## Form **8879**

(Rev. January 2021)

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.

OMB No. 1545-0074

| Submission Identification Number (SID)  |   |   |  |
|---|---|---|--|
| Taxpayer's name   | Social security   | number  |  |
| GOPI GOVIND RAJ   | 782-34-   | 9623  |  |
| Spouse's name   | Spouse's socia  |   | umber  |
| Port I Toy Poture Information Toy Voca Ending Possenber 21 0001 /Fr   | 100000000000000000000000000000000000000   | a authori   | ring \   |
|   | nter year you ar  | e autnori   | zing.)   |
| 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   |   | 00 001   |
| 1 Adjusted gross income   | +   | 1   | 83,021.  |
| 2 Total tax   |   | 2   | 9,791.   |
| <b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099  | - t   | 3   | 12,982.  |
| 4 Amount you want refunded to you   | +   | 4   | 3,191.   |
| 5 Amount you owe  |   | 5   |  |
| Part II Taxpayer Declaration and Signature Authorization (Be sure you get an  | d keep a copy   | of your   | return)  |
| for any delay in processing the return or refund, and <b>(c)</b> the date of any refund. If applicable, I authorize the Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to termin payment, I must contact the U.S. Treasury Financial Agent at <b>1-888-353-4537</b> . Payment cancellation business days prior to the payment (settlement) date. I also authorize the financial institutions involved in taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended) Electronic Funds Withdrawal Consent.  | indicated in the tactution to debit the content the authorization requests must be the processing of the payment. I furth | x preparation preparation. To revice received nather the electroner acknown | on software for<br>account. This<br>roke (cancel) a<br>to later than 2<br>nic payment of<br>ledge that the |
| Taxpayer's PIN: check one box only  |   | 0 6 2   |  |
| ▼ I authorize GLOBAL TAXES LLC to enter or general  | ate my PIN $\frac{4}{}$   | 9 6 2   | 3 as my  |
| ERO firm name signature on the income tax return (original or amended) I am now authorizing.  | Ente  | er five digits,<br>'t enter all ze  |  |
| I will enter my PIN as my signature on the income tax return (original or amended) I ar if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN m below.  |   |   |  |
| Your signature ► Date ▶   | <b>-</b>  |   |  |
| On source PINI who also are how with  |   |   |  |
| Spouse's PIN: check one box only  |   |   |  |
| I authorize to enter or general   | , .   |   | as my  |
| <b>ERO firm name</b> signature on the income tax return (original or amended) I am now authorizing.   |   | er five digits,<br>'t enter all ze  |  |
| I will enter my PIN as my signature on the income tax return (original or amended) I are if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN m below.   | n now authorizin  | g. Check  | this box <b>only</b>   |
| Spouse's signature ▶ Date ▶   | •   |   |  |
| Practitioner PIN Method Returns Only—continue belo  |   |   |  |
| 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.  | 8 7 2 7 8<br>Don't ente   |   | 9 8 9  |
| I certify that the above numeric entry is my PIN, which is my signature for the electronic individual incom authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am surrequirements of the Practitioner PIN method and <b>Pub. 1345,</b> Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Pub. 1345, Handbook f | ubmitting this retur  | n in accord   | dance with the   |

Date ►

ERO Must Retain This Form — See Instructions

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

ERO's signature ▶

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.

|                                | <b>X S</b>    | Single Married filing jointly   | Marri           | ed filing separately (        | MFS)       | ) Head of       | hous  | sehold (HOH)     | Qua         | llifying wid                   | low(er) (QW)    |
|--------------------------------|---------------|---|-----------------|-------------------------------|------------|-----------------|-------|------------------|-------------|--------------------------------|-----------------|
| Check only one box.            | •             | ou checked the MFS box, enter the coor is a child but not your depender |                 | your spouse. If you           | chec       | ked the HOH o   | or QV | V box, enter th  | ne child's  | name if th                     | ne qualifying   |
| Your first name                | and mi        | iddle initial   | Last na         | ame                           |            |                 |       |                  | Your so     | cial securi                    | ty number       |
| GOPI                           |               |   | GOV             | IND RAJ                       |            |                 |       |                  | 782-        | 34-962                         | :3              |
| If joint return, s             | pouse's       | s first name and middle initial   | Last na         | ame                           |            |                 |       |                  | Spouse      | 's social se                   | curity number   |
|                                | , .           |   | <u> </u>        |                               |            |                 |       |                  |             |                                |                 |
|                                |               | er and street). If you have a P.O. box, se                              | e instructi     | ions.                         |            |                 |       | Apt. no.         | 1           |                                | ion Campaign    |
|                                |               | SBRIDGE RD,   |                 |                               | Ι          |                 | 710   | 10209            | 1           | here if you,<br>if filina ioir | ntly, want \$3  |
|                                |               | ce. If you have a foreign address, also c                               | ompiete s       | spaces below.                 | Sta        |                 |       | code             | to go to    | this fund.                     | Checking a      |
| FARMERS                        |               | NCH   |                 | <u> </u>                      | T:         |                 | 1     | 5234             | -1          | low will not                   | •               |
| Foreign country                | y name        |   |                 | Foreign province/state        | coun/      | ty              | Fore  | eign postal code | your ta.    | x or refund                    | . Spouse        |
| At any time du                 | ring 20       | 021, did you receive, sell, exchange                                    | , or othe       | erwise dispose of ar          | y fina     | ancial interest | in an | y virtual curre  | ncy?        | Yes                            | X No            |
| Standard                       | _             | eone can claim: You as a de   |                 | •                             |            |                 |       |                  |             |                                |                 |
| Deduction                      |               | Spouse itemizes on a separate retu                                      | rn or you       | u were a dual-status          | alier      | 1               |       |                  |             |                                |                 |
| Age/Blindness                  | You:          | Were born before January 2,   | 1957 [          | Are blind Sp                  | ouse       | : Was bo        | rn be | fore January     | 2, 1957     | ☐ Is b                         | lind            |
| Dependents                     | s (see        | instructions):  |                 | (2) Social securit            | у          | (3) Relations   | nip   | (4) 🗸 if c       | ualifies fo | r (see instru                  | uctions):       |
| If more                        | <b>(1)</b> Fi | irst name Last name   |                 | number                        |            | to you          |       | Child tax o      | redit       | Credit for ot                  | ther dependents |
| than four                      |               |   |                 |                               |            |                 |       |                  |             |                                |                 |
| dependents,<br>see instruction | s             |   |                 |                               |            |                 |       |                  |             |                                |                 |
| and che <u>ck</u>              |               |   |                 |                               |            |                 |       |                  |             |                                |                 |
| here ▶                         |               |   |                 |                               |            |                 |       |                  |             |                                |                 |
|                                | _1_           | Wages, salaries, tips, etc. Attach                                      | Form(s)         | W-2                           |            |                 |       |                  | . 1         |                                | 93,538.         |
| Attach<br>Sch. B if            | 2a            | Tax-exempt interest   | 2a              |                               | b T        | axable interes  | t     |                  | . 2k        | )                              |                 |
| required.                      | 3a            | Qualified dividends   | 3a              |                               | <b>b</b> ( | Ordinary divide | nds   |                  | . 3b        | )                              |                 |
|                                | 4a            | IRA distributions   | 4a              |                               | <b>b</b> T | axable amour    | nt.   |                  | . 4b        | )                              |                 |
|                                | 5a            | Pensions and annuities  | 5a              |                               | <b>b</b> T | axable amour    | nt.   |                  | . 5b        |                                |                 |
| Standard                       | 6a            | Social security benefits  | 6a              |                               | b T        | axable amour    | nt .  |                  | . 6b        |                                |                 |
| Deduction for—                 | 7             | Capital gain or (loss). Attach Sche                                     | edule D i       | f required. If not req        | uired      | l, check here   |       | ▶[               | _ 7         |                                | -1,017.         |
| Single or<br>Married filing    | 8             | Other income from Schedule 1, lin                                       | ne 10           |                               |            |                 |       |                  | . 8         |                                | -9,500.         |
| separately,<br>\$12,550        | 9             | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,                                     | and 8.          | This is your <b>total inc</b> | ome        |                 |       |                  | ▶ 9         |                                | 83,021.         |
| Married filing                 | 10            | Adjustments to income from Scho   | edule 1,        | line 26                       |            |                 |       |                  | . 10        | )                              |                 |
| jointly or<br>Qualifying       | 11            | Subtract line 10 from line 9. This                                      | s your <b>a</b> | djusted gross inco            | me         |                 |       |                  | <b>▶</b> 11 |                                | 83,021.         |
| widow(er),<br>\$25,100         | 12a           | Standard deduction or itemized  | deduct          | tions (from Schedule          | e A)       | 12              | а     | 12,55            | 0.          |                                |                 |
| Head of                        | b             | Charitable contributions if you take                                    | the sta         | ndard deduction (see          | inst       | ructions) 12    | b     | 30               | 0.          |                                |                 |
| household,<br>\$18,800         | С             | Add lines 12a and 12b   |                 |                               |            |                 |       |                  | . 12        | С                              | 12,850.         |
| If you checked                 | 13            | Qualified business income deduc   | tion fron       | n Form 8995 or Forn           | n 899      | 95-A            |       |                  | . 13        | <u> </u>                       |                 |
| any box under<br>Standard      | 14            | Add lines 12c and 13  |                 |                               |            |                 |       |                  | . 14        | 1                              | 12,850.         |
| Deduction, see instructions.   | 15            | Taxable income. Subtract line 14  | l from lir      | ne 11. If zero or less        | ente       | er-0            |       |                  | . 15        | 5                              | 70,171.         |

|                                    | 16       | Tax (see instructions). Check if any from Form(s): 1   | 8814 <b>2</b> 4972                 | 3 🗌                 |                             | 16                     | 11,187.                   |
|------------------------------------|----------|--|------------------------------------|---------------------|-----------------------------|------------------------|---------------------------|
|                                    | 17       | Amount from Schedule 2, line 3   |                                    |                     |                             | 17                     |                           |
|                                    | 18       | Add lines 16 and 17  |                                    |                     |                             | 18                     | 11,187.                   |
|                                    | 19       | Nonrefundable child tax credit or credit for other depe  | ndents from Schedule               | e 8812 .            |                             | 19                     |                           |
|                                    | 20       | Amount from Schedule 3, line 8   |                                    |                     |                             | 20                     | 1,396.                    |
|                                    | 21       | Add lines 19 and 20  |                                    |                     |                             | 21                     | 1,396.                    |
|                                    | 22       | Subtract line 21 from line 18. If zero or less, enter -0-  |                                    |                     |                             | 22                     | 9,791.                    |
|                                    | 23       | Other taxes, including self-employment tax, from Sche  | edule 2, line 21 .                 |                     |                             | 23                     | 0.                        |
|                                    | 24       | Add lines 22 and 23. This is your <b>total tax</b>   |                                    |                     | 🕨                           | 24                     | 9,791.                    |
|                                    | 25       | Federal income tax withheld from:  |                                    |                     |                             |                        |                           |
|                                    | а        | Form(s) W-2  |                                    | 25a                 | 12,982.                     |                        |                           |
|                                    | b        | Form(s) 1099   |                                    | 25b                 |                             |                        |                           |
|                                    | С        | Other forms (see instructions)   |                                    | 25c                 |                             |                        |                           |
|                                    | d        | Add lines 25a through 25c  |                                    |                     |                             | 25d                    | 12,982.                   |
| If you have a                      | 26       | 2021 estimated tax payments and amount applied from  |                                    |                     |                             | 26                     |                           |
| qualifying child,                  | 27a      | Earned income credit (EIC)   | No                                 | 27a                 |                             |                        |                           |
| attach Sch. EIC.                   |          | Check here if you were born after January 1, 19 January 2, 2004, and you satisfy all the other r taxpayers who are at least age 18, to claim the EIC. So | requirements for ee instructions ► |                     |                             |                        |                           |
|                                    | b        | Nontaxable combat pay election 27  | +                                  | -                   |                             |                        |                           |
|                                    | С        | Prior year (2019) earned income  | _                                  | -                   |                             |                        |                           |
|                                    | 28       | Refundable child tax credit or additional child tax credit   |                                    | 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                  | Br. K                       | -                      |                           |
|                                    | 32       | Add lines 27a and 28 through 31. These are your <b>total</b>   |                                    |                     |                             | 32                     | 12 002                    |
|                                    | 33       | Add lines 25d, 26, and 32. These are your <b>total payment</b>   |                                    |                     |                             | 33                     | 12,982.<br>3,191.         |
| Refund                             | 34       | If line 33 is more than line 24, subtract line 24 from line  |                                    |                     |                             | 34<br>35a              | 3,191.                    |
| Direct deposit?                    | 35a      | Amount of line 34 you want <b>refunded to you.</b> If Form Routing number $\begin{array}{ c c c c c c c c c c c c c c c c c c c$                         |                                    | Ck nere .  Checking |                             | SSA                    | 3,191.                    |
| See instructions.                  | ►b<br>►d | Account number 3 2 5 0 5 7 1 8 8   | ,, <u> </u>                        | Checking            | Savings                     |                        |                           |
|                                    | 36       | Amount of line 34 you want applied to your 2022 esting   |                                    | 36                  |                             |                        |                           |
| Amount                             | 37       | Amount you owe. Subtract line 33 from line 24. For d   |                                    |                     | ns . ▶                      | 37                     |                           |
| You Owe                            | 38       | Estimated tax penalty (see instructions)   |                                    | 38                  |                             | 37                     |                           |
| Third Party                        |          | you want to allow another person to discuss this   |                                    |                     |                             |                        |                           |
| Designee                           | ins      | ructions   |                                    | . ▶ ☐ Ye            | s. Complete Personal identi |                        | <b>X</b> No               |
|                                    |          |  | o. <b>▶</b>                        |                     | number (PIN)                |                        |                           |
| Sign                               |          | er penalties of perjury, I declare that I have examined this returef, they are true, correct, and complete. Declaration of preparer                      |                                    |                     |                             |                        |                           |
| Here                               | You      | r signature Date   | Your occupation                    |                     | If the                      | e IRS ser              | nt you an Identity        |
|                                    | <b>k</b> |  |                                    |                     | <b>I</b>                    | tection Pl<br>inst.) ▶ | IN, enter it here         |
| Joint return?<br>See instructions. | Cm       | use's signature If a injust waterum heath mount sign.  | SOFTWARE :                         |                     | ,                           |                        | t vour spouse an          |
| Keep a copy for your records.      | Spo      | use's signature. If a joint return, <b>both</b> must sign. Date  | Spouse's occupat                   | ion                 | Iden                        | ntity Prote            | ection PIN, enter it here |
| ,                                  |          | (510) 450, 0451  |                                    |                     | ,                           | inst.) ►               |                           |
|                                    |          | ne no. (510)458-9471 Email add parer's name Preparer's signature   | ress GOPI.GOVINDE                  |                     |                             |                        | Ob I. if                  |
| Paid                               |          | · · ·   · · · · · · · · · · · · · · ·  | AD GUDDA MATTA                     | Date                | PTIN                        | 2762                   | Check if: Self-employed   |
| Preparer                           |          | PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAG  | AK GUPTA TALLAM                    | 02/17/20            |                             |                        |                           |
| Use Only                           |          | n's name ► GLOBAL TAXES LLC  | -i                                 |                     |                             |                        | 678)965-9522              |
|                                    |          | n's address ▶ 2530 Pebble Creek Ln Cumm  |                                    |                     | <u> </u>                    | n's EIN ▶              |                           |
| Go to www.irs.go                   | ov/Form  | 1040 for instructions and the latest information.  | BAA                                | REV 02/05/22 F      | PRO                         |                        | Form <b>1040</b> (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
GOPI GOVIND RAJ

Your social security number
782-34-9623

| Par        | Additional income   |        |    |         |
|------------|---|--------|----|---------|
| 1          | Taxable refunds, credits, or offsets of state and local income taxes  | 3      | 1  |         |
| <b>2</b> 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, transchedule E   | •      | 5  | -9,500. |
| 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 | -9,500. |

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

| Par | Adjustments to Income  |            |   |         |      |
|-----|--|------------|---|---------|------|
| 11  | Educator expenses  |            |   | <br>11  |      |
| 12  | Certain business expenses of reservists, performing artists, and fee 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  |      |
| 19a | Alimony paid   |            |   | <br>19a |      |
| b   | Recipient's SSN  | <b>_</b> _ |   |         |      |
| С   | Date of original divorce or separation agreement (see instructions)  | <b></b>    |   |         |      |
| 20  | IRA deduction  |            |   | <br>20  |      |
| 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)   | 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   | 24g        |   |         |      |
| h   | Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)  | 24h        |   |         |      |
| i   | Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations | 24i        |   |         |      |
| j   | Housing deduction from Form 2555   | 24j        |   |         |      |
| k   | Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)  | 24k        |   |         |      |
| Z   | Other adjustments. List type and amount ▶  | 24z        |   |         |      |
| 25  | Total other adjustments. Add lines 24a through 24z   |            |   | <br>25  | <br> |
| 26  | Add lines 11 through 23 and 25. These are your <b>adjustments</b> here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, lin                          |            |   | 26      |      |

# SCHEDULE 3 (Form 1040)

**Additional Credits and Payments** 

OMB No. 1545-0074

2021

Attachment Sequence No. 03

Department of the Treasury Internal Revenue Service

GOPI GOVIND RAJ

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

Your social security number 782-34-9623

| Par    | t I Nonrefundable Credits  |   |        |
|--------|--|---|--------|
| 1      | Foreign tax credit. Attach Form 1116 if required                                       | 1 |        |
| 2      | Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 | 2 |        |
| 3      | Education credits from Form 8863, line 19  | 3 | 1,396. |
| 4      | Retirement savings contributions credit. Attach Form 8880                              | 4 |        |
| 5      | Residential energy credits. Attach Form 5695   | 5 |        |
| 6      | Other nonrefundable credits:   |   |        |
| а      | General business credit. Attach Form 3800 6a   |   |        |
| b      | Credit for prior year minimum tax. Attach Form 8801 6b                                 |   |        |
| С      | Adoption credit. Attach Form 8839 6c   |   |        |
| d      | Credit for the elderly or disabled. Attach Schedule R 6d                               |   |        |
| е      | Alternative motor vehicle credit. Attach Form 8910 6e                                  |   |        |
| f      | Qualified plug-in motor vehicle credit. Attach Form 8936 6f                            |   |        |
| g      | Mortgage interest credit. Attach Form 8396 6g  |   |        |
| h      | District of Columbia first-time homebuyer credit. Attach Form 8859 6h                  |   |        |
| i      | Qualified electric vehicle credit. Attach Form 8834 6i                                 |   |        |
| j      | Alternative fuel vehicle refueling property credit. Attach Form 8911 6j                |   |        |
| k      | Credit to holders of tax credit bonds. Attach Form 8912 6k                             |   |        |
| 1      | Amount on Form 8978, line 14. See instructions 6I                                      |   |        |
| Z      | Other nonrefundable credits. List type and amount ▶6z                                  |   |        |
| 7      | Total other nonrefundable credits. Add lines 6a through 6z                             | 7 |        |
| 7<br>8 | Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR,         |   |        |
| O      | line 20  | 8 | 1,396. |

Schedule 3 (Form 1040) 2021 Page **2** 

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

BAA

### 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 782-34-9623 GOPI GOVIND RAJ 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. with column (g) line 2. 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 . . . . . . . . . . . . . . . . . 44,757. 45,774. -1,017.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 long--1,017. term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . . . . . 7 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 Totals for all transactions reported on Form(s) 8949 with 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III 15

Schedule D (Form 1040) 2021 Page 2

## Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 -1,017.• 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? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . . . . . . . . . . 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. 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 1,017.) • (\$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.

## Sales and Other Dispositions of Capital Assets

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

Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

Sequence No. 12A

Name(s) shown on return GOPI GOVIND RAJ Social security number or taxpayer identification number 782-34-9623

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.

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I 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                               | I to you on F                  | orm 1099-B                          |   |                                     |                                       |  |  |   |
|---|--|--------------------------------|-------------------------------------|---|-------------------------------------|---------------------------------------|--|--|---|
| (a) Description of property   | (b) Date acquired                          | (c)<br>Date sold or            | Date sold or                        | Data sold or Proceeds                                 | Proceeds                            |                                       | OW See the separate instruction                              |  | (h) Gain or (loss). 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 | (f)<br>Code(s) from<br>instructions | <b>(g)</b><br>Amount of<br>adjustment | from column (d) and<br>combine the result<br>with column (g) |  |   |
| Robinhood Securities LLC  | 01/01/21                                   | 12/31/21                       | 44,757.                             | 45,774.   |                                     |                                       | -1,017.  |  |   |
|   |  |                                |                                     |   |                                     |                                       |  |  |   |
|   |  |                                |                                     |   |                                     |                                       |  |  |   |
|   |  |                                |                                     |   |                                     |                                       |  |  |   |
|   |  |                                |                                     |   |                                     |                                       |  |  |   |
|   |  |                                |                                     |   |                                     |                                       |  |  |   |
|   |  |                                |                                     |   |                                     |                                       |  |  |   |
|   |  |                                |                                     |   |                                     |                                       |  |  |   |
|   |  |                                |                                     |   |                                     |                                       |  |  |   |
|   |  |                                |                                     |   |                                     |                                       |  |  |   |
|   |  |                                |                                     |   |                                     |                                       |  |  |   |
|   |  |                                |                                     |   |                                     |                                       |  |  |   |
|   |  |                                |                                     |   |                                     |                                       |  |  |   |
|   |  |                                |                                     |   |                                     |                                       |  |  |   |
| 2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above above is checked) or line 3 (if Box A) | al here and inc<br>is checked), <b>lir</b> | lude on your<br>ne 2 (if Box B | 44 757                              | 45 774  |                                     |                                       | _1 017   |  |   |

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)

## **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.

2021
Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

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

Attachment Sequence No. 13

| GOPI          | GOVIND RAJ                     |  |              |               |            |           |              | 78           | 32-34   | 1-962      | 3           |   |
|---------------|--------------------------------|--|--------------|---------------|------------|-----------|--------------|--------------|---------|------------|-------------|---|
| Part          | Income or Loss Fron            | n Rental Real Estate and Roy   | altie        | s Note        | : If you a | re in th  | e business o | f rent       | ing per | sonal pr   | operty, use |   |
|               | Schedule C. See instruc        | ctions. If you are an individual, repo   | ort far      | m rental ir   | ncome o    | r loss fr | om Form 48   | <b>35</b> or | page    | 2, line 40 | ٥.          |   |
| A Dic         | I you make any payments in     | 2021 that would require you to   | file F       | orm(s) 1      | 099? Se    | e instr   | uctions .    |              |         | . 🗌 Y      | ′es 🔀 No    |   |
| B If "        | Yes," did you or will you file | required Form(s) 1099?   |              |               |            |           |              |              |         | . 🗌 Y      | 'es 🗌 No    |   |
| 1a            | -                              | property (street, city, state, ZIP   |              |               |            |           |              |              |         |            |             |   |
| Α             | SAKET KAPRA VILLA              | GE, ECIL HYDERABAD T   | ELA          | NGANA         | IN 50      | 0062      |              |              |         |            |             |   |
| В             |                                |  |              |               |            |           |              |              |         |            |             | _ |
| С             |                                |  |              |               |            |           |              |              |         |            |             | _ |
| 1b            |                                | For each rental real estate prop   |              |               |            |           | Rental       | Per          | sonal   |            | QJV         |   |
|               | (from list below)              | above, report the number of fair<br>personal use days. Check the <b>C</b><br>if you meet the requirements to | <b>)JV</b> b | ox only       |            |           | ays          |              | Days    |            |             | _ |
| <u>A</u>      | 3                              | if you meet the requirements to qualified joint venture. See instr   | file a       | is a          | A          |           | 365          |              |         | 0          |             | _ |
| В             |                                | qualified joint venture. See insti   | uctio        | 115.          | В          |           |              |              |         |            |             | _ |
| _ C           | (D)                            |  |              |               | С          |           |              |              |         |            |             | _ |
|               | of Property:                   | Varation/Object Tame Destal  |              |               | 7          | 0-16      | D t - 1      |              |         |            |             |   |
| _             |                                | Vacation/Short-Term Rental   |              |               |            | Self-     |              |              |         |            |             |   |
| Incom         | ,                              | Commercial Properties:   | ь кс         | yalties       |            | Othe      | r (describe) |              |         |            |             |   |
|               |                                | •  | 3            |               | Α          | -00       | В            | •            | -       |            | С           | _ |
| <u>3</u><br>4 |                                |  | 4            |               |            | 500.      |              |              | -       |            |             | _ |
| Expen         |                                |  | 4            |               |            |           |              |              |         |            |             | _ |
| -             | Advertising                    |  | 5            |               |            |           |              |              |         |            |             |   |
| 6             | Auto and travel (see instruc   |  | 6            |               |            |           |              |              |         |            |             | _ |
| 7             | Cleaning and maintenance       | · · · · · · · · · · · · · · · · · · ·  | 7            |               | 1 5        | 500.      |              |              |         |            |             | _ |
| 8             | Commissions                    | i i  | 8            |               |            | ,00.      |              |              |         |            |             | _ |
| 9             | Insurance                      | +  | 9            |               |            |           |              |              |         |            |             | _ |
| 10            | Legal and other profession     | ī  | 10           |               |            |           |              |              |         |            |             | _ |
| 11            | Management fees                |  | 11           |               | 1.0        | 000.      |              |              |         |            |             | _ |
| 12            |                                | panks, etc. (see instructions)   | 12           |               |            | , , , ,   |              |              |         |            |             | _ |
| 13            | Other interest                 |  | 13           |               |            |           |              |              |         |            |             | _ |
| 14            | Repairs                        | i i  | 14           |               | 2,3        | 300.      |              |              |         |            |             | _ |
| 15            | Supplies                       | +  | 15           |               |            | 300.      |              |              |         |            |             | _ |
| 16            | Taxes                          | Ī  | 16           |               |            |           |              |              |         |            |             |   |
| 17            | Utilities                      |  | 17           |               | 3,0        | 00.       |              |              |         |            |             |   |
| 18            | Depreciation expense or de     | epletion   | 18           |               |            |           |              |              |         |            |             |   |
| 19            | Other (list) ▶                 |  | 19           |               |            |           |              |              |         |            |             |   |
| 20            | Total expenses. Add lines      |  | 20           |               | 10,1       | .00.      |              |              |         |            |             |   |
| 21            | Subtract line 20 from line 3   | 3 (rents) and/or 4 (royalties). If   |              |               |            |           |              |              |         |            |             |   |
|               |                                | ctions to find out if you must   |              |               |            |           |              |              |         |            |             |   |
|               | file <b>Form 6198</b>          |  | 21           |               | -9,5       | 500.      |              |              |         |            |             | _ |
| 22            |                                | te loss after limitation, if any,  |              |               |            |           |              |              |         |            |             |   |
|               | on Form 8582 (see instruct     | -  | 22           | (             | 9,50       |           | (            |              | )(      |            |             | ) |
|               |                                | ed on line 3 for all rental proper   |              |               |            | 23a       |              | 6            | 00.     |            |             |   |
|               |                                | ed on line 4 for all royalty prope   | erties       |               |            | 23b       |              |              |         |            |             |   |
|               |                                | ed on line 12 for all properties   |              |               |            | 23c       |              |              |         |            |             |   |
|               | •                              | ed on line 18 for all properties   |              |               |            | 23d       |              | •            |         |            |             |   |
|               | •                              | ed on line 20 for all properties   | : :          |               |            | 23e       | 1            | 0,1          |         |            |             |   |
| 24            | ·                              | ounts shown on line 21. <b>Do not</b>  |              | -             |            |           |              |              | 24      |            | 0.500       | _ |
| 25            | * *                            | rom line 21 and rental real estate   |              |               |            |           |              |              | 25 (    |            | 9,500.      | ) |
| 26            |                                | nd royalty income or (loss).   |              |               |            |           |              |              |         |            |             |   |
|               |                                | d line 40 on page 2 do not a   |              |               |            |           |              | on           | 26      |            | -9,500.     |   |
|               | Schedule i (FOIII 1040), Ilf   | ne 5. Otherwise, include this am   | iouri        | i iii iiie ii | ו ווט ומו  | 1116 4 I  | on page 2    |              | 26      |            | - J, JUU.   | , |

Department of the Treasury Internal Revenue Service (99)

## **Education Credits** (American Opportunity and Lifetime Learning Credits)

► Attach to Form 1040 or 1040-SR.

▶ Go to www.irs.gov/Form8863 for instructions and the latest information.

OMB No. 1545-0074 Attachment Sequence No. **50** 

Name(s) shown on return GOPI GOVIND RAJ Your social security number 782-34-9623



Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.

| Part     | Refundable American Opportunity Credit   |         |             |          |         |
|----------|--|---------|-------------|----------|---------|
| 1        | After completing Part III for each student, enter the total of all amounts from all P  | arts II | II, line 30 | 1        |         |
| 2        | Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er)   | 2       |             |          |         |
| 3        | Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter | 3       |             |          |         |
| 4        | Subtract line 3 from line 2. If zero or less, <b>stop</b> ; you can't take any education credit  | 4       |             |          |         |
| 5        | Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)  | 5       |             |          |         |
| 6        | If line 4 is:  |         | ١           |          |         |
|          | • Equal to or more than line 5, enter 1.000 on line 6  |         |             | 6        |         |
|          | • Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rou at least three places)   |         | <b>I</b>    | 6        |         |
| 7        | Multiply line 1 by line 6. <b>Caution:</b> If you were under age 24 at the end of th   |         |             |          |         |
| 7        | conditions described in the instructions, you can't take the refundable America  |         |             |          |         |
|          | skip line 8, enter the amount from line 7 on line 9, and check this box  |         |             | 7        |         |
| 8        | Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter   |         |             |          |         |
|          | on Form 1040 or 1040-SR, line 29. Then go to line 9 below  |         |             | 8        |         |
| Part     |  |         |             |          |         |
| 9        | Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet  | •       | ,           | 9        |         |
| 10       | After completing Part III for each student, enter the total of all amounts from a  |         |             |          | 10.000  |
|          | zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19  |         |             | 10       | 10,800. |
| 11<br>12 | Enter the smaller of line 10 or \$10,000   |         |             | 11<br>12 | 10,000. |
|          | Multiply line 11 by 20% (0.20)   |         | <br>I       | 12       | 2,000.  |
| 13       | qualifying widow(er)   | 13      | 90,000.     |          |         |
| 14       | Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for                     |         |             |          |         |
|          | the amount to enter  | 14      | 83,021.     |          |         |
| 15       | Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19  | 15      | 6,979.      |          |         |
| 16       | Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)  | 16      | 10,000.     |          |         |
| 17       | If line 15 is:   |         |             |          |         |
|          | • Equal to or more than line 16, enter 1.000 on line 17 and go to line 18  |         |             |          |         |
|          | • Less than line 16, divide line 15 by line 16. Enter the result as a decimal (roun places)  |         |             | 17       | 0.698   |
| 18       | Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet  | •       | ,           | 18       | 1,396.  |
| 19       | <b>Nonrefundable education credits.</b> Enter the amount from line 7 of the Credit instructions) here and on Schedule 3 (Form 1040), line 3                                |         | ,           | 19       | 1,396.  |

| Name(s) shown on return | Your social security number |
|-------------------------|-----------------------------|
| GOPI GOVIND RAJ         | 782-34-9623                 |



Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.

| Par      | Student and Educational Institution Information  | <b>1.</b> See i | nstructions.   |                         |  |
|----------|--|-----------------|--|-------------------------|--|
| 20       | Student name (as shown on page 1 of your tax return) GOPI  |                 | Student social security number (as sour tax return)  | hown                    | on page 1 of                           |
|          | GOVIND RAJ   | ,               | 782-34-9623  |                         |  |
| 22       | Educational institution information (see instructions)   | I               |  |                         |  |
| a        | Name of first educational institution  | <b>b.</b> N     | lame of second educational instituti   | ion (if                 | any)                                   |
|          | UNIVERSITY OF THE CUMBERLANDS  |                 |  |                         |  |
| (        | <ol> <li>Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</li> <li>6178 COLLEGE STATION DR</li> </ol>   | (1)             | Address. Number and street (or P. post office, state, and ZIP code. If instructions.   |                         |  |
|          | WILLIAMSBURG KY 40769  |                 |  |                         |  |
|          | 2) Did the student receive Form 1098-T       from this institution for 2021?       ▼ Yes  No   | (2)             | Did the student receive Form 1098 from this institution for 2021?  | -T _                    | Yes No                                 |
| (        | 3) Did the student receive Form 1098-T from this institution for 2020 with box ☒ Yes ☐ No 7 checked?   | (3)             | Did the student receive Form 1098 from this institution for 2020 with b 7 checked?   |                         | Yes No                                 |
| (        | 4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.  |                 | Enter the institution's employer (EIN) if you're claiming the America if you checked "Yes" in (2) or (3) from Form 1098-T or from the institution. | an opp<br>J. You        | oortunity credit or<br>can get the EIN |
|          | 61-0470593   |                 |  |                         |  |
| 23       | Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2021?  |                 | s - Stop! to line 31 for this student.  No   | – Go                    | to line 24.                            |
| 24       | Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2021 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions. | X Ye            |  | – <b>Sto</b><br>his stu | <b>p!</b> Go to line 31<br>udent.      |
| 25       | Did the student complete the first 4 years of postsecondary education before 2021? See instructions.   | × Go            | s - Stop! to line 31 for this No   | – Go                    | to line 26.                            |
| 26       | Was the student convicted, before the end of 2021, of a felony for possession or distribution of a controlled substance?   | ☐ Go            |  |                         | mplete lines 27<br>O for this student. |
| CAUT     | you complete lines 27 through 30 for this student, don't c   |                 |  | in the                  | e same year. If                        |
|          | American Opportunity Credit  |                 |  |                         |  |
| 27       | Adjusted qualified education expenses (see instructions). Don  |                 |  | 27                      |  |
| 28       | Subtract \$2,000 from line 27. If zero or less, enter -0   |                 |  | 28                      |  |
| 29       | 1 3 4 7  |                 |  | 29                      |  |
| 30       | If line 28 is zero, enter the amount from line 27. Otherwise, a  |                 |  | 00                      |  |
|          | enter the result. Skip line 31. Include the total of all amounts fine Lifetime Learning Credit   | rom all I       | rarts III, line 30, on Part I, line 1.   | 30                      |  |
| <u> </u> |  | الماميان        | total of all apparents from all D  |                         |  |
| 31       | Adjusted qualified education expenses (see instructions). Incl III, line 31, on Part II, line 10   |                 |  | 31                      | 10,800.                                |