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)

Тахрау	ver's name	Social security nur	nber
MAN	JUNATH MULINTI	864-74-88	51
Spouse	s's name	Spouse's social se	curity number
Par	t I Tax Return Information – Tax Year Ending December 31, 2021 (Enter		uthorizing)
-	· · · · · · · · · · · · · · · · · · ·	er year you are a	uthonzing.)
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	54,867.
2	Total tax	2	4,994.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	7,910.
4	Amount you want refunded to you	4	2,916.
5	Amount you owe	5	

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.

Taxpayer's PIN: check one box only

				FBO firm name		Ē
X	l authorize	GLOBAL	TAXES	ГГС	to enter or generate my PIN	_
		AT AD 3 T				4

Ent	er fiv	/e di	gits,	but	as my
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	4 Ent	4 8 Enter fiv	Enter five di	Enter five digits,	4 8 8 5 1 Enter five digits, but don't enter all zeros

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

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

Your signature 🕨

Date 🕨

Spouse's PIN: check one box only

I authorize

to	enter	or	generate	my	PIN

as mv Enter five digits, but don't enter all zeros

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

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

Spouse's signature 🕨						 		
Practitioner PIN Method Returns Only—continu	e be	low						
Part III Certification and Authentication – Practitioner PIN Method Only								
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	5	8	7		6 all ze	 9	89	J

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

ERO's signature >		Date 🕨	
ERO Must Retain Th Don't Submit This Form to t			
For Paperwork Reduction Act Notice, see your tax return instructio	ons. BAA	REV 03/12/22 PRO	Form 8879 (Rev. 01-2021)

Deduction for- 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 487. • Single or Married filing separately, \$12,550 9 Other income from Schedule 1, line 10 8 -6,250. 8 . -6,250. 9 54,867. 9 54,867. 9 54,867. 10 9 54,867. 10 .	104		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		⁽⁹⁹⁾ 202	21	OMB No. 154	15-0074	IRS Use Onl	y—Do not	write or staple	e in this space.
MANJUNATH MULINTI 864-74-8851 If joint return, spouse's first name and middle initial Last name Spouse's social security number Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign 5110 ARCHANGEL DRIVE Check here if you, or your Spouse's social security want Sa box below will not checking a box below. State 2/2 code cp oto hits fund. Checking a box below. Spouse's fund. Checking a box below. Spouse's milling jointly, want Sa box below. Spouse's milling jointly, want Sa box below. Spouse's milling jointly, want Sa box below. Spouse's milling jointly, want Sa box below. Spouse's milling jointly, want Sa box below. Spouse's milling jointly, want Sa box below. Spouse's milling jointly, want Sa box below. Spouse's milling jointly, want Sa box below. Spouse's milling jointly, want Sa box below. Spouse's milling jointly, want Sa box below. Spouse's milling jointly, want Sa box below. Spouse's milling jointly, want Sa box below. Spouse's milling jointly, want Sa box below. Spouse's milling jointly, want Sa box below. Spouse's milling jointly, want Sa box below. Spouse's milling jointly, want Sa box below. Spouse's milling jointly, want Sa box bot milling jointly, w	Check only	lf yo	u checked the MFS box, enter the n	ame of y	•	,			,		, 0	() ()
If joint return, spouse's first name and middle initial Last name Spouse's social security number Home address frumber and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign 5110 ARCHANGEL DRIVE Image: Street of the presidential Election Campaign Campaign City, town, or post office. If you have a foreign address, also complete spaces below. State ZP code tog to this fund. Ohecking a box will not change Foreign country name Foreign province/state/country Foreign postal code your tax or refund. Urou is poouse Standgard Someone can claim: You as a dependent You roy pouse as a dependent Urou royous eas a a dependent Deduction Spouse itemizes on a separate return or you were a dual-status allen Image: Spouse itemizes on a separate return or you were a dual-status allen dependents, see instructions; (1) First name Last name Image: Spouse Image: Spou	Your first name	e and mi	iddle initial	Last na	me					Your s	ocial securi	ity number
Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign S110_ARCHANGEL_DRIVE Check here if you, or your spouse if filing jointly, want 33 Shat 2/P code to this fund. Checkling a box below will not change your tax or refund. Griy, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code to this fund. Checkling a box below will not change your tax or refund. Foreign country name Foreign province/state/county Foreign postal code You Spouse At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? X Yes No Standard Someone can claim: You as dependent Your spouse as a dependent Yes No Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You (4) If realifies for (see instructions): (1) First name Last name (1) First name Last name (2) Social security (3) Relationship (4) If qualifies for (see instructions): (4) If qualifies for (see instructions): 1 60, 629. If more 1 Ra distributions 3a 1. b Ordinary dividends 3b 1. 60, 629.	MANJUNA	TH		MULI	NTI					864-	-74-885	1
5110 ARCHANGEL DRIVE Check here if you, or your City, town, or post office. If you have a foreign address, also complete spaces below. State CA 95 002 Stopuse if filing jointly, want \$3 SANJOSE CA 95 002 box below will not change Foreign country name Foreign province/state/country Foreign postal cade You it as or refund. Standard Someone can claim: You as a dependent Your spouse as a dependent Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Were born before January 2, 1957 Are blind Spouse: Dependents (see instructions): (2) Social security (3) Relationship (4) V if qualifies for (see instructions): If more (1) First name Last name Immediate Immediate Immediate 4a Data distributions 3a 1 60, 62.9. 5b 5b Standard Qualified dividends 3a 1 60, 62.9. 5b 4a itach 3a 1 60, 62.9. 5b 5b Standard Qualified dividends 3a 1 60, 62.9. 5b<	If joint return, s	spouse's	s first name and middle initial	Last nai	me					Spouse	e's social se	curity number
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For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2021)

	16 17	Tax (see instructions). Check if any from Form(s): 1		2 🗌 4972	3		16	4,994.
	17	American Calcalula O line O						
		Amount from Schedule 2, line 3					17	
	18	Add lines 16 and 17					18	4,994.
	19	Nonrefundable child tax credit or credit for other	•			F	19	
	20	Amount from Schedule 3, line 8					20	
	21	Add lines 19 and 20				-	21	
	22	Subtract line 21 from line 18. If zero or less, enter	r-0				22	4,994.
	23	Other taxes, including self-employment tax, from	Schedule 2	2, line 21			23	0.
	24	Add lines 22 and 23. This is your total tax \cdot .				. 🕨	24	4,994.
	25	Federal income tax withheld from:			1 1			
	а	Form(s) W-2			25 a 7,	910.		
	b	Form(s) 1099			25b			
	С	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					25d	7,910.
If you have a	26	2021 estimated tax payments and amount applied		37			26	
qualifying child, attach Sch. EIC.	27a	Earned income credit (EIC)			27a			
		Check here if you were born after January						
		January 2, 2004, and you satisfy all the oth taxpayers who are at least age 18, to claim the El						
	b	Nontaxable combat pay election	27b	_				
	с	Prior year (2019) earned income	27c					
	28	Refundable child tax credit or additional child tax cr	redit from S	chedule 8812	28			
	29	American opportunity credit from Form 8863, line	98		29			
	30	Recovery rebate credit. See instructions			30			
	31	Amount from Schedule 3, line 15			31			
	32	Add lines 27a and 28 through 31. These are your	total other	r payments and	refundable credi	ts 🕨	32	
	33	Add lines 25d, 26, and 32. These are your total p	ayments			. 🕨	33	7,910.
Refund	34	If line 33 is more than line 24, subtract line 24 from	m line 33. T	his is the amou	nt you overpaid		34	2,916.
	35a	Amount of line 34 you want refunded to you. If F		s attached, cheo	ck here		35a	2,916.
Direct deposit?	►b	Routing number 1 2 4 1 0 3 7 9		► c Type: 🛛 🗙	Checking S	avings		
See instructions.	►d	Account number 8 8 7 3 4 5 2 9	4 3					
	36	Amount of line 34 you want applied to your 2022	estimated	ltax 🕨	36			
Amount	37	Amount you owe. Subtract line 33 from line 24. F	For details	on how to pay, s	ee instructions	. 🕨	37	
You Owe	38	Estimated tax penalty (see instructions)		🕨	38			
Third Party		you want to allow another person to discuss						.
Designee						•		X No
		ignee's e ►	Phone no.			nal identific er (PIN) 🕨	ation	
Sign		er penalties of perjury, I declare that I have examined this		accompanying sch			he best	of my knowledge and
-		of, they are true, correct, and complete. Declaration of prep						
Here	Υοι	r signature Date	e '	Your occupation				you an Identity
	N							l, enter it here
Joint return?				DATA ENGIN		(see in	· L	
See instructions. Keep a copy for	Spo	use's signature. If a joint return, both must sign. Date	e S	Spouse's occupati	on			t your spouse an ction PIN, enter it here
your records.						(see in		
	Pho	ne no. (208) 596-3527 Ema	ail address	SPARTANMAN	JU@GMAIL.COM	1		
D. i.i		parer's name Preparer's signature				PTIN		Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM	SAGAR G	UPTA TALLAM	03/24/2022	202082	703	Self-employed
Preparer	Firr	i's name ► GLOBAL TAXES LLC			·			678)965-9522
Use Only	Firr	n's address ▶ 2530 Pebble Creek Ln C	Cumming	GA 30041			EIN ►	30-1017196
Go to www.irs.go	ov/Form	1040 for instructions and the latest information.		BAA	REV 03/12/22 PRO			Form 1040 (2021)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

Sequence No. OI
Your social security number
864-74-8851

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

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes	8	1	
2a	Alimony received		2 a	
b	Date of original divorce or separation agreement (see instructions)	·		
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, tru Schedule E		5	-6,250.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling income	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Taxable Health Savings Account distribution	8e		
f	Alaska Permanent Fund dividends	8f		
g	Jury duty pay	8g		
h	Prizes and awards	8h		
i	Activity not engaged in for profit income	8i		
j	Stock options	8j		
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8k		
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		
ο	Section 461(I) excess business loss adjustment	80		
р	Taxable distributions from an ABLE account (see instructions) .	8p		
z	Other income. List type and amount ►	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 10 1040-NR, line 8		10	-6,250.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedul	e 1 (Form 1040) 2021

Par	Adjustments to Income	· · · · · ·
11	Educator expenses	11
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	12
13	Health savings account deduction. Attach Form 8889	13
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14
15	Deductible part of self-employment tax. Attach Schedule SE	15
16	Self-employed SEP, SIMPLE, and qualified plans	16
17	Self-employed health insurance deduction	17
18	Penalty on early withdrawal of savings	18
19a		19a
b	Recipient's SSN	
c	Date of original divorce or separation agreement (see instructions)	
20		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	
С	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 81	
d	Reforestation amortization and expenses	
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	
f	Contributions to section 501(c)(18)(D) pension plans 24f	_
g	Contributions by certain chaplains to section 403(b) plans 24g	-
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	
j	Housing deduction from Form 2555 . . . 24j	_
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	
z	Other adjustments. List type and amount ► 24z	
25	Total other adjustments. Add lines 24a through 24z	25
26	Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26

BAA

SCHEDULE D

(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/ScheduleD for instructions and the latest information
► Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

2021 Attachment Sequence No. 12

Internal Revenue Service (99) Name(s) shown on return

Department of the Treasury

MANJUNATH MULINTI

Your social security number

864-74-8851

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

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.		(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	24,922.	26,031.	1,400		291.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked	11,627.	11,431.			196.
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1			usts from	5	
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions		-	-	6	()
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	•	., .		7	487.

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. This form may be easier to complete if you round off cents to whole dollars.		(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, f line 2, colum	from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked.					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824				11	
12 13	Net long-term gain or (loss) from partnerships, S corporat Capital gain distributions. See the instructions	. ,	12 13			
14	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	a through 14 in co	olumn (h). Then, go	o to Part III	15	

Part	III Summary		
16	Combine lines 7 and 15 and enter the result	16	487.
	• If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.		
	• If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.		
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.		
17	Are lines 15 and 16 both gains? Yes. Go to line 18.		
	No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
20	 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. 		
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:		
	 The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500) 	21	()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?		
	Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.		
	□ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

REV 03/12/22 PRO

Schedule D (Form 1040) 2021

Form **8949**

Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

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

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

2021 Attachment Sequence No. 12A

Name(s) shown on return	Social security number or taxpayer identification number
MANJUNATH MULINTI	864-74-8851

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

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

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

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

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

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

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

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below	If you enter an enter a c	f any, to gain or loss. amount in column (g), ode in column (f). parate instructions.	(h) Gain or (loss). Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) (g) Code(s) from instructions Amount of adjustment		from column (d) and combine the result with column (g)	
Robinhood Securities LLC	05/05/21	12/12/21	24,922.	26,031.	W	1,400.	291.	
2 Totals. Add the amounts in column negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box 0	al here and inc is checked), lir	lude on your ne 2 (if Box B	24,922.	26,031.		1,400.	291.	

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

Form **8949**

Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

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

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

Attachment Sequence No. 12A

Name(s) shown on returnSocial security number or taxpayer identification numberMANJUNATH MULINTI864-74-8851

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

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

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

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

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

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

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

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below		(h) Gain or (loss). Subtract column (e)		
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.) disposed of (Mo., day, yr.)		(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) (g) Code(s) from Amount of instructions adjustment		from column (d) and combine the result with column (g)	
ROBINHOOD CRYPTO LLC	01/01/21	12/31/21	11,627.	11,431.			196.	
2 Totals. Add the amounts in column negative amounts). Enter each tot Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box	al here and inc e is checked), lir	lude on your ne 2 (if Box B	11,627.	11,431.			196.	

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

SCHEDULE	Ε
(Form 1040)	

Department of the Treasury Internal Revenue Service (99)

Supplemental Income and Loss

OMB No. 1545-0074

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

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

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

2 Attachment Sequence No. 13

Name(s)	shown on return							Your	social securi	ty number	
MANJ	UNATH MULINTI							864	1-74-885	51	
Part		From Rental Real Estate and Ro	-		-						lse
		nstructions. If you are an individual, rep							-		
		nts in 2021 that would require you to		• • •							
B If "		ou file required Form(s) 1099?							🗆	Yes 🗌	No
1 a		each property (street, city, state, ZIF									
A	9/1/692 OPPOSI	TE SAIKRISHNA JR COLLEGE	UMA	NAGAR	KAI	YANAI	DURGAM	ANDHE	RA PRADE	ESH IN	51576
В											
С											
1b	Type of Property	2 For each rental real estate prop	perty l	isted			Rental		onal Use	QJ	v
	(from list below)	above, report the number of fa	Ir rent QJV b	ai and iox onlv⊢		L	Days	L	Days		
A	3	personal use days. Check the if you meet the requirements to	o file a	is a			365		0		
B		qualified joint venture. See inst	ructio	ns.	В						
С					С						
	of Property:										
	le Family Residence	3 Vacation/Short-Term Rental				7 Self-					
	ti-Family Residence	4 Commercial	6 Ro	yalties		8 Othe	r (describe))			
Incom	-	Properties:			Α		E	3		С	
3			3			550.					
4			4								
Expen											
5			5								
6		nstructions)	6								
7		ance	7		1,	350.					
8	Commissions		8								
9			9								
10		ssional fees	10								
11			11		1,	350.					
12	Mortgage interest pai	d to banks, etc. (see instructions)	12								
13			13								
14	Repairs		14		1,	250.					
15	Supplies		15		1,	410.					
16	Taxes		16								
17			17		1,	440.					
18		or depletion	18								
19	Other (list)	ince 5 through 10	19								
20	Total expenses. Add	lines 5 through 19	20		6,	800.					
21		line 3 (rents) and/or 4 (royalties). If									
	result is a (loss), see	instructions to find out if you must									
			21		-6,	250.					
22	Deductible rental real on Form 8582 (see in	estate loss after limitation, if any, structions)	22	(6,2	250.)	()()
23a	Total of all amounts re	eported on line 3 for all rental prope	rties			2 3a		55	0.		
b	Total of all amounts re	eported on line 4 for all royalty prop	erties			23b					
с	Total of all amounts re	eported on line 12 for all properties				23c					
d	Total of all amounts re	eported on line 18 for all properties				23d					
е		eported on line 20 for all properties				23e		6,80	0.		
24	Income. Add positive	e amounts shown on line 21. Do no	t inclu	ide any l	losses			. [24		
25	Losses. Add royalty lo	sses from line 21 and rental real estate	losse	s from lin	ne 22. E	nter tota	al losses her	re.	25 (6,2	50.)
26	Total rental real esta	ate and royalty income or (loss).	Comb	ine lines	s 24 an	d 25. E	Enter the re	sult			
	here. If Parts II, III, I'	V, and line 40 on page 2 do not	apply	to you,	also e	enter th	nis amount	on			
	Schedule 1 (Form 104	10), line 5. Otherwise, include this ar	nount	in the to	otal on	line 41			26	-6,2	250.
For Pa	perwork Reduction Act	Notice, see the separate instructions.		N	IPA		-6,25	.0	Schedule E	(Form 10	10) 2021

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2021