Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

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

OMB No. 1545-0074

| Submis | ssion Identification Number (SID) | | | |
|--|--|---|--|---|
| Taxpaye | r's name | Social security | y number | |
| MANJ | UNATH MULINTI | 864-74- | 8851 | |
| Spouse's | s name | Spouse's soci | al security nu | mber |
| Part | Tax Return Information — Tax Year Ending December 31, 2021 (Enter | year you ar | e authoriz | ing.) |
| Enter v | 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 | |
| Part | Taxpayer Declaration and Signature Authorization (Be sure you get and k | eep a copy | of your r | eturn) |
| return (control to send for any Agent to paymer authorize paymer business taxes to personal Electror | ERO firm name signature on the income tax return (original or amended) I am now authorizing. | tter, or electroction of the trace. Treasury are cated in the tan to debit the the authorizests must be processing of ayment. I furth now authorize the processing of ayment. I furth now authorize the processing of ayment. | nic return oriansmission, (and its designate x preparation entry to this tion. To revolved not the electroniner acknowleding and, if a serive digits, l'it enter all zen | iginator (ERO) (b) the reason ated Financial in software for account. This obe (cancel) a bolater than 2 ic payment of edge that the pplicable, my as my but ros |
| | I will enter my PIN as my signature on the income tax return (original or amended) I am not if you are entering your own PIN and your return is filed using the Practitioner PIN method below. | od. The ERO | must com | |
| Your si | gnature ► Date ► | 03/28 | 3/2022 | |
| Spous | e's PIN: check one box only | | | |
| | I authorize to enter or generate resignature 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 if you are entering your own PIN and your return is filed using the Practitioner PIN method below. | Ent dor ow authorizir | | ros his box only |
| Spouse | e's signature ▶ Date ▶ | | | |
| | Practitioner PIN Method Returns Only—continue below | | | |
| Part I | Certification and Authentication — Practitioner PIN Method Only | | | |
| | EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5 8 that the above numeric entry is my PIN, which is my signature for the electronic individual income tax | Don't ente | B 6 1 9 er all zeros | |
| authoriz | ted to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submit ments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of Indicated IRS e-file IRS e-fi | tting this retu | rn in accorda | ance with the |
| ERO's | signature ▶ Date ▶ | | | |
| | ERO Must Retain This Form — See Instructions | | | |

Don't Submit This Form to the IRS Unless Requested To Do So

E 1040 Department of the Treasury—Internal Revenue Service (99) U.S. Individual Income Tax Return

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

| Filing Status Check only one box. | If yo | Single Married filing jointly use the MFS box, enter the notion is a child but not your dependent | ame of | ed filing separately your spouse. If you | , , | _ | | , | _ | , , | ` , ` , |
|---|---------|---|-------------|---|-----------|---------------|--------------|--------------------|--------------|-------------------------|--------------------------------|
| Your first name | and m | iddle initial | Last na | me | | | | | Your so | cial securi | ity number |
| MANJUNA' | ГΗ | | MULI | NTI | | | | | 864- | 74-885 | i1 |
| If joint return, s | pouse's | s first name and middle initial | Last na | me | | | | | Spouse' | s social se | ecurity number |
| | | er and street). If you have a P.O. box, see GEL DRIVE | instruction | ons. | | | | Apt. no. | 1 | ntial Electinere if you | ion Campaigr |
| | | ce. If you have a foreign address, also co | omplete s | paces below. | Sta C2 | | | code | to go to | 0, | ntly, want \$3 . Checking a |
| Foreign country | y name | | F | Foreign province/sta | te/coun | ty | For | eign postal code | ٦ | or refund | |
| At any time du | ring 20 | 021, did you receive, sell, exchange | , or othe | rwise dispose of a | any fina | ancial intere | est in an | y virtual curre | ency? | X Yes | ☐ No |
| Standard Deduction | | leone can claim: You as a de Spouse itemizes on a separate retur | | _ ' | | | nt | | | | |
| Age/Blindness | You | : Were born before January 2, 1 | 957 | Are blind S | pouse | : Was | born be | efore January | 2, 1957 | ☐ Is b | olind |
| Dependent | s (see | instructions): | | (2) Social secu | rity | (3) Relation | | (4) ✓ if c | qualifies fo | r (see instri | uctions): |
| If more | (1) F | First name Last name | | number to you | | u | Child tax of | credit | Credit for o | ther dependents | |
| than four | | | | | | | | | | | |
| | s —— | | | | | | | | | | |
| and check here ▶ □ | | | | | | | | | | | |
| | . 1 | Wages, salaries, tips, etc. Attach I | Form(s) \ | N-2 | | | | | . 1 | | 60,629. |
| Attach | 2a | | 2a | | b T | axable inte | rest | | 2b | | |
| Sch. B if | За | · – | 3a | 1. | | Ordinary div | | | 3b | | 1. |
| Deduction Age/Blindnes Dependent If more than four dependents, see instructior and check here ▶ Attach | 4a | IRA distributions | 4a | | | axable am | | | . 4b | | |
| | 5a | Pensions and annuities | 5a | | b T | axable am | ount . | | . 5b | | |
| Standard | 6a | Social security benefits | 6a | | b T | axable am | ount . | | . 6b | | |
| Deduction for— | 7 | Capital gain or (loss). Attach Sche | dule D if | required. If not re | auired | , check her | e. | 🕨 | □ 7 | | 487. |
| Single or Married filing | 8 | Other income from Schedule 1, lin | ie 10 | · · · · · · | · | | | | . 8 | | -6,250. |
| separately, \$12,550 | 9 | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, | and 8. T | his is your total ir | ncome | | | | ▶ 9 | | 54,867. |
| • Married filing | 10 | Adjustments to income from Sche | | • | | | | | . 10 | | |
| jointly or Qualifying | 11 | Subtract line 10 from line 9. This is | | | ome | | | | ▶ 11 | | 54,867. |
| widow(er), | 12a | Standard deduction or itemized | • | - | | | 12a | 12,55 | 0. | | |
| \$25,100 • Head of | b | Charitable contributions if you take | | • | , | ructions) | 12b | 30 | 0. | | |
| household, \$18,800 | С | | | | | | | | . 120 | ; | 12,850. |
| If you checked | 13 | Qualified business income deduct | | Form 8995 or Fo | rm 899 | 95-A | | | . 13 | | |
| any box under Standard | 14 | Add lines 12c and 13 | | | | | | | . 14 | _ | 12,850. |
| Deduction, | 15 | Taxable income. Subtract line 14 | from lin | e 11. If zero or les | s, ente | er -0 | | | . 15 | | 42,017. |

| | 16 | Tax (see instructions). Check if any from For | m(s): 1 881 | 4 2 🗌 4972 | 3 🗌 | | | 16 | 4,994. | | |
|--------------------------------------|------------|--|--------------------|-------------------|-------------------|-------------------|--------------|---------------------|--|--|--|
| | 17 | 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 depender | nts from Schedule | e 8812 | | | 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 | s, enter -0 | | | | | 22 | 4,994. | | |
| | 23 | Other taxes, including self-employment tax | k, from Schedule | e 2, line 21 | | | | 23 | 0. | | |
| | 24 | Add lines 22 and 23. This is your total tax | | | | | | 24 | 4,994. | | |
| | 25 | Federal income tax withheld from: | | | | | | | · . | | |
| | а | Form(s) W-2 | | | 25a | 7, | 910. | | | | |
| | b | Form(s) 1099 | | | 25b | | | | | | |
| | С | Other forms (see instructions) | | | 25c | | | | | | |
| | d | Add lines 25a through 25c | | | | | | 25d | 7,910. | | |
| 16 | 26 | 2021 estimated tax payments and amount | | | | | | 26 | | | |
| If you have a L qualifying child, | 27a | Earned income credit (EIC) | | No | 27a | | | | | | |
| attach Sch. EIC. | | Check here if you were born after Jar | nuary 1, 1998, | and before | | | | | | | |
| | | January 2, 2004, and you satisfy all t | | | | | | | | | |
| | | taxpayers who are at least age 18, to claim | 1 1 | structions | | | | | | | |
| | b | Nontaxable combat pay election | | | + | | | | | | |
| | С | Prior year (2019) earned income | | 0 0010 | - | | | | | | |
| | 28 | Refundable child tax credit or additional chil | | | 28 | | | | | | |
| | 29 | American opportunity credit from Form 88 | | | 29 | | | | | | |
| | 30 | Recovery rebate credit. See instructions . | | | 30 | | | | | | |
| | 31 | Amount from Schedule 3, line 15 | | | 31 | المالية المالية | | 00 | | | |
| | 32 33 | Add lines 25d, 26, and 22. Those are your | - | | | | | 32 | 7,910. | | |
| | 34 | Add lines 25d, 26, and 32. These are your | | | | | | 33 34 | 2,916. | | |
| Refund | | If line 33 is more than line 24, subtract line | | | • | = | | 35a | 2,916. | | |
| Direct deposit? | 35a ▶ b | Amount of line 34 you want refunded to y Routing number 1 2 4 1 0 3 7 | | | Ck flere Check | | ▶ ∐ vings | SSA | 2,510. | | |
| See instructions. | ►d | Account number 8 8 7 3 4 5 2 | | | | | | | | | |
| | 36 | Account number 8 8 7 3 4 5 2 9 4 3 | | | | | | | | | |
| Amount | 37 | Amount you owe. Subtract line 33 from lin | | | | ructions | . • | 37 | | | |
| You Owe | 38 | Estimated tax penalty (see instructions) . | | | 38 | ructions | | 31 | | | |
| Third Party | | you want to allow another person to di | | | | | | | | | |
| Designee | | tructions | | | | Yes. Com | plete b | elow. | X No | | |
| | Des | ignee's | Phone | | | Persona | | | | | |
| | nan | ne ► | no. 🕨 | | | number | (PIN) ▶ | • | | | |
| Sign | | der penalties of perjury, I declare that I have exami | | | | | | | | | |
| Here | | ef, they are true, correct, and complete. Declaration. | | | ased on a | all information (| | | , , | | |
| | You | r signature | Date | Your occupation | | | | | nt you an Identity N, enter it here | | |
| Joint return? | | MANTUNATH MULINTI | 03/28/2022 | DATA ENGI | NEER | | | nst.) 🕨 | | | |
| See instructions. | Spo | use's signature. If a joint return, both must sign. | Date | Spouse's occupat | | | If the | IRS ser | nt your spouse an | | |
| Keep a copy for your records. | , | | | | | | | ty Prote nst.) ▶ | ection PIN, enter it here | | |
| yea. 1000.ao. | | | | _ | | | (See I | ist.) | | | |
| | | one no. (208) 596-3527 Darer's name Preparer's sign | Email address | SPARTANMAN | | | TIN | 1 | Check if: | | |
| Paid | | 1, | | OIIDMA | Date | | | ,7,0,0 | | | |
| Preparer | | PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA | A KAM SAGAR | GUPTA TALLAM | 103/2 | 4/2022 P | 02082 | | Self-employed | | |
| Use Only | | n's name ► GLOBAL TAXES LLC | T C- ' | - 07 20041 | | | | | 678) 965-9522 | | |
| | | n's address ▶ 2530 Pebble Creek | Ln Cumming | | | | Firm' | s EIN 🕨 | | | |
| Go to www.irs.go | ov/Form | 1040 for instructions and the latest information. | | BAA | REV 03 | /12/22 PRO | | | Form 1040 (2021) | | |

Form 1040 (2021)

Page 2

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2021

Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service ► Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Form1040 for instructions and the latest information.

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

864-74-8851

| Par | Additional income | | | | | |
|------------|--|----------|---------|----------|----|---------|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | S | | | 1 | |
| 2 a | Alimony received | | | <u>[</u> | 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, truschedule E | | | II. | 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 | | | | |
| 0 | Section 461(I) excess business loss adjustment | 80 | | | | |
| р | Taxable distributions from an ABLE account (see instructions) . | 8p | | | | |
| Z | Other income. List type and amount ▶ | 8z | | | | |
| 9 | Total other income. Add lines 8a through 8z | | | | 9 | |
| 10 | Combine lines 1 through 7 and 9. Enter here and on Form 10 | | 1040-SR | , or | | |
| | 10/10-NR line 8 | | | | 10 | 6 250 |

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

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

SCHEDULE D (Form 1040)

Department of the Treasury

Capital Gains and Losses

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

▶ Go to www.irs.gov/ScheduleD for instructions and the latest information. ▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

Attachment Sequence No. 12

| Interna | al Revenue Service (99) ► Use Form 8949 to list your tra | nsactions for lines | 1b, 2, 3, 8b, 9, and | 10. | | Sequence No. 12 |
|------------|---|---------------------------|--------------------------|---|----------|--|
| Name MA | | ecurity number 8851 | | | | |
| | you dispose of any investment(s) in a qualified opportunity es," attach Form 8949 and see its instructions for additiona | | | | | |
| Pa | Short-Term Capital Gains and Losses—Ge | nerally Assets I | Held One Year | or Less (se | ee ins | structions) |
| | instructions for how to figure the amounts to enter on the below. | (d) Proceeds | (e) Cost | (g) Adjustmento gain or los | | (h) Gain or (loss) Subtract column (e) 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, line 2, colum | Part I, | 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 1 | 400. | 291. |
| 2 | Totals for all transactions reported on Form(s) 8949 with Box B checked | 21,322. | 20,031. | | 100. | 231. |
| 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 (le | oss) from Forms 4 | 684, 6781, and 8 | 324 | 4 | |
| 5 | Net short-term gain or (loss) from partnerships, Schedule(s) K-1 | S corporations, | estates, and t | rusts from | 5 | |
| 6 | Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions | y, from line 8 of y | our Capital Los s | Carryover | 6 | (|
| 7 | Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise | | | e any long- | 7 | 487. |
| Pai | t II Long-Term Capital Gains and Losses—Ger | nerally Assets H | leld More Thar | One Year | (see | instructions) |
| | instructions for how to figure the amounts to enter on the below. | (d) | (e) | (g) Adjustmer | | (h) Gain or (loss) Subtract column (e) |
| | form may be easier to complete if you round off cents to e dollars. | Proceeds (sales price) | Cost (or other basis) | to gain or lose Form(s) 8949, line 2, colum | Part II, | 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 | | | | | |
| | Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824 | | | | 11 | |
| | Net long-term gain or (loss) from partnerships, S corporat | | | | 12 | |
| | Capital gain distributions. See the instructions | | | | 13 | |
| 14 | Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions | | • | - | 14 | |

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

BAA

15

Schedule D (Form 1040) 2021 Page 2

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 • 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 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 • (\$3,000), or if married filing separately, (\$1,500) **Note:** When figuring which amount is smaller, treat both amounts as positive numbers. Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

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

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

Attachment

OMB No. 1545-0074

Sequence No. 12A

Name(s) shown on return MANJUNATH MULINTI Social security number or taxpayer identification number 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.

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

| | B) Short-term transactions C) Short-term transactions | | | | sis wasn't report | ted to the IF | RS | |
|------------|--|--|--|-----------------|--|---------------|--|------|
| 1 | (a) Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold or disposed of (Mo., day, yr.) | (d) Proceeds | (e) Cost or other basis. See the Note below and see Column (e) in the separate instructions Adjustment, if any, to gain or loss. If you enter an amount in column (g) enter a code in column (f). See the separate instructions. (f) Code(s) from instructions (g) Amount of adjustment | | (h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g) | |
| Robin | hood Securities LLC | 05/05/21 | 12/12/21 | 24,922. | 26,031. | W | 1,400. | 291. |
| | | | | | | | | |
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| neg Sch | als. Add the amounts in columns ative amounts). Enter each totaledule D, line 1b (if Box A above ye is checked), or line 3 (if Box (| al here and ince 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.

Sales and Other Dispositions of Capital Assets

Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

| varrie(s) shown on | returri |
|--------------------|---------|
| MANJUNATH | MULINT |

Social security number or taxpayer identification number 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. (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS X (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss.

| (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 amount in column (g), enter a code in column (f). See the separate instructions. | | If you enter an amount in column (g), enter a code in column (f). See the separate instructions. | | (h) Gain or (loss). Subtract column (e) |
|---|-------------------|-----------------------------|-------------------------------------|---|---|--------------------------------|--|--|---|
| (Example: 100 sh. XYZ Co.) | (Mo., day, yr.) | disposed of (Mo., day, yr.) | (sales price) (see instructions) | and see Column (e) in the separate instructions | (f) Code(s) from instructions | (g) Amount of 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. | | |
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| 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) ▶ | | | 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.

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99)

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

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Name(s) shown on return MANJUNATH MULINTI Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of re Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 A Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions **B** If "Yes," did you or will you file required Form(s) 1099? Physical address of each property (street, city, state, ZIP code) Α 9/1/692 OPPOSITE SAIKRISHNA JR COLLEGE UMANAGAR KALYANADURGAM AN В C 1b **Fair Rental** Type of Property For each rental real estate property listed above, report the number of fair rental and personal use days. Check the **QJV** box only if you meet the requirements to file as a **Days** (from list below) Α 365 Α qualified joint venture. See instructions. В В С С Type of Property: Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) Income: **Properties:** Α B 3 Rents received . 550. 3 4 Royalties received 4 Expenses: 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance . . . 7 1,350. 8 Commissions. 8 9 9 Insurance 10 10 Legal and other professional fees . . . 11 Management fees 11 1,350. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 Other interest. 14 Repairs. 14 1,250. 15 15 1,410. Supplies . 16 Taxes 16 17 1,440. 17 18 Depreciation expense or depletion . . 18 Other (list) 19 19 20 20 Total expenses. Add lines 5 through 19 6,800. 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 21 -6,250. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 6,250.) 550 23a Total of all amounts reported on line 3 for all rental properties 23a **b** Total of all amounts reported on line 4 for all royalty properties 23b **c** Total of all amounts reported on line 12 for all properties 23c d Total of all amounts reported on line 18 for all properties 23d 23e 6,800. Total of all amounts reported on line 20 for all properties 24 Income. Add positive amounts shown on line 21. Do not include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here. 25 6,250. 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on -6,250. Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 26