(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

|   | 1.01.01.00  |   |  |   |   |   |
|---|---|---|--|---|---|---|
| Submis  | ssion Identification Number (SID)   |   |  |   |   |   |
| Taxpaye   | r's name  | Social securi   | ty numl  | per   |   |   |
| ARJU  | JN SAI RANGA KATNENI  | 677-51  | -138   | 1   |   |   |
| Spouse's  |   | Spouse's so   |  |   | nber  |   |
| Dort  | Tax Return Information — Tax Year Ending December 31, 2021 (En  | otor voor vou   | ro ou  | thorizin  | na )  |   |
| Part  | whole dollars only on lines 1 through 5.  | nter year you a   | ire au   | LITOTIZII   | iig.)   |   |
|   | Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.  |   |  |   |   |   |
|   | Adjusted gross income   |   | 1  |   | 36.9  | 913.  |
| 2   | Total tax   |   | 2  |   |   | 690.  |
|   | Federal income tax withheld from Form(s) W-2 and Form(s) 1099   |   | 3  |   |   | 428.  |
|   | Amount you want refunded to you   |   | 4  |   |   | 738.  |
|   | Amount you owe  |   | 5  |   |   | <i>,,,,,</i>  |
| Part  |   | d keep a cop  | y of y   | our re  | eturn   | 1)  |
| my knoreturn (control to send for any Agent to payment authorize payment business taxes to personal | penalties of perjury, I declare that I have examined a copy of the income tax return (original or amenor wledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I a priginal or amended) I am now authorizing. I consent to allow my intermediate service provider, trar my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the point initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation is a days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processor of the payment (settlement) date. I also authorize the financial institutions involved in the payment (settlement) below is my signature for the income tax return (original or amended) and consent. | bove are the amesmitter, or electron of the to e. U.S. Treasury a indicated in the totation to debit the nate the authorizarequests must be the processing one payment. I fur | ounts for the counts of the co | rrom the turn origing ssion, (b) designate to this a for revoking the total transfer of the total transfer of the transfer of | e inco<br>ginator<br>b) the<br>ted Fire<br>softwa<br>ccour<br>ke (ca<br>later<br>payn<br>dge th | me tax<br>r (ERO)<br>reason<br>nancial<br>vare for<br>nt. This<br>ncel) a<br>than 2<br>nent of<br>nat the |
|   | yer's PIN: check one box only   |   |  |   |   |   |
| X   |   | ate my PIN  | 1   3  | 3   8   3   | 1 ,   | as my   |
|   | ERO firm name  signature on the income tax return (original or amended) I am now authorizing.   | ř En  |  | digits, be<br>er all zero   | ut  | as my   |
|   | I will enter my PIN as my signature on the income tax return (original or amended) I are if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN m below.   |   |  |   |   |   |
| Your si   | ignature ▶  | 03  | /02/2  | 022   |   |   |
| Spous   | e's PIN: check one box only   |   |  |   | _   |   |
|   | I authorize to enter or genera  | ate my PIN  |  |   |   | as my   |
|   | ERO firm name   | En  |  | digits, b   | ut  | ,   |
|   | signature on the income tax return (original or amended) I am now authorizing.  | do  | n't ente   | er all zero   | os  |   |
|   | I will enter my PIN as my signature on the income tax return (original or amended) I ar if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN m below.  |   |  |   |   |   |
| Spouse  | e's signature ▶ Date ▶  | •   |  |   |   |   |
|   | Practitioner PIN Method Returns Only—continue bel   | ow  |  |   |   |   |
| Part I  | Certification and Authentication — Practitioner PIN Method Only   |   |  |   |   |   |
| ERO's   | <b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5   | 8 7 2 7<br>Don't ent  | 8 6<br>er all ze   | 1 9<br>eros   | 8   | 9   |
| authoriz  | that the above numeric entry is my PIN, which is my signature for the electronic individual incomed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am suments of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers  | ubmitting this ret  | urn in a   | accorda   | nće w   |   |
| ERO's   | signature ▶ Date ▶  | <u> </u>  |  |   |   |   |
|   | ERO Must Retain This Form — See Instructions  |   |  |   |   |   |
|   | Don't Submit This Form to the IRS Unless Requested T  | o Do So   |  |   |   |   |

| Filing Status Check only one box.  Your first name and middle initial  Last name  KATNENI  Apt. no.  Basic Status  City, town, or post office. If you have a foreign address, also complete spaces below.  At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?  Your identifying number of the qualifying person is a child but not your dependent   Your identifying number of the qualifying person is a child but not your dependent   KATNENI  Apt. no.  Apt. no.  Check if:  Individ  Apt. no.  Basic State  City, town, or post office. If you have a foreign address, also complete spaces below.  MA  O 2118  Foreign postal code  At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?  Yes  City if qualifies for (see instructions):  (1) First name  Last name  (2) Dependent's relationship to you  Foreign number relationship to you  Child tax credit of Capenderic see instructions.  Check if:  Individuation in the properties of t  |                 |
|--|-----------------|
| ARJUN SAI RANGA  KATNENI  Home address (number and street or rural route). If you have a P.O. box, see instructions.  135 NORTHAMPTON STREET  City, town, or post office. If you have a foreign address, also complete spaces below.  BOSTON  Foreign country name  Foreign province/state/county  Foreign postal code  At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?  Yes  Child tax credit  Credit for See instructions):  (2) Dependent's  (3) Dependent's  Child tax credit  Credit for C | ual<br>or Trust |
| ARJUN SAI RANGA  Home address (number and street or rural route). If you have a P.O. box, see instructions.  135 NORTHAMPTON STREET  City, town, or post office. If you have a foreign address, also complete spaces below. State  BOSTON  Foreign country name  Foreign province/state/county  Foreign postal code  At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?  Yes  City town, or post office. If you have a foreign address, also complete spaces below. State  MA  02118  Foreign postal code  At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?  Yes  Child tax credit Credit for Special Code or Special  | or Trust        |
| Home address (number and street or rural route). If you have a P.O. box, see instructions.  135 NORTHAMPTON STREET  City, town, or post office. If you have a foreign address, also complete spaces below. State BOSTON  Foreign country name  Foreign province/state/county  Foreign postal code  At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?  Yes  Check if:  Individual State  Indiv  | or Trust        |
| BOSTON Foreign country name Foreign province/state/county Foreign postal code  At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?  Dependents (see instructions):  (2) Dependent's  (3) Dependent's  Child tax credit  Credit for   | □ No            |
| Foreign country name  Foreign province/state/county  Foreign postal code  At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?  Yes  Dependents (see instructions):  (2) Dependent's  (3) Dependent's  Child tax credit  Credit for   | ☐ No            |
| At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?  Yes  Dependents (see instructions):  (2) Dependent's  (3) Dependent's  Child tax credit  Credit for   | ☐ No            |
| Dependents (see instructions):  (2) Dependent's  (3) Dependent's  Child tax credit   Credit for the content of  | □ No            |
| (see instructions): (2) Dependent's (3) Dependent's Child tax credit   Credit for  |                 |
| If more than four dependents, see instructions and check here ▶ □  | r other         |
| Income1aWages, salaries, tips, etc. Attach Form(s) W-2   | 004.            |
| Connected With U.S.  Trade or Business  A Qualified dividends  | 1.              |
| 7 Capital gain or (loss). Attach Schedule D (Form 1040) if required. If not required, check here .   7   | 608.            |
| 8 Other income from Schedule 1 (Form 1040), line 10  | 412             |
|  | 413.            |
| 10 Adjustments to income:  |                 |
| a From Schedule 1 (Form 1040), line 26   |                 |
| b Reserved for future use  |                 |
| c Scholarship and fellowship grants excluded   |                 |

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

**c** Add lines 13a and 13b . . . . . . . . . .

Add lines 12c and 13c . . . . . . . . . . . . . .

Subtract line 10d from line 9. This is your adjusted gross income .

Charitable contributions for certain residents of India. See instructions

Exemptions for estates and trusts only. See instructions . . . .

Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-

Qualified business income deduction from Form 8995 or Form 8995-A .

Add lines 12a and 12b . . . . . . . . . . . . . . . . .

Itemized deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction. See instructions Std. Dedn US/India Treaty

11

12a

С

13a

14

15

REV 02/18/22 PRO

12,550.

300.

12a

12b

13a

BAA

Form **1040-NR** (2021)

36,913.

12,850.

12,850.

24,063.

11

12c

13c

14

15

| Form 1040-NR (2   | 2021)            |   |                                   |                                   |  |                     | Page <b>2</b>                          |
|-------------------|------------------|---|-----------------------------------|-----------------------------------|--|---------------------|--|
|                   | 16               | Tax (see instructions). Check if any from Form(s): 1  8814 2  | 4972                              | 3 🗆                               |  | 16                  | 2,690.                                 |
|                   | 17               | Amount from Schedule 2 (Form 1040), line 3  | _<br>                             |                                   |  | 17                  | 0.                                     |
|                   | 18               | Add lines 16 and 17   |                                   |                                   | - 1  | 18                  | 2,690.                                 |
|                   | 19               | Nonrefundable child tax credit or credit for other dependents from S  |                                   |                                   |  | 19                  | •                                      |
|                   | 20               | Amount from Schedule 3 (Form 1040), line 8  |                                   | ,                                 | · ·  | 20                  |  |
|                   | 21               | Add lines 19 and 20   |                                   |                                   | 1  | 21                  |  |
|                   | 22               | Subtract line 21 from line 18. If zero or less, enter -0  |                                   |                                   |  | 22                  | 2,690.                                 |
|                   | 23a              | Tax on income not effectively connected with a U.S. trade or but from Schedule NEC (Form 1040-NR), line 15  | usiness 23                        |                                   | E  |                     |  |
|                   | b                | Other taxes, including self-employment tax, from Schedule 2 (Form line 21   |                                   | Sb Sb                             |  |                     |  |
|                   | С                | Transportation tax (see instructions)   | 23                                | SC .                              |  |                     |  |
|                   | d                | Add lines 23a through 23c   |                                   |                                   | ]  | 23d                 |  |
|                   | 24               | Add lines 22 and 23d. This is your <b>total tax</b>   |                                   |                                   | . ▶  | 24                  | 2,690.                                 |
|                   | 25               | Federal income tax withheld from:   |                                   |                                   |  |                     |  |
|                   | а                | Form(s) W-2   | 25                                | ia 3                              | ,428.  |                     |  |
|                   | b                | Form(s) 1099  |                                   |                                   | ,  |                     |  |
|                   | С                | Other forms (see instructions)  |                                   | _                                 |  |                     |  |
|                   | d                | Add lines 25a through 25c   |                                   |                                   |  | 25d                 | 3,428.                                 |
|                   | e                | Form(s) 8805  |                                   |                                   | 1  | 25e                 | 0,1200                                 |
|                   | f                | Form(s) 8288-A  |                                   |                                   | 1  | 25f                 |  |
|                   | g                | Form(s) 1042-S  |                                   |                                   | İ  | 25g                 |  |
|                   | 26               | 2021 estimated tax payments and amount applied from 2020 return   |                                   |                                   | +  | 26                  |  |
|                   | 27               | Reserved for future use   | 1                                 |                                   |  | 20                  |  |
|                   |                  |   |                                   | 1                                 |  |                     |  |
|                   | 28               | Refundable child tax credit or additional child tax credit from Sc 8812 (Form 1040)   |                                   | 8                                 |  |                     |  |
|                   | 29               | Credit for amount paid with Form 1040-C   | 2                                 | 9                                 |  |                     |  |
|                   | 30               | Reserved for future use   | 3                                 | 0                                 |  |                     |  |
|                   | 31               | Amount from Schedule 3 (Form 1040), line 15   | 3                                 | 1                                 |  |                     |  |
|                   | 32               | Add lines 28, 29, and 31. These are your total other payments and   | refundable                        | credits                           | . 🕨  | 32                  |  |
|                   | 33               | Add lines 25d, 25e, 25f, 25g, 26, and 32. These are your total paym   | ents                              |                                   |  | 33                  | 3,428.                                 |
| Refund            | 34<br>35a        | If line 33 is more than line 24, subtract line 24 from line 33. This is the Amount of line 34 you want <b>refunded to you.</b> If Form 8888 is attach           |                                   | 1                                 |  | 34<br>35a           | 738.<br>738.                           |
| Direct deposit?   | ▶b               | Routing number 0 1 1 0 0 0 1 3 8 ▶ c Typ  |                                   |                                   | Savings  | Ju                  |  |
| See instructions. | ▶d               | Account number 4 6 6 0 0 7 3 1 0 6 7 0  |                                   |                                   | ouvings  |                     |  |
|                   |                  | If you want your refund check mailed to an address outside the Unit   |                                   | ot shown on                       | page 1,  |                     |  |
|                   | 36               | enter it here.  Amount of line 34 you want applied to your 2022 estimated tax   | . ▶ 3                             | 6                                 |  |                     |  |
| Amount            | 37               | Amount you owe. Subtract line 33 from line 24. For details on how   |                                   |                                   | . ▶  | 37                  |  |
| You Owe           | 38               | Estimated tax penalty (see instructions)  |                                   | 1                                 |  |                     |  |
| Third Party       | Do y             | ou want to allow another person to discuss this return wit  |                                   | ?                                 | `amanlata b  | alaw                | ✓ No                                   |
| Designee          | See in           | structions  |                                   | ⊥ res. C                          | Complete b   | eiow.               | ⊠ No                                   |
|                   | Designame        |   |                                   |                                   | nal identific<br>er (PIN)  | ation<br>▶ [        |  |
| Sign              | Under<br>belief, | penalties of perjury, I declare that I have examined this return and accompany they are true, correct, and complete. Declaration of preparer (other than taxpay | ving schedules<br>ver) is based o | and statemen<br>n all information | ts, and to the to the contract of the contract | he best<br>breparer | of my knowledge and has any knowledge. |
| Here              | Yours            | signature Date Your occ   | cupation                          |                                   |  |                     | nt you an Identity                     |
|                   |                  | 03/02/2022 GMUDE  |                                   |                                   |  |                     | IN, enter it here                      |
|                   | 7                | STUDE   | N'I'                              |                                   | (see ir  | nst.) ▶             |  |
|                   | Phone            |   | 1 =                               |                                   | DTIL:  |                     |  |
| Paid              |                  | rer's name Preparer's signature   |                                   | ate                               | PTIN   | _                   | Check if:                              |
| Preparer          |                  | RIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA 1  | TALLAM   03                       | /02/2022                          | P02082   |                     | Self-employed                          |
| Hee Only          | Firm's           | name ► GLOBAL TAXES LLC   |                                   |                                   | Phone no   | . (67               | 78)965-9522                            |

Firm's EIN ► 30-1017196

#### 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

ARJUN SAI RANGA KATNENI

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

Your social security number 677-51-1381

| Par        | t I Additional Income   |                  | _  |
|------------|---|------------------|----|
| 1          | Taxable refunds, credits, or offsets of state and local income taxes  | s                | 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, tr Schedule E  | ·                | 5  |
| 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  | 8d ( )           |    |
| е          | Taxable Health Savings Account distribution   | 8e               |    |
| 1          | Alaska Permanent Fund dividends   | 8f<br>8g<br>8h   | AL |
| 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 1 1040-NR, line 8   | 040, 1040-SR, or | 10 |

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 gov 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  | 2,500. |
| 22       | Reserved for future use  | [ | 22  |        |
| 23       | Archer MSA deduction   | [ | 23  |        |
| 24       | Other adjustments:   |   |     |        |
| а        | Jury duty pay (see instructions)   |   |     |        |
|          | Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit | N | 4   |        |
| 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  |   |     |        |
| i        | unlawful discrimination claims (see instructions)  |   |     |        |
| •        | award from the IRS for information you provided that helped the IRS detect tax law violations                        |   |     |        |
| i        | 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 ▶  |   |     |        |
| 05       | Tatal ather adjustments Add lines 24s through 24s  | _ | 05  |        |
| 25<br>26 | Total other adjustments. Add lines 24a through 24z   | - | 25  |        |
| 20       | here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a   |   | 26  | 2,500. |

#### **SCHEDULE NEC** (Form 1040-NR)

# Tax on Income Not Effectively Connected With a U.S. Trade or Business

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99) ▶ Go to www.irs.gov/Form1040NR for instructions and the latest information. ▶ Attach to Form 1040-NR.

Attachment Sequence No. **7B** 

Name shown on Form 1040-NR

ARJUN SAI RANGA KATNENI

Your identifying number 677-51-1381

| Enter   | amount of income und   | er the approp   | oriate rate of tax. See instructions.  |                          |         |                             |                          |                         |  |   |  |
|---|--|---|--|--------------------------|---------|-----------------------------|--------------------------|-------------------------|--|---|--|
|   |  | Nat   | ure of Income  |                          |         | (a) 10%                     | <b>(b)</b> 15%           | (c) 30%                 | (d) Other  | er (specify)  |  |
|   |  |   |  |                          | _       | (4) 1070                    | (2) 1373                 | (0) 0070                | %  | %   |  |
| 1   | Dividends and divide   |   |  |                          |         |                             |                          |                         |  |   |  |
| а   | Dividends paid by U  | •   |  |                          | 1a      |                             |                          |                         |  |   |  |
| b   |  | uid by foreign corporations   |  |                          |         |                             |                          |                         |  |   |  |
| С   | Dividend equivalent p  | Dividend equivalent payments received with respect to section 871(m) transactions |  |                          |         |                             |                          |                         |  |   |  |
| 2   | Interest:  |   |  |                          |         |                             |                          |                         |  |   |  |
| а   |  |   |  |                          | 2a      |                             |                          |                         |  |   |  |
| b   | Paid by foreign corp   | orations .  |  | 2b                       |         |                             |                          |                         |  |   |  |
| С   |  |   |  |                          | 2c      |                             |                          |                         |  |   |  |
| 3   | Industrial royalties (p  | atents, trad  | emarks, etc.)  |                          | 3       |                             |                          |                         |  |   |  |
| 4   | ·  |   | oyalties   |                          | 4       |                             |                          |                         |  |   |  |
| 5   |  | -   | rding, publishing, etc.)   |                          | 5       |                             |                          |                         |  |   |  |
| 6   |  |   | al resources royalties   |                          | 6       |                             |                          |                         |  |   |  |
| 7   | Pensions and annuit  | ies   |  |                          | 7       |                             |                          |                         |  |   |  |
| 8   | B Social security benefits   |   |  |                          | 8       |                             |                          |                         |  |   |  |
| 9   |  |   |  |                          | 9       |                             |                          |                         |  |   |  |
| 10  | Gambling—Residents of Canada only. Enter net income in column (c). If zero or less, enter -0 |   |  |                          |         |                             |                          |                         |  |   |  |
| а   | 3 ·  |   |  |                          |         |                             |                          | ,                       |  |   |  |
| b   | <b>b</b> Losses  |   |  |                          | 10c     |                             |                          |                         |  |   |  |
| 11  | Gambling winnings -  | -Residents (  | of countries other than Canada.  |                          | 11      |                             |                          |                         |  |   |  |
| 12  |  |   |  |                          | F       |                             |                          |                         | +  |   |  |
| 12  |  |   |  |                          | 12      |                             |                          |                         |  |   |  |
| 13  |  |   | <br>nns (a) through (d)  |                          | 13      |                             |                          |                         | +  | <del> </del>  |  |
| 14  | _  |   | t top of each column   |                          | 14      |                             |                          |                         | +  |   |  |
| 15  |  |   | nnected with a U.S. trade or busines   |                          |         | rough (d) of line 14        | . Enter the total here a | and on Form 1040-N      | IR. line 23a ▶ <b>15</b>                                 |   |  |
|   |  |   | Capital Gains an   |                          |         |                             |                          |                         | .,   | 1   |  |
| Enter only the capital gains and losses from property sales or exchanges that are from sources within the United States and not effectively connected with a U.S. business. Do not include a gain |  | (if   | Kind of property and description necessary, attach statement of scriptive details not shown below) | (b) Date acq<br>mm/dd/yy | uired   | (c) Date sold<br>mm/dd/yyyy | (d) Sales price          | (e) Cost or other basis | (f) LOSS If (e) is more than (d), subtract (d) from (e). | (g) GAIN  If (d) is more than (e), subtract (e) from (d). |  |
|   |  |   |  |                          |         |                             |                          |                         |  |   |  |
| or loss   | on disposing of a U.S. real  |   |  |                          |         |                             |                          |                         |  |   |  |
|   | y interest; report these nd losses on Schedule D   |   |  |                          |         |                             |                          |                         |  |   |  |
| (Form 1   | •  |   |  |                          |         |                             |                          |                         |  |   |  |
|   | property sales or ges that are effectively   |   |  |                          |         |                             |                          |                         |  |   |  |
| connec  | ted with a U.S. business   |   |  |                          |         |                             |                          |                         |  |   |  |
| on Schedule D (Form 1040),<br>Form 4797, or both.   |  | 18 Capit  | tal gain. Combine columns (f) and  | (g) of line 17           | 7. Ente | er the net gain he          | re and on line 9 abo     | ove. If a loss, ente    | er -0 ▶ <b>18</b>  |   |  |

#### **SCHEDULE OI** (Form 1040-NR)

**Other Information** 

► Go to www.irs.gov/Form1040NR for instructions and the latest information.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99)

Name shown on Form 1040-NR

► Attach to Form 1040-NR. ► Answer all questions.

Attachment Sequence No. **7C** 

Your identifying number

| AR | JU | N SAI RANGA KATNENI   |   |                     |             |                                  | 677-51-1        | 381                      |          |
|----|----|---|---|---------------------|-------------|----------------------------------|-----------------|--------------------------|----------|
| Α  |    | Of what country or countries w  | vere you a citizen or nationa           | al during the tax y | year? IN    | IDIA                             |                 |                          |          |
| В  |    | In what country did you claim   | residence for tax purposes              | s during the tax y  | /ear? Un    | ited States                      |                 |                          |          |
| С  |    | Have you ever applied to be a   | green card holder (lawful p             | ermanent resider    | nt) of the  | United States? .                 |                 | Yes                      | ⊠ No     |
| D  |    | Were you ever:  |   |                     |             |                                  |                 |                          |          |
|    | 1. | A U.S. citizen?   |   |                     |             |                                  |                 | ☐ Yes                    | ⊠ No     |
| :  | 2. | A green card holder (lawful per                                       |   |                     |             |                                  |                 |                          | ⊠ No     |
|    |    | If you answer "Yes" to (1) or (2)                                     | ), see Pub. 519, chapter 4,             | for expatriation re | ules that   | apply to you.                    |                 |                          |          |
| Ε  |    | If you had a visa on the last d immigration status on the last d      |   | ,, ,                | •           | ot have a visa, ent              | ,               |                          |          |
| F  |    | Have you ever changed your v  | isa type (nonimmigrant sta              | tus) or U.S. immiç  | gration st  | atus?                            |                 | ☐ Yes                    | ⊠ No     |
|    |    | If you answered "Yes," indicate                                       | e the date and nature of the            | e change ►          |             |                                  |                 |                          |          |
| G  |    | List all dates you entered and I                                      | eft the United States during            | g 2021. See instri  |             |                                  |                 |                          |          |
|    |    | Note: If you are a resident of C                                      | Canada or Mexico <b>AND</b> co          | mmute to work in    | the Unit    | ed States at freque              | ent intervals,  |                          |          |
|    |    | check the box for Canada or   | Mexico and skip to item H               | <u>I.</u>           |             | .   Canada                       | ☐ Mexico        |                          |          |
|    |    | Date entered United States mm/dd/yy                                   | Date departed United State mm/dd/yy     | es                  | Date er     | ntered United States<br>mm/dd/yy |                 | arted United<br>nm/dd/yy | d States |
|    |    |   |   |                     |             |                                  |                 |                          |          |
|    |    |   |   |                     |             |                                  |                 |                          |          |
|    |    |   |   |                     |             |                                  |                 |                          |          |
|    |    |   |   |                     |             |                                  |                 |                          |          |
| Н  |    | Give number of days (including 2019                                   | vacation, nonworkdays, and              |                     |             |                                  |                 |                          |          |
| I  |    | Did you file a U.S. income tax I<br>If "Yes," give the latest year an | return for any prior year? .            |                     |             |                                  |                 | ⊠ Yes                    | ☐ No     |
| J  |    | Are you filing a return for a trus                                    |   |                     |             |                                  |                 | ☐ Yes                    | ⊠ No     |
|    |    | If "Yes," did the trust have a U.S. person, or receive a contr        | J.S. or foreign owner unde              | r the grantor trus  | st rules, n | nake a distribution              | or loan to a    | □Yes                     | ☐ No     |
| Κ  |    | Did you receive total compens   | ·                                       |                     |             |                                  |                 | ☐ Yes                    | ⊠ No     |
|    |    | If "Yes," did you use an alterna                                      |   |                     |             |                                  |                 | Yes                      | ☐ No     |
| L  |    | Income Exempt From Tax—If complete (1) through (3) below              | you are claiming exempti                | on from income      | tax unde    |                                  |                 | a foreign                | country, |
|    | 1. | Enter the name of the country, amount of exempt income in the         | the applicable tax treaty art           | icle, the number o  | of months   |                                  | claimed the tre | eaty benefi              | and the  |
|    |    | (a) Cour  |   | (b) Tax treaty and  |             | Number of months                 | s (d) Am        | ount of exe              | mnt      |
|    |    | (a) 55ai  | THE Y                                   | (b) Tax troaty and  |             | imed in prior tax yea            |                 | n current ta             |          |
|    |    |   |   |                     |             |                                  |                 |                          |          |
|    |    |   |   |                     |             |                                  |                 |                          |          |
|    |    |   |   |                     |             |                                  |                 |                          |          |
|    |    | (e) Total. Enter this amount or                                       | n Form 1040-NR, line 1c. D              | o not enter it on I | line 1a or  | line 1b                          | <b>•</b>        |                          |          |
|    | 2. | Were you subject to tax in a fo                                       |   |                     |             |                                  |                 | ☐ Yes                    | ☐ No     |
|    |    | Are you claiming treaty benefit                                       |   |                     | . ,         |                                  |                 | ✓ Yes                    | ☐ No     |
|    |    | If "Yes," attach a copy of the C                                      |   | •                   |             |                                  |                 |                          |          |
| М  |    | Check the applicable box if:  | , | ,                   |             |                                  |                 |                          |          |
|    | 1. | This is the first year you are ma<br>with a U.S. trade or business u  |   |                     |             |                                  |                 |                          | onnected |
|    | 2. | You have made an election in States as effectively connected          | a previous year that has                | not been revoke     | ed, to trea | at income from rea               | al property lo  | cated in th              |          |

#### SCHEDULE D (Form 1040)

### **Capital Gains and Losses**

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 Your social security number 677-51-1381 ARJUN SAI RANGA KATNENI

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 . . . . . . . . . . . . . . . . . 2,354. 0. 537. 1,817. Totals for all transactions reported on Form(s) 8949 with Box B checked . . . . . . . . . . . . . . 3 Totals for all transactions reported on Form(s) 8949 with 191. 120. 71. 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 . . . . . . . . 7 608. Part II Long-Term Capital Gains and Losses - Generally Assets Held More Than One Year (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to Form(s) 8949, Part II, (sales price) (or other basis) combine the result whole dollars. line 2. column (a) with column (a) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . 8b Totals for all transactions reported on Form(s) 8949 with Totals for all transactions reported on Form(s) 8949 with 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 15

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

#### Part III **Summary** 608. 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. 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), 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.

Attachment

Sequence No. 12A

OMB No. 1545-0074

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.

ARJUN SAI RANGA KATNENI

Social security number or taxpayer identification number

677-51-1381

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

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

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

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

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

| -            | S) Short-term transactions  C) Short-term transactions  | •  | ٠,                             | _                                   | sis <b>wasn t</b> report                              | ea to the if   | 10                                      |  |
|--------------|---|--|--------------------------------|-------------------------------------|---|--|---|--|
| 1            | (a) Description of property   | (a) (b) Internet property (b) Date accurred  |                                | (c) (d) C Date sold or Proceeds S   | (e) Cost or other basis. See the <b>Note</b> below    | Adjustment, if<br>If you enter an<br>enter a co<br>See the sep | (h) Gain or (loss). Subtract column (e) |  |
|              | (Example: 100 sh. XYZ Co.)  | (Mo., day, yr.)                              | disposed of<br>(Mo., day, yr.) | (sales price)<br>(see instructions) | and see Column (e)<br>in the separate<br>instructions | (f)<br>Code(s) from<br>instructions                            | <b>(g)</b><br>Amount of<br>adjustment   | from column (d) and<br>combine the result<br>with column (g) |
| Robinl       | nood Securities LLC   | 01/01/21                                     | 12/31/21                       | 2,354.                              | 1,817.  | W  | 0.                                      | 537.   |
|              |   |  |                                |                                     |   |  |   |  |
|              |   |  |                                |                                     |   |  |   |  |
|              |   |  |                                |                                     |   |  |   |  |
|              |   |  |                                |                                     |   |  |   |  |
|              |   |  |                                |                                     |   |  |   |  |
|              |   |  |                                |                                     |   |  |   |  |
|              |   |  |                                |                                     |   |  |   |  |
|              |   |  |                                |                                     |   |  |   |  |
|              |   |  |                                |                                     |   |  |   |  |
|              |   |  |                                |                                     |   |  |   |  |
|              |   |  |                                |                                     |   |  |   |  |
|              |   |  |                                |                                     |   |  |   |  |
|              |   |  |                                |                                     |   |  |   |  |
| nega<br>Sche | Is. Add the amounts in column:<br>titive amounts). Enter each totaledule D, line 1b (if Box A above | al here and inc<br>e is checked), <b>lir</b> | lude on your<br>ne 2 (if Box B | 2 354                               | 1 917   |  | 0                                       | 537  |

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

▶ 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.

OMB No. 1545-0074 Attachment Sequence No. 12A

Internal Revenue Service

Department of the Treasury

Social security number or taxpayer identification number

677-51-1381

ARJUN SAI RANGA KATNENI

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

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 broker and may even tell you which box to check. Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS X (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss. 1 If you enter an amount in column (a). (h) enter a code in column (f). Cost or other basis Gain or (loss). (d) (c) (a) (b) Date sold or Proceeds See the Note below See the separate instructions. Subtract column (e)

| Description of property   | Date acquired                                 | disposed of                    | (sales price)      | and see Column (e)           | Coo the coparate metraction         |                                | from column (d) and                   |
|---|---|--------------------------------|--------------------|------------------------------|-------------------------------------|--------------------------------|---------------------------------------|
| (Example: 100 sh. XYZ Co.)  | (Mo., day, yr.)                               | (Mo., day, yr.)                | (see instructions) | in the separate instructions | (f)<br>Code(s) from<br>instructions | (g)<br>Amount of<br>adjustment | combine the result<br>with column (g) |
| ROBINHOOD CRYPTO LLC  | 01/01/21                                      | 12/31/21                       | 191.               | 120.                         |                                     |                                | 71.                                   |
|   |   |                                |                    |                              |                                     |                                |                                       |
|   |   |                                |                    |                              |                                     |                                |                                       |
|   |   |                                |                    |                              |                                     |                                |                                       |
|   |   |                                |                    |                              |                                     |                                |                                       |
|   |   |                                |                    |                              |                                     |                                |                                       |
|   |   |                                |                    |                              |                                     |                                |                                       |
|   |   |                                |                    |                              |                                     |                                |                                       |
|   |   |                                |                    |                              |                                     |                                |                                       |
|   |   |                                |                    |                              |                                     |                                |                                       |
|   |   |                                |                    |                              |                                     |                                |                                       |
|   |   |                                |                    |                              |                                     |                                |                                       |
|   |   |                                |                    |                              |                                     |                                |                                       |
|   |   |                                |                    |                              |                                     |                                |                                       |
|   |   |                                |                    |                              |                                     |                                |                                       |
| 2 Totals. Add the amounts in column negative amounts). Enter each tot Schedule D, line 1b (if Box A above | al here and inc<br>e is checked), <b>li</b> i | lude on your<br>ne 2 (if Box B |                    |                              |                                     |                                |                                       |
| above is checked), or line 3 (if Box  | C above is chec                               | ked) ►                         | 191.               | 120.                         |                                     |                                | 71.                                   |

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.