8879 **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

▶ Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

| internal nevertue Service | |
|---|--|
| Submission Identification Number (SID) | |
| Taxpayer's name | Social security number |
| NAGA SAI RAMYA KATAKUM | 645-67-4906 |
| Spouse's name | Spouse's social security number |
| David Toy Detuye Information Toy Voor Ending December 21 0001 (En | tor voor vou are outberining) |
| | ter year you are authorizing.) |
| Enter whole dollars only on lines 1 through 5. Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. | |
| 1 Adjusted gross income | 1 68,686. |
| 2 Total tax | |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | |
| 4 Amount you want refunded to you | |
| · | 3331 |
| 5 Amount you owe | d koop a copy of your roturn) |
| Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amend | |
| return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, tran to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial instit authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to termin payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation in business days prior to the payment (settlement) date. I also authorize the financial institutions involved in taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended) Electronic Funds Withdrawal Consent. | rejection of the transmission, (b) the reason e U.S. Treasury and its designated Financial indicated in the tax preparation software for ution to debit the entry to this account. This nate the authorization. To revoke (cancel) a requests must be received no later than 2 the processing of the electronic payment of e payment. I further acknowledge that the |
| Taxpayer's PIN: check one box only | |
| ▼ I authorize GLOBAL TAXES LLC to enter or general ▼ Taxpayer ST Int. Onlease one Box only ▼ I authorize GLOBAL TAXES LLC ▼ Taxpayer ST Int. Onlease only ▼ | te my PIN 7 4 9 0 6 as my |
| ERO firm name | Enter five digits, but |
| signature on the income tax return (original or amended) I am now authorizing. | don't enter all zeros |
| I will enter my PIN as my signature on the income tax return (original or amended) I an if you are entering your own PIN and your return is filed using the Practitioner PIN me below. | |
| Your signature ▶ Date ▶ | 03.28.2022 |
| Spouse's PIN: check one box only | |
| ☐ I authorize to enter or genera | te my PIN as my |
| ERO firm name | Enter five digits, but |
| signature on the income tax return (original or amended) I am now authorizing. | don't enter all zeros |
| I will enter my PIN as my signature on the income tax return (original or amended) I an if you are entering your own PIN and your return is filed using the Practitioner PIN me below. | |
| Spouse's signature ▶ Date ▶ | • |
| Practitioner PIN Method Returns Only—continue belo | DW . |
| 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 7 2 7 8 6 1 9 8 9 Don't enter all zeros |
| I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am su requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers of the Practition PIN method and Pub. 1345, Handbook for PIN method PIN meth | bmitting this return in accordance with the |
| ERO's signature ▶ Date ▶ | • |
| FRO Must Retain This Form — See Instructions | |

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

E 4 0 1 0 Department of the Treasury—Internal Revenue Service

| 1 U4U | -NK U.S. Nonresident Al | ien Income Tax | Return | 2021 | OMB No. 15 | | S Use Only—Do r or staple in this s | |
|---------------------|---|--------------------------|--------------|-------------------|-----------------|------------------------|--|---------|
| Filing Status | ☑ Single | arately (MFS) | Qualifying | widow(er) (QW | () | | | |
| Check only one box. | If you checked the QW box, enter the chil qualifying person is a child but not your | | | | | | | |
| Your first name a | and middle initial | Last name | | | | Your ide (see instr | ntifying numb ructions) | oer |
| NAGA SAI | RAMYA | KATAKUM | | | | 645-6 | 57-4906 | |
| Home address (r | number and street or rural route). If you ha | ive a P.O. box, see inst | ructions. | | Apt. no. | Check if: | X Individua | al |
| 742 ARLING | GTON AVE | | | | 2 | | Estate or | r Trust |
| City, town, or pos | st office. If you have a foreign address, also c | complete spaces below. | State | ZIP cod | е | | | |
| CINCINNAT | I | | OH | 45215 | <u> </u> | | | |
| Foreign country | name Fo | reign province/state/co | ounty | Foreign | postal code | | | |
| At any time durir | ng 2021, did you receive, sell, exchange, o | or otherwise dispose of | any financia | ıl interest in an | / virtual curre | ncy? | ☐ Yes ∑ | ≺ No |
| | | | | | | | | |

| Donondonto | | | | | (4) | if avalifia | s for (see inst.): |
|-----------------------------------|-----|--|---------------------------------|---------------------------|------------|-------------|--------------------|
| Dependents (see instructions) | | | (2) Dependent's | (3) Dependent's | | | Credit for other |
| (See Instructions) | | (1) First name Last name | identifying number | relationship to you | Child tax | c credit | dependents |
| If the fact | | | | | |] | |
| If more than four dependents, see | | | | | |] | |
| instructions and | | | | | |] | |
| check here ► | | | | | |] | |
| Income | 1a | Wages, salaries, tips, etc. Attach Form(s) | N-2 | | | 1a | 73,836. |
| Effectively | b | Scholarship and fellowship grants. Attach | Form(s) 1042-S or required | d statement. See instruct | ions . | 1b | |
| Connected With U.S. | С | Total income exempt by a treaty from Sc L, line 1(e) | , |), Item 1c | | | |
| Trade or | 2a | Tax-exempt interest 2a | b Tax | kable interest | | 2b | |
| Business | 3a | Qualified dividends 3a | b Ord | dinary dividends | | 3b | |
| | 4a | IRA distributions 4a | b Tax | kable amount | | 4b | |
| | 5a | Pensions and annuities 5a | b Tax | kable amount | | 5b | |
| | 6 | Reserved for future use | | | | 6 | |
| | 7 | Capital gain or (loss). Attach Schedule D (| Form 1040) if required. If n | ot required, check here . | ▶ □ | 7 | |
| | 8 | Other income from Schedule 1 (Form 104) | 0), line 10 | | | 8 | -5 , 150. |
| | 9 | Add lines 1a, 1b, 2b, 3b, 4b, 5b, 7, and 8. | This is your total effective | ely connected income . | . ▶ | 9 | 68,686. |
| | 10 | Adjustments to income: | | | | | |
| | а | From Schedule 1 (Form 1040), line 26. | | 10a | | | |
| | b | Reserved for future use | | 10b | | | |
| | С | Scholarship and fellowship grants exclude | ed | 10c | | | |
| | d | Add lines 10a and 10c. These are your tot | al adjustments to income | e | . ▶ | 10d | |
| | 11 | Subtract line 10d from line 9. This is your | adjusted gross income | | . ▶ | 11 | 68,686. |
| | 12a | Itemized deductions (from Schedule A | (Form 1040-NR)) or, for o | certain | | | |
| | | residents of India, standard deduction. Se | e instructions Std.Dedn US/Indi | ia Treaty 12a 12 | 2,550. | | |
| | b | Charitable contributions for certain resider | ts of India. See instructions | s . 12b | 300. | | |
| | С | Add lines 12a and 12b | | | | 12c | 12,850. |
| | 13a | Qualified business income deduction from | Form 8995 or Form 8995- | -A . 13a | | | |
| | b | Exemptions for estates and trusts only. Se | e instructions | 13b | | | |
| | С | Add lines 13a and 13b | | | | 13c | |
| | 14 | Add lines 12c and 13c | | | | 14 | 12 , 850. |
| | 15 | Taxable income. Subtract line 14 from lin | e 11. If zero or less, enter | -0 <u> </u> | | 15 | 55 , 836. |
| | | | | | | | |

| Form 1040-NR (| 2021) | | | | | | | P | age 2 |
|--------------------------------------|---------------|---|-----------------|----------------|---------------------------|--------------------|-------------|--------|------------|
| | 16 | Tax (see instructions). Check if any from Form(s): 1 8814 2 | <u> </u> | 2 3 🗌 | | 16 | | 8,03 | 30. |
| | 17 | Amount from Schedule 2 (Form 1040), line 3 | | | | 17 | | | 0. |
| | 18 | Add lines 16 and 17 | | | | 18 | | 8,03 | 30. |
| | 19 | Nonrefundable child tax credit or credit for other dependents from S | Schedule | 8812 (Form 104 | 0) | 19 | | | |
| | 20 | Amount from Schedule 3 (Form 1040), line 8 | | | | 20 | | | |
| | 21 | Add lines 19 and 20 | | | | 21 | | | |
| | 22 | Subtract line 21 from line 18. If zero or less, enter -0 | | | | 22 | | 8,0 | <u>30.</u> |
| | 23a | Tax on income not effectively connected with a U.S. trade or but from Schedule NEC (Form 1040-NR), line 15 | | 23a | | | | | |
| | b | Other taxes, including self-employment tax, from Schedule 2 (Form line 21 | ,, | 23b | | | | | |
| | С | Transportation tax (see instructions) | | 23c | | | | | |
| | d | Add lines 23a through 23c | | | | 23d | | | |
| | 24 | Add lines 22 and 23d. This is your total tax | | | ▶ | 24 | | 8,03 | 30. |
| | 25 | Federal income tax withheld from: | | | | | | | |
| | а | Form(s) W-2 | | 25a | 3 , 998. | | | | |
| | b | Form(s) 1099 | | 25b | | | | | |
| | С | Other forms (see instructions) | | 25c | | | | | |
| | d | Add lines 25a through 25c | | | | 25d | | 8,99 | <u> </u> |
| | е | Form(s) 8805 | | | | 25e | | | |
| | f | Form(s) 8288-A | | | | 25f | | | |
| | g | Form(s) 1042-S | | | | 25g | | | |
| | 26 | 2021 estimated tax payments and amount applied from 2020 return | 1 | | | 26 | | | |
| | 27 | Reserved for future use | | 27 | | | | | |
| | 28 | Refundable child tax credit or additional child tax credit from Sc 8812 (Form 1040) | | 28 | | | | | |
| | 29 | Credit for amount paid with Form 1040-C | | 29 | | | | | |
| | 30 | Reserved for future use | 1 | 30 | | | | | |
| | 31 | Amount from Schedule 3 (Form 1040), line 15 | | 31 | | | | | |
| | 32 | Add lines 28, 29, and 31. These are your total other payments and | | | | 32 | | 0 0/ | |
| D - 6 | 33 | Add lines 25d, 25e, 25f, 25g, 26, and 32. These are your total paym | | | | 33 | | 8,99 | |
| Refund | 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the | | | | 34 | | | 68. |
| D: | 35a | Amount of line 34 you want refunded to you. If Form 8888 is attach Routing number 0 4 4 0 0 0 0 0 3 7 | _ | | | 35a | | 91 | 68. |
| Direct deposit? See instructions. | ▶b | • | oe: 🔼 | Checking | Savings | | | | |
| | ►d | Account number 5 3 6 8 0 6 2 0 8 | | | | | | | |
| | ►e | If you want your refund check mailed to an address outside the Uni enter it here. | | 1 | ı page 1, | | | | |
| A | 36 | Amount of line 34 you want applied to your 2022 estimated tax | | 36 | | | | | |
| Amount You Owe | 37 | Amount you owe. Subtract line 33 from line 24. For details on how | | 1 1 | . ▶ | 37 | | | |
| | 38 | Estimated tax penalty (see instructions) | | 38 | | | | | |
| Third Party Designee | | ou want to allow another person to discuss this return wit | .n the II | | Complete I | oelow. | X | lo | |
| | Desig name | | | | nal identific er (PIN) | ation | | | Τ |
| Sign Here | | penalties of perjury, I declare that I have examined this return and accompany they are true, correct, and complete. Declaration of preparer (other than taxpay | | | on of which I | orepare | r has any l | nowle | dge. |
| 11010 | Your | signature Date Your occ | cupation | | | | nt you a | | |
| | | SOFTM | יז סבי די | NGINEER | | ction F nst.) ▶ | PIN, enter | it her | <u>e</u> |
| | Phone | | יבאויה בי. | 11/2 11/11/17 | (300 11 | , | | | |
| | | erro. Errail address urer's name Preparer's signature | | Date | PTIN | | Check it | | |
| Paid | | PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA | אמ.ד.דמיד | 03/24/2022 | P02082 | ,702 | Self | | oved |
| Preparer | | s name ► GLOBAL TAXES LLC | 1.11.11 | 00/23/2022 | Phone no | | | | |
| Use Only | | saddress ► 2530 Pebble Creek Ln Cumming GA 3 | 0041 | | Firm's El | | | | |
| | | | | | | _ | | | |

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

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

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
NAGA SAI RAMYA KATAKUM

Additional Income

| Par | Additional income | | | |
|-----|--|------------------|------------|---------|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | 8 | 1 | |
| 2a | 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, tru Schedule E | | 5 | -5,150. |
| 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 | E 150 |

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

| Health savings account deduction. Attach Form 8889 | | | | | | 11 |
|--|--|--|--|--|---|----|
| Moving expenses for members of the Armed Forces. Attach Form 3903 Deductible part of self-employment tax. Attach Schedule SE Self-employed SEP, SIMPLE, and qualified plans Self-employed health insurance deduction Penalty on early withdrawal of savings Alimony paid | | | | | Ŀ | 12 |
| Deductible part of self-employment tax. Attach Schedule SE Self-employed SEP, SIMPLE, and qualified plans Self-employed health insurance deduction Penalty on early withdrawal of savings Alimony paid Recipient's SSN Date of original divorce or separation agreement (see instructions) IRA deduction Student loan interest deduction Reserved for future use Archer MSA deduction Other adjustments: Jury duty pay (see instructions) Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l Reforestation amortization and expenses Repayment of supplemental unemployment benefits under the Trade Act of 1974 Contributions to section 501(c)(18)(D) pension plans Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) 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 Housing deduction from Form 2555 Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) Other adjustments. List type and amount ▶ | | | | | Ŀ | 13 |
| Self-employed SEP, SIMPLE, and qualified plans Self-employed health insurance deduction Penalty on early withdrawal of savings Alimony paid | | | | | | 14 |
| Self-employed health insurance deduction | | | | | | 15 |
| Penalty on early withdrawal of savings Alimony paid | | | | | _ | 16 |
| Alimony paid | | | | | _ | 17 |
| Recipient's SSN | | | | | | 18 |
| Date of original divorce or separation agreement (see instructions) IRA deduction Student loan interest deduction Reserved for future use Archer MSA deduction Other adjustments: Jury duty pay (see instructions) Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l Reforestation amortization and expenses Repayment of supplemental unemployment benefits under the Trade Act of 1974 Contributions to section 501(c)(18)(D) pension plans Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) 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 Housing deduction from Form 2555 Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) Other adjustments. List type and amount ▶ | | | | | 1 | 98 |
| Date of original divorce or separation agreement (see instructions) IRA deduction Student loan interest deduction Reserved for future use Archer MSA deduction Other adjustments: Jury duty pay (see instructions) Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l Reforestation amortization and expenses Repayment of supplemental unemployment benefits under the Trade Act of 1974 Contributions to section 501(c)(18)(D) pension plans Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) 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 Housing deduction from Form 2555 Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) Other adjustments. List type and amount ▶ | | | | | | |
| Reserved for future use Archer MSA deduction . Other adjustments: Jury duty pay (see instructions) . Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit . Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l . Reforestation amortization and expenses . Repayment of supplemental unemployment benefits under the Trade Act of 1974 . Contributions to section 501(c)(18)(D) pension plans . Contributions by certain chaplains to section 403(b) plans . Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) . 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 . Housing deduction from Form 2555 . Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) . Other adjustments. List type and amount ▶ | | | | | | |
| Archer MSA deduction | | | | | 1 | 20 |
| Archer MSA deduction | | | | | 1 | 21 |
| Other adjustments: Jury duty pay (see instructions) | | | | | 1 | 22 |
| Jury duty pay (see instructions) | | | | | 1 | 23 |
| Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit | | | | | | |
| the rental of personal property engaged in for profit | | | | | | |
| Reforestation amortization and expenses | | | | | | |
| Repayment of supplemental unemployment benefits under the Trade Act of 1974 | | | | | | |
| Trade Act of 1974 | | | | | | |
| Contributions by certain chaplains to section 403(b) plans | | | | | | |
| Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) | | | | | | |
| unlawful discrimination claims (see instructions) | | | | | | |
| award from the IRS for information you provided that helped the IRS detect tax law violations | | | | | | |
| Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) | | | | | | |
| Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) | | | | | | |
| | | | | | | |
| | | | | | | |
| Total other adjustments. Add lines 24a through 24z | | | | | 1 | 25 |

SCHEDULE A (Form 1040-NR)

Department of the Treasury

Itemized Deductions

► Go to www.irs.gov/Form1040NR for instructions and the latest information.

► Attach to Form 1040-NR.

OMB No. 1545-0074 Attachment Sequence No. **7A**

Internal Revenue Service (99) Caution: If you are claiming a net qualified disaster loss on Form 4684, see instructions for line 7. Name shown on Form 1040-NR Your identifying number

| NAGA SAI F | RAMY | A KATAKUM | | 6 | 645 - 6 | 7-49 | 06 |
|--|------|--|-----------|----------|----------------|--------|---------------------|
| Taxes You Paid | 1a | State and local income taxes | 1a | 2, | 412. | | |
| | b | Enter the smaller of line 1a or \$10,000 (\$5,000 if you checked Married Filing Status on page 1 of Form 1040-NR) | | | | 1b | 2,412. |
| Gifts to U.S. Charities | 2 | Gifts by cash or check. If you made any gift of \$250 or more, see instructions | 2 | | 300. | | |
| Caution: If you made a gift and received | 3 | Other than by cash or check. If you made any gift of \$250 or more, see instructions. Individuals must attach Form 8283 if line 3 is over \$500 | 3 | | | | |
| a benefit in return, see | 4 | Carryover from prior year | 4 | | | | |
| instructions. | 5 | Add lines 2 through 4 | | | | 5 | 300. |
| Casualty and Theft Losses | 6 | Casualty and theft loss(es) from a federally declared disaster (ot disaster losses). Attach Form 4684 and enter the amount from line instructions | | | | 6 | |
| Other Itemized Deductions | 7 | Other—from list in instructions. List type and amount | | | | 7 | |
| Total Itemized Deductions | 8 | Add the amounts in the far right column for lines 1b through 7. Also Form 1040-NR, line 12a | | | nt on | 8 | 2,712. |
| For Paperwork I | Redu | ction Act Notice, see the Instructions for Form 1040-NR. | REV 03/19 | 9/22 PRO | Sche | dule A | (Form 1040-NR) 2021 |

SCHEDULE A (Form 1040-NR)

Department of the Treasury Internal Revenue Service (99)

Itemized Deductions

► Go to www.irs.gov/Form1040NR for instructions and the latest information.

► Attach to Form 1040-NR.

Caution: If you are claiming a net qualified disaster loss on Form 4684, see instructions for line 7.

OMB No. 1545-0074

2021

Attachment Sequence No. 7A

Name shown on Form 1040-NR Your identifying number NAGA SAI RAMYA KATAKUM 645-67-4906 **Taxes You** 1a Paid b Enter the smaller of line 1a or \$10,000 (\$5,000 if you checked Married filing separately under 1b Gifts to U.S. Gifts by cash or check. If you made any gift of \$250 or more, see **Charities** instructions 2 Other than by cash or check. If you made any gift of \$250 or more, Caution: If you see instructions. Individuals must attach Form 8283 if line 3 is over made a gift 3 and received a benefit in return, see instructions. 5 Add lines 2 through 4 5 Casualty 6 Casualty and theft loss(es) from a federally declared disaster (other than net qualified and Theft disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See Losses instructions 6 Other 7 Other—from list in instructions. List type and amount ▶ Itemized Net Qualified Disaster Loss **Deductions** Standard Deduction Claimed With Qualified Disaster Loss 12,550. 12,550. 7 Total Itemized Add the amounts in the far right column for lines 1b through 7. Also, enter this amount on **Deductions** 8

SCHEDULE NEC (Form 1040-NR)

Tax on Income Not Effectively Connected With a U.S. Trade or Business

Department of the Treasury Internal Revenue Service (99) ► Go to www.irs.gov/Form1040NR for instructions and the latest information. ▶ Attach to Form 1040-NR.

Sequence No. **7B**

OMB No. 1545-0074

Name shown on Form 1040-NR

NAGA SAI RAMYA KATAKUM

Your identifying number 645-67-4906

| Enter a | amount of income und | er the | appropriate rate of tax. See instructions. | | | | | | <u> </u> | | |
|---|---|------------------------|--|------------------------------|------|-----------------------------|------------------|-------------------------|--|---|--|
| | | | Nature of Income | | | (=) 100/ | (b) 150/ | (a) 200/ | (d) Other | er (specify) | |
| | | | Nature of income | | | (a) 10% | (b) 15% | (c) 30% | % | % | |
| 1 | Dividends and divide | end ed | quivalents: | | | | | | | | |
| а | Dividends paid by U. | .S. co | rporations | | 1a | | | | | | |
| b | Dividends paid by fo | reign | corporations | | 1b | | | | | | |
| С | Dividend equivalent p | ayme | nts received with respect to section 871(m) tra | ınsactions | 1c | | | | | | |
| 2 | Interest: | | | | | | | | | | |
| а | Mortgage | | | | 2a | | | | | | |
| b | Paid by foreign corp | oratio | ns | | 2b | | | | | | |
| С | Other | | | | 2c | | | | | | |
| 3 | Industrial royalties (p | atent | s, trademarks, etc.) | | 3 | | | | | | |
| 4 | Motion picture or TV | сору | right royalties | | 4 | | | | | | |
| 5 | Other royalties (copy | rights | s, recording, publishing, etc.) | | 5 | | | | | | |
| 6 | | | natural resources royalties | | 6 | | | | | | |
| 7 | Pensions and annuit | ies . | | | 7 | | | | | | |
| 8 | Social security benef | fits . | | | 8 | | | | | | |
| 9 | Capital gain from line | e 18 b | elow | | 9 | | | | | | |
| 10 | Gambling—Resident If zero or less, ente | ts of C r -0 | Canada only. Enter net income in column (c). | | | | | | | | |
| а | Winnings | | | | | | | | | | |
| b | Losses | | | | 10c | | | | | | |
| 11 | | | dents of countries other than Canada. | | 11 | | | | | | |
| 12 | Other (specify) ▶ | | | | | | | | | | |
| | | | | | 12 | | | | | | |
| 13 | _ | | columns (a) through (d) | | 13 | | | | | | |
| 14 | | | f tax at top of each column | | 14 | | | | | | |
| 15 | Tax on income not ef | ffectiv | ely connected with a U.S. trade or business. | | | | | | R, line 23a ► 15 | | |
| | | | Capital Gains and | Losses F | From | Sales or Excha | anges of Propert | ty | | | |
| Enter only the capital gains and losses from property sales or exchanges that are from sources within the United States and not | | 16 | (a) Kind of property and description (if necessary, attach statement of descriptive details not shown below) | (b) Date acquired mm/dd/yyyy | | (c) Date sold mm/dd/yyyy | (d) Sales price | (e) Cost or other basis | (f) LOSS If (e) is more than (d), subtract (d) from (e). | (g) GAIN If (d) is more than (e), subtract (e) from (d). | |
| effectiv | ely connected with a U.S. ss. Do not include a gain | | | | | | | | | | |
| or loss | on disposing of a U.S. real | | | | | | | | | | |
| property interest; report these gains and losses on Schedule D | | | | | | | | | | | |
| (Form 1 | | | | | | | | | | | |
| | property sales or ges that are effectively | | | | | | | | | | |
| connec | ted with a U.S. business | 17 | Add columns (f) and (g) of line 16 | | | | | 17 | () | | |
| | edule D (Form 1040), 797, or both. | | Capital gain. Combine columns (f) and (g | | | | | | | | |

SCHEDULE OI (Form 1040-NR)

Department of the Treasury Internal Revenue Service (99)

Other Information

► Go to www.irs.gov/Form1040NR for instructions and the latest information. ► Attach to Form 1040-NR. ► Answer all questions.

OMB No. 1545-0074 Attachment Sequence No. **7C**

| Name sl | nown on Form 1040-NR | | | | Your identifying | number | | | | | |
|---------|---|--------------------------------|----------------------|-----------------------------|------------------|--------------|------------|--|--|--|--|
| NAGA | SAI RAMYA KATAKUM | | | | 645-67-49 | 906 | | | | | |
| Α | Of what country or countries w | | | | | | | | | | |
| В | In what country did you claim | residence for tax purposes | s during the tax y | ear? United States | | | | | | | |
| С | Have you ever applied to be a | green card holder (lawful p | ermanent resider | nt) of the United States? . | | ☐ Yes | ⊠ No | | | | |
| D | Were you ever: | | | | | | | | | | |
| 1. | A U.S. citizen? | | | | | ☐ Yes | ⊠ No | | | | |
| 2. | A green card holder (lawful per | manent resident) of the Ur | ited States? . | | | ☐ Yes | ⊠ No | | | | |
| | If you answer "Yes" to (1) or (2 |), see Pub. 519, chapter 4, | for expatriation r | ules that apply to you. | | | | | | | |
| E | If you had a visa on the last of immigration status on the last of | | | ou did not have a visa, er | - | | | | | | |
| F | | | | | | | | | | | |
| G | List all dates you entered and | left the United States durin | g 2021. See instr | uctions. | | | | | | | |
| | Note: If you are a resident of 0 | Canada or Mexico AND co | mmute to work in | the United States at frequ | uent intervals, | | | | | | |
| | check the box for Canada or | Mexico and skip to item H | <u>1.</u> | 🗌 Canada | ☐ Mexico | | | | | | |
| | Date entered United States | Date departed United Stat | es | Date entered United State | | | d States | | | | |
| | mm/dd/yy | mm/dd/yy | | mm/dd/yy | r | nm/dd/yy | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Н | Give number of days (including | - | | · · | - | | | | | | |
| | 2019 | , 2020 | , ar | d 2021365 | ··· | V. | | | | | |
| ı | Did you file a U.S. income tax | | | | | X Yes | ☐ No | | | | |
| J | If "Yes," give the latest year ar Are you filing a return for a trus | | | | | Yes | ⊠ No | | | | |
| J | | | | | | res | ✓ NO | | | | |
| | If "Yes," did the trust have a U.S. person, or receive a contr | | | | | Yes | □No | | | | |
| K | Did you receive total compens | · | | | | ☐ Yes | ⊠ No | | | | |
| | If "Yes," did you use an alterna | | - | | | Yes | □No | | | | |
| L | Income Exempt From Tax—If | | | · | | | _ | | | | |
| _ | complete (1) through (3) below | . See Pub. 901 for more in | formation on tax t | reaties. | | | | | | | |
| 1. | Enter the name of the country, amount of exempt income in the | | | | claimed the tre | aty benefi | t, and the | | | | |
| | (a) Cou | | (b) Tax treaty ar | | ns (d) Am | ount of ex | emnt | | | | |
| | (4) | y | (b) ran irodiy ar | claimed in prior tax ye | | n current to | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | (e) Total. Enter this amount or | | | | | | | | | | |
| | Were you subject to tax in a fo | | | | | ∐ Yes | ∐ No | | | | |
| 3. | Are you claiming treaty benefit | | • | | | ∐ Yes | ⊠ No | | | | |
| | If "Yes," attach a copy of the C | competent Authority detern | nination letter to y | our return. | | | | | | | |
| M | Check the applicable box if: | | | | 1011 | | | | | | |
| 1. | This is the first year you are may with a U.S. trade or business u | | | | | | onnected | | | | |
| 2 | You have made an election in | | | | | | ne United | | | | |
| ۷. | States as effectively connected | d with a U.S. trade or busing | ness under section | n 871(d). See instructions. | | | . • 🗆 | | | | |
| | | | | - (-) | | | · <u> </u> | | | | |

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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

OMB No. 1545-0074

2021

Attachment Sequence No. 13

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

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

Your social security number

| | <u>. SAI RAMYA KATA</u> | | | | | | | | 5-67-490 | |
|-------|-------------------------|--|---------|------------|---------------|-----------|---------------|------|----------------|----------|
| Part | | s From Rental Real Estate and Roy instructions. If you are an individual, repo | | | - | | | | • | |
| A Dic | | nts in 2021 that would require you to | | | | | | | | |
| | | ou file required Form(s) 1099? | | . , | | | | | | Yes ☐ No |
| | | each property (street, city, state, ZIP | | | | | | | · · · <u>-</u> | |
| A | • | TY BANDLAGUDA, HYDERABAD | | , | TN | 50008 | 6 | | | |
| В | VILLII CO/CONCI | | | 111011111 | | | | | | |
| С | | | | | | | | | | |
| 1b | Type of Property | 2 For each rental real estate prop | nerty I | isted | | Fair | Rental | Pers | sonal Use | 0.07 |
| | (from list below) | above, report the number of fai | r rent | al and | | [| Days | | Days | QJV |
| Α | 3 | personal use days. Check the of if you meet the requirements to | QJV b | ox only | Α | | 365 | | 0 | |
| В | <u> </u> | qualified joint venture. See insti | ructio | ns. | В | | | | | |
| С | | | | - | С | | | | | |
| Type | of Property: | | | | | | | | | |
| | gle Family Residence | 3 Vacation/Short-Term Rental | 5 La | nd | | 7 Self- | Rental | | | |
| • | ti-Family Residence | | | yalties | | | r (describe) |) | | |
| Incom | | Properties: | | ĺ | Α | | E | | | С |
| 3 | Rents received | | 3 | | | 450. | | | | |
| 4 | | | 4 | | | | | | | |
| Expen | | | | | | | | | | |
| 5 | | | 5 | | | | | | | |
| 6 | | nstructions) | 6 | | | | | | | |
| 7 | • | nance | 7 | | | 600. | | | | |
| 8 | | | 8 | | | | | | | |
| 9 | | | 9 | | | | | | | |
| 10 | Legal and other profe | essional fees | 10 | | | | | | | |
| 11 | Management fees . | | 11 | | | 800. | | | | |
| 12 | Mortgage interest pai | d to banks, etc. (see instructions) | 12 | | | | | | | |
| 13 | Other interest | | 13 | | | | | | | |
| 14 | Repairs | | 14 | | 1, | 200. | | | | |
| 15 | Supplies | | 15 | | 1, | 400. | | | | |
| 16 | Taxes | | 16 | | | | | | | |
| 17 | Utilities | | 17 | | 1, | 600. | | | | |
| 18 | Depreciation expense | e or depletion | 18 | | | | | | | |
| 19 | Other (list) | | 19 | | | | | | | |
| 20 | Total expenses. Add | lines 5 through 19 | 20 | | 5, | 600. | | | | |
| 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 | | | | | | | | |
| | file Form 6198 | | 21 | | -5 , | 150. | | | | |
| 22 | Deductible rental real | l estate loss after limitation, if any, | | | | | | | | |
| | on Form 8582 (see in | • | 22 | (| -5 , 1 | L50.) | (| |)(|) |
| 23a | | eported on line 3 for all rental proper | | | | 23a | | 45 | 50. | |
| b | Total of all amounts re | eported on line 4 for all royalty prope | erties | | | 23b | | | | |
| С | | | | | | 23c | | | | |
| d | | eported on line 18 for all properties | | | | 23d | | | | |
| е | | | | | | 23e | | 5,60 | | |
| 24 | • | e amounts shown on line 21. Do no t | | • | | | | | 24 | |
| 25 | Losses. Add royalty lo | sses from line 21 and rental real estate | losse | s from lir | ne 22. E | nter tota | al losses her | e. [| 25 (| 5,150.) |
| 26 | | ate and royalty income or (loss). | | | | | | 1 | | |
| | | V, and line 40 on page 2 do not a | | | | | | | | |
| | Schedule 1 (Form 104 | 40), line 5. Otherwise, include this an | nount | t in the t | otal on | line 41 | on page 2 | . | 26 | -5,150. |

| SCHEDULE A | | | 2021 | | | | |
|---|--|--|------|------------|---------|-----|---------|
| Name(s) show | Your identi | ifying number 4906 | | | | | |
| b Enter the | I local income t | axes | | arried fil | - | | |
| Gifts to U.S. | Charities | Status on page 1 of Form 1040-N | • | | | 1 b | |
| or more, Other that \$250 or r attach Fo | see instructions in by cash or ch nore, see instru irm 8283 if line r from prior yea | f you made any gift of \$250 seck. If you made any gift of ctions. Individuals must 3 is over \$500 | 3 4 | | | 5 | |
| qualified | and theft loss(e | es) from a federally declared disa . Attach Form 4684 and enter the | • | | | 6 | |
| ► <u>Net</u> | from list in instr Qualified I | suctions. List type and amount: Disaster Loss Laimed With Qualified Disaster | Loss | - | 12,550. | 7 | 12,550. |
| | mounts in the t | s ar right column for lines 1b throu 10-NR, line 12a | - | | | 8 | |