£1040

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

2021

OMB No. 1545-0074

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

Filing Status Check only one box.	If yo	Single Married filing jointly [ou checked the MFS box, enter the reson is a child but not your dependent	name of	0 ,	` ′	_		` ,	_		, ,	` , ` ,
Your first name	and m	iddle initial	Last na	ame					You	Your social security number		
RADHA KRISHNA				OJU					23	236-69-5036		
If joint return, s	pouse's	s first name and middle initial	Last na	ame					Spo	Spouse's social security number		
DIVYA			UPP	ALA					AP	APPLIED FOR		
Home address	(numbe	er and street). If you have a P.O. box, see	instruct	ions.				Apt. no.	Presidential Election Ca			on Campaign
140 LAK	E VI	LLAGE DR							Check here if you, or your			
		ce. If you have a foreign address, also co	omplete :	spaces below.	Sta	ate	ZIP	TP CODE		spouse if filing jointly, want \$3		
WALLED :	LAKE						48	10200		to go to this fund. Checking a box below will not change		
Foreign countr	y name			Foreign province/stat	e/coun	ty	Fore				or refund.	
At any time du	ıring 20	021, did you receive, sell, exchange	, or oth	erwise dispose of a	ıny fina	ancial interes	st in an	y virtual curi	rency?		X Yes	☐ No
Standard Deduction	_	neone can claim:	•			'	nt					
Age/Blindness	s You	: Were born before January 2, 1	957 [Are blind S	pouse	: Was b	oorn be	fore Januar	y 2, 19	57	☐ Is bl	ind
Dependent	s (see	instructions):		(2) Social secur	rity	(3) Relation	nship	(4) 🗸 if	qualifie	s for ((see instru	ctions):
If more	(1) F	irst name Last name		number		to you	ı	Child tax	credit	С	redit for oth	her dependents
than four												
dependents, see instruction	۰										[<u> </u>
and check											[
here ▶ □												
	1	Wages, salaries, tips, etc. Attach	Form(s)	W-2						1		72,833.
Attach	2a	Tax-exempt interest	2a		b T	axable inter	est			2b		
Sch. B if required.	3a	Qualified dividends	3a		b Ordinary dividend		dends			3b		2.
required.	4a	IRA distributions	4a		b Taxable amount .					4b		
	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	if required. If not re	quired	l, check here	e .	🕨		7		352.
 Single or Married filing 	8	Other income from Schedule 1, line 10								8		
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								9	-	73,187.
Married filing	10	Adjustments to income from Schedule 1, line 26										
jointly or Qualifying 11 Subtract line 10 from line 9. This is your adjusted gross income							▶	11	-	73,187.		
widow(er),	12a	Standard deduction or itemized	•			-	12a	25,1	00.			
\$25,100 • Head of	b	Charitable contributions if you take the standard deduction (see instructions) 12b 600										
household, \$18,800	С	Add lines 12a and 12b								12c] 2	25,700.
• If you checked	13	Qualified business income deduct			m 899	95-A			.	13		
any box under Standard	14	Add lines 12c and 13								14		25,700.
Deduction,	15	Taxable income. Subtract line 14	from lin	ne 11. If zero or les	s, ente	er -0			.	15		47,487.

	16	Tax (see instructions). Check if any from Form(s):	1 8814	2 4972	3 🗌		. [16	5,299.
	17	Amount from Schedule 2, line 3					. [17	
	18	Add lines 16 and 17						18	5,299.
	19	Nonrefundable child tax credit or credit for other	er dependen	ts 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, ent	ter -0					22	5,299.
	23	Other taxes, including self-employment tax, from	m Schedule	2, line 21				23	0.
	24	Add lines 22 and 23. This is your total tax .					•	24	5,299.
	25	Federal income tax withheld from:							
	а	Form(s) W-2			25a	8,3	96.		
	b	Form(s) 1099			25b				
	С	Other forms (see instructions)			25c				
	d	Add lines 25a through 25c						25d	8,396.
	26	2021 estimated tax payments and amount appl					. [26	
If you have a liqualifying child,	27a	Earned income credit (EIC)			27a				
attach Sch. EIC.		Check here if you were born after January					\neg		
		January 2, 2004, and you satisfy all the o	other requir	ements for					
		taxpayers who are at least age 18, to claim the	1 1	structions > _					
	b	Nontaxable combat pay election			-				
	С	Prior year (2019) earned income	27c						
	28	Refundable child tax credit or additional child tax			28		-		
	29	American opportunity credit from Form 8863, lin			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 you					-	32	
	33	Add lines 25d, 26, and 32. These are your total					•	33	8,396.
Refund	34	If line 33 is more than line 24, subtract line 24 fr			-	-	<u>.</u>	34	3,097.
	35a	Amount of line 34 you want refunded to you. If			ck here Checking		ш	35a	3,097.
Direct deposit? See instructions.	►b	Routing number 0 7 2 0 0 0 3 2							
	▶ d	Account number 6 8 1 1 1 8 1 0							
	36	Amount of line 34 you want applied to your 202			36	_			
Amount	37	Amount you owe. Subtract line 33 from line 24			1 1	ctions .		37	
You Owe	38	Estimated tax penalty (see instructions)			38				
Third Party		you want to allow another person to discuss ructions				Yes. Comp	loto ba	.la	× No
Designee		ignee's	Phone			Personal			ĭ NU
		ignees	no.			number (l		allon	
Sign	Und	er penalties of perjury, I declare that I have examined the	his return and	accompanying sch	edules and	statements,	and to t	he bes	t of my knowledge and
Here	bel	ef, they are true, correct, and complete. Declaration of p	reparer (other	than taxpayer) is ba	sed on all i	nformation of	which p	orepare	er has any knowledge.
Here	You	r signature Da	Date Your occupation						t you an Identity
	N					1D	Protection (see in		N, enter it here
Joint return? See instructions.	Sp.	use's signature. If a joint return, both must sign.	SOFTWARE ENGINEER Date Spouse's occupation				`		t your spouse an
Keep a copy for	Spo	use's signature. If a joint return, both must sign.	ate	Spouse's occupati	OH				ection PIN, enter it here
your records.			HOME MAKER					st.) 🖊	
	Pho	ne no. (234)281-8834 Er	mail address	embedded.rkr	ishna@qm	ail.com			
Deid	Pre	parer's name Preparer's signature	,		Date	PT	IN		Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RA	M SAGAR (GUPTA TALLAM	05/13/	2022 P0	2082	703	Self-employed
Preparer	Firr							no. (678)965-9522
Use Only	Firr	Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041 Firm's							·
Go to www.irs.go	ov/Form	1040 for instructions and the latest information.		BAA	REV 04/20/	22 PRO			Form 1040 (2021)

Form 1040 (2021)

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SCHEDULE D (Form 1040)

Capital Gains and Losses

► 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.

2021

OMB No. 1545-0074

Attachment Sequence No. **12**

Department of the Treasury Internal Revenue Service (99)

Name(s) shown on return

Your social security number 236-69-5036

RADHA KRISHNA PALOJU & DIVYA UPPALA 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. Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions) See instructions for how to figure the amounts to enter on the (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 14,546. 14,194. 352. 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 7 352. 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 Box E checked 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

BAA

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Schedule D (Form 1040) 2021 Page 2

Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 352. • 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. 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.

Sales and Other Dispositions of Capital Assets

Department of the Treasury Internal Revenue Service

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

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

Attachment Sequence No. 12A

OMB No. 1545-0074

N	ame(s)	S	ho	wn	on	return	
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RADHA KRISHNA PALOJU & DIVYA UPPALA

Social security number or taxpayer identification number 236-69-5036

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

) Short-term transactions	not reported	to you on F	orm 1099-B					
1	(a) Description of property	(b) Date acquired		(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column</i> (e)	If you enter an enter a c	f any, to gain or loss. amount in column (g), ode in column (f). parate instructions.	(h) Gain or (loss). Subtract column (e) from column (d) and	
	(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	(Mo., day, yr.)	(see instructions)	in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)	
Robin	nood Securities LLC	05/05/21	12/12/21	14,546.	14,194.			352.	
nega Sche	Is. Add the amounts in columns tive amounts). Enter each totadule D, line 1b (if Box A above e is checked). or line 3 (if Box C	al here and inc e is checked), lir	lude on your ne 2 (if Box B	14.546.	14.194.			352.	

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.



Application for IRS Individual Taxpayer Identification Number

An IRS individual taxpayer identification number (ITIN) is for U.S. federal tax purposes only.

OMB No. 1545-0074

Application type (check one box):

Before you begin • <i>Don't submit</i> th	ı: iis form if you have, or are eligib	ole to get, a U.S.	social sec	urity number (S	SN).		oly for a new ITIN new an existing ITIN			
	ubmitting Form W-7. Read the ederal tax return with Form W									
a Nonresident	alien required to get an ITIN to cla	im tax treaty bene	efit							
b Nonresident	alien filing a U.S. federal tax return	1								
c U.S. residen	it alien (based on days present in	the United States	s) filing a U.S	S. federal tax retu	ırn					
d Dependent	of U.S. citizen/resident alien	d, enter relationsh	ip to U.S. cit	izen/resident alie	n (see insti	ructions) 🕨 _				
e X Spouse of U		d or e, enter name ADHA KRISHI			/resident a		ructions) ►			
f Nonresident	alien student, professor, or resear				an exception	 on				
	spouse of a nonresident alien holdi	_		3						
h Other (see in	actructions)									
	on for a and f : Enter treaty country			and treaty a	rticle numb	oer ▶				
Name	1a First name	Midd	lle name	-	Last n	ame				
(see instructions)	DIVYA				UPP	ALA				
Name at birth if	1b First name	Midd	lle name		Last n	ame				
different ▶										
Applicant's Mailing	2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. 140 LAKE VILLAGE DR									
Address	City or town, state or province, and country. Include ZIP code or postal code where appropriate. WALLED LAKE MI USA 48390									
Foreign (non- U.S.) Address	3 Street address, apartment number, or rural route number. Don't use a P.O. box number.									
(see instructions)	City or town, state or province, and country. Include postal code where appropriate.									
Birth	4 Date of birth (month / day / year)	Country of birth		City and state of	r province	(optional)	5 Male			
Information	12/28/1992	INDIA					★ Female			
Other Information	6a Country(ies) of citizenship INDIA 6b Foreign tax I.D. number (if any) 6c Type of U.S. visa (if any), number, and expiration date									
	6d Identification document(s) submitted (see instructions)									
	USCIS documentation Other Date of entry into									
						the United S	•			
	Issued by: INDIA No.: U7463580 Exp. date: 11/01/2030 (MM/DD/YYYY):									
	6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)?									
	No/Don't know. Skip line 6f.									
	Yes. Complete line 6f. If	more than one, lis	t on a sheet	and attach to thi	s form (see	e instructions	s).			
	6f Enter ITIN and/or IRSN ► IT	ΓIN		ı	and					
	name under which it was issu	ued ▶		_		_				
	First name Middle name Last name									
	6g Name of college/university or company (see instructions) ▶									
	City and state ▶			Length of	of stay 🕨					
Sign Here	Under penalties of perjury, I (applic documentation and statements, and information with my acceptance agent	to the best of my	knowledge a	nd belief, it is true	e, correct, a	and complete.	I authorize the IRS to share			
Keep a copy for	Signature of applicant (if delegate, see instructions) Date (month / o					Phone numb	per			
your records.	Name of delegate, if applical		Delegate's relation	onship [Parent Court-appointed guardian					
	Signature			Date (month / day	/ / vear)	Phone	attorney			
Acceptance	Signature			Dato (month) day	· / ⊢	Phone Fax				
Agent's	Name and title (type or print)		Name of co	l ompany	EIN	ιαλ	PTIN			
Use ONLY				Office						
	<u>'</u>			1 011100 0	oue					