(Rev. January 2021)

Department of the Treasury

## 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

IIILEIIIAI	neveriue Service	,					
Subm	ission Identification	n Number (SID)					
Taxpay	er's name			Social securi	ty numb	er	
SAN	DEEP GUJJARI			442-67	-3527	7	
Spouse	e's name			Spouse's so	cial secu	rity numbe	r
Par	Tay Potur	n Information — Tax Year Ending De	2021 /Ente	er year you a	ro aut	horizina	1
		on lines 1 through 5.	ecember 31, 2021 (Ente	er year you a	ire aut	nonzing.	.)
	•	rs use line 4 only. Leave lines 1, 2, 3, and	5 blank.				
1	Adjusted gross in	icome			1	107	,526.
2	Total tax				2	9	,243.
3	Federal income ta	ax withheld from Form(s) W-2 and Form(s)	1099		3	21	,599.
4	Amount you want	t refunded to you			4	12	,356.
5	Amount you owe				5		
Part	Taxpayer	Declaration and Signature Authoriza	ation (Be sure you get and	keep a cop	y of y	our retu	ırn)
return to sen for any Agent payme author payme busine taxes persor	(original or amended) d my return to the IR:   / delay in processing  to initiate an ACH ele  ent of my federal taxe  ization is to remain in  ent, I must contact the  ses days prior to the  to receive confidentia	it is true, correct, and complete. I further declib I am now authorizing. I consent to allow my in S and to receive from the IRS (a) an acknowled the return or refund, and (c) the date of any reference of the control	termediate service provider, transrigement of receipt or reason for refund. If applicable, I authorize the lithe financial institution account interest at and the financial institute easury Financial Agent to termina 3-4537. Payment cancellation refinancial institutions involved in the and resolve issues related to the	mitter, or electrijection of the t J.S. Treasury a dicated in the tion to debit the te the authoriz quests must b e processing o payment. I fur	onic returnsmise and its dependent of the entry to ation. The received of the electrical of the electr	urn origina sion, (b) the signated aration so this according to the revoke (red no late actronic parknowledge	tor (ERO) ne reason Financial ftware for ount. This (cancel) a er than 2 ayment of e that the
	ayer's PIN: check						
}	_	LOBAL TAXES LLC	to enter or generate	my PIN	1 - 1 -		as my
_	signature on the	ERO firm name e income tax return (original or amended) I		ř En		digits, but r all zeros	,
	☐ I will enter my F	PIN as my signature on the income tax retiing your own PIN <b>and</b> your return is filed	urn (original or amended) I am				
Your	signature ►	SANDEEP GUJJARI	Date ▶	03/03/	2022		
Spou	se's PIN: check or	ne box only					
	l authorize		to enter or generate	mv PIN			as my
_		ERO firm name		,	ter five o	digits, but	ao my
	signature on the	e income tax return (original or amended) I	am now authorizing.	do	n't enter	all zeros	
		PIN as my signature on the income tax reting your own PIN <b>and</b> your return is filed					
Spou	se's signature ▶		Date ►				
			eturns Only—continue belov	V			
Part	III Certification	on and Authentication — Practitione	er PIN Method Only				
ERO'	s EFIN/PIN. Enter	your six-digit EFIN followed by your five-d	igit self-selected PIN. 5 8	3 7 2 7 Don't ent	8 6 ter all ze	1 9 8	9
author	ized to file for tax ye	neric entry is my PIN, which is my signature fo ear indicated above for the taxpayer(s) indicate oner PIN method and <b>Pub. 1345,</b> Handbook for	ed above. I confirm that I am subr	mitting this ret	urn in a	ccordance	
ERO's	s signature ►		Date ►				
		ERO Must Retain This I	Form - See Instructions				
		Don't Submit This Form to the		Do So			

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

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

Filing Status Check only			_	ried filing separately	, ,	_		, ,	_	, 0	` , ` ,
one box.	•	u checked the MFS box, enter the r son is a child but not your dependen		f your spouse. If yo	u checi	ked the HOH o	or QV	/ box, enter th	ie child's	s name if tr	ie qualifying
Your first name	and mi	iddle initial	Last r	ame					Your so	cial securi	ty number
SANDEEP			GUJ	JARI					442-	67-352	7
If joint return, s	pouse's	s first name and middle initial	Last r	ame					Spouse	's social se	curity number
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.				Apt. no.	1		on Campaign
_6215 LO							$\Box$	2416	1	here if you,	or your ntly, want \$3
	ost offi	ce. If you have a foreign address, also co	omplete	spaces below.	Sta			code			Checking a
IRVING					T		-	039	1	low will not	•
Foreign country	y name			Foreign province/sta	te/coun	ty	Fore	eign postal code	your ta	x or refund.	. Spouse
At any time du	ring 20	021, did you receive, sell, exchange	, or oth	erwise dispose of a	any fina	ancial interest	in an	y virtual curre	ncy?	X Yes	☐ No
Standard	Som	eone can claim: You as a de	pende	nt Your spo	use as	a dependent					
Deduction		Spouse itemizes on a separate retur	•	•							
Age/Blindness	You:	Were born before January 2, 1	957	Are blind	Spouse	: Was bo	rn be	fore January 2	2, 1957	☐ Is bl	ind
Dependent	s (see	instructions):		(2) Social secu	rity	(3) Relationsh	nip	<b>(4)  ✓</b> if q	ualifies fo	r (see instru	ictions):
If more		irst name Last name	number to you Child tax credit		redit	Credit for ot	her dependents				
than four											
dependents, see instruction	9										
and check											
here ►											
	_1_	Wages, salaries, tips, etc. Attach	Form(s)	W-2					. 1	1	21,264.
Attach	2a	Tax-exempt interest	2a		b T	axable interes	st		. 2k	)	1.
Sch. B if required.	3a	Qualified dividends	3a	1.	<b>b</b> 0	Ordinary divide	nds		. 3k	)	1.
	4a	IRA distributions	4a		<b>b</b> T	axable amour	nt.		. 4k	)	
	5a	Pensions and annuities	5a		<b>b</b> T	axable amour	nt.		. 5k	)	
Standard	6a	Social security benefits	6a		<b>b</b> T	axable amour	nt.		. 6k	)	
Deduction for— Single or	7	Capital gain or (loss). Attach Sche	dule D	if required. If not re	equired	l, check here		▶[	_ 7		-3 <b>,</b> 000.
Married filing	8	Other income from Schedule 1, lin	ne 10						. 8		10,740.
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your total in	ncome				▶ 9	1	07,526.
Married filing	10	Adjustments to income from Sche	dule 1	line 26					. 10	)	
jointly or Qualifying	11	Subtract line 10 from line 9. This is	s your	adjusted gross inc	ome				<b>▶</b> 11	1 1	07,526.
widow(er), \$25,100	12a	Standard deduction or itemized	deduc	tions (from Sched	ule A)	12	a	12,55	0.		
Head of	b	Charitable contributions if you take	the sta	andard deduction (s	ee insti	ructions) 12	b	30	0.		
household, \$18,800	С	Add lines 12a and 12b							. 12	С	12,850.
If you checked	13	Qualified business income deduct	ion fro	m Form 8995 or Fo	rm 899	95-A			. 13	3	
any box under Standard	14	Add lines 12c and 13							. 14		12 <b>,</b> 850.
Deduction, see instructions.	15	Taxable income. Subtract line 14	from I	ne 11. If zero or les	s, ente	er -0			. 15	5	94,676.

	16	Tax (see instructions). Check if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 🗌 4972	3 🗌		16	16,743.
	17	Amount from Schedule 2, line 3					17	
	18	Add lines 16 and 17					18	16,743.
	19	Nonrefundable child tax credit or credit for o	ther depender	nts from Schedule	8812		19	
	20	Amount from Schedule 3, line 8					20	7,500.
	21	Add lines 19 and 20					21	7,500.
	22	Subtract line 21 from line 18. If zero or less,	enter -0				22	9,243.
	23	Other taxes, including self-employment tax,	from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is your total tax				▶	24	9,243.
	25	Federal income tax withheld from:						
	а	Form(s) W-2			<b>25a</b> 2	1,599.		
	b	Form(s) 1099			25b			
	С	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					25d	21,599.
16	26	2021 estimated tax payments and amount a					26	
If you have a L qualifying child,	27a	Earned income credit (EIC)		No	27a			
attach Sch. EIC.		Check here if you were born after Janu						
		January 2, 2004, and you satisfy all the						
		taxpayers who are at least age 18, to claim to	1 1	structions				
	b	Nontaxable combat pay election						
	С	Prior year (2019) earned income		0 1 1 1 22 2	-			
	28	Refundable child tax credit or additional child to			28		-	
	29	American opportunity credit from Form 8863			29		-	
	30	Recovery rebate credit. See instructions .			30		-	
	31	Amount from Schedule 3, line 15			31	.m. k	-	
	32	Add lines 27a and 28 through 31. These are	-				32	01 500
	33	Add lines 25d, 26, and 32. These are your to					33	21,599. 12,356.
Refund	34	If line 33 is more than line 24, subtract line 24			•		34	12,356.
Direct deposit?	35a	Amount of line 34 you want <b>refunded to you</b> Routing number 1 1 1 1 0 0 0 0				_	35a	12,330.
Direct deposit? See instructions.	►b ►d	Account number 4 8 8 0 4 7 0			Checking	Savings		
	36	Amount of line 34 you want applied to your			36			
Amount	37	Amount you owe. Subtract line 33 from line				. •	37	
You Owe	38	Estimated tax penalty (see instructions) .			38		31	
		you want to allow another person to disc						
Third Party Designee		structions				Complete l	selow.	× No
200.9.100	Des	signee's	Phone			sonal identi		
	nar	me ►	no. ►		nur	nber (PIN) 🕨	<b>&gt;</b>	
Sign		der penalties of perjury, I declare that I have examine						
Here		ief, they are true, correct, and complete. Declaration of			ised on all informa			, ,
	You	ur signature	Date	Your occupation				nt you an Identity IN, enter it here
Joint return?				CLOUD ENGI	NEER		inst.) 🕨	
See instructions.	Spo	ouse's signature. If a joint return, both must sign.	Date	Spouse's occupati	on			nt your spouse an
Keep a copy for your records.	,							ection PIN, enter it here
, 50 500100.		(000) 544 2222				'	inst.) 🕨	
		one no. (972) 514-2268	Email address	GUJJARI.SANI				Charle if
Paid		eparer's name Preparer's signati		OUDER ESTATE	Date	PTIN	0700	Check if:
Preparer		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA	KAM SAGAR	GUPTA TALLAM	03/03/2022			Self-employed
Use Only		m's name ► GLOBAL TAXES LLC	0 '	- 07 20247				678) 965-9522
		m's address ▶ 2530 Pebble Creek L	n Cumming			Firm	's EIN ▶	
Go to www.irs.go	ov/Form	n1040 for instructions and the latest information.		BAA	REV 02/17/22 PRO			Form <b>1040</b> (2021)

Form 1040 (2021)

Page 2

## SCHEDULE 1 (Form 1040)

## **Additional Income and Adjustments to Income**

OMB No. 1545-0074

2021

Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
SANDEEP GUJJARI

Your social security number
442-67-3527

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
<b>2</b> a	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	-10,740.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	<b>8a</b> ( )		
b	Gambling income	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	<b>8d</b> ( )		
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		
I	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	-10 740

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

Par	Adjustments to Income			
11	Educator expenses		. 11	
12	Certain business expenses of reservists, performing artists, and fee-officials. Attach Form 2106			
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	<b>&gt;</b>	_	
С	Date of original divorce or separation agreement (see instructions)	·		
20	IRA deduction		. 20	
21	Student loan interest deduction		. 21	
22	Reserved for future use		. 22	
23	Archer MSA deduction		. 23	
24	Other adjustments:			
а	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	24b		
С	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l	24c		
d	Reforestation amortization and expenses	24d		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i		
j	Housing deduction from Form 2555	<b>24</b> j		
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 <b>adjustments t</b> here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line			

## SCHEDULE 3 (Form 1040)

**Additional Credits and Payments** 

OMB No. 1545-0074

2021

Attachment Sequence No. 03

Department of the Treasury Internal Revenue Service

SANDEEP GUJJARI

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

Sequence No. **03**Your social security number 442-67-3527

Par	t I Nonrefundable Credits			
1	Foreign tax credit. Attach Form 1116 if required		1	
2	Credit for child and dependent care expenses from Form 2441, li Form 2441	ne 11. Attach	2	
3	Education credits from Form 8863, line 19		3	
4	Retirement savings contributions credit. Attach Form 8880		4	
5	Residential energy credits. Attach Form 5695		5	
6	Other nonrefundable credits:			
а	General business credit. Attach Form 3800 6a	1		
b	Credit for prior year minimum tax. Attach Form 8801 6b	)		
С	Adoption credit. Attach Form 8839 6c	;		
d	Credit for the elderly or disabled. Attach Schedule R 6d	1		
е	Alternative motor vehicle credit. Attach Form 8910 6e	•		
f	Qualified plug-in motor vehicle credit. Attach Form 8936 6f	7,500.		
g	Mortgage interest credit. Attach Form 8396 6g	ı		
h	District of Columbia first-time homebuyer credit. Attach Form 8859 6h	1		
i	Qualified electric vehicle credit. Attach Form 8834 6i			
j	Alternative fuel vehicle refueling property credit. Attach Form 8911 6j			
k	Credit to holders of tax credit bonds. Attach Form 8912 6k	:		
I	Amount on Form 8978, line 14. See instructions 61			
Z	Other nonrefundable credits. List type and amount ▶6z			
7	Total other nonrefundable credits. Add lines 6a through 6z		7	7 <b>,</b> 500.
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SF line 20	R, or 1040-NR,	8	7,500.

Schedule 3 (Form 1040) 2021 Page **2** 

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

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### SCHEDULE D (Form 1040)

## **Capital Gains and Losses**

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2021

OMB No. 1545-0074

Attachment Sequence No. **12** 

Department of the Treasury Internal Revenue Service (99) ▶ Attach to Form 1040, 1040-SR, or 1040-NR.
 ▶ Go to www.irs.gov/ScheduleD for instructions and the latest information.
 ▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Name(s) shown on return

SANDEEP GUJJARI

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

Your social security number
442-67-3527

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) (or other basis) Form(s) 8949, Part I, combine the result 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 . . . . . . . . . . . . . . 237,513. 266,329. 3,794. -25,022. 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 . . . . . . . . . . . . . . . . . . 92,566. 93,268. -702. 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 -25,724. 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 (sales price) (or other basis) Form(s) 8949, Part II, 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 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

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

BAA

13

14

15

Schedule D (Form 1040) 2021 Page 2

## Part III Summary -25,724. 16 Combine lines 7 and 15 and enter the result 16 • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . . . . . . . . . . . . . . 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 3,000.) • (\$3,000), or if married filing separately, (\$1,500) **Note:** When figuring which amount is smaller, treat both amounts as positive numbers. Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 X 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.

## **Sales and Other Dispositions of Capital Assets**

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

Department of the Treasury Internal Revenue Service

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

Attachment Sequence No. 12A

OMB No. 1545-0074

Name(s) shown	on return
SANDEEP	GUJJARI

Social security number or taxpayer identification number 442-67-3527

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)

	<ul><li>Short-term transactions</li><li>Short-term transactions</li></ul>				sis <b>wasn't</b> report	ed to the IF	RS	
1	(a)  Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the <b>Note</b> 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 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	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g)
Robinh	nood Securities LLC	05/05/21	12/12/21	237,513.	266,329.	W	3,794.	-25,022.
nega Sche	s. Add the amounts in column tive amounts). Enter each tot dule D, line 1b (if Box A above e is checked), or line 3 (if Box	al here and ince is checked), <b>lir</b>	lude on your ne 2 (if Box B	237,513.	266,329.		3,794.	-25,022.

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.

## 8949

## **Sales and Other Dispositions of Capital Assets**

Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form8949 for instructions and the latest information. ▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. Sequence No. 12A

Name(s) shown on return SANDEEP GUJJARI Social security number or taxpayer identification number

442-67-3527

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

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

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

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

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

(c) Short-term transactions	not reported	i to you on F	01111 1099-15				
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the <b>Note</b> below	Adjustment, if any, to gain or loss If you enter an amount in column (g) enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e)
(Example: 100 sh. XYZ Ćo.)	(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	05/05/21	12/12/21	92,566.	93,268.			-702.
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above should be should	al here and inc is checked), <b>lir</b>	lude on your ne 2 (if Box B	92 566	93 268			<b>-</b> 702

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 E** (Form 1040)

Department of the Treasury

Name(s) shown on return

Internal Revenue Service (99)

### Supplemental Income and Loss

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

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

Attachment

Your social security number

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

Sequence No. 13

OMB No. 1545-0074

SANDEEP GUJJARI 442-67-3527 Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Part I 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 6-8-147, SAGARAVEEDHI HANAMKONDA TELANGANA IN 506011 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 (from list below) **Days Days** personal use days. Check the **QJV** box only if you meet the requirements to file as a Α 365 Α 0 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 . 3 630. 4 4 Royalties received . . . . Expenses: 5 Advertising 5 . . . . . . 6 Auto and travel (see instructions) . 6 7 Cleaning and maintenance . . . 7 1,950. 8 8 Commissions. . . . . . 9 Insurance . . . . . . . . . . 9 10 Legal and other professional fees . . . 10 11 11 2,150. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 Other interest. . . . . . . . . 13 14 2,250. 14 Repairs. . . . . . 15 2,310. 15 Supplies . Taxes . . . . . . 16 16 17 17 2,710. 18 Depreciation expense or depletion . . 18 Other (list) ----19 19 Total expenses. Add lines 5 through 19 . . . . . 20 20 11,370. 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 -10,740.22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . . . . . 10,740.) 630 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 11,370. 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 10,740. 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 26 -10,740.

# Form **8936** (Rev. January 2022)

Department of the Treasury

Internal Revenue Service

**Qualified Plug-in Electric Drive Motor Vehicle Credit** 

(Including Qualified Two-Wheeled Plug-in Electric Vehicles)

► Attach to your tax return.

▶ Go to www.irs.gov/Form8936 for instructions and the latest information.

OMB No. 1545-2137

Attachment Sequence No. **69** 

Name(s) shown on return

SANDEEP GUJJARI

442-67-3527

### Note:

- Use this form to claim the credit for certain plug-in electric vehicles.
- Claim the credit for certain alternative motor vehicles on Form 8910.

Part	Tentative Credit			
	separate column for each vehicle. If you need more colum dditional Forms 8936 and include the totals on lines 12 and		<b>(a)</b> Vehicle 1	(b) Vehicle 2
1	Year, make, and model of vehicle	1	TESLA Y	
2	Vehicle identification number (see instructions)	2	7SAYGDEE8NF320107	
3	Enter date vehicle was placed in service (MM/DD/YYYY)	3	08/11/2021	
4a	If the vehicle is a two-wheeled vehicle, enter the cost of the vehicle. If the vehicle has at least four wheels, see instructions	4a	7,500.	
b	Phase-out percentage (see instructions)	4b	100.00 %	%
С	Tentative credit. Multiply line 4a by line 4b	4c	7,500.	

**Next:** If you did NOT use your vehicle for business or investment purposes and did not have a credit from a partnership or S corporation, skip Part II and go to Part III. All others, go to Part II.

Part	Credit for Business/Investment Use Part of	Vehi	cle		
5	Business/investment use percentage (see instructions)	5		%	%
6	Multiply line 4c by line 5. If the vehicle has at least four wheels, leave lines 7 through 10 blank and go to line 11	6			
7	Section 179 expense deduction (see instructions) .	7			
8	Subtract line 7 from line 6	8			
9	Multiply line 8 by 10% (0.10)	9			
10	Maximum credit per vehicle	10	2	,500	2,500
11	For vehicles with four or more wheels, enter the amount from line 6. If the vehicle is a two-wheeled vehicle, enter the smaller of line 9 or line 10	11			
12	Add columns (a) and (b) on line 11			12	
13	Qualified plug-in electric drive motor vehicle credit from p (see instructions)			13	
14	Business/investment use part of credit. Add lines S corporations, stop here and report this amount on Schamount on Form 3800, Part III, line 1y	nedule	e K. All others, report this	14	

Note: Complete Part III to figure any credit for the personal use part of the vehicle.

Form 8936 (Rev. 1-2022) Page **2** 

### **Credit for Personal Use Part of Vehicle** Part III (a) Vehicle 1 (b) Vehicle 2 15 If you skipped Part II, enter the amount from line 4c. If you completed Part II, subtract line 6 from line 4c. If the vehicle has at least four wheels, leave lines 16 and 17 7,500. blank and go to line 18 . . . . . . . . . . . 15 16 Multiply line 15 by 10% (0.10) . . . . . . . . . 16 17 Maximum credit per vehicle. If you skipped Part II, enter \$2,500. If you completed Part II, subtract line 11 from line 10 . . . . . . . . . . . . . . . . 17 18 For vehicles with four or more wheels, enter the amount from line 15. If the vehicle is a two-wheeled 7,500. vehicle, enter the smaller of line 16 or line 17 . . . 18 19 Add columns (a) and (b) on line 18 19 7,500. 20 Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 18 . . . . 20 16,743. 21 Personal credits from Form 1040, 1040-SR, or 1040-NR (see instructions) 21 22 Subtract line 21 from line 20. If zero or less, enter -0- and stop here. You cannot claim 22 16,743. 23 Personal use part of credit. Enter the smaller of line 19 or line 22 here and on Schedule 3 (Form 1040), line 6f. If line 22 is smaller than line 19, see instructions . 7,500.

REV 02/17/22 PRO Form **8936** (Rev. 1-2022)