### 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.

Social coourity number

Submission Identification Number (SID)

Taypayar'a nama

| raxpay |  | Social security number  |          |              |  |  |  |
|--------|--|-------------------------|----------|--------------|--|--|--|
| ANI    | IKUMAR BODDULA   | 176-02-9018             |          |              |  |  |  |
| Spouse | s's name   | Spouse's soc            | ial secu | irity number |  |  |  |
| Par    | t I Tax Return Information – Tax Year Ending December 31, 2021 (Enter      | <u> </u><br>∵year you a | re aut   | horizing.)   |  |  |  |
| 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        | 86,498.      |  |  |  |
| 2      | Total tax  |                         | 2        | 11,940.      |  |  |  |
| 3      | Federal income tax withheld from Form(s) W-2 and Form(s) 1099              |                         | 3        | 16,113.      |  |  |  |
| 4      | Amount you want refunded to you  |                         | 4        | 4,173.       |  |  |  |
| 5      |  |                         | 5        |              |  |  |  |
| Par    | II Taxpayer Declaration and Signature Authorization (Be sure you get and I | ceep a cop              | y of y   | our return)  |  |  |  |

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

|   |             |          |       | ERO firm name | <u> </u>                    | Er |
|---|-------------|----------|-------|---------------|-----------------------------|----|
| X | l authorize | GLOBAL 7 | FAXES | LLC           | to enter or generate my PIN | 2  |

| Ent | as my |   |   |   |  |
|-----|-------|---|---|---|--|
| 2   | 9     | 0 | 1 | 8 |  |

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

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

Your signature 🕨

Date

| Spouse's | PIN: | check | one | box | only |  |
|----------|------|-------|-----|-----|------|--|
|----------|------|-------|-----|-----|------|--|

I authorize

to enter or generate my PIN

as mv Enter five digits, but don't enter all zeros

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 signature ►  | Da                           | te 🕨 | • |  |  |  |             |  |   |   |   |  |
|---|------------------------------|------|---|--|--|--|-------------|--|---|---|---|--|
| Practitioner PIN Method Returns Only—continue below   |                              |      |   |  |  |  |             |  |   |   |   |  |
| Part III Certification and Authentication – F   | Practitioner PIN Method Only |      |   |  |  |  |             |  |   |   |   |  |
| <b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. |                              |      |   |  |  |  | 8<br>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 🕨                 |  |  |                  |                          |
|-----------------------------------|--|--|------------------|--------------------------|
| Do                                | ee Instructions<br>ss Requested To Do So |  |                  |                          |
| For Donomwork Doduction Act Notic | o soo your tax roturn instructions       |  | REV 02/07/22 RRO | Earm 8879 (Pov. 01 2021) |

| E <b>104(</b>                                    |           | artment of the Treasury—Internal Revenue Serv<br>S. Individual Income Tax |                 | (99)<br><b>urn</b> | 202                          | 21      | OMB No. 15             | 545-00  | 74 IRS U     | se Only   | ∕−Do not v | write or staple                       | in this space.                |
|--|-----------|---|-----------------|--------------------|------------------------------|---------|------------------------|---------|--------------|-----------|------------|---------------------------------------|-------------------------------|
| Filing Status<br>Check only                      | 4_1       | Single  Married filing jointly Checked the MFS box, enter the n           |                 | -                  | separately (<br>ouse. If you | . ,     |                        |         | `            | '         |            | , ,                                   | low(er) (QW)<br>he qualifying |
| one box.   | pers      | son is a child but not your dependen                                      | t 🕨             | , ,                | ,                            |         |                        |         |              |           |            |                                       | 1 5 0                         |
| Your first name                                  | and mi    | iddle initial   | Last na         | ime                |                              |         |                        |         |              |           | Your se    | ocial securi                          | ty number                     |
| ANILKUM  | AR        |   | BODI            | DULA               |                              |         |                        |         |              |           | 176-       | 02-901                                | 8                             |
| If joint return, s                               | pouse's   | s first name and middle initial   | Last na         | ime                |                              |         |                        |         |              |           | Spouse     | 's social se                          | curity number                 |
|  |           | er and street). If you have a P.O. box, see                               | instructi       | ons.               |                              |         |                        |         | Apt. no.     |           | •          | ential Electi<br>here if you          | on Campaign                   |
|  |           | RY HILL RD  |                 |                    |                              | 01-     | 4-                     | 71      | 331          |           | 1          | , , , , , , , , , , , , , , , , , , , | ntly, want \$3                |
|  | DOST OTTI | ce. If you have a foreign address, also co                                | omplete s       | spaces be          | IOW.                         | Sta     |                        |         | P code       |           | to go to   | o this fund.                          | Checking a                    |
| COPPELL  |           |   |                 | <b>-</b>           |                              |         |                        |         | 5019         |           | 1 .        | low will not<br>x or refund           | 0                             |
| Foreign countr                                   | y name    |   |                 | Foreign pi         | rovince/state                | /coun   | ity                    | FC      | preign posta | code      | your ta    |                                       |                               |
| At any time du                                   | uring 20  | 021, did you receive, sell, exchange                                      | , or othe       | erwise di          | spose of ar                  | ny fina | ancial intere          | st in a | iny virtual  | curre     | ncy?       | X Yes                                 | No                            |
| Standard   |           | eone can claim: 🗌 You as a de   | •               |                    |                              |         | a depender             | nt      |              |           |            |                                       |                               |
| Deduction  |           | Spouse itemizes on a separate retur                                       |                 | _                  |                              |         |                        |         |              |           |            |                                       |                               |
|  |           | Were born before January 2, 1   | 957             | _ Are bl           |                              | ouse    |                        |         | pefore Jan   |           | -          | ls b                                  |                               |
| Dependent  |           |   |                 | (2) S              | Social securit<br>number     | y       | (3) Relation<br>to you |         |              |           |            | or (see instru                        |                               |
| If more  | (1) F     | irst name Last name   |                 |                    | number                       |         |                        |         | Child        | tax c     | redit      | Credit for of                         | ther dependents               |
| than four<br>dependents,                         |           |   |                 |                    |                              |         |                        |         |              |           |            |                                       |                               |
| see instruction                                  | s ——      |   |                 |                    |                              |         |                        |         |              |           |            |                                       |                               |
| and check<br>here ►                              |           |   |                 |                    |                              |         |                        |         |              | $\square$ |            |                                       |                               |
|  | 1         | Wages, salaries, tips, etc. Attach I                                      | -orm(s)         | W-2                |                              |         |                        |         |              |           | . 1        |                                       | <u> </u>                      |
| Attach   | 2a        | -   | 2a              |                    |                              |         | axable inter           | · ·     |              | •         | 2          |                                       | 50,000.                       |
| Sch. B if  |           |   | 3a              |                    |                              |         | Drdinary divi          |         | · · ·        | ·         | 31         |                                       | 3.                            |
| required.  | - 4a      |   | 4a              |                    |                              |         | axable amo             |         |              | •         | . 4        |                                       | <u>.</u>                      |
|  | 5a        |   | 5a              |                    |                              |         | axable amo             |         |              |           | . 51       | -                                     |                               |
| Standard   | 6a        |   | 6a              |                    |                              | bТ      | axable amo             | ount.   |              |           | . 61       |                                       |                               |
| Deduction for –                                  | 7         | Capital gain or (loss). Attach Sche                                       | dule D i        | f require          | d. If not rec                | uired   | I, check here          | e.      |              |           | 7          |                                       | 105.                          |
| <ul> <li>Single or<br/>Married filing</li> </ul> | 8         | Other income from Schedule 1, lin   |                 |                    |                              |         |                        |         |              |           | . 8        |                                       | -9,610.                       |
| separately,<br>\$12,550                          | 9         | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,                                       | and 8. T        | This is yo         | ur total ind                 | ome     |                        |         |              |           | ▶ 9        |                                       | 86,498.                       |
| Married filing                                   | 10        | Adjustments to income from Sche   |                 |                    |                              |         |                        |         |              |           | . 10       | )                                     |                               |
| jointly or<br>Qualifying                         | 11        | Subtract line 10 from line 9. This is                                     | s your <b>a</b> | djusted            | gross inco                   | me      |                        |         |              |           | ▶ 11       | 1                                     | 86,498.                       |
| widow(er),<br>\$25,100                           | 12a       | Standard deduction or itemized  | deduct          | ions (fro          | m Schedul                    | e A)    |                        | 12a     | 12           | ,55       | 0.         |                                       |                               |
| Head of  | b         | Charitable contributions if you take                                      | the star        | ndard de           | duction (see                 | e instr | ructions)              | 12b     |              | 30        | 0.         |                                       |                               |
| household,<br>\$18,800                           | с         | Add lines 12a and 12b   |                 |                    |                              |         |                        |         |              |           | . 12       | с                                     | 12,850.                       |
| <ul> <li>If you checked</li> </ul>               | 13        | Qualified business income deduct  | ion fron        | n Form 8           | 995 or Forr                  | n 899   | 95-A                   |         |              |           | . 10       | 3                                     | 1.                            |
| any box under<br>Standard                        | 14        | Add lines 12c and 13  |                 |                    |                              |         |                        |         |              |           | . 14       | 1                                     | 12,851.                       |
| Deduction,<br>see instructions.                  | 15        | Taxable income. Subtract line 14  | from lir        | ne 11. lf z        | ero or less                  | , ente  | er-0                   |         |              |           | . 1        | 5                                     | 73,647.                       |
|  |           |   |                 |                    |                              |         |                        |         |              |           |            |                                       |                               |

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

Form **1040** (2021)

| Form 1040 (202                       | 1)      |  |                         |                       |  |                         |             |          | Page 2                   |
|--------------------------------------|---------|--|-------------------------|-----------------------|--|-------------------------|-------------|----------|--------------------------|
|                                      | 16      | Tax (see instructions). Check  | if any from Form        | (s): <b>1</b> 🗌 881   | 4 <b>2</b> 4972                              | 3                       |             | 16       | 11,940.                  |
|                                      | 17      | Amount from Schedule 2, lin  | e3                      |                       |  |                         |             | 17       |                          |
|                                      | 18      | Add lines 16 and 17  |                         |                       |  |                         |             | 18       | 11,940.                  |
|                                      | 19      | Nonrefundable child tax cred   | dit or credit for o     | ther depender         | nts from Schedul                             | e8812                   |             | 19       |                          |
|                                      | 20      | Amount from Schedule 3, lin  | e8                      |                       |  |                         |             | 20       |                          |
|                                      | 21      | Add lines 19 and 20  |                         |                       |  |                         |             | 21       |                          |
|                                      | 22      | Subtract line 21 from line 18.   | . If zero or less,      | enter -0              |  |                         |             | 22       | 11,940.                  |
|                                      | 23      | Other taxes, including self-er   | mployment tax,          | from Schedule         | e 2, line 21 .                               |                         |             | 23       | 0.                       |
|                                      | 24      | Add lines 22 and 23. This is   | your <b>total tax</b>   |                       |  |                         | . 🕨         | 24       | 11,940.                  |
|                                      | 25      | Federal income tax withheld  | from:                   |                       |  | 1 1                     |             |          |                          |
|                                      | а       | Form(s) W-2  |                         |                       |  | <b>25a</b> 16           | ,113.       |          |                          |
|                                      | b       | Form(s) 1099   |                         |                       |  | 25b                     |             |          |                          |
|                                      | С       | Other forms (see instructions  | ,                       |                       |  | 25c                     |             |          |                          |
|                                      | d       | Add lines 25a through 25c  |                         |                       |  |                         |             | 25d      | 16,113.                  |
| If you have a                        | 26      | 2021 estimated tax payment   |                         |                       | 3.7  |                         |             | 26       |                          |
| qualifying child, attach Sch. EIC.   | 27a     | Earned income credit (EIC)   |                         |                       | No   | 27a                     |             |          |                          |
|                                      |         | Check here if you were b   |                         |                       |  |                         |             |          |                          |
|                                      |         | January 2, 2004, and you taxpayers who are at least ag                           |                         |                       |  |                         |             |          |                          |
|                                      | b       | Nontaxable combat pay elec   | -                       | 1 1                   |  |                         |             |          |                          |
|                                      | с       | Prior year (2019) earned inco  | ome                     | . 27c                 |  |                         |             |          |                          |
|                                      | 28      | Refundable child tax credit or   | additional child        | tax credit from       | Schedule 8812                                | 28                      |             |          |                          |
|                                      | 29      | American opportunity credit  | from Form 8863          | 8, line 8             |  | 29                      |             | 1        |                          |
|                                      | 30      | Recovery rebate credit. See  | instructions .          |                       |  | 30                      |             | 1        |                          |
|                                      | 31      | Amount from Schedule 3, lin  | e15                     |                       |  | 31                      |             |          |                          |
|                                      | 32      | Add lines 27a and 28 throug  | h 31. These are         | your total oth        | er payments an                               | d refundable cred       | lits 🕨      | 32       |                          |
|                                      | 33      | Add lines 25d, 26, and 32. The   | hese are your <b>to</b> | tal payments          |  |                         | . 🕨         | 33       | 16,113.                  |
| Refund                               | 34      | If line 33 is more than line 24  | , subtract line 2       | 4 from line 33.       | This is the amou                             | unt you <b>overpaid</b> |             | 34       | 4,173.                   |
| neruna                               | 35a     | Amount of line 34 you want   | refunded to you         | <b>.</b> If Form 8888 | is attached, che                             | eck here                |             | 35a      | 4,173.                   |
| Direct deposit?                      | ►b      | Routing number 0 7 4   | 0 0 0 0                 | 1 0                   | ► c Type: 🛛                                  | Checking                | Savings     |          |                          |
| See instructions.                    | ►d      | Account number 7 8 7   | 3 8 6 7                 | 2 6                   |  |                         |             |          |                          |
|                                      | 36      | Amount of line 34 you want a   | applied to your         | 2022 estimate         | ed tax 🕨                                     | 36                      |             |          |                          |
| Amount                               | 37      | Amount you owe. Subtract   | line 33 from line       | 24. For detail        | s on how to pay,                             | see instructions        | . 🕨         | 37       |                          |
| You Owe                              | 38      | Estimated tax penalty (see in  | structions) .           |                       | 🕨  | 38                      |             |          |                          |
| Third Party                          | Do      | you want to allow another  | person to disc          | cuss this retu        | n with the IRS                               | ? See                   |             |          |                          |
| Designee                             | ins     | tructions  |                         |                       |  | . 🕨 🗌 Yes. Co           | omplete k   | elow.    | × No                     |
|                                      |         | signee's   |                         | Phone                 |  |                         | onal identi |          |                          |
| 0.                                   |         | ne 🕨   |                         | no. 🕨                 |  |                         | ber (PIN)   |          |                          |
| Sign                                 |         | der penalties of perjury, I declare the<br>ief, they are true, correct, and comp |                         |                       |  |                         |             |          |                          |
| Here                                 |         | ur signature   |                         | Date                  | Your occupation                              |                         |             |          | t you an Identity        |
|                                      |         |  |                         | Dato                  |  |                         |             |          | N, enter it here         |
| Joint return?                        |         |  |                         |                       | BUSINESS IN                                  | ITELLIGENCE DE          | V (see      | inst.) 🕨 |                          |
| See instructions.<br>Keep a copy for | Sp      | ouse's signature. If a joint return, b   | ooth must sign.         | Date                  | Spouse's occupa                              | tion                    |             |          | t your spouse an         |
| your records.                        | ,       |  |                         |                       |  |                         |             | inst.) 🕨 | ction PIN, enter it here |
|                                      | Ph      | one no. (219) 707-2890   | <u></u> า               | Email address         |  | LBI@GMAIL.CC            | `           |          |                          |
|                                      |         | parer's name   | J<br>Preparer's signat  |                       | -70°-700°-90                                 | Date                    | PTIN        |          | Check if:                |
| Paid                                 |         | PRIYA RAM SAGAR GUPTA TALLAM   | 1 0                     |                       | GUPTA TALLAN                                 |                         | P02082      | 2703     | Self-employed            |
| Preparer                             |         | n's name ► GLOBAL TAX  |                         | 1.1.11 0/10/11        | <u>~~11111111111111111111111111111111111</u> |                         |             |          | 678) 965-9522            |
| Use Only                             |         | n's address ► 2530 Pebbl   |                         | n Cummin              | T GA 30041                                   |                         |             | 's EIN ► |                          |
| Go to www.im                         |         | 1040 for instructions and the lates  |                         |                       |  |                         | 1,1,111     |          | Form <b>1040</b> (2021)  |
| GO LO WWW.IIS.g                      | ov/r*om | nor instructions and the lates   | st innormation.         |                       | BAA  | REV 03/07/22 PRO        |             |          | Form 1040 (2021)         |

| SCHEDULE    | 1 |
|-------------|---|
| (Form 1040) |   |

## 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

| I the latest information. | Sequence No. 01 |                     |
|---------------------------|-----------------|---------------------|
|                           | Your soc        | ial security number |
|                           | 176-02          | -9018               |

 

 Department of the Treasury Internal Revenue Service
 ► Go to www.irs.gov/F

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

ANILKUMAR BODDULA

| Par        | t I Additional Income   |          |        |                        |
|------------|---|----------|--------|------------------------|
| 1          | Taxable refunds, credits, or offsets of state and local income taxes          | S        | 1      |                        |
| <b>2</b> a | Alimony received  |          | 2a     |                        |
| b          | Date of original divorce or separation agreement (see instructions)           | <u> </u> |        |                        |
| 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, tr<br>Schedule E |          | 5      | -9,610.                |
| 6          | Farm income or (loss). Attach Schedule F                                      |          | 6      |                        |
| 7          | Unemployment compensation   |          | 7      |                        |
| 8          | Other income:   |          |        |                        |
| а          | Net operating loss  | 8a (     | )      |                        |
| b          | Gambling income   | 8b       |        |                        |
| С          | Cancellation of debt  | 8c       |        |                        |
| d          | Foreign earned income exclusion from Form 2555                                | 8d (     | )      |                        |
| е          | 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          | the rental for profit but were not in the business of renting such            | 01-      |        |                        |
|            | Property  | 8k       | -      |                        |
|            | instructions)   | 81       |        |                        |
| m          | Section 951(a) inclusion (see instructions)                                   | 8m       |        |                        |
| n          | Section 951A(a) inclusion (see instructions)                                  | 8n       |        |                        |
| ο          | Section 461(I) excess business loss adjustment                                | 80       |        |                        |
| р          | Taxable distributions from an ABLE account (see instructions).                | 8p       |        |                        |
| z          | Other income. List type and amount  |          |        |                        |
|            |   | 8z       |        |                        |
| 9          | Total other income. Add lines 8a through 8z                                   |          | 9      |                        |
| 10         | Combine lines 1 through 7 and 9. Enter here and on Form 11040-NR, line 8      |          | 10     | -9,610.                |
| For Pa     | perwork Reduction Act Notice, see your tax return instructions.               |          | Schedu | ile 1 (Form 1040) 2021 |

| Par | t II Adjustments to Income   |         |   |
|-----|--|---------|---|
| 11  | Educator expenses  | <br>11  |   |
| 12  | Certain business expenses of reservists, performing artists, and fee-basis officials. Attach Form 2106   | 12      |   |
| 13  | Health savings account deduction. Attach Form 8889   | <br>13  |   |
| 14  | Moving expenses for members of the Armed Forces. Attach Form 3903  | <br>14  |   |
| 15  | Deductible part of self-employment tax. Attach Schedule SE   | <br>15  |   |
| 16  | Self-employed SEP, SIMPLE, and qualified plans   | <br>16  |   |
| 17  | Self-employed health insurance deduction   | <br>17  |   |
| 18  | Penalty on early withdrawal of savings   | <br>18  | l |
| 19a | Alimony paid   | <br>19a |   |
| b   | Recipient's SSN  |         |   |
| С   | Date of original divorce or separation agreement (see instructions)  |         |   |
| 20  | IRA deduction  | <br>20  | l |
| 21  | Student loan interest deduction  | <br>21  |   |
| 22  | Reserved for future use  | <br>22  |   |
| 23  | Archer MSA deduction   | <br>23  |   |
| 24  | Other adjustments:   |         |   |
| а   | Jury duty pay (see instructions)   |         |   |
| b   | Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit 24b                                   |         |   |
| С   | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 81 24c   |         |   |
| d   | Reforestation amortization and expenses  |         |   |
| е   | Repayment of supplemental unemployment benefits under the<br>Trade Act of 1974   |         |   |
| f   | Contributions to section 501(c)(18)(D) pension plans 24f   |         |   |
| g   | Contributions by certain chaplains to section 403(b) plans <b>24g</b>  |         |   |
| h   | Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)  |         |   |
| 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 |         |   |
| j   | Housing deduction from Form 2555   |         |   |
| k   | Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)  |         |   |
| z   | Other adjustments. List type and amount ► 24z  |         |   |
| 25  | Total other adjustments. Add lines 24a through 24z   | <br>25  |   |
| 26  | Add lines 11 through 23 and 25. These are your <b>adjustments to inc</b> here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a              | 26      |   |

BAA

# SCHEDULE D

(Form 1040)

# **Capital Gains and Losses**

OMB No. 1545-0074

| 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. |

20 Attachment Sequence No. 12

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

Department of the Treasury

ANILKUMAR BODDULA

Your social security number

176-02-9018

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)

| lines<br>This | instructions for how to figure the amounts to enter on the below.<br>form may be easier to complete if you round off cents to e dollars.  | <b>(d)</b><br>Proceeds<br>(sales price) | <b>(e)</b><br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss fror<br>Form(s) 8949, Part<br>line 2, column (g) | n from<br>I, com | Gain or (loss)<br>tract column (e)<br>column (d) and<br>nbine the result<br>ith 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 <b>Box A</b> checked  | 1,653.                                  | 1,654.                                 |  |                  | -1.  |
| 2             | Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked  |   |  |  |                  |  |
| 3             | Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked  |   |  |  |                  |  |
| 4             | Short-term gain from Form 6252 and short-term gain or (I  | oss) from Forms 4                       | 684, 6781, and 88                      | 324 <b>4</b>   |                  |  |
| 5             | Net short-term gain or (loss) from partnerships, Schedule(s) K-1  |   |  |  | ;                |  |
| 6             | Short-term capital loss carryover. Enter the amount, if an <b>Worksheet</b> in the instructions   | Carryover                               | 6 (                                    | )  |                  |  |
| 7             | Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise  | •                                       | ., .                                   |  | ,                | -1.  |

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

| lines<br>This | instructions for how to figure the amounts to enter on the<br>below.<br>form may be easier to complete if you round off cents to<br>le dollars.  | <b>(d)</b><br>Proceeds<br>(sales price) | <b>(e)</b><br>Cost<br>(or other basis) | (g)<br>Adjustme<br>to gain or los<br>Form(s) 8949,<br>line 2, colun | s from<br>Part II, | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>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 <b>Box D</b> checked   | 168.                                    | 62.                                    |   |                    | 106.  |
| 9             | Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked   |   |  |   |                    |   |
| 10            | Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked.  |   |  |   |                    |   |
| 11            | Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824   |   |  |   | 11                 |   |
| 12<br>13      | Net long-term gain or (loss) from partnerships, S corporat<br>Capital gain distributions. See the instructions   |   |  | . ,   | 12<br>13           |   |
| 14            | Long-term capital loss carryover. Enter the amount, if any <b>Worksheet</b> in the instructions  |   |  |   | 14                 | ( )   |
| 15            | Net long-term capital gain or (loss). Combine lines 8a on the back .   | •                                       | .,                                     |   | 15                 | 106.  |
| For F         | Paperwork Reduction Act Notice, see your tax return instruction  |   | REV 03/07/22 PRO                       |   | Schedu             | ile D (Form 1040) 2021  |

| Part | III Summary   |    |      |
|------|---|----|------|
| 16   | Combine lines 7 and 15 and enter the result   | 16 | 105. |
|      | <ul> <li>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.</li> <li>If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> </ul>       |    |      |
|      | • If line 16 is <b>zero</b> , 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 <b>both</b> gains?<br>X Yes. Go to line 18.<br>No. Skip lines 18 through 21, and go to line 22.   |    |      |
| 18   | If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet  | 18 |      |
| 19   | If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet  | 19 |      |
| 20   | <ul> <li>Are lines 18 and 19 both zero or blank and are you not filing Form 4952?</li> <li>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.</li> </ul> |    |      |
|      | □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.  |    |      |
| 21   | If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:   |    |      |
|      | <ul> <li>The loss on line 16; or</li> <li>(\$3,000), or if married filing separately, (\$1,500)</li> </ul>  | 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 03/07/22 PRO

Schedule D (Form 1040) 2021

Form **8949** 

## **Sales and Other Dispositions of Capital Assets**

► Go to www.irs.gov/Form8949 for instructions and the latest information.

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service Name(s) shown on return

ANILKUMAR

| return  | Social security number or taxpayer identification number |
|---------|--|
| BODDULA | 176-02-9018  |

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

| <b>1</b><br>(a)<br>Description of property   | <b>(b)</b><br>Date acquired                    | (c)<br>Date sold or            | (d)<br>Proceeds                     | (e)<br>Cost or other basis.<br>See the <b>Note</b> below | See the separate instructions. |  | (h)<br>Gain or (loss).<br>Subtract column (e)                |
|--|--|--------------------------------|-------------------------------------|--|--------------------------------|--|--|
| (Example: 100 sh. XYZ Co.)   | (Mo., day, yr.)                                | disposed of<br>(Mo., day, yr.) | (sales price)<br>(see instructions) | and see Column (e)<br>in the separate<br>instructions    |                                |  | from column (d) and<br>combine the result<br>with column (g) |
| Robinhood Securities LLC   | 05/05/21                                       | 12/12/21                       | 1,653.                              | 1,654.   |                                |  | -1.  |
|  |  |                                |                                     |  |                                |  |  |
|  |  |                                |                                     |  |                                |  |  |
|  |  |                                |                                     |  |                                |  |  |
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|  |  |                                |                                     |  |                                |  |  |
|  |  |                                |                                     |  |                                |  |  |
|  |  |                                |                                     |  |                                |  |  |
|  |  |                                |                                     |  |                                |  |  |
|  |  |                                |                                     |  |                                |  |  |
| 2 Totals. Add the amounts in colum<br>negative amounts). Enter each to<br>Schedule D, line 1b (if Box A abov<br>above is checked), or line 3 (if Box | tal here and inc<br>/e is checked), <b>lir</b> | lude on your<br>1e 2 (if Box B | 1,653.                              | 1,654.   |                                |  | -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.

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

| Form 8949 (2021) | Attachment Sequence No. 12A | Page <b>2</b> |
|------------------|-----------------------------|---------------|
|------------------|-----------------------------|---------------|

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

Social security number or taxpayer identification number 176-02-9018

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

| <b>1</b><br>(a)<br>Description of property   | <b>(b)</b><br>Date acquired               | <b>(c)</b><br>Date sold or                         | <b>(d)</b><br>Proceeds | <b>(e)</b><br>Cost or other basis.<br>See the <b>Note</b> below | Adjustment, if any, to gain or los<br>If you enter an amount in column (<br>enter a code in column (f).<br>See the separate instructions. |  | <b>(h)</b><br>Gain or (loss).<br>Subtract column (e)         |  |
|--|---|--|------------------------|---|---|--|--|--|
| (Example: 100 sh. XYZ Co.)   | (Mo., day, yr.)                           | quired disposed of (sales price) and see Column (s |                        | in the separate   | (f) (g)<br>Code(s) from<br>instructions Amount of<br>adjustment   |  | from column (d) and<br>combine the result<br>with column (g) |  |
| Robinhood Securities LLC   | 05/05/20                                  | 12/12/21   | 168.                   | 62.   |   |  | 106.   |  |
|  |   |  |                        |   |   |  |  |  |
|  |   |  |                        |   |   |  |  |  |
|  |   |  |                        |   |   |  |  |  |
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|  |   |  |                        |   |   |  |  |  |
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|  |   |  |                        |   |   |  |  |  |
|  |   |  |                        |   |   |  |  |  |
|  |   |  |                        |   |   |  |  |  |
|  |   |  |                        |   |   |  |  |  |
| 2 Totals. Add the amounts in columns<br>negative amounts). Enter each tota<br>Schedule D, line 8b (if Box D above<br>above is checked), or line 10 (if Box | I here and inc<br>is checked), <b>lir</b> | lude on your<br><b>1e 9</b> (if <b>Box E</b>       | 168.                   | 62.   |   |  | 106.   |  |

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

| SCHEDULE    | Ε |
|-------------|---|
| (Form 1040) |   |

### **Supplemental Income and Loss**

OMB No. 1545-0074

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041. ► Go to www.irs.gov/ScheduleE for instructions and the latest information.

2 Attachment Sequence No. 13

| Department of the Treasury Attach to Form 1040, 1040-SR, 1040-NR, or 1041. |   |  |           |          |        |           |              |         |            |          |           |
|--|---|--|-----------|----------|--------|-----------|--------------|---------|------------|----------|-----------|
|  | Revenue Service (99)  | ► Go to www.irs.gov/ScheduleE f                                      | or instru | uctions  | and th | ne latest | information  |         | -          | ence No. |           |
|  | shown on return   |  |           |          |        |           |              |         | ial securi | -        | er        |
|  | KUMAR BODDULA   |  |           |          | 16     |           |              |         | )2-901     |          |           |
| Part   |   | s From Rental Real Estate and Ro                                     | -         |          |        |           |              | • •     |            |          | use       |
|  |   | instructions. If you are an individual, rep                          |           |          |        |           |              |         |            |          | 1         |
|  |   | nts in 2021 that would require you to                                |           | . ,      |        |           |              |         |            |          |           |
|  |   | ou file required Form(s) 1099?                                       |           |          |        |           |              |         | . 🗆        | Yes      | No        |
| <u>1a</u>  |   | each property (street, city, state, ZIF                              | ,         |          |        |           |              |         |            |          |           |
| <u>A</u>   | H.No 11-14-10/  | 3 Gude'sNilayam,NTR Naga   | ar HY     | DERA     | BAD :  | TELANG    | SANA IN      | 500035  |            |          |           |
| B  |   |  |           |          |        |           |              |         |            |          |           |
| C  |   | -  |           |          |        |           | <u> </u>     | _       |            |          |           |
| 1b   | Type of Property  | 2 For each rental real estate propabove, report the number of fa     | perty lis | sted     |        |           | Rental       | Persona |            | Q        | JV        |
|  | (from list below)   | personal use davs. Check the   | QJV bo    | ox only  |        | L         | Days         | Day     |            |          |           |
|  | 3   | if you meet the requirements to<br>qualified joint venture. See inst | o file as | sa i     | Α      |           | 365          |         | 0          |          |           |
| В  |   | qualified joint venture. See inst                                    | ruction   | is.      | В      |           |              |         |            |          |           |
| <b>C</b>   |   |  |           |          | С      |           |              |         |            |          |           |
|  | of Property:  |  |           |          |        |           |              |         |            |          |           |
|  | le Family Residence   | 3 Vacation/Short-Term Rental   |           |          |        | 7 Self-   |              |         |            |          |           |
| -  | ti-Family Residence   | 4 Commercial   | 6 Roy     | /alties  |        | 8 Othe    | er (describe | 2)      | 1          |          |           |
| Incom  | -   | Properties:  |           |          | Α      |           |              | В       |            | С        |           |
| 3  |   |  | 3         |          |        | 630.      |              |         |            |          |           |
| 4  |   |  | 4         |          |        |           |              |         |            |          |           |
| Expen  |   |  |           |          |        |           |              |         |            |          |           |
| 5  | -   |  | 5         |          |        |           |              |         |            |          |           |
| 6  | ·   | nstructions)   | 6         |          |        |           |              |         |            |          |           |
| 7  | •   | nance  | 7         |          | 1      | ,990.     |              |         |            |          |           |
| 8  | Commissions   |  | 8         |          |        |           |              |         |            |          |           |
| 9  | Insurance   |  | 9         |          |        |           |              |         |            |          |           |
| 10   | <b>.</b> .  | essional fees  | 10        |          |        |           |              |         |            |          |           |
| 11   | Management fees .   |  | 11        |          | 1      | ,980.     |              |         |            |          |           |
| 12   | Mortgage interest pai   | d to banks, etc. (see instructions)                                  | 12        |          |        |           |              |         |            |          |           |
| 13   | Other interest  |  | 13        |          |        |           |              |         |            |          |           |
| 14   | Repairs   |  | 14        |          | 2      | ,150.     |              |         |            |          |           |
| 15   | Supplies  |  | 15        |          | 2      | ,250.     |              |         |            |          |           |
| 16   | Taxes   |  | 16        |          |        |           |              |         |            |          |           |
| 17   | Utilities   |  | 17        |          | 1      | ,870.     |              |         |            |          |           |
| 18   | Depreciation expense  | e or depletion   | 18        |          |        |           |              |         |            |          |           |
| 19   | Other (list) 🕨  |  | 19        |          |        |           |              |         |            |          |           |
| 20   | Total expenses. Add   | lines 5 through 19   | 20        |          | 10     | ,240.     |              |         |            |          |           |
| 21   | Subtract line 20 from   | line 3 (rents) and/or 4 (royalties). If                              |           |          |        |           |              |         |            |          |           |
|  | result is a (loss), see                                       | instructions to find out if you must                                 |           |          |        |           |              |         |            |          |           |
|  | file Form 6198  |  | 21        |          | -9     | ,610.     |              |         |            |          |           |
| 22   | Deductible rental real  | l estate loss after limitation, if any,                              |           |          |        |           |              |         |            |          |           |
|  | on Form 8582 (see in  |  | 22 (      | (        | 9,     | 610.)     | (            |         | )(         |          | )         |
| 23a  |   | eported on line 3 for all rental prope                               |           |          |        | 23a       |              | 630.    |            |          |           |
| b  |   | eported on line 4 for all royalty prop                               | erties    |          |        | 23b       |              |         |            |          |           |
| С  |   | eported on line 12 for all properties                                |           |          |        | 23c       |              |         |            |          |           |
| d  | d Total of all amounts reported on line 18 for all properties |  |           |          |        |           |              |         |            |          |           |
| е  |   | eported on line 20 for all properties                                |           |          |        | 23e       |              | 10,240. |            |          |           |
| 24   |   | e amounts shown on line 21. <b>Do no</b>                             |           |          |        |           |              | 24      |            |          |           |
| 25   | Losses. Add royalty lo  | sses from line 21 and rental real estate                             | losses    | from lin | ne 22. | Enter tot | al losses he | re. 25  | (          | 9,6      | 10.)      |
| 26   | Total rental real esta  | ate and royalty income or (loss).                                    | Combir    | ne line  | s 24 a | nd 25. E  | Enter the re | sult    |            |          |           |
|  | here. If Parts II, III, I                                     | V, and line 40 on page 2 do not                                      | apply t   | to you   | , also | enter th  | nis amount   | on      |            |          |           |
|  | Schedule 1 (Form 104  | 40), line 5. Otherwise, include this ar                              | mount i   | in the t | otal o | n line 41 |              |         |            | -9,      | 610.      |
| For Pa   | perwork Reduction Act   | Notice, see the separate instructions.                               |           | ľ        | JPA    |           | -9,6         | 10. 50  | hodulo F   | (Form 10 | 140) 2021 |

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2021

## Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

Department of the Treasury Internal Revenue Service

|                               | -                      |                    |
|-------------------------------|------------------------|--------------------|
| Go to www.irs.gov/Form8995 fo | r instructions and the | latest information |

2021 Attachment Sequence No. 55

OMB No. 1545-2294

Name(s) shown on return

ANILKUMAR BODDULA

Your taxpayer identification number 176-02-9018

**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<br>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)   | •                                  |  |                         |
| -  |   | <b>6</b> 3.                        |  |                         |
| 7  | Qualified REIT dividends and qualified PTP (loss) carryforward from the prior vear  | 7 ( )                              |  |                         |
| 8  | Total gualified REIT dividends and PTP income. Combine lines 6 and 7. If zero   |                                    |  |                         |
|  |   | 8 3.                               |  |                         |
| 9  | REIT and PTP component. Multiply line 8 by 20% (0.20)   |                                    | 9  | 1.                      |
| 10   | Qualified business income deduction before the income limitation. Add lines 5 and   | 1                                  | 10   | 1.                      |
| 11   |   | <b>11</b> 73,648.                  |  |                         |
| 12   |   | <b>12</b> 105.                     |  |                         |
| 13<br>14   | Subtract line 12 from line 11. If zero or less, enter -0  |                                    | 14   | 14 700                  |
|  | ncome limitation. Multiply line 13 by 20% (0.20)  |                                    | 14   | 14,709.                 |
| 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   | 1.                      |
| 16   | otal qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0  |                                    | 16   | ( 0.)                   |
| 17   | otal qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than   |                                    |  |                         |
|  | zero, enter -0  |                                    | 17   | ( 0.)                   |
| For Privacy Act and Paperwork Reduction Act Notice, see instructions. REV 03/07/22 PRO |   |                                    |  | Form <b>8995</b> (2021) |