Form 8879
(Rev. January 2021)
Department of the Treesury

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.

Submission Identification Number (SID)

Taxpay	er's name	Social security num	ber
RAV	INDRA REDDY DAGGULA	757-61-807	1
Spouse	's name	Spouse's social sec	urity number
Part	Tax Return Information — Tax Year Ending December 31, 2021 (Ente	r year you are au	Ithorizing.)
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	81,758.
2	Total tax	2	9,659.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	12,899.
4	Amount you want refunded to you	4	3,240.
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 periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

		-		EBO firm name	• •	E
X	l authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	

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

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

Your signature

Date

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

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

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

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

Spouse's signature ►	Da	ate 🕨	•				 				
Prac	titioner PIN Method Returns Only—continue	bel	ow								
Part III Certification and Authen	tication — Practitioner PIN Method Only										
ERO's EFIN/PIN. Enter your six-digit EFI	N followed by your five-digit self-selected PIN.	5	8	7		8 nter a	 	9	8	9	

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

ERO's signature 🕨		Date 🕨	
	RO Must Retain This Form — Se omit This Form to the IRS Unless		
For Department Reduction Act Nation and W	our tox roturn instructions	REV 02/17/22 RRO	Form 8879 (Pov. 01 2021)

 Single or Married filing separately, \$12,550 Married filing jointy or Qualifying widow(er), \$25,100 Head of household, \$18,800 Capital gain or (loss). Attach Schedule D if required, theor equired, check here Capital gain or (loss). Attach Schedule D if required, theor equired, check here T 10 11 12 13 	E 104(artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		(99) urn	202	21	OMB No. 1545	5-0074	IRS Us	e Only	—Do not v	vrite or staple	in this space.
one box. If you backed use not box, she in the of you appendix I Your first name and middle initial Last name Your first name and middle initial Last name Home address (number and street). If you have a P.O. box, see instructions. Apt. no. First name and middle initial Last name Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Foreign country name Foreign province/state/country Foreign country name Foreign province/state/country Foreign country name Foreign province/state/country Reg/Blindhess You: Yees on before January 2, 1957 Act any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? Yes Seguest Hingtes You: spouse Hingtes Act any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? Yes Seguest Hingtes You: spouse Hingtes Yee instructions); (1) First name Last name number (1) First name Last name number If more the distributions Sa Sa Sa Seguest reguined. Sa	Filing Statu	s 🗙 s	Single	Marrie	ed filing s	separately	(MFS)	Head of	house	hold (HC	DH)	🗌 Qua	lifying wid	ow(er) (QW)
RAVINDRA REDDY DAGGULA 757-61-8071 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. Apt. no. Presidential Election Campaign 562. NORTHRIDGE CROSSING DR Check here if you, or your Spouse's social security number Spouse's social security number 662. NORTHRIDGE CROSSING DR GA 303503284 Spouse's filing jointy, want Spouse's good on this fund. Checking a top to the spouse's good on the spouse's good on the spouse's termine during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? Yes No Standard Dependents (see instructions): (1) First name You as a dependent in umber You' Was bom before January 2, 1957 Is blind Dependents (see instructions): (1) First name Last name (2) Social security in the during dividends		,			your spo	use. If you	checł	ked the HOH o	or QW	box, ent	ter th	e child's	s name if th	ne qualifying
If joint return, spouse's first name and middle initial Last name Spouse's social security number Home address (number and stree). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign 562 NORTHRIDGE CROSSING DR Apt. no. Presidential Election Campaign City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code SANDY SPRINGS GA 303503284 below will not change Foreign country name Foreign province/state/county Foreign postal code you You Spouse Standard Someone can claim: You as a dependent Your spouse as a dependent You spouse You Spouse Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Were born before January 2, 1957 Is blind Dependents, see instructions;: (1) First name Last name Immediate	Your first name	and mi	ddle initial	Last na	me							Your so	cial securi	ty number
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562 NORTHRIDGE CROSSING DR Check here if you, or your spouse if filling jointly, want \$3 City, town, or post office. If you have a foreign address, also complete spaces below. State ZP code spouse if filling jointly, want \$3 SANDY SPRINGS Ga 303503284 box below will not change Foreign country mame Foreign province/state/county Foreign postal code your tax or refund. Standard Someone can claim: You as a dependent Your spouse as a dependent Decluction Spouse itemizes on a separate return or you were a dual-status alien Age/Bindness You: Were born before January 2, 1957 Are blind Spouse: Was born before January 2, 1957 Is blind Dependents, see instructions): (1) First name Last name Immediate	If joint return, s	pouse's	first name and middle initial	Last na	me							Spouse	's social se	curity number
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For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2021)

Form 1040 (202	1)								Page 2
	16	Tax (see instructions). Check						16	10,899.
	17	Amount from Schedule 2, line	e3					17	
	18	Add lines 16 and 17						18	10,899.
	19	Nonrefundable child tax cred	lit or credit for o	ther depender	nts from Schedul	e8812		19	
	20	Amount from Schedule 3, line	ə8					20	1,240.
	21	Add lines 19 and 20						21	1,240.
	22	Subtract line 21 from line 18.	If zero or less,	enter -0				22	9,659.
	23	Other taxes, including self-er	nployment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is y	our total tax				. 🕨	24	9,659.
	25	Federal income tax withheld	from:			1 1			
	а	Form(s) W-2				25a 12	,899.	_	
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	,			25c			
	d	Add lines 25a through 25c .						25d	12,899.
If you have a	26	2021 estimated tax payments		• •	37			26	
qualifying child, attach Sch. EIC.	27a	Earned income credit (EIC) .				27a			
		Check here if you were b							
		January 2, 2004, and you taxpayers who are at least ag							
	b	Nontaxable combat pay elec		I					
	c	Prior year (2019) earned inco				-			
	28	Refundable child tax credit or			Schedule 8812	28			
	29	American opportunity credit				29		1	
	30	Recovery rebate credit. See i		,		30		1	
	31	Amount from Schedule 3, line				31		1	
	32	Add lines 27a and 28 through					lits 🕨	32	
	33	Add lines 25d, 26, and 32. Th		•				33	12,899.
Defendel	34	If line 33 is more than line 24						34	3,240.
Refund	35a	Amount of line 34 you want r						35a	3,240.
Direct deposit?	►b	Routing number 0 3 1			-		Savings		-
See instructions.	►d	Account number 7 0 2					0		
	36	Amount of line 34 you want a	· · · · · · · · · · · · · · · · · · ·		ed tax 🕨	36			
Amount	37	Amount you owe. Subtract I					. ►	37	
You Owe	38	Estimated tax penalty (see in				38			
Third Party	Do	you want to allow another							
Designee		structions	•				omplete k	below.	X No
•		signee's		Phone			onal identi		
	nai	me 🕨		no. 🕨		numb	ber (PIN)	× [
Sign		der penalties of perjury, I declare the ief, they are true, correct, and comp							
Here									, 0
	YO	ur signature		Date	Your occupation				nt you an Identity N, enter it here
Joint return?					SOFTWARE	DEVELOPER		inst.) 🕨	
See instructions.	Sp	ouse's signature. If a joint return, b	oth must sign.	Date	Spouse's occupa	tion			it your spouse an
Keep a copy for your records.	•								ection PIN, enter it here
your rocordo.								inst.) 🕨	
		one no. (510)944-9062		Email address	RAVINDRA.DAG	GULA7@GMAIL.CO			
Paid		eparer's name	Preparer's signat			Date	PTIN		Check if:
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAN	1 02/28/2022	P0208		Self-employed
Use Only		m's name ► GLOBAL TAX			a				678)965-9522
		m's address ► 2530 Pebbl		n Cumming	g GA 30041		Firm	's EIN ►	
Go to www.irs.g	ov/Forn	n1040 for instructions and the lates	t information.		BAA	REV 02/17/22 PRO			Form 1040 (2021)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Additional Income and Adjustments to Income

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

2021 Attachment Sequence No. 01

OMB No. 1545-0074

Internal Revenue Service	a do to www.is.gov on note for instructions and the latest mornation.		Sequence No. UI
Name(s) shown on Fo	orm 1040, 1040-SR, or 1040-NR	Your soci	ial security number
RAVINDRA REDDY	DAGGULA	757-61	-8071

Part I Additional Income

	T 11 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
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, trus Schedule E		5	-8,988.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	Ba ()		
b	Gambling income	Bb		
С	Cancellation of debt	Bc		
d	Foreign earned income exclusion from Form 2555	Bd (
е	Taxable Health Savings Account distribution	Be		
f	Alaska Permanent Fund dividends	3f		
g	Jury duty pay	Bg		
h	Prizes and awards	Bh		
i	Activity not engaged in for profit income	Bi		
j	Stock options	Bj		
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	3k	-	
I	Olympic and Paralympic medals and USOC prize money (see	BI		
m	Section 951(a) inclusion (see instructions)	m		
n	Section 951A(a) inclusion (see instructions)	ßn		
ο	Section 461(I) excess business loss adjustment	Bo		
р	Taxable distributions from an ABLE account (see instructions) .	Вр		
z	Other income. List type and amount ►			
		3z 12.		
9	Total other income. Add lines 8a through 8z		9	12.
10	Combine lines 1 through 7 and 9. Enter here and on Form 1041040-NR, line 8		10	-8,976.

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

Par	t II Adjustments to Income		
11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	
18	Penalty on early withdrawal of savings	18	
19a	Alimony paid	19a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions)		
20	IRA deduction	20	
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
а	Jury duty pay (see instructions) . . . 24a		
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit 24b		
С	Nontaxable amount of the value of Olympic and Paralympicmedals and USOC prize money reported on line 81 24c		
d	Reforestation amortization and expenses		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974		
f	Contributions to section 501(c)(18)(D) pension plans 24f		
g	Contributions by certain chaplains to section 403(b) plans 24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations24i		
j	Housing deduction from Form 2555 . . . 24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) 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	

REV 02/17/22 PRO

Department of the Treasury

Internal Revenue Service

Additional Credits and Payments

OMB No. 1545-0074 20

Attachment

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

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

Sequence No. 03 Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number RAVINDRA REDDY DAGGULA 757-61-8071 Part I Nonrefundable Credits 1 Foreign tax credit. Attach Form 1116 if required 1 4. 2 Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 2 3 3 1,236. 4 Retirement savings contributions credit. Attach Form 8880 4 5 Residential energy credits. Attach Form 5695 5 Other nonrefundable credits: 6 a General business credit. Attach Form 3800 6a Credit for prior year minimum tax. Attach Form 8801 6b b 6c d Credit for the elderly or disabled. Attach Schedule R 6d Alternative motor vehicle credit. Attach Form 8910 е 6e Qualified plug-in motor vehicle credit. Attach Form 8936 . . . 6f f Mortgage interest credit. Attach Form 8396 6g g h District of Columbia first-time homebuyer credit. Attach Form 8859 6h i. Qualified electric vehicle credit. Attach Form 8834 6i Alternative fuel vehicle refueling property credit. Attach Form 8911 i. **6i k** Credit to holders of tax credit bonds. Attach Form 8912 . . . 6k Amount on Form 8978, line 14. See instructions Т 6 z Other nonrefundable credits. List type and amount ► 6z 7 7 Total other nonrefundable credits. Add lines 6a through 6z 8 Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20 . . . 8 1,240. (continued on page 2) For Paperwork Reduction Act Notice, see your tax return instructions. REV 02/17/22 PRO Schedule 3 (Form 1040) 2021 BAA

Schedule 3 (Form 1040) 2021

Par	t II Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .		10	
11	Excess social security and tier 1 RRTA tax withheld		11	
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken before April 1, 2021	13b		
С	Health coverage tax credit from Form 8885	13c		
d	Credit for repayment of amounts included in income from earlier years	13d		
е	Reserved for future use	13e		
f	Deferred amount of net 965 tax liability (see instructions)	13f		
g	Credit for child and dependent care expenses from Form 2441, line 10. Attach Form 2441	13g		
h	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken after March 31, 2021	13h		
z	Other payments or refundable credits. List type and amount	13z		
14	Total other payments or refundable credits. Add lines 13a through	13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31)-SR, or 1040-NR,	15	
	BAA REV	02/17/22 PRO	Schedu	le 3 (Form 1040) 2021

SCHEDULE D

(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

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

2021 Attachment Sequence No. 12

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

Department of the Treasury

RAVINDRA REDDY DAGGULA

Your social security number

757-61-8071

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

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

See instructions for how to figure the amounts to enter on the lines below.		(d) Proceeds	(e) Cost	(g) Adjustment to gain or loss		(h) Gain or (loss) Subtract column (e) from column (d) and
	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	Form(s) 8949, F line 2, column	Part I,	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	4,247.	4,217.		2.	32.
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	2,507.	2,341.			166.
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1	usts from	5			
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions	-	6	()		
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise		7	198.		

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

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

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	16 198.
	• If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.	
	• If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.	
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.	
17	Are lines 15 and 16 both gains?	
	No. Skip lines 18 through 21, and go to line 22.	
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19
20	Are lines 18 and 19 both zero or blank and are you not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below.	
	☐ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.	
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:	
	The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500)	21 ()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.	
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?	
	Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.	
	No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.	

REV 02/17/22 PRO

Schedule D (Form 1040) 2021

8949

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

(0 Attachment Sequence No. 12A

Name(s) shown on return	Social security number or taxpayer identification number						
RAVINDRA REDDY DAGGULA	757-61-8071						

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 Part I instructions). For long-term transactions, see page 2.

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

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

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

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

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

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below	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.		If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	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)			
ACORNS SECURITIES LLC	05/05/21	12/12/21	1,124.	1,129.	W	2.	-3.			
Robinhood Securities LLC	05/05/21	12/12/21	2,964.	2,926.			38.			
APEX CLEARING	05/05/21	12/12/21	159.	162.			-3.			
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C	al here and inc is checked), lir	lude on your ne 2 (if Box B	4,247.	4,217.		2.	32.			

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

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

Form	8949	

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

Attachment

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.

s 10, 2, 3, 80, 9, and 10 of Schedule D. Sequence No. 12A

Name(s) shown on retain	Social security number of taxpayer identification number
RAVINDRA REDDY DAGGULA	757-61-8071

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

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

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below	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.		If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see <i>Column</i> (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)			
ROBINHOOD CRYPTO LLC	05/05/21	12/12/21	2,507.	2,341.			166.			
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C	al here and inc is checked), lir	lude on your 1e 2 (if Box B	2,507.	2,341.			166.			

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

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

	IEDULE E Supplemental Income and Loss							OMB No. 1545-0074							
(Form	1040)								2	02	21				
	Deartment of the Treasury rnal Revenue Service (99) Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Attachment Sequence N									hment					
	Revenue Service (99)			Go to www.	irs.gov/ScheduleE	for inst	ructions	s and the	e latest	information.				ence No	
()	ame(s) shown on return Your social security number 2AVINDRA REDDY DAGGULA 757-61-8071														
Part	NDRA REDDY			m Dontal D	eal Estate and Ro	valtio	c Not	et If you	ara in th	o husinggo of	-				
Fari					are an individual, rep	-		-				- ·			, use
				-	vould require you to										X No
					orm(s) 1099?										No
1a					reet, city, state, ZI						· ·				
A					KRISHNA AND		,	SH II	N 521	170					
В															
С															
1b	Type of Prop		2	For each re	ental real estate pro	perty I	isted		Fair	^r Rental	Per	sonal	Use	C	ζĴΛ
	(from list be	low)		above, repo	ort the number of fase days. Check the the requirements t	air rent 0.IV h	al and			Days		Days			
Α	3			if you meet	the requirements t	o file a	is a	Α		365			0		
В				qualified jo	int venture. See ins	tructio	ns.	В							
								C							
	of Property:		0			- I			7 0 14	D					
-	le Family Resid				Short-Term Rental					Rental					
Incom	ti-Family Reside	ence	4	Commerci	Properties:		yalties	-	8 Othe	er (describe) B				С	
3	-	1				3		Α	530.	D				0	
4						4			550.						
Expen						-									
5						5									
6						6									
7						7		1,	910.						
8						8									
9						9									-
10	Legal and othe	er profe	ssion	al fees		10									
11	-					11		1,	850.						
12					see instructions)	12									
13						13									
14						14			900.						
15						15 16		⊥,	870.						
16 17	Taxes					10		1	000						
18	Utilities Depreciation e					18		±,	988.						
19	Other (list) ►	xpense	, 01 U	epiecion .		19									
20		s. Add I	lines	5 through 1	9	20		9.	518.						
21	-			-	l/or 4 (royalties). If	-		- 1							
21				· · ·	nd out if you must										
						21		-8,	988.						
22	Deductible ren	ntal real	esta	te loss after	r limitation, if any,										
	on Form 8582	-				22	(8,9	88.)	()(
23a					for all rental prope				23a		53	30.			
b					for all royalty prop			· ·	23b			_			
c		otal of all amounts reported on line 12 for all properties													
d	Total of all amounts reported on line 18 for all properties							10							
e 24	Total of all amounts reported on line 20 for all properties 23e 9,518. Income. Add positive amounts shown on line 21. Do not include any losses														
24 25		-			and rental real estate		-		 ntor tot	· · · ·	·	24 25 (0	988.
											t t	20 (٥,	.00.
26					income or (loss). In page 2 do not										
					vise, include this a		-					26		-8	,988.
For Pa	· · · · ·				parate instructions			NPA		-8,988	3.		dule E		1040) 202

For Paperwork Reduction Act Notice, see the separate instructions.

SCHEDULE E

Schedule E (Form 1040) 2021

Form **88663** Department of the Treasury Internal Revenue Service (99)

Name(s) shown on return

Education Credits (American Opportunity and Lifetime Learning Credits) Attach to Form 1040 or 1040-SR.

► Go to www.irs.gov/Form8863 for instructions and the latest information.

OMB No. 1545-0074

Your social security number

757-61-8071

RAVINDRA REDDY DAGGULA

Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.

Part	Refundable American Opportunity Credit					
1	After completing Part III for each student, enter the total of all amounts from all P	arts I	II, line	30	1	
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household,					
	or qualifying widow(er)	2				
3	Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form					
	2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for					
	the amount to enter	3				
4	Subtract line 3 from line 2. If zero or less, stop ; you can't take any education					
	credit	4				
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or	-				
6	qualifying widow(er)	5				
0	Equal to or more than line 5, enter 1.000 on line 6			١		
	• Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rol			}	6	
	at least three places))	•	
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of th					
	conditions described in the instructions, you can't take the refundable America					
	skip line 8, enter the amount from line 7 on line 9, and check this box \ldots .				7	
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter				8	
Part	on Form 1040 or 1040-SR, line 29. Then go to line 9 below	•			ο	
9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet	(600	inetru	ctions)	9	
10	After completing Part III for each student, enter the total of all amounts from a					
10	zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19				10	7,500.
11	Enter the smaller of line 10 or \$10,000				11	7,500.
12	Multiply line 11 by 20% (0.20)				12	1,500.
13	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or					
	qualifying widow(er)	13		90,000.		
14	Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form					
	2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for			01 750		
45		14		81,758.		
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19	15		8,242.		
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or					
	qualifying widow(er)	16		10,000.		
17	If line 15 is:					
	 Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 					
	• Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rou				4-	· · · · ·
40	places)				17	0.824
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet	•		,	18	1,236.
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit instructions) here and on Schedule 3 (Form 1040), line 3		. WORK	Sheel (See	19	1,236.
For Po				 REV 02/17/2		Form 8863 (2021)
ылга	Berwork neuronon Act Nonce, see your tax return instructions.	AA		REV 02/17/2		. 0111 0000 (2021)

Form 8863 (2021)			
Name(s) shown on return	Your social security number		
RAVINDRA REDDY DAGGULA	757-61-8071		

CAUT	Complete Part III for each student for whom opportunity credit or lifetime learning credit each student.		•
Par	Student and Educational Institution Information	1. See	
20	Student name (as shown on page 1 of your tax return)	21	Student social security number (as shown on page 1 of your tax return)
	RAVINDRA REDDY DAGGULA		757-61-8071
22	Educational institution information (see instructions)		,5, 61 66,1
	Name of first educational institution	b.	Name of second educational institution (if any)
	Campbellsville University Inc		
(Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 1 University Drive 	(1	 Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.
	CAMPBELLSVILLE KY 42718		N
(2	2) Did the student receive Form 1098-T	(2	from this institution for 2021?
(;	3) Did the student receive Form 1098-T from this institution for 2020 with box Yes X No 7 checked?	(3	3) Did the student receive Form 1098-T from this institution for 2020 with box Yes No 7 checked?
(4	4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.	_	I) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.
	61-0469267		
23	Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2021?		Yes – Stop! Go to line 31 for this student. \boxed{X} No – Go to line 24.
24	Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2021 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions.	א (X	Yes — Go to line 25. No — Stop! Go to line 31 for this student.
25	Did the student complete the first 4 years of postsecondary education before 2021? See instructions.	X	Yes — Stop! Go to line 31 for this No — Go to line 26. student.
26	Was the student convicted, before the end of 2021, of a felony for possession or distribution of a controlled substance?		Yes - Stop! Go to line 31 for this No - Complete lines 27 through 30 for this student.
CAUT	you complete lines 27 through 30 for this student, don't d		e learning credit for the same student in the same year. If ete line 31.
	American Opportunity Credit		
27	Adjusted qualified education expenses (see instructions). Dor		
28 29	Subtract \$2,000 from line 27. If zero or less, enter -0 Multiply line 28 by 25% (0.25)		28 29
30	If line 28 is zero, enter the amount from line 27. Otherwise, a		
	enter the result. Skip line 31. Include the total of all amounts f		
	Lifetime Learning Credit		
31	Adjusted qualified education expenses (see instructions). Incl III, line 31, on Part II, line 10		
			- 0000

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

Department of the Treasury Internal Revenue Service

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

2021 Attachment Sequence No. 55

OMB No. 1545-2294

Name(s) shown on return

RAVINDRA REDDY DAGGULA

Your taxpayer identification number 757-61-8071

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		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 3.		
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 3.		
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 an	1	10	1.
11	Taxable income before qualified business income deduction (see instructions)	11 68,908.		
12	Net capital gain (see instructions)	12 133.		
13 14	Subtract line 12 from line 11. If zero or less, enter -0- .		14	
	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also		14	13,755.
15	the applicable line of your return (see instructions)		15	1.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than		16	(0.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 a			
	zero, enter -0		17	(0.)
For Pri	vacy Act and Paperwork Reduction Act Notice, see instructions. REV 02/	17/22 PRO		Form 8995 (2021)

MAKE CHECK PAYABLE TO: PENNSYLVANIA DEPARTMENT OF REVENUE MAIL TO: PENNSYLVANIA DEPARTMENT OF REVENUE PAYMENT ENCLOSED 1 REVENUE PLACE HARRISBURG, PA 17129-0001 NOTE: WRITE THE LAST FOUR DIGITS OF YOUR SSN (AND SPOUSE'S SSN IF FILING JOINT), DAYTIME PHONE NUMBER AND TAX YEAR ON YOUR CHECK.

		5057	PA-40 V	PA PA	YMENT	VOUCHE	R	1555 REV 02/12	/22 PRO
	757-61-81	171	DA				21009 PAYN		Э AMOUNT
	DAGGULA RAVINDRA RED			510-	-944-9(165	≑		14.00
I	562 NORTHRID SANDY SPRING GA 30350		SING DR DEPART	MENT	USE Ø	NL Y]	payable	to the l	money order Pennsylvania Revenue

PA-40 - 2021 Pennsylvania Income Tax Return ENTER ONE LETTER OR NUMBER IN EACH BOX (06-21)

					Ν	Extension.	Ν	Amended Return.
757	618071					Residency Statu	10	
DAG	GULA				Р			Part-Year Resident
							0151	to 153757
RAV	INDRA REDDY	Occupatio	n SOFTWARE	D	Ζ	Single, Married Married/Filing		
		Occupatio	m			with an incu/ining	Separatery	, Final Return
					Ν	Deceased		
					Ν	Taxpayer Date	of Death	
					N	Spouse Date of	Death	
562	NORTHRIDGE CR	OSSING DR			i N	•		
					Ν	Farmers.		
SAN	DY SPRINGS	G A	30350			School District	Name HA	TBORO HORSH
	510-944-9	062	46360					
	Gross Compensation. Do no qualifying retirement benefi			ne pay and		la		25295
1b	Unreimbursed Employee Bu	sinoss Exponsos				ľь		
	Net Compensation. Subtract		a.			lc		0 25295
2	Interest Income. Complete I	PA Schedule A if rea	uired			2		83
	Dividend and Capital Gains			B if require	ed.	2 3		196
4	Net Income or Loss from the	Operation of a Busin	ness, Profession or Farm.	•		4		D
5	Net Gain or Loss from the S	ale, Exchange or Di	sposition of Property.			5		196
	Net Income or Loss from Re					6		0
	Estate or Trust Income. Con					7		0
	Gambling and Lottery Winn					L L		0
	Total PA Taxable Income.					9		25770
	2, 3, 4, 5, 6, 7 and 8. DO N	OT ADD any losses	reported on Lines 4, 5 or	r 6.				
10	Other Deductions. Enter th	ne appropriate code f	or the type of deduction		N	10		٥
	See the instructions for add	itional information.						
11	Adjusted PA Taxable Inco	me. Subtract Line 10	from Line 9.			11		25770
1555	REV 02/12/22 PRO							



PA-40 - 2021

Social Security Number

757618071 Name(s) RAVINDRA REDDY DAGGULA

12 13	PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307). Total PA Tax Withheld. See the instructions.	73 75	791 777			
14 15 16 17 18	Credit from your 2020 PA Income Tax return. 2021 Estimated Installment Payments. REV-459B included. N 2021 Extension Payment. Nonresident Tax Withheld from your PA Schedule(s) NRK-1. (Nonresidents only) Total Estimated Payments and Credits. Add Lines 14, 15, 16 and 17.	14 15 16 17 18				
19a	 Forgiveness Credit. Submit PA Schedule SP. Filing Status: 01 Unmarried or Separated 02 Married 03 Deceased Dependents, Section II, Line 2, PA Schedule SP Total Eligibility Income from Section III, Line 11, PA Schedule SP. Tax Forgiveness Credit from Section IV, Line 16, PA Schedule SP. 					
22 23 24 25 26 27	Resident Credit. Submit your PA Schedule(s) G-L and/or RK-1. Total Other Credits. Submit your PA Schedule OC. TOTAL PAYMENTS and CREDITS. Add Lines 13, 18, 21, 22 and 23. USE TAX. Due on internet, mail order or out-of-state purchases. See instructions. TAX DUE. If the total of Line 12 and Line 25 is more than line 24, enter the difference here. Penalties and Interest. See the instructions. Enter Code: If including form REV-1630/REV-1630A, mark the box. N	22 23 24 25 26 27	0 777 0 14 0			
28 29	TOTAL PAYMENT DUE. See the instructions. OVERPAYMENT. If Line 24 is more than the total of Line 12, Line 25 and Line 27, enter the difference here.	28 29	ጌ4 ዐ			
30 31	The total of Lines 30 through 36 must equal Line 29. Refund – Amount of Line 29 you want as a check mailed to you. REFUND Credit – Amount of Line 29 you want as a credit to your 2022 estimated account. REFUND	37 30	0 0			
32 33 34 35 36	3Refund donation line. Enter the organization code and donation amount. See instructions.334Refund donation line. Enter the organization code and donation amount. See instructions.345Refund donation line. Enter the organization code and donation amount. See instructions.35					
0	ature(s). Under penalties of perjury, I (we) declare that I (we) have examined this return, including all panying schedules and statements, and to the best of my (our) belief, they are true, correct, and complete.					
You	Signature Spouse's Signature, if filing jointly					
SY	arer's Name and Telephone Number Date E-File Op AM PRIYA RAM SAGAR GUPTA TALLAM D22822 39659522 Firm FEIN Preparer's	V	N 301017196 P02082703			
	1555 REV 02/12/22 PRO Page 2 of 2					



570057733ð

PA	SCHEDULE	A
Intere	est Income	

2101510052

PA-40 A (EX) 06-21 (I) PA Department of Revenue	2021
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PA Department of Revenue ZUZI	OFFICIAL USE ONLY
Name shown first on the PA-40 (if filing jointly)	Social Security Number (shown first)
RAVINDRA REDDY DAGGULA	757-61-8071

CAUTION: Federal and PA rules for taxable interest income are different. Read the instructions.

If your total PA-taxable interest income (taxpayer, spouse and/or joint) is equal to the amount reported on your federal return and you have no amounts for Lines 2 through 15 (not including subtotal Lines 4 and 10) of PA Schedule A, you must report your income on Line 2 of the PA-40, but you do not have to submit PA Schedule A. If there are any amounts (taxpayer, spouse and/or joint) for any of the Lines 2 through 15 (not including subtotal Lines 4 and 10) of the schedule, you must complete and submit PA Schedule A with your PA-40. A taxpayer and spouse must complete separate schedules to report their income if any amounts are reported on Lines 2 through 15 (not including subtotal Lines 4 and 10) of Schedule A. However, if all the income is earned on a joint basis, one schedule may be completed. Complete the oval to indicate whether the income included on the schedule is from the taxpaver, spouse or joint. If a separate PA Schedule A is prepared for a taxpayer and spouse, include only the taxpayer or spouse share of the income for each line.

PA SCHEDULE A - PA-Taxable Interest Income (See the instructions.)

Taxpayer 🝙 Spouse 👝 Joint 👝		
1. Interest income reported on your federal return. See instructions.	1.	\$ 83
2. Tax-exempt interest income included in Line 2a of your federal return.	2.	\$
3. Other addition adjustments. See instructions. Description:	3.	\$
4. Add Lines 1, 2 and 3.	4.	\$ 83
5. Interest income from federal Schedule(s) K-1. See instructions.	5.	\$
 Interest income from direct obligations of the Commonwealth of Pennsylvania and/or its municipalities. 	6.	\$
7. Interest income from direct obligations of the U.S. government.	7.	\$0
8. Other reduction adjustments. See instructions. Description:	8.	\$
9. Add Lines 5, 6, 7 and 8.	9.	\$0
10. Subtract Line 9 from Line 4.	10.	\$ 83
 Distributions from Life Insurance, Annuity or Endowment Contracts included in federal taxable income. 	11.	\$
12. Distributions from Charitable Gift Annuities included in federal taxable income.	12.	\$
 Distributions from IRC Section 529 Qualified Tuition Programs for non-educational purposes. 	13.	\$
 Distributions from Health/Medical Savings Accounts included in federal taxable income. 	14.	\$
 Interest income from PA S corporations and partnership(s), reported on your PA Schedule(s) RK-1 or federal Schedule(s) K-1. 	15.	\$
16. Total PA-Taxable Interest Income. Add Lines 10 through 15. Enter on Line 2 of your PA-40.	16.	\$ 83

1555 REV 02/12/22 PRO



2101210025



5707270059

PA-40 B (EX) 06-21 (i) PA Department of Revenue 2021	OFFICIAL USE ONLY
Name shown first on the PA-40 (if filing jointly)	Social Security Number (shown first)
RAVINDRA REDDY DAGGULA	757-61-8071
	· · ·

CAUTION: Federal and PA rules for dividend income are different. Read the instructions.

- - - -

If your total PA-taxable dividend and capital gains distributions income (taxpayer, spouse and/or joint) is equal to the amount reported on your federal return and does not include any amounts for Lines 2 through 11 (not including subtotal Line 6) of PA Schedule B, you must report your income on Line 3 of the PA-40, but you do not have to submit PA Schedule B. If there are any amounts (taxpayer, spouse and/or joint) for any of the Lines 2 through 11 (not including subtotal Line 6), you must complete and submit PA Schedule B with your PA-40. A taxpayer and spouse must complete separate schedules to report their income if any amounts are reported on Lines 2 through 11 (not including subtotal Line 6) of Schedule B. However, if all the income is earned on a joint basis, one schedule may be completed. Complete the oval to indicate whether the income included on the schedule is from the taxpayer, spouse or joint. If a separate PA Schedule B is prepared for a taxpayer and spouse, include only the taxpayer or spouse share of the income for each line.

PA SCHEDULE B - PA-Taxable Dividend and Capital Gains Distributions Income (See the instructions.)

Taxpayer 💼 Spouse 🦲 Joint 🦲		
1. Dividend income from Line 3b of your federal return. See instructions.	1.	\$ 196
2. Dividend income from federal Schedule K-1(s). See instructions.	2.	\$
3. Pennsylvania exempt-interest dividend income. See instructions.	3.	\$
 Other reduction adjustments. See instructions. Description: 	4.	\$
5. Add the amounts on Lines 2, 3 and 4.	5.	\$
6. Subtract Line 5 from Line 1.	6.	\$ 196
7. Total exempt-interest dividends. See instructions.	7.	\$
8. Other addition adjustments. See instructions. Description:	8.	\$
 9. Repatriation of foreign income. See instructions. a. Total earnings and profits included on Line 1 of IRC Section 965 Transition Tax Statement. b. Total payments of earnings and profits included 		
in Line 9a received in prior years. 9b	9c.	\$
10. Capital Gains Distributions - See instructions.	10.	\$
 Dividend income from PA S corporation(s) and partnerships, reported on your PA Schedule(s) RK-1 or federal Schedule(s) K-1. 	11.	\$
12. Total PA-Taxable Dividend Income. Add Lines 6, 7, 8, 9c, 10 and 11. Enter on Line 3 of your PA-40.	12.	\$ 196

1555 REV 02/12/22 PRO



5707270059

PA SCHEDULE D

5707370053

Sale, Exchange or Disposition of Property

PA-40 D (EX) 06-21 (I) PA Department of Revenue

2021

If you need more space, you may photocopy.

Name of the taxpayer filing this schedule RAVINDRA REDDY DAGGULA

Taxpayer (Spouse Joint)

Important: A taxpayer and spouse must complete separate schedules to report their gains or losses or if any amounts are reported on Lines 3 through 10 of PA Schedule D. However, if all the gains and losses were realized on a joint basis, one schedule may be completed. Complete the oval to indicate whether the gains and losses included on the schedule are from the taxpayer, spouse or joint. One spouse may not use a loss to reduce the other spouse's gains. When reporting the sale of jointly owned property that is not reported on a joint PA Schedule D, each must show their share of the sale on their separate PA Schedule D. **Read the instructions.** Enter all sales, exchanges or other dispositions of real or personal tangible and intangible property, including inherited property. Amounts from Federal Schedule D may not be correct for PA income tax purposes. Nonresidents should read carefully the instructions concerning intangible property. If the result is a loss, fill in the oval next to the line.

(a) Describe the property: 100 shares of XYZ stock, or	(b) Date acquired: Month/day/year	(c) Date sold: Month/day/year	(d) Gross sales price less expenses	(e) Cost or adjusted basis of the	(f) Gain or loss: (d) minus (e)						
10 acres in Dauphin County			of sale	property sold	(If a loss, fill in the oval).						
1.ACORNS SECURITIES LL	05/05/21	12/12/21	1,124.	1,129.							
ROBINHOOD CRYPTO LLC	05/05/21	12/12/21	2,507.	2,341.	LOSS 166.						
Robinhood Securities	05/05/21	12/12/21	2,964.	2,926.	LOSS 38.						
APEX CLEARING	05/05/21	12/12/21	159.	162.	LOSS 3.						
					LOSS						
					LOSS						
					LOSS						
					LOSS						
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					LOSS						
					LOSS						
					LOSS						
					Ö						
					LOSS						
					LOSS						
					LOSS						
					LOSS						
					LOSS						
					LOSS						
					LOSS						
2. Net gain (loss) from above sales.				LOSS 2.	196.						
3. Gain from installment sales from PA Schedule I	D-1										
4. Taxable distributions from C corporations.	4. Taxable distributions from C corporations										
	5. Net gain (loss) from the sale of 6-1-71 property from PA Schedule D-71.										
6. Net PA S corporation and partnership gain (loss											

Taxable gain from selling a principal residence. Complete and submit PA Schedule 19. Complete Columns (a) through (e) and enter your total gain on Line 7.

	(a) Address of	(b) Date acquired:	(c) Date sold:	(d) Gross sales price	(e) Cost or adjusted basis of	(f) Gain or loss:
	residence	Month/day/year	Month/day/year	less expenses of sale	the property sold	(d) minus (e)
		,,,				
7.	Taxable gain from the sale of your principal residence. If you realized a gain/loss on the sale of the nonresidential					
8.						
9.						
10.	Taxable gain from exchange of insurance contracts				10.	
11.	Total PA Taxable Gain (Loss). Add Lines 2 through 10.	Enter on Line 5	of your PA-40. (If a net loss, fill in the c	oval) Coss 11.	196.

1555 REV 02/12/22 PRO



5707370053

OFFICIAL USE ONLY

Social Security Number (shown first)

757-61-8071

PA SCHEDULE E

Rents and Royalty Income (Loss)

2101410021

PA-40 E (EX) 06-21 (I) PA Department of Revenue

PA Department of Revenue	OFFICIAL USE ONLY
Name of the taxpayer filing this schedule	Social Security Number (shown first) or EIN
RAVINDRA REDDY DAGGULA	757-61-8071
Sales Tax License Number (if applicable). See the instructions.	Are rental payments made by lessees through a third party broker?

See the instructions. Report the income and expenses for the use of your personal property by others. Also, report the income you received for the extraction of oil, gas and other minerals from your property, and the use of your patents and copyrights. Note: If you are in the business of renting your property, extracting minerals from your property or producing products from your patents and copyrights – use PA Schedule C.

SECTION I PROPERTY DESCRIPTION

Enter the type and complete address of each rental real estate property, and/or each source of royalty income. See the instructions.

	Туре		Description of	f Propert	ty	For Profi	it Prop	erty Com	plete Address	(street, city, state	e and	I ZIP code)	
A						YES	\bigcirc	2-23/1,	SIVAAL	AYAM RO	AD	,	
A	3	2-23/1,	SIVAALAYAM	ROAD	ALLURU	, NO		KRISHNA,	ANDHRA	PRADESH	,	521170,	India
в						YES	\bigcirc						
В						NO	\bigcirc						
С						YES	\bigcirc						
С						NO	\bigcirc						
Dro	reparty type: 1 Single family residence 3 Vacation/chart term reptal 5 Land 7 Solf reptal												

 Property type:
 1. Single family residence
 3. Vacation/short-term rental
 5. Land
 7. Self-rental

 2. Multi-family residence
 4. Commercial
 6. Royalties
 8. Other, describe:

INCOME & EXPENSES SECTION II Property A Property B Property C Line a: Identify the property from Section I and indicate ownership (T/S/J) Т s — J $T \subseteq$ S J Т s . Line b: Is the property rental location in PA? YES) NO YES NO YES NO Line c: Is the property rented for any period less than 30 days? YES NO YES NO YES NO 530 1. Rent received Income: 1 2. Royalties received 2 Expenses: 3. Advertising 3 4. Automobile and travel 4 1,910 5. Cleaning and maintenance 5. 6 Commissions 6 7. Insurance7 8. Legal and professional fees 8. 1,850 9. Management fees 9 1,900 12. Repairs ... 12 1,870 14. Taxes - not based on net income14. 1,988 15. Utilities 9,518 18. Total Expenses - Add Lines 3 through 17 18. Income or Loss: 20. Loss - Subtract Line 1 or 2 from Line 18. (fill in the oval, if a net loss) ... 20. 0 0 22. Net Income or Loss - Total Lines 19 and 20 for non short-term rentals. See the instructions. (fill in the oval, if a net loss) 22 23. Rent or royalty income (loss) from PAS corporation(s) and partnerships from your PA Schedule(s) RK-1 or NRK-1.(fill in the oval, if a net loss) 23. 24. Net Rent and Royalty Income (Loss). Add Lines 22 and 23. If submitting more than one schedule, .(fill in the oval, if a net loss) 24. 0 total all Line 22 and 23 amounts and include on Line 6 of your PA-40. REV 02/12/22 PRO 1555



CLGS-32-1 (04-16)
a A a
163300

TAXPAYER ANNUAL LOCAL EARNED INCOME TAX RETURN

HATBORO-HORSH

You are entitled to receive a written explanation of your rights with regard to the audit, appeal, enforcement, refund and collection of local taxes. Contact your Tax Officer.

*If you have relocated during the tax year, p	lease supply additio	nal information.					la	ax Year 21		
DATES LIVING AT EACH ADDRESS		ADDRESS (No PC	Box, RD or	RR)	CITY	OR POST OFF	ICE	STATE	ZIP	
то		· · · · ·	· ·							
ТО									1	
10						**If you	need additior	nal space - plea	ise see back o	f form.
LAST NAME, FIRST NAME, MIDDLE IN	ITIAL			SPOUSE'S LAST	NAME, FIR	ST NAME, MIC	DLE INITIA	.L		
DAGGULA, RAVINDRA RED	DY									
STREET ADDRESS (No PO Box, RD or 562 NORTHRIDGE CROSSI	,									
SECOND LINE OF ADDRESS										
CITY					STAT	E	ZIP CODE			
SANDY SPRINGS		RESIDENT PSD C			GA		30350			
DATTIME PHONE NUMBER		4 6 0 5	0 2	EXTENS		AMENDED F	RETURN	NON-R	ESIDENT	
				Soc	cial Securit	y #	Sp	pouse's Socia	al Security #	ŧ
The calculations reported in the first in the column, regardless of who			•	7 5 7	6 1 8	0 7 1				
	ome is NOT pern									
				If you had N check	the reason	1		had NO EA		
ONLY USE BLACK OR BLU	EINK TO COM	APLETE THIS I	ORM	disabled deceased		student military		abled ceased	stude	
	— .			homemake	r 🗆	retired		nemaker		
X Single Married, Filing Jointly	Married, Filing	Separately Fin	al Return*	unemployee	d			employed		
1. Gross Compensation as Reported	ed on W-2(s). (Er	iclose W-2s)				25295 .00				0.00
2. Unreimbursed Employee Busine	ss Expenses. (E	nclose PA Schedule	e UE)			0.00				0.00
3. Other Taxable Earned Income *						0.00				0.00
4. Total Taxable Earned Income (Subtract Line 2 from	m Line 1 and add Li	ne 3)			25295.00				0.00
5. Net Profit (Enclose PA Schedules*) NON-TAXABLE S-Corp earnings che						0.00				00.0
6. Net Loss (Enclose PA Schedules*)						0.00				0.00
7. Total Taxable Net Profit (Subtract L	ine 6 from Line 5.	If less than zero, ent	ter zero)			0.00				00.0
8. Total Taxable Earned Income and	d Net Profit (Add I	_ines 4 and 7)		25295 .00			0.00			00.0
9. Total Tax Liability (Line 8 multipli	ed by 1.00	00)				253.00				0.00
10. Total Local Earned Income Tax	Withheld (May no	t equal W-2 - See Ir	nstructions)			253.00				0.00
11.Quarterly Estimated Payments/C	Credit From Previ	ous Tax Year				0.00				00.0
12. Out-of-State or Philadelphia Cre	edits (include supp	orting documentatio	on)			0.00				0.00
13. TOTAL PAYMENTS and CRED	ITS (Add Lines 1) through 12)		253.00				0.00		
14. Refund IF MORE THAN \$1.00	, enter amount (d	or select option in 15	5)			0.00				0.00
15. Credit Taxpayer/Spouse (Amou	int of Line 13 you wa dit to spouse	nt as a credit to your a	account)	0.00				0.00		
16. EARNED INCOME TAX BALAI	NCE DUE (Line 9	minus Line 13)				0.00				0.00
17. Penalty after April 15* (multiply Line 16 by)			· · · ·	0.00				0.00		
18. Interest after April 15* (multiply	Line 16 by)				0.00				0.00
19. TOTAL PAYMENT DUE (Add Lir	nes 16, 17, and 18)					0.00				0.00
*See Instructions		REV)2/12/22 PRO							
Unde		ry, I (we) declare th tatements and to th								
YOUR SIGNATURE				SIGNATURE (If Fi				DATE (I	MM/DD/YYYY	r)
PREPARER'S PRINTED NAME & SIGNA							PHONE NU			
SYAM PRIYA RAM SAGAR		LAM						965-9522		



PA-8879 (EX) 10-21

Declaration Control Number/Submission ID

Primary Taxpayer's Name	Social Security Number
RAVINDRA REDDY DAGGULA	757-61-8071
Secondary Taxpayer's Name	Social Security Number

SECTION I	TAX RETURN INFORMATION – TAX YEAR ENDING DEC. 31, 2021 (whole dollars only)						
1. Adjusted PA taxable income (Form PA-40, Line 11)							
2. PA tax liability (Form I	2. PA tax liability (Form PA-40, Line 12)						
3. Total PA tax withheld							
4. Amount to be refunde							
5. Total payment (tax du	e) (Form PA-40, Line 28) 5	14					

SECTION II DECLARATION AND SIGNATURE AUTHORIZATION OF TAXPAYER

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements of my 2021 PA Tax Return (Form PA-40), and to the best of my knowledge and belief, it is true, correct and complete. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure of all information pertaining to my use of the system and software and to the transmission of my tax return electronically to the PA Department of Revenue. I further declare that the amounts in Section I above are the amounts shown on the copy of my electronic income tax return. If applicable, I authorize the PA Department of Revenue and its designated financial agents to initiate an electronic funds withdrawal (direct debit) entry to my designated account for Pennsylvania taxes owed. I also authorize my financial institution to debit the entry to my account and the financial institutions involved in the processing of my electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to payment. I certify the funds for this withdraw are originating from an account within the United States or one of its territories. I have selected a personal identification number as my signature for my electronic income tax return and, if applicable, my electronic funds withdrawal consent.

PRIMARY TAXPAYER'S PERSONAL IDENTIFICATION NUMBER (PIN) Mark one oval only.

 I authorize
 GLOBAL TAXES LLC
 to enter my PIN
 18071
 as my signature on my tax year 2021

 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2021 electronically filed income tax return.

Signature

SECONDARY TAXPAYER'S PIN Mark one oval only.

I authorize _______ to enter my PIN ______ as my signature on my tax year 2021 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2021 electronically filed income tax return.

Signature

Date

Date

SECTION III CERTIFICATION AND AUTHENTICATION – PRACTITIONER PIN PROGRAM PARTICIPANTS ONLY

ERO'S	EFIN/PIN	Enter vo	ur six-diait	EFIN followed	d bv vour	five-diait s	elf-selected	PIN
			an one angle				0.1. 00.0000	

587278 / 61989

As a participant in the Practitioner PIN Program, I certify the above numeric entry is my PIN, which is my signature on the tax year 2021 electronically filed income tax return for the taxpayer(s) indicated above. I confirm I am participating in the Practitioner PIN Program in accordance with the requirements established for this program.

ERO's Signature

Date

The ERO must retain this form and supporting documents for three years. DO NOT SUBMIT THIS FORM TO THE PA DEPARTMENT OF REVENUE UNLESS REQUESTED TO DO SO. Name RAVINDRA REDDY DAGGULA Social Security Number 757-61-8071

				Federal Form	s W-2		
# of W2	* N T / T X B L	TS	NRI	Employer Name Employer identification number from box B	Federal wages from box 1 Medicare wages from box 5	Pennsylvania (state) compensation from box 16 (See Tax Help) Pennsylvania (state) income tax tax withheld from box 17	ST ID
				ADDEPTO IT SOLUTIONS LLC 83-3389649		25,295. 777. 	PA

Pennsylvania W-2	Taxpayer 25,295.	Spouse
Pennsylvania W-2 to Schedule NRH, line 9		
Federal Form 4137, Unreported Tips, line 6 Non-Pennsylvania W-2 to Schedule SP, line 6		
Withholding		

Federal Forms W-2: Local Tax

# of W2	*	TS	Employer identification number from box B	Locality name	Local wages, tips, etc. (local) from box 18	Local income tax (local) from box 19	ST ID
		T	83-3389649	460502	25,295		<u>PA</u>

Pennsylvania Local W-2	Taxpayer 25,295,	Spouse
Federal Form 4137, Unreported Tips, line 6	23,273.	
Withholding	253.	

Excess Reimbursements

*	Description	Employer's EIN	T/S	Amount

	Taxpayer	Spouse
Excess Reimbursements		

	*	Payer Name		Pa	iyer EIN	T/S	Code	PA Taxable Comp.	PA Tax Withheld	Fed. Income
[APEX CLEARING		13-	2967453	Т	0	0		12
ł										
en	Exe Jur Dire Exp Hor Cov Dar Iost	vania Payment type: ecutor fee y duty pay ector's fee port witness fee norarium venant not to compete mages or settlement fo t wages, other than sonal injury	H J K L M O	Descr Emple Distrik Distrik Distrik Descr Fiduc Other	over sponse oution from oution from oution from oution from	ored re IRA (Life Ir Chari Emplo	etiremer Fradition surance able Gi byee Sto	nt/pension/def nal or Roth)	erred comper Endowment C o Plan.	-
N V	1iscel Vithho	laneous Compensatior olding	from	Form 10	99MISC/10	099K/1	099NE	Тахр С		Spouse
			Com	pensat	ion from	Fede	al For	ms 1099R		
	*	Payer's EIN Payer's Name		ed PA # Type	Gros Distribu		I	Basis	PA Taxable	PA Tax Withheld
[[[- - -			
		nter an 'X' if this incom		ot subje	t to Penns	ylvania	a tax - F	A Part-Year a	and Nonreside	ents Only.
N 31 32 33 53 51 21	No PA Uni Mili U.S Anı (inc Eaı Rol	vania Distribution typ entry school, state, or munic ted Mine Workers pensi tary pension 5. Civil service retireme nuity or Non-civil servic cluding Qual Joint Survi rly distribution from a re lover eligible; plan is eligible	ipal ei sion nt/disa e disa vorshi tireme	ability/an bility p Annuit ent plan	nuity	J1 52 K3 K3 M2 M2 M3 M3	I Trad P Trad Non- I Life i Distr ESO ESO S KSO	itional or Roth itional or Roth qualified defe nsurance or e ibution from C P: Allocated E P: Non-Alloca P: Taxable E	plan is eligib IRA; I'm over IRA; I'm under rred compens indowment charitable Gift SOP Stock D ted ESOP Stock D SOP within a ESOP within	- 59.5 er 59.5 ation plan Annuities bividend bock Dividend 401(k)
	Distr Com	ibution from Life Insura ineligible retirement pla ibution from Charitable pensation from Form 1 holding	ns (se Gift A 099R	e Tax H nnuities (eligible	elp FAQ's f	or mo plans)	re info) 	· · ·		
				Tota	I Gross (Comp	ensati	on		
		gross compensation to	_	DA 40	. ,				ayer	

757-61-8071

Page 2

* Enter an 'X' if this income is **Not** subject to Pennsylvania tax.

RAVINDRA REDDY DAGGULA