# 8879 Form

(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

illema neverue Service	
Submission Identification Number (SID)	
Taxpayer's name	Social security number
KINNERA KATA	741-58-7753
Spouse's name	Spouse's social security number
	nter year you are authorizing.)
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	
2 Total tax	<del> </del>
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	
4 Amount you want refunded to you	
5 Amount you owe	5
Part II Taxpayer Declaration and Signature Authorization (Be sure you get as Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amen	
return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, tra to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to term payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation business days prior to the payment (settlement) date. I also authorize the financial institutions involved in taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended Electronic Funds Withdrawal Consent.	r rejection of the transmission, (b) the reason ne U.S. Treasury and its designated Financial indicated in the tax preparation software for itution to debit the entry to this account. This inate the authorization. To revoke (cancel) a requests must be received no later than 2 the processing of the electronic payment of he payment. I further acknowledge that the
Taxpayer's PIN: check one box only	
	ato my PIN 8 7 7 5 3
ERO firm name	Enter five digits, but
signature on the income tax return (original or amended) I am now authorizing.	don't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) I a if you are entering your own PIN and your return is filed using the Practitioner PIN m below.	
Your signature ▶ Date	<b>-</b>
Spouse's PIN: check one box only	
I authorize to enter or gener	ato my PIN
ERO firm name	ate my PIN as my  Enter five digits, but
signature on the income tax return (original or amended) I am now authorizing.	don't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) I a if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN m below.	
Spouse's signature ▶ Date	•
Practitioner PIN Method Returns Only—continue be	
Part III Certification and Authentication — Practitioner PIN Method Only	<del></del>
<b>ERO's 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 enter all zeros
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual incon authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am s requirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers	submitting this return in accordance with the
ERO's signature ▶ Date	•
FRO 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)
g $\blacksquare$	<b>U4U</b>	Department of the Treasury—Internal Revenue Service  U.S. Individual Income Tax Ret	urn

2021

OMB No. 1545-007

IBS Use Only—Do not write or staple in this space

Filing Status Check only one box.	If yo	Single Married filing jointly [ ou checked the MFS box, enter the reson is a child but not your dependen	name of	ed filing separately (I your spouse. If you o								
Your first name	and mi	iddle initial	Last na	ame					Your so	cial securi	ty number	
KINNERA			KATA	A					741-	741-58-7753		
If joint return, s	pouse's	s first name and middle initial	Last na	ame					Spouse's social security number			
Home address (number and street). If you have a P.O. box, see instructions.  1 WATERWAY AVE								Apt. no. 2324	Check	here if you,		
City, town, or p	ost offi	ce. If you have a foreign address, also co	omplete s	spaces below.	Sta T2		ZIP o	ode	to go to	pouse if filing jointly, want \$3 o go to this fund. Checking a ox below will not change		
Foreign country	/ name			Foreign province/state/	coun	ty	Fore			your tax or refund.  You Spouse		
		021, did you receive, sell, exchange					any	virtual curren	су?	Yes	⊠ No	
Standard Deduction		eone can claim:	•	•		•						
Age/Blindness	You:	Were born before January 2, 1	1957	Are blind Spe	ouse	: Was born	bet	fore January 2	, 1957	☐ Is bl	lind	
Dependents	s (see	instructions):		(2) Social security	,	(3) Relationship	5	<b>(4)  ✓</b> if qu	alifies fo	r (see instru	ictions):	
If more	•	irst name Last name		number		to you		Child tax cre	edit	Credit for ot	her dependents	
than four												
dependents,												
see instructions and check	s ——											
here ▶ □												
	. 1	Wages, salaries, tips, etc. Attach	Form(s)	W-2					1	1	05,538.	
Attach	2a	Tax-exempt interest	2a		h T	axable interest			2b			
Sch. B if	3a	Qualified dividends	3a	1.		Ordinary dividend	ds		3b	,	1.	
required.	4a	IRA distributions	4a			axable amount			4b			
	5a	Pensions and annuities	5a			axable amount			5b			
Standard	6a	Social security benefits	6a			axable amount			6b			
Deduction for —	7	Capital gain or (loss). Attach Sche		f required. If not real				<b>▶</b> □	] 7		1,484.	
Single or Married filing	8	Other income from Schedule 1, lir		·					8		-8,190.	
separately,	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,							9		98,833.	
\$12,550 Married filing	10	Adjustments to income from Sche		-					10			
jointly or	11	Subtract line 10 from line 9. This i	,		ne				11		98,833.	
widow(er),	12a	Standard deduction or itemized				12a		12,550				
\$25,100 Head of	b	Charitable contributions if you take		,	,		+	300				
household,	c	Add lines 12a and 12b		,		120			40	c .	12,850.	
\$18,800 If you checked	13	Qualified business income deduct			1 899	 15-A			13		<u> </u>	
any box under	14								14		12,850.	
Standard Deduction,	15	Taxable income. Subtract line 14							15		85,983.	
see instructions.						· · ·						

Form 1040 (2021	)								Page Z
	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌		16	14,663.
	17	Amount from Schedule 2, lin	ne 3					17	
	18	Add lines 16 and 17						18	14,663.
	19	Nonrefundable child tax cree	dit or credit for o	ther depender	nts from Schedule	8812		19	
	20	Amount from Schedule 3, lin	ne 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	14,663.
	23	Other taxes, including self-e	mployment tax,	from Schedule	2, line 21			23	0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>				1	24	14,663.
	25	Federal income tax withheld	from:						
	а	Form(s) W-2				<b>25a</b> 1	6,790	).	
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	16,790.
If you have a	26	2021 estimated tax payment	ts and amount a	pplied from 20				26	
qualifying child, attach Sch. EIC.	27a	Earned income credit (EIC)				27a			
attach 3ch. Lio.	b	Check here if you were It January 2, 2004, and you taxpayers who are at least a Nontaxable combat pay elec	u satisfy all the ge 18, to claim t	e other requi he EIC. See in	rements for				
	С	Prior year (2019) earned inco	ome	. 27c					
	28	Refundable child tax credit or	r additional child	tax credit from	Schedule 8812	28			
	29	American opportunity credit	from Form 8863	, line 8		29			
	30	Recovery rebate credit. See	instructions .			30			
	31	Amount from Schedule 3, lin	ne 15			31			
	32	Add lines 27a and 28 throug	h 31. These are	your total oth	er payments and	refundable cr	edits	32	
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments			1	▶ 33	16,790.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amoun	t you <b>overpai</b> d	Ι.,	34	2,127.
	35a	Amount of line 34 you want			is attached, chec	k here	. ▶ [	35a	2,127.
Direct deposit?	▶b	Routing number 0 2 1			▶ c Type: 🗶	Checking [	Saving	s	
See instructions.	►d	Account number 6 1 2	9 0 7 9	3 8					
	36	Amount of line 34 you want a	applied to your	2022 estimate	d tax ►	36			
Amount	37	Amount you owe. Subtract				ee instructions	. )	37	
You Owe	38	Estimated tax penalty (see in				38			
Third Party Designee	ins	you want to allow another tructions	person to disc		n with the IRS?	► Yes.		e below.	X No
		signee's ne ▶		Phone no. ▶			rsonal ide mber (PIN	entification	
Sign	Un	der penalties of perjury, I declare tief, they are true, correct, and com		d this return and		edules and staten	nents, and	to the be	
Here	You	ur signature		Date	Your occupation		I .		nt you an Identity
	k.								PIN, enter it here
Joint return? See instructions.					BUSINESS STR		701( ,	ee inst.) ►	
Keep a copy for your records.	Spouse's signature. If a joint return, <b>both</b> must sign.			Date	Spouse's occupation	lo		ent your spouse an ection PIN, enter it here	
	Pho	one no. (203) 554-154	3	Email address	KKINNERA95	@GMAIL.CO	M		
Paid	Pre	parer's name	Preparer's signat	ure		Date	PTIN		Check if:
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/04/2022 P0208							Self-employed
Use Only		m's name ► GLOBAL TA	hone no.	(678) 965-9522					
OGC OTHY	Fire	m's address ▶ 2530 Pebb	F	rm's EIN	<b>→</b> 30-1017196				

### **SCHEDULE 1** (Form 1040)

# **Additional Income and Adjustments to Income**

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

KINNERA KATA

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

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

Attachment Sequence No. **01** Your social security number

741-58-7753

Par	Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes	3	1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions)	•		
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, transchedule E		5	-8,190.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ( )		
b	Gambling income	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ( )		
е	Taxable Health Savings Account distribution	8e		
f	Alaska Permanent Fund dividends	8f		
g	Jury duty pay	8g		
h	Prizes and awards	8h		
i	Activity not engaged in for profit income	8i		
j	Stock options	8j		
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8k		
I	Olympic and Paralympic medals and USOC prize money (see instructions)	81		
m	Section 951(a) inclusion (see instructions)	8m		
n	Section 951A(a) inclusion (see instructions)	8n	_	
0	Section 461(I) excess business loss adjustment	80		
р	Taxable distributions from an ABLE account (see instructions) .	8p		
Z	Other income. List type and amount ▶	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 10	040, 1040-SR, or	4.5	
	1040-NR. line 8		10	_ 2 1 0 ∩

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

	Educator expenses	. 11
2	Certain business expenses of reservists, performing artists, and fee-basis governme officials. Attach Form 2106	
}	Health savings account deduction. Attach Form 8889	. 13
	Moving expenses for members of the Armed Forces. Attach Form 3903	. 14
5	Deductible part of self-employment tax. Attach Schedule SE	. 15
6	Self-employed SEP, SIMPLE, and qualified plans	. 16
7	Self-employed health insurance deduction	. 17
3	Penalty on early withdrawal of savings	. 18
а	Alimony paid	. 19a
b	Recipient's SSN	
С	Date of original divorce or separation agreement (see instructions) ▶	
)	IRA deduction	. 20
l	Student loan interest deduction	. 21
2	Reserved for future use	. 22
3	Archer MSA deduction	. 23
ŀ	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	
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	
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)	
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	
i	Housing deduction from Form 2555	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	
Z	Other adjustments. List type and amount ▶	

#### **SCHEDULE D** (Form 1040)

Department of the Treasury

## **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

Attachment Sequence No. 12

Internal Revenue Service (99) Name(s) shown on return Your social security number 741-58-7753 KINNERA KATA 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. line 2, column (a) with column (a) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . 1b Totals for all transactions reported on Form(s) 8949 with 5,498. 4,028. 1,470. Totals for all transactions reported on Form(s) 8949 with Box B checked . . . . . . . . . . . . . . 3 Totals for all transactions reported on Form(s) 8949 with 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 7 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 1,470. 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 (g) (h) Gain or (loss) 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 19. 14. Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover

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

BAA

14.

14

15

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

## Part III Summary

16	Combine lines 7 and 15 and enter the result	16	1,484.
	• If line 16 is a <b>gain,</b> 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 <b>loss</b> , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.		
	• If line 16 is <b>zero</b> , 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 <b>both</b> gains?		
18	If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (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.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> 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?		
	☐ <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16.		
	☐ <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

# 8949 Form

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

► 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.

OMB No. 1545-0074

2021

Attachment Sequence No. 12A

Department of the Treasury Internal Revenue Service

Name(s) shown on return

KINNERA KATA

Social security number or taxpayer identification number

741-58-7753

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 Shou

**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.

☐ <b>(B)</b> Short-term transactions	<ul> <li>X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)</li> <li>☐ (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS</li> <li>☐ (C) Short-term transactions not reported to you on Form 1099-B</li> </ul>											
(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the <b>Note</b> below	If you enter an enter a co	any, to gain or loss. amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss). Subtract column (e)					
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g)					
ROBINHOOD SECURITIES LLC	06/16/21	10/18/21	1,966.	1,432.			534.					
ROBINHOOD CRYPTO LLC	06/21/21	10/06/21	3,532.	2,596.			936.					
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C	al here and ince is checked), <b>lir</b>	lude on your ne 2 (if Box B	5,498.	4,028.			1,470.					

**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.

Form 8949 (2021) Attachment Sequence No. 12A Pag

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

KINNERA KATA

Social security number or taxpayer identification number

741-58-7753

Before you check Box D, E, or F 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 II

**Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-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 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, *or* F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-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.

<ul><li>✗ (D) Long-term transactions</li><li>☐ (E) Long-term transactions</li><li>☐ (F) Long-term transactions</li></ul>	reported on	Form(s) 1099	-B showing bas	•			e)
<b>1</b> (a)	(b)	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the <b>Note</b> below	Adjustment, if If you enter an enter a co See the sep	(h) Gain or (loss). Subtract column (e)	
Description of property (Example: 100 sh. XYZ Co.)	Date acquired (Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g)
ROBINHOOD SECURITIES LLC	05/18/20	06/10/21	19.	5.			14.
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	al here and inc is checked), <b>lir</b>	lude on your ne 9 (if Box E	19.	5.			14.

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

# SCHEDULE E (Form 1040)

**Supplemental Income and Loss** 

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

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

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.

Your social security number

KINN	ERA KATA							74	11-58	-77	53	
Part	Income or Loss	s From Rental Real Estate and Ro	yalties	Note: If y	you ar	e in th	e business c	of renti	ng pers	onal p	roperty	, use
	Schedule C. See	instructions. If you are an individual, rep	ort farm	rental inco	me or	loss fr	om Form 48	<b>335</b> or	page 2	, line	40.	
A Dic	d you make any payme	nts in 2021 that would require you to	file Fo	rm(s) 1099	? Se	e instr	uctions .				Yes >	No
B If "	Yes," did you or will yo	ou file required Form(s) 1099?									Yes [	No
1a	Physical address of	each property (street, city, state, ZIF	code)									
Α	SARADA NAGAR A	NANTAPUR ANDHRA PRADESH	IN 5	15001								
В												
С												
1b	Type of Property	2 For each rental real estate propabove, report the number of fa	perty lis	ted		Fair	Rental	Per	sonal l	Use	0	JV
	(from list below)	above, report the number of ta personal use days. Check the	ir renta <b>0.IV</b> bo	and x only			ays		Days			
A	2	if you meet the requirements to	a   P	١ .		365		(	0			
В		qualified joint venture. See inst	ruction	S. E	3							
C				C	)							
Type o	of Property:											
1 Sing	gle Family Residence	3 Vacation/Short-Term Rental	5 Lan	d	7	Self-	Rental					
	ti-Family Residence	4 Commercial	6 Roy	alties	8	Othe	r (describe)	)				
Incom	ie:	Properties:		Δ.	١		E	3			С	
_ 3			3		6	00.						
4	Royalties received .		4									
Expen	ses:											
5	Advertising		5									
6		nstructions)	6									
7		nance	7		1,0	50.						
8	Commissions		8									
9	Insurance		9									
10	Legal and other profe	essional fees	10									
11	Management fees .		11		1,1	20.						
12	Mortgage interest pai	d to banks, etc. (see instructions)	12									
13	Other interest		13									
14			14		2,9							
15			15		2,4	50.						
16			16									
17			17		1,2	00.						
18		e or depletion	18									
19	Other (list)		19									
20	Total expenses. Add	lines 5 through 19	20		8,7	90.						
21		line 3 (rents) and/or 4 (royalties). If										
		instructions to find out if you must										
	file <b>Form 6198</b>		21		-8,1	90.						
22		l estate loss after limitation, if any,					,					,
00	on Form 8582 (see in	•	22 (			0.)	(		)(			)
23a		eported on line 3 for all rental prope				23a		6	00.			
b		eported on line 4 for all royalty prop			- 1	23b						
C		eported on line 12 for all properties			- 1	23c						
d					1	23d		0 -				
e		eported on line 20 for all properties				23e		8,7				
24	•	e amounts shown on line 21. <b>Do no</b>		-					24			100 '
25		sses from line 21 and rental real estate							25 (		8,	190.)
26		ate and royalty income or (loss).										
		V, and line 40 on page 2 do not							00		0	1 0 0
	Schedule I (Form 104	40), line 5. Otherwise, include this ar	HOUNT I	n the total	on III	ne 41	on page 2		26		-8	,190.

KINNERA

**Passive Activity Loss Limitations** 

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

KATA

► See separate instructions. ► Attach to Form 1040, 1040-SR, or 1041.

Identifying number

741-58-7753

OMB No. 1545-1008

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

Attachment Sequence No. **858** 

Par							
	Caution: Complete Parts IV ar	nd V before compl	eting Part I.				
	al Real Estate Activities With Active Prance for Rental Real Estate Activities	• '		ive participation, s	ee <b>Special</b>		
1a b c d	Activities with net income (enter the an Activities with net loss (enter the amo Prior years' unallowed losses (enter the Combine lines 1a, 1b, and 1c	unt from Part IV, c ne amount from Pa	olumn (b)) art IV, column (c))	1b (	0. 8,190.) 	1d	-8,190.
All Ot	ther Passive Activities						
2a b c d	Activities with net income (enter the an Activities with net loss (enter the amo Prior years' unallowed losses (enter the Combine lines 2a, 2b, and 2c	unt from Part V, co	olumn (b)) art V, column (c))	2b ( 2c (	) 	2d	
3	Combine lines 1d and 2d. If this line is all losses are allowed, including any losses on the forms and schedules no	is zero or more, st prior year unallow ormally used .	op here and included losses entered	de this form with y	our return; Report the	3	-8,190.
Part II	• Line 1d is a Line 2d is a Line 2d is a Line 2d is a Line 2d is a lone. If your filing status is married filing Linstead, go to line 10.  • Line 1d is a Line 2d	loss (and line 1d is separately and yo	ou lived with your	spouse at any tim	e during the	year,	do not complete
	Note: Enter all numbers in Par	· · · · · · · · · · · · · · · · · · ·		tions for an examp	ole.		
4 5 6	Enter the <b>smaller</b> of the loss on line 1 Enter \$150,000. If married filing separ Enter modified adjusted gross income <b>Note:</b> If line 6 is greater than or equal on line 9. Otherwise, go to line 7.	rately, see instructi e, but not less thar	ons n zero. See instruc	er -0-	50,000.	4	8,190.
7	Subtract line 6 from line 5			7	42,977.		01 400
8 9	Multiply line 7 by 50% (0.50). <b>Do not</b> e			• .		8	21,489.
Par	Enter the smaller of line 4 or line 8  Ill Total Losses Allowed				<u> </u>	9	8,190.
10	Add the income, if any, on lines 1a an	nd 2a and enter the	e total			10	0.
11	Total losses allowed from all passiv out how to report the losses on your t	e activities for 20	<b>21.</b> Add lines 9 an		ions to find	11	8,190.
Part							•
	Name of activity	Currer	nt year	Prior years	Ove	rall ga	ain or loss
	Name of activity	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gair	1	(e) Loss
SAR	ADA NAGAR	0.	8,190.				8,190.
Total.	. Enter on Part I, lines 1a, 1b, and 1c ▶	0.	8,190.				

Page **2** 

Part V Complete This Part Befor	e P	art I, Lines 2	a, 2b,	<b>and 2c.</b> S	ee instruc	tions.			•	
Name of add the		Currer	nt year		Prior ye	ears	Overa	ll ga	ain or loss	
Name of activity	(a	Net income (line 2a)		Net loss ne 2b)	(c) Unall loss (lin	owed e 2c)	(d) Gain		(e) Loss	
Total. Enter on Part I, lines 2a, 2b, and 2c ▶										
Part VI Use This Part if an Amour	1	1	Part II,	, <b>Line 9.</b> S	ee instruc	tions.	I			
Name of activity	Form or schedule and line number to be reported on (see instructions)		(a	) Loss	<b>(b)</b> Ra	itio	(c) Special allowance		(d) Subtract column (c) from column (a).	
SARADA NAGAR		E Ln 22		8,190.	1.0000	0000	8,19	0.	0.	
Total				8,190.	1.00	)	8,19	0.	0.	
Part VII Allocation of Unallowed L	.oss	<b>ses.</b> See instr	uction	S.		1				
Name of activity		Form or sche and line nun to be reporte (see instruct	mber ed on (a)		Loss		(b) Ratio		(c) Unallowed loss	
Total			. •				1.00			
Part VIII Allowed Losses. See instr	ucti	ons.		1		1				
Name of activity		Form or sche and line nun to be reporte (see instructi		mber ed on (a) Lo		(b) Unallowed loss		(	c) Allowed loss	
Total			. •							