IRS e-file Signature Authorization

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

Submission Identification Number (SID)

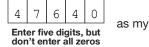
| Taxpayer's name | Social security number |
|---|---|
| HARISH MATETI | 019-04-7640 |
| Spouse's name | Spouse's social security number |
| RAMYA NAMANI | 977-98-7072 |
| Part I Tax Return Information – Tax Year Ending | December 31, 2021 (Enter year you are authorizing.) |
| Enter whole dollars only on lines 1 through 5. | |
| Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, a | nd 5 blank. |
| 1 Adjusted gross income | 1 142,168. |
| 2 Total tax | |
| 3 Federal income tax withheld from Form(s) W-2 and Form | s) 1099 |
| 4 Amount you want refunded to you | . 4 790. |
| 5 Amount you owe | |

Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Part II

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

| | 1 dutiion20 | | 111111110 | ERO firm name | to enter or generate my r m | Er |
|---|-------------|--------|-----------|---------------|-----------------------------|----|
| X | l authorize | GLOBAL | TAXES | LLC | to enter or generate my PIN | 4 |



7

0

Enter five digits, but don't enter all zeros

8

7 2

as mv

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

Spouse's PIN: check one box only

X lauthorize GLOBAL TAXES LLC to enter or generate my PIN 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 below | | | | | | | | | | | |
| Part III Certification and Authentication – | Practitioner PIN Method Only | | | | | | | | | | |
| ERO's EFIN/PIN. Enter your six-digit EFIN followed b | y your five-digit self-selected PIN. | 5 | 8 | | | | 6 all ze | 9 | 8 | 9 | |

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

| ERO's signature > | | Date 🕨 | | | | |
|---|--|---------------|--------------------------|--|--|--|
| ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To Do So | | | | | | |
| Excellent and Destruction Astronomics and a state | | 100/17/00 000 | Fame 9970 (Days of 0001) | | | |

Date

| 104 | | artment of the Treasury-Internal Revenue Servi S. Individual Income Tax | | ⁽⁹⁹⁾ 202 | 21 | OMB No. | 1545- | 0074 | IRS Use Only | ∕—Do not v | write or staple | in this space. |
|--|---------------|--|------------------|--|-----------|--------------|--------|-------------|-------------------|-------------|-----------------|-------------------------------|
| Filing Statu Check only one box. | lf yo | Single X Married filing jointly unchecked the MFS box, enter the non- ion is a child but not your dependent | ame of y | ed filing separately your spouse. If yo | | | | | . , | | , 0 | low(er) (QW) he qualifying |
| Your first name | e and mi | ddle initial | Last na | me | | | | | | Your se | ocial securi | ty number |
| HARISH | | | MATE | TI | | | | | | 019- | 04-764 | 0 |
| If joint return, s | spouse's | first name and middle initial | Last na | me | | | | | | Spouse | 's social se | curity number |
| RAMYA | | | NAMA | NI | | | | | | 977- | 98-707 | 2 |
| Home address 4512 TO | | er and street). If you have a P.O. box, see A LN | instructio | ons. | | | | Apt | . no. | Check | here if you | |
| City, town, or | post offi | ce. If you have a foreign address, also co | mplete s | paces below. | Sta | te | | ZIP code | | | | ntly, want \$3 Checking a |
| MCKINNE | Y | | | | T | Х | | 7507 | 0 | Ŭ Ŭ | low will not | 0 |
| Foreign countr | y name | | F | Foreign province/sta | ite/count | ty | | Foreign p | oostal code | your ta | x or refund | |
| At any time du | urina 20 | 021, did you receive, sell, exchange, | or othe | rwise dispose of | anv fina | ancial inter | est ir | n anv vir | tual curre | ncv? | X Yes | No |
| | | | | | • | | | rany m | | noy. | <u> </u> | |
| Standard Deduction | | eone can claim: U You as a de Spouse itemizes on a separate retur | • | | | a depend | ent | | | | | |
| Age/Blindnes | s You: | Were born before January 2, 1 | 957 | Are blind | Spouse | : 🗌 Was | s bori | n before | January 2 | 2, 1957 | 🗌 ls b | lind |
| Dependent | s (see | instructions): | | (2) Social secu | irity | (3) Relat | ionshi | ip | (4) 🗸 if q | ualifies fo | or (see instru | uctions): |
| If more | (1) Fi | rst name Last name | | number | | to y | ou | Child tax c | | redit | Credit for of | ther dependents |
| than four | | | | | | | | | | | | |
| dependents, see instruction | IS | | | | | | | | | | | |
| and che <u>ck</u> | | | | | | | | | | | | |
| here 🕨 📃 | | | | | | | | | | | | |
| | 1 | Wages, salaries, tips, etc. Attach | orm(s) ۱- | N-2 | | | | | | . 1 | 1 | 41,066. |
| Attach Sch. B if | 2a | Tax-exempt interest | 2a | | bΤ | axable int | erest | - | | . 21 |) | |
| required. | 3a | Qualified dividends | 3a | 47. | bC | Ordinary di | viden | nds . | | . 31 |) | 47. |
| |) 4a | IRA distributions | 4a | | bΤ | axable an | nount | | | . 41 |) | |
| | 5a | Pensions and annuities | 5a | | bΤ | axable am | nount | | | . 51 |) | |
| Standard | 6a | Social security benefits | 6a | | bΤ | axable am | nount | | · · · _ | . 61 | - | |
| Deduction for – Single or | 7 | Capital gain or (loss). Attach Schee | dule D if | required. If not re | equired | , check he | ere | | 🕨 🛛 | 7 | | 11,075. |
| Married filing | 8 | Other income from Schedule 1, lin | e10. | | | | | | | . 8 | | 10,020. |
| separately, \$12,550 | 9 | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, | and 8. T | his is your total i | ncome | | | | | ▶ 9 | 1 | 42,168. |
| Married filing | 10 | Adjustments to income from Sche | dule 1, l | ine 26 | | | | | | . 10 |) | |
| Jointly or Qualifying | 11 | Subtract line 10 from line 9. This is | s your ac | djusted gross inc | come | | | | | ► <u>1</u> | I 1 | 42,168. |
| widow(er), \$25,100 | _12a | Standard deduction or itemized | deducti | ions (from Sched | ule A) | | 12a | 1 | 25,10 | 0. | | |
| Head of | b | Charitable contributions if you take | the stan | idard deduction (s | ee instr | ructions) | 12b | • | 60 | 0. | | |
| household, \$18,800 | с | Add lines 12a and 12b | | | | | | | | . 12 | с | 25,700. |
| If you checked | 13 | Qualified business income deduction | ion from | Form 8995 or Fo | rm 899 | 95-A | | | | . 1: | 3 | |
| any box under <i>Standard</i> | 14 | Add lines 12c and 13 | | | | | | | | . 14 | 1 | 25,700. |
| Deduction, see instructions. | 15 | Taxable income. Subtract line 14 | from lin | e 11. If zero or les | ss, ente | er-0 | | | | . 1 | 5 1 | 16,468. |
| | • | | | | | | | | | | | |

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 | 17,117. |
| | 17 | Amount from Schedule 2, lin | e3 | | | | | 17 | |
| | 18 | Add lines 16 and 17 | | | | | | 18 | 17,117. |
| | 19 | Nonrefundable child tax crea | | • | | | | 19 | |
| | 20 | Amount from Schedule 3, lin | | | | | | 20 | |
| | 21 | Add lines 19 and 20 | | | | | | 21 | |
| | 22 | Subtract line 21 from line 18 | . If zero or less, | enter -0 | | | | 22 | 17,117. |
| | 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 | 17,117. |
| | 25 | Federal income tax withheld | from: | | | 1 1 | | | |
| | а | Form(s) W-2 | | | | 25a 16 | ,507. | | |
| | b | Form(s) 1099 | | | | 25b | | | |
| | С | Other forms (see instructions | , | | | 25c | | | |
| | d | Add lines 25a through 25c | | | | | | 25d | 16,507. |
| If you have a | 26 | 2021 estimated tax payment | | | | | | 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 | tion | . 27b | | | | | |
| | 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 | from Form 8863 | 8, line 8 | | 29 | | | |
| | 30 | Recovery rebate credit. See | instructions . | | | 30 1 | ,400. | | |
| | 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 | lits 🕨 | 32 | 1,400. |
| | 33 | Add lines 25d, 26, and 32. T | hese are your to | otal payments | | | . 🕨 | 33 | 17,907. |
| 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 | 790. |
| | 35a | Amount of line 34 you want | | | 3 is attached, che | eck here | | 35a | 790. |
| Direct deposit? | ►b | Routing number 1 1 1 | | | | Checking | Savings | | |
| See instructions. | ►d | Account number 4 8 8 | 0 8 1 4 | 2 1 1 1 | 1 0 | | | | |
| | 36 | Amount of line 34 you want a | | | | 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 | • | | rn with the IRS? | | omolete h | alow | X No |
| Designee | | signee's | | Phone | | | onal identif | | |
| | | me 🕨 | | no. ► | | | per (PIN) | | |
| Sign | | der penalties of perjury, I declare t ief, they are true, correct, and com | | | | | | | |
| Here | | · • · · · | piete. Deciaration | | | | | | t you an Identity |
| | , 10 | ur signature | | Date | Your occupation | | | | N, enter it here |
| Joint return? | | | | | SOFTWARE | DEVELOPER | (see | inst.) 🕨 🛛 | |
| See instructions. | Sp | ouse's signature. If a joint return, k | ooth must sign. | Date | Spouse's occupa | tion | | | t your spouse an |
| Keep a copy for your records. | , | | | | | | | tity Prote inst.) ▶ [| ction PIN, enter it here |
| , | | | - | Encell e debucer | HOMEMAKER | | , | list.) | |
| | | one no. (972) 202-694. eparer's name | 5 Preparer's signat | Email address | HARISHMATE | ETI@GMAIL.CC | PTIN | | Check if: |
| Paid | | | | | | | | <u>,,,</u> | Self-employed |
| Preparer | | I PRIYA RAM SAGAR GUPTA TALLAM | | KAM SAGAR | GUPTA TALLAM | 1 03/05/2022 | P02082 | | |
| Use Only | | m's name ► GLOBAL TAX | | n Cummin | a CJ 20041 | | | | 678)965-9522 |
| | | m's address ► 2530 Pebb | | | - | | Firm | 's EIN ► | |
| Go to www.irs.g | ov/Forn | n1040 for instructions and the late | st information. | | BAA | REV 02/17/22 PRO | | | Form 1040 (2021) |

| SCHEDULE | 1 |
|-------------|---|
| (Form 1040) | |

Department of the Treasury

Additional Income and Adjustments to Income

► Attach to Form 1040, 1040-SR, or 1040-NR. So to www.irs.gov/Form1040 for instructions and the latest information. 2021 Attachment Sequence No. 01

OMB No. 1545-0074

| Internal Revenue Service | ► Go to www.irs.gov/F |
|--------------------------|-------------------------------|
| Name(s) shown on Fo | orm 1040, 1040-SR, or 1040-NR |

| Your social security nu | ın |
|-------------------------|----|
| 019-04-7640 | |

Part I Additional Income

HARISH MATETI & RAMYA NAMANI

| 1 | Taxable refunds, credits, or offsets of state and local income taxes | | 1 | |
|----|---|--------|----|----------|
| 2a | Alimony received | | 2a | |
| b | Date of original divorce or separation agreement (see instructions) | | | |
| 3 | Business income or (loss). Attach Schedule C | | 3 | |
| 4 | Other gains or (losses). Attach Form 4797 | | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, tru Schedule E | | 5 | -10,020. |
| 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 | Section 951(a) inclusion (see instructions) | 8m | | |
| n | Section 951A(a) inclusion (see instructions) | 8n | | |
| 0 | Section 461(I) excess business loss adjustment | 80 | | |
| р | Taxable distributions from an ABLE account (see instructions) . | 8p | | |
| z | Other income. List type and amount ► | 8z | | |
| 9 | Total other income. Add lines 8a through 8z | | 9 | |
| 10 | Combine lines 1 through 7 and 9. Enter here and on Form 10 1040-NR, line 8 | | 10 | -10,020. |
| | | | | |

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

Schedule 1 (Form 1040) 2021

| Par | Adjustments to Income | | |
|-----|--|-------|------------------------|
| 11 | Educator expenses | 11 | |
| 12 | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 | 12 | |
| 13 | Health savings account deduction. Attach Form 8889 | 13 | |
| 14 | Moving expenses for members of the Armed Forces. Attach Form 3903 | 14 | |
| 15 | Deductible part of self-employment tax. Attach Schedule SE | 15 | |
| 16 | Self-employed SEP, SIMPLE, and qualified plans | 16 | |
| 17 | Self-employed health insurance deduction | 17 | |
| 18 | Penalty on early withdrawal of savings | 18 | |
| 19a | 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) | | |
| b | Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit | | |
| С | Nontaxable amount of the value of Olympic and Paralympicmedals and USOC prize money reported on line 8l 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 violations | | |
| j | Housing deduction from Form 2555 . . . 24j | | |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 24k (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 adjustments to income. Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a | 26 | |
| | BΔ REV 02/17/22 PRO | Sched | ule 1 (Form 1040) 2021 |

REV 02/17/22 PRO

SCHEDULE D

(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

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

20Attachment Sequence No. 12

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

Department of the Treasury

HARISH MATETI & RAMYA NAMANI

Your social security number 019-04-7640

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?

Yes × No If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

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

| lines This | instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars. | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustment to gain or loss Form(s) 8949, F line 2, columr | from Part I, | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|---------------|---|---|--|---|-----------------|---|
| 1a | Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b. | | | | | |
| 1b | Totals for all transactions reported on Form(s) 8949 with Box A checked | 308,290. | 304,521. | 7,306. | | 11,075. |
| 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 (loss) from Forms 4684, 6781, and 8824 | | | | | |
| 5 | Net short-term gain or (loss) from partnerships, Schedule(s) K-1 | | | | 5 | |
| 6 | Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions | | | | | () |
| 7 | Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise | , , | 7 | 11,075. | | |

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

| See instructions for how to figure the amounts to enter on the lines below. | | (d) | (e) | (g) Adjustmen | | (h) Gain or (loss) Subtract column (e) |
|---|--|---------------------------|--------------------------|--|----|--|
| This form may be easier to complete if you round off cents to whole dollars. | | Proceeds (sales price) | Cost (or other basis) | to gain or loss from Form(s) 8949, Part II, line 2, column (g) | | from column (d) and combine the result with column (g) |
| 8a | Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b. | | | | | |
| 8b | Totals for all transactions reported on Form(s) 8949 with Box D checked | | | | | |
| 9 | Totals for all transactions reported on Form(s) 8949 with Box E checked | | | | | |
| 10 | Totals for all transactions reported on Form(s) 8949 with Box F checked. | orm(s) 8949 with | | | | |
| 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 | | | | . , | 11 | |
| 12 | 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | | | |
| 13 | Capital gain distributions. See the instructions | | 13 | | | |
| 14 | Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions | - | 14 | () | | |
| 15 | Net long-term capital gain or (loss). Combine lines 8a on the back | • | | | 15 | |

| Part | III Summary | | |
|------|---|----|---------|
| 16 | Combine lines 7 and 15 and enter the result | 16 | 11,075. |
| | • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. | | |
| | • If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. | | |
| | • If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. | | |
| 17 | Are lines 15 and 16 both gains? Yes. Go to line 18. | | |
| | No. Skip lines 18 through 21, and go to line 22. | | |
| 18 | If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet | 18 | |
| 19 | If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet | 19 | |
| 20 | Are lines 18 and 19 both zero or blank and are you not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. | | |
| | □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. | | |
| 21 | If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: | | |
| | The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500) | 21 | () |
| | Note: When figuring which amount is smaller, treat both amounts as positive numbers. | | |
| 22 | Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? | | |
| | Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. | | |
| | □ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR. | | |

REV 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) snown on return | Social security number or taxpayer identification number |
|------------------------------|--|
| HARISH MATETI & RAMYA NAMANI | 019-04-7640 |
| | |

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 See the Note below (characteristic) (characterist | | | | (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) (g) Code(s) from instructions Amount of adjustment | | from column (d) and combine the result with column (g) | |
| E*TRADE SECURITIES LLC | 05/05/21 | 12/12/21 | 308,290. | 304,521. | W | 7,306. | 11,075. | |
| | | | | | | | | |
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| | | | | | | | | |
| | | | | | | | | |
| 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 above is checked), or line 3 (if Box C above is checked) ► | | | 308,290. | 304,521. | | 7,306. | 11,075. | |

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

| | EDULE E | | Supplemental Income and Loss | | | | | | | | |
|--|--------------------|---------------|---|---------------|-----------------|-----------|-----------|--------------------|-------------------|--------------|-------------|
| (Form 1040) (From Department of the Treasury Internal Revenue Service (99) | | | rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.) | | | | | | | | |
| | | | Attach to Form 104 | Attachment | | | | | | | |
| | | | Go to www.irs.gov/ScheduleE t | | Sequence No. 13 | | | | | | |
| Name(| s) shown on return | | | | | | | | Your soci | al security | y number |
| HAR | ISH MATETI | & RAMYA | NAMANI | | | | | | 019-0 | 4-7640 | 0 |
| Par | tl Income | or Loss Fr | om Rental Real Estate and Ro | oyaltie | s Note | e: If you | are in th | ne business of | renting pe | rsonal pr | operty, use |
| | Schedule | C. See instr | ructions. If you are an individual, rep | oort farı | n rental i | income | or loss f | rom Form 48 | 35 on page | e 2, line 40 | 0. |
| A D | id you make any | payments | in 2021 that would require you to | o file F | orm(s) 1 | 099? 5 | See inst | ructions . | | . 🗆 Y | 'es 🔀 No |
| B If | "Yes," did you o | r will you fi | le required Form(s) 1099? | | | | | | | . 🗆 Y | 'es 🗌 No |
| 1a | | | n property (street, city, state, ZII | | | | | | | | |
| Α | 1-7-1046/ | 42 AZAM | ABAD RAMNAGAR HYDERAB. | AD TI | ELANGA | ANA I | N 500 | 020 | | | |
| В | | | | | | | | | | | |
| С | | | | | | | | | | | |
| 1b | Type of Pro | perty 2 | For each rental real estate pro | perty I | sted | | Fair | Rental | Persona | I Use QJV | |
| | (from list be | low) | above, report the number of fa | ir rental and | | | | Days | Days | | QU V |
| Α | 3 | | For each rental real estate pro above, report the number of fa personal use days. Check the if you meet the requirements t qualified joint venture. See ins | o file a | ox oniy s a | Α | | 365 | | 0 | |
| В | | | qualified joint venture. See ins | tructio | uctions. B | | | | | | |
| С | | | | | | С | | | | | |
| Туре | of Property: | | | | | | | | | | |
| 1 Sin | ngle Family Resid | dence | 3 Vacation/Short-Term Rental | 5 La | nd | | 7 Self- | Rental | | | |
| 2 Mu | Iti-Family Reside | ence | 4 Commercial | 6 Ro | yalties | | 8 Othe | er (describe) | | | |
| Incor | me: | | Properties: | | | Α | | B | | | С |
| 3 | Rents received | k | | 3 | | | 620. | | | | |
| 4 | | | | 4 | | | | | | | |
| Expe | nses: | | | | | | | | | | |
| 5 | Advertising | | | 5 | | | | | | | |

| 3 | Rents received | 3 | 6 | 20. | | | | |
|--------|--|-------|--------------------|----------|------------------|-----|----------|------------------|
| 4 | Royalties received | 4 | | | | | | |
| Exper | | | | | | | [| |
| 5 | Advertising | 5 | | | | | ĺ | |
| 6 | Auto and travel (see instructions) | 6 | | | | | | |
| 7 | Cleaning and maintenance | 7 | 2,2 | 70. | | | | |
| 8 | Commissions | 8 | | | | | | |
| 9 | Insurance | 9 | | | | | | |
| 10 | Legal and other professional fees | 10 | | | | | | |
| 11 | Management fees | 11 | 2,3 | 40. | | | | |
| 12 | Mortgage interest paid to banks, etc. (see instructions) | 12 | | | | | | |
| 13 | Other interest | 13 | | | | | | |
| 14 | Repairs | 14 | 1,8 | 80. | | | | |
| 15 | Supplies | 15 | 1,7 | 20. | | | | |
| 16 | Taxes | 16 | | | | | | |
| 17 | Utilities | 17 | 2,4 | 30. | | | | |
| 18 | Depreciation expense or depletion | 18 | | | | | | |
| 19 | Other (list) | 19 | | | | | | |
| 20 | Total expenses. Add lines 5 through 19 | 20 | 10,6 | 40. | | | | |
| 21 | Subtract line 20 from line 3 (rents) and/or 4 (royalties). If | | | | | | ĺ | |
| | result is a (loss), see instructions to find out if you must | | | | | | ĺ | |
| | file Form 6198 | 21 | -10,0 | 20. | | | ļ | |
| 22 | Deductible rental real estate loss after limitation, if any, | | | | | | ĺ | |
| | on Form 8582 (see instructions) | 22 | (10,02 | | |) | (|) |
| 23a | Total of all amounts reported on line 3 for all rental prope | | | 23a | 6 | 20. | 1 | |
| b | Total of all amounts reported on line 4 for all royalty prop | | | 23b | | | 1 | |
| С | Total of all amounts reported on line 12 for all properties | | | 23c | | | 1 | |
| d | Total of all amounts reported on line 18 for all properties | | | 23d | | | 1 | |
| е | Total of all amounts reported on line 20 for all properties | | | 23e | 10,6 | | | |
| 24 | Income. Add positive amounts shown on line 21. Do no | | • | | | 24 | L | |
| 25 | Losses. Add royalty losses from line 21 and rental real estate | losse | s from line 22. En | ter tota | al losses here . | 25 | (| 10,020.) |
| 26 | Total rental real estate and royalty income or (loss). | | | | | | | |
| | here. If Parts II, III, IV, and line 40 on page 2 do not | | | | | | | |
| | Schedule 1 (Form 1040), line 5. Otherwise, include this ar | - | | ine 41 | | 26 | Ĺ | -10,020. |
| For Pa | perwork Reduction Act Notice, see the separate instructions. | | NPA | | -10,020. | Scl | hedule E | (Form 1040) 2021 |

For Paperwork Reduction Act Notice, see the separate instructions.