E 1040 Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

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

Filing Status	s 🗌 🤅	Single X Married filing jointly	Marri	ed filing separately (MFS)	Head o	f hous	ehold (HOH)	Qual	lifying wic	low(er) (QW)	
Check only one box.	•	ou checked the MFS box, enter the son is a child but not your depender		your spouse. If you	checl	ked the HOH	or QW	box, enter th	e child's	name if th	he qualifying	
Your first name and middle initial Last			Last na	ast name						Your social security number		
SURYENDRA PO			PON	ALA					732-90-3475			
If joint return, spouse's first name and middle initial Last r				ame					Spouse's social security number			
JYOTHIRMAYEE KOD				ATI					APPLIED FOR			
Home address	(numbe	er and street). If you have a P.O. box, se	e instruct	ions.				Apt. no.	Preside	ntial Electi	ion Campaigr	
3201 OR:	IOLE	WAY						4		nere if you,		
City, town, or post office. If you have a foreign address, also complete sp				spaces below. State Z			ZIP	code			ntly, want \$3	
BLOOMINGTON				IL			61	1 (1701		to go to this fund. Checking a box below will not change		
Foreign country name				Foreign province/state/county F			Fore	Foreign postal code your tax or			l. Spouse	
At any time du	ring 20	021, did you receive, sell, exchange	e, or oth	erwise dispose of ar	y fina	ancial interest	in any	y virtual curre	ncy?	Yes	⊠ No	
Standard Deduction		neone can claim: You as a de Spouse itemizes on a separate retu	•	•		•						
Age/Blindness	You	: Were born before January 2,	1957 [Are blind Sp	ouse	: Was bo	orn be	fore January 2	2, 1957	☐ Is b	lind	
Dependents	s (see	instructions):		(2) Social securit	у	(3) Relations	hip	(4) ✓ if qu	ualifies for	r (see instru	uctions):	
If more		irst name Last name		number to you				Child tax cr	redit	Credit for of	ther dependents	
than four												
dependents, see instruction												
and check												
here ▶ 🗌												
	1	Wages, salaries, tips, etc. Attach	Form(s)	W-2					. 1		55,585.	
Attach	2a	Tax-exempt interest	2a	b Taxable interest			st		. 2b			
Sch. B if required.	3a	Qualified dividends	3a	b Ordinary dividends			ends		. 3b			
required.	4a	IRA distributions	4a		b Taxable amount				. 4b			
	5a	Pensions and annuities	5a		b T	axable amoui	nt .		. 5b			
Standard	6a	Social security benefits	b Taxable amount						. 6b			
Deduction for—	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here									-567.	
Single or Married filing	8	Other income from Schedule 1, line 10							. 8			
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income									55,018.	
Married filing	Adjustments to income from Scho	line 26					. 10					
jointly or Qualifying	11	Subtract line 10 from line 9. This is your adjusted gross income						▶ 11		55,018.		
widow(er), \$25,100 12a Standard deduction or itemized deductions (from Schedu					e A)	12	2a	25,10	0.			
Head of	b	Charitable contributions if you take the standard deduction (see instructions)										
household, \$18,800	С	Add lines 12a and 12b									25,100.	
If you checked	13	Qualified business income deduction from Form 8995 or Form 8995-A							. 13			
any box under Standard	14	Add lines 12c and 13							. 14		25,100.	
Deduction, see instructions.	15	Taxable income. Subtract line 14	4 from lir	ne 11. If zero or less	ente	er -0			. 15		29,918.	

	16	Tax (see instructions). Check if any from Form	n(s): 1 881	4 2 🗌 4972	3 🗌			16	3,193.
	17	Amount from Schedule 2, line 3						17	
	18	Add lines 16 and 17						18	3,193.
	19	Nonrefundable child tax credit or credit for c	other depender	nts from Schedule	8812			19	
	20	Amount from Schedule 3, line 8						20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18. If zero or less,	enter -0					22	3,193.
	23	Other taxes, including self-employment tax,	from Schedule	e 2, line 21 .				23	0.
	24	Add lines 22 and 23. This is your total tax					. ▶	24	3,193.
	25	Federal income tax withheld from:							
	а	Form(s) W-2			25a	9,	428.		
	b	Form(s) 1099			25b				
	С	Other forms (see instructions)			25c				
	d	Add lines 25a through 25c						25d	9,428.
If you have a	26	2021 estimated tax payments and amount a	applied from 20	20 return				26	
qualifying child,	27a	Earned income credit (EIC)							
attach Sch. EIC.		Check here if you were born after January 2, 2004, and you satisfy all the							
		taxpayers who are at least age 18, to claim	1 1	structions					
	b	Nontaxable combat pay election							
	C	Prior year (2019) earned income		0-1	- 00				
	28	Refundable child tax credit or additional child			28				
	29	American opportunity credit from Form 8863	•		29	1	400.		
	30	Recovery rebate credit. See instructions .			30	Ι,	±00.		
	31	Amount from Schedule 3, line 15				labla aradit		20	1 400
	32 33	Add lines 27a and 28 through 31. These are						32	1,400.
	34	Add lines 25d, 26, and 32. These are your to If line 33 is more than line 24, subtract line 2						33 34	7,635.
Refund	35a	Amount of line 34 you want refunded to you			•	=		35a	7,635.
Direct deposit?	> b	Routing number 1 1 1 1 0 0 0 6					_	SSA	7,055.
See instructions.	►d	Routing number 1 1 1 0 0 6 1 4 ▶ c Type: ☒ Checking ☐ Savings Account number 6 7 8 7 0 8 5 5 0 □ □ □ Savings							
	36	Amount of line 34 you want applied to your		vet be	36	_			
Amount	37	Amount you owe. Subtract line 33 from line				ructions	. ▶	37	
You Owe	38	Estimated tax penalty (see instructions) .			38	ructions		31	
Third Party		you want to allow another person to dis-							
Designee	ins	ructions				Yes. Com			⋉ No
		ignee's ne ▶	Phone no. ▶			Persona number			
Ciana		ler penalties of perjury, I declare that I have examine		l accompanying sch	مطريامه م		` '		t of my knowledge and
Sign		ef, they are true, correct, and complete. Declaration							
Here	You	r signature	Date	Your occupation			If the	IRS ser	nt you an Identity
	k					1	Protection PIN, enter it here		
Joint return? See instructions.			SOFTWARE ENGINEER			<u> </u>	nst.) ►		
Keep a copy for	Spo	buse's signature. If a joint return, both must sign.	The state of the s						nt your spouse an ection PIN, enter it here
your records.		HOUSE WI				/			
	Pho	ne no. (201)565-4797	Email address	PONALA.SURYE		GMAIL.COM			
D-:-I	Pre	parer's name Preparer's signa			Date		TIN		Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	03/2	0/2022 P	02082	2703	Self-employed
Preparer									678)965-9522
Use Only							s EIN ▶	· · · · · · · · · · · · · · · · · · ·	
Go to www.irs.go		1040 for instructions and the latest information.		BAA	REV 03/	/12/22 PRO			Form 1040 (2021)

Form 1040 (2021)

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SCHEDULE D (Form 1040)

Capital Gains and Losses

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

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

► Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

2021

OMB No. 1545-0074

Attachment Sequence No. **12**

Department of the Treasury Internal Revenue Service (99)

Name(s) shown on return
SURYENDRA PONALA & JYOTHIRMAYEE KODATI

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

Your social security number 732-90-3475

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to Form(s) 8949, Part I, combine the result (sales price) (or other basis) whole dollars. with column (g) line 2. column (a) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for 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 10,597. 11,164. -567. 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 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h), If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back 7 -567. Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to Form(s) 8949, Part II, (sales price) (or other basis) combine the result whole dollars. line 2. column (a) with column (a) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . 8b Totals for all transactions reported on Form(s) 8949 with Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with

12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1

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

11

12

13

14

15

Schedule D (Form 1040) 2021 Page 2

Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 -567. • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 567.) 21 • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

8949

Sales and Other Dispositions of Capital Assets

Attachment

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. Sequence No. 12A

Name(s) shown on return		Social security number or taxpayer identification number
SURYENDRA PONALA & JYOTHIRMAYEE	KODATI	732-90-3475

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 Adjustment, if any, to gain or loss. 1 If you enter an amount in column (a). (h) enter a code in column (f). Cost or other basis Gain or (loss). (d) (c) (a) (b) Date sold or Proceeds See the **Note** below See the separate instructions. Subtract column (e) Description of property Date acquired disposed of (sales price) and see Column (e. from column (d) and (Example: 100 sh. XYZ Co.) (Mo., day, yr.) combine the result (Mo., day, yr.) (see instructions) in the separate (a) Code(s) from Amount of adjustment instructions with column (a) instructions 01/01/21 Robinhood Securities LLC 12/31/21 2,891. 4,446. -1,555. ROBINHOOD CRYPTO LLC 07/09/20 01/25/21 4. 4. APEX CLEARING 01/01/21 12/31/21 7,698. 6,714 984.

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.

10,597.

-567.

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) ▶

11,164.



Application for IRS Individual Taxpayer Identification Number

► For use by individuals who are not U.S. citizens or permanent residents.

► See separate instructions.

OMB No. 1545-0074

An IRS individual taxpayer identification number (ITIN) is for U.S. federal tax purposes only. Application type (check one box): Apply for a new ITIN Renew an existing ITIN Don't submit this form if you have, or are eligible to get, a U.S. social security number (SSN). Reason vou're submitting Form W-7. Read the instructions for the box you check. Caution: If you check box b, c, d, e, f, or g, you must file a U.S. federal tax return with Form W-7 unless you meet one of the exceptions (see instructions). a Nonresident alien required to get an ITIN to claim tax treaty benefit **b** Nonresident alien filing a U.S. federal tax return c U.S. resident alien (based on days present in the United States) filing a U.S. federal tax return If d, enter relationship to U.S. citizen/resident alien (see instructions) ▶ d Dependent of U.S. citizen/resident alien e X Spouse of U.S. citizen/resident alien If d or e, enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ▶ SURYENDRA PONALA f Union Nonresident alien student, professor, or researcher filing a U.S. federal tax return or claiming an exception g Dependent/spouse of a nonresident alien holding a U.S. visa h ☐ Other (see instructions) ▶ Additional information for a and f: Enter treaty country ▶ and treaty article number ▶ 1a First name Last name Middle name Name JYOTHIRMAYEE KODATI (see instructions) 1h First name Middle name Last name Name at birth if different . . > 2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. Applicant's 3201 ORIOLE WAY Apt 4 Mailing City or town, state or province, and country. Include ZIP code or postal code where appropriate. **Address** BLOOMINGTON UNITED STATES 61704 Street address, apartment number, or rural route number. Don't use a P.O. box number. Foreign (non-**U.S.) Address** City or town, state or province, and country. Include postal code where appropriate. (see instructions) 4 Date of birth (month / day / year) Country of birth City and state or province (optional) Male **Birth** Information 07/30/1996 TNDTA ▼ Female 6a Country(ies) of citizenship **6b** Foreign tax I.D. number (if any) 6c Type of U.S. visa (if any), number, and expiration date Other INDIA Information 6d Identification document(s) submitted (see instructions) X Passport Driver's license/State I.D. Other USCIS documentation Date of entry into the United States No.: P2274642 Exp. date: 08/11/2026 Issued by: INDIA (MM/DD/YYYY): 6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)? No/Don't know. Skip line 6f. Yes. Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions). 6f Enter ITIN and/or IRSN ▶ ITIN **IRSN** and name under which it was issued ▶ First name Middle name Last name 6g Name of college/university or company (see instructions) ▶ City and state ▶ Length of stay ▶ Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying Sign documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to share information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number. Here Signature of applicant (if delegate, see instructions) Date (month / day / year) Phone number Keep a copy for your records. Name of delegate, if applicable (type or print) Delegate's relationship Parent Court-appointed guardian to applicant Power of attorney Date (month / day / year) Signature Phone **Acceptance** Fax Agent's Name and title (type or print) Name of company **Use ONLY** Office code