Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

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

OMB No. 1545-0074

Submission Identification Number (SID)		•	
Taxpayer's name	Social security	y number	
VINOD KUMAR REDDY CHOKKULA	809-59-	-2476	
Spouse's name	'	al security number	
SRUJANA MEREDDY	112-53-		
, , ,	ter year you ar	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.			007
1 Adjusted gross income		1 232, 2 37,	$\frac{227.}{305.}$
 Total tax			
4 Amount you want refunded to you		12,	162. 857.
5 Amount you owe		5	037.
Part II Taxpayer Declaration and Signature Authorization (Be sure you get an		of your return	n)
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I al return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, tran to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial instit authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to termir payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation rusiness days prior to the payment (settlement) date. I also authorize the financial institutions involved in taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended)	smitter, or electro rejection of the tra e U.S. Treasury are indicated in the ta ution to debit the nate the authoriza equests must be the processing of e payment. I furtle	nic return originato ansmission, (b) the nd its designated Fix preparation softv entry to this accou ition. To revoke (ca received no later the electronic pays her acknowledge t	r (ERO) reason inancial vare for nt. This ancel) a than 2 ment of hat the
Electronic Funds Withdrawal Consent.			
Taxpayer's PIN: check one box only	9	2 4 7 6	
X I authorize GLOBAL TAXES LLC to enter or genera	ř Ent	er five digits, but	as my
signature on the income tax return (original or amended) I am now authorizing.	don	i't enter all zeros	
I will enter my PIN as my signature on the income tax return (original or amended) I an if you are entering your own PIN and your return is filed using the Practitioner PIN me below. Your signature ▶ Date ▶	n now authorizinethod. The ERO	ng. Check this bo must complete	x only Part III
3479F321B1DB439	-		
Spouse's PIN: check one box only			
X I authorize GLOBAL TAXES LLC to enter or general ERO firm name	Ent	5 2 4 4 er five digits, but	as 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 an if you are entering your own PIN and your return is filed using the Practitioner PIN me below.			
Delow. DocuSigned by:			
	3/9/2022		
Spouse's signature ►			
Practitioner PIN Method Returns Only—continue belo Part III Certification and Authentication — Practitioner PIN Method Only)W		
			$\overline{}$
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5	-	8 6 1 9 8 er all zeros	9
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am su requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers of	bmitting this retu	rn in accordance v	
ERO's signature ▶ Date ▶			
ERO Must Retain This Form — See Instructions			
Don't Submit This Form to the IRS Unless Requested To	o Do So		

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

	_											
Filing Status Check only one box.	If yo	Single Married filing jointly uchecked the MFS box, enter the non is a child but not your dependen	ame o	ried filing separately (I f your spouse. If you o	,	_		, ,	_	, ,	` , ` ,	
Your first name	and mi	ddle initial	Last r	name					Your	social secur	ity number	
VINOD KU	JMAR	REDDY	CHC	KKULA					809	809-59-2476		
If joint return, s	oouse's	first name and middle initial	Last r	name					Spous	e's social se	ecurity number	
SRUJANA			MER	REDDY					112	-53-524	14	
	(numbe	er and street). If you have a P.O. box, see						Apt. no.	_		ion Campaign	
9904 SCI	IRAMI	M ST							1	k here if you		
		ce. If you have a foreign address, also co	mplete	spaces below.	State		ZIF	code		0,	ntly, want \$3	
IRVING					TX		7	5063	_	to this fund elow will no	. Checking a	
Foreign country	name			Foreign province/state/	county		Foi	reign postal code		ax or refund		
					•					You	Spouse	
At any time du	rina 20	021, did you receive, sell, exchange	or oth	penvise dispose of an	v finan	cial intere	et in a	ov virtual curr	ency2	Yes	⊠ No	
——————————————————————————————————————								ly virtual curi	ericy:			
Standard		eone can claim:		•		depende	nt					
Deduction		Spouse itemizes on a separate retur	n or yo	ou were a dual-status	alien							
Age/Blindness	You:	Were born before January 2, 1	957	Are blind Spe	ouse:	☐ Was	born b	efore January	2, 1957	' ☐ Is b	olind	
Dependents	s (see	instructions):		(2) Social security	,	(3) Relation		T		for (see instr	uctions):	
If more		rst name Last name	number to you				Child tax of		1 '	ther dependents		
than four								П				
dependents,											$\overline{\sqcap}$	
see instructions and check	S											
here ▶ □												
	1	Wages, salaries, tips, etc. Attach I	orm(s) W-2						1 2	237,635.	
Attach	2a		2a 🗎	,	b Tax	xable inte	rest		2	2b	,	
Sch. B if	За	· -	3a	40.		dinary div			3	Bb	40.	
required.	4a	IRA distributions	4a			xable am			. 4	lb		
	5a	Pensions and annuities	5a		b Tax	xable amo	ount .		. 5	5b		
Standard	6a	Social security benefits	6a		b Tax	xable am	ount .		. 6	6b		
Deduction for-	7	Capital gain or (loss). Attach Sche	dule D	if required. If not requ	uired, c	check her	e .	•		7	4,632.	
 Single or Married filing 	8	Other income from Schedule 1, lin	e 10						. \Box	8 -	10,080.	
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your total inc	ome				•		32,227.	
Married filing	10	Adjustments to income from Sche	dule 1	, line 26					. 4	10		
jointly or Qualifying	11	Subtract line 10 from line 9. This is	s your	adjusted gross inco	me				▶ 1	11 2	32,227.	
widow(er), \$25,100	12a	Standard deduction or itemized	deduc	ctions (from Schedule	A)		12a	25,10	00.			
• Head of	b	Charitable contributions if you take	the sta	andard deduction (see	instruc	ctions)	12b	6(00.			
household, \$18,800	С	Add lines 12a and 12b								2c	25,700.	
If you checked	13	Qualified business income deduct	ion fro	m Form 8995 or Form	า 8995-	-A				13		
any box under Standard	14	Add lines 12c and 13							. 1	14	25,700.	
Deduction, see instructions.	15	Taxable income. Subtract line 14	from I	ine 11. If zero or less,	enter -	-0				15 2	06,527.	
See Ilistructions.												

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	37,305.
	17	Amount from Schedule 2, lir					_	17	
	18	Add lines 16 and 17						18	37,305.
	19	Nonrefundable child tax cre	dit or credit for o	ther depender	nts from Schedule	8812		19	
	20	Amount from Schedule 3, lir	ne 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0				22	37,305.
	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	37,305.
	25	Federal income tax withheld	I from:						
	а	Form(s) W-2				25a 4:	2,162.		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	42,162.
If you have a	26	2021 estimated tax paymen	ts and amount a	pplied from 20	020 return			26	
qualifying child,	27a	Earned income credit (EIC)				27a			
attach Sch. EIC.		Check here if you were I January 2, 2004, and you taxpayers who are at least a	u satisfy all the	e other requi	rements for				
	b	Nontaxable combat pay elec				-			
	С	Prior year (2019) earned inco							
	28	Refundable child tax credit or				28		_	
	29	American opportunity credit				29		_	
	30	Recovery rebate credit. See				30		_	
	31	Amount from Schedule 3, lir				31		_	
	32	Add lines 27a and 28 through	•	•				32	40.160
	33	Add lines 25d, 26, and 32. T						33	42,162.
Refund	34	If line 33 is more than line 24				•		34	4,857.
Divact deposit?	35a	Amount of line 34 you want	35a	4,857.					
Direct deposit? See instructions.	▶b	Routing number 1 0 4				Checking	Savings		
	► d	Account number 1 5 0							
Amount	36	Amount of line 34 you want				36		27	
Amount You Owe	37 38	Amount you owe. Subtract				38	. ▶	37	
		Estimated tax penalty (see in							
Third Party Designee		you want to allow another	•		m with the ins?		omplete	below.	× No
Boolgiloo		signee's		Phone		_	•		
	nar	me ▶		no. ▶		num	ber (PIN)		
Sign Here		der penalties of perjury, I declare to ief, they are true, correct, and com			r than taxpayer) is ba		ion of whic	ch prepar	er has any knowledge.
11010	You	ur signature		Date	Your occupation		I		nt you an Identity IN, enter it here
Joint return?					SENIOR MEMBE	R OF TECHNI	١,	e inst.)	IIV, enter it fiere
See instructions.	Spe	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupation			e IRS se	nt your spouse an
Keep a copy for								-	ection PIN, enter it here
your records.					DATA GOVERN	IANCE ANALY	ST (see	e inst.) 🕨	
		one no. (402)594-631		Email address	VINODCHOKKU				To
Paid		eparer's name	Preparer's signat		_	Date	PTIN		Check if:
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAM	03/08/2022	P0208		Self-employed
Use Only		m's name ► GLOBAL TA							(678)965-9522
	Firr	m's address ► 2530 Pebb	ıe Creek L	n Cummin	g GA 30041		Firn	n's EIN 🕨	▶ 30-1017196

SCHEDULE 1 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Income and Adjustments to Income

► Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2021

Attachment Sequence No. 01

Name(s) shown on Form 1040, 1040-SR, or 1040-NR VINOD KUMAR REDDY CHOKKULA & SRUJANA MEREDDY **Your social security number** 809-59-2476

Par	t I Additional Income				
1	Taxable refunds, credits, or offsets of state and local income taxes			1	
2a	Alimony received			2a	
b	Date of original divorce or separation agreement (see instructions)				
3	Business income or (loss). Attach Schedule C			3	
4	Other gains or (losses). Attach Form 4797			4	
5	Rental real estate, royalties, partnerships, S corporations, tru Schedule E			5	-10,080.
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 property	8k			
ı	Olympic and Paralympic medals and USOC prize money (see				
	instructions)	81			
m	Section 951(a) inclusion (see instructions)	8m			
n	Section 951A(a) inclusion (see instructions)	8n			
0	Section 461(I) excess business loss adjustment	80			
р	Taxable distributions from an ABLE account (see instructions) .	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 10 1040-NR, line 8			10	-10,080.

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

Par	t II Adjustments to Income		
11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	
18	Penalty on early withdrawal of savings	18	
19a	Alimony paid	19a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions) ▶		
20	IRA deduction	20	
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
а	Jury duty pay (see instructions)		
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 8l 24c		
d	Reforestation amortization and expenses		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974		
f	Contributions to section 501(c)(18)(D) pension plans 24f		
g	Contributions by certain chaplains to section 403(b) plans 24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations		
j	Housing deduction from Form 2555		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)		
Z	Other adjustments. List type and amount ▶		
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26	

SCHEDULE D (Form 1040)

Department of the Treasury

Internal Revenue Service (99)

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.

OMB No. 1545-0074

Attachment Sequence No. 12

Name(s) shown on return Your social security number 809-59-2476 VINOD KUMAR REDDY CHOKKULA & SRUJANA MEREDDY Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) Part I See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (sales price) Form(s) 8949, Part I, combine the result (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 35,909. 34,653. 42. 1,298. 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 1,298. 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 Box D checked 13,072. 16,406. 3,334. 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 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

3,334.

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

Part	III Summary		
16	Combine lines 7 and 15 and enter the result	16	4,632.
	• 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? X Yes. Go to line 18.		
	■ No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
20	Are lines 18 and 19 both zero or blank and are you not filing Form 4952? ✓ 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.		

8949 **8949**

Sales and Other Dispositions of Capital Assets

2021

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.

2021 Attachment Sequence No. 12A

OMB No. 1545-0074

Name(s) shown on return

Social security number or taxpayer identification number

809-59-2476

VINOD KUMAR REDDY CHOKKULA & SRUJANA MEREDDY

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(B) Short-term transactions(C) Short-term transactions	reported on	Form(s) 1099	9-B showing bas	•		`	?)
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below and see <i>Column</i> (e) in the separate instructions	Adjustment, if If you enter an enter a co See the sep	(h) Gain or (loss). Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see 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	12/31/21	2,272.	2,067.			205.
ROBINHOOD SECURITIES LLC	01/01/21	12/31/21	15,856.	16,122.	W	42.	-224.
ROBINHOOD SECURITIES LLC	01/01/21	12/31/21	13,736.	12,399.			1,337.
ROBINHOOD CRYPTO LLC	01/01/21	12/31/21	4,045.	4,065.			-20.
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above above is checked) or line 3 (if Box A)	al here and inc is checked), lir	lude on your ne 2 (if Box B	35 909	34 653		42	1 208

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 (2021) Attachment Sequence No. **12A** Page **2**

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side VINOD KUMAR REDDY CHOKKULA & SRUJANA MEREDDY

Social security number or taxpayer identification number 809-59-2476

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

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, *or* F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

×	(D)	Long-term transactions reported on I	Form(s) 1099-B	showing basis was	reported to the IRS	(see Note above)
	101		. 01111(3) 1033-0	SHOWING Dasis was	reported to the into	See Hole above

- (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
- (F) Long-term transactions not reported to you on Form 1099-B

(i) Long to in transactions	not roportod	to you on i	71111 1000 B				
(a) Description of property	(b) Date acquired	(c) Date sold or disposed of	(d) Proceeds	(e) Cost or other basis. See the Note below	If you enter an enter a c	f 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 Ćo.)	(Mo., day, yr.)	(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)
ETRADE LLC	01/01/20	12/31/21	6,491.	4,287.			2,204.
ETRADE LLC	01/01/20	12/31/21	3,784.	2,678.			1,106.
ETRADE LLC	01/01/21	12/31/21	5,978.	5,988.			-10.
ROBINHOOD SECURITIES LLC	01/01/20	12/31/21	153.	119.			34.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	al here and inc is checked), lir	lude on your ne 9 (if Box E	16.406.	13.072.			3.334.

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

SCHEDULE E (Form 1040)

Supplemental Income and Loss

OMB No. 1545-0074 (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Department of the Treasury ► Go to www.irs.gov/ScheduleE for instructions and the latest information. Internal Revenue Service (99)

Attachment Sequence No. 13

Name(s) shown on return Your social security number VINOD KUMAR REDDY 809-59-2476 CHOKKULA & SRUJANA MEREDDY Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. A Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions Physical address of each property (street, city, state, ZIP code) Α 8-7-93/G/31, GOCUL ENCLAVE HYDERABAD TELANGANA IN 500079 В C 1b Fair Rental **Personal Use** Type of Property For each rental real estate property listed QJV above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a (from list below) **Days Days** Α 365 0 Α qualified joint venture. See instructions. В В С С Type of Property: Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) Income: **Properties:** Α 3 Rents received . 3 450. 4 Royalties received 4 Expenses: Advertising 5 5 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance . . . 7 1,450. 8 8 Commissions. 9 9 Insurance 10 Legal and other professional fees . . . 10 11 11 1,200. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 Other interest. 14 3,700. 14 Repairs. 15 2,940. 15 Supplies . Taxes 16 16 17 1,240. 17 18 Depreciation expense or depletion . . 18 19 19 Total expenses. Add lines 5 through 19 20 20 10,530. 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 21 -10,080. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 10,080.) 450 23a Total of all amounts reported on line 3 for all rental properties 23a **b** Total of all amounts reported on line 4 for all royalty properties 23b 23c **c** Total of all amounts reported on line 12 for all properties d Total of all amounts reported on line 18 for all properties 23d 23e Total of all amounts reported on line 20 for all properties 10,530. Income. Add positive amounts shown on line 21. Do not include any losses 24 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here. 25 10,080. 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

-10,080.

Health Savings Accounts (HSAs)

Attachment

Department of the Treasury Internal Revenue Service

► Attach to Form 1040, 1040-SR, or 1040-NR. ▶ Go to www.irs.gov/Form8889 for instructions and the latest information. Sequence No. **52**

OMB No. 1545-0074

	shown on Form 1040, 1040-SR, or 1040-NR Social security number of HSA beneficiary. If both spouses	20 50	0.456
	DD KUMAR REDDY CHOKKULA have HSA's, see instructions ▶ 80		
Befor	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts,	if requ	ired.
Part	HSA Contributions and Deduction. See the instructions before completing this part. If and both you and your spouse each have separate HSAs, complete a separate Part I for		
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2021. See instructions	Sel	f-only 🗵 Family
2	HSA contributions you made for 2021 (or those made on your behalf), including those made from January 1, 2022, through April 15, 2022, that were for 2021. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	0.
3	If you were under age 55 at the end of 2021 and, on the first day of every month during 2021, you were, or were considered, an eligible individual with the same coverage, enter \$3,600 (\$7,200 for family coverage). All others, see the instructions for the amount to enter	3	7,200.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2021 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2021, also include any amount contributed to your spouse's Archer MSAs	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0	5	7,200.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2021, see the instructions for the amount to enter	6	7,200.
7	If you were age 55 or older at the end of 2021, married, and you or your spouse had family coverage under an HDHP at any time during 2021, enter your additional contribution amount. See instructions	7	
8	Add lines 6 and 7	8	7,200.
9	Employer contributions made to your HSAs for 2021		
10	Qualified HSA funding distributions		
11	Add lines 9 and 10	11	1,950.
12	Subtract line 11 from line 8. If zero or less, enter -0	12	5,250.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	13	0.
Part		arate l	ISAs complete
	a separate Part II for each spouse.	arato i	10, 10, 0011151010
14a	Total distributions you received in 2021 from all HSAs (see instructions)	14a	1,563.
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were	14b	
С	withdrawn by the due date of your return. See instructions	14c	1,563.
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	1,563.
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this		1,303.
	amount in the total on Schedule 1 (Form 1040), Part I, line 8e	16	0.
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here		
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form		
Dout	1040), Part II, line 17c	17b	-1
Part	Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instruct completing this part. If you are filing jointly and both you and your spouse each have sell complete a separate Part III for each spouse.		
18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8z, and enter "HSA" and the amount on the dotted line	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	21	