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.

Submission Identification Number (SID)

T.....

Тахрау	ver's name		Social securit	y numbe	r				
SAN	IDEEP DEVINENI		300-33-	-6457					
Spous	o's name		Spouse's social security number						
Par	Part I Tax Return Information – Tax Year Ending December 31, 2021 (Enter year you are authorizing.)								
Enter	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	57,524.				
2	Total tax			2	5,577.				
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099			3	8,517.				
4	Amount you want refunded to you			4	2,940.				
5	Amount you owe			5					
Par	Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your 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

$\overline{\mathbf{v}}$	I authorize	CTODAT	TAVEC	TTC	to optor or gonorate my DIN	3
	rauthorize	GLUBAL	TAVES		to enter or generate my PIN	
				ERO firm name		Er

3	6	4	5	7	
Ent don	as my				

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

Enter five digits, but don't enter all zeros

as mv

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 ►	Da	ate 🕨	•				 		
Practitioner PIN Method Returns Only—	continue	bel	ow						
Part III Certification and Authentication – Practitioner PIN Metho	d Only								
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selecte	ed PIN.	5	8	 	 	6 all zer	 9	8 9	Э

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.

RO's signature ► Date ►								
ERO M Don't Submit 1								
For Department Reduction Act Nation and your to		62/17/22 PBO Eorm 8870 (Pov. 01 2021)						

E 104(artment of the Treasury—Internal Revenue Serv S. Individual Income Ta		(99) turn	202	21	OMB No. 1545	-0074	IRS U	se Only	—Do not v	write 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 r son is a child but not your dependen	name of	-) Head of ked the HOH o						
Your first name	•	, ,	Last n	ame							Your so	ocial securi	tv number
SANDEEP				INENI								33-645	-
	pouse's	s first name and middle initial	Last n										curity number
		er and street). If you have a P.O. box, see	e instruct	tions.					Apt. no.			ential Election here if you,	on Campaign
8201 TO			amalata		law	Cto	**		1228			, j	ntly, want \$3
	DOST OTH	ce. If you have a foreign address, also co	ompiete	spaces be	IOW.	Sta		ZIP co					Checking a
PLANO				<u> </u>		T.		750	-			low will not	0
Foreign countr	y name			Foreign p	rovince/state	e/coun	ty	Forei	gn postal	code	your ta	x or refund.	
											0		
	0	021, did you receive, sell, exchange	,		•	,		in any	virtual	curre	ncy?	Yes	X No
Standard Deduction	_	eone can claim: U You as a de Spouse itemizes on a separate retu	•				a dependent						
Age/Blindnes	s You:	Were born before January 2, 1	957	Are b	lind Sp	ouse	: 🗌 Was bo	rn bef	ore Jan	uary 2	2, 1957	Is bl	lind
Dependent				(2) \$	Social securi number	ty	(3) Relationsh	nip				or (see instru	
If more	(1) F	irst name Last name			number		to you		Child	tax c	redit	Credit for ot	her dependents
than four dependents,										<u> </u>			
see instruction	s —									<u> </u>			
and check here ►													
	1	Wages, salaries, tips, etc. Attach	Form(s)	W-2						<u> </u>	. 1	<u> </u>	<u> </u>
Attach	2a	Tax-exempt interest	2a				axable interes	+		•	. <u>1</u>		0,,,12.
Sch. B if		Qualified dividends	3a				Drdinary divide		• •	•	 3t	-	
required.	- 4a	IRA distributions	4a				axable amoun		• •	•	. 4t	-	
	5a	Pensions and annuities	5a				axable amoun				. 5t	-	
Standard	6a	Social security benefits	6a				axable amoun				. 6t	-	
Deduction for-	7	Capital gain or (loss). Attach Sche		if require	d. If not red						7		-21.
 Single or Married filing 	8	Other income from Schedule 1, lir					·				. 8	- :	12,397.
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is yo	our total in	come					▶ 9		57,524.
 Married filing 	10	Adjustments to income from Sche	edule 1,	line 26							. 10)	
jointly or Qualifying	11	Subtract line 10 from line 9. This i	s your a	adjusted	gross inco	me					▶ 11	1	57,524.
widow(er), \$25,100	12a	Standard deduction or itemized	deduc	tions (fro	m Schedu	e A)	12	a	12	,55	o. 🗌		
Head of	b	Charitable contributions if you take	the sta	ndard de	duction (se	e insti	ructions) 12	b		30	0.		
household, \$18,800	с	Add lines 12a and 12b									. 12	c	12,850.
 If you checked 	13	Qualified business income deduct	tion fror	n Form 8	995 or For	n 899	95-A				. 13		
any box under Standard	14	Add lines 12c and 13									. 14	1	12,850.
Deduction, see instructions.	15	Taxable income. Subtract line 14	from li	ne 11. lf z	zero or less	, ente	er-0				. 15	5	44,674.

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	5,	,577.
	17	Amount from Schedule 2, lin	e3					17		
	18	Add lines 16 and 17						18	5,	,577.
	19	Nonrefundable child tax cred	dit or credit for c	other depender	nts from Schedul	e8812		19		
	20	Amount from Schedule 3, lin	e8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	5,	,577.
	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	5,	,577.
	25	Federal income tax withheld				1 1				
	а	Form(s) W-2					,517.			
	b	Form(s) 1099				25b				
	С	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c						25d	8,	,517.
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 b								
		January 2, 2004, and you taxpayers who are at least a								
	b	Nontaxable combat pay elec	-	1 1						
	с	Prior year (2019) earned inco	ome							
	28	Refundable child tax credit or	additional child	tax credit from	Schedule 8812	28				
	29	American opportunity credit	from Form 8863	3, line 8		29				
	30	Recovery rebate credit. See	instructions .			30				
	31	Amount from Schedule 3, lin	e15			31				
	32	Add lines 27a and 28 throug	h 31. These are	your total oth	er payments an	d refundable cred	dits 🕨	32		
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments			. 🕨	33	8,	,517.
Refund	34	If line 33 is more than line 24	, subtract line 2	4 from line 33.	This is the amou	int you overpaid		34	2	,940.
neruna	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	3 is attached, che	eck here		35a	2	,940.
Direct deposit?	►b	Routing number 1 1 1			► c Type: 🛛	Checking	Savings			
See instructions.	►d	Account number 6 6 5	0 8 9 5	0 1						
	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 in	structions) .		🕨	38				
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	? See				
Designee	ins	tructions				. 🕨 🗌 Yes. C	omplete l	celow.	X No	
		signee's ne ►		Phone no.			onal identi ber (PIN) 🖡			
0:		der penalties of perjury, I declare t	hat I have evening				. ,			
Sign		ief, they are true, correct, and com								
Here	Yo	ur signature		Date	Your occupation		If the	e IRS ser	nt you an Idei	ntity
							Prot	ection P	IN, enter it he	
Joint return?					SOFTWARE		`	inst.) 🕨		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, k	ooth must sign.	Date	Spouse's occupa	tion			nt your spous ection PIN, er	
your records.								inst.) 🕨		
	Ph	one no. (660)528-076	0	Email address	DEVINENTSANDE	CEP1997@GMAIL.C	<u>ו</u> או			
		eparer's name	Preparer's signat			Date	PTIN		Check if:	
Paid		PRIYA RAM SAGAR GUPTA TALLAM			GUPTA TALLAM	1 02/28/2022	P0208	2703	Self-en	nployed
Preparer		n's name ► GLOBAL TAX				, _,, _, _, _, _,			678)965	
Use Only		n's address ► 2530 Pebbl		n Cummin	q GA 30041			's EIN ▶		17196
Go to www irs o		11040 for instructions and the late			BAA	REV 02/17/22 PRO				040 (2021)
	0.11				DAY	ILV UZ/11/22 FILU				(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/Fe

OMB No. 1545-0074 20 1 Attachment 1

Internal Revenue Service	•	Sequence No. 01	
Name(s) shown on Fo	orm 1040, 1040-SR, or 1040-NR	Your soc	ial security number
SANDEEP DEVINE	NI	300-33	-6457

SANDEEP DEVINENI Part I **Additional Income**

1	Taxable refunds, credits, or offsets of state and local income taxes			1	
2 a	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	-12,450.
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				
		8k			
I	Olympic and Paralympic medals and USOC prize money (see instructions)	81			
m	,	8m			
		8n			
		80			
0					
р -		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 10	40, 1040-SR	, or		
	1040-NR, line 8			10	-12,397.

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

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	

REV 02/17/22 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

Internal Revenue Service (99) Name(s) shown on return

Department of the Treasury

Your social security number 300-33-6457

SANDEEP DEVINENI Did you dispose of any inv

		500	55	0157
investment(s) in a qualified opportunity fund during the tax year?	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 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 e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss fr Form(s) 8949, Pa line 2, column (rom art 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	1,778.	1,881.	8	2.	-21.
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 (I	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	iy, 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	-21.

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

lines	instructions for how to figure the amounts to enter on the below.	(d) Proceeds	(e) Cost	(g) Adjustmen to gain or loss		(h) Gain or (loss) Subtract column (e) from column (d) and
	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	Form(s) 8949, I line 2, colum	Part II,	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

16

17

18

19

20

21

II Summary		
Combine lines 7 and 15 and enter the result	16	-21.
• 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.		
Are lines 15 and 16 both gains?		
 Yes. Go to line 18. No. Skip lines 18 through 21, and go to line 22. 		
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	
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	
 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.		
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	(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	21	(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.

X No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

REV 02/17/22 PRO

Schedule D (Form 1040) 2021

Form **8949**

Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

► 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.

2021 Attachment Sequence No. 12A

Name(s) shown on return SANDEEP DEVINENI

300-33-6457	

Social security number or taxpayer identification number

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	amount in column (g), 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	02/08/21	02/14/21	6.	9.			-3.
Robinhood Securities LLC	01/01/21	12/31/21	1,772.	1,872.	W	82.	-18.
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	1,778.	1,881.		82.	-21.

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)	

OMB No. 1545-0074

Supplemental Income and Loss

Internet Revenues Sectors (R) > Go to work integration Sectors (R)	Departme	ent of the Treasury	(FIOIII		►A	ttach to Form 1040	0, 1040)-SR, 104	0-NR,	or 1041		05, 810.)	2 Attac		1
SANDERP DEVINENT 300-35-457 Catt Income vLoss From Rental Real Estate and Roytlies Note: Ify our index any payments in 2021 that would require you to file Form(s) 1099? See instructions Yes No A Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions Yes No Image: Second Seco				•	Go to www.ir	s.gov/ScheduleE f	or inst	ructions	and th	ne latest	information.	I			
Part II Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of oning personal poperty, use Schedule Q. Sei instructions. If you are an individual, report term mental accome or loss from Res 350 on page 2, line 40. A Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions If Yes X No B If Yess, "did you accome of loss from Form Restation accome or loss from Form Restations. Yes X No B If Yess," did you accome of Loss from Restations. Yes X No B If Yess," did you accome of Loss from Restations. Yes X No B If Yess," did you accome of Loss from Restations. Yes X No B If Yess," did you accome of Loss from Restations. Yes X No B If Yess," did you accome of Loss from Restations. Property: B If Yess," did you accome of Loss from Restations. Property: C If Yess of Property: 2 For each rental real estate property listed above, report the number of fair rental and gualified plont venture. See instructions. A 3 65 0 C If Yess of Property: 3 Vacation/Short-Term Rental 5 Land Fair Rental 5 Commercial B C Single Family Residence 4 Commercial 6 Royalties 8 Other (describe) Commercial S Advortaing 5 G	()													•	er
Schedule C. See instructions: If you are an individual, report same roles 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 No 1a Physical address of each property (street, city, state, ZIP code) Yes No Yes No 1a Physical address of each property (street, city, state, ZIP code) Xes Yes No 3a Physical address of each property (street, city, state, ZIP code) Xes No No 3b Type of Property: 2 For each rental real estate property listed grows of the number of list rest1 and personal use days. Check the QW box onty and personal use days. Check the QW box onty and personal use days. Check the QW box onty and personal use days. Check the QW box onty and personal use days. Check the QW box onty and personal use days. Check the QW box onty and personal use days. Check the QW box onty and personal use days. Check the QW box onty and an antipersonal use days. Check the QW box onty and antipersonal use days. Check the QW box onty and antipersonal use days. Check the QW box onty and antipersonal use days. Check the QW box onty and antipersonal use days. Check the QW box onty and antipersonal use days. Check the QW box onty and antipersonal use days. Check the QW box onty and antipersonal use days. Check the QW box onty and antipersonal use days. Check the QW box onty and antipersonal use days. Check the QW box onty and antipersonal use days. Check the QW box onty and antipersonal use days. Check the QW box onty antipersonal use															
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