# 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

| Subm   | ission Identification Number (SID)  |  | -   |   |  |  |  |  |
|--|---|--|---|---|--|--|--|--|
| Taxpay   | er's name   | Social securit   | ty numl   | ber   |  |  |  |  |
| LIK  | ITH KUMAR EEDARA  | 478-47-4754  |   |   |  |  |  |  |
| Spouse   | 's name   | Spouse's soc   | ial sec   | urity numb  | er   |  |  |  |
| Part   | Tax Return Information — Tax Year Ending December 31, 2021 (En  | <br>ter year you a   | re au   | thorizing   | g.)  |  |  |  |
| Enter  | whole dollars only on lines 1 through 5.  |  |   | `   | <u> </u>   |  |  |  |
| Note:  | Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.  |  |   |   |  |  |  |  |
| 1  | Adjusted gross income   |  | 1   |   | 3,048.   |  |  |  |
| 2  | Total tax   |  | 2   | 1   | 5,663.   |  |  |  |
| 3  | Federal income tax withheld from Form(s) W-2 and Form(s) 1099   |  | 3   | 1   | 6,486.   |  |  |  |
| 4  | Amount you want refunded to you   |  | 4   |   | 823.   |  |  |  |
| 5  | Amount you owe  |  | 5   | <u> </u>  |  |  |  |  |
| Part   | Taxpayer Declaration and Signature Authorization (Be sure you get and penalties of perjury, I declare that I have examined a copy of the income tax return (original or amend   |  |   |   |  |  |  |  |
| to send<br>for any<br>Agent<br>payme<br>authori<br>payme<br>busine<br>taxes to<br>person | (original or amended) I am now authorizing. I consent to allow my intermediate service provider, trand my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for or delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account into f my federal taxes owed on this return and/or a payment of estimated tax, and the financial instituization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation residus prior to the payment (settlement) date. I also authorize the financial institutions involved in the receive confidential information necessary to answer inquiries and resolve issues related to the lal identification number (PIN) below is my signature for the income tax return (original or amended) | rejection of the treation of the trace. U.S. Treasury andicated in the treation to debit the late the authorizate the authorizate the processing of a payment. I further the treation of the processing of the processing of the payment. I further traces are traced to the traced the traced traced to the traced tr | ransmis<br>nd its of<br>ax preparently<br>ation. The<br>receiver the election | ssion, (b) designate paration s to this acronic revoke ved no la lectronic recknowled | the reason of Financial oftware for count. This count cancel a ater than 2 coayment of ge that the |  |  |  |
|  | onic Funds Withdrawal Consent.  |  |   |   | ٦  |  |  |  |
| -  | ayer's PIN: check one box only  I authorize GLOBAL TAXES LLC to enter or genera   | 7  | 4   | 7   5   4   |  |  |  |  |
| ×  | I authorize GLOBAL TAXES LLC to enter or genera   | ř Ent  |   | digits, but   |  |  |  |  |
|  | signature on the income tax return (original or amended) I am now authorizing.  | do   | n t ente  | er all zeros  | •  |  |  |  |
|  | I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN me below.   |  |   |   |  |  |  |  |
| Your   | signature ▶ Date ▶  |  |   |   |  |  |  |  |
| Snous  | se's PIN: check one box only  |  |   |   | _  |  |  |  |
|  | I authorize to enter or genera  | te my PIN  |   |   | as my  |  |  |  |
|  | ERO firm name   | -  | ter five  | digits, but   |  |  |  |  |
|  | signature on the income tax return (original or amended) I am now authorizing.  | do   | n't ente  | er all zeros  | i  |  |  |  |
|  | I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN me below.   |  |   |   |  |  |  |  |
| Spous  | se's signature ▶ Date ▶   |  |   |   |  |  |  |  |
|  | Practitioner PIN Method Returns Only—continue belo  | w  |   |   |  |  |  |  |
| Part   | III Certification and Authentication — Practitioner PIN Method Only   |  |   |   |  |  |  |  |
| ERO's  | s <b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5   | 8 7 2 7  | 8 6   | 1 9   | 8 9  |  |  |  |
|  |   | Don't ent  | er all ze   | eros  |  |  |  |  |
| author   | y that the above numeric entry is my PIN, which is my signature for the electronic individual income ized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am suments of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers of   | bmitting this retu   | ırn in a  | accordano   | ce with the  |  |  |  |
| ERO's  | s signature ► Date ►  |  |   |   |  |  |  |  |
|  | ERO Must Retain This Form — See Instructions  |  |   |   |  |  |  |  |
|  | 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

| 202 | 1 |
|-----|---|
|     |   |

OMB No. 1545-0074

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

| Filing Status<br>Check only<br>one box.                 | If yo                    | Single Married filing jointly uchecked the MFS box, enter the notes is a child but not your dependent | -<br>ame of                   | ried filing separately<br>f your spouse. If you    |            |                     |                                  | . ,                             | _                               |                            | . , . ,           |  |
|---|--------------------------|---|-------------------------------|--|------------|---------------------|----------------------------------|---------------------------------|---------------------------------|----------------------------|-------------------|--|
| Your first name   | and mi                   | ddle initial  | Last n                        | ame  |            |                     |                                  |                                 | Your so                         | cial securit               | y number          |  |
| LIKITH KUMAR  |                          |   | EED                           | ARA  |            |                     |                                  |                                 | 478-47-4754                     |                            |                   |  |
| If joint return, spouse's first name and middle initial |                          |   | Last n                        | ame  |            |                     |                                  |                                 | Spouse's social security number |                            |                   |  |
| Home address  | (numbe                   | er and street). If you have a P.O. box, see   | instruc                       | tions.   |            |                     |                                  | Apt. no.                        | Preside                         | ntial Election             | on Campaign       |  |
| 71 11 111(011) 11111 011(                               |                          |   |                               |  |            |                     |                                  | Check                           | here if you,                    | or your                    |                   |  |
|   |                          |   |                               |  |            |                     |                                  |                                 | tly, want \$3                   |                            |                   |  |
| MEMPHIS   |                          |   |                               |  | TI         | Ŋ                   | 38                               | 103                             | 0                               | ow will not                | Checking a change |  |
| Foreign country   | / name                   |   | Foreign province/state/county |  |            | Foreign postal code |                                  | your tax or refund.  You Spouse |                                 |                            |                   |  |
| At any time du  | ring 20                  | 021, did you receive, sell, exchange,   | or oth                        | erwise dispose of a                                | ny fina    | ancial interest i   | in an                            | y virtual currer                | ncy?                            | X Yes                      | □No               |  |
| Standard<br>Deduction                                   | _                        | eone can claim:   |                               |  |            | •                   |                                  |                                 |                                 |                            |                   |  |
| Age/Blindness   | You:                     | Were born before January 2, 19  | 957                           | Are blind S  | pouse      | : Was bo            | rn be                            | fore January 2                  | , 1957                          | ☐ Is bl                    | ind               |  |
| Dependents  | •                        | •   |                               | (2) Social security (3) Relationship number to you |            | nip                 | p (4) ✓ if qua<br>Child tax cred |                                 | 1                               | ctions):<br>her dependents |                   |  |
| If more than four                                       | (1) First name Last name |   |                               | ,  |            |                     | Crilid tax cr                    | ean                             | Credit for oth                  |                            |                   |  |
| dependents,   |                          |   |                               |  |            |                     |                                  |                                 |                                 | l l                        |                   |  |
| see instructions  | s ——                     |   |                               |  |            |                     |                                  |                                 |                                 | [                          |                   |  |
| and check<br>here ►                                     |                          |   |                               |  |            |                     |                                  |                                 |                                 | [                          |                   |  |
|   | 1                        | Wages, salaries, tips, etc. Attach F  | orm(s)                        | W-2  |            |                     |                                  |                                 | . 1                             | 1                          | <u> </u>          |  |
| Attach  | 2a                       | Tax-exempt interest   | 2a 🗎                          |  | b T        | axable interes      | t                                |                                 | 2b                              | ,                          | 2.                |  |
| Sch. B if   | 3a                       | Qualified dividends   | 3a                            | 7.   |            | ordinary divide     |                                  |                                 | 3b                              | ,                          | 97.               |  |
| required.   | 4a                       | IRA distributions   | 4a                            |  |            | axable amoun        |                                  |                                 | . 4b                            | ,                          |                   |  |
|   | 5a                       | Pensions and annuities  | 5a                            |  | b T        | axable amoun        | t.                               |                                 | . 5b                            | ,                          |                   |  |
| Standard  | 6a                       | Social security benefits  | 6a                            |  | <b>b</b> T | axable amoun        | t.                               |                                 | . 6b                            | )                          |                   |  |
| Deduction for—  | 7                        | Capital gain or (loss). Attach Scheo  | dule D                        | if required. If not re                             | quired     | , check here        |                                  | ▶ [                             | 7                               |                            | 4,623.            |  |
| Single or<br>Married filing                             | 8                        | Other income from Schedule 1, line  |                               |  | ·          |                     |                                  |                                 | . 8                             | -1                         | 11,220.           |  |
| separately,<br>\$12,550                                 | 9                        | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, a   | and 8.                        | This is your total in                              | come       |                     |                                  | 1                               | ▶ 9                             |                            | 03,048.           |  |
| Married filing  | 10                       | Adjustments to income from Sche   | dule 1,                       | line 26  |            |                     |                                  |                                 | . 10                            | )                          |                   |  |
| jointly or<br>Qualifying                                | 11                       | Subtract line 10 from line 9. This is   | your <b>a</b>                 | adjusted gross inc                                 | ome        |                     |                                  | 1                               | ▶ 11                            | 10                         | 03,048.           |  |
| widow(er),<br>\$25,100                                  | 12a                      | Standard deduction or itemized  | deduc                         | tions (from Schedu                                 | ıle A)     | 12                  | а                                | 12,550                          | o. 🗀                            |                            |                   |  |
| Head of   | b                        | Charitable contributions if you take  | the sta                       | andard deduction (s                                | ee instr   | ructions) 12        | b                                | 300                             | ).                              |                            |                   |  |
| household,<br>\$18,800                                  | С                        | Add lines 12a and 12b   |                               |  |            |                     |                                  |                                 | . 12                            | c :                        | 12,850.           |  |
| If you checked  | 13                       | Qualified business income deducti   | on fror                       | m Form 8995 or Fo                                  | rm 899     | 5-A                 |                                  |                                 | . 13                            |                            | 18.               |  |
| any box under<br>Standard                               | 14                       | Add lines 12c and 13  |                               |  |            |                     |                                  |                                 | . 14                            | , [                        | 12,868.           |  |
| Deduction, see instructions.                            | 15                       | Taxable income. Subtract line 14  | from li                       | ne 11. If zero or les                              | s, ente    | er -0               |                                  |                                 | . 15                            |                            | 90,180.           |  |

|  | 16      | Tax (see instructions). Check if any from Form(s):  | <b>1</b> 8814 | <b>2</b> 4972     | 3 🗌          |               |          | 16      | 15,663.                               |
|--|---------|---|---------------|-------------------|--------------|---------------|----------|---------|---------------------------------------|
|  | 17      | Amount from Schedule 2, line 3  |               |                   |              |               | . [      | 17      |                                       |
|  | 18      | Add lines 16 and 17   |               |                   |              |               |          | 18      | 15,663.                               |
|  | 19      | Nonrefundable child tax credit or credit for other  | r 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, enter   | er-0          |                   |              |               | . [      | 22      | 15,663.                               |
|  | 23      | Other taxes, including self-employment tax, from  | n Schedule    | 2, line 21        |              |               | . [      | 23      | 0.                                    |
|  | 24      | Add lines 22 and 23. This is your <b>total tax</b> .  |               |                   |              |               |          | 24      | 15,663.                               |
|  | 25      | Federal income tax withheld from:   |               |                   |              |               | Ī        |         | ·                                     |
|  | а       | Form(s) W-2   |               |                   | 25a          | 16,4          | 86.      |         |                                       |
|  | b       | Form(s) 1099  |               |                   | 25b          |               |          |         |                                       |
|  | С       | Other forms (see instructions)  |               |                   | 25c          |               |          |         |                                       |
|  | d       | Add lines 25a through 25c   |               |                   | ·            |               |          | 25d     | 16,486.                               |
|  | 26      | 2021 estimated tax payments and amount appli  |               |                   |              |               | . 1      | 26      | · · · · · · · · · · · · · · · · · · · |
| If you have a Lagrangian qualifying child, | 27a     | Earned income credit (EIC)  |               | Nο                | 27a          |               | İ        |         |                                       |
| attach Sch. EIC.                           |         | Check here if you were born after January   |               |                   |              |               |          |         |                                       |
|  |         | January 2, 2004, and you satisfy all the o  | ther requir   | ements for        |              |               |          |         |                                       |
|  |         | taxpayers who are at least age 18, to claim the E   | 1 1           | structions - 🗀    |              |               |          |         |                                       |
|  | b       | Nontaxable combat pay election  | 27b           |                   | -            |               |          |         |                                       |
|  | 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      | 16.406                                |
|  | 33      | Add lines 25d, 26, and 32. These are your total   |               |                   |              |               |          | 33      | 16,486.                               |
| Refund                                     | 34      | If line 33 is more than line 24, subtract line 24 fro   |               |                   | -            | -             |          | 34      | 823.                                  |
| D: 1.1 '10                                 | 35a     | Amount of line 34 you want <b>refunded to you.</b> If   | 35a           | 823.              |              |               |          |         |                                       |
| Direct deposit?<br>See instructions.       | ▶b      | Routing number         1         1         1         0         0         0         0         2           Account number         4         8         8         0         5         7         4         8 |               |                   |              |               |          |         |                                       |
|  | ► d     |   |               |                   |              |               |          |         |                                       |
| A  | 36      | Amount of line 34 you want applied to your 202  |               |                   | 36           | . C           |          | 07      |                                       |
| Amount<br>You Owe                          | 37      | Amount you owe. Subtract line 33 from line 24.  |               |                   | 1 1          | ctions .      | •        | 37      |                                       |
|  | 38      | Estimated tax penalty (see instructions)  |               |                   | 38           |               |          |         |                                       |
| Third Party Designee                       |         | you want to allow another person to discuss ructions  |               |                   |              | Yes. Comp     | lete he  | alow.   | X No                                  |
| Designee                                   |         | ignee's   | Phone         |                   | · L          | Personal      |          |         |                                       |
|  |         | ee ►  | no.           |                   |              | number (l     |          |         |                                       |
| Sign                                       |         | er penalties of perjury, I declare that I have examined th  |               |                   |              |               |          |         |                                       |
| Here                                       | beli    | of, they are true, correct, and complete. Declaration of pr   |               |                   | sed on all i | nformation of |          |         | , ,                                   |
| 11010                                      | You     | r signature Da  | ate           |                   |              |               |          |         | t you an Identity<br>N, enter it here |
| Joint return?                              |         |   |               | SOFTWARE D        | EVELO:       | PER           | (see in  |         | N, enter it flere                     |
| See instructions.                          | Spo     | use's signature. If a joint return, <b>both</b> must sign. Da   | ate           | Spouse's occupati |              | LDIC          | If the I | RS sen  | t your spouse an                      |
| Keep a copy for                            |         |   |               | .,,               |              |               | Identit  | y Prote | ction PIN, enter it here              |
| your records.                              |         |   |               |                   |              |               | (see in  | st.) 🖊  |                                       |
|  |         | (322) 333   | nail address  | LIKITH.VF2        |              |               |          | -       |                                       |
| Paid                                       |         | parer's name Preparer's signature   |               |                   | Date         | PT            |          |         | Check if:                             |
| Preparer                                   | SYAM    | PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM   | M SAGAR (     | GUPTA TALLAM      | 03/23/       | 2022 P0       | 2082     |         | Self-employed                         |
| Use Only                                   |         | n's name ► GLOBAL TAXES LLC   |               |                   |              |               | Phone    | no. (   | 678) 965-9522                         |
|  | Firr    | d's address ▶ 2530 Pebble Creek Ln  | Cumming       | g GA 30041        |              |               | Firm's   | EIN ▶   |                                       |
| Go to www.irs.go                           | ov/Form | 1040 for instructions and the latest information.   |               | BAA               | REV 03/12/   | 22 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

Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number LIKITH KUMAR EEDARA 478-47-4754 Part I Additional Income Taxable refunds, credits, or offsets of state and local income taxes . . . . . . . 1 2a **b** Date of original divorce or separation agreement (see instructions) 3 3 4 4 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach 5 -11,220.6 6 7 7 Other income: 8 8a 8b 8c **d** Foreign earned income exclusion from Form 2555 . . . . . 8d e Taxable Health Savings Account distribution . . . . . . . . 8e 8f 8a **h** Prizes and awards . . . . . . . . . . . . . . . . . . 8h 8i 8i 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 8k I Olympic and Paralympic medals and USOC prize money (see 81 m Section 951(a) inclusion (see instructions) . . . . . . . . . . . . 8<sub>m</sub> Section 951A(a) inclusion (see instructions) . . . . . . . . . . . . 8n o Section 461(I) excess business loss adjustment . . . . . . . . 80 **p** Taxable distributions from an ABLE account (see instructions). **q8 z** Other income. List type and amount ▶ 9 Total other income. Add lines 8a through 8z . . . . . . . . . . . 9

Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or

10

-11,220.

10

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  | <b>&gt;</b> | _     |  |
| 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   | 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   | <b>24</b> 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 <b>adjustments t</b> here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line                       |             |       |  |

#### SCHEDULE D (Form 1040)

Department of the Treasury

Internal Revenue Service (99)

#### **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.

OMB No. 1545-0074

2021

Attachment Sequence No. **12** 

Name(s) shown on return Your social security number 478-47-4754 LIKITH KUMAR EEDARA 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 (sales price) (or other basis) Form(s) 8949, Part I, combine the result 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 . . . . . . . . . . . . . . 13,181. 9,810. -59.3,312. Totals for all transactions reported on Form(s) 8949 with Box B checked . . . . . . . . . . . . . . 3 Totals for all transactions reported on Form(s) 8949 with Box C checked . . . . . . . . . . . . . . . . . . 4,779. 6,071. 1,292. 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 4,604. 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 (sales price) (or other basis) Form(s) 8949, Part II, 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 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 19. 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

15

19.

Schedule D (Form 1040) 2021 Page 2

#### Part III Summary 4,623. 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 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. 22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

# 8949

### **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

Social security number or taxpayer identification number Name(s) shown on return 478-47-4754 LIKITH KUMAR EEDARA

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

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

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

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

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

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

| (C) Short-term transactions   | not reported                               | to you on F                    | orm 1099-B                          |   |  |  |  |
|---|--|--------------------------------|-------------------------------------|---|--|--|--|
| 1 (a) Description of property   | (b) Date acquired                          | (c)<br>Date sold or            | (d)<br>Proceeds                     | (e) Cost or other basis. See the <b>Note</b> below    | Adjustment, it<br>If you enter an<br>enter a co<br>See the sep | (h) Gain or (loss). Subtract column (e |  |
| (Example: 100 sh. XYZ Co.)  | (Mo., day, yr.)                            | disposed of (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  | 05/05/21                                   | 12/12/21                       | 13,181.                             | 9,810.  | EW   | -59.                                   | 3,312.   |
|   |  |                                |                                     |   |  |  |  |
|   |  |                                |                                     |   |  |  |  |
|   |  |                                |                                     |   |  |  |  |
|   |  |                                |                                     |   |  |  |  |
|   |  |                                |                                     |   |  |  |  |
|   |  |                                |                                     |   |  |  |  |
|   |  |                                |                                     |   |  |  |  |
|   |  |                                |                                     |   |  |  |  |
|   |  |                                |                                     |   |  |  |  |
|   |  |                                |                                     |   |  |  |  |
|   |  |                                |                                     |   |  |  |  |
|   |  |                                |                                     |   |  |  |  |
|   |  |                                |                                     |   |  |  |  |
| 2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above should be should | al here and inc<br>is checked), <b>lir</b> | lude on your<br>ne 2 (if Box B | 13 181                              | 9 810   |  | -59                                    | 3 312  |

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.

# 8949

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

Attachment

Department of the Treasury Internal Revenue Service

Part I

▶ 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. Sequence No. 12A

OMB No. 1545-0074

LIKITH KUMAR EEDARA

Social security number or taxpayer identification number

478-47-4754

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.

instructions). For long-term transactions, see page 2.

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see

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 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 X (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss. 1 If you enter an amount in column (a). (h) (e) enter a code in column (f). (d) Cost or other basis Gain or (loss). (c) (a) (b) See the separate instructions. Date sold or Proceeds See the **Note** below Subtract column (e) Description of property Date acquired disposed of and see Column (e) (sales price) from column (d) and (Example: 100 sh. XYZ Co.) (Mo., day, yr.) combine the result (Mo., day, yr.) (see instructions) in the separate (g) Code(s) from Amount of adjustment instructions with column (a) instructions ROBINHOOD CRYPTO LLC 05/05/21 12/12/21 6,071. 4,779. 1,292. 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B

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.

6,071.

1,292.

above is checked), or line 3 (if Box C above is checked) ▶

4,779.

# 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.

OMB No. 1545-0074

2021

Attachment
Sequence No. 13

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 Your social security number

| LIKI                 | TH KUMAR EEDARA  |  |                |                 |            |              | 47   | 8-47-           | -4754 | 1              |
|----------------------|--|--|----------------|-----------------|------------|--------------|------|-----------------|-------|----------------|
| Part                 | Income or Loss From Rental Real Estate and I Schedule C. See instructions. If you are an individual, I                   | -  |                | •               |            |              |      | 0 .             |       |                |
|                      | d you make any payments in 2021 that would require you<br>Yes," did you or will you file required Form(s) 1099?          | ı to file l  | orm(s) 10      | 99? Se          | e instr    | uctions .    |      |                 | □ Y   |                |
| 1a                   | Physical address of each property (street, city, state,  | ZIP cod  | <u></u>        | • •             |            | <u> </u>     |      | • •             |       | es <u>  NO</u> |
| A                    | PLOT:438 PRASHANTH NAGAR VANASTHALIE   |  |                | 3 D . T         | F.T.ΔN     | GANA TN      | 500  | 070             |       |                |
| B                    | THOI. 450 TIVIOIII WINITE WINITED TO   | Oldin  | 111111111111   | J11D <b>,</b> 1 | 1111111    | 0711171 111  | 300  | 070             |       |                |
|                      |  |  |                |                 |            |              |      |                 |       |                |
| 1b                   | (from list below) above report the number of fair rental and   |  |                |                 |            |              |      | sonal l<br>Days | QJV   |                |
| A                    | personal use days. Check to fivou meet the requirement   | personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. |                |                 |            |              |      | (               |       |                |
| В                    | qualified joint venture. See i   |  |                |                 |            |              |      |                 |       |                |
| С                    | <del> </del>   |  |                | С               |            |              |      |                 |       |                |
| Туре                 | of Property:   |  |                |                 |            |              |      |                 |       |                |
| 1 Sing               | gle Family Residence 3 Vacation/Short-Term Renta   | al 5 La  | and            | 7               | Self-      | Rental       |      |                 |       |                |
| 2 Mul                | ti-Family Residence 4 Commercial   | 6 R  | oyalties       | 8               | Othe       | r (describe) | )    |                 |       |                |
| Incom                | ne: Propertie  | s:   |                | Α               |            | В            | 3    |                 |       | С              |
| 3                    | Rents received   | 3  |                | 5               | 30.        |              |      |                 |       |                |
| 4                    | Royalties received   | 4  |                |                 |            |              |      |                 |       |                |
| Expen                | ises:  |  |                |                 |            |              |      |                 |       |                |
| 5                    | Advertising  | 5  |                |                 |            |              |      |                 |       |                |
| 6                    | Auto and travel (see instructions)   | 6  |                |                 |            |              |      |                 |       |                |
| 7                    | Cleaning and maintenance   | 7  |                | 1,3             | 350.       |              |      |                 |       |                |
| 8                    | Commissions  | 8  |                |                 |            |              |      |                 |       |                |
| 9                    | Insurance  | 9  |                |                 |            |              |      |                 |       |                |
| 10                   | Legal and other professional fees  | 10   |                |                 |            |              |      |                 |       |                |
| 11                   | Management fees  | 11   |                | 1,9             | 90.        |              |      |                 |       |                |
| 12                   | Mortgage interest paid to banks, etc. (see instructions)   | 12   |                |                 |            |              |      |                 |       |                |
| 13                   | Other interest   | 13   |                |                 |            |              |      |                 |       |                |
| 14                   | Repairs  | 14   |                |                 | 60.        |              |      |                 |       |                |
| 15                   | Supplies   | 15   |                | 2,9             | 950.       |              |      |                 |       |                |
| 16                   | Taxes  | 16   |                |                 |            |              |      |                 |       |                |
| 17                   | Utilities  | 17   |                | 2,9             | 900.       |              |      |                 |       |                |
| 18                   | Depreciation expense or depletion  | 18   |                |                 |            |              |      |                 |       |                |
| 19                   | Other (list)   |  |                |                 |            |              |      |                 |       |                |
| 20                   | Total expenses. Add lines 5 through 19   | 20   |                | 11,7            | /50.       |              |      |                 |       |                |
| 21                   | Subtract line 20 from line 3 (rents) and/or 4 (royalties).   |  |                |                 |            |              |      |                 |       |                |
|                      | result is a (loss), see instructions to find out if you mu   |  |                | 11 ^            | 20         |              |      |                 |       |                |
| 00                   | file Form 6198   | 21   |                | <b>-11,</b> 2   | 220.       |              |      |                 |       |                |
| 22                   | Deductible rental real estate loss after limitation, if an   | -  | ,              | 11 07           | ا، م       | (            |      |                 |       | `              |
| 00-                  | on Form 8582 (see instructions)  | 22   | <u>[</u> (     | 11,22           |            | (            | E 1  | )(              |       | )              |
| 23a                  | Total of all amounts reported on line 3 for all rental pro   | •  |                |                 | 23a        |              | 53   | 30.             |       |                |
| b                    | Total of all amounts reported on line 4 for all royalty pr   | -  | ·              |                 | 23b        |              |      |                 |       |                |
| G<br>C               | Total of all amounts reported on line 12 for all propertic<br>Total of all amounts reported on line 18 for all propertic |  |                |                 | 23c<br>23d |              |      |                 |       |                |
| d                    |  |  |                | •               | -          | 1            | 1 70 | -               |       |                |
| e<br>24              | Total of all amounts reported on line 20 for all propertion. Add positive amounts shown on line 21. <b>Do</b>            |  | <br>ude anv lo |                 | 23e        |              | 1,75 | 24              |       |                |
| 2 <del>4</del><br>25 | Losses. Add royalty losses from line 21 and rental real est  |  | -              |                 | · · ·      |              | ·    | 25 (            |       | 11,220.)       |
|                      |  |  |                |                 |            |              |      | 20 (            |       | ±±,∠∠∪. )      |
| 26                   | Total rental real estate and royalty income or (loss here. If Parts II, III, IV, and line 40 on page 2 do no             | -  |                |                 |            |              |      |                 |       |                |
|                      | Schedule 1 (Form 1040), line 5. Otherwise, include this  |  | •              |                 |            |              |      | 26              |       | -11,220.       |

# Form **8995**

Department of the Treasury

Internal Revenue Service

Qualified Business Income Deduction Simplified Computation

► Attach to your tax return.

▶ Go to www.irs.gov/Form8995 for instructions and the latest information.

OMB No. 1545-2294

2021

Attachment Sequence No. **55** 

Name(s) shown on return

LIKITH KUMAR EEDARA

Your taxpayer identification number 478-47-4754

**Note.** You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$164,900 (\$164,925 if married filing separately; \$329,800 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

| 1   | (a) Trade, business, or aggregation name   | io       | <b>(b)</b> Taxpayer dentification number |              | Qualified business income or (loss) |
|-----|--|----------|--|--------------|-------------------------------------|
| i   |  |          |  |              |                                     |
| ii  |  |          |  |              |                                     |
| iii |  |          |  |              |                                     |
| iv  |  |          |  |              |                                     |
| v   |  |          |  |              |                                     |
| 2   | Total qualified business income or (loss). Combine lines 1i through 1v, column (c)                 | 2        |  |              |                                     |
| 3   | Qualified business net (loss) carryforward from the prior year                                     | 3        | ( )                                      |              |                                     |
| 4   | Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-                 | 4        |  |              |                                     |
| 5   | Qualified business income component. Multiply line 4 by 20% (0.20)                                 |          |  | 5            |                                     |
| 6   | Qualified REIT dividends and publicly traded partnership (PTP) income or (loss)                    |          |  |              |                                     |
| -   | (see instructions)   | 6        | 89.                                      | -            |                                     |
| 7   | Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year                 | 7        | (  |              |                                     |
| 8   | Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero                      | <u> </u> |  | -            |                                     |
|     | or less, enter -0-   | 8        | 89.                                      |              |                                     |
| 9   | REIT and PTP component. Multiply line 8 by 20% (0.20)  |          |  | 9            | 18.                                 |
| 10  | Qualified business income deduction before the income limitation. Add lines 5 ar                   | nd 9     |  | 10           | 18.                                 |
| 11  | Taxable income before qualified business income deduction (see instructions)                       | 11       | ,  |              |                                     |
| 12  | Net capital gain (see instructions)  | 12       | =  | -            |                                     |
| 13  | Subtract line 12 from line 11. If zero or less, enter -0   |          |  |              |                                     |
| 14  | Income limitation. Multiply line 13 by 20% (0.20)  |          |  | 14           | 18,034.                             |
| 15  | Qualified business income deduction. Enter the smaller of line 10 or line 14. Also                 |          | 45                                       | 1.0          |                                     |
| 16  | the applicable line of your return (see instructions)  |          | 15<br>16                                 | 18.<br>( 0.) |                                     |
|     | Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 2 and 3. If greater that |          |  | 10           | ( 0.)                               |
| 17  | zero, enter -0   | ا المالم | . II greater than                        | 17           | ( 0.)                               |
|     | rear Ast and Denominals Reduction Ast Nation are instructions                                      |          |  |              | Corm <b>8005</b> (2021)             |