	October ▶ <input type="checkbox"/> None <input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family
11	November ▶ <input type="checkbox"/> None <input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family
12	December ▶ <input type="checkbox"/> None <input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family
C 1 Total maximum allowable contribution for 2020	
2 Amount allocated to spouse in 2020	0.
3 Net maximum allowable contribution for 2020	

SMART WORKSHEET FOR: Form 8995: QB Income Deduction Simplified Computation

Qualified REIT dividend and PTP income Smart Worksheet	
Qualified REIT dividends	107.
Qualified PTP income	_____

SMART WORKSHEET FOR: State and Local Income Tax Refund Worksheet

2020 Federal Form 1040 Information Smart Worksheet	
Use this worksheet to compute taxable refund amount? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, skip this Smart Worksheet. Total refunds from Line 1 column (b) will be reported as income.	
A Did you itemize deductions in 2020? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, none of your refund from 2020 is reportable as income. Do not complete the remainder of this worksheet.	
B Enter the amount from your 2020 Schedule A, line 5a, State and local tax <u>40,058.</u> If none, enter zero, and do not complete the remainder of this worksheet.	
C Which type of taxes were deducted on your 2020 Schedule A, line 5a?	
1 Income taxes	<input checked="" type="checkbox"/>
2 General sales taxes (2020 Schedule A, box 5a, was checked)	<input type="checkbox"/>
3 Not applicable	<input type="checkbox"/>
If general sales taxes were deducted, none of the refund from 2020 is reportable as income. Do not complete the remainder of this worksheet.	
D Enter the deduction for general sales taxes that could have been taken in 2020 if you know that amount. _____	
E What was your filing status for 2020?	
<input type="checkbox"/> Single	
<input checked="" type="checkbox"/> Married filing jointly	
<input type="checkbox"/> Married filing separately	
<input type="checkbox"/> Married filing separately and your spouse itemized deductions	
<input type="checkbox"/> Head of household	
<input type="checkbox"/> Qualifying widow(er)	
F Could be claimed as a dependent by someone else in 2020? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
G If yes, enter your earned income for 2020 _____	
Enter the following amounts from your 2020 Form 1040:	
H Line 11, Adjusted gross income	<u>445,544.</u>
I Line 12, Itemized deductions or standard deduction	<u>26,801.</u>
J Total number of boxes checked under Standard deduction for age and blindness _____	
K Line 15, Taxable income. Line K less line L (if less than zero, enter as negative).	<u>418,743.</u>
L Line 16, Tax	<u>95,868.</u>
M Sch 2, Line 1, Alternative minimum tax	_____
N Sch 2, Line 2, Excess advance premium tax credit repayment	_____
O Line 18, Total tax before credits	<u>95,868.</u>
P Line 22, Total tax after credits	<u>94,168.</u>
Enter the following amounts from your 2020 Schedule A, Itemized Deductions:	
Q Line 7, Taxes	<u>10,084.</u>
1 Line 5b, State and local real estate taxes	<u>9,630.</u>
2 Line 5c, State and local personal property taxes	<u>216.</u>
3 Line 5e, State and local taxes after limitation	<u>10,000.</u>