IRS e-file Signature Authorization

ERO must obtain and retain completed Form 8879.

Submission Identification Number (SID)

Taxpayer's name Social security number DAMODARAM RAMINENI 497-43-9966 Spouse's name Spouse's social security number 968-98-1091 BALAJYOTHI ANDLURI Tax Return Information — Tax Year Ending December 31, 2021 (Enter year you are authorizing.) Part I 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. Adjusted gross income 103,259. 1 1 2 2 8,405. 3 3 10,090. 4 4 Amount you want refunded to you 1,685. 5 5

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

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

I authorize	GLOBAL TAXES	LLC	to enter or generate my PIN
		ERO firm name	

3	9	9	6	6	00 00
Ent don	er fiv n't er	ve di Iter a	gits, all ze	but ros	as my

9

1

as mv

0

Enter five digits, but don't enter all zeros

8 1

signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature 🕨

X

Spouse's PIN: check one box only

X I authorize GLOBAL TAXES LLC ERO firm name

signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature 🕨	Date 🕨	
Practitioner PIN Method Returns	Only—continue below	
Part III Certification and Authentication – Practitioner PIN	Method Only	
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self	f-selected PIN. 5 8 7 2 7 8 6 1 9 8 9	

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

ERO's signature >	Date 🕨
	st Retain This Form — See Instructions is Form to the IRS Unless Requested To Do So

Date

to enter or generate my PIN

1040		artment of the Treasury—Internal Revenue Sen S. Individual Income Ta		(99) urn	20	21	OMB No.	1545-0	0074 IRS Use	Only-	–Do not v	vrite o	r staple i	in this space.
Filing Status Check only one box.	lf yo	Single X Married filing jointly [u checked the MFS box, enter the r on is a child but not your depender	name of	-					ousehold (HOł QW box, ente				-	
Your first name	and mi	ddle initial	Last na	ame							Your so	cial	securit	y number
DAMODAR	AM		RAM	INENI							497-	43-	-996	б
If joint return, s	pouse's	first name and middle initial	Last na	ame							Spouse	's so	cial sec	curity number
BALAJYO'	ΓHΙ		AND	LURI							968-	98-	-1093	1
Home address	(numbe	r and street). If you have a P.O. box, see	e instruct	ions.					Apt. no.		Preside	ential	Electio	on Campaign
312 164	TH ST	FREET A5												or your
City, town, or p	ost offic	ce. If you have a foreign address, also c	omplete	spaces be	elow.	Sta	ite		ZIP code					tly, want \$3 Checking a
LYNNWOO	D					W	A		98087		•			change
Foreign countr	y name			Foreign p	rovince/sta	te/coun	ty		Foreign postal co	ode	your ta:			0
													You	Spouse
At any time du	iring 20	021, did you receive, sell, exchange	e, or oth	erwise di	spose of	any fina	ancial inter	est in	any virtual cu	ırren	icy?		Yes	X No
Standard	Som	eone can claim: You as a de	epender	nt 🗌	Your spo	use as	a depende	ent						
Deduction	_	Spouse itemizes on a separate retu												
Age/Blindnes		Were born before January 2, ⁻		Are b		Spouse	_	born	n before Janua	my 2	1057] Is bli	
Dependent			1357	T	Social secu	· ·	(3) Relati				alifies fo			-
-		rst name Last name		(2)	number	inty	to yo		Child ta			1		ner dependents
lf more than four	<u> </u>	NVIK SAI RAMINENI	97		-97-02	200	Son							X
dependents,						100	5011			-			<u>_</u>	<u>-</u>
see instruction and check	s ——									-			L	<u> </u>
here										1				<u>–</u> ––
	1	Wages, salaries, tips, etc. Attach	Form(s)	W-2 .							1	<u> </u>	12	
Attach	2a	Tax-exempt interest	2a			bТ	axable inte	erest			2b	,		236.
Sch. B if required.	3a	Qualified dividends	3a		44.	bC	Ordinary div	viden	ds		3b	,		44.
	4a	IRA distributions	4a			b T	axable am	ount			4b	,		
	5a	Pensions and annuities	5a			bΤ	axable am	ount			5b	,		
Standard	6a	Social security benefits	6a			bΤ	axable am	ount			6b	,		
Deduction for -	7	Capital gain or (loss). Attach Sche	edule D	f require	d. If not re	equired	, check he	re			7			39.
 Single or Married filing 	8	Other income from Schedule 1, lin	ne 10								8		- 1	L1,460.
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is yo	our total i	ncome				. 🕨	▶ 9		10)3,259.
 Married filing 	10	Adjustments to income from Sche	edule 1,	line 26							10)		
jointly or Qualifying	11	Subtract line 10 from line 9. This i	is your a	djusted	gross ind	come				. 🕨	▶ 11	i 📃	10)3,259.
widow(er), \$25,100	12a	Standard deduction or itemized	l deduc	t ions (fro	m Sched	ule A)		12a	25,	100).			
 Head of 	b	Charitable contributions if you take	e the sta	ndard de	duction (s	ee insti	ructions)	12b		600).			
household, \$18,800	С	Add lines 12a and 12b									12	c	2	25,700.
 If you checked 	13	Qualified business income deduct	tion fror	n Form 8	995 or Fo	rm 899	95-A				13	3		
any box under Standard	14	Add lines 12c and 13						-			14	ı 🗋	2	25,700.
Deduction, see instructions.	15	Taxable income. Subtract line 14	4 from li	ne 11. lf :	zero or les	ss, ente	er-0				15	;	7	77,559.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2021)

Form 1040 (2021	1)								Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3		16	8,905.
	17	Amount from Schedule 2, lin	ne3					17	
	18	Add lines 16 and 17						18	8,905.
	19	Nonrefundable child tax cree						19	500.
	20	Amount from Schedule 3, lin	ne8					20	
	21	Add lines 19 and 20						21	500.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	8,405.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is	your total tax				. 🕨	24	8,405.
	25	Federal income tax withheld	from:			1 1			
	а	Form(s) W-2				25a 10	,090.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions				25c			
	d	Add lines 25a through 25c						25d	10,090.
If you have a	26	2021 estimated tax payment						26	
qualifying child, attach Sch. EIC.	27a	Earned income credit (EIC)				27a			
		Check here if you were b							
		January 2, 2004, and you taxpayers who are at least a	,		_				
	b	Nontaxable combat pay elec	-	1 1					
	c	Prior year (2019) earned inco				-			
	28	Refundable child tax credit or			Schedule 8812	28			
	29	American opportunity credit	from Form 8863	8. line 8		29		-	
	30	Recovery rebate credit. See				30		-	
	31	Amount from Schedule 3, lir				31			
	32	Add lines 27a and 28 throug				d refundable cred	dits 🕨	32	
	33	Add lines 25d, 26, and 32. T						33	10,090.
Refund	34	If line 33 is more than line 24						34	1,685.
Refutio	35a	Amount of line 34 you want				•		35a	1,685.
Direct deposit?	►b	Routing number 1 2 5					Savings		
See instructions.	►d	Account number 1 3 8	1 2 4 5	8 1 2 6	6 7		-		
	36	Amount of line 34 you want a	applied to your	2022 estimate	ed tax 🕨	36			
Amount	37	Amount you owe. Subtract	line 33 from line	24. For detail	s on how to pay,	see instructions	. 🕨	37	
You Owe	38	Estimated tax penalty (see in	nstructions) .		🕨	38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	? See			
Designee		tructions	· · · · ·			. 🕨 🗌 Yes. Co	omplete	below.	X No
		signee's		Phone			onal ident		
		me 🕨		no. 🕨			ber (PIN)		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com							
Here		ur signature		Date	Your occupation				nt you an Identity
		ar signature		Duic					N, enter it here
Joint return?					BI ENGINE	ER	(see	inst.) 🕨	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupa	tion			nt your spouse an
your records.	,							inst.)	ection PIN, enter it here
	Dh		0	Email address	HOMEMAKER			110t.) P	
		one no. (470)263-028 eparer's name	9 Preparer's signat	Email address	RAMINENI, DA	MODAR@GMAIL.CO	PTIN		Check if:
Paid					מווסיית האדד איי			2702	Self-employed
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPIA IALLAM	1 03/30/2022	P0208		
Use Only		n's name ► GLOBAL TA		n Cummi-	a CA 20041				678)965-9522
		n's address ► 2530 Pebb			0		Firm	i's EIN ▶	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/19/22 PRO			Form 1040 (2021)

	EDULE 1 1040)	Additional Income and Adjustments to Inco	ome		MB No. 1545-0074
• Departm	nent of the Treasury Revenue Service	► Attach to Form 1040, 1040-SR, or 1040-NR. ► Go to www.irs.gov/Form1040 for instructions and the latest information		At	2021 ttachment equence No. 01
	()	orm 1040, 1040-SR, or 1040-NR			ecurity number
		NENI & BALAJYOTHI ANDLURI	497-4	±3-99	00
1		unds, credits, or offsets of state and local income taxes		1	
2a	-			2a	
b		inal divorce or separation agreement (see instructions)		2	
3		come or (loss). Attach Schedule C		3	
4		or (losses). Attach Form 4797		4	
5	Schedule E	estate, royalties, partnerships, S corporations, trusts, et		5	-12,000.
6		e or (loss). Attach Schedule F		6	
7				7	
8	Other incom	· · · · · · · · · · · · · · · · · · ·		-	
а		ng loss	,		
b	•	acome			
c	•	n of debt			
d		ned income exclusion from Form 2555 8d (,		
e	-	alth Savings Account distribution			
f		nanent Fund dividends			
g		ay			
h		awards			
i		engaged in for profit income			
i		ns			
, k		n the rental of personal property if you engaged in			
	the rental for	or profit but were not in the business of renting such			
		8k		-	
I		d Paralympic medals and USOC prize money (see			
m		(a) inclusion (see instructions)			
n		A(a) inclusion (see instructions)			
0		(I) excess business loss adjustment			
a a		tributions from an ABLE account (see instructions) . 8p			
P Z		ne. List type and amount			
-		ome from box 3 of 1099-Misc 540.	540.		
9	Total other i	income. Add lines 8a through 8z		9	540.
10		nes 1 through 7 and 9. Enter here and on Form 1040, 104	-		
	1040-NR, lir	ne 8		10	-11,460.

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

SCHEDULE 1

Schedule 1 (Form 1040) 2021

OMB No. 1545-0074

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basic 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	3	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) \blacktriangleright			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
а	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit 24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 81 24c			
d	Reforestation amortization and expenses			
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans 24f			
g	Contributions by certain chaplains to section 403(b) plans 24g			
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) 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			
j	Housing deduction from Form 2555			
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 to in here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	

Page **2**

REV 03/19/22 PRO

SCHEDULE D

(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

Attach to Form	1040, 1	040-SR,	or 1040-NR.
 www./CalaadadaD	£		and the state

Go to www.irs.gov/ScheduleD for instructions and the latest information.
 Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

2021 Attachment Sequence No. 12

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

Department of the Treasury

DAMODARAM RAMINENI & BALAJYOTHI ANDLURI

Your social security number

497-43-9966

× No

Yes

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)

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustment to gain or loss Form(s) 8949, F line 2, column	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	1,240,064.	1,294,569.	69,3	35.	14,830.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1				5	
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions		our Capital Loss	-	6	(14,791.)
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	•	., .		7	39.

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

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to le dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, I line 2, colum	from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked.					
	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824				11	
12 13	Net long-term gain or (loss) from partnerships, S corporat Capital gain distributions. See the instructions				12 13	
	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions	y, from line 13 of y	our Capital Loss	Carryover	14	()
15	Net long-term capital gain or (loss). Combine lines 8a on the back .	0	()) 0		15	

Part	III Summary		
16	Combine lines 7 and 15 and enter the result	16	39.
	 If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. 		
	• If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.		
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.		
17	Are lines 15 and 16 both gains?		
	X No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
20	 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. 		
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:		
	 The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500) 	21 (
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?		
	Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.		

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

REV 03/19/22 PRO

Schedule D (Form 1040) 2021

	0100
Form	0343

Sales and Other Dispositions of Capital Assets

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.

2021 Attachment Sequence No. 12A

Name(s) shown on return	Social security number or taxpayer identification number				
DAMODARAM RAMINENI & BALAJYOTHI ANDLURI	497-43-9966				

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

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

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

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

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

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

C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) (c) Date sold or		(d) Proceeds	(e) Cost or other basis. See the Note below	If you enter an enter a c	f any, to gain or loss. amount in column (g), ode in column (f). parate instructions.	(h) Gain or (loss). Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)	
Robinhood Crypto LLC	01/01/21	12/31/21	49,737.	46,457.			3,280.	
Robinhood Securities LLC	01/01/21	12/31/21	243,164.	245,204.	W	9,238.	7,198.	
APEX CRYPTO	01/01/21	12/31/21	32,580.	24,233.			8,347.	
COINBASE	01/31/21	02/03/21	2.	3.			-1.	
COINBASE	01/31/21	03/03/21	9.	10.			-1.	
COINBASE	01/31/21	02/03/21	9.	9.			0.	
COINBASE	01/31/21	02/03/21	6.	6.			0.	
COINBASE	01/30/21	02/03/21	5.	б.			-1.	
COINBASE	01/31/21	02/03/21	3.	3.			0.	
COINBASE	01/31/21	02/03/21	2.	3.			-1.	
COINBASE	07/29/21	09/16/21	3.	3.			0.	
COINBASE	07/29/21	09/16/21	3.	3.			0.	
COINBASE	07/29/21	09/16/21	2.	3.			-1.	
COINBASE	07/29/21	09/16/21	1.	3.			-2.	
2 Totals. Add the amounts in columns negative amounts). Enter each tota								
Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box (is checked), lii	ne 2 (if Box B	325,526.	315,946.		9,238.	18,818.	

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

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

	0100
Form	0343

Sales and Other Dispositions of Capital Assets

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.

Schedule D. Attachment Sequence No. 12A

Name(s) shown on return	Social security number or taxpayer identification number			
DAMODARAM RAMINENI & BALAJYOTHI ANDLURI	497-43-9966			

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

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

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

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

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

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

C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note 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.)	(Mo., day, yr.)			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)	
COINBASE	09/09/21	09/16/21	2.	3.			-1.	
COINBASE	07/29/21	09/16/21	0.	1.			-1.	
APEX CLEARING	01/01/21	12/31/21	914,536.	978,619.	W	60,097.	-3,986.	
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C	lude on your 1e 2 (if Box B	914,538.	978,623.		60,097.	-3,988.		

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.

					Supplemental Income and Loss					OMB	No. 1545-0074			
(Form 1040) (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.) ► Attach to Form 1040, 1040-SR, 1040-NR, or 1041.						2	021							
	ent of the Treasury												Attach	iment
	Revenue Service (99)			Go to www.i	rs.gov/Sched	uleE to	or inst	ructions	and the	latest	information.	1		ence No. 13
. ,	shown on return					-						Your soci		
	DARAM RAMI							- N	16				3-996	
Part					eal Estate ar		-		-			• •		
					are an individu									
	l you make any							()						
	Yes," did you o												. 🗆 ۱	es 🗌 No
<u>1a</u>	Physical addr		each	property (str	eet, city, sta	ie, zir	COUE	9						
C														
	Type of Prop	herty	2	For each re	ntal real estat	to pror	oorty l	istad		Fair	Rental	Persona	lUse	
10	(from list be		-	above, repo	ort the numbe	er of fa	ir rent	al and		-	Days	Day		QJV
Α	3	- /		personal us	e days. Chec the requirem	k the	QJV b	ox only	Α		365	-	0	
В				qualified joi	nt venture. Se	ee inst	ructio	ns.	В				-	
С									С					
Type of	of Property:													
	le Family Resid	lence	3	Vacation/S	hort-Term Re	ental	5 La	nd	7	7 Self-	Rental			
2 Mul	ti-Family Reside	ence	4	Commercia	al		6 Ro	yalties	8	3 Othe	r (describe)			
Incom	e:				Proper	rties:			Α		В			С
3	Rents received	1					3		(600.				
4	Royalties recei	ved .					4							
Expen														
5	Advertising .						5							
6	Auto and trave	l (see ir	nstru	ctions)			6							
7	Cleaning and r	nainten	nance				7		1,	500.				
8	Commissions.						8							
9	Insurance						9							
10	Legal and othe	-					10							
11	Management f						11		1,1	100.				
12	Mortgage inter	-				-	12							
13	Other interest.						13							
14	Repairs						14			500.				
15	Supplies					•	15		3,	000.				
16						•	16		2					
17 10	Utilities Depreciation e					•	17 18		3,3	500.				
18 19	Other (list)	xpense		•			19							
20	Total expenses))		20		12	600.				
	Subtract line 2			•			20		14,					
21	result is a (loss													
	file Form 6198						21		-12,	000.				
22	Deductible ren						<u> </u>		,	-				
	on Form 8582						22	(12,0	00.)	()	()
23a	Total of all amo	-		-	for all rental	prope	rties			23a	·	600.		
b	Total of all amo									23b				
С	Total of all amo	ounts re	eport	ed on line 12	2 for all prope	erties				23c				
d	Total of all amo	ounts re	eport	ed on line 18	B for all prope	erties				23d				
е	Total of all amo	ounts re	eport	ed on line 20) for all prope	erties				23e	1	2,600.		
24	Income. ~~ Add							-				. 24		
25	Losses. Add ro	yalty lo	sses	from line 21 a	ind rental real	estate	losse	s from lii	ne 22. Er	nter tota	al losses here	e. 25	(12,000.)
26	Total rental re													
	here. If Parts													
	Schedule 1 (Fo	orm 104	40), liı	ne 5. Otherw	ise, include	this ar	nount	t in the t	otal on	line 41	on page 2	. 26		-12,000.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2021

SCHEDULE 8812 (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Credits for Qualifying Children and Other Dependents

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



OMB No. 1545-0074

2021 Attachment Sequence No. 47

▶ Go to www.irs.gov/Schedule8812 for instructions and the latest information.

			curity number
		97-43-9	9966
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	103,259.
2a	Enter income from Puerto Rico that you excluded		
b	Enter the amounts from lines 45 and 50 of your Form 2555 .	·	
с	Enter the amount from line 15 of your Form 4563 2c		
d	Add lines 2a through 2c	2d	0.
3	Add lines 1 and 2d	3	103,259.
4 a	Number of qualifying children under age 18 with the required social security number 4a 0		
b	Number of children included on line 4a who were under age 6 at the end of 2021 4b 0		
с	Subtract line 4b from line 4a 4c 0		
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. residen	t	
	alien. Also, do not include anyone you included on line 4a.		
7	Multiply line 6 by \$500	7	500.
8	Add lines 5 and 7	8	500.
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	500.
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	5	
	for more than half of 2021 \ldots		
	B Check here if you (or your spouse if married filing jointly) were a bona fide resident of Puerto Rico for 2021		
Part			
	on: If you did not check a box on line 13, do not complete Part I-B; instead, skip to Part I-C.		
	Enter the smaller of line 7 or line 12		
14a		14a	500
14a b		14a 14b	
	Subtract line 14a from line 12		0.
b c	Subtract line 14a from line 12	14b	0. 8,905.
b c	Subtract line 14a from line 12	14b 14c 14d	0. 8,905. 500.
b c d e	Subtract line 14a from line 12 . <	14b 14c 14d 14e	0. 8,905. 500.
b c d	Subtract line 14a from line 12	14b 14c 14d 14d 14e	0. 8,905. 500.
b c d e	Subtract line 14a from line 12 . <	14b 14c 14d 14d 14e	0. 8,905. 500. 500.
b c d e	Subtract line 14a from line 12	14b 14c 14d 14d 14e	0. 8,905. 500. 500.
b c d e	Subtract line 14a from line 12	14b 14c 14d 14d 14e 14e 14e 14e 14e 14e 14e	0. 8,905. 500. 500.
b c d e	Subtract line 14a from line 12	14b 14c 14d 14d 14e 14e 14e 14e 14e 14e 14e	0. 8,905. 500. 500.
b c d e	Subtract line 14a from line 12	14b 14c 14d 14d 14e 14e 14e 14e 14e 14e 14e	0. 8,905. 500. 500.
b c d e f	Subtract line 14a from line 12	14b 14c 14c 14d 14d 14e 6 14f 14f 14g	0. 8,905. 500. 500.
b c d e f	Subtract line 14a from line 12	14b 14c 14c 14d 14d 14e 6 14f 14f 14g	500. 0. 8,905. 500. 500. 0. 500.
b c d e f	Subtract line 14a from line 12	14b 14c 14d 14d 14d 14e 14f 14e 14g 14g 14g	0. 8,905. 500. 500. 0. 500.

Schedul	le 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.	
с	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	150
	for 2021, enter -0	15e
	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.	
£		158
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	15-
	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	151
Part	Form 1040, 1040-SR, or 1040-NR Image: Constraint of the second secon	15h
	n: If you file Form 2555, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit.	
	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	v credit
<u>16a</u>	Subtract line 15b from line 12. If zero, skip Parts II-A and II-B and enter -0- on line 27	16a
b	Subtract line 150 from line 12. If Zero, skip rats in A and in B and enter -0- of line 27	104
D	Enter the result. If zero, skip Parts II-A and II-B and enter -0- on line 27	16b
	TIP: The number of children you use for this line is the same as the number of children you used for line 4a.	100
17	Enter the smaller of line 16a or line 16b	17
17 18a	Earned income (see instructions)	17
b	Nontaxable combat pay (see instructions)	-
19	Is the amount on line 18a more than \$2,500?	
17	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	Numpry the amount on the 19 by 15 / (0.15) and effect the result $\cdot \cdot \cdot$	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	
22	1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . 22	-
23	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 Sabadula 2 (Form 1040), line 11	
	and Schedule 3 (Form 1040), line 11.	
25	1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11. J 24 Subtract line 24 form line 22. If non-on-loss system 0	25
25 26	Subtract line 24 from line 23. If zero or less, enter -0	25
26	Enter the larger of line 20 or line 25	26
Dort	Next, enter the smaller of line 17 or line 26 on line 27. II-C Additional Child Tax Credit	
Part		27
27		
	BAA REV 03/19/22 PRO Sch	edule 8812 (Form 1040) 2021

Schedu	le 8812 (Form 1040) 2021		Page 3
Par	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	

REV 03/19/22 PRO BAA

Schedule 8812 (Form 1040) 2021

Form	8867	Paid Preparer's Due	an Opportunity Tax Credit (AOTC).	,	OMB	No. 1545	-0074
	ecember 2021) nent of the Treasury	Child Tax Credit (CTC) (including the Ad Credit for Other Dependents (ODC)), and To be completed by preparer and filed with Forr	Head of Household (HOH) Filing Sta	tus	Attach	nment	
	Revenue Service	► Go to www.irs.gov/Form8867 for ins			Seque	ence No.	70
Тахрауе	er name(s) shown or	return	٦	axpayer identi	fication n	umber	
		NENI & BALAJYOTHI ANDLURI		497-43-9	966		
	eparer's name and						
1		I SAGAR GUPTA TALLAM		P0208270	3		
Part		gence Requirements					
		propriate box for the credit(s) and/or HOH filing ned (check all that apply).	g status claimed on the return a	•	e the rela		arts I–V HOH
1		lete the return based on information for the ap		le taxpayer	Yes	No	N/A
	-	obtained by you? (See instructions if relying on			X		
2	worksheets fo 1040) instruct worksheet(s) t	claimed on the return, did you complete th und in the Form 1040, 1040-SR, 1040-NR, 10 ions, and/or the AOTC worksheet found in hat provides the same information, and all re	40-PR, 1040-SS, or Schedule 8 the Form 8863 instructions, or	8812 (Form your own	X		
3		/ the knowledge requirement? To meet the knowledge requirement?	owledge requirement, you must	do both of			
		taxpayer, ask questions, and contemporaneou at the taxpayer is eligible to claim the credit(s)		sponses to			
		mation to determine that the taxpayer is eligit o figure the amount(s) of any credit(s)			×		
4	information re	nation provided by the taxpayer or a third asonably known to you, appear to be incorre ons 4a and 4b. If "No," go to question 5.) .		? (If "Yes,"		X	
а	Did you make	reasonable inquiries to determine the correct, o	complete, and consistent inform	ation? .			
b	you asked, wh	emporaneously document your inquiries? (Do nom you asked, when you asked, the informat d on your preparation of the return.)	ion that was provided, and the	impact the			
5	keep a copy o applicable wo 8867 and any taxpayer that	y the record retention requirement? To meet t f your documentation referenced in question 4 rksheet(s), a record of how, when, and from w applicable worksheet(s) was obtained, and a you relied on to determine eligibility for the cred of the credit(s)	b, a copy of this Form 8867, a c hom the information used to pre copy of any document(s) provi	epare Form ded by the or to figure	×		
		uments provided by the taxpayer, if any, that y		· · ·			
6	credit(s) and/o	e taxpayer whether he/she could provide docu or HOH filing status and the amount(s) of any red for audit?	/ credit(s) claimed on the return	n if his/her	×		
7	Did you ask th	e taxpayer if any of these credits were disallow	ed or reduced in a previous yea	r?		X	
		e disallowed or reduced, go to question 7a;					
а		ete the required recertification Form 8862? .					
8		is reporting self-employment income, did you ule C (Form 1040)?					
For Pa		ion Act Notice, see separate instructions.	REV 03/19/22 PRO		Form 886	67 (Rev.	12-2021)

Form 88	367 (Rev. 12-2021)			Page 2
Part	II 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 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.)	Yes	No	N/A
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	III 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 X	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	X		
	statement to the return?	X		
Part		-	Part \	/.)
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the quature tuition and related expenses for the claimed AOTC?		Yes	No
Part		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		Yes	No
	and provided more than half of the cost of keeping up a home for the year for a qualifying person?			
Part				
	You will have complied with all due diligence requirements for claiming the applicable credit(s) as 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 respo in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(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 88 Document Retention.	67 instri	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 applica obtained.			
	5. A record of any additional information you relied upon, including questions you asked and the tax determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of taxpayer's eligibility for the credit(s) and for HOH filing status and to figure the amount of taxpayer's eligibility for the credit(s) and for HOH filing status and to figure the amount of taxpayer's eligibility for the credit (s) and for HOH filing status and to figure the amount of taxpayer's eligibility for the credit (s) and for HOH filing status and to figure the amount of taxpayer's eligibility for the credit (s) and for HOH filing status and to figure taxpayer's eligibility for the credit (s) and for HOH filing status and to figure taxpayer's eligibility for the credit (s) and for HOH filing status and to figure taxpayer's eligibility for the credit (s) and for HOH filing status and taxpayer's eligibility for taxpayer's e			
	If you have not complied with all due diligence requirements, you may have to pay a penalty for e comply related to a claim of an applicable credit or HOH filing status (see instructions for more in			
45	Device particulate all of the appropriate on this Form 2007 are to the best of your knowledge, true correspondences	•	Vac	No

15	Do you certify	/ that a	all of	the	answer	s on	this	Form	8867	' are,	to t	the	best o	of you	ur k	know	ledge	, true	э, с	corre	ect,	an	d [Yes	No	_
	complete?																							X		_
														REV 0	03/19	9/22 PF	20				Fo	orm	886	67 (Rev.	12-2021)

Form 8582	Passive Activity Loss Limitations
	See separate instructions.
Department of the Treasury	Attach to Form 1040, 1040-SR, or 1041.
Internal Revenue Service (99)	Go to www.irs.gov/Form8582 for instructions and the latest information.

20 Attachment Sequence No. 858

OMB No. 1545-1008

Name(s) s	shown	on	return
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Identifying number
497-43-9966

Par	t I 2021 Passive Activity Loss		
	Caution: Complete Parts IV and V before completing Part I.		
	Il Real Estate Activities With Active Participation (For the definition of active participation, see Special ance for Rental Real Estate Activities in the instructions.)		
1a	Activities with net income (enter the amount from Part IV, column (a)) 1a 0.		
b	Activities with net loss (enter the amount from Part IV, column (b)) 1b (12,000.)		
С	Prior years' unallowed losses (enter the amount from Part IV, column (c)) 1c ()		
d	Combine lines 1a, 1b, and 1c	1d	-12,000.
All Ot	her Passive Activities		
2a	Activities with net income (enter the amount from Part V, column (a)) 2a		
b	Activities with net loss (enter the amount from Part V, column (b)) 2b ()		
С	Prior years' unallowed losses (enter the amount from Part V, column (c)) 2c ()		
d	Combine lines 2a, 2b, and 2c	2d	
3	Combine lines 1d and 2d. If this line is zero or more, stop here and include this form with your return;		

3 -12,000. losses on the forms and schedules normally used

If line 3 is a loss and: • Line 1d is a loss, go to Part II.

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• Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II. Instead, go to line 10.

Par	Part II Special Allowance for Rental Real Estate Activities With Active Participation								
	Note: Enter all numbers in Par	t II as positive amo	ounts. See instruct	tions for a	n exam	ole.			
4	Enter the smaller of the loss on line 1	d or the loss on lir	ne3				4	12,000.	
5	Enter \$150,000. If married filing separ	ately, see instructi	ons	🗋	5 1	50,000.			
6	Enter modified adjusted gross income	e, but not less thar	n zero. See instruc	tions	6	15,259.			
	Note: If line 6 is greater than or equal	to line 5, skip line	s 7 and 8 and ent	er -0-					
	on line 9. Otherwise, go to line 7.								
7	Subtract line 6 from line 5				7	34,741.			
8							8	17,371.	
						9	12,000.		
Par	Part III Total Losses Allowed								
10	10 Add the income, if any, on lines 1a and 2a and enter the total								
11									
	out how to report the losses on your t	ax return					11	12,000.	
Par	t IV Complete This Part Before	e Part I, Lines 1	a, 1b, and 1c. S	ee instru	ctions.				
							rall ga	ain or loss	
Name of activity		(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)		(d) Gair	l	(e) Loss	
		0.	12,000.					12,000.	

Total. Enter on Part I, lines 1a, 1b, and 1c ►	0.	12,000.	

For Paperwork Reduction Act Notice, see instructions. BAA Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.

	Nome of activity	Currer	Prior y	ears	Overall gain or loss					
	Name of activity	(a) Net income (line 2a)	(b) Net loss (line 2b)		(c) Unall loss (lin		(d) Gain		(e) Loss	
			(10 2.07		0 20)				
Total Enter	on Part I, lines 2a, 2b, and 2c ►									
Part VI	Use This Part if an Amour	nt Is Shown on F	Part II,	Line 9. S	ee instruc	tions.				
	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 (c) from column (a).	
		E Ln 22		12,000.					0.	
Total				12,000.	1.0	0	12,00	0	0.	
Part VII	Allocation of Unallowed L					-	,			
	Name of activity	Form or sche and line nur to be reporte (see instruct	nber ed on	(a) L	.oss (1		(b) Ratio (d		(c) Unallowed loss	
		· · · · · ·	. 🕨				1.00			
Part VIII	Allowed Losses. See instru									
	Name of activity	Form or sche and line nur to be reporte (see instruct	nber ed on	(a) L	_OSS	(b) Unallowed loss		(c) Allowed loss	
Total										

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