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.

Submission Identification Number (SID)

T.....

Тахрау	ver's name	Social secu	rity number
RIS	SHABH POKARNA	146-3	3-4261
Spouse	o's name	Spouse's s	ocial security number
Par	t I Tax Return Information – Tax Year Ending December 31, 2021 (E	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 98,797.
2	Total tax		2 14,648.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 18,792.
4	Amount you want refunded to you		4 4,144.
5	Amount you owe		5
Par	Taxpayer Declaration and Signature Authorization (Be sure you get a	nd keep a co	py of your return)

Under penalties of periury. 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

				EBO firm name	,	Er
X	l authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	5
			-			1 2

3	4	2	6	1	
Ent don	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

to	enter	or	generate	my	PIN

Enter five digits, but don't enter all zeros

as mv

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

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

Spouse's signature 🕨	Date 🕨						
Practitioner PIN Method Returns Only—continue below							
Part III Certification and Authentication – Practi	ioner PIN Method Only						
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your f	ve-digit self-selected PIN. 5 8 7 2 7 8 6 1 9 8 9						

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 >	s signature Date Date					
	D Must Retain This Form — Se it This Form to the IRS Unless					
For Demonstrate Deduction Act Nation accord	. to	DEV 00/07/00 DDO	Farm 8870 (Day, 01 0001)			

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

E 1040		artment of the Treasury-Internal Revenue Serv 5. Individual Income Tax		(99) urn	202	21	OMB No. 1545	-0074	IRS Us	se Only	—Do not v	vrite or staple	in this space.
Filing Status Check only one box.	lf yo	Single Married filing jointly u checked the MFS box, enter the r son is a child but not your dependen	name of	-			Head of Head of ked the HOH c						
Your first name	•		Last na	ame							Your so	cial securi	ty number
RISHABH			POKA	ARNA								33-426	•
lf joint return, s	spouse's	first name and middle initial	Last na	ame							Spouse	's social se	curity number
Home address 8181 FA		er and street). If you have a P.O. box, see STREET	e instruct	ions.					Apt. no. L 4 2 4			ential Electi here if you,	on Campaign
City, town, or p	oost offi	ce. If you have a foreign address, also co	omplete s	spaces be	ow.	Sta	te	ZIP co	ode				ntly, want \$3
HOUSTON						Т	x	770	54			o this fund. Iow will not	Checking a
Foreign countr	y name			Foreign p	rovince/state	e/coun	ty	Foreig	n postal	code		x or refund	•
Ū												You	Spouse
At any time du	uring 20	021, did you receive, sell, exchange	, or othe	erwise di	spose of a	ny fina	ancial interest	in any	virtual	curre	ncy?	Ves	X No
Standard Deduction		eone can claim: You as a de Spouse itemizes on a separate retur	n or you				a dependent						
Age/Blindnes	s You:	Were born before January 2, 1	957	Are bl	ind S p	ouse	: 🗌 Was bo	rn befo	ore Jan	uary 2	2, 1957	ls b	lind
Dependents		instructions): irst name Last name		(2) 5	Social securi number	ty	(3) Relationsh to you	nip		if quitax ci		or (see instru Credit for ot	uctions): ther dependents
than four													
dependents,										$\overline{\Box}$			\square
see instruction and check	s —									$\overline{\Box}$			<u> </u>
here										$\overline{\Box}$			\square
	1	Wages, salaries, tips, etc. Attach I	Form(s)	W-2 .							. 1	1	07,245.
Attach	2a		2a 🗍			bТ	axable interes	t.			2k		
Sch. B if	3a	· · –	3a		152.		Ordinary divide				31)	152.
required.	4a	IRA distributions	4a				axable amoun				. 4k)	
	5a	Pensions and annuities	5a			bТ	axable amoun	t			. 5t)	
Standard	6a	Social security benefits	6a			bТ	axable amoun	t			. 6k)	
Deduction for –	7	Capital gain or (loss). Attach Sche	dule D i	f require	d. If not red	uired	, check here				7		40.
 Single or Married filing 	8	Other income from Schedule 1, lin									. 8		-8,640.
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. ⁻	This is yo	ur total in	come					▶ 9		98,797.
Married filing	10	Adjustments to income from Sche	dule 1,	line 26							. 10)	
jointly or Qualifying	11	Subtract line 10 from line 9. This is	s your a	djusted	gross inco	me					▶ 11		98,797.
widow(er), \$25,100	12a	Standard deduction or itemized					12			,55	o. 🗌		
• Head of	b	Charitable contributions if you take	the sta	ndard de	duction (se	e instr	ructions) 12	b		30	0.		
household, \$18,800	с	Add lines 12a and 12b									. 12	c	12,850.
 If you checked 	13	Qualified business income deduct	ion fron	n Form 8	995 or Fori	n 899	95-A				. 13		
any box under Standard	14	Add lines 12c and 13									. 14	L .	12,850.
Deduction, see instructions.	15	Taxable income. Subtract line 14	from lir	ne 11. lf z	ero or less	, ente	er-0				. 15	5	85,947.
)												

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

Form **1040** (2021)

Use Only		n's address ► 2530 Pebb	le Creek L	n Cummin	g GA 30041		Firm	's EIN 🕨	
•									0/0/200 2011
	Eiro	n's name 🕨 GLOBAL TAX	XES LLC				Phor	ne no. (678)965-9522
Preparer -	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAN	4 03/14/2022	P0208		Self-employed
Paid		parer's name	Preparer's signat			Date	PTIN		Check if:
		ne no. (713)545-1114		Email address	S.RISHABHPO	KARNA@GMAIL.CO			
See instructions. Keep a copy for your records.		buse's signature. If a joint return, k		Date	Spouse's occupa		lden (see		nt your spouse an ection PIN, enter it here
Joint return? See instructions.	0-			Data	SECURITY			inst.)►	
Here		ir signature		Date	Your occupation		If the	IRS ser	nt you an Identity IN, enter it here
Sign		ler penalties of perjury, I declare t ef, they are true, correct, and com		ed this return and					
		ignee's ne ►		Phone no. ►			onal identi ber (PIN) 🖡		
Third Party Designee		you want to allow another tructions	•		n with the IRS ⁴	. —	omplete k	below.	X No
	38	Estimated tax penalty (see in				38			
	37	Amount you owe. Subtract					. 🕨	37	
-	36	Amount of line 34 you want a				36			<u> </u>
See instructions.	►d	Account number 3 1 5							
	►b	Routing number 1 1 1		<u> </u>	► c Type: 🚺	Checking	Savings		
	35a	Amount of line 34 you want			is attached, che	eck here		35a	4,144.
Refund ³	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amou	unt you overpaid		34	4,144.
3	33	Add lines 25d, 26, and 32. T		•				33	18,792.
3	32	Add lines 27a and 28 throug	h 31. These are	your total oth	er payments an	d refundable cree	dits 🕨	32	
3	31	Amount from Schedule 3, lin				31			
3	30	Recovery rebate credit. See		-		30			
2	29	American opportunity credit	from Form 8863	3, line 8		29			
2	28	Refundable child tax credit or		L	Schedule 8812	28			
	С	Prior year (2019) earned inco							
	b	Nontaxable combat pay elec	-	1 1					
		January 2, 2004, and you taxpayers who are at least a							
attach Sch. EIC.		Check here if you were b							
qualifying child,	27a	Earned income credit (EIC)				27a			
If you have a	26	2021 estimated tax payment						26	
	d	Add lines 25a through 25c						25d	18,792.
	с	Other forms (see instructions	,			25c			
	b	Form(s) 1099				25b			
	а	Form(s) W-2				25a 18	8,792.		
	25	Federal income tax withheld	5						
	24	Add lines 22 and 23. This is	1 2 7		,			24	14,648.
	23	Other taxes, including self-e	-					23	0.
	22	Subtract line 21 from line 18						22	14,648.
	20 21	Add lines 19 and 20						20	
	20	Amount from Schedule 3, lin						20	
	18 19	Add lines 16 and 17 Nonrefundable child tax cred						18 19	14,040.
	17	Amount from Schedule 2, lin						17	14,648.
	16	Tax (see instructions). Check						16	14,648.

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 2 0 21 Attachment

A4

	Sequence No. UI
Your soc	ial security number
146-33	-4261

RISHABH POKARNA Dart L Additional Income

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

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 3 Business income or (loss). Attach Schedule C 3 4 Other gains or (losses). Attach Schedule C 4 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 5 7 Unemployment compensation 7 8 Other income 6 7 Unemployment compensation 7 8 Other income 8a • Gambling income 8b • Cancellation of debt 8c • Taxable Health Savings Account distribution 8d • Taxable Age manent Fund dividends 8f 9 Jury duty pay 8g 8h i Activity not engaged in for profit income 8i i Activity not engaged in for profit income 8i 8i j Stock options 8n 8n i Activity not engaged in for profit income 8i j	Par				
b Date of original divorce or separation agreement (see instructions) ▶ 3 Business income or (loss). Attach Schedule C 4 Other gains or (losses). Attach Form 4797 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 6 Farm income or (loss). Attach Schedule F 7 Unemployment compensation 8 (1) 9 Other income 8 (1) 9 Total other income. List type and amount ▶ 9 Total other income. Add lines 8a through 8z	1	Taxable refunds, credits, or offsets of state and local income taxes		1	
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 6 Farm income or (loss). Attach Schedule F 6 7 Unemployment compensation 7 8 Other income: 8a (• Bab 7 • Cancellation of debt 8a • Cancellation of debt 8c • Taxable Health Savings Account distribution 8e • Ataska Permanent Fund dividends 8i • Attivity not engaged in for profit income 8i • Not options 8i • Net options	2 a	Alimony received		2a	
4 Other gains or (losses). Attach Form 4797 4 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 6 6 Farm income or (loss). Attach Schedule F 6 7 Unemployment compensation 6 7 Unemployment compensation 8a (9 Cancellation of debt 8a (0 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 8h i Activity not engaged in for profit income 8i j Stock options 8i 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 8m n Section 951(a) inclusion (see instructions) 8n o Section 951A(a) inclusion (see instructions) 8n s Section 461(l) excess business loss adjustment 8o p Total other income. Add lines 8a through 8z 8p <tr< th=""><th>b</th><th>Date of original divorce or separation agreement (see instructions)</th><th>•</th><th></th><th></th></tr<>	b	Date of original divorce or separation agreement (see instructions)	•		
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 5 -8,640. 6 Farm income or (loss). Attach Schedule F 6 7 Unemployment compensation 7 8 Other income: 8a (a Net operating loss 8a (c Cancellation of debt 8c c Cancellation of debt 8c d Foreign earned income exclusion from Form 2555 8d (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 8i 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 8m j Olympic and Paralympic medals and USOC prize money (see instructions) 8n u Section 951(a) inclusion (see instructions) 8n o Section 461(0) excess business loss adjustment 8o p Taxable distributions from an ABLE account (see instructions) 8p z Other income. List type and amount ▶ 8z 9 Total other income. Add lines 8a through 8z 9	3	Business income or (loss). Attach Schedule C		3	
Schedule E 5 -8,640. 6 Farm income or (loss). Attach Schedule F 6 7 Unemployment compensation 7 8 Other income: a Net operating loss 7 9 Total other income. 8a (9 9 Total other income. List type and amount ▶ 8a (9 9 Total other income. List type and amount ▶ 8a 9 9	4	Other gains or (losses). Attach Form 4797		4	
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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 I Olympic and Paralympic medals and USOC prize money (see instructions) 8n m Section 951(a) inclusion (see instructions) 8n o Section 951A(a) inclusion (see instructions) 8n p Taxable distributions from an ABLE account (see instructions). 8p z Other income. List type and amount ▶ 8z 9 Total other income. Add lines 8a through 8z 9	b	Gambling income	8b		
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 i Activity not engaged in for profit income j Stock options 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 i Olympic and Paralympic medals and USOC prize money (see instructions) m Section 951(a) inclusion (see instructions) m Section 951A(a) inclusion (see instructions) i Section 461(l) excess business loss adjustment j Taxable distributions from an ABLE account (see instructions) j Other income. List type and amount ▶ g Total other income. Add lines 8a through 8z j Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 	g	Jury duty pay	8g		
 j Stock options	h	Prizes and awards	8h		
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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 9 Total other income. Add lines 8a through 8z 9. Enter here and on Form 1040, 1040-SR, or	m	Section 951(a) inclusion (see instructions)	8m		
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z Other income. List type and amount ▶ 8z 9 Total other income. Add lines 8a through 8z 9 10 Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or	ο	Section 461(I) excess business loss adjustment	80		
z Other income. List type and amount ▶ 8z 9 Total other income. Add lines 8a through 8z 9 10 Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or	р	Taxable distributions from an ABLE account (see instructions).	8p		
9 Total other income. Add lines 8a through 8z 9 10 Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or	z		-		
10 Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or			8z		
	9	6		9	
	10			10	-8,640.

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

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

REV 03/07/22 PRO

SCHEDULE	D
(Eorm 1040)	

(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

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

20Attachment Sequence No. 12

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

Department of the Treasury

Your social security number

RISHABH POKARNA

146-33-4261

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)

lines	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, I	from	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result
	e dollars.					
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					
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	2.	б.			-4.
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1		5			
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions	6	()			
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise				7	-4.

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

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to le 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	136.	97.			39.
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.	13.	8.			5.
11	11					
12 13	12 13					
14	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions	14	()			
15	Net long-term capital gain or (loss). Combine lines 8a on the back .	•			15	44.
For F	Paperwork Reduction Act Notice, see your tax return instruction				Schedu	le D (Form 1040) 2021

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	16 40.
	• If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.	
	• If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.	
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.	
17	Are lines 15 and 16 both gains? X Yes. Go to line 18.	
	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? X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below.	
	☐ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.	
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:	
	The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500)	21 ()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.	
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?	
	☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.	
	□ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.	

REV 03/07/22 PRO

Schedule D (Form 1040) 2021

Form 8949	
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Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

(0

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.

of Schedule D. Attachment Sequence No. 12A

Name(s) shown on return	Social security number or taxpayer identification number
RISHABH POKARNA	146-33-4261

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

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

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below	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)	
(Example: 100 sh. XYZ Co.)	(Mo day yr) aispo	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see <i>Column (e)</i> in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)	
ROBINHOOD SECURITIES LLC	02/09/21	09/07/21	2.	6.			-4.	
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 C	al here and inc is checked), lir	lude on your 1e 2 (if Box B	2.	6.			-4.	

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

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

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

RISHABH POKARNA

146-33-4261

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	If you enter an enter a c	f any, to gain or loss. amount in column (g), ode in column (f). parate instructions. (g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
ROBINHOOD SECURITIES LLC	06/08/20	07/20/21	136.	97.			39.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	I here and inc is checked), lir	lude on your 1e 9 (if Box E	136.	97.			39.

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

REV 03/07/22 PRO

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

Name(s) shown c	return. Name and SSN or taxpayer identification no. not required if shown	С
RISHABH	OKARNA	

146-33-4261

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	If you enter an enter a c	f any, to gain or loss. amount in column (g), ode in column (f). parate instructions. (g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
ROBINHOOD SECURITIES LLC	03/31/20	08/03/21	13.	8.			5.
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) ►		13.	8.			5.	

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	Ε
(Form 1040)	

Supplemental Income and Loss

OMB No. 1545-0074 2

Attachment

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

Attach to Form 1040, 1040-SR, 1040-NR, or 1041. ► Go to www.irs.gov/ScheduleE for instructions and the latest information.

Department of the Treasury Internal Revenue Service (99)

	evenue Service (99)	► Go to www.irs.gov/ScheduleE	for instr	uctions a	and the	e latest	information		Sequ	ence No. 13		
Name(s)	shown on return							Your s	ocial securi	ty number		
RISH	ABH POKARNA							146	-33-426	51		
Part	Income or Lo	oss From Rental Real Estate and Ro	oyalties	Note:	If you a	are in th	e business o	of renting	personal p	roperty, use		
	Schedule C. Se	ee instructions. If you are an individual, rep	oort farm	n rental in	come o	or loss fi	om Form 4	335 on pa	age 2, line 4	40.		
		nents in 2021 that would require you to								Yes 🛛 No	,	
B If "`	Yes," did you or will	you file required Form(s) 1099?							🗆	Yes 🗌 No	,	
1a	Physical address of	of each property (street, city, state, ZI	P code))								
Α	9-2-139, CHAP	RLES STREET REZIMENTAL BAZ	AR,	SECUN	DERAE	BAD,H	YDERABAI),TELA	NGANA	IN 50002	25	
В												
С												
1b	Type of Property		perty lis	sted			Rental		rsonal Use		QJV	
	(from list below)	above, report the number of fa	air renta OJV bo	il and ox only-			Days	D	ays			
A	3	personal use days. Check the if you meet the requirements t	o file as	a			365		0			
В		qualified joint venture. See ins	struction	is.	В							
С					С							
	f Property:											
-	le Family Residence					7 Self-						
	i-Family Residence	4 Commercial	6 Roy	/alties		<u>8 Othe</u>	r (describe	,				
Incom		Properties:			Α		E	3		С		
			3			600.						
			4									
Expens			_									
		· · · · · · · · · · · · · · · · · · ·	5									
		e instructions)	6		1	050						
		tenance	7		⊥,	050.						
			8									
		· · · · · · · · · · · · · · ·	9									
		ofessional fees	10		1	000						
		\cdots	11 12		Ι,	280.						
		baid to banks, etc. (see instructions)	12									
			13		2	070						
			14			970. 540.						
			16		Δ,	540.						
			17		1	400.						
			18		, ·	400.						
	Other (list)	•	10									
		d lines 5 through 19	20		9	240.						
	•	m line 3 (rents) and/or 4 (royalties). If			21							
		e instructions to find out if you must										
			21		-8,	640.						
		eal estate loss after limitation, if any,										
		instructions)	22	(8,6	40.)	()(
		s reported on line 3 for all rental prope				23a	-	600	•			
		s reported on line 4 for all royalty prop				23b						
		s reported on line 12 for all properties				23c						
		s reported on line 18 for all properties				23d						
		s reported on line 20 for all properties				23e		9,240				
		tive amounts shown on line 21. Do no		de any lo	osses			. 2				
		losses from line 21 and rental real estate		-		nter tota	al losses hei	re. 2	5 (8,640		
26	Total rental real e	state and royalty income or (loss).	Combi	ne lines	24 an	d 25. F	nter the re	sult				
		, IV, and line 40 on page 2 do not										
		1040), line 5. Otherwise, include this a							6	-8,640).	

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2021

Form 8582

Department of the Treasury

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

Passive Activity Loss Limitations

► See separate instructions.

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

► Go to www.irs.gov/Form8582 for instructions and the latest information.

OMB No. 1545-1008

Identifying number 146-33-4261

RISH	IABH POKARNA		146-33-	-4261
Par	t I 2021 Passive Activity Loss Caution: Complete Parts IV and V before completing Part I.	·		
	I Real Estate Activities With Active Participation (For the definition of active participation ance for Rental Real Estate Activities in the instructions.)	n, see Speci	al	
b c	Activities with net income (enter the amount from Part IV, column (a))1aActivities with net loss (enter the amount from Part IV, column (b))1bPrior years' unallowed losses (enter the amount from Part IV, column (c))1cCombine lines 1a, 1b, and 1c	8,640)	-8,640.
All Ot	her Passive Activities			
2a b c d	Activities with net income (enter the amount from Part V, column (a))2aActivities with net loss (enter the amount from Part V, column (b))2b (Prior years' unallowed losses (enter the amount from Part V, column (c))Combine lines 2a, 2b, and 2c))	
2	Combine lines 1d and 2d. If this line is zero or more, step here and include this form with		<u>.</u>	

3	Combine lines 1d and 2d. If this line is zero or more, stop here and include this form with your return;		
	all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the		
	losses on the forms and schedules normally used	3	-8,640.

If line 3 is a loss and: • Line 1d is a loss, go to Part II.

• Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II. Instead, go to line 10.

Part II Special Allowance for Rental Real Estate Activities With Active Participation							
	Note: Enter all numbers in Par	t II as positive amo	ounts. See instruc	tions for an exam	ole.		
4	Enter the smaller of the loss on line 1	d or the loss on lir	ne3			4	8,640.
5	Enter \$150,000. If married filing separ	ately, see instructi	ions	5	L50,000.		
6	Enter modified adjusted gross income	e, but not less thar	n zero. See instruc	tions 6	LO7,437.		
	Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7.						
7	Subtract line 6 from line 5			7	42,563.		
8	Multiply line 7 by 50% (0.50). Do not e	nter more than \$25	,000. If married filin	ng separately, see	instructions	8	21,282.
9	Enter the smaller of line 4 or line 8					9	8,640.
Part III Total Losses Allowed							
10	Add the income, if any, on lines 1a an	d 2a and enter the	etotal			10	0.
11	11 Total losses allowed from all passive activities for 2021. Add lines 9 and 10. See instructions to find					11	8,640.
Par	t IV Complete This Part Befor	e Part I, Lines 1	a, 1b, and 1c. S	ee instructions.			
	Name of activity	Currer	nt year	Prior years	Ove	erall ga	ain or loss
	Name of activity(a) Net income (line 1a)(b) Net loss (line 1b)(c) Unallowed loss (line 1c)(d) Gain					ı	(e) Loss
9-2	-139, CHARLES STREET	0.	8,640.				8,640.

For Paperwork Reduction Act Notice see instr	uctions		DEV 02/0	7/00 000	Eorm 858
Total. Enter on Part I, lines 1a, 1b, and 1c ►	0.	8,640.			

For Paperwork Reduction Act Notice, see instructions. BAA

REV 03/07/22 PRO

Form 8582 (2021)

Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.

	Name of activity	(a) Net income		Current year						
		(line 2a)	(b) Net loss (line 2b)		(c) Unallowed loss (line 2c)		(d) Gain		(e) Loss	
		(1110 24)	(10 2.0)		0 20)				
								_		
Total. Enter on	n Part I, lines 2a, 2b, and 2c ►									
	Use This Part if an Amoun	t Is Shown on F	Part II,	Line 9. S	ee instruc	ctions.				
I	Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ra	atio	(c) Special allowance		(d) Subtract column (c) from column (a).	
9-2-139,	CHARLES STREET	E Ln 22		8,640.	1.0000	0000	8,640.		0.	
								_		
				8,640.	1.0	0	8,64	0.	0.	
Part VII	Allocation of Unallowed L			s.		1				
	Name of activity	Form or sche and line nur to be reporte (see instruct	nber ed on	(a) I	_OSS	(b) Ratio		Unallowed loss	
	Allowed Losses. See instru		. 🕨				1.00			
	Name of activity	Form or sche and line nur to be reporte (see instruct	nber ed on	(a) I	_OSS	(b) Ur	allowed loss	(0	c) Allowed loss	

REV 03/07/22 PRO

Form **8582** (2021)