

IRS e-file Signature Authorization

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

Submission Identification Number (SID) ▶

Taxpayer's name JAWAHAR PUSULOORI	Social security number 588-22-5492
Spouse's name NIHARIKA TAMMINA	Spouse's social security number 300-19-4673

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	164,922.
2 Total tax	2	22,258.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	22,744.
4 Amount you want refunded to you	4	486.
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

2	5	4	9	2
---	---	---	---	---

 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 ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN

9	4	6	7	3
---	---	---	---	---

 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 [X] 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: JAWAHAR
Last name: PUSULLOORI
Your social security number: 588-22-5492
If joint return, spouse's first name and middle initial: NIHARIKA
Last name: TAMMINA
Spouse's social security number: 300-19-4673
Home address: 2430 WEST BRIAR LAKE WAY
Apt. no.: 1A
City, town, or post office: OAK CREEK
State: WI
ZIP code: 53154
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? [X] 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

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents. Includes dependents section with checkboxes for child tax credit and credit for other dependents.

Main income and deduction table with columns for line numbers and amounts. Includes sections for Attach Sch. B if required, Standard Deduction for, and Taxable income calculation.

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	22,258.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	22,258.
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3, line 8	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	22,258.
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
24	Add lines 22 and 23. This is your total tax	24	22,258.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	22,744.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	22,744.
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC) No 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"/>	27a	
b	Nontaxable combat pay election	27b	
c	Prior year (2019) earned income	27c	
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 15	31	
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	22,744.
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	486.
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	486.
Direct deposit? See instructions.	b Routing number 3 2 1 1 7 1 1 8 4 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number 4 2 0 1 1 0 4 1 9 2 0		
	36 Amount of line 34 you want applied to your 2022 estimated tax	36	
Amount You Owe	37 Amount you owe . Subtract line 33 from line 24. For details on how to pay, see instructions	37	
	38 Estimated tax penalty (see instructions)	38	

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	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		IT CONSULTANT	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
		IT CONSULTANT	
Phone no. (424) 558-6474	Email address JAWAHAR4SPK@GMAIL.COM		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
SYAM PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA RAM SAGAR GUPTA TALLAM	04/12/2022	P02082703	
Firm's name	Firm's address		Phone no.	Firm's EIN
GLOBAL TAXES LLC	2530 Pebble Creek Ln Cumming GA 30041		(678) 965-9522	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 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
JAWAHAR PUSULOORI & NIHARIKA TAMMINA

Your social security number
588-22-5492

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶ _____		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-13,510.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling income	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Taxable Health Savings Account distribution	8e	
f	Alaska Permanent Fund dividends	8f	
g	Jury duty pay	8g	
h	Prizes and awards	8h	
i	Activity not engaged in for profit income	8i	
j	Stock options	8j	
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8k	
l	Olympic and Paralympic medals and USOC prize money (see instructions)	8l	
m	Section 951(a) inclusion (see instructions)	8m	
n	Section 951A(a) inclusion (see instructions)	8n	
o	Section 461(l) excess business loss adjustment	8o	
p	Taxable distributions from an ABLE account (see instructions)	8p	
z	Other income. List type and amount ▶ _____	8z	
	Other Income from box 3 of 1099-Misc 186.		186.
9	Total other income. Add lines 8a through 8z	9	186.
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	-13,324.

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

Schedule 1 (Form 1040) 2021

Part II Adjustments to Income

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

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 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
JAWAHAR PUSULOORI & NIHARIKA TAMMINA

Your social security number
588-22-5492

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. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	283,806.	292,973.	1,474.	-7,693.
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss). 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				7 -7,693.

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. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked	78.	40.		38.
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back				15 38.

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	-7,655.
	<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 		
17	Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet ▶	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet ▶	19	
20	Are lines 18 and 19 both zero or blank and are you not filing Form 4952? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } 	21	(3,000.)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? <input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. <input type="checkbox"/> No. 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: **JAWAHAR PUSULOORI & NIHARIKA TAMMINA**
Social security number or taxpayer identification number: **588-22-5492**

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)	
						(f) Code(s) from instructions	(g) Amount of adjustment		
	ROBINHOOD CRYPTO LLC	07/11/21	12/31/21	233,384.	240,238.			-6,854.	
	Robinhood Securities LLC	08/14/21	12/31/21	50,422.	52,735.	W	1,474.	-839.	
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) ▶				283,806.	292,973.		1,474.	-7,693.

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.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side
JAWAHAR PUSULOORI & NIHARIKA TAMMINA

Social security number or taxpayer identification number
588-22-5492

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

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

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	Robinhood Securities LLC	09/10/20	12/26/21	78.	40.			38.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ▶				78.	40.			38.

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

**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 for instructions and the latest information.

Name(s) shown on return

Your social security number

JAWAHAR PUSULOORI & NIHARIKA TAMMINA

588-22-5492

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

1a	Physical address of each property (street, city, state, ZIP code)					
A	H.NO.15-17-446.VIJAYANAGAR NEAR SRI SRI HOTEL KHAMMAM,TELANGANA IN 507002					
B						
C						
1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV	
A	3		A	365	0	<input type="checkbox"/>
B			B			<input type="checkbox"/>
C			C			<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
3	Rents received	3	650.		
4	Royalties received	4			

Expenses:

5	Advertising	5			
6	Auto and travel (see instructions)	6			
7	Cleaning and maintenance	7	1,450.		
8	Commissions.	8			
9	Insurance	9			
10	Legal and other professional fees	10			
11	Management fees	11	1,300.		
12	Mortgage interest paid to banks, etc. (see instructions)	12			
13	Other interest.	13			
14	Repairs.	14	3,650.		
15	Supplies	15	3,800.		
16	Taxes	16			
17	Utilities.	17	3,960.		
18	Depreciation expense or depletion	18			
19	Other (list) ▶	19			
20	Total expenses. Add lines 5 through 19	20	14,160.		

21 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 **21** -13,510.

22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) **22** (13,510.) () ()

23a	Total of all amounts reported on line 3 for all rental properties	23a	650.	
b	Total of all amounts reported on line 4 for all royalty properties	23b		
c	Total of all amounts reported on line 12 for all properties	23c		
d	Total of all amounts reported on line 18 for all properties	23d		
e	Total of all amounts reported on line 20 for all properties	23e	14,160.	

24 **Income.** Add positive amounts shown on line 21. Do not include any losses **24**

25 **Losses.** Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here **25** (13,510.)

26 **Total rental real estate and royalty income or (loss).** 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 **26** -13,510.

For Paperwork Reduction Act Notice, see the separate instructions. NPA -13,510. 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 for instructions and the latest information.**

2021
Attachment
Sequence No. **52**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
NIHARIKA TAMMINA

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶ **300-19-4673**

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.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2021. See instructions ▶	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family
2	HSA contributions you made for 2021 (or those made on your behalf), including those made from January 1, 2022, through April 15, 2022, that were for 2021. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	0.
3	If you were under age 55 at the end of 2021 and, on the first day of every month during 2021, you were, or were considered, an eligible individual with the same coverage, enter \$3,600 (\$7,200 for family coverage). All others , see the instructions for the amount to enter	3	7,200.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2021 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2021, also include any amount contributed to your spouse's Archer MSAs	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0-	5	7,200.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2021, see the instructions for the amount to enter	6	7,200.
7	If you were age 55 or older at the end of 2021, married, and you or your spouse had family coverage under an HDHP at any time during 2021, enter your additional contribution amount. See instructions	7	
8	Add lines 6 and 7	8	7,200.
9	Employer contributions made to your HSAs for 2021	9	7,196.
10	Qualified HSA funding distributions	10	
11	Add lines 9 and 10	11	7,196.
12	Subtract line 11 from line 8. If zero or less, enter -0-	12	4.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	13	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.

14a	Total distributions you received in 2021 from all HSAs (see instructions)	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b	
c	Subtract line 14b from line 14a	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8e	16	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here ▶ <input type="checkbox"/>		
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b	

Part III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8z, and enter "HSA" and the amount on the dotted line	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	21	

DO NOT SEND THIS VA-8453 TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS. IT MUST BE MAINTAINED IN YOUR FILES!

Virginia Submission Identification Number (SID)

First Name & Middle Initial (if joint or combined return, enter both)	Last Name	B Your Social Security Number
JAWAHAR & NIHARIKA	PUSULOORI & TAMMINA	588-22-5492
Present Home Address		A Spouse's Social Security Number
2430 WEST BRIAR LAKE WAY APT # 1A		300-19-4673
City, State and Zip Code		Online Filed Return
OAK CREEK WI 53154		<input type="checkbox"/>

Part I Tax Return Information	A Spouse	B Yourself
1. Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1)		164,922.
2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)		164,922.
3. Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)		45,448.
4. Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)		2,356.
5. Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)		2,351.
6. Amount you Owe (Form 760CG, Line 35; Form 760PY, Line 35; Form 763, Line 35)		5.
7. Refund (Form 760CG, Line 36; 760PY, Line 36; Form 763, Line 36)		

Part II Declaration of Taxpayer

8a. I consent that my refund be directly deposited as designated on my 2021 Virginia 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. I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process.

8b. I do not want direct deposit of my refund or I am not receiving a refund. I choose to have a check mailed to me.

8c. I authorize the Virginia Department of Taxation (Virginia Tax) and its designated Financial Agent to initiate an ACH electronic funds withdrawal entry to the financial institution account indicated on my 2021 Virginia income tax return for payment of my state taxes owed on this return and/or a payment of estimated tax. 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 certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process.

I declare under penalties of perjury that I have compared the information on my return with the information I have provided to my electronic return originator and that the amounts described in Part I above agree with the amounts shown on the corresponding lines of my 2021 Virginia individual income tax return. To the best of my knowledge and belief, my return is true, correct and complete. I consent that my return including this declaration and accompanying schedules and statements be sent to the Internal Revenue Service (IRS) by my electronic return originator (ERO) and by the IRS to Virginia Tax. This declaration is to be retained by the ERO or transmitter as validation of my electronically filed Virginia income tax return. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.

Your Signature	Date	Spouse's Signature (If Filing Status 2 or 4, BOTH must sign)	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 this form are complete and correct to the best of my knowledge. I have obtained the taxpayer's signature on Form VA-8453 before submitting this return to the Internal Revenue Service (IRS) and Virginia Tax. I have provided the taxpayer with a copy of all forms and information to be filed with the IRS and Virginia Tax and have followed all other requirements as described in Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2021) and any requirements specified by Virginia Tax. 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. Declaration of preparer is based on all information of which preparer has any knowledge. EROs and paid preparer can sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.

ERO's Signature	Date	SSN/PTIN
GLOBAL TAXES LLC	04-12-22	
Firm's name (or yours if self-employed)		Paid Preparer? <input type="checkbox"/> Y <input type="checkbox"/> N Self-employed? <input type="checkbox"/> Y <input type="checkbox"/> N
2530 PEBBLE CREEK LN CUMMING GA 30041		301017196
Address, City, State and Zip		EIN
	04-12-22	P02082703
Paid Preparer's Signature	Date	SSN/PTIN
SYAM PRIYA RAM SAGAR GUPTA TALLAM		
Firm's name (or yours if self-employed)		Self-employed? <input type="checkbox"/> Y <input type="checkbox"/> N
2530 PEBBLE CREEK LN CUMMING GA 30041		301017196
Address, City, State and Zip		EIN

- Cut Here -

Form 760-PMT 2021 Payment Coupon
(DOC ID 761) **Please do not staple**
To Be Used For Payments On Previously
Filed 2021 Individual Income Tax Returns Only

Your Social Security Number
588225492

Spouse's Social Security Number

5882254927 7611555 121002

If your return was filed through e-File or submitted directly to the Department, make your check payable to the Department of Taxation and mail to the VA Department of Taxation, P. O. Box 1478, Richmond, VA 23218-1478.

If your return was filed with your local Commissioner of the Revenue, make your check payable to your local Treasurer and send your payment to the locality where you filed the return.

Name(s) and Address

JAWAHAR PUSULOORI

2430 WEST BRIAR LAKE WAY APT # 1A
OAK CREEK WI 53154

Amount of
Payment ▶

5.00

Daytime Phone Number: 424-558-6474

2021 Virginia Nonresident Income Tax Return

Due May 1, 2022



Enclose a complete copy of your federal tax return and all other required Virginia enclosures.

First Name JAWAHAR	MI	Last Name PUSULOORI	Suffix	Your Social Security Number 588-22-5492	<input type="checkbox"/> Check if deceased
Spouse's First Name (Filing Status 2 Only) NIHARIKA	MI	Last Name TAMMINA	Suffix	Spouse's Social Security Number 300-19-4673	<input type="checkbox"/> Check if deceased
Present Home Address (Number and Street or Rural Route) 2430 WEST BRIAR LAKE WAY APT 1A				Your Birth Date (mm-dd-yyyy) 08 - 15 - 1988	
City, Town or Post Office OAK CREEK		State WI	ZIP Code 53154	Spouse's Birth Date (mm-dd-yyyy) 08 - 15 - 1990	
State of Residence WI	Important - Name of Virginia City or County in which principal place of business, employment, or income source is located. FAIRFAX COUNTY				Locality Code 059
<input type="checkbox"/> City OR <input checked="" type="checkbox"/> County					

Check Applicable Boxes	<input type="checkbox"/> Amended Return Reason Code <input type="checkbox"/>	<input type="checkbox"/> Name(s) or Address Different than Shown on 2020 VA Return	<input type="checkbox"/> Overseas on Due Date
	<input type="checkbox"/> Dependent on Another's Return	<input type="checkbox"/> Qualifying Farmer, Fisherman, or Merchant Seaman	EIC Claimed on federal return \$ _____ .00

Filing Status Enter Filing Status Code in box below.

- 1 = Single. Federal head of household? YES
- 2 = Married, Filing Joint Return - both must have Virginia income
- 3 = Married, Spouse Has No Income From Any Source
- 4 = Married, Filing Separate Returns

If Filing Status 3 or 4, enter spouse's SSN in the Spouse's Social Security Number box at top of form and enter Spouse's Name _____

Exemptions Add Sections 1 and 2. Enter the sum on Line 12.

You	Spouse if Filing Status 2 or 3	Dependents	Total Section 1	
1	1		= 2	X \$930 = 1860
You 65 or over	Spouse 65 or over	You Blind	Spouse Blind	Total Section 2
				= _____ X \$800 = _____

1	Adjusted Gross Income from federal return - <i>Not federal taxable income</i>	1	164922	00
2	Additions from Schedule 763 ADJ, Line 3.....	2		00
3	Add Lines 1 and 2	3	164922	00
4	Age Deduction (See instructions and the Age Deduction Worksheet)..... You	4a		00
	Enter Birth Dates above. Enter Your Age Deduction on Line 4a and Your Spouse's Age Deduction on Line 4b..... Spouse	4b		00
5	Social Security Act and equivalent Tier 1 Railroad Retirement Act benefits reported on your federal return.	5		00
6	State income tax refund or overpayment credit reported as income on your federal return.	6		00
7	Subtractions from Schedule 763 ADJ, Line 7.....	7		00
8	Add Lines 4a, 4b, 5, 6, and 7	8		00
9	Virginia Adjusted Gross Income (VAGI). Subtract Line 8 from Line 3	9	164922	00
10	Itemized Deductions from Virginia Schedule A, if applicable. See instructions.....	10		00
11	If you do not claim itemized deductions on Line 10, enter standard deduction. See instructions.....	11	9000	00
12	Exemption amount. Enter the total amount from the Exemption Sections 1 and 2 above.....	12	1860	00
13	Deductions from Schedule 763 ADJ, Line 9.....	13		00
14	Add Lines 10, 11, 12 and 13	14	10860	00
15	Virginia Taxable Income computed as a resident. Subtract Line 14 from Line 9.....	15	154062	00
16	Percentage from Nonresident Allocation Section on Page 2 (Enter to one decimal place only).....	16	29.5	%
17	Nonresident Taxable Income. (Multiply Line 15 by percentage on Line 16).....	17	45448	00
18	Income Tax from Tax Table or Tax Rate Schedule.....	18	2356	00

LTD

\$ _____

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XXXXXX



Your Name JAWAHAR PUSULOORI & NIHARIKA TAMMINA	Your SSN 588-22-5492
---	-------------------------

19a	Your Virginia income tax withheld. Enclose Forms W-2, W-2G, 1099, and VK-1.	19a	2351	00
19b	Spouse's Virginia income tax withheld. Enclose Forms W-2, W-2G, 1099, and VK-1.	19b		00
20	2021 Estimated Tax Payments.	20		00
21	2020 overpayment credited to 2021 estimated tax.	21		00
22	Extension Payment - submitted using Form 7601P.	22		00
23	Credit for Low-Income Individuals or Virginia Earned Income Credit from Schedule 763 ADJ, Line 17.	23		00
24	Total credits from Schedule OSC.	24		00
25	Credits from Schedule CR, Section 5, Line 1A.	25		00
26	Total payments and credits. Add Lines 19a through 25.	26	2351	00
27	If Line 18 is larger than Line 26, enter the difference. This is the INCOME TAX YOU OWE .	27	5	00
28	If Line 26 is larger than Line 18, enter the difference. This is the OVERPAYMENT AMOUNT .	28		00
29	Amount of overpayment on Line 28 to be CREDITED TO 2022 ESTIMATED INCOME TAX.	29		00
30	Virginia529 and ABLE Contributions from Schedule VAC, Part I, Line 6.	30		00
31	Other Voluntary Contributions from Schedule VAC, Section II, Line 14.	31		00
32	Addition to Tax, Penalty, and Interest from enclosed Schedule 763 ADJ, Line 21.	32		00
33	Sales and Use Tax is due on Internet, mail order, and out-of-state purchases (Consumer's Use Tax). See instructions. <input checked="" type="checkbox"/> Check here if no sales and use tax is due.	33		00
34	Add Lines 29 through 33.	34		00
35	If you owe tax on Line 27, add Lines 27 and 34 - OR - If you have an overpayment on Line 28 and Line 34 is larger than Line 28, enter the difference. AMOUNT YOU OWE . Enclose payment or pay at www.tax.virginia.gov . <input type="checkbox"/> Check here if paying by credit or debit card - See instructions.	35	5	00
36	If Line 28 is larger than Line 34, subtract Line 34 from Line 28. This is the amount to be REFUNDED TO YOU .	36		00

If the Direct Deposit section below is not completed, your refund will be issued by check.

DIRECT BANK DEPOSIT	Your Bank Routing Transit Number	Your Bank Account Number	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>
Domestic Accounts Only No International Deposits	<input type="text"/>	<input type="text"/>		

Nonresident Allocation Percentage

		A - All Sources		B - Virginia Sources	
1. Wages, salaries, tips, etc.	1	181242	00	48730	00
2. Interest income	2		00		00
3. Dividends	3	4	00	0	00
4. Alimony received	4		00		00
5. Business income or loss	5		00		00
6. Capital gain or loss/capital gain distributions	6	-3000	00	0	00
7. Other gains or losses	7		00		00
8. Taxable pensions, annuities and IRA distributions	8		00		
9. Rents, royalties, partnerships, estates, trusts, S corporations, etc.	9	-13510	00	0	00
10. Farm income or loss	10		00		00
11. Other income	11	186	00	0	00
12. Interest on obligations of other states from Schedule 763 ADJ, Line 1.	12		00		
13. Lump-sum and accumulation distributions included on Sch. 763 ADJ, Line 3.	13		00		00
14. TOTAL - Add Lines 1 through 13 and enter each column total here.	14	164922	00	48730	00
15. Nonresident allocation percentage - Divide Line 14 B, by Line 14 A. <i>Compute percentage to one decimal place (e.g., 5.4%).</i> Enter on Page 1, Line 16.	15			29.5%	

I (We) authorize the Dept. of Taxation to discuss this return with my (our) preparer. I agree to obtain my Form 1099-G at www.tax.virginia.gov.

I (We), the undersigned, declare under penalty provided by law that I (we) have examined this return and to the best of my (our) knowledge, it is a true, correct, and complete return.

Your Signature	Your Phone Number (424) 558-6474	Date	
Spouse's Signature (If a joint return, both must sign)	Spouse's Phone Number	Preparer's PTIN P02082703	Vendor Code 1555
Preparer's Name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Firm's Name (or Yours if Self-Employed) GLOBAL TAXES LLC	Preparer's Phone Number (678) 965-9522	Filing Election Code 7
			ID Theft PIN

2021 Schedule INC/CG

588225492

Report all W-2s, 1099s & VK-1s with VA Withholding



JAWAHAR PUSULOORI

NIHARIKA TAMMINA

Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
588225492	W	2351.	470924982	30470924982F001	48730.

Total VA Withholding	SSN	VA Withholding
You	588225492	2351.
Spouse		

Total # of W-2s, 1099s & VK-1s 01

To avoid delays - be sure to enter all information, including the Employer's FEIN.

For the year Jan. 1-Dec. 31, 2021, or other tax year

beginning _____, 2021 ending _____, 20____.

Note

Check here if an amended return

DO NOT STAPLE

See page 5 before assembling return

Your legal last name PUSULOORI	Legal first name JAWAHAR	M.I.	Your social security number 588225492					
If a joint return, spouse's legal last name TAMMINA	Spouse's legal first name NIHARIKA	M.I.	Spouse's social security number 300194673					
Home address (number and street). If you have a PO Box, see page 11. 2430 WEST BRIAR LAKE WAY		Apt. no. 1A	Tax district Check below then fill in either the name of the city, village, or town and the county in which you lived at the end of 2021. <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town City, village, or town ▶ OAK CREEK					
City or post office OAK CREEK	State WI	Zip code 53154						
Filing status Check <input checked="" type="checkbox"/> below <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married filing joint return <input type="checkbox"/> Married filing separate return. Fill in spouse's SSN above and full name here <input type="checkbox"/>			County of ▶ MILWAUKEE School district number See page 43 3619					
<input type="checkbox"/> Head of household, NOT married (see page 12). <input type="checkbox"/> Head of household, married (see page 12). <table style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 60%;">Legal last name</td> <td style="width: 20%;">M.I.</td> <td style="width: 20%;"></td> </tr> <tr> <td>Legal first name</td> <td></td> <td></td> </tr> </table> <p style="text-align: center; margin-top: 5px;">If married, fill in spouse's SSN above and full name here <input type="checkbox"/></p>				Legal last name	M.I.		Legal first name	
Legal last name	M.I.							
Legal first name								
Special conditions <input type="checkbox"/>			<input type="checkbox"/> Form 804 filed with return (see page 9)					

Use **BLACK Ink** ● Print numbers like this → 0 1 2 3 4 5 6 7 8 9 **Not** like this → Ø 1 4 7 ● **NO COMMAS; NO CENTS**

1 Federal adjusted gross income (see page 12)	1	164922.00
Form W-2 wages included in line 1	▶	181242.00
2 Total additions to income from Schedule AD, line 33. Enclose Schedule AD (see page 13)	2	2500.00
3 Add lines 1 and 2	3	167422.00
4 Total subtractions from income from Schedule SB, line 51. Enclose Schedule SB (see page 13) Enter as a positive number	4	.00
5 Subtract line 4 from line 3. This is your Wisconsin income	5	167422.00
6 Standard deduction. See table on page 34, OR ▼ If someone else can claim you (or your spouse) as a dependent, see page 14 and check here <input type="checkbox"/>	6	0.00
7 Subtract line 6 from line 5. If line 6 is larger than line 5, fill in 0	7	167422.00
8 Exemptions (Caution: See page 14)		
a Fill in exemptions allowed 2 x \$700 ... 8a		1400.00
b Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = _____ x \$250 ... 8b		.00
c Add lines 8a and 8b	8c	1400.00
9 Subtract line 8c from line 7. If line 8c is larger than line 7, fill in 0. This is taxable income	9	166022.00
10 Tax (see table on page 36)	10	8410.00

PAPER CLIP payment here



NO COMMAS; NO CENTS

11	Itemized deduction credit. Enclose Schedule 1, page 4	11	_____	.00
12	School property tax credit			
	a Rent paid in 2021 – heat included		_____	.00
	Rent paid in 2021 – heat not included		_____	.00
	b Property taxes paid on home in 2021		_____	.00
		Find credit from table page 17..	12a	_____
		Find credit from table page 19 .	12b	_____
13	Working families tax credit (see page 19)	13	_____	0 .00
14	Married couple credit. Enclose Schedule 2, page 4	14	_____	480 .00
15	Nonrefundable credits from line 34 of Schedule CR	15	_____	.00
16	Net income tax paid to another state. Enclose Schedule OS ... <u>VA</u>	16	_____	2304 .00
17	Add lines 11 through 16	17	_____	2784 .00
18	Subtract line 17 from line 10. If line 17 is larger than line 10, fill in 0. This is your net tax.	18	_____	5626 .00
19	Sales and use tax due on internet, mail order, or other out-of-state purchases (see page 22)	19	_____	.00
	If you certify that no sales or use tax is due, check here		▶ <u>X</u>	
20	Donations (decreases refund or increases amount owed)			
	a Endangered resources		_____	.00
	b Cancer research		_____	.00
	c Veterans trust fund		_____	.00
	d Multiple sclerosis		_____	.00
	e Military family relief		_____	.00
	f Second Harvest/Feeding Amer.		_____	.00
	g Red Cross WI Disaster Relief		_____	.00
	h Special Olympics Wisconsin		_____	.00
	Total (add lines a through h)	▶ 20i	_____	.00
21	Penalties on IRAs, retirement plans, MSAs, etc. (see page 23)		_____	.00 x .33 = 21 _____ .00
22	Other penalties (see page 24)	22	_____	.00
23	Add lines 18, 19, 20i, 21 and 22	23	_____	5626 .00
24	Wisconsin tax withheld. Enclose withholding statements	24	_____	7881 .00
25	2021 estimated tax payments and amount applied from 2020 return	25	_____	.00
26	Earned income credit. Number of qualifying children ... ▶ _____			
	Federal credit.00 x _____ % =	26	_____	.00
27	Farmland preservation credit. a Schedule FC, line 17	27a	_____	.00
	b Schedule FC-A, line 13	27b	_____	.00
28	Repayment credit (see page 26)	28	_____	.00

NOTE: You must use your 2021 earned income (see page 25).



Name(s) shown on Form 1		Your social security number	
JAWAHAR PUSULOORI & NIHARIKA TAMMINA		588225492	
NO COMMAS; NO CENTS			
29	Homestead credit. Enclose Schedule H or H-EZ	29	<u> </u> .00
30	Eligible veterans and surviving spouses property tax credit . .	30	<u> </u> .00
31	Refundable credits from Schedule CR, line 40. Enclose Schedule CR	31	<u> </u> .00
32	AMENDED RETURN ONLY—Amounts previously paid (see page 29)	32	<u> </u> .00
33	Add lines 24 through 32	33	<u> </u> 7881 .00
34	AMENDED RETURN ONLY—Amounts previously refunded (see page 30)	34	<u> </u> .00
35	Subtract line 34 from line 33	35	<u> </u> 7881 .00
36	If line 35 is larger than line 23, subtract line 23 from line 35. This is the AMOUNT YOU OVERPAID	36	<u> </u> 2255 .00
37	Amount of line 36 you want REFUNDED TO YOU	37	<u> </u> 2255 .00
38	Amount of line 36 you want APPLIED TO YOUR 2022 ESTIMATED TAX	38	<u> </u> 0 .00
39a	If line 35 is smaller than line 23, subtract line 35 from line 23. This is the AMOUNT YOU OWE . Paper clip payment to front of return	39a	<u> </u> .00
39b	Interest (see page 30)	39b	<u> </u> .00
40	Underpayment interest. Fill in exception code-See Sch. U <u> </u> Also include on line 39a (see page 31)	40	<u> </u> .00

Third Party Designee Do you want to allow another person to discuss this return with the department (see page 32)? **Yes** Complete the following. **No**

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

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Paper clip copies of your federal income tax return and schedules to this return. Assemble your return (pages 1-4) and withholding statements in the order listed on page 5.

Sign here

▼ *Under penalties of law, I declare that this return and all attachments are true, correct, and complete to the best of my knowledge and belief.*

Your signature	Date	Daytime Phone	Wisconsin Identity Protection PIN (7 characters)
		4245586474	
Spouse's signature (if filing jointly, BOTH must sign)	Date	Daytime Phone	Wisconsin Identity Protection PIN (7 characters)

I-010ai

Mail your return to: Wisconsin Department of Revenue
 If tax due.....PO Box 268, Madison WI 53790-0001
 If refund or no tax due.....PO Box 59, Madison WI 53785-0001
 If homestead credit claimed.....PO Box 34, Madison WI 53786-0001

Do Not Submit Photocopies



Schedule 1 – Itemized Deduction Credit (see page 15)

1	Medical and dental expenses from federal Schedule A (Form 1040). See instructions for exceptions.	1	_____	.00
2	Interest paid from federal Schedule A (Form 1040). Do not include interest paid to purchase a second home located outside Wisconsin or a residence which is a boat. Also, do not include interest paid to purchase or hold U.S. government securities and interest from a tax-option (S) corporation if claimed as a subtraction	2	_____	.00
3	Gifts to charity from federal Schedule A (Form 1040). See instructions for exceptions	3	_____	.00
4	Casualty losses from federal Schedule A (Form 1040)	4	_____	.00
5	Add lines 1 through 4	5	_____	.00
6	Fill in your standard deduction from line 6 on page 1 of Form 1.	6	_____	.00
7	Subtract line 6 from line 5. If line 6 is more than line 5, fill in 0.	7	_____	0 .00
8	Rate of credit is .05 (5%)	8	_____	x .05
9	Multiply line 7 by line 8. Fill in here and on line 11 on page 2 of Form 1	9	_____	.00

▶ You must submit this page with Form 1 if you claim either of these credits ◀

Schedule 2 – Married Couple Credit When Both Spouses Are Employed (see page 20)

When completing this schedule, be sure to fill in your income in column (A) and your spouse's income in column (B)

	(A) YOURSELF	(B) SPOUSE
1		
— Taxable wages, salaries, tips, and other employee compensation. Do NOT include deferred compensation, interest, dividends, pensions, unemployment compensation, or other unearned income	1	
	80382.00	100860.00
2		
— Net profit or (loss) from self-employment from federal Schedules C, C-EZ, and F (Form 1040), Schedule K-1 (Form 1065), and any other taxable self-employment or earned income	2	
	.00	.00
3		
Combine lines 1 and 2. This is earned income.	3	
	80382.00	100860.00
4		
— Add the amounts from federal Schedule 1 (Form 1040), lines 12, 16, 20, 24e, 24f, and 24g, and any Wisconsin disability income exclusion. Fill in the total of these adjustments that apply to you or your spouse's income	4	
	.00	.00
5		
Subtract line 4 from line 3. This is qualified earned income. If less than zero, fill in 0	5	
	80382.00	100860.00
6		
Compare the amounts in columns (A) and (B) of line 5. Fill in the smaller amount here. If more than \$16,000, fill in \$16,000.	6	
	16000.00	
7		
Rate of credit is .03 (3%).	7	
	_____	x .03
8		
Multiply line 6 by line 7. Fill in here and on line 14 on page 2 of Form 1.	8	
	480.00	_____ Do not fill in more than \$480.



Schedule **OS**

Wisconsin
Department of Revenue

**Credit for Net Tax Paid
to Another State**

Attach to your Wisconsin Form 1, 1NPR, or 2

2021

Name(s) shown on Form 1, 1NPR, or 2 JAWAHAR PUSULOORI & NIHARIKA TAMMINA	Identifying number 588-22-5492
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To be eligible for this credit, you must have been a full-year or part-year Wisconsin resident in 2021 and have paid 2021 state income tax **on the same income** to Wisconsin and another state.

**Be sure to enclose a copy of your
tax return from the other state(s).**

NO COMMAS
NO CENTS



		State 1	State 2
PART I – Income From Other State	Postal abbr. →	<u>V A</u>	<u>— —</u>
1 Wages, salaries, tips, etc	1	48730.00	.00
2 Business income / loss	2	.00	.00
3 Capital gain / loss	3	0.00	.00
4 Other gains / losses	4	.00	.00
5 IRA distributions, pensions, and annuities	5	.00	.00
6 Rental real estate, royalties, partnerships, S corporations, trusts, etc	6	0.00	.00
7 Farm income / loss	7	.00	.00
8 Unemployment compensation	8	.00	.00
9 Social security benefits	9	.00	.00
10 Other income _____	10	0.00	.00
11 Add lines 1 through 10 in each column	11	48730.00	.00
Adjustments to Income			
12 Deductible part of self-employment tax	12	.00	.00
13 Self-employed SEP, SIMPLE, and qualified plans	13	.00	.00
14 Self-employed health insurance deduction	14	.00	.00
15 IRA deduction	15	.00	.00
16 Other adjustments to income _____	16	.00	.00
17 Add lines 12 through 16 in each column	17	.00	.00
18 Total income taxed by other state – subtract line 17 from line 11	18	48730.00	.00
PART II – Calculation of Credit (Individual, Estate, or Trust Income Tax)			
19 Income taxable to both Wisconsin and other state (see instructions)	19	48652.00	.00
20 Total income taxed by the other state (see instructions)	20	48652.00	.00
21 Divide line 19 by line 20. Carry the decimal to four places and fill in on line 21. If line 20 is less than line 19, enter 1.0000	21	1 . 0 0 0 0	<u>— — — —</u>
22 From the income tax return of the other state, fill in the net tax amount after subtracting all nonrefundable and refundable credits (see instructions)	22	2356.00	.00
23 Multiply line 21 by line 22. Round the result to the nearest dollar. If tax was paid to another state and passed through to you by a tax-option (S) corpora- tion, limited liability company, or partnership, go on to Part III. Otherwise, skip lines 25 through 29 and go on to Part IV. If claiming a credit for net tax paid to Minnesota, Iowa, Illinois, or Michigan, skip lines 30 through 34 and fill in the amount from line 23 on line 35	23	2356.00	.00

Name(s) shown on Form 1, 1NPR, or 2 JAWAHAR PUSULOORI & NIHARIKA TAMMINA	Identifying number 588-22-5492
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NO COMMAS; NO CENTS

PART III – Calculation of Credit (Tax-option (S) Corporation, Limited Liability Company, and Partnership Income and Franchise Tax)

	State 1	State 2
24 Postal abbreviation for state to which tax was paid 24	<u> V </u> <u> A </u>	_ _ _ _
25 Income taxable to both Wisconsin and other state (see instructions) 25	0.00	.00
26 Total income taxed by the other state (see instructions) 26	0.00	.00
27 Divide line 25 by line 26. Carry the decimal to four places and fill in on line 27. If line 26 is less than line 25, enter 1.0000 27	_ _ _ _	_ _ _ _
28 From the income tax return of the other state, fill in the net tax amount after subtracting all nonrefundable and refundable credits (see instructions) 28	0.00	.00
29 Multiply line 27 by line 28. Round the result to the nearest dollar. If claiming a credit for net tax paid to Minnesota, Iowa, Illinois, or Michigan, skip lines 30 through 34 and fill in the amount from line 29 on line 36 29	.00	.00

PART IV - Credit Allowed

30 Income taxable to both Wisconsin and other state (see instructions) 30	48652.00	.00
31 Wisconsin income from Form 1, line 5, Form 1NPR, line 30, or Form 2, see instructions 31	167422.00	.00
32 Divide line 30 by line 31. Carry the decimal to four places and fill in on line 32. If line 31 is less than line 30, fill in 1.000 32	0 . 2 9 0 6	_ _ _ _
33 Fill in the Wisconsin net income tax from: • Form 1, line 10, less the amounts on lines 11 through 15 • Form 1NPR, line 45, less the amounts on lines 46 through 48 • Form 2, line 6c, less the amount on line 7 33	7930.00	.00
34 Multiply line 32 by line 33. Round the result to the nearest dollar 34	2304.00	.00
35 Fill in the amount from line 23 35	2356.00	.00
36 Fill in the amount from line 29 36	.00	.00
37 Add lines 35 and 36 37	2356.00	.00
38 Fill in the smaller of line 34 or line 37. If claiming a credit for net tax paid to Minnesota, Iowa, Illinois, or Michigan, fill in the amount from line 37 38	2304.00	.00
39 Add the amounts in each column of line 38. Fill in the total here 39		2304.00
40 If you have tax paid to more than 2 states, fill in the amount from line 39 of any additional Schedules OS 40		.00
41 Add lines 39 and 40. This is your credit for tax paid to another state (see instructions) 41		2304.00



Schedule AD

Wisconsin
Department of Revenue

**Form 1 –
Additions to Income**

File with Wisconsin Form 1

2021

Name JAWAHAR PUSULOORI & NIHARIKA TAMMINA	Social Security Number 588225492
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See the instructions for additional information on the additions listed below.

Additions to Income

1 State and municipal interest (see page 1)	1	<u>0.00</u>
2 Capital gain/loss addition (see page 2)	2	<u>2500.00</u>
3 Nonqualified distributions from Edvest and Tomorrow's Scholar college savings account	3	<u>.00</u>
4 Nonqualified distributions from ABLE accounts	4	<u>.00</u>
5 Federal net operating loss deduction	5	<u>.00</u>
6 Income (lump-sum distributions) reported on federal form 4972	6	<u>.00</u>
7 Excess distribution from a passive foreign investment company	7	<u>.00</u>
8 Expenses paid to or incurred with related entities	8	<u>.00</u>
9 Expenses for moving business outside of Wisconsin or the United States	9	<u>.00</u>
10 Differences in federal and Wisconsin basis of assets	10	<u>.00</u>
11 Differences in federal and Wisconsin basis of partnership interest prior to 1975	11	<u>.00</u>
12 Differences in federal and Wisconsin reporting of marital property (community) income	12	<u>.00</u>
13 Farmland preservation credit	13	<u>.00</u>
14 Development zone credit	14	<u>.00</u>
15 Enterprise zone jobs credit	15	<u>.00</u>
16 Manufacturing investment credit	16	<u>.00</u>
17 Economic development tax credit	17	<u>.00</u>
18 Jobs tax credit	18	<u>.00</u>
19 Capital investment credit	19	<u>.00</u>
20 Community rehabilitation program credit	20	<u>.00</u>
21 Research credit	21	<u>.00</u>
22 Manufacturing and agricultural credit (amount computed for 2020 - see instructions)	22	<u>.00</u>
23 Business development credit	23	<u>.00</u>
24 Electronics and information technology manufacturing zone credit	24	<u>.00</u>
25 Employee college savings account contribution credit	25	<u>.00</u>
26 Add lines 1 through 25. Enter here and on line 27, page 2	26	<u>2500.00</u>



Name JAWAHAR PUSULOORI & NIHARIKA TAMMINA	Social Security Number 588225492
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27 Enter amount from line 26 on page 1 **27** 2500 .00

28 Tax-option (S) corporation adjustments. Do not include adjustments listed on line 29 (list and provide amount)

a Name _____
FEIN _____ Amount **28a** _____ .00

b Name _____
FEIN _____ Amount **28b** _____ .00

c Add lines 28a and 28b **28c** .00

29 Tax-option (S) corporation entity level tax election adjustments (list and provide amount)

a Name _____
FEIN _____ Amount **29a** _____ .00

b Name _____
FEIN _____ Amount **29b** _____ .00

c Add lines 29a and 29b **29c** .00

30 Partnership, limited liability company, trust, or estate adjustments. Do not include adjustments listed on line 31 (list and provide amount)

a Name _____
FEIN _____ Amount **30a** _____ .00

b Name _____
FEIN _____ Amount **30b** _____ .00

c Add lines 30a and 30b **30c** .00

31 Partnership entity level tax election adjustments (list and provide amount)

a Name _____
FEIN _____ Amount **31a** _____ .00

b Name _____
FEIN _____ Amount **31b** _____ .00

c Add lines 31a and 31b **31c** .00

32 Other additions to income (list and provide amount)

a _____ Amount **32a** _____ .00

b _____ Amount **32b** _____ .00

c _____ Amount **32c** _____ .00

d Add lines 32a through 32c **32d** .00

33 Add lines 27, 28c, 29c, 30c, 31c, and 32d. This is your total addition to income. Enter on Form 1, line 2 **33** 2500 .00



Schedule WD

Wisconsin
Department of Revenue

Capital Gains and Losses

◆ Enclose with Wisconsin Form 1 or 1NPR ◆

2021

Name(s) shown on Form 1 or Form 1NPR

JAWAHAR PUSULOORI & NIHARIKA TAMMINA

Your social security number

588-22-5492

Part I Short-Term Capital Gains and Losses – Assets Held One Year or Less

Note: Round all amounts (use a minus sign (-) for negative amounts)	(d) Proceeds (sales price)	(e) Cost or other basis	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or loss Subtract column (e) from column (d) and combine the result with column (g)
1a Amount from line 1a of Schedule D	.00	.00		.00
1b Amount from line 1b of Schedule D	283806.00	292973.00	1474.00	-7693.00
2 Amount from line 2 of Schedule D	.00	.00	.00	.00
3 Amount from line 3 of Schedule D	.00	.00	.00	.00
4 Short-term gain from Form 6252 and short-term gain or loss from Forms 4684, 6781, and 8824			4	.00
5 Net short-term gain or loss from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			5	.00
6 Adjustment from Wisconsin Schedule T (see Basis Difference in instructions)			6	.00
7 Short-term capital loss carryover from 2020 Wisconsin Schedule WD, line 34. Enter amount as a negative number			7	.00
8 Net short-term capital gain or loss. Combine lines 1a through 7 in column (h)			8	-7693.00

Part II Long-Term Capital Gains and Losses – Assets Held More Than One Year

Note: Round all amounts (use a minus sign (-) for negative amounts)	(d) Proceeds (sales price)	(e) Cost or other basis	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or loss Subtract column (e) from column (d) and combine the result with column (g)
9a Amount from line 8a of Schedule D	.00	.00		.00
9b Amount from line 8b of Schedule D	78.00	40.00	.00	38.00
10 Amount from line 9 of Schedule D	.00	.00	.00	.00
11 Amount from line 10 of Schedule D	.00	.00	.00	.00
12 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or loss from from Forms 4684, 6781, and 8824			12	.00
13 Net long-term gain or loss from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			13	.00
14 Capital gain distributions			14	.00
15 Adjustment from Wisconsin Schedule T (see Basis Difference in instructions)			15	.00
15a Adjustment from Wisconsin Schedule QI. Enter amount as a negative number			15a	.00
16 Long-term capital loss carryover from 2020 Wisconsin Schedule WD, line 39. Enter amount as a negative number			16	.00
17 Net long-term capital gain or loss. Combine lines 9a through 16 in column (h)			17	38.00

Go on to Part III →



Name JAWAHAR PUSULOORI & NIHARIKA TAMMINA	Social Security Number 588-22-5492
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Part III Summary of Parts I and II (see instructions) - use a minus sign (-) for negative amounts.

18 Combine lines 8 and 17, and fill in the net gain or loss here (if line 18 is a loss, go to line 28)	18	<u>-7655.00</u>
19 Fill in the smaller of line 17 or 18, or -0- if a loss or no entry on line 17	19	<u>.00</u>
20 Fill in 30% of line 19	20	<u>.00</u>
21 Fill in the amount of long-term capital gain from the sale of farm assets listed on Form 8949 and taxable to Wisconsin plus gain from the sale of farm assets that is included on line 12 or 13 of Schedule WD. If zero, skip lines 22 through 25 and fill in the amount from line 20 on line 26	21	<u>.00</u>
22 Gain included in line 17. Do not include any losses in this amount	22	<u>.00</u>
23 Divide line 21 by line 22. Carry the decimal to 4 places	23	<u>.00</u>
24 Multiply line 19 by the decimal amount on line 23	24	<u>.00</u>
25 Fill in 30% of line 24	25	<u>.00</u>
26 Add lines 20 and 25	26	<u>.00</u>
27 Subtract line 26 from line 18	27	<u>.00</u>
28 If line 18 shows a loss, fill in the smaller of:		
(a) The loss on line 18,		
(b) \$500, or		
(c) Wisconsin ordinary income (see instructions)	28	<u>-500.00</u>

Note: When figuring whether a, b, or c is smaller, treat all numbers as if they are positive. If filing Form 1, complete Part IV. If filing Form 1NPR, fill in amount from line 27 or 28 on line 7, column B, of Form 1NPR.

Part IV Computation of Wisconsin Adjustment to Income (Do not complete this part if you are filing on Form 1NPR)

29 Adjustment (see instructions for Part IV and Schedule I adjustments)		
a Fill in gain from line 7 of federal Form 1040 or 1040-SR, or gain from line 2e of Schedule I, if filed (if a loss, fill in -0-)	29a	<u>0.00</u>
b Fill in gain from Part III, line 27, (if blank, fill in -0-)	29b	<u>0.00</u>
c If line 29b is more than 29a, subtract line 29a from line 29b. Fill in amount on line 2 of Schedule AD (Form 1)	29c	<u>.00</u>
d If line 29b is less than 29a, subtract line 29b from line 29a. Fill in amount on line 5 of Schedule SB (Form 1)	29d	<u>.00</u>
e Fill in loss from line 7 of federal Form 1040 or 1040-SR, as a positive amount or the loss from line 4c of Schedule I, if filed (if a gain, fill in -0-)	29e	<u>3000.00</u>
f Fill in loss from Part III, line 28 as a positive amount	29f	<u>500.00</u>
g If line 29f is more than 29e, subtract line 29e from line 29f. Fill in amount on line 5 of Schedule SB (Form 1)	29g	<u>.00</u>
h If line 29f is less than 29e, subtract line 29f from line 29e. Fill in amount on line 2 of Schedule AD (Form 1)	29h	<u>2500.00</u>

Part V Computation of Capital Loss Carryovers from 2021 to 2022 (Complete this part if the loss on line 18 is more than the loss on line 28.)

30 Fill in loss shown on line 8 as a positive amount. If none, fill in -0- and skip lines 31 through 34	30	<u>7693.00</u>
31 Fill in gain shown on line 17. If that line is blank or shows a loss, fill in -0-	31	<u>38.00</u>
32 Subtract line 31 from line 30	32	<u>7655.00</u>
33 Fill in the smaller of line 28 or line 32, treating both as positive amounts	33	<u>500.00</u>
34 Subtract line 33 from line 32. This is your short-term capital loss carryover from 2021 to 2022	34	<u>7155.00</u>
35 Fill in loss from line 17 as a positive amount. If none, fill in -0- and skip lines 36 through 39	35	<u>0.00</u>
36 Fill in gain shown on line 8. If that line is blank or shows a loss, fill in -0-	36	<u>.00</u>
37 Subtract line 36 from line 35	37	<u>.00</u>
38 Subtract line 33 from line 28, treating both as positive amounts. (Note: If you skipped lines 31 through 34, fill in amount from line 28 as a positive amount.)	38	<u>.00</u>
39 Subtract line 38 from line 37. This is your long-term capital loss carryover from 2021 to 2022	39	<u>.00</u>

