Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

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

Submission Identification Number (SID)

T.....

Taxpaye	er's name	Social secu	rity numbe	r		
RAJI	ESH KONERU	864-5	864-59-7374			
Spouse'	's name	Spouse's social security number				
Part	Tax Return Information – Tax Year Ending December 31, 2021 (Ent	er year you	are auth	orizing.)		
Enter v	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	100,787.		
2	Total tax		2	15,118.		
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	17,966.		
4	Amount you want refunded to you		4	2,848.		
5	Amount you owe		5			
Part				our return)		

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

Taxpayer's PIN: check one box only

X	l authorize	GLOBAL TAXES LLC	to enter or generate my PIN
•••	1 ddithoni20		

9	7	3	7	4	as		
Enter five digits, but don't enter all zeros							

my

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.

Your signature

Date

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

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

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

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

Spouse's sign	ature 🕨 🛛 Da	ate 🕨							
	Practitioner PIN Method Returns Only—continue	bel	ow						
Part III C	ertification and Authentication – Practitioner PIN Method Only								
ERO's EFIN/P	PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	5	8	7	 	 6 all ze	 9	8	9

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

ERO's signature 🕨		Date 🕨	
	ERO Must Retain This Form — Se Jbmit This Form to the IRS Unless		
For Denominarile Deduction Act Nation	very tex set up instructions	BE\/ 04/00/22 DBO	Earm 8879 (Bay, 01 2021)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 04/09/22 PRO

E1040	· ·	artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		(99) urn	202	21	OMB No. 15	45-0074	IRS Us	se Only	—Do not v	vrite or staple	in this space.
Filing Status Check only one box.	lf yo	Single D Married filing jointly u checked the MFS box, enter the n son is a child but not your dependent	ame of y	-	separately use. If you	. ,				,		, 0	low(er) (QW) he qualifying
Your first name	and mi	ddle initial	Last na	me							Your so	cial securi	ty number
RAJESH			KONE	RU							864-	59-737	4
lf joint return, s	pouse's	first name and middle initial	Last na	me							Spouse	's social se	curity number
		r and street). If you have a P.O. box, see	instructio	ons.					Apt. no.)		ential Electi here if you,	on Campaign
3030 DU		E ROAD ce. If you have a foreign address, also co	mploto c	nacos bol	0.00	Sta	to	ZIP	10103	5			ntly, want \$3
HOUSTON	JUSI UIII	ce. Il you have a loreign address, also co	inplete s	paces bei	low.				063		0		Checking a
Foreign countr	v namo		1		rovince/stat			_	ign postal	code		ow will not x or refund	0
	yname			oreigit pi	ovince/stat	e/courr	Ly	TOIC	ign postar	COUE	your tu	You	
At any time du	uring 20	021, did you receive, sell, exchange,	or othe	rwise dis	spose of a	ny fina	ancial interes	st in any	virtual	curre	ncy?	Yes	X No
Standard Deduction		eone can claim: You as a de Spouse itemizes on a separate retur	n or you		•		a dependen	ıt					
Age/Blindnes	s You:	Were born before January 2, 1	957	Are bl	ind S	pouse	: 🗌 Was b	porn be	fore Jan			ls b	
Dependent				(2) S	Social secur	ity	(3) Relation					r (see instru	
If more	(1) Fi	irst name Last name			number		to you		Child tax cre		redit	Credit for ot	ther dependents
than four dependents,													<u> </u>
see instruction	s ——												
and check here ►													
	<u>1</u>	Wages, salaries, tips, etc. Attach F	orm(s)	N-2							. 1	1	<u> </u>
Attach			2a	vv-z .	· · ·		axable inter	· ·		•	2b		<u>1.</u>
Sch. B if	3a	· -	3a		49.		Ordinary divid			•	. <u></u> 3b		49.
required.	- 4a		4a				axable amo			:	. 4k		
	5a		5a			bТ	axable amo	unt.			. 5b	,	
Standard	6a	Social security benefits	6a			bТ	axable amo	unt.			. 6b	,	
Deduction for-	7	Capital gain or (loss). Attach Sche	dule D if	ⁱ required	d. If not re	quired	, check here	÷.			7		579.
 Single or Married filing 	8	Other income from Schedule 1, lin	e 10								. 8		-9,547.
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is yo	ur total in	come					▶ 9	1	00,787.
 Married filing 	10	Adjustments to income from Sche	dule 1, l	ine 26							. 10)	
jointly or Qualifying	11	Subtract line 10 from line 9. This is	s your a	djusted	gross inc	ome					► <u>11</u>	1	00,787.
widow(er), \$25,100	12a	Standard deduction or itemized	deduct	i ons (fro	m Schedu	le A)	· · [12a	12	,55	Ο.		
 Head of 	b	Charitable contributions if you take	the star	idard deo	duction (se	e instr	ructions)	12b		30	<u>).</u>		
household, \$18,800	с	Add lines 12a and 12b										c i	12,850.
 If you checked any box under 	13	Qualified business income deduct											
Standard	14												12,850.
Deduction, see instructions.	15	Taxable income. Subtract line 14	trom lin	e 11. lf z	ero or less	s, ente	er-0				. 15	j	87,937.

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	15,118.
	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	15,118.
	19	Nonrefundable child tax cred						19	
	20	Amount from Schedule 3, lin	ie8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	15,118.
	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	15,118.
	25	Federal income tax withheld	from:			1 1			
	а	Form(s) W-2				25a 17	,966.	_	
	b	Form(s) 1099				25b		_	
	С	Other forms (see instructions	,			25c			
	d	Add lines 25a through 25c						25d	17,966.
If you have a	26	2021 estimated tax payment			37			26	
qualifying child, attach Sch. EIC. [27a	Earned income credit (EIC)				27a		_	
		Check here if you were k							
		January 2, 2004, and you taxpayers who are at least a							
	b	Nontaxable combat pay elec	-	1 1					
	с	Prior year (2019) earned inco							
	28	Refundable child tax credit or		L	Schedule 8812	28			
	29	American opportunity credit				29		1	
	30	Recovery rebate credit. See		-		30		1	
	31	Amount from Schedule 3, lin				31		1	
	32	Add lines 27a and 28 throug					lits 🕨	32	
	33	Add lines 25d, 26, and 32. T		•				33	17,966.
Refund	34	If line 33 is more than line 24						34	2,848.
Refutio	35a	Amount of line 34 you want						35a	2,848.
Direct deposit?	►b	Routing number 1 1 1	0 0 0 0	2 5	► c Type: 🛛	Checking	Savings		
See instructions.	►d	Account number 5 8 6	0 3 5 8	5 2 8 6	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	nstructions) .		🕨	38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	? See			
Designee	ins	tructions				. 🕨 🗌 Yes. Co	omplete b	oelow.	X No
		signee's		Phone			onal identi		
<u></u>		ne 🕨		no. ►			oer (PIN)		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com							
Here		ur signature		Date	Your occupation				t you an Identity
				Duito					N, enter it here
Joint return?					SENIOR SOFT	TWARE ENGINEE	R (see	inst.) 🕨	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, k	ooth must sign.	Date	Spouse's occupa	tion			t your spouse an
your records.	,							inst.) 🕨 🖡	ction PIN, enter it here
	Ph	one no. (832)679-465	Q	Email address		U1993@GMAIL.CO			
		one no. (832)679-465 eparer's name	o Preparer's signat		VAO POHVONEK	Date	PTIN		Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM					P02082	2702	Self-employed
Preparer		n's name GLOBAL TAX		IGEN DROAK	COL III INDUN	. 01/10/2022			678)965-9522
Use Only		n's address > 2530 Pebbl		n Cummin	a GA 30041			's EIN ►	
Go to wave in a					-		1		Form 1040 (2021)
GO IO WWW.IIS.g	uv/r-orn	n1040 for instructions and the late	si mornation.		BAA	REV 04/09/22 PRO			Form 1040 (2021)

SCHEDULE	1
(Form 1040)	

Additional Income and Adjustments to Income

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

OMB No. 1545-0074 2

	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.					
	s) shown on Form 1040, 1040-SR, or 1040-NR				ecurity number	
RAJE			864-5	9-73	\$74	
Par						
1	Taxable refunds, credits, or offsets of state and local income taxe		F	1		
2 a	Alimony received		t t	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					
_			Г	5	-9,600.	
6	Farm income or (loss). Attach Schedule F		Γ	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	8k				
	Olympic and Paralympic medals and USOC prize money (see	OK				
	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 53.	8z	53.			
9	Total other income. Add lines 8a through 8z			9	53.	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1	040, 1040-S	R, or			
	1040-NR, line 8	<u>.</u>		10	-9,547.	

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

Schedule 1 (Form 1040) 2021

Par	t II 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	Alimony paid	19a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions)		
20	IRA deduction	20	
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
а	Jury duty pay (see instructions) . . . 24a		
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit 24b		
С	Nontaxable amount of the value of Olympic and Paralympicmedals and USOC prize money reported on line 81 24c		
d	Reforestation amortization and expenses		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974		
f	Contributions to section 501(c)(18)(D) pension plans 24f		
g	Contributions by certain chaplains to section 403(b) plans 24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)		
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 violations24i		
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	

BAA

REV 04/09/22 PRO

SCHEDULE	D
(Eorm 1040)	

(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

Department of the Treasury

Internal Revenue Service (99)

Your social security number 864-59-7374

RAJESH KONERU

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

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

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to le dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustment to gain or loss Form(s) 8949, F line 2, columr	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	4,208.	3,629.			579.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term gain from Form 6252 and short-term gain or (oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1				5	
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions	y, from line 8 of y	our Capital Loss	Carryover	6	()
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise				7	579.

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

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

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

Part	III Summary	,
16	Combine lines 7 and 15 and enter the result	16 579.
	• 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?	
	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.	

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Schedule D (Form 1040) 2021

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

Name(s) shown on return RAJESH KONERU Social security number or taxpayer identification number 864-59-7374

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 Part I 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	below See the separate instructions.		(h) Gain or (loss). Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see <i>Column</i> (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 SECURITIES LLC	01/20/21	06/07/21	2,799.	2,914.			-115.	
APEX CLEARING	01/11/21	02/12/21	1,409.	715.			694.	
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 (al here and inc is checked), lir	lude on your ne 2 (if Box B	4,208.	3,629.			579.	

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)	

Supplemental Income and Loss

OMB No. 1545-0074

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

Attach to Form 1040, 1040-SR, 1040-NR, or 1041. ► Go to www.irs.gov/ScheduleE for instructions and the latest information.

20 Attachment Sequence No. 13

Department of the Treasury Internal Revenue Service (99)

RATESIT KORENT 84-59-7374 Vertical Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, used schedule 0. See instructions. If you are an individual, report farm rental income or less from Form 4836 on page 2, line 40. D dy our make any payments in 2021 that would require you to file forming 10989? Image 2, line 40. B If "Ves." did you or will you file required Formig1 10989? Yes No I a Physical address of acad, city, state, Lity, state, LIP code) A 74-24-60, #302, KRISHNA RESIDENCY, DHANEKULAVA R1, STREET, ASHOKNAGAR, VIJAYARADA IN 520007 B C Days Quiv C A 3.44 O Days Quiv B Comment to file regular ments to file are related on the requirements to file are related on the requirement to file are related on the requirements to file are related on the requirement to file are related on the requirement to file are related on the requirement on the requirement to file are related on the requirement to file are related on the requirement to the requirement to file are related on the requirement to file are related on the requirement to file are related on the requirement to the term to the requirement to file are related on the requirementale file are related on the requirement to the requi		snown on return									r social secu		ber
Schedule C. See instructions. Hyou are an individual, report farm rental income or loss from FMM 4383 on page 2, line 40. A Did you make any payments in 2021 that would require you to file Form(\$) 10997 See instructions													
A Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions Yes No B If "Yes," did you or will you file required Form(s) 1099? Yes No a Physical address of each property (steed above, report the number of fair rental and presonal use days, Check the QU box only, qualified joint venture. See instructions. Fair Rental Personal Use days, Check the QU box only, a 344 0 B C	Part				-		-				• •		/, use
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For Paperwork Reduction Act Notice, see the separate instructions, NPA -9,600, Schedule E (Form 1040) 2021	For De							11118 41		·			

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2021

Form	8889
Depar	tment of the Treasury

Health Savings Accounts (HSAs)

OMB No. 1545-0074 2 2

(0)

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

Department of the Treasury Internal Revenue Service	 Attach to Form 1040, 1040-SR, or 10 Go to www.irs.gov/Form8889 for instructions and t 		Attachment Sequence No. 52
Name(s) shown on Form 104	40, 1040-SR, or 1040-NR	Social security number of HSA beneficiary. If both spouses	
RAJESH KONERU		have HSAs, see instructions ► 864	-59-7374

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part	HSA Contributions and Deduction. See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for			
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2021.			
-		X Sel	f-only	☐ Family
2	HSA contributions you made for 2021 (or those made on your behalf), including those made from January 1, 2022, through April 15, 2022, that were for 2021. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2		0.
3	If you were under age 55 at the end of 2021 and, on the first day of every month during 2021, you were, or were considered, an eligible individual with the same coverage, enter \$3,600 (\$7,200 for family coverage). All others, see the instructions for the amount to enter	3		3,600.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2021 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2021, also include any amount contributed to your spouse's Archer MSAs	4		0.
5	Subtract line 4 from line 3. If zero or less, enter -0	5		3,600.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2021, see the instructions for the amount to enter	6		3,600.
7	If you were age 55 or older at the end of 2021, married, and you or your spouse had family coverage under an HDHP at any time during 2021, enter your additional contribution amount. See instructions	7		0.
8	Add lines 6 and 7	8		3,600.
9	Employer contributions made to your HSAs for 20219500.			
10	Qualified HSA funding distributions			
11	Add lines 9 and 10	11		500.
12	Subtract line 11 from line 8. If zero or less, enter -0	12		3,100.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13	13		0.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.			
Part	a separate Part II for each spouse.	arate H	ISAs, (complete
14a	Total distributions you received in 2021 from all HSAs (see instructions)	14a		
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b		
С	Subtract line 14b from line 14a	14c		
15	Qualified medical expenses paid using HSA distributions (see instructions)	15		
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8e.	16		
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here			
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b		
Part	.			
	completing this part. If you are filing jointly and both you and your spouse each have sep complete a separate Part III for each spouse.	arate	HSAs,	
18	Last-month rule	18		
19	Qualified HSA funding distribution	19		
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8z, and enter "HSA" and the amount on the dotted line	20		
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form			
	1040), Part II, line 17d	21		

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