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

Submission Identification Number (SID)				-				
Taxpayer's name		Social s	secur	ity num	ber			
GOPAL REDDY GUDURI		738	-09	-285	1			
Spouse's name		Spouse	's so	cial sec	urity	numbei	r	
RAJITHA RANI GURRAM		958	-94	1-482	20			
Part I Tax Return Information — Tax Year Ending December 31, 2021	(Enter y	ear y	ou a	are au	ıtho	rizing.)	
Enter whole dollars only on lines 1 through 5.								
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.								
1 Adjusted gross income				1			, 26	
2 Total tax				2		6	,59	1.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099				3		7	,13	4.
4 Amount you want refunded to you				4			54	13.
5 Amount you owe				5				
Part II Taxpayer Declaration and Signature Authorization (Be sure you get	and ke	ер а	cop	by of	you	r retu	rn)	
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accordant payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial in authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to ten payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation business days prior to the payment (settlement) date. I also authorize the financial institutions involved taxes to receive confidential information necessary to answer inquiries and resolve issues related to personal identification number (PIN) below is my signature for the income tax return (original or amend Electronic Funds Withdrawal Consent.	transmitte for reject e the U.S. unt indica nstitution erminate t on reques d in the pro the pay	er, or ention of a ted in to det to det to the autorocessument.	election the sury and the soit the soit the state of the soit the soil the	ronic retransmand its tax pree entry tation. The recent the erther a	eturn issior desiq parat to th To re ived electro	origina n, (b) the gnated tion soft is accominated evoke (no late onic pa wledge	tor (Ease reaction (Ease reaction) fitware cancer that that that that that the reaction (Ease reaction) fitter (Ease reactio	ERO) ason ncial re for This cel) a an 2 nt of
Taxpayer's PIN: check one box only			Г	1.1				
▼ I authorize GLOBAL TAXES LLC to enter or gen	nerate m	v PIN	_ 9	2	8 5	5 1	as	my
ERO firm name signature on the income tax return (original or amended) I am now authorizing.		,		nter five on't ent				,
I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN and your return is filed using the Practitioner PIN below.								
Your signature ► Dat	te ▶							
Spouse's PIN: check one box only			_					
▼ I authorize GLOBAL TAXES LLC to enter or gen	nerate m	v PIN	4	4	8 2	2 0	as	my
ERO firm name		,		nter five		\perp	0.0	,
signature on the income tax return (original or amended) I am now authorizing.			de	on't ent	er all	zeros		
I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN and your return is filed using the Practitioner PIN below.								
Spouse's signature ▶ Dat	te ►							
Practitioner PIN Method Returns Only—continue b	below							
Part III Certification and Authentication — Practitioner PIN Method Only							1	
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	5 8 '	7 2 Dor	7 n't en	8 ter all z	eros			
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual inc authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Provide	n submitt	ing thi	is ret	urn in	acco	rdance		
ERO's signature ▶ Dat	te ►							
FRO Must Retain This Form — See Instruction	nc.							

Don't Submit This Form to the IRS Unless Requested To Do So

E1040 Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

Filing Status Check only one box.	If yo	Single X Married filing jointly uchecked the MFS box, enter the notion is a child but not your dependent	ame of	· .	, ,	_		` ,	_	, 0	` , ` ,	
Your first name	and mi	ddle initial	Last na	me					Your so	cial securi	ty number	
GOPAL RE	DDY		GUDU	JRI					738-	738-09-2851		
If joint return, sp	ouse's	first name and middle initial	Last na	me					Spouse	's social se	curity number	
RAJITHA	RAN	I	GURF	MAS					958-	94-482	0	
Home address	numbe	r and street). If you have a P.O. box, see	instructi	ons.				Apt. no.	Preside	ntial Electi	on Campaign	
8900 INI	EPEI	NDENCE PKWY						17205		here if you,		
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete s	paces below.	Sta			code 025	spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change			
Foreign country	name		ı	Foreign province/sta	ate/coun	ty	Fore	eign postal code		or refund		
At any time du	ring 20	021, did you receive, sell, exchange,	or othe	erwise dispose of	any fina	ancial interest i	in an	y virtual curre	ncy?	Yes	⊠ No	
Standard Deduction		eone can claim:				a dependent						
Age/Blindness	You:	Were born before January 2, 19	957	Are blind	Spouse	: Was bo	rn be	fore January 2	2, 1957	☐ Is b	lind	
Dependents	(see	instructions):		(2) Social secu	ırity	(3) Relationsh	nip	(4) 🗸 if q	ualifies fo	r (see instru		
If more	(1) Fi	rst name Last name	number to you Child tax credit		redit	Credit for ot	her dependents					
than four	PREE	ETHAM REDDY GUDURI		958-94-4	831	Son					×	
dependents, see instructions	PRAC	HOTAN REDDY GUDURI		958-94-4	846	Son					<u>×</u>	
and check								<u> </u>				
here ▶												
A++ I-	1_	Wages, salaries, tips, etc. Attach F	orm(s)	W-2					. 1	1	05,089.	
Attach Sch. B if	2a	Tax-exempt interest	2a		b T	axable interes	t		. 2b)		
required.	3a	Qualified dividends	3a		b 0	Ordinary divide	nds		. 3b)		
	4a	IRA distributions	4a		b T	axable amoun	ıt.		. 4b)		
	5a	Pensions and annuities	5a		b T	axable amoun	ıt.		. 5b)		
Standard	6a	Social security benefits	ба		b T	axable amoun	ıt.		. 6b)		
Deduction for — Single or	7	Capital gain or (loss). Attach Scheo	dule D it	f required. If not r	equired	, check here		▶ [7		-321.	
Married filing	8	Other income from Schedule 1, line	e 10						. 8		12,500.	
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, a	and 8. T	his is your total i	ncome				▶ 9		92,268.	
Married filing	10	Adjustments to income from Scheo	dule 1, l	line 26					. 10)		
jointly or Qualifying	11_	Subtract line 10 from line 9. This is	your a	djusted gross in	come		-		► <u>11</u>		92,268.	
widow(er), \$25,100	12a	Standard deduction or itemized	deduct	ions (from Sched	ule A)	12	а	25,10	0.			
Head of	b	Charitable contributions if you take	the star	ndard deduction (s	ee instr	ructions) 12	b	60	0.			
household, \$18,800	С	Add lines 12a and 12b							. 12	C	25,700.	
If you checked	13	Qualified business income deducti	on from	Form 8995 or Fo	rm 899	95-A			. 13			
any box under Standard	14	Add lines 12c and 13							. 14		25,700.	
Deduction, see instructions.	15	Taxable income. Subtract line 14	from lin	e 11. If zero or le	ss, ente	er -0			. 15	<u> </u>	66,568.	

	16	Tax (see instructions). Check if any from Form	(s): 1 8814	4 2 🗌 4972	3 🔲			16	7,591.
	17	Amount from Schedule 2, line 3						17	
	18	Add lines 16 and 17						18	7,591.
	19	Nonrefundable child tax credit or credit for o	ther depender	nts from Schedule	8812			19	1,000.
	20	Amount from Schedule 3, line 8						20	
	21	Add lines 19 and 20						21	1,000.
	22	Subtract line 21 from line 18. If zero or less,	enter -0					22	6,591.
	23	Other taxes, including self-employment tax,	from Schedule	2, line 21				23	0.
	24	Add lines 22 and 23. This is your total tax					. ▶	24	6,591.
	25	Federal income tax withheld from:							
	а	Form(s) W-2			25a	7,3	134.		
	b	Form(s) 1099			25b				
	С	Other forms (see instructions)			25c				
	d	Add lines 25a through 25c						25d	7,134.
If you have a	26_	2021 estimated tax payments and amount a	pplied from 20	20 return				26	
qualifying child,	27a	Earned income credit (EIC)			27a				
attach Sch. EIC.		Check here if you were born after Janu January 2, 2004, and you satisfy all the taxpayers who are at least age 18, to claim t	e other requir	rements for					
	b	Nontaxable combat pay election	1 1	Structions F					
	c	Prior year (2019) earned income							
	28	Refundable child tax credit or additional child		Schodula 8812	28				
	29	American opportunity credit from Form 8863			29				
	30	Recovery rebate credit. See instructions .	*		30				
	31	Amount from Schedule 3, line 15			31				
	32	Add lines 27a and 28 through 31. These are			-	able credits	: ▶	32	
	33	Add lines 25d, 26, and 32. These are your to						33	7,134.
Defined	34	If line 33 is more than line 24, subtract line 24						34	543.
Refund	35a	Amount of line 34 you want refunded to you			•	=	▶ □	35a	543.
Direct deposit?	▶b	Routing number 0 7 2 0 0 8			Checki		vings		
See instructions.	▶d	Account number 3 7 5 0 1 7 6				Ĭ	J		
	36	Amount of line 34 you want applied to your	2022 estimate	d tax ►	36	_			
Amount	37	Amount you owe. Subtract line 33 from line	24. For details	on how to pay,	see insti	ructions	. ▶	37	
You Owe	38	Estimated tax penalty (see instructions) .			38				
Third Party Designee		you want to allow another person to disc rructions				Yes. Com	plete b	elow.	X No
		ignee's	Phone			Persona			
		ne •	no. ►			number			
Sign Here		ler penalties of perjury, I declare that I have examine ef, they are true, correct, and complete. Declaration of	of preparer (other	than taxpayer) is ba			of which	prepare	er has any knowledge.
	You	r signature	Date	Your occupation					nt you an Identity N, enter it here
Joint return? See instructions.	Con	usede elementure. If a joint valuum heath muset elem	Data	SOFTWARE I		EER	(see i	nst.) ►	nt your spouse an
Keep a copy for	Spo	buse's signature. If a joint return, both must sign.	Date	Spouse's occupati	ion				nt your spouse an ection PIN, enter it here
your records.				HOMEMAKER			(see i	nst.) ▶	
	Pho	ne no. (410)349-6600	Email address	GOPALREDDY.G	UDURI@	GMAIL.COM	'		
Doid	Pre	parer's name Preparer's signat	ure		Date	P	TIN		Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/2	4/2022 P	02082	703	Self-employed
Preparer	Firr					e no. (678)965-9522		
Use Only	Firr	n's address ▶ 2530 Pebble Creek L	n Cumming	g GA 30041			Firm's	s EIN 🕨	30-1017196
Go to www.irs.go	ov/Form	1040 for instructions and the latest information.		BAA	REV 02/	16/22 PRO			Form 1040 (2021)

Form 1040 (2021)

Page **2**

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

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
GOPAL REDDY GUDURI & RAJITHA RANI GURRAM

738-09-2851

Par	Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2 a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions)			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, tru Schedule E		5	-12,500.
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		
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) .	8р		
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	_12_500

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	>	_	
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	24 g		
h	,	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	24 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 adjustments there 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.

Name(s) shown on return Your social security number 738-09-2851 GOPAL REDDY GUDURI & RAJITHA RANI GURRAM

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 40,551. 42,885. 2,013. -321.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 -321. 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 -321.• 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. Are lines 15 and 16 both gains? 17 ☐ **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. 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 321.) 21 • (\$3,000), or if married filing separately, (\$1,500) 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.

Sales and Other Dispositions of Capital Assets

Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form8949 for instructions and the latest information. ▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. Sequence No. 12A

Social security number or taxpayer identification number Name(s) shown on return GOPAL REDDY GUDURI & RAJITHA RANI GURRAM 738-09-2851

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(C) Short-term transactions	not reported	I to you on F	orm 1099-B					
(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below	Cost or other basis. enter a code in column See the Note below See the separate instruc		(h) Gain or (loss). Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)	
Robinhood Securities LLC	01/01/21	11/30/21	40,551.	42,885.	W	2,013.	-321.	
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above should be should	al here and inc is checked), lir	lude on your ne 2 (if Box B	40 551	42 885		2 013	_321	

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.

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

OMB No. 1545-0074 Attachment

Internal Revenue Service (99) Sequence No. 13 Name(s) shown on return Your social security number 738-09-2851 GOPAL REDDY GUDURI & RAJITHA RANI GURRAM 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 DEEPTHISRINAGAR HYDERABAD TELANGANA IN 500049 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** 365 0 Α 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 1,300. 8 8 Commissions. 9 Insurance 9 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 3,000. 15 2,800. 15 Supplies . Taxes 16 16 17 5,000. 17 18 Depreciation expense or depletion . . 18 19 19 Total expenses. Add lines 5 through 19 13,100. 20 20 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 -12,500.22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 12,500.) 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 13,100. 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 12,500. 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

-12,500.

26

SCHEDULE 8812 (Form 1040)

Credits for Qualifying Children and Other Dependents

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

1040-SR 1040-NR 8812 ▶ Go to www.irs.gov/Schedule8812 for instructions and the latest information.

OMB No. 1545-0074

Attachment Sequence No. **47**

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

Your social security number

		88-09	-2851
Part	I-A Child Tax Credit and Credit for Other Dependents		
1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR	1	92,268.
2a	Enter income from Puerto Rico that you excluded		
b	Enter the amounts from lines 45 and 50 of your Form 2555		
c	Enter the amount from line 15 of your Form 4563		
d	Add lines 2a through 2c	2d	0.
3	Add lines 1 and 2d	3	92,268.
4a	Number of qualifying children under age 18 with the required social security number 0		
b	Number of children included on line 4a who were under age 6 at the end of 2021 4b 0		
c	Subtract line 4b from line 4a		
5	If line 4a is more than zero, enter the amount from the Line 5 Worksheet ; otherwise, enter -0	5	
6	Number of other dependents, including any qualifying children who are not under age 18 or who do not have the required social security number		
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4a.		
7	Multiply line 6 by \$500	7	1,000.
8	Add lines 5 and 7	8	1,000.
9	Enter the amount shown below for your filing status.		
	• Married filing jointly—\$400,000		
	• All other filing statuses—\$200,000 \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	9	400,000.
10	Subtract line 9 from line 3.		
	• If zero or less, enter -0		
	• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.	10	0.
11	Multiply line 10 by 5% (0.05)	11	0.
12	Subtract line 11 from line 8. If zero or less, enter -0	12	1,000.
13	Check all the boxes that apply to you (or your spouse if married filing jointly).		
	A Check here if you (or your spouse if married filing jointly) had a principal place of abode in the United States for more than half of 2021		
	B Check here if you (or your spouse if married filing jointly) were a bona fide resident of Puerto Rico for 2021		
Part			
Cautio	on: If you did not check a box on line 13, do not complete Part I-B; instead, skip to Part I-C.		
14a	Enter the smaller of line 7 or line 12	14a	1,000.
b	Subtract line 14a from line 12	14b	0.
c	If line 14a is zero, enter -0-; otherwise, enter the amount from the Credit Limit Worksheet A	14c	7,591.
d	Enter the smaller of line 14a or line 14c	14d	1,000.
e	Add lines 14b and 14d	14e	1,000.
f	Enter the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) received for 2021. See your Letter(s) 6419 for the amounts to include on this line. If you are missing Letter 6419, see the instructions before entering an amount on this line. If you didn't receive any advance child tax credit payments		
	for 2021, enter -0	14f	0.
	Caution: If the amount on this line doesn't match the aggregate amounts reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.		
g	Subtract line 14f from line 14e. If zero or less, enter -0- on lines 14g through 14i and go to Part III	14g	1,000.
h	Enter the smaller of line 14d or line 14g. This is your credit for other dependents. Enter this amount on line 19 of your Form 1040, 1040-SR, or 1040-NR		1,000.
i	Subtract line 14h from line 14g. This is your refundable child tax credit. Enter this amount on line 28 of		
	your Form 1040, 1040-SR, or 1040-NR	14i	0.

Schedule 8812 (Form 1040) 2021 Page 2

Part	I-C Filers Who Do Not Check a Box on Line 13		
Cautio	on: If you checked a box on line 13, do not complete Part I-C.		
15a	Enter the amount from the Credit Limit Worksheet A	15a	
b	Enter the smaller of line 12 or line 15a	15b	
	Additional child tax credit. Complete Parts II-A through II-C if you meet each of the following items.		
	1. You are not filing Form 2555.		
	2. Line 4a is more than zero.		
	3. Line 12 is more than line 15a.		
c	If you completed Parts II-A through II-C, enter the amount from line 27; otherwise, enter -0	15c	
d	Add lines 15b and 15c	15d	
e	Enter the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) received for 2021. See your Letter(s) 6419 for the amounts to include on this line. If you are missing Letter 6419, see the instructions before entering an amount on this line. If you didn't receive any advance child tax credit payments for 2021, enter -0	15e	
	filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.		
f	Subtract line 15e from line 15d. If zero or less, enter -0- on lines 15f through 15h and go to Part III	15f	
g	Enter the smaller of line 15b or line 15f. This is your nonrefundable child tax credit and credit for other dependents. Enter this amount on line 19 of your Form 1040, 1040-SR, or 1040-NR	15g	
h	Subtract line 15g from line 15f. This is your additional child tax credit. Enter this amount on line 28 of your		
	Form 1040, 1040-SR, or 1040-NR	15h	
Part	· · · · · · · · · · · · · · · · · · ·		
	on: If you file Form 2555, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit.		
Cautio	on: If you checked a box on line 13, do not complete Parts II-A through II-C; you cannot claim the additional child ta	x credit.	
16a	Subtract line 15b from line 12. If zero, skip Parts II-A and II-B and enter -0- on line 27	16a	
b	Number of qualifying children under 18 with the required social security number: x \$1,400.		
	Enter the result. If zero, skip Parts II-A and II-B and enter -0- on line 27	16b	
15	TIP: The number of children you use for this line is the same as the number of children you used for line 4a.	15	
17	Enter the smaller of line 16a or line 16b	17	
18a	Earned income (see instructions)	-	
b 19	Nontaxable combat pay (see instructions)		
19	No. Leave line 19 blank and enter -0- on line 20.		
	Yes. Subtract \$2,500 from the amount on line 18a. Enter the result 19		
20	Multiply the amount on line 19 by 15% (0.15) and enter the result	20	
20	Next. On line 16b, is the amount \$4,200 or more?	20	
	No. If line 20 is zero, enter -0- on line 15c. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27.		
	Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.		
Part			
21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2,		
	boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If		
	your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see		
	instructions	-	
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form		
23	1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . 22 Add lines 21 and 22	-	
		-	
24	1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27a, and Schedule 3 (Form 1040), line 11.		
	1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11.		
25	Subtract line 24 from line 23. If zero or less, enter -0	25	
26	Enter the larger of line 20 or line 25	26	
_0	Next enter the smaller of line 17 or line 26 on line 27		
Part	I-C Additional Child Tay Credit		
27	Enter this amount on line 15c	27	

Schedule 8812 (Form 1040) 2021

Part	Additional Tax (use only if line 14g or line 15f, whichever applies, is zero)		
28a	Enter the amount from line 14f or line 15e, whichever applies	28a	
b	Enter the amount from line 14e or line 15d, whichever applies	28b	
29	Excess advance child tax credit payments. Subtract line 28b from line 28a. If zero, stop; you do not owe the		
	additional tax	29	
30	Enter the number of qualifying children taken into account in determining the annual advance amount you received for 2021. See your Letter 6419 for this number. If you are missing your Letter 6419, you are filing a joint		
	return, or you received more than one Letter 6419, see the instructions before entering a number on this line	30	
	Caution: If the amount on this line doesn't match the number of qualifying children reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.		
31	Enter the smaller of line 4a or line 30	31	
32	Subtract line 31 from line 30. If zero, skip to line 40 and enter the amount from line 29; otherwise, continue to		
	line 33	32	
33	Enter the amount shown below for your filing status.		
	• Married filing jointly or Qualifying widow(er)—\$60,000		
	• Head of household—\$50,000		
	• All other filing statuses—\$40,000	33	
34	Subtract line 33 from line 3. If zero or less, enter -0	34	
35	Enter the amount from line 33	35	
36	Divide line 34 by line 35. Enter the result as a decimal (rounded to at least three places). If the result is 1.000 or		
	more, enter 1.000	36	
37	Multiply line 32 by \$2,000	37	
38	Multiply line 37 by line 36	38	
39	Subtract line 38 from line 37	39	
40	Subtract line 39 from line 29. If zero or less, enter -0 This is your additional tax. If more than zero, enter		
	this amount on Schedule 2 (Form 1040), line 19	40	

F

BAA

REV 02/16/22 PRO

Schedule 8812 (Form 1040) 2021

(Rev. December 2021)

Department of the Treasury Internal Revenue Service

GOPAL REDDY

Taxpayer name(s) shown on return

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

GUDURI & RAJITHA RANI GURRAM

► To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS. ▶ Go to www.irs.gov/Form8867 for instructions and the latest information.

OMB No. 1545-0074

Attachment Sequence No. 70

Taxpayer identification number

738-09-2851

Enter pre	eparer's name and PTIN				
SYAM	I PRIYA RAM SAGAR GUPTA TALLAM	P0208270)3		
Part	Due Diligence Requirements				
	check the appropriate box for the credit(s) and/or HOH filing status claimed on the return a benefit(s) claimed (check all that apply). \square EIC $\boxed{\mathbf{x}}$ CTC/ACTC/0		e the rela		arts I–V HOH
1	Did you complete the return based on information for the applicable tax year provided by the or reasonably obtained by you? (See instructions if relying on prior year earned income.)	ne taxpayer	Yes	No	N/A
2	If credits are claimed on the return, did you complete the applicable EIC and/or CTC/worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule (1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or worksheet(s) that provides the same information, and all related forms and schedules for claimed?	8812 (Form r your own	X		
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must the following.	do both of			
	 Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's redetermine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. 	sponses to			
	• Review information to determine that the taxpayer is eligible to claim the credit(s) and/or status and to figure the amount(s) of any credit(s)		X		
4	Did any information provided by the taxpayer or a third party for use in preparing the information reasonably known to you, appear to be incorrect, incomplete, or inconsistent answer questions 4a and 4b. If "No," go to question 5.)	? (If "Yes,"			
а	Did you make reasonable inquiries to determine the correct, complete, and consistent inform			×	
b	Did you contemporaneously document your inquiries? (Documentation should include the you asked, whom you asked, when you asked, the information that was provided, and the information had on your preparation of the return.)	e questions impact the			
5	Did you satisfy the record retention requirement? To meet the record retention requirement keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a capplicable worksheet(s), a record of how, when, and from whom the information used to proceed any applicable worksheet(s) was obtained, and a copy of any document(s) provided taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status the amount(s) of the credit(s)	copy of any epare Form ided by the or to figure	×		
	List those documents provided by the taxpayer, if any, that you relied on:				
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate eligible of the substantiate eligible eligible of the substantiate eligible el	•			
7	credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the returneturn is selected for audit?		×	<u> </u>	
,	(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	1:			
а	Did you complete the required recertification Form 8862?				
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare a co correct Schedule C (Form 1040)?	mplete and			
or Par	perwork Reduction Act Notice, see separate instructions. REV 02/16/22 PRO	-	Form 886	67 (Rev.	12-2021)

orm 88	867 (Rev. 12-2021)			Page 2
Part	Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children	Yes	No	N/A
	claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC			
	and does not have a qualifying child, go to question 10.)			
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?			
С	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of			
	more than one person (tiebreaker rules)?			
Part	Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not or ODC, go to Part IV.)	claim C	CTC, A	CTC,
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	Yes	No	N/A
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	×		
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar			
	statement to the return?	X		
Part	<u> </u>		Part \	/.)
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the quatuition and related expenses for the claimed AOTC?	alified 	Yes	No
Part	Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing statu	s, go to	o Part	VI.)
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax	year	Yes	No
Part	and provided more than half of the cost of keeping up a home for the year for a qualifying person? VI Eligibility Certification		Ш	
rait	You will have complied with all due diligence requirements for claiming the applicable credit(s) are status on the return of the taxpayer identified above if you:	nd/or H	OH fili	ng
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responsin your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) status and to figure the amount(s) of the credit(s);			
	B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checkl credit(s) claimed and HOH filing status, if claimed;	ist for a	ny app	licable
	C. Submit Form 8867 in the manner required; and			
	D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 886 Document Retention.	37 instru	uctions	under
	1. A copy of this Form 8867.			
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.			
	Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).	's eligib	ility for	the
	A record of how, when, and from whom the information used to prepare this form and the applical obtained.	ble worl	ksheet(s) was
	5. A record of any additional information you relied upon, including questions you asked and the taxp determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amountain the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amountain the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amountain the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amountain the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amountain the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amountain the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amountain the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amountain the taxpayer's eligibility for the credit(s).			
	▶ If you have not complied with all due diligence requirements, you may have to pay a penalty for ecomply related to a claim of an applicable credit or HOH filing status (see instructions for more in			
15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct complete?		Yes	No

REV 02/16/22 PRO

Passive Activity Loss Limitations

► See separate instructions.

► Attach to Form 1040, 1040-SR, or 1041.

▶ Go to www.irs.gov/Form8582 for instructions and the latest information.

OMB No. 1545-1008 Attachment Sequence No. **858**

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

GOPAL REDDY

GUDURI & RAJITHA RANI GURRAM

2021 Passive Activity Loss

Identifying number 738-09-2851

	Caution: Complete Parts IV and V before completing Part I.		
	al Real Estate Activities With Active Participation (For the definition of active participation, see Special vance for Rental Real Estate Activities in the instructions.)		
1a b c d	Activities with net income (enter the amount from Part IV, column (a))	1d	-12,500.
All Ot	ther Passive Activities		·
	Activities with net income (enter the amount from Part V, column (a)) 2a Activities with net loss (enter the amount from Part V, column (b)) 2b () Prior years' unallowed losses (enter the amount from Part V, column (c))	2d	
3	Combine lines 1d and 2d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used	3	-12,500.
	 If line 3 is a loss and: Line 1d is a loss, go to Part II. Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10. Ion: If your filing status is married filing separately and you lived with your spouse at any time during the I. Instead, go to line 10. 	year,	do not complete
	TII Special Allowance for Rental Real Estate Activities With Active Participation		
	Note: Enter all numbers in Part II as positive amounts. See instructions for an example.		
4	Enter the smaller of the loss on line 1d or the loss on line 3	4	12,500.
5 6	Enter \$150,000. If married filing separately, see instructions		
7	Subtract line 6 from line 5		
8	Multiply line 7 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions	8	22,616.
9	Enter the smaller of line 4 or line 8	9	12,500.
Par			
10	Add the income, if any, on lines 1a and 2a and enter the total	10	0.
11	Total losses allowed from all passive activities for 2021. Add lines 9 and 10. See instructions to find out how to report the losses on your tax return	11	12,500.
Par	Complete This Part Before Part I. Lines 1a. 1b. and 1c. See instructions.		

Total. Enter on Part I, lines 1a, 1b, and 1c ▶

Name of activity

DEEPTHISRINAGAR

Prior years

(c) Unallowed

loss (line 1c)

(e) Loss

12,500.

Overall gain or loss

(d) Gain

(a) Net income

(line 1a)

Current year

0.

0.

(b) Net loss

(line 1b)

12,500.

12,500.

Form 8582 (2021) Page **2**

Name of activity See This Part if an Amount Is Shown on Part II, Line 9. See instructions.		,										
Name of activity (a) Net income (line 2a) (b) Net loss (line 2c) (c) Unallowed loss (line 2c) (d) Gain (e) Loss Total. Enter on Part I, lines 2a, 2b, and 2c Part VII Use This Part if an Amount Is Shown on Part II, Line 9. See instructions. Form or schedule and line number to be reported on (see instructions) DEEPTHISRINAGAR E In 22 12,500. 1.00 12,500. (d) Subtract column (c) from column (a) Loss (b) Ratio (c) Special allowance column (a) Column (a) Form column (a) Form column (a) Form or schedule and line number to be reported on (see instructions) Name of activity Allowed Losses. See instructions. Form or schedule and line number to be reported on (see instructions) Form or schedule and line number to be reported on (see instructions) Allowed Losses. See instructions.	Part V	Complete This Part Before	e P	art I, Lines 2	a, 2b,	and 2c. S	ee instruc	tions.				
(a) Net income (line 2a) (b) Net loss (line 2b) (c) Unallowed loss (line 2c) (d) Gain (e) Loss (e) Loss (e) Loss (line 2c) (d) Gain (e) Loss (e) Loss (line 2c) (d) Gain (e) Loss (e) Loss (line 2c) (d) Gain (e) Loss (line 2c) (e) Loss (line 2c) (o) Special (c) Special allowance (o) Special allow		Name of activity		Current year				Prior years		Overall gain or loss		
Name of activity Form or schedule and line number to be reported on (see instructions) (a) Loss (b) Ratio (c) Special allowance (d) Subtract column (a).						Net loss ne 2b)			(d) Gain		(e) Loss	
Part VI Use This Part if an Amount Is Shown on Part II, Line 9. See instructions. Form or schedule and line number to be reported on (see instructions)												
Part VI Use This Part if an Amount Is Shown on Part II, Line 9. See instructions. Form or schedule and line number to be reported on (see instructions)												
Part VI Use This Part if an Amount Is Shown on Part II, Line 9. See instructions. Form or schedule and line number to be reported on (see instructions)												
Part VI Use This Part if an Amount Is Shown on Part II, Line 9. See instructions. Form or schedule and line number to be reported on (see instructions)												
Name of activity Form or schedule and line number to be reported on (see instructions) (a) Loss (b) Ratio (c) Special allowance (d) Subtract column (a).				Observe see F) t II	1: 0 0	:	4:				
Name of activity and line number to be reported on (see instructions) DEEPTHISRINAGAR E In 22 12,500. 1.000000000 12,500. 0 Part VII Allocation of Unallowed Losses. See instructions) Name of activity Allocation of Unallowed Losses. See instructions. Form or schedule and line number to be reported on (see instructions) Part VIII Allowed Losses. See instructions. Form or schedule and line number to be reported on (see instructions) Form or schedule and line number to be reported on (see instructions) Name of activity Allowed Losses. See instructions. Form or schedule and line number to be reported on (see instructions) Form or schedule and line number to be reported on (see instructions) Name of activity Allowed Losses. See instructions.	Part VI	Use This Part if an Amoun			art II,	Line 9. S	ee instruc	tions.				
Total		Name of activity		d line number be reported on	(a) Loss		(b) Ratio				column (c) from	
Part VII Allocation of Unallowed Losses. See instructions. Form or schedule and line number to be reported on (see instructions) Total Part VIII Allowed Losses. See instructions. Form or schedule and line number to be reported on (see instructions) 1.00 Part VIII Allowed Losses. See instructions. Form or schedule and line number to be reported on to be reported o	DEEPTHISRINAGAR		E Ln 22		12,500.		1.00000000		12,500.		0.	
Part VII Allocation of Unallowed Losses. See instructions. Form or schedule and line number to be reported on (see instructions) Total Part VIII Allowed Losses. See instructions. Form or schedule and line number to be reported on (see instructions) 1.00 Part VIII Allowed Losses. See instructions. Form or schedule and line number to be reported on to be reported o												
Part VII Allocation of Unallowed Losses. See instructions. Form or schedule and line number to be reported on (see instructions) Total Part VIII Allowed Losses. See instructions. Form or schedule and line number to be reported on (see instructions) 1.00 Part VIII Allowed Losses. See instructions. Form or schedule and line number to be reported on to be reported o												
Part VII Allocation of Unallowed Losses. See instructions. Form or schedule and line number to be reported on (see instructions) Total Part VIII Allowed Losses. See instructions. Form or schedule and line number to be reported on (see instructions) 1.00 Part VIII Allowed Losses. See instructions. Form or schedule and line number to be reported on to be reported o												
Name of activity Form or schedule and line number to be reported on (see instructions) Total Part VIII Name of activity Form or schedule and line number to be reported on (see instructions) 1.00 Form or schedule and line number to be reported on (a) Loss (b) Ratio (c) Unallowed loss (c) Unallowed loss (c) Allowed loss	Total						1.00		12,500.		0.	
Name of activity and line number to be reported on (see instructions) (a) Loss (b) Ratio (c) Unallowed loss Total Total Allowed Losses. See instructions. Form or schedule and line number to be reported on the repor	Part VII	Allocation of Unallowed L	OSS			S.						
Part VIII Allowed Losses. See instructions. Form or schedule and line number to be reported on (a) Loss (b) Unallowed loss (c) Allowed loss		Name of activity		and line nur	nber ed on (a) L		_oss (I		(b) Ratio		c) Unallowed loss	
Part VIII Allowed Losses. See instructions. Form or schedule and line number to be reported on (a) Loss (b) Unallowed loss (c) Allowed loss												
Part VIII Allowed Losses. See instructions. Form or schedule and line number to be reported on (a) Loss (b) Unallowed loss (c) Allowed loss												
Part VIII Allowed Losses. See instructions. Form or schedule and line number to be reported on (a) Loss (b) Unallowed loss (c) Allowed loss												
Part VIII Allowed Losses. See instructions. Form or schedule and line number to be reported on (a) Loss (b) Unallowed loss (c) Allowed loss												
Name of activity Form or schedule and line number to be reported on (a) Loss (b) Unallowed loss (c) Allowed loss	Total				. ▶			1.00				
Name of activity and line number to be reported on (a) Loss (b) Unallowed loss (c) Allowed loss	Part VIII	Allowed Losses. See Instru	JCII									
	Name of activity			and line nur	nber ed on (a) L		_oss	(b) Unallowed loss		(c) Allowed loss		
Total	Total				. •							