# Form **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

	55.1155				
Submission le	dentification Number (SID)				
Taxpayer's name	,	Social securi	ty numb	er	
SAI SRUT	HI VEDULA	757-14	- -0171	_	
Spouse's name		Spouse's soo			r
Part I	Tax Return Information — Tax Year Ending December 31, 2021 (E	nter year you a	re aut	horizina	()
	Iollars only on lines 1 through 5.	inter year you a	ie aut	nonzing	<u>·)                                    </u>
	040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
	ed gross income		1 1	81	L,410.
•	ax		2		),528.
3 Federa	al income tax withheld from Form(s) W-2 and Form(s) 1099		3		L,916.
<b>4</b> Amou	nt you want refunded to you		4		L,388.
<b>5</b> Amou	nt you owe		5		
Part II	Taxpayer Declaration and Signature Authorization (Be sure you get a	nd keep a cop	y of y	our retu	ırn)
my knowledge return (original to send my ret for any delay ir Agent to initiate payment of my authorization is payment, I mu business days taxes to receiv personal identi	is of perjury, I declare that I have examined a copy of the income tax return (original or amer and belief, it is true, correct, and complete. I further declare that the amounts in Part I or amended) I am now authorizing. I consent to allow my intermediate service provider, traurn to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for processing the return or refund, and (c) the date of any refund. If applicable, I authorize the an ACH electronic funds withdrawal (direct debit) entry to the financial institution accounfederal taxes owed on this return and/or a payment of estimated tax, and the financial institution accouns to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terms to contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation prior to the payment (settlement) date. I also authorize the financial institutions involved in the confidential information necessary to answer inquiries and resolve issues related to the financial consent.	above are the amount ansmitter, or electron rejection of the trace trace to the U.S. Treasury at indicated in the trace trace to debit the intate the authorizar requests must be at the processing of the payment. I further the summer to the processing of the payment.	ounts from the counts of the counts of the country to the country	om the in urn origina sion, (b) t esignated aration so to this acc o revoke red no lat ectronic pa	ncome tax ator (ERO) he reason I Financial oftware for ount. This (cancel) a ter than 2 ayment of e that the
	PIN: check one box only				ı
	horize GLOBAL TAXES LLC to enter or gener	ate mv PIN	0 1	7 1	as my
_	ERO firm name ature on the income tax return (original or amended) I am now authorizing.	ž En		digits, but all zeros	ao my
	enter my PIN as my signature on the income tax return (original or amended) I a u are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN nw.				
Your signatur	e ▶ Date	<b>-</b>			
Snouse's Pil	N: check one box only				
-	horize to enter or gener	rate my PIN			as my
	ERO firm name	,	ter five o	ligits, but	ao my
sign	ature on the income tax return (original or amended) I am now authorizing.	do	n't entei	all zeros	
	enter my PIN as my signature on the income tax return (original or amended) I a u are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN nw.				
Spouse's sign	nature Date	•			
	Practitioner PIN Method Returns Only—continue be	low			
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.	8 7 2 7 Don't ent	8 6 er all ze		3 9
authorized to f	e above numeric entry is my PIN, which is my signature for the electronic individual incorile for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am soft the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers	submitting this retu	ırn in a	ccordance	
ERO's signat	ure ▶ Date	<b>&gt;</b>			
	ERO Must Retain This Form — See Instruction				
	Don't Submit This Form to the IRS Unless Requested	Γο Do So			

Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

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

Your first name and middle initial  SAI SRUTHI  If joint return, spouse's first name and middle initial  Last name  VEDULA  757-14-0171  Spouse's social security number 757-14-0171    Foreign and street). If you have a P.O. box, see instructions.  680 28TH ST SE, 247  Check here if you, or your State  (IV), town, or post office. If you have a foreign address, also complete spaces below.  State  MN 55904  No 55904  State   ZiP code   Spouse it filing jointly, wart \$3 to go to this fund. Checking a box below will not cherking a box below will not change your tax or refund.  Age/Blindness You:   Were born before January 2, 1957   Are blind   Spouse:   Was born before January 2, 1957   Is blind  Dependents (see instructions):   (2) Social security   10 you   11 you have a foreign address, also complete spaces below.  Standard   Someone can claim:   You as a dependent   Your spouse   Yes   No   No   No   No   Yes   Yes   No   No   No   No   No   No   No   N	Filing Status Check only one box.		Single Married filing jointly uchecked the MFS box, enter the n	_	ed filing separately your spouse. If you	` , _	_		•	<i>'</i> –	_	, ,	` , ` ,
SAT SRUTHI  If joint return, spouse's first name and middle initial  Last name  Spouse's social security number  Apt. no.  Check here if you, or your check fully ou have a P.O. box, see instructions.  Apt. no.  Check here if you, or your spouse spouse spouse spouse spouse in filing jointly, wart \$3 to go to this fund. Checking a poor target in filing jointly, wart \$3 to go to this fund. Checking a poor target in filing jointly, wart \$3 to go to this fund. Checking a poor target in filing jointly, wart \$3 to go to this fund. Checking a poor target in filing jointly, wart \$3 to go to this fund. Checking a poor target in filing jointly, wart \$3 to go to this fund. Checking a poor target in filing jointly, wart \$3 to go to this fund. Checking a poor target in any virtual currency?  Yes No  Standard  Deduction  Spouse itemizes on a separate return or you were a dual-status alien  Age/Blindness You:   Were born before January 2, 1957   Are blind   Spouse:   Was born before January 2, 1957   Is blind  Dependents (see instructions):   (2) Social security   (3) Relationship to you   (4) V if qualifies for (see instructions):   (1) First name   Last name   (2) to you   (3) Relationship to you   (4) V if qualifies for (see instructions):   (3) Relationship to you   (4) V if qualifies for (see instructions):   (3) Relationship to you   (4) V if qualifies for (see instructions):   (5) Relationship to you   (5) Relationship to you   (6) Relationship to you   (7) Relationship to y				t ▶									
If joint return, spouse's first name and middle initial   Last name   Spouse's social security number   Apt. no.   Presidential Election Campaign   Check here if you, or your   City, town, or post office. If you have a foreign address, also complete spaces below.   State   ZIP code   State   County   State	Your first name	and mi	iddle initial	Last na	ıme								-
Home address (number and street). If you have a P.O. box, see instructions.	SAI SRU	THI		VEDU	JLA					-	757-14-0171		
City, town, or post office. If you have a foreign address, also complete spaces below.  City, town, or post office. If you have a foreign address, also complete spaces below.  Foreign country name  Foreign country name  Foreign province/state/county  Foreign province/state/county  Foreign province/state/county  Foreign province/state/county  Foreign postal code  box below will not change  your tax or returd.  You I spouse  At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?  Yes No  Standard  Deduction  Spouse itemizes on a separate return or you were a dual-status alien  Age/Blindness You:  Were born before January 2, 1957   Are blind  Dependents  (see instructions):  If more  (1) First name Last name   Last name   (2) Social security   (3) Relationship   (4) V if qualifies for (see instructions):  If more  (1) First name Last name   (2) Social security   (3) Relationship   (4) V if qualifies for (see instructions):  If more dependents, see instructions  and check   1 Wages, salaries, tips, etc. Attach Form(s) W-2   1 86,076.  Attach   2a Tax-exempt interest   2a   271   b Taxable interest   2b   22b    Attach   3a Qualified dividends   3a   271   b Taxable amount   4b    Sa Qualified dividends   3a   271   b Taxable amount   6b    To Capital gain or (loss), Attach Schedule D if required. If not required, check here   7   4,109.  Married filing joint, was 18   5b   5b    To Agel Blands   7   4,109.  Age/Blindness   7   4,109.  Attach   5a   5a   5a   5a   5a    Standard   5b   5a   5a    Standard   5b   5a   5a    Add lines 1,2 a, 3b, 4b, 5b, 6b, 7, and 8. This is your total income   P   3    Add lines 1,2 and 1,2 b   5a    Add lines 1,2 and 1,3   1,4   1,4   1,4   1,4    Add lines 1,2 and 1,3   1,4   1,	If joint return, s	pouse's	s first name and middle initial	Last na	ame					8	Spouse's	s social sed	urity number
City, town, or post office. If you have a foreign address, also complete spaces below.    State		•		instructi	ons.			A	pt. no.	- 1			
ROCHESTER  Foreign country name  Foreign province/state/county  Foreign province/state/county  Foreign province/state/county  Foreign province/state/county  Foreign postal code  your tax or refund.  You Spouse  At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?  Yes No  Standard  Deduction  Someone can claim:				mploto	anagaa halaw	Ctoto		ZID or	do				•
Foreign country name  Foreign province/state/county  Foreign province/state/states at dependent  Foreign province/states at dependent  Fo			ce. II you have a loreigh address, also co	inplete s	spaces below.						0		0
At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?  No No Standard Deduction  Spouse itemizes on a separate return or you were a dual-status alien  Age/Blindness You:  Were born before January 2, 1957  Are blind  Spouse:  Was born before January 2, 1957  Is blind  Dependents  (see instructions):  (2) Social security  (3) Relationship  (7) If qualifies for (see instructions):  (1) First name					Foreign province/state								•
Standard Deduction  Someone can claim:	Foreign country	y name			Foreign province/state	e/county		Foreig	n postai co	ode   y	oui tax		
Age/Blindness You:	At any time du	ring 20	021, did you receive, sell, exchange	, or othe	erwise dispose of ar	ny financi	al interest i	in any	virtual cu	irrenc	y?	Yes	⊠ No
Dependents (see instructions):  If more than four dependents, see instructions and check here		_		•			ependent						
If more than four dependents, see instructions and check here	Age/Blindness	You:	Were born before January 2, 1	957 [	Are blind Sp	ouse: [	☐ Was bor	rn befo	re Janua	ıry 2,	1957	☐ Is bl	ind
If more than four dependents, see instructions and check here ▶ □  Attach Sch. B if required.  B if x if	Dependents	s (see	instructions):		(2) Social securi	ty (	3) Relationsh	nip	(4) 🗸	if qua	lifies for	(see instru	ctions):
than four dependents, see instructions and check here \begin{array}{c c c c c c c c c c c c c c c c c c c	If more	(1) F	irst name Last name		number		to you		Child ta	ax cred	dit	Credit for otl	ner dependents
see instructions and check here      Tax-exempt interest   2a	than four												
and check here ▶ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □												[	
Attach Sch. B if required.         2a Tax-exempt interest		5 —										[	
Attach Sch. B if required.  2a Tax-exempt interest . 2a b Taxable interest . 2b	here ►												
Sch. B if required.  3a Qualified dividends 3a 271.  4a IRA distributions 4a b Taxable amount		1	Wages, salaries, tips, etc. Attach F	orm(s)	W-2						1		86,076.
required.    Sa   Qualified dividends   Sa   Sa   Sa   Sa   Sa   Sa   Sa   S		2a	Tax-exempt interest	2a		<b>b</b> Taxa	ble interest	t .			2b		
4a IRA distributions		3a	Qualified dividends	3a	271.	<b>b</b> Ordi	nary divider	nds .			3b		275.
Standard Deduction for—Single or Married filing separately, \$12,550	required.	4a	IRA distributions	4a		<b>b</b> Taxa	ıble amoun	nt			4b		
Deduction for— Single or Married filing separately, \$12,550     7     Capital gain or (loss). Attach Schedule D if required. If not required, check here     7     4,109.       • Married filing separately, \$12,550     9     Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income     • Particular or separately, \$12,550     • Married filing jointly or Qualifying widow(er), \$25,100     • Subtract line 10 from line 9. This is your adjusted gross income     • In the particular or separately, \$10     • Standard deduction or itemized deductions (from Schedule A)     • In the particular or separately, \$10     • In the particular		5a	Pensions and annuities	5a		<b>b</b> Taxa	ıble amoun	nt			5b		
Single or Married filing separately, \$12,550  Married filing jointly or Qualifying widow(er), \$25,100  Head of household, \$18,800  If you checked any box under Standard Deduction, \$15  Add lines 12c and 13  Capital gain or (loss). Attach Schedule 1 in not required, check here  7  4,109.  7  4,109.  7  4,109.  7  4,109.  8  -9,050.  8  -9,050.  9  81,410.  10  Subtract line 10 from line 26  10  11  81,410.  12a  12a  12,550.  12b  300.  12c  12,850.  13  Qualified business income deduction from Form 8995 or Form 8995-A  14  Add lines 12c and 13  15  Taxable income. Subtract line 14 from line 11 If zero or less enter-0-	Standard	6a	Social security benefits	6a		<b>b</b> Taxa	ıble amoun	nt			6b		
Married filing separately, \$12,550         9         Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income         9         81,410.           • Married filing jointly or Qualifying widow(er), \$25,100         11         Subtract line 10 from line 9. This is your adjusted gross income         11         81,410.           • Head of household, \$18,800         b Charitable contributions if you take the standard deduction (see instructions)         12a         12a 12,550.           • If you checked any box under standard box under standard Deduction, Deduction, Deduction, Deduction, Taxable income. Subtract line 14 from line 11 If zero or less enter -0-         15         Taxable income. Subtract line 14 from line 11 If zero or less enter -0-	Deduction for—	7	Capital gain or (loss). Attach Sche	dule D i	f required. If not rec	quired, ch	eck here			<b>▶</b> □	7		4,109.
\$12,550  Married filing jointly or Qualifying widow(er), \$25,100  Head of household, \$18,800  If you checked any box under standard and box under standard and box under standard beduction, Deduction, Science, Subtract line 14 from line 11 lf zero or less enter-0-		8	Other income from Schedule 1, lin	e 10							8	-	-9,050.
Married filing jointly or Qualifying Widow(er), \$25,100  Head of household, \$18,800  If you checked any box under Standard Deduction, \$250 and \$150		9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your <b>total in</b>	come .				. ▶	9	8	31,410.
Qualifying widow(er), \$25,100  Head of household, \$18,800  If you checked any box under Standard Deduction, Deduction, Deduction, Deduction, Taxable income. Subtract line 10 from line 9. This is your adjusted gross income  11 81,410.  81,410.  12a 12,550.  12b 300.  12b 300.  12c 12,850.  13 Qualified business income deduction from Form 8995 or Form 8995-A	Married filing	10	Adjustments to income from Sche	dule 1,	line 26						10		
widow(er), \$25,100  Head of household, \$18,800  If you checked any box under Standard Deduction, Deduction, Deduction, Deduction, \$25,000  Standard deduction or itemized deductions (from Schedule A)		11	Subtract line 10 from line 9. This is	s your <b>a</b>	djusted gross inco	me .				. ▶	11	3	31,410.
b Charitable contributions if you take the standard deduction (see instructions)  c Add lines 12a and 12b	widow(er),	12a	Standard deduction or itemized	deduct	ions (from Schedul	e A) .	. 128	а	12,	550			
\$18,800  If you checked any box under Standard Deduction, Deduction, Deduction, 15  Taxable income. Subtract line 14 from line 11 If zero or less enter-0-  12c 12,850.  12c 12,850.  13 Qualified business income deduction from 8995 or Form 8995-A	• Head of	b	Charitable contributions if you take	the star	ndard deduction (se	e instruct	ions) 12k	b		300			
13 Qualified business income deduction from Form 8995 or Form 8995-A		С	Add lines 12a and 12b								12c	: :	12,850.
Standard         14         Add lines 12c and 13	If you checked	13	Qualified business income deduct	ion fron	n Form 8995 or Form	m 8995- <i>P</i>	١				13		
Deduction, 15 Taxable income. Subtract line 14 from line 11 If zero or less, enter -0-		14	Add lines 12c and 13								14		12,850.
	Deduction,	15	Taxable income. Subtract line 14	from lir	ne 11. If zero or less	, enter -0	)				15	(	58,560.

Form 1040 (2021	1)								Page <b>2</b>
	16	Tax (see instructions). Check	if any from Form	ı(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌		16	10,528.
	17	Amount from Schedule 2, lin	ne 3					17	
	18	Add lines 16 and 17						18	10,528.
	19	Nonrefundable child tax cred	dit or credit for c	ther depender	nts from Schedule	e 8812		19	
	20	Amount from Schedule 3, lin	ie 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	10,528.
	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 <b>total tax</b>				. ▶	24	10,528.
	25	Federal income tax withheld	from:						
	а	Form(s) W-2				<b>25a</b> 11	,916.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	11,916.
<b>K</b>	26	2021 estimated tax payment						26	
If you have a L qualifying child,	27a	Earned income credit (EIC)			No	27a			
attach Sch. EIC.		Check here if you were by January 2, 2004, and you taxpayers who are at least a	u satisfy all the ge 18, to claim t	e other requi the EIC. See in	rements for				
	b	Nontaxable combat pay elec							
	С	Prior year (2019) earned inco							
	28	Refundable child tax credit or				28		-	
	29	American opportunity credit	_						
	30	Recovery rebate credit. See				30		_	
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27a and 28 throug						32	
	33	Add lines 25d, 26, and 32. T					. •	33	11,916.
Refund	34	If line 33 is more than line 24				•		34	1,388.
	35a	Amount of line 34 you want						35a	1,388.
Direct deposit? See instructions.	►b	Routing number 0 5 1			<del>_</del>	Checking	Savings		
occ instructions.	►d	Account number 4 3 5							
	36	Amount of line 34 you want a				36			
Amount	37	Amount you owe. Subtract				1 1	. ▶	37	
You Owe	38	Estimated tax penalty (see in	nstructions) .		<u> ▶</u>	38			
Third Party Designee	ins	you want to allow another tructions			n with the IRS?	. <b>&gt; Yes.</b> C	omplete k		<b>X</b> No
		ne 🕨		no.			ber (PIN)		
Sign Here		der penalties of perjury, I declare tief, they are true, correct, and com							
TICIC	You	ur signature		Date	Your occupation				nt you an Identity
1					SOFTWARE :	ENCTNEED	I .	inst.) ▶	N, enter it here
Joint return? See instructions.	Spe	ouse's signature. If a joint return, <b>t</b>	ooth must sign	Date	Spouse's occupat				nt your spouse an
Keep a copy for your records.		outo o orginaturo. Il a joint rotturi, i	- Court Mast engine	Date	Сроцоо о оосири		Ident		ection PIN, enter it here
		one no. (917)297-796	1	Email address	VSS.SRUTH	I@GMAIL.CON			
Paid	Pre	eparer's name	Preparer's signat	ture		Date	PTIN		Check if:
Preparer Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	04/07/2022	P0208	2703	Self-employed
Use Only	Firr	m's name ► GLOBAL TAX	XES LLC				Phor	ne no. (	678)965-9522
	Firr	m's address ▶ 2530 Pebb	le Creek L	n Cummin	g GA 30041		Firm	s EIN 🕨	30-1017196
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/26/22 PRO			Form <b>1040</b> (2021)

# 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

SAI SRUTHI VEDULA

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

Sequence No. 01

Your social security number
757-14-0171

Par	t I Additional Income	·		
1	Taxable refunds, credits, or offsets of state and local income taxes	S	1	
<b>2</b> a	Alimony received		<b>2</b> a	
b	Date of original divorce or separation agreement (see instructions)	<b></b>		
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, tr Schedule E	·	5	-9,050.
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			
f	Alaska Permanent Fund dividends			
g	Jury duty pay			
h	Prizes and awards			
i	Activity not engaged in for profit income	8i		
j	Stock options	8j		
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8k		
I	Olympic and Paralympic medals and USOC prize money (see instructions)	81		
m	Section 951(a) inclusion (see instructions)	8m		
n	Section 951A(a) inclusion (see instructions)	8n		
0	Section 461(I) excess business loss adjustment	80		
р	Taxable distributions from an ABLE account (see instructions) .	8p		
Z	Other income. List type and amount ▶	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1 1040-NR, line 8		10	_9 050

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

Par	Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-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	<b>&gt;</b>		
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 Paralympic medals and USOC prize money reported on line 8l	24c		
d	Reforestation amortization and expenses	24d		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
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)	24h		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	<b>24i</b>		
j	Housing deduction from Form 2555	<b>24</b> j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
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 <b>adjustments</b> here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line			

#### **SCHEDULE D** (Form 1040)

## **Capital Gains and Losses**

OMB No. 1545-0074

Attachment Sequence No. **12** 

Department of the Treasury Internal Revenue Service (99) ► 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.

Your social security number

	(s) shown on return  I SRUTHI VEDULA			<u> </u>	social se	ecurity number
	/ou dispose of any investment(s) in a qualified opportunity	fund during the ta	x vear?		-14-	0171
	es," attach Form 8949 and see its instructions for additiona					
Pa	short-Term Capital Gains and Losses—Ge	nerally Assets I	Held One Year	or Less (s	ee ins	tructions)
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) Adjustme to gain or los Form(s) 8949 line 2, colur	ss 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 <b>Box A</b> checked	1,284.	1,240.			44.
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked					
3	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked					
4	Short-term gain from Form 6252 and short-term gain or (left)				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 <b>Worksheet</b> in the instructions				6	( )
7	<b>Net short-term capital gain or (loss).</b> Combine lines 1a term capital gains or losses, go to Part II below. Otherwise			e any long-	7	44.
Pai	t II Long-Term Capital Gains and Losses – Ger	nerally Assets H	Held More Than	One Year	(see	instructions)
lines	instructions for how to figure the amounts to enter on the below.  form may be easier to complete if you round off cents to	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustme to gain or los Form(s) 8949	s from	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result
	e dollars.	(55.55   15.55)	(5. 55. 55)	line 2, colur		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 <b>Box D</b> checked	5,022.	957.			4,065.
9	Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked					
10	Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824				11	
	Net long-term gain or (loss) from partnerships, S corporat	ions, estates, and	trusts from Sched	dule(s) K-1	12	
13	, ,				13	
	Long-term capital loss carryover. Enter the amount, if any <b>Worksheet</b> in the instructions				14	( )
15	Net long-term capital gain or (loss). Combine lines 8a	ı throuah 14 in ca	olumn (h). Then. ac	o to Part III		I

Schedule D (Form 1040) 2021 Page 2

#### Part III **Summary** 4,109. 16 Combine lines 7 and 15 and enter the result 16 • 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 • 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? X Yes. Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . . . . . . . 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? X 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: 21 • The loss on line 16; or 21 • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ 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.

# 8949

Department of the Treasury

Internal Revenue Service

#### Sales and Other Dispositions of Capital Assets

▶ 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.

OMB No. 1545-0074 Attachment Sequence No. 12A

Social security number or taxpayer identification number

757-14-0171

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.

SAI SRUTHI VEDULA 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 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 Adjustment, if any, to gain or loss. 1 If you enter an amount in column (a). (h) enter a code in column (f). Cost or other basis Gain or (loss). (d) (c) (a) (b) Date sold or Proceeds See the **Note** below See the separate instructions. Subtract column (e) Description of property Date acquired (sales price) from column (d) and disposed of and see Column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) combine the result (Mo., day, yr.) (see instructions) in the separate (g) Code(s) from Amount of adjustment instructions with column (g) instructions 12/31/21 1,284. 1,240. 44.

Robinhood Securities LLC 01/01/21 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B 1,284. 1,240. above is checked), or line 3 (if Box C above is checked) ▶ 44.

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.

Form 8949 (2021) Attachment Sequence No. 12A Page

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side SAI SRUTHI VEDULA

Social security number or taxpayer identification number 757-14-0171

Before you check Box D, E, or F 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 II

**Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-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 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-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.

<ul><li><b>∑</b> (<b>D</b>) Long-term transactions</li><li>☐ (<b>E</b>) Long-term transactions</li><li>☐ (<b>F</b>) Long-term transactions</li></ul>	reported on	Form(s) 1099	-B showing bas				e)
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the <b>Note</b> below	If you enter an enter a co	f any, to gain or loss. amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss). Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g)
Robinhood Securities LLC	01/01/20	12/31/21	5,022.	957.			4,065.
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D. line 8h (if Box D. above	al here and inc	lude on your					

**Note:** If you checked Box D 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.

above is checked), or line 10 (if Box F above is checked) ▶

4,065.

5,022.

957.

#### **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.

Attachment Sequence No. 13

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

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99) Your social security number SAI SRUTHI VEDULA 757-14-0171

Part	Income or Loss From Rental Real Estate and Roy	yaltie	s Note	: If you	are in t	he business o	f renting	personal pr	operty, use
	Schedule C. See instructions. If you are an individual, repo	ort far	m rental	income	or loss	from Form 48	<b>35</b> on pa	age 2, line 4	D
	l you make any payments in 2021 that would require you to		. ,						
B If "	Yes," did you or will you file required Form(s) 1099?							🗌 Y	es 🗌 No
1a	Physical address of each property (street, city, state, ZIP	, code	e)						
<u>A</u>									
В									
С	Towns of Dunmarks   0 T				Fo:	u Dontol	Davas	nal Use	
1b	Type of Property (from list below)  2 For each rental real estate propabove, report the number of fair	perty I ir rent	isted al and			r Rental Days		ays	QJV
Α	personal use days. Check the	QJV b	ox only	Α		365		0	$\Box$
В	if you meet the requirements to qualified joint venture. See inst	ructio	as a ns.	В		303		U	
C				С					
	f Property:			0					
	lle Family Residence 3 Vacation/Short-Term Rental	5 la	nd		7 Self	-Rental			
	•		yalties			er (describe)			
ncom		<u> </u>		Α	0 0 111	В			С
3	Rents received	3			600.		·		
4	Royalties received	4							
Expen									
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		1,	,000.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11			800.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14	Repairs	14			,800.				
15	Supplies	15		2	,050.				
16	Taxes	16							
17	Utilities	17		3	,000.				
18	Depreciation expense or depletion	18							
19	Other (list)  Total expenses Add lines 5 through 10	19 20			<u> </u>				
20	Total expenses. Add lines 5 through 19	20		9	,650.				
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		_9	,050.				
22	Deductible rental real estate loss after limitation, if any,				, 050.				
	on <b>Form 8582</b> (see instructions)	22	(	9.	050.	)(		)(	)
23a	Total of all amounts reported on line 3 for all rental proper				23a	1	600	).	,
b	Total of all amounts reported on line 4 for all royalty prope				23b	+			
C	Total of all amounts reported on line 12 for all properties				23c	+			
d	Total of all amounts reported on line 18 for all properties				23d	+			
е	Total of all amounts reported on line 20 for all properties				23e	+	9,650	·	
24	Income. Add positive amounts shown on line 21. Do not	<b>t</b> inclu	ude any	losses				4	
25	Losses. Add royalty losses from line 21 and rental real estate	losse	s from li	ne 22. I	Enter to	tal losses her	e . <b>2</b>	.5 (	9,050.)
26	Total rental real estate and royalty income or (loss).	Comb	ine line	s 24 aı	nd 25. I	Enter the res	sult		
	here. If Parts II, III, IV, and line 40 on page 2 do not a								
	Schedule 1 (Form 1040), line 5. Otherwise, include this ar	noun	t in the t	otal or	n line 4	on page 2	. 2	26	-9,050.

Department of the Treasury

Internal Revenue Service

**Health Savings Accounts (HSAs)** 

► Attach to Form 1040, 1040-SR, or 1040-NR. ▶ Go to www.irs.gov/Form8889 for instructions and the latest information. OMB No. 1545-0074 Attachment Sequence No. 52

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

SAI SRUTHI VEDULA

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ► 757-14-0171

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required. HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse. Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2021. 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, 2 0. 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 3 7,200. 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 4 Ο. 5 5 7,200. 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 7,200. 7 If you were age 55 or older at the end of 2021, married, and you or your spouse had family coverage 0. under an HDHP at any time during 2021, enter your additional contribution amount. See instructions 7 8 8 7.200. 9 Employer contributions made to your HSAs for 2021 . . . . . . . . . 10 3,380. 11 11 12 12 3,820. HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 13 13 0. Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions. Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse. 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 14b 14c Qualified medical expenses paid using HSA distributions (see instructions) . . . . . . . . . . . . 15 15 Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this 16 16 17a If any of the distributions included on line 16 meet any of the Exceptions to the Additional 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 Part III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse. 18 18 19 19 Total income, Add lines 18 and 19, Include this amount on Schedule 1 (Form 1040), Part I, line 8z, 20 20 Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 21 21





# **2021 Form M1, Individual Income Tax** Do not use staples on anything you submit.

	SRUTHI st Name and Initial	VEDULA Last Name	757140171 Your Social Security Numb		8221993 ur Date of Birth (MM/DD/YYYY)
If a Joint	Return, Spouse's First Name and Initial	Spouse's Last Name	Spouse's Social Security Nu	mber Spo	ouse's Date of Birth
680 Current	28TH ST SE, 247 Home Address		Check if Address is:		New Foreign
ROCI City	HESTER		MN State	<u>5 !</u> zip	5 9 0 4 Code
2021	Federal Filing Status (place	ce an X in one box):			
<b>X</b> (1	) Single (2) Married Filing Jointly	(3) Married Filing Separately Spouse Name		ehold	(5) Qualifying Widow(er)
Depe	endents (see instructions):	Spouse SSN			
Depend	lent 1 First Name	Dependent 1 Last Name	Dependent 1 SSN	Depen	dent 1 Relationship to You
Depend	lent 2 First Name	Dependent 2 Last Name	Dependent 2 SSN	Depen	dent 2 Relationship to You
Depend	lent 3 First Name	Dependent 3 Last Name	Dependent 3 SSN	Depen	dent 3 Relationship to You
	Your Federal Return (see in:  86076 es, salaries, tips, etc. B. IRA	otructions)  O O O, pensions, and annuities	O C. Unemployment		68560 taxable income
1	Federal adjusted gross income (fr		To and 1040-SR)		
			Scriedule IVIIIVIB (See IIIStractions)	3	81410
4	Itemized deductions (from Sched	ule M1SA) or your <b>standard de</b>	duction (see instructions)	4 ■	12525
5	Exemptions (determine from instr	uctions)		5	·
6	State income tax refund from line	1 of federal Schedule 1		6■	
7			lule M1MB (see instructions)		10505
8	Total subtractions. Add lines 4 thr	ough 7		8	12525
9	Minnesota taxable income. Subtr	act line 8 from line 3. If zero o	less, leave blank	9	68885
10	Tax from the table in the Form M	1 instructions		. 10	4287

#### 2021 M1, page 2



11	Alternative minimum tax (enclose Schedule M1MT)		.11 🔳	
12 13		. Skip lines 13a and 13b. enter the amount from line 32 on		4287 4287
			15 -	
	150	<u>0</u>		
14	Other taxes, such as recapture amounts and the tax on lump-	sum distributions (check appropriate boxes)		
	(a) Schedule M1HOME (b) Schedule M1529	(c) Schedule M1LS	14 ■	
15	Tax before credits. Add lines 13 and 14		15	4287
16	Amount from line 18 of Schedule M1C, Nonrefundable Credit.	rs (enclose Schedule M1C)	16 ■	
17	Subtract line 16 from line 15 (if result is zero or less, leave bla	ınk)	17	4287
18	Nongame Wildlife Fund contribution (see instructions)			
	This will reduce your refund or increase the amount you owe	· · · · · · · · · · · · · · · · · · ·	18 ■	
19	Add lines 17 and 18		19	4287
20	Minnesota income tax withheld. Complete and enclose Sched			
	Minnesota withholding from Forms W-2, 1099, and W-2G (do no	ot send)	20 ■	4900
21	Minnesota estimated tax and extension payments made for 2	2021	21 ■	
22	Amount from line 11 of Schedule M1REF, Refundable Credits	(see instructions; enclose Schedule M1REF)	22 ■	
23	Total payments. Add lines 20 through 22		23	4900
24	<b>REFUND</b> . If line 23 is more than line 19, subtract line 19 from For direct deposit, complete line 25		24 ■	613
25	Direct deposit of your refund (you must use an account not a			
	05100001	7 425042000450		
	Checking Savings 05100001	7 435043908459 Account Number		
26	AMOUNT YOU OWE. If line 19 is more than line 23, subtract I	line 23 from line 19 (see instructions)	26 ■	
	Penalty amount from Schedule M15 (see instructions). Also su		20 —	
	this amount from line 24 or add it to line 26 (enclose Schedule		27 ■	
	OU PAY ESTIMATED TAX and want part of your refund credited			
28	Amount from line 24 you want sent to you		28 ■	
	Amount from line 24 you want applied to your 2022 estimate		29 ■	
ахр	ayer: I declare that this return is correct and complete to the be	est oj my knowieuge una beliej.		
Valle	Cianatura	Spouse's Signature (If Filing Jointly)	Doto	(MM/DD/YYYY)
rour	Signature	1 0 1 77	Date	(IVIIVI/DD/TTTT)
Dayti	me Phone	VSS.SRUTHI@GMAIL.COM Email Address		
	AM PRIYA RAM SAGAR GUPTA TALLAM	04072022	<u>P0</u>	2082703
Paid I	Preparer's Signature	Date (MM/DD/YYYY)	PTIN	or VITA/TCE # (required)
	89659522 arer's Daytime Phone	SYAM@GTAXFILE.COM Preparer's Email Address		
·cpc			المستدال المستد	-1- t
	I do not want my paid preparer to file my return electronically.	I authorize the Minnesota Department of Revenue with the preparer or the third-party designee indic		
	include a convict vour 2021 tederal return and cchedules	with the preparer of the tillu-party designee male	ateu UII IIIV	icuciai ictuiii.

Mail to: Minnesota Individual Income Tax, Mail Station 0010, 600 N. Robert St., St. Paul, MN 55145-0010 1031 REV 03/22/22 PRO





# 2021 Schedule M1W, Minnesota Income Tax Withheld

Complete this schedule to report Minnesota income tax withheld. Include this schedule when you file your return.

_	AI SRUTHI		VEDULA	A	757140171 Your Social Security Number				
.0	ui i iist ivaiile allu ifillia		Last Name				1001 3001	ar security Number	
f a	Joint Return, Spouse's F	irst Name and Initial	Spouse's Las	t Name			Spouse's S	Social Security Number	
co an W	mplete this schedul nounts to the neare -2G; keep them with	e to determine lind st whole dollar. You n your tax records.	e 20 of Form M u must include All instructions	1. List only the form this schedule where are included on the	ns that rep n you file yo nis schedule	KS, or KF showing M ort Minnesota incomour return. <b>DO NOT</b> sections.	ne tax withh send in your	eld. Round dollar r Forms W-2, 1099, o	
	complete line 5 on t	the back.							
	Α	B—Box 13	C—Box 15		D—Box	16	E—Box	17	
	If the Form W-2 is for:	If Retirement Plan		even-digit Minnesota		nges, tips, etc.		ota tax withheld	
	<ul><li>you, enter 1</li><li>spouse, enter 2</li></ul>	box is checked, mark an X below.	Tax ID Numbe	er	(round t	o nearest whole dollar)	(round to	o nearest whole dollar)	
	a1 1	b1 X	c1 MN	9465401	d1	86076	e1	4900	
	a2	b2	c2 MN		d2		e2		
	a3	b3	c3 MN		d3		e3		
	a4	b4	c4 MN		d4		e4		
	a5	b5	c5 MN		d5		e5		
	Subtotal for addition	nal Forms W-2 <i>(fror</i>	n line 5 on page	2)					
								4000	
,	Minnosota tay with	hold on Forms 1000	) W 2G and 10	12 S. If you have me	ro than four	r forms, complete line	6 on the ha	ck	
_	A	neid on Forms 1093	R R	+2-3. II you have ino	C Cliair	i ioiiiis, complete iiie	D D	CK.	
	If the Form 1099, W-2G	i. or 1042-S is for:	Paver's seven	n-digit Minnesota Tax ID	-	amount (see the table on	_	esota tax withheld	
	<ul><li>you, enter 1</li><li>spouse, enter 2</li></ul>	, 61 1042 3 13 161 .	· ·	nknown, contact the pay		k for amounts to include)		d to nearest whole dollar)	
	a1		b1 MN		c1		d1		
					<u> </u>				
	a2		b2 MN		c2		d2		
	a3		b3 MN		c3		d3		
	a4		b4 MN		c4		d4		
	Subtotal for addition	nal 1099, W-2G, and	d 1042-S <i>(from l</i>	ine 6 on page 2)					
	Total Minnesota tax	withheld on all 10	99, W-2G, and	<b>1042-S</b> (add amoun	ts in line 2, o	column D)	2■		
3	Total Minnesota tax	withheld by partn	erships, S corpo	orations, and fiducia	aries				
		•					3 ■		
4	Total. Add the Minr							4000	
	Enter the total here	and on line 20 of F	orm M1				4	4900	

E 1040 Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

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

Filing Status	s 🔀 :	Single Married filing jointly	Marri	ed filing separately	(MFS)	Head	of hous	sehold (HOH)	Qua	lifying wid	low(er) (QW)
Check only one box.	If yo	ou checked the MFS box, enter the roon is a child but not your depender		your spouse. If you	chec	ked the HOH	l or QV	V box, enter th	e child's	name if th	ne qualifying
Your first name	and m	iddle initial	Last na	ıme					Your so	cial securi	ty number
SAI SRU	ΓHΙ		VEDU	JLA					757-14-0171		
If joint return, s	pouse's	s first name and middle initial	Last na	ime					Spouse'	s social se	curity numbe
		er and street). If you have a P.O. box, see	e instructi	ons.				Apt. no.		ntial Electi	on Campaigr
		SE, 247 ce. If you have a foreign address, also co	omploto o	unages helevy	Sta	+o	ZID	code	ı		ntly, want \$3
ROCHEST		ce. If you have a foreign address, also co	ompiete s	spaces below.	M			5904			Checking a
Foreign countr				Foreign province/state				eign postal code	1	ow will not cor refund	•
r oreign country	y Hairie			r oreign province/state	Couri	ıy	1 016	eigii postai code	your tax	You	Spouse
At any time du	ring 20	021, did you receive, sell, exchange	, or othe	erwise dispose of ar	ny fina	ancial interes	st in an	y virtual curre	ncy?	Yes	⊠ No
Standard	Som	neone can claim:	ependen	t	se as	a dependen	nt				
<b>Deduction</b>		Spouse itemizes on a separate retu	rn or you	u were a dual-status	alier	1					
Age/Blindness	You	: Were born before January 2, 1	1957	Are blind Sp	ouse	: Was b	oorn be	efore January 2	2, 1957	☐ Is b	lind
Dependents	s (see	instructions):		(2) Social securi	:y	(3) Relation	nship	<b>(4)  ✓</b> if q	ualifies fo	r (see instru	uctions):
If more		irst name Last name		number		to you	1	Child tax c	redit	Credit for ot	ther dependents
than four											
dependents, see instruction	s ——										
and check											
here ▶ □											
	_1_	Wages, salaries, tips, etc. Attach	Form(s)	W-2					. 1		86,076.
Attach	2a	Tax-exempt interest	2a		<b>b</b> T	axable inter	est		. 2b		
Sch. B if required.	3a	Qualified dividends	3a	271.	<b>b</b> Ordinary dividends .				. 3b		275.
	4a	IRA distributions	4a		b T	axable amo	unt .		. 4b		
	5a	Pensions and annuities	5a		b T	axable amo	unt .		. 5b		
Standard	6a	Social security benefits	6a		b T	axable amo	unt .		. 6b		
Deduction for—	7	Capital gain or (loss). Attach Sche	edule D i	f required. If not red	uired	, check here		▶[	7		4,109.
Single or Married filing	8	Other income from Schedule 1, lir	ne 10						. 8		-9,050.
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. 7	This is your <b>total inc</b>	ome				▶ 9		81,410.
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 <b>a</b>	djusted gross inco	me				<b>▶</b> 11		81,410.
widow(er), \$25,100	12a	Standard deduction or itemized	deduct	ions (from Schedul	e A)		12a	12,55	0.		
Head of	b	Charitable contributions if you take	the star	ndard deduction (see	e insti	ructions)	12b	30	0.		
household, \$18,800	С	Add lines 12a and 12b							. 120		12,850.
If you checked	13	Qualified business income deduct	tion from	n Form 8995 or Form	n 899	05-A			. 13		
any box under Standard	14	Add lines 12c and 13							. 14		12,850.
Deduction, see instructions.	15	Taxable income. Subtract line 14	from lin	ne 11. If zero or less	, ente	er-O			. 15		68,560.

Form 1040 (2021	)								Page <b>2</b>
	16	Tax (see instructions). Check	if any from Form	ı(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌		16	10,528.
	17	Amount from Schedule 2, lin	ne 3					17	
	18	Add lines 16 and 17						18	10,528.
	19	Nonrefundable child tax cred	dit or credit for c	ther depender	nts from Schedul	e 8812		19	
	20	Amount from Schedule 3, lin	ie 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	10,528.
	23	Other taxes, including self-e	mployment tax,	from Schedule	2, line 21 .			23	0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>					24	10,528.
	25	Federal income tax withheld							
	а	Form(s) W-2				<b>25a</b> 11	,916.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions				25c			
	d	Add lines 25a through 25c	,					25d	11,916.
	26	2021 estimated tax payment						26	•
If you have a Lagrangian qualifying child,	27a	Earned income credit (EIC)			NΩ	27a			
attach Sch. EIC.		Check here if you were b							
		January 2, 2004, and you taxpayers who are at least a	ge 18, to claim t	he EIC. See in	_				
	b	Nontaxable combat pay elec							
	С	Prior year (2019) earned inco	ome	. 27c					
	28	Refundable child tax credit or	additional child	tax credit from	Schedule 8812	28			
	29	American opportunity credit							
	30	Recovery rebate credit. See				30			
	31	Amount from Schedule 3, lin							
	32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits							
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				33	11,916.
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amou	ınt you <b>overpaid</b>		34	1,388.
	35a	Amount of line 34 you want			is attached, che	ck here		35a	1,388.
Direct deposit?	►b								
See instructions.	►d	Account number 4 3 5	0 4 3 9	0 8 4 !	5   9				
	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	nstructions) .		🕨	38			
Third Party Designee		you want to allow another structions			n with the IRS?		omplete k	pelow.	⊠ No
		signee's					onal identi		
		me ►		no. ▶			ber (PIN)		
Sign Here		der penalties of perjury, I declare t ief, they are true, correct, and com							
11010	You	ur signature		Date	Your occupation		I .		nt you an Identity
1					SOFTWARE	ENCTNEED	I	inst.) ▶	N, enter it here
Joint return? See instructions.	Sno	ouse's signature. If a joint return, t	ooth must sign	Date	Spouse's occupat		,		nt your spouse an
Keep a copy for	J Op.	ouco o oignataro. Il a joint rotaini, s	Jour made dign.	Bato	Сроиос с сосири				ection PIN, enter it here
your records.							(see	inst.) ►	
	Pho	one no. (917)297-7963	1	Email address	VSS.SRUTH	I@GMAIL.CON	<b>1</b>		
Paid	Pre	eparer's name	Preparer's signat	ture		Date	PTIN		Check if:
Proparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	04/07/2022	P0208	2703	Self-employed
Preparer	Firr	m's name ► GLOBAL TAX	XES LLC				Phor	ne no. (	678)965-9522
Use Only	Firr	m's address ▶ 2530 Pebb	le Creek L	n Cummin	g GA 30041		Firm	's EIN ▶	30-1017196
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		ВАА	REV 03/26/22 PRO			Form <b>1040</b> (2021)

# 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

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

Sequence No. 01
Your social security number
757-14-0171

SAI	SRUTHI VEDULA		757-1	14-01	.71
Par	t I Additional Income				
1	Taxable refunds, credits, or offsets of state and local income taxe	s		1	
<b>2</b> a	Alimony received		2a		
b	Date of original divorce or separation agreement (see instructions)	<b></b>			
3	Business income or (loss). Attach Schedule C			3	
4	Other gains or (losses). Attach Form 4797			4	
5	Rental real estate, royalties, partnerships, S corporations, tr Schedule E			5	-9,050.
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			
1	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		_	
p	Taxable distributions from an ABLE account (see instructions).	8p		_	
Z	Other income. List type and amount ▶	8z			
9	Total other income. Add lines 8a through 8z			9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1				
	1040-NR, line 8			10	-9,050.

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

Par	Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-officials. Attach Form 2106			
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	<b>&gt;</b>	_	
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 Paralympic medals and USOC prize money reported on line 8l	24c		
d	Reforestation amortization and expenses	24d		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	<b>24</b> g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i		
j	Housing deduction from Form 2555	<b>24</b> j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
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 <b>adjustments</b> here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line			

#### **SCHEDULE D** (Form 1040)

## **Capital Gains and Losses**

OMB No. 1545-0074

Attachment Sequence No. **12** 

Department of the Treasury Internal Revenue Service (99) ► 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.

Your social security number

	(s) shown on return  I SRUTHI VEDULA			<u> </u>	social se	ecurity number
	/ou dispose of any investment(s) in a qualified opportunity	fund during the ta	x vear?		-14-	0171
	es," attach Form 8949 and see its instructions for additiona					
Pa	short-Term Capital Gains and Losses—Ge	nerally Assets I	Held One Year	or Less (s	ee ins	tructions)
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) Adjustme to gain or los Form(s) 8949 line 2, colur	ss 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 <b>Box A</b> checked	1,284.	1,240.			44.
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked					
3	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked					
4	Short-term gain from Form 6252 and short-term gain or (left)				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 <b>Worksheet</b> in the instructions				6	( )
7	<b>Net short-term capital gain or (loss).</b> Combine lines 1a term capital gains or losses, go to Part II below. Otherwise			e any long-	7	44.
Pai	t II Long-Term Capital Gains and Losses – Ger	nerally Assets H	Held More Than	One Year	(see	instructions)
lines	instructions for how to figure the amounts to enter on the below.  form may be easier to complete if you round off cents to	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustme to gain or los Form(s) 8949	s from	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result
	e dollars.	(55.55   15.55)	(5. 55. 55)	line 2, colur		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 <b>Box D</b> checked	5,022.	957.			4,065.
9	Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked					
10	Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824				11	
	Net long-term gain or (loss) from partnerships, S corporat	ions, estates, and	trusts from Sched	dule(s) K-1	12	
13	, ,				13	
	Long-term capital loss carryover. Enter the amount, if any <b>Worksheet</b> in the instructions				14	( )
15	Net long-term capital gain or (loss). Combine lines 8a	ı throuah 14 in ca	olumn (h). Then. ac	o to Part III		I

Schedule D (Form 1040) 2021 Page 2

#### Part III **Summary** 4,109. 16 Combine lines 7 and 15 and enter the result 16 • 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 • 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? X Yes. Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . . . . . . . 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? X 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: 21 • The loss on line 16; or 21 • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ 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.

# 8949

Part I

#### Sales and Other Dispositions of Capital Assets

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

▶ 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

OMB No. 1545-0074

<b>varric</b> (3)	3110WIT OIT IC	tuiii	
CAT	CDITUIT	TITCISTY	7

Social security number or taxpayer identification number

757-14-0171

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.

instructions). For long-term transactions, see page 2.

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see

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 Adjustment, if any, to gain or loss. 1 If you enter an amount in column (a). (h) enter a code in column (f). Cost or other basis Gain or (loss). (d) (c) (a) (b) Date sold or Proceeds See the **Note** below See the separate instructions. Subtract column (e) Description of property Date acquired (sales price) from column (d) and disposed of and see Column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) combine the result (Mo., day, yr.) (see instructions) in the separate (g) Code(s) from Amount of adjustment instructions with column (g) instructions Robinhood Securities LLC 01/01/21 12/31/21 1,284. 1,240. 44. 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B

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.

1,284.

44.

above is checked), or line 3 (if Box C above is checked) ▶

1,240.

Form 8949 (2021) Attachment Sequence No. 12A Page

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side SAI SRUTHI VEDULA

Social security number or taxpayer identification number 757-14-0171

Before you check Box D, E, or F 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 II

**Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-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 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-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.

<ul><li><b>∑</b> (<b>D</b>) Long-term transactions</li><li>☐ (<b>E</b>) Long-term transactions</li><li>☐ (<b>F</b>) Long-term transactions</li></ul>	reported on	Form(s) 1099	-B showing bas				e)
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the <b>Note</b> below	Adjustment, if If you enter an enter a co	(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	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g)
Robinhood Securities LLC	01/01/20	12/31/21	5,022.	957.			4,065.
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D. line 8h (if Box D. above	al here and inc	lude on your					

**Note:** If you checked Box D 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.

above is checked), or line 10 (if Box F above is checked) ▶

4,065.

5,022.

957.

#### **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.

Attachment Sequence No. 13

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

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99) Your social security number SAI SRUTHI VEDULA 757-14-0171

Part	Income or Loss From Rental Real Estate and Roy	yaltie	s Note	: If you	are in t	he business o	f renting	personal pr	operty, use	
	Schedule C. See instructions. If you are an individual, repo	ort far	m rental	income	or loss	from Form 48	<b>35</b> on pa	age 2, line 4	D	
	l you make any payments in 2021 that would require you to		. ,							
B If "	Yes," did you or will you file required Form(s) 1099?							🗌 Y	es 🗌 No	
1a	Physical address of each property (street, city, state, ZIP	, code	e)							
<u>A</u>										
В										
С	Towns of Business 0. 7				Fo:	u Dontol	Davas	nol Hoo		
1b	(from list below) 2 For each rental real estate propagation above, report the number of fair	ype of Property 2 For each rental real estate property listed above, report the number of fair rental and Personal Use Days QJV								
Α	personal use days. Check the C	QJV b	ox only	Α		365		0		
В	if you meet the requirements to qualified joint venture. See inst	ructio	as a ns.	В		303		U		
C				С						
	f Property:			0						
	lle Family Residence 3 Vacation/Short-Term Rental	5 la	nd		7 Self	-Rental				
	•		yalties			er (describe)				
ncom		<u> </u>		Α	0 0 111	В			С	
3	Rents received	3			600.		·			
4	Royalties received	4								
Expen										
5	Advertising	5								
6	Auto and travel (see instructions)	6								
7	Cleaning and maintenance	7		1,	,000.					
8	Commissions	8								
9	Insurance	9								
10	Legal and other professional fees	10								
11	Management fees	11			800.					
12	Mortgage interest paid to banks, etc. (see instructions)	12								
13	Other interest	13								
14	Repairs	14			,800.					
15	Supplies	15		2	,050.					
16	Taxes	16								
17	Utilities	17		3	,000.					
18	Depreciation expense or depletion	18								
19	Other (list)  Total expenses Add lines 5 through 10	19 20			<u> </u>					
20	Total expenses. Add lines 5 through 19	20		9	,650.					
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		_9	,050.					
22	Deductible rental real estate loss after limitation, if any,				, 050.					
	on <b>Form 8582</b> (see instructions)	22	(	9.	050.	)(		)(	)	
23a	Total of all amounts reported on line 3 for all rental proper				23a	1	600	).	,	
b	Total of all amounts reported on line 4 for all royalty prope				23b	+				
C	Total of all amounts reported on line 12 for all properties				23c	+				
d	Total of all amounts reported on line 18 for all properties				23d	+				
е	Total of all amounts reported on line 20 for all properties				23e	+	9,650			
24	Income. Add positive amounts shown on line 21. Do not	<b>t</b> inclu	ude any	losses				4		
25	Losses. Add royalty losses from line 21 and rental real estate	losse	s from li	ne 22. I	Enter to	tal losses her	e . <b>2</b>	.5 (	9,050.)	
26	Total rental real estate and royalty income or (loss).	Comb	ine line	s 24 aı	nd 25. I	Enter the res	sult			
	here. If Parts II, III, IV, and line 40 on page 2 do not a									
	Schedule 1 (Form 1040), line 5. Otherwise, include this an	noun	t in the t	otal or	n line 4	on page 2	. 2	26	-9,050.	

# Form **8889**

Department of the Treasury

Internal Revenue Service

**Health Savings Accounts (HSAs)** 

► Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Form8889 for instructions and the latest information.

OMB No. 1545-0074

2021

Attachment Sequence No. 52

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

SAI SRUTHI VEDULA

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶ 757-14-0171

beioi	e you begin: Complete Form 6655, Archer MSAs and Long-Term Care insurance Contracts, in	requi	rea.	
Part	<b>HSA Contributions and Deduction.</b> 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.			
	See instructions	∐ Self	-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. <b>Do not</b> 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 <b>every</b> month during 2021, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,600 (\$7,200 for family coverage). <b>All others,</b> see the instructions for the amount to enter	3		7,200.
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		7,200.
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		7,200.
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		7,200.
9	Employer contributions made to your HSAs for 2021			
10	Qualified HSA funding distributions			
11	Add lines 9 and 10	11		3,380.
12	Subtract line 11 from line 8. If zero or less, enter -0	12		3,820.
13	<b>HSA deduction.</b> Enter the <b>smaller</b> 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	<b>HSA Distributions.</b> If you are filing jointly and both you and your spouse each have sepa a separate Part II for each spouse.	ırate F	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		
C	Subtract line 14b from line 14a	14c		
15	Qualified medical expenses paid using HSA distributions (see instructions)	15		
16	<b>Taxable HSA distributions.</b> 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 <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here			
b	<b>Additional 20% tax</b> (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.			,
18	Last-month rule	18		
19	Qualified HSA funding distribution	19		
20	<b>Total income.</b> 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		