# 8879 Form

(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 securit	v number
RAVI KUMAR KATAKUM	050-31-	-
Spouse's name		ial security number
Part I Tax Return Information — Tax Year Ending December 31, 2021	 (Enter year you a	re authorizing.)
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 96,434.
2 Total tax		2 14,135.
<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099		<b>3</b> 16,158.
4 Amount you want refunded to you		4 2,023.
5 Amount you owe		5
Part II Taxpayer Declaration and Signature Authorization (Be sure you get Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or am		
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 authorized Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accorpayment 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 te 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.	for rejection of the tra- e the U.S. Treasury are unt indicated in the ta- nstitution to debit the rminate the authoriza on requests must be in the processing of the payment. I furt	ansmission, (b) the reason and its designated Financial ax preparation software for entry to this account. This ation. To revoke (cancel) as received no later than 2 the electronic payment of her acknowledge that the
Taxpayer's PIN: check one box only	arete my DINI	8 8 4 5
X I authorize GLOBAL TAXES LLC to enter or gen FRO firm name signature on the income tax return (original or amended) I am now authorizing.	Ent	er five digits, but n't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN below.		
Your signature ▶ Dat	re ▶	
Spouse's PIN: check one box only		
I authorize to enter or gen	erate my PIN	as my
ERO firm name		er five digits, but
signature on the income tax return (original or amended) I am now authorizing.	dor	n't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN below.		
Spouse's signature ▶ Dat	re <b>&gt;</b>	
Practitioner PIN Method Returns Only—continue I	oelow	
Part III Certification and Authentication — Practitioner PIN Method Only		
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.		8 6 1 9 8 9 er all zeros
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual included 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 <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Provided	n submitting this retu	rn in accordance with the
ERO's signature ▶ Dat	re <b>&gt;</b>	
ERO Must Retain This Form — See Instruction  Don't Submit This Form to the IRS Unless Requested		

11

13a

14

Department of the Treasury—Internal Revenue Service
U.S. Nonresident Alien Income Tax R

IRS Use Only-Do not write

		<b>414</b> 0.3. Nomesident	Allell III	COIIIC TAX	Netun			OIVIB NO. 13	43-0074	or staple in t	.nis space.
Filing Status			ngle								
Check only one box.		qualifying person is a child but not your dependent     Compared the QW Box, enter the child shares the the qualifying person is a child but not your dependent   Compared the QW Box, enter the child shares the the qualifying person is a child but not your dependent   Compared the QW Box, enter the child shares the qualifying person is a child but not your dependent   Compared the QW Box, enter the child shares the qualifying person is a child but not your dependent   Compared the QW Box, enter the child shares the qualifying person is a child but not your dependent   Compared the QW Box, enter the child shares the qualifying person is a child but not your dependent   Compared the QW Box, enter the qualifying person is a child but not your dependent   Compared the QW Box, enter the qualifying person is a child but not your dependent   Compared the QW Box, enter the qualifying person is a child but not your dependent   Compared the QW Box, enter the qualifying person is a child but not your dependent   Compared the QW Box, enter the qualifying person is a child but not your dependent   Compared the QW Box, enter the qualifying person is a child but not your dependent   Compared the QW Box, enter the qualifying person is a child but not your dependent   Compared the QW Box, enter the qualifying person is a child but not your dependent   Compared the QW Box   Compared the qualifying person is a child but not your dependent   Compared the QW Box   Compared the qualifying person   Compared the QW Box   Compared the qualifying person   Compared the QW Box   Compare									
Your first name	and	middle initial	Last na	ame						entifying n ructions)	umber
RAVI KUMA	R		KATA	KUM					050-	31-8845	5
Home address	num	ber and street or rural route). If you	ı have a P.C	). box, see inst	ructions.		A	Apt. no.	Check if	: X Indiv	idual
14332 MON	TFC	RT DR					1	.2306		Estat	te or Trust
City, town, or po	st off	ice. If you have a foreign address, als	so complete	spaces below.	State		ZIP code	)			
DALLAS					TX		75254				
Foreign country	nam	ne	Foreign pro	ovince/state/co	ounty		Foreign p	oostal code			
At any time duri	ng 20	021, did you receive, sell, exchang	e, or otherw	rise dispose of	any finan	cial inter	est in any	virtual curre	ncy?	Yes	⊠ No
<b>Dependents</b>				(2) Depend	dont's	(2)	Danandant		) 🗸 if qual	ifies for (see	,
(see instructions):		(1) First name Last na	ıme	identifying			Dependent ionship to y		d tax credi		for other endents
If more than four											
dependents, see instructions and											
check here ▶											
Income	1a	Wages, salaries, tips, etc. Attach	Form(s) W-	2					. 1a	102	2,492.
Effectively	b	Scholarship and fellowship grant	s. Attach Fo	orm(s) 1042-S	or required	d statem	ent. See ir	nstructions	. 1b		
Connected With U.S.	С	Total income exempt by a treaty L, line 1(e)	y from Sche	edule OI (Form	1040-NR	), Item	1c				
Trade or	2a	Tax-exempt interest	2a		<b>b</b> Tax	able int	erest		. 2b	]	
Business	3a	Qualified dividends	3a		<b>b</b> Ord	dinary di	vidends .		. 3b		3.
	4a	IRA distributions	4a		<b>b</b> Tax	kable am	ount		. 4b		
	5a	Pensions and annuities	5a		<b>b</b> Tax	able am	ount		. 5b		
	6	Reserved for future use							. 6		
	7	Capital gain or (loss). Attach Sch	edule D (Fo	rm 1040) if req	uired. If no	ot requir	ed, check	here . ▶ [	7		761.
	8	Other income from Schedule 1 (F	•						Misc 8	-6	6 <b>,</b> 822.
	9	Add lines 1a, 1b, 2b, 3b, 4b, 5b,							▶ 9		6,434.
	10	Adjustments to income:	•	,		-					
	а	From Schedule 1 (Form 1040), lin	ne 26				10a			1	
	b	Reserved for future use					10b			1	

Add lines 12c and 13c . . . . . . . . .

**c** Add lines 13a and 13b . . . . . .

c Scholarship and fellowship grants excluded . . . . . .

Add lines 12a and 12b . . . . . . . . . . . . . .

**b** Exemptions for estates and trusts only. See instructions . . .

d Add lines 10a and 10c. These are your total adjustments to income

Subtract line 10d from line 9. This is your **adjusted gross income** .

Charitable contributions for certain residents of India. See instructions

Qualified business income deduction from Form 8995 or Form 8995-A .

Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-

Itemized deductions (from Schedule A (Form 1040-NR)) or, for certain

residents of India, standard deduction. See instructions Std. Dedn. US/India Treaty

96,434.

12,850.

12,850.

83,584.

10d

11

12c

13c

14

15

12,550.

300.

10c

12a

12b

13a

Form 1040-NR (	2021)												Page 2
	16	Tax (see instructions). Check if	any from Form	(s): 1 🗌	3814 <b>2</b>	4972	2 3			16		14,	,135.
	17	Amount from Schedule 2 (Form	n 1040), line 3							17			0.
	18	Add lines 16 and 17								18		14	<b>,</b> 135.
	19	Nonrefundable child tax credit	or credit for o	ther depende	ents from S	chedule 8	3812 (Fo	orm 104	0)	19			
	20	Amount from Schedule 3 (Form	n 1040), line 8							20			
	21	Add lines 19 and 20								21			
	22	Subtract line 21 from line 18. I	f zero or less,	enter -0		,				22		14	<u>,135.</u>
	23a	Tax on income not effectivel from Schedule NEC (Form 104					23a						
	b	Other taxes, including self-emline 21			•	, ,	23b						
	С	Transportation tax (see instruc	tions)			[	23c						
	d	Add lines 23a through 23c .								23d			
	24	Add lines 22 and 23d. This is	our total tax			,			•	24		14,	<b>,</b> 135.
	25	Federal income tax withheld for	om:										
	а	Form(s) W-2					25a	16	5,158.	_			
	b	Form(s) 1099					25b						
	С	Other forms (see instructions)				[	25c						
	d	Add lines 25a through 25c .								25d		<u> 16,</u>	<u>,</u> 158.
	е	Form(s) 8805								25e			
	f	Form(s) 8288-A								25f			
	g	Form(s) 1042-S								25g			
	26	2021 estimated tax payments				1				26			
	27	Reserved for future use				- H	27			-			
	28	Refundable child tax credit of 8812 (Form 1040)	or additional c				28						
	29	Credit for amount paid with Fo				-	29			.			
	30	Reserved for future use					30						
	31	Amount from Schedule 3 (Form	*			_	31						
	32	Add lines 28, 29, and 31. Thes	e are your <b>tot</b>	al other pay	ments and	refundal	ole cred	lits	▶	32			
	33	Add lines 25d, 25e, 25f, 25g, 2							▶	33			<u>,</u> 158.
Refund	34	If line 33 is more than line 24,					•	•		34			<b>,</b> 023.
	35a	Amount of line 34 you want re		1 1 1						35a		<u>2</u> ,	<u>,</u> 023.
Direct deposit?	▶b	Routing number X X X	1 1 1	<del></del>		ре: 🔲 (	1 1	· .	Savings				
See instructions.	►d	► d Account number X X X X X X X X X X X X X X X X X X X											
	▶ e If you want your refund check mailed to an address outside the United States not shown on page 1, enter it here.												
	36	Amount of line 34 you want ap				. ▶	36						
Amount	37	Amount you owe. Subtract lin	ne 33 from line	24. For deta	ils on how t	to pay, se	e instru	ctions	. ▶	37			
You Owe	38	Estimated tax penalty (see ins	-				38						
Third Party Designee		rou want to allow another nstructions	person to di	scuss this	return witl	h the IF	RS? ▶ [	Yes.	Complete	below.	×	No	
	Desig name	nee's ▶		Phone no. ▶					nal identifi er (PIN)	cation <b>•</b>		$\perp$	
Sign Here		penalties of perjury, I declare that I they are true, correct, and complete											
Tiere	Your	signature		Date	Your occ	•			Prote	ection F			dentity here
	<u>/</u>					ARE DI	:VELO	PER	(see i	inst.) ▶		Щ	
	Phone		Duor - : ·	Email addre	ess	-	Deti		DTIN	-	<u> </u>		
Paid	-	arer's name	Preparer's sig				Date	1000	PTIN		Chec		
Preparer		PRIYA RAM SAGAR GUPTA TALLAM	-	RAM SAGA	R GUPTA I	'ALLAM	04/16	/2022	P02082				mployed
Use Only		s name ► GLOBAL TAXES				0045			Phone n				9522
•	Firm's address ► 2530 Pebble Creek Ln Cumming GA 30041 Firm's Ell								in ► 3	$\cap - \top$	)	_ 少り	

#### 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
RAVI KUMAR KATAKUM

O50-31-8845

Par	Additional income			
1	Taxable refunds, credits, or offsets of state and local income taxes	S	1	
<b>2</b> 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	-6,900.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	<b>8a</b> ( )		
b	Gambling income	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ( )		
е	Taxable Health Savings Account distribution	8e		
f	Alaska Permanent Fund dividends	8f		
g	Jury duty pay	8g		
h	Prizes and awards	8h		
i	Activity not engaged in for profit income	8i		
j	Stock options	8j		
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such			
	property	8k	-	
I	Olympic and Paralympic medals and USOC prize money (see instructions)	81	-	
m	Section 951(a) inclusion (see instructions)	8m		
n	Section 951A(a) inclusion (see instructions)	8n		
0	Section 461(I) excess business loss adjustment	80		
р	Taxable distributions from an ABLE account (see instructions) .	8p		
Z	Other income. List type and amount ▶			
	Other Income from box 3 of 1099-Misc 78.	<b>8z</b> 78.		
9	Total other income. Add lines 8a through 8z		9	78.
10	Combine lines 1 through 7 and 9. Enter here and on Form 10 1040-NR line 8	040, 1040-SR, or	10	6.000

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

	Educator expenses	. 11
2	Certain business expenses of reservists, performing artists, and fee-basis governme officials. Attach Form 2106	
}	Health savings account deduction. Attach Form 8889	. 13
	Moving expenses for members of the Armed Forces. Attach Form 3903	. 14
5	Deductible part of self-employment tax. Attach Schedule SE	. 15
6	Self-employed SEP, SIMPLE, and qualified plans	. 16
7	Self-employed health insurance deduction	. 17
3	Penalty on early withdrawal of savings	. 18
а	Alimony paid	. 19a
b	Recipient's SSN	
С	Date of original divorce or separation agreement (see instructions) ▶	
)	IRA deduction	. 20
l	Student loan interest deduction	. 21
2	Reserved for future use	. 22
3	Archer MSA deduction	. 23
ŀ	Other adjustments:	
а	Jury duty pay (see instructions)	
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	
С	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l 24c	
d	Reforestation amortization and expenses	
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	
f	Contributions to section 501(c)(18)(D) pension plans 24f	
g	Contributions by certain chaplains to section 403(b) plans 24g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	
i	Housing deduction from Form 2555	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	
Z	Other adjustments. List type and amount ▶	

#### **SCHEDULE NEC** (Form 1040-NR)

### Tax on Income Not Effectively Connected With a U.S. Trade or Business

Attachment

Department of the Treasury Internal Revenue Service (99) ▶ Go to www.irs.gov/Form1040NR for instructions and the latest information. ▶ Attach to Form 1040-NR.

Sequence No. **7B** 

OMB No. 1545-0074

Name shown on Form 1040-NR Your identifying number 050-31-8845 RAVI KUMAR KATAKUM Enter **amount of income** under the appropriate rate of tax. See instructions.

Nature of Income			(a) 10% (b) 15%	(=) 200/	(d) Other (specify)		
	nature of income		(a) 10%	( <b>b)</b> 15%	(c) 30%	%	%
1	Dividends and dividend equivalents:						
а	Dividends paid by U.S. corporations	1a					
b	Dividends paid by foreign corporations	1b					
С	Dividend equivalent payments received with respect to section 871(m) transactions	1c					
2	Interest:						
а	Mortgage	2a					
b	Paid by foreign corporations	2b					
С	Other	2c					
3	Industrial royalties (patents, trademarks, etc.)	3					
4	Motion picture or TV copyright royalties	4					
5	Other royalties (copyrights, recording, publishing, etc.)	5					
6	Real property income and natural resources royalties	6					
7	Pensions and annuities	7					
8	Social security benefits	8					
9	Capital gain from line 18 below	9					
10	Gambling — Residents of Canada only. Enter net income in column (c). If zero or less, enter -0						
а	Winnings						
b	Losses	10c					
11	Gambling winnings—Residents of countries other than Canada.						
	Gambling winnings—Residents of countries other than Canada.  Note: Losses not allowed	11					
12	Other (specify) ▶						
		12					
13	Add lines 1a through 12 in columns (a) through (d)	13					
14	Multiply line 13 by rate of tax at top of each column	14					
15	Tax on income not effectively connected with a U.S. trade or business. Add columns					R, line 23a ► <b>15</b>	
	Capital Gains and Losses F	rom	Sales or Excha	nges of Proper	ty	T	
losses f exchan within t	the capital gains and rom property sales or ges that are from sources the United States and not (if necessary, attach statement of descriptive details not shown below)  (b) Date acquire mm/dd/yyy		(c) Date sold mm/dd/yyyy	(d) Sales price	(e) Cost or other basis	(f) LOSS If (e) is more than (d), subtract (d) from (e).	(g) GAIN  If (d) is more than (e), subtract (e) from (d).
	ely connected with a U.S. s. Do not include a gain						
or loss	on disposing of a U.S. real y interest; report these						
gains a	nd losses on Schedule D						
(Form 1							
exchan	property sales or ges that are effectively						
on Sche						( )	
	18 Capital gain. Combine columns (f) and (g) of line 17	'. Ente	er the net gain here	e and on line 9 abo	ove. If a loss, ente	r -0 ▶ <b>18</b>	

#### **SCHEDULE OI** (Form 1040-NR)

Internal Revenue Service (99)

Name shown on Form 1040-NR

### **Other Information**

► Go to www.irs.gov/Form1040NR for instructions and the latest information. ► Attach to Form 1040-NR. ► Answer all questions.

Attachment Sequence No. **7C** 

Your identifying number

OMB No. 1545-0074

Department of the Treasury

RA	VI	KUMAR KATAKUM					050-31-8	845			
Α		Of what country or countries were you a citizen or national during the tax year? _INDIA									
В		In what country did you claim residence for tax purposes during the tax year? United States									
С		Have you ever applied to be a									
D											
	1.		☐ Yes	⊠ No							
	2.	A green card holder (lawful per	rmanent resident) of the Un	ited States? .				☐ Yes	⊠ No		
Ε		If you had a visa on the last of immigration status on the last of		,,	•	d not have a visa, en	•				
F		Have you ever changed your v If you answered "Yes," indicat		•	-			☐ Yes	⊠ No		
G		List all dates you entered and			ruction						
G		•									
		Note: If you are a resident of C check the box for Canada or					Mexico				
		Date entered United States	Date departed United State			e entered United State		arted United	d States		
		mm/dd/yy	mm/dd/yy	28	Date	mm/dd/yy		arted Office mm/dd/yy	J States		
				_				,, , ,			
				_							
				_							
				_							
н		Give number of days (including	vacation, nonworkdays, and	l I partial davs) vou	ı were i	present in the United S	States during:				
		- · · · · · · · · · · · · · · · · · · ·	, 2020		-		-				
ı		Did you file a U.S. income tax						X Yes	□No		
		If "Yes," give the latest year ar						_	_		
J		Are you filing a return for a trus	st?					Yes	X No		
		If "Yes," did the trust have a l									
		U.S. person, or receive a contr						Yes	☐ No		
K		Did you receive total compens	ation of \$250,000 or more	during the tax ye	ear?.			☐ Yes	X No		
		If "Yes," did you use an alterna	ative method to determine t	he source of this	s comp	ensation?		Yes	☐ No		
L		Income Exempt From Tax-If complete (1) through (3) below					tax treaty with	n a foreign	country,		
	1.	Enter the name of the country,					claimed the tr	eaty benefi	t, and the		
		amount of exempt income in th									
		<b>(a)</b> Cou	ntry	(b) Tax treaty ar		(c) Number of month claimed in prior tax ye		nount of exe	•		
						Claimed in prior tax ye	ais income	in current to	an year		
		(e) Total. Enter this amount or	n Form 1040-NR. line 1c. D	o not enter it on	line 1a	or line 1b	<b>•</b>				
	2.	Were you subject to tax in a fo	, ,					Yes	☐ No		
		Are you claiming treaty benefit	•					Yes	⊠ No		
		If "Yes," attach a copy of the C		•							
М		Check the applicable box if:									
	1.	This is the first year you are ma							onnected		
	_	with a U.S. trade or business u							. ▶ 📙		
	2.	You have made an election in States as effectively connected									

## **SCHEDULE D**

Department of the Treasury

Internal Revenue Service (99)

(Form 1040)

**Capital Gains and Losses** 

▶ 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.

OMB No. 1545-0074

Attachment Sequence No. 12

Name(s) shown on return Your social security number RAVI KUMAR KATAKUM 050-31-8845 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 (sales price) (or other basis) Form(s) 8949, Part I, combine the result whole dollars. line 2, column (a) with 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 26,115. 25,375. 21. 761. Totals for all transactions reported on Form(s) 8949 with Box B checked . . . . . . . . . . . . . . 3 Totals for all transactions reported on Form(s) 8949 with 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 7 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 . . . . . . . . . 7 761. 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 (g) (h) Gain or (loss) 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 (sales price) (or other basis) Form(s) 8949, Part II, 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	761.
	• If line 16 is a <b>gain,</b> 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 <b>loss</b> , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.		
	• If line 16 is <b>zero</b> , 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 <b>both</b> gains?  ☐ <b>Yes.</b> Go to line 18.  ☑ <b>No.</b> Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (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 <b>smaller</b> 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?		
	☐ <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> 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**

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

OMB No. 1545-0074 Attachment

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

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Sequence No. 12A

rvarric(s) .	SHOWIT OFFIC	,tuiii	
RAVI	KUMAR	KATAKUM	

Social security number or taxpayer identification number 050-31-8845

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 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.

<ul><li>(A) Short-term transactions</li><li>(B) Short-term transactions</li><li>(C) Short-term transactions</li></ul>	reported on	Form(s) 1099	9-B showing bas				e)		
(a) Description of property	(b) Date acquired	(c) Date sold or	ired Date sold or Proceeds See the	(e) Cost or other basis. See the <b>Note</b> below	t or other basis. enter a code in column (f).		If you enter an amount in column (g), enter a code in column (f).		(h) Gain or (loss). Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g)		
ROBINHOOD CRYPTO LLC	01/01/21	12/31/21	4,810.	3,449.			1,361.		
Robinhood Securities LLC	01/01/21	12/31/21	16,361.	16,102.			259.		
APEX CLEARING	01/01/21	12/31/21	4,944.	5,824.	W	21.	-859.		
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above should be placed of the state of the st	al here and inc is checked), <b>li</b> r	lude on your ne 2 (if Box B	26 115	25 375		21	761		

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)

**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.

OMB No. 1545-0074

2021

Attachment

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

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

Attachment Sequence No. 13 Your social security number

RAVI KUMAR KATAKUM 050-31-8845 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 VILLA 53, BANDLAGUDA JAGIR HYDERABAD TELANGANA IN 500086 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 **Days** (from list below) **Days** personal use days. Check the QJV box only if you meet the requirements to file as a A 365 Α 0 qualified joint venture. See instructions. В В С C Type of Property: 1 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 C 500. 3 Rents received . 3 4 4 Royalties received . Expenses: 5 5 Advertising . . . . . 6 Auto and travel (see instructions) . . 6 7 Cleaning and maintenance . . . 7 800. Commissions. . . . . . 8 8 9 Insurance . . . . . . . . . . 9 10 Legal and other professional fees . . . 10 11 11 1,200. Mortgage interest paid to banks, etc. (see instructions) 12 13 Other interest. . . . . . . . . . . . . 13 1,500. 14 14 15 15 1,800. Supplies . . . . 16 Taxes . . . . . . 16 17 17 2,100. 18 Depreciation expense or depletion . . . 18 19 19 Total expenses. Add lines 5 through 19 . . . . . 20 20 7,400. 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must 21 -6,900. 22 Deductible rental real estate loss after limitation, if any, -6,900.) on Form 8582 (see instructions) . . . . . . . . . 23a Total of all amounts reported on line 3 for all rental properties 23a 500 **b** Total of all amounts reported on line 4 for all royalty properties 23b c Total of all amounts reported on line 12 for all properties 23c d Total of all amounts reported on line 18 for all properties 23d e Total of all amounts reported on line 20 for all properties 23e 7,400. 24 Income. Add positive amounts shown on line 21. Do not include any losses 24 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here. 25 6,900. 25 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on -6,900. Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 26

# Form **8889**

Department of the Treasury Internal Revenue Service

## **Health Savings Accounts (HSAs)**

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

► Go to www.irs.gov/Form8889 for instructions and the latest information.

OMB No. 1545-0074
2021
Attachment Sequence No. <b>52</b>

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

RAVI KUMAR KATAKUM

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ► 050-31-8845

Befor	<b>re you begin:</b> Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, it	f requi	red.
Part	HSA Contributions and Deduction. See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for		
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2021. See instructions	X Self	-only $\square$ Family
2	HSA contributions you made for 2021 (or those made on your behalf), including those made from January 1, 2022, through April 15, 2022, that were for 2021. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	0.
3	If you were under age 55 at the end of 2021 and, on the first day of <b>every</b> month during 2021, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,600 (\$7,200 for family coverage). <b>All others,</b> see the instructions for the amount to enter	3	3,600.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2021 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2021, also include any amount contributed to your spouse's Archer MSAs	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0	5	3,600.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family		
	coverage under an HDHP at any time during 2021, see the instructions for the amount to enter	6	3,600.
7	If you were age 55 or older at the end of 2021, married, and you or your spouse had family coverage under an HDHP at any time during 2021, enter your additional contribution amount. See instructions	7	0.
8	Add lines 6 and 7	8	3,600.
9	Employer contributions made to your HSAs for 2021	_	
10	Qualified HSA funding distributions	44	1 000
11 12	Add lines 9 and 10	11	1,000. 2,600.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13	13	0.
	<b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax. See instructions.		<u> </u>
Part		rate F	ISAs, complete
	a separate Part II for each spouse.		
14a	Total distributions you received in 2021 from all HSAs (see instructions)	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b	
С	Subtract line 14b from line 14a	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8e	16	
17a	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional</b> 20% Tax (see instructions), check here		
b	<b>Additional 20% tax</b> (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form	17b	
Part	1040), Part II, line 17c		efore
rait	completing this part. If you are filing jointly and both you and your spouse each have sep complete a separate Part III for each spouse.		
18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	<b>Total income.</b> Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8z, and enter "HSA" and the amount on the dotted line	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form	21	

## Form **8582**

**Passive Activity Loss Limitations** 

Department of the Treasury Internal Revenue Service (99) ► See separate instructions.
► Attach to Form 1040, 1040-SR, or 104

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

OMB No. 1545-1008

2021

Attachment Sequence No. 858

050-31-8845

Name(s) shown on return

RAVI KUMAR KATAKUM

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

| Attaching Sequence | Sequence | Identifying number |

2021 Passive Activity Loss Part I Caution: Complete Parts IV and V before completing Part I. Rental Real Estate Activities With Active Participation (For the definition of active participation, see Special Allowance for Rental Real Estate Activities in the instructions.) 1a Activities with net income (enter the amount from Part IV, column (a)) . . . **b** Activities with net loss (enter the amount from Part IV, column (b)) . . . . 1b 6,900.) c Prior years' unallowed losses (enter the amount from Part IV, column (c)) . . . **d** Combine lines 1a, 1b, and 1c . . . . . . . . . . . . . . . . . . 1d -6,900. **All Other Passive Activities** 2a Activities with net income (enter the amount from Part V, column (a)) . . . **b** Activities with net loss (enter the amount from Part V, column (b)) . . . . 2b **c** Prior years' unallowed losses (enter the amount from Part V, column (c)) . 2c ( **d** Combine lines 2a, 2b, and 2c . . . . . . . . . . . . . . . . . . 2d 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 -6,900.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. 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. Special Allowance for Rental Real Estate Activities With Active Participation Part II 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 6,900. 5 Enter \$150,000. If married filing separately, see instructions . . . . . . . . . 150,000. 6 Enter modified adjusted gross income, but not less than zero. See instructions 103,334. Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0on line 9. Otherwise, go to line 7. 7 46,666. Multiply line 7 by 50% (0.50). **Do not** enter more than \$25,000. If married filing separately, see instructions 23,333. 8 9 Enter the **smaller** of line 4 or line 8 9 6,900. Part III **Total Losses Allowed** 10 10 0. Total losses allowed from all passive activities for 2021. Add lines 9 and 10. See instructions to find 6,900. 11 Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions. Current year Prior years Overall gain or loss Name of activity (a) Net income (b) Net loss (c) Unallowed (d) Gain (e) Loss (line 1a) loss (line 1c) (line 1b) VILLA 53, BANDLAGUDA JAGIR 0. 6,900. 6,900.

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

0.

6,900.

Page 2

Part V Complete This Part Befor	e P	art I, Lines 2	a, 2b,	and 2c. S	ee instruc	tions.			
Name of activity	Current y		nt year		Prior years		Overall ga		ain or loss
	(a) Net income (line 2a)		(b) Net loss (line 2b)		(c) Unallowed loss (line 2c)		(d) Gain		(e) Loss
Total. Enter on Part I, lines 2a, 2b, and 2c ▶									
Part VI Use This Part if an Amoun	nt Is	Shown on F	Part II,	<b>Line 9.</b> 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).
VILLA 53,BANDLAGUDA JAGIR		E Ln 22	6,900.		1.00000000		6,900.		0.
Total			6,900.		1.00		6,900.		0.
Part VII Allocation of Unallowed L	.oss			S.					
Name of activity		Form or sche and line nun to be reporte (see instruct	nber ed on	(a) Loss		(b) Ratio		(c) Unallowed loss	
Total			. ▶			1.00			
Part VIII Allowed Losses. See instr	ucti	ons.		1					
Name of activity		Form or sche and line nun to be reporte (see instruct	nber ed on	(a) L	.oss <b>(b)</b> Ur		nallowed loss		c) Allowed loss
Total			•						