## 8879 **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

### IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

▶ Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

| internal nevertue Service  |   |
|--|---|
| Submission Identification Number (SID)   |   |
| Taxpayer's name  | Social security number  |
| SANJANA VADLAKONDA SUNILKUMA   | 717-75-3575   |
| Spouse's name  | Spouse's social security number   |
| Part I Tax Return Information — Tax Year Ending December 31, 2021 (Er  | nter year you are authorizing.)   |
| Enter whole dollars only on lines 1 through 5.   | ntor your you are dutilonizing.   |
| <b>Note:</b> Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.  |   |
| 1 Adjusted gross income  | <b>1</b>   77,542.  |
| 2 Total tax  |   |
| <b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099   |   |
| 4 Amount you want refunded to you  |   |
| 5 Amount you owe   |   |
| Part II Taxpayer Declaration and Signature Authorization (Be sure you get an   | nd 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 amend  |   |
| to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize th Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to termi payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation business days prior to the payment (settlement) date. I also authorize the financial institutions involved in taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended) Electronic Funds Withdrawal Consent. | e U.S. Treasury and its designated Financial indicated in the tax preparation software for tution to debit the entry to this account. This nate the authorization. To revoke (cancel) a requests must be received no later than 2 the processing of the electronic payment of the payment. I further acknowledge that the |
| Taxpayer's PIN: check one box only   |   |
| ▼ I authorize GLOBAL TAXES LLC to enter or general authorize GLOBAL TAXES LLC  | 5 3 5 7 5   |
| ERO firm name  | Enter five digits, but  |
| signature on the income tax return (original or amended) I am now authorizing.   | don't enter all zeros   |
| I will enter my PIN as my signature on the income tax return (original or amended) I are if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN m below.  |   |
| Your signature ▶ Date ▶  | <b>-</b>  |
| Spouse's PIN: check one box only   | <u></u> _   |
| • —  | ato my PIN  |
| I authorize to enter or genera   | ate my PIN as my  Enter five digits, but  |
| signature on the income tax return (original or amended) I am now authorizing.   | don't enter all zeros   |
| I will enter my PIN as my signature on the income tax return (original or amended) I are if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN m below.  |   |
| Spouse's signature ▶ Date ▶  | •   |
| Practitioner PIN Method Returns Only—continue bel  |   |
| Part III Certification and Authentication — Practitioner PIN Method Only   |   |
| EDOL EENVOIN E   |   |
| <b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5  | 8   7   2   7   8   6   1   9   8   9    Don't enter all zeros  |
| I certify that the above numeric entry is my PIN, which is my signature for the electronic individual incomauthorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am strequirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers  | ubmitting this return in accordance with the  |
| ERO's signature ▶ Date ▶   | <b>&gt;</b>   |
| FRO Must Retain This Form — See Instructions   |   |

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

# 1040 Department of the Treasury—Internal Revenue Service (99) U.S. Individual Income Tax Return

2021

OMB No. 1545-007

IBS Use Only—Do not write or staple in this space

| Filing Status<br>Check only<br>one box.          | If yo  | Single  Married filing jointly  3<br>u checked the MFS box, enter the r<br>on is a child but not your depender | name o   | ried filing separately<br>of your spouse. If yo<br>KIRAN VARDHAN REDDY | u check     | ked the HOH o     |             | , ,               | _                               | , ,  | , , , ,         |  |
|--|--------|--|----------|--|-------------|-------------------|-------------|-------------------|---------------------------------|--|-----------------|--|
| Your first name                                  | and mi | ddle initial   | Last r   | name   |             |                   |             |                   | Your so                         | cial secur   | rity number     |  |
| SANJANA  |        |  |          | DLAKONDA SUN   | ILKU        | MA                |             |                   | 717-75-3575                     |  |                 |  |
| If joint return, sp                              | ouse's | s first name and middle initial  | Last r   | name   |             |                   |             |                   | Spouse's social security number |  |                 |  |
|  |        |  |          |  |             |                   |             |                   | 123-                            | 29-017   | 75              |  |
| Home address                                     | numbe  | er and street). If you have a P.O. box, see  | instruc  | ctions.  |             |                   |             | Apt. no.          |                                 |  | tion Campaign   |  |
| 12050 RE   | •      |  |          |  |             |                   |             | 8203              | ł                               | here if you  |                 |  |
|  |        | ce. If you have a foreign address, also co   | omplete  | spaces below.  | Sta         | te                | ZIP         |                   | spouse                          | if filing joi  | intly, want \$3 |  |
| FRISCO   |        | 501 II y 501 II ar 5 11 15 15 15 15 15 15 15 15 15 15 15 1   |          | ' '  |             |                   |             | 033               |                                 | to go to this fund. Checking a box below will not change |                 |  |
| Foreign country                                  | name   |  |          | Foreign province/sta   |             |                   |             | ign postal code   | -1                              | x or refund  | 0               |  |
| r oreigir country                                | Harrio |  |          | Totalgit province/sta  | ito/ cour   | ry                | 1 010       | igii postai oodo  | , , , , , ,                     | You  | Spouse          |  |
|  | . 00   | 204 111 1 1  |          |  |             |                   |             |                   |                                 |  |                 |  |
| At any time dui                                  | ing 20 | 021, did you receive, sell, exchange   | , or otr | nerwise dispose of   | any tina    | anciai interest i | in any      | y virtuai curre   | ncy?                            | Yes  | ⊠ No            |  |
| Standard   |        | eone can claim:   You as a de  |          |  |             | a dependent       |             |                   |                                 |  |                 |  |
| Deduction  |        | Spouse itemizes on a separate return or you were a dual-status alien   |          |  |             |                   |             |                   |                                 |  |                 |  |
| Age/Blindness                                    | You:   | ☐ Were born before January 2, 1  | 957      | Are blind  | Spouse      | : Was bor         | rn be       | fore January 2    | 2, 1957                         | ☐ Is b   | olind           |  |
| Dependents                                       |        |  |          | (2) Social secu  | ırity       | (3) Relationsh    | nip         | <b>(4) ✓</b> if q | ualifies fo                     | r (see instr   | uctions):       |  |
| If more  | (1) Fi | First name Last name number to you   |          |  | to you      |                   | Child tax c | redit             | Credit for o                    | other dependents   |                 |  |
| than four  |        |  |          |  |             |                   |             |                   |                                 |  |                 |  |
| dependents,                                      |        |  |          |  |             |                   |             |                   |                                 |  |                 |  |
| see instructions and check                       | -      |  |          |  |             |                   |             |                   |                                 |  |                 |  |
| here ▶ □   |        |  |          |  |             |                   |             |                   |                                 |  |                 |  |
|  | 1      | Wages, salaries, tips, etc. Attach   | Form(s   | s) W-2   |             |                   |             |                   | . 1                             |  | 65,914.         |  |
| Attach   | 2a     | Tax-exempt interest  | 2a       | ĺ  | bТ          | axable interes    | t           |                   | 2b                              | ,  |                 |  |
| Sch. B if  | 3a     | Qualified dividends  | 3a       |  |             | Ordinary divide   |             |                   | 3b                              | ,  |                 |  |
| required.  | 4a     | IRA distributions  | 4a       | a oraman annaon  |             |                   |             | . 4b              |                                 |  |                 |  |
|  | 5a     | Pensions and annuities   | 5a       | <b>b</b> Taxable amount .  |             |                   |             |                   | . 5b                            |  |                 |  |
| Standard   | 6a     | Social security benefits   | 6a       |  | bТ          | axable amoun      | t.          |                   | . 6b                            | ,  |                 |  |
| Deduction for—                                   | 7      | Capital gain or (loss). Attach Schedule D if required. If not required, check here                             |          |  |             |                   |             | 7                 | _                               |  |                 |  |
| <ul> <li>Single or<br/>Married filing</li> </ul> | 8      | Other income from Schedule 1, line 10  |          |  |             |                   |             |                   | . 8                             | _  | 11,628.         |  |
| separately,                                      | 9      | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>                                    |          |  |             |                   |             |                   | ▶ 9                             | _  | 77,542.         |  |
| \$12,550  Married filing                         | 10     | Adjustments to income from Sche  | •        |  |             |                   |             |                   | . 10                            | _  |                 |  |
| jointly or                                       | 11     | Subtract line 10 from line 9. This i   |          | •  |             |                   | •           |                   | ▶ 11                            |  | 77,542.         |  |
| Qualifying L<br>widow(er),                       | 12a    | Standard deduction or itemized   |          |  |             | 12                | a           |                   |                                 |  | 777512.         |  |
| \$25,100<br>• Head of                            | b      | Charitable contributions if you take   |          | ,  | ,           |                   | _           | 30                |                                 |  |                 |  |
| household,                                       | C      |  |          |  | icc iristi  | detions) 121      |             |                   | . 120                           |  | 12,850.         |  |
| \$18,800<br>• If you checked                     | 13     | Qualified business income deduction  |          |  | <br>.rm 200 |                   | •           |                   | . 13                            |  | 12,000.         |  |
| any box under                                    | 14     |  |          |  |             |                   | •           |                   | . 14                            |  | 12,850.         |  |
| Standard<br>Deduction,                           | 15     |  |          |  |             |                   |             |                   |                                 |  | 64,692.         |  |
| see instructions.                                | 10     | Taxable income. Subtract line 14 from line 11. If zero or less, enter -0                                       |          |  |             |                   |             |                   | . 13                            |  | 07,032.         |  |

| Form 1040 (202                     | 1)   |   |   |                      |                    |                   |            |                                 |  | Page Z                    |  |
|------------------------------------|--|---|---|----------------------|--------------------|-------------------|------------|---------------------------------|--|---------------------------|--|
|                                    | 16   | Tax (see instructions). Check   | if any from Form  | (s): <b>1</b> 881    | 4 <b>2</b> 🗌 4972  | 3 🗌               |            |                                 | 16                                     | 9,977.                    |  |
|                                    | 17   | Amount from Schedule 2, lin   | ne 3  |                      |                    |                   |            |                                 | 17                                     |                           |  |
|                                    | 18   | Add lines 16 and 17   |   |                      |                    |                   |            |                                 | 18                                     | 9,977.                    |  |
|                                    | 19   | Nonrefundable child tax credit or credit for other dependents from Schedule 8812            |   |                      |                    |                   |            |                                 |  |                           |  |
|                                    | 20   | Amount from Schedule 3, lin   | ne 8  |                      |                    |                   |            |                                 | 20                                     |                           |  |
|                                    | 21   | Add lines 19 and 20   |   |                      |                    |                   |            |                                 | 21                                     |                           |  |
|                                    | 22   | Subtract line 21 from line 18   | . If zero or less,  | enter -0             |                    |                   |            |                                 | 22                                     | 9,977.                    |  |
|                                    | 23   | Other taxes, including self-e   | mployment tax,  | from Schedule        | e 2, line 21       |                   |            |                                 | 23                                     | 0.                        |  |
|                                    | 24   | Add lines 22 and 23. This is  | your <b>total tax</b>   |                      |                    |                   |            | . ▶                             | 24                                     | 9,977.                    |  |
|                                    | 25   | Federal income tax withheld   | from:   |                      |                    |                   |            |                                 |  |                           |  |
|                                    | а  | Form(s) W-2   |   |                      |                    | 25a               | 10         | <b>,</b> 581.                   |  |                           |  |
|                                    | b  | Form(s) 1099  |   |                      |                    | 25b<br>25c        |            |                                 |  |                           |  |
|                                    | С  | Other forms (see instructions   |   |                      |                    |                   |            |                                 |  |                           |  |
|                                    | d  | Add lines 25a through 25c   |   |                      |                    |                   |            |                                 | 25d                                    | 10,581.                   |  |
| If you have a                      | 26   | 2021 estimated tax payment  |   |                      |                    | 1 1               |            |                                 | 26                                     |                           |  |
| qualifying child, attach Sch. EIC. | 27a  | Earned income credit (EIC)  |   |                      |                    | 27a               |            |                                 | _                                      |                           |  |
| attaon oon. Lio.                   |  | Check here if you were It January 2, 2004, and you  |   |                      |                    |                   |            |                                 |  |                           |  |
|                                    |  | taxpayers who are at least a  |   |                      |                    |                   |            |                                 |  |                           |  |
|                                    | b  | Nontaxable combat pay elec  | -   | 1 1                  |                    |                   |            |                                 |  |                           |  |
|                                    | С  | Prior year (2019) earned inco   |   |                      |                    |                   |            |                                 |  |                           |  |
|                                    | 28   | Refundable child tax credit or  |   |                      | Schedule 8812      | 28                |            |                                 |  |                           |  |
|                                    | 29   | American opportunity credit from Form 8863, line 8  |   |                      |                    |                   |            |                                 |  |                           |  |
|                                    | 30   | Recovery rebate credit. See instructions  |   |                      |                    |                   |            | 686.                            |  |                           |  |
|                                    | 31   | Amount from Schedule 3, line 15   |   |                      |                    |                   |            |                                 |  |                           |  |
|                                    | 32   | Add lines 27a and 28 through 31. These are your total other payments and refundable credits |   |                      |                    |                   |            |                                 |  | 686.                      |  |
|                                    | 33   | Add lines 25d, 26, and 32. These are your <b>total payments</b>                             |   |                      |                    |                   |            |                                 | 33                                     | 11,267.                   |  |
| Refund                             | 34   | If line 33 is more than line 24   | 1, subtract line 2  | 4 from line 33.      | This is the amour  | nt you <b>o</b> v | verpaid    |                                 | 34                                     | 1,290.                    |  |
| Tiolalia                           | 35a  |   | Amount of line 34 you want <b>refunded to you.</b> If Form 8888 is attached, check here ▶ □ |                      |                    |                   |            |                                 | 35a                                    | 1,290.                    |  |
| Direct deposit?                    | ▶b   | Routing number 1 1 1  |   |                      | ► c Type: 🛛        | Checkir           | ng 🗌 S     | Savings                         |  |                           |  |
| See instructions.                  | ►d   | Account number 6 2 5 7 8 8 1 5 9 6  |   |                      |                    |                   |            |                                 |  |                           |  |
|                                    | 36   | Amount of line 34 you want a  | unt of line 34 you want applied to your 2022 estimated tax <b>&gt;</b> 36                   |                      |                    |                   |            |                                 |  |                           |  |
| Amount                             | 37   | Amount you owe. Subtract  | line 33 from line   | 24. For details      | s on how to pay, s | ee instru         | uctions    | . ▶                             | 37                                     |                           |  |
| You Owe                            | 38   | Estimated tax penalty (see in   | nstructions) .  |                      |                    | 38                |            |                                 |  |                           |  |
| <b>Third Party</b>                 |  | you want to allow another   | person to disc  | cuss this retur      | n with the IRS?    | See               | ٦٧ ٥       |                                 |  |                           |  |
| Designee                           |  | instructions  |   |                      |                    |                   |            |                                 |  | X No                      |  |
|                                    |  | Designee's Phone Personal ide number (PIN   |   |                      |                    |                   |            |                                 |  |                           |  |
| Sign                               | Un   | der penalties of perjury, I declare t   | hat I have examine  | ed this return and   | I accompanying sch | edules an         | d statemer | its, and t                      | o the bes                              | at of my knowledge and    |  |
| _                                  |  | ef, they are true, correct, and com   |   |                      |                    |                   |            |                                 |  |                           |  |
| Here                               | Yo   | Your signature  |   | Date Your occupation |                    |                   |            | If the IRS sent you an Identity |  |                           |  |
|                                    | <b>\</b>   |   |   |                      |                    |                   |            |                                 | rotection PIN, enter it here ee inst.) |                           |  |
| Joint return? See instructions.    | - Sn   | augo's signature. If a joint return.  | Date  | SOFTWARE E           |                    | SER               |            | ,                               | nt your spouse an                      |                           |  |
| Keep a copy for                    | Sp   | Spouse's signature. If a joint return, <b>both</b> must sign.                               |   |                      | Spouse's occupan   | OH                |            |                                 |  | ection PIN, enter it here |  |
| your records.                      |  |   |   |                      |                    |                   |            | (see                            | inst.) 🕨                               |                           |  |
|                                    | Ph   | one no. (682) 802-351   | 1   | Email address        | SANJANA.HS         | 40@GM             | AIL.CO     | М                               |  |                           |  |
| Paid                               | Pre  | parer's name  | Preparer's signat   | ure                  |                    | Date              |            | PTIN                            |  | Check if:                 |  |
| Preparer                           | SYAM   | PRIYA RAM SAGAR GUPTA TALLAM  | SYAM PRIYA  | RAM SAGAR            | GUPTA TALLAM       | 02/26             | 5/2022     | P0208                           | 2703                                   | Self-employed             |  |
| Use Only                           | Fir  | m's name ▶ GLOBAL TA  | XES LLC   |                      |                    |                   |            | Pho                             | Phone no. (678) 965-9522               |                           |  |
| ————                               | Firm's address ► 2530 Pebble Creek Ln Cumming GA 30041 |   |   |                      |                    |                   |            | Firn                            | Firm's EIN ► 30-1017196                |                           |  |
|                                    |  |   |   |                      |                    |                   |            |                                 |  |                           |  |

#### SCHEDULE 1 (Form 1040)

**Additional Income and Adjustments to Income** 

OMB No. 1545-0074

2021

Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

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

SANJANA VADLAKONDA SUNILKUMA

► Attach to Form 1040, 1040-SR, or 1040-NR. ► Go to www.irs.gov/Form1040 for instructions and the latest information.

Your social security number 717-75-3575

| Par | t I Additional Income  |      |         |    |         |
|-----|--|------|---------|----|---------|
| 1   | Taxable refunds, credits, or offsets of state and local income taxes           | 3    |         | 1  |         |
| 2a  | Alimony received   |      |         | 2a |         |
| b   | Date of original divorce or separation agreement (see instructions)            | •    |         |    |         |
| 3   | Business income or (loss). Attach Schedule C                                   |      |         | 3  |         |
| 4   | Other gains or (losses). Attach Form 4797                                      |      |         | 4  |         |
| 5   | Rental real estate, royalties, partnerships, S corporations, tru<br>Schedule E |      |         | 5  | -7,140. |
| 6   | Farm income or (loss). Attach Schedule F                                       |      |         | 6  |         |
| 7   | Unemployment compensation  |      |         | 7  |         |
| 8   | Other income:  |      |         |    |         |
| а   | Net operating loss   | 8a ( |         | )  |         |
| b   | Gambling income  | 8b   |         |    |         |
| С   | Cancellation of debt   | 8c   |         |    |         |
| d   | Foreign earned income exclusion from Form 2555                                 | 8d ( |         | )  |         |
| е   | Taxable Health Savings Account distribution                                    | 8e   |         |    |         |
| f   | Alaska Permanent Fund dividends  | 8f   |         |    |         |
| g   | Jury duty pay  | 8g   |         |    |         |
| h   | Prizes and awards  | 8h   |         |    |         |
| i   | Activity not engaged in for profit income                                      | 8i   |         |    |         |
| j   | Stock options  | 8j   |         |    |         |
| k   | Income from the rental of personal property if you engaged in                  |      |         |    |         |
|     | the rental for profit but were not in the business of renting such property    | 8k   |         |    |         |
| ī   | Olympic and Paralympic medals and USOC prize money (see                        |      |         |    |         |
|     | instructions)  | 81   |         |    |         |
| m   | Section 951(a) inclusion (see instructions)                                    | 8m   |         |    |         |
| n   | Section 951A(a) inclusion (see instructions)                                   | 8n   |         |    |         |
| 0   | Section 461(I) excess business loss adjustment                                 | 80   |         |    |         |
| р   | Taxable distributions from an ABLE account (see instructions) .                | 8p   |         |    |         |
| Z   | Other income. List type and amount ▶   |      |         |    |         |
| _   | Nonemployee compensation from 1099-NEC 18,768.                                 | 8z   | 18,768. |    |         |
| 9   | Total other income. Add lines 8a through 8z                                    |      |         | 9  | 18,768. |
| 10  | Combine lines 1 through 7 and 9. Enter here and on Form 10 1040-NR, line 8     |      |         | 10 | 11,628. |

Schedule 1 (Form 1040) 2021 Page **2** 

| 2  |  |     |  |  |  |  |  |
|----|--|-----|--|--|--|--|--|
|    | Certain business expenses of reservists, performing artists, and fee-basis governmen officials. Attach Form 2106   |     |  |  |  |  |  |
| }  | Health savings account deduction. Attach Form 8889   | 13  |  |  |  |  |  |
|    | Moving expenses for members of the Armed Forces. Attach Form 3903  |     |  |  |  |  |  |
| 5  | Deductible part of self-employment tax. Attach Schedule SE   | 15  |  |  |  |  |  |
| 6  | Self-employed SEP, SIMPLE, and qualified plans   | 16  |  |  |  |  |  |
| 7  | Self-employed health insurance deduction   | 17  |  |  |  |  |  |
| 3  | Penalty on early withdrawal of savings   | 18  |  |  |  |  |  |
| )a | Alimony paid   | 19a |  |  |  |  |  |
| b  | Recipient's SSN  |     |  |  |  |  |  |
| С  | Date of original divorce or separation agreement (see instructions) ▶  |     |  |  |  |  |  |
| )  | IRA deduction  | 20  |  |  |  |  |  |
|    | Student loan interest deduction  | 21  |  |  |  |  |  |
| 2  | Reserved for future use  | 22  |  |  |  |  |  |
| 3  | Archer MSA deduction   | 23  |  |  |  |  |  |
|    | Other adjustments:   |     |  |  |  |  |  |
| а  | Jury duty pay (see instructions)   |     |  |  |  |  |  |
| b  | Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit                                       |     |  |  |  |  |  |
| С  | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l 24c   |     |  |  |  |  |  |
| d  | Reforestation amortization and expenses  |     |  |  |  |  |  |
| е  | Repayment of supplemental unemployment benefits under the Trade Act of 1974  |     |  |  |  |  |  |
| f  | Contributions to section 501(c)(18)(D) pension plans 24f   |     |  |  |  |  |  |
| g  | Contributions by certain chaplains to section 403(b) plans 24g   |     |  |  |  |  |  |
| h  | Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)  |     |  |  |  |  |  |
| 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 |     |  |  |  |  |  |
| i  | Housing deduction from Form 2555   |     |  |  |  |  |  |
| k  | Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)  |     |  |  |  |  |  |
| Z  | Other adjustments. List type and amount ▶  |     |  |  |  |  |  |
|    | Total other adjustments. Add lines 24a through 24z   | 25  |  |  |  |  |  |

## SCHEDULE E (Form 1040)

**Supplemental Income and Loss** 

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

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

OMB No. 1545-0074

2021

Attachment

Department of the Treasury Internal Revenue Service (99)

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

Attachment Sequence No. 13

| Name(s)        | shown on return                     |   |                               |                        |          |                  | Your social | security | number     |
|----------------|-------------------------------------|---|-------------------------------|------------------------|----------|------------------|-------------|----------|------------|
| SANJ           | ANA VADLAKONDA                      |   |                               |                        |          |                  | 717-75      |          |            |
| Part           |                                     | s From Rental Real Estate and Roy<br>instructions. If you are an individual, repo | -                             |                        |          |                  | • .         |          |            |
| A Dic          |                                     | nts in 2021 that would require you to   |                               |                        |          |                  |             |          |            |
|                |                                     |   | ` '                           | ,                      |          |                  |             |          |            |
|                | Dhysical address of                 | ou file required Form(s) 1099? each property (street, city, state, ZIF            | · · · ·                       |                        |          |                  |             |          | 62   NO    |
| <u>1a</u><br>A | <del>  '</del>                      |   |                               | 7 TNT E                | 00000    |                  |             |          |            |
| B              | RAJESHWARI KES                      | SIDENCY KAWADIGUDA , HYD T  | LELANGAN.                     | A IN 3                 | 00080    |                  |             |          |            |
| C              |                                     |   |                               |                        |          |                  |             |          |            |
| <br>1b         | Type of Property                    | 2 For each rental real estate pror  | Patad                         |                        | Fair     | Rental           | Personal I  | lea      |            |
| ID             | (from list below)                   | 2 For each rental real estate prograbove, report the number of fall               | perty listed<br>ir rental and |                        |          | Days             | Days        |          | QJV        |
| Α              | 3                                   | personal use days. Check the  | <b>QJV</b> box on             | lv                     | -        |                  | -           | 0        |            |
| B              | 3                                   | If you meet the requirements to<br>qualified joint venture. See inst              | ructions.                     | ile as a A 360 ctions. |          |                  | (           | J        |            |
| C              |                                     | quamica jemi vemace eee me  |                               | C                      |          |                  |             |          |            |
|                | │<br>of Property:                   |   |                               | U                      |          |                  |             |          |            |
|                | le Family Residence                 | 3 Vacation/Short-Term Rental  | Eland                         |                        | 7 Self-  | Dontal           |             |          |            |
| _              | i-Family Residence                  |   |                               |                        |          |                  |             |          |            |
| Incom          |                                     | Properties:   | 6 Royalties                   | <u>.</u><br>А          | 8 Otne   | r (describe<br>E |             |          | С          |
| 3              |                                     | •   | 3                             |                        | 630.     |                  | •           |          |            |
| <del>3</del>   |                                     |   | 4                             |                        | 030.     |                  |             |          |            |
|                |                                     |   | 4                             |                        |          |                  |             |          |            |
| Expen<br>5     |                                     |   | 5                             |                        | 90.      |                  |             |          |            |
|                |                                     |   | 6                             |                        | 160.     |                  |             |          |            |
| 6<br>7         | ·                                   | nstructions)  | 7                             |                        | 600.     |                  |             |          |            |
|                | _                                   | nance   | 8                             |                        | 000.     |                  |             |          |            |
| 8<br>9         |                                     |   | 9                             |                        |          |                  |             |          |            |
| -              |                                     |   |                               |                        |          |                  |             |          |            |
| 10             | •                                   | essional fees   | 10                            |                        | 000      |                  |             |          |            |
| 11             | •                                   |   | 12                            |                        | 900.     |                  |             |          |            |
| 12<br>13       |                                     | d to banks, etc. (see instructions)   |                               |                        |          |                  |             |          |            |
| 14             |                                     |   | 13                            | 2                      | 860.     |                  |             |          |            |
| 15             | •                                   |   | 15                            |                        | 760.     |                  |             |          |            |
| 16             |                                     |   | 16                            |                        | 700.     |                  |             |          |            |
| 17             |                                     |   | 17                            | 1                      | 100      |                  |             |          |            |
|                |                                     |   | 18                            | Ι,                     | 400.     |                  |             |          |            |
| 18<br>19       | Depreciation expense Other (list) ▶ | e or depletion  | 19                            |                        |          |                  |             |          |            |
| 20             | ` ′                                 | lines 5 through 19  | 20                            | 7                      | 770.     |                  |             |          |            |
|                | •                                   | · ·   | 20                            |                        | 770.     |                  |             |          |            |
| 21             |                                     | line 3 (rents) and/or 4 (royalties). If   |                               |                        |          |                  |             |          |            |
|                |                                     | instructions to find out if you must  | 21                            | -7 -                   | 140.     |                  |             |          |            |
| 22             |                                     | l estate loss after limitation, if any,   |                               | · <b>,</b>             |          |                  |             |          |            |
| ~~             |                                     | structions)   | 22 (                          | 7 . 1                  | 40.)     | (                |             |          | ١          |
| 23a            | ·                                   | eported on line 3 for all rental prope  | ,                             |                        | 23a      | \                | 630.        |          |            |
| b              |                                     | eported on line 4 for all royalty prop  |                               |                        | 23b      |                  |             |          |            |
| C              |                                     |   |                               |                        | 23c      |                  |             |          |            |
| d              |                                     | eported on line 18 for all properties   |                               |                        | 23d      |                  |             |          |            |
| e              |                                     |   |                               |                        | 23e      |                  | 7,770.      |          |            |
| 24             |                                     | e amounts shown on line 21. <b>Do no</b>  |                               |                        |          |                  | . 24        |          |            |
| 25             | ·                                   | sses from line 21 and rental real estate  |                               | -                      | nter tot | al losses her    |             |          | 7,140.     |
| 26             |                                     | ate and royalty income or (loss).   |                               |                        |          |                  |             |          | ., = = = , |
| 20             |                                     | V, and line 40 on page 2 do not a   |                               |                        |          |                  |             |          |            |
|                |                                     | 40), line 5. Otherwise, include this ar   |                               |                        |          |                  |             |          | -7,140.    |