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

IRS Use Only—Do not write or staple in this space.

Filing Status Check only				ed filing separately		_		•	. –	_			
one box.	•	u checked the MFS box, enter the r on is a child but not your depender		your spouse. If you	chec	ked the HOH o	r Qvv	box, ente	er the	child's	name if th	ne qualifying	
Your first name	Your first name and middle initial Last name										Your social security number		
SHIRISHKUMAR NELLORE 2									268-83-4242				
									Spouse's social security number				
SHANMUKI	HA H	ARSHINI	TIR	JNAGARI						APPLIED FOR			
Home address	(numbe	r and street). If you have a P.O. box, see	e instruct	ions.				Apt. no.	F	Preside	ntial Electi	on Campaign	
										Check here if you, or your			
City, town, or p	ost offic	ce. If you have a foreign address, also co	omplete s	spaces below.	Sta	ate	ZIP	code		spouse if filing jointly, want \$3			
COLUMBIA	A				S	C	29	209		to go to this fund. Checking a box below will not change			
Foreign country	/ name			Foreign province/state	e/coun	ty	Fore	ign postal c	ode )	your tax or refund.			
A1		104 distance and a self-control	11.								You	Spouse	
At any time du		021, did you receive, sell, exchange			-		in any	y virtual c	urrenc	cy?	Yes	⊠ No	
Standard		eone can claim:	•										
Deduction		Spouse itemizes on a separate retu	rn or yo	u were a dual-statu	s alier	1							
Age/Blindness	You:	☐ Were born before January 2,	1957 [	Are blind S	ouse	: Was bor	rn be	fore Janua	ary 2,	1957	☐ Is b	lind	
Dependents	s (see	instructions):		(2) Social securi	ty	(3) Relationsh	nip	(4) 🗸	f qua	alifies fo	r (see instru	ıctions):	
If more	<b>(1)</b> Fi	rst name Last name		number to you				Child tax credit Credit for other depend			her dependents		
than four													
dependents, see instruction:	s ——												
and check													
here ▶ ∐													
A 1	_1_	Wages, salaries, tips, etc. Attach	Form(s)	W-2						1		26,292.	
Attach Sch. B if	2a	Tax-exempt interest	2a		b T	axable interest	t			2b			
required.	3a	Qualified dividends	3a		<b>b</b> (	Ordinary divide	nds			3b			
	4a	IRA distributions	4a		b T	axable amoun	t.			4b			
	5a	Pensions and annuities	5a		b T	axable amoun	t.			5b			
Standard	6a	Social security benefits	6a		b T	axable amoun	t.			6b			
Deduction for— Single or	7	Capital gain or (loss). Attach Sche	edule D i	f required. If not red	quired	l, check here			▶ □	7		125.	
Married filing	8	Other income from Schedule 1, lin	ne 10							8			
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>								9		26,417.	
Married filing	10	Adjustments to income from Sche	edule 1,	line 26						10			
jointly or Qualifying	11_	Subtract line 10 from line 9. This i	s your <b>a</b>	djusted gross inco	ome		,		. ▶	11		26,417.	
widow(er), \$25,100	12a	Standard deduction or itemized	deduct	tions (from Schedu	e A)	12	а	25,	100				
Head of	b	Charitable contributions if you take	the sta	ndard deduction (se	e insti	ructions) 12	b						
household, \$18,800	С	Add lines 12a and 12b								120	;	25,100.	
If you checked	13	Qualified business income deduc-	tion fron	n Form 8995 or For	m 899	95-A				13			
any box under Standard	14	Add lines 12c and 13								14		25,100.	
Deduction, see instructions.	15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0								15		1,317.	

	16	Tax (see instructions). Check if any from Form	(s): <b>1</b> 8814	4 <b>2</b> 🗌 4972	3 🗌			16	131.
	17	Amount from Schedule 2, line 3						17	
	18	Add lines 16 and 17						18	131.
	19	Nonrefundable child tax credit or credit for o	ther depender	nts 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	131.
	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	131.
	25	Federal income tax withheld from:							
	а	Form(s) W-2			25a	1,	674.		
	b	Form(s) 1099			25b				
	С	Other forms (see instructions)			25c				
	d	Add lines 25a through 25c						25d	1,674.
16	26	2021 estimated tax payments and amount a	oplied from 20	20 return				26	
If you have a lqualifying child,	27a	Earned income credit (EIC)			27a				
attach Sch. EIC.		Check here if you were born after Janua	ary 1, 1998,	and before					
		January 2, 2004, and you satisfy all the							
		taxpayers who are at least age 18, to claim t	1 1	structions					
	b	Nontaxable combat pay election							
	С	Prior year (2019) earned income		0 1 1 1 00 10	-				
	28	Refundable child tax credit or additional child t			28				
	29	American opportunity credit from Form 8863	•		29	1	400		
	30	Recovery rebate credit. See instructions .			30	⊥,	400.		
	31	Amount from Schedule 3, line 15			31	al a la la constalla		-	1 400
	32	Add lines 27a and 28 through 31. These are						32	1,400.
	33	Add lines 25d, 26, and 32. These are your to					. •	33	3,074.
Refund	34	If line 33 is more than line 24, subtract line 24	34	2,943.					
Direct deposit?	35a	Amount of line 34 you want <b>refunded to you</b> Routing number 0 4 3 0 0 0 0	35a	2,943.					
See instructions.	►b ►d	Account number 1 0 5 0 1 8 8							
	36								
Amount	37	Amount of line 34 you want applied to your 2 Amount you owe. Subtract line 33 from line			36	tructions	. ▶	37	
You Owe	38	Estimated tax penalty (see instructions) .			38			31	
		you want to allow another person to disc							
Third Party Designee		tructions				Yes. Cor	nplete b	elow.	× No
Boolgiloo	Des	Designee's Phone Personal identific							
	nar	me ►	no. 🕨			numbe	r (PIN) 🕨		
Sign		der penalties of perjury, I declare that I have examine							
Here			of preparer (other than taxpayer) is based on all information of						, ,
	You	ur signature	Date Your occupation						nt you an Identity N, enter it here
Joint return?				LEAD ENGINE	ER-CI	VIL&STRUC		nst.) ▶	I I I I I I I I
See instructions.	Spe	ouse's signature. If a joint return, <b>both</b> must sign.						IRS ser	nt your spouse an
Keep a copy for your records.	,			HOME MAKEI			1	, ,	ection PIN, enter it here
your records.			nst.) ►						
		one no. (839)201-5154	Email address	SHIRISHKUM				-	01 1 1
Paid		parer's name Preparer's signat			Date		PTIN		Check if:
Preparer		SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 04/02/2022 P02082							Self-employed
Use Only		m's name ► GLOBAL TAXES LLC		678)965-9522					
		m's address ▶ 2530 Pebble Creek L	n Cumming	g GA 30041			Firm'	s EIN 🕨	
Go to www.irs.go	ov/Forn	n1040 for instructions and the latest information.		BAA	REV 0	3/26/22 PRO			Form <b>1040</b> (2021)

Form 1040 (2021)

Page **2** 

### SCHEDULE D (Form 1040)

## **Capital Gains and Losses**

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

OMB No. 1545-0074

▶ Go to www.irs.gov/ScheduleD for instructions and the latest information. Attachment Sequence No. 12 ▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Your social security number

268-83-4242 S NELLORE & S TIRUNAGARI Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) Part I See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to Form(s) 8949, Part I, combine the result (sales price) (or other basis) whole dollars. with column (g) line 2. column (a) 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 . . . . . . . . . . . . . . . . . . 6. 48. 1,407. 1,365. Totals for all transactions reported on Form(s) 8949 with Box B checked . . . . . . . . . . . . . . 3 Totals for all transactions reported on Form(s) 8949 with 77. 1,198. 1,121. Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . . . . . 7 125. 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 (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to Form(s) 8949, Part II, (sales price) (or other basis) combine the result whole dollars. line 2. column (a) with column (a) 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 Totals for all transactions reported on Form(s) 8949 with Box E checked . . . . . . . . . . . . . . . . . . 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III 15

BAA

Schedule D (Form 1040) 2021 Page 2

## Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 125. • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . . . . . . . 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

## 8949 Form

## **Sales and Other Dispositions of Capital Assets**

2021

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service Name(s) shown on return ► Go to www.irs.gov/Form8949 for instructions and the latest information.

Attachment Sequence No. 12A

► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

S NELLORE & S TIRUNAGARI

Social security number or taxpayer identification number

268-83-4242

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

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

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

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

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

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

(C) Short-term trans	sactions	not reported	I to you on F	orm 1099-B				
1 (a) Description of prop	ertv	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the <b>Note</b> below	Adjustment, it If you enter an enter a co See the sep	(h) Gain or (loss). Subtract column (e)	
(Example: 100 sh. XY	Z Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g)
ROBINHOOD SECURITIE	S LLC	01/26/21	04/29/21	1,407.	1,365.	W	6.	48.
2 Totals. Add the amounts in negative amounts). Enter Schedule D, line 1b (if Box above is checked) or line.	each total	I here and inclis checked), <b>lin</b>	lude on your ne 2 (if Box B	1 407	1 365		6	48

**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.

## **Sales and Other Dispositions of Capital Assets**

▶ Go to www.irs.gov/Form8949 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Attachment

OMB No. 1545-0074

		90.0
Name(s) shown on return	Social security number or taxpayer identification	ation number
S NELLORE & S TIRUNAGARI	268-83-4242	
Before you check Box A. B. or C below, see whether you received any Form(s) 1099-B o	or substitute statement(s) from vour broker	r. A substitute

statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I instructions). For long-term transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. (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 X (C) Short-term transactions not reported to you on Form 1099-B

(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 <b>Note</b> below and see <i>Column</i> (e) in the separate instructions	See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
COIN BASE	11/04/21	11/19/21	1,198.	1,121.			77.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box 6	al here and inc is checked), <b>lir</b>	lude on your ne 2 (if Box B	1,198.	1,121.			77.

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.



# Application for IRS Individual Taxpayer Identification Number

An IRS individual taxpayer identification number (ITIN) is for U.S. federal tax purposes only.

OMB No. 1545-0074

Application type (check one box):

Before you begin • Don't submit th	ı: iis form if you have, or are eligib	ole to get, a U.S.	social sec	urity number (S	SN).		ply for a new ITIN new an existing ITIN		
	ubmitting Form W-7. Read the ederal tax return with Form W								
a Nonresident	alien required to get an ITIN to cla	im tax treaty bene	efit						
<b>b</b> Nonresident	alien filing a U.S. federal tax return	1							
	t alien (based on days present in		_						
d Dependent of	of U.S. citizen/resident alien	d, enter relationsh	ip to U.S. cit	izen/resident alier	n (see instr	ructions) 🕨			
e 🛛 Spouse of U	•	d or <b>e,</b> enter name HIRISHKUMAI		) T7	resident a		structions) ►		
f Nonresident	alien student, professor, or research								
	spouse of a nonresident alien holdi	_		· ·					
h Other (see in	nstructions) ▶								
Additional information	on for <b>a</b> and <b>f</b> : Enter treaty country <b>l</b>			and treaty ar	ticle numb	er ►			
Name	1a First name		lle name		Last na				
(see instructions)	SHANMUKHA HARSHIN					UNAGARI	<u> </u>		
Name at birth if different ►	1b First name	Midd	lle name		Last na	ame			
Applicant's Mailing	2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. 400 GREENLAWN DRIVE Apt E6								
Address	City or town, state or province, and country. Include ZIP code or postal code where appropriate.  COLUMBIA 29209								
Foreign (non-	3 Street address, apartment number, or rural route number. <b>Don't use a P.O. box number.</b>								
U.S.) Address (see instructions)	City or town, state or province, and country. Include postal code where appropriate.								
Birth Information	4 Date of birth (month / day / year) 08/09/1992	Country of birth INDIA		City and state or	province	(optional)	5 ☐ Male		
	6a Country(ies) of citizenship		D number (if	any) 6c Type	of IIS vis	a (if any) n			
Other Information	6a Country(ies) of citizenship INDIA  6b Foreign tax I.D. number (if any) 6c Type of U.S. visa (if any), number, and expiration date								
	6d Identification document(s) submitted (see instructions)   Passport   Driver's license/State I.D.								
	USCIS documentation Other Date of entry into								
						the United			
	Issued by: INDIA No.: R9344501 Exp. date: 03/07/2028 (MM/DD/YYYY):								
	6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)?								
	No/Don't know. Skip line 6f.  Yes. Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions).								
	6f Enter ITIN and/or IRSN ▶ 17	RSN	ee instructions).						
		ied >		"	1014	anc			
	name under which it was issued ▶ First name Middle name Last name								
	6g Name of college/university or company (see instructions) ▶								
	City and state ► Length of stay ►								
Sign Here	Under penalties of perjury, I (applic documentation and statements, and information with my acceptance agent	to the best of my	knowledge a	nd belief, it is true	correct, a	nd complete	e. I authorize the IRS to share		
Keep a copy for your records.	Signature of applicant (if dele	tions)	Date (month / day	/ year)	Phone number				
	Name of delegate, if applicate	Delegate's relation to applicant		☐ Parent ☐ Court-appointed guardian☐ Power of attorney					
Acceptance	Signature			Date (month / day	/ year)	Phone			
Agent's	Name 1891 6		NI- 1			Fax	T		
Use ONLY	Name and title (type or print)		Name of co	ompany	EIN		PTIN		
	<b>"</b>		Office co	ode					