#### 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.

Submission Identification Number (SID)

| Taxpay | er's name   | Social secu | rity numb  | ber                                   |  |  |  |  |
|--------|---|-------------|------------|---------------------------------------|--|--|--|--|
| ROH    | IIT GOUD LODE   | 329-37      | 7-949      | 4                                     |  |  |  |  |
| Spouse | 's name   | Spouse's so | ocial secu | urity number                          |  |  |  |  |
| Par    | Part I Tax Return Information – Tax Year Ending December 31, 2021 (Enter year you are authorizing.) |             |            |                                       |  |  |  |  |
| Enter  | Enter whole dollars only on lines 1 through 5.  |             |            |                                       |  |  |  |  |
| Note   | Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.                              |             |            |                                       |  |  |  |  |
| 1      | Adjusted gross income   |             | 1          | 78,567.                               |  |  |  |  |
| 2      | Total tax   |             | 2          | 10,208.                               |  |  |  |  |
| 3      | Federal income tax withheld from Form(s) W-2 and Form(s) 1099                                       |             | 3          | 15,272.                               |  |  |  |  |
| 4      | Amount you want refunded to you   |             | 4          | 5,064.                                |  |  |  |  |
| 5      | Amount you owe  |             | 5          |                                       |  |  |  |  |
|        | The second Department and Class shows Another strengthery (Department and I                         |             |            | · · · · · · · · · · · · · · · · · · · |  |  |  |  |

#### Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Part II

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

| Тахрау   | er's PIN: che | ck one bo | x only      |  |                  |              |                       |        | 7     | 9  | 4 | 9 4                   | ]          |
|----------|---------------|-----------|-------------|--|------------------|--------------|-----------------------|--------|-------|----|---|-----------------------|------------|
| X        | l authorize   | GLOBAL    | TAXES       | LLC  |                  | to enter or  | er or generate my PIN |        |       | -  |   | -                     | 」<br>as my |
|          | signature or  | the incom | ie tax reti | ERO firm name<br>urn (original or ame            | nded) I am now a | authorizing. | -                     | -      |       |    |   | gits, but<br>II zeros |            |
|          |               | •         |             | ure on the income<br>N <b>and</b> your return is |                  |              | ,                     |        |       | -  |   |                       | -          |
| Your sig | nature 🕨      | र्दुः     | MQ.         | ·  |                  |              | Date►                 | 03-10  | )-202 | 22 |   |                       |            |
| Spouse   | 's PIN: chec  | k one box | only        |  |                  |              |                       |        | _     |    |   |                       | ٦          |
|          | I authorize   |           |             |  |                  | to enter or  | r generate r          | ny PIN |       |    |   |                       | as my      |
|          | signature or  | the incom | ie tax reti | ERO firm name<br>urn (original or amei           | nded) I am now a | authorizing. |                       |        |       |    |   | gits, but<br>Il zeros |            |
|          |               |           |             | ure on the income<br>N <b>and</b> your return is |                  |              |                       |        |       |    |   |                       |            |

| Spouse's signature E  |   |   |   |   |  |   |             |   |   |   |
|---|---|---|---|---|--|---|-------------|---|---|---|
| Practitioner PIN Method Returns Only—continue below   |   |   |   |   |  |   |             |   |   |   |
| Part III Certification and Authentication – Practitioner PIN Method Only                        | , |   |   |   |  |   |             |   |   |   |
| <b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. | 5 | 8 | 7 | - |  | - | 6<br>all ze | 9 | 8 | 9 |

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

| ERO's signature >  |   |  |  |  |  |  |  |
|--------------------|---|--|--|--|--|--|--|
| ERO<br>Don't Submi | - |  |  |  |  |  |  |
|                    |   |  |  |  |  |  |  |

| <b>1040</b>  | -NR Department of the Treasury-Int<br>U.S. Nonresident A         | ternal Revenue Service                           | (99)<br><b>Return</b> | 2021          | OMB No. 15  |       | IRS Use Only-Do not write<br>or staple in this space. |
|--|--|--|-----------------------|---------------|-------------|-------|---|
| Filing<br>Status   | Single Married filing se If you checked the QW box, enter the cl |  | Qualifying            | widow(er) (QW | )           |       |   |
| Check only one box.  |  |  |                       |               |             |       |   |
| Your first name a  | and middle initial   | Last name  | Last name             |               |             |       |   |
| ROHIT GOU  | D  | LODE   | 329-37-9494           |               |             |       |   |
| Home address (r  | number and street or rural route). If you I                      | have a P.O. box, see inst                        | ructions.             |               | Apt. no.    | Check | if: 🛛 Individual                                      |
| 3395 NW 1  | ST CT  |  |                       |               | 323         |       | Estate or Trust                                       |
| City, town, or pos   | st office. If you have a foreign address, also                   | o complete spaces below.                         | State                 | ZIP cod       | е           |       |   |
| POMPANO BI   | EACH   |  | $\mathbf{FL}$         | 33069         | )           |       |   |
| Foreign country  | name F   | Foreign province/state/county Foreign postal cod |                       |               | postal code |       |   |
| At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? X Yes No |  |  |                       |               |             |       |   |

| Dependents                        |       |                                   |                       |                             |               |                     |              | (4) 🖌 i     | f qualifie | es for (see inst.):         |
|-----------------------------------|-------|-----------------------------------|-----------------------|-----------------------------|---------------|---------------------|--------------|-------------|------------|-----------------------------|
| (see instructions):               |       | (1) First name Last               | name                  | (2) Depend<br>identifying r |               | (3) Deperrelationsh |              | Child tax   | credit     | Credit for other dependents |
|                                   |       |                                   |                       |                             |               |                     |              |             |            |                             |
| If more than four dependents, see |       |                                   |                       |                             |               |                     |              |             |            |                             |
| instructions and                  |       |                                   |                       |                             |               |                     |              |             | ]          |                             |
| check here ►                      |       |                                   |                       |                             |               |                     |              |             |            |                             |
| Income                            | 1a    | Wages, salaries, tips, etc. Atta  | ch Form(s) W-         | -2                          |               |                     |              |             | 1a         | 87,348.                     |
| Effectively                       | b     | Scholarship and fellowship gra    | nts. Attach Fo        | orm(s) 1042-S               | or required   | d statement.        | See instruct | tions .     | 1b         |                             |
| Connected                         | с     | Total income exempt by a trea     | aty from Sche         | edule OI (Form              | 1040-NR)      | ), Item             |              |             |            |                             |
| With U.S.                         |       | L, line 1(e)                      |                       |                             |               | 1c                  | :            |             |            |                             |
| Trade or                          | 2a    | Tax-exempt interest               | 2a                    |                             | <b>b</b> Tax  | able interest       |              |             | 2b         |                             |
| Business                          | 3a    | Qualified dividends               | 3a                    |                             | <b>b</b> Ord  | linary divider      | nds          |             | 3b         |                             |
|                                   | 4a    | IRA distributions                 | 4a                    |                             | <b>b</b> Tax  | able amount         | t            |             | 4b         |                             |
|                                   | 5a    | Pensions and annuities            | 5a                    |                             | <b>b</b> Tax  | able amount         | t            |             | 5b         |                             |
|                                   | 6     | Reserved for future use           |                       |                             |               |                     |              |             | 6          |                             |
|                                   | 7     | Capital gain or (loss). Attach Se | chedule D (Fo         | rm 1040) if req             | uired. If no  | ot required, o      | heck here .  |             | 7          | -361.                       |
|                                   | 8     | Other income from Schedule 1      | (Form 1040),          | line 10                     |               |                     |              |             | 8          | -8,420.                     |
|                                   | 9     | Add lines 1a, 1b, 2b, 3b, 4b, 5l  | o, 7, and 8. Th       | nis is your <b>tota</b>     | l effective   | ly connecte         | d income .   | . 🕨         | 9          | 78,567.                     |
|                                   | 10    | Adjustments to income:            |                       |                             |               |                     |              |             |            |                             |
|                                   | а     | From Schedule 1 (Form 1040),      | line 26               |                             |               | 10a                 | a            |             |            |                             |
|                                   | b     | Reserved for future use           |                       |                             |               | 101                 | <b>b</b>     |             |            |                             |
|                                   | с     | Scholarship and fellowship gra    | nts excluded          |                             |               | 100                 |              |             |            |                             |
|                                   | d     | Add lines 10a and 10c. These a    | are your <b>total</b> | adjustments                 | to income     | <b>.</b>            |              | . 🕨         | 10d        |                             |
|                                   | 11    | Subtract line 10d from line 9. T  | his is your <b>ad</b> | justed gross i              | income        |                     |              | . 🕨         | 11         | 78,567.                     |
|                                   | 12a   | Itemized deductions (from S       |                       |                             |               |                     |              |             |            |                             |
|                                   |       | residents of India, standard de   | duction. See i        | instructions Std            | .Dedn US/Indi | a Treaty 12a        | a 12         | 2,550.      |            |                             |
|                                   | b     | Charitable contributions for cer  | tain residents        | of India. See in            | nstructions   | s. 121              | <b>b</b>     | 300.        |            |                             |
|                                   | с     | Add lines 12a and 12b             |                       |                             |               |                     |              |             | 12c        | 12,850.                     |
|                                   | 13a   | Qualified business income ded     | uction from F         | orm 8995 or F               | orm 8995-     | A. 13a              | a            |             |            |                             |
|                                   | b     | Exemptions for estates and tru    | sts only. See         | instructions                |               | <b>13</b> k         | <b>b</b>     |             |            |                             |
|                                   | с     | Add lines 13a and 13b             |                       |                             |               |                     |              |             | 13c        |                             |
|                                   | 14    | Add lines 12c and 13c             |                       |                             |               |                     |              |             | 14         | 12,850.                     |
|                                   | 15    | Taxable income. Subtract line     | 14 from line          | 11. If zero or le           | ess, enter -  | -0                  |              |             | 15         | 65,717.                     |
| For Disclosure,                   | Priva | cy Act, and Paperwork Reduction   | n Act Notice,         | see separate i              | nstruction    | IS. BA              | A REV 0      | 3/07/22 PRO | Fo         | rm <b>1040-NR</b> (2021)    |

| Form 1040-NR (2         | 2021)          |  |                        |                   |               |           |                  |         |                          |             | Page <b>2</b>      |
|-------------------------|----------------|--|------------------------|-------------------|---------------|-----------|------------------|---------|--------------------------|-------------|--------------------|
|                         | 16             | Tax (see instructions). Check if   | any from Form          | (s): <b>1</b> 🗌 8 | 8814 <b>2</b> | 4972      | 2 <b>3</b> [     |         |                          | 16          | 10,208.            |
|                         | 17             | Amount from Schedule 2 (Forr   | n 1040), line 3        |                   |               |           |                  |         |                          | 17          | 0.                 |
|                         | 18             | Add lines 16 and 17  |                        |                   |               |           |                  |         |                          | 18          | 10,208.            |
|                         | 19             | Nonrefundable child tax credit   | or credit for o        | ther depende      | ents from S   | chedule   | 8812 (Fo         | rm 1040 | ))                       | 19          |                    |
|                         | 20             | Amount from Schedule 3 (Forr   | n 1040), line 8        |                   |               |           |                  |         |                          | 20          |                    |
|                         | 21             | Add lines 19 and 20  |                        |                   |               |           |                  |         |                          | 21          |                    |
|                         | 22             | Subtract line 21 from line 18. I   | f zero or less, e      | enter -0          |               |           |                  |         |                          | 22          | 10,208.            |
|                         | 23a            | Tax on income not effectively from Schedule NEC (Form 104                      |                        |                   |               |           | 23a              |         |                          |             |                    |
|                         | b              | Other taxes, including self-em line 21   | ployment tax,          | from Schedu       | ile 2 (Form   | 1040),    | 23b              |         |                          |             |                    |
|                         | с              | Transportation tax (see instruc  |                        |                   |               |           | 23c              |         |                          |             |                    |
|                         | d              | Add lines 23a through 23c .  |                        |                   |               |           |                  |         |                          | 23d         |                    |
|                         | 24             | Add lines 22 and 23d. This is y  |                        |                   |               |           |                  |         |                          | 24          | 10,208.            |
|                         | 25             | Federal income tax withheld fr   |                        |                   |               |           |                  |         | •                        |             | 10/2001            |
|                         | a              | Form(s) W-2  |                        |                   |               |           | 25a              | 15      | ,272.                    |             |                    |
|                         | b              | Form(s) 1099   |                        |                   |               |           | 25b              | - 15    | 1212.                    |             |                    |
|                         | c              | Other forms (see instructions)   |                        |                   |               |           | 255<br>25c       |         |                          | -           |                    |
|                         | d              | Add lines 25a through 25c .  |                        |                   |               |           |                  |         |                          | 25d         | 15,272.            |
|                         |                | 6  |                        |                   |               |           |                  |         |                          |             | 15,272.            |
|                         | e              | Form(s) 8805   |                        |                   |               |           |                  |         |                          | 25e         |                    |
|                         | f              | Form(s) 8288-A   |                        |                   |               |           |                  |         | • •                      | 25f         |                    |
|                         | g              | Form(s) 1042-S   |                        |                   |               |           |                  |         | • •                      | 25g         |                    |
|                         | 26             | 2021 estimated tax payments  |                        | •                 |               |           |                  |         |                          | 26          |                    |
|                         | 27             | Reserved for future use  |                        |                   |               |           | 27               |         |                          | -           |                    |
|                         | 28             | Refundable child tax credit c<br>8812 (Form 1040)                              | r additional cl        |                   |               |           | 28               |         |                          |             |                    |
|                         | 29             | Credit for amount paid with Fo   |                        |                   |               |           | 29               |         |                          |             |                    |
|                         | 30             | Reserved for future use  |                        |                   |               |           | 30               |         |                          |             |                    |
|                         | 31             | Amount from Schedule 3 (Forr   | n 1040), line 1        | 5                 |               |           | 31               |         |                          |             |                    |
|                         | 32             | Add lines 28, 29, and 31. Thes   | e are your <b>tota</b> | al other payr     | nents and     | refunda   | ble credi        | ts      | . 🕨                      | 32          |                    |
|                         | 33             | Add lines 25d, 25e, 25f, 25g, 2  | 26, and 32. The        | ese are your t    | otal paym     | ents .    |                  |         | . 🕨                      | 33          | 15,272.            |
| Refund                  | 34             | If line 33 is more than line 24,   | subtract line 24       | 4 from line 33    | 3. This is th | e amoun   | t you <b>ove</b> | erpaid  |                          | 34          | 5,064.             |
|                         | 35a            | Amount of line 34 you want re  |                        |                   | 8 is attach   | ed, chec  | k here           |         |                          | 35a         | 5,064.             |
| Direct deposit?         | ►b             | Routing number 1 1 1   | 9 0 0 6                | 59                | ► с Тур       | e: 🗙      | Checking         | , 🗆 ;   | Savings                  |             |                    |
| See instructions.       | ►d             | Account number 8 1 6   | 9 7 3 8                | 8 9 8 9           |               |           |                  |         |                          |             |                    |
|                         | ►e             | If you want your refund check enter it here.                                   | mailed to an a         |                   |               |           | es not sho       | own on  | page 1,                  |             |                    |
|                         | 36             | Amount of line 34 you want ap  |                        |                   |               | . 🕨       | 36               |         |                          | -           |                    |
| Amount                  | 37             | Amount you owe. Subtract lir   | ne 33 from line        | 24. For deta      | ils on how    | to pay, s | ee instruc       | tions   | . 🕨                      | 37          |                    |
| You Owe                 | 38             | Estimated tax penalty (see ins   | tructions) .           |                   |               |           | 38               |         |                          |             |                    |
| Third Party<br>Designee |                | ou want to allow another structions  |                        | scuss this        | return wit    | h the I   | RS?<br>▶□        | Yes. C  | omplete                  | below.      | X No               |
| Designee                | Desigi<br>name |  |                        | Phone<br>no. ▶    |               |           |                  |         | al identifio<br>er (PIN) | cation<br>▶ |                    |
| Sign                    |                | penalties of perjury, I declare that I<br>they are true, correct, and complete |                        |                   |               |           |                  |         |                          |             |                    |
| Here                    | Yours          | signature  |                        | Date              | Your occ      | cupation  |                  |         | If the                   | IRS sei     | nt you an Identity |
|                         |                | 0  |                        |                   |               |           |                  |         |                          |             | IN, enter it here  |
|                         |                |  |                        |                   | SOFTW         | ARE E     | NGINE            | ER      | (see i                   | nst.) ▶     |                    |
|                         | Phone          | e no.  |                        | Email addre       | SS            |           |                  |         |                          |             |                    |
| Paid                    | Prepa          | rer's name   | Preparer's sig         | gnature           |               |           | Date             | T       | PTIN                     |             | Check if:          |
| Preparer                | SYAM P         | RIYA RAM SAGAR GUPTA TALLAM  | SYAM PRIYA             | RAM SAGA          | R GUPTA 1     | TALLAM    | 03/11/           | 2022    | P02082                   | 2703        | Self-employed      |
| Use Only                | Firm's         | name 🕨 GLOBAL TAXES  | LLC                    |                   |               |           |                  |         | Phone n                  | o. (67      | 8)965-9522         |
|                         | Firm's         | address► 2530 Pebble   | e Creek L              | n Cummir          | ng GA 3       | 0041      |                  |         |                          |             | 0-1017196          |
| 0 - t - ····            | /              |  |                        |                   |               |           |                  |         |                          | -           | 1010 ND (          |

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

REV 03/07/22 PRO

Form **1040-NR** (2021)

| SCHEDULE    | 1 |
|-------------|---|
| (Form 1040) |   |

Department of the Treasury

ROHIT GOUD LODE

### Additional Income and Adjustments to Income

► Attach to Form 1040, 1040-SR, or 1040-NR. ... . test information. OMB No. 1545-0074 20 21 Attachment Sequence No. **01** 

| Internal Revenue Service | ► Go to www.irs.gov/Form1040 for instructions and the late |
|--------------------------|--|
| Name(s) shown on Fo      | rm 1040, 1040-SR, or 1040-NR                               |

| Your soc | ial security | number |
|----------|--------------|--------|
| 329-37   | -            |        |

## Part 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<br>Schedule E  |                 | 5  | -8,420.  |
| 6          | Farm income or (loss). Attach Schedule F  |                 | 6  |          |
| 7          | Unemployment compensation   |                 | 7  |          |
| 8          | Other income:   |                 |    |          |
| а          | Net operating loss  | 8a ( )          |    |          |
| b          | Gambling income   | 8b              |    |          |
| С          | Cancellation of debt  | 8c              |    |          |
| d          | Foreign earned income exclusion from Form 2555  | 8d ( )          |    |          |
| е          | Taxable Health Savings Account distribution   | 8e              |    |          |
| f          | Alaska Permanent Fund dividends   | 8f              |    |          |
| g          | Jury duty pay   | 8g              |    |          |
| h          | Prizes and awards   | 8h              |    |          |
| i          | Activity not engaged in for profit income   | 8i              |    |          |
| j          | Stock options   | 8j              |    |          |
| k          | Income from the rental of personal property if you engaged in<br>the rental for profit but were not in the business of renting such |                 |    |          |
|            | Olympic and Paralympic medals and USOC prize money (see   | 8k              | -  |          |
| 1          | instructions)   | 81              |    |          |
| m          | Section 951(a) inclusion (see instructions)   | 8m              |    |          |
| n          | Section 951A(a) inclusion (see instructions)  | 8n              |    |          |
| ο          | Section 461(I) excess business loss adjustment  | 80              |    |          |
| р          | Taxable distributions from an ABLE account (see instructions) .   | 8p              |    |          |
| z          | Other income. List type and amount ►  |                 |    |          |
| ~          |   | 8z              | _  |          |
| 9<br>10    | 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 | -8,420.  |
|            |   |                 |    | , == ; ; |

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

Schedule 1 (Form 1040) 2021

| Par | t II Adjustments to Income   |   |     |  |
|-----|--|---|-----|--|
| 11  | Educator expenses  |   | 11  |  |
| 12  | Certain business expenses of reservists, performing artists, and fee-basic officials. Attach Form 2106   |   | 12  |  |
| 13  | Health savings account deduction. Attach Form 8889   |   | 13  |  |
| 14  | Moving expenses for members of the Armed Forces. Attach Form 3903  | 3 | 14  |  |
| 15  | Deductible part of self-employment tax. Attach Schedule SE   |   | 15  |  |
| 16  | Self-employed SEP, SIMPLE, and qualified plans   |   | 16  |  |
| 17  | Self-employed health insurance deduction   |   | 17  |  |
| 18  | Penalty on early withdrawal of savings   |   | 18  |  |
| 19a | Alimony paid   |   | 19a |  |
| b   | Recipient's SSN  |   |     |  |
| С   | Date of original divorce or separation agreement (see instructions) $\blacktriangleright$  |   |     |  |
| 20  | IRA deduction  |   | 20  |  |
| 21  | Student loan interest deduction  |   | 21  |  |
| 22  | Reserved for future use  |   | 22  |  |
| 23  | Archer MSA deduction   |   | 23  |  |
| 24  | Other adjustments:   |   |     |  |
| а   | Jury duty pay (see instructions)   |   |     |  |
| b   | Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit <b>24b</b>                            |   |     |  |
| С   | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 81 <b>24c</b>  |   |     |  |
| d   | Reforestation amortization and expenses  |   |     |  |
| е   | Repayment of supplemental unemployment benefits under the<br>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 <b>24g</b>  |   |     |  |
| h   | Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) <b>24h</b>                                   |   |     |  |
| i   | Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations |   |     |  |
| j   | Housing deduction from Form 2555   |   |     |  |
| k   | Excess deductions of section 67(e) expenses from Schedule K-1         (Form 1041) <b>24k</b>   |   |     |  |
| 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 to in</b> here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a               |   | 26  |  |

REV 03/07/22 PRO

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

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

OMB No. 1545-0074 2021

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 Your identifying number

329-37-9494

Name shown on Form 1040-NR ROHIT GOUD LODE

| Enter a   | amount of income und                          | er the appropriate rate of tax. See instructions.   |            |                                    |                 |                         |  |  |                     |  |
|---|---|---|------------|------------------------------------|-----------------|-------------------------|--|--|---------------------|--|
|   | Nature of Income                              |   |            |                                    | <b>(a)</b> 10%  | <b>(b)</b> 15%          | (c) 30%  | (d) Other (specify)  |                     |  |
|   |   | (4) 1070  | (6) 1070   | (6) 00 70                          | %               | %                       |  |  |                     |  |
| 1   | Dividends and divide                          | end equivalents:                                    |            |                                    |                 |                         |  |  |                     |  |
| а   | Dividends paid by U                           | S. corporations                                     | 1a         |                                    |                 |                         |  |  |                     |  |
| b   | Dividends paid by fo                          | reign corporations                                  |            | 1b                                 |                 |                         |  |  |                     |  |
| с   | Dividend equivalent p                         | ayments received with respect to section 871(m) tra | ansactions | 1c                                 |                 |                         |  |  |                     |  |
| 2   | Interest:                                     |   |            |                                    |                 |                         |  |  |                     |  |
| а   | Mortgage                                      |   |            | 2a                                 |                 |                         |  |  |                     |  |
| b   | Paid by foreign corp                          | orations  |            | 2b                                 |                 |                         |  |  |                     |  |
| с   | Other   |   |            | 2c                                 |                 |                         |  |  |                     |  |
| 3   | Industrial royalties (p                       | atents, trademarks, etc.)                           |            | 3                                  |                 |                         |  |  |                     |  |
| 4   | Motion picture or TV                          | copyright royalties                                 |            | 4                                  |                 |                         |  |  |                     |  |
| 5   | Other royalties (copy                         | rights, recording, publishing, etc.)                |            | 5                                  |                 |                         |  |  |                     |  |
| 6   | Real property incom                           | e and natural resources royalties                   |            | 6                                  |                 |                         |  |  |                     |  |
| 7   | Pensions and annuit                           | ies   |            | 7                                  |                 |                         |  |  |                     |  |
| 8   | Social security benef                         | fits  |            | 8                                  |                 |                         |  |  |                     |  |
| 9   | Capital gain from line                        | e 18 below  |            | 9                                  |                 |                         |  |  |                     |  |
| 10  |   | ts of Canada only. Enter net income in column (c).  |            |                                    |                 |                         |  |  |                     |  |
| а   | Winnings                                      |   |            |                                    |                 |                         |  |  |                     |  |
| b   | Losses  |   |            | 10c                                |                 |                         |  |  |                     |  |
| 11  |   | -Residents of countries other than Canada.          |            | 11                                 |                 |                         |  |  |                     |  |
| 12  | Other (specify) ►                             |   |            |                                    |                 |                         |  |  |                     |  |
|   |   |   |            | 12                                 |                 |                         |  |  |                     |  |
| 13  | _   | 12 in columns (a) through (d)                       |            | 13                                 |                 |                         |  |  |                     |  |
| 14  |   | ate of tax at top of each column                    |            | 14                                 |                 |                         |  |  |                     |  |
| 15  | Tax on income not ef                          | ffectively connected with a U.S. trade or business. |            |                                    |                 |                         |  | R, line 23a ► <b>15</b>  |                     |  |
|   |   | Capital Gains and                                   | Losses H   | -rom                               | Sales or Excha  | anges of Proper         | ty   | 1  |                     |  |
| Enter only the capital gains and<br>losses from property sales or<br>exchanges that are from sources<br>within the United States and not16(a) Kind of property and description<br>(if necessary, attach statement of<br>descriptive details not shown below)(b) Date acqui<br>mm/dd/yyy |   |   |            | <b>(c)</b> Date sold<br>mm/dd/yyyy | (d) Sales price | (e) Cost or other basis | (f) LOSS<br>If (e) is more than (d),<br>subtract (d) from (e). | (g) GAIN<br>If (d) is more than (e),<br>subtract (e) from (d). |                     |  |
| effectively connected with a U.S.<br>business. Do not include a gain<br>or loss on disposing of a U.S. real<br>property interest; report these<br>gains and losses on Schedule D  |   |   |            |                                    |                 |                         |  |  |                     |  |
|   |   |   |            |                                    |                 |                         |  |  |                     |  |
|   |   |   |            |                                    |                 |                         |  |  |                     |  |
| (Form 1   | 040).   |   |            |                                    |                 |                         |  |  |                     |  |
|   | property sales or<br>ges that are effectively |   |            |                                    |                 |                         |  |  |                     |  |
| connec  | ted with a U.S. business                      | <b>17</b> Add columns (f) and (g) of line 16 .      |            |                                    |                 |                         | 17   | ( )  |                     |  |
| on Schedule D (Form 1040),<br>Form 4797, or both.   |   | 18 Capital gain. Combine columns (f) and (g         |            |                                    |                 |                         |  |  |                     |  |
| For Pa  | aperwork Reduction A                          | ct Notice, see the Instructions for Form 1040-NR.   |            |                                    | REV 0           | 03/07/22 PRO            |  | Schedule NEC   | (Form 1040-NR) 2021 |  |

| SCHE  | DUL  | E OI |
|-------|------|------|
| (Form | 1040 | -NR) |

### **Other Information**

OMB No. 1545-0074

| (Form                      | 1040-NR)                                  | ► Go             | to www.irs.gov/Form1040I                                       |                           | I the latest information | n.              | 202             | 21         |
|----------------------------|---|------------------|--|---------------------------|--------------------------|-----------------|-----------------|------------|
| Department of the freadury |   |                  |  | ch to Form 1040-NR.       |                          |                 | Attachment      |            |
|                            | Revenue Service (99)<br>hown on Form 1040 |                  | ► Ans  | swer all questions.       |                          | Veur identifuir | Sequence No     | o. 70      |
| ROHIT GOUD LODE            |   |                  |  |                           |                          | Your identifyin | •               |            |
|                            |   |                  |  | -1 -1                     | TNDTA                    | 329-37-         | 9494            |            |
| A                          |   |                  | were you a citizen or nation                                   |                           |                          |                 |                 |            |
| В                          | In what country                           | y did you claim  | n residence for tax purpose<br>a green card holder (lawful p   | s during the tax year?    |                          |                 |                 |            |
| C<br>D                     | Were you ever:                            |                  | green card noider (iawiui p                                    | bermanent resident) of    | the United States? .     |                 |                 |            |
| -                          | 1. A U.S. citizen?                        |                  |  |                           |                          |                 |                 |            |
|                            |   |                  | ermanent resident) of the Ur                                   |                           |                          |                 |                 |            |
| ۷.                         | •   | · ·              | 2), see Pub. 519, chapter 4,                                   |                           |                          |                 |                 |            |
| Е                          | •   | ., .             | day of the tax year, enter y                                   | •                         |                          | tor your U.S.   |                 |            |
| -                          | immigration sta                           | tus on the last  | day of the tax year. F1  | ••••••                    |                          |                 |                 |            |
| F                          |   |                  | visa type (nonimmigrant sta                                    |                           |                          |                 |                 | 🛛 No       |
|                            | If you answered                           | d "Yes," indicat | te the date and nature of th                                   | e change ►                |                          |                 |                 |            |
| G                          | List all dates yo                         | ou entered and   | left the United States durin                                   | g 2021. See instruction   | ns.                      |                 |                 |            |
|                            | Note: If you are                          | e a resident of  | Canada or Mexico AND co  | mmute to work in the      | United States at frequ   | ent intervals,  |                 |            |
|                            | check the box                             | for Canada o     | r Mexico and skip to item I                                    | <u> </u>                  | 🗌 Canada                 | Mexico          |                 |            |
|                            | Date entered                              | United States    | Date departed United Stat                                      | ies Da                    | te entered United State  | s Date de       | parted United   | d States   |
|                            | mm/e                                      | dd/yy            | mm/dd/yy   |                           | mm/dd/yy                 |                 | mm/dd/yy        |            |
|                            |   |                  |  |                           |                          |                 |                 |            |
|                            |   |                  |  |                           |                          |                 |                 |            |
|                            |   |                  |  |                           |                          |                 |                 |            |
|                            |   |                  |  |                           |                          |                 |                 |            |
| н                          | 2019                                      |                  | vacation, nonworkdays, and                                     | , and 202                 | 21 365                   | · · ·           |                 |            |
| I.                         | Did you file a U                          | .S. income tax   | return for any prior year? .                                   |                           |                          |                 |                 | 🗌 No       |
|                            | If "Yes," give th                         | ne latest year a | nd form number you filed 🕨                                     | 104                       | ONR                      |                 | · _             |            |
| J                          |   |                  | ıst?   |                           |                          |                 |                 | 🗙 No       |
|                            |   |                  | U.S. or foreign owner unde                                     |                           |                          |                 |                 | <b>—</b>   |
| 14                         |   |                  | tribution from a U.S. person                                   |                           |                          |                 |                 | ∐ No       |
| K                          | -   |                  | sation of \$250,000 or more                                    |                           |                          |                 |                 |            |
|                            |   |                  | ative method to determine                                      |                           | •                        |                 |                 | ∐ No       |
| L                          |   |                  | f you are claiming exempt<br>v. See Pub. 901 for more in       |                           |                          | tax treaty wi   | th a foreign    | country,   |
| 4                          | • • • • •                                 | • • • •          | the applicable tax treaty art                                  |                           |                          | claimed the t   | roaty bonofi    | t and the  |
|                            |   |                  | he columns below. Attach Fo                                    |                           |                          |                 | reaty benefi    | t, and the |
|                            |   | (a) Coι          |  | (b) Tax treaty article    | (c) Number of month      | ns (d) A        | mount of exe    | empt       |
|                            |   |                  | ,  |                           | claimed in prior tax ye  |                 | e in current ta |            |
|                            |   |                  |  |                           |                          |                 |                 |            |
|                            |   |                  |  |                           |                          |                 |                 |            |
|                            |   |                  |  |                           |                          |                 |                 |            |
|                            |   |                  |  |                           |                          |                 |                 |            |
|                            |   |                  |  |                           |                          |                 |                 |            |
|                            |   |                  |  |                           |                          |                 |                 |            |
| -                          |   |                  | on Form 1040-NR, line 1c. D                                    |                           |                          |                 |                 |            |
|                            |   |                  | oreign country on any of the                                   | . ,                       |                          |                 |                 |            |
| 3.                         | -   |                  | its pursuant to a Competen                                     | -                         |                          |                 | X Yes           | ∐ No       |
|                            |   |                  | Competent Authority deterr                                     | mination letter to your r | elum.                    |                 |                 |            |
| M                          | Check the appl                            |                  | aking on clastics to tract in                                  | nome from real areas      | tulocotod in the U-it.   | d States as     | offootively -   | opposto -  |
| 1.                         |   |                  | naking an election to treat in<br>under section 871(d). See ir |                           |                          |                 |                 |            |

For Paperwork Reduction Act Notice, see the Instructions for Form 1040-NR.

REV 03/07/22 PRO Schedule OI (Form 1040-NR) 2021

| SCHEDULE    | D |
|-------------|---|
| (Eorm 1040) |   |

#### (Form 1040)

# **Capital Gains and Losses**

OMB No. 1545-0074

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.

2021 Attachment Sequence No. 12

Name(s) shown on return

Your social security number 329-37-9494

ROHIT GOUD LODE

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

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

|    | instructions for how to figure the amounts to enter on the below.   | (d)                       | (e)                      | (g)<br>Adjustments  |       | (h) Gain or (loss)<br>Subtract column (e)                    |
|----|---|---------------------------|--------------------------|---|-------|--|
|    | form may be easier to complete if you round off cents to e dollars.   | Proceeds<br>(sales price) | Cost<br>(or other basis) | to gain or loss fro<br>Form(s) 8949, Par<br>line 2, column (g | rt I, | from column (d) and<br>combine the result<br>with column (g) |
| 1a | Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b. |                           |                          |   |       |  |
| 1b | Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked  | 3,299.                    | 3,633.                   | 3   | 1.    | -303.  |
| 2  | Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked  |                           |                          |   |       |  |
| 3  | Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked  | 989.                      | 1,047.                   |   |       | -58.   |
| 4  | 4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824  |                           |                          |   |       |  |
| 5  | Net short-term gain or (loss) from partnerships, Schedule(s) K-1  |                           |                          |   | 5     |  |
| 6  | Short-term capital loss carryover. Enter the amount, if an <b>Worksheet</b> in the instructions   |                           | -                        | -   | 6     | ( )  |
| 7  | 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back  |                           |                          |   |       |  |

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

| See instructions for how to figure the amounts to enter on the lines below. |  | <b>(d)</b><br>Proceeds | (e)<br>Cost      | <b>(g)</b><br>Adjustmen<br>to gain or loss |          | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and |
|---|--|------------------------|------------------|--|----------|--|
|   | form may be easier to complete if you round off cents to e dollars.  | (sales price)          | (or other basis) | Form(s) 8949, I<br>line 2, colum           | Part II, | combine the result<br>with column (g)                            |
| 8a  | Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b. |                        |                  |  |          |  |
| 8b  | Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked   |                        |                  |  |          |  |
| 9   | Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked   |                        |                  |  |          |  |
| 10  | Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked.  |                        |                  |  |          |  |
| 11  | Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824   |                        | 11               |  |          |  |
| 12  | Net long-term gain or (loss) from partnerships, S corporat   |                        | 12<br>13         |  |          |  |
| 13<br>14  | Capital gain distributions. See the instructions Long-term capital loss carryover. Enter the amount, if any  | 13                     |                  |  |          |  |
| 14  | Worksheet in the instructions  | 14                     | ( )              |  |          |  |
| 15  | Net long-term capital gain or (loss). Combine lines 8a on the back .   |                        | 15               |  |          |  |

| Part | III Summary   |      |       |
|------|---|------|-------|
| 16   | Combine lines 7 and 15 and enter the result   | 16   | -361. |
|      | • If line 16 is a <b>gain,</b> 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 <b>loss</b> , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.  |      |       |
|      | • If line 16 is <b>zero,</b> 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 <b>both</b> gains?  |      |       |
|      | <b>No.</b> Skip lines 18 through 21, and go to line 22.   |      |       |
| 18   | If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet  | 18   |       |
| 19   | If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet  | 19   |       |
| 20   | <ul> <li>Are lines 18 and 19 both zero or blank and are you not filing Form 4952?</li> <li>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.</li> </ul> |      |       |
|      | □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.  |      |       |
| 21   | If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:   |      |       |
|      | The loss on line 16; or     (\$3,000), or if married filing separately, (\$1,500)   | 21 ( | 361.) |
|      | Note: When figuring which amount is smaller, treat both amounts as positive numbers.  |      |       |
| 22   | Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?   |      |       |
|      | ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.   |      |       |
|      | X No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.  |      |       |

REV 03/07/22 PRO

Schedule D (Form 1040) 2021

Department of the Treasury

Internal Revenue Service

### Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

(0

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.

edule D. Attachment Sequence No. 12A

| Name(s) shown on return | Social security number or taxpayer identification number |  |  |  |  |
|-------------------------|--|--|--|--|--|
| ROHIT GOUD LODE         | 329-37-9494  |  |  |  |  |

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

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

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

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

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

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

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

| <b>1</b><br>(a)<br>Description of property  | (b)<br>Date acquired<br>(Mo., day, yr.)<br>(Mo., day, yr.) |          | Proceeds                            | <b>(e)</b><br>Cost or other basis.<br>See the <b>Note</b> below | Adjustment, if any, to gain or loss.<br>If you enter an amount in column (g),<br>enter a code in column (f).<br>See the separate instructions. |                                       | <b>(h)</b><br><b>Gain or (loss).</b><br>Subtract column (e)  |  |
|---|--|----------|-------------------------------------|---|--|---------------------------------------|--|--|
| (Example: 100 sh. XYZ Co.)  |  |          | (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) |  |
| DRIVEWEALTH, LLC  | 05/05/21   | 12/12/21 | 15.                                 | 16.   |  |                                       | -1.  |  |
| Robinhood Securities LLC  | 05/05/21   | 12/12/21 | 3,284.                              | 3,617.  | W  | 31.                                   | -302.  |  |
|   |  |          |                                     |   |  |                                       |  |  |
|   |  |          |                                     |   |  |                                       |  |  |
|   |  |          |                                     |   |  |                                       |  |  |
|   |  |          |                                     |   |  |                                       |  |  |
|   |  |          |                                     |   |  |                                       |  |  |
|   |  |          |                                     |   |  |                                       |  |  |
|   |  |          |                                     |   |  |                                       |  |  |
|   |  |          |                                     |   |  |                                       |  |  |
|   |  |          |                                     |   |  |                                       |  |  |
|   |  |          |                                     |   |  |                                       |  |  |
|   |  |          |                                     |   |  |                                       |  |  |
|   |  |          |                                     |   |  |                                       |  |  |
| 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ► |  |          | 3,299.                              | 3,633.  |  | 31.                                   | -303.  |  |

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.

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

### Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

▶ 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

Name(s) shown on return ROHIT GOUD LODE

| Social security number | or taxpayer identification number |
|------------------------|-----------------------------------|
| 329-37-9494            |                                   |

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)

(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

| <b>1</b><br>(a)<br>Description of property  | <b>(b)</b><br>Date acquired<br>(Mo., day, yr.) | <b>(c)</b><br>Date sold or<br>disposed of<br>(Mo., day, yr.) | (d)<br>Proceeds<br>(sales price)<br>(see instructions) | <b>(e)</b><br>Cost or other basis.<br>See the <b>Note</b> below | If you enter an enter a c           | any, to gain or loss.<br>amount in column (g),<br>ode in column (f).<br>arate instructions. | (h)<br>Gain or (loss).<br>Subtract column (e)                |
|---|--|--|--|---|-------------------------------------|---|--|
| (Example: 100 sh. XYZ Co.)  |  |  |  | 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) |
| Robinhood Crypto LLC  | 01/01/21                                       | 12/31/21   | 989.   | 1,047.  |                                     |   | -58.   |
|   |  |  |  |   |                                     |   |  |
|   |  |  |  |   |                                     |   |  |
|   |  |  |  |   |                                     |   |  |
|   |  |  |  |   |                                     |   |  |
|   |  |  |  |   |                                     |   |  |
|   |  |  |  |   |                                     |   |  |
|   |  |  |  |   |                                     |   |  |
|   |  |  |  |   |                                     |   |  |
|   |  |  |  |   |                                     |   |  |
|   |  |  |  |   |                                     |   |  |
|   |  |  |  |   |                                     |   |  |
|   |  |  |  |   |                                     |   |  |
|   |  |  |  |   |                                     |   |  |
| 2 Totals. Add the amounts in columns<br>negative amounts). Enter each tota<br>Schedule D, line 1b (if Box A above<br>above is checked), or line 3 (if Box C | al here and inc<br>is checked), <b>lir</b>     | lude on your<br>1e 2 (if Box B                               | 989.   | 1,047.  |                                     |   | -58.   |

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.

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

| Departm   | ent of the Treasury   | Attach to Form 1040  | ), 1040                       | )-SR, 104                                   | 10-NR, c   | or 1041.  |                |            | I —       |                                      |  |
|---|---|--|-------------------------------|---|------------|-----------|----------------|------------|-----------|--------------------------------------|--|
| Internal Revenue Service (99) Go to www.irs.gov/ScheduleE for |   |  |                               | or instructions and the latest information. |            |           |                |            |           | Attachment<br>Sequence No. <b>13</b> |  |
| Name(s)   | shown on return   |  |                               |   |            |           |                | Your soci  | al securi | ty number                            |  |
| ROHI  | T GOUD LODE   |  |                               |   |            |           |                | 329-3      | 7-949     | 4                                    |  |
| Part  | Income or Loss  | From Rental Real Estate and Ro                                     | yaltie                        | s Note                                      | : If you a | are in th | e business of  | renting pe | rsonal p  | roperty, use                         |  |
|   |   | instructions. If you are an individual, rep                        | -                             |   | -          |           |                | • •        | •         |                                      |  |
| A Dic   |   | nts in 2021 that would require you to                              |                               |   |            |           |                |            |           |                                      |  |
|   |   | pu file required Form(s) 1099?                                     |                               | • • •                                       |            |           |                |            |           | Yes 🗌 No                             |  |
| <br>1a  |   |  |                               |   |            |           |                |            | · ⊔       |                                      |  |
| A   | Physical address of each property (street, city, state, ZIP code)         1-9-202/E/1/B/1/1 OPP YSR PARK RAMNAGAR HYDERABAD TELANGANA IN 500020   |  |                               |   |            |           |                |            |           |                                      |  |
| B   |   |  |                               |   |            |           |                |            |           |                                      |  |
| C   |   |  |                               |   |            |           |                |            |           |                                      |  |
| 1b  | Type of Property  | 2 For each rental real estate property listed Fair Rental Personal |                               |   |            |           |                |            |           | 0.11/                                |  |
|   | (from list below)   | above, report the number of fa                                     | ir rental and                 |   |            | Days      |                | Days       |           | QJV                                  |  |
| Α   | 3   | personal use days. Check the<br>if you meet the requirements to    | o file as a A<br>cructions. B |   | Α          | 365       |                | 0          |           |                                      |  |
| B   |   | qualified joint venture. See inst                                  |                               |   | B          |           |                |            |           |                                      |  |
|   |   |  |                               |   | C          |           |                |            |           |                                      |  |
|   | of Property:  |  |                               |   | •          |           |                |            |           |                                      |  |
|   | gle Family Residence  | 3 Vacation/Short-Term Rental                                       | 5 I a                         | nd  | -          | 7 Self-   | Rental         |            |           |                                      |  |
|   | ti-Family Residence   | 4 Commercial   |                               | valties                                     |            |           | r (describe)   |            |           |                                      |  |
| Incom   |   | Properties:  |                               |   | A          |           | B              |            |           | С                                    |  |
| 3   | Bents received  | · · · · · · · · · · · ·  | 3                             |   |            | 580.      |                |            |           | •                                    |  |
| 4   |   |  | 4                             |   |            |           |                |            |           |                                      |  |
| Expen   |   |  |                               |   |            |           |                |            |           |                                      |  |
| 5   |   |  | 5                             |   |            |           |                |            | 1         |                                      |  |
| 6   | -   | nstructions)   | 6                             |   |            |           |                |            |           |                                      |  |
| 7   |   |  | 7                             |   | 1.         | 650.      |                |            |           |                                      |  |
| 8   |   |  | 8                             |   | -7         |           |                |            |           |                                      |  |
| 9   |   |  | 9                             |   |            |           |                |            |           |                                      |  |
| 10  |   | ssional fees   | 10                            |   |            |           |                |            |           |                                      |  |
| 11  |   |  | 11                            |   | 1          | 990.      |                |            |           |                                      |  |
| 12  |   | d to banks, etc. (see instructions)                                | 12                            |   | <i>_</i> , | <u> </u>  |                |            |           |                                      |  |
| 13  |   |  | 13                            |   |            |           |                |            |           |                                      |  |
| 14  |   |  | 14                            |   | 1 .        | 870.      |                |            |           |                                      |  |
| 15  |   |  | 15                            |   |            | 640.      |                |            |           |                                      |  |
| 16  | Supplies         .< |  |                               |   | - /        | 0100      |                |            |           |                                      |  |
| 17  |   |  | 16<br>17                      |   | 1.         | 850.      |                |            |           |                                      |  |
| 18  |   | e or depletion   | 18                            |   | -7         |           |                |            |           |                                      |  |
| 19  | Other (list)  |  | 19                            |   |            |           |                |            |           |                                      |  |
| 20  |   | lines 5 through 19   | 20                            |   | 9.         | 000.      |                |            |           |                                      |  |
| 21  | •   | line 3 (rents) and/or 4 (royalties). If                            |                               |   | 1          |           |                |            |           |                                      |  |
| 21  |   | instructions to find out if you must                               |                               |   |            |           |                |            | ĺ         |                                      |  |
|   | file Form 6198  |  | 21                            |   | -8,        | 420.      |                |            | ĺ         |                                      |  |
| 22  |   | estate loss after limitation, if any,                              |                               |   |            |           |                |            |           |                                      |  |
|   |   | structions)  | 22                            | (   | -8.4       | 20.)      | (              | )          | (         |                                      |  |
| 23a   |   | eported on line 3 for all rental prope                             |                               |   |            | 23a       |                | 580.       | ,         |                                      |  |
| b   |   | eported on line 4 for all royalty prop                             |                               |   |            | 23b       |                |            |           |                                      |  |
| c   |   | eported on line 12 for all properties                              |                               |   |            | 23c       |                |            |           |                                      |  |
| d   |   | eported on line 18 for all properties                              |                               |   |            | 23d       |                |            |           |                                      |  |
| e   |   |  |                               |   |            | 23e       | C              | 9,000.     |           |                                      |  |
| 24  |   | e amounts shown on line 21. <b>Do no</b>                           |                               |   |            |           |                | . 24       |           |                                      |  |
| 25  |   | sses from line 21 and rental real estate                           |                               |   |            | nter tot  | al losses here |            | (         | 8,420.                               |  |
| 26  |   | ate and royalty income or (loss).                                  |                               |   |            |           |                |            | ×         | -,                                   |  |
| 20  |   | V, and line 40 on page 2 do not                                    |                               |   |            |           |                |            | ĺ         |                                      |  |
|   |   | 40), line 5. Otherwise, include this ar                            |                               |   |            |           |                | . 26       | 1         | -8,420.                              |  |

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

For Paperwork Reduction Act Notice, see the separate instructions.

SCHEDULE E

(Form 1040)

Schedule E (Form 1040) 2021

OMB No. 1545-0074

2021