▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury Calendar Year -Internal Revenue Service

Due 01/17/2023

2022 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury**. Write your social security number and '2022' Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

1	Amount of estimated tax you are paying by check or money order►

REV 04/09/22 PRO 1555 4,355.

642-87-3974 SANDEEP REDDY SEBE

39493 GALLAUDET DR APT 141 FREMONT CA 94538

INTERNAL REVENUE SERVICE PO BOX 802502 CINCINNATI OH 45280-2502

Form 8879
(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

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

Submission Identification Number (SID)

T.....

Тахрау	ver's name	Social secur	ity numb	er
SAN	IDEEP REDDY SEBE	642-87	-3974	1
Spouse	s's name	Spouse's so	cial secu	irity number
Par	t I Tax Return Information – Tax Year Ending December 31, 2021 (Enter	r year you a	are aut	horizing.)
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	365,170.
2	Total tax		2	99,738.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	92,292.
4	Amount you want refunded to you		4	
5	Amount you owe		5	7,446.
Part	Taxpayer Declaration and Signature Authorization (Be sure you get and	keep a cor	by of v	our return)

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

Taxpayer's PIN: check one box only

X	I authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	/
	radiionze			ERO firm name	to enter of generate my ring	Er

7	3	9	7	4	
Ent don	as my				

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 🕨

Date 🕨

Spouse's PIN: check one box only

I authorize

to enter	or generate	my PIN

as mv Enter five digits, but don't enter all zeros

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

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

Spouse's signature 🕨	Da	ate 🕨	•							
Practiti	oner PIN Method Returns Only—continue	bel	ow							
Part III Certification and Authentica	ation — Practitioner PIN Method Only									
ERO's EFIN/PIN. Enter your six-digit EFIN for	bllowed by your five-digit self-selected PIN.	5	8	7		8 nter a	all ze	eros		

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 — Sec is Form to the IRS Unless		
For Dependent Padaction Act Nation and vous toy a			Earm 8879 (Bay, 01 2021)

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

IF you live in	THEN use this address to send in your payment
Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214
Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Oklahoma, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, South Dakota, Utah, Washington, Wyoming	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

Form 1040-V 2021

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury Internal Revenue Service

SANDEEP REDDY

2021

Form 1040-V Payment Voucher

Use this voucher when making a payment with Form 1040. Do not staple this voucher or your payment to Form 1040.

Make your check or money order payable to the 'United States Treasury.' ► Write your social security number (SSN) on your check or money order.

(99)

SEBE

Enter the amount of your payment. 1555

7-446.

REV 04/09/22 PRO

INTERNAL REVENUE SERVICE P.O. BOX 802501 CINCINNATI, OH 45280-2501

39493 GALLAUDET DR 141 FREMONT CA 94538

E1040	· ·	artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		(99) urn	202	1	OMB No. 154	5-0074	IRS Us	e Only	—Do not w	vrite or staple	in this space.
Filing Status Check only one box.	lf yo	Single D Married filing jointly unchecked the MFS box, enter the n son is a child but not your dependent	ame of y	-	eparately (use. If you		_			,		, 0	ow(er) (QW) ne qualifying
Your first name	and mi	ddle initial	Last na	me							Your so	cial securi	ty number
SANDEEP	RED	DY	SEBE]							642-	87-397	4
lf joint return, s	pouse's	first name and middle initial	Last na	me							Spouse	's social se	curity number
39493 G	ALLA	er and street). If you have a P.O. box, see UDET DR ce. If you have a foreign address, also co			0.00	Stat	0		Apt. no. 141		Check I	here if you,	on Campaign or your htly, want \$3
FREMONT	0051 0116		inplote 5			CA		945			0		Checking a
Foreign countr	vnamo		F		ovince/state	_		-	n postal	code		ow will not k or refund.	•
	yname			oreigin pr	Ovince/state	count	у		jii postai	coue	your tu		Spouse
At any time du	uring 20	021, did you receive, sell, exchange,	or othe	rwise dis	pose of ar	y fina	ncial interest	in any	virtual o	curre	ncy?	Yes	X No
Standard Deduction		eone can claim: Vou as a de Spouse itemizes on a separate retur	•		•		a dependent						
Age/Blindnes	s You:	Were born before January 2, 1	957 🗌	Are bli	ind Sp	ouse:	: 🗌 Was b	orn bef	ore Janı	uary 2	2, 1957	🗌 ls bl	ind
Dependent	s (see	instructions):		(2) S	ocial securit	y	(3) Relations	ship	(4)	🖊 if qu	ualifies fo	r (see instru	ctions):
If more	(1) F	irst name Last name			number		to you		Child tax cr		redit	Credit for other dependents	
than four								<u> </u>					<u> </u>
dependents, see instruction	s ——												
and check													
here 🕨 📃													
	1	Wages, salaries, tips, etc. Attach	orm(s) ۱-	N-2 .	· · ·						. 1	4	28,663.
Attach Sch. B if	2a	Tax-exempt interest	2a			b Ta	axable intere	st .			. 2 b)	0.
required.	<u>3a</u>	Qualified dividends	3a	5,	001.	b O	rdinary divid	ends .			. 3 b)	5,001.
	4a	IRA distributions	4a			b Ta	axable amou	nt			. 4b)	
	5a	Pensions and annuities	5a			b Ta	axable amou	nt			. 5b)	
Standard	6a	Social security benefits	6a			b Ta	axable amou	nt		•	. 6b)	
 Deduction for – Single or 	7	Capital gain or (loss). Attach Sche	dule D if	ⁱ requirec	l. If not req	uired,	check here			► L	7		16,826.
Married filing	8	Other income from Schedule 1, lin									. 8		85,320.
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is yo	ur total inc	ome				.	▶ 9	3	65,170.
 Married filing iointly or 	10	Adjustments to income from Sche	dule 1, l	ine 26							. 10)	
jointly or Qualifying	11	Subtract line 10 from line 9. This is	s your a o	djusted o	gross inco	me	· · · · ·	· ·			► <u>11</u>	3	65,170.
widow(er), \$25,100	12a	Standard deduction or itemized				,		2a	12	,55	D .		
Head of	b	Charitable contributions if you take	the stan	idard dec	duction (see	instru	uctions) 1	2b					
household, \$18,800	с											c .	12,550.
 If you checked any box under 	13	Qualified business income deduct	ion from	Form 89	995 or Forn	n 899	5-A			•			
Standard	14												12,550.
Deduction, see instructions.	15	Taxable income. Subtract line 14	from lin	e 11. lf z	ero or less	entei	r-0			•	. 15	3	52,620.

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	96,676.
	17	Amount from Schedule 2, lir	ne3					17	
	18	Add lines 16 and 17						18	96,676.
	19	Nonrefundable child tax cree						19	
	20	Amount from Schedule 3, lir	ne8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	96,676.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	3,062.
	24	Add lines 22 and 23. This is	your total tax				. 🕨	24	99,738.
	25	Federal income tax withheld	from:			1 1			
	а	Form(s) W-2				25a 90	,058.		
	b	Form(s) 1099				25b			
	с	Other forms (see instruction	s)			25c 2	,234.		
	d	Add lines 25a through 25c						25d	92,292.
If you have a	26	2021 estimated tax payment		• •				26	
qualifying child,	27a	Earned income credit (EIC)				27a			
attach Sch. EIC.		Check here if you were h							
		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				29		-	
	30	Recovery rebate credit. See				30		-	
	31	Amount from Schedule 3, lir				31		-	
	32	Add lines 27a and 28 throug					lits 🕨	32	
	33	Add lines 25d, 26, and 32. T						33	92,292.
	34	If line 33 is more than line 24						34	
Refund	35a					•		35a	
Direct deposit?	►b	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here							
See instructions.	►d	Account number $X X X X X X X X X X X X X X X X X X X$							
	36	Amount of line 34 you want				36			
Amount	37	Amount you owe. Subtract	line 33 from line	24. For detail	s on how to pay,	see instructions	. 🕨	37	7,446.
You Owe	38	Estimated tax penalty (see in				38			· ·
Third Party	Do	you want to allow another				? See			
Designee		· · · ·	· · · · ·			. 🕨 🗌 Yes. Co	omplete b	below.	🗙 No
		signee's		Phone			onal identi		
		me 🕨		no. 🕨			ber (PIN)		
Sign		der penalties of perjury, I declare t lief, they are true, correct, and com							
Here		ur signature		Date	Your occupation		1		nt you an Identity
	. 10	ui signature		Date					N, enter it here
Joint return?					SOFTWARE	ENGINEER	(see	inst.) 🕨	
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupa	tion	If the	IRS ser	nt your spouse an
Keep a copy for your records.	,						tity Prote inst.) 🕨	ection PIN, enter it here	
,								iiiist.)	
		one no. (551)208-711 eparer's name		Email address		EBE@GMAIL.CO	M PTIN		Check if:
Paid	-16	parer 3 Hallie	Preparer's signat	we Sell-	Prepared	Date			Self-employed
Preparer		· · · ·					-		
Use Only		m's name						ne no.	
		m's address ►					Firm	's EIN ►	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 04/09/22 PRO			Form 1040 (2021)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Additional Income and Adjustments to Income

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

► Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074 2021 Attachment Sequence No. **01**

Internal Revenue Service	Sequence No. 01		
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soci	al security number
SANDEEP REDDY	SEBE	642-87	-3974
Part I Additio	onal Income		

1	Taxable refunds, credits, or offsets of state and local income taxe	S	1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions)	•		
3	Business income or (loss). Attach Schedule C		3	-85,320.
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, tr Schedule E		5	
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling income	8b		
с	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Taxable Health Savings Account distribution	8e		
f	Alaska Permanent Fund dividends	8f		
g	Jury duty pay	8g		
h	Prizes and awards	8h		
i	Activity not engaged in for profit income	8i		
j	Stock options	8j		
k	Income from the rental of personal property if you engaged in			
	the rental for profit but were not in the business of renting such property	8k		
I	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	81		
m	Section 951(a) inclusion (see instructions)	8m		
n	Section 951A(a) inclusion (see instructions)	8n		
ο	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			
•	Tatal athening and Add lines On the such On	8z		
9 10	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1 1040-NR, line 8		10	-85,320.
For Pa	perwork Reduction Act Notice, see your tax return instructions.			ile 1 (Form 1040) 2021

Par	t II Adjustments to Income		
11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	
18	Penalty on early withdrawal of savings	18	
19a	Alimony paid	19a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions)		
20	IRA deduction	20	
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
а	Jury duty pay (see instructions) . . . 24a		
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit 24b		
С	Nontaxable amount of the value of Olympic and Paralympicmedals 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)		
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 violations24i		
j	Housing deduction from Form 2555 . . . 24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)		
z	Other adjustments. List type and amount ► 24z		
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26	

BAA

SCHE	DULE	2
(Form	1040)	

Department of the Treasury

Internal Revenue Service

Additional Taxes

OMB No. 1545-0074 2021

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

► Go to *www.irs.gov/Form1040* for instructions and the latest information.

Attachment Sequence No. 02 Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number SANDEEP REDDY SEBE 642-87-3974 Part I Tax

I a			
1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 .	3	
Par	t II Other Taxes		
4	Self-employment tax. Attach Schedule SE	4	
5	Social security and Medicare tax on unreported tip income.Attach Form 4137 5		
6	Uncollected social security and Medicare tax on wages. AttachForm 89196		
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	2,233.
12	Net investment income tax. Attach Form 8960	12	829.
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	
		ontinu	ued on page 2

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

Schedule 2 (Form 1040) 2021

Part II Other Taxes (continued)

-					
17	Other additional taxes:				
а	Recapture of other credits. List type, form number, and amount ▶	17a			
b	Recapture of federal mortgage subsidy. If you sold your home in 2021, see instructions	17b			
С	Additional tax on HSA distributions. Attach Form 8889	17c			
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d			
е	Additional tax on Archer MSA distributions. Attach Form 8853 .	17e			
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f			
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g			
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h			
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i			
j	Section 72(m)(5) excess benefits tax	17j			
k	Golden parachute payments	17k			
I	Tax on accumulation distribution of trusts	171			
m	Excise tax on insider stock compensation from an expatriated corporation	17m			
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n			
ο	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	170			
р	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p			
q	Any interest from Form 8621, line 24	17q			
z	Any other taxes. List type and amount ►	17z			
18	Total additional taxes. Add lines 17a through 17z		18		
19	Additional tax from Schedule 8812		19		
20	Section 965 net tax liability installment from Form 965-A	20			
21	Add lines 4, 7 through 16, 18, and 19. These are your total other and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23t		21	3,	062.
	ВАА	REV 04/09/22 PRO	Schedu	ule 2 (Form 10	

SCHEDULE B (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Interest and Ordinary Dividends

OMB No. 1545-0074 2021

Attachment

▶ Go to www.irs.gov/ScheduleB for instructions and the latest information.
 ▶ Attach to Form 1040 or 1040-SR.

Internal Revenue Service (99)	nce No. 0	8
Name(s) shown on return Your social se	curity num	ber
SANDEEP REDDY SEBE 642-87-3	974	
Part I List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this	mount	
Interest interest first. Also, show that buyer's social security number and address ►		0
(See instructions and the		0.
Instructions for Form 1040, line		
2b.)		
received a Form		
1099-OID, or substitute		
statement froma brokerage firm,		
name as the		
payer and enter the total interest shown on that		
form. 2 Add the amounts on line 1		0.
3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815		
4 Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR,		
line 2b		0.
	mount	2.
	4 9	<u>⊿.</u> 99.
Ordinary	1,5	<u> </u>
Dividends		
(See instructions		
and the		
Instructions for Form 1040, line		
3b.) 5		
Note: If you		
received a Form		
substitute		
a brokerage firm,		
list the firm's name as the		
payer and enter		
dividends shown or that form 6 Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR,		
on that form. 0 Add the allocation of the 0. Enter the total here and 0 in 0 to 0 to 0 to 0 in 0 to	5,0	01.
Note: If line 6 is over \$1,500, you must complete Part III.		
Part III You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust		No
Foreign Accounts At any time during 2021, did you have a financial interest in or signature authority over a financial account, securities account, or brokerage account) located in a foreign		
Accounts and Trustsaccount (such as a bank account, securities account, or brokerage account) located in a foreig country? See instructions	n	×
Caution: If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financi Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 11		
to file FinCEN and its instructions for filing requirements and exceptions to those requirements		
Form 114 may result in substantial b If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ▶		
penalties. See During 2021, did you receive a distribution from, or were you the grantor of, or transferor to, foreign trust? If "Yes," you may have to file Form 3520. See instructions	a	

SCHEDULE	С
(Form 1040)	

Department of the Treasury

Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074
2021

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

	nent of the Treasury				; partnerships must generally file		orm 10	65.		chment uence N		09	
Name	of proprietor						Social	securi					
SANI	DEEP REDDY SEBE						642-	87-3	97	4	-	-	
Α	Principal business or profession	on, inc	luding product or service (se	e instru	uctions)	B Enter code from instruction						ıs	
	SOFTWARE DEVELOPME							▶ 5	1	9	1	0	0
С	Business name. If no separate		ess name, leave blank.				D Emp						
	YBR INFRA DEVELOPE		,										
E	Business address (including s		room no.) ► 3803 DAF	RWIN	DR				_				
-	City, town or post office, state												
F	Accounting method: (1)				Other (on eaife)								
G	0 () [2021? If "No," see instructions for	lim	it on la	ses		X Yes	s		No
Н													
1			-		n(s) 1099? See instructions					 Yes	5	X	No
J										Yes		_	No
Part											-		
1	Gross receipts or sales. See in				this income was reported to you o		1						
2	Returns and allowances .	• •					2						
3	Subtract line 2 from line 1 .						3						
4	Cost of goods sold (from line	42) .					4						
5							5						
6	-				refund (see instructions)		6						
7	-		-		<u> </u>		7						
Part	II Expenses. Enter expe	enses	for business use of you	r hom	ne only on line 30.								
8	Advertising	8		18	Office expense (see instructions)		18						
9	Car and truck expenses (see			19	Pension and profit-sharing plans		19						
	instructions)	9	15,120.	20	Rent or lease (see instructions):								
10	Commissions and fees .	10		a	Vehicles, machinery, and equipment	nt	20a						
11	Contract labor (see instructions)	11		b	Other business property		20b			1	9,8	800).
12	Depletion	12		21	Repairs and maintenance		21						
13	Depreciation and section 179			22	Supplies (not included in Part III)		22						
	expense deduction (not included in Part III) (see			23	Taxes and licenses		23						
	instructions)	13		24	Travel and meals:								
14	Employee benefit programs			а	Travel		24a						
	(other than on line 19) .	14		b	Deductible meals (see								
15	Insurance (other than health)	15			instructions)		24b					400	
16	Interest (see instructions):			25	Utilities		25				3,	000).
а	Mortgage (paid to banks, etc.)	16a		26	Wages (less employment credits))	26						
b	Other	16b		27a	Other expenses (from line 48) .		27a			4	5,	000).
17	Legal and professional services	17		b	Reserved for future use	•	27b						
28	Total expenses before expen				0		28					320	
29	1 ()					·	29			- 8	5,	320).
30	unless using the simplified me Simplified method filers only	thod. I: Ente	See instructions. r the total square footage of			9							
	and (b) the part of your home				. Use the Simplified								
04	Method Worksheet in the inst			ter on I	ine 30	·	30						
31	Net profit or (loss). Subtract)								
	• If a profit, enter on both Sch checked the box on line 1, see	e instru					31			- 8	5,3	320).
	• If a loss, you must go to line				J								
32	If you have a loss, check the b				1								
	 If you checked 32a, enter th SE, line 2. (If you checked the Form 1041, line 3. If you checked 32b, you mu 	box or	n line 1, see the line 31 instruc	tions.)	Estates and trusts, enter on		32a 32b	X All i Sor	ne ir	stment ivestm			

Schedu	le C (Form 1040) 2021			Page 2
Part	III Cost of Goods Sold (see instructions)			
33	Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (atta	ch exr	olanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventor If "Yes," attach explanation	y?	. 🗌 Yes	No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		
Part	Information on Your Vehicle. Complete this part only if you are claiming car or are not required to file Form 4562 for this business. See the instructions for line 1 Form 4562.			
43 44	When did you place your vehicle in service for business purposes? (month/day/year) $10/01/202$ Of the total number of miles you drove your vehicle during 2021, enter the number of miles you used your v		for:	
а	Business 27,000 b Commuting (see instructions) c O	ther		23,000
45	Was your vehicle available for personal use during off-duty hours?		🗌 Yes	🗙 No
46	Do you (or your spouse) have another vehicle available for personal use?		🗙 Yes	🗌 No
47a	Do you have evidence to support your deduction?		🗌 Yes	🗙 No
ه Part	If "Yes," is the evidence written?		🗌 Yes	No No
i di c		0.001		
BA	CK OFFICE OPERATION EXPENSES			45,000.
48	Total other expenses. Enter here and on line 27a	48		45,000.

SCHEDULE D

(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

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

SANDEEP REDDY SEBE

Your social security number

642-87-3974

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?
Yes X No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

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

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to le dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)		(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	182,789.	169,022.	1,637.		1,637.		1,637.		15,404.
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	6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions					()				
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise		7	15,404.						

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

See instructions for how to figure the amounts to enter on the lines below.		(d)	(e)	(g) Adjustmen		(h) Gain or (loss) Subtract column (e)
	form may be easier to complete if you round off cents to e dollars.	Proceeds (sales price)	Cost (or other basis)	to gain or loss Form(s) 8949, I line 2, colum	Part II,	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	2,146.	724.			1,422.
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.					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824				11	
12				. ,	12	
13	Capital gain distributions. See the instructions				13	
14		-	-	-		
	Worksheet in the instructions				14	()
15	Net long-term capital gain or (loss). Combine lines 8a on the back	•			15	1,422.

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	16 16,826.
	• 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 Yes. Go to line 18.	
	No. Skip lines 18 through 21, and go to line 22.	
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19
20	 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. 	
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.	
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:	
	The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500)	21 ()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.	
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?	
	☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.	
	□ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.	

REV 04/09/22 PRO

Schedule D (Form 1040) 2021

Form **8949**

Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

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

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

2021 Attachment Sequence No. 12A

Name(s) shown on return	Social security number or taxpayer identification number
SANDEEP REDDY SEBE	642-87-3974

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

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

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

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

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

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

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

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below			(h) Gain or (loss). Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
Robinhood Securities LLC	01/01/21	12/31/21	134,379.	136,591.	W	1,637.	-575.
ROBINHOOD CRYPTO LLC	01/01/21	12/31/21	48,410.	32,431.			15,979.
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	al here and inc is checked), lir	lude on your 1e 2 (if Box B	182,789.	169,022.		1,637.	15,404.

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

Form 8949 (2021) Attachment Sequence No. 12A	Page 2
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Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side SANDEEP REDDY SEBE

Social security number or taxpayer identification number 642-87-3974

Before you check Box D, E, or F 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 II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-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 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-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.

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

[] (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column</i> (e) in the separate instructions	If you enter an enter a c	f any, to gain or loss. amount in column (g), ode in column (f). arate instructions. (g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
	01/01/00	10/21/01	0 145				0.145
MORGAN STANLEY DOMESTIC HOLDINGS, INC	01/01/20	12/31/21	2,145.	0.			2,145.
E*TRADE SECURITIES LLC	01/01/21	12/31/21	1.	724.			-723.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	I here and inc is checked), lir	lude on your 1e 9 (if Box E	2,146.	724.			1,422.

Note: If you checked Box D 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.

Form **8959** Department of the Treasury Internal Revenue Service

Name(s) shown on return

Additional Medicare Tax

▶ If any line does not apply to you, leave it blank. See separate instructions.

Attach to Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.

► Go to www.irs.gov/Form8959 for instructions and the latest information.

OMB No. 1545-0074

Your social security number 642-87-3974

SANI	EEP REDDY SEBE	642-	87-39	974
Part	Additional Medicare Tax on Medicare Wages			
1	Medicare wages and tips from Form W-2, box 5. If you have more than one			
	Form W-2, enter the total of the amounts from box 5	1 448,163.		
2	Unreported tips from Form 4137, line 6	2		
3	Wages from Form 8919, line 6	3		
4	Add lines 1 through 3	4 448,163.		
5	Enter the following amount for your filing status:			
	Married filing jointly			
	Married filing separately			
	Single, Head of household, or Qualifying widow(er) \$200,000	5 200,000.		
6	Subtract line 5 from line 4. If zero or less, enter -0		6	248,163.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009).			
	Part II		7	2,233.
Part	Additional Medicare Tax on Self-Employment Income			
8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you			
	had a loss, enter -0- (Form 1040-PR or 1040-SS filers, see instructions.)	8		
9	Enter the following amount for your filing status:			
	Married filing jointly			
	Married filing separately			
	Single, Head of household, or Qualifying widow(er) \$200,000	9		
10	Enter the amount from line 4	10	_	
11	Subtract line 10 from line 9. If zero or less, enter -0	11		
12	Subtract line 11 from line 8. If zero or less, enter -0		12	
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (
	go to Part III		13	
Part		Compensation		
14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14			
		14	_	
15	Enter the following amount for your filing status:			
	Married filing jointly			
	Married filing separately	4.5		
40	Single, Head of household, or Qualifying widow(er) \$200,000	15	- 10	
16	Subtract line 15 from line 14. If zero or less, enter -0		16	
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply lir		47	
Part	Enter here and go to Part IV		17	
18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), li or 1040-SS filers, see instructions), and go to Part V		18	2 2 2 2
Part			10	2,233.
19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form			
13	W-2, enter the total of the amounts from box 6	19 8,732.		
20	Enter the amount from line 1	20 448,163.	_	
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax		-	
	withholding on Medicare wages	21 6,498.		
22	Subtract line 21 from line 19. If zero or less, enter -0 This is your Add		-	
	withholding on Medicare wages		22	2,234.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation			
	14 (see instructions)		23	
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also inclu			
	federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25			
	1040-SS filers, see instructions)		24	2,234.
For Pa	berwork Reduction Act Notice, see your tax return instructions.	REV 04/09/22 PRO		Form 8959 (2021)

Form **896**

Department of the Treasury

Net Investment Income Tax— Individuals, Estates, and Trusts

OMB No. 1545-2227 20

1

Attach to your tax return.

	► Attach to your tax return. Revenue Service (99) ► Go to www.irs.gov/Form8960 for instructions and the late	est information		A	ttachment equence No. 72
	shown on your tax return		Vour so	_	curity number or EIN
• •	DEEP REDDY SEBE		642-		-
Part			012	07.2	
rait	Section 6013(b) election (see instructions)				
	\square Regulations section 1.1411-10(g) election (see instructions)	structions)			
1	Taxable interest (see instructions)			1	0.
2	Ordinary dividends (see instructions)		-	2	5,001.
3	Annuities (see instructions)			3	5,001.
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see				
τa	instructions)	4a			
b	Adjustment for net income or loss derived in the ordinary course of a non- section 1411 trade or business (see instructions)	4b			
С	Combine lines 4a and 4b		· ·	4c	
5a	Net gain or loss from disposition of property (see instructions)	5a 16,	826.		
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b			
с	Adjustment from disposition of partnership interest or S corporation stock (see				
	instructions)	5c			
d	Combine lines 5a through 5c			5d	16,826.
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)		[6	
7	Other modifications to investment income (see instructions)			7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7			8	21,827.
Part		cations			
9a	Investment interest expenses (see instructions)	9a			
b	State, local, and foreign income tax (see instructions)	9b			
С	Miscellaneous investment expenses (see instructions)	9c			
d	Add lines 9a, 9b, and 9c			9d	
10	Additional modifications (see instructions)			10	
11	Total deductions and modifications. Add lines 9d and 10			11	
Part					
12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, estates and trusts, complete lines 18a–21. If zero or less, enter -0			12	21,827.
	Individuals:			12	21,027.
13	Modified adjusted gross income (see instructions)	13 365,	170.		
14	Threshold based on filing status (see instructions)		000.		
15	Cubine the 14 from line 10. If your on loss onton 0	/	170.		
16	Enter the smaller of line 12 or line 15			16	21,827.
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). En		-		
	on your tax return (see instructions)			17	829.
18a	Net investment income (line 12 above)	18a			
b	Deductions for distributions of net investment income and deductions under	100			
D	section 642(c) (see instructions)	18b			
С	Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0	18c			
19a	Adjusted gross income (see instructions)	19a			
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b			
С	Subtract line 19b from line 19a. If zero or less, enter -0	19c			
20	Enter the smaller of line 18c or line 19c			20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.1				
	include on your tax return (see instructions)			21	
For Pa	perwork Reduction Act Notice, see your tax return instructions.	REV 04/09/22 PRO			Form 8960 (2021)

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

BAA

Form **8960** (2021)

Itemization Statement

Additional information from your 2021 Federal Tax Return

Schedule C (SOFTWARE DEVELOPMENT): Profit or Loss from Business

Line 20b	Itemization Statement
Description	Amount
RENT (1650*12)	19,800.
Total	19,800.

Schedule C (SOFTWARE DEVELOPMENT): Profit or Loss from Business Line 25

Description	Amount
INTERNET(60 P/M*12M)	720.
MOBILE (80 P/M*12M)	960.
ELECTRICITY(110 P/M*12M)	1,320.
Total	3,000.