IRS e-file Signature Authorization

OMB No. 1545-0074

Social accurity number

Department of the Treasury Internal Revenue Service 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

тахрау		Social securit	y number
NIK	HILA JANGA	896-97-	-0096
Spouse	o's name	Spouse's soc	ial security number
Par	t I Tax Return Information – Tax Year Ending December 31, 2021 (Ente	r year you a	re 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 70,129.
2	Total tax		2 8,349.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 8,158.
4	Amount you want refunded to you		4
5	Amount you owe		5 191.
Par	Taxpayer Declaration and Signature Authorization (Be sure you get and	keep a cop	y of your return)
Linday		N L	havining and to the bast of

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

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

	7	0	0	9	6	as		
Enter five digits, but don't enter all zeros								

my

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

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

Your signature ►

Date 🕨

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

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 sign	ature 🕨 🛛 Da	ate 🕨							
	Practitioner PIN Method Returns Only—continue	bel	ow						
Part III C	ertification and Authentication – Practitioner PIN Method Only								
ERO's EFIN/P	PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	5	8	7	 	 6 all ze	 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 🕨	
	ERO Must Retain This F Don't Submit This Form to the I		
Fee Developments Deduction Act N	ation and the second and the backword in the	 DE) / 00/05/00 DDO	Form 8870 (Day, 01 0001)

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

REV 02/05/22 PRO

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

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

Form **1040-V** 2021

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury Internal Revenue Service

NIKHILA

2021

Form 1040-V Payment Voucher

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

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

(99)

JANGA

2700 SW BRANDON DR

BENTONVILLE AR 72713

Enter the amount of your payment.

191.

REV 02/05/22 PRO 1555

INTERNAL REVENUE SERVICE P.O. BOX 931000 LOUISVILLE, KX 40293-1000

E1040		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		⁽⁹⁹⁾ 20	21	OMB No. 154	5-0074	IRS Use	e Only	—Do not v	vrite or staple	in this space.
Filing Statu Check only one box.	lf yo	Single Married filing jointly ou checked the MFS box, enter the n son is a child but not your dependent	ame of y	ed filing separate your spouse. If y	• • •	· <u> </u>			,		, ,	low(er) (QW) he qualifying
Your first name	e and m	iddle initial	Last na	me						Your so	cial securi	ty number
NIKHILA			JANG	A						896-	97-009	6
lf joint return, s	spouse's	s first name and middle initial	Last na	me						Spouse	's social se	curity number
Home address 2700 SW		er and street). If you have a P.O. box, see NDON DR	instructio	ons.			Å	Apt. no.			ntial Electi here if you,	on Campaign
		ce. If you have a foreign address, also co	mplete s	paces below.	Sta	ate	ZIP co	ode		•		ntly, want \$3
BENTONV	ILLE				A	R	727	13		0	o this fund. low will not	Checking a
Foreign countr	y name		F	Foreign province/s	tate/coun	nty	Foreig	n postal o	code		x or refund	0
At any time du	uring 20	021, did you receive, sell, exchange,	or othe	rwise dispose o	f any fina	ancial interest	in any	virtual c	urrer	ncy?	Yes	X No
Standard Deduction		Beone can claim: You as a de Spouse itemizes on a separate retur	n or you	— ·	atus alier	_		ore Janu		1057		lind
		Were born before January 2, 1	957		Spouse					,	∐ ls b	
Dependent				(2) Social see number		(3) Relations to you	ship	(4) ♥ Child			r (see instru	
lf more than four	(1) F	irst name Last name	number							eait	Credit for ot	ther dependents
dependents,												
see instruction	IS ——											
and check here ►									$\frac{\Box}{\Box}$			
	1	Wages, salaries, tips, etc. Attach F	orm(s) \	N-2						. 1		<u> </u>
Attach	2a		2a		 	raxable intere	• •		•	21		11,102.
Sch. B if	3a	· -	3a	7.	-	Ordinary divid		• •	•	3b		7.
required.	4a		4a			Faxable amou				46		
	5a		5a		-	Faxable amou				. 5b		
Standard	6a		6a		bт	Faxable amou	nt			. 6b	,	
Deduction for -	7	Capital gain or (loss). Attach Sched	dule D if	required. If not	required	d, check here				7		2,720.
 Single or Married filing 	8	Other income from Schedule 1, lin								. 8		-9,700.
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is your total	income				. 1	▶ 9		70,129.
 Married filing 	10	Adjustments to income from Sche								. 10)	
jointly or Qualifying	11	Subtract line 10 from line 9. This is	s your a	djusted gross i	ncome				. 1	▶ 11		70,129.
widow(er), \$25,100	12a	Standard deduction or itemized	deducti	ions (from Sche	dule A)	1:	2a	12,	550).		
Head of	b	Charitable contributions if you take	the stan	dard deduction	(see inst	ructions) 12	2b		300).		
household, \$18,800	с	Add lines 12a and 12b								. 12	c	12,850.
 If you checked 	13	Qualified business income deduction	ion from	Form 8995 or F	orm 899	95-A				. 13	3	
any box under Standard	14	Add lines 12c and 13								. 14		12,850.
Deduction, see instructions.	15	Taxable income. Subtract line 14	from lin	e 11. If zero or l	ess, ente	er-0				. 15	5	57,279.
	/											

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	if any from Form	(s): 1 🗌 881	4 2 4972	3		16	8,349.
	17	Amount from Schedule 2, lin	ne3					17	
	18	Add lines 16 and 17						18	8,349.
	19	Nonrefundable child tax cred	dit or credit for c	ther depender	nts from Schedul	e8812		19	
	20	Amount from Schedule 3, lin	ne8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	8,349.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is	your total tax				. 🕨	24	8,349.
	25	Federal income tax withheld	from:			1 1			
	а	Form(s) W-2					,158.	_	
	b	Form(s) 1099				25b		_	
	С	Other forms (see instructions				25c			
	d	Add lines 25a through 25c						25d	8,158.
If you have a	26	2021 estimated tax payment		• •	37			26	
qualifying child, attach Sch. EIC. [27a	Earned income credit (EIC)				27a		_	
		Check here if you were k							
		January 2, 2004, and you taxpayers who are at least a							
	b	Nontaxable combat pay elec	-	1 1					
	с	Prior year (2019) earned inco	ome	. 27c					
	28	Refundable child tax credit or	additional child	tax credit from	Schedule 8812	28			
	29	American opportunity credit	from Form 8863	8, line 8		29		1	
	30	Recovery rebate credit. See	instructions .			30		1	
	31	Amount from Schedule 3, lin	ne 15			31		1	
	32	Add lines 27a and 28 throug	h 31. These are	your total oth	er payments an	d refundable cred	lits 🕨	32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments			. 🕨	33	8,158.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	unt you overpaid		34	
nerana	35a	Amount of line 34 you want	refunded to you	. If Form 8888	is attached, che	eck here		35a	
Direct deposit?	►b	Routing number X X X	X X X X	XX	► c Type:	Checking	Savings		
See instructions.	►d	Account number X X X	X X X X		x x x x x	X X			
	36	Amount of line 34 you want a	applied to your	2022 estimate	ed tax 🕨	36			
Amount	37	Amount you owe. Subtract	line 33 from line	24. For detail	s on how to pay,	see instructions	. 🕨	37	191.
You Owe	38	Estimated tax penalty (see in	nstructions) .		🕨	38			
Third Party		you want to allow another	person to disc	cuss this retu	rn with the IRS?				_
Designee		structions					•		X No
		signee's me ►		Phone no.			onal identi ber (PIN) 🖡		
Ciana		der penalties of perjury, I declare t	hat I have examine						t of my knowledge and
Sign		ief, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation		If the	e IRS ser	nt you an Identity
	κ.	·							IN, enter it here
Joint return?					SOFTWARE			inst.) 🕨	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, k	ooth must sign.	Date	Spouse's occupa	tion			nt your spouse an ection PIN, enter it here
your records.								inst.) ►	
	Ph	one no. (260)479-994	7	Email address	NTKHTLAREDD	Y919@GMAIL.CO	 M		
		eparer's name	, Preparer's signat			Date	PTIN		Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	1 02/16/2022	P0208	2703	Self-employed
Preparer		m's name ► GLOBAL TAX							678)965-9522
Use Only		m's address ► 2530 Pebbl		n Cummin	q GA 30041			's EIN ▶	
Go to www irs o		n1040 for instructions and the late			BAA	REV 02/05/22 PRO			Form 1040 (2021)
	0.11				DAA	NEV 02/03/22 FRU			

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 20 21 Attachment

	Sequence No. U
Your soc	ial security number
896-97	-0096

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

				.,	~~
Par	t I Additional Income				
1	Taxable refunds, credits, or offsets of state and local income taxe			1	
2 a	Alimony received		2 a		
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, tr Schedule E			5	-9,700.
6	Farm income or (loss). Attach Schedule F			6	
7	Unemployment compensation			7	
8	Other income:				
а	Net operating loss	8a ()		
b	Gambling income	8b			
С	Cancellation of debt	8c			
d	Foreign earned income exclusion from Form 2555	8d ()		
е	Taxable Health Savings Account distribution	8e			
f	Alaska Permanent Fund dividends	8f			
g	Jury duty pay	8g			
h	Prizes and awards	8h			
i	Activity not engaged in for profit income	8i			
j	Stock options	8j			
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such				
		8k			
1	Olympic and Paralympic medals and USOC prize money (see instructions)	81			
m	Section 951(a) inclusion (see instructions)	8m			
n	Section 951A(a) inclusion (see instructions)	8n			
ο	Section 461(I) excess business loss adjustment	80			
р	Taxable distributions from an ABLE account (see instructions).	8p			
z	Other income. List type and amount				
		8z			
9	Total other income. Add lines 8a through 8z			9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1 1040-NR, line 8			10	-9,700.
For Pa	perwork Reduction Act Notice, see your tax return instructions.			Schedu	le 1 (Form 1040) 2021

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basic 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	3	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) \blacktriangleright			
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)			
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 Paralympic medals 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) 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			
j	Housing deduction from Form 2555			
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 in here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	

REV 02/05/22 PRO

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

Name(s) shown on return NIKHILA JANGA

Department of the Treasury

Internal Revenue Service (99)

Your social security number

896-97-0096

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

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

lines	instructions for how to figure the amounts to enter on the 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, I line 2, columr		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	1,861.	1,421.			440.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked	29,812.	27,532.			2,280.
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1			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	2,720.

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

See instructions for how to figure the amounts to enter on the lines below.		(d) Proceeds	(e) Cost	(g) Adjustmen 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.	Form(s) 8949, I line 2, colum	Part II,	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	Net long-term gain or (loss) from partnerships, S corporat			.,	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 2,720.
	• 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 02/05/22 PRO

Schedule D (Form 1040) 2021

Form	8949
i onni	

Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

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

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

2021 Attachment Sequence No. 12A

Name(s) shown on return					
NIKHILA	JANGA				

896-97-0096	:
090-97-0090	,

Social security number or taxpayer identification number

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

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

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

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

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

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

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

1 (a) Description of property	(b) Date acquired	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below	If you enter an enter a c	amount in column (g), ade in column (f). arate instructions.	(h) Gain or (loss). Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)			and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)	
Robinhood Securities LLC	01/01/21	12/31/21	1,861.	1,421.			440.	
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) ►			1,861.	1,421.			440.	

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.

Form	8949
i onni	

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.

5, 2, 3, 86, 9, and 10 of Schedule D. Sequence No. 12A Sequence No. 12A

896-97-0096

Name(3) Shown on return				
NIKHILA	JANGA			

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)

X (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	If you enter an enter a co	any, to gain or loss. amount in column (g), ode in column (f). arate 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) (g) Code(s) from instructions Amount of adjustment		from column (d) and combine the result with column (g)	
ROBINHOOD CRYPTO LLC	01/01/21	12/05/21	29,812.	27,532.			2,280.	
2 Totals. Add the amounts in columnegative amounts). Enter each to Schedule D, line 1b (if Box A abo above is checked), or line 3 (if Box	otal here and inc ve is checked), li	lude on your ne 2 (if Box B	29,812.	27,532.			2,280.	

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

SCHEDULE	Ε
(Form 1040)	

Supplemental Income and Loss

OMB No. 1545-0074

2

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

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

	Revenue Service (99)	► Go to www.irs.gov/ScheduleE f	or instru	uctions	and the	e latest	information	ı.	Attacl Seque	nment ence No. 13		
Name(s)	shown on return			١					Your social security number			
NIKH	ILA JANGA						896-9	896-97-0096				
Part	I Income or Loss	From Rental Real Estate and Ro	yalties	Note	: If you	are in th	e business o	of renting pe	ersonal p	roperty, use		
	Schedule C. See i	nstructions. If you are an individual, rep	ort farm	rental i	ncome	or loss f	rom Form 4	835 on page	e 2, line 4	0.		
A Dic	l you make any paymer	nts in 2021 that would require you to	o file Fo	rm(s) 1	099? S	ee insti	ructions .		. 🗆 `	Yes 🔀 No		
B If "	f "Yes," did you or will you file required Form(s) 1099?								. 🗆	Yes 🗌 No		
1a	Physical address of e	each property (street, city, state, ZIF	⊃ code)									
Α	INDIRA NAGAR H	YDERABAD TELANGANA IN 50	00046									
В												
С												
1b	Type of Property	2 For each rental real estate prop	perty lis	sted			Rental	Persona		QJV		
	(from list below)	above, report the number of fa personal use days. Check the	ur renta QJV bo	i and x only _r		L	Days	Day		·		
Α	2	if you meet the requirements to	o file as	a	Α		365		0			
B		qualified joint venture. See inst	Interiori	5.	B							
C					С							
	of Property:											
-	le Family Residence	3 Vacation/Short-Term Rental				7 Self-						
2 Mult	ti-Family Residence	4 Commercial Properties:	6 Roy	alties	-	8 Othe	r (describe	_	1			
		· · ·			Α	F 0 0	t	3		С		
3			3			500.						
+ Expen			4									
5			5									
6		nstructions)	6									
7						200.						
8	-											
9			9									
10		ssional fees	10									
11			11		1	000.						
12		d to banks, etc. (see instructions)	12		±,	000.						
13			13									
14			14		2.	500.						
15			15	2,000.								
16			16									
17			17		3,	500.						
18		or depletion	18									
19	Other (list) 🕨		19									
20		ines 5 through 19	20		10,	200.						
21	Subtract line 20 from	line 3 (rents) and/or 4 (royalties). If										
	result is a (loss), see i	nstructions to find out if you must										
			21		-9,	700.						
22		estate loss after limitation, if any,										
	on Form 8582 (see ins		22 (9,7	/00.)	()	()		
23a	· · · · ·					23 a		500.	-			
b		eported on line 4 for all royalty prop				23b						
c		eported on line 12 for all properties		• •		23c			-			
d		eported on line 18 for all properties				23d		10.000	-			
e		eported on line 20 for all properties				23e		10,200.				
24 25		e amounts shown on line 21. Do no						. 24	(0.700		
25		sses from line 21 and rental real estate							(9,700.)		
26		ate and royalty income or (loss).										
		V, and line 40 on page 2 do not 40), line 5. Otherwise, include this ar								-9,700.		
		ro_{j} , mile σ . Other wise, include this al		n ne t		1116 41	un paye z	. 20	1	<i>,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2021

2021 AR1000F ARKANSAS INDIVIDUAL INCOME TAX RETURN Full Year Resident



AR1

CHECK BOX IF

. .

Ηu	II Year Resident					AIV		DRE	IURN		Sof	tware II	2
Jan.	1 - Dec. 31, 2021 or fiscal year ending		, 20	•			•				• PROS	SERIES	
	Primary's legal first name	MI	Last na	ime	ne Check if Primary's soci						y numbe	ər	
	• NIKHILA	•	• JAN	IGA		• 🗆	Deceased						
Rg	Spouse's legal first name	MI	Last na	ime			Check if	Spouse's social security number			₽r		
	•	•	•			• 🗆	Deceased	•					
AL AO	Mailing address (number and street, P.O. boy	or rural route)						🗖 Che	ck if add	ess is ou	itside U.S	3.	
USE LABEL (PRINT OR TV	•2700 SW BRANDON DR												
-	City	State or prov	/ince		ZIP			Foreig	n country	/ name			
	BENTONVILLE AR				• 727	13							
FILING STATUS Check Only One Box	1.• X Single (Or widowed before 202	1 or divorced	at end of 202	:1)	4.●	Married fi	ling sepa	rately o	n the sai	ne retur	n		
041	2.• A Married filing joint (Even if only one had income)				5.	Married fi	ling sepa	rately o	n differe	nt return	s		
S S A	3. Head of household (See instru	(ctions)				Enter spo	ouse's nai	ne here	and SS	N above	i		
ĮΞž	If the qualifying person was ye		not your de	pendent,	6.	Surviving	spouse v	vith dep	endent o	hild			
Ēŝ	enter child's name here:		· · · · · · · · · · · · · · · · · · ·			Year spor		·					
•[Check here if you want a tax bookle	et mailed to y	you next yea	ar.		Check this					te exte	nsion	
\vdash						or an auto		_					_
	7A. X Yourself • 65 or over	•	65 Special	•	Blind	• De	af L	Hea	d Of hOUs ng status 3 d	sehold/s nly) (F	Urviving	SPOUSE 6 only)	
	Spouse • 65 or over	•	65 Special	•	Blind	• 🗌 De	af						
s,	Multiply number of boxes checked							7A	1 X \$	29 =		29.	00
	Dependents (Do not list yoursel	f or spouse	e)									27.	00
CREDITS	First name	Last nam	ne	Depend	lent's socia	al security n	umber	[Depende	nt's rela	tionship	to you	
TAX	1.												
F	2										•		_
NON N	2.												
PERSONAL	3.												
–										29 =			00
	7C. Multiply number of qualifying individ	uals from AR	1000RC5 (S	ee instruct	ions)			7C •	X \$	500 =			00
	7D. TOTAL PERSONAL TAX CRE	DITS: (Add li	ines 7A, 7B, a	and 7C. Enter total here and on line 34)						7D		29.	00
			1.5	Issue	date				Expiration	date 7			
	DL#/State ID 941370522	Your state	AR		dd/yyyy)	08/27/2	2021		(mm/dd/yy)9/30/	/2023	
≏				Issue date Expiration date									
	DL# / State ID	Spouse stat	te	(mm/dd/yyyy) (mm/dd/yyyy)									
⊢									Γ	_			
	Direct deposit allowed to U.S. banks o	only. Check i	f either dep	osit(s) wil	ultimatel	y be placed	in a forei	gn acco	ount.				
<u>+</u>	Routing Number 1	٨٥٥	count Num	bor 1		hecking or	• s	avings		Di	root dor	oosit 1 An	~ +
Pos							<u> </u>			ים ו	lect dep		
۳ ۳	• 0 7 4 0 0 0 0 1	0 • 8	926	1 7	55					」●L		506.	00
DIRECT DEPOSI													
l E	Routing Number 2	Acc	count Nun	nber 2		hecking or	•s	avings		Di	rect dep	oosit 2 An	nt
													00
	PLEASE SIGN HERE: Under penalties of knowledge and belief, they are true, correct												
щ		Ily mail 1099	9-G forms. I	nstead, v	ve ask tha	at you get t	his inforr	nation	from ou			,	5
PLEASE SIGN HERE	(www.atap.arkansas.gov). Cl	neck the box	t if you still			<u> </u>		9-G ne	kt year.				
GN I	Primary's signature				Date		phone	70 00	17	-		as Revenue this returi	
L S	Spouse's signature				Date		260)4	9-99	4/	-	th the pre		
				Date Telephone							Yes X	No	
	Paid preparer's signature				PTIN/ID	number				For De	partmen	nt Use Only	/
PAID	SYAM PRIYA RAM SAGAR GUP	TA TALLAN	102/16/	2022	• 3010					А		•	
PAIL	Preparer's name GLOBAL TAXES			City/Stat	e/ZIP					Telepho	ne		
_ <u></u>				CITMM		300/1				(670)	965 0	3500	
E-mail SYAM@GTAXFILE.COM					NG GA	30041				(678)965-9522			



Primary SSN _____896-97-0096____

		ROUND ALL AMOUNTS TO WHOLE DOLLARS	(A)	Primary/Joint Income	(B) Spouse's Income Status 4 Only	
S	8.	Wages, salaries, tips, etc: (Attach W-2s)	•	77,102.00	• 00	
660	9.	Military pay: Primary O O Spouse O O O O O O O O O O O O O O O O O O O				
s)/1(10.	Interest income: (If over \$1,500, Attach AR4)	•	00	• 00	
V-2(11.	Dividend income: (If over \$1,500, Attach AR4)	•	7.00	• 00	
f V	12.	Alimony and separate maintenance received:	•	00	• 00	
do	13.	Business or professional income: (Attach federal Schedule C)	•	00	• 00	
u t	14.	Capital gains/(losses) from stocks, bonds, etc: (See instructions, Attach federal Schedule D)	•	2,720.00	• 00	
- X	15.	Other gains or (losses): (Attach federal Form 4797 and/or AR4684 if applicable)	•	00	• 00	
це	16.	Non-qualified IRA distributions and taxable annuities: (Attach All 1099Rs)	•	00	• 00	
ach	17.	Military retirement: Primary 00 Spouse 00				
/ Att	18A.	Primary employer pension plan(s)/qualified IRA(s): (See instructions, Attach all 1099Rs)		00		
Jere	18R	Gross distribution Image: Construction of the second sec	-	00		
1 (3)	100.	Gross distribution OO Taxable amount O 00 Less \$6,000		00	• 00	
660	19.	Rents, royalties, partnerships, estates, trusts, etc.: (Attach federal Schedule E)	•	-9,700.00	• 00	
s)/1(20.	Farm income: (Attach federal Schedule F)	•	00	• 00	
V-2(Unemployment: Primary/Joint O 00 Spouse 00 21				
님	22.	Other income/depreciation differences: (Attach Form AR-OI)	•	00	• 00	
ttad		TOTAL INCOME: (Add lines 8 through 22)	•	70,129.00	• 00	
₹		TOTAL ADJUSTMENTS: (Attach Form AR1000ADJ)	•	00	• 00	
	25.	ADJUSTED GROSS INCOME: (Subtract line 24 from line 23)	•	70,129.00	• 00	
	26.	Select tax table: (Select only one) 26		1		
		Low income table (\$0), For low income gualifications see line 26 instructions				
z		● X Standard deduction (\$2,200 or \$4,400 for filing status 2 only)				
₽		• Itemized deductions (Attach AR3) 27	•	2,200.00	• 00	
₹	28	NET TAXABLE INCOME: (Subtract line 27 from line 25)		67,929.00	• 00	
COMPUTATION	29.	TAX: (Enter tax from tax table)	Ť	3,212.00	-	
	30.	Combined tax: (Add amounts from line 29, columns A and B)	L	· · · · ·	3,212.00	
TAX	31.	Enter tax from Lump Sum Distribution Averaging Schedule: (Attach AR1000TD)			• 00	
		Additional tax on IRA and qualified plan withdrawal and overpayment: (Attach federal Form 5329, if required)			• 00	
		TOTAL TAX: (Add lines 30 through 32)			• 3,212.00	
	34.	Personal tax credit(s): (Enter total from line 7D)	T	29.00		
EDITS		Child care credit: (Attach AR2441)	•	00	1	
		Other credits: (Attach AR1000TC)		00	-	
X CR		TOTAL CREDITS: (Add lines 34 through 36)			• 29.00	
TAX		NET TAX: (Subtract line 37 from line 33. If line 37 is greater than line 33, enter 0)			• 3,183.00	
			T	3,689.00	1	
		Arkansas income tax withheld: (Attach state copies of W-2 and/or 1099R, W2-G)		3,009.00		
	40.	Estimated tax paid or credit brought forward from 2020:	•	00	-	
12	41.	Payment made with extension: (See instructions)		00		
U	42.	AMENDED RETURNS ONLY - Previous payments: (See instructions)	•	00	-	
PAYMENTS	43.	(Attach AR1000EC and AR2441)	•	00		
	44.	TOTAL PAYMENTS: (Add lines 39 through 43)			• 3,689.00	
	45.	AMENDED RETURNS ONLY - Previous refund: (See instructions)			• 00	
	46.	Adjusted total payments: (Subtract line 45 from line 44)			• 3,689.00	
4	47.	AMOUNT OF OVERPAYMENT/REFUND: (If line 46 is greater than line 38, enter difference)			• 506.00	
TAX DUE	48.	Amount to be applied to 2022 estimated tax:	•	00		
		Amount of Check-off Contributions: (Attach Schedule AR1000-CO)		00		
R		AMOUNT TO BE REFUNDED TO YOU: (Subtract lines 48 and 49 from line 47)				
REFUND		AMOUNT DUE: (If line 46 is less than line 38, enter difference; If over \$1,000, continue to 52A)			8 00	
E		UEP: Attach Form AR2210 or AR2210A. If required, enter exception in box 52A Penalty 52B		00	· · · · ·	
<u>۳</u>	52C	Add lines 51 and 52B: (See instructions)	٦	TOTAL DUE 52C	• 00	





ARKANSAS INDIVIDUAL INCOME TAX CAPITAL GAINS

Primary's legal name NIKHILA JANGA Primary's social security number 896–97–0096

In Arkansas, only 50% of the net capital gain is taxed. 100% of the short term capital gain is taxed.

Per Act 1488 of 2013, the amount of net capital gain in excess of ten million dollars (\$10,000,000) from a gain realized on or after January 1, 2014, is exempt from state tax.

Complete the AR1000D if you have a CAPITAL GAIN OR LOSS reported on federal Schedule D, or if Schedule D is not required, a gain reported on federal Form 1040, line 7. The amount of capital loss that can be deducted after offsetting capital gains is limited to \$3,000 (\$1,500 per taxpayer for filing status 4 or 5). See instructions for line 14, Form AR1000F/AR1000NR.

Adjust your gains and losses for depreciation differences, if any, in the federal and Arkansas amounts using lines 2, 5 and 10. *

Note. Arkansas did not adopt the federal "bonus depreciation" provision from previous years. Therefore, there may be a difference in federal and Arkansas amounts of depreciation allowed.

Full Year Resident Filers - Complete columns (A) and (B) only.

Nonresident or Part Year Resident Filers - Complete columns (A), (B), and (C).

		Federal Schedule D		(A) Primary		(B) Spouse		(C) Arkansas Only	
1.	Enter federal long-term capital gain or loss reported on line 15, federal Schedule D or Form 1040, line 71	С	00)	00		00	00	0
2.	Enter adjustment, if any , for depreciation different state amounts		.2		00		00	00	0
3.	Arkansas long-term capital gain or loss. Add (or line 2		.3	•	00	•	00	• 00	0
4.	Enter federal net short-term capital loss, if any , reported on line 7, federal Schedule D4	С	00)	00		00	00	0
5.	Enter adjustment, if any , for depreciation different state amounts		.5		00		00	00	0
6.	Arkansas net short-term capital loss. Add (or sul line 5		.6	•	00	•	00	• 00	0
7a.	Arkansas net capital gain or loss. (If gain, subtr loss, add lines 6 and 3.)	act line 6 from 3. If	7a	•	00	•	00	• 00	0
7b.	If the amount on line 7a is over \$10,000,000, onl If less than \$10,000,000, enter the total amount	y enter \$10,000,000.			00		00	00	0
8.	Arkansas taxable amount. If a gain multiply line 7 50 percent (.50), otherwise enter loss		.8		00)	00	00	0
9.	Enter federal short-term capital gain, if any , reported on line 7, federal Schedule D9	2,720.0	00	2,720.	00		00	00	0
10.	Enter adjustment, if any , for depreciation different state amounts	nces in federal and			00		00	00	0
11.	Arkansas short-term capital gain. Add (or subtra line 10		11	• 2,720.	00	•	00	• 00	0
12.	Total taxable Arkansas capital gain or loss. Add li (Loss limited to \$3,000, for filing status \$1,500 per taxpayer if filing status 4 or Filing status 1,2,3,5 and 6: Add line 12, column on AR1000F/AR1000NR, line 14. Filing status 4: Enter line 12, column A on AR1000F/AR1000NF Enter line 12, column B on AR1000F/AR1000NF	5 1, 2, 3, and 6, 5.) Enter here. Is A and B and enter R, line 14, column A.		2,720.	00		00	00	0





ARKANSAS INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

PINELITICA PORT Name and Middle Initial Anne Spoces 2 Logal First Name and Middle Initial Spoces 2 Social Security Number Spoces 2 Social Security Number PORT Name and Security Number PORT NUTLE The PPONE The PPON	Primary's Le	egal First Name and Middle	Initial	Last Na	me		Prin	nary's Soci	al Security Numbe	er	
Mailing Address muscler and street, No. But or Reval Revel Telephone Telephone 2700 State or Province 2/P Clock at 24206 Clock at 24206 BERNTONYLLE AR 72713 Clock at 24206 Clock at 24206 PART I - TAX RETURN INFORMATION (Whole Dolars Only) 1 Total Income form AR10000 or AR10000R, Line 23) 2 3, 183. 3. State Income Tax Withhed (form AR1000 or AR1000R, Line 39) 3 3, 633. 3 3, 633. 4. Refund (form AR1000 or AR1000R, Line 31) 5 5 5 5 5 PART II - DECLARATION OF TAXPAYER 5 <td< td=""><td colspan="3"></td><td colspan="3">•JANGA</td><td></td><td colspan="3"></td></td<>				•JANGA							
Mailing Address (Humber and Steet, R0, Bas er Rund Runde) Elephone 2700 SW ERANDON DR State or Province ZIP Chick (Loc) 479-9947 CRV A R 72713 Foreign Caunty PART I - TAX RETURN INFORMATION (Whole Dollars Only) 1 70, 129. 2 3, 183. 3. State income Tax Withheld (Form AR1000F or AR1000R, Line 39) 3 6 3 6.6 3. State income Tax Withheld (Form AR1000F or AR1000R, Line 39) 4 5 5 4. Refund (Form AR1000F or AR1000R, Line 47) 5 5 5 5. Tax Due (Form AR1000F or AR1000R, Line 47) 5 5 5 6a. Xi I consent that my refund be direct deposited as designated in the electronic portion of my 2021 Arkansas income tax return. If I have fil a joint return, bis is an irrevocable appointment of the other spouse as an agent to receive the refund. The refund will be direct deposited to the form AR1000F/AR1000R. 6b. I do not want direct deposited my refund or 1 am not receiving a refund. 6 1 authorize the State of Arkansas income Tax Section to initiate debit entries to my account as indicated on the Arkansas Income Tax Pay for Arkansas Extension Payment form (AR EXT PMT). 764 I authorize the State of Arkansas income Tax Section to initiate debit entries to my account as indicated on the Arkansas Extension Payment form (AR EX PMT). 777	Spouse's Legal First Name and Middle Initial			Last Na	.ast Name						
2700 SW BRANDON DR							1-	nhono			
City State of Province 2/P Check Tables is obtained by the province for a Rest of the Province for the Rest of the Province for the Province for a Rest of the Province for the Rest of the Province for the Rest of the Province for the Province for a Rest of the Province for the Rest of the Rest of the Rest of the Province for the Rest of the R	Ŭ		or Rural Route)					-	0 0045		
BENTONVILLE AR 72713 Foreign Country PART I - TAX RETURN INFORMATION (Whole Dollars Only) 1 Total Income (Form AR1000F or AR1000R, Line 30) 2 3, 183. 1 Total Income Tax Withheid (Form AR1000F or AR1000R, Line 32) 2 3, 183. 3 State Income Tax Withheid (Form AR1000F or AR1000R, Line 32) 3 4 5, 65. 3 Control (Form AR1000F or AR1000R, Line 47) 5 5 5 5 Tax Due (Form AR1000F or AR1000R, Line 51) 5 5 5 6a. 1 consent that my refund be direct deposited as designated in the electronic portion of my 2021 Arkansas income tax return. If I have fit a joint return, this a in irrevocable appointment of the other spouse as an agent to receive the refund. The refund will be direct deposited to the them AR1000F/AR1000NR. 6b. 1 dout want direct deposit of my refund or 1 am not receiving a refund. 6. 1 authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Estimate Payment form (AR EST PMT) or Arkansas Estimate Payment form (AR EST PMT) or Arkansas Estimate Refut the all olioft federal and state return and my federal return is rejected, 1 understant state return will be rejected also. 1 Understant the information 1 have given my ERO and the amounts in Part 1 abor 2 drkansass. 1 alabo consent to the or arkanobis income tax return. </td <td></td> <td>BRANDON DR</td> <td>State or Province</td> <td></td> <td>7IP</td> <td></td> <td></td> <td></td> <td></td> <td></td>		BRANDON DR	State or Province		7IP						
PART I - TAX RETURN INFORMATION (Whole Dollars Only) 1. Total income (Ferm AR1000F or AR1000R, Line 33)									ie 0.3.		
1. Total Income (Form AR1000F or AR1000NR, Line 33) 1 70, 129. 2. Net Tax (Form AR1000F or AR1000NR, Line 39) 3 3, 183. 3. State Income Tax Withheld (Form AR1000NR, Line 37) 4 5, 130. 5. Tax Due (Form AR1000F or AR1000NR, Line 51) 5 5 PART II - DECLARATION OF TAXPOYER 6a. I consent that my refund be dired deposited as designated in the electronic portion of my 2021 Arkansas income tax nature. If I have file a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund. The refund will be direct deposited to the bark account(s) shown on page 1 of the Form AR1000F/AR1000NR. 6a. I consent that my refund the direct deposited my refund or 1 am not receiving a refund. 6c. I authorize the State of Arkansas income Tax Section to initiate debit entries to my account as indicated on the Arkansas Income Tax Pay form (AR TAX PMT). 6d. I authorize the State of Arkansas income Tax Section to initiate debit entries to my account as indicated on the Arkansas Estimate Payment form (AR EST PMT) or Arkansas Extension Payment form (AR EXT PMT). 11 I have filed a balance due return, Linederstand that If the State of Arkansas does not receive full and timely payment of my tax liability. I will remain for the tax liability and all applicable interest and penalties. If have filed a joint federal and state return and my federal return is neglected, I understant state return will be rejected alao.				nly)	1/2/13						
2. Net Tax (Form AR1000F or AR1000NR, Line 38) 3			· · · · · · · · · · · · · · · · · · ·					1	70 129	00	
3. State Income Tax Withheld (Form AR1000F or AR1000NR, Line 39)										00	
4. Refund (Form AR1000F or AR1000NR, Line 47)										00	
Tax Due (Form AR1000F or AR1000F, Line 51)										00	
PART II - DECLARATION OF TAXPAYER 6a. I consent that my refund be direct deposited as designated in the electronic portion of my 2021 Arkansas income tax return. If I have flig a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund. The refund will be direct deposited to the bank account(s) shown on page 1 of the Form AR1000F/RA1000NR. 6b. I do not want direct deposit of my refund or I am not receiving a refund. 6c. I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Income Tax Pay form (AR TAX PMT). 6d. I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Estimate Payment form (AR EXT PMT). 1f I have filed a balance due return, I understand that if the State of Arkansas does not receive full and timely payment of my tax liability. I will remain for the tax liability and all applicable interest and penalities. If I have filed a joint federal and state return and my federal return is rejected, I understan state return bits prejected also. Under penalties of perjury, I declare that the information I have given my ERO and the amounts in Part I above agree with the amounts on the corresponines of the electronic portion of my 2021 Arkansas income tax return. To the best of my knowledge and belief, my return is acconsent to the disclosure to the state of Arkansas e and in the refue the reson(s) for the rejetion. Under penalties of perjury, I declare that the information I have given my ERO and the amounts in Part I above agree with the amounts on the corresponines of the rejetion. The sected of									506.	00	
6a. x 1 consent that my refund be direct deposited as designated in the electronic portion of my 2021 Arkansas income tax return. If I have fil a joint return, this is an inrevocable appointment of the other spouse as an agent to receive the refund. The refund will be direct deposited to the bank account(s) shown on page 1 of the Form AR1000F/AR1000R. 6b. □ I do not want direct deposit of my refund or I am not receiving a refund. 6c. □ I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Income Tax Pay form (AR TAX PMT). 6d. □ I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Estimate Payment form (AR EST PMT) or Arkansas Estension Payment form (AR EST PMT). If I have filed a balance due return, I understand that if the State of Arkansas does not receive full and timely payment of my tax liability. I will remain for the tax liability and al applicable interest and penalties. If I have filed a joint federal and state return and my federal return is rejected, I understant state return will be rejected also. Under penalties of perjury, I declare that the information I have given my ERO and the amounts in Part I above agree with the amounts on the correspon innes of the electronic portion of my 2021 Arkansas income tax return. To the best of my knowledge and belief, my return is acconneet to the disclosure to return stemewhat be the advansas test of Arkansas. Sign metric Promarest (I the recessing) of the delay, or when the refund was sent. In addition, by using a computer system and software to propare and transmitter the reason(s) for the delay, or when the refund was s		· · ·									
a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund. The refund will be direct deposited to the bank account(s) shown on page 1 of the Form AR10000F/AR1000NR. 6. do not want direct deposit of my refund or 1 am not receiving a refund. 6. authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Income Tax Pay form (AR TAX PMT). 6. authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Estimate Payment form (AR EST PMT) or Arkansas Extension Payment form (AR EXT PMT). 7. If I have filed a balance due return, Lunderstand that if the State of Arkansas does not receive full and timely payment of my tax liability. I will remain for the tax liability and all applicable interest and penalties. If I have filed a joint federal and state return and my federal return is rejected, I understant state return will be rejected also. 9. Under penalties of perjury, I declare that the information I have given my ERO and the amounts in Part I above agree with the amounts on the correspontines of the electronic portion of my 2021 Arkansas income tax return. To the best of my knowledge and belief, my return is true, correct, and comple consent to my ERO andnor transmitter an acknowledgement of receipt of transmission and an indication of whether or not my return is acce and in rejected. The reason(s) for the electronic aption of my 2021 Arkansas of all information pertaining to my use of the xystem and software and transmitter an acknowledgement of receipt of transmission and an indication of whether or not my return is acce and in rejected. The reason(s) for the elexy or when the reflored wassent. In addition, by using a computer system and software and transmission of my tax return electronically. 9. Sign 9. Part 111 - DECLARATION OF ELECTRONIC RETURN ORGINATOR (ERO) AND PAID REPARER 11 declare that I have releved the taxpayer's return and tha											
6c. I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Income Tax Payform (AR TAX PMT). 6d. I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Estimate Payment form (AR EST PMT) or Arkansas Extension Payment form (AR EXT PMT). If I have filed a balance due return, I understand that if the State of Arkansas does not receive full and timely payment of my tax liability. I will remain for the tax liability and all applicable interest and penalties. If I have filed a joint federal and state return and my federal return is rejected. I understand state return will be rejected also. Under penalties of perjury. I declare that the information I have given my ERO and the amounts in Part I above agree with the amounts on the corresponitions of the electronic portion of my 2021 Arkansas income tax return. To the best of my knowledge and belief, my return is true, correct, and complexonsent to my ERO sending my return, this declaration, and accompanying schedules and statements to the State of Arkansas. I also consent to the or Arkansas is to disclose to the year of my return or refund is delayed. I authorize the State of Arkansas to disclose to my and/or transmitter the reason(s) for the releady, or when the refund was sent. In addition, by using a computer system and software to prepare and transmeture meture electronically. Sign Mere Primary's Signature Date PART III > DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER I declare that I have reviewed the above taxpayer's return and that the entries on Form AR8453 are complete and correct to the best of my knowled	6a. <u>X</u>	a joint return, this is an irrev	vocable appointment of the c	other spou	ise as an agent to						
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Payment form (AR EST PMT) or Arkansas Extension Payment form (AR EXT PMT). If I have filed a balance due return, I understand that if the State of Arkansas does not receive full and timely payment of my tax liability. I will remain for the tax liability and all applicable interest and penalties. If I have filed a joint federal and state return and my federal return is rejected, I understan state return will be rejected also. Under penalties of perjury, I declare that the information I have given my ERO and the amounts in Part I above agree with the amounts on the correspon lines of the electronic portion of my 2021 Arkansas income tax return. To the best of my knowledge and belief, my return is true, correct, and comple consent to my ERO sending my return, this declaration, and accompanying schedules and statements to the State of Arkansas. I also consent to the of Arkansas sending my ERO and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not my return is acce and if rejected, the reason(s) for the delay, or when the refund was sent. In addition, by using a computer system and software to prepare and transm return electronically. I consent to the disclosure to the State of Arkansas of all information pertaining to my use of the system and software to prepare and transm return electronically. I consent to the disclosure to the State of Arkansas of all information pertaining to my use of the system and software to prepare and transm return electornically. I consent to the disclosure to the State of Arkansas of all information pertaining to my use of the system and software to prepare and transmission of my tax return electronically. Sign Here Primary's Signature Date PART III - DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER I declare that I have reviewed the above taxpayer's return and that the entries on Form AR8453 are complete that Form AR8453 are complete. This declaration of be lield with the State of Arkansas. If I am also the Paid Prepare	6c.		kansas Income Tax Section	to initiate	e debit entries to m	ny account as	indicated on	the Arkans	as Income Tax Pa	ayment	
for the tax liability and all applicable interest and penalties. If I have filed a joint federal and state return and my federal return is rejected, I understand state return will be rejected also. Under penalties of perjury, I declare that the information I have given my ERO and the amounts in Part I above agree with the amounts on the corresponding of the electronic portion of my 2021 Arkansas income tax return. To the best of my knowledge and belief, my return is true, correct, and complet consent to my ERO sending my return, this declaration, and accompanying schedules and statements to the State of Arkansas. I also consent to the of Arkansas sending my ERO and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not my return is acce and if rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize the State of Arkansas to all soclose to my and/or transmitter the reason(s) for the delay, or when the refund was sent. In addition, by using a computer system and software to prepare and transmission of my tax return electronically. I consent to the disclosure to the State of Arkansas of all information pertaining to my use of the system and software and transmission of my tax return electronically. I consent to the disclosure to the State of Arkansas of all information pertaining to my use of the system and software and the transmission of my tax return electronically. I consent to the disclosure to the State of Arkansas to all the return. I have obtained the taxpayer's return and that the entries on Form AR8453 are complete and correct to the best of my knowledge and oligate the tax and the tax payer's return; I declare that Form AR8453 accurately reflects the da with eator or Porm AR8453 before submitting this return to the State of Arkansas, and have provided the taxy are's signature on Form AR8453 before submitting this return to the State of Arkansas or all information to be filed with the State of Arkansas, and have	6d.						nt as indicat	ed on the .	Arkansas Estimat	ted Tax	
Lines of the electronic portion of my 2021 Arkansas income tax return. To the best of my knowledge and belief, my return is true, correct, and complet consent to my ERO sending my return, this declaration, and accompanying schedules and statements to the State of Arkansas. I also consent to the of Arkansas sending my ERO and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not my return is accentronically. I consent to the disclosure to the State of Arkansas of all information pertaining to my use of the system and software and transmitter the reason(s) for the delay, or when the refund was sent. In addition, by using a computer system and software to prepare and transmiter transmission of my tax return electronically. Sign	for the tax lia state return	ability and all applicable inte will be rejected also.	erest and penalties. If I hav	ve filed a	oint federal and s	tate return an	d my federal	return is re	ejected, I understa	and my	
Here Primary's Signature Date Spouse's Signature Date PART III - DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER I declare that I have reviewed the above taxpayer's return and that the entries on Form AR8453 are complete and correct to the best of my knowledg am only a collector, I understand that I am not responsible for reviewing the taxpayer's return; I declare that Form AR8453 accurately reflects the da the return. I have obtained the taxpayer's signature on Form AR8453 before submitting this return to the State of Arkansas, and have provided the taxp with a copy of all forms and information to be filed with the State of Arkansas. If I am also the Paid Preparer, under penalties of perjury I declare that I examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, co and complete. This declaration of Paid Preparer is based on all information of which the preparer has knowledge. Check if paid preparer Check if self- employed Your SSN or PTIN Use Only GLOBAL TAXES LLC 2530 PEBBLE CREEK LN CUMMING my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge. FEIN Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge. Paid 02/16/2022 Preparer's Signature Check if self- employed P02082703 Preparer's SSN or PTIN <	lines of the e consent to n of Arkansas and if rejecte and/or trans return electr	electronic portion of my 202 ny ERO sending my return, sending my ERO and/or tra ed, the reason(s) for the rej mitter the reason(s) for the o ronically, I consent to the d	21 Arkansas income tax ret this declaration, and accon ansmitter an acknowledgen ection. If the processing of delay, or when the refund we lisclosure to the State of A	urn. To th npanying nent of re my retur as sent. h	ne best of my kno schedules and sta ceipt of transmiss n or refund is dela n addition, by usin	wledge and b atements to th ion and an ind ayed, I authori g a computer	elief, my retu le State of Ar dication of wh ze the State system and s	Irn is true, o kansas. I a nether or no of Arkansa software to	correct, and comp also consent to the ot my return is acc s to disclose to my prepare and transi	olete. I e State cepted, y ERO mit my	
PART III - DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER I declare that I have reviewed the above taxpayer's return and that the entries on Form AR8453 are complete and correct to the best of my knowledg am only a collector, I understand that I am not responsible for reviewing the taxpayer's return; I declare that Form AR8453 accurately reflects the da the return. I have obtained the taxpayer's signature on Form AR8453 before submitting this return to the State of Arkansas, and have provided the taxp with a copy of all forms and information to be filed with the State of Arkansas. If I am also the Paid Preparer, under penalties of perjury I declare that I examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, co and complete. This declaration of Paid Preparer is based on all information of which the preparer has knowledge. ERO'S Use Only 02/16/2022 (ERO'S Signature Check 02/16/2022 Date Check if paid preparer Your SSN or PTIN Your SSN or PTIN Under penalties of perjury, I declare that I have examined the above taxpayer's return and complete. This declaration is based on all information is based on all information of which I have any knowledge. P02082703 Preparer's SSN or PTIN	-										
I declare that I have reviewed the above taxpayer's return and that the entries on Form AR8453 are complete and correct to the best of my knowledg am only a collector, I understand that I am not responsible for reviewing the taxpayer's return; I declare that Form AR8453 accurately reflects the dat the return. I have obtained the taxpayer's signature on Form AR8453 before submitting this return to the State of Arkansas, and have provided the taxp with a copy of all forms and information to be filed with the State of Arkansas. If I am also the Paid Preparer, under penalties of perjury I declare that I examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, co and complete. This declaration of Paid Preparer is based on all information of which the preparer has knowledge. ERO'S 02/16/2022 Check Check Figure 01y GLOBAL TAXES LLC 2530 PEBBLE CREEK LN CUMMING GA 30041 30-1017196 FIN FIN FIN FIN Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules. This declaration is based on all information is based on all information of which I have any knowledge. Paid 02/16/2022 FIN 02/16/2022 0 Check FIN 02/16/2022 0 FEIN Your SSN or PTIN	Here	Primary's Signature	Date	Э	Spc	ouse's Signatu	Ire		Date		
am only a collector, I understand that I am not responsible for reviewing the taxpayer's return; I declare that Form AR8453 accurately reflects the date the return. I have obtained the taxpayer's signature on Form AR8453 before submitting this return to the State of Arkansas, and have provided the taxp with a copy of all forms and information to be filed with the State of Arkansas. If I am also the Paid Preparer, under penalties of perjury I declare that I examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, co and complete. This declaration of Paid Preparer is based on all information of which the preparer has knowledge. ERO'S Use 02/16/2022 Check 02/16/2022	PART III	- DECLARATION OF E	LECTRONIC RETURN	ORIGIN	ATOR (ERO) A	ND PAID PF	REPARER				
Use ERO'S Signature Date preparer employed Your SSN or PTIN Only GLOBAL TAXES LLC 2530 PEBBLE CREEK LN CUMMING GA 30041 30-1017196 Firm's name and address FEIN Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the bes my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge. Paid 02/16/2022 Check if self-employed P02082703 Preparer's Signature Date Preparer's SSN or PTIN	am only a c the return. I with a copy examined th and comple	ollector, I understand that I have obtained the taxpayer of all forms and information he above taxpayer's return te. This declaration of Paid	am not responsible for rev r's signature on Form AR84 n to be filed with the State of and accompanying schedu Preparer is based on all in	iewing the 53 before f Arkansa Iles and s formatior	e taxpayer's return submitting this re s. If I am also the statements, and to of which the prep Check	n; I declare th sturn to the Sta Paid Prepare o the best of r parer has kno Check	at Form AR8 ate of Arkans r, under pena ny knowledg	453 accura as, and hav alties of per e and belie	ately reflects the d ve provided the tay jury I declare that if, they are true, c	lata on xpayer I have	
Firm's name and address FEIN Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge. Paid 02/16/2022 Preparer's Signature Date Check if self-employed Preparer's SSN or PTIN		ERO'S Signature	Date	9	preparer	employed		Your SSI	N or PTIN		
my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge. Paid 02/16/2022 Check Preparer's Signature Preparer's Signature Date Preparer's Signature				EEK LI	I CUMMING	GA 30	041				
Paid 02/16/2022 if self-employed P02082703 Preparer's Signature Date if self-employed Preparer's SSN or PTIN					ation is based on					est of	
Preparer's Signature Date employed Preparer's SSN or PTIN] –					
I USE ONLY SYAM PRIYA RAM SAGAR GUPTA TALLAM 2530 PEBBLE CREEK LN CUMMING GA 30041 30-1017196					employed						
	Use On	- J		REEK	LN CUMMING	GA	30041				
Firm's name and address FEIN AR8453 (R 6/14/2021) REV 02/06/22	AR8453 (R 6/14/2		1622					FE		2 PRO	

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

Name(s) shown on return NIKHILA JANGA

Department of the Treasury

Internal Revenue Service (99)

Your social security number

896-97-0096

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	1,861.	1,421.			440.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked	29,812.	27,532.			2,280.
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1			usts from	5	
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions						()
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise		7	2,720.		

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

See instructions for how to figure the amounts to enter on the lines below.		(d) Proceeds	(e) Cost	(g) Adjustmen 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 le dollars.	(sales price)	(or other basis)	Form(s) 8949, I line 2, colum	Part II,	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	Net long-term gain or (loss) from partnerships, S corporat	()	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 2,720.
	• 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 02/05/22 PRO

Schedule D (Form 1040) 2021

Form	8949
i onni	

Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

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

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

2021 Attachment Sequence No. 12A

Name(s) shown on return						
NIKHILA	JANGA					

896-97-0096	:
090-97-0090	,

Social security number or taxpayer identification number

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

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

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

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

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

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

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

1 (a) Description of property	(b) Date acquired	Date solu or	(d) Proceeds	(e) If you enter an amount in column (g), enter a code in column (f). See the Note below price) See the separate instructions. set in expande (f) (f) (g)	(d) Cost or other basis. Proceeds See the Note below See the set of the set o	enter a code in column (f).		(h) Gain or (loss). Subtract column (e)
(Example: 100 sh. XYZ C	o.) (Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)		Code(s) from	Amount of	from column (d) and combine the result with column (g)	
Robinhood Securities	LLC 01/01/21	12/31/21	1,861.	1,421.			440.	
2 Totals. Add the amounts in cc negative amounts). Enter eac Schedule D, line 1b (if Box A a above is checked), or line 3 (if	h total here and inc above is checked), li	lude on your ne 2 (if Box B	1,861.	1,421.			440.	

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.

Form	8949
i onni	

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

Attachment

Department of the Treasury Internal Revenue Service Name(s) shown on return

▶ 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 Social security number or taxpayer identification number

NIKHILA	JANGA	

896-97-0096 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.

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

X (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	If you enter an enter a co enter a co See the sepa	any, to gain or loss. amount in column (g), ode in column (f). arate 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)	
ROBINHOOD CRYPTO LLC	01/01/21	12/05/21	29,812.	27,532.			2,280.	
2 Totals. Add the amounts in column negative amounts). Enter each to Schedule D, line 1b (if Box A abov above is checked), or line 3 (if Box	tal here and inc e is checked), li	lude on your ne 2 (if Box B	29,812.	27,532.			2,280.	

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

SCHEDULE	Ε
(Form 1040)	

Supplemental Income and Loss

OMB No. 1545-0074

D In N

(Form 1040) (From rental real estate, royalties, partner					ships, S corporations, estates, trusts, REMICs, etc.)						20 2 1		
				0, 1040-SR, 1040-NR, or 1041.									
	levenue Service (99)		Go to www.irs.	gov/ScheduleE f	or inst	ructions	and th	e latest	information.		Seque	ence No. 13	
Name(s)	shown on return	-								Your socia	al securit	y number	
NIKH										896-9			
Part			s From Rental Rea		-					01	•	1 2	
			instructions. If you are										
			nts in 2021 that wou			. ,							
B If "			ou file required Forn								. 🗌 Y	les 🗌 No	
1a	-		each property (stree			-							
A	INDIRA NA	GAR H	IYDERABAD TELA	NGANA IN 50	0004	б							
В													
С			1										
1b	Type of Pro							Rental	Personal		QJV		
	(from list be	elow)	personal use	davs. Check the	QJV box only o file as a		-	Days		Days			
	2		if you meet th	e requirements to venture. See inst			Α		365	0			
	+			venture. See msi			B						
C	(Duran tak						С						
	of Property:	-	0) (a a ati a a (Ch a	ut Tauna Dantal	5 -	a al			Dantal				
-	le Family Resid		4 Commercial	ort-Term Rental				7 Self-					
Incom		ence		Properties:		yalties	Α	8 Othe	er (describe) B			С	
		4		-	3		A	500.	D			0	
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Expen		ivea .											
-					5								
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7		•	nance		7		1.	200.					
8	•				8			2001					
					9								
10			essional fees		10								
11	•	•			11		1,	.000					
12			id to banks, etc. (se		12								
13	Other interest.				13								
14	Repairs				14		2,	500.					
15	Supplies				15		2,	.000					
16	Taxes				16								
17	Utilities				17		3,	500.					
18			e or depletion .		18								
19	Other (list) 🕨				19								
20	Total expenses	s. Add	lines 5 through 19		20		10,	200.					
21			line 3 (rents) and/o										
			instructions to find										
	file Form 6198				21		-9,	,700.					
22			l estate loss after li							,	,	,	
00	on Form 8582	-			22	(700.)	()	()	
			eported on line 3 fo			• •		23a		500.			
			eported on line 4 fo					23b					
			eported on line 12 f					23c					
			eported on line 18 f eported on line 20 f			• •		23d 23e	1	0,200.			
е 24			e amounts shown o			 Ide anv				. 24			
24 25		-	e amounts shown o sses from line 21 and			-			al losses her		(9,700.)	
											\	2,100.]	
26	i utar rentar re	ear esta	ate and royalty inc	onie or (1055). (o ∠4 dí	iu 20. E		uii			

For Paperwork Reduction Act Notice, see the separate instructions.

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

Schedule E (Form 1040) 2021

26

-9,700.