(Rev. January 2021)

Department of the Treasury

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www irs gov/Form8879 for the latest information

OMB No. 1545-0074

Internal Revenue Service Control of the Control of	70075 for the latest in	Tormation							
Submission Identification Number (SID)									
Taxpayer's name				Social	secu	rity nun	ber		
BHAGIRADH ELISHETTY						5-381			
Spouse's name								number	•
Part I Tax Return Information — Tax Year Ending	December 31,	2021 (l	Enter	year y	/ou	are a	uthor	izing.)
Enter whole dollars only on lines 1 through 5.									
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, an									
1 Adjusted gross income						1			,122.
2 Total tax						2			,274.
3 Federal income tax withheld from Form(s) W-2 and Form(s	•					3			<u>,554.</u>
4 Amount you want refunded to you						5		4	,280.
5 Amount you owe	zation (Be sure v	ou get s	nd k				VOLU	ratio	rn)
Under penalties of perjury, I declare that I have examined a copy of the i	•								
return (original or amended) I am now authorizing. I consent to allow my to send my return to the IRS and to receive from the IRS (a) an acknow for any delay in processing the return or refund, and (c) the date of any Agent to initiate an ACH electronic funds withdrawal (direct debit) entry payment of my federal taxes owed on this return and/or a payment of exauthorization is to remain in full force and effect until I notify the U.S. payment, I must contact the U.S. Treasury Financial Agent at 1-888-business days prior to the payment (settlement) date. I also authorize thaxes to receive confidential information necessary to answer inquirie personal identification number (PIN) below is my signature for the inconfidential Funds Withdrawal Consent.	ledgement of receipt of refund. If applicable, I to the financial institution is stimated tax, and the financial Age. 353-4537. Payment content in the financial institutions and resolve issues resolve.	r reason f authorize on account nancial instant to termancellation involved involved to	or reje the U. nt indicatitution minate n requ in the path	ction of S. Trea cated in n to de the audests m processayment	f the sury the bit th thori ust t sing (transmand its tax present entry zation. De receipt the earther a	design design parate to the To resived electron	n, (b) the gnated ion soft is according to late on ic pawledge	re reasor Financia tware for bunt. This cancel) a er than 2 yment of that the
Taxpayer's PIN: check one box only						5 3	8 1	. 9	
X lauthorize GLOBAL TAXES LLC	to ente	r or gene	erate r	ny PIN	⊢∟	nter fiv		\perp	as my
ERO firm name signature on the income tax return (original or amended	l) I am now authorizir	na.				on't en			
I will enter my PIN as my signature on the income tax r if you are entering your own PIN and your return is file below.	eturn (original or am	ended) I							
Your signature ▶		Date	· _						
Spouse's PIN: check one box only					_				
I authorize	to ente	r or gene	erate r	nv PIN					as my
ERO firm name		i oi goile	nato i	,	_	nter fiv	e digit	s, but	ao my
signature on the income tax return (original or amended	l) I am now authorizir	ng.			d	on't en	er all	zeros	
I will enter my PIN as my signature on the income tax r if you are entering your own PIN and your return is file below.									
Spouse's signature ▶		Date	• •						
Practitioner PIN Method	Returns Only—cor								
Part III Certification and Authentication — Practitio									
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five	-digit self-selected P	IN.	5 8	7 2 Do	7 n't er	8 nter all :	zeros		
I certify that the above numeric entry is my PIN, which is my signature authorized to file for tax year indicated above for the taxpayer(s) indic requirements of the Practitioner PIN method and Pub. 1345 , Handbook	ated above. I confirm	that I am	submi	itting th	is re	turn in	acco	rdanće	
ERO's signature ▶		Date	· •						
ERO Must Retain This	s Form — See Ins								

Don't Submit This Form to the IRS Unless Requested To Do So

E 1040 Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

IRS Use Only-Do not write or staple in this space.

	S 🔀 🤅	Single Married filing jointly [Marri	ed filing separately (MFS)) Head	of hous	sehold (HOH)	☐ Qua	lifying wid	low(er) (QW)
Check only one box.	•	ou checked the MFS box, enter the roon is a child but not your dependen		your spouse. If you	checl	ked the HOF	l or QV	/ box, enter th	e child's	name if th	ne qualifying
Your first name	and m	iddle initial	Last na	ame					Your so	cial securi	ty number
BHAGIRA	DΗ		ELIS	SHETTY					744-86-3819		.9
If joint return, spouse's first name and middle initial Last name Sp				Spouse'	s social se	curity number					
		er and street). If you have a P.O. box, see	instruct	ions.				Apt. no.			ion Campaigr
3154 SOI					1.				ı	here if you, if filing ioir	, or your ntly, want \$3
City, town, or p HERNDON	ost offi	ce. If you have a foreign address, also co	omplete s	spaces below.	Sta			code 171	to go to		Checking a
Foreign countr	v name			Foreign province/state				eign postal code	1	k or refund.	•
r orongir oddira	y mamo			r oroigir province, etate	ooun	-9		ngn poolar oodo	, , , , , , , , , , , ,	You	Spouse
At any time du	ring 20	021, did you receive, sell, exchange	, or othe	erwise dispose of ar	y fina	ancial interes	st in an	y virtual curre	ncy?	Yes	⊠ No
Standard	Som	eone can claim:	pender	t Your spous	se as	a depender	ıt				
Deduction		Spouse itemizes on a separate retui	n or you	u were a dual-status	alier	ı					
Age/Blindness	You	: Were born before January 2, 1	957 [Are blind Sp	ouse	: Was b	orn be	fore January 2	2, 1957	☐ Is bl	lind
Dependents	s (see	instructions):		(2) Social securit	у	(3) Relation	nship	(4) ✓ if q	ualifies fo	r (see instru	uctions):
If more	(1) F	irst name Last name		number to you			Child tax c	redit	Credit for ot	ther dependents	
than four											
dependents, see instruction	s ——										
and check											
here ▶ 🗌										<u> </u>	
	1	Wages, salaries, tips, etc. Attach	Form(s)	W-2					. 1		53,109.
Attach	2a	Tax-exempt interest	2a		b T	axable inter	est		. 2b	1	
Sch. B if required.	3a	Qualified dividends	3a	20.	b 0	Ordinary divid	dends		. 3b	1	23.
	4a	IRA distributions	4a		b T	axable amo	unt .		. 4b	1	
	5a	Pensions and annuities	5a		b T	axable amo	unt .		. 5b)	
Standard	6a	Social security benefits	6a		b T	axable amo	unt .		. 6b)	
Deduction for—	7	Capital gain or (loss). Attach Sche	dule D i	f required. If not req	uired	, check here		▶ [□ 7		2,390.
Single or Married filing	8	Other income from Schedule 1, lir	ne 10						. 8		-5,400.
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your total inc	ome				▶ 9		50,122.
Married filing	10	Adjustments to income from Sche	edule 1,	line 26					. 10		
jointly or Qualifying	11_	Subtract line 10 from line 9. This is	s your a	djusted gross inco	me				▶ 11		50,122.
widow(er), \$25,100	12a	Standard deduction or itemized	deduct	tions (from Schedule	e A)		12a	12,55	0.		
Head of	b	Charitable contributions if you take	the sta	ndard deduction (see	instr	ructions)	12b	30	0.		
household, \$18,800	С	Add lines 12a and 12b							. 120	2	12,850.
If you checked	13	Qualified business income deduct	ion fron	n Form 8995 or Forn	n 899	95-A			. 13	;	
any box under Standard	14	Add lines 12c and 13							. 14		12,850.
Deduction, see instructions.	15	Taxable income. Subtract line 14	from lir	ne 11. If zero or less	ente	er -0			. 15		37,272.

	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972	3 🗌		16	4,274.
	17	Amount from Schedule 2, line 3			17	
	18	Add lines 16 and 17			18	4,274.
	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	4,274.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21			23	0.
	24	Add lines 22 and 23. This is your total tax		. ▶	24	4,274.
	25	Federal income tax withheld from:				
	а	Form(s) W-2	25a 8,	554.		
	b	Form(s) 1099	25b			
	С	Other forms (see instructions)	25c			
	d	Add lines 25a through 25c			25d	8,554.
If you have a	26	2021 estimated tax payments and amount applied from 2020 return			26	
qualifying child,	27a	Earned income credit (EIC)	27a			
attach Sch. EIC.		Check here if you were born after January 1, 1998, and before				
		January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions ▶				
	b	Nontaxable combat pay election				
	c	Prior year (2019) earned income				
	28	Refundable child tax credit or additional child tax credit from Schedule 8812	28			
	29	American opportunity credit from Form 8863, line 8	29			
	30	Recovery rebate credit. See instructions	30			
	31	Amount from Schedule 3, line 15	31			
	32	Add lines 27a and 28 through 31. These are your total other payments and		s Þ	32	
	33	Add lines 25d, 26, and 32. These are your total payments			33	8,554.
Defined	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amour			34	4,280.
Refund	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, chec	•	▶ □	35a	4,280.
Direct deposit?	▶b			avings		•
See instructions.	►d	Account number 4 3 5 0 3 4 0 6 6 2 6 1		Ü		
	36	Amount of line 34 you want applied to your 2022 estimated tax	36			
Amount	37	Amount you owe. Subtract line 33 from line 24. For details on how to pay, s	see instructions	. ▶	37	
You Owe	38	Estimated tax penalty (see instructions)	38			
Third Party	Do	you want to allow another person to discuss this return with the IRS?	See			
Designee [*]	ins	structions	Yes. Con	nplete b	elow.	X No
		signee's Phone		al identifi		
		me ▶ no. ▶		r (PIN) ▶		
Sign		der penalties of perjury, I declare that I have examined this return and accompanying sch- ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is ba				
Here		ur signature Date Your occupation				it you an Identity
		an olginatare		I .		N, enter it here
Joint return?		SOFTWARE E	ENGINEER	(see ir	nst.) 🕨	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, both must sign. Date Spouse's occupati	on			t your spouse an
your records.	,			- 1	ty Prote nst.) ▶ [ection PIN, enter it here
	— Dh	one no. (979)264-8427 Email address bhagiradhelis	hottr@gmoil gom		, ,	
		one no. (979)264-8427 Email address bhagiradhelis parer's name Preparer's signature	hetty@gmail.com	PTIN	$\overline{}$	Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM		02082	703	Self-employed
Preparer			UZ/ 13/ ZUZZ P			
Use Only		m's name ► GLOBAL TAXES LLC m's address ► 2530 Pebble Creek Ln Cumming GA 30041		Phone Firm's		678)965-9522
Co to '				Firm's	s EIN ▶	
GO TO WWW.Irs.g	ov/Forn	n1040 for instructions and the latest information.	REV 02/16/22 PRO			Form 1040 (2021)

Form 1040 (2021)

Page **2**

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2021

Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service ► Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Form1040 for instructions and the latest information.

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

Your social security number
744-86-3819

Par	Additional income			
1	Taxable refunds, credits, or offsets of state and local income taxes	S	1	0.
2 a	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, tru Schedule E	•	5	-5,400.
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	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		
I	Olympic and Paralympic medals and USOC prize money (see instructions)	81		
m	Section 951(a) inclusion (see instructions)	8m		
n	Section 951A(a) inclusion (see instructions)	8n		
0	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 10 1040-NR, line 8	*	10	-5,400.
		<u> </u>		J, ±00.

Schedule 1 (Form 1040) 2021 Page **2**

Par	Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-officials. Attach Form 2106			
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	>	_	
С	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:			
а	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		
С	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		
е	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	24 g		
h	,	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	24 j		
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 there and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line			

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

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 Your social security number 744-86-3819

BHAGIRADH ELISHETTY Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) Part I See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to Form(s) 8949, Part I, combine the result (sales price) (or other basis) whole dollars. line 2. column (a) with column (a) 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 10,715. 8,327. 2,388. 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 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back 7 2,388. 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 (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to Form(s) 8949, Part II, (sales price) (or other basis) combine the result whole dollars. line 2. column (a) with column (a) 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 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

	DOX 1 CHOCKCO		
11	Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss)		
	from Forms 4684, 6781, and 8824	11	
12	Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	12	
13	Capital gain distributions. See the instructions	13	
14	Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover		
	Worksheet in the instructions	14	(

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

2. .

15

Schedule D (Form 1040) 2021 Page 2

Part III **Summary** 2,390. 16 Combine lines 7 and 15 and enter the result 16 • 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 • 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? X 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? X 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. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ 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.

Form **8949**

Sales and Other Dispositions of Capital Assets

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

▶ 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

OMB No. 1545-0074

Internal Revenue Service

Name(s) shown on return

Department of the Treasury

Social security number or taxpayer identification number

744-86-3819

BHAGIRADH ELISHETTY

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★ (B) Short-term transactions★ (C) Short-term transactions	reported on	Form(s) 1099	9-B showing bas)
1 (a)	(b)	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below	If you enter an enter a co	any, to gain or loss. amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss). Subtract column (e)
Description of property (Example: 100 sh. XYZ Co.)	Date acquired (Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
Robinhood Securities LLC	12/18/20	06/18/21	2,137.	1,438.			699.
FIDELITY BROKERAGE SERVICES LLC	01/01/21	12/31/21	1,666.	1,585.			81.
ROBINHOOD CRYPTO LLC	01/01/21	09/07/21	6,912.	5,304.			1,608.
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 (al here and ince is checked), lir	lude on your ne 2 (if Box B	10,715.	8,327.			2,388.

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 E (Form 1040)

19

20

21

22

Supplemental Income and Loss

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

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

OMB No. 1545-0074 Attachment

Department of the Treasury Internal Revenue Service (99)

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

Sequence No. 13 Name(s) shown on return Your social security number 744-86-3819 BHAGIRADH ELISHETTY Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Part I Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. A Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions Physical address of each property (street, city, state, ZIP code) Α KUKATPALLY HYDERABAD TELANGANA IN 500072 В C Personal Use 1b Fair Rental Type of Property For each rental real estate property listed QJV above, report the number of fair rental and **Days Days** (from list below) personal use days. Check the **QJV** box only if you meet the requirements to file as a 365 Α Α 0 qualified joint venture. See instructions. В В С C Type of Property: Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) Income: **Properties:** Α 3 Rents received . 600. 3 4 Royalties received 4 Expenses: Advertising 5 5 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance . . . 7 800. 8 8 Commissions. 9 9 Insurance 10 Legal and other professional fees . . . 10 11 11 500. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 Other interest. 14 Repairs. 14 1,500. 15 1,200. 15 Supplies . Taxes 16 16 17 17 2,000. 18 Depreciation expense or depletion . . 18

19

20

21

6,000.

-5,400.

on Form 8582 (see instructions) 5,400.) 600 23a Total of all amounts reported on line 3 for all rental properties 23a **b** Total of all amounts reported on line 4 for all royalty properties 23b 23c **c** Total of all amounts reported on line 12 for all properties d Total of all amounts reported on line 18 for all properties 23d 23e Total of all amounts reported on line 20 for all properties 6,000. Income. Add positive amounts shown on line 21. Do not include any losses 24

25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here.

26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

24			
25	(5,400.)

26

Total expenses. Add lines 5 through 19

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

Deductible rental real estate loss after limitation, if any,

-5,400.





BHAGIRADH

ELISHETTY

3154 SOUTHFIELD DR

HERNDON	VA	20171

SSN-You ELIS		744863819	Vendor ID	1555	2	XXXXX	┐
SSN - Spouse							
Fed Adj Gross Income (FAGI)	1.	50122.	Withholding (VA) - Yo	ou	19A.	2	703.
Additions	2.		Withholding (VA) - Sp	oouse	19B.		
Subtotal	3.	50122.	Estimated Payments		20.		
Age Deduction - You	4A.		2020 Overpayment		21.		
Age Deduction - Spouse	4B.		Extension Payments		22.		
Soc Sec & Tier 1 Railroad	5.		Credit - Low-Income	or EIC	23.		
State Income Tax Overpayment	6.		Credit - Schedule OS	C	24.		
Subtractions	7.		Credits - Schedule CF	र	25.		
Subtotal Subtractions	8.		Total Payments / Cre	dits	26.	2	703.
Total VA Adj Gross Income (VAGI)	9.	50122.	Tax You Owe		27.		
Itemized Deductions - VA Sch A	10.		Tax Overpayment		28.		391.
Standard Deduction	11.	4500.	Overpayment Credite	d to Next Year	29.		
Exemptions	12.	930.	VAC - Virginia 529 / A	BLE	30.		
Deductions	13.		VAC - Other Contribu	tions	31.		
Subtotal (Deductions & Exemptions	s) 14.	5430.	Addition to Tax, Pena	Ity & Interest	32.		
VA Taxable Income	15.	44692.	Sales and Use Tax		33.		
Amount of Tax	16.	2312.	Amount You Owe	Coul N			
Spouse Tax Adjustment (STA)	17.		Will Pay by Credit/Debit Your Refund	Card N	1		391.
VAGI - Spouse	17A.		Donk Douting #		_	0510	00017
Net Amount of Tax	18.	2312.	Bank Routing # Bank Account #	(2 435034	0510 4066261	
L							

__LAR __DLAR __DTD __LTD \$____

Page 1 of 2





1										
Filing Status, Age	& License	Information				Additional Filing Infor	mation			
Filing Status				1		Locality	600			
Federal Head of H	lousehold					Uninsured & Authorize DMAS				
DOB - You		O	327199	3		Name or Filing Status Change				
VA Driver's Licens	se ID - You	C6	605460	8		Address Change				
VA Driver's Licens	e - Iss. Date	e - You O	104202	1		VA Return Not Filed Last Year				
Spouse Name (Fil	ing Status 3	Only)				Dependent on Another's Return				
DOB Spause						Farmer / Fisherman / Merchant Seaman				
DOB - Spouse VA Driver's Licens	:a ID - Snou	20				Amended				
						Reason Code				
	VA Driver's License - Iss. Date - Spouse					Overseas on Due Date				
Exemptions (A) You	1	Exemptions (B) 65 & Over - You	u			Federal EIC & Amount				
Spouse		65 & Over - Sp	ouse			Deceased Indicator				
Dependents		Blind - You				No Sales & Use Tax Due Indicator	X			
Total (A)	1	Blind - Spouse				Obtain Electronic 1099G				
		Total (B)				ID Theft PIN				
		Contact Informati								
						(our) knowledge, it is a true, correct & complete ret vided is for a domestic account within the territorial				
Signature - You			Date		Pho	one - You	9792648427			
Signature - Spouse			Date		Pho	one - Spouse				
Signature - Preparer _	SYAM PRIYA	RAM SAGAR GUPTA TA	LLAM Date	021922	Pho	one - Preparer	6789659522			

Preparer Information

2530 PEBBLE CREEK LN

GLOBAL TAXES LLC

CUMMING

7

GA 30041

P02082703

Page 2 of 2

The Tax Department may discuss my/our return with my/our preparer.

File by May 1, 2022 Include Page 1, Page 2 and all

supporting 760CG documents.

2021 Schedule INC/CG

744863819

Report all W-2s, 1099s & VK-1s with VA Withholding

BHAGIRADH

ELISHETTY



Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
744863819	W	2616.	680535594	30680535594F001	51420.
744863819	W	87.	263305087	30263305087F001	1689.

Total VA Withholding

You

744863819

2703.

Spouse

Total # of W-2s,1099s & VK-1s

02

VA-8879
Virginia Department of Taxation

Virginia Individual Income Tax e-File Signature Authorization

Tax Year 2021

DO NOT SEND THIS VA-8879 TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS. IT MUST BE MAINTAINED IN YOUR FILES!

Virginia Submission Identification Number (SID)				
Your Name	B Your Social Security Number			
BHAGIRADH ELISHETTY	744-86-38			
Spouse's Name	A Spouse's Socia	Security Number		
Part I Tax Return Information	A Spouse	B Yourself		
1. Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1)		50122.		
2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)		50122.		
3. Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)		44692.		
4. Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)		2312.		
5. Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)		2703.		
6. Amount you Owe (Form 760CG, Line 35; Form 760PY, Line 35; Form 763, Line 35)				
7. Refund (Form 760CG, Line 36; 760PY, Line 36; Form 763, Line 36)		391.		
Part II Declaration of Taxpayer and Signature Authorization		371.		
Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the year ending December 31, 2021, and to the best of my knowledge and belief, it is true, correct and complete. I further declare that the information I provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider (including my name, address and social security number or individual tax identification number) and the amount shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If I am filing a balance due return, I understand that if the Virginia Department of Taxation (Virginia Tax) 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 ERO, Transmitter or Intermediate Service Provider to transmit my complete return to Virginia Tax. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, the direct deposit of my refund or direct debit of my tax due. In choosing either direct deposit or direct debit, I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program. Taxpayer's e-File PIN: check one box only I authorize the ERO named below to enter my e-File PIN 6 3 8 1 9 as my signature on my 2021 e-filed Virginia individual income tax return.				
Do not enter all zeros GLOBAL TAXES LLC				
ERO Firm Name				
I will enter my e-File PIN as my signature on my 2021 e-filed Virginia individual income tax return. Check this box only if you are entering your own e-File PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.				
Your Signature Date				
Spouse's e-File PIN: check one box only				
I authorize the ERO named below to enter my e-File PIN as my signature on my 2021 e-filed Virginia individual income tax return. Do not enter all zeros				
ERO Firm Name				
I will enter my e-File PIN as my signature on my 2021 e-filed Virginia individual income tax return. Check this box only if you are entering your own e-File PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.				
Spouse's Signature Date				
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 2 7 8				
Do not enter all zeros I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2021 Virginia individual income tax return 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 Virginia's publication Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2021). EROs may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program. ERO's Signature				
LINO 3 Digital Line Date 02-1	, 44			

SCHEDULE E (Form 1040)

19

20

21

22

Supplemental Income and Loss

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

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

OMB No. 1545-0074 Attachment

Department of the Treasury Internal Revenue Service (99)

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

Sequence No. 13 Name(s) shown on return Your social security number 744-86-3819 BHAGIRADH ELISHETTY Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Part I Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. A Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions Physical address of each property (street, city, state, ZIP code) Α KUKATPALLY HYDERABAD TELANGANA IN 500072 В C Personal Use 1b Fair Rental Type of Property For each rental real estate property listed QJV above, report the number of fair rental and **Days Days** (from list below) personal use days. Check the **QJV** box only if you meet the requirements to file as a 365 Α Α 0 qualified joint venture. See instructions. В В С C Type of Property: Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) Income: **Properties:** Α 3 Rents received . 600. 3 4 Royalties received 4 Expenses: Advertising 5 5 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance . . . 7 800. 8 8 Commissions. 9 9 Insurance 10 Legal and other professional fees . . . 10 11 11 500. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 Other interest. 14 Repairs. 14 1,500. 15 1,200. 15 Supplies . Taxes 16 16 17 17 2,000. 18 Depreciation expense or depletion . . 18

19

20

21

6,000.

-5,400.

on Form 8582 (see instructions) 5,400.) 600 23a Total of all amounts reported on line 3 for all rental properties 23a **b** Total of all amounts reported on line 4 for all royalty properties 23b 23c **c** Total of all amounts reported on line 12 for all properties d Total of all amounts reported on line 18 for all properties 23d 23e Total of all amounts reported on line 20 for all properties 6,000. Income. Add positive amounts shown on line 21. Do not include any losses 24

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