

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) ▶

Taxpayer's name AVINASH REDDY POTHU	Social security number 158-33-1837
Spouse's name	Spouse's social security number

Part I Tax Return Information — Tax Year Ending December 31, 2021 (Enter year you are 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	106,048.
2 Total tax	2	16,376.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	17,385.
4 Amount you want refunded to you	4	1,009.
5 Amount you owe	5	

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

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

Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN

3	1	8	3	7
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 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- 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 ▶ P. Avinash Date ▶ 02/18/2022

Spouse's PIN: check one box only

- I authorize _____ to enter or generate my PIN

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 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

5	8	7	2	7	8					
---	---	---	---	---	---	--	--	--	--	--

Don't enter all zeros

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 ▶ _____

ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial AVINASH REDDY	Last name POTHU	Your social security number 158-33-1837
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. 18618 FLAGSTONE CREEK RD		Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below. HOUSTON		State TX
Foreign country name		Foreign postal code
Foreign province/state/county		ZIP code 77084

Presidential Election Campaign
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
 You Spouse

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? Yes No

Standard Deduction **Someone can claim:** You as a dependent Your spouse as a dependent
 Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** Were born before January 2, 1957 Are blind **Spouse:** Was born before January 2, 1957 Is blind

Dependents (see instructions):

If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>	(1) First name Last name		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
	Child tax credit	Credit for other dependents				
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required.	1 Wages, salaries, tips, etc. Attach Form(s) W-2	1	115,010.
	2a Tax-exempt interest	2a	
	3a Qualified dividends	3a	110.
	4a IRA distributions	4a	
	5a Pensions and annuities	5a	
	6a Social security benefits	6a	
	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	7	236.
	8 Other income from Schedule 1, line 10	8	-9,410.
	9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶	9	106,048.
	10 Adjustments to income from Schedule 1, line 26	10	
	11 Subtract line 10 from line 9. This is your adjusted gross income ▶	11	106,048.
Standard Deduction for— • Single or Married filing separately, \$12,550 • Married filing jointly or Qualifying widow(er), \$25,100 • Head of household, \$18,800 • If you checked any box under Standard Deduction, see instructions.	12a Standard deduction or itemized deductions (from Schedule A)	12a	12,550.
	b Charitable contributions if you take the standard deduction (see instructions)	12b	300.
	c Add lines 12a and 12b	12c	12,850.
	13 Qualified business income deduction from Form 8995 or Form 8995-A	13	1.
	14 Add lines 12c and 13	14	12,851.
	15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	93,197.

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	16,376.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	16,376.
19	Nonrefundable child tax credit or credit for other dependents 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 less, enter -0-	22	16,376.
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
24	Add lines 22 and 23. This is your total tax	24	16,376.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	17,385.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	17,385.
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC) No	27a	
	Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/>		
b	Nontaxable combat pay election	27b	
c	Prior year (2019) earned income	27c	
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 15	31	
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	17,385.
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	1,009.
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	1,009.
Direct deposit? See instructions.	b Routing number 021202337 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number 681591100		
	36 Amount of line 34 you want applied to your 2022 estimated tax	36	
Amount You Owe	37 Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions	37	
	38 Estimated tax penalty (see instructions)	38	

If you have a qualifying child, attach Sch. EIC.

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. No

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		STAFF CYBER SECURITY ANAL	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. (786) 804-2082 Email address REDDY0656@OUTLOOK.COM

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
SYAM PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA RAM SAGAR GUPTA TALLAM	02/19/2022	P02082703	<input type="checkbox"/> Self-employed
Firm's name	Firm's address		Phone no.	Firm's EIN
GLOBAL TAXES LLC	2530 Pebble Creek Ln Cumming GA 30041		(678) 965-9522	30-1017196

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

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**

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

Your social security number
158-33-1837

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	0.
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, trusts, etc. Attach Schedule E	5	-9,410.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling income	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	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	
l	Olympic and Paralympic medals and USOC prize money (see instructions)	8l	
m	Section 951(a) inclusion (see instructions)	8m	
n	Section 951A(a) inclusion (see instructions)	8n	
o	Section 461(l) excess business loss adjustment	8o	
p	Taxable distributions from an ABLE account (see instructions)	8p	
z	Other income. List type and amount ▶ _____	8z	
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	-9,410.

Part 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	▶ _____		
c	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:			
a	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		
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l	24c		
d	Reforestation amortization and expenses	24d		
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i		
j	Housing deduction from Form 2555	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
z	Other adjustments. List type and amount ▶ _____	24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	

SCHEDULE D
(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

2021

Attachment
Sequence No. **12**

Department of the Treasury
Internal Revenue Service (99)

- ▶ Attach to Form 1040, 1040-SR, or 1040-NR.
- ▶ Go to www.irs.gov/ScheduleD for instructions and the latest information.
- ▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Name(s) shown on return: AVINASH REDDY POTHU
Your social security number: 158-33-1837

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes 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)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole 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	2,288.	2,033.		255.
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	0.	0.		0.
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . .				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss) . Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7 255.

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. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked	744.	760.		-16.
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	5.	9.		-4.
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13 1.
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss) . Combine lines 8a through 14 in column (h). Then, go to Part III on the back				15 -19.

Part III Summary

<p>16 Combine lines 7 and 15 and enter the result</p> <ul style="list-style-type: none"> • 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. 	16	236.
<p>17 Are lines 15 and 16 both gains?</p> <p><input type="checkbox"/> Yes. Go to line 18.</p> <p><input checked="" type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p>		
<p>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 ▶</p>	18	
<p>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 ▶</p>	19	
<p>20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952?</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.</p>		
<p>21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:</p> <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p>	21 ()	
<p>22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?</p> <p><input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.</p> <p><input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>		

Sales and Other Dispositions of Capital Assets

Department of the Treasury
Internal Revenue Service

► Go to www.irs.gov/Form8949 for instructions and the latest information.
► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return: AVINASH REDDY POTHU
Social security number or taxpayer identification number: 158-33-1837

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.

- (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 (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 (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	ROBINHOOD SECURITIES LLC	03/25/21	05/27/21	0.	0.			0.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your 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) ►					0.	0.		0.

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.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

Social security number or taxpayer identification number

AVINASH REDDY POTHU

158-33-1837

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 (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	ROBINHOOD SECURITIES LLC	02/20/19	05/20/21	5.	9.			-4.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ►				5.	9.			-4.

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.

**SCHEDULE E
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041.
▶ Go to www.irs.gov/ScheduleE for instructions and the latest information.

OMB No. 1545-0074

2021

Attachment
Sequence No. **13**

Name(s) shown on return

AVINASH REDDY POTHU

Your social security number

158-33-1837

Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use 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 Yes No

B If "Yes," did you or will you file required Form(s) 1099? Yes No

1a Physical address of each property (street, city, state, ZIP code)
A H.NO: 1-5-568, ROAD NO: 3, NEW MARUTHINAGAR KOTHAPET, HYDERABAD, TELANGANA IN 500060
B
C

1b	Type of Property (from list below)	2	Fair Rental Days	Personal Use Days	QJV
A	3	For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	A 365	0	<input type="checkbox"/>
B			B		<input type="checkbox"/>
C			C		<input type="checkbox"/>

Type of Property:

- 1 Single Family Residence
- 2 Multi-Family Residence
- 3 Vacation/Short-Term Rental
- 4 Commercial
- 5 Land
- 6 Royalties
- 7 Self-Rental
- 8 Other (describe)

Income:	Properties:	A	B	C
3 Rents received	3	600.		
4 Royalties received	4			
Expenses:				
5 Advertising	5	100.		
6 Auto and travel (see instructions)	6	260.		
7 Cleaning and maintenance	7	650.		
8 Commissions	8			
9 Insurance	9			
10 Legal and other professional fees	10			
11 Management fees	11	1,000.		
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest	13			
14 Repairs	14	3,500.		
15 Supplies	15	2,820.		
16 Taxes	16			
17 Utilities	17	1,680.		
18 Depreciation expense or depletion	18			
19 Other (list) ▶	19			
20 Total expenses. Add lines 5 through 19	20	10,010.		
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	-9,410.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(9,410.)	()	()
23a Total of all amounts reported on line 3 for all rental properties	23a		600.	
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		10,010.	
24 Income. Add positive amounts shown on line 21. Do not include any losses	24			
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	(9,410.)		
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2	26			-9,410.

For Paperwork Reduction Act Notice, see the separate instructions.

NPA -9,410.

Schedule E (Form 1040) 2021

Qualified Business Income Deduction Simplified Computation

2021

Department of the Treasury
Internal Revenue Service

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form8995 for instructions and the latest information.

Attachment
Sequence No. **55**

Name(s) shown on return AVINASH REDDY POTHU	Your taxpayer identification number 158-33-1837
--	--

Note. You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$164,900 (\$164,925 if married filing separately; \$329,800 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i			
ii			
iii			
iv			
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	
3	Qualified business net (loss) carryforward from the prior year	3 ()	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	
5	Qualified business income component. Multiply line 4 by 20% (0.20)		5
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6 4.	
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7 ()	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8 4.	
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		9 1.
10	Qualified business income deduction before the income limitation. Add lines 5 and 9		10 1.
11	Taxable income before qualified business income deduction (see instructions)	11 93,198.	
12	Net capital gain (see instructions)	12 110.	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13 93,088.	
14	Income limitation. Multiply line 13 by 20% (0.20)		14 18,618.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions) ▶		15 1.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-		16 (0.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-		17 (0.)

D-400 (50) 8-23-21 **2021 Individual Income Tax Return**

< Staple All Pages of Your Return and W-2s Here

North Carolina Department of Revenue

Amended Return

DOR
Use
Only

For calendar year 2021, or fiscal year beginning <u>21</u> and ending _____		Are you a veteran? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
AVINASH REDDY POTHU 18618 FLAGSTONE CREEK RD HOUSTON TX 77084		Is your spouse a veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>
Your SSN: 158331837		Were you granted an automatic extension to file your 2021 federal income tax return, e.g., Form 1040? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Spouse's SSN: _____		
Filing Status <input checked="" type="checkbox"/> 1. Single	<input type="checkbox"/> 2. Married Filing Jointly	<input type="checkbox"/> 3. Married Filing Separately
<input type="checkbox"/> 4. Head of Household	<input type="checkbox"/> 5. Qualifying Widow(er)	
Were you a resident of N.C. for the entire year? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<input type="checkbox"/> Return for deceased taxpayer.	Date of death: _____
Was your spouse a resident for the entire year? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Return for deceased spouse.	Date of death: _____
N.C. Education Endowment Fund: You may contribute to the N.C. Education Endowment Fund by making a contribution or designating some or all of your overpayment to the Fund. To make a contribution, enclose Form NC-EDU and your payment of \$ <u>0</u> To designate your overpayment to the Fund, enter the amount of your designation on Page 2, Line 31. (See instructions for information about the Fund.)		
<input type="checkbox"/> Select box if you, or if married filing jointly, your spouse were out of the country on April 15, 2022, and a U.S. citizen or resident.		
<input type="checkbox"/> Select box if return is filed and signed by Executor, Administrator, or Court-Appointed Personal Representative.		

FS 1 PP Y DT N OC N TPRES N SPRES N VT N SVT N

POTH 1861 77084 DS N EA N TD SD FDEXT N

AVINASH REDDY POTHU 158331837

TX 77084

18618 FLAGSTONE CREEK RD HOUSTON

06 106048 16 0 26C 0

07 0 18 Y 0 26E 0

09 0 20A 1171 EU

10A 0 20B 0 27 0

10B 0 21A 0 29 0

11 S Y I N 21B 0 30 0

11 10750 21C 0 31 0

13 02219 21D 0 32 0

14 21147 26A 0 34 61

15 1110 26B 0

TN 7868042082 PN 6789659522 PP P02082703



Sign Return Below <input checked="" type="checkbox"/> Refund Due <u>61</u>		<input type="checkbox"/> Payment Due <u>0</u>	
I declare and certify that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete.		<input type="checkbox"/> Check here if you authorize the North Carolina Department of Revenue to discuss this return and attachments with the paid preparer below.	
Your Signature _____	Date _____	Spouse's Signature (If filing joint return, both must sign.) _____	Date _____
		7868042082	
Contact Phone No. (Include area code)			
PAID PREPARER USE ONLY If prepared by a person other than taxpayer, this certification is based on all information of which the preparer has any knowledge.			
SYAM PRIYA RAM SAGAR GUPT <u>02 19 2</u>		6789659522	
Date		Preparer's Contact Phone Number (Include area code)	
Paid Preparer's Signature		Preparer's FEIN, SSN, or PTIN	
If REFUND, mail return to: N.C. DEPT. OF REVENUE, P.O. BOX R, RALEIGH, NC 27634-0001 If you ARE NOT due a refund, mail return, any payment, and D-400V to: N.C. DEPT. OF REVENUE, P.O. BOX 25000, RALEIGH, NC 27640-0640			

D-400 Line-by-Line Information

6.	Federal Adjusted Gross Income	6.	106048
7.	Additions to Federal Adjusted Gross Income	7.	0
8.	Add Lines 6 and 7	8.	106048
9.	Deductions From Federal Adjusted Gross Income	9.	0
10.	Child Deduction		
	a. Enter the number of qualifying children for whom you were allowed a federal child tax credit	10a.	0
	b. Enter the amount of the child deduction	10b.	0
11.	N.C. Standard Deduction	11.	Y
11.	N.C. Itemized Deduction	11.	N
11.	Deduction amount	11.	10750
12.	a. Add Lines 9, 10b, and 11	12a.	10750
	b. Subtract amount on Line 12a from Line 8	12b.	95298
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.2219
14.	N.C. Taxable Income	14.	21147
15.	N.C. Income Tax	15.	1110
16.	Tax Credits	16.	0
17.	Subtract Line 16 from Line 15	17.	1110
18.	Consumer Use Tax	18.	0
	You certify that no Consumer Use Tax is due		Y
19.	Add Lines 17 and 18	19.	1110

North Carolina Income Tax Withheld

20a.	Your tax withheld	20a.	1171
20b.	Spouse's tax withheld	20b.	0

Other Tax Payments

21a.	2021 estimated tax	21a.	0
21b.	Paid with extension	21b.	0
21c.	Partnership	21c.	0
21d.	S Corporation	21d.	0
22.	Amended Returns Only - Previous payments	22.	0
23.	Total Payments	23.	1171
24.	Amended Returns Only - Previous refunds	24.	0
25.	Subtract Line 24 from Line 23	25.	1171
26a.	Tax Due	26a.	0
26b.	Penalties	26b.	0
26c.	Interest	26c.	0
26d.	Add Lines 26b and 26c and enter the total on 26d	26d.	0
EU	Exception to Underpayment of Estimated Tax	EU	
26e.	Interest on the Underpayment of Estimated Income Tax	26e.	0
27.	Pay this Amount	27.	0
28.	Overpayment	28.	61

Amount of Refund to Apply to:

29.	Amount of Line 28 to be applied to 2022 Estimated Income Tax	29.	0
30.	N.C. Nongame and Endangered Wildlife Fund	30.	0
31.	N.C. Education Endowment Fund	31.	0
32.	N.C. Breast and Cervical Cancer Control Program	32.	0
33.	Add Lines 29 through 32	33.	0
34.	Amount to be Refunded	34.	61

D-400 Sch PN (50)

8-23-21

2021 Part-Year Resident and Nonresident Schedule

North Carolina Department of Revenue

DOR
Use
Only

If you enter a taxable percentage on Form D-400, Line 13 because you or your spouse, if married filing jointly, were not full-year residents of North Carolina during tax year 2021, you must attach this schedule to Form D-400. Importantly, you must attach both pages of this schedule to Form D-400. If you do not, the Department may be unable to process your return.

Last Name (First 10 Characters) POTHU	Your Social Security Number 158331837
--	--

A part-year resident or a nonresident who receives income from N.C. sources must complete this form to determine the percentage of total income from all sources that is subject to N.C. tax. You are a **"part-year resident"** if you moved to N.C. and became a resident during the tax year, or you moved out of N.C. and became a resident of another state during the tax year. You are a **"nonresident"** if you were not a resident of N.C. at any time during the tax year.

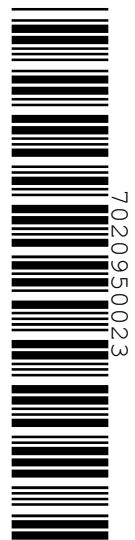
Important: Refer to the Instructions before completing this form.

NRT	Y	PYT	N	22	23537
NRS	N	PYS	N	23	106048

Part A. Residency Status			
Taxpayer is: (Select applicable box) <input type="checkbox"/> Full-Year Resident <input checked="" type="checkbox"/> Nonresident <input type="checkbox"/> Part-Year Resident Date N.C. residency began Date N.C. residency ended		Spouse is: (Select applicable box) <input type="checkbox"/> Full-Year Resident <input type="checkbox"/> Nonresident <input type="checkbox"/> Part-Year Resident Date N.C. residency began Date N.C. residency ended	

If you and your spouse were both full-year residents of N.C., **stop here**; do not complete Parts B and C. Do not attach Schedule PN to Form D-400.

Part B. Allocation of Income for Part-Year Residents and Nonresidents																																							
		COLUMN A Total Income from all sources	COLUMN B Amount of Column A subject to N.C. tax																																				
Total Income																																							
1. Wages, Salaries, Tips, Etc.	1.	115010	23537																																				
2. Taxable Interest	2.	80	0																																				
3. Taxable Dividends	3.	132	0																																				
4. Taxable Refunds, Credits, or Offsets of State and Local Income Taxes	4.	0	0																																				
5. Alimony Received	5.	0	0																																				
6. Business Income or (Loss)	6.	0	0																																				
7. Capital Gain or (Loss)	7.	236	0																																				
8. Other Gains or (Losses)	8.	0	0																																				
9. Taxable Amount of IRA Distributions	9.	0	0																																				
10. Taxable Amount of Pensions and Annuities	10.	0	0																																				
11. Rental Real Estate, Royalties, Partnerships, S-Corps, Estates, Trusts, Etc.	11.	-9410	0																																				
12. Farm Income or (Loss)	12.	0	0																																				
13. Unemployment Compensation	13.	0	0																																				
14. Taxable Portion of Social Security Benefit and Railroad Retirement Benefits	14.	0	0																																				
15. Other Income	15.	0	0																																				
16. Total Income	16.	106048	23537																																				
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%;"></th> <th style="width: 20%; text-align: center;">COLUMN A Enter the amount from Form D-400 Schedule S</th> <th style="width: 10%; text-align: center;">COLUMN B Amount of Column A subject to N.C. tax</th> </tr> </thead> <tbody> <tr> <td>North Carolina Adjustments</td> <td></td> <td></td> <td></td> </tr> <tr> <td>17. Additions</td> <td></td> <td></td> <td></td> </tr> <tr> <td> a. Interest Income From Obligations of States Other Than N.C.</td> <td style="text-align: center;">17a.</td> <td style="text-align: right;">0</td> <td style="text-align: right;">0</td> </tr> <tr> <td> b. Deferred Gains Reinvested Into an Opportunity Fund</td> <td style="text-align: center;">17b.</td> <td style="text-align: right;">0</td> <td style="text-align: right;">0</td> </tr> <tr> <td> c. Bonus Depreciation</td> <td style="text-align: center;">17c.</td> <td style="text-align: right;">0</td> <td style="text-align: right;">0</td> </tr> <tr> <td> d. IRC Section 179 Expense</td> <td style="text-align: center;">17d.</td> <td style="text-align: right;">0</td> <td style="text-align: right;">0</td> </tr> <tr> <td> e. Other Additions to Federal Adjusted Gross Income That Relate to Gross Income</td> <td style="text-align: center;">17e.</td> <td style="text-align: right;">0</td> <td style="text-align: right;">0</td> </tr> <tr> <td>18. Total Additions</td> <td style="text-align: center;">18.</td> <td style="text-align: right;">0</td> <td style="text-align: right;">0</td> </tr> </tbody> </table>						COLUMN A Enter the amount from Form D-400 Schedule S	COLUMN B Amount of Column A subject to N.C. tax	North Carolina Adjustments				17. Additions				a. Interest Income From Obligations of States Other Than N.C.	17a.	0	0	b. Deferred Gains Reinvested Into an Opportunity Fund	17b.	0	0	c. Bonus Depreciation	17c.	0	0	d. IRC Section 179 Expense	17d.	0	0	e. Other Additions to Federal Adjusted Gross Income That Relate to Gross Income	17e.	0	0	18. Total Additions	18.	0	0
		COLUMN A Enter the amount from Form D-400 Schedule S	COLUMN B Amount of Column A subject to N.C. tax																																				
North Carolina Adjustments																																							
17. Additions																																							
a. Interest Income From Obligations of States Other Than N.C.	17a.	0	0																																				
b. Deferred Gains Reinvested Into an Opportunity Fund	17b.	0	0																																				
c. Bonus Depreciation	17c.	0	0																																				
d. IRC Section 179 Expense	17d.	0	0																																				
e. Other Additions to Federal Adjusted Gross Income That Relate to Gross Income	17e.	0	0																																				
18. Total Additions	18.	0	0																																				



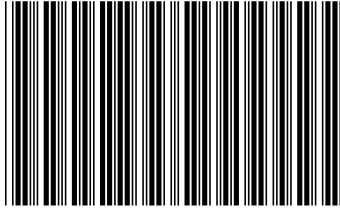
Last Name (First 10 Characters) POTHU	Your Social Security Number	158331837
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Part B. Allocation of Income for Part-Year Residents and Nonresidents (continued)

	COLUMN A Enter the amount from Form D-400 Schedule S	COLUMN B Amount of Column A subject to N.C. tax
19. Deductions		
a. State or Local Income Tax Refund	19a. 0	0
b. Interest Income From Obligations of the United States or United States' Possessions	19b. 0	0
c. Taxable Portion of Social Security and Railroad Retirement Benefits	19c. 0	0
d. Bailey Retirement Benefits	19d. 0	0
e. Bonus Asset Basis	19e. 0	0
f. Bonus Depreciation	19f. 0	0
g. IRC Section 179 Expense	19g. 0	0
h. Other Deductions From Federal Adjusted Gross Income That Relate to Gross Income	19h. 0	0
20. Total Deductions	20. 0	0
21. Total Income Modified by N.C. Adjustments	21. 106048	23537

Part C. Part-Year Residents and Nonresidents Taxable Percentage

22. Enter the Amount From Column B, Line 21		22. 23537
23. Enter the Amount From Column A, Line 21		23. 106048
24. Part-Year Residents and Nonresident Taxable Percentage		24. 0.2219



040MP01210

For Privacy Act Notification, See Instructions

Your Social Security Number (required)
158331837

Last Name, First Name, Initial (Joint Filers enter first name and middle initial of each. Enter spouse's/CU partner's last name ONLY if different.)
POTHU AVINASH REDDY

Spouse's/CU Partner's SSN (if filing jointly)

County/Municipality Code (See Table page 50)
1107

Home Address (Number and Street, including apartment number)
18618 FLAGSTONE CREEK RD

City, Town, Post Office
HOUSTON

State ZIP Code
TX 77084

Driver's License Number (Voluntary) (See instructions)
000042045743

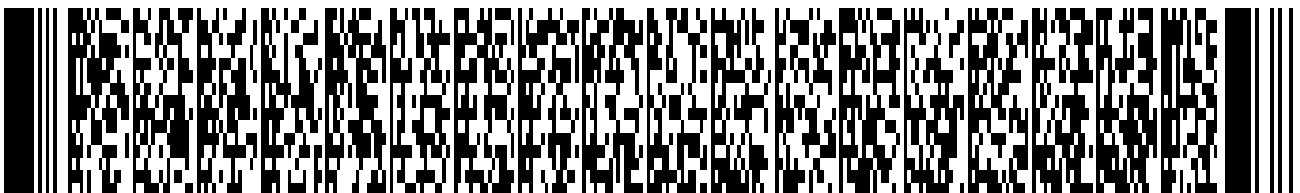
- Federal extension filed.
- The address above is a foreign address.
- Your address has changed.
- Death certificate is enclosed.
- Do not want a paper form next year.
- I authorize the Division of Taxation to discuss my return and enclosures with my preparer.
- NJ-1040-O is enclosed.

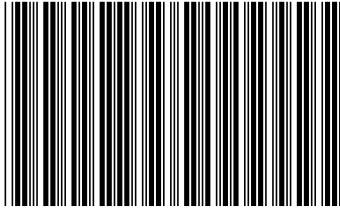
Gubernatorial Elections Fund Note: This does not reduce your refund or increase your balance due.

Do you want to designate \$1 to the Gubernatorial Elections Fund?	You	Yes	No
If joint return, does your spouse want to designate \$1?	Spouse/CU Partner	Yes	No

Direct Deposit Information

dd1. Direct deposit indicator (1 for direct deposit, 4 for no direct deposit)	dd1.	1	
dd2. Account type (C for checking, S for savings)	dd2.	C	
dd3. Fill in the checkbox if the direct deposit is going to an account outside the United States	dd3.		
dd4. Routing number	dd4.		021202337
dd5. Account number	dd5.		681591100





040MP02210

Name(s) as shown on Form NJ-1040
POTHU AVINASH REDDY

Your Social Security Number
158331837

1555

Part-year residents, provide months/days you were a New Jersey resident during 2021:

From: To:

Fiscal year filers only:

Enter month of your year end 2 0 2 2

Filing Status

Fill in only one.

- 1. Single
- 2. Married/CU Couple, filing joint return
- 3. Married/CU Partner, filing separate return
- 4. Head of Household Enter spouse's/CU partner's SSN
- 5. Qualifying Widow(er)/Surviving CU Partner
Indicate the year of your spouse's/CU partner's death: 2019 2020

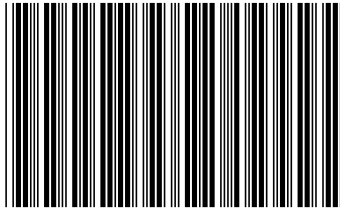
Exemptions

Fill in the ovals that apply. You must enter a total in the boxes to the right and complete the calculation.

6. Regular	<input checked="" type="checkbox"/>	Self	Spouse/CU Partner	Domestic Partner	1	x \$1,000 =	<u>1000</u>
7. Senior 65+ (Born in 1956 or earlier)	<input type="checkbox"/>	Self	Spouse/CU Partner			x \$1,000 =	_____
8. Blind/Disabled	<input type="checkbox"/>	Self	Spouse/CU Partner			x \$1,000 =	_____
9. Veteran	<input type="checkbox"/>	Self	Spouse/CU Partner			x \$6,000 =	_____
10. Qualified Dependent Children	<input type="checkbox"/>					x \$1,500 =	_____
11. Other Dependents	<input type="checkbox"/>					x \$1,500 =	_____
12. Dependents Attending Colleges (See instructions)	<input type="checkbox"/>					x \$1,000 =	_____
13. Total Exemption Amount (Add totals from the lines at 6 through 12)							13. 1000 .

14. Dependent Information. Provide the following information for each dependent.

	Last Name, First Name, Middle Initial	Social Security Number	Birth Year	No Health Insurance
a.	_____			
b.	_____			
c.	_____			
d.	_____			



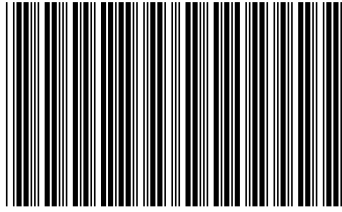
040MP03210

Name(s) as shown on Form NJ-1040
POTHU AVINASH REDDY

Your Social Security Number
158331837

1555

15. Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	90443 .	
16a. Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)	16a.	80 .	
16b. Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on line 16a	16b.	. .	
17. Dividends	17.	132 .	
18. Net profits from business (Schedule NJ-BUS-1, Part I, line 4) (Enclose federal Schedule C)	18.	. .	
19. Net gains or income from disposition of property (Schedule NJ-DOP, line 4)	19.	236 .	
20a. Taxable pensions, annuities, and IRA distributions/withdrawals (See instructions)	20a.	. .	
20b. Excludable pension, annuity, and IRA distributions/withdrawals	20b.	. .	
21. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, line 4) (Enclose Schedule NJK-1 or federal Schedule K-1)	21.	. .	
22. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1)	22.	. .	
23. Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, line 4)	23.	. .	
24. Net Gambling Winnings (See instructions)	24.	. .	
25. Alimony and Separate Maintenance Payments received	25.	. .	
26. Other (Enclose documents) (See instructions)	26.	. .	
27. Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26)	27.	90891 .	
28a. Pension/Retirement Exclusion (See instructions)	28a.	. .	
28b. Other Retirement Income Exclusion (See Worksheet D and instructions pages 19-20)	28b.	. .	
28c. Total Exclusion Amount (Add lines 28a and 28b)	28c.	. .	
29. New Jersey Gross Income (Subtract line 28c from line 27) (See instructions)	29.	90891 .	
30. Exemption Amount (Enter amount from line 13. Part-year residents see instr.)	30.	1000 .	
31. Medical Expenses (See Worksheet F and instructions)	31.	. .	
32. Alimony and Separate Maintenance Payments (See instructions)	32.	. .	
33. Qualified Conservation Contribution	33.	. .	
34. Health Enterprise Zone Deduction	34.	. .	
35. Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)	35.	0 .	
36. Organ/Bone Marrow Donation Deduction (See instructions)	36.	. .	
37. Total Exemptions and Deductions (Add lines 30 through 36)	37.	1000 .	
38. Taxable Income (Subtract line 37 from line 29)	38.	89891 .	
39a. Total Property Taxes (18% of Rent) Paid (See instructions page 23)	39a.	. .	
39b. Block	.	. .	
39b. Lot	.	. .	
39b. Qualifier		Fill in if you completed Worksheet G	
39c. County/Municipality Code			
39d. Indicate your residency status during 2021 (fill in only one)	Homeowner	Tenant	Both
40. Property Tax Deduction (From Worksheet H) (See instructions)	40.	. .	
41. New Jersey Taxable Income (Subtract line 40 from line 38)	41.	89891 .	
42. Tax on Amount on line 41 (Tax Table page 52)	42.	3599 .	
43. Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)	43.	932 .	
Enter Code		33	
44. Balance of Tax (Subtract line 43 from line 42)	44.	2667 .	
45. Sheltered Workshop Tax Credit	45.	. .	
46. Gold Star Family Counseling Credit (See instructions)	46.	. .	
47. Credit for Employer of Organ/Bone Marrow Donor (See instructions)	47.	. .	
48. Total Credits (Add lines 45 through 47)	48.	. .	
49. Balance of Tax After Credits (Subtract line 48 from line 44) If zero or less, make no entry	49.	2667 .	
50. Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0	50.	0 .	
51. Interest on Underpayment of Estimated Tax	51.	. .	
Fill in if Form NJ-2210 is enclosed			
52. Shared Responsibility Payment (See instructions) REQUIRED Enclose Schedule HCC and fill in <input checked="" type="checkbox"/>	52.	0 .	



040MP04210

Name(s) as shown on Form NJ-1040
POTHU AVINASH REDDY

Your Social Security Number
158331837

1555

53. Total Tax Due (Add lines 49 through 52)	53.	2667 .
54. Total NJ Income Tax Withheld (Enclose Forms W-2 and 1099) (Part year, see instructions)	54.	2912 .
55. Property Tax Credit (See instructions page 23)	55.	.
56. New Jersey Estimated Tax Payments/Credit from 2020 tax return	56.	.
57. New Jersey Earned Income Tax Credit (See instructions) Fill in if you had the IRS calculate your federal earned income credit Fill in if you are a CU couple claiming the NJ Earned Income Tax Credit	57.	.
58. Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions)	58.	.
59. Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions)	59.	.
60. Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instructions)	60.	.
61. Wounded Warrior Caregivers Credit (See instructions)	61.	.
62. Pass-Through Business Alternative Income Tax Credit (See instructions)	62.	.
63. Child and Dependent Care Credit (See instructions) Fill in if you are a CU couple claiming the Child and Dependent Care Credit	63.	.
64. Total Withholdings, Credits, and Payments (Add lines 54 through 63)	64.	2912 .
65. If line 64 is less than line 53, you have tax due. Subtract line 64 from line 53 and enter the amount you owe If you owe tax, you can still make a donation on lines 68 through 75.	65.	.
66. If the total on line 64 is more than line 53, you have an overpayment. Subtract line 53 from line 64 and enter the overpayment	66.	245 .
67. Amount from line 66 you want to credit to your 2022 tax	67.	.
68. Contribution to N.J. Endangered Wildlife Fund	\$10 \$20 Other	68. .
69. Contribution to N.J. Children's Trust Fund to Prevent Child Abuse	\$10 \$20 Other	69. .
70. Contribution to N.J. Vietnam Veterans' Memorial Fund	\$10 \$20 Other	70. .
71. Contribution to N.J. Breast Cancer Research Fund	\$10 \$20 Other	71. .
72. Contribution to U.S.S. New Jersey Educational Museum Fund	\$10 \$20 Other	72. .
73. Other Designated Contribution (See instructions)	\$10 \$20 Other Enter Code	73. .
74. Other Designated Contribution (See instructions)	\$10 \$20 Other Enter Code	74. .
75. Other Designated Contribution (See instructions)	\$10 \$20 Other Enter Code	75. .
76. Total Adjustments to Tax Due/Overpayment amount (Add lines 67 through 75)	76.	.
77. Balance due (If line 65 is more than zero, add line 65 and line 76)	77.	.
78. Refund amount (If line 66 is more than zero, subtract line 76 from line 66)	78.	245 .

Under penalties of perjury, I declare that I have examined this Income Tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Your Signature Date Spouse's/CU Partner's Signature (required if filing jointly) Date

Paid Preparer's Signature Federal Identification Number

SYAM PRIYA RAM SAGAR GUPTA TALLAM P02082703
Firm's Name Firm's Federal Employer Identification Number

GLOBAL TAXES LLC 30-1017196

Tax Due Address
Enclose payment along with the NJ-1040-V payment voucher and tax return. Use the labels provided with the envelope and mail to:
State of New Jersey
Division of Taxation
Revenue Processing Center - Payment
PO Box 111
Trenton, NJ 08645-0111
Include Social Security number and make check or money order payable to:
State of New Jersey - TGI
You can also make a payment on our website:
nj.gov/taxation

Refund or No Tax Due Address
Use the labels provided with the envelope and mail to:
New Jersey Division of Taxation
Revenue Processing Center - Refunds
PO Box 555
Trenton, NJ 08647-0555

Schedule NJ-DOP

Net Gains or Income From Disposition of Property

2021

List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible as reported on federal Schedule D.						
	(a)	(b)	(c)	(d)	(e)	(f)
1.	Kind of property and description	Date acquired (mm/dd/yyyy)	Date sold (mm/dd/yyyy)	Gross sales price	Cost or other basis as adjusted (see instructions) and expense of sale	Gain or (loss) (d minus e)
	ROBINHOOD SECURITIES LLC	06/02/2021	09/27/2021	2,094.	1,868.	226.
	ROBINHOOD SECURITIES LLC	03/25/2021	05/27/2021	0.	0.	0.
	E*TRADE SECURITIES LLC	02/25/2021	04/02/2021	164.	135.	29.
	J.P. MORGAN SECURITIES LLC	01/20/2021	06/20/2021	30.	30.	0.
	ROBINHOOD SECURITIES LLC	06/04/2019	05/20/2021	412.	305.	107.
	See Net Gains Or Income From Disposition Of Property			337.	464.	-127.
2.	Capital Gains Distributions					1.
3.	Other Net Gains.....					
4.	Net Gains (Add lines 1, 2, and 3.) (Enter here and on line 19. If loss, enter zero here and make no entry on line 19.).....					236.

Schedule NJ-WWC

Wounded Warrior Caregivers Credit

2021

<p>Did you provide care for a relative who was a qualifying armed services member (see instructions)? <input type="radio"/> Yes <input type="radio"/> No</p> <p>If "Yes," enter the name and Social Security number of the qualifying service member.</p> <p style="text-align: center;">- -</p> <p>_____ Social Security number</p> <p>Enter your relationship to the qualifying service member.</p> <p>_____</p> <p>If "No," you are not eligible for a Wounded Warrior Caregivers Credit. Make no entry on line 61, NJ-1040.</p>			
1. Enter the federal disability compensation of the armed services member	1.		
2. Maximum credit allowed	2.	675	00
3. Enter the lesser of line 1 or line 2	3.		
4. Were you the only caregiver for this service member during the tax year? <input type="radio"/> Yes <input type="radio"/> No If "No," enter your share (percentage) of the total care expenses for the year.	4.		%
5. If you answered "Yes" at line 4, enter the amount from line 3 here and on line 61, NJ-1040. If you answered "No" at line 4, multiply the amount on line 3 by the percentage on line 4. Enter the result here and on line 61, NJ-1040	5.		

Keep a copy of this schedule for your records

Name(s) as shown on Form NJ-1040 POTHU, AVINASH REDDY	Social Security Number 158-33-1837
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Schedule NJ-BUS-1
(Form NJ-1040)

New Jersey Gross Income Tax
Business Income Summary Schedule

2021

Part I Net Profits From Business		List the net profit (loss) from business(es). See instructions.	
	Business Name	Social Security Number/ Federal EIN	Profit or (Loss)
1.			
2.			
3.			
4.	Net Profit or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 18, NJ-1040. If loss, make no entry on line 18.)		4.

Part II Distributive Share of Partnership Income		List the distributive share of income (loss) from partnership(s). See instructions.	
	Partnership Name	Federal EIN	Share of Partnership Income or (Loss)
1.			
2.			
3.			
4.	Distributive Share of Partnership Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 21, NJ-1040. If loss, make no entry on line 21.)		4.
5.	Total Share of Pass-Through Business Alternative Income Tax (Add lines 1, 2, and 3.) (Enter here and include on line 62, NJ-1040.)		5.

Part III Net Pro Rata Share of S Corporation Income		List the pro rata share of income (usable loss) from S corporation(s). See instructions.	
	S Corporation Name	Federal EIN	Pro Rata Share of S Corporation Income or (Usable Loss)
1.			
2.			
3.			
4.	Net Pro Rata Share of S Corporation Income or (Usable Loss). (Add lines 1, 2, and 3.) (Enter here and on line 22, NJ-1040. If loss, make no entry on line 22.)		4.
5.	Total Share of Pass-Through Business Alternative Income Tax (Add lines 1, 2, and 3.) (Enter here and include on line 62, NJ-1040)		5.

Part IV Net Gains or Income From Rents, Royalties, Patents, and Copyrights		List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights. See instructions. Type of Property: 1 – Rental real estate 2 – Royalties 3 – Patents 4 – Copyrights	
	Source of Income or Loss. If rental real estate, enter physical address of property.	Social Security Number/ Federal EIN	Type – Enter number from list above
1.	H.NO: 1-5-568, ROAD NO: 3,	158331837	1
2.			
3.			
4.	Net Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 23, NJ-1040. If loss, make no entry on line 23.)		4.

Keep a copy of this schedule for your records

Name(s) as shown on Form NJ-1040 POTHU, AVINASH REDDY	Social Security Number 158-33-1837
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Schedule NJ-BUS-2 New Jersey Gross Income Tax **2021**
(Form NJ-1040) Alternative Business Calculation Adjustment

Part I Income (Loss)		Column A			Column B		
		Reportable Regular Business Income			Alternative Business Income (Loss)		
1.	Net Profits From Business	1a.	0.	1b.	0.		
2.	Distributive Share of Partnership Income	2a.	0.	2b.	0.		
3.	Net Pro Rata Share of S Corporation Income	3a.	0.	3b.	0.		
4.	Net Gain or Income From Rents, Royalties, Patents, and Copyrights	4a.	0.	4b.	-9,410.		
5.	Loss Carryforward From Tax Year 2020			5b.	(4,970.)		
6.	Totals	6a.	0.	6b.	-14,380.		
Part II Adjustment Calculation							
7.	Total Regular Business Income	7.	0.				
8.	Total Alternative Business Income/(Loss) (If loss, enter zero)	8.	0.				
9.	Business Increment (Subtract line 8 from line 7)	9.	0.				
10.	Adjustment Percentage	10.		0.50			
11.	Alternative Business Calculation Adjustment (Line 9 x 0.50)	11.	0.				
Part III Loss Carryforward to Tax Year 2022							
12.	Loss Carryforward to Tax Year 2022			12.	(14,380.)		

Instructions

- Line 1a. Enter the amount from line 18, Form NJ-1040.
- Line 1b. Enter the amount from Part I, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 2a. Enter the amount from line 21, Form NJ-1040.
- Line 2b. Enter the amount from Part II, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 3a. Enter the amount from line 22, Form NJ-1040.
- Line 3b. Enter the amount from Part III, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 4a. Enter the amount from line 23, Form NJ-1040.
- Line 4b. Enter the amount from Part IV, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 5b. Enter the amount from line 12 of your 2020 Schedule NJ-BUS-2 (Form NJ-1040).
- Line 6a. Enter the total of lines 1a through 4a.
- Line 6b. Enter the total of lines 1b through 5b, netting gains with losses.
- Line 7. Enter the amount from line 6a of this schedule.
- Line 8. Enter the amount from line 6b of this schedule. If loss, enter zero here.
- Line 9. Subtract line 8 from line 7. If the result is zero, enter zero on line 11 and continue with line 12.
- Line 10. The adjustment percentage for Tax Year 2021 is 50% (0.50).
- Line 11. Multiply the amount on line 9 by 50% (0.50). Enter here and on line 35 of Form NJ-1040.
- Line 12. If the amount on line 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

If your income on line 29 is at or below the filing threshold,
do not complete this schedule.

Name as Shown on Return POTHU, AVINASH REDDY	Social Security No. 158-33-1837
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Part I

Did you and, if applicable, all members of your tax household, have minimum essential health coverage for every month in 2021 (See instructions for line 52, NJ-1040.) Part-year residents include only months as a New Jersey resident.

- Yes. You do not owe a shared responsibility payment. Fill in the oval at line 52, NJ-1040, and enclose this schedule with your return.
- No. Continue to Part II.

Part II

Enter the name and Social Security number for each member of your tax household. Check the box for every month each person had minimum essential health coverage or qualified for an exemption (part-year residents include only months as a New Jersey resident). If an individual qualified for an exemption, enter the exemption number. (See instructions for line 52, NJ-1040.) If an individual has more than one exemption number, check the box. If you need more space, enclose a statement listing any additional individuals.

QuickZoom to Shared Responsibility Payment Calculation Worksheet  _____

Name	SSN	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18											

Additional information from your 2021 New Jersey Tax Return

Sch NJ-DOP: Net Gains or Income From Disposition of Property

Net Gains Or Income From Disposition Of Property

Continuation Statement

Property Description	Date Acquired	Date Sold	Gross Sales Price	Cost	Gain or (Loss)
ROBINHOOD SECURITIES LLC	02/20/2019	05/20/2021	5.	9.	-4.
E*TRADE SECURITIES LLC	08/01/2019	08/22/2021	332.	455.	-123.
Total			337.	464.	-127.