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

Submi	ssion Identification Number (SID)		•		
Taxpaye	or's name	Social securit	y number		_
ADIT	II POTHUGANTI	819-65-	-1803		
Spouse's	s name	Spouse's soci	al security	number	
Part		year you a	re autho	rizing.)	_
	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	149,181	
2	Total tax		2	26,738	
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	27,118	
4	Amount you want refunded to you		4	1,475	<u>5.</u>
5	Amount you owe		5		
Part	Taxpayer Declaration and Signature Authorization (Be sure you get and ke penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended)				
to send for any Agent to payment authorize payment business taxes to persona	original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmit my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for reject delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. o initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated for my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution action is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate and the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requises days prior to the payment (settlement) date. I also authorize the financial institutions involved in the proportion of the processor of the payment (settlement) and the proportion of the processor of the payment (settlement) are included in the proportion of the processor of	ction of the trans. Treasury are cated in the tann to debit the the authorizates must be processing of ayment. I furtile.	ansmission dits desing the preparation and the electron and the electron and the electron acknowled the electron acknowled its design and the electron acknowled its design and the electron acknowled its design and the electron acknowled its design acknowled its design acknowled its design and the electron acknowled its design acknowled its des	n, (b) the reasing and the control of the control o	son cial for This el) a n 2 it of the
	yer's PIN: check one box only	_	1 0		
X] lauthorize GLOBAL TAXES LLC to enter or generate n	ny PIN 5		0 3 as r	ny
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.		er five digi n't enter all		•
	I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN and your return is filed using the Practitioner PIN method below.				
Your s	ignature ► Date ►	04-04-2022			
Spous	e's PIN: check one box only				
. Г	I authorize to enter or generate n	ny PIN		as r	nγ
_	ERO firm name	Ent	er five digi	ts, but	,
	signature on the income tax return (original or amended) I am now authorizing.	dor	n't enter all	Izeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN and your return is filed using the Practitioner PIN method below.		•		-
Spous	e's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below				
Part	III Certification and Authentication — Practitioner PIN Method Only				
ERO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5 8		8 6 1 er all zeros	9 8 9	
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income taxzed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submiments of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Indicated	tting this retu	rn in acco	ordance with	iow the
FRO'°	signature ▶ Date ▶				
	ERO Must Retain This Form — See Instructions				—

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

٤.	1	0.40	Department of the Treasury-Internal Revenue Service	(99
Ъ		U4U	Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Ref	turn

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 [u checked the MFS box, enter the on is a child but not your depender	name of	ed filing separately (I							
Your first name	and mi	ddle initial	Last na	ame					Your so	cial securi	ty number
ADITI			POTE	HUGANTI					819-	65-180	3
If joint return, s	pouse's	s first name and middle initial	Last na	ame							curity number
-	-										-
Home address	(numbe	er and street). If you have a P.O. box, se	e instructi	ions.				Apt. no.	Preside	ntial Election	on Campaign
919 S W	· Inchi	ESTER BLVD						+		here if you,	. •
		ce. If you have a foreign address, also c	omplete s	spaces below.	Sta	te	ZIP	code			ntly, want \$3
SAN JOSE		,	•	•	C	A	95	1 0 0	0	this fund. low will not	Checking a
Foreign country				Foreign province/state/						x or refund.	•
· · · · · · · · · · · · · · · · · · ·	,			9 p		,			,	You	Spouse
At any time du	ring 20	021, did you receive, sell, exchange	e, or othe	erwise dispose of an	y fina	ancial interest in	n an	y virtual curren	cy?	Yes	⊠ No
Standard	Som	eone can claim:	enenden	t Your spous	A 20	a dependent					
Deduction 1	_	Spouse itemizes on a separate retu		·		•					
Doddonon		spouse iterrizes on a separate reta	iii oi yot	a were a duar status	anci						
Age/Blindness	You:	Were born before January 2,	1957	Are blind Sp	ouse	: Was born	ı be	fore January 2,	1957	☐ Is bl	lind
Dependents	s (see	instructions):		(2) Social security	/	(3) Relationship	р	(4) 🗸 if qua	alifies fo	r (see instru	ıctions):
If more	(1) Fi	(1) First name Last name number to you Chil				Child tax cre	edit	Credit for ot	her dependents		
than four											
dependents, see instructions											
and check											
here ▶ 🗌											
	1	Wages, salaries, tips, etc. Attach	Form(s)	W-2					1	1	56,097.
Attach	2a	Tax-exempt interest	2a		b T	axable interest			2b		
Sch. B if required.	3a	Qualified dividends	3a	28.	b C	ordinary dividen	ds		3b		28.
required.	4a	IRA distributions	4a			axable amount			4b)	
	5a	Pensions and annuities	5a		b T	axable amount			5b)	
Standard	6a	Social security benefits	6a		b T	axable amount			6b		
Deduction for—	7	Capital gain or (loss). Attach Sche	edule D i	f required. If not req	uired	, check here		▶□	7		1,706.
Single or Married filing	8	Other income from Schedule 1, lin	ne 10						8		-8 , 650.
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your total inc	ome				9	1	49,181.
Married filing	10	Adjustments to income from Scho	edule 1,	line 26					10)	
jointly or Qualifying	11	Subtract line 10 from line 9. This	s your a	djusted gross inco	me				- 11	1	49,181.
widow(er),	12a	Standard deduction or itemized				12a		12,550			
\$25,100 Head of	b	Charitable contributions if you take		•	,	ructions) 12b		300			
household, \$18,800	С	Add lines 12a and 12b		,					120	С	12,850.
If you checked	13	Qualified business income deduc	tion fron	n Form 8995 or Form	899	5-A			13		<u>, </u>
any box under Standard	14								14		12,850.
Deduction,	15	Taxable income. Subtract line 14							15		36,331.
see instructions.											

Form 1040 (2021)								Page Z
	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	26,738.
	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	26,738.
	19	Nonrefundable child tax cre	dit or credit for c	ther depender	nts from Schedule	8812		19	
	20	Amount from Schedule 3, lin	ie 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	26,738.
	23	Other taxes, including self-e	mployment tax,	from Schedule	2, line 21			23	0.
	24	Add lines 22 and 23. This is	your total tax					24	26,738.
	25	Federal income tax withheld	from:						
	а	Form(s) W-2				25a 27	7,118.		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	27,118.
If you have a	26	2021 estimated tax paymen	ts and amount a	pplied from 20				26	
qualifying child,	27a	Earned income credit (EIC)			No	27a			
attach Sch. EIC.	b	Check here if you were I 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	additional child	tax credit from	Schedule 8812	28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Recovery rebate credit. See	instructions .			30			
	31	Amount from Schedule 3, lin	ie 15			31	. , 095.		
	32	Add lines 27a and 28 through		-				32	1,095.
	33	Add lines 25d, 26, and 32. T					. ▶	33	28,213.
Refund	34	If line 33 is more than line 24						34	1,475.
	35a	Amount of line 34 you want						35a	1,475.
Direct deposit? See instructions.	▶b	Routing number 1 2 2			► c Type: 🗙	Checking	Savings		
oce manachons.	►d	Account number 4 5 7 0 2 8 9 8 6 0 8 9							
	36	Amount of line 34 you want				36			
Amount	37	Amount you owe. Subtract				1 1	. ▶	37	
You Owe	38	Estimated tax penalty (see in				38			
Third Party Designee	ins	you want to allow another tructions	person to disc	cuss this retur	n with the IRS?	► Yes. C	omplete		⊠ No
		signee's ne ▶		no.			ber (PIN)		
Sign Here		der penalties of perjury, I declare tief, they are true, correct, and com							
пеге	You	Your signature			Your occupation		II.		nt you an Identity
	N.	Mit		04-04-2022	000000000000000000000000000000000000000			ection P inst.) ▶	IN, enter it here
Joint return? See instructions.	- Cn/	ougo's signature. If a joint return	acth must sign		SOFTWARE E				nt your spouse an
Keep a copy for your records.	Spouse's signature. If a joint return, both must sign.			Date Spouse's occupation			Ider		ection PIN, enter it here
	Pho	one no. (480) 819-720	1	Email address	ADITIPOTHUGA	NTI@GMAIL.C	OM MC		
Deid	Pre	parer's name	Preparer's signat	ure		Date	PTIN		Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	04/04/2022	P0208	2703	Self-employed
Preparer	Firr	m's name ► GLOBAL TA	XES LLC			•	Pho	ne no.	(678) 965-9522
Use Only	Firr	0500 - 111 - 1 - 1 - 2 - 00044							30-1017196

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

ADITI POTHUGANTI

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.

Your social security number 819-65-1803

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes	S	1	
2 a	Alimony received		2 a	
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	-8,650.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling income	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Taxable Health Savings Account distribution	8e		
f	Alaska Permanent Fund dividends	8f		
g	Jury duty pay	8g		
h	Prizes and awards	8h		
i	Activity not engaged in for profit income	8i		
j	Stock options	8j		
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8k		
I	Olympic and Paralympic medals and USOC prize money (see instructions)	81		
m	Section 951(a) inclusion (see instructions)	8m		
n	Section 951A(a) inclusion (see instructions)	8n		
0	Section 461(I) excess business loss adjustment	80		
р	Taxable distributions from an ABLE account (see instructions) .	8p		
Z	Other income. List type and amount ▶	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 10 1040-NR, line 8	040, 1040-SR, or	10	-8 650

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

	Educator expenses	11
	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	12
}	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
I	Student loan interest deduction	21
2	Reserved for future use	22
3	Archer MSA deduction	23
	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 ▶	
	Total other adjustments. Add lines 24a through 24z	25

SCHEDULE 3 (Form 1040)

Additional Credits and Payments

OMB No. 1545-0074 Attachment

Department of the Treasury Internal Revenue Service

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

internal nevenue Service			Sequence No. U3
Name(s) shown on Fo	orm 1040, 1040-SR, or 1040-NR	Your soc	ial security number
ADITI POTHUGAN	NTI	819-65	5-1803

Par	t I Nonrefundable Credits			
1	Foreign tax credit. Attach Form 1116 if required		1	
2	Credit for child and dependent care expenses from Form 244Form 2441	1, line 11. Attach	2	
3	Education credits from Form 8863, line 19		3	
4	Retirement savings contributions credit. Attach Form 8880		4	
5	Residential energy credits. Attach Form 5695		5	
6	Other nonrefundable credits:			
а	General business credit. Attach Form 3800	6a		
b	Credit for prior year minimum tax. Attach Form 8801	6b		
С	Adoption credit. Attach Form 8839	6c		
d	Credit for the elderly or disabled. Attach Schedule R	6d		
е	Alternative motor vehicle credit. Attach Form 8910	6e		
f	Qualified plug-in motor vehicle credit. Attach Form 8936	6f		
g	Mortgage interest credit. Attach Form 8396	6g		
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h		
i	Qualified electric vehicle credit. Attach Form 8834	6i		
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j		
k	Credit to holders of tax credit bonds. Attach Form 8912	6k		
I	Amount on Form 8978, line 14. See instructions	61		
Z	Other nonrefundable credits. List type and amount ▶	6z		
7	Total other nonrefundable credits. Add lines 6a through 6z		7	
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040	-SR, or 1040-NR,		
	line 20		8	
		(cc	ntin	ued on page 2)

Page 2 Schedule 3 (Form 1040) 2021

	•			
Par	Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .		10	
11	Excess social security and tier 1 RRTA tax withheld		11	1,095.
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken before April 1, 2021	13b		
С	Health coverage tax credit from Form 8885	13c		
d	Credit for repayment of amounts included in income from earlier years	13d		
е	Reserved for future use	13e		
f	Deferred amount of net 965 tax liability (see instructions)	13f		
g	Credit for child and dependent care expenses from Form 2441, line 10. Attach Form 2441	13g		
h	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken after March 31, 2021	13h		
Z	Other payments or refundable credits. List type and amount ▶	13z		
14	Total other payments or refundable credits. Add lines 13a through	13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31	-SR, or 1040-NR,	15	1,095.
	BAA REV	03/26/22 PRO	Schedu	ile 3 (Form 1040) 2021

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.

OMB No. 1545-0074

Attachment Sequence No. 12

Internal Revenue Service (99) ▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Name(s) shown on return Your social security number 819-65-1803 ADITI POTHUGANTI 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 6,821. 5,115. 1,706. 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 1,706. 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 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14

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

BAA

15

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

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	1,	706.
	• 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? Yes. Go to line 18.			
	No. Skip lines 18 through 21, and go to line 22.			
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18		
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19		
20	Are lines 18 and 19 both zero or blank and are you not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below.			
	No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.			
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.			

Sales and Other Dispositions of Capital Assets

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

Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

Sequence No. 12A

Name(s) shown on return	Social security number or taxpayer identification num				
ADITI POTHUGANTI	819-65-1803				

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

broker and may even tell you which box to check. Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see

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.

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

(B) Short-term transactions (C) Short-term transactions	•	` '	•	sis wasn't report	ed to the IF	RS	-)		
(a) Description of property	(b) Date acquired	(c) Date sold or	Proceeds Se	(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.		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 Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)		
ROBINHOOD CRYPTO LLC	01/01/21	12/31/21	3,116.	1,051.			2,065.		
Robinhood Securities LLC	01/01/21	12/31/21	3,705.	4,064.			-359.		
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 6).	al here and ince is checked), lir	lude on your ne 2 (if Box B	6,821.	5,115.			1,706.		

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

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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

OMB No. 1545-0074 Attachment

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.

Sequence No. 13

Your social security number

819-65-1803 ADITI POTHUGANTI Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Part I Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. A Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions Physical address of each property (street, city, state, ZIP code) Α SNEHAPURI COLONY, NACHARAM HYDERABAD TELANGANA IN 500076 В C 1b **Fair Rental Personal Use** Type of Property For each rental real estate property listed QJV above, report the number of fair rental and **Days Days** (from list below) personal use days. Check the QJV box only if you meet the requirements to file as a A 365 Α 0 qualified joint venture. See instructions. В В С C Type of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) Income: Properties: Α C 650. 3 Rents received . 3 4 4 Royalties received . Expenses: 5 5 Advertising 6 Auto and travel (see instructions) . . 6 7 7 1,100. Cleaning and maintenance . . . 8 Commissions. 8 9 Insurance 9 10 Legal and other professional fees . . . 10 11 11 1,500. Mortgage interest paid to banks, etc. (see instructions) 12 13 Other interest. 13 1,800. 14 14 15 2,300. 15 Supplies 16 Taxes 16 17 17 2,600. 18 Depreciation expense or depletion . . . 18 19 19 Total expenses. Add lines 5 through 19 20 20 9,300. 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 21 -8,650. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 8,650.) 23a Total of all amounts reported on line 3 for all rental properties 23a 650 **b** Total of all amounts reported on line 4 for all royalty properties 23b c 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 9,300. 23e e Total of all amounts reported on line 20 for all properties 24 Income. Add positive amounts shown on line 21. Do not include any losses 24 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here. 25 8,650. 25 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 -8,650. 26

TAXABLE YEAR FORM

	California e-file Signature Au	ithorization	tor Indivi	duals	8879
Your name				Your SSN o	r ITIN
ADITI POT				819-65-	
Spouse's/RDP's na	ame			Spouse's/RI	DP's SSN or ITIN
Part I Tax Re	eturn Information (whole dollars only)				
	justed gross income (AGI). See instructions				
	Owe. See instructions				
	ayer Declaration and Signature Authorization (Be sure you obtain				
dentification nun ncome tax return and on form FTB agrees with the d domestic partner provider to transi to my ERO, inter return, I understa penalties. I ackno	originator (ERO), transmitter, or intermediate service provider, in mber (ITIN), and the amounts shown in Part I above agree with the n. If applicable, I authorize an electronic funds withdrawal of the a 8455, California e-file Payment Record for Individuals, or a comdirect deposit authorization stated on my return. If I have filed a jurn (RDP) as an agent to authorize an electronic funds withdrawal or my complete return to the Franchise Tax Board (FTB). If the premediate service provider, and/or transmitter the reason(s) for and that if the FTB does not receive full and timely payment of my owledge that I have read and consent to the Electronic Funds Wit	ne information and amou amount on line 2 and/or parable form. If applicat bint return, this is an irre or direct deposit. I authou processing of my return the delay or the date w y tax liability, I remain lia hdrawal Consent include	ints shown on the the estimated tax le, I declare that d vocable appointmize my ERO, trans or refund is delaynen the refund wable for the tax liab d on the copy of n	corresponding payments as irect depositions of the other mitter, or intered, I authors sent. If I a lility and all any electronic	ng lines of my electronic shown on my return refund amount on line 3 her spouse/registered ermediate service ize the FTB to disclose m filing a balance due pplicable interest and income tax return. I hav
·	nal identification number (PIN) as my signature for my electronic check one box only	income tax return and,	f applicable, my E	lectronic Fun	ds Withdrawal Consent
	GLOBAL TAXES LLC		to ente	ar my DIN	5 1 8 0 3
Zi Tautiioiizo	ERO firm name		to thic	٠ .	Do not enter all zeros
as my signa	ature on my 2021 e-filed California individual income tax return.				
☐ I will enter r	ature on my 2021 e-filed California individual income tax return. my PIN as my signature on my 2021 e-filed California individual i ed using the Practitioner PIN method. The ERO must complete Pa		this box only if yo	ou are enterir	ng your own PIN and you
I will enter r	my PIN as my signature on my 2021 e-filed California individual i	art III below.			ng your own PIN and you
I will enter return is file	my PIN as my signature on my 2021 e-filed California individual i ed using the Practitioner PIN method. The ERO must complete Pa	art III below.			
I will enter return is file	my PIN as my signature on my 2021 e-filed California individual i ed using the Practitioner PIN method. The ERO must complete Pa	art III below.	>		
I will enter return is file Your signature Spouse's/RDP's I authorize	my PIN as my signature on my 2021 e-filed California individual i ed using the Practitioner PIN method. The ERO must complete Pa	art III below.	>	er my PIN	
I will enter i return is file Your signature Spouse's/RDP's I authorize as my signa	my PIN as my signature on my 2021 e-filed California individual i ed using the Practitioner PIN method. The ERO must complete Pi	art III below Date fual income tax return.	to ente	er my PIN	Do not enter all zeros
I will enter in return is file Your signature Spouse's/RDP's I authorize as my signature I will enter and your return is file I will enter a	my PIN as my signature on my 2021 e-filed California individual i ed using the Practitioner PIN method. The ERO must complete Pi PIN: check one box only ERO firm name ature on my 2021 e-filed California individual income tax return. my PIN as my signature on my 2021 e-filed California individual	dual income tax return.	to ente	er my PIN	Do not enter all zeros
I will enter i return is file Your signature Spouse's/RDP's I authorize as my signa I will enter and your re	my PIN as my signature on my 2021 e-filed California individual i ed using the Practitioner PIN method. The ERO must complete Pinter Check one box only ERO firm name ature on my 2021 e-filed California individual income tax return. Typy PIN as my signature on my 2021 e-filed California individual income tax return. Typy PIN as my signature on my 2021 e-filed California individual income tax return. Typy PIN as my signature on my 2021 e-filed California individual income tax return.	art III below. Date Jual income tax return. Jual income tax return.	to enter Check this box or Date	er my PIN n ly if you ar	Do not enter all zeros e entering your own Pl
I will enter i return is file Your signature Spouse's/RDP's I authorize as my signa I will enter and your re Spouse's/RDP's s	my PIN as my signature on my 2021 e-filed California individual i ed using the Practitioner PIN method. The ERO must complete Pi PIN: check one box only ERO firm name ature on my 2021 e-filed California individual income tax return. my PIN as my signature on my 2021 e-filed California individual eturn is filed using the Practitioner PIN method. The ERO must contact the contact tax return is filed using the Practitioner PIN method. The ERO must contact tax return is filed using the Practitioner PIN method.	art III below. Date Jual income tax return. Jual income tax return.	to enter Check this box or Date	er my PIN n ly if you ar	Do not enter all zeros e entering your own Pl
I will enter return is file Your signature Spouse's/RDP's I authorize as my signa I will enter and your re Spouse's/RDP's s Part III Certi ERO's Electronic	my PIN as my signature on my 2021 e-filed California individual i ed using the Practitioner PIN method. The ERO must complete Pi PIN: check one box only ERO firm name ature on my 2021 e-filed California individual income tax return. Type my PIN as my signature on my 2021 e-filed California individual income tax return. Type my PIN as my signature on my 2021 e-filed California individual income tax return. Type my PIN as my signature on my 2021 e-filed California individual income tax return. Type my PIN as my signature on my 2021 e-filed California individual income tax return. Type my PIN as my signature on my 2021 e-filed California individual income tax return. Type my PIN as my signature on my 2021 e-filed California individual income tax return. Type my PIN as my signature on my 2021 e-filed California individual income tax return. Type my PIN as my signature on my 2021 e-filed California individual income tax return. Type my PIN as my signature on my 2021 e-filed California individual income tax return.	art III below. Date Jual income tax return. Jual income tax return.	to enter Check this box or Date Ow 2 7 8	er my PIN nly if you ar	Do not enter all zeros e entering your own Pl
I will enter in return is file. Your signature Spouse's/RDP's I authorize as my signation I will enter and your return is file. Spouse's/RDP's standard your return is file. End's Electronic Enter your six-diguited.	my PIN as my signature on my 2021 e-filed California individual i ed using the Practitioner PIN method. The ERO must complete Pinch	dual income tax return. Implete Part III below. urns Only continue be 5 8 7	to enter Check this box or Date Ow 2	er my PIN nly if you ar 6 1 zeros for the taxp	Do not enter all zeros e entering your own Pl 9 8 9 ayer(s) indicated above.

TAXABLE YEAR

2021

California Nonresident or Part-Year Resident Income Tax Return

CALIFORNIA FORM

540NR

API

ATTACH FEDERAL RETURN

819-65-1803 POTH

21

ADITI

POTHUGANTI

919 S WINCHESTER BLVD

APT 136

SAN JOSE

CA 95128

11-02-1993

		If your Californ	nia filing status is different fro	m your fede	ral filing status, chec	k the box here		
	1	X Single		4	Head of household (v	with qualifying	person). See instructions	
Filing Status	2	Married	I/RDP filing jointly. See inst.	5	Qualifying widow(er)	. Enter year sp	ouse/RDP died.	
0,					See instructions.			
	3	Married	1/RDP filing separately. Enter	spouse's/RD	P's SSN or ITIN abov	e and full nam	e here	
	6	If someone ca	n claim you (or your spouse/	RDP) as a de	pendent, check the b	ox here. See ir	st • 6	
•	For	line 7, line 8, li	ne 9, and line 10: Multiply the	number you	enter in the box by the	e pre-printed d	ollar amount for that line.	Whole dollars only
	7	•	ou checked box 1, 3, or 4 abo or 5, enter 2. If you checked	,	•	s. • 7 1	X \$129 = ● \$	129
	8	Blind: If you (or your spouse/RDP) are visu	ally impaired	I, enter 1;			
	9		ıally impaired, enter 2 (or your spouse/RDP) are 65			8	X \$129 = • \$	
"		if both are 65 of	or older, enter 2. See instruct	ons		● 9	X \$129 = • \$	
ions	10	Dependents: D	Oo not include yourself or yo Dependent 1	ur spouse/RI	DP. Dependent 2		Dependent 3	
Exemptions		First Name			•		•	
மி		Last Name			•		•	
		SSN. See instructions.			•		•	
		Dependent's relationship to you			•		•	
	Total	denendent exe	mntions		● 11		\$400 = • \$	

175 3131214

REV 03/29/22 PRO Form 540NR 2021 **Side 1**

You	r nar	ne: POTHUGANTI Your SSN or ITIN: 819-65-1803			
	11	Exemption amount: Add line 7 through line 10	• 11 \$	1	29
	12	Total California wages from your federal Form(s) W-2, box 16	_00		
me	13 14	Enter federal AGI from federal Form 1040, 1040-SR, or 1040-NR, line 11	13	149181	00
ole Inco	15	Part II, line 27, column B	• 14 L	149181	.00
Total Taxable Income	16	California adjustments – additions. Enter the amount from Schedule CA (540NR), Part II, line 27, column C	• 16		.00
Το	17 18	Adjusted gross income from all sources. Combine line 15 and line 16	• 17	149181	. 00
	19	Part III, line 30; OR Your California standard deduction . See instructions	1819	144378	.00
	31	Tax. Check the box if from:		10400	
	32	CA adjusted gross income from Schedule CA (540NR), Part IV, line 1	• 31 L • 00	10429	. 00
0	35	CA Taxable Income from Schedule CA (540NR), Part IV, line 5	• 35	99818	. 00
e Incom	36 37	CA Tax Rate. Divide line 31 by line 19	37	7207	. 00
CA Taxable Income	38	CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000	0		
Ö	39	CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$212,288, see instructions	39	89	_00
	40	CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0	40	7118	_00
	41	Tax. See instructions. Check the box if from: Schedule G-1 FTB 5870A	• 41		. 00
	42	Add line 40 and line 41	• 42	7118	<u>.</u> 00
its	50 51	Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form FTB 3506	• 50 • 00		<u> </u>
Special Credits	52 53	Credit for dependent parent. See instructions • 52 Credit for senior head of household. See instructions • 53	.00		
Sp	54	Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions			
	55	Credit amount. See instructions	• 55		. 00

You	r nan	me: POTHUGANTI Your SSN or ITIN: 819-65-1803		•	
	58	Enter credit name code ● and amount	58		00
nued	59	Enter credit name code and amount	59		00
Special Credits continued	60	To claim more than two credits. See instructions	6 0		00
redits	61	Nonrefundable Renter's Credit. See instructions	61		00
cial C	62	Add line 50 and line 55 through 61. These are your total credits	62		00
Spe	63	Subtract line 62 from line 42. If less than zero, enter -0		7118	00
		<u> </u>			
	71	Alternative Minimum Tax. Attach Schedule P (540NR)	• 71		00
sexe	72	Mental Health Services Tax. See instructions	• 72		00
Other Taxes	73	Other taxes and credit recapture. See instructions	73		00
ō	74	Excess Advance Premium Assistance Subsidy (APAS) repayment. See instructions	• 74		00
	75	Add line 63, line 71, line 72, line 73, and line 74. This is your total tax	7 5	7118	00
				7799	
	81	California income tax withheld. See instructions			00
	82	2021 CA estimated tax and other payments. See instructions	● 82	•	00
Ø	83	Withholding (Form 592-B and/or 593). See instructions	83		00
ayments	84	Excess SDI (or VPDI) withheld. See instructions	8 4		00
Рау	85	Earned Income Tax Credit (EITC)	85		00
	86	Young Child Tax Credit (YCTC). See instructions	● 86		00
	87	Net Premium Assistance Subsidy (PAS). See instructions	87		00
	88	Add line 81 through line 87. These are your total payments. See instructions	88	7799	00
ISR Penalty	91	If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or C coverage is qualifying health care coverage			
HISH.		Individual Shared Responsibility (ISR) Penalty. See instructions • 91		0 .00	
	92	Payments after Individual Shared Responsibility Penalty. If line 88 is more than line 91, subtract line 91 from line 88	Q2	7799	00
/Тах	93	Individual Shared Responsibility Penalty Balance. If line 91 is more than line 88, subtract line 88 from line 91.		•	00
Overpaid Tax/Tax Due	104	Overpaid tax. If line 92 is more than line 75, subtract line 75 from line 92		201	
/erpa					00
Ó	102	2 Amount of line 101 you want applied to your 2022 estimated tax	102	0.	00

Your nar	me: POTHUGANTI Your SSN or ITIN: 819-65-1803 Overpaid tax available this year. Subtract line 102 from line 101	103	681	. 00
104	Tax due. If line 92 is less than line 75, subtract line 92 from line 75	104		<u> </u>
	<u>(</u>	<u>Code</u>	Amount	
	California Seniors Special Fund. See instructions	400		. 00
	Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	401		.00
	Rare and Endangered Species Preservation Voluntary Tax Contribution Program •	403		. 00
	California Breast Cancer Research Voluntary Tax Contribution Fund	405		. 00
	California Firefighters' Memorial Voluntary Tax Contribution Fund	406		. 00
	Emergency Food for Families Voluntary Tax Contribution Fund	407		. 00
	California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund	408		. 00
	California Sea Otter Voluntary Tax Contribution Fund	410		. 00
	California Cancer Research Voluntary Tax Contribution Fund	413		. 00
ons	School Supplies for Homeless Children Voluntary Tax Contribution Fund	422		. 00
Contributions	State Parks Protection Fund/Parks Pass Purchase	423		. 00
Cont	Protect Our Coast and Oceans Voluntary Tax Contribution Fund	424		. 00
	Keep Arts in Schools Voluntary Tax Contribution Fund	425		. 00
	Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund •	431		. 00
	California Senior Citizen Advocacy Voluntary Tax Contribution Fund	438		. 00
	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	439		. 00
	Rape Kit Backlog Voluntary Tax Contribution Fund	440		. 00
	Schools Not Prisons Voluntary Tax Contribution Fund	443		. 00
	Suicide Prevention Voluntary Tax Contribution Fund	444		. 00
	Mental Health Crisis Prevention Voluntary Tax Contribution Fund	445		. 00
	California Community and Neighborhood Tree Voluntary Tax Contribution Fund •	446		. 00
120	Add code 400 through code 446. This is your total contribution	120		. 00

You	r nam	ne:	POTHUGANTI Your SSN or ITIN: 819-65-1803		
Amount You Owe	121	Mail	to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001 • 121 Online – Go to ftb.ca.gov/pay for more information.		•00
and ies	122 123		rest, late return penalties, and late payment penalties		. 00
Interest and Penalties		Chec	ck the box: • FTB 5805 attached • FTB 5805F attached • 123		-00
		Total	amount due. See instructions. Enclose, but do not staple, any payment		_ 00
	125	REF	UND OR NO AMOUNT DUE. Subtract line 120 from line 103. See instructions.		601
		Mail	to: Franchise Tax Board, Po Box 942840, Sacramento Ca 94240-0001 • 125		681 .00
Refund and Direct Deposit		See i	n the information to authorize direct deposit of your refund into one or two accounts. Do not attach a voi instructions. Have you verified the routing and account numbers? Use whole dollars only. r the following amount of my refund (line 125) is authorized for direct deposit into the account shown be Type Routing number Account number	elow:	c or a deposit slip. deposit amount
<u>D</u>			22101706 457028986089		681 .00
au			Savings		
Refu			Routing number Savings Type Account number Savings		deposit amount
IMP	ORTA	NT: A	Attach a copy of your complete federal return.		
Our p to loo	rivacy ate FT er per	notice B 113 naltie	e can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to 1 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form as of perjury, I declare that I have examined this tax return, including accompanying schedules and statem I belief, it is true, correct, and complete.	n code 948 1	when instructed.
Your	signat		Date Spouse's/RDP's signature (if a	joint tax ret	urn, both must sign)
	Morp	•	04-04-2022		
		_	Your email address. Enter only one email address.	Ť	rred phone number
Si	gn		aditipothuganti@gmail.com	480	8197201
	ere	ļ	Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowled	edge)	
It is ı	unlaw	ful	SYAM PRIYA RAM SAGAR GUPTA TALLAM		
spou	rge a ıse's/		Firm's name (or yours, if self-employed)		● PTIN
RDP signa	's ature.		GLOBAL TAXES LLC		P02082703
Joint	tax		Firm's address		Firm's FEIN
retur (See			2530 PEBBLE CREEK LN CUMMING GA 30041		301017196
,	uction	ns)	Do you want to allow another person to discuss this tax return with us? See instructions	Yes	× No
			Print Third Party Designee's Name	Telephor	ne Number

TAXABLE YEAR

2021

SCHEDULE

California Adjustments — Nonresidents or Part-Year Residents

CA (540NR)

Important: Attach this schedule behind Forr	m 540NR, Side 5 a	s a supporting Ca	lifornia schedule.		
Name(s) as shown on tax return				SSN	or ITIN
ADITI POTHUGANTI					651803
Part I Residency Information. Complete all line	es that apply to you a	nd your spouse/RDP	for taxable year 2021	•	
During 2021:					
1 My California (CA) Residency (Check one)					
a Myself: ◉്X Nonresident ◉ Part-Year R	lesident 🕑 Reside	nt b Spous	se: (•) Nonresident	t • Part-Year	Resident (•) Resident
			Yourself		Spouse/RDP
a I was domiciled in (enter two letter code, see in				<u>A</u> R	
b I was in the military and stationed in (enter two			_	•	
3 I became a CA resident (enter state of prior resid	,	,	_	'	//
4 I became a CA nonresident (enter new state of re	•		_	' <u> </u>	//
5 I was a CA nonresident the entire year (enter stat	,		_	<u>A</u> R (•)	
The number of days I spent in CA for any purpos					
I owned a home/property in CA (enter Y for Yes,				<u>N</u>	
Before 2021: I was a CA resident for the period of)		•// • / /		_//
			<u> </u>	•	_//
Part II Income Adjustment Schedule	A	В	С	D	E
Section A — Income	Federal Amounts (taxable amounts from	Subtractions See instructions	Additions See instructions	Total Amounts Using CA Law	
from federal Form 1040 or 1040-SR	your federal tax return)	(difference between	(difference between	As If You Were	a received as a CA
		CA & federal law)	CA & federal law)	CA Resident (subtract col. B fr	
				col. A; add col. (C from CA sources
1 Wages, salaries, tips, etc. See instructions				to the result)	as a nonresident)
before making an entry in col. B or C 1	156,097.	•	•	156,09	7. • 103,139.
2 Taxable interest. a • 2b		•	•	•	•
3 Ordinary dividends. See instructions.					
a ● 3b	• 28.	•	•	2	8. • 0.
4 IRA distributions. See instructions.		_		_	
a • 4b	•	•	•	•	<u> </u>
5 Pensions and annuities. See					
instructions. a 5b	•	•	•	•	•
6 Social security benefits.					
a • 6b		•			
7 Capital gain or (loss). See instructions 7	1,706.	•	•	1,70	6. • 0.
Section B — Additional Income					
from federal Schedule 1 (Form 1040)					
1 Taxable refunds, credits, or offsets of state					
and local income taxes	•	•		-	-
2a Alimony received. See instructions 2a	•		•	•	<u> </u>
3 Business income or (loss). See instructions 3	•	•	•	•	•
4 Other gains or (losses) 4	•	•	•	•	•
5 Rental real estate, royalties, partnerships,		\circ			
S corporations, trusts, etc 5	● -8,650.	<u>•</u>	•	<u>-8,65</u>	
6 Farm income or (loss) 6	•	<u>•</u>	•	•	•
7 Unemployment compensation 7	lacktriangle	ledow			

REV 03/29/22 PRO

				Α	В	C	D	E
Se	tion	B — Additional Income Continued		Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
8		er income: Federal net operating loss	8a	•			•	•
		. •		•	•		•	•
		Cancellation of debt	8c	•		•	•	•
		Foreign earned income exclusion from federal 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	•			•	•
	-	Stock options	8j	•			•	•
	ı	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	or 8k 8l	••			••	••
		IRC Section 951(a) inclusion	8m	•	•			
				•	•			
		IRC Section 461(I) excess business loss adjustment.	80	•		•	•	•
		Taxable distributions from an ABLE account	8p	•			•	•
	Z	Other income. List type and amount.						
	•		8z	•	•	•	•	•
9	a	Total other income. Add lines 8a through 8z	9a	•	•	•	•	•
	b1	FTB 3805V	9b1		•		•	•
			9b2		•		•	•
		,	9b3		•		•	•
		·	9b4	•	•		•	•
10	line line (as	Il. Combine Section A, line 1 through 7, and Section B, line 1 through 7, line 9a and line 9b1 through line 9b4 applicable) in each column. instructions. Go to Section C		149,181.	•	•	149,181.	103,139.

		A	В	С	D	E
ec	ction C — Adjustments to Income from federal Schedule 1 (Form 1040)	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
1	Educator expenses	ledot	lacktriangle			
2	Certain business expenses of reservists, performing artists, and fee-basis					
		lacktriangle	lacktriangle		•	
3	Health savings account deduction	•	•			
4	See instructions	•		•	•	•
5	Deductible part of self-employment tax. See instructions	(o)	•		•	•
6	Self-employed SEP, SIMPLE, and qualified plans		<u> </u>		•	•
7	Self-employed health insurance deduction. See instructions		•		•	•
8	Penalty on early withdrawal of savings 18	•			•	•
9a	Alimony paid. b Enter recipient's:	<u> </u>				
	Last name • 19a	•		•	•	•
0	IRA deduction	•	•	•	•	•
1	Student loan interest deduction	•		•	•	•
2	Reserved for future use					
3	Archer MSA deduction 23	•			•	•
4	Other adjustments: a Jury duty pay	•			•	•
	b Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	•	•	•	•	•
	c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l 24c		•			
	d Reforestation amortization and expenses	_	<u> </u>		•	•
	e Repayment of supplemental unemployment benefits under the Trade					
	Act of 1974 24e f Contributions to IRC	•			0	O
	Section 501(c)(18)(D) pension plans 24f	•	•	•	•	•
	g Contributions by certain chaplains to IRC Section 403(b) plans 24g	•	•	•	•	•
	h Attorney fees and court costs for actions involving certain unlawful discrimination claims 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 federal Form 2555 24j		<u> </u>			
	k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041)		•			
	z Other adjustments. List type and amount.					
	24z		•	•		

_		A	В		С		D		E
	tion C — Adjustments to Income Continued	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	See (differ	Additions instructions ence between & federal law)	As (sub	otal Amounts sing CA Law If You Were a CA Resident otract col. B from I. A; add col. C to the result)	(incorrection) rection reside	A Amounts ome earned or eived as a CA ent and income ed or received in CA sources a nonresident)
25	Total other adjustments. Add lines 24a through 24z	•	•	•		•		•	
26	Add line 11 through line 23 and line 25 in	•	•	•		•		•	
27	each column, A through E	149,181.		OO		•	149,181.	_	103,139.
	rt III Adjustments to Federal Itemized Dedu			A Fe	deral Amounts om federal Schedule	A B	Subtractions See instructions	C	Additions See instructions
	ck the box if you did NOT itemize for federal but wil	l itemize for California .	⊚ ∐	(Fc	rm 1040))				
Med	lical and Dental Expenses See instructions.								
1	Medical and dental expenses								
2	Enter amount from federal Form 1040 or 1040								
3	Multiply line 2 by 7.5% (0.075)		11,189.	3					
4	Subtract line 3 from line 1. If line 3 is more that	n line 1, enter 0	4					O	
Taxe	es You Paid								
5a	State and local income tax or general sales tax	es	5a	O	11,915.	. •	11,915.		
5b	State and local real estate taxes								
5c	State and local personal property taxes		5c						
5d	Add line 5a through line 5c		5d	•	11,915.				
5e	Enter the smaller of line 5d or \$10,000 (\$5,000	if married filing separa	tely) in column A						
	Enter the amount from line 5a, column B in line								
	Enter the difference from line 5d and line 5e, co	umn A in line 5e, colu	mn C 5e	•	10,000.	. 💿	11,915.	•	1,915.
6	Other taxes. List type					•		•	
7	Add line 5e and line 6		7	<u>'</u>	10,000.	. 💿	11,915.	•	1,915.
Inte	rest You Paid								
8a	Home mortgage interest and points reported to	you on federal Form	1098 8 a	O				•	
8b	Home mortgage interest not reported to you o	n federal Form 1098	8b	•				•	
8c	Points not reported to you on federal Form 109	98	8c					•	
8d	Mortgage insurance premiums		8d	1		•			
8e	Add line 8a through line 8d		8e	•		•		•	
9	Investment interest					<u> </u>		<u> </u>	
10	Add line 8e and line 9			_		<u>•</u>		<u>•</u>	
Gift	s to Charity			10		10		10	
11	Gifts by cash or check			(o)	300.	. (•)		•	
12	Other than by cash or check			_		<u> </u>		<u> </u>	
13	Carryover from prior year			_		<u> </u>		<u> </u>	
14	Add line 11 through line 13			_	300.	-		•	
Cas	ualty and Theft Losses		-			, _		,	
15	Casualty or theft loss(es) (other than net quali	ïed disaster losses).							
	Attach federal Form 4684. See instructions	,				•		•	
Othe	er Itemized Deductions		10			10			
16	Other—from list in federal instructions					•		(
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A				10,300.	+	11,915.	_	1,915.
··-		., _,		10		10			
18	Total. Combine line 17 column A less column	3 plus column C					18		300.

Job	Expenses and Certain Miscellaneous Deductions	
19	Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions	
20	Tax preparation fees	
21	Other expenses- investment, safe deposit box, etc. List type O.	
22	Add line 19 through line 21	
23	Enter amount from federal Form 1040 or 1040-SR, line 11 149, 181.	
24	Multiply line 23 by 2% (0.02). If less than zero, enter 0	
25	Subtract line 24 from line 22. If line 24 is more than line 22, enter 0.	0.
26	Total Itemized Deductions. Add line 18 and line 25.	300.
27	Other adjustments. See instructions. Specify.	
28	Combine line 26 and line 27.	300.
29	Is your federal AGI (Form 540NR, line 13) more than the amount shown below for your filing status? Single or married/RDP filing separately \$212,288 Head of household \$318,437 Married/RDP filing jointly or qualifying widow(er) \$424,581 No. Transfer the amount on line 28 to line 29.	
	Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 29	300.
30	Enter the larger of the amount on line 29 or your standard deduction listed below Single or married/RDP filing separately. See instructions	
	Married/RDP filing jointly, head of household, or qualifying widow(er) \$9,606	4,803.
Pa	rt IV California Taxable Income	
2	California AGI. Enter your California AGI from Part II, line 27, column E	103,139.
	to four places. If the result is greater than 1.0000, enter 1.0000. If less than zero, enter -0	3,321.
5	California Taxable Income. Subtract line 4 from line 1. Transfer this amount to Form 540NR, line 35. If less than zero, enter -0	99,818.

REV 03/29/22 PRO

TAXABLE YEAR

2021

CALIFORNIA FORM

Health Coverage Exemptions and Individual Shared Responsibility Penalty



3853

Attach to your California Form 540, Form 540NR, or Form 540 2EZ.					
Name(s) as shown on your California tax return	SSN or ITIN				
ADITI POTHUGANTI 819-65-1803					

Part I Applicable Household Members. List all members of your applicable household whether or not they have an exemption or an Exemption Certificate Number (ECN) granted by the Marketplace. See instructions

	Certificate Number (ECN) granted by the M	arketplac	e. See instructions.				
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI		
	● ADITI	•	● 819-65-1803	● 11/02/1993	• 149, 181.		
1	Last Name		ECN 1	ECN 2	ECN 3		
	● POTHUGANTI		•	•	•		
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI		
	•	•	•	•	•		
2	Last Name		ECN 1	ECN 2	ECN 3		
	•		•	•	•		
_	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI		
	•	•	•	•	•		
3	Last Name	10	ECN 1	ECN 2	ECN 3		
	©		O	• EUN 2	O		
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI		
	• Instruction	• IIIIII	O		Nouthed Adi		
4							
	Last Name		ECN 1	ECN 2	ECN 3		
		Ir see c	• I con	O	•		
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI		
5	•	•	•	•	•		
Ū	Last Name		ECN 1	ECN 2	ECN 3		
	•		•	•	•		
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI		
6	•	•	•	•	•		
U	Last Name		ECN 1	ECN 2	ECN 3		
	●		•	•	•		
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI		
-	•	•	•	•	•		
7	Last Name		ECN 1	ECN 2	ECN 3		
			•	•	•		
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI		
_		•	•	•	•		
8	Last Name	1	ECN 1	ECN 2	ECN 3		
	•		•	•	•		
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI		
	•	•	•	•	•		
9	Last Name		ECN 1	ECN 2	ECN 3		
	•		•	•			
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI		
	•	•	•	•	•		
10	Last Name		ECN 1	ECN 2	ECN 3		
	•		●	●	•		
_	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI		
	• Instruction	• IIIIIai	O		Nouthed Adi		
11	Last Name		ECN 1	ECN 2	ECN 3		
	Last Name		EGN I ●	● EUN 2	●		
_		1					
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI		
12		•	•	•	•		
	Last Name		ECN 1	ECN 2	ECN 3		
	●		•	•	•		

Part II Coverage Exemption Claimed on Your Tax Return for Your Household

1	If you are claiming a coverage exemption because your applicable household income or gross income is below the filing threshold, check	
	the box here. See instructions	

Part III Coverage and Exemptions Claimed on Your Tax Return for Individuals. If you and/or a member of your applicable household are reporting any coverage or are claiming exemptions for the tax year, complete Part III. See instructions.

	Coverage and Exemption Codes														
			(a) Full-year	(b) Jan	(c) Feb	(d) Mar	(e) Apr	(f) May	(g) June	(h) July	(i) Aug	(j) Sept	(k) Oct	(I) Nov	(m) Dec
_	First Name ADITI	Initial	● _E	•	•	•	•	•	•	•	•	•	•	•	•
1	Last Name POTHUGANTI			•	•	•	•	•	•	•	•	•	•	•	•
2	First Name	Initial	•	•	•	•	•	•	•	•	•	•	•	•	•
	Last Name O			•	•	•	•	•	•	•	•	•	•	•	•
3	First Name	Initial	•	•	•	•	•	•	•	•	•	•	•	•	•
	Last Name			•	•	•	•	•	•	•	•	•	•	•	•
4	First Name	Initial	•	•	•	•	•	•	•	•	•	•	•	•	•
_	Last Name O	I		•	•	•	•	•	•	•	•	•	•	•	•
5	First Name	Initial	•	•	•	•	•	•	•	•	•	•	•	•	•
_	Last Name	I. w.		•	•	•	•	•	•	•	•	•	•	•	•
6	First Name	Initial	•	•	•	•	•	•	•	•	•	•	•	•	•
_	Last Name	I		•	•	•	•	•	•	•	•	•	•	•	•
7	First Name	Initial	•	•	•	•	•	•	•	•	•	•	•	•	•
_	Last Name •	I		•	•	•	•	•	•	•	•	•	•	•	•
8	First Name	Initial	•	•	•	•	•	•	•	•	•	•	•	•	•
_	Last Name •	I		•	•	•	•	•	•	•	•	•	•	•	•
9	First Name	Initial	•	•	•	•	•	•	•	•	•	•	•	•	•
_	Last Name	I		•	•	•	•	•	•	•	•	•	•	•	•
10	First Name	Initial	•	•	•	•	•	•	•	•	•	•	•	•	•
	Last Name First Name	Initial		•	•	•	•	•	•	•	•	•	•	•	•
11	First Name	Initial	•	•	•	•	•	•	•	•	•	•	•	•	•
	Last Name	1.9		•	•	•	•	•	•	•	•	•	•	•	•
12	First Name	Initial	•	•	•	•	•	•	•	•	•	•	•	•	•
-	Last Name			•	•	•	•	•	•	•	•	•	•	•	•

Part IV Individual Shared Responsibility Penalty

1	Your Individual Shared Responsibility Penalty. Enter on Form 540, line 92; Form 540NR, line 91; or Form 540 2EZ, line 27.	
	See instructions • 1.	0.

 Side 2
 FTB 3853
 2021
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 REV 03/29/22 PRO

E	1	0	Department of the Treasury—Internal Revenue Service	(99)
Ē		U4U	Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Retu	ırn

2021

OMB No. 1545-007

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

Home address (number and street). If you have a P.O. box, see instructions. 919 S WINCHESTER BLVD City, town, or post office. If you have a foreign address, also complete spaces below. State ZP code CA P5128 SAN JOSE Foreign province/state/county Foreign province/state/county Foreign postal code Foreign postal code Foreign province/state/county Foreign postal code Foreign postal code You Spouse At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? Yes No Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent Sopouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Were born before January 2, 1957 Are blind Spouse: Was born before January 2, 1957 Is blind Dependents (see instructions): (1) First name Last name (2) Social security number to you Child tax credit Credit for other dependents han four dependents, see instructions and check here Image and check here	Filing Status Check only one box.	If yo	Single Married filing jointly [ou checked the MFS box, enter the r son is a child but not your dependen	name of	ed filing separately (I your spouse. If you o	,			, , -			. , . ,
Home address (number and street). If you have a P.O. box, see instructions. Apt. no. 136	Your first name	and m	niddle initial	Last na	me				,	Your so	cial securi	ty number
Home address (number and street). If you have a P.O. box, see instructions. Apt. no. 136 Check here if you, or your spouse iffs ing jointly, want \$3 to got to this fund. Checking above below. State ZP code CA 95128 CPA 95128 Foreign country name Foreign province/state/country Foreign postal code Presign postal code Tyou Spouse in the filling post in the fillin	ADITI PO			POTE	HUGANTI					819-	65-180	3
City, town, or post office. If you have a foreign address, also complete spaces below. SAN JOSE Foreign province/state/county Foreign postal code Yes No Standard Deduction San Jose Foreign postal code Yes No Standard Deduction Standard Deduction Someone can claim: You as a dependent Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Were born before January 2, 1957 Are blind Spouse: (1) First name Last name Last name Someone can claim: (1) First name Last name Last name Spouse: (1) First name Last name Last name Dependents (2) Social security number (3) Relationship (4) V if qualifies to (see instructions): (1) First name Last name Dependents (2) Social security number (3) Relationship (4) V if qualifies to (reat dependents on a chart of the other dependents see instructions (2) Social security number (3) Relationship (4) V if qualifies to (reat dependents on a chart of the other dependents see instructions (2) Social security number (3) Relationship (4) V if qualifies to (see instructions): (1) First name Last name 1 Wages, salaries, tips, etc. Attach Form(s) W-2 Tar-exempt interest 2a Tar-exempt interest 2a Tar-exempt interest 2a Tar-exempt interest 2a Tar-exempt interest 2b Tarxable interest 3a Qualified dividends 3a 28 b Ordinary dividends 3b 28. 1candard Deduction for Named filing Social security benefits 4a b Tarxable amount 5b Tarxable amount 6b Tarxable amount 6b Tarxable amount 6b Tarxable amount 6c Tarxable amou	If joint return, s	pouse'	s first name and middle initial	Last na	me					Spouse's social security number		
City, town, or post office. If you have a foreign address, also complete spaces below. SAN JOSE Foreign province/state/county Foreign postal code Yes No Standard Deduction San Jose Foreign postal code Yes No Standard Deduction Standard Deduction Someone can claim: You as a dependent Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Were born before January 2, 1957 Are blind Spouse: (1) First name Last name Last name Someone can claim: (1) First name Last name Last name Spouse: (1) First name Last name Last name Dependents (2) Social security number (3) Relationship (4) V if qualifies to (see instructions): (1) First name Last name Dependents (2) Social security number (3) Relationship (4) V if qualifies to (reat dependents on a chart of the other dependents see instructions (2) Social security number (3) Relationship (4) V if qualifies to (reat dependents on a chart of the other dependents see instructions (2) Social security number (3) Relationship (4) V if qualifies to (see instructions): (1) First name Last name 1 Wages, salaries, tips, etc. Attach Form(s) W-2 Tar-exempt interest 2a Tar-exempt interest 2a Tar-exempt interest 2a Tar-exempt interest 2a Tar-exempt interest 2b Tarxable interest 3a Qualified dividends 3a 28 b Ordinary dividends 3b 28. 1candard Deduction for Named filing Social security benefits 4a b Tarxable amount 5b Tarxable amount 6b Tarxable amount 6b Tarxable amount 6b Tarxable amount 6c Tarxable amou		, ,										
City, town, or post office. If you have a foreign address, also complete spaces below. CA 95128 Spouse it fling jointly, want \$3 28					ons.							
SAN JOSE Foreign country name Foreign province/state/county Foreign province/state/county Foreign postal code Foreign province/state/county Foreign postal code For						T 01	. 1	710	100			
Foreign country name Foreign province/state/county Foreign postal code Your tax or refund.	,, , ,		ice. If you have a foreign address, also co	omplete s	paces below.				100	to go to	this fund.	Checking a
At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? \ Yes \ No \ Standard Deduction \ Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness \ You \ Were born before January 2, 1957 \ Are blind \ Spouse: \ Was born before January 2, 1957 \ Is blind \ Dependents (see instructions): \ (2) Social security \ 10 You \ Child tax credit \ Credit for other dependents \ If more \ (1) First name \ Last name \ Last name \ (2) Social security \ 10 You \ Child tax credit \ Credit for other dependents \ See instructions \ 1												0
Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent Someone can claim: You as a dependent Your spouse as a dependent Spouse: Was born before January 2, 1957 Is blind	Foreign country	/ name	•		Foreign province/state/	coun	ty	Fore	eign postal code	<i>'</i> – –		
Deduction	At any time du	ring 2	021, did you receive, sell, exchange	, or othe	erwise dispose of an	y fina	ancial interest in	n an	y virtual currend	cy?	Yes	⊠ No
Dependents (see instructions): If more than four dependents, see instructions and check here ▶ □ Attach Sch. B if required. Sch. B if required. Attach Sch. B if required. Attach Sch. B if required. To you continue the properties of the pro			 -				•					
If more than four dependents, see instructions and check here ▶ □ Attach Sch. B if required. Attach Sch. B if required. The provided dividends and annuities and annuities and annuities and check here b □ Attach Sch. B if required. Attach Sch. B if required. The providence of	Age/Blindness	You	: Were born before January 2, 1	1957	Are blind Sp	ouse	: Was born	n be	fore January 2,	1957	☐ Is bl	lind
If more than four dependents, see instructions and check here ▶ □ Attach Sch. B if required. Attach Sch. B if required. The provided dividends and annuities and annuities and annuities and check here b □ Attach Sch. B if required. Attach Sch. B if required. The providence of	Dependents	s (see	instructions):		(2) Social security	/	(3) Relationshi	р	(4) ✓ if qua	alifies fo	r (see instru	ıctions):
dependents, see instructions see instru					number		to you		Child tax cre	dit	Credit for ot	her dependents
see instructions and check here Wages, salaries, tips, etc. Attach Form(s) W-2												
and check here ▶ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □												
Attach Sch. B if required. 2a		3										
Attach Sch. Bif required. 2a Tax-exempt interest	here ►											
Sch. B if required. 3a Qualified dividends 3a 28. b Ordinary dividends		1	Wages, salaries, tips, etc. Attach	Form(s)	W-2					1	1	56,097.
Trequired. 3a Qualified dividends 3a 28. b Ordinary dividends 3b 28.		2a	Tax-exempt interest	2a		b T	axable interest			2b)	
Aa IRA distributions Aa Ba Ba Ba Ba Ba Ba Ba		3a	Qualified dividends	3a	28.	b C	ordinary dividen	ıds		3b)	28.
Standard beduction for Single or Married filing separately, \$12,550 Married filing jointly or Qualifying widow(er), \$25,100 Head of household, \$18,800 If you checked any box under Standard Deduction, \$25,000 Married filing separately and 12b Capital gain or (loss). Attach Schedule D if required. If not required, check here 7	required.	4a	IRA distributions	4a			=			4b)	
Peduction for—Single or Married filing separately, \$12,550 Married filing separately, \$12,550 Married filing jointly or Qualifying widow(er), \$25,100 Head of household, \$18,800 If you checked any box under Standard Peduction, Peduction or (loss). Attach Schedule D if required. If not required, check here Peduction, required, check here Peduction, Into required, Into re		5a	Pensions and annuities	5a		b T	axable amount			5b)	
Single or Married filing separately, \$12,550 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 10 Adjustments to income from Schedule 1, line 26 11 Subtract line 10 from line 9. This is your adjusted gross income 12a Standard deduction or itemized deductions (from Schedule A) 12a Standard deduction or itemized deduction (see instructions) 15 Qualified business income deduction from Form 8995 or Form 8995-A 15 Taxable income. Subtract line 14 from line 11, lf zero or less, enter -0-	Standard	6a	Social security benefits	6a		b T	axable amount			6b)	
Married filing separately, \$12,550 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 10 Adjustments to income from Schedule 1, line 26 11 Subtract line 10 from line 9. This is your adjusted gross income 12a Standard deduction or itemized deductions (from Schedule A) 12a Standard deduction or itemized deduction (see instructions) 15 Qualified business income deduction from Form 8995 or Form 8995-A 15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-		7	Capital gain or (loss). Attach Sche	edule D i	f required. If not req	uired	, check here		▶ 🗆	7		1,706.
## Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 6. This is your total income ## Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 6. This is your total income ## Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 6. This is your total income ## Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 6. This is your total income ## Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 6. This is your total income ## Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 6. This is your total income ## Add lines 1. ## Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 6. This is your total income ## Add lines 1. ## Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 6. This is your total income ## Add lines 1.		8	Other income from Schedule 1, lir	ne 10						8		-8,650.
Married filing jointly or Qualifying widow(er), \$25,100 12a Standard deduction or itemized deductions (from Schedule A) 12a 12a standard deduction or itemized deductions (from Schedule A) 12b 300 Head of household, \$18,800 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 Add lines 12c and 13 14 Add lines 12c and 13 14 12,850 Deduction, Deduction, Deduction, 1 Deduction, 1 Deduction, 1 Deduction, 1 Deduction, 2 Deduction, 1 Deduction, 2 Deduction,		9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	This is your total inc	ome			🕨	9	1	49,181.
Subtract line 10 from line 9. This is your adjusted gross income 11 149,181.	Married filing	10	Adjustments to income from Sche	edule 1,	line 26					10)	
widow(er), \$25,100 Head of household, \$18,800 If you checked any box under Standard Peduction, Deduction, Deduction, Deduction, Deduction, 215 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-		11	Subtract line 10 from line 9. This is	s your a	djusted gross inco	me			•	11	1.	49,181.
Head of household, \$18,800 If you checked any box under Standard Deduction, Deduction, Deduction, Deduction, 15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	widow(er),		Standard deduction or itemized	deduct	ions (from Schedule	A)	12a	ı	12,550			
household, \$18,800 c Add lines 12a and 12b		b	Charitable contributions if you take	the star	ndard deduction (see	instr	ructions) 12b	,				
tryou checked any box under Standard Deduction, Deduction, Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	household,	· · · · · · · · · · · · · · · · · · ·							c	12,850.		
Standard 14 Add lines 12c and 13 1	If you checked	13	Qualified business income deduct	tion from	Form 8995 or Form	1 899	5-A			13		<u> </u>
Deduction, 15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- 136 231		14	Add lines 12c and 13							14		12,850.
	Deduction,	15	Taxable income. Subtract line 14	from lin	e 11. If zero or less,	ente	r-0			15	1	36,331.

Form 1040 (2021	1)								Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	26,738.
	17	Amount from Schedule 2, lin	ne 3					17	
	18	Add lines 16 and 17						18	26,738.
	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						22	26,738.
	23	Other taxes, including self-e						23	0.
	24	Add lines 22 and 23. This is	•				▶	24	26,738.
	25	Federal income tax withheld					- 440		
	а	Form(s) W-2					7,118	<u>. </u>	
	b	Form(s) 1099				25b			
	С	Other forms (see instructions				25c			07.440
	d	Add lines 25a through 25c						25d	27,118.
If you have a	26	2021 estimated tax payment	ts and amount a	pplied from 20	20 return No	1 1		26	
qualifying child, attach Sch. EIC. [27a	Earned income credit (EIC)				27a		_	
)		Check here if you were It January 2, 2004, and you taxpayers who are at least a	u satisfy all the	e other requi	rements for				
	b	Nontaxable combat pay elec	ction	. 27b					
	С	Prior year (2019) earned inco	ome	. 27c					
	28	Refundable child tax credit or				28			
	29	American opportunity credit				29			
	30	Recovery rebate credit. See				30			
	31	Amount from Schedule 3, lin					1 , 095	_	
	32	Add lines 27a and 28 throug		-					1,095.
	33	Add lines 25d, 26, and 32. T							28,213.
Refund	34	If line 33 is more than line 24						34	1,475.
Diverse demonstra	35a	Amount of line 34 you want Routing number 1 2 2						35a	1,475.
Direct deposit? See instructions.	▶b	Account number 4 5 7				Checking	Savings	•	
	► d	Account number 4 1 3 1 7 Amount of line 34 you want a				36			
Amazunt	36	Amount you owe. Subtract						07	
Amount You Owe	37 38	Estimated tax penalty (see in				38	. ▶	37	
Third Party		you want to allow another							
Designee		structions				Yes. C	Complete	below.	X No
	De	signee's		Phone			sonal ider		
	nar	me ►		no. 🕨		nun	nber (PIN)	<u> </u>	
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com							
Here		•	piete. Deciaration (ased on all illionnat			nt you an Identity
	YO	ur signature		Date	Your occupation		I		IN, enter it here
Joint return?		Pent		04-04-2022	SOFTWARE E	ENGINEER	(se	e inst.) ►	
See instructions. Keep a copy for your records.	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupati	ion	Ide		nt your spouse an ection PIN, enter it here
	Ph	one no. (480) 819-720	1	Email address	ADITIPOTHUGA	ANTI@GMAIL.C	OM		
Doid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	04/04/2022	P020	32703	Self-employed
Preparer Use Only	Fir	m's name ► GLOBAL TA	XES LLC	·			Ph	one no. ((678) 965-9522
OSE OIIIY	Fir	m's address ▶ 2530 Pebb.	le Creek L	n Cummin	g GA 30041		Fir	m's EIN 🕨	30-1017196

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2021

Attachment

Department of the Treasury Internal Revenue Service

ADITI POTHUGANTI

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

Sequence No. 01

Your social security number
819-65-1803

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxe	S	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, tr Schedule E		5	-8,650.
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 1			
	1040-NR line 8	, , -	10	0.650

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

	Educator expenses	11
	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	12
}	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
I	Student loan interest deduction	21
2	Reserved for future use	22
3	Archer MSA deduction	23
	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 ▶	
	Total other adjustments. Add lines 24a through 24z	25

SCHEDULE 3 (Form 1040)

Additional Credits and Payments

OMB No. 1545-0074 Attachment

Department of the Treasury Internal Revenue Service

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

internal nevenue Service			Sequence No. U3
Name(s) shown on Fo	orm 1040, 1040-SR, or 1040-NR	Your soc	ial security number
ADITI POTHUGAN	NTI	819-65	5-1803

Par	t I Nonrefundable Credits			
1	Foreign tax credit. Attach Form 1116 if required		1	
2	Credit for child and dependent care expenses from Form 244Form 2441	1, line 11. Attach	2	
3	Education credits from Form 8863, line 19		3	
4	Retirement savings contributions credit. Attach Form 8880		4	
5	Residential energy credits. Attach Form 5695		5	
6	Other nonrefundable credits:			
а	General business credit. Attach Form 3800	6a		
b	Credit for prior year minimum tax. Attach Form 8801	6b		
С	Adoption credit. Attach Form 8839	6c		
d	Credit for the elderly or disabled. Attach Schedule R	6d		
е	Alternative motor vehicle credit. Attach Form 8910	6e		
f	Qualified plug-in motor vehicle credit. Attach Form 8936	6f		
g	Mortgage interest credit. Attach Form 8396	6g		
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h		
i	Qualified electric vehicle credit. Attach Form 8834	6i		
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j		
k	Credit to holders of tax credit bonds. Attach Form 8912	6k		
I	Amount on Form 8978, line 14. See instructions	61		
Z	Other nonrefundable credits. List type and amount ▶	6z		
7	Total other nonrefundable credits. Add lines 6a through 6z		7	
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040	-SR, or 1040-NR,		
	line 20		8	
		(cc	ntin	ued on page 2)

Page 2 Schedule 3 (Form 1040) 2021

	•			
Par	Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .		10	
11	Excess social security and tier 1 RRTA tax withheld		11	1,095.
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken before April 1, 2021	13b		
С	Health coverage tax credit from Form 8885	13c		
d	Credit for repayment of amounts included in income from earlier years	13d		
е	Reserved for future use	13e		
f	Deferred amount of net 965 tax liability (see instructions)	13f		
g	Credit for child and dependent care expenses from Form 2441, line 10. Attach Form 2441	13g		
h	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken after March 31, 2021	13h		
Z	Other payments or refundable credits. List type and amount ▶	13z		
14	Total other payments or refundable credits. Add lines 13a through	13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31	-SR, or 1040-NR,	15	1,095.
	BAA REV	03/26/22 PRO	Schedu	ile 3 (Form 1040) 2021

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

Attachment Sequence No. **12**

lines below. This form may be easier to complete if you round off cents to whole dollars. 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 1 b. 1b Totals for all transactions reported on Form(s) 8949 with Box A checked	ring your gain or loss. One Year or Less (see instructions) (e) Cost Other basis) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) 57, 115. 1,706. 781, and 8824
Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less (see instructions for seed 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. Cost	Tring your gain or loss. One Year or Less (see instructions) (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) 5, 115. 1,706. 3781, and 8824 es, and trusts from
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. 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	(e) Cost other basis) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) 5, 115. 1,706. 3781, and 8824 es, and trusts from
lines below. This form may be easier to complete if you round off cents to whole dollars. 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	Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) 5,115. 1,706. 3781, and 8824 es, and trusts from
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	es, and trusts from
Box A checked	es, and trusts from
Box B checked	es, and trusts from
Box C checked	es, and trusts from apital Loss Carryover b. 1 you have any long- ack 2 2 1,706. More Than One Year (see instructions)
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	es, and trusts from apital Loss Carryover b. 1 you have any long- ack 2 2 1,706. More Than One Year (see instructions)
Worksheet in the instructions	6 () If you have any long- ack
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-). If you have any long-ack
term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back	More Than One Year (see instructions)
Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instruction	(g) (h) Gain or (loss)
This form may be easier to complete if you round off cents to (sales price) Proceeds (sales price) Cost to gain or loss from from colur combine	Cost to gain or loss from from column (d) and other basis) Form(s) 8949, Part II, combine the result
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	
Box D checked	
Box D checked	

BAA

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

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	1,	706.
	• 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? Yes. Go to line 18.			
	No. Skip lines 18 through 21, and go to line 22.			
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18		
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19		
20	Are lines 18 and 19 both zero or blank and are you not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below.			
	No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.			
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.			

Sales and Other Dispositions of Capital Assets

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

Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

Sequence No. 12A

Name(s) shown on return	Social security number or taxpayer identification number
ADITI POTHUGANTI	819-65-1803

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

broker and may even tell you which box to check. Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see

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.

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

(B) Short-term transactions (C) Short-term transactions	•	` '	•	sis wasn't report	ed to the IF	RS	-)
(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note 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	(g) Amount of adjustment	from column (d) and combine the result with column (g)
ROBINHOOD CRYPTO LLC	01/01/21	12/31/21	3,116.	1,051.			2,065.
Robinhood Securities LLC	01/01/21	12/31/21	3,705.	4,064.			-359.
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 6).	al here and ince is checked), lir	lude on your ne 2 (if Box B	6,821.	5,115.			1,706.

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

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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

OMB No. 1545-0074 Attachment

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.

Sequence No. 13

Your social security number

819-65-1803 ADITI POTHUGANTI Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Part I Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. A Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions Physical address of each property (street, city, state, ZIP code) Α SNEHAPURI COLONY, NACHARAM HYDERABAD TELANGANA IN 500076 В C 1b **Fair Rental Personal Use** Type of Property For each rental real estate property listed QJV above, report the number of fair rental and **Days Days** (from list below) personal use days. Check the QJV box only if you meet the requirements to file as a A 365 Α 0 qualified joint venture. See instructions. В В С C Type of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) Income: Properties: Α C 650. 3 Rents received . 3 4 4 Royalties received . Expenses: 5 5 Advertising 6 Auto and travel (see instructions) . . 6 7 7 1,100. Cleaning and maintenance . . . 8 Commissions. 8 9 Insurance 9 10 Legal and other professional fees . . . 10 11 11 1,500. Mortgage interest paid to banks, etc. (see instructions) 12 13 Other interest. 13 1,800. 14 14 15 2,300. 15 Supplies 16 Taxes 16 17 17 2,600. 18 Depreciation expense or depletion . . . 18 19 19 Total expenses. Add lines 5 through 19 20 20 9,300. 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 21 -8,650. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 8,650.) 23a Total of all amounts reported on line 3 for all rental properties 23a 650 **b** Total of all amounts reported on line 4 for all royalty properties 23b c 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 9,300. 23e e Total of all amounts reported on line 20 for all properties 24 Income. Add positive amounts shown on line 21. Do not include any losses 24 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here. 25 8,650. 25 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 -8,650. 26

2021 AR1000F



AR1

Software ID

ARKANSAS INDIVIDUAL INCOME TAX RETURN Full Year Resident

CHECK BOX IF AMENDED RETURN

Jan.	1 - Dec. 31, 2021 or fiscal year ending _		,	20	. •						•					• PROS	SERIES	
	Primary's legal first name	М		Last na	me					Che	eck if	Prima	ry's s	social	secur	ity numbe	er	
l	• ADITI	•		• POT						● 819-65-1803								
ISE	Spouse's legal first name	М		Last na	me					Cha	ck if	Spous	e's s	social	securi	ity numbe	er	
ᇍ	•	•	ı	•					• 🗆		eased	•						
USE LABEL OR PRINT OR TYPE	Mailing address (number and street, P.O. box of	or rural ro	ute)									□ Che	eck if	addre	ess is o	utside U.S	 S	
SE	•919 S WINCHESTER BLVD ,																	
⊃≅		State or					ZIP				\neg	Foreig	n co	untry	name			
	'	CA	'				• 95	128				_		_				
u š								$\overline{}$										
E B	1.● X Single (Or widowed before 2021	or divor	ced at ei	nd of 202	1)		4.●	Mai	ried	filing	separ	ately o	n the	e san	ne retu	rn		
Ϋ́ο	2. Married filing joint (Even if only	one had	income)			5.●								t returi			
20	3.● Head of household (See instruc	tions)					Ι.								l abov	e		
FILING STATUS Check Only One Box	If the qualifying person was you	ır child,	but not	your de	pende	ent,	6.●				use w							
<u> </u>	enter child's name here										died: (
• [Check here if you want a tax booklet	mailed	to you	next yea	ar.		•	Chec or an								ate exte	ension	
	7A. X Yourself • 65 or over	•[=	Special	•	•	Blind	• [De	eaf		Hea (Fil	d of ing sta	hous atus 3 or	ehold/:	SURVIVING (Filing status	spouse 6 only)	
	Spouse • 65 or over	Special	•		Blind	•	_ De	eaf								\dashv		
ည	Multiply number of boxes checked		7A <u>1</u>							1	X \$29 = 29.00				. 00			
CREDITS	Dependents (Do not list yourself																	
	First name	Last	name		Dep	pende	ent's so	cial secu	ırity r	numb	er		Depe	ender	nt's rela	ationship	to you	
TAX	1.										_							
Į₹	2.																	
PERSONAL	3.																	
7B. Multiply number of DEPENDENTS from above							1 x \$2	29 =			00							
												=] _{V \$5}	inn = -			+	
										_					+			
7D. TOTAL PERSONAL TAX CREDITS: (Add lines 7A, 7B, and 7C. Enter total here and on line 34)											.7D		29	. 00				
	DL# / State ID 943276353	Your sta	_{ate} A	.R		Issue o	date	07/	08/	202	0					08/28	/2022	.
₽	DEAT State ID		_			(IIIII) G	u/yyyy) -						(11111)	, uu, yyy	·y) —			
	DL# / State ID	Spouse	e state _				·											
L						`												
	Direct deposit allowed to U.S. banks on	ly. Che	ck if eit	her depo	osit(s) will	ultimat	ely be p	laced	in a	foreig	n acc	ount	. • _				
_			_		_	_	• X	Checkin	na or	٦	\neg_{s_a}	vinas						
is o	Routing Number 1		Accou	nt Num	ber '	1		OHOOKII	19 01	<u>"</u>		1		_	D	irect de	osit 1	Amt
DIRECT DEPOSIT	• 1 2 2 1 0 1 7 0 0		4 5	7 0	2	8	9 8	6 0	8	9				Ш	•		153	. 00
E										_	-							
=	Routing Number 2		Accou	nt Nun	ıber	2	<u>• 🔲</u>	Checkii	ng or	• [Sa	vings			D	irect de	osit 2	Amt
	•													Ш	•			00
					<u> </u>	_					_							<u> </u>
,	We will no longer automatically														webs	ite		
PLEASE SIGN HERE	Primary's signature	ck the	DOX II	you still	wani	_	ate	you a p	÷			-G ne	XL Y	ear.				
12 N	Aut a la l							000		•		9-72	01		-			- 1
ଊ	Spouse's signature		- 1			_	ate	Dependent's relationship to you The period of the period										
																Yes 2	No No	
	Paid preparer's signature													\dashv	For D)epartmer	nt Use O	nly
RER	SYAM PRIYA RAM SAGAR GUPT.	A TAL	LAM 0	4/04/				01719	6						Α		•	
PAID PREPARER	Preparer's name GLOBAL TAXES 1	LLC			City	/State	/ZIP							T	Teleph	one		
🖁	F-mail SYAM@GTAXFILE	. COM			CUM	4MIN	G GA	3004	1						(678) 965-9	9522	



Primary SSN <u>819-65-1803</u>

		ROUND ALL AMOUNTS TO WHOLE DOLLARS	(A) Primary/Joint Income		(B) Spouse's Incor Status 4 Only	
(s)	8.	Wages, salaries, tips, etc: (Attach W-2s)	•	156 , 097.	00	•	00
660	9.	Military pay: Primary On Spouse On O					
(s)/1099(s)	10.	Interest income: (If over \$1,500, Attach AR4)	•		00	•	00
W-2(11.	Dividend income: (If over \$1,500, Attach AR4)	•	28.	00	•	00
J.	12.	Alimony and separate maintenance received:	•		00	•	00
do	13.	Business or professional income: (Attach federal Schedule C)	•		00	•	00
on t	14.	Capital gains/(losses) from stocks, bonds, etc: (See instructions, Attach federal Schedule D)14	•	1,706.	00	•	00
eck	15.	Other gains or (losses): (Attach federal Form 4797 and/or AR4684 if applicable)	•		00	•	00
빌	16.	Non-qualified IRA distributions and taxable annuities: (Attach All 1099Rs)	•		00	•	00
ICOME tach ch	17.	Military retirement: Primary 00 Spouse 00					
A T	18A.	Primary employer pension plan(s)/qualified IRA(s): (See instructions, Attach all 1099Rs)					
e_		Gross distribution O Taxable amount O Less \$6,000 18A	•		00		
he (18B.	Spouse employer pension plan(s)/qualified IRA(s): (See instructions, Attach all 1099Rs)			00	_	
(s)/1099(s)		Gross distribution 00 Taxable amount 00 Less \$6,000	<u> </u>	0 (50	00	-	00
109		Rents, royalties, partnerships, estates, trusts, etc.: (Attach federal Schedule E)	<u> </u>	-8 , 650.	00	+	00
2(s)/		Farm income: (Attach federal Schedule F)	•		00	•	00
W-2(Unemployment: Primary/Joint • 00 Spouse • 00 21				I	100
ach		Other income/depreciation differences: (Attach Form AR-OI)	•		00	-	00
Atta		TOTAL INCOME: (Add lines 8 through 22)	•	149,181.	00	 	00
		TOTAL ADJUSTMENTS: (Attach Form AR1000ADJ)	•	110 101	00	 	00
	25.	ADJUSTED GROSS INCOME: (Subtract line 24 from line 23)	•	149,181.	00	•	00
	26.	Select tax table: (Select only one) 26					—
		● Low income table (\$0), For low income qualifications see line 26 instructions					
N O		Standard deduction (\$2,200 or \$4,400 for filing status 2 only)					
ATI		• LI Itemized deductions (Attach AR3)	•	2,200.			00
5	28.	NET TAXABLE INCOME: (Subtract line 27 from line 25)	•	146,981.		-	00
COMPUTATION	29.	TAX: (Enter tax from tax table)		8,422.	00		00
	30.	Combined tax: (Add amounts from line 29, columns A and B)		3	30	8,422	. 00
TAX	31.	Enter tax from Lump Sum Distribution Averaging Schedule: (Attach AR1000TD)		3	31	•	00
	32.	Additional tax on IRA and qualified plan withdrawal and overpayment: (Attach federal Form 5329, if required) .		3	32	•	00
	33.	TOTAL TAX: (Add lines 30 through 32)		3	33	• 8,422	. 00
"	34.	Personal tax credit(s): (Enter total from line 7D)	•	29.	00		
EDITS		Child care credit: (Attach AR2441)	•		00		
CREI		Other credits: (Attach AR1000TC)	•	5 , 720.	00		
TAX C		TOTAL CREDITS: (Add lines 34 through 36)		-		• 5,749	. 00
ř		NET TAX: (Subtract line 37 from line 33. If line 37 is greater than line 33, enter 0)				• 2,673	_
Н		Arkansas income tax withheld: (Attach state copies of W-2 and/or 1099R, W2-G)	$\overline{}$	2,826.			123
		Estimated tax paid or credit brought forward from 2020:	•	, == 31	00	1	
		Payment made with extension: (See instructions)	•		00	1	
ITS		AMENDED RETURNS ONLY - Previous payments: (See instructions)	•		00		
PAYMENT		Early childhood program: Certification number:	Ť				
ΑΥ	٦٥.	(Attach AR1000EC and AR2441)	•		00		
"	44.	TOTAL PAYMENTS: (Add lines 39 through 43)			14	2,826	. 00
	45.	AMENDED RETURNS ONLY - Previous refund: (See instructions)		2	15	•	00
	46.	Adjusted total payments: (Subtract line 45 from line 44)			16	• 2,826	. 00
ш		AMOUNT OF OVERPAYMENT/REFUND: (If line 46 is greater than line 38, enter difference)				• 153	. 00
DOE		Amount to be applied to 2022 estimated tax:			00		
TAX		Amount of Check-off Contributions: (Attach Schedule AR1000-CO)		1	00		
OR		AMOUNT TO BE REFUNDED TO YOU: (Subtract lines 48 and 49 from line 47)		REFUND	50	© 153	. 00
		AMOUNT DUE: (If line 46 is less than line 38, enter difference; If over \$1,000, continue to 52A)					00
REFUND							
2		• DEP: Attach Form AR2210 or AR2210A. If required, enter exception in box 52A ● Penalty 52B Add lines 51 and 52B: (See instructions)		00 TOTAL DUE 5		•	00

AR1000TC



ARKANSAS INDIVIDUAL INCOME TAX TAX CREDITS

				IAA	CKEDIIS				
Primary's lega	al name					Primary's social se	ecurity number		
ADITI POTHUGANTI 81						819-65-1	803		
IMPORTANT	: SEE I	NSTRU	CTIONS ON REVERS	E SIDE OF 1	THIS FORM				
1. State	political o	contribution	on credit: (See instruction	ons)			1 •		00
2. Other	state tax	credit: [/	Attach copy of other sta	ate tax returr	n(s)] See OtherSt	atesCredit	2 •	5,72	0.00
3. Credit	for adop	tion expe	enses: (Attach federal F	orm 8839)			3 •		00
			er credit: (See instructio				F		00
			"Paisley's Law": (Attach				- F		00
			an individual, leave		_		0 ° L		
Primary:	6A.	Code		FEIN	•	Amount	•	00	
	6B.	Code	•	FEIN	•	Amount	•	00	
	6C.	Code	•	FEIN	•	Amount	•	00	
Spouse:	6D.	Code	•	FEIN	•	Amount	•	00	
	6E.	Code	•	FEIN	•	Amount	•	00	
	6F.	Code	•	FEIN	•	Amount	•	00	
	. , .		nts from 6A-6F above)				I		00
	y of the . CREDI		it certificate(s) or appro	priate docum	lentation of the credit(s) claimed must be a	ttacned.		
			nter total on line 36, Fo	rm AR1000F//	AR1000NR		7 •	5 , 72	0.00
				TAX (CREDIT TYPES				
Code	Cred	it Type			Code Crod	lit Type			

Code Credit Type	Code Credit Type
0001Advantage Arkansas	0030Targeted Business Payroll
0002Affordable Housing	0031Venture Capital Investment
0003AR Plus	0034Waste Reduction, Reuse or Recycle Equipment
0004AR Plus 50% Technology-Based	0035Water Impounded Outside Critical
0005AR Plus 75% Technology-Based	0036Water Impounded Within Critical
0006AR Plus 100% Technology-Based	0037Water Surface Outside Critical
0008Capital Development Company	0038Water Surface Inside Critical
0009Child Care Facility	0039Water Surface Inside Critical-Industrial or Commercial
0010Coal Mining Producing and Extracting	0040Water Land Leveling
0011Delta Geotourism	0041Wetland Riparian Zone Creation/Restoration
0014Equipment Donation/Sale	0042Wetland Riparian Zone Conservation
0015Equity Investment Incentive	0043Central Business Improvement District Rehab and Dev
0016Existing Workforce Training	0044Biodiesel Incentive Credit
0017Family Savings Initiative Act	0045Recycle Equipment for Steel Manufacturer
0018Historic Rehabilitation	0046Recycle-Steel Manufacturer Amendment 82 Project Act 862
0019Low Income Housing	0047Recycle-Expansion Project Act 1046
0020Public Roads Incentive	0048Recycle-Steel Manufacturing Specialty Products Facility \$4M Act 1046
0021Research Park Authority	0049Recycle-Steel Manufacturing Specialty Products Facility \$5M Act 1046
0022Research and Development with Universities	0050Recycle-Steel Manufacturing Specialty Products Facility \$6.5M Act 1046
0023In-House Research Income Tax Credit	0051Apprenticeship Program
0024In-House Research by Targeted Business Income Tax Credit	0052Major Historic Rehabilitation
0025In-House Research Area of Strategic Value Income Tax Credit	0053Delta Music Trail
0026Qualified Research	0054Arkansas Wood Energy Products and Forest Maintenance
0028Tourism Development	0055Railroad Modernization
0029Tuition Reimbursement Program	0056Motion Picture

2021





Primary's legal name	Primary's social security number
ADITI POTHUGANTI	819-65-1803

In Arkansas, only 50% of the net capital gain is taxed. 100% of the short term capital gain is taxed.

Per Act 1488 of 2013, the amount of net capital gain in excess of ten million dollars (\$10,000,000) from a gain realized on or after January 1, 2014, is exempt from state tax.

Complete the AR1000D if you have a CAPITAL GAIN OR LOSS reported on federal Schedule D, or if Schedule D is not required, a gain reported on federal Form 1040, line 7. The amount of capital loss that can be deducted after offsetting capital gains is limited to \$3,000 (\$1,500 per taxpayer for filing status 4 or 5). See instructions for line 14, Form AR1000F/AR1000NR.

Adjust your gains and losses for depreciation differences, if any, in the federal and Arkansas amounts using lines 2, 5 and 10. *

Note. Arkansas did not adopt the federal "bonus depreciation" provision from previous years. Therefore, there may be a difference in federal and Arkansas amounts of depreciation allowed.

Full Year Resident Filers - Complete columns (A) and (B) only.

Nonresident or Part Year Resident Filers - Complete columns (A), (B), and (C).

		Federal Schedule D		(A) Prima	ry	(B) Spouse		(C) Arkansas Only
1.	Enter federal long-term capital gain or loss reported on line 15, federal Schedule D or Form 1040, line 71		00		00	(00	00
2.	Enter adjustment, if any , for depreciation differe state amounts		2		00	(00	00
3.	Arkansas long-term capital gain or loss. Add (or line 2	•		•	00	•	00	• 00
4.	Enter federal net short-term capital loss, if any , reported on line 7, federal Schedule D4		00		00	(00	00
5.	Enter adjustment, if any , for depreciation differe state amounts		5		00	C	00	00
6.	Arkansas net short-term capital loss. Add (or su l line 5		6	•	00	• (00	• 00
7a.	Arkansas net capital gain or loss. (If gain, subtr loss, add lines 6 and 3.)	act line 6 from 3. I	f .7a	•	00	•	00	• 00
7b.	If the amount on line 7a is over \$10,000,000, onl If less than \$10,000,000, enter the total amount.	•			00	(00	00
8.	Arkansas taxable amount. If a gain multiply line 50 percent (.50), otherwise enter loss	•	8		00	0	00	00
9.	Enter federal short-term capital gain, if any , reported on line 7, federal Schedule D9	1,706.	00	1,	706.00	(00	00
10.	Enter adjustment, if any , for depreciation differe state amounts	nces in federal and			00	C	00	00
11.	Arkansas short-term capital gain. Add (or subtra line 10	act) line 9 and	11	• 1,	706.00	•	00	• 00
12.	Total taxable Arkansas capital gain or loss. Add I (Loss limited to \$3,000, for filing status \$1,500 per taxpayer if filing status 4 or Filing status 1,2,3,5 and 6: Add line 12, column on AR1000F/AR1000NR, line 14. Filing status 4: Enter line 12, column A on AR1000F/AR1000NF Enter line 12, column B on AR1000F/AR1000NF	5 1, 2, 3, and 6, r 5.) Enter here. s A and B and enter R, line 14, column A.		1,	706.00		00	00





ARKANSAS INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

Primary'	's Legal First Name and Middle Initial	Last Na	me	Prima	imary's Social Security Number				
• ADITI			HUGANTI		• 819-65-1803				
Spouse's Legal First Name and Middle Initial			me	Spou	Spouse's Social Security Number				
				•					
Mailing <i>i</i>	Address (Number and Street, P.O. Box or Rural Route)			Telep					
	S WINCHESTER BLVD , APT. 136	_	ZIP		80)819-7201				
City	State or Province	9		Check if addre	ess is outside U.S.				
SAN C	JOSE CA T I - TAX RETURN INFORMATION (Whole	Dollare Only)	95128	1 3 - 7					
	·								
	Total Income (Form AR1000F or AR1000NR, Lin				1 149,181.	00			
	Net Tax (Form AR1000F or AR1000NR, Line 38				2 2,673.	00			
3.	State Income Tax Withheld (Form AR1000F or A	R1000NR, Line 3	9)		3 ● 2,826.	00			
4. I	Refund (Form AR1000F or AR1000NR, Line 47	")			4 153.	00			
5.	Tax Due (Form AR1000F or AR1000NR, Line 5	1)			5	00			
PAR	T II - DECLARATION OF TAXPAYER								
for the t state re: Under p lines of consent of Arkar and if re and/or tr return e transmis	a joint return, this is an irrevocable appointment the bank account(s) shown on page 1 of the I do not want direct deposit of my refund or I authorize the State of Arkansas Income Ta form (AR TAX PMT). I authorize the State of Arkansas Income Payment form (AR EST PMT) or Arkansas It at liability and all applicable interest and penaltie turn will be rejected also. Denalties of perjury, I declare that the information I the electronic portion of my 2021 Arkansas incore to my ERO sending my return, this declaration, ansas sending my ERO and/or transmitter an acknowledge to the reason(s) for the rejection. If the programs mitter the reason(s) for the delay, or when the electronically, I consent to the disclosure to the Session of my tax return electronically.	e Form AR1000F/A I am not receiving ax Section to initiate Tax Section to initiate Extension Payment e State of Arkansa es. If I have filed a j have given my ER0 me tax return. To the and accompanying owledgement of re- cessing of my return e refund was sent. In	R1000NR. a refund. debit entries to my account a state debit entries to my account a form (AR EXT PMT). s does not receive full and tindicint federal and state return a schedules and statements to be ceipt of transmission and an an or refund is delayed, I author addition, by using a computer a schedule, and accomputer accompany accomputer and accomputer accompany accomputer accompany accompany accompany accompany accompany accompany accompany accounts accompany accounts accompany accounts accompany accounts accounts accounts accounts accounts accounts accounts accounts account accounts account accounts account accounts account account accounts account account accounts account accounts account account accounts account accounts account account accounts account accou	as indicated on the pount as indicated the payment of read my federal response agree with the belief, my return the State of Arka indication of wheter its each of the system and sofer system and system and system system system system and system syste	ne Arkansas Income Tax Paragram on the Arkansas Estima ny tax liability, I will remain eturn is rejected, I understante amounts on the corresponsis true, correct, and compansas. I also consent to the other or not my return is accompansas to disclose to mother than the other or prepare and trans	ayment ted Tax n liable and my onding blete. I e State bepted, y ERO smit my			
Sign	Mary	04-04-2022							
Here	1 Illilary 3 Olgulature	Date	Spouse's Signa		Date				
PAR	T III - DECLARATION OF ELECTRONIC R	ETURN ORIGIN	ATOR (ERO) AND PAID	PREPARER					
am only the retu with a c examin	re that I have reviewed the above taxpayer's return y a collector, I understand that I am not responsiburn. I have obtained the taxpayer's signature on Forceopy of all forms and information to be filed with the ed the above taxpayer's return and accompanying mplete. This declaration of Paid Preparer is based.	ole for reviewing the orm AR8453 before ne State of Arkansa ng schedules and s	e taxpayer's return; I declare e submitting this return to the S s. If I am also the Paid Prepa statements, and to the best o n of which the preparer has k	that Form AR845 State of Arkansas rer, under penalti f my knowledge	53 accurately reflects the c , and have provided the ta es of perjury I declare that	data on xpayer I have			
ERO'	'S	04/04/2022	Check Check if paid if self-						
Use	ERO'S Signature	Date	preparer employed		Your SSN or PTIN				
Only	GLOBAL TAXES LLC 2530 PEBE	30-1017196							
	Firm's name and address				FEIN				
	penalties of perjury, I declare that I have examine wledge and belief, they are true, correct, and cor		ation is based on all informat			est of			
Paid		04/04/2022	Check · if self-	P020827					
	arer's Preparer's Signature	Date	employed	·	s SSN or PTIN				
Use (_	BBLE CREEK	LN CUMMING GA	<u> 30041</u>	30-1017196	_			
	Firm's name and address				FEIN				

Additional information from your 2021 Arkansas Tax Return

Form AR1000TC: Tax Credits

OtherStatesCredit Continuation Statement

Other State	Oth. State AGI	Oth. Tax Due	Allowable Tax Crd.	Withholding Amt	
CA	99,818.	7,118.	5 , 720.	7,799.	

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.

OMB No. 1545-0074

Attachment Sequence No. 12

Internal Revenue Service (99) ▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Name(s) shown on return Your social security number 819-65-1803 ADITI POTHUGANTI 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 6,821. 5,115. 1,706. 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 1,706. 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 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14

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

BAA

15

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

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	1,	706.
	• 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? Yes. Go to line 18.			
	No. Skip lines 18 through 21, and go to line 22.			
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18		
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19		
20	Are lines 18 and 19 both zero or blank and are you not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below.			
	No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.			
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.			

Sales and Other Dispositions of Capital Assets

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

Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

Sequence No. 12A

Name(s) shown on return	Social security number or taxpayer identification numbe			
ADITI POTHUGANTI	819-65-1803			

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

broker and may even tell you which box to check. Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see

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.

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

(B) Short-term transactions (C) Short-term transactions	•	` '	•	sis wasn't report	ed to the IF	RS	-)
(a) Description of property	(b) Date acquired	(c) Date sold or	(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	Adjustment, if If you enter an enter a co See the sep	(h) Gain or (loss). Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)			(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
ROBINHOOD CRYPTO LLC	01/01/21	12/31/21	3,116.	1,051.			2,065.
Robinhood Securities LLC	01/01/21	12/31/21	3,705.	4,064.			-359.
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 6).	al here and ince is checked), lir	lude on your ne 2 (if Box B	6,821.	5,115.			1,706.

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

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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

OMB No. 1545-0074 Attachment

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.

Sequence No. 13

Your social security number

819-65-1803 ADITI POTHUGANTI Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Part I Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. A Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions Physical address of each property (street, city, state, ZIP code) Α SNEHAPURI COLONY, NACHARAM HYDERABAD TELANGANA IN 500076 В C 1b **Fair Rental Personal Use** Type of Property For each rental real estate property listed QJV above, report the number of fair rental and **Days Days** (from list below) personal use days. Check the QJV box only if you meet the requirements to file as a A 365 Α 0 qualified joint venture. See instructions. В В С C Type of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) Income: Properties: Α C 650. 3 Rents received . 3 4 4 Royalties received . Expenses: 5 5 Advertising 6 Auto and travel (see instructions) . . 6 7 7 1,100. Cleaning and maintenance . . . 8 Commissions. 8 9 Insurance 9 10 Legal and other professional fees . . . 10 11 11 1,500. Mortgage interest paid to banks, etc. (see instructions) 12 13 Other interest. 13 1,800. 14 14 15 2,300. 15 Supplies 16 Taxes 16 17 17 2,600. 18 Depreciation expense or depletion . . . 18 19 19 Total expenses. Add lines 5 through 19 20 20 9,300. 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 21 -8,650. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 8,650.) 23a Total of all amounts reported on line 3 for all rental properties 23a 650 **b** Total of all amounts reported on line 4 for all royalty properties 23b c 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 9,300. 23e e Total of all amounts reported on line 20 for all properties 24 Income. Add positive amounts shown on line 21. Do not include any losses 24 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here. 25 8,650. 25 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 -8,650. 26

TAXABLE YEAR FORM

2021 California e-file Signature Authorization for Individuals

four name	Your SSN or ITI	N
ADITI POTHUGANTI	819-65-18	103
Spouse's/RDP's name	Spouse's/RDP's	SSN or ITIN
Part I Tax Return Information (whole dollars only)		
California adjusted gross income (AGI). See instructions	1_	103,139.
? Amount You Owe. See instructions	2	
Refund or No Amount Due. See instructions	3	681.

Part II Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.)

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2021, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider, including my name, address, and social security number (SSN) or individual tax identification number (ITIN), and the amounts shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that direct deposit refund amount on line 3 agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointment of the other spouse/registered domestic partner (RDP) as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediate service provider to transmit my complete return to the Franchise Tax Board (FTB). If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, and/or transmitter the reason(s) for the delay or the date when the refund was sent. If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my

selected a personal identification number (PIN) as my signature for my electronic income	tax return and, it applica	able, my Electronic Fu	inas witharav	vai Consent.
Taxpayer's PIN: check one box only				
■ I authorize GLOBAL TAXES LLC		to enter my PIN	5 1	8 0 3
ERO firm name			Do not ente	r all zeros
as my signature on my 2021 e-filed California individual income tax return.				
I will enter my PIN as my signature on my 2021 e-filed California individual income ta return is filed using the Practitioner PIN method. The ERO must complete Part III bel		c only if you are enter	ing your own	PIN and your
Your signature Muta	Date	4-04-2022		
Spouse's/RDP's PIN: check one box only				
☐ I authorize		to enter my PIN		
ERO firm name as my signature on my 2021 e-filed California individual income tax return.			Do not ente	r all zeros
I will enter my PIN as my signature on my 2021 e-filed California individual incomand your return is filed using the Practitioner PIN method. The ERO must complete P		his box only if you a	are entering y	our own PIN
Spouse's/RDP's signature	Dat	e •		
Practitioner PIN Method Returns Only	continue below			
Part III Certification and Authentication — Practitioner PIN Method Only				
ERO's Electronic Filer Identification Number (EFIN)/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	5 8 7 2	7 8 6 1	9 8 9	
	Do not	enter all zeros		
I certify that the above numeric entry is my PIN, which is my signature for the 2021 Califoconfirm that I am submitting this return in accordance with the requirements of the Pract				

Date > 04/04/2022

REV 03/29/22 PRO FTB 8879 2021

e-file Providers.

ERO's signature

TAXABLE YEAR

2021

California Nonresident or Part-Year Resident Income Tax Return

CALIFORNIA FORM

540NR

API

ATTACH FEDERAL RETURN

819-65-1803 POTH

21

ADITI

POTHUGANTI

919 S WINCHESTER BLVD

APT 136

SAN JOSE

CA 95128

11-02-1993

		If your Californ	nia filing status is different fro	m your fede	ral filing status, chec	k the box here		
	1	X Single		4	Head of household (v	with qualifying	person). See instructions	
Filing Status	2	Married	I/RDP filing jointly. See inst.	5	Qualifying widow(er)	. Enter year sp	ouse/RDP died.	
0,					See instructions.			
	3	Married	1/RDP filing separately. Enter	spouse's/RD	P's SSN or ITIN abov	e and full nam	e here	
	6	If someone ca	n claim you (or your spouse/	RDP) as a de	pendent, check the b	ox here. See ir	st • 6	
•	For	line 7, line 8, li	ne 9, and line 10: Multiply the	number you	enter in the box by the	e pre-printed d	ollar amount for that line.	Whole dollars only
	7	Personal: If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2. If you checked the box on line 6, see instructions. 7 1 X \$129 = • \$						
	8	Blind: If you (or your spouse/RDP) are visu	ally impaired	I, enter 1;			
	9		ıally impaired, enter 2 (or your spouse/RDP) are 65			8	X \$129 = • \$	
"		if both are 65 of	or older, enter 2. See instruct	ons		● 9	X \$129 = • \$	
ions	10	Dependents: D	Oo not include yourself or yo Dependent 1	ur spouse/RI	DP. Dependent 2		Dependent 3	
Exemptions		First Name			•		•	
மி		Last Name			•		•	
		SSN. See instructions.			•		•	
		Dependent's relationship to you			•		•	
	Total	denendent exe	mntions		● 11		\$400 = • \$	

175 3131214

REV 03/29/22 PRO Form 540NR 2021 **Side 1**

You	r nar	ne: POTHUGANTI Your SSN or ITIN: 819-65-1803			
	11	Exemption amount: Add line 7 through line 10	• 11 \$	1	29
	12	Total California wages from your federal Form(s) W-2, box 16	_00		
me	13 14	Enter federal AGI from federal Form 1040, 1040-SR, or 1040-NR, line 11	13	149181	00
ole Inco	15	Part II, line 27, column B	• 14 L	149181	.00
Total Taxable Income	16	California adjustments – additions. Enter the amount from Schedule CA (540NR), Part II, line 27, column C	• 16		.00
Το	17 18	Adjusted gross income from all sources. Combine line 15 and line 16	• 17	149181	. 00
	19	Part III, line 30; OR Your California standard deduction . See instructions	1819	144378	.00
	31	Tax. Check the box if from:		10400	
	32	CA adjusted gross income from Schedule CA (540NR), Part IV, line 1	• 31 L	10429	. 00
0	35	CA Taxable Income from Schedule CA (540NR), Part IV, line 5	• 35	99818	. 00
e Incom	36 37	CA Tax Rate. Divide line 31 by line 19	37	7207	. 00
CA Taxable Income	38	CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000	0		
Ö	39	CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$212,288, see instructions	39	89	_00
	40	CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0	40	7118	_00
	41	Tax. See instructions. Check the box if from: Schedule G-1 FTB 5870A	• 41		. 00
	42	Add line 40 and line 41	• 42	7118	<u>.</u> 00
its	50 51	Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form FTB 3506	• 50 • 00		<u> </u>
Special Credits	52 53	Credit for dependent parent. See instructions • 52 Credit for senior head of household. See instructions • 53	.00		
Sp	54	Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions			
	55	Credit amount. See instructions	• 55		. 00

You	r nan	me: POTHUGANTI Your SSN or ITIN: 819-65-1803		•	
	58	Enter credit name code ● and amount	58		00
nued	59	Enter credit name code and amount	59		00
Special Credits continued	60	To claim more than two credits. See instructions	6 0		00
redits	61	Nonrefundable Renter's Credit. See instructions	61		00
cial C	62	Add line 50 and line 55 through 61. These are your total credits	62		00
Spe	63	Subtract line 62 from line 42. If less than zero, enter -0		7118	00
		<u> </u>			
	71	Alternative Minimum Tax. Attach Schedule P (540NR)	• 71		00
sexe	72	Mental Health Services Tax. See instructions	• 72		00
Other Taxes	73	Other taxes and credit recapture. See instructions	73		00
ō	74	Excess Advance Premium Assistance Subsidy (APAS) repayment. See instructions	• 74		00
	75	Add line 63, line 71, line 72, line 73, and line 74. This is your total tax	7 5	7118	00
				7799	
	81	California income tax withheld. See instructions			00
	82	2021 CA estimated tax and other payments. See instructions	● 82	•	00
Ø	83	Withholding (Form 592-B and/or 593). See instructions	83		00
ayments	84	Excess SDI (or VPDI) withheld. See instructions	8 4		00
Рау	85	Earned Income Tax Credit (EITC)	85		00
	86	Young Child Tax Credit (YCTC). See instructions	● 86		00
	87	Net Premium Assistance Subsidy (PAS). See instructions	87		00
	88	Add line 81 through line 87. These are your total payments. See instructions	88	7799	00
ISR Penalty	91	If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or C coverage is qualifying health care coverage			
HISH.		Individual Shared Responsibility (ISR) Penalty. See instructions • 91		0 .00	
	92	Payments after Individual Shared Responsibility Penalty. If line 88 is more than line 91, subtract line 91 from line 88	Q2	7799	00
/Тах	93	Individual Shared Responsibility Penalty Balance. If line 91 is more than line 88, subtract line 88 from line 91.		•	00
Overpaid Tax/Tax Due	104	Overpaid tax. If line 92 is more than line 75, subtract line 75 from line 92		201	
/erpa					00
Ó	102	2 Amount of line 101 you want applied to your 2022 estimated tax	102	0.	00

Your nar	me: POTHUGANTI Your SSN or ITIN: 819-65-1803 Overpaid tax available this year. Subtract line 102 from line 101	103	681	. 00
104	Tax due. If line 92 is less than line 75, subtract line 92 from line 75	104		<u> </u>
	<u>(</u>	<u>Code</u>	Amount	
	California Seniors Special Fund. See instructions	400		. 00
	Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	401		.00
	Rare and Endangered Species Preservation Voluntary Tax Contribution Program •	403		. 00
	California Breast Cancer Research Voluntary Tax Contribution Fund	405		. 00
	California Firefighters' Memorial Voluntary Tax Contribution Fund	406		. 00
	Emergency Food for Families Voluntary Tax Contribution Fund	407		. 00
	California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund	408		. 00
	California Sea Otter Voluntary Tax Contribution Fund	410		. 00
	California Cancer Research Voluntary Tax Contribution Fund	413		. 00
ons	School Supplies for Homeless Children Voluntary Tax Contribution Fund	422		. 00
Contributions	State Parks Protection Fund/Parks Pass Purchase	423		. 00
Cont	Protect Our Coast and Oceans Voluntary Tax Contribution Fund	424		. 00
	Keep Arts in Schools Voluntary Tax Contribution Fund	425		. 00
	Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund •	431		. 00
	California Senior Citizen Advocacy Voluntary Tax Contribution Fund	438		. 00
	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	439		. 00
	Rape Kit Backlog Voluntary Tax Contribution Fund	440		. 00
	Schools Not Prisons Voluntary Tax Contribution Fund	443		. 00
	Suicide Prevention Voluntary Tax Contribution Fund	444		. 00
	Mental Health Crisis Prevention Voluntary Tax Contribution Fund	445		. 00
	California Community and Neighborhood Tree Voluntary Tax Contribution Fund •	446		. 00
120	Add code 400 through code 446. This is your total contribution	120		. 00

Your	nan	ne: PO	THUGANTI	-	Your SSN o	or ITIN:	819-65-	1803					
Amount You Owe	121	Mail to:	T YOU OWE. Add Franchise Tax ne – Go to ftb.ca	X BOARD, PO B	OX 942867, SA	CRAMENT			• 121 [. 00
Interest and Penalties		22 Interest, late return penalties, and late payment penalties									.00		
Intere Pen	124	Check the	e box: ount due. See in	FTB 5805 atta			attached y payment		• 123 L 124 [00
	125	REFLIND	OR NO AMOUN	IT DIJE Subtrac	t line 120 from	lina 103 (Saa instructio	ne					
	123								• 125 [681	. 00
Refund and Direct Deposit		Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001 • 125 Fill in the information to authorize direct deposit of your refund into one or two accounts. Do not attach a voi See instructions. Have you verified the routing and account numbers? Use whole dollars only. All or the following amount of my refund (line 125) is authorized for direct deposit into the account shown by Type								r a deposit slip).		
irec		Rout	ting number_	× Checking	Account nu	ımber		1	(126	Direct de	posit amount	
ο D		1221	101706		4570289	986089	9					681	. 00
dan				Savings				•					
Refun		The remaining amount of my refund (line 125) is authorized for direct deposit into the account shown below • Type							elow:				
		• Rout	ting number	Checking Savings	Account nu	ımber				127	Direct de	posit amount	00
IMPO	ORTA	NT: Attac	ch a copy of you	r complete feder	al return.								
Our p to loc Unde	rivacy ate FT er per	notice can B 1131 EN- nalties of p	be found in annual -SP, Franchise Tax l perjury, I declare ief, it is true, con	I tax booklets or on Board Privacy Notice that I have exa	line. Go to ftb.ca. ce on Collection. T mined this tax	o request th	is notice by ma	il, call 800.338.05	i05 and ente	er form co	de 948 wh	en instructed.	
	signat					Date		Spouse's/RDF	o's signature	e (if a join	t tax returr	n, both must sign	1)
	Apr					04-04-2	2022						
		- (Your email addre	ess. Enter only one	e email address.						Preferre	d phone number	ſ
Çi	an		adittipothugan	ti@gmail.com							4808	197201	
	gn	Pa	aid preparer's signa	ature (declaration	of preparer is b	ased on all	information o	of which prepare	r has any k	nowledg	ıe)		
П	ere		SYAM PRI	YA RAM S	AGAR GUI	PTA TA	ALLAM						
It is u	ınlaw ge a		rm's name (or your	rs if self-employed)							● PTIN	
spou RDP			Firm's name (or yours, if self-employed) GLOBAL TAXES LLC									P02082	703
signa													
Joint			2530 PEB		V IN CIIN	AMTNIC	C7 300) // 1				Firm's FEIN 301017	
retur (See			ZJJU FED.	DIE CKEE	K LIN COL	MINITING	GA 300	741				301017	190
instru	uction	ns) Do	o you want to all	low another pers	son to discuss t	his tax retu	urn with us? \$	See instructions	s	• 📙	Yes	× No	
		Pri	int Third Party Des	signee's Name						Т	elephone	Number	

REV 03/29/22 PRO Form 540NR 2021 **Side 5**

TAXABLE YEAR

2021

SCHEDULE

California Adjustments — Nonresidents or Part-Year Residents

CA (540NR)

Important: Attach this schedule behind Forr	m 540NR, Side 5 a	s a supporting Ca	lifornia schedule.		
Name(s) as shown on tax return				SSN	or ITIN
ADITI POTHUGANTI					651803
Part I Residency Information. Complete all line	es that apply to you a	nd your spouse/RDP	for taxable year 2021	•	
During 2021:					
1 My California (CA) Residency (Check one)					
a Myself: ◉്X Nonresident ◉ Part-Year R	lesident 🕑 Reside	nt b Spous	se: (•) Nonresident	t • Part-Year	Resident (•) Resident
			Yourself		Spouse/RDP
a I was domiciled in (enter two letter code, see in				<u>A</u> R	
b I was in the military and stationed in (enter two			_	•	
3 I became a CA resident (enter state of prior resid	,	,	_	'	//
4 I became a CA nonresident (enter new state of re	•		_	' <u> </u>	//
5 I was a CA nonresident the entire year (enter stat	,		_	<u>A</u> R (•)	
The number of days I spent in CA for any purpos					
I owned a home/property in CA (enter Y for Yes,				<u>N</u>	
Before 2021: I was a CA resident for the period of)		•// • / /		_//
			<u> </u>	•	_//
Part II Income Adjustment Schedule	A	В	С	D	E
Section A — Income	Federal Amounts (taxable amounts from	Subtractions See instructions	Additions See instructions	Total Amounts Using CA Law	
from federal Form 1040 or 1040-SR	your federal tax return)	(difference between	(difference between	As If You Were	a received as a CA
		CA & federal law)	CA & federal law)	CA Resident (subtract col. B fr	
				col. A; add col. (C from CA sources
1 Wages, salaries, tips, etc. See instructions				to the result)	as a nonresident)
before making an entry in col. B or C 1	156,097.	•	•	156,09	7. • 103,139.
2 Taxable interest. a • 2b		•	•	•	•
3 Ordinary dividends. See instructions.					
a ● 3b	• 28.	•	•	2	8. • 0.
4 IRA distributions. See instructions.		_		_	
a • 4b	•	•	•	•	<u> </u>
5 Pensions and annuities. See					
instructions. a 💿 5b	•	•	•	•	•
6 Social security benefits.					
a • 6b		•			
7 Capital gain or (loss). See instructions 7	1,706.	•	•	1,70	6. • 0.
Section B — Additional Income					
from federal Schedule 1 (Form 1040)					
1 Taxable refunds, credits, or offsets of state					
and local income taxes	•	•		-	-
2a Alimony received. See instructions 2a	•		•	•	<u> </u>
3 Business income or (loss). See instructions 3	•	•	•	•	•
4 Other gains or (losses) 4	•	•	•	•	•
5 Rental real estate, royalties, partnerships,		\circ			
S corporations, trusts, etc 5	● -8,650.	<u>•</u>	•	<u>-8,65</u>	
6 Farm income or (loss) 6	•	<u>•</u>	•	•	•
7 Unemployment compensation 7	lacktriangle	ledow			

REV 03/29/22 PRO

				Α	В	C	D	E
Section B — Additional Income Continued			Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)	
8		er income: Federal net operating loss	8a	•			•	•
		. •		•	•		•	•
		Cancellation of debt	8c	•		•	•	•
		Foreign earned income exclusion from federal Form 2555	8d	•		•	•	•
	е	Taxable Health Savings Account distribution	8e	•	•			
	f	Alaska Permanent Fund dividends	8f	•			•	•
	g	Jury duty pay	8g	lacksquare			•	•
	h	Prizes and awards	8h	•			•	•
	i .	Activity not engaged in for profit income	8i	•			•	•
	-	Stock options	8j	•			•	•
	ı	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	or 8k 8l	••			••	••
		IRC Section 951(a) inclusion	8m	•	•			
				•	•			
		IRC Section 461(I) excess business loss adjustment.	80	•		•	•	•
		Taxable distributions from an ABLE account	8p	•			•	•
	Z	Other income. List type and amount.						
	•		8z	•	•	•	•	•
9	a	Total other income. Add lines 8a through 8z	9a	•	•	•	•	•
	b1	FTB 3805V	9b1		•		•	•
			9b2		•		•	•
		,	9b3		•		•	•
		·	9b4	•	•		•	•
10	line line (as	Il. Combine Section A, line 1 through 7, and Section B, line 1 through 7, line 9a and line 9b1 through line 9b4 applicable) in each column. instructions. Go to Section C		149,181.	•	•	149,181.	103,139.

		A	В	C	D	E
ec	ction C — Adjustments to Income from federal Schedule 1 (Form 1040)	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
1	Educator expenses	ledot	lacktriangle			
2	Certain business expenses of reservists, performing artists, and fee-basis					
		lacktriangle	lacktriangle		•	
3	Health savings account deduction	•	•			
4	See instructions	•		•	•	•
5	Deductible part of self-employment tax. See instructions	(o)	•		•	•
6	Self-employed SEP, SIMPLE, and qualified plans		<u> </u>		•	•
7	Self-employed health insurance deduction. See instructions		•		•	•
8	Penalty on early withdrawal of savings 18	•			•	•
9a	Alimony paid. b Enter recipient's:	<u> </u>				
	Last name • 19a	•		•	•	•
0	IRA deduction	•	•	•	•	•
1	Student loan interest deduction	•		•	•	•
2	Reserved for future use					
3	Archer MSA deduction 23	•			•	•
4	Other adjustments: a Jury duty pay	•			•	•
	b Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	•	•	•	•	•
	c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l 24c		•			
	d Reforestation amortization and expenses	-	<u> </u>		•	•
	e Repayment of supplemental unemployment benefits under the Trade					
	Act of 1974 24e f Contributions to IRC	•			0	O
	Section 501(c)(18)(D) pension plans 24f	•	•	•	•	•
	g Contributions by certain chaplains to IRC Section 403(b) plans 24g	•	•	•	•	•
	h Attorney fees and court costs for actions involving certain unlawful discrimination claims 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 federal Form 2555 24j		<u> </u>			
	k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041)		•			
	z Other adjustments. List type and amount.					
	24z		•	•		

_		A	В		С		D		E
	tion C — Adjustments to Income Continued	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	See (differ	Additions instructions ence between & federal law)	As (sub	otal Amounts sing CA Law If You Were a CA Resident otract col. B from I. A; add col. C to the result)	(inco reco reside earn fror	A Amounts ome earned or eived as a CA ent and income ed or received in CA sources a nonresident)
25	Total other adjustments. Add lines 24a through 24z	•	•	•		•		•	
26	Add line 11 through line 23 and line 25 in	•	•	•		•		•	
27	each column, A through E	149,181.		OO		•	149,181.	_	103,139.
	rt III Adjustments to Federal Itemized Dedu			A Fe	deral Amounts om federal Schedule	A B	Subtractions See instructions	C	Additions See instructions
	ck the box if you did NOT itemize for federal but wil	l itemize for California .	⊚ ∐	(Fc	rm 1040))				
Med	lical and Dental Expenses See instructions.								
1	Medical and dental expenses								
2	Enter amount from federal Form 1040 or 1040								
3	Multiply line 2 by 7.5% (0.075)		<u>11,189.</u>	3					
4	Subtract line 3 from line 1. If line 3 is more that	n line 1, enter 0	4					O	
Taxe	es You Paid								
5a	State and local income tax or general sales tax	es	5a	O	11,915.	. •	11,915.		
5b	State and local real estate taxes								
5c	State and local personal property taxes		5c						
5d	Add line 5a through line 5c		5d	•	11,915.				
5e	Enter the smaller of line 5d or \$10,000 (\$5,000	if married filing separa	tely) in column A						
	Enter the amount from line 5a, column B in line								
	Enter the difference from line 5d and line 5e, co	umn A in line 5e, colu	mn C 5e	•	10,000.	. 💿	11,915.	•	1,915.
6	Other taxes. List type					•		•	
7	Add line 5e and line 6		7	<u>'</u>	10,000.	. 💿	11,915.	•	1,915.
Inte	rest You Paid								
8a	Home mortgage interest and points reported to	you on federal Form	1098 8 a	O				•	
8b	Home mortgage interest not reported to you o	n federal Form 1098	8b	•				•	
8c	Points not reported to you on federal Form 109	98	8c					•	
8d	Mortgage insurance premiums		8d	1		•			
8e	Add line 8a through line 8d		8e	•		•		•	
9	Investment interest					<u> </u>		<u> </u>	
10	Add line 8e and line 9			_		<u>•</u>		<u>•</u>	
Gift	s to Charity			10		10		10	
11	Gifts by cash or check			(o)	300.	. (•)		•	
12	Other than by cash or check			_		<u> </u>		<u> </u>	
13	Carryover from prior year			_		<u> </u>		<u> </u>	
14	Add line 11 through line 13			_	300.	-		•	
Cas	ualty and Theft Losses		-			, _		,	
15	Casualty or theft loss(es) (other than net quali	ïed disaster losses).							
	Attach federal Form 4684. See instructions	,				•		•	
Othe	er Itemized Deductions		10			10			
16	Other—from list in federal instructions					•		(
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A				10,300.	+	11,915.	_	1,915.
··-		., _,		10		10			
18	Total. Combine line 17 column A less column	3 plus column C					18		300.

Job	Expenses and Certain Miscellaneous Deductions	
19	Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions	
20	Tax preparation fees	
21	Other expenses- investment, safe deposit box, etc. List type O.	
22	Add line 19 through line 21	
23	Enter amount from federal Form 1040 or 1040-SR, line 11 149, 181.	
24	Multiply line 23 by 2% (0.02). If less than zero, enter 0	
25	Subtract line 24 from line 22. If line 24 is more than line 22, enter 0.	0.
26	Total Itemized Deductions. Add line 18 and line 25.	300.
27	Other adjustments. See instructions. Specify.	
28	Combine line 26 and line 27.	300.
29	Is your federal AGI (Form 540NR, line 13) more than the amount shown below for your filing status? Single or married/RDP filing separately \$212,288 Head of household \$318,437 Married/RDP filing jointly or qualifying widow(er) \$424,581 No. Transfer the amount on line 28 to line 29.	
	Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 29	300.
30	Enter the larger of the amount on line 29 or your standard deduction listed below Single or married/RDP filing separately. See instructions	
	Married/RDP filing jointly, head of household, or qualifying widow(er) \$9,606	4,803.
Pa	rt IV California Taxable Income	
2	California AGI. Enter your California AGI from Part II, line 27, column E	103,139.
	to four places. If the result is greater than 1.0000, enter 1.0000. If less than zero, enter -0	3,321.
5	California Taxable Income. Subtract line 4 from line 1. Transfer this amount to Form 540NR, line 35. If less than zero, enter -0	99,818.

REV 03/29/22 PRO

TAXABLE YEAR

2021

CALIFORNIA FORM

Health Coverage Exemptions and Individual Shared Responsibility Penalty



3853

Attach to your California Form 540, Form 540NR, or Form 540 2EZ.						
Name(s) as shown on your California tax return	SSN or ITIN					
ADITI POTHUGANTI	819-65-1803					

Part I Applicable Household Members. List all members of your applicable household whether or not they have an exemption or an Exemption Certificate Number (ECN) granted by the Marketplace. See instructions

	Certificate Number (ECN) granted by the M	arketplac	e. See instructions.		
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
	● ADITI	•	● 819-65-1803	● 11/02/1993	• 149,181.
1	Last Name		ECN 1	ECN 2	ECN 3
	● POTHUGANTI		•	•	•
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
	•	•	•	•	•
2	Last Name		ECN 1	ECN 2	ECN 3
	•		•	•	•
_	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
	•	•	•	•	•
3	Last Name	10	ECN 1	ECN 2	ECN 3
	©		O	• EUN 2	O
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
	• Instruction	• IIIIII	O		Nouthed Adi
4					
	Last Name		ECN 1	ECN 2	ECN 3
		Ir see c	• I con	O	•
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
5	•	•	•	•	•
•	Last Name		ECN 1	ECN 2	ECN 3
	•		•	•	•
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
6	•	•	•	•	•
U	Last Name		ECN 1	ECN 2	ECN 3
	●		•	•	•
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
-	•	•	•	•	•
7	Last Name		ECN 1	ECN 2	ECN 3
			•	•	•
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
_		•	•	•	•
8	Last Name	1	ECN 1	ECN 2	ECN 3
	•		•	•	•
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
	•	•	•	•	•
9	Last Name	1	ECN 1	ECN 2	ECN 3
	•		•	•	
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
	•	•	•	•	•
10	Last Name		ECN 1	ECN 2	ECN 3
	•		●	●	•
_	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
	• Instruction	• IIIIII	O		Nouthed Adi
11	Last Name		ECN 1	ECN 2	ECN 3
	Last Name		EGN I ●	● EUN 2	●
_		1			
	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
12		•	•	•	•
	Last Name		ECN 1	ECN 2	ECN 3
	●		•	•	•

Part II Coverage Exemption Claimed on Your Tax Return for Your Household

1	If you are claiming a coverage exemption because your applicable household income or gross income is below the filing threshold, check	
	the box here. See instructions	

Part III Coverage and Exemptions Claimed on Your Tax Return for Individuals. If you and/or a member of your applicable household are reporting any coverage or are claiming exemptions for the tax year, complete Part III. See instructions.

			Coverage and Exemption Codes												
			(a) Full-year	(b) Jan	(c) Feb	(d) Mar	(e) Apr	(f) May	(g) June	(h) July	(i) Aug	(j) Sept	(k) Oct	(I) Nov	(m) Dec
1	First Name ADITI	Initial	● _E	•	•	•	•	•	•	•	•	•	•	•	•
	Last Name POTHUGANTI			•	•	•	•	•	•	•	•	•	•	•	•
2	First Name	Initial	•	•	•	•	•	•	•	•	•	•	•	•	•
	Last Name O			•	•	•	•	•	•	•	•	•	•	•	•
3	First Name	Initial	•	•	•	•	•	•	•	•	•	•	•	•	•
	Last Name			•	•	•	•	•	•	•	•	•	•	•	•
4	First Name	Initial	•	•	•	•	•	•	•	•	•	•	•	•	•
	Last Name Output Description:	I		•	•	•	•	•	•	•	•	•	•	•	•
5	First Name	Initial	•	•	•	•	•	•	•	•	•	•	•	•	•
	Last Name	I. w.		•	•	•	•	•	•	•	•	•	•	•	•
6	First Name	Initial	•	•	•	•	•	•	•	•	•	•	•	•	•
	Last Name			•	•	•	•	•	•	•	•	•	•	•	•
7	First Name	Initial	•	•	•	•	•	•	•	•	•	•	•	•	•
	Last Name ©	1.52.1		•	•	•	•	•	•	•	•	•	•	•	•
8	First Name	Initial	•	•	•	•	•	•	•	•	•	•	•	•	•
	Last Name Last Name			•	•	•	•	•	•	•	•	•	•	•	•
9	First Name	Initial	•	•	•	•	•	•	•	•	•	•	•	•	•
	Last Name Eiget Name Laitigl			•	•	•	•	•	•	•	•	•	•	•	•
10	First Name Loot Name	Initial	•	•	•	•	•	•	•	•	•	•	•	•	•
	Last Name First Name	Initial		•	•	•	•	•	•	•	•	•	•	•	•
11	Last Name	•	•	•	•	•	•	•	•	•	•	•	•	•	•
	First Name	Initial		•	•	•	•	•	•	•	•	•	•	•	•
12	•	Initial	•	•	•	•	•	•	•	•	•	•	•	•	•
	Last Name			•	•	•	•	•	•	•	•	•	•	•	•

Part IV Individual Shared Responsibility Penalty

1	Your Individual Shared Responsibility Penalty. Enter on Form 540, line 92; Form 540NR, line 91; or Form 540 2EZ, line 27.	
	See instructions • 1.	0.

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 2021
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 REV 03/29/22 PRO