Internal Revenue Service

IRS e-file Signature Authorization

ERO must obtain and retain completed Form 8879. ▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

T.....

Тахрау	ver's name	Social securi	ty number	
AJA	Y RATHOR	798-30	-1788	
Spouse	s's name	Spouse's soc	cial securi	ty number
Par	Tax Return Information – Tax Year Ending December 31, 2021 (Ente	r year you <i>a</i>	re auth	orizing.)
Enter	whole dollars only on lines 1 through 5.			
Note	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.			
1	Adjusted gross income		1	87,231.
2	Total tax		2	12,110.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	13,432.
4	Amount you want refunded to you		4	1,322.
5			5	ŀ
Part			y of yo	ur return)

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

Taxpayer's PIN: check one box only

authorize	GLOBAL TAXES		to enter or generate my PIN	E
		ERO firm name		2

0	1	7	8	8	as my
Ent don	er fiv i't er	ve dig ter a	gits, all ze	but ros	asiny

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

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

Your signature 🕨

XI

Date

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

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

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

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

Spouse's signature ►	Date							
Practitioner PIN Method Returns Only—continu	e bel	ow						
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	-		6 all ze		8	9

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

ERO's signature >	ure Date Date							
ERO Must Retain This F Don't Submit This Form to the I								
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 03/19/22 PRO	Form 8879 (Rev. 01-2021)					

104		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		(99) urn 2	02		No. 1545	-0074	IRS Use	e Only	—Do not v	vrite or staple	in this space.
Filing Status Check only one box.	lf yo	Single Arried filing jointly uchecked the MFS box, enter the nation is a child but not your dependent	ame of y	ed filing separ /our spouse.	• •	, <u> </u>			`	,		, ,	low(er) (QW) ne qualifying
Your first name	e and mi	iddle initial	Last na	me							Your so	cial securi	ty number
AJAY			RATH	OR							798-	30-178	8
lf joint return, s	pouse's	first name and middle initial	Last nai	me							Spouse	's social se	curity number
Home address		er and street). If you have a P.O. box, see M ST	instructio	ons.				A	pt. no.		Check	here if you,	
City, town, or p	oost offi	ce. If you have a foreign address, also co	mplete s	paces below.		State		ZIP co	de		•		ntly, want \$3 Checking a
WEST CO	LUMB	IA				SC		291	69		box bel	low will not	change
Foreign countr	y name		F	Foreign provinc	ce/state/c	ounty		Foreig	n postal (code	your ta:	x or refund	
At any time du	uring 20	021, did you receive, sell, exchange,	or othe	rwise dispos	e of any	financial i	nterest	in any v	/irtual c	urrer	ıcy?	X Yes	No
Standard Deduction		eone can claim: You as a de Spouse itemizes on a separate return	•		•	as a depo Ilien	endent						
Age/Blindnes	s You:	Were born before January 2, 1	957	Are blind	Spo	use: 🗌	Was bo	rn befo			-	🗌 ls b	
Dependent				(2) Social	,	(3) F	Relationsh	nip				or (see instru	
If more	(1) F	irst name Last name		num	iber		to you		Child	tax cr	edit	Credit for ot	her dependents
than four dependents,													<u> </u>
see instruction	s —												⊣
and check here ►													
	1	Wages, salaries, tips, etc. Attach F	form(s) \	N-2							. 1	I	<u> </u>
Attach	2a		2a			b Taxable	· ·	+		•	21		<u>J</u> , <u>I</u>
Sch. B if	3a	'	3a	-	_	b Ordinar			• •	•	31		15.
required.	4a		4a			b Taxable					41		
	5a	Pensions and annuities	5a			b Taxable	amoun	t			. 5b)	
Standard	6a	Social security benefits	6a			b Taxable	amoun	t			. 6b)	
Deduction for -	7	Capital gain or (loss). Attach Schee	dule D if	required. If r	not requ	ired, chec	k here			►□	7		2,816.
 Single or Married filing 	8	Other income from Schedule 1, line	e10.								. 8		-9,764.
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, a	and 8. T	his is your to	otal inco	me				. 1	▶ 9		87,231.
Married filing	10	Adjustments to income from Sche	dule 1, l	ine 26 .							. 10)	
jointly or Qualifying	11	Subtract line 10 from line 9. This is	s your ac	djusted gros	s incom	ne	• •	· ·			► <u>11</u>	1 3	87,231.
widow(er), \$25,100	12a	Standard deduction or itemized					12	а	12,	55(
 Head of household, 	b	Charitable contributions if you take	the stan	dard deducti	on (see i	nstruction	s) 12	b		300).		
\$18,800	с											C	12,850.
 If you checked any box under 	13	Qualified business income deducti											
Standard	14												12,850.
Deduction, see instructions.	15	Taxable income. Subtract line 14	trom lin	e 11. lf zero o	or less, e	enter -0				•	. 15	5	74,381.

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

Form **1040** (2021)

Form 1040 (202	1)								Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3		16	12,111.
	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	12,111.
	19	Nonrefundable child tax cree	dit or credit for c	ther depender	nts from Schedul	e8812		19	
	20	Amount from Schedule 3, lin	e8					20	1.
	21	Add lines 19 and 20						21	1.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	12,110.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is	your total tax				. 🕨	24	12,110.
	25	Federal income tax withheld	from:			1 1			
	а	Form(s) W-2				25a 13	,432.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	,			25c			
	d	Add lines 25a through 25c						25d	13,432.
If you have a	26	2021 estimated tax payment			37			26	
qualifying child, attach Sch. EIC. [27a	Earned income credit (EIC)				27a			
attach Sch. ElC.		Check here if you were k							
		January 2, 2004, and you taxpayers who are at least a							
	b	Nontaxable combat pay elec	-	1 1					
	c	Prior year (2019) earned inco				-			
	28	Refundable child tax credit or		L	Schedule 8812	28			
	29	American opportunity credit				29		-	
	30	Recovery rebate credit. See				30			
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27a and 28 throug					lits 🕨	32	
	33	Add lines 25d, 26, and 32. T		•				33	13,432.
Defined	34	If line 33 is more than line 24						34	1,322.
Refund	35a	Amount of line 34 you want						35a	1,322.
Direct deposit?	►b	Routing number 1 0 7					Savings		· · · ·
See instructions.	►d	Account number 2 6 3	1 2 4 7	7 0 5			0		
	36	Amount of line 34 you want a	applied to your	2022 estimate	ed tax 🕨	36			
Amount	37	Amount you owe. Subtract	line 33 from line	24. For detail	s on how to pay,	see instructions	. 🕨	37	
You Owe	38	Estimated tax penalty (see ir				38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS'	? See			
Designee		structions	•				omplete b	below.	X No
		signee's		Phone			onal identi		
		me 🕨		no. 🕨			ber (PIN)		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com							
Here		ur signature	pieto. Doolaration	Date	Your occupation				t you an Identity
	. 10	ui signature		Date	Tour occupation				N, enter it here
Joint return?					SOFTWARE	DEVELOPER	(see	inst.) 🕨 🛛	
See instructions.	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occupa	tion			t your spouse an
Keep a copy for your records.	,							tity Prote inst.) ► 🛛	ction PIN, enter it here
,		(200) 000 007	<u>^</u>			<u> </u>		113t.) •	
		one no. (720) 309-307. eparer's name	2 Preparer's signat	Email address	AJRATHOR8	6@GMAIL.COM Date	PTIN		Check if:
Paid					OIIDMA				Self-employed
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GUPTA TALLAN	1 03/25/2022	P0208		
Use Only		m's name ► GLOBAL TAX		n Cummin	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~				678)965-9522
		m's address ► 2530 Pebb			2		Firm	's EIN ►	
Go to www.irs.g	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/19/22 PRO			Form 1040 (2021)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Internal Revenue Service

Additional Income and Adjustments to Income

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

► Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Your social security number
AJAY RATHOR	798-30-1788
Part L Additional Income	

Fai	Additional income			
1	Taxable refunds, credits, or offsets of state and local income taxes	3	1	0.
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, tru Schedule E		5	-9,795.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()		
b	Gambling income	8b		
с	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (
е	Taxable Health Savings Account distribution	8e		
f	Alaska Permanent Fund dividends	8f		
g	Jury duty pay	8g		
h	Prizes and awards	8h		
i	Activity not engaged in for profit income	8i		
j	Stock options	8j		
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8k		
I	Olympic and Paralympic medals and USOC prize money (see instructions)	81	_	
m	Section 951(a) inclusion (see instructions)	8m	-	
n	Section 951A(a) inclusion (see instructions)	8n	-	
ο	Section 461(I) excess business loss adjustment	80	-	
р	Taxable distributions from an ABLE account (see instructions) .	8p		
z	Other income. List type and amount			
•	Other Income from box 3 of 1099-Misc 31.	8z 31.		
9	Total other income. Add lines 8a through 8z		9	31.
10	Combine lines 1 through 7 and 9. Enter here and on Form 10 1040-NR, line 8		10	-9,764.

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

Par	Adjustments to Income	· · · · · ·
11	Educator expenses	11
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	12
13	Health savings account deduction. Attach Form 8889	13
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14
15	Deductible part of self-employment tax. Attach Schedule SE	15
16	Self-employed SEP, SIMPLE, and qualified plans	16
17	Self-employed health insurance deduction	17
18	Penalty on early withdrawal of savings	18
19a		19a
b	Recipient's SSN	
c	Date of original divorce or separation agreement (see instructions)	
20		20
21	Student loan interest deduction	21
22	Reserved for future use	22
23	Archer MSA deduction	23
24	Other adjustments:	
а	Jury duty pay (see instructions)	
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	
С	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 81	
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	
j	Housing deduction from Form 2555 . . . 24j	_
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	
z	Other adjustments. List type and amount ► 24z	
25	Total other adjustments. Add lines 24a through 24z	25
26	Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26

Additional Credits and Payments

OMB No. 1545-0074 2021

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

	epartment of the Treasury ternal Revenue Service ► Attach to Form 1040, 1040-SR, or 1040-NR. ► Go to www.irs.gov/Form1040 for instructions and the latest information.			Atta	achment quence No. 03	
	. ,	orm 1040, 1040-SR, or 1040-NR			cial se	curity number
Pa	Y RATHOR	fundable Credits		/98-	30-178	38
1		credit. Attach Form 1116 if required			1	1
2	0	child and dependent care expenses from Form 244				1.
-	Form 2441				2	
3	Education c	redits 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 nonre	fundable credits:				
а	General bus	siness credit. Attach Form 3800	6a			
b	Credit for p	rior year minimum tax. Attach Form 8801	6b			
С	Adoption cr	edit. Attach Form 8839..............	6c			
d	Credit for th	e elderly or disabled. Attach Schedule R	6d			
е	Alternative r	motor vehicle credit. Attach Form 8910	6e			
f	Qualified plu	ug-in motor vehicle credit. Attach Form 8936	6f			
g	Mortgage ir	iterest credit. Attach Form 8396	6g			
h	District of C	olumbia first-time homebuyer credit. Attach Form 8859	6h			
i	Qualified ele	ectric vehicle credit. Attach Form 8834	6i			
j	Alternative f	uel vehicle refueling property credit. Attach Form 8911	6j			
k	Credit to ho	Iders of tax credit bonds. Attach Form 8912	6k			
I	Amount on	Form 8978, line 14. See instructions	61			
z	Other nonref	fundable credits. List type and amount ►				
_			6z		_	
7		nonrefundable credits. Add lines 6a through 6z			7	
8	line 20	through 5 and 7. Enter here and on Form 1040, 1040	-3n, ur		8	1.
				(cc	ontinue	ed on page 2)
For Pa	perwork Reduct	ion Act Notice, see your tax return instructions.	REV 03/1	19/22 PRO	Schedule	3 (Form 1040) 2021

For Paperwork Reduction Act Notice, see your tax return instructions. REV 03/19/22 PRO BAA

Schedule 3 (Form 1040) 2021

Par	t II 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	
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		15	
	BAA REV	03/19/22 PRO	Schedu	le 3 (Form 1040) 2021

SCHEDULE D

(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

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

2021 Attachment Sequence No. 12

Name(s) shown on return AJAY RATHOR

Department of the Treasury

Internal Revenue Service (99)

Your social security number 798-30-1788

79

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

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

lines	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustment to gain or loss Form(s) 8949, F	from	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result
	e dollars.	(sales price)	(or other basis)	line 2, columr	,	with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	29,701.	27,030.	1	05.	2,776.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked	5,327.	5,287.			40.
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1			usts from	5	
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions			-	6	()
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	•	., .	, ,	7	2,816.

Part II Long-Term Capital Gains and Losses – Generally Assets Held More Than One Year (see instructions)

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

Part	III Summary		
16	Combine lines 7 and 15 and enter the result	16	2,816.
	• 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.		

REV 03/19/22 PRO

Schedule D (Form 1040) 2021

Form **8949**

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form8949 for instructions and the latest information.

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

Attachment Sequence No. 12A

or taxpayer identification number

Name(s) shown on return	Social security number
AJAY RATHOR	798-30-1788

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

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

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

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

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

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

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

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below	If you enter an enter a co See the sep	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)
APEX CLEARING	05/05/21	12/12/21	184.	193.			-9.
Robinhood Securities LLC	05/05/21	12/12/21	29,517.	26,837.	W	105.	2,785.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C	al here and inc is checked), lir	lude on your ne 2 (if Box B	29,701.	27,030.		105.	2,776.

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

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

Form **8949**

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

20

Attachment

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form8949 for instructions and the latest information.

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

2, 3, 8b, 9, and 10 of Schedule D. Sequence No. 12A

Name(s) shown on return	Social security number or taxpayer identification number
AJAY RATHOR	798-30-1788

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

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

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

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

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

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

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

1 (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	05/05/21	12/12/21	5,327.	5,287.			40.
2 Totals. Add the amounts in column negative amounts). Enter each to Schedule D, line 1b (if Box A abov above is checked), or line 3 (if Box	tal here and inc e is checked), lir	lude on your ne 2 (if Box B	5,327.	5,287.			40.

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

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

SCHEDULE	Ε
(Form 1040)	

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Supplemental Income and Loss

OMB No. 1545-0074

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

6 ► Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Department of the Treasury Attachment ▶ Go to www.irs.gov/ScheduleE for instructions and the latest information. Internal Revenue Service (99) Sequence No. 13 Name(s) shown on return Your social security number 798-30-1788 AJAY RATHOR 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 Yes X No **B** If "Yes," did you or will you file required Form(s) 1099? 🗌 Yes 🗌 No 1a Physical address of each property (street, city, state, ZIP code) G-11 IRRIGATION COLONY DASHERA MAIDAN UJJAIN, MADHYA PRADESH IN 456010 1b Fair Rental Personal Use Type of Property 2 For each rental real estate property listed QJV above, report the number of fair rental and (from list below) Days Days personal use days. Check the QJV box only if you meet the requirements to file as a 365 3 Α 0 qualified joint venture. See instructions. В С 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 B С Rents received . 3 625. 4 Royalties received Expenses: Advertising 5 Auto and travel (see instructions) . 6 Cleaning and maintenance . . . 7 1,965. 8 Commissions. Insurance 9 Legal and other professional fees . . . 10 Management fees 11 1,950. Mortgage interest paid to banks, etc. (see instructions) 12 13 Other interest. 14 Repairs. . . . 1,975. 15 2,530. Supplies . . Taxes 16 Utilities 17 2,000. Depreciation expense or depletion . . 18 Other (list) ► 19 Total expenses. Add lines 5 through 19 20 10,420. Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 21 -9,795. Deductible rental real estate loss after limitation, if any, 22 on Form 8582 (see instructions) 9,795.) 625. 23a Total of all amounts reported on line 3 for all rental properties 23a **b** Total of all amounts reported on line 4 for all royalty properties 23b 23c **c** Total of all amounts reported on line 12 for all properties d Total of all amounts reported on line 18 for all properties 23d 23e Total of all amounts reported on line 20 for all properties 10,420. е 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 9,795.

25 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on -9,795. Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 26 -9,795. NPA

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2021



STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

SC8453 (Rev. 10/7/21) 3299

401	.50.901															-								
	First name and middle initi	al								Last r	name							Yo	ur soc	ial se	curity r	numbe	r	
	AJAY						RZ	ATH	OR						798-30-1788									
	Spouse's first name, if mar	ried fili	ng joi	ntly						Last r	name							Spo	ouse's	s soc	ial secu	urity nu	ımb	er
Print or																								
type.	Mailing address (number a	nd stre	et, P	О Во	x)														Dayt	ime p	hone n	number	-	
	1822 BURNHAM S	ST														(720) 309-3072							2	
	City							Stat	e			ZIP)						<u>, · –</u>		Year		_	
	WEST COLUMBIA	SC	291	169)															202	21			
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	ax (line 26 of your SC104																		3					00
	ax (add line 2 and line 3	,																	4		4	,69	-	00
5. SC Inc	ome Tax Withheld (add I	ine 16	and	line	20 c	of yo	ur SC	1040))										5			,109		
6. Refund	dable credits (add line 21	and li	ne 22	2 of v	your	SC1	040)												6			<u>, </u>		00
	d (line 30 of your SC1040																		7		1	,412	_	00
	e due (line 34 of your SC																		8			/ 114		00
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		Checki	ng		Savi	ings																		
	nce Due:																							
12. Paym	nent Withdrawal Date						_	Pay	men	t Witl	ndra	wal A	mou	nt \$; _							-		
Part III	Declaration of tax	bayer	,																					
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	filed a joint return, this is	an irre	vocat	ole ap	opoin	itmen	t of m	y spo	use	as an	ager	nt to re	eceive	e the	ref	und.	•							
	b. I authorize the South Car																							
	account, provided in Part																							
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	OR does not receive full and	d timely	/ payı	ment	of m	iy tax	liabili	ty, I u	nder	stand	that	l am r	respor	nsible	e fo	or the	e b	alanc	e due	e, incl	uding a	all pena	altie	s
and interes																								
	hat this return and all attach		are tr	ue, c	orrec	et, an	d com	plete	to th	e bes	t of m	iy kno	owledg	ge. T	his	dec	clar	ation	is ba	sed o	n all in	formati	ion	of
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	signature on this form befor																							
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	Income Tax Returns, and re	•		•																				
	l accompanying schedules a n of which I have knowledge																						I	
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 dor.sc.gov
 State of south carolina DEPARTMENT OF REVENUE

 Your Social Security Number
 Check if Che

Your Soci	al Security	Number	Check if deceased	
798	30	1788	deceased	
Spouse's Sc	cial Securit	y Number	Check if deceased	

1555



SC1040

(Rev. 8/11/21)

3075

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For the year January 1 - December 31, 2021, or fiscal tax year begin	ning	, 2021 and ending	, 2022				
First name and middle initial	Last nar	Suffix					
AJAY	RATH						
Spouse's first name, if married filing jointly	Last nar	ne		Suffix			
Check if Mailing address (number and street, PO Box)	•			County code			
new address 🛄 1822 BURNHAM ST				34			
City	State	ZIP	Daytime phone number with	area code			
WEST COLUMBIA	SC	29169	(720)309-3072				
Check if address Foreign country address including postal code		·					
is outside US							
 Amended Return: Check if this is an Amended Return. (Attach Schedule AMD) Check this box if you are a part-year or nonresident filing an SC Schedule NR Check this box only if you are filing a composite return on behalf of a Partnership or S Corporation. Do not check this box if you are an individual Check this box if you have filed a federal or state extension. Check this box if you served in a military combat zone during the filing period Name of the combat zone: 							
CHECK YOUR (1) Single (3) FEDERAL FILING STATUS (2) Married filing jointly (4)		ried filing separately - ente					

 Number of dependents claimed on your 2021 federal return
 Image: Claimed that were under the age of 6 years as of December 31, 2021

 Number of taxpayers age 65 or older as of December 31, 2021
 Image: Claimed that were under the age of 6 years as of December 31, 2021

DEPENDENTS

First name	Last name	Social Security Number	Relationship	Date of birth (MM/DD/YYYY)



5 Residents: subtract line 4 from line 3 and enter the difference. Nonresidents: enter amount from Schedule NR, line 48. If less than zero, enter zero here. This is your SOUTH CAROLINA INCOME SUBJECT TO TAX 5 74,681 00	INCOME AND ADJUSTMENTS	Your	SS	N <u>798-30-178</u>	8			20	021
ADDITIONS TO FEDERAL TAXABLE INCOME a State tax addback, if itemizing on federal return (see instructions) b b Out-of-state losses Type: c Expenses related to National Guard and Military Reserve Income c 0 Other additions to income (attach explanation - see instructions) c 0 Other additions to income (attach explanation - see instructions) c 1 Add line 1 and line 2 and enter the total here 3 2 Total additions (add line a through line e) 3 3 Add line 1 and line 2 and enter the total here 3 c Total additions (add line a through line e) 3 7 State tax refund, if included on your federal return g 0 Total and permanent disability retrement Income, if taxed on your federal return g 0 Total additions (add on your federal return) g 00 1 Advis of net capital gains held for more than one year. i i 00 1 Advis of net capital gains held for more than one year. i i 00 1 Active Trade of Business Income deduction (see instructions) i m 00 1 Active Trade of Business Income deduction (see instructions) i n 00 0 Social Security and/or railroad retirement, if taxed o	1 Enter federal taxable income from your federal form. If zero or less, enter	r zero he	ere					Dollars	
a State tax addback, if itemizing on federal return (see instructions) a a 00 b Out-of-state losses Type: b 00 00 c Expenses relate to National Guard and Military Reserve Income. c 00 d Interest income on obligations of states and policial subdivisions other than South Carolins d 000 e Other additions (add line a through line 0) see instructions) d 3000 00 3 Add line 1 and line 2 and enter the total here 3 74, 681 00 SUBTRACTIONS FROM FEDERAL TAXABLE INCOME f 0 00 00 g Total and permanent disability retirement income. If taxed on your federal return f 0 00 h Out-of-state income/gain: Rental Business Other 1 00 j Volunteer deductions (see instructions) i i 00 1 00 i Adt% of net capital gains held for more than one year. i i 00 1 00 j Volunteer deductions (see instructions) i i 00 1 00 1 00 1 00 1 00 00 n n 00	Nonresident filers: complete Schedule NR and enter total from line 48 on li	ine 5 bel	ow			1		74,381	00
b Out-of-state losses Type: b 00 c Expenses related to National Outard and Military Reserve Income b 00 d Interest income no obligations of states and political subdivisions other than South Conternation b 00 e Other additions (add line a through line e) 2 300 00 2 Total additions (add line a through line e) 2 300 00 SUBTRACTIONS FROM FEDERAL TXXABLE INCOME f 00 00 f Total and permanent diasbility reterment income, if taxed on your federal return f 00 g Total and permanent diasbility reterment income, if taxed on your federal return f 00 g Total and permanent diasbility reterment income, if taxed on your federal return f 00 f Out-of-state income/gain (do not include personal service income) h 00 check type of income/gain: Rental Business: Other j volunteer deductions to the SC College Investment Program (Future Scholar) n 00 n or the SC Tuition Propayment Program f 00 m n 00 n Certain nontaxable Nati	ADDITIONS TO FEDERAL TAXABLE INCOME								
c Expenses related to National Guard and Military Reserve Income c	a State tax addback, if itemizing on federal return (see instructions)	🕨	а		00				
c Expenses related to National Guard and Military Reserve Income c	b Out-of-state losses Type:	🕨 🗍	b		00				
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2 Total additions (add line a through line e) 2 300 00 3 Add line 1 and line 2 and enter the total here 3 74,681 00 3 SUBTRACTIONS FROM FEDERAL TAXABLE INCOME 1 0 74,681 00 g Total and perment disability retirement income. If taxed on your federal return 1 0 000 h Out-of-state income/gain (do not include personal service income) h 000 000 i 44% of net capital gains held for more than one year. i 000 000 i Volunteer deductions (see instructions) Type: i 000 i or the SC Tuition Prepayment Program i 000 000 n Certain nontaxable National Guard or Reserve pay. n 000 o Social Security and/or ralicoad retirement, if taxed on your federal return p p p 2 Spouse (date of birth:) p>2 000 p 4 Taxpayer (date of birth:) p>2 000 p 4 Surviving spouse (date of birth:) p>5 000 p 4 Surviving spouse (date of birth:) p>5 000 p 4 Taxpayer (date of birth:) p>5 000 p <td>d Interest income on obligations of states and political subdivisions other than South Caro</td> <td>olina 🕨</td> <td>d</td> <td></td> <td>00</td> <td></td> <td></td> <td></td> <td></td>	d Interest income on obligations of states and political subdivisions other than South Caro	olina 🕨	d		00				
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line 48. If less than zero, enter zero here. This is your SOUTH CAROLINA INCOME SUBJECT TO TAX 5 74, 681 00					•		+	0	+ -
						5		74,681	00
6 TAX on your South Carolina Income Subject to Tax (see SC1040TT) 6 6			-						
 7 TAX on Lump Sum Distribution (attach SC4972)			-	-, 00 /					
8 TAX on Active Trade or Business Income (attach I-335)		- E F							
9 TAX on excess withdrawals from Catastrophe Savings Accounts			-						
10 Add line 6 through line 9 and enter the total here. This is your TOTAL SOUTH CAROLINA TAX 10 4,697 00	· •			INA TAX		10	T	4,697	00

Page 2 of 3



NON-REFUNDABLE CREDITS

11 Child and Dependent Care (see instructions)	11		00			
12 Two Wage Earner Credit (see instructions)	12		00			
13 Other nonrefundable credits. Attach SC1040TC and other state returns	13		00			
14 Total nonrefundable credits (add line 11 through line 13)			14	4 00		
15 Subtract line 14 from line 10 and enter the difference. If less than zero, enter zer	ro here		1	5 4,697 00		
PAYMENTS AND REFUNDABLE CREDITS						
16 SC income tax withheld (attach W-2 or SC41)	16	6,109	00			
17 2021 Estimated Tax payments			00			
18 Amount paid with extension			00			
19 Nonresident sale of real estate			00			
20 Other SC withholding (attach 1099)			00			
21 Tuition tax credit (attach I-319)			00			
22 Other refundable credits:						
22a Anhydrous Ammonia (attach I-333)	22a		00			
22b Milk Credit (attach I-334)			00			
22c Classroom Teacher Expenses (attach I-360)			00			
22d Parental Refundable Credit (attach I-361)			00			
22e Motor Fuel Income Tax Credit (attach I-385)			00			
Total refundable credits (add line 22a through line 22e)			2	2 00		
AMENDED RETURN: Use Schedule AMD for line 23 calculation.		,				
23 Add line 16 through line 22 and enter the total here These are your	ΤΟΤΑΙ	PAYMENTS	2	3 6,109 00		
24 If line 23 is larger than line 15, subtract line 15 from line 23 and enter the overpa						
25 If line 15 is larger than line 23, subtract line 23 from line 15 and enter the amount						
AMENDED RETURN: Enter the amount from line 24 on line 30. Enter the an				31.		
26 USE TAX due on online, mail-order, or out-of-state purchases	26	0	00			
Use Tax is based on your county's Sales Tax rate. See instructions for more info						
If you certify that no Use Tax is due, check here 🕨 🔀						
27 Amount of line 24 to be credited to your 2022 Estimated Tax	27		00			
28 Total Contributions for Check-offs (attach I-330)			00			
29 Add line 26 through line 28 and enter the total here			29	9 0 00		
30 If line 29 is larger than line 24, go to line 31. Otherwise, subtract line 29 from line			Ē			
amount to be refunded to you (line 35 check box entry is required)			3	0 1,412 00		
31 Add line 25 and line 29. If line 29 is larger than line 24, subtract line 24 from line 29, enter				-		
32 Late filing and/or late payment: Penalties Interest		-				
33 Penalty for Underpayment of Estimated Tax (attach SC2210)		,				
Enter exception code from instructions here if applicable		1	3	3 00		
34 Add line 31 through line 33 and enter your balance due (select payment option on lin						
REFUND OPTIONS Getting a refund? Direct deposit is fast, accurate, and secure!						
35 Select one: I Direct Deposit (line 37 required) (for US accounts only)		bit Card	Pap	er Check		
PAYMENT OPTIONS Have a balance due? Pay electronically! It's quick and easy	y!	, L				
36 Select one: MyDORWAY (pay at dor.sc.gov/pay) ACH Debit (enter your US bar	-	ion on line 37)				
37 Type of Account: X Checking Savings						
Routing	ount	263124770	5	1-17		
	,			digits		
For payments only: Withdrawal Date Withdrawal A	mount		0	0		
I declare that this return and all attachments are true, correct, and complete to the b			f prep	pared by a person other		
than the taxpayer, this declaration is based on all information of which the preparer						
Your signature Date S	pouse's s	ignature (if married	filing jo	pintly, BOTH must sign)		
I authorize the Director of the SCDOR or delegate to discuss this return,	reparer's	printed name				
			GAR	GUPTA TALLAM		
	Check if se					
	mployed			082703		
Use Firm name (or yours if self- GLOBAL TAXES LLC	a7 0			.017196		
Only employed), address, ZIP 2530 Pebble Creek Ln Cumming GA 30041 Phone (678) 965-9522						
MAIL TO: REFUNDS OR ZERO TAX: SC1040 Processing Center, PO Box 101100, Columbia, SC 29211-0100						
BALANCE DUE: Taxable Processing Center, PO Box 101105,	Colum	ibia, SC 29211	-010)5		
307532J4 REV 03/22/22 PRO						