# 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

| Submission Identification Number (SID)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 $\rm k$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| 5 Amount you owe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| Under penalties of perjury, I declare that I have examined a copy of the incommy knowledge and belief, it is true, correct, and complete. I further declare return (original or amended) I am now authorizing. I consent to allow my inter to send my return to the IRS and to receive from the IRS (a) an acknowledge for any delay in processing the return or refund, and (c) the date of any refundagent to initiate an ACH electronic funds withdrawal (direct debit) entry to the payment of my federal taxes owed on this return and/or a payment of estimate authorization is to remain in full force and effect until I notify the U.S. Treasyment, I must contact the U.S. Treasury Financial Agent at 1-888-353-business days prior to the payment (settlement) date. I also authorize the find taxes to receive confidential information necessary to answer inquiries and personal identification number (PIN) below is my signature for the income taxelectronic Funds Withdrawal Consent.  Taxpayer's PIN: check one box only  I authorize GLOBAL TAXES LLC  ERO firm name  signature on the income tax return (original or amended) I are I will enter my PIN as my signature on the income tax return if you are entering your own PIN and your return is filed us below.  Your signature ▶ | the tax return (original or amended) to that the amounts in Part I above rediate service provider, transmit ement of receipt or reason for rejected. If applicable, I authorize the U.S. of inancial institution account indicated tax, and the financial institution sury Financial Agent to terminate 4537. Payment cancellation requancial institutions involved in the part of the par | I am now auth e are the amouter, or electron ction of the tra formation of the tra formation in the tax in to debit the electron of the authorizat ests must be processing of ayment. I furth in now authorizat formation of the tra formation o | orizing, and unts from the content of the content o | It to the best of the income tax riginator (ERO) (b) the reason ated Financia on software for account. This oke (cancel) a or later than of ledge that the applicable, my but eros |  |
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| I will enter my PIN as my signature on the income tax return if you are entering your own PIN <b>and</b> your return is filed us below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| I certify that the above numeric entry is my PIN, which is my signature for the authorized to file for tax year indicated above for the taxpayer(s) indicated requirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Au                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | above. I confirm that I am submi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | tting this retur                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | n in accord                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | danće with the                                                                                                                                                                     |  |
| ERO's signature ▶                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Date ►                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                    |  |
| ERO Must Retain This Fo Don't Submit This Form to the IR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                    |  |

Department of the Treasury—Internal Revenue Service (99)
U.S. Nonresident Alien Income Tax Return 2021 OMB No. 1545-0074 RS Use Only—Do not write or staple in this space.

| PIUTU               |           | <b>III</b> U.S. Nonresident                                                  | Alien Ir           | icome Tax                    | Return             | 1   4      |          | OMB No       | . 1545     | 5-0074                  | or staple in t     | his space.           |
|---------------------|-----------|------------------------------------------------------------------------------|--------------------|------------------------------|--------------------|------------|----------|--------------|------------|-------------------------|--------------------|----------------------|
| Filing<br>Status    |           | Single Married filing s                                                      |                    | . ,                          | Qualifyin          | ıg widow   | (er) (QV | 7)           |            |                         |                    |                      |
| Check only one box. | , ,       | ou checked the QW box, enter the alifying person is a child but not you      |                    |                              |                    |            |          |              |            |                         |                    |                      |
| Your first name     | and r     | middle initial                                                               | Last r             | name                         |                    |            |          |              |            | Your ider<br>see instru | ntifying nuctions) | umber                |
| KEERTHANA           | RE        | DDY                                                                          | GAN'               | ΓA                           |                    |            |          |              |            | 160-7                   | 7-0889             | 9                    |
| Home address (      | numb      | per and street or rural route). If you                                       | have a P.          | O. box, see inst             | tructions.         |            |          | Apt. no.     | (          | Check if:               | X Indiv            | idual                |
| 900 JAMES           | ON        | PASS                                                                         |                    |                              |                    |            |          | 11103        |            |                         | ☐ Estat            | te or Trust          |
| City, town, or po   | st offi   | ce. If you have a foreign address, als                                       | so complete        | e spaces below.              | State              |            | ZIP coc  | le           |            |                         |                    |                      |
| ALPHARETT           | Α         |                                                                              |                    |                              | GA                 |            | 30022    | 2            |            |                         |                    |                      |
| Foreign country     | nam       | e                                                                            | Foreign p          | rovince/state/co             | ounty              |            | Foreign  | postal co    | de         |                         |                    |                      |
| At any time duri    | ng 20     | 021, did you receive, sell, exchang                                          | e, or other        | wise dispose of              | any financ         | ial intere | st in an | y virtual cu | ırrenc     | cy?                     | ☐ Yes              | ⊠ No                 |
|                     |           |                                                                              |                    |                              |                    |            |          |              |            |                         |                    |                      |
| Dependents          |           |                                                                              |                    |                              |                    |            |          |              | (4) 6      | / if qualifi            | es for (see        | e inst.):            |
| (see instructions): |           | (1) First name Last na                                                       | ıme                | (2) Dependidentifying i      |                    |            | epender  |              | Child 1    | tax credit              |                    | for other<br>endents |
| f more than four    |           |                                                                              |                    |                              |                    |            |          |              |            |                         |                    |                      |
| dependents, see     |           |                                                                              |                    |                              |                    |            |          |              |            | <u> </u>                |                    |                      |
| nstructions and     |           |                                                                              |                    |                              |                    |            |          |              |            | <u> </u>                |                    | <u> </u>             |
| check here ►        |           |                                                                              |                    |                              |                    |            |          |              |            |                         |                    |                      |
| Income              | 1a        | Wages, salaries, tips, etc. Attach                                           |                    |                              |                    |            |          |              |            | 1a                      | 3.7                | 7,854.               |
| Effectively         | b         | Scholarship and fellowship grant                                             |                    | . ,                          |                    | 1          | ent. See | instruction  | ns .       | 1b                      |                    |                      |
| Connected           | С         | Total income exempt by a treaty                                              |                    | edule OI (Form               | 1040-NR),          | , Item     | 4.       |              |            |                         |                    |                      |
| With U.S.           | 0-        | L, line 1(e)                                                                 | 1                  |                              | <br>  <b>b</b> Tow | · · L      | 1c       |              |            | Oh                      |                    |                      |
| Trade or            | 2a<br>3a  | Tax-exempt interest Qualified dividends                                      | 2a 3a              |                              | 1                  |            |          | <br>         |            | 2b<br>3b                |                    |                      |
| Business            | 4a        | IRA distributions                                                            | 4a                 |                              | 1                  | able amo   |          |              |            | 4b                      |                    |                      |
|                     | -та<br>5а | Pensions and annuities                                                       | 5a                 |                              |                    | able amo   |          |              |            | 5b                      |                    |                      |
|                     | 6         | Reserved for future use                                                      |                    |                              |                    |            |          |              |            | 6                       |                    |                      |
|                     | 7         | Capital gain or (loss). Attach Sch                                           | edule D (F         | orm 1040) if rec             | uired. If no       | t require  | d, chec  | k here .     | <b>▶</b> □ | 7                       |                    | 117.                 |
|                     | 8         | Other income from Schedule 1 (F                                              |                    |                              |                    |            |          |              |            | 8                       |                    |                      |
|                     | 9         | Add lines 1a, 1b, 2b, 3b, 4b, 5b,                                            | 7, and 8. T        | <br>This is your <b>tota</b> | l effectivel       | ly conne   | cted in  | come .       | . ▶        | 9                       | 37                 | 7,971.               |
|                     | 10        | Adjustments to income:                                                       |                    | •                            |                    |            |          |              |            |                         |                    |                      |
|                     | а         | From Schedule 1 (Form 1040), lir                                             | ne 26              |                              |                    |            | 10a      |              |            |                         |                    |                      |
|                     | b         | Reserved for future use                                                      |                    |                              |                    | [          | 10b      |              |            |                         |                    |                      |
|                     | С         | Scholarship and fellowship grant                                             | s excluded         | d                            |                    | [          | 10c      |              |            |                         |                    |                      |
|                     | d         | Add lines 10a and 10c. These are                                             | e your <b>tota</b> | ıl adjustments               | to income          |            |          |              | . ▶        | 10d                     |                    |                      |
|                     | 11        | Subtract line 10d from line 9. Thi                                           | s is your <b>a</b> | djusted gross i              | income .           | ,          |          |              | . ▶        | 11                      | 37                 | 7,971.               |
|                     | 12a       | <b>Itemized deductions</b> (from Schresidents of India, standard deductions) |                    |                              |                    |            | 12a      | 12,          | 550        |                         |                    |                      |
|                     | b         | Charitable contributions for certa                                           | in resident        | s of India. See i            | nstructions        | . [        | 12b      |              |            |                         |                    |                      |
|                     | С         | Add lines 12a and 12b                                                        |                    |                              |                    |            |          |              |            | 12c                     | 12                 | 2,550.               |
|                     | 13a       | Qualified business income deduc                                              | ction from         | Form 8995 or F               | orm 8995-          | Α. L       | 13a      |              |            |                         |                    |                      |

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

14

15

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

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

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

BAA

13c

14

15

12,550.

25,421.

| Form 1040-NR (    | 2021)                               |                                                                             |                      |                |                 |               |            |                      |                     |          |          |                     | Page <b>2</b> |
|-------------------|-------------------------------------|-----------------------------------------------------------------------------|----------------------|----------------|-----------------|---------------|------------|----------------------|---------------------|----------|----------|---------------------|---------------|
|                   | 16                                  | Tax (see instructions). Check if                                            | any from Form        | (s): <b>1</b>  | 314 <b>2</b> [  | 497           | 2 <b>3</b> |                      |                     | 16       |          | 2,                  | 840.          |
|                   | 17                                  | Amount from Schedule 2 (Forr                                                | n 1040), line 3      |                |                 |               |            |                      |                     | 17       |          |                     | 0.            |
|                   | 18                                  | Add lines 16 and 17                                                         |                      |                |                 |               |            |                      |                     | 18       |          | 2,                  | 840.          |
|                   | 19                                  | Nonrefundable child tax credit                                              | or credit for o      | ther depende   | nts from Sc     | hedule        | 8812 (I    | orm 104              | 0)                  | 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,      | enter -0       |                 |               |            |                      |                     | 22       |          | 2,                  | ,840.         |
|                   | 23a                                 | Tax on income not effectively from Schedule NEC (Form 104                   |                      |                |                 |               | 23a        |                      |                     |          |          |                     |               |
|                   | b                                   | Other taxes, including self-em line 21                                      |                      |                |                 | ,             | 23b        |                      |                     |          |          |                     |               |
|                   | С                                   | Transportation tax (see instruc                                             | tions)               |                |                 |               | 23c        |                      |                     |          |          |                     |               |
|                   | d                                   | Add lines 23a through 23c .                                                 |                      |                |                 |               | ·          |                      |                     | 23d      |          |                     |               |
|                   | 24                                  | Add lines 22 and 23d. This is y                                             | our <b>total tax</b> |                |                 |               |            |                      |                     | 24       |          | 2,                  | 840.          |
|                   | 25                                  | Federal income tax withheld fr                                              | om:                  |                |                 |               |            |                      |                     |          |          |                     |               |
|                   | а                                   | Form(s) W-2                                                                 |                      |                |                 |               | 25a        | 4                    | 1,958.              |          |          |                     |               |
|                   | b                                   | Form(s) 1099                                                                |                      |                |                 |               | 25b        |                      |                     |          |          |                     |               |
|                   | С                                   | Other forms (see instructions)                                              |                      |                |                 |               | 25c        |                      |                     |          |          |                     |               |
|                   | d                                   | Add lines 25a through 25c .                                                 |                      |                |                 |               | ·          |                      |                     | 25d      |          | 4,                  | 958.          |
|                   | е                                   | Form(s) 8805                                                                |                      |                |                 |               |            |                      |                     | 25e      |          |                     |               |
|                   | f                                   | Form(s) 8288-A                                                              |                      |                |                 |               |            |                      |                     | 25f      |          |                     |               |
|                   | g                                   | Form(s) 1042-S                                                              |                      |                |                 |               |            |                      |                     | 25g      |          |                     |               |
|                   | 26                                  | 2021 estimated tax payments                                                 | and amount a         | pplied from 20 | )20 return .    |               |            |                      |                     | 26       |          |                     |               |
|                   | 27                                  | Reserved for future use                                                     |                      |                |                 |               | 27         |                      |                     |          |          |                     |               |
|                   | 28                                  | Refundable child tax credit of 8812 (Form 1040)                             | r additional c       |                |                 |               | 28         |                      |                     |          |          |                     |               |
|                   | 29                                  | Credit for amount paid with Fo                                              |                      |                |                 |               | 29         |                      |                     |          |          |                     |               |
|                   | 30                                  | Reserved for future use                                                     |                      |                |                 |               | 30         |                      |                     |          |          |                     |               |
|                   | 31                                  | Amount from Schedule 3 (Forr                                                |                      |                |                 |               | 31         |                      |                     |          |          |                     |               |
|                   | 32                                  | Add lines 28, 29, and 31. Thes                                              |                      |                |                 |               |            | edits                | . •                 | 32       |          |                     |               |
|                   | 33                                  | Add lines 25d, 25e, 25f, 25g, 2                                             |                      |                |                 |               |            |                      |                     | 33       |          | 4.                  | 958.          |
| Refund            | 34                                  | If line 33 is more than line 24,                                            |                      |                |                 |               |            |                      |                     | 34       |          |                     | 118.          |
|                   | 35a                                 | Amount of line 34 you want <b>re</b>                                        |                      |                |                 |               | -          | -                    |                     | 35a      |          |                     | 118.          |
| Direct deposit?   | <b>▶</b> b                          | Routing number 1 1 1                                                        |                      |                | <b>▶ c</b> Type |               | Check      |                      | Savings             | Jour     |          |                     |               |
| See instructions. | ▶d                                  | Account number 5 2 0                                                        |                      |                |                 | Ï             |            | 9                    | ouvigo              |          |          |                     |               |
|                   | <b>▶</b> e                          | If you want your refund check                                               | mailed to an a       | address outsid |                 |               | es not s   | :<br>shown on        | page 1,             |          |          |                     |               |
|                   | 36                                  | enter it here.  Amount of line 34 you want ap                               | polied to your       | 2022 estimat   | ed tax .        | <b>.</b>      | 36         |                      |                     | -        |          |                     |               |
| Amount            | 37                                  | Amount you owe. Subtract lir                                                |                      |                |                 | pav. s        |            | ructions             | . ▶                 | 37       |          |                     |               |
| You Owe           | 38                                  | Estimated tax penalty (see inst                                             |                      |                |                 | <b>&gt;</b>   | 38         |                      |                     |          |          |                     |               |
| Third Party       | Do y                                | ou want to allow another enstructions                                       |                      |                |                 | the I         |            | Ves (                | Complete            | helow    | X        | No                  |               |
| Designee          |                                     | nee's                                                                       |                      | Phone          |                 |               |            |                      | nal identifi        |          |          |                     |               |
|                   | name                                | <b>&gt;</b>                                                                 |                      | no. ▶          |                 |               |            | numb                 | er (PIN)            | <b>•</b> |          | $\perp$             |               |
| Sign<br>Here      |                                     | penalties of perjury, I declare that I they are true, correct, and complete |                      |                |                 |               |            |                      | n of which          | prepare  | r has ar | ny knov             | wledge.       |
| 11010             | Your signature Date Your occupation |                                                                             |                      |                |                 |               | I .        | e IRS se<br>ection f | ,                   |          | ,        |                     |               |
|                   |                                     |                                                                             |                      |                | SOFTWA          | ת שם          | T777       | ODEB                 | <b>I</b>            | inst.) ▶ | liv, en  |                     | T             |
|                   | Dhon                                | a no                                                                        |                      | Email addres   |                 | ע ייייי       | للنلا ٧ ب  | OT 1117              | (000)               |          |          |                     |               |
|                   | Phone                               | e no.<br>arer's name                                                        | Preparer's si        |                | 00              |               | Date       |                      | PTIN                |          | Chec     | v if:               |               |
| Paid              |                                     |                                                                             |                      | _              | מווחשיז שי      | \ T T 7\ 1\ 1 |            | 6/2022               |                     | 2702     |          |                     | nployed       |
| Preparer          |                                     | PRIYA RAM SAGAR GUPTA TALLAM                                                |                      | AAN SAGAR      | GUPIA IA        | ALLIALITE     | 104/0      | 0/2022               | Phone n             |          |          |                     |               |
| Use Only          |                                     | s name ► GLOBAL TAXES<br>s address ► 2530 Pebble                            |                      | O              | C7 20           | 0.41          |            |                      | Phone n<br>Firm's E |          |          |                     |               |
| - 1               | LILLI S                             | sauuress ► 253U PANNIA                                                      | : creek              | ırı Cummın     | a GA KD         | IU4 I         |            |                      | i Liiiii S E        | .iiv 🚩 3 | O - T O  | <b>1</b> / <b>1</b> | <b>シ</b> ひ    |

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

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

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.

| 2021                   |
|------------------------|
| Attachment             |
| Sequence No. <b>7B</b> |

OMB No. 1545-0074

Name shown on Form 1040-NR Your identifying number KEERTHANA REDDY GANTA 160-77-0889

| Enter a                                                                                                                         | amount of income und                                | er the | appropriate rate of tax. See instructions.                                                                         |                              |           |                             |                        |                         |                                                          |                                                          |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|--------|--------------------------------------------------------------------------------------------------------------------|------------------------------|-----------|-----------------------------|------------------------|-------------------------|----------------------------------------------------------|----------------------------------------------------------|
|                                                                                                                                 | Nature of Income                                    |        |                                                                                                                    |                              | (a) 10%   | <b>(b)</b> 15%              | (c) 30%                | (d) Other (specify)     |                                                          |                                                          |
|                                                                                                                                 |                                                     |        | - Tractal C of Infoome                                                                                             |                              |           | (2) 1070                    | (2)                    | (0) 0070                | %                                                        | %                                                        |
| 1                                                                                                                               | Dividends and divide                                |        | •                                                                                                                  |                              |           |                             |                        |                         |                                                          |                                                          |
| а                                                                                                                               | Dividends paid by U.                                |        | ·                                                                                                                  |                              | 1a        |                             |                        |                         |                                                          |                                                          |
| b                                                                                                                               |                                                     | _      | corporations                                                                                                       |                              | 1b        |                             |                        |                         |                                                          |                                                          |
| С                                                                                                                               | Dividend equivalent p                               | ayme   | nts received with respect to section 871(m) tra                                                                    | ansactions                   | 1c        |                             |                        |                         |                                                          |                                                          |
| 2                                                                                                                               | Interest:                                           |        |                                                                                                                    |                              |           |                             |                        |                         |                                                          |                                                          |
| а                                                                                                                               |                                                     |        |                                                                                                                    |                              | 2a        |                             |                        |                         |                                                          |                                                          |
| b                                                                                                                               |                                                     |        | ns                                                                                                                 |                              | 2b        |                             |                        |                         |                                                          |                                                          |
| С                                                                                                                               |                                                     |        |                                                                                                                    |                              | 2c        |                             |                        |                         |                                                          |                                                          |
| 3                                                                                                                               |                                                     |        | s, trademarks, etc.)                                                                                               |                              | 3         |                             |                        |                         |                                                          |                                                          |
| 4                                                                                                                               |                                                     |        | right royalties                                                                                                    |                              | 4         |                             |                        |                         |                                                          |                                                          |
| 5                                                                                                                               |                                                     | _      | s, recording, publishing, etc.)                                                                                    |                              | 5         |                             |                        |                         |                                                          |                                                          |
| 6                                                                                                                               |                                                     |        | natural resources royalties                                                                                        |                              | 6         |                             |                        |                         |                                                          |                                                          |
| 7                                                                                                                               |                                                     |        |                                                                                                                    |                              | 7         |                             |                        |                         |                                                          |                                                          |
| 8                                                                                                                               | -                                                   |        |                                                                                                                    |                              | 8         |                             |                        |                         |                                                          |                                                          |
| 9                                                                                                                               |                                                     |        | pelow                                                                                                              |                              | 9         |                             |                        |                         |                                                          |                                                          |
| 10                                                                                                                              | If zero or less, ente                               | r -0   |                                                                                                                    |                              |           |                             |                        |                         |                                                          |                                                          |
| а                                                                                                                               | Winnings                                            |        |                                                                                                                    |                              |           |                             |                        |                         |                                                          |                                                          |
| b                                                                                                                               |                                                     |        | <del></del>                                                                                                        |                              | 10c       |                             |                        |                         |                                                          |                                                          |
| 11                                                                                                                              | Gambling winnings –                                 | -Resi  | dents of countries other than Canada.                                                                              |                              | 11        |                             |                        |                         |                                                          |                                                          |
| 12                                                                                                                              |                                                     |        |                                                                                                                    |                              |           |                             |                        |                         |                                                          |                                                          |
|                                                                                                                                 |                                                     |        |                                                                                                                    |                              | 12        |                             |                        |                         |                                                          |                                                          |
| 13                                                                                                                              |                                                     |        | ocolumns (a) through (d)                                                                                           |                              | 13        |                             |                        |                         |                                                          |                                                          |
| 14                                                                                                                              | -                                                   |        | f tax at top of each column                                                                                        |                              | 14        |                             |                        |                         |                                                          |                                                          |
| 15                                                                                                                              |                                                     |        | vely connected with a U.S. trade or business.                                                                      |                              | ns (a) th | rough (d) of line 14.       | Enter the total here a | and on Form 1040-N      | R, line 23a ► <b>15</b>                                  |                                                          |
|                                                                                                                                 |                                                     |        | Capital Gains and                                                                                                  | Losses F                     | From      | Sales or Excha              | anges of Proper        | ty                      | •                                                        |                                                          |
| Enter only the capital gains and losses from property sales or exchanges that are from sources within the United States and not |                                                     | 16     | (a) Kind of property and description<br>(if necessary, attach statement of<br>descriptive details not shown below) | (b) Date acquired mm/dd/yyyy |           | (c) Date sold<br>mm/dd/yyyy | (d) Sales price        | (e) Cost or other basis | (f) LOSS If (e) is more than (d), subtract (d) from (e). | (g) GAIN If (d) is more than (e), subtract (e) from (d). |
|                                                                                                                                 | ely connected with a U.S. s. Do not include a gain  |        |                                                                                                                    |                              |           |                             |                        |                         |                                                          |                                                          |
| or loss                                                                                                                         | on disposing of a U.S. real                         |        |                                                                                                                    |                              |           |                             |                        |                         |                                                          |                                                          |
| gains a                                                                                                                         | y interest; report these<br>nd losses on Schedule D |        |                                                                                                                    |                              |           |                             |                        |                         |                                                          |                                                          |
| (Form 1                                                                                                                         | •                                                   |        |                                                                                                                    |                              |           |                             |                        |                         |                                                          |                                                          |
| exchan                                                                                                                          | property sales or<br>ges that are effectively       |        |                                                                                                                    |                              |           |                             |                        |                         |                                                          |                                                          |
| connec                                                                                                                          | ted with a U.S. business edule D (Form 1040).       |        |                                                                                                                    |                              |           |                             |                        |                         | ( )                                                      |                                                          |
|                                                                                                                                 | 797, or both.                                       | 18     | Capital gain. Combine columns (f) and (g                                                                           | ) of line 17                 | 7. Ente   | er the net gain her         | e and on line 9 abo    | ove. If a loss, ente    | r -0 ► <b>18</b>                                         |                                                          |

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

Department of the Treasury

Internal Revenue Service (99)

**Other Information** 

► Go to www.irs.gov/Form1040NR for instructions and the latest information. ► Attach to Form 1040-NR.

► Answer all questions.

OMB No. 1545-0074 Attachment Sequence No. **7C** 

| Name | shown on Form 1040-NR                                                                                                                                                                                                                       |                                                |                         | Your identifying number          | _      |  |  |  |  |  |  |  |
|------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------|----------------------------------|--------|--|--|--|--|--|--|--|
| KEE  | RTHANA REDDY GANTA                                                                                                                                                                                                                          |                                                |                         | 160-77-0889                      |        |  |  |  |  |  |  |  |
| Α    | Of what country or countries were you a citizen or nation                                                                                                                                                                                   |                                                |                         |                                  |        |  |  |  |  |  |  |  |
| В    | In what country did you claim residence for tax purpose                                                                                                                                                                                     | s during the tax year?                         | United States           |                                  |        |  |  |  |  |  |  |  |
| С    | Have you ever applied to be a green card holder (lawful p                                                                                                                                                                                   | permanent resident) of                         | the United States? .    | 🗌 Yes 🔀 No                       | ,      |  |  |  |  |  |  |  |
| D    | Were you ever:                                                                                                                                                                                                                              |                                                |                         |                                  |        |  |  |  |  |  |  |  |
|      |                                                                                                                                                                                                                                             |                                                |                         | Yes X No                         |        |  |  |  |  |  |  |  |
| 2    | A green card holder (lawful permanent resident) of the Ur                                                                                                                                                                                   |                                                | 🗌 Yes 🔀 No              |                                  |        |  |  |  |  |  |  |  |
| _    | If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you.                                                                                                                                       |                                                |                         |                                  |        |  |  |  |  |  |  |  |
| E    | If you had a visa on the last day of the tax year, enter your visa type. If you did not have a visa, enter your U.S. immigration status on the last day of the tax year. F1                                                                 |                                                |                         |                                  |        |  |  |  |  |  |  |  |
| F    | Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status?                                                                                                                                                      |                                                |                         |                                  |        |  |  |  |  |  |  |  |
| G    | List all dates you entered and left the United States durin                                                                                                                                                                                 | g 2021. See instruction                        | ns.                     |                                  |        |  |  |  |  |  |  |  |
|      | Note: If you are a resident of Canada or Mexico AND co                                                                                                                                                                                      |                                                |                         | ent intervals,                   |        |  |  |  |  |  |  |  |
|      | check the box for Canada or Mexico and skip to item                                                                                                                                                                                         | <u>+ .                                    </u> | $\square$ Canada        | Mexico                           | _      |  |  |  |  |  |  |  |
|      | Date entered United States                                                                                                                                                                                                                  | es Dat                                         | te entered United State |                                  |        |  |  |  |  |  |  |  |
|      | mm/dd/yy mm/dd/yy                                                                                                                                                                                                                           |                                                | mm/dd/yy                | mm/dd/yy                         |        |  |  |  |  |  |  |  |
|      |                                                                                                                                                                                                                                             |                                                |                         |                                  | 4      |  |  |  |  |  |  |  |
|      |                                                                                                                                                                                                                                             |                                                |                         |                                  | 4      |  |  |  |  |  |  |  |
|      |                                                                                                                                                                                                                                             |                                                |                         |                                  | 4      |  |  |  |  |  |  |  |
|      |                                                                                                                                                                                                                                             |                                                |                         | <u> </u>                         | $\Box$ |  |  |  |  |  |  |  |
| Н    | Give number of days (including vacation, nonworkdays, and 2019, 2020                                                                                                                                                                        |                                                |                         |                                  |        |  |  |  |  |  |  |  |
| I    | Did you file a U.S. income tax return for any prior year? . If "Yes," give the latest year and form number you filed ▶                                                                                                                      |                                                |                         | ⊠ Yes                            | 1      |  |  |  |  |  |  |  |
| J    | Are you filing a return for a trust?                                                                                                                                                                                                        |                                                |                         |                                  | ,      |  |  |  |  |  |  |  |
|      | If "Yes," did the trust have a U.S. or foreign owner under                                                                                                                                                                                  | er the grantor trust rule                      | es, make a distribution | or loan to a                     |        |  |  |  |  |  |  |  |
|      | U.S. person, or receive a contribution from a U.S. person                                                                                                                                                                                   |                                                |                         |                                  |        |  |  |  |  |  |  |  |
| K    | Did you receive total compensation of \$250,000 or more If "Yes," did you use an alternative method to determine                                                                                                                            |                                                |                         |                                  |        |  |  |  |  |  |  |  |
| L    | Income Exempt From Tax—If you are claiming exempt complete (1) through (3) below. See Pub. 901 for more in                                                                                                                                  |                                                |                         | ax treaty with a foreign country | у,     |  |  |  |  |  |  |  |
| 1    | Enter the name of the country, the applicable tax treaty article, the number of months in prior years you claimed the treaty benefit, and the amount of exempt income in the columns below. Attach Form 8833 if required. See instructions. |                                                |                         |                                  |        |  |  |  |  |  |  |  |
|      | (a) Country                                                                                                                                                                                                                                 | (b) Tax treaty article                         | (c) Number of month     | ths (d) Amount of exempt         |        |  |  |  |  |  |  |  |
|      |                                                                                                                                                                                                                                             | (1)                                            | claimed in prior tax ye |                                  |        |  |  |  |  |  |  |  |
|      |                                                                                                                                                                                                                                             |                                                |                         |                                  | _      |  |  |  |  |  |  |  |
|      |                                                                                                                                                                                                                                             |                                                |                         |                                  | _      |  |  |  |  |  |  |  |
|      |                                                                                                                                                                                                                                             |                                                |                         |                                  | _      |  |  |  |  |  |  |  |
|      |                                                                                                                                                                                                                                             |                                                |                         |                                  |        |  |  |  |  |  |  |  |
|      | (e) Total. Enter this amount on Form 1040-NR, line 1c. D                                                                                                                                                                                    | o not enter it on line 1                       | a or line 1b            | <b>&gt;</b>                      | _      |  |  |  |  |  |  |  |
| 2    | Were you subject to tax in a foreign country on any of the                                                                                                                                                                                  |                                                |                         | Yes No                           | _      |  |  |  |  |  |  |  |
|      | Are you claiming treaty benefits pursuant to a Competen                                                                                                                                                                                     |                                                |                         |                                  |        |  |  |  |  |  |  |  |
| J    | If "Yes," attach a copy of the Competent Authority deterr                                                                                                                                                                                   | -                                              |                         |                                  |        |  |  |  |  |  |  |  |
| М    | Check the applicable box if:                                                                                                                                                                                                                |                                                |                         |                                  |        |  |  |  |  |  |  |  |
|      | This is the first year you are making an election to treat in                                                                                                                                                                               |                                                |                         |                                  | ∌d     |  |  |  |  |  |  |  |
| _    | with a U.S. trade or business under section 871(d). See in                                                                                                                                                                                  |                                                |                         |                                  | ٦      |  |  |  |  |  |  |  |
| 2    | You have made an election in a previous year that has States as effectively connected with a U.S. trade or busing                                                                                                                           |                                                |                         |                                  | )d     |  |  |  |  |  |  |  |

#### **SCHEDULE D** (Form 1040)

## **Capital Gains and Losses**

OMB No. 1545-0074

Attachment Sequence No. 12

Department of the Treasury Internal Revenue Service (99) ► Attach to Form 1040, 1040-SR, or 1040-NR.

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

Name(s) shown on return Your social security number 160-77-0889 KEERTHANA REDDY GANTA

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

#### 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 (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to Form(s) 8949, Part I, combine the result (sales price) (or other basis) whole dollars. with column (g) line 2. column (a) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . **1b** Totals for all transactions reported on Form(s) 8949 with Box A checked . . . . . . . . . . . . . . . . . . 109. 83. 26. 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 . . . . . . . . . . . . . . . Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . . . . . 7 26. Part II Long-Term Capital Gains and Losses - Generally Assets Held More Than One Year (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to Form(s) 8949, Part II, (sales price) (or other basis) combine the result whole dollars. line 2. column (a) with column (a) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . 8b Totals for all transactions reported on Form(s) 8949 with 37. 128. 91. Totals for all transactions reported on Form(s) 8949 with Box E checked . . . . . . . . . . . . . . . . . . 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

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Schedule D (Form 1040) 2021 Page 2

### Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 117. • 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? X 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? X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ 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.

# 8949

## Sales and Other Dispositions of Capital Assets

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. Attachment Sequence No. 12A

OMB No. 1545-0074

Social security number or taxpayer identification number

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

Name(s) shown on return 160-77-0889 KEERTHANA REDDY GANTA Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute broker and may even tell you which box to check. Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I instructions). For long-term transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (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 Adjustment, if any, to gain or loss. 1 If you enter an amount in column (a). (h) enter a code in column (f). Cost or other basis Gain or (loss). (d) (c) (a) (b) Date sold or Proceeds See the **Note** below See the separate instructions. Subtract column (e) Description of property Date acquired (sales price) from column (d) and disposed of and see Column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) combine the result (Mo., day, yr.) (see instructions) in the separate (g) Code(s) from Amount of adjustment instructions with column (g) instructions Robinhood Securities LLC 08/11/21 12/31/21 109. 83. 26.

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 109. 83. above is checked), or line 3 (if Box C above is checked) ▶ 26.

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.

Form 8949 (2021) Attachment Sequence No. **12A** Page **2** 

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side KEERTHANA REDDY GANTA

Social security number or taxpayer identification number 160-77-0889

Before you check Box D, E, or F 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 II

**Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-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 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, *or* F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-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.

| <ul><li>✗ (D) Long-term transactions</li><li>☐ (E) Long-term transactions</li><li>☐ (F) Long-term transactions</li></ul> | reported on l     | Form(s) 1099                   | -B showing bas                      | •                                                     |                                             | `                                                                                              | •)                                                           |
|--------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------------------|-------------------------------------|-------------------------------------------------------|---------------------------------------------|------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| (a) Description of property                                                                                              | (b) Date acquired | (c) Date sold or               | <b>(d)</b><br>Proceeds              | (e) Cost or other basis. See the <b>Note</b> below    | If you enter an<br>enter a c<br>See the sep | f any, to gain or loss.<br>amount in column (g),<br>ode in column (f).<br>parate instructions. | (h)<br>Gain or (loss).<br>Subtract column (e)                |
| (Example: 100 sh. XYZ Co.)                                                                                               | (Mo., day, yr.)   | disposed of<br>(Mo., day, yr.) | (sales price)<br>(see instructions) | and see Column (e)<br>in the separate<br>instructions | (f)<br>Code(s) from<br>instructions         | <b>(g)</b><br>Amount of<br>adjustment                                                          | from column (d) and<br>combine the result<br>with column (g) |
| Robinhood Securities LLC                                                                                                 | 07/04/20          | 12/30/21                       | 128.                                | 37.                                                   |                                             |                                                                                                | 91.                                                          |
|                                                                                                                          |                   |                                |                                     |                                                       |                                             |                                                                                                |                                                              |
|                                                                                                                          |                   |                                |                                     |                                                       |                                             |                                                                                                |                                                              |
|                                                                                                                          |                   |                                |                                     |                                                       |                                             |                                                                                                |                                                              |
|                                                                                                                          |                   |                                |                                     |                                                       |                                             |                                                                                                |                                                              |
|                                                                                                                          |                   |                                |                                     |                                                       |                                             |                                                                                                |                                                              |
|                                                                                                                          |                   |                                |                                     |                                                       |                                             |                                                                                                |                                                              |
|                                                                                                                          |                   |                                |                                     |                                                       |                                             |                                                                                                |                                                              |
|                                                                                                                          |                   |                                |                                     |                                                       |                                             |                                                                                                |                                                              |
|                                                                                                                          |                   |                                |                                     |                                                       |                                             |                                                                                                |                                                              |
|                                                                                                                          |                   |                                |                                     |                                                       |                                             |                                                                                                |                                                              |
| 2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D. line 8b (if Box D above             | al here and inc   | lude on your                   |                                     |                                                       |                                             |                                                                                                |                                                              |

**Note:** If you checked Box D 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.

above is checked), or line 10 (if Box F above is checked) ▶

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