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

| Subm | ission Identification Number (SID) | | | | | |
|--|--|--|--|---|--|--|
| Taxpay | er's name | Social securit | y numb | er | | |
| SAI | DEEP RUDRA | 177-85- | 77-85-5999 | | | |
| Spouse | 's name | Spouse's soc | se's social security number | | | |
| Par | Tax Return Information — Tax Year Ending December 31, 2021 (Enter | year you a | re aut | horizing. |) | |
| Enter | whole dollars only on lines 1 through 5. | | | | | |
| Note: | Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. | | | | | |
| 1 | Adjusted gross income | | 1 | 76 | ,610. | |
| 2 | Total tax | | 2 | 9 | ,770. | |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | 3 | 10 | ,073. | |
| 4 | Amount you want refunded to you | | 4 | | 303. | |
| 5 | Amount you owe | | 5 | | | |
| Part | II Taxpayer Declaration and Signature Authorization (Be sure you get and k | eep a cop | y of y | our retu | rn) | |
| return to send for any Agent payme author payme busine taxes persor | owledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I abov (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transm d my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for reject delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Uto initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indient of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate ent, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requises days prior to the payment (settlement) date. I also authorize the financial institutions involved in the to receive confidential information necessary to answer inquiries and resolve issues related to the payment (PIN) below is my signature for the income tax return (original or amended) I authorize Funds Withdrawal Consent. | tter, or electro- action of the tr S. Treasury an acated in the ta in to debit the the authoriza- lests must be processing of ayment. I furt | nic retansmised its control it | curn origina esion, (b) the designated paration soft to this acco or evoke (oved no late ectronic pathonoved get knowledge | tor (ERO) ne reason Financial itware for bunt. This cancel) a er than 2 syment of that the | |
| | ayer's PIN: check one box only | | | | | |
| > \(\) | | mv PIN 5 | 5 9 | 9 9 | as my | |
| _ | ERO firm name signature on the income tax return (original or amended) I am now authorizing. | Ent | | digits, but r all zeros | ao my | |
| | I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN and your return is filed using the Practitioner PIN meth below. | | | | | |
| Your | signature ▶ Date ▶ | | | | | |
| Spour | se's PIN: check one box only | | | | | |
| ороц. | I authorize to enter or generate | my DINI | | | ac my | |
| L | ERO firm name | | er five | digits, but | as my | |
| | signature on the income tax return (original or amended) I am now authorizing. | | | r all zeros | | |
| | I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN and your return is filed using the Practitioner PIN meth below. | | | | | |
| Spous | se's signature ▶ Date ▶ | | | | | |
| | Practitioner PIN Method Returns Only—continue below | | | | | |
| Part | III Certification and Authentication — Practitioner PIN Method Only | | | | | |
| ERO's | s EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5 8 | 7 2 7 Don't ente | 8 6 erallze | 1 9 8 eros | 9 | |
| author | y that the above numeric entry is my PIN, which is my signature for the electronic individual income to ized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Ir | itting this retu | rn in a | ıccordance | | |
| EBO' | s signature ▶ Date ▶ | | | | | |
| LNU | ERO Must Retain This Form — See Instructions | | | | | |
| | LIV WIGH TELAM THIS FULLE — SEE HISH UCLIONS | | | | | |

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

£1040

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

2021

OMB No. 1545-0074

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

| Filing Status Check only one box. | If yo | Single Married filing jointly uchecked the MFS box, enter the notes is a child but not your dependent | ame of | ed filing separately (I your spouse. If you o | , | _ | | • | , - | _ | , , | , , , , | |
|--|----------|---|--|--|--------|---------------|--|---------------------|--------|---------------------------------|---------------------------|-------------|--|
| Your first name | and mi | ddle initial | Last na | ame | | | | | | Your social security number | | | |
| SAI DEE | <u> </u> | | RUDI | RA | | | | | | 177-85-5999 | | | |
| If joint return, s | pouse's | first name and middle initial | Last na | ame | | | | | | Spouse's social security number | | | |
| | | | | | | | | | | | | | |
| Home address | (numbe | er and street). If you have a P.O. box, see | instruct | ions. | | | | Apt. no. | | Preside | ntial Election | on Campaign | |
| 8401 ME | MORI | AL LANE | | | | | | 7424 | | | ere if you, | | |
| City, town, or post office. If you have a foreign address, also complete spaces below. | | | | | | te | ZIP code spouse if filing joir to go to this fund. | | | • | | | |
| PLANO | | | TX | | | | 75 | 175001 | | | box below will not change | | |
| Foreign country | / name | | | Foreign province/state/county | | | Fore | Foreign postal code | | your tax | or refund. | | |
| | | | | | | | | | | | You | Spouse | |
| At any time du | ring 20 | 021, did you receive, sell, exchange, | or othe | erwise dispose of an | / fina | ancial intere | st in an | y virtual c | urren | cy? | X Yes | ☐ No | |
| Standard | Som | eone can claim: You as a de | pender | nt Your spous | e as | a depender | nt | | | | | | |
| Deduction | _ | Spouse itemizes on a separate retur | • | | | ' | | | | | | | |
| Age/Blindness | | | | _ | ouse | | oorn be | efore Janua | ary 2, | 1957 | ☐ Is bl | ind | |
| Dependents | s (see | instructions): | | (2) Social security | , | (3) Relation | nship | (4) 🗸 | if qua | alifies for | (see instru | uctions): | |
| If more | | irst name Last name | number to you | | | ı . | Child t | ax cre | edit | Credit for ot | her dependents | | |
| than four | | | | | | | | | | | | | |
| dependents, | | | | | | | | | | | | | |
| see instruction: and check | s — | | | | | | | | | | | | |
| here ▶ 🗌 | | | | | | | | | | | [| | |
| | . 1 | Wages, salaries, tips, etc. Attach F | orm(s) | W-2 | | | | | | 1 | | 77,662. | |
| Attach | 2a | Tax-exempt interest | 2a | | b T | axable inter | est | | | 2b | | | |
| Sch. B if | За | Qualified dividends | 3a | 85. | | ordinary divi | | | | 3b | | 86. | |
| required. | 4a | IRA distributions | 4a | | b T | axable amo | unt . | | | 4b | | | |
| | 5a | Pensions and annuities | 5a | | b T | axable amo | unt . | | | 5b | | | |
| Standard | 6a | Social security benefits | 6a | | b T | axable amo | unt . | | | 6b | | | |
| Deduction for— | 7 | Capital gain or (loss). Attach Schee | gain or (loss). Attach Schedule D if required. If not required, check here | | | | | | | 7 | | -1,138. | |
| Single or Married filing | 8 | Other income from Schedule 1, line 10 | | | | | | | 8 | | | | |
| separately, \$12,550 | 9 | dd lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income | | | | | | . • | 9 | , | 76,610. | | |
| Married filing | 10 | Adjustments to income from Schedule 1, line 26 | | | | | | | | 10 | | | |
| jointly or Qualifying | 11 | Subtract line 10 from line 9. This is | | | | | | . • | 11 | | 76,610. | | |
| widow(er), \$25,100 | 12a | - | | | | | | | | | | | |
| Head of | b | Charitable contributions if you take the standard deduction (see instructions) 12b 300 | | | | | | | | | | | |
| household, \$18,800 | С | Add lines 12a and 12b | | | | | | | 120 | : : | 12,850. | | |
| If you checked | 13 | Qualified business income deduct | me deduction from Form 8995 or Form 8995-A | | | | | | | 13 | | | |
| any box under Standard | 14 | Add lines 12c and 13 | | | | | | | 14 | - | 12,850. | | |
| Deduction, | 15 | Taxable income. Subtract line 14 from line 11. If zero or less, enter -0 | | | | | | | 15 | (| 63,760. | | |

| | 16 | Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3 | 16 | 9,770. | |
|--|---------|---|---|---------------------------|--|
| | 17 | Amount from Schedule 2, line 3 | 17 | | |
| | 18 | Add lines 16 and 17 | 18 | 9,770. | |
| | 19 | Nonrefundable child tax credit or credit for other dependents from Schedule 8812 | 19 | | |
| | 20 | Amount from Schedule 3, line 8 | 20 | | |
| | 21 | Add lines 19 and 20 | 21 | | |
| | 22 | Subtract line 21 from line 18. If zero or less, enter -0 | 22 | 9,770. | |
| | 23 | Other taxes, including self-employment tax, from Schedule 2, line 21 | 23 | 0. | |
| | 24 | Add lines 22 and 23. This is your total tax | 24 | 9,770. | |
| | 25 | Federal income tax withheld from: | | | |
| | а | Form(s) W-2 | | | |
| | b | Form(s) 1099 | | | |
| | С | Other forms (see instructions) | | | |
| | d | Add lines 25a through 25c | 25d | 10,073. | |
| | 26 | 2021 estimated tax payments and amount applied from 2020 return | 26 | · | |
| If you have a Lagrangian qualifying child, | 27a | Earned income credit (EIC) | | | |
| attach Sch. EIC. | | Check here if you were born after January 1, 1998, and before | 1 | | |
| | | January 2, 2004, and you satisfy all the other requirements for | | | |
| | | taxpayers who are at least age 18, to claim the EIC. See instructions ▶ ☐ | | | |
| | b | Nontaxable combat pay election 27b | | | |
| | С | Prior year (2019) earned income | | | |
| | 28 | Refundable child tax credit or additional child tax credit from Schedule 8812 28 | - | | |
| | 29 | American opportunity credit from Form 8863, line 8 | - | | |
| | 30 | Recovery rebate credit. See instructions | - | | |
| | 31 | Amount from Schedule 3, line 15 | _ | | |
| | 32 | Add lines 27a and 28 through 31. These are your total other payments and refundable credits | 32 | | |
| | 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | 10,073. | |
| Refund | 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 303. | |
| | 35a | Amount of line 34 you want refunded to you. If Form 8888 is attached, check here | 35a | 303. | |
| Direct deposit? See instructions. | ▶b | Routing number 1 1 1 0 0 0 0 2 5 ► c Type: X Checking Savings | | | |
| | ►d | Account number 5 8 6 0 3 4 2 5 3 9 5 2 | | | |
| | 36 | Amount of line 34 you want applied to your 2022 estimated tax 36 | | | |
| Amount You Owe | 37 | Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions . | 37 | | |
| | 38 | Estimated tax penalty (see instructions) | | | |
| Third Party | | you want to allow another person to discuss this return with the IRS? See tructions | olow | X No | |
| Designee | | signee's Phone Personal identif | | Z NO | |
| | | ne ► no. ► number (PIN) ► | | | |
| Sign | Und | der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to | the bes | t of my knowledge and | |
| Here | beli | ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which | prepare | er has any knowledge. | |
| TICIC | You | | If the IRS sent you an Identity Protection PIN, enter it here | | |
| 1 | | | inst.) ▶ | N, enter it nere | |
| Joint return? See instructions. | Spo | BOITMING BEVELOTER | | nt your spouse an | |
| Keep a copy for | Орс | | | ection PIN, enter it here | |
| your records. | | (see i | inst.) ► | | |
| | Pho | one no. (703)870-5460 Email address SAI.RD0827@GMAIL.COM | | | |
| Paid | Pre | eparer's name Preparer's signature Date PTIN | | Check if: | |
| Preparer Preparer | SYAM | PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 04/16/2022 PO2082 | 2703 | Self-employed | |
| Use Only | | | e no. (| 678)965-9522 | |
| | Firr | m's address ▶ 2530 Pebble Creek Ln Cumming GA 30041 Firm' | 's EIN ▶ | 30-1017196 | |
| Go to www.irs.go | ov/Form | n1040 for instructions and the latest information. BAA REV 04/09/22 PRO | | Form 1040 (2021) | |

Form 1040 (2021)

Page **2**

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

Attachment Sequence No. 12

Department of the Treasury

► 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. Internal Revenue Service (99)

Name(s) shown on return Your social security number 177-85-5999 SAI DEEP RUDRA

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) Part I See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to 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 16,765. 17,920. 17. -1,138.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 -1,138.Part II Long-Term Capital Gains and Losses - Generally Assets Held More Than One Year (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to Form(s) 8949, Part II, (sales price) (or other basis) combine the result whole dollars. line 2. column (a) with column (a) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . 8b Totals for all transactions reported on Form(s) 8949 with Totals for all transactions reported on Form(s) 8949 with 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

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

Schedule D (Form 1040) 2021 Page 2

Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 -1,138.• If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 1,138.) • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

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

Name(s) shown on return SAI DEEP RUDRA Social security number or taxpayer identification number 177-85-5999

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

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

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

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

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

(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 F | orm 1099-B | | | | |
|--|--|--------------------------------|-------------------------------------|---|--|---|--|
| 1 (a) Description of property | (b) Date acquired | (c) Date sold or | (d) Proceeds | (e) Cost or other basis. See the Note below | Adjustment, if If you enter an enter a co See the sep | (h) Gain or (loss). Subtract column (e) | |
| (Example: 100 sh. XYZ Co.) | (Mo., day, yr.) | | (sales price) (see instructions) | and see Column (e) in the separate instructions | (f) Code(s) from instructions | (g) Amount of adjustment | from column (d) and combine the result with column (g) |
| Robinhood Securities LLC | 05/05/21 | 12/12/21 | 16,765. | 17,920. | W | 17. | -1,138. |
| | | | | | | | |
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| | | | | | | | |
| 2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box (| al here and inc is checked), lir | lude on your ne 2 (if Box B | 16,765. | 17,920. | | 17. | -1,138. |

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.