

# IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.  
▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

|                                       |                                       |
|---------------------------------------|---------------------------------------|
| Taxpayer's name<br>KRISHNA RACHAKONDA | Social security number<br>771-68-2856 |
| Spouse's name                         | Spouse's social security number       |

## Part I Tax Return Information – Tax Year Ending December 31, 2021 (Enter year you are authorizing.)

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 | 89,421. |
| 2 | Total tax   | 2 | 12,713. |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 16,389. |
| 4 | Amount you want refunded to you                               | 4 | 3,676.  |
| 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

I authorize GLOBAL TAXES LLC to enter or generate my PIN 

|   |   |   |   |   |
|---|---|---|---|---|
| 8 | 2 | 8 | 5 | 6 |
|---|---|---|---|---|

 as my 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 ▶ Krishna Date ▶ 04/19/2022

### Spouse's PIN: check one box only

I authorize \_\_\_\_\_ to enter or generate my PIN 

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

 as my 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 ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

## Practitioner PIN Method Returns Only—continue below

### 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 | 2 | 7 | 8 | 6 | 1 | 9 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|---|

 Don't enter all zeros

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 ▶ \_\_\_\_\_

**ERO Must Retain This Form – See Instructions**  
**Don't Submit This Form to the IRS Unless Requested To Do So**

**Filing Status**  Single  Married filing jointly  Married filing separately (MFS)  Head of household (HOH)  Qualifying widow(er) (QW)  
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

|   |                         |  |
|---|-------------------------|--|
| Your first name and middle initial<br>KRISHNA           | Last name<br>RACHAKONDA | Your social security number<br>771-68-2856 |
| If joint return, spouse's first name and middle initial | Last name               | Spouse's social security number            |

|   |                               |                     |   |
|---|-------------------------------|---------------------|---|
| Home address (number and street). If you have a P.O. box, see instructions.<br>2010 RICH SMITH LN |                               | Apt. no.<br>214     | <b>Presidential Election Campaign</b><br>Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.<br><input type="checkbox"/> You <input type="checkbox"/> Spouse |
| City, town, or post office. If you have a foreign address, also complete spaces below.<br>CONWAY  | State<br>AR                   | ZIP code<br>72034   |   |
| Foreign country name  | Foreign province/state/county | Foreign postal code |   |

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?  Yes  No

**Standard Deduction** **Someone can claim:**  You as a dependent  Your spouse as a dependent  
 Spouse itemizes on a separate return or you were a dual-status alien

**Age/Blindness** **You:**  Were born before January 2, 1957  Are blind **Spouse:**  Was born before January 2, 1957  Is blind

| Dependents (see instructions):<br>If more than four dependents, see instructions and check here ▶ <input type="checkbox"/> | (1) First name | Last name | (2) Social security number | (3) Relationship to you | (4) <input checked="" type="checkbox"/> if qualifies for (see instructions): |                             |
|--|----------------|-----------|----------------------------|-------------------------|--|-----------------------------|
|  |                |           |                            |                         | Child tax credit   | Credit for other dependents |
|  |                |           |                            |                         | <input type="checkbox"/>   | <input type="checkbox"/>    |
|  |                |           |                            |                         | <input type="checkbox"/>   | <input type="checkbox"/>    |
|  |                |           |                            |                         | <input type="checkbox"/>   | <input type="checkbox"/>    |
|  |                |           |                            |                         | <input type="checkbox"/>   | <input type="checkbox"/>    |

|  |  |   |            |           |            |         |
|--|--|---|------------|-----------|------------|---------|
| Attach Sch. B if required.<br><br><b>Standard Deduction for—</b><br>• Single or Married filing separately, \$12,550<br>• Married filing jointly or Qualifying widow(er), \$25,100<br>• Head of household, \$18,800<br>• If you checked any box under <i>Standard Deduction</i> , see instructions. | <b>1</b>   | Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .  |            | <b>1</b>  | 101,017.   |         |
|  | <b>2a</b>  | Tax-exempt interest . . . . .   | <b>2a</b>  | <b>2b</b> | 45.        |         |
|  | <b>3a</b>  | Qualified dividends . . . . .   | <b>3a</b>  | 9.        | <b>3b</b>  | 9.      |
|  | <b>4a</b>  | IRA distributions . . . . .   | <b>4a</b>  |           | <b>4b</b>  |         |
|  | <b>5a</b>  | Pensions and annuities . . . . .  | <b>5a</b>  |           | <b>5b</b>  |         |
|  | <b>6a</b>  | Social security benefits . . . . .  | <b>6a</b>  |           | <b>6b</b>  |         |
|  | <b>7</b>   | Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ▶ <input type="checkbox"/> |            |           | <b>7</b>   | -3,000. |
|  | <b>8</b>   | Other income from Schedule 1, line 10 . . . . .   |            |           | <b>8</b>   | -8,650. |
|  | <b>9</b>   | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . . ▶                                 |            |           | <b>9</b>   | 89,421. |
|  | <b>10</b>  | Adjustments to income from Schedule 1, line 26 . . . . .  |            |           | <b>10</b>  |         |
|  | <b>11</b>  | Subtract line 10 from line 9. This is your <b>adjusted gross income</b> . . . . . ▶                                     |            |           | <b>11</b>  | 89,421. |
|  | <b>12a</b>   | <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .  | <b>12a</b> | 12,550.   |            |         |
|  | <b>b</b>   | Charitable contributions if you take the standard deduction (see instructions)  | <b>12b</b> |           |            |         |
|  | <b>c</b>   | Add lines 12a and 12b . . . . .   |            |           | <b>12c</b> | 12,550. |
|  | <b>13</b>  | Qualified business income deduction from Form 8995 or Form 8995-A . . . . .   |            |           | <b>13</b>  |         |
| <b>14</b>  | Add lines 12c and 13 . . . . .   |   |            | <b>14</b> | 12,550.    |         |
| <b>15</b>  | <b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . . |   |            | <b>15</b> | 76,871.    |         |

|                                      |  |            |         |
|--------------------------------------|--|------------|---------|
| <b>16</b>                            | <b>Tax</b> (see instructions). Check if any from Form(s): <b>1</b> <input type="checkbox"/> 8814 <b>2</b> <input type="checkbox"/> 4972 <b>3</b> <input type="checkbox"/> _____  | <b>16</b>  | 12,661. |
| <b>17</b>                            | Amount from Schedule 2, line 3   | <b>17</b>  |         |
| <b>18</b>                            | Add lines 16 and 17  | <b>18</b>  | 12,661. |
| <b>19</b>                            | Nonrefundable child tax credit or credit for other dependents from Schedule 8812   | <b>19</b>  |         |
| <b>20</b>                            | Amount from Schedule 3, line 8   | <b>20</b>  |         |
| <b>21</b>                            | Add lines 19 and 20  | <b>21</b>  |         |
| <b>22</b>                            | Subtract line 21 from line 18. If zero or less, enter -0-  | <b>22</b>  | 12,661. |
| <b>23</b>                            | Other taxes, including self-employment tax, from Schedule 2, line 21   | <b>23</b>  | 52.     |
| <b>24</b>                            | Add lines 22 and 23. This is your <b>total tax</b>   | <b>24</b>  | 12,713. |
| <b>25</b>                            | Federal income tax withheld from:  |            |         |
| <b>a</b>                             | Form(s) W-2  | <b>25a</b> | 16,389. |
| <b>b</b>                             | Form(s) 1099   | <b>25b</b> |         |
| <b>c</b>                             | Other forms (see instructions)   | <b>25c</b> |         |
| <b>d</b>                             | Add lines 25a through 25c  | <b>25d</b> | 16,389. |
| <b>26</b>                            | 2021 estimated tax payments and amount applied from 2020 return  | <b>26</b>  |         |
| <b>27a</b>                           | Earned income credit (EIC) <span style="float:right">No</span>   | <b>27a</b> |         |
|                                      | Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/> |            |         |
| <b>b</b>                             | Nontaxable combat pay election   | <b>27b</b> |         |
| <b>c</b>                             | Prior year (2019) earned income  | <b>27c</b> |         |
| <b>28</b>                            | Refundable child tax credit or additional child tax credit from Schedule 8812  | <b>28</b>  |         |
| <b>29</b>                            | American opportunity credit from Form 8863, line 8   | <b>29</b>  |         |
| <b>30</b>                            | Recovery rebate credit. See instructions   | <b>30</b>  |         |
| <b>31</b>                            | Amount from Schedule 3, line 15  | <b>31</b>  |         |
| <b>32</b>                            | Add lines 27a and 28 through 31. These are your <b>total other payments and refundable credits</b>   | <b>32</b>  |         |
| <b>33</b>                            | Add lines 25d, 26, and 32. These are your <b>total payments</b>  | <b>33</b>  | 16,389. |
| <b>Refund</b>                        | <b>34</b> If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>   | <b>34</b>  | 3,676.  |
|                                      | <b>35a</b> Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>   | <b>35a</b> | 3,676.  |
| Direct deposit?<br>See instructions. | <b>b</b> Routing number 063000047 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings   |            |         |
|                                      | <b>d</b> Account number 898019616244   |            |         |
|                                      | <b>36</b> Amount of line 34 you want <b>applied to your 2022 estimated tax</b>   | <b>36</b>  |         |
| <b>Amount You Owe</b>                | <b>37</b> <b>Amount you owe</b> . Subtract line 33 from line 24. For details on how to pay, see instructions   | <b>37</b>  |         |
|                                      | <b>38</b> Estimated tax penalty (see instructions)   | <b>38</b>  |         |

If you have a qualifying child, attach Sch. EIC.

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS? See instructions  **Yes**. Complete below.  **No**

Designee's name \_\_\_\_\_ Phone no. \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

**Sign Here** Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

|   |      |                                    |   |
|---|------|------------------------------------|---|
| Your signature  | Date | Your occupation<br>SYSTEM ENGINEER | If the IRS sent you an Identity Protection PIN, enter it here (see inst.)         |
| Spouse's signature. If a joint return, <b>both</b> must sign. | Date | Spouse's occupation                | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |

Phone no. (786) 473-3016 Email address KARTHIK828@GMAIL.COM

**Paid Preparer Use Only**

|  |   |                    |                             |   |
|--|---|--------------------|-----------------------------|---|
| Preparer's name<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM | Preparer's signature<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date<br>04/19/2022 | PTIN<br>P02082703           | Check if:<br><input type="checkbox"/> Self-employed |
| Firm's name<br>GLOBAL TAXES LLC                      | Firm's address<br>2530 Pebble Creek Ln Cumming GA 30041   |                    | Phone no.<br>(678) 965-9522 | Firm's EIN<br>30-1017196                            |

**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](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2021**  
Attachment  
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
KRISHNA RACHAKONDA

Your social security number  
771-68-2856

**Part I Additional Income**

|           |   |           |         |
|-----------|---|-----------|---------|
| <b>1</b>  | Taxable refunds, credits, or offsets of state and local income taxes . . . . .  | <b>1</b>  |         |
| <b>2a</b> | Alimony received . . . . .  | <b>2a</b> |         |
| <b>b</b>  | Date of original divorce or separation agreement (see instructions) ▶ _____   |           |         |
| <b>3</b>  | Business income or (loss). Attach Schedule C . . . . .  | <b>3</b>  |         |
| <b>4</b>  | Other gains or (losses). Attach Form 4797 . . . . .   | <b>4</b>  |         |
| <b>5</b>  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .   | <b>5</b>  | -8,910. |
| <b>6</b>  | Farm income or (loss). Attach Schedule F . . . . .  | <b>6</b>  |         |
| <b>7</b>  | Unemployment compensation . . . . .   | <b>7</b>  |         |
| <b>8</b>  | Other income:   |           |         |
| <b>a</b>  | Net operating loss . . . . .  | <b>8a</b> | ( )     |
| <b>b</b>  | Gambling income . . . . .   | <b>8b</b> |         |
| <b>c</b>  | Cancellation of debt . . . . .  | <b>8c</b> |         |
| <b>d</b>  | Foreign earned income exclusion from Form 2555 . . . . .  | <b>8d</b> | ( )     |
| <b>e</b>  | Taxable Health Savings Account distribution . . . . .   | <b>8e</b> | 260.    |
| <b>f</b>  | Alaska Permanent Fund dividends . . . . .   | <b>8f</b> |         |
| <b>g</b>  | Jury duty pay . . . . .   | <b>8g</b> |         |
| <b>h</b>  | Prizes and awards . . . . .   | <b>8h</b> |         |
| <b>i</b>  | Activity not engaged in for profit income . . . . .   | <b>8i</b> |         |
| <b>j</b>  | Stock options . . . . .   | <b>8j</b> |         |
| <b>k</b>  | Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property . . . . . | <b>8k</b> |         |
| <b>l</b>  | Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .   | <b>8l</b> |         |
| <b>m</b>  | Section 951(a) inclusion (see instructions) . . . . .   | <b>8m</b> |         |
| <b>n</b>  | Section 951A(a) inclusion (see instructions) . . . . .  | <b>8n</b> |         |
| <b>o</b>  | Section 461(l) excess business loss adjustment . . . . .  | <b>8o</b> |         |
| <b>p</b>  | Taxable distributions from an ABLE account (see instructions) . . . . .   | <b>8p</b> |         |
| <b>z</b>  | Other income. List type and amount ▶ _____  | <b>8z</b> | 0.      |
| <b>9</b>  | Total other income. Add lines 8a through 8z . . . . .   | <b>9</b>  | 260.    |
| <b>10</b> | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .   | <b>10</b> | -8,650. |

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

Schedule 1 (Form 1040) 2021

**Part II Adjustments to Income**

|            |  |            |            |  |
|------------|--|------------|------------|--|
| <b>11</b>  | Educator expenses . . . . .  |            | <b>11</b>  |  |
| <b>12</b>  | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .  |            | <b>12</b>  |  |
| <b>13</b>  | Health savings account deduction. Attach Form 8889 . . . . .   |            | <b>13</b>  |  |
| <b>14</b>  | Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .  |            | <b>14</b>  |  |
| <b>15</b>  | Deductible part of self-employment tax. Attach Schedule SE . . . . .   |            | <b>15</b>  |  |
| <b>16</b>  | Self-employed SEP, SIMPLE, and qualified plans . . . . .   |            | <b>16</b>  |  |
| <b>17</b>  | Self-employed health insurance deduction . . . . .   |            | <b>17</b>  |  |
| <b>18</b>  | Penalty on early withdrawal of savings . . . . .   |            | <b>18</b>  |  |
| <b>19a</b> | Alimony paid . . . . .   |            | <b>19a</b> |  |
| <b>b</b>   | Recipient's SSN . . . . .  | ▶ _____    |            |  |
| <b>c</b>   | Date of original divorce or separation agreement (see instructions) ▶ _____  |            |            |  |
| <b>20</b>  | IRA deduction . . . . .  |            | <b>20</b>  |  |
| <b>21</b>  | Student loan interest deduction . . . . .  |            | <b>21</b>  |  |
| <b>22</b>  | Reserved for future use . . . . .  |            | <b>22</b>  |  |
| <b>23</b>  | Archer MSA deduction . . . . .   |            | <b>23</b>  |  |
| <b>24</b>  | Other adjustments:   |            |            |  |
| <b>a</b>   | Jury duty pay (see instructions) . . . . .   | <b>24a</b> |            |  |
| <b>b</b>   | Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit . . . . .                                       | <b>24b</b> |            |  |
| <b>c</b>   | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l . . . . .   | <b>24c</b> |            |  |
| <b>d</b>   | Reforestation amortization and expenses . . . . .  | <b>24d</b> |            |  |
| <b>e</b>   | Repayment of supplemental unemployment benefits under the Trade Act of 1974 . . . . .  | <b>24e</b> |            |  |
| <b>f</b>   | Contributions to section 501(c)(18)(D) pension plans . . . . .   | <b>24f</b> |            |  |
| <b>g</b>   | Contributions by certain chaplains to section 403(b) plans . . . . .   | <b>24g</b> |            |  |
| <b>h</b>   | Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) . . . . .  | <b>24h</b> |            |  |
| <b>i</b>   | 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 . . . . . | <b>24i</b> |            |  |
| <b>j</b>   | Housing deduction from Form 2555 . . . . .   | <b>24j</b> |            |  |
| <b>k</b>   | Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) . . . . .  | <b>24k</b> |            |  |
| <b>z</b>   | Other adjustments. List type and amount ▶ _____  | <b>24z</b> |            |  |
| <b>25</b>  | Total other adjustments. Add lines 24a through 24z . . . . .   |            | <b>25</b>  |  |
| <b>26</b>  | Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a . . . . .   |            | <b>26</b>  |  |

**SCHEDULE 2  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Taxes**

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**  
▶ **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

**2021**  
Attachment  
Sequence No. **02**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
KRISHNA RACHAKONDA

**Your social security number**  
771-68-2856

**Part I Tax**

|          |  |          |  |
|----------|--|----------|--|
| <b>1</b> | Alternative minimum tax. Attach Form 6251 . . . . .                                    | <b>1</b> |  |
| <b>2</b> | Excess advance premium tax credit repayment. Attach Form 8962 . . . . .                | <b>2</b> |  |
| <b>3</b> | Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 . . . . . | <b>3</b> |  |

**Part II Other Taxes**

|           |   |           |  |
|-----------|---|-----------|--|
| <b>4</b>  | Self-employment tax. Attach Schedule SE . . . . .   | <b>4</b>  |  |
| <b>5</b>  | Social security and Medicare tax on unreported tip income. Attach Form 4137 . . . . .                                     | <b>5</b>  |  |
| <b>6</b>  | Uncollected social security and Medicare tax on wages. Attach Form 8919 . . . . .   | <b>6</b>  |  |
| <b>7</b>  | Total additional social security and Medicare tax. Add lines 5 and 6 . . . . .  | <b>7</b>  |  |
| <b>8</b>  | Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required . . . . .                              | <b>8</b>  |  |
| <b>9</b>  | Household employment taxes. Attach Schedule H . . . . .   | <b>9</b>  |  |
| <b>10</b> | Repayment of first-time homebuyer credit. Attach Form 5405 if required . . . . .  | <b>10</b> |  |
| <b>11</b> | Additional Medicare Tax. Attach Form 8959 . . . . .   | <b>11</b> |  |
| <b>12</b> | Net investment income tax. Attach Form 8960 . . . . .   | <b>12</b> |  |
| <b>13</b> | Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12 . . . . . | <b>13</b> |  |
| <b>14</b> | Interest on tax due on installment income from the sale of certain residential lots and timeshares . . . . .              | <b>14</b> |  |
| <b>15</b> | Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000 . . . . .           | <b>15</b> |  |
| <b>16</b> | Recapture of low-income housing credit. Attach Form 8611 . . . . .  | <b>16</b> |  |

*(continued on page 2)*

**Part II Other Taxes** *(continued)*

|           |   |            |     |
|-----------|---|------------|-----|
| <b>17</b> | Other additional taxes:   |            |     |
| <b>a</b>  | Recapture of other credits. List type, form number, and amount ► _____  | <b>17a</b> |     |
| <b>b</b>  | Recapture of federal mortgage subsidy. If you sold your home in 2021, see instructions . . . . .  | <b>17b</b> |     |
| <b>c</b>  | Additional tax on HSA distributions. Attach Form 8889 . . . . .   | <b>17c</b> | 52. |
| <b>d</b>  | Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889 . . . . .   | <b>17d</b> |     |
| <b>e</b>  | Additional tax on Archer MSA distributions. Attach Form 8853 . . . . .  | <b>17e</b> |     |
| <b>f</b>  | Additional tax on Medicare Advantage MSA distributions. Attach Form 8853 . . . . .  | <b>17f</b> |     |
| <b>g</b>  | Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property . . . . .   | <b>17g</b> |     |
| <b>h</b>  | Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A . . . . .                                      | <b>17h</b> |     |
| <b>i</b>  | Compensation you received from a nonqualified deferred compensation plan described in section 457A . . . . .  | <b>17i</b> |     |
| <b>j</b>  | Section 72(m)(5) excess benefits tax . . . . .  | <b>17j</b> |     |
| <b>k</b>  | Golden parachute payments . . . . .   | <b>17k</b> |     |
| <b>l</b>  | Tax on accumulation distribution of trusts . . . . .  | <b>17l</b> |     |
| <b>m</b>  | Excise tax on insider stock compensation from an expatriated corporation . . . . .  | <b>17m</b> |     |
| <b>n</b>  | Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866 . . . . .  | <b>17n</b> |     |
| <b>o</b>  | Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR . . . . .   | <b>17o</b> |     |
| <b>p</b>  | Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund . . . . .                                    | <b>17p</b> |     |
| <b>q</b>  | Any interest from Form 8621, line 24 . . . . .  | <b>17q</b> |     |
| <b>z</b>  | Any other taxes. List type and amount ► _____   | <b>17z</b> |     |
| <b>18</b> | Total additional taxes. Add lines 17a through 17z . . . . .   | <b>18</b>  | 52. |
| <b>19</b> | Additional tax from Schedule 8812 . . . . .   | <b>19</b>  |     |
| <b>20</b> | Section 965 net tax liability installment from Form 965-A . . . . .   | <b>20</b>  |     |
| <b>21</b> | Add lines 4, 7 through 16, 18, and 19. These are your <b>total other taxes</b> . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b . . . . . | <b>21</b>  | 52. |



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

**Capital Gains and Losses**

OMB No. 1545-0074

**2021**

Attachment  
Sequence No. **12**

Department of the Treasury  
Internal Revenue Service (99)

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

Name(s) shown on return  
KRISHNA RACHAKONDA

Your social security number  
771-68-2856

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No  
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less** (see instructions)

| See instructions for how to figure the amounts to enter on the lines below.<br>This form may be easier to complete if you round off cents to whole dollars.  | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part I,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|--|----------------------------------|---------------------------------|---|---|
| <b>1a</b> 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 . |                                  |                                 |   |   |
| <b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .   | 37,269.                          | 45,654.                         | 78.   | -8,307.   |
| <b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .  |                                  |                                 |   |   |
| <b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .  |                                  |                                 |   |   |
| <b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .  |                                  |                                 |   | <b>4</b>  |
| <b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .   |                                  |                                 |   | <b>5</b>  |
| <b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .  |                                  |                                 |   | <b>6</b> ( )  |
| <b>7 Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .  |                                  |                                 |   | <b>7</b> -8,307.  |

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

| See instructions for how to figure the amounts to enter on the lines below.<br>This form may be easier to complete if you round off cents to whole dollars.   | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part II,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|---|----------------------------------|---------------------------------|--|---|
| <b>8a</b> 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 . |                                  |                                 |  |   |
| <b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .  |                                  |                                 |  |   |
| <b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .   |                                  |                                 |  |   |
| <b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .  |                                  |                                 |  |   |
| <b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .  |                                  |                                 |  | <b>11</b>   |
| <b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .  |                                  |                                 |  | <b>12</b>   |
| <b>13</b> Capital gain distributions. See the instructions . . . . .  |                                  |                                 |  | <b>13</b>   |
| <b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .  |                                  |                                 |  | <b>14</b> ( )   |
| <b>15 Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then, go to Part III on the back . . . . .   |                                  |                                 |  | <b>15</b>   |



**Part III Summary**

|           |  |           |            |
|-----------|--|-----------|------------|
| <b>16</b> | Combine lines 7 and 15 and enter the result . . . . .  | <b>16</b> | -8,307.    |
|           | <ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li> </ul> |           |            |
| <b>17</b> | Are lines 15 and 16 <b>both</b> gains?<br><input type="checkbox"/> <b>Yes.</b> Go to line 18.<br><input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.  |           |            |
| <b>18</b> | If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . ▶   | <b>18</b> |            |
| <b>19</b> | If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . . ▶   | <b>19</b> |            |
| <b>20</b> | Are lines 18 and 19 both zero or blank and are you not filing Form 4952?<br><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16. <b>Don't</b> complete lines 21 and 22 below.<br><br><input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.                |           |            |
| <b>21</b> | If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of:<br><ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } . . . . .</li> </ul>   | <b>21</b> | ( 3,000. ) |
|           | <b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.  |           |            |
| <b>22</b> | Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?<br><br><input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16.<br><br><input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.   |           |            |

Sales and Other Dispositions of Capital Assets

Department of the Treasury Internal Revenue Service

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

Name(s) shown on return

KRISHNA RACHAKONDA

Social security number or taxpayer identification number

771-68-2856

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

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

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

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

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
(C) Short-term transactions not reported to you on Form 1099-B

Table with 8 columns: (a) Description of property, (b) Date acquired, (c) Date sold or disposed of, (d) Proceeds (sales price), (e) Cost or other basis, (f) Code(s) from instructions, (g) Amount of adjustment, (h) Gain or (loss). Rows include COINBASE, ROBINHOOD SECURITIES LLC, BITTREX, INC.

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)

37,269 . 45,654 . 78 . -8,307 .

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

**SCHEDULE E  
(Form 1040)**

**Supplemental Income and Loss**

OMB No. 1545-0074

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

**2021**

Department of the Treasury  
Internal Revenue Service (99)

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

Attachment  
Sequence No. **13**

▶ Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

Name(s) shown on return

Your social security number

KRISHNA RACHAKONDA

771-68-2856

**Part I Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

**A** Did 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

|           |   |  |                  |                   |                          |
|-----------|---|--|------------------|-------------------|--------------------------|
| <b>1a</b> | Physical address of each property (street, city, state, ZIP code) |  |                  |                   |                          |
| <b>A</b>  | PBEL CITY, PEERANCHERU HYDERABAD TELANGANA IN 500091              |  |                  |                   |                          |
| <b>B</b>  |   |  |                  |                   |                          |
| <b>C</b>  |   |  |                  |                   |                          |
| <b>1b</b> | Type of Property (from list below)                                | <b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions. | Fair Rental Days | Personal Use Days | QJV                      |
| <b>A</b>  | 3   |  | <b>A</b> 365     | 0                 | <input type="checkbox"/> |
| <b>B</b>  |   |  | <b>B</b>         |                   | <input type="checkbox"/> |
| <b>C</b>  |   |  | <b>C</b>         |                   | <input type="checkbox"/> |

**Type of Property:**

- 1 Single Family Residence      3 Vacation/Short-Term Rental      5 Land      7 Self-Rental
- 2 Multi-Family Residence      4 Commercial      6 Royalties      8 Other (describe)

| Income:          |   | Properties: |   | A       | B | C |
|------------------|---|-------------|---|---------|---|---|
| <b>3</b>         | Rents received . . . . .  | <b>3</b>    |   | 510.    |   |   |
| <b>4</b>         | Royalties received . . . . .  | <b>4</b>    |   |         |   |   |
| <b>Expenses:</b> |   |             |   |         |   |   |
| <b>5</b>         | Advertising . . . . .   | <b>5</b>    |   |         |   |   |
| <b>6</b>         | Auto and travel (see instructions) . . . . .  | <b>6</b>    |   |         |   |   |
| <b>7</b>         | Cleaning and maintenance . . . . .  | <b>7</b>    |   | 1,600.  |   |   |
| <b>8</b>         | Commissions. . . . .  | <b>8</b>    |   |         |   |   |
| <b>9</b>         | Insurance . . . . .   | <b>9</b>    |   |         |   |   |
| <b>10</b>        | Legal and other professional fees . . . . .   | <b>10</b>   |   |         |   |   |
| <b>11</b>        | Management fees . . . . .   | <b>11</b>   |   | 1,200.  |   |   |
| <b>12</b>        | Mortgage interest paid to banks, etc. (see instructions)  | <b>12</b>   |   |         |   |   |
| <b>13</b>        | Other interest. . . . .   | <b>13</b>   |   |         |   |   |
| <b>14</b>        | Repairs. . . . .  | <b>14</b>   |   | 3,150.  |   |   |
| <b>15</b>        | Supplies . . . . .  | <b>15</b>   |   | 2,610.  |   |   |
| <b>16</b>        | Taxes . . . . .   | <b>16</b>   |   |         |   |   |
| <b>17</b>        | Utilities. . . . .  | <b>17</b>   |   | 860.    |   |   |
| <b>18</b>        | Depreciation expense or depletion . . . . .   | <b>18</b>   |   |         |   |   |
| <b>19</b>        | Other (list) ▶ . . . . .  | <b>19</b>   |   |         |   |   |
| <b>20</b>        | Total expenses. Add lines 5 through 19 . . . . .  | <b>20</b>   |   | 9,420.  |   |   |
| <b>21</b>        | Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 . . . . .   | <b>21</b>   |   | -8,910. |   |   |
| <b>22</b>        | Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . .  | <b>22</b>   | ( | 8,910.) | ( | ) |
| <b>23a</b>       | Total of all amounts reported on line 3 for all rental properties . . . . .   | <b>23a</b>  |   | 510.    |   |   |
| <b>b</b>         | Total of all amounts reported on line 4 for all royalty properties . . . . .  | <b>23b</b>  |   |         |   |   |
| <b>c</b>         | Total of all amounts reported on line 12 for all properties . . . . .   | <b>23c</b>  |   |         |   |   |
| <b>d</b>         | Total of all amounts reported on line 18 for all properties . . . . .   | <b>23d</b>  |   |         |   |   |
| <b>e</b>         | Total of all amounts reported on line 20 for all properties . . . . .   | <b>23e</b>  |   | 9,420.  |   |   |
| <b>24</b>        | <b>Income.</b> Add positive amounts shown on line 21. Do not include any losses . . . . .   | <b>24</b>   |   |         |   |   |
| <b>25</b>        | <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .  | <b>25</b>   | ( | 8,910.) |   |   |
| <b>26</b>        | <b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . . | <b>26</b>   |   | -8,910. |   |   |

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2021

# Health Savings Accounts (HSAs)

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**  
▶ **Go to [www.irs.gov/Form8889](http://www.irs.gov/Form8889) for instructions and the latest information.**

**2021**  
Attachment  
Sequence No. **52**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
**KRISHNA RACHAKONDA**

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶ **771-68-2856**

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

**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

|           |  |   |                                 |
|-----------|--|---|---------------------------------|
| <b>1</b>  | Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2021. See instructions . . . . . ▶   | <input checked="" type="checkbox"/> Self-only | <input type="checkbox"/> Family |
| <b>2</b>  | 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. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions . . . . .                        | <b>2</b>                                      | 0.                              |
| <b>3</b>  | If you were under age 55 at the end of 2021 and, on the first day of <b>every</b> month during 2021, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,600 (\$7,200 for family coverage). <b>All others</b> , see the instructions for the amount to enter . . . . . | <b>3</b>                                      | 3,600.                          |
| <b>4</b>  | 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 . . . . .                                       | <b>4</b>                                      | 0.                              |
| <b>5</b>  | Subtract line 4 from line 3. If zero or less, enter -0- . . . . .  | <b>5</b>                                      | 3,600.                          |
| <b>6</b>  | 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 . . . . .   | <b>6</b>                                      | 3,600.                          |
| <b>7</b>  | 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 . . . . .   | <b>7</b>                                      | 0.                              |
| <b>8</b>  | Add lines 6 and 7 . . . . .  | <b>8</b>                                      | 3,600.                          |
| <b>9</b>  | Employer contributions made to your HSAs for 2021 . . . . .  | <b>9</b>                                      | 2,400.                          |
| <b>10</b> | Qualified HSA funding distributions . . . . .  | <b>10</b>                                     |                                 |
| <b>11</b> | Add lines 9 and 10 . . . . .   | <b>11</b>                                     | 2,400.                          |
| <b>12</b> | Subtract line 11 from line 8. If zero or less, enter -0- . . . . .   | <b>12</b>                                     | 1,200.                          |
| <b>13</b> | <b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 <b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax. See instructions.  | <b>13</b>                                     | 0.                              |

**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.

|            |  |            |      |
|------------|--|------------|------|
| <b>14a</b> | Total distributions you received in 2021 from all HSAs (see instructions) . . . . .  | <b>14a</b> | 260. |
| <b>b</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 . . . . . | <b>14b</b> |      |
| <b>c</b>   | Subtract line 14b from line 14a . . . . .  | <b>14c</b> | 260. |
| <b>15</b>  | Qualified medical expenses paid using HSA distributions (see instructions) . . . . .   | <b>15</b>  |      |
| <b>16</b>  | <b>Taxable HSA distributions.</b> 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 . . . . .  | <b>16</b>  | 260. |
| <b>17a</b> | If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here . . . . . ▶ <input type="checkbox"/>  |            |      |
| <b>b</b>   | <b>Additional 20% tax</b> (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 . . . . .                  | <b>17b</b> | 52.  |

**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 separate HSAs, complete a separate Part III for each spouse.

|           |   |           |  |
|-----------|---|-----------|--|
| <b>18</b> | Last-month rule . . . . .   | <b>18</b> |  |
| <b>19</b> | Qualified HSA funding distribution . . . . .  | <b>19</b> |  |
| <b>20</b> | <b>Total income.</b> 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 . . . . . | <b>20</b> |  |
| <b>21</b> | <b>Additional tax.</b> Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d . . . . .                        | <b>21</b> |  |

# 2021 AR1000F



# AR1

## ARKANSAS INDIVIDUAL INCOME TAX RETURN

### Full Year Resident

CHECK BOX IF AMENDED RETURN

Software ID

Jan. 1 - Dec. 31, 2021 or fiscal year ending \_\_\_\_\_, 20\_\_\_\_ •

PROSERIES

|                            |  |                           |                           |   |   |
|----------------------------|--|---------------------------|---------------------------|---|---|
| USE LABEL OR PRINT OR TYPE | Primary's legal first name<br>• KRISHNA  | MI<br>•                   | Last name<br>• RACHAKONDA | Check if Deceased<br>• <input type="checkbox"/> | Primary's social security number<br>• 771-68-2856         |
|                            | Spouse's legal first name<br>•   | MI<br>•                   | Last name<br>•            | Check if Deceased<br>• <input type="checkbox"/> | Spouse's social security number<br>•                      |
|                            | Mailing address (number and street, P.O. box or rural route)<br>• 2010 RICH SMITH LN, APT. 214 |                           |                           |   | <input type="checkbox"/> Check if address is outside U.S. |
| City<br>• CONWAY           |  | State or province<br>• AR |                           | ZIP<br>• 72034                                  | Foreign country name                                      |

|   |   |  |
|---|---|--|
| FILING STATUS<br>Check Only One Box   | 1. <input checked="" type="checkbox"/> Single (Or widowed before 2021 or divorced at end of 2021) | 4. <input type="checkbox"/> Married filing separately on the same return   |
|   | 2. <input type="checkbox"/> Married filing joint (Even if only one had income)                    | 5. <input type="checkbox"/> Married filing separately on different returns<br>Enter spouse's name here and SSN above _____ |
| 3. <input type="checkbox"/> Head of household (See instructions)<br>If the qualifying person was your child, but not your dependent, enter child's name here: _____ |   | 6. <input type="checkbox"/> Surviving spouse with dependent child<br>Year spouse died: (See instructions) _____            |

•  Check here if you want a tax booklet mailed to you next year.

•  **Check this box if you have filed a state extension or an automatic federal extension**

|                      |  |                                     |                                     |                                |                               |   |   |
|----------------------|--|-------------------------------------|-------------------------------------|--------------------------------|-------------------------------|---|---|
| PERSONAL TAX CREDITS | 7A. <input checked="" type="checkbox"/> Yourself | <input type="checkbox"/> 65 or over | <input type="checkbox"/> 65 Special | <input type="checkbox"/> Blind | <input type="checkbox"/> Deaf | <input type="checkbox"/> Head of household/surviving spouse<br>(Filing status 3 only) | <input type="checkbox"/> (Filing status 6 only) |
|                      | <input type="checkbox"/> Spouse                  | <input type="checkbox"/> 65 or over | <input type="checkbox"/> 65 Special | <input type="checkbox"/> Blind | <input type="checkbox"/> Deaf |   |   |

Multiply number of boxes checked ..... 7A  X \$29 = 29.00

**Dependents (Do not list yourself or spouse)**

| First name | Last name | Dependent's social security number | Dependent's relationship to you |
|------------|-----------|------------------------------------|---------------------------------|
| 1.         |           |                                    |                                 |
| 2.         |           |                                    |                                 |
| 3.         |           |                                    |                                 |

7B. Multiply number of DEPENDENTS from above ..... 7B  X \$29 = 00

7C. Multiply number of qualifying individuals from AR1000RC5 (See instructions) ..... 7C  X \$500 = 00

7D. TOTAL PERSONAL TAX CREDITS: (Add lines 7A, 7B, and 7C. Enter total here and on line 34) ..... 7D 29.00

|    |                                 |                      |   |  |
|----|---------------------------------|----------------------|---|--|
| ID | DL# / State ID <u>932297731</u> | Your state <u>AR</u> | Issue date (mm/dd/yyyy) <u>11/25/2019</u> | Expiration date (mm/dd/yyyy) <u>11/14/2022</u> |
|    | DL# / State ID _____            | Spouse state _____   | Issue date (mm/dd/yyyy) _____             | Expiration date (mm/dd/yyyy) _____             |

**Direct deposit allowed to U.S. banks only. Check if either deposit(s) will ultimately be placed in a foreign account.** •

|                                       |   |  |  |
|---------------------------------------|---|--|--|
| Routing Number 1<br>• 0 6 3 0 0 0 4 7 | Account Number 1<br>• 8 9 8 0 1 9 6 1 6 2 4 4 | • <input checked="" type="checkbox"/> Checking or • <input type="checkbox"/> Savings | <b>Direct deposit 1 Amt</b><br>• <span style="float: right;">925.00</span> |
| Routing Number 2<br>•                 | Account Number 2<br>•                         | • <input type="checkbox"/> Checking or • <input type="checkbox"/> Savings            | <b>Direct deposit 2 Amt</b><br>• <span style="float: right;">00</span>     |

PLEASE SIGN HERE: Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

•  We will no longer automatically mail 1099-G forms. Instead, we ask that you get this information from our website (www.atap.arkansas.gov). Check the box if you still want us to mail you a paper Form 1099-G next year.

|                  |                     |      |                             |   |
|------------------|---------------------|------|-----------------------------|---|
| PLEASE SIGN HERE | Primary's signature | Date | Telephone<br>(786) 473-3016 | May the Arkansas Revenue Agency discuss this return with the preparer?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|                  | Spouse's signature  | Date | Telephone                   |   |

|               |  |                                    |                         |   |
|---------------|--|------------------------------------|-------------------------|---|
| PAID PREPARER | Paid preparer's signature<br><b>SYAM PRIYA RAM SAGAR GUPTA TALLAM</b> 04/19/2022 | PTIN/ID number<br>• 301017196      | For Department Use Only |   |
|               | Preparer's name<br>GLOBAL TAXES LLC  | City/State/ZIP<br>CUMMING GA 30041 | A                       | • |
|               | E-mail<br>SYAM@GTAXFILE.COM  | Telephone<br>(678) 965-9522        |                         |   |



Primary SSN 771-68-2856

| ROUND ALL AMOUNTS TO WHOLE DOLLARS   |   | (A) Primary/Joint Income   | (B) Spouse's Income Status 4 Only |          |
|--|---|--|-----------------------------------|----------|
| INCOME<br>Attach W-2(s)/1099(s) here / Attach check on top of W-2(s)/1099(s)   | 8. Wages, salaries, tips, etc: (Attach W-2s) .....  | 101,017.00   | 00                                |          |
|  | 9. Military pay: Primary <input type="checkbox"/> 00 Spouse <input type="checkbox"/> 00   |  |                                   |          |
|  | 10. Interest income: (If over \$1,500, Attach AR4) .....  | 45.00  | 00                                |          |
|  | 11. Dividend income: (If over \$1,500, Attach AR4) .....  | 9.00   | 00                                |          |
|  | 12. Alimony and separate maintenance received: .....  | 00   | 00                                |          |
|  | 13. Business or professional income: (Attach federal Schedule C) .....  | 00   | 00                                |          |
|  | 14. Capital gains/(losses) from stocks, bonds, etc: (See instructions, Attach federal Schedule D) .....   | -3,000.00  | 00                                |          |
|  | 15. Other gains or (losses): (Attach federal Form 4797 and/or AR4684 if applicable) .....   | 00   | 00                                |          |
|  | 16. Non-qualified IRA distributions and taxable annuities: (Attach All 1099Rs) .....  | 00   | 00                                |          |
|  | 17. Military retirement: Primary <input type="checkbox"/> 00 Spouse <input type="checkbox"/> 00   |  |                                   |          |
|  | 18A. Primary employer pension plan(s)/qualified IRA(s): (See instructions, Attach all 1099Rs)<br>Gross distribution <input type="checkbox"/> 00 Taxable amount <input type="checkbox"/> 00 Less \$6,000 | 00   |                                   |          |
|  | 18B. Spouse employer pension plan(s)/qualified IRA(s): (See instructions, Attach all 1099Rs)<br>Gross distribution <input type="checkbox"/> 00 Taxable amount <input type="checkbox"/> 00 Less \$6,000  | 00   | 00                                |          |
|  | 19. Rents, royalties, partnerships, estates, trusts, etc.: (Attach federal Schedule E) .....  | -8,910.00  | 00                                |          |
|  | 20. Farm income: (Attach federal Schedule F) .....  | 00   | 00                                |          |
|  | 21. Unemployment: Primary/Joint <input type="checkbox"/> 00 Spouse <input type="checkbox"/> 00  |  |                                   |          |
|  | 22. Other income/depreciation differences: (Attach Form AR-OI) .....  | 260.00   | 00                                |          |
|  | 23. TOTAL INCOME: (Add lines 8 through 22) .....  | 89,421.00  | 00                                |          |
|  | 24. TOTAL ADJUSTMENTS: (Attach Form AR1000ADJ) .....  | 00   | 00                                |          |
|  | 25. ADJUSTED GROSS INCOME: (Subtract line 24 from line 23) .....  | 89,421.00  | 00                                |          |
|  | TAX COMPUTATION   | 26. Select tax table: (Select only one)  |                                   |          |
|  |   | 27. <input type="checkbox"/> Low income table (\$0), For low income qualifications see line 26 instructions<br><input checked="" type="checkbox"/> Standard deduction (\$2,200 or \$4,400 for filing status 2 only)<br><input type="checkbox"/> Itemized deductions (Attach AR3) | 2,200.00                          | 00       |
|  |   | 28. NET TAXABLE INCOME: (Subtract line 27 from line 25) .....  | 87,221.00                         | 00       |
|  |   | 29. TAX: (Enter tax from tax table) .....  | 4,660.00                          | 00       |
|  |   | 30. Combined tax: (Add amounts from line 29, columns A and B) .....  |                                   | 4,660.00 |
|  |   | 31. Enter tax from Lump Sum Distribution Averaging Schedule: (Attach AR1000TD) .....   |                                   | 00       |
| 32. Additional tax on IRA and qualified plan withdrawal and overpayment: (Attach federal Form 5329, if required) ..... |   |  | 00                                |          |
| 33. TOTAL TAX: (Add lines 30 through 32) .....   |   | 4,660.00   |                                   |          |
| TAX CREDITS  | 34. Personal tax credit(s): (Enter total from line 7D) .....  | 29.00  |                                   |          |
|  | 35. Child care credit: (Attach AR2441) .....  | 00   |                                   |          |
|  | 36. Other credits: (Attach AR1000TC) .....  | 00   |                                   |          |
|  | 37. TOTAL CREDITS: (Add lines 34 through 36) .....  |  | 29.00                             |          |
| 38. NET TAX: (Subtract line 37 from line 33. If line 37 is greater than line 33, enter 0) .....                        |   | 4,631.00   |                                   |          |
| PAYMENTS   | 39. Arkansas income tax withheld: (Attach state copies of W-2 and/or 1099R, W2-G) .....   | 5,556.00   |                                   |          |
|  | 40. Estimated tax paid or credit brought forward from 2020: .....   | 00   |                                   |          |
|  | 41. Payment made with extension: (See instructions) .....   | 00   |                                   |          |
|  | 42. AMENDED RETURNS ONLY - Previous payments: (See instructions) .....  | 00   |                                   |          |
|  | 43. Early childhood program: Certification number: _____<br>(Attach AR1000EC and AR2441) .....  | 00   |                                   |          |
|  | 44. TOTAL PAYMENTS: (Add lines 39 through 43) .....   |  | 5,556.00                          |          |
| 45. AMENDED RETURNS ONLY - Previous refund: (See instructions) .....   |   | 00   |                                   |          |
| 46. Adjusted total payments: (Subtract line 45 from line 44) .....   |   | 5,556.00   |                                   |          |
| REFUND OR TAX DUE  | 47. AMOUNT OF OVERPAYMENT/REFUND: (If line 46 is greater than line 38, enter difference) .....  |  | 925.00                            |          |
|  | 48. Amount to be applied to 2022 estimated tax: .....   | 00   |                                   |          |
|  | 49. Amount of Check-off Contributions: (Attach Schedule AR1000-CO) .....  | 00   |                                   |          |
|  | 50. AMOUNT TO BE REFUNDED TO YOU: (Subtract lines 48 and 49 from line 47) .....   | REFUND   | 925.00                            |          |
|  | 51. AMOUNT DUE: (If line 46 is less than line 38, enter difference; If over \$1,000, continue to 52A) .....   | TAX DUE  | 00                                |          |
|  | 52A. UEP: Attach Form AR2210 or AR2210A. If required, enter exception in box 52A <input type="checkbox"/> Penalty 52B <input type="checkbox"/> 00   |  |                                   |          |
|  | 52C. Add lines 51 and 52B: (See instructions) .....   | TOTAL DUE  | 00                                |          |





**ARKANSAS INDIVIDUAL INCOME TAX  
OTHER INCOME/LOSS AND DEPRECIATION DIFFERENCES**

|  |   |
|--|---|
| Primary's legal name<br>KRISHNA RACHAKONDA | Primary's social security number<br>771-68-2856 |
|--|---|

**Full Year Resident Filers** - Complete columns **(A)** and **(B)** if using filing status 4 (married filing separately on the same return). All other filing statuses must complete column **(A) only**.

**Nonresident or Part Year Resident Filers** - Complete columns **(A), (B), and (C)** if using filing status 4 (married filing separately on the same return). All other filing statuses must complete columns **(A)** and **(C) only**.

**Additions to Income**

|  | (A)<br>Primary/Joint | (B)<br>Spouse (Status 4) | (C)<br>Arkansas Only |
|--|----------------------|--------------------------|----------------------|
| 1. Federal depreciation: <b>(Attach Schedule)</b> .....        | 00                   | 00                       | 00                   |
| 2. HSA and/or MSA taxable distributions .....                  | 260.00               | 00                       | 00                   |
| 3. Long-term care insurance contracts .....                    | 00                   | 00                       | 00                   |
| 4. Gambling winnings: <b>(Attach W2-G)</b> .....               | 00                   | 00                       | 00                   |
| 5. Lottery / contest winnings: .....                           | 00                   | 00                       | 00                   |
| 6. Scholarships / fellowships / stipends: .....                | 00                   | 00                       | 00                   |
| 7. Other: <b>(Attach Schedule)</b> .....                       | 00                   | 00                       | 00                   |
| 8. <b>INCOME TOTAL: (Add lines 1-7 and enter total):</b> ..... | 260.00               | 00                       | 00                   |

**Subtractions from Income**

|   | (A)<br>Primary/Joint | (B)<br>Spouse (Status 4) | (C)<br>Arkansas Only |
|---|----------------------|--------------------------|----------------------|
| 9. State depreciation: <b>(Attach Schedule)</b> .....   | 00                   | 00                       | 00                   |
| 10. Net operating loss: <b>(Attach Form AR1000NOL)</b> .....  | 00                   | 00                       | 00                   |
| 11. Foreign earned income exclusion: .....  | 00                   | 00                       | 00                   |
| 12. Loss on excess deferral distribution .....  | 00                   | 00                       | 00                   |
| 13. Other: <b>(Attach Schedule)</b> .....   | 00                   | 00                       | 00                   |
| 14. <b>LOSSES TOTAL: (Add lines 9-13 and enter total)</b> .....   | 00                   | 00                       | 00                   |
| 15. <b>NET TOTAL: (Subtract line 14 from line 8 and enter total of each column on line 22 of Form AR1000F / AR1000NR).</b> 15 | 260.00               | 00                       | 00                   |





**ARKANSAS INDIVIDUAL INCOME TAX  
CAPITAL GAINS**

|  |   |
|--|---|
| Primary's legal name<br>KRISHNA RACHAKONDA | Primary's social security number<br>771-68-2856 |
|--|---|

**In Arkansas, only 50% of the net capital gain is taxed. 100% of the short term capital gain is taxed.**

**Per Act 1488 of 2013, the amount of net capital gain in excess of ten million dollars (\$10,000,000) from a gain realized on or after January 1, 2014, is exempt from state tax.**

Complete the AR1000D if you have a CAPITAL GAIN OR LOSS reported on federal Schedule D, or if Schedule D is not required, a gain reported on federal Form 1040, line 7. The amount of capital loss that can be deducted after offsetting capital gains is limited to \$3,000 (\$1,500 per taxpayer for filing status 4 or 5). See instructions for line 14, Form AR1000F/AR1000NR.

Adjust your gains and losses for depreciation differences, **if any**, in the federal and Arkansas amounts using lines 2, 5 and 10. \*

**Note. Arkansas did not adopt the federal "bonus depreciation" provision from previous years. Therefore, there may be a difference in federal and Arkansas amounts of depreciation allowed.**

**Full Year Resident Filers** - Complete columns **(A)** and **(B)** only.

**Nonresident or Part Year Resident Filers** - Complete columns **(A)**, **(B)**, and **(C)**.

|   | <b>Federal<br/>Schedule D</b> | <b>(A)<br/>Primary</b> | <b>(B)<br/>Spouse</b> | <b>(C)<br/>Arkansas Only</b> |
|---|-------------------------------|------------------------|-----------------------|------------------------------|
| 1. Enter federal long-term capital gain or loss reported on line 15, federal Schedule D or Form 1040, line 7.....1  | 00                            | 00                     | 00                    | 00                           |
| 2. Enter adjustment, <b>if any</b> , for depreciation differences in federal and state amounts.....2  |                               | 00                     | 00                    | 00                           |
| 3. Arkansas long-term capital gain or loss. Add <b>(or subtract)</b> line 1 and line 2.....3  |                               | 00                     | 00                    | 00                           |
| 4. Enter federal net short-term capital loss, <b>if any</b> , reported on line 7, federal Schedule D .....4   | -8,307.00                     | -8,307.00              | 00                    | 00                           |
| 5. Enter adjustment, <b>if any</b> , for depreciation differences in federal and state amounts.....5  |                               | 00                     | 00                    | 00                           |
| 6. Arkansas net short-term capital loss. Add <b>(or subtract)</b> line 4 and line 5.....6   |                               | -8,307.00              | 00                    | 00                           |
| 7a. Arkansas net capital gain or loss. <b>(If gain, subtract line 6 from 3. If loss, add lines 6 and 3.)</b> .....7a  |                               | -8,307.00              | 00                    | 00                           |
| 7b. If the amount on line 7a is over \$10,000,000, only enter \$10,000,000. If less than \$10,000,000, enter the total amount.....7b  |                               | -8,307.00              | 00                    | 00                           |
| 8. Arkansas taxable amount. If a gain multiply line 7b by 50 percent (.50), otherwise enter loss.....8  |                               | -8,307.00              | 00                    | 00                           |
| 9. Enter federal short-term capital gain, <b>if any</b> , reported on line 7, federal Schedule D.....9  | 00                            | 00                     | 00                    | 00                           |
| 10. Enter adjustment, <b>if any</b> , for depreciation differences in federal and state amounts.....10  |                               | 00                     | 00                    | 00                           |
| 11. Arkansas short-term capital gain. Add <b>(or subtract)</b> line 9 and line 10.....11  |                               | 00                     | 00                    | 00                           |
| 12. Total taxable Arkansas capital gain or loss. Add lines 8 and 11. <b>(Loss limited to \$3,000, for filing status 1, 2, 3, and 6, \$1,500 per taxpayer if filing status 4 or 5.)</b> Enter here. <b>Filing status 1,2,3,5 and 6:</b> Add line 12, columns A and B and enter on AR1000F/AR1000NR, line 14. <b>Filing status 4:</b> Enter line 12, column A on AR1000F/AR1000NR, line 14, column A. Enter line 12, column B on AR1000F/AR1000NR, line 14, column B. |                               | -3,000.00              | 00                    | 00                           |



ARKANSAS INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

Primary's Legal First Name and Middle Initial: KRISHNA, Last Name: RACHAKONDA, Primary's Social Security Number: 771-68-2856, Spouse's Legal First Name and Middle Initial, Spouse's Social Security Number, Mailing Address: 2010 RICH SMITH LN, APT. 214, Telephone: (786) 473-3016, City: CONWAY, State or Province: AR, ZIP: 72034, Check if address is outside U.S. Foreign Country.

Table with 5 rows and 3 columns: Line, Description, Amount. 1. Total Income (Form AR1000F or AR1000NR, Line 23) 89,421.00; 2. Net Tax (Form AR1000F or AR1000NR, Line 38) 4,631.00; 3. State Income Tax Withheld (Form AR1000F or AR1000NR, Line 39) 5,556.00; 4. Refund (Form AR1000F or AR1000NR, Line 47) 925.00; 5. Tax Due (Form AR1000F or AR1000NR, Line 51) 00.

PART II - DECLARATION OF TAXPAYER

6a. [X] I consent that my refund be direct deposited as designated in the electronic portion of my 2021 Arkansas income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund. The refund will be direct deposited to the bank account(s) shown on page 1 of the Form AR1000F/AR1000NR. 6b. [ ] I do not want direct deposit of my refund or I am not receiving a refund. 6c. [ ] I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Income Tax Payment form (AR TAX PMT). 6d. [ ] I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Estimated Tax Payment form (AR EST PMT) or Arkansas Extension Payment form (AR EXT PMT).

If I have filed a balance due return, I understand that if the State of Arkansas does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties. If I have filed a joint federal and state return and my federal return is rejected, I understand my state return will be rejected also.

Under penalties of perjury, I declare that the information I have given my ERO and the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of my 2021 Arkansas income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. I consent to my ERO sending my return, this declaration, and accompanying schedules and statements to the State of Arkansas. I also consent to the State of Arkansas sending my ERO and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not my return is accepted, and if rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize the State of Arkansas to disclose to my ERO and/or transmitter the reason(s) for the delay, or when the refund was sent. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the State of Arkansas of all information pertaining to my use of the system and software and to the transmission of my tax return electronically.

Sign Here Primary's Signature Date Spouse's Signature Date

PART III - DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER

I declare that I have reviewed the above taxpayer's return and that the entries on Form AR8453 are complete and correct to the best of my knowledge. If I am only a collector, I understand that I am not responsible for reviewing the taxpayer's return; I declare that Form AR8453 accurately reflects the data on the return. I have obtained the taxpayer's signature on Form AR8453 before submitting this return to the State of Arkansas, and have provided the taxpayer with a copy of all forms and information to be filed with the State of Arkansas. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration of Paid Preparer is based on all information of which the preparer has knowledge.

ERO'S Use Only ERO'S Signature: GLOBAL TAXES LLC, Date: 04/19/2022, Check if paid preparer [ ], Check if self-employed [ ], Your SSN or PTIN: 30-1017196, Firm's name and address: 2530 PEBBLE CREEK LN CUMMING GA 30041, FEIN: 30-1017196

Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

Paid Preparer's Use Only Preparer's Signature: SYAM PRIYA RAM SAGAR GUPTA TALLAM, Date: 04/19/2022, Check if self-employed [ ], Preparer's SSN or PTIN: P02082703, Firm's name and address: 2530 PEBBLE CREEK LN CUMMING GA 30041, FEIN: 30-1017196

### Additional information from your 2021 Arkansas Tax Return

Form AR1000F: Individual Income Tax Return

Other Income Details

Continuation Statement

| Description  | Amount |
|--------------|--------|
| OTHER INCOME | 0.     |

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

**Capital Gains and Losses**

OMB No. 1545-0074

**2021**

Attachment  
Sequence No. **12**

Department of the Treasury  
Internal Revenue Service (99)

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

Name(s) shown on return  
KRISHNA RACHAKONDA

Your social security number  
771-68-2856

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No  
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less** (see instructions)

| See instructions for how to figure the amounts to enter on the lines below.<br>This form may be easier to complete if you round off cents to whole dollars.  | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part I,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|--|----------------------------------|---------------------------------|---|---|
| <b>1a</b> 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 . |                                  |                                 |   |   |
| <b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .   | 37,269.                          | 45,654.                         | 78.   | -8,307.   |
| <b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .  |                                  |                                 |   |   |
| <b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .  |                                  |                                 |   |   |
| <b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .  |                                  |                                 |   | <b>4</b>  |
| <b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .   |                                  |                                 |   | <b>5</b>  |
| <b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .  |                                  |                                 |   | <b>6</b> ( )  |
| <b>7 Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .  |                                  |                                 |   | <b>7</b> -8,307.  |

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

| See instructions for how to figure the amounts to enter on the lines below.<br>This form may be easier to complete if you round off cents to whole dollars.   | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part II,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|---|----------------------------------|---------------------------------|--|---|
| <b>8a</b> 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 . |                                  |                                 |  |   |
| <b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .  |                                  |                                 |  |   |
| <b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .   |                                  |                                 |  |   |
| <b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .  |                                  |                                 |  |   |
| <b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .  |                                  |                                 |  | <b>11</b>   |
| <b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .  |                                  |                                 |  | <b>12</b>   |
| <b>13</b> Capital gain distributions. See the instructions . . . . .  |                                  |                                 |  | <b>13</b>   |
| <b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .  |                                  |                                 |  | <b>14</b> ( )   |
| <b>15 Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then, go to Part III on the back . . . . .   |                                  |                                 |  | <b>15</b>   |

**Part III Summary**

|   |           |            |
|---|-----------|------------|
| <p><b>16</b> Combine lines 7 and 15 and enter the result . . . . .</p> <ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li> </ul> | <b>16</b> | -8,307.    |
| <p><b>17</b> Are lines 15 and 16 <b>both</b> gains?</p> <p><input type="checkbox"/> <b>Yes.</b> Go to line 18.</p> <p><input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.</p>  |           |            |
| <p><b>18</b> If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . ▶</p>   | <b>18</b> |            |
| <p><b>19</b> If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . . ▶</p>   | <b>19</b> |            |
| <p><b>20</b> Are lines 18 and 19 both zero or blank and are you not filing Form 4952?</p> <p><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16. <b>Don't</b> complete lines 21 and 22 below.</p> <p><input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.</p>  |           |            |
| <p><b>21</b> If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of:</p> <ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } . . . . .</li> </ul> <p><b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.</p>   | <b>21</b> | ( 3,000. ) |
| <p><b>22</b> Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?</p> <p><input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16.</p> <p><input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>   |           |            |



**SCHEDULE E  
(Form 1040)**

**Supplemental Income and Loss**

OMB No. 1545-0074

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

**2021**

Department of the Treasury  
Internal Revenue Service (99)

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

Attachment  
Sequence No. **13**

▶ Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

Name(s) shown on return

Your social security number

KRISHNA RACHAKONDA

771-68-2856

**Part I** **Income or Loss From Rental Real Estate and Royalties** **Note:** If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

**A** Did 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**

|           |   |  |                  |                   |     |                          |
|-----------|---|--|------------------|-------------------|-----|--------------------------|
| <b>1a</b> | Physical address of each property (street, city, state, ZIP code) |  |                  |                   |     |                          |
| <b>A</b>  | PBEL CITY, PEERANCHERU HYDERABAD TELANGANA IN 500091              |  |                  |                   |     |                          |
| <b>B</b>  |   |  |                  |                   |     |                          |
| <b>C</b>  |   |  |                  |                   |     |                          |
| <b>1b</b> | Type of Property (from list below)                                | <b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions. | Fair Rental Days | Personal Use Days | QJV |                          |
| <b>A</b>  | 3   |  | <b>A</b>         | 365               | 0   | <input type="checkbox"/> |
| <b>B</b>  |   |  | <b>B</b>         |                   |     | <input type="checkbox"/> |
| <b>C</b>  |   |  | <b>C</b>         |                   |     | <input type="checkbox"/> |

**Type of Property:**

- 1 Single Family Residence      3 Vacation/Short-Term Rental      5 Land      7 Self-Rental
- 2 Multi-Family Residence      4 Commercial      6 Royalties      8 Other (describe)

| Income:          |   | Properties: |   | A       | B | C |
|------------------|---|-------------|---|---------|---|---|
| <b>3</b>         | Rents received . . . . .  | <b>3</b>    |   | 510.    |   |   |
| <b>4</b>         | Royalties received . . . . .  | <b>4</b>    |   |         |   |   |
| <b>Expenses:</b> |   |             |   |         |   |   |
| <b>5</b>         | Advertising . . . . .   | <b>5</b>    |   |         |   |   |
| <b>6</b>         | Auto and travel (see instructions) . . . . .  | <b>6</b>    |   |         |   |   |
| <b>7</b>         | Cleaning and maintenance . . . . .  | <b>7</b>    |   | 1,600.  |   |   |
| <b>8</b>         | Commissions. . . . .  | <b>8</b>    |   |         |   |   |
| <b>9</b>         | Insurance . . . . .   | <b>9</b>    |   |         |   |   |
| <b>10</b>        | Legal and other professional fees . . . . .   | <b>10</b>   |   |         |   |   |
| <b>11</b>        | Management fees . . . . .   | <b>11</b>   |   | 1,200.  |   |   |
| <b>12</b>        | Mortgage interest paid to banks, etc. (see instructions)  | <b>12</b>   |   |         |   |   |
| <b>13</b>        | Other interest. . . . .   | <b>13</b>   |   |         |   |   |
| <b>14</b>        | Repairs. . . . .  | <b>14</b>   |   | 3,150.  |   |   |
| <b>15</b>        | Supplies . . . . .  | <b>15</b>   |   | 2,610.  |   |   |
| <b>16</b>        | Taxes . . . . .   | <b>16</b>   |   |         |   |   |
| <b>17</b>        | Utilities. . . . .  | <b>17</b>   |   | 860.    |   |   |
| <b>18</b>        | Depreciation expense or depletion . . . . .   | <b>18</b>   |   |         |   |   |
| <b>19</b>        | Other (list) ▶ . . . . .  | <b>19</b>   |   |         |   |   |
| <b>20</b>        | Total expenses. Add lines 5 through 19 . . . . .  | <b>20</b>   |   | 9,420.  |   |   |
| <b>21</b>        | Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file <b>Form 6198</b> . . . . .  | <b>21</b>   |   | -8,910. |   |   |
| <b>22</b>        | Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .   | <b>22</b>   | ( | 8,910.) | ( | ) |
| <b>23a</b>       | Total of all amounts reported on line 3 for all rental properties . . . . .   | <b>23a</b>  |   | 510.    |   |   |
| <b>b</b>         | Total of all amounts reported on line 4 for all royalty properties . . . . .  | <b>23b</b>  |   |         |   |   |
| <b>c</b>         | Total of all amounts reported on line 12 for all properties . . . . .   | <b>23c</b>  |   |         |   |   |
| <b>d</b>         | Total of all amounts reported on line 18 for all properties . . . . .   | <b>23d</b>  |   |         |   |   |
| <b>e</b>         | Total of all amounts reported on line 20 for all properties . . . . .   | <b>23e</b>  |   | 9,420.  |   |   |
| <b>24</b>        | <b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .  | <b>24</b>   |   |         |   |   |
| <b>25</b>        | <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .  | <b>25</b>   | ( | 8,910.) |   |   |
| <b>26</b>        | <b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . . | <b>26</b>   |   | -8,910. |   |   |

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2021