# Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

### IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Submi	ssion Identification Number (SID)			
Taxpaye	er's name	Social securit	y number	
REDI	DY SREE CHARAN THOTA	834-39-	-2746	
Spouse'	s name	Spouse's soc	ial security no	umber
SRII	NIDHI PALLETI	810-62	-6043	
Part	Tax Return Information — Tax Year Ending December 31, 2021 (Enter	year you a	re authoriz	zing.)
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	134,899.
2	Total tax		2	15,308.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	22,243.
4	Amount you want refunded to you		4	8,335.
5	Amount you owe		5	
Part	II Taxpayer Declaration and Signature Authorization (Be sure you get and k	eep a cop	y of your	return)
return ( to send for any Agent t paymer authori paymer busines taxes t person	oviledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmit my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejectled delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the foliation of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution action is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the I.I. I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requises days prior to the payment (settlement) date. I also authorize the financial institutions involved in the or receive confidential information necessary to answer inquiries and resolve issues related to the particle funds withdrawal Consent.	tter, or electroction of the tr S. Treasury are cated in the tan to debit the the authorizates must be processing of ayment. I furt	onic return or ansmission, and its design ax preparation entry to this ation. To rever received in the electror her acknow	riginator (ERO) (b) the reason nated Financial on software for account. This oke (cancel) a o later than 2 nic payment of ledge that the
	yer's PIN: check one box only			
X		ny DINI 9	2 7 4	
	ERO firm name	ř Ent	er five digits,	
	signature on the income tax return (original or amended) I am now authorizing.	dol	r cintor all 20	2103
	I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN method below.			
Your s	signature ▶ Date ▶			
Spous	se's PIN: check one box only			
×		,		
	ERO firm name		er five digits, i't enter all ze	
_	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 no if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN methology.			
Spous	e's signature ▶ Date ▶			
	Practitioner PIN Method Returns Only—continue below			
Part	Certification and Authentication — Practitioner PIN Method Only			
ERO's	<b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5 8		8 6 1 er all zeros	9 8 9
authori	that the above numeric entry is my PIN, which is my signature for the electronic individual income ta zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers of In	tting this retu	rn in accord	dance with the
FRO's	signature ► Date ►			
<u> </u>	ERO Must Retain This Form — See Instructions			

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

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

IRS Use Only-Do not write or staple in this space.

Filing Status Check only		0, ,	_	ed filing separately	` ′	_		` ,	_	, 0	, , , ,
one box.		u checked the MFS box, enter the on is a child but not your depender		your spouse. If you	chec	ked the HOH o	r QW	/ box, enter tl	ne child's	name if t	he qualifying
Your first name	and mi	ddle initial	Last na	ame					Your so	cial securi	ity number
REDDY SI	REE (	CHARAN	THO	THOTA 834-39-2746						16	
If joint return, s	pouse's	first name and middle initial	Last na	ame					Spouse	's social se	curity number
SRINIDH	I		PAL	LETI					810-	62-604	13
Home address	(numbe	er and street). If you have a P.O. box, see	e instruct	ions.				Apt. no.	Preside	ntial Electi	ion Campaign
3966 SUI	KAY 1	DR							Check	here if you	, or your
City, town, or p	ost offi	ce. If you have a foreign address, also c	omplete s	spaces below.	Sta	ate	ZIP	code			ntly, want \$3
MCKINNE	Y				T	X	75	070	_	ow will no	Checking a
Foreign country	y name			Foreign province/state	coun	nty	Fore	eign postal code	7	x or refund	•
										You	Spouse
At any time du	ıring 20	021, did you receive, sell, exchange	, or othe	erwise dispose of ar	ny fina	ancial interest i	n an	y virtual curre	ency?	Yes	⊠ No
Standard	Som	eone can claim:	ependen	t Your spou	se as	a dependent					
Deduction		Spouse itemizes on a separate retu	rn or you	u were a dual-status	alier	n					
Age/Blindness	s You:	☐ Were born before January 2,	1957 [	Are blind Sp	ouse	: Was bor	n be	fore January	2, 1957	☐ Is b	lind
Dependent	s (see	instructions):		(2) Social securi	ty	(3) Relationsh	ıip	<b>(4)  ✓</b> if c	qualifies fo	r (see instri	uctions):
If more		rst name Last name		number	-	to you		Child tax	credit	Credit for o	ther dependents
than four											
dependents, see instruction											
and check	s —										
here ►											
	1	Wages, salaries, tips, etc. Attach	Form(s)	W-2					. 1	1	29,300.
Attach	2a	Tax-exempt interest	2a		b T	Taxable interes	t		. 2k	)	14.
Sch. B if	3a	Qualified dividends	За	1.	<b>b</b> (	Ordinary divide	nds		. 3b	)	1.
required.	4a	IRA distributions	4a			raxable amoun			. 4b	)	
	5a	Pensions and annuities	5a		b T	Taxable amoun	t.		. 5b	)	
Standard	6a	Social security benefits	6a		b T	Taxable amoun	t.		. 6b	,	
Deduction for—	7	Capital gain or (loss). Attach Sche	edule D i	f required. If not red	uired	l, check here		🕨	□ 7		13,818.
Single or Married filing	8	Other income from Schedule 1, lin	ne 10						. 8		-8,234.
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your <b>total in</b>	ome				▶ 9	1	34,899.
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	s your <b>a</b>	djusted gross inco	me				▶ 11	1	34,899.
widow(er), \$25,100	12a	Standard deduction or itemized	deduct	tions (from Schedul	e A)	12:	а	25,10	0.		
Head of	b	Charitable contributions if you take	e the sta	ndard deduction (se	e inst	ructions) 12	b	60	0.		
household, \$18,800	С	Add lines 12a and 12b							. 12	С	25,700.
If you checked	13	Qualified business income deduc	tion fron	n Form 8995 or Fori	n 899	95-A			. 13		·
any box under Standard	14	Add lines 12c and 13							. 14	,	25,700.
Deduction, see instructions.	15	Taxable income. Subtract line 14	from lir	ne 11. If zero or less	, ente	er -0			. 15		09,199.

	16	Tax (see instructions). Check if any from Fo	orm(s): <b>1</b> 🗌 881	4 <b>2</b> 🗌 4972	3 🗌 _			16	15 <b>,</b> 308.
	17	Amount from Schedule 2, line 3					. [	17	
	18	Add lines 16 and 17						18	15,308.
	19	Nonrefundable child tax credit or credit for	or other depender	nts from Schedule	8812		. [	19	
	20	Amount from Schedule 3, line 8						20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18. If zero or les	ss, enter -0					22	15,308.
	23	Other taxes, including self-employment ta	ax, from Schedule	e 2, line 21				23	0.
	24	Add lines 22 and 23. This is your total tax						24	15,308.
	25	Federal income tax withheld from:					1		·
	а	Form(s) W-2			25a	22,2	43.		
	b	Form(s) 1099			25b				
	С	Other forms (see instructions)			25c				
	d	Add lines 25a through 25c						25d	22,243.
	26	2021 estimated tax payments and amoun					. 1	26	,
If you have a Lagrangian qualifying child,	27a	Earned income credit (EIC)			27a		İ		
attach Sch. EIC.		Check here if you were born after Ja							
		January 2, 2004, and you satisfy all	the other requi	rements for					
		taxpayers who are at least age 18, to claim	1 1	structions ► ∐					
	b	Nontaxable combat pay election			-				
	С	Prior year (2019) earned income							
	28	Refundable child tax credit or additional ch			28				
	29	American opportunity credit from Form 88			29				
	30	Recovery rebate credit. See instructions			30	1,4	00.		
	31	Amount from Schedule 3, line 15			31				1 400
	32	Add lines 27a and 28 through 31. These a	-					32	1,400.
	33	Add lines 25d, 26, and 32. These are your					•	33	23,643.
Refund	34	If line 33 is more than line 24, subtract line			-	-		34	8,335.
D: 1 1 '10	35a	Amount of line 34 you want <b>refunded to</b>					_	35a	8,335.
Direct deposit? See instructions.	▶b	Routing number         1         1         1         0         0         0           Account number         2         1         7         0         9         7		▶ c Type: 🔀	Checkin	g ∐ Sav	rings		
	► d								
A	36	Amount of line 34 you want applied to yo			36	-4:		07	
Amount You Owe	37	Amount you owe. Subtract line 33 from I			1 1	ctions .	•	37	
	38	Estimated tax penalty (see instructions)			38				
Third Party Designee		you want to allow another person to c				Yes. Comp	olete be	elow	X No
Designee		ignee's	Phone			Personal			
		ne ►	no. ►			number (			
Sign		ler penalties of perjury, I declare that I have exam							
Here		ef, they are true, correct, and complete. Declaration			ased on all	intormation o			, ,
	You	r signature	Date	Your occupation			1		nt you an Identity N, enter it here
Joint return?		SERVICE ENGINEER						ist.) ▶	I I I I I I I I I I I I I I I I I I I
See instructions.	Spo	use's signature. If a joint return, <b>both</b> must sign.	. Date	Spouse's occupat			If the I	RS sen	nt your spouse an
Keep a copy for							1	, .	ection PIN, enter it here
your records.				HOME MAKE	2		(see in	ıst.) ▶	
		ne no. (469) 452-9122	Email address	SREECHARAN.T	1				
Paid		parer's name Preparer's sig			Date		ΓIN	_	Check if:
Preparer		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIY	A RAM SAGAR	GUPTA TALLAM	05/28	/2022   PO	2082		Self-employed
Use Only		n's name ► GLOBAL TAXES LLC							678) 965-9522
	Firr	n's address ▶ 2530 Pebble Creek	Ln Cummin	g GA 30041			Firm's	EIN ►	
Go to www.irs.go	ov/Form	1040 for instructions and the latest information.		BAA	REV 05/12	/22 PRO			Form <b>1040</b> (2021)

Form 1040 (2021)

Page 2

# SCHEDULE 1 (Form 1040)

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

OMB No. 1545-0074

2021

Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

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

REDDY SREE CHARAN THOTA & SRINIDHI PALLETI

Your social security number 834-39-2746

Par	t I Additional Income				
1	Taxable refunds, credits, or offsets of state and local income taxes	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	
4	Other gains or (losses). Attach Form 4797			4	
5	Rental real estate, royalties, partnerships, S corporations, tru Schedule E			5	-10,355.
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				
	•	8k			
I	Olympic and Paralympic medals and USOC prize money (see instructions)	81			
m	Section 951(a) inclusion (see instructions)	8m			
n	Section 951A(a) inclusion (see instructions)	8n			
0	Section 461(I) excess business loss adjustment	80			
р	Taxable distributions from an ABLE account (see instructions).	8р			
Z	Other income. List type and amount ▶				
	Other Income from box 3 of 1099-Misc 2,121.	8z	2,121.		
9	Total other income. Add lines 8a through 8z			9	2,121.
10	Combine lines 1 through 7 and 9. Enter here and on Form 10 1040-NR, line 8	040, 1	040-SR, or	10	-8.234

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

Par	Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form	3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN	<b>&gt;</b>		ı
С	Date of original divorce or separation agreement (see instructions)	•		ı
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			ı
а	Jury duty pay (see instructions)	24a		ı
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	24b		ı
С	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l	24c		ı
d	Reforestation amortization and expenses	24d		ı
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		ı
f	Contributions to section 501(c)(18)(D) pension plans	24f		ı
g	Contributions by certain chaplains to section 403(b) plans	24g		ı
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		ı
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i		
j	Housing deduction from Form 2555	24j		ı
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		ſ
Z	Other adjustments. List type and amount ▶	24z		ı
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to			
	here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line	<u> 10a</u> .	26	I

#### **SCHEDULE D** (Form 1040)

### **Capital Gains and Losses**

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

OMB No. 1545-0074

Attachment Sequence No. 12

Department of the Treasury

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

REDDY SREE CHARAN THOTA & SRINIDHI PALLETI

which you have no adjustments (see instructions).

Your social security number 834-39-2746

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. with column (g) line 2. column (a) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for

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 . . . . . . . . . . . . . . 759. 844. -85. 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 . . . . . . . . . . . . . . . . . . 170,254. 159,401. 10,853.

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 

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 . . . . . . . .

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

7 10,768.

6

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

See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to (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 9 Totals for all transactions reported on Form(s) 8949 with 10 Totals for all transactions reported on Form(s) 8949 with 3,688. 3,050. 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

3,050.

15

Schedule D (Form 1040) 2021 Page 2

#### Part III Summary 16 Combine lines 7 and 15 and enter the result 16 13,818. • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? 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? X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 • (\$3,000), or if married filing separately, (\$1,500) **Note:** When figuring which amount is smaller, treat both amounts as positive numbers. 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.

# 8949

### Sales and Other Dispositions of Capital Assets

Department of the Treasury Internal Revenue Service

Part I

▶ 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. Attachment Sequence No. 12A

OMB No. 1545-0074

REDDY SREE CHARAN THOTA & SRINIDHI PALLETI

Social security number or taxpayer identification number

834-39-2746

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. 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 Adjustment, if any, to gain or loss. 1 If you enter an amount in column (a). (h) enter a code in column (f). (d) Cost or other basis Gain or (loss). (c) (a) (b) Date sold or Proceeds See the **Note** below See the separate instructions. Subtract column (e) Description of property Date acquired disposed of and see Column (e) (sales price) from column (d) and (Example: 100 sh. XYZ Co.) (Mo., day, yr.) (Mo., day, yr.) combine the result (see instructions) in the separate (g) Code(s) from Amount of adjustment instructions with column (a) instructions Robinhood Securities LLC 01/01/21 12/31/21 759. 844. -85. 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your

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.

759.

-85.

Schedule D, line 1b (if Box A above is checked), line 2 (if Box B

above is checked), or line 3 (if Box C above is checked) ▶

844.

Form 8949 (2021) Attachment Sequence No. 12A Page 2

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side REDDY SREE CHARAN THOTA & SRINIDHI PALLETI

Social security number or taxpayer identification number 834-39-2746

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 bas	sis was reported to the I	RS (see <b>Note</b> 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-E

X (F) Long-term transactions	not reported	to you on Fo	rm 1099-B				
(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column</i> (e)	If you enter an enter a co	f any, to gain or loss. amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss). Subtract column (e) from column (d) and
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	(Mo., day, yr.)			(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
CRYPTO	01/01/21	12/31/21	3,688.	638.			3,050.
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 8b (if Box D above	al here and inc e is checked), <b>lir</b>	lude on your ne 9 (if Box E					
above is checked), or line 10 (if Box	<b>F</b> above is che	cked) ►	3,688.	638.			3 <b>,</b> 050.

**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.

# 8949

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

▶ 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. Attachment Sequence No. 12A

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Social security number or taxpayer identification number

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

REDDY SREE CHARAN THOTA & SRINIDHI PALLETI 834-39-2746 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 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. (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 X (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss. 1 If you enter an amount in column (g), enter a code in column (f). (d) Cost or other basis Gain or (loss). (c) (a) (b) Date sold or Proceeds See the **Note** below See the separate instructions. Subtract column (e)

Description of property	Date acquired	Date sold or	Proceeds	See the <b>Note</b> below		arate instructions.	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)	
CRYPTO	01/01/21	12/31/21	170,254.	159,401.			10,853.	
2 Totals. Add the amounts in column negative amounts). Enter each total Schedule D, line 1b (if Box A above	al here and inc	lude on your						
above is checked), or line 3 (if Box			170,254.	159,401.			10,853.	

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 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.

Sequence No. 13

Your social security number

REDD	Y SREE CHARAN T	HOTA & SRINIDE	HI PALLETI						83	34-39-	274	6	
Part	Income or Loss	From Rental Real	Estate and Ro	yalties	s Note:	: If you a	are in th	e business c	of renti	ng perso	nal p	roperty	, use
	Schedule C. See	instructions. If you are a	an individual, rep	ort farn	n rental ir	ncome o	or loss fi	om Form 48	<b>335</b> or	page 2,	line 4	10.	
A Dic	l you make any payme	nts in 2021 that would	d require you to	file Fo	orm(s) 10	)99? S	ee instr	ructions .				Yes 2	No No
B If "	Yes," did you or will yo	ou file required Form(	(s) 1099?									Yes [	No
1a	Physical address of e												
Α	22-411/1A REDD				•	TOOR	, ANDH	RA PRADI	ESH	IN 51	700	1	
В					•								
С													
1b	Type of Property	2 For each rental	real estate pro	perty li	sted		Fair	Rental	Per	sonal U	se		JV
	(from list below)	above report the	ne number of fa	ir renta	al and			ays		Days			JV
Α	3	personal use da	ays. Oneck the creating to	<b>QJV</b> bo	ox only s a	Α		365		0		[	
В		qualified joint v	enture. See inst	ruction	ns.	В							
С						С							
Type	of Property:												
	le Family Residence	3 Vacation/Short	t-Term Rental	5 Lar	nd	7	7 Self-	Rental					
-	ti-Family Residence	4 Commercial			yalties	8	3 Othe	r (describe)	)				
Incom			Properties:		,	Α		E				С	
3	Rents received			3			725.						
4	Royalties received .			4									
Expen													
5	Advertising			5									
6	Auto and travel (see in			6									
7	Cleaning and mainten			7		2.	457.						
8	Commissions			8									
9	Insurance			9									
10	Legal and other profe			10									
11	Management fees .			11		1.	992.						
12	Mortgage interest pai			12									
13	Other interest		·	13									
14	Repairs			14		1.	772.						
15	Supplies			15			345.						
16	Taxes			16									
17	Utilities			17		2,	514.						
18	Depreciation expense			18									
19	Other (list)			19									
20	Total expenses. Add I	lines 5 through 19 .		20		11,	080.						
21	Subtract line 20 from	line 3 (rents) and/or	4 (royalties). If										
	result is a (loss), see												
	file <b>Form 6198</b>			21		-10,	355.						
22	Deductible rental real	l estate loss after lim	itation, if anv.										
	on Form 8582 (see in			22	(	10,3	55.)	(		)(			)
23a	Total of all amounts re	·	all rental prope	rties			23a		7.	25.			
b	Total of all amounts re						23b						
С	Total of all amounts re						23c						
d	Total of all amounts re						23d						
е	Total of all amounts re						23e	1	1,0	80.			
24	Income. Add positive			<b>t</b> inclu	de any l	osses				24			
25	Losses. Add royalty lo				•		nter tota	al losses her	e .	25 (		10,	355.)
26	Total rental real esta									Ì		·	
_0	here. If Parts II, III, I'												
	Schedule 1 (Form 104	•	•						٠.,	26		-10	.355.

NPA

# 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. 52

Name(s) shown on Form 1040, 1040-SR, or 1040-NR REDDY SREE CHARAN THOTA Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶ 834-39-2746

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

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	□Sel	f-only	▼ 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		7,200.
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		7,200.
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		7,200.
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		
8	Add lines 6 and 7	8		7,200.
9	Employer contributions made to your HSAs for 2021			
10	Qualified HSA funding distributions			
11	Add lines 9 and 10	11		2,250.
12	Subtract line 11 from line 8. If zero or less, enter -0	12		4,950.
13	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13	13		0.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.			
Part	<b>HSA Distributions.</b> If you are filing jointly and both you and your spouse each have sepa a separate Part II for each spouse.	rate F	lSAs,	complete
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 20% Tax</b> (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 1040), Part II, line 17c	17b		
Part		ons h	efore	
	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	<b>Additional tax.</b> Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	21		