Form	8879
(Rev.	January 2021)
Depar	tment of the Treasurv

Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

ERO must obtain and retain completed Form 8879.
 Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Taxpayer's name

Taxpay	er s name	Social secur	ty numb	er
NAG	A HARSHA VARDHAN BADUGU	716-75	-282	7
Spouse	's name	Spouse's so	cial secu	rity number
Part	Tax Return Information – Tax Year Ending December 31, 2021 (Enter	r year you a	are 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	134,241.
2	Total tax		2	23,154.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	25,670.
4	Amount you want refunded to you		4	2,680.
5	Amount you owe		5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

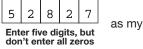
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

Spouse's PIN: check one box only

X I authorize GLOBAL TAXES LLC

to enter or generate my PIN



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

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

Your signature

Harsha Vardhan

Date > 04/08/2022

I authorize

to enter or generate my PIN

Enter five digits, but don't enter all zeros

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

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

Spouse's signature F	Date 🖡								
Practitioner PIN Method Returns Only—continu	e bel	ow							
Part III Certification and Authentication – Practitioner PIN Method Only									
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	5	8	7		8 nter a		9	89)

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

ERO's signature >		Date 🕨	
Do			
Few Demonstrate Designations Act Nati	a sea constant and the backword in a	DEV 04/01/00 DDO	Farma 8870 (Day, 01 0001)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA

1040		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		(99) urn	202	21	OMB No. 154	5-0074	IRS U	se Only	—Do not v	vrite or staple	in this space.
Filing Status Check only one box.	lf yo	Single D Married filing jointly unchecked the MFS box, enter the nison is a child but not your dependent	ame of	-	separately use. If you					,		, 0	low(er) (QW) ne qualifying
Your first name	e and mi	ddle initial	Last na	me							Your so	cial securi	ty number
NAGA HA	RSHA	VARDHAN	BADU	JGU							716-	75-282	7
If joint return, s	spouse's	first name and middle initial	Last na	me							Spouse	's social se	curity number
		er and street). If you have a P.O. box, see	instructi	ons.					Apt. no. 2028			ential Electi here if you,	on Campaign
	-	ce. If you have a foreign address, also co	molete s	naces bel	0₩	Stat	<u>е</u>	ZIP c					ntly, want \$3
AUSTIN	0001 0111		inploto o	puece 501		TX		78			•		Checking a
Foreign countr	v name			Foreian pr	ovince/state				gn postal	code		ow will not x or refund	•
							,		5		, 	You	Spouse
At any time du	uring 20	21, did you receive, sell, exchange,	, or othe	erwise dis	spose of ar	iy fina	ncial interest	in any	virtual	curre	ncy?	X Yes	No
Standard Deduction	_	eone can claim: You as a de Spouse itemizes on a separate retur	•		•		a dependent						
Age/Blindnes	s You:	Were born before January 2, 1	957	Are bl	ind Sp	ouse	: 🗌 Was b	orn bef	ore Jan	uary 2	2, 1957	ls b	lind
Dependent	s (see	instructions):		(2) S	Social securit	у	(3) Relations	ship	(4) (🖌 if q	ualifies fo	r (see instru	uctions):
If more		irst name Last name			number	-	to you			tax ci			
than four													
dependents, see instruction	s												
and check													
here 🕨 📃													
	1	Wages, salaries, tips, etc. Attach	orm(s)	W-2 .							. 1	1	43,996.
Attach Sch. B if	2a	Tax-exempt interest	2a			b Ta	axable intere	st .			. 2t)	
required.	3a	Qualified dividends	3a			b O	rdinary divid	ends .			. 3t)	
·) 4a	IRA distributions	4a			b Ta	axable amou	nt			. 4k)	
	5a	Pensions and annuities	5a			b Ta	axable amou	nt			. 5t)	
Standard	6a	, <u>_</u>	6a				axable amou	nt		• _	. 6t)	
 Deduction for – Single or 	7	Capital gain or (loss). Attach Sche	dule D if	f required	d. If not rec	uired,	, check here				_ 7	-	95.
Married filing separately,	8	Other income from Schedule 1, lin									. 8		-9,850.
\$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is yo	ur total inc	ome					▶ 9		34,241.
 Married filing jointly or 	10	Adjustments to income from Sche				· ·				•	. 10		
Qualifying	11	Subtract line 10 from line 9. This is		•	•		· · · ·	· ·			▶ <u>1</u> 1	1	34,241.
widow(er), \$25,100	12a	Standard deduction or itemized		•		,		2a	12	,55			
 Head of household, 	b	Charitable contributions if you take					,	2b		30			
\$18,800	С												12,850.
 If you checked any box under 	13	Qualified business income deduct											10 050
Standard Deduction,	14												12,850.
see instructions.	15	Taxable income. Subtract line 14	trom lin	ie 11. lf z	ero or less	, ente	r-U			•	. 15		21,391.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2021)

Form 1040 (2021	1)						Page 2
	16	Tax (see instructions). Check if any from Fo	rm(s): 1 🗌 8814 2 🗌	4972 3		16	23,154.
	17	Amount from Schedule 2, line 3				17	
	18	Add lines 16 and 17				18	23,154.
	19	Nonrefundable child tax credit or credit fo	r other dependents from So	chedule 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 les	s, enter -0			22	23,154.
	23	Other taxes, including self-employment ta	x, from Schedule 2, line 21			23	0.
	24	Add lines 22 and 23. This is your total tax			. 🕨	24	23,154.
	25	Federal income tax withheld from:					
	а	Form(s) W-2		25a 25	,670.		
	b	Form(s) 1099		25b			
	С	Other forms (see instructions)		25c			
	d	Add lines 25a through 25c				25d	25,670.
If you have a	26	2021 estimated tax payments and amount				26	
qualifying child,	27a	Earned income credit (EIC)		27a			
attach Sch. EIC.		Check here if you were born after Ja					
		January 2, 2004, and you satisfy all taxpayers who are at least age 18, to clair					
	b	Nontaxable combat pay election					
	с	Prior year (2019) earned income	27c				
	28	Refundable child tax credit or additional chi	ld tax credit from Schedule	8812 28			
	29	American opportunity credit from Form 88	63, line 8	29			
	30	Recovery rebate credit. See instructions		30			
	31	Amount from Schedule 3, line 15		31	164.		
	32	Add lines 27a and 28 through 31. These a	re your total other payme i	nts and refundable cred	its 🕨	32	164.
	33	Add lines 25d, 26, and 32. These are your	total payments		. 🕨	33	25,834.
Refund	34	If line 33 is more than line 24, subtract line	24 from line 33. This is the	e amount you overpaid		34	2,680.
nerana	35a	Amount of line 34 you want refunded to y		ed, check here		35a	2,680.
Direct deposit?	►b	Routing number 1 1 1 9 0 0	б 5 9 ▶с Тур	e: 🗙 Checking 🗌 S	Savings		
See instructions.	►d	Account number 8 7 0 1 7 3	7 4 1 6				
	36	Amount of line 34 you want applied to you	ur 2022 estimated tax .	. 🕨 36			
Amount	37	Amount you owe. Subtract line 33 from li	ne 24. For details on how to	o pay, see instructions	. 🕨	37	
You Owe	38	Estimated tax penalty (see instructions)		. 🕨 38			
Third Party Designee		you want to allow another person to d	iscuss this return with the		molete b	elow	× No
Designee		signee's	Phone		nal identifi		
			no. ►		er (PIN)		
Sign		ler penalties of perjury, I declare that I have exam ef, they are true, correct, and complete. Declaratic					
Here	Yo	Ir signature	Date Your occu	pation	If the	IRS sen	t you an Identity
		Harsha Vardhan	04/08/2022 COETTW				N, enter it here
Joint return?	Y		SOFIW	ARE ENGINEER		nst.) 🕨	
See instructions. Keep a copy for	Sp	buse's signature. If a joint return, both must sign.	Date Spouse's of	occupation			t your spouse an ction PIN, enter it here
your records.						nst.) 🕨	
	Ph	one no. (940)745-9476	Email address NAGAHARS	SHAVARDHAN.NSM@GMAIL.CC)M		
D · · ·		parer's name Preparer's sign		Date	PTIN		Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIY.	A RAM SAGAR GUPTA T	ALLAM 04/08/2022	P02082	2703	Self-employed
Preparer		n's name ► GLOBAL TAXES LLC					678)965-9522
Use Only		n's address ► 2530 Pebble Creek	Ln Cumming GA 30	0041		s EIN ►	
Go to www.irs a		1040 for instructions and the latest information.	BAA	REV 04/01/22 PRO		,	Form 1040 (2021)
			DAA				

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Internal Revenue Service

Additional Income and Adjustments to Income

► Attach to Form 1040, 1040-SR, or 1040-NR. ► Go to *www.irs.gov/Form1040* for instructions and the latest information. OMB No. 1545-0074 20 21 Attachment Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Your social security number
NAGA HARSHA VARDHAN BADUGU	716-75-2827
Part I Additional Income	

I ai				
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions)			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, tru Schedule E		5	-9,850.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (
b	Gambling income	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (
е	Taxable Health Savings Account distribution	8e		
f	Alaska Permanent Fund dividends	8f		
g	Jury duty pay	8g		
h	Prizes and awards	8h		
i	Activity not engaged in for profit income	8i		
j	Stock options	8j		
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such			
		8k	-	
1	Olympic and Paralympic medals and USOC prize money (see instructions)	81		
m	Section 951(a) inclusion (see instructions)	8m		
n	Section 951A(a) inclusion (see instructions)	8n		
0	Section 461(I) excess business loss adjustment	80		
р	Taxable distributions from an ABLE account (see instructions) .	8p		
Z	Other income. List type and amount ►	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 10 1040-NR, line 8		10	-9,850.
or Pa	perwork Reduction Act Notice, see your tax return instructions		Schodu	lo 1 (Form 1040) 2021

Fo r Paperwork Reduction Act Notice, see your tax return instructions.

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basic officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	3	14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions) \blacktriangleright			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
а	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit 24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 81 24c			
d	Reforestation amortization and expenses			
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans 24f			
g	Contributions by certain chaplains to section 403(b) plans 24g			
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) 24h			
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations			
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) 24k			
z	Other adjustments. List type and amount ► 24z			
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to in here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	

REV 04/01/22 PRO

SCHEDULE 3 (Form 1040)

Additional Credits and Payments

OMB No. 1545-0074 2021

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

	Attach to Form 1040, 1040-SR, or 1040-NR. ternal Revenue Service ► Go to www.irs.gov/Form1040 for instructions and the latest information.				Att	achment quence No. 03	
		rm 1040, 1040-SR, or 1040-NR					curity number
NAG Pai		ARDHAN BADUGU fundable Credits			716-7	5-28	27
1	0		\cdots $\sum_{n=1}^{\infty} 0.44^{-1}$		 Attach	1	
2	Form 2441	hild and dependent care expenses from	n Form 244		Allach	2	
3	Education c	redits from Form 8863, line 19				3	
4	Retirement	savings contributions credit. Attach Form	8880			4	
5	Residential	energy credits. Attach Form 5695				5	
6	Other nonre	fundable credits:					
а	General bus	iness credit. Attach Form 3800		6a			
b	Credit for pr	ior year minimum tax. Attach Form 8801		6b			
С	Adoption cr	edit. Attach Form 8839		6c			
d	Credit for th	e elderly or disabled. Attach Schedule R		6d			
е	Alternative r	notor vehicle credit. Attach Form 8910		6e			
f	Qualified plu	ug-in motor vehicle credit. Attach Form 8	936	6f			
g	Mortgage in	terest credit. Attach Form 8396		6g			
h	District of Co	olumbia first-time homebuyer credit. Attach	n Form 8859	6h			
i	Qualified ele	ectric vehicle credit. Attach Form 8834		6i			
j	Alternative f	uel vehicle refueling property credit. Attach	n Form 8911	6ј			
k	Credit to ho	Iders of tax credit bonds. Attach Form 89	12	6k			
Ι	Amount on	Form 8978, line 14. See instructions .		61			
z	Other nonref	undable credits. List type and amount \blacktriangleright		6z			
7	Total other i	nonrefundable credits. Add lines 6a throu	gh 6z			7	
8	Add lines 1 line 20	through 5 and 7. Enter here and on Forr	n 1040, 1040 	-SR, or 104	40-NR, 	8	
					(co	ntinue	ed on page 2
For Pa	aperwork Reduct	ion Act Notice, see your tax return instructions.	ВАА	REV 04/01/22	PRO S	chedule	3 (Form 1040) 202

Schedule 3 (Form 1040) 2021

Par	t II Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .		10	
11	Excess social security and tier 1 RRTA tax withheld		11	164.
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken before April 1, 2021	13b		
С	Health coverage tax credit from Form 8885	13c		
d	Credit for repayment of amounts included in income from earlier years	13d		
е	Reserved for future use	13e		
f	Deferred amount of net 965 tax liability (see instructions)	13f		
g	Credit for child and dependent care expenses from Form 2441, line 10. Attach Form 2441	13g		
h	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken after March 31, 2021	13h		
z	Other payments or refundable credits. List type and amount	13z		
14	Total other payments or refundable credits. Add lines 13a through	13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31		15	164.
	BAA REV	04/01/22 PRO	Schedul	e 3 (Form 1040) 2021

SCHEDULE D

(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

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

20Attachment Sequence No. 12

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

Department of the Treasury

NAGA HARSHA VARDHAN BADUGU

Your social security number 716-75-2827

× No Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes 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)

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)	
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.						
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	591.	498.			93.	
2	Totals for all transactions reported on Form(s) 8949 with Box B checked						
3	Totals for all transactions reported on Form(s) 8949 with Box C checked						
4	Short-term gain from Form 6252 and short-term gain or (I	324	4				
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1	5					
6	6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions						
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	7	93.				

Part II Long-Term Capital Gains and Losses-Generally Assets Held More Than One Year (see instructions)

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	w. may be easier to complete if you round off cents to may be easier to complete if you round off cents to (sales price) (or other basis) (or other basis) (or other basis)			s from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked	7.	5.			2.
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked.					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824		• •	. ,	11	
12	Net long-term gain or (loss) from partnerships, S corporat	12				
13	Capital gain distributions. See the instructions				13	
14	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions	14	()			
15	Net long-term capital gain or (loss). Combine lines 8a on the back .	•			15	2.
For F	Paperwork Reduction Act Notice, see your tax return instruction				Schedu	ile D (Form 1040) 2021

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	16 95.
	• If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.	
	• If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.	
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.	
17	Are lines 15 and 16 both gains? X Yes. Go to line 18.	
	\square No. Skip lines 18 through 21, and go to line 22.	
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19
20	 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. 	
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.	
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:	
	 The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500) 	21 ()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.	
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?	
	☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.	
	□ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.	

REV 04/01/22 PRO

Schedule D (Form 1040) 2021

Form	8949	

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

Attachment

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.

ations for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. Social excurity number or taxpaver identification number

Name(5) shown on retain	obolar security number of taxpayer identification number
NAGA HARSHA VARDHAN BADUGU	716-75-2827

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

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

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

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

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

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

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

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below	If you enter an amount in column (g) enter a code in column (f). See the separate instructions.		enter a code in column (f). Gain See the separate instructions. Subtrac		(h) Gain or (loss). Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see <i>Column</i> (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)		
COINBASE	09/03/21	12/25/21	591.	498.			93.		
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ►			591.	498.			93.		

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

For Paperwork Reduction Act Notice, see your tax return instructions. BAA

Form 8949 (2021)	Attachment Sequence No. 12A	Page 2
Name(s) shown on return. Name and SSN or taxpaver identification no. not required if shown on other side	Social security number or taxpayer identification numl	ber

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side NAGA HARSHA VARDHAN BADUGU

716-75-2827

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.

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

- [] (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
- (F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see Column (e) in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions. (f) (g) Code(s) from instructions Amount of adjustment		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
ROBINHOOD SECURITIES LLC .	06/02/20	12/21/21	7.	5.			2.
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 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ►		7.	5.			2.	

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.

REV 04/01/22 PRO

Attach to Form 1040, 1040-RB, rol 1041. Attach to Form 1040, 1040-RB, rol 104-RB, rol	(Form	form 1040) (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)							<u>୭</u>) 1				
Inimial Remains Several No. 13 ▶ Go to wave ins. gov/ScheduleE for instructions and the latest information. Sequence No. 13 NAGE TRARSIN VARDIAN BADIGT Your social security number 716-75-2827 Partal Transmission Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4830 on page 2, line 40. A Did you make any payments in 2021 that would require you to file Form(s) 10997 See instructions. Yes No 18 Physical address of each property (street, city, state, 2/P code) A Partawara Yes No 2 For each rental real estate property listed group of the business of anoth property (street, city, state, 2/P code) A 310 0 □ 3 Partawara A catation/Short-Term Rental 5 A 3 10 0 □ 4 3 3 750. B C C C 7 1, 500. 4 Scheeneet in the secole of the pay is the secole of the	Departme	artment of the Treasury ► Attach to Form 1040, 1040-SR, 1040-NR, or 1041.							Δ+					
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Partal Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of entiting personal property, use Schedule C. See instructions. If you are an individual, report farm rantal income or loss from Form 4836 on page 2. Line 40. A Dd you make any payments in 2021 that would require you to file Form(s) 1099? See instructions Yes No B If "Yes," did you or will you file required Form(s) 1099? Yes No Ia Physical address of each property (Sterd, city, state, ZIP code) Yes No A BATAMATA VLJAYAWADA ANDIRA PRADESH IN 520010 B Fair Rental Parsonal Use OJV B C Days Days Days OJV A 3 Deproperty intervents to file as a introductions. C C C C 1 Type of Property: 1 State days. Check the OV box only B C C C 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 2 Days OJV 2 Multi-Family Residence 3 Vacation/Short-Term Rental 5 Each C C C 3 Paretrait received	Name(s)	shown on return											-	ber
Schedule C, See instructions. Hyou are an individual, report farm rental income or loss from Form 4335 on page 2, line 40. A Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions	-													
A Dd you make any payments in 2021 that would require you to file Form(s) 10997 See instructions	Part					-		•				• ·		y, use
B If "Yes," did you or wilyou file regulard Form(s) 1099?														
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Schedule 1 (Form 1040), line 5, Utherwise, include this amount in the total on line 41 on pade 2 1 2 26 1 26 1 29 0 50												26	_ 0	9,850.

Supplemental Income and Loss

SCHEDULE E

Schedule E (Form 1040) 2021

-9,850.

OMB No. 1545-0074

8889 Form Department of the Treasury

Internal Revenue Service

Health Savings Accounts (HSAs)

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

▶ Go to www.irs.gov/Form8889 for instructions and the latest information.

OMB No. 1545-0074 2021 Attachment Sequence No. 52

Name(s) s	shown on Forr	m 1040, 1040-S	R, or 1040-NR
NAGA	HARSHA	VARDHAN	BADUGU

Social security number of HSA		
beneficiary. If both spouses		
have HSAs, see instructions ►	716-75-2827	/

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part					
and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.					
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2021. See instructions	X Self	only	Family	
2	HSA contributions you made for 2021 (or those made on your behalf), including those made from January 1, 2022, through April 15, 2022, that were for 2021. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2		0.	
3	If you were under age 55 at the end of 2021 and, on the first day of every month during 2021, you were, or were considered, an eligible individual with the same coverage, enter \$3,600 (\$7,200 for family coverage). All others, see the instructions for the amount to enter	3		3,600.	
4	Enter the amount you and your employer contributed to your Archer MSAs for 2021 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2021, also include any amount contributed to your spouse's Archer MSAs	4		0.	
5	Subtract line 4 from line 3. If zero or less, enter -0	5		3,600.	
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2021, see the instructions for the amount to enter	6		3,600.	
7	If you were age 55 or older at the end of 2021, married, and you or your spouse had family coverage under an HDHP at any time during 2021, enter your additional contribution amount. See instructions	7		0.	
8	Add lines 6 and 7	8		3,600.	
9 10	Employer contributions made to your HSAs for 202191,736.Qualified HSA funding distributions110	-			
11	Add lines 9 and 10	11		1,736.	
12	Subtract line 11 from line 8. If zero or less, enter -0	12		1,864.	
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13	13		0.	
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.				
Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.				omplete	
14a	Total distributions you received in 2021 from all HSAs (see instructions)	14a			
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b			
С	Subtract line 14b from line 14a	14c			
15	Qualified medical expenses paid using HSA distributions (see instructions)	15			
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8e.	16			
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here				
	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b			
Part III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before					
	completing this part. If you are filing jointly and both you and your spouse each have sep complete a separate Part III for each spouse.		ndas,		
18		18			
19	Qualified HSA funding distribution	19			
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8z, and enter "HSA" and the amount on the dotted line	20			
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form				
	1040), Part II, line 17d	21			

For Paperwork Reduction Act Notice, see your tax return instructions.