## 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

IIILEIIIAI F	levellue Selvice					
Submis	ssion Identification Number (SID)					
Taxpaye	r's name	Social secur	ty numi	per		
PRAJ	JAKTA BASRUR	051-83	-270	9		
Spouse's		Spouse's so			mber	
Dout	Toy Detrive Information Toy Very Ending December 21 0001 /Fn	+or //ook //ou		th a ri =	ina \	
Part	Tax Return Information — Tax Year Ending December 31, 2021 (Envhole dollars only on lines 1 through 5.	ter year you a	are au	lnoriz	ing.)	
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
	Adjusted gross income		1 1		68.	557.
	Total tax		2			008.
	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3			660.
	Amount you want refunded to you		4			652.
	Amount you owe		5			
Part	Taxpayer Declaration and Signature Authorization (Be sure you get an	d keep a cop	y of y	our r	eturr	n)
return (or to send for any Agent to payment authorize payment business taxes to personal	wledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I all original or amended) I am now authorizing. I consent to allow my intermediate service provider, tran my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the originate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account into of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation residus prior to the payment (settlement) date. I also authorize the financial institutions involved in the processive confidential information necessary to answer inquiries and resolve issues related to the latentification number (PIN) below is my signature for the income tax return (original or amended) are Funded Withdray of Consent.	smitter, or electrejection of the tell. S. Treasury andicated in the fution to debit the attention to debit the attention to the authorize equests must be the processing of payment. I fur	onic re ransmind its ax prepare entry ation. The receipt of the elements of the raceipt of the r	turn ori	iginato (b) the ated Fi n softv accou oke (ca o later ic payr edge t	or (ERO) reason inancial ware for int. This ancel) a than 2 ment of that the
	nic Funds Withdrawal Consent.  yer's PIN: check one box only		1 1			
X		te my DINI	2 '	7 0	9	as my
	ERO firm name  signature on the income tax return (original or amended) I am now authorizing.	ř Er	ter five n't ente		but	as my
	I will enter my PIN as my signature on the income tax return (original or amended) I an if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN me below.					
Your si	ignature ▶ Date ▶					
Snous	e's PIN: check one box only	_				
Ороцз	I authorize to enter or genera	te my PIN				as my
	ERO firm name		ter five	diaits.		asiny
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	r all ze	ros	
	I will enter my PIN as my signature on the income tax return (original or amended) I an if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN me below.		_			_
Spouse	e's signature ▶ Date ▶					
	Practitioner PIN Method Returns Only—continue belo	ow				
Part I	Certification and Authentication — Practitioner PIN Method Only					
FRO's	<b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5	8 7 2 7	8 6	1 9	8 8	9
	= 11.71 III Elitor your on angle Eliterionous day your into digit our colociou i iii.	Don't en				
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income that the file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am suments of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers of	bmitting this ret	urn in a	accorda	anće v	
ERO's	signature ▶ Date ▶					
	ERO Must Retain This Form — See Instructions					
	Don't Submit This Form to the IRS Unless Requested To	o 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.

Filing Status Check only one box.	If yo	Single Married filing jointly but checked the MFS box, enter the reson is a child but not your dependent	– iame of	ied filing separately (	` ,	_		,	, -	_	, ,	` , ` ,
Your first name	and m	iddle initial	Last n	ame						Your so	cial securi	ty number
PRAJAKTA BASRUR 09					051-8	83-270	9					
If joint return, s	pouse's	s first name and middle initial	Last n	ame						Spouse's	s social se	curity number
Home address	•	er and street). If you have a P.O. box, see	instruct	tions.				Apt. no.		Check h	ere if you,	•
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete	spaces below.	State	)	ZIP	code				ntly, want \$3 Checking a
FALLS C	HURC	Н			VA		2:	2043		0	ow will not	0
Foreign country	y name			Foreign province/state	e/county	′	For	eign postal c	ode	your tax	or refund.	Spouse
At any time du	ring 20	021, did you receive, sell, exchange	, or oth	erwise dispose of ar	ny finar	ncial inte	rest in ar	ny virtual c	urren	cy?	Yes	⊠ No
Standard Deduction	_	neone can claim: You as a de Spouse itemizes on a separate retur	•			depend	lent					
Age/Blindness	You:	: Were born before January 2, 1	957	Are blind Sp	ouse:	□Wa	s born b	efore Janu	arv 2.	. 1957	☐ Is bl	ind
Dependents	-			(2) Social securit		(3) Relat					(see instru	ections):
If more	•				to y		Child t		1	•	her dependents	
than four												
dependents,												
see instructions and check	5 —											
here ▶ □												
	1_	Wages, salaries, tips, etc. Attach l	orm(s)	W-2						1		76,275.
Attach	2a	Tax-exempt interest	2a		<b>b</b> Ta	xable int	erest			2b		
Sch. B if required.	За	Qualified dividends	3a		<b>b</b> Or	dinary di	nary dividends			3b		0.
required.	4a	IRA distributions	4a		<b>b</b> Ta	xable an	nount .			4b		
	5a	Pensions and annuities	5a		<b>b</b> Ta	xable an	nount .			5b		
Standard	6a	Social security benefits	6a		<b>b</b> Ta	xable an	nount .			6b		
Deduction for—	7	Capital gain or (loss). Attach Sche	dule D	if required. If not req	quired,	check he	ere .		▶ □	7		82.
<ul> <li>Single or Married filing</li> </ul>	8	Other income from Schedule 1, lin	e 10							8		-7,800.
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your <b>total inc</b>	come					9		68,557.
Married filing	10	Adjustments to income from Sche	dule 1,	line 26						10		
jointly or Qualifying	11_	Subtract line 10 from line 9. This is	s your a	adjusted gross inco	me					<b>11</b>	(	68,557.
widow(er), \$25,100	12a	Standard deduction or itemized	deduc	tions (from Schedule	e A)		12a	12,	550	١.		
Head of	b	Charitable contributions if you take	the sta	indard deduction (see	e instru	ictions)	12b		300			
household, \$18,800	С	Add lines 12a and 12b								120	;	12,850.
If you checked	13	Qualified business income deduct	ion fror	n Form 8995 or Forr	n 8995	Б-А				13		
any box under Standard	14	Add lines 12c and 13								14		12,850.
Deduction, see instructions.	15	Taxable income. Subtract line 14	from li	ne 11. If zero or less	, enter	-0				15	!	55,707.

Form 1040 (202	1)							Page <b>2</b>
	16	Tax (see instructions). Check if any from Form(s):	: <b>1</b>	<b>2</b> 4972	3 🗌		. 16	8,008.
	17	Amount from Schedule 2, line 3			<del></del>	<del></del> .	. 17	
	18	Add lines 16 and 17					. 18	8,008.
	19	Nonrefundable child tax credit or credit for other	. 19					
	20	Amount from Schedule 3, line 8	. 20					
	21	Add lines 19 and 20	. 21					
	22	Subtract line 21 from line 18. If zero or less, ent	. 22	8,008.				
	23	Other taxes, including self-employment tax, fro	m Schedule	2, line 21			. 23	0.
	24	Add lines 22 and 23. This is your <b>total tax</b> .					▶ 24	8,008.
	25	Federal income tax withheld from:						
	а	Form(s) W-2			25a	11,66	0.	
	b	Form(s) 1099			25b			
	С	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					. 25d	11,660.
If you have a	26	2021 estimated tax payments and amount app	lied from 202	20 retur <u>n</u>			. 26	
qualifying child,	27a	Earned income credit (EIC)		No	27a			
attach Sch. EIC.		Check here if you were born after January						
		January 2, 2004, and you satisfy all the taxpayers who are at least age 18, to claim the						
	h	Nontaxable combat pay election	1 1	Structions				
	b	Prior year (2019) earned income			-			
	с 28	Refundable child tax credit or additional child tax		Sahadula 9919	28			
	29		-					
	30	American opportunity credit from Form 8863, li	-					
	31	Recovery rebate credit. See instructions						
	32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits						
	33	Add lines 25d, 26, and 32. These are your <b>total payments</b>						11,660.
	34	If line 33 is more than line 24, subtract line 24 fi					. 33	3,652.
Refund	35a				•		35a	3,652.
Direct deposit?	⊳ b	Amount of line 34 you want <b>refunded to you.</b> If Form 8888 is attached, check here <b>\rightarrow</b> Routing number 2 6 3 1 8 3 1 5 9 <b>\rightarrow C Type: X Checking Savings</b>						3,032.
See instructions.		Account number 1 0 0 0 0 7 1 8	gs					
	36	Amount of line 34 you want applied to your 20			36			
Amount	37	Amount you owe. Subtract line 33 from line 24					▶ 37	
You Owe	38	Estimated tax penalty (see instructions)		1 77	38		31	
Third Party		you want to allow another person to discus						
Designee						. Comple	ete below.	X No
Boolgiloo	De	ignee's	Phone				entification	
	nar	ne ►	no. 🕨			umber (Pl		
Sign		der penalties of perjury, I declare that I have examined t						
Here		ef, they are true, correct, and complete. Declaration of p	· · · · ·		ased on all inforn	1		,
	Yo	ır signature D	Date	Your occupation				nt you an Identity IN, enter it here
Joint return?				SOFTWARE I	NGTBNEER	I	see inst.)	III, CIRCI II IICIC
See instructions.	Sp	buse's signature. If a joint return, <b>both</b> must sign. D	Date	Spouse's occupati			f the IRS se	nt your spouse an
Keep a copy for						I .		ection PIN, enter it here
your records.							see inst.) <b>&gt;</b>	
		( )	mail address	prajakta.bas				
Paid		parer's name Preparer's signature			Date	PTIN		Check if:
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RA	AM SAGAR (	GUPTA TALLAM	03/06/202	22   P02	082703	Self-employed
Use Only		n's name ► GLOBAL TAXES LLC					Phone no. (	678)965-9522
	Fir	n's address ▶ 2530 Pebble Creek Ln	Cumming	GA 30041		I	Firm's EIN	
Go to www.irs.g	ov/Forn	1040 for instructions and the latest information.		BAA	REV 02/17/22 PF	RO		Form <b>1040</b> (2021)

## SCHEDULE 1 (Form 1040)

### **Additional Income and Adjustments to Income**

OMB No. 1545-0074

2021

Attachment

Department of the Treasury Internal Revenue Service

PRAJAKTA BASRUR

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

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

Attachment Sequence No. 01 Your social security number

051-83-2709

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes	3	1	0.
<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, truschedule E		5	-7,800.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	<b>8a</b> (		
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 k	Stock options	8j 8k		
I	Olympic and Paralympic medals and USOC prize money (see instructions)	81		
m	Section 951(a) inclusion (see instructions)	8m		
n	Section 951A(a) inclusion (see instructions)	8n		
0	Section 461(I) excess business loss adjustment	80		
р	Taxable distributions from an ABLE account (see instructions) .	8p		
Z	Other income. List type and amount ▶	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 10 1040-NR, line 8	040, 1040-SR, or	10	-7,800.

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>		ı
С	Date of original divorce or separation agreement (see instructions)	<b>-</b>		ı
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			ı
а	Jury duty pay (see instructions)	24a		ı
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	24b		ı
С	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l	24c		ı
d	Reforestation amortization and expenses	24d		ı
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		ı
f	Contributions to section 501(c)(18)(D) pension plans	24f		ı
g	Contributions by certain chaplains to section 403(b) plans	24g		ı
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		ı
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		ſ
j	Housing deduction from Form 2555	24j		ı
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		ſ
Z	Other adjustments. List type and amount ▶	24z		1
25	Total other adjustments. Add lines 24a through 24z		25	1
26	Add lines 11 through 23 and 25. These are your adjustments to			
	here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line	e 10a	26	1

#### **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.

Name(s) shown on return Your social security number 051-83-2709 PRAJAKTA BASRUR

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

#### See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to Form(s) 8949, Part I, combine the result (sales price) (or other basis) whole dollars. with column (g) line 2. column (a) 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 . . . . . . . . . . . . . . . . . 91. 173. 82. 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 . . . . . . . . . . . . . . . Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . . . . . 7 82. 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 (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to Form(s) 8949, Part II, (sales price) (or other basis) combine the result whole dollars. line 2. column (a) with column (a) 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 Totals for all transactions reported on Form(s) 8949 with Box E checked . . . . . . . . . . . . . . . . . . 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III 15

BAA

Schedule D (Form 1040) 2021 Page 2

#### Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 82. • 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? ☐ **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. 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.

## Form **8949**

#### **Sales and Other Dispositions of Capital Assets**

► Go to www.irs.gov/Form8949 for instructions and the latest information.

Department of the Treasury Internal Revenue Service ► 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

OMB No. 1545-0074

Name(s) shown or	n return
PRAJAKTA	BASRUR

Social security number or taxpayer identification number 051-83-2709

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 F	orm 1099-B	·				
1 (a)	f property Date acquired Date sold or Proceeds See the <b>Note</b> below	Cost or other basis. See the <b>Note</b> below	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f).  See the separate instructions.		(h) Gain or (loss). Subtract column (e)			
(Example: 100 sh. XYZ Co.)	Description of property   Date acquired   dist		(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions  (g) Amount of adjustment		from column (d) and combine the result with column (g)	
Robinhood Crypto LLC	01/01/21	12/31/21	15.	12.			3.	
Robinhood Securities LLC	01/01/21	12/31/21	158.	79.			79.	
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above above is checked) or line 3 (if Box 6).	al here and inc is checked), <b>lir</b>	lude on your ne 2 (if Box B	173.	91.			82.	

**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.

#### **SCHEDULE E** (Form 1040)

Department of the Treasury

#### **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

▶ Go to www.irs.gov/ScheduleE for instructions and the latest information. Internal Revenue Service (99)

Sequence No. 13

OMB No. 1545-0074

Name(s) shown on return Your social security number 051-83-2709 PRAJAKTA Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Part I Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. A Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions . . . . . Physical address of each property (street, city, state, ZIP code) Α KRISHNA NAGAR HYDERABAD TELANGANA IN 500046 В C 1b Fair Rental **Personal Use** Type of Property For each rental real estate property listed QJV above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a (from list below) **Days Days** Α 365 0 Α qualified joint venture. See instructions. В В С С Type of Property: Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) Income: **Properties:** Α 3 Rents received . 3 600. 4 Royalties received . . . . 4 Expenses: Advertising . . . . . . 5 5 6 Auto and travel (see instructions) . . . 6 7 Cleaning and maintenance . . . 7 1,000. 8 8 Commissions. . . . . . 9 9 Insurance . . . . . . . . . . 10 Legal and other professional fees . . . 10 11 11 1,000. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 Other interest. . . . . . . . . 14 Repairs. . . . . . . . 14 2,000. 15 2,000. 15 Supplies . Taxes . . . . . . 16 16 17 2,400. 17 18 Depreciation expense or depletion . . 18 19 19 Total expenses. Add lines 5 through 19 . . . . . 20 20 8,400. 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 -7,800. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . . . . . 7,800.) 600 23a Total of all amounts reported on line 3 for all rental properties 23a **b** Total of all amounts reported on line 4 for all royalty properties 23b 23c **c** Total of all amounts reported on line 12 for all properties d Total of all amounts reported on line 18 for all properties 23d 23e Total of all amounts reported on line 20 for all properties 8,400. Income. Add positive amounts shown on line 21. Do not include any losses 24 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here. 25 7,800. 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 26 -7,800.

## 2021 VA760CG Page 1





Page 1 of 2

PRAJAKTA

BASRUR

1741 PIMMIT DRIVE

	FALLS	CHURCH	VA	22043
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SSN - You BASR		051832709	Vendor ID	1555		хххххх
SSN - Spouse	4	60557	Miller aldiner (MAX) M		404	2060
Fed Adj Gross Income (FAGI)	1.	68557.	Withholding (VA) - Yo	ou	19A.	3860.
Additions	2.		Withholding (VA) - S	pouse	19B.	
Subtotal	3.	68557.	Estimated Payments		20.	
Age Deduction - You	4A.		2020 Overpayment		21.	
Age Deduction - Spouse	4B.		Extension Payments		22.	
Soc Sec & Tier 1 Railroad	5.		Credit - Low-Income	or EIC	23.	
State Income Tax Overpayment	6.		Credit - Schedule OS	С	24.	
Subtractions	7.		Credits - Schedule Cl	R	25.	
Subtotal Subtractions	8.		Total Payments / Cre	edits	26.	3860.
Total VA Adj Gross Income (VAGI)	9.	68557.	Tax You Owe		27.	
Itemized Deductions - VA Sch A	10.		Tax Overpayment		28.	488.
Standard Deduction	11.	4500.	Overpayment Credite	ed to Next Year	29.	
Exemptions	12.	930.	VAC - Virginia 529 / A	ABLE	30.	
Deductions	13.		VAC - Other Contribu	utions	31.	
Subtotal (Deductions & Exemptions	3) 14.	5430.	Addition to Tax, Pena	lty & Interest	32.	
VA Taxable Income	15.	63127.	Sales and Use Tax		33.	
Amount of Tax	16.	3372.	Amount You Owe			
Spouse Tax Adjustment (STA)	17.		Will Pay by Credit/Debit	t Card N		488.
VAGI - Spouse	17A.					
Net Amount of Tax	18.	3372.	Bank Routing #		С	263183159
L			Bank Account #		10000	71893481

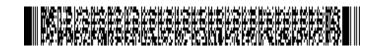
\_\_LAR \_\_DLAR \_\_DTD \_\_LTD \$\_\_\_\_

File by May 1, 2022 Include Page 1, Page 2 and all

supporting 760CG documents.

REV 02/16/22 PRO

1555





•						
Filing Status, Age &	& License Info	ormation	Addition	al Filing Info	ormation	
Filing Status			1	Locality		610
Federal Head of H	lousehold			Uninsured & Authorize DM	MAS	
DOB - You		1119199	0	Name or Filing Status Cha	ange	
VA Driver's Licens	e ID - You	E6245791	2	Address Change		
VA Driver's Licens	e - Iss. Date - Y	ou 0312202	1	VA Return Not Filed Last \	Year	
Spouse Name (Fil	ing Status 3 On	ly)		Dependent on Another's F	Return	
DOD O				Farmer / Fisherman / Mer	chant Seaman	
DOB - Spouse	a ID. Spausa			Amended		
VA Driver's Licens	•	· maura		Reason Code		
VA Driver's Licens		•		Overseas on Due Date		
Exemptions (A) You	1	Exemptions (B) 65 & Over - You		Federal EIC & Amount		
Spouse		65 & Over - Spouse		Deceased Indicator		
Dependents		Blind - You		No Sales & Use Tax Due	ndicator	X
Total (A)	1	Blind - Spouse		Obtain Electronic 1099G		
		Total (B)		ID Theft PIN		
	declare under per	ontact Information nalty of law that I (we) have examined the				
Signature - You		Date		Phone - You		8137340991
Signature - Spouse		Date		Phone - Spouse		
Signature - Preparer _	SYAM PRIYA RAI	M SAGAR GUPTA TALLAM Date	030622	Phone - Preparer		6789659522
The Tax Department m	nay discuss my/	our return with my/our preparer.		Preparer Information	7	P02082703

GLOBAL TAXES LLC

CUMMING

2530 PEBBLE CREEK LN

GA 30041

Page 2 of 2

#### 2021 Schedule INC/CG

051832709

Report all W-2s, 1099s & VK-1s with VA Withholding

PRAJAKTA

BASRUR



Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
Γ					コ
051832709	M	3860.	540831614	0011024440	76275.

 Total VA Withholding
 SSN
 VA Withholding

 You
 051832709
 3860.

 Spouse
 Total # of W-2s,1099s & VK-1s
 01

VA-8879
Virginia Department of Taxation

# Virginia Individual Income Tax e-File Signature Authorization

Tax Year 2021

## DO NOT SEND THIS VA-8879 TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS. IT MUST BE MAINTAINED IN YOUR FILES!

Virginia Submission Identification Number (SID)					
Your Name	B Your Social Sec	curity Number			
PRAJAKTA BASRUR	051-83-27	09			
Spouse's Name	A Spouse's Socia				
Part I Tax Return Information	A Spouse	B Yourself			
1. Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1)		68557.			
2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)		68557.			
3. Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)		63127.			
4. Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)		3372.			
5. Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)		3860.			
6. Amount you Owe (Form 760CG, Line 35; Form 760PY, Line 35; Form 763, Line 35)					
7. Refund (Form 760CG, Line 36; 760PY, Line 36; Form 763, Line 36)		488.			
Part II Declaration of Taxpayer and Signature Authorization					
Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the year ending December 31, 2021, and to the best of my knowledge and belief, it is true, correct and complete. I further declare that the information I provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider (including my name, address and social security number or individual tax identification number) and the amount shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If I am filling a balance due return, I understand that if the Virginia Department of Taxation (Virginia Tax) does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit my complete return to Virginia Tax. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, the direct deposit of my refund or direct debit of my tax due. In choosing either direct deposit or direct debit, I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.					
Taxpayer's e-File PIN: check one box only					
I authorize the ERO named below to enter my e-File PIN 3 2 7 0 9 as my signature on my 2021 e-f	iled Virginia individual inc	ome tax return.			
Do not enter all zeros					
GLOBAL TAXES LLC					
ERO Firm Name  I will enter my e-File PIN as my signature on my 2021 e-filed Virginia individual income tax return. Check this be and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.	ox only if you are entering	your own e-File PIN			
Your Signature Date					
Spouse's e-File PIN: check one box only					
I authorize the ERO named below to enter my e-File PIN as my signature on my 2021 e-f  Do not enter all zeros	iled Virginia individual inc	ome tax return.			
ERO Firm Name					
I will enter my e-File PIN as my signature on my 2021 e-filed Virginia individual income tax return. Check this bo and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.	x only if you are entering	your own e-File PIN			
Spouse's Signature Date					
Part III Certification and Authentication – Practitioner PIN Method Only					
ERO's EFIN/PIN: Enter your six-digit EFIN followed by your five digit self-selected PIN. 5 8 7 2 7 8 6	5 1 9 8 9				
Do not enter al I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2021 Virginia individual income above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Electronic Filers of Individual Income Tax Returns (Tax Year 2021). EROs may sign the form using a rubber stamp, men pen, or computer software program.	e tax return for the taxpay d Virginia's publication Ha chanical device, such as	indbook for			
ERO's Signature Date	06-22	<del></del>			

## 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.

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

OMB No. 1545-0074

2021

Attachment
Sequence No. 13

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

Your social security number

PRAJ	AKTA BASRUR						0	51-83	-270	9	
Part	Income or Loss	s From Rental Real Estate and Roy	yaltie	s Note: If yo	u are in	the business	of rent	ing pers	onal p	roperty,	use
	Schedule C. See	instructions. If you are an individual, repo	ort farı	m rental income	e or los	s from Form 4	<b>835</b> oı	n page 2	2, line 4	10.	
A Dic	d you make any payme	ents in 2021 that would require you to	file F	orm(s) 1099?	See in	structions .				Yes 🗵	No
B If "	"Yes," did you or will you file required Form(s) 1099?									Yes 🗌	No
1a	Physical address of each property (street, city, state, ZIP code)										
Α	KRISHNA NAGAR HYDERABAD TELANGANA IN 500046										
В											
С											
1b	Type of Property 2 For each rental real estate prope			erty listed r rental and OJV box only		Fair Rental Days		Personal Use Days		QJV	
	(from list below)  above, report the number of fair personal use days. Check the <b>G</b> if you meet the requirements to										
Α	3	if you meet the requirements to	file a	file as a A		365		0			
В		qúalified joint venture. See instru									
С			С								
	of Property:										
-	gle Family Residence	3 Vacation/Short-Term Rental	5 La	nd	7 Se	lf-Rental					
	ti-Family Residence		6 Ro	yalties	8 Ot	<u>her (describe</u>	e)				
Incom		Properties:		Α			3			С	
3			3		600						
4	Royalties received .		4								
Expen											
5			5 6								
6	Auto and travel (see instructions)										
7	Cleaning and maintenance			1	,000	•					
8			8								
9			9								
10	-	essional fees	10								
11	Management fees		11	1	,000	•					
12		id to banks, etc. (see instructions)	12								
13			13								
14			14	-	,000						
15			15	2	,000	•					
16			16		400						
17			17	2	,400	•					
18		e or depletion	18								
19	Other (list)   Tatal aurage Add lines 5 through 10		19	0	400						
20	Total expenses. Add lines 5 through 19			8	,400	•					
21		line 3 (rents) and/or 4 (royalties). If									
	result is a (loss), see instructions to find out if you must file Form 6198			<b>21</b> -7,800.							
20			-/,		,000	•					
22	on <b>Form 8582</b> (see in	Il estate loss after limitation, if any,	22	7	,800.	)(		)/			١
23a	·	-		1,	23		6	00.			
b	Total of all amounts reported on line 3 for all rental proper Total of all amounts reported on line 4 for all royalty prope				23	_					
C	Total of all amounts reported on line 4 for all properties				23						
d	Total of all amounts reported on line 18 for all properties										
e	Total of all amounts reported on line 18 for all properties						8,4	.00			
24		re amounts shown on line 21. <b>Do no</b> t				<u> </u>	0,1	24			
25	•	osses from line 21 and rental real estate		-		otal losses he	re ·	25 (		7.8	300.)
		ate and royalty income or (loss).						(		, , (	)
26		IV, and line 40 on page 2 do not a									
		40), line 5. Otherwise, include this an		•				26		-7,	800.