Form 8879
(Rev. January 2021)
Department of the Treesury

epartment 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.

Submission Identification Number (SID)

Taxpay	ver's name	Social se	ecurity nun	nber
YES	HWANTH REDDY CHIGULLA	880-	-82-979	96
Spouse	's name	Spouse's	s social se	curity number
Par	t I Tax Return Information – Tax Year Ending December 31, 2021 (Ente	r year yo	ou are a	uthorizing.)
Enter	whole dollars only on lines 1 through 5.			
Note	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.			
1	Adjusted gross income		. 1	115,035.
2	Total tax		. 2	18,543.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		. 3	19,545.
4	Amount you want refunded to you		. 4	1,002.
5	Amount you owe		. 5	
Par	Taxpayer Declaration and Signature Authorization (Be sure you get and	keep a	copy of	your return)

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

X	I authorize	GLOBAL TAXES	LLC	to enter or generate my PIN
			ERO firm name	

2	9	7	9	6	
Ent dor	er fiv n't er	/e di nter a	gits, all ze	but ros	as my

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

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

Your signature

Date

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

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

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

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

Spouse's signature ►							 		
Practitioner PIN Method Returns Only—continue below									
Part III C	ertification and Authentication – Practitioner PIN Method Only								
ERO's EFIN/P	PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	5	8	7		6 all ze	 9	8	9

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature >	Date 🕨						
ER Don't Subr							
For Denomically Deduction Act Nation	u tox voture inclusions	REV 02/26/22 RRO	Earm 8870 (Day, 01 2021)				

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 03/26/22 PRO

E 104(artment of the Treasury—Internal Revenue Serv S. Individual Income Tax		⁽⁹⁹⁾ urn 2	2021	OMB No.	1545-00)74 IRS Us	se Only	—Do not w	vrite or staple	in this space.
Filing Statu Check only		Single Married filing jointly Cuchecked the MFS box, enter the n				S) 🗌 Hea						
one box.	pers	on is a child but not your dependen	t 🕨		-							
Your first name	e and m	iddle initial	Last na	me						Your so	ocial securi	ty number
YESHWAN	TH R	EDDY	CHIG	JULLA						880-	82-979	6
If joint return, s	spouse's	first name and middle initial	Last na	me						Spouse	's social se	curity number
Home address	(numbe	er and street). If you have a P.O. box, see	instructi	ons.				Apt. no.		Preside	ntial Electi	ion Campaign
675 MAR	INA (GATEWAY DR						1135			here if you,	
City, town, or p	oost offi	ce. If you have a foreign address, also co	omplete s	paces below.	:	State	ZI	P code				ntly, want \$3 Checking a
SPARKS						NV	8	9434			low will not	•
Foreign countr	y name		1	Foreign provin	ice/state/co	unty	F	oreign postal	code	your tax	x or refund	
											You	Spouse
At any time du	uring 20	021, did you receive, sell, exchange	, or othe	erwise dispos	se of any f	inancial inter	est in a	any virtual	curre	ncy?	Yes	🗙 No
Standard	_	eone can claim: 🗌 You as a de	•			as a depende	ent					
Deduction		Spouse itemizes on a separate retur	n or you	i were a dua	I-status ali	en						
Age/Blindnes	s You:	Were born before January 2, 1	957	Are blind	Spou	se: 🗌 Was	born l	pefore Jan	uary 2	2, 1957	🗌 ls b	lind
Dependent	s (see	instructions):			al security	(3) Relati		(4)	🖊 if q	ualifies fo	or (see instru	uctions):
If more	(1) F	irst name Last name		nur	nber	to yo	ou	Child	tax ci	credit Credit for other depender		
than four											L	
dependents, see instruction	IS										ļ	
and check											ļ	
here 🕨 📃											Ĺ	
	1	Wages, salaries, tips, etc. Attach	orm(s)	W-2						. 1	1	23,514.
Attach Sch. B if	2a	Tax-exempt interest	2a		b	Taxable inte	erest			. 2b	,	
required.	3a	Qualified dividends	3a	2	5. b	Ordinary div	vidend	s		. 3b	,	31.
) 4a	IRA distributions	4a		b	Taxable am	ount .			. 4b	,	
	5a	Pensions and annuities	5a		b	Taxable am	ount .			. 5b	,	
Standard	6a	Social security benefits	6a		b	Taxable am	ount .			. 6b	,	
 Deduction for – Single or 	7	Capital gain or (loss). Attach Sche	dule D if	f required. If	not requir	ed, check he	re .			7		3,089.
Married filing	8	Other income from Schedule 1, lin	ie 10							. 8	_	11,599.
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is your t	otal incon	ne				▶ 9	1	15,035.
Married filing	10	Adjustments to income from Sche	dule 1, l	ine 26 .						. 10)	
jointly or Qualifying	11	Subtract line 10 from line 9. This is	s your a	djusted gro	ss income	•				▶ 11	1	15,035.
widow(er), \$25,100	12a	Standard deduction or itemized	deduct	ions (from S	chedule A)	12a	12	,55	0.		
Head of	b	Charitable contributions if you take	the star	ndard deduct	tion (see in	structions)	12b		30	0.		
household, \$18,800	с	Add lines 12a and 12b								. 120	c	12,850.
 If you checked 	13	Qualified business income deduct	ion from	Form 8995	or Form 8	995-A				. 13	\$	
any box under Standard	14	Add lines 12c and 13								. 14	+	12,850.
Deduction, see instructions.	15	Taxable income. Subtract line 14	from lin	e 11. lf zero	or less, er	nter -0				. 15	; 1	02,185.
	/											

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

Form **1040** (2021)

Form 1040 (2021)								Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3		16	18,543.
	17	Amount from Schedule 2, line	e3					17	
	18	Add lines 16 and 17						18	18,543.
	19	Nonrefundable child tax cred						19	
	20	Amount from Schedule 3, line	e8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18.	If zero or less,	enter -0				22	18,543.
	23	Other taxes, including self-er	mployment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is y	our total tax				. 🕨	24	18,543.
	25	Federal income tax withheld	from:			1 1			
	а	Form(s) W-2				25a 19	,545.	_	
	b	Form(s) 1099				25b		_	
	С	Other forms (see instructions				25c		_	
	d	Add lines 25a through 25c						25d	19,545.
If you have a	26	2021 estimated tax payment			37			26	
qualifying child, attach Sch. EIC. [27a	Earned income credit (EIC) .				27a		_	
		Check here if you were b							
		January 2, 2004, and you taxpayers who are at least ag	,						
	b	Nontaxable combat pay elec							
	c	Prior year (2019) earned inco				-			
	28	Refundable child tax credit or			Schedule 8812	28			
	29	American opportunity credit	from Form 8863	8. line 8		29		1	
	30	Recovery rebate credit. See				30		1	
	31	Amount from Schedule 3, line	e15			31		1	
	32	Add lines 27a and 28 through				d refundable cred	its 🕨	32	
	33	Add lines 25d, 26, and 32. Th						33	19,545.
Refund	34	If line 33 is more than line 24						34	1,002.
neiulia	35a	Amount of line 34 you want r				•		35a	1,002.
Direct deposit?	►b	Routing number 0 4 4			_		Savings		
See instructions.	►d	Account number 8 0 0	7 1 1 6	1 1			0		
	36	Amount of line 34 you want a	pplied to your	2022 estimate	ed tax 🕨	36			
Amount	37	Amount you owe. Subtract	line 33 from line	24. For detail	s on how to pay,	see instructions	. 🕨	37	
You Owe	38	Estimated tax penalty (see in	structions) .		🕨	38			
Third Party	Do	you want to allow another				? See			
Designee	ins	tructions				. 🕨 🗌 Yes. Co	mplete l	celow.	X No
		signee's		Phone			nal identi		
		ne 🕨		no. 🕨			er (PIN)		
Sign		der penalties of perjury, I declare the ief, they are true, correct, and comp							
Here		ur signature		Date	Your occupation		1		nt you an Identity
				Duto					N, enter it here
Joint return?					SOFTWARE	ENGINEER	(see	inst.) ►	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, b	oth must sign.	Date	Spouse's occupa	tion			nt your spouse an
your records.	,							inst.)	ection PIN, enter it here
-	Dh	(0.27)00000000000000000000000000000000000	1	Email address		EDDWAGMATI GC			
		one no. (937)986-9354 parer's name	<u>+</u> Preparer's signat	1	CIASHWANIHR	EDDY@GMAIL.CC	PTIN		Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM					P0208	2702	Self-employed
Preparer		n's name ► GLOBAL TAX		TAUAG INA	OUFIA IAUUAN	UJ/JI/2022			678)965-9522
Use Only		n's address > 2530 Pebbl		n Cummin	7 GA 30041			's EIN ►	
GO TO WWW.Irs.go	ov/rorn	1040 for instructions and the lates	a information.		BAA	REV 03/26/22 PRO			Form 1040 (2021)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Additional Income and Adjustments to Income

Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Form1040 for instructions and the latest information.

2021 Attachment Sequence No. 01

OMB No. 1545-0074

Internal Revenue Service	Sequence No. 01		
Name(s) shown on Fo	orm 1040, 1040-SR, or 1040-NR	Your soc	ial security number
YESHWANTH REDD	880-82	-9796	
Part I Additio	onal Income		

1	Taxable refunds, credits, or offsets of state and local income taxes	8	1	
2 a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions)			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, tru Schedule E			-11,655.
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	_	
ο	Section 461(I) excess business loss adjustment	80	_	
р	Taxable distributions from an ABLE account (see instructions) .	8p		
z	Other income. List type and amount ►			
	Other Income from box 3 of 1099-Misc 56.	8z 56		
9	Total other income. Add lines 8a through 8z		9	56.
10	Combine lines 1 through 7 and 9. Enter here and on Form 10 1040-NR, line 8		r 10	-11,599.

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

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basic officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	3	14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions) \blacktriangleright			
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)			
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 Paralympicmedals and USOC prize money reported on line 81 24c			
d	Reforestation amortization and expenses			
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans 24f			
g	Contributions by certain chaplains to section 403(b) plans 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			
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) 24k			
z	Other adjustments. List type and amount ► 24z			
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to in here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	

REV 03/26/22 PRO

SCHEDULE D

(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/ScheduleD for instructions and the latest information.
 Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

2021 Attachment Sequence No. 12

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

Department of the Treasury

YESHWANTH REDDY CHIGULLA

Your social security number

880-82-9796

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes X No If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions)

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustment to gain or loss Form(s) 8949, F line 2, columr	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	9,193.	6,104.			3,089.
2	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	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1	usts from	5			
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions	6	()			
7	7	3,089.				

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 lines below. This form may be easier to complete if you round off cents to whole dollars.		(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, I line 2, colum	from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
	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.				(9)	
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked.					
	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824	11				
12 13	Net long-term gain or (loss) from partnerships, S corporat Capital gain distributions. See the instructions	()	12 13			
14	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions	14	()			
15	Net long-term capital gain or (loss). Combine lines 8a on the back .	•			15	

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	16 3,089.
	• 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 line 22.	
	• 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 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.	
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:	
	The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500)	21 ()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.	
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?	
	Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.	
	□ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.	

REV 03/26/22 PRO

Schedule D (Form 1040) 2021

Form **8949**

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

Attachment

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.

b, z, 3, 8b, 9, and 10 of Schedule D. Sequence No. **12A**

Name(s) shown on return	Social security number of taxpayer identification number
YESHWANTH REDDY CHIGULLA	880-82-9796

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

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

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

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

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

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

C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column</i> (e) in the separate instructions	See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
COINBASE	02/19/21	03/04/21	9.	9.			0.
COINBASE	02/19/21	03/06/21	4.	б.			-2.
COINBASE	02/19/21	03/06/21	3.	3.			0.
COINBASE	02/19/21	03/06/21	3.	3.			0.
COINBASE	02/19/21	03/12/21	8.	10.			-2.
COINBASE	03/12/21	03/12/21	3.	3.			0.
COINBASE	03/12/21	03/13/21	338.	380.			-42.
COINBASE	03/13/21	04/28/21	200.	118.			82.
COINBASE	03/12/21	05/15/21	148.	311.			-163.
COINBASE	03/06/21	10/30/21	1,895.	741.			1,154.
Robinhood Securities LLC	01/01/21	12/31/21	650.	680.			-30.
VOYAGER	01/01/21	12/31/21	144.	134.			10.
Wealthfront Brokerage LLC	01/01/21	12/31/21	2,778.	2,616.			162.
APEX CLEARING	01/01/21	12/31/21	106.	99.			7.
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 above is checked), or line 3 (if Box C above is checked) ►			6,289.	5,113.			1,176.

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

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

Form **8949**

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

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.

chedule D. Attachment Sequence No. 12A

20

Name(s) shown on return	Social security number or taxpayer identification number
YESHWANTH REDDY CHIGULLA	880-82-9796

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

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

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

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

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

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

C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see <i>Column (e)</i> in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)	
BINANCE	01/01/21	12/31/21	2,904.	991.			1,913.	
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 above is checked), or line 3 (if Box C above is checked) ►			2,904.	991.			1,913.	

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

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

SCHEDULE E	
(Form 1040)	(Fro

Supplemental Income and Loss

OMB No. 1545-0074 20

Attachment Sequence No. 13

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

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

Department of the Treasury Internal Revenue Service (99) ► Go to www.irs.gov/ScheduleE for instructions and the latest information.

. ,	shown on return						ocial securi	•
	WANTH REDDY CHIGULLA						-82-979	-
Part	Income or Loss From Rental Real Estate and Ro Schedule C. See instructions. If you are an individual, rep	-	-			-	• •	
	I you make any payments in 2021 that would require you to						-	
	Yes," did you or will you file required Form(s) 1099?		,					Yes 🗌 No
1a	Physical address of each property (street, city, state, ZIF						· · 🗆	
A	R K Nagar, Anantapur ANDHRA PRADESH	,	1					
B	K K Nagar, Anancapar Andrika rikadibir	111 51500	±					
c								
1b	Type of Property 2 For each rental real estate prop	porty listed		Fair	Rental	Perso	nal Use	
	(from list below) 2 For each rental real estate prop above, report the number of fa	ir rental and	1	-	Days		ays	QJV
Α	(from list below) 3 above, report the number of fa personal use days. Check the if you meet the requirements to	QJV box on	ly A	-	365		0	
B	qualified joint venture. See inst	tructions.	B		505		0	
c	+ ' '		C					
-	of Property:		V					
	le Family Residence 3 Vacation/Short-Term Rental	5 Land		7 Self-	Pontal			
-	ti-Family Residence 4 Commercial	6 Royaltie	•			\ \		
ncom		6 Royallie		8 Othe	er (describe E			С
		3	A	600	C	•		C
3	Rents received			600.				
4	Royalties received	4						
Expen		-						
5	Advertising	5						
6	Auto and travel (see instructions)	6	1	F 00				
7	Cleaning and maintenance	7	, ⊥ ,	,500.				
8		8						
9		9						
10	Legal and other professional fees	10						
11	Management fees	11	1,	,200.				
12	Mortgage interest paid to banks, etc. (see instructions)	12						
13	Other interest	13						
14	Repairs	14		,200.				
15	Supplies	15	2,	,800.				
16	Taxes	16						
17	Utilities	17	4,	,000.				
18	Depreciation expense or depletion	18						
19	Other (list) ►	19						
20	Total expenses. Add lines 5 through 19	20	12,	,700.				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If							
	result is a (loss), see instructions to find out if you must			1.0.0				
	file Form 6198	21	-12,	,100.				
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22 (11,	655.)	()(
23a	Total of all amounts reported on line 3 for all rental prope	rties .		23a		600	•	
b	Total of all amounts reported on line 4 for all royalty prop			23b				
С	Total of all amounts reported on line 12 for all properties			23c				
d	Total of all amounts reported on line 18 for all properties			23d				
e	Total of all amounts reported on line 20 for all properties			23e	1	2,700		
24	Income. Add positive amounts shown on line 21. Do no					. 2		
25	Losses. Add royalty losses from line 21 and rental real estate				al losses her		5 (11,655.
	Total rental real estate and royalty income or (loss).							,
26	here. If Parts II, III, IV, and line 40 on page 2 do not Schedule 1 (Form 1040), line 5. Otherwise, include this ar	apply to ye	ou, also	enter th	nis amount	on	6	-11,655.

Form 8582
Department of the Treasurv

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

YESHWANTH REDDY CHIGULLA

Passive Activity Loss Limitations

► See separate instructions.

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

► Go to www.irs.gov/Form8582 for instructions and the latest information.

OMB No. 1545-1008

Identifying number 880-82-9796

Par	rt I 2021 Passive Activity Loss		
	Caution: Complete Parts IV and V before completing Part I.		
	al Real Estate Activities With Active Participation (For the definition of active participation, see Special pance for Rental Real Estate Activities in the instructions.)		
1a b c			10,100
	Combine lines 1a, 1b, and 1c	1d	-12,100.
2a b c d	Activities with net income (enter the amount from Part V, column (a)) 2a Activities with net loss (enter the amount from Part V, column (b)) 2b Prior years' unallowed losses (enter the amount from Part V, column (c)) 2c Combine lines 2a, 2b, and 2c	2d	
3	Combine lines 1d and 2d. If this line is zero or more, stop here and include this form with your return;		

If line 3 is a loss and: • Line 1d is a loss, go to Part II.

• Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II. Instead, go to line 10.

Pai	Part II Special Allowance for Rental Real Estate Activities With Active Participation								
	Note: Enter all numbers in Part II as positive amounts. See instructions for an example.								
4	Enter the smaller of the loss on line 1	d or the loss on lir	ne3			4	12,100.		
5	Enter \$150,000. If married filing separ	ately, see instructi	ons	5	150,000.				
6	6 Enter modified adjusted gross income, but not less than zero. See instructions 6 126,690.								
	Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7.								
7	Subtract line 6 from line 5			7	23,310.				
8	8 Multiply line 7 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions						11,655.		
9	Enter the smaller of line 4 or line 8					9	11,655.		
Par	t III Total Losses Allowed								
10	Add the income, if any, on lines 1a an	d 2a and enter the	etotal			10	0.		
11	Total losses allowed from all passiv	e activities for 20	21. Add lines 9 an	nd 10. See inst	tructions to find				
	out how to report the losses on your t	ax return				11	11,655.		
Par	t IV Complete This Part Before	e Part I, Lines 1	a, 1b, and 1c. S	ee instructio	ons.				
	Nome of activity	Current year Prio		Prior year	s Ove	rall ga	ain or loss		
	Name of activity	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallow loss (line 1			(e) Loss		
RΚ	Nagar,	0.	12,100.				12,100.		

Total. Enter on Part I, lines 1a, 1b, and 1c ►	0.	12,100.	

For Paperwork Reduction Act Notice, see instructions. BAA

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Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.

Complete This Part B	efore P	Part I, Lines 2	a, 2b,	and 2c. S	ee instruc	ctions.	1	
		Current year			Prior years (c) Unallowed loss (line 2c)		Overall gain or loss	
Name of activity		(a) Net income (line 2a)					(d) Gain	(e) Loss
Use This Part if an An	nount l	s Shown on F	Part II,	Line 9. S	ee instruc	tions.		
Name of activity	ar to	Form or schedule and line number to be reported on (see instructions)) Loss	(b) Ra	itio	(c) Special allowance	(d) Subtract column (c) from column (a).
R K Nagar,		E Ln 22 1		12,100.	1.00000000		11,65	5. 445
art VII Allocation of Unallowed Losses. See instr				1.00		11,65	5. 445	
Allocation of Unallow	ed Los			s.				
Name of activity	and line n to be repo		nber ed on	(a) L	(a) Loss		(b) Ratio	(c) Unallowed loss
K Nagar,		E Ln 2	2	445.		1.00000000		445
					445.		1.00	445.
Allowed Losses. See	instruct							
Name of activity		and line num to be reporte	nber ed on	(a) Loss		(b) Unallowed loss		(c) Allowed loss
r,		E Ln 22	2		12,100.		445.	11,655
	Name of activity	Name of activity (a) on Part I, lines 2a, 2b, and 2c > Use This Part if an Amount I Name of activity r, Allocation of Unallowed Los Name of activity r, Allowed Losses. See instruct Name of activity	Name of activity Currer (a) Net income (line 2a) (a) Net income (line 2a) on Part I, lines 2a, 2b, and 2c > Image: Currer Use This Part if an Amount Is Shown on F Form or schedule and line number to be reported on (see instructions) x , E Ln 22 Allocation of Unallowed Losses. See instruct (see instruct Name of activity Form or schedule and line number to be reported on (see instructions) x , E Ln 22 Allocation of Unallowed Losses. See instruct (see instruct x , E Ln 2 Allowed Losses. See instructions. Name of activity Form or sche and line num to be reported (see instruct X Allowed Losses. See instructions. Form or sche and line num to be reported (see instruct	Name of activity Current year (a) Net income (line 2a) (b) I (line 2a) (a) Net income (line 2a) (b) I (line 2a) (a) Net income (line 2a) (b) I (line 2a) (b) Part I, lines 2a, 2b, and 2c > (b) I Use This Part if an Amount Is Shown on Part II, Form or schedule and line number to be reported on (see instructions) x , E Ln 22 Allocation of Unallowed Losses. See instruction Name of activity Form or schedule and line number to be reported on (see instructions) x , E Ln 22 Allocation of Unallowed Losses. See instructions) Form or schedule and line number to be reported on (see instructions) x , E Ln 22 Allowed Losses. See instructions. Form or schedule and line number to be reported on (see instructions) x , E Ln 22	Name of activity Current year (a) Net income (line 2a) (b) Net loss (line 2b) (a) Net income (line 2a) (b) Net loss (line 2b) (a) Part I, lines 2a, 2b, and 2c > (b) Net loss (b) Net loss (c) Net loss (c) Part I, lines 2a, 2b, and 2c > (c) Net loss (c) Net loss (c) Net loss (c) Part I, lines 2a, 2b, and 2c > (c) Net loss (c) Net loss (c) Net loss (c) Part I, lines 2a, 2b, and 2c > (c) Net loss (c) Name of activity Form or schedule and line number to be reported on (see instructions) r, E Ln 22 12,100. Allocation of Unallowed Losses. See instructions. (a) I r, E Ln 22 (a) I x, E Ln 22 (a) I x, E Ln 22 (c) I	Name of activity Current year Prior year (a) Net income (line 2a) (b) Net loss (line 2b) (c) Unall loss (line 2b) on Part I, lines 2a, 2b, and 2c ▶ Image: Current year Image: Current year Use This Part if an Amount Is Shown on Part II, Line 9. See instruct to be reported on (see instructions) (a) Loss (b) Re x,	Name of activity Image: construction of the constructin of the constructin of the construction of the construction of t	Name of activity Current year Prior years Overa (a) Net income (ine 2a) (b) Net loss (ine 2c) (c) Unallowed (d) Gain (d) Gain (ine 2b) (d) Gain (d) Ga

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