(Rev. January 2021)

Department of the Treasury

# 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

| - Internal n  | leveliue Selvice   |   |  |  |  |  |   |  |  |
|---|--|---|--|--|--|--|---|--|--|
| Submis  | ssion Identification Number (SID)  |   |  |  |  |  |   |  |  |
| Taxpayer  | r's name   |   | Social secu  | ırity numb   | er   |  |   |  |  |
| ABHI  | SHEK REDDY   |   | 340-31-2626  |  |  |  |   |  |  |
| Spouse's  | s name   | :   | Spouse's s   | ocial secu   | ırity nu   | mber   |   |  |  |
| Part  | Tax Return Information — Tax Year Ending December 31, 2021   | L (Enter y  | ear vou  | are au   | horiz  | ina.)  |   |  |  |
|   | whole dollars only on lines 1 through 5.   | L (Lincol )   | ou. you  | a.o aa   |  | 9./  |   |  |  |
|   | Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.   |   |  |  |  |  |   |  |  |
|   | Adjusted gross income  |   |  | 1  |  | 17,  | 379.  |  |  |
|   | Total tax  |   |  | 2  |  |  | 453.  |  |  |
| 3   | Federal income tax withheld from Form(s) W-2 and Form(s) 1099  |   |  | 3  |  | 1,   | 741.  |  |  |
| 4   | Amount you want refunded to you  |   |  | 4  |  | 1,   | 288.  |  |  |
| 5   | Amount you owe   |   |  | 5  |  |  |   |  |  |
| Part I  | Taxpayer Declaration and Signature Authorization (Be sure you ge   | et and ke   | ep a co  | py of y  | our r  | eturr  | ո)  |  |  |
| to send<br>for any of<br>Agent to<br>payment<br>authorize<br>payment<br>business<br>taxes to<br>persona | original or amended) I am now authorizing. I consent to allow my intermediate service provide my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason delay in processing the return or refund, and (c) the date of any refund. If applicable, I author to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accut of my federal taxes owed on this return and/or a payment of estimated tax, and the financial ration is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to the Institution to the payment (settlement) date. I also authorize the financial institutions involved the confidential information necessary to answer inquiries and resolve issues related all identification number (PIN) below is my signature for the income tax return (original or amenic Funds Withdrawal Consent. | on for rejectize the U.S count indicated institution terminate the terminate of the payers. | tion of the . Treasury ated in the to debit to the author sts must rocessing | e transmise and its of and its of tax prepared to the entry frication. The received the elements of the elements are the acceptance of the elements are the ele | ssion, (designation this to this orevoluted no designation this designation this designation) and the designation this designation the designation this designation the designation the designation the designation that designation the designation of the | (b) the ated Fin softwaccouple (capture) accouple (capture) ater ic payredge t | reason<br>mancial<br>vare for<br>nt. This<br>ancel) a<br>than 2<br>ment of<br>hat the |  |  |
|   | yer's PIN: check one box only  |   | Г  |  |  |  |   |  |  |
| X   | lauthorize GLOBAL TAXES LLC to enter or get  | enerate m   | v PIN  | 1 2 6  | 5 2  | 6  | as my   |  |  |
| •••   | ERO firm name signature on the income tax return (original or amended) I am now authorizing.   |   | · I  | Enter five<br>don't ente   |  | but  | ao my   |  |  |
|   | I will enter my PIN as my signature on the income tax return (original or amended if you are entering your own PIN <b>and</b> your return is filed using the Practitioner P below.   |   |  |  |  |  |   |  |  |
| Your si   | gnature ▶ D  | ate ►   |  |  |  |  |   |  |  |
| Snouse  | e's PIN: check one box only  |   | _  |  |  |  |   |  |  |
|   | I authorize to enter or ge   | enerate m   | v PINI   |  |  |  | as my   |  |  |
| ш   | ERO firm name  | onorato m   |  | Enter five   | digits,  |  | ao my   |  |  |
|   | signature on the income tax return (original or amended) I am now authorizing.   |   | •  | don't ente   | r all ze   | ros  |   |  |  |
|   | I will enter my PIN as my signature on the income tax return (original or amended if you are entering your own PIN <b>and</b> your return is filed using the Practitioner P below.   |   |  |  |  |  |   |  |  |
| Spouse  | e's signature ▶ D  | ate ►   |  |  |  |  |   |  |  |
|   | Practitioner PIN Method Returns Only—continue  | e below   |  |  |  |  |   |  |  |
| Part II   | Certification and Authentication — Practitioner PIN Method Only  |   |  |  |  |  |   |  |  |
| ERO's   | <b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.  | 5 8   | 7 2 7  | 8 6  | 1 9  | 8 8  | 9   |  |  |
|   | , , , , ,  |   | Don't e  | nter all ze  | ros  |  |   |  |  |
| authoriz  | that the above numeric entry is my PIN, which is my signature for the electronic individual is ted to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I aments of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Provi  | am submitt  | ting this re   | eturn in a   | ccord  | anće v   |   |  |  |
| ERO's   | signature ► D  | ate ►   |  |  |  |  |   |  |  |
|   | ERO Must Retain This Form — See Instruct   |   |  |  |  |  |   |  |  |
|   | Don't Submit This Form to the IRS Unless Requeste  |   | So   |  |  |  |   |  |  |

E1040-NR Department of the Treasury-Internal Revenue Service (99)
U.S. Nonresident Alien Income Tax Return

OMB No. 1545-0074 OR Single

Married filing separately (MES)

Ouglifying widow(er) (OW)

|                                   |            | 0101110111001110  |            |                       |             | -           |            | _                 |        |             |               | p                    |
|-----------------------------------|------------|---|------------|-----------------------|-------------|-------------|------------|-------------------|--------|-------------|---------------|----------------------|
| Filing<br>Status                  | <b>X</b> : | Single Married filing s   | eparately  | / (MFS)               | Qualifyir   | ng widow    | r(er) (QV  | /)                |        |             |               |                      |
| Check only one box.               | , ,        | ou checked the QW box, enter the child's name if the liftying person is a child but not your dependent ▶  |            |                       |             |             |            |                   |        |             |               |                      |
| Your first name                   | and mi     | iddle initial   | Last       | name                  |             |             |            |                   |        | Your ide    | entifying n   | umber                |
| Tour mot name                     | ana mi     |   | Lasi       | Hamo                  |             |             |            |                   |        | (see inst   |               | umber                |
| ABHISHEK                          |            |   | REI        | DDY                   |             |             |            |                   |        |             | 31-2626       |                      |
| Home address (                    | numbe      | er and street or rural route). If you   | ı have a F | P.O. box, see inst    | ructions.   |             |            | Apt. no           | ).     | Check if    | X Indiv       |                      |
| 5263 BATT                         |            |   |            |                       |             |             |            |                   |        |             | Estat         | e or Trust           |
|                                   | st office  | e. If you have a foreign address, als   | so comple  | ete spaces below.     | State       |             | ZIP cod    |                   |        |             |               |                      |
| DUBLIN                            |            |   |            |                       | OH          |             | 4301       |                   |        |             |               |                      |
| Foreign country                   | name       |   | Foreign    | province/state/co     | ounty       |             | Foreign    | postal            | code   |             |               |                      |
| At any time duri                  | ng 202     | 1, did you receive, sell, exchang   | e, or othe | erwise dispose of     | any finan   | cial intere | est in an  | y virtual         | currer | ncy?        | X Yes         | ☐ No                 |
|                                   |            |   |            |                       |             |             |            |                   |        |             |               |                      |
|                                   |            |   |            |                       |             | I           |            |                   |        | 4 16 11     | <i>.</i>      |                      |
| Dependents                        |            |   |            | (2) Depend            | dent's      | (3)         | epende     | nt's              | 1      | -           | fies for (see | inst.):<br>for other |
| (see instructions):               |            | (1) First name Last na  | ıme        |                       |             |             | •          | nship to you Chil |        | l tax credi |               | ndents               |
|                                   |            |   |            |                       |             |             |            |                   |        |             | [             |                      |
| If more than four dependents, see |            |   |            |                       |             |             |            |                   |        |             |               |                      |
| instructions and                  |            |   |            |                       |             |             |            |                   |        |             | [             |                      |
| check here ►                      |            |   |            |                       |             |             |            |                   |        |             | [             |                      |
| Income                            |            | Wages, salaries, tips, etc. Attach  | ` '        |                       |             |             |            |                   |        | 1a          | 15            | ,928.                |
| Effectively                       | b S        | Scholarship and fellowship grant  | s. Attach  | Form(s) 1042-S        | or required | d stateme   | ent. See   | instruc           | tions  | . 1b        |               |                      |
| Connected                         |            | Total income exempt by a treat  |            | chedule OI (Form      | 1040-NR     | ), Item     |            |                   |        |             |               |                      |
| With U.S.                         |            | L, line 1(e)  | 1          |                       |             | · · · [     | 1c         |                   |        |             |               |                      |
| Trade or                          |            | Tax-exempt interest   | 2a         |                       |             | able inte   |            |                   |        |             |               |                      |
| Business                          |            | Qualified dividends   | 3a         |                       |             | dinary div  |            |                   |        |             |               |                      |
|                                   |            | RA distributions  | 4a         |                       |             | able amo    |            |                   |        |             |               |                      |
|                                   |            | Pensions and annuities  | 5a         |                       |             | able amo    | Juni .     |                   | •      | 5b<br>6     |               |                      |
|                                   |            | Reserved for future use   | odulo D /  |                       |             |             |            | <br>k horo        | · ·    | _ —         | 1             | .,451.               |
|                                   |            | Capital gain or (loss). Attach Schedule D (Form 1040) if required. If not required, check here.   Other income from Schedule 1 (Form 1040), line 10 |            |                       |             |             |            |                   |        | 8           |               | ., 151.              |
|                                   |            | Add lines 1a, 1b, 2b, 3b, 4b, 5b,   |            | , .                   |             |             |            |                   |        |             | 1.7           | 7,379.               |
|                                   |            | Adjustments to income:  | 7, and 0.  | This is your total    | 011001110   |             |            |                   |        |             |               | 70,77                |
|                                   |            | From Schedule 1 (Form 1040), lii  | ne 26 .    |                       |             |             | 10a        |                   |        |             |               |                      |
|                                   |            | Reserved for future use   |            |                       |             |             | 10b        |                   |        |             |               |                      |
|                                   |            | Scholarship and fellowship grant  |            |                       |             | [           | 10c        |                   |        |             |               |                      |
|                                   |            |   |            |                       |             |             |            |                   |        | ▶ 10d       |               |                      |
|                                   |            | Subtract line 10d from line 9. Thi  |            |                       |             |             |            |                   | )      | ▶ 11        | 17            | 7,379.               |
|                                   |            | Itemized deductions (from Scheening of India, standard deductions)  |            |                       |             |             | 120        | 1 '               | 2,55   | n           |               |                      |
|                                   |            | Charitable contributions for certa  |            |                       |             | - H         | 12a<br>12b | т.                | 30     |             |               |                      |
|                                   |            |   |            | its of fildia. See if |             |             | 1211       | _                 | 50     | 12c         | 1 1 2         | 2,850.               |
|                                   |            | Qualified business income deduc   |            |                       |             |             | 13a        |                   | •      | 120         |               | -,                   |
|                                   |            | Exemptions for estates and trust  |            |                       |             | - H         | 13b        |                   |        |             |               |                      |
|                                   |            | •   | •          |                       |             | _           |            |                   |        | 13c         |               |                      |
| -                                 |            | Add lines 12c and 13c   |            |                       |             |             |            |                   |        | 14          | 12            | 2,850.               |
|                                   |            |   |            |                       |             |             |            |                   |        |             |               |                      |

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

4,529.

15

|                                      | 16   | Tax (see instructions). Check if any  | from Form    | (s): 1       | 8814        | 2       | 4972        | 3 🗌        |                          | 16       | 453.               |
|--------------------------------------|--|---|--------------|--------------|-------------|---------|-------------|------------|--------------------------|----------|--------------------|
|                                      | 17   | Amount from Schedule 2 (Form 10   | 40), line 3  |              |             |         |             |            |                          | 17       | 0.                 |
|                                      | 18   | Add lines 16 and 17   |              |              |             |         |             |            |                          | 18       | 453.               |
|                                      | 19   | Nonrefundable child tax credit or o   |              |              |             |         |             |            |                          | 19       |                    |
|                                      | 20   | Amount from Schedule 3 (Form 10   |              | •            |             |         |             | •          | ,                        | 20       |                    |
|                                      | 21   | Add lines 19 and 20   |              |              |             |         |             |            |                          | 21       |                    |
|                                      | 22   | Subtract line 21 from line 18. If zer   |              |              |             |         |             |            |                          | 22       | 453.               |
|                                      | 23a  | Tax on income not effectively co<br>from Schedule NEC (Form 1040-N                    | nnected v    | vith a U.S.  | trade or    | busine  | ss          |            |                          |          | 133.               |
|                                      | b  | Other taxes, including self-employ  | ment tax,    | from Schee   | dule 2 (Fo  | rm 1040 | 0),         |            |                          | _        |                    |
|                                      |  | line 21   |              |              |             |         |             |            |                          | -        |                    |
|                                      | C  | Transportation tax (see instructions  |              |              |             |         |             |            |                          | 00.1     |                    |
|                                      | d  | Add lines 23a through 23c   |              |              |             |         |             |            |                          | 23d      | 4.5.0              |
|                                      | 24   | Add lines 22 and 23d. This is your  |              |              |             |         |             |            | . ▶                      | 24       | 453.               |
|                                      | 25   | Federal income tax withheld from:   |              |              |             |         |             |            |                          |          |                    |
|                                      | а  | Form(s) W-2   |              |              |             |         |             |            | .,741.                   |          |                    |
|                                      | b  | Form(s) 1099  |              |              |             |         | . 25b       |            |                          |          |                    |
|                                      | С  | Other forms (see instructions) .  |              |              |             |         | 25c         |            |                          |          |                    |
|                                      | d  | Add lines 25a through 25c   |              |              |             |         |             |            |                          | 25d      | 1,741.             |
|                                      | е  | Form(s) 8805  |              |              |             |         |             |            |                          | 25e      |                    |
|                                      | f  | Form(s) 8288-A  |              |              |             |         |             |            |                          | 25f      |                    |
|                                      | g  | Form(s) 1042-S  |              |              |             |         |             |            |                          | 25g      |                    |
|                                      | 26   | 2021 estimated tax payments and   |              |              |             |         |             |            |                          | 26       |                    |
|                                      | 27   | Reserved for future use   |              |              |             |         | 27          |            |                          |          |                    |
|                                      | 28   | Refundable child tax credit or ac 8812 (Form 1040)                                    | lditional cl | nild tax cre | edit from   | Schedu  | ıle         |            |                          | _        |                    |
|                                      | 29   | Credit for amount paid with Form  |              |              |             |         |             |            |                          |          |                    |
|                                      | 30   | Reserved for future use   |              |              |             |         |             |            |                          |          |                    |
|                                      | 31   | Amount from Schedule 3 (Form 10   |              |              |             |         |             |            |                          | 1        |                    |
|                                      | 32   | Add lines 28, 29, and 31. These are   |              |              |             |         |             | radite     |                          | 32       |                    |
|                                      | 33   | Add lines 25d, 25e, 25f, 25g, 26, a   |              |              |             |         |             |            |                          | 33       | 1,741.             |
| Refund                               |  | If line 33 is more than line 24, subt   |              |              |             |         |             |            |                          | 34       |                    |
| heiuliu                              | 34   | ,   |              |              |             |         | ,           | •          |                          | -        | 1,288.             |
|                                      | 35a  | Amount of line 34 you want <b>refunc</b>  |              |              |             |         |             |            |                          | 35a      | 1,288.             |
| Direct deposit?<br>See instructions. | ▶b   | Routing number 0 1 1 9  |              |              |             | Type:   | ∠ Chec      | king L     | Savings                  |          |                    |
| occ mondendions.                     | <b>▶</b> d   | Account number 3 8 5 0  |              |              |             |         |             |            |                          |          |                    |
|                                      | ►e   | If you want your refund check mai enter it here.                                      |              |              |             |         |             | _,         | page 1,                  |          |                    |
|                                      | 36   | Amount of line 34 you want applie   | d to your    | 2022 estin   | nated tax   |         | ▶ 36        |            |                          |          |                    |
| Amount                               | 37   | Amount you owe. Subtract line 33  | 3 from line  | 24. For def  | tails on ho | w to pa | ay, see ins | structions | . ▶                      | 37       |                    |
| You Owe                              | 38   | Estimated tax penalty (see instruct   | ions) .      |              |             |         | ▶ 38        |            |                          |          |                    |
| Third Party<br>Designee              | •  | ou want to allow another pers<br>structions   | on to di     | scuss this   | return      | with th | ne IRS?     | Yes. C     | Complete                 | below.   | ⊠ No               |
| zooigiioo                            | Desigi<br>name   |   |              | Phon         |             |         |             |            | nal identifi<br>er (PIN) | cation   |                    |
| Sign                                 |  | penalties of perjury, I declare that I have they are true, correct, and complete. Dec |              |              |             |         |             |            |                          |          |                    |
| Here                                 | Your s   | signature   |              | Date         | Your        | occupa  | tion        |            | If the                   | IRS se   | nt you an Identity |
|                                      | . ouii c   | ga.a. o   |              | 24.0         | 1.00        | oocapa  |             |            | Prote                    | ection P | IN, enter it here  |
|                                      |  |   |              |              | SOF         | TWARE   | E ENGI      | NEER       | (see i                   | nst.) ▶  |                    |
|                                      | Phone  | e no.   |              | Email add    | ress        |         |             |            |                          |          |                    |
| Paid                                 | Prepa  | rer's name Pre  | eparer's sig | gnature      | <del></del> |         | Date        | 9          | PTIN                     |          | Check if:          |
|                                      | SYAM P   | RIYA RAM SAGAR GUPTA TALLAM SYA   | AM PRIYA     | RAM SAG      | AR GUPT     | A TALL  | AM 04/      | 01/2022    | P02082                   | 2703     | Self-employed      |
| Preparer                             | Firm's   | name▶ GLOBAL TAXES LI   | LC L         |              |             |         |             |            | Phone n                  | 0. (67   | 78)965-9522        |
| Jse Only                             | Firm's   |   |              | n Cumm       | ing GA      | 3004    | 11          |            |                          |          | 0-1017196          |
|                                      | Firm's address ► 2530 Pebble Creek Ln Cumming GA 30041   Firm's EIN ► 30-1017196 |   |              |              |             |         |             |            |                          |          |                    |

Form 1040-NR (2021)

Page 2

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

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

OMB No. 1545-0074

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<br>Sequence No. <b>7B</b> |  |

Name shown on Form 1040-NR Your identifying number ABHISHEK REDDY 340-31-2626

| Enter a   | amount of income und  | er the appropriate rate of tax. See instructions.   |                             |      |                                       |                         |                                   |  |  |
|---|---|---|-----------------------------|------|---------------------------------------|-------------------------|-----------------------------------|--|--|
| Nature of Income  |   |   |                             |      | (a) 10% (b) 15%                       |                         | (c) 30%                           | (d) Othe   | r (specify)  |
|   |   |   |                             |      | (a) 1070                              | (5) 1570                | (6) 30 %                          | %  | %  |
| 1   | Dividends and divide  | nd equivalents:   |                             |      |                                       |                         |                                   |  |  |
| а   | Dividends paid by U.  | S. corporations   | . [                         | 1a   |                                       |                         |                                   |  |  |
| b   | Dividends paid by fo  | reign corporations  |                             | 1b   |                                       |                         |                                   |  |  |
| С   | Dividend equivalent p   | ayments received with respect to section 871(m) transact  | tions                       | 1c   |                                       |                         |                                   |  |  |
| 2   | Interest:   |   |                             |      |                                       |                         |                                   |  |  |
| а   | Mortgage  |   |                             | 2a   |                                       |                         |                                   |  |  |
| b   | Paid by foreign corpo   | orations  |                             | 2b   |                                       |                         |                                   |  |  |
| С   | Other   |   | . [                         | 2c   |                                       |                         |                                   |  |  |
| 3   | Industrial royalties (p   | atents, trademarks, etc.)   | . [                         | 3    |                                       |                         |                                   |  |  |
| 4   | Motion picture or TV  | copyright royalties   | . [                         | 4    |                                       |                         |                                   |  |  |
| 5   | Other royalties (copy   | rights, recording, publishing, etc.)  | . [                         | 5    |                                       |                         |                                   |  |  |
| 6   | Real property income  | e and natural resources royalties   | . [                         | 6    |                                       |                         |                                   |  |  |
| 7   | Pensions and annuiti  | es  | . [                         | 7    |                                       |                         |                                   |  |  |
| 8   | Social security benef   | its   |                             | 8    |                                       |                         |                                   |  |  |
| 9   | Gapital gain from line 18 below   |   |                             | 9    |                                       |                         |                                   |  |  |
| 10  | Gambling—Residents of Canada only. Enter net income in column (c).  If zero or less, enter -0 |   |                             |      |                                       |                         |                                   |  |  |
| а   | Winnings  |   |                             |      |                                       |                         |                                   |  |  |
| b   | Losses  | <u> </u>  | . [                         | 10c  |                                       |                         |                                   |  |  |
| 11  | Gambling winnings – Note: Losses not allo   | Residents of countries other than Canada.   | . [                         | 11   |                                       |                         |                                   |  |  |
| 12  | Other (specify) ▶   |   |                             |      |                                       |                         |                                   |  |  |
|   |   |   |                             | 12   |                                       |                         |                                   |  |  |
| 13  |   | 12 in columns (a) through (d)   |                             | 13   |                                       |                         |                                   |  |  |
| 14  |   | ate of tax at top of each column  |                             | 14   |                                       |                         |                                   |  |  |
| 15  | Tax on income not ef  | fectively connected with a U.S. trade or business. Add o  |                             |      |                                       |                         |                                   | R, line 23a ► <b>15</b>                                  |  |
|   |   | Capital Gains and Los   | ses Fı                      | rom  | Sales or Excha                        | inges 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 |   |   | (b) Date acquire 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 property interest; report these   |   |   |                             |      |                                       |                         |                                   |  |  |
| gains a   | nd losses on Schedule D   |   |                             |      |                                       |                         |                                   |  |  |
| •   | property sales or   |   |                             |      |                                       |                         |                                   |  |  |
| exchan  | ges that are effectively  |   |                             |      |                                       |                         |                                   |  |  |
| connected with a U.S. business<br>on Schedule D (Form 1040),<br>Form 4797, or both.   |   | <ul><li>17 Add columns (f) and (g) of line 16</li><li>18 Capital gain. Combine columns (f) and (g) of line 16</li></ul> | <br>ine 17.                 | Ente | · · · · · · · · · · · · · · · · · · · | <br>e and on line 9 abo | <b>17</b><br>ove. If a loss, ente |  |  |

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

**Other Information** 

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

Your identifying number

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99)

Name shown on Form 1040-NR

► Attach to Form 1040-NR. Attachment Sequence No. **7C** ► Answer all questions.

| ABI | HISHEK REDDY 340-31-2626  |                         |   |                          |                |  |  |  |  |  |
|-----|---|-------------------------|---|--------------------------|----------------|--|--|--|--|--|
| Α   | Of what country or countries were you a citizen or national during the tax year? INDIA  |                         |   |                          |                |  |  |  |  |  |
| В   | In what country did you claim residence for tax purposes during the tax year? United States   |                         |   |                          |                |  |  |  |  |  |
| С   | Have you ever applied to be a green card holder (lawful permanent resident) of the United States?   |                         |   |                          |                |  |  |  |  |  |
| D   | Were you ever:  |                         |   |                          |                |  |  |  |  |  |
| 1   | <b>1.</b> A U.S. citizen?   |                         |   |                          |                |  |  |  |  |  |
| 2   | 2. A green card holder (lawful permanent resident) of the United States?  |                         |   |                          |                |  |  |  |  |  |
|     | 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.                          |                         |   |                          |                |  |  |  |  |  |
| F   | Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status?  |                         |   |                          |                |  |  |  |  |  |
|     | If you answered "Yes," indicate the date and nature of the  | e change >              |   |                          |                |  |  |  |  |  |
| G   | List all dates you entered and left the United States during  | g 2021. See instruction | ons.  |                          |                |  |  |  |  |  |
|     | Note: If you are a resident of Canada or Mexico AND corcheck the box for Canada or Mexico and skip to item H                                  | mmute to work in the    | United States at freque                       | ent intervals,  Mexico   |                |  |  |  |  |  |
|     | Date entered United States mm/dd/yy Date departed United State mm/dd/yy   | es Da                   | ate entered United States<br>mm/dd/yy         | Date departed U<br>mm/dd |                |  |  |  |  |  |
|     |   |                         |   |                          |                |  |  |  |  |  |
|     |   | _                       |   |                          |                |  |  |  |  |  |
| ш   | Cive number of days (including vacation, neground days and  | portiol dove            | o propert in the limit C                      | Ptatas durina:           |                |  |  |  |  |  |
| Н   | Give number of days (including vacation, nonworkdays, and   |                         |   |                          |                |  |  |  |  |  |
| ı   | 2019 , 2020  Did you file a U.S. income tax return for any prior year? .  If "Yea" give the letest year and form number you filed             |                         |   | 🗵 Ye                     | es 🗌 No        |  |  |  |  |  |
| J   | If "Yes," give the latest year and form number you filed ► Are you filing a return for a trust?   |                         |   |                          | es 🗵 No        |  |  |  |  |  |
| •   | If "Yes," did the trust have a U.S. or foreign owner under  | r the grantor trust rul | les, make a distribution                      | or loan to a             | <u></u> 140    |  |  |  |  |  |
|     | U.S. person, or receive a contribution from a U.S. person?  | ?                       |   | Ye                       | _              |  |  |  |  |  |
| K   | Did you receive total compensation of \$250,000 or more of  | during the tax year? .  |   |                          |                |  |  |  |  |  |
|     | If "Yes," did you use an alternative method to determine t  | he source of this con   | npensation?                                   | L Ye                     | es 🗌 No        |  |  |  |  |  |
| L   | Income Exempt From Tax—If you are claiming exemptic complete (1) through (3) below. See Pub. 901 for more info                                |                         |   | tax treaty with a fore   | eign country,  |  |  |  |  |  |
| 1   | <ul> <li>Enter the name of the country, the applicable tax treaty arti<br/>amount of exempt income in the columns below. Attach Fo</li> </ul> |                         |   | claimed the treaty be    | nefit, and the |  |  |  |  |  |
|     | (a) Country   | (b) Tax treaty article  | (c) Number of month claimed in prior tax year |                          | •              |  |  |  |  |  |
|     |   |                         |   |                          |                |  |  |  |  |  |
|     |   |                         |   |                          |                |  |  |  |  |  |
|     | (e) Total. Enter this amount on Form 1040-NR, line 1c. D  | o not enter it on line  | 1a or line 1b                                 | <b>&gt;</b>              |                |  |  |  |  |  |
| 2   | Were you subject to tax in a foreign country on any of the  |                         |   | Ye                       | es 🗌 No        |  |  |  |  |  |
|     | <ul> <li>Are you claiming treaty benefits pursuant to a Competent</li> </ul>  | •                       | •   | _                        | =              |  |  |  |  |  |
|     | If "Yes," attach a copy of the Competent Authority determ   |                         |   |                          | _ <del>_</del> |  |  |  |  |  |
| М   | Check the applicable box if:  | ,                       |   |                          |                |  |  |  |  |  |
|     | <ul> <li>This is the first year you are making an election to treat inwith a U.S. trade or business under section 871(d). See in</li> </ul>   |                         |   |                          |                |  |  |  |  |  |
| 2   | . You have made an election in a previous year that has   | not been revoked, to    | o treat income from re                        | al property located i    | n the United   |  |  |  |  |  |
|     | States as effectively connected with a U.S. trade or busing   | ess under section 87    | 1(d). See instructions .                      |                          | ▶ 🗌            |  |  |  |  |  |

#### SCHEDULE D (Form 1040)

Department of the Treasury

Name(s) shown on return

Internal Revenue Service (99)

# **Capital Gains and Losses**

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

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

► Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

2021

Attachment Sequence No. **12** 

Your social security number

| ABI   | HISHEK REDDY  |                    |                         | 340-                                | -31-  | 2626  |
|---|---|--------------------|-------------------------|-------------------------------------|-------|---|
|   | ou dispose of any investment(s) in a qualified opportunity es," attach Form 8949 and see its instructions for additiona   | •                  | •                       | _                                   |       |   |
| Pai   | t I Short-Term Capital Gains and Losses—Ge  | nerally Assets I   | Held One Year           | or Less (se                         | e ins | tructions)  |
| See instructions for how to figure the amounts to enter on the lines below.  This form may be easier to complete if you round off cents to whole dollars.  (d) (e) Adjustments to gain or loss from (sales price) (or other basis)  (g) Adjustments to gain or loss from (sales price) (or other basis) |   |                    |                         |                                     |       | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
| 1a  | Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b. |                    |                         |                                     |       |   |
| 1b  | Totals for all transactions reported on Form(s) 8949 with   |                    |                         |                                     |       |   |
| 2   | Box A checked   | 1,785.             | 334.                    |                                     |       | 1,451.  |
| 3   | Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked  |                    |                         |                                     |       |   |
| 4   | Short-term gain from Form 6252 and short-term gain or (l  | oss) from Forms 4  | 684, 6781, and 88       | 324                                 | 4     |   |
| 5   | Net short-term gain or (loss) from partnerships, Schedule(s) K-1  | S corporations,    | estates, and tr         | usts from                           | 5     |   |
| 6   | Short-term capital loss carryover. Enter the amount, if an  |                    |                         |                                     |       |   |
| 7   | Worksheet in the instructions   |                    | <br>ımn (h) If you have |                                     | 6     | (   |
| •   | term capital gains or losses, go to Part II below. Otherwise  |                    |                         |                                     | 7     | 1,451.  |
| Par   | t II Long-Term Capital Gains and Losses—Ger   | nerally Assets H   | leld More Than          | One Year                            | (see  | instructions)   |
| lines   | nstructions for how to figure the amounts to enter on the below.  | (d)<br>Proceeds    | (e)<br>Cost             | (g)<br>Adjustmen<br>to gain or loss | from  | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and                              |
|   | form may be easier to complete if you round off cents to e dollars.   | (sales price)      | (or other basis)        | Form(s) 8949, I<br>line 2, colum    |       | combine the result<br>with column (g)   |
| 8a  | Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.  |                    |                         |                                     |       |   |
| 8b  | Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked  |                    |                         |                                     |       |   |
| 9   | Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked  |                    |                         |                                     |       |   |
| 10  | Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked  |                    |                         |                                     |       |   |
| 11  | Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824  |                    |                         |                                     | 11    |   |
|   | Net long-term gain or (loss) from partnerships, S corporat  | ions, estates, and | trusts from Scheo       | lule(s) K-1                         | 12    |   |
|   | Capital gain distributions. See the instructions  |                    |                         |                                     | 13    |   |
|   |   |                    |                         |                                     | 14    | ( )   |
| 15  | Net long-term capital gain or (loss). Combine lines 8a  | through 14 in co   | olumn (h). Then, go     | to Part III                         | 15    |   |

BAA

Schedule D (Form 1040) 2021 Page 2

### Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 1,451. • 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 • (\$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

Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form8949 for instructions and the latest information. ▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Sequence No. 12A

Name(s) shown on return ABHISHEK REDDY Social security number or taxpayer identification number 340-31-2626

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)<br>Date sold or            | (d)<br>Proceeds                     | (e) Cost or other basis. See the <b>Note</b> below    | If you enter an enter a co          | any, to gain or loss.<br>amount in column (g),<br>ode in column (f).<br>arate instructions. | (h) Gain or (loss). 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) |
| APEX       | CRYPTO   | 07/11/21                                   | 12/31/21                       | 1,785.                              | 334.  |                                     |   | 1,451.   |
|            |  |  |                                |                                     |   |                                     |   |  |
|            |  |  |                                |                                     |   |                                     |   |  |
|            |  |  |                                |                                     |   |                                     |   |  |
|            |  |  |                                |                                     |   |                                     |   |  |
|            |  |  |                                |                                     |   |                                     |   |  |
|            |  |  |                                |                                     |   |                                     |   |  |
|            |  |  |                                |                                     |   |                                     |   |  |
|            |  |  |                                |                                     |   |                                     |   |  |
|            |  |  |                                |                                     |   |                                     |   |  |
|            |  |  |                                |                                     |   |                                     |   |  |
|            |  |  |                                |                                     |   |                                     |   |  |
|            |  |  |                                |                                     |   |                                     |   |  |
|            |  |  |                                |                                     |   |                                     |   |  |
| neg<br>Sch | als. Add the amounts in columns ative amounts). Enter each tota edule D, line 1b (if Box A above ye is checked) or line 3 (if Box 6) | al here and inc<br>is checked), <b>lir</b> | lude on your<br>ne 2 (if Box B | 1.785.                              | 334.  |                                     |   | 1.451.   |

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.