| Form 8879 |
|----------------------------|
| (Rev. January 2021) |
| Department of the Treesury |

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

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

Submission Identification Number (SID)

| Taxpay | er's name | Social security number | | | | |
|--------|--|------------------------------|--|--|--|--|
| GAN | GA MANOJ SRIRAMPURAM | 375-67-2551 | | | | |
| Spouse | Spouse's name Spouse's social security number | | | | | |
| Par | Tax Return Information — Tax Year Ending December 31, 2020 (Enter | r year you are authorizing.) | | | | |
| Enter | whole dollars only on lines 1 through 5. | | | | | |
| Note: | Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. | | | | | |
| 1 | Adjusted gross income | 1 1,009. | | | | |
| 2 | Total tax | 2 0. | | | | |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 76. | | | | |
| 4 | Amount you want refunded to you | 4 76. | | | | |
| 5 | Amount you owe | 5 | | | | |

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

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

Taxpayer's PIN: check one box only

| X | I authorize | GLOBAL TAXES | LLC | to enter or generate my PIN | Ľ | 1 |
|---|-------------|--------------|---------------|-----------------------------|----|---|
| | | | ERO firm name | | En | |

| 7 | 2 | 5 | 5 | 1 | |
|---|------------------|-------|---|---|--|
| | er fiv i't er | as my | | | |

signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. GOMOD MONAL

| Vour | CIAR | natura | |
|------|------|--------|--|
| TOUL | SIUL | nature | |
| | | | |

| / | 10-10-10 | 0 0-10 |
|---|----------|--------|
| | ∠ | 0 |

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

Date 🕨

| | | as my |
|------------------|--|-------|
| er fiv n't er | | |

3/23/2021

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

| Spouse's sig | inature 🕨 🛛 🗖 Da | ate 🕨 | | | | | | | | | | |
|---|--|-------|---|---|--|--|-------------|------|---|---|---|--|
| Practitioner PIN Method Returns Only—continue below | | | | | | | | | | | | |
| Part III | Certification and Authentication – Practitioner PIN Method Only | | | | | | | | | | | |
| ERO's EFIN/ | /PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. | 5 | 8 | 7 | | | 8 nter a | | 9 | 8 | 9 | |

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

| ERO's signature ► Date ► | | | | | | | | | | |
|------------------------------------|---|--|-------------------|--------------------------|--|--|--|--|--|--|
| Do | ERO Must Retain This F n't Submit This Form to the I | | | | | | | | | |
| For Depertuerk Deduction Act Notic | a and your toy return instructions | | BE\/ 02/12/21 BBO | Earm 8879 (Bay, 01 2021) | | | | | | |

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

| E 104(| | artment of the Treasury—Internal Revenue Servi S. Individual Income Ta > | | ⁽⁹⁹⁾ 20) | 20 | OMB No. 1545 | -0074 | IRS Use | Only | —Do not w | rite or staple | in this space. |
|---|---|---|------------|--|----------|------------------|----------|-------------|---------|-------------|----------------|----------------------|
| Filing Statu Check only one box. | lf yc | Single Married filing jointly Course of the MFS box, enter the n son is a child but not your dependent | ame of y | ed filing separate your spouse. If yo | | | | | , | | | . , . , |
| Your first name | e and m | iddle initial | Last na | me | | | | | | Your so | cial securit | ty number |
| GANGA M | ANOJ | | SRIR | AMPURAM | | | | | | 375- | 67-255 | 1 |
| If joint return, s | spouse's | s first name and middle initial | Last na | me | | | | | | Spouse' | 's social sec | curity number |
| | | er and street). If you have a P.O. box, see RA DRIVE | instructio | ons. | | | Δ | vpt. no. | | Check ł | nere if you, | |
| City, town, or | post offi | ce. If you have a foreign address, also co | mplete s | paces below. | Sta | ate | ZIP co | de | | | | tly, want \$3 |
| SOUTH L | YON | | | | M | I | 481 | 78 | | 0 | ow will not | Checking a change |
| Foreign countr | y name | | F | oreign province/st | ate/cour | nty | Foreig | n postal co | ode | | or refund. | • |
| | | | | | | | | | | | You | Spouse |
| At any time du | uring 20 | 020, did you receive, sell, send, exch | nange, c | or otherwise acqu | iire any | financial intere | est in a | ny virtua | l cu | rrency? | Ves | X No |
| Standard Deduction | _ | eone can claim: | • | | | a dependent | | | | | | |
| Age/Blindnes | s You | Were born before January 2, 1 | 956 | Are blind | Spouse | e: 🗌 Was bo | rn befc | ore Janua | ary 2 | 2, 1956 | 🗌 ls bl | ind |
| Dependent | s (see | instructions): | | (2) Social sec | uritv | (3) Relationsh | air | (4) 🖌 | if a | ualifies fo | r (see instru | ictions): |
| If more | | irst name Last name | | number | , | to you | | Child ta | | | | her dependents |
| than four | | | | | | | | [| | |] | |
| dependents, | | | | | | | | | | | [| |
| see instruction and check | IS —— | | | | | | | Γ | = | |] | |
| here | | | | | | | | Γ | - | |] | |
| | 1 | Wages, salaries, tips, etc. Attach F | orm(s) \ | N-2 | | | | | | . 1 | | 773. |
| Attach | 2a | | 2a | | h] | Taxable interes | + | | | 2b | , | |
| Sch. B if | 3a | · · - | 3a | | | Ordinary divide | | | • | 3b | | |
| required. | | | 4a | | | Faxable amoun | | | • | 4b | | |
| | 5a | | 5a | | | Faxable amoun | | • • | | . 5b | | |
| Standard |) 6a | | 6a | | | Faxable amoun | | • • | | 6b | | |
| Deduction for - | 7 | Capital gain or (loss). Attach Sche | | required If not r | | | | | ▶ [| 7 | | 236. |
| Single or Married filing | 8 | Other income from Schedule 1. lin | | | • | - | • • | , | | . 8 | | 250. |
| separately, | 9 | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, | | | | | • • | | | ► <u>9</u> | _ | 1,009. |
| \$12,400Married filing | 10 | Adjustments to income: | | | | | • • | | • • | | | 1,000. |
| jointly or | a | , | | | | 10 | | | | | | |
| Qualifying widow(er), | | | | | | | | _ | | | | |
| | \$24,800 b Chantable Contributions if you take the standard deduction. See instructions | | | | | | ▶ 100 | | | | | |
| Head of household, | C | | - | - | | | | | • • | 11 | | 1,009. |
| \$18,650 • If you checked | <u>11</u> 12 | Subtract line 10c from line 9. This Standard deduction or itemized | | | | | | • • | | | - | 12,400. |
| any box under | | Qualified business income deduction | | (| , | 2005 A | | | | | | 12,400. |
| Standard Deduction, | 13 | | | | | | | | | | | 12 100 |
| see instructions. | 14 | Add lines 12 and 13 Taxable income. Subtract line 14 | | | | | | | | | | <u>12,400.</u> 0. |
| | <u> </u> | Taxable Income. Subtract life 14 | | | 55, ente | | | | | . 15 | | 1040 (1993) |

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

Form **1040** (2020)

| Form 1040 (2020 |)) | | | | | | | | | | | Page 2 |
|----------------------------------|----------|---|---------------------------|---------------------|--------------|-----------|----------|---------------|-----------|------------|-----------------------------------|-------------------|
| | 16 | Tax (see instructions). Check | if any from Form | (s): 1 🗌 881 | 4 2 🗌 4 | 4972 | 3 | | | 16 | | 0. |
| | 17 | Amount from Schedule 2, lir | ne3 | | | | | | | 17 | | |
| | 18 | Add lines 16 and 17 | | | | | | | | 18 | | 0. |
| | 19 | Child tax credit or credit for | other dependen | ts | | | | | | 19 | | |
| | 20 | Amount from Schedule 3, lir | ne7 | | | | | | | 20 | | |
| | 21 | Add lines 19 and 20 | | | | | | | | 21 | | |
| | 22 | Subtract line 21 from line 18 | . If zero or less, | enter -0 | | | | | | 22 | | 0. |
| | 23 | Other taxes, including self-e | mployment tax, | from Schedule | e 2, line 10 | | | | | 23 | | 0. |
| | 24 | Add lines 22 and 23. This is | your total tax | | | | | | . 🕨 | 24 | | 0. |
| | 25 | Federal income tax withheld | from: | | | | | | | | | |
| | а | Form(s) W-2 | | | | | 25a | | 76. | | | |
| | b | Form(s) 1099 | | | | | 25b | | | | | |
| | с | Other forms (see instruction | s) | | | | 25c | | | | | |
| | d | Add lines 25a through 25c | | | | | | | | 25d | | 76. |
| • If you have a | 26 | 2020 estimated tax payment | ts and amount a | pplied from 20 |)19 return . | | | | | 26 | | |
| qualifying child, | 27 | Earned income credit (EIC) | | | . Nc | 2. | 27 | | | | | |
| attach Sch. EIC. | 28 | Additional child tax credit. A | | | | | 28 | | | | | |
| nontaxable | 29 | American opportunity credit | from Form 8863 | 3, line 8 | | | 29 | | | | | |
| combat pay, see instructions. | 30 | Recovery rebate credit. See | instructions . | | | | 30 | | | | | |
| | 31 | Amount from Schedule 3, lir | ne 13 | | | | 31 | | | | | |
| | 32 | Add lines 27 through 31. The | ese are your tot a | al other paym | ents and r | efunda | ble cre | edits | . 🕨 | 32 | 1 | |
| | 33 | Add lines 25d, 26, and 32. T | hese are your to | tal payments | | | | | . 🕨 | 33 | | 76. |
| Refund | 34 | If line 33 is more than line 24 | 1, subtract line 2 | 4 from line 33. | This is the | amoun | nt you (| overpaid | | 34 | | 76. |
| Refutio | 35a | Amount of line 34 you want | refunded to you | J. If Form 8888 | 3 is attache | d, chec | k here | | | 35a | | 76. |
| Direct deposit? | ►b | Routing number 1 1 1 | | | ► c Type | | Check | | Savings | | | |
| See instructions. | ►d | Account number 4 8 8 | | | | | | ľ | 0 | | | |
| | 36 | Amount of line 34 you want | | | | | 36 | <u> </u> | | | | |
| Amount | 37 | Subtract line 33 from line 24 | . This is the am | ount vou owe | now | | | | . 🕨 | 37 | | |
| You Owe | | Note: Schedule H and Sch | | • | | | | | | | | |
| For details on | | 2020. See Schedule 3, line 1 | | | • | | | unco you | 0000 101 | | | |
| how to pay, see instructions. | 38 | Estimated tax penalty (see in | | | | | 38 | | | | | |
| Third Party | Do | you want to allow another | | | | | See | | | | | |
| Designee | | tructions | • | | | | | 🗌 Yes. Co | omplete | below. | 🗙 No | |
| - | | signee's | | Phone | | | | | | tification | | |
| | nar | ne 🕨 | | no. 🕨 | | | | numb | per (PIN) | | | |
| Sign | | der penalties of perjury, I declare t ief, they are true, correct, and com | | | | | | | | | | |
| Here | | · · · | piele. Declaration | | | | Seu OII | an iniornatio | | | | 0 |
| | YO | ur signature | | Date | Your occup | pation | | | | | nt you an Ider IN, enter it he | |
| Joint return? | | | | | CLINIC | CAL D | ATA | MANAGE | | e inst.) 🕨 | | |
| See instructions. | Sp | ouse's signature. If a joint return, I | ooth must sign. | Date | Spouse's o | occupatio | on | | lf th | ne IRS se | nt your spous | e an |
| Keep a copy for your records. | / | | | | | | | | | | ection PIN, er | iter it here |
| your records. | | | | | | | | | (se | e inst.) 🕨 | | |
| | | one no. | | Email address | | | | | DTI | | | |
| Paid | | eparer's name | Preparer's signat | | | | Date | | PTIN | | Check if: | |
| Preparer | SYAM | PRIYA RAM SAGAR GUPTA TALLAM | | RAM SAGAR | GUPTA TA | ALLAM | 03/2 | 22/2021 | P0208 | | Self-err | |
| Use Only | | m's name ► GLOBAL TA | | | | | | | Pho | one no. (| (678)965 | |
| | Firi | m's address ► 2530 Pebb | le Creek L | n Cummin | g GA 30 | 041 | | | Firr | n's EIN 🖡 | | |
| Go to www.irs.go | ov/Forn | n1040 for instructions and the late | st information. | | BAA | | REV | 03/13/21 PRC | 1 | | Form 1 (|)40 (2020) |

BAA

SCHEDULE D

(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

20

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

Attachment Sequence No. **12**

20

Internal Revenue Service (99) Name(s) shown on return

Department of the Treasury

GANGA MANOJ SRIRAMPURAM

Your social security number

375-67-2551

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?
Yes X 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)

| lines This | instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars. | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustment to gain or loss Form(s) 8949, F line 2, columr | from Part I, | (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 | 8,934. | 8,874. | 1 | 76. | 236. |
| 2 | Totals for all transactions reported on Form(s) 8949 with Box B checked | | | | | |
| 3 | Totals for all transactions reported on Form(s) 8949 with Box C checked | | | | | |
| 4 | Short-term gain from Form 6252 and short-term gain or (I | oss) from Forms 4 | 684, 6781, and 88 | 324 | 4 | |
| 5 | Net short-term gain or (loss) from partnerships, Schedule(s) K-1 | | 5 | | | |
| 6 | Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions | - | 6 | () | | |
| 7 | Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise | | 7 | 236. | | |

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

| See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. | | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) | | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|---|--|---|--|--|----------|---|
| 8a | Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b. | | | | | |
| 8b | Totals for all transactions reported on Form(s) 8949 with Box D checked | | | | | |
| 9 | Totals for all transactions reported on Form(s) 8949 with Box E checked | | | | | |
| 10 | Totals for all transactions reported on Form(s) 8949 with Box F checked. | | | | | |
| | 1 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 | |
| 12 13 | | | | | 12 | |
| 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 | 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back | | | | 15 | |

| Part | III Summary | | |
|------|---|----|------|
| 16 | Combine lines 7 and 15 and enter the result | 16 | 236. |
| | • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. | | |
| | • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. | | |
| | • If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. | | |
| 17 | Are lines 15 and 16 both gains? Yes. Go to line 18. No. Skip lines 18 through 21, and go to line 22. | | |
| 18 | If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet | 18 | |
| 19 | If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet | 19 | |
| 20 | Are lines 18 and 19 both zero or blank and are you not filing Form 4952? 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. | | |
| | □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. | | |
| 21 | If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: | | |
| | The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500) | 21 | () |
| | Note: When figuring which amount is smaller, treat both amounts as positive numbers. | | |
| 22 | Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? | | |
| | ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. | | |
| | ☑ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR. | | |

REV 03/13/21 PRO

Schedule D (Form 1040) 2020

| Form | 8949 | |
|------|------|--|
| Form | 8949 | |

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

Attachment

20

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.

es 1b, 2, 3, 8b, 9, and 10 of Schedule D. Sequence No. 12A

| Name(s) shown on return | Social security number of taxpayer identification number | | | | | |
|-------------------------|--|--|--|--|--|--|
| GANGA MANOJ SRIRAMPURAM | 375-67-2551 | | | | | |
| | | | | | | |

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.

X (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 | (b) Date acquired (Mo., day, yr.) (b) Date sold or disposed of (Mo., day, yr.) | Date sold or | (d) Proceeds | (e) Cost or other basis. See the Note below | 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) |
|---|--|-------------------------------------|---|---|--|------|---|
| (Example: 100 sh. XYZ Co.) | | (sales price) (see instructions) | and see Column (e) in the separate instructions | (f) Code(s) from instructions | (g) Amount of adjustment | | |
| Robinhood Securities LLC | 10/23/20 | 12/25/20 | 8,847. | 8,783. | W | 176. | 240. |
| ROBINHOOD CRYPTO LLC | 10/26/20 | 12/25/20 | 87. | 91. | | | -4. |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C | al here and inc is checked), lir | lude on your 1e 2 (if Box B | 8,934. | 8,874. | | 176. | 236. |

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.