Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

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

Submission Identification Number (SID)

T.....

Тахрау	er's name	Social securi	ity numb	er			
VIV	EK GAJJELA	757-15	-7504	1			
Spouse	's name	Spouse's so	cial secu	rity number			
Par	Part I Tax Return Information – Tax Year Ending December 31, 2021 (Enter year you are authorizing.)						
Enter	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	108,336.			
2	Total tax		2	16,935.			
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	18,113.			
4	Amount you want refunded to you		4	1,178.			
5	Amount you owe		5				
Part	Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy 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

X	Lauthorize	GLOBAL TAXES LLC	to enter or generate my PIN
100	I ddthonzo		

5	7	5	0	4	
Ent don	er fiv i't er	/e di nter a	gits, all ze	but ros	as

my

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.

Your signature

Date

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

as mv Enter five digits, but don't enter all zeros

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 s	signature D	ate 🕨					 				
	Practitioner PIN Method Returns Only—continue	e bel	ow								
Part III	Certification and Authentication – Practitioner PIN Method Only										
ERO's EFI	N/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	5	8	7		8 nter a		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 🕨	O's signature ► Date ►							
ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To Do So								
For Denemicarly Deduction Act Nation and			Earm 8879 (Bay, 01 2021)					

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 03/12/22 PRO

E 1040		artment of the Treasury-Internal Revenue Serv S. Individual Income Tax		(99) :urn	202	21	OMB No. 1545	-0074	IRS U	se Only	—Do not v	vrite or staple	in this space.
Filing Status Check only one box.	4_4	Single Married filing jointly Cuchecked the MFS box, enter the r		-			Head of						
	pers	on is a child but not your dependen	it 🕨										
Your first name	e and mi	ddle initial	Last na	ame							Your so	ocial securi	ty number
VIVEK			GAJ	JELA							-	15-750	
lf joint return, s	pouse's	first name and middle initial	Last na	ame							Spouse	's social se	curity number
		er and street). If you have a P.O. box, see IEW PKWY	e instruct	ions.					Apt. no. 1222			ential Electi here if you,	on Campaign
		ce. If you have a foreign address, also co	omplata	snaces he		Sta	to	ZIP c				, j ,	ntly, want \$3
BIRMING			Jublete	spaces be	1011.	A		352					Checking a
Foreign countr				Foroign n	rovince/state				gn postal	codo		low will not x or refund	•
Foreign countr	yname			Foreign p	rovince/state	#COUIT	ty	Forei	yn postai	coue	your ta		
At any time du	uring 20	021, did you receive, sell, exchange	, or oth	erwise di	spose of a	ny fina	ancial interest	in any	virtual	curre	ncy?	Yes	
Standard	Som	eone can claim: You as a de	nender	nt 🗌			a dependent						
Deduction		Spouse itemizes on a separate retur	•				•						
Age/Blindnes	s You:	Were born before January 2, 1	957	Are b	lind S r	ouse	: 🗌 Was bo	rn bef			-	🗌 ls b	
Dependent				(2) 5	Social securi	ty	(3) Relationsh	nip				or (see instru	
If more	(1) Fi	irst name Last name			number		to you		Child	I tax c	redit	Credit for ot	ther dependents
than four dependents,										<u> </u>			<u>Ц</u>
see instruction	s ——			_									
and check				_									
here 🕨 🔄													
Attach	1	Wages, salaries, tips, etc. Attach	L Í Í	W-2 .	· · ·	• •		• •	• •	•	. 1		17,762.
Sch. B if	2a		2a				axable interes			·	. 2k		
required.	<u>3a</u>		3a				Ordinary divide			•	. 31		
) 4a		4a				axable amoun			·	. 4k		
	5a		5a				axable amoun		• •	·	. 5t		
Standard Deduction for –	6a	·····	6a				axable amoun	t	• •		. 6t		
Single or	7	Capital gain or (loss). Attach Sche						• •	• •				769.
Married filing separately,	8	Other income from Schedule 1, lir						• •	• •	·	. 8		<u>10,195.</u>
\$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,		-				• •	• •	·	▶ 9		08,336.
 Married filing jointly or 	10	Adjustments to income from Sche			· · ·			• •	• •	·	. 10	-	
Qualifying widow(er),	11	Subtract line 10 from line 9. This is									▶ <u>1</u> 1		08,336.
\$25,100	12a	Standard deduction or itemized		``		,	12		12	,55			
 Head of household, 	b	Charitable contributions if you take		ndard de	duction (se	e instr	ructions) 12	b		30			
\$18,800	c	Add lines 12a and 12b						• •		•	. 12		12,850.
 If you checked any box under 	13	Qualified business income deduct								·	. 13	_	10 050
Standard Deduction,	14	Add lines 12c and 13								·	. 14		12,850.
see instructions.	15	Taxable income. Subtract line 14	trom li	ne 11. lf 2	zero or less	, ente	er-U			•	. 15		95,486.

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

Form **1040** (2021)

			st information.						Form 1040 (2021
	Firn	n's address ► 2530 Pebbl	le Creek L	n Cummin	g GA 30041		Firm	's EIN ▶	
Use Only		n's name 🕨 GLOBAL TAX					Phor	ne no. (678)965-9522
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLA	4 03/18/2022	P0208		Self-employed
Paid		parer's name	Preparer's signat			Date	PTIN		Check if:
		one no. (203)540-8346		Email address	VIVEKG156	7@GMAIL.COM			Oha ala ifa
Keep a copy for your records.							lden [:] (see		ection PIN, enter it here
Joint return? See instructions.	Spr	ouse's signature. If a joint return, b	oth must sign	Date	SOFTWARE Spouse's occupa	DEVELOPER		inst.) ►	nt your spouse an
Here	You	ir signature		Date	Your occupation				nt you an Identity IN, enter it here
Sign		der penalties of perjury, I declare the first declare the first sector and compare true, correct, and compared the first sector and compared the first sector and the first secto							
		signee's ne ▶		Phone no.			onal identi oer (PIN) 🖡		
Third Party Designee	ins	you want to allow another tructions	•		m with the IRS	. 🕨 🗌 Yes. Co	•		X No
	38	Estimated tax penalty (see in				38			
	37	Amount you owe. Subtract					. 🕨	37	
-	36	Amount of line 34 you want a				36			
	►d	Account number 1 8 5							
	►b	Routing number 2 1 1			► c Type:	Checking	Savings		
	35a	Amount of line 34 you want			is attached, che	eck here		35a	1,178.
Refund	34	If line 33 is more than line 24	, subtract line 2	4 from line 33.	This is the amo	unt you overpaid		34	1,178.
:	33	Add lines 25d, 26, and 32. The second	hese are your to	tal payments			. 🕨	33	18,113.
;	32	Add lines 27a and 28 throug	h 31. These are	your total oth	er payments an	d refundable cred	lits 🕨	32	
;	31	Amount from Schedule 3, lin	e15			31			
;	30	Recovery rebate credit. See	instructions .			30			
;	29	American opportunity credit	from Form 8863	8, line 8		29			
;	28	Refundable child tax credit or			Schedule 8812	28			
	с	Prior year (2019) earned inco				-			
	b	Nontaxable combat pay elec		I					
		January 2, 2004, and you taxpayers who are at least ag							
attach Sch. ElC.		Check here if you were b							
	27a	Earned income credit (EIC)				27a			
If you have a	26	2021 estimated tax payment						26	
	d	Add lines 25a through 25c						25d	18,113.
	С	Other forms (see instructions	,			25c			
	b	Form(s) 1099				25b			
	а	Form(s) W-2				25a 18	,113.		
;	25	Federal income tax withheld							- ,
	24	Add lines 22 and 23. This is			-			24	16,935.
	23	Other taxes, including self-er	-					23	0.
	22	Subtract line 21 from line 18						22	16,935.
	21	Add lines 19 and 20						21	
	20	Amount from Schedule 3, lin						20	
	18 19	Add lines 16 and 17 Nonrefundable child tax cred						18 19	16,935.
	17	Amount from Schedule 2, lin						17	16 025
	16	Tax (see instructions). Check						16	16,935.

SCHEDULE	1
(Form 1040)	

Department of the Treasury

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.

20 21 Attachment Sequence No. 01

OMB No. 1545-0074

Internal Revenue Service	Sequence No. 01						
Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social							
VIVEK GAJJELA	757-15-	-7504					
Part I Addition	onal Income						

1	Taxable refunds, credits, or offsets of state and local income taxes	8	1	
2 a	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 Schedule E		5	-10,195.
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		
Ι	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		
ο	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 ►	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 10 1040-NR, line 8		10	-10,195.
or Pa	perwork Reduction Act Notice, see your tax return instructions		Sabadu	le 1 (Form 1040) 2021

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	

Page **2**

REV 03/12/22 PRO

SCHEDULE D

(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.

2021 Attachment Sequence No. 12

Name(s) shown on return VIVEK GAJJELA

Department of the Treasury

Internal Revenue Service (99)

Your social security number

757-15-7504

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?
Yes X 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 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) Adjustment to gain or loss Form(s) 8949, F line 2, columr	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	2,108.	2,075.	1	18.	151.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked	3,448.	3,398.			50.
3	Totals for all transactions reported on Form(s) 8949 with Box C checked	1,388.	820.			568.
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	ny, from line 8 of y	our Capital Loss	Carryover	6	()
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwis	•	· / ·		7	769.

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 e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	to gain or loss Form(s) 8949,	(g) (h) Ga Adjustments gain or loss from m(s) 8949, Part II, ne 2, column (g) with o	
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					
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked.					
11 12	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824		11			
13	Capital gain distributions. See the instructions	. ,	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	

Part	III Summary		
16	Combine lines 7 and 15 and enter the result	16	769.
	• 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?		
	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.		
	□ 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	<u>()</u>
	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 03/12/22 PRO

Schedule D (Form 1040) 2021

Form **8949**

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

(0

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form8949 for instructions and the latest information.

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

d 10 of Schedule D. Attachment Sequence No. 12A

Name(s) sho	wn on return	Social security number or taxpayer identification number					
VIVEK	GAJJELA	757-15-7504					

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 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	If you enter an enter a co	any, to gain or loss. amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss). Subtract column (e)
(Example: 100 sh. XYZ 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	(g) Amount of adjustment	from column (d) and combine the result with column (g)
ROBINHOOD SECURITIES LLC	03/05/21	03/11/21	2,104.	2,064.	W	118.	158.
BINANACE	01/20/21	10/20/21	4.	11.			-7.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ►			2,108.	2,075.		118.	151.

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	

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

VIVEK

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

Attachment ▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. Sequence No. 12A

GAJJELA

Social security number or taxpayer identification number 757-15-7504

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.

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)

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

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

1 (a) Description of property	(b) (c) Date sold or		(d) Proceeds	(e) Cost or other basis. See the Note below	If you enter an enter a co	any, to gain or loss. amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss). Subtract column (e)	
(Example: 100 sh. XYZ Ćo.)	(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	(g) Amount of adjustment	from column (d) and combine the result with column (g)	
ROBINHOOD CRYPTO LLC	01/26/21	03/22/21	3,448.	3,398.			50.	
2 Totals. Add the amounts in column negative amounts). Enter each tot Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box	al here and inc e is checked), lir	lude on your 1e 2 (if Box B	3,448.	3,398.			50.	

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	

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

Attachment

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form8949 for instructions and the latest information.

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

, z, 3, 8b, 9, and 10 of Schedule D. Sequence No. 12A Social security number or taxpayer identification number

-15-7504

Name(s) shown on return					
VIVEK	GAJJELA		757		

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	See the separate instructions. g (e) (f) (g) Code(s) from instructions Amount of adjustment	(h) Gain or (loss). Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see <i>Column</i> (e) in the separate instructions	Code(s) from	Amount of	from column (d) and combine the result with column (g)
COIN BASE	01/28/21	02/03/21	1,388.	820.			568.
2 Tatala Add the emounts in a dumm							
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ►		1,388.	820.			568.	

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

SCHED	ULE E
(Form 1	040)

Supplemental Income and Loss

OMB No. 1545-0074

Attachment Sequence No. 13

2

Your social security number

(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)

Name(s) shown on return

VIVE	K GAJJELA						757-	-15-75()4		
Part	Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use										
	Schedule C. See instructions. If you are an individual, rep	ort farı	m rental inco	ome or los	ss fron	n Form 483	5 on pa	ge 2, line	40.		
A Dic	d you make any payments in 2021 that would require you to	file F	orm(s) 109	9? See ii	nstruc	tions .		🗆	Yes 🗵	No	
B If "	Yes," did you or will you file required Form(s) 1099?							🗆	Yes 🗌	No	
1 a	Physical address of each property (street, city, state, ZIF										
Α	F.NO 401 SHANTHI APTS BAGHYANAGAR KUR	(ATP)	ALLY,HYI	DERABA	D,TE	ELANGAN	A IN	500072			
В											
С											
1b	Type of Property 2 For each rental real estate prop	oerty l	isted	F	air R	ental	Perso	nal Use	0	JV	
	(from list below) 3 dove, report the number of fa personal use days. Check the if you meet the requirements to	ir rent	al and		Day	ys	Da	ays	G		
Α	3 if you meet the requirements to	o file a	is a	A	3	365		0			
В	qualified joint venture. See inst	ructio		В							
С			(C							
Туре о	of Property:										
1 Sing	gle Family Residence 3 Vacation/Short-Term Rental	5 La	nd	7 S	elf-Re	ental					
	ti-Family Residence 4 Commercial	6 Ro	yalties	8 0	ther (describe)					
Incom				Α		В			С		
3	Rents received	3		780).						
4	Royalties received	4									
Expen											
5	Advertising	5		100							
6	Auto and travel (see instructions)	6		225							
7	Cleaning and maintenance	7		550).						
8	Commissions	8									
9		9									
10	Legal and other professional fees	10									
11	Management fees	11		850).						
12	Mortgage interest paid to banks, etc. (see instructions)	12									
13	Other interest	13									
14	Repairs	14		3,850							
15	Supplies	15		3,000).						
16		16		0 400							
17		17		2,400							
18 19	Depreciation expense or depletion	18 19			_						
20	Other (list) ► Total expenses. Add lines 5 through 19	20		10,975	. -						
		20	· ·	10,975	••						
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If										
	result is a (loss), see instructions to find out if you must file Form 6198	21		10,195	;						
22	Deductible rental real estate loss after limitation, if any,	21		10,190	, . 						
22	on Form 8582 (see instructions)	22	(1	0,195))	
23a	Total of all amounts reported on line 3 for all rental prope		<u> </u>		3a		780			/	
b	Total of all amounts reported on line 4 for all royalty prop			-	3b			-			
c	Total of all amounts reported on line 12 for all properties				3c			-			
d	Total of all amounts reported on line 18 for all properties				3d						
e	Total of all amounts reported on line 20 for all properties				3e	10	,975				
24	Income. Add positive amounts shown on line 21. Do no						. 24				
25	Losses. Add royalty losses from line 21 and rental real estate		-		total l	osses here			10,1	.95.)	
26	Total rental real estate and royalty income or (loss).								- / -		
20	here. If Parts II, III, IV, and line 40 on page 2 do not										
	Schedule 1 (Form 1040), line 5. Otherwise, include this ar						. 26	6	-10,	195.	
For Pa	perwork Reduction Act Notice, see the separate instructions.		NPA			-10,195		Schedule E			

For Paperwork Reduction Act Notice, see the separate instructions.



and

27,943 80,393 3,978 Tax 3,978 Staple Form(s) W-2, 19 0 W-2G, and/or 1099 here. Attach Schedule W-2 to return. 3,978 **Payments** 27 Total payments. Add lines 22, 23, 24, 25 and 26. 27 4,694 28 Amended Returns Only – Previous refund (see instructions) 28 Adjusted Total Payments. Subtract line 28 from line 27 29 29 . 4,694 30 If line 21 is larger than line 29, subtract line 29 from line 21, and enter AMOUNT YOU OWE and add line 31. AMOUNT Place payment, along with Form 40V, loose in the mailing envelope. (FORM 40V MUST ACCOMPANY PAYMENT.) 30 YOU OWE Penalties (from Schedule ATP, Part II, line 3) (see instructions) 31 31 32 If line 29 is larger than line 21, subtract line 21 from line 29, and enter amount OVERPAID 32 • 716 **OVERPAID** 33 Amount of line 32 to be applied to your 2022 estimated tax 33 Total Donation Check-offs from Schedule DC, line 2..... **Donations** 34 . 34 REFUNDED TO YOU. (CAUTION: You must sign this return on the reverse side.) 35 REFUND If line 32 is greater than zero, subtract lines 31, 33 and 34 from line 32 35 716 For Direct Deposit, check here • 🗙 and complete Part V, Page 2.

117,762

-9,426

108,336

108,336



2 Buinters income (100) for and of the Belland, Sockado C or C 2 (2) ear instructions 3 Gain of food (100) for and of the Belland, Socka Code, or, (anton Sockado (2),	PART I	1	Alimony received			1
a Total IPA distributions 4a Total IPA distributions 4b Total and answer (see instructions) 4b Total answer (see instruc		2	Business income or (loss) (attach Federal Schedule C or C-EZ) (see	instructions)		2 •
Obser 43 Total IPA distributions 44 Total and amount (see statucines) 45 Total and amount (see statucines) 45 Total and amount (see statucines) 55 Total and amount (see statucines) 56 Total and amount (see statucines) 56 Total and amount (see statucines) 56 Total and amount (see statucines) 57 Total and amount (see statucines) 66 Total and amount (see statucines) 67 Total and amount (see statucines) 68 Total and amount (see statucines) 78		3	Gain or (loss) from sale of Real Estate, Stocks, Bonds, etc. (attach Sci	hedule D)		3 • 769
Bit Outligension and annulates [Sa] So Table persions annulat	Other	4a	Total IRA distributions 4a	4b Taxable amount (see instru	<i>ctions)</i>	4b •
Gene 6 entra, topellas, patheenilis, estates, touts, drafted Security Eff. if is is in an oncore or designation factors (Security Eff.) 9 Total other income Add lines 1 through 8. Entra here and alion on page 1, line 7 is is is is in a security of the designation of the desis the desis designation of the designation of the desi		5a	Total pensions and annuities 5a •	5b Taxable amount (see instru	ctions)	5b •
Parm Income of loss (Jattah Faderal Schedule f) 7 8 Other Income (Sele addition - Schedule Schedule f) 9 Total other Income (Sele addition - Schedule Schedule f) 9 Total other Income (Sele addition - Schedule Schedule f) 9 Total other Income (Sele addition - Schedule Schedule f) 9 PART II 11 12 2 0 2 0 3 Perator Schedule Sc	(See	6	Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E			
B Other Income (date nature and source — see instructions) Total other Income. Add lines 1 through 8. Enter here and also on page 1. line 7 PART II to Your IPA deduction. PART II Total number of despendents from 5 nest Interview and also on page 1. line 7 PART II Total number of despendents from Shadula DS, line 0 PART II Total number of despendents from Shadula DS, line 1 PART II Total number of despendents from Shadula DS, line 1 PART II PART II Total number of despendents from Shadula DS, line 1 PART III Total number of despendents from Shadula DS, line 1 PART III Total number of despendents from Shadula DS, line 1 PART III Total number of despendents from Shadula DS, line 1 PART III Total number of despendents from Shadula DS, line 1 PART III Total number of despendents from Shadula DS, line 1 PART III Total number of despendents from Shadula DS, line 1 PART III Total number of despendents from Shadula DS, line 1 PART III Total number of despendents from Shadula DS, line 1 PART III Total number of despendents from Shadula DS, line 1 PART III Total number of despendents from Shadula DS, line 1 PART III Total number of despendents from Shadula DS, line 1 PART III Total number of despendents from Shadula DS, line 1 PART III Total number of despendents from Shadula DS, line 1 PART III Total number of despendents from Shadula DS, line 1 PART III Total number of despendent line status from Origin Line SHAMULA PART III PART III Total number of the set and the cont of part IIII	instructions)	7				
9 Total other income. Add lines 1 through 8. Enter here and also on page 1, line 7		8				
PART II 1a Your IRA deduction. 1a 0 2 Spounds IR Adduction. 2 0 3 0 3 0 4 Minory pail: Redgingtheres to a keep reterienest plan and self-employment SEP deduction. 2 0 3 0 3 0 3 0 Adjustments 6 6 0		9	· · · · · · · · · · · · · · · · · · ·	age 1. line 7		9 • -9.426
b Sponse IP Adduction. c b Sponse IP Adduction. c c c c c c c c c c c c c c c c c c c	PART II			-		
2 Pagments to a Kecgh relinement plan and self-employment SEP deduction 2 3 Penalty on early withdrawed plan and self-employment SEP deduction 3 4 Adjustments 5 6 Adjustments 5 6 Comparison 5 7 Comparison 5 8 Pagments to Ababama College Counts 529 Fund or Alabama PACT Program 6 9 Pagments to Ababama College Counts 529 Fund or Alabama PACT Program 9 10 Costs to relot or unguada house Insets 9 11 Deposits to a classrophe savings account 10 12 Combulances to a hand markings account 12 13 Deposits to a classrophe savings account 13 14 Filefightar's Insurance Penultim. 14 15 Combulances to a hand mark files Time and decond Chance Home Buyer Savings Account (see instructions). 16 16 Total adjustments. Add lines 1 through 15. Enthe here and also on agae 1. Ine 9 16 PARTINI 1 Residency Chack ondy on box > Nort Nick on agae 1. Ine 9 17 Residency Chack ondy on box > Nort Nick on agae 1. Ine 9 16						
3 Peraty on early withdrawid savings			•			
Adjustmette Adjustmette Solver Adjustmette Solver Adjustmette Solver Adjustmette Solver Adjustmette Solver Adjustmette Solver Chy Generals (Attach Reddeal Form 3903) to: Chy Generals (At						
Adjustments 6 Adoption expenses (Attach Federal Form 3003) to:						
Adjustments 6 Moving Expenses (Attach Federal Form 3903) to: City						
to income • Writing Leptelse Yulkan't evaluation 8 (%) • Self-employed health insurance deduction. 7 • Teductory 7 • Self-employed health insurance deduction. 8 • Payments to Albabana College Counts 252 Fund or Albabana FACT Program 8 • • Deposits to a catastance deduction for small employer employee (see instructions) 10 • • Deposits to a catastance deduction for small employer employee (see instructions) 11 • • Deposits to a catastance Previou. 12 • • Telepiter's insurance Previou. 13 • • Telepiter's insurance Previou. 13 • • Telepiter's insurance Previou. 14 • • Telepiter's insurance Previou. 15 • • Telepiter's insurance Previou. 14 • • Telepiter's insurance Previou. 15 • • Telepiter's insurance Previou. 14 • • Telepiter's insurance Previou. 15 • • Telepiter's insurance Previou. 16 • • Deposits to a catastance and page 1, line 8 • 1 • Telepitere's insurance instructure they eva 2020 <	Adjustments					
Participant 7 Self-employed health insurance deduction 7 9 Health insurance deduction for small employee (see instructions) 9 10 Costs to retrolf or upgrade home to resist wind or flood damage 10 11 Deposits to a catacityche savings account 11 12 Contributions to a health savings account 12 13 Deposits to a catacityche savings account 16 14 Frietighter's Insurance Premium 16 15 Contributions to a Achieving a Beter Life Experience (ABLE) savings account. 16 16 Total adjustments. Add lines 1 through 15. Enter here and also on page 1, line 9. 16 17 Total number of dependents from Schedule DS, line 10 1 18 Frietighter's Insurance Premium. 2 2 Amount allowed, (Multipy total number of dependents claimed on line 1 by the amount on the dependent chart 1 19 Out Spouse's Yes In line 14. 2 2 Information 3 Give name and address income 4 s in line 14. 2 2 Di you line an Ablabama income 4 s income		0		סוד		
8 Payments to Alabama College Counts 529 Fund or Alabama PACT Program 8 9 Health insurance doduction for small employee employee (see instructions) 9 10 Costs to retrift or upgrade hmore to resist wind or flood damage 10 11 Deposits to a catastrophe savings account 11 12 Contributions to a health savings account 12 13 Deposits to a Alabama First-Time and Second Chance Home Buyer Savings Account (see instructions) 13 14 Firelighter's Insurance Premium 14 15 Contributions to a health savings account 15 16 Total adjustments. Add lines 1 through 15. Enter here and also on page 1, line 9 16 16 Total adjustments. Add lines 1 through 15. Enter here and also on page 1, line 9 10 2 Amount allowed. (Multiply total number of dependents claimed on line 1 by the amount on the dependent chart in the instructions). Enter amount here and on page 1, line 14 2 2 PART IV 1 Residency Chack only one hox b • © Full Vaar • [Part Yaar From 2021 through 2 Did vou life an Alabama Income tax return 2 • 2 Did vou life an Alabama Income tax return for the year 2007 • [X] Vas • [No II no, state reason 2021 torough 3 Give name and address of present employer(s). Yours INTYOREN ENTYNORKS INC 10 AUSTIN AVE ISELIN NJ 08830 4 Training Vas * [X]		-				
 9 Health insurance deduction for small employer employee (see instructions)	instructions)					
10 Costs to retrofit or upgrade home to resist wind or flood damage 10 11 Deposits to a catastrophe savings account 11 12 Contributions to the adeministry account 12 13 Deposits to an Ancheving a Better Life Experience (ABLE) savings account. 13 14 Firefighter's insurance Premium. 14 15 Contributions to an Ancheving a Better Life Experience (ABLE) savings account. 16 16 Total augustments. Add lines 1 through 15. Enter here and also on page 1, line 9. 16 16 Amount allowed. (Multiph total number of dependents claimed on line 1 by the amount on the dependent chart 2 PART III 1 Total number of dependents form Schedule DS, line 10. 1 Dependents Amount allowed. (Multiph total number of dependents claimed on line 1 by the amount on the dependent chart 2 PART IV 1 Residency Check only one bax > • ∑ [First Wes 2020? • ∑ [Wes •] No In no, state reason Marayayes 4 Enter the Federal Adjusted Gross Income • \$ 10.8, 33.6 and Federal Taxable Income • \$ 95, 48.6 as reported on your 2021 Honoyla Source • Source • Amount 1 Marayayes 4 Enter the Federal Adjusted Gross Income • \$						
11 Deposits to a catastrophe savings account 11 12 Contributions to a health savings account 12 13 Deposits to a nubathama First-Time and Second Chance Home Buyer Savings Account (see instructions) 13 14 Firefighter's Insurance Premium 14 15 Contributions to an Achieving a Better Life Experience (ABLE) savings account. 15 16 Total adjustmement, add lines 1 through 15. Enter new and also on page 1, line 9. 16 PART III 1 Total adjustmement, add lines 1 through 15. Enter new and also on page 1, line 9. 10 2 Amount allowed, (Multiply total number of dependents claimed on line 1 by the amount on the dependent chart in the instructions). Enter amount here and on page 1, line 14. 2 1 PART IV 1 Residency Check only one box ▶ ● () Full Year ● () Part Year From 2021 through 2021. 2021 through 2021. 14 Enter the Federal Adjusted Gross Income • \$ 108, 33.6 and Federal Taxable Income • \$ \$ 95, 48.6 as reported on your Source • \$ 108, 33.6 15 For the Federal Adjusted Gross Income • \$ 108, 33.6 and Federal Taxable Income • \$ \$ 95, 48.6 as reported on your Source • \$ No If yes, enter source(s) and amount(s) below; (other than state income tax refund) Complete This soccone Source • \$ No Amount • \$ \$ \$ \$,		
12 Contributions to a health saving's account 12 13 Deposits to an Ababama First-Time and Second Chance Home Buyer Saving's Account (see instructions) 13 14 Frielighter's Insurance Premium. 14 15 Contributions to an Achieving a Better Life Experience (ABLE) saving's account. 15 16 Total adjustments. Add lines 1 through 15. Enter here and also on page 1, line 9. 16 16 Total adjustments. Add lines 1 through 15. Enter here and also on page 1, line 9. 1 2 Amount allowed. (Multiply total number of dependents faimed on line 1 by the amount on the dependent that in the instructions.) Enter amount here and nage 1, line 14. 2 2 PART IV 1 Residency Check only one bax ▶ ▶ 2 Did yout file an Albama income tax tertum for the year 2002? No If no, state reason 2021 through 2021. 3 Give name and address of present employer(s). Yours <u>INTONE NETWORKS INC 10 AUSTIN AVE ISELIN NJ 08830</u> 3 3 3 3 september 3 108, 336 and Federal Taxable Income • \$ 95, 486 as reported on your 2021 Federal Individual Income • \$ 108, 336 and Federal Taxable Income • \$ 95, 486 as reported on your 2021 Federal Individual Income • \$ 108, 336 and Federal Taxable						
13 Deposits to an Alabama First Time and Second Chance Home Buyer Savings Account (see instructions). 13 Hird Firefighter's Insurance Prentium. Contributions to an Achieving a Better Life Experience (ABLE) savings account. Total adjustments. Add lines 1 through 15. Enter here and also on page 1, line 9. Total adjustments. Add lines 1 through 15. Enter here and also on page 1, line 9. Total adjustments. Add lines 1 through 15. Enter here and also on page 1, line 9. Total adjustments. Add lines 1 through 15. Enter here and also on page 1, line 9. Total adjustments form Schedule DS, line 10. Total adjustments form Schedule DS, line 14. PART III Total adjustments form Schedule DS, line 14. Part Yee Amount allowed (Multiply total number of dependents Cainned on line 1 by the amount on the dependent chart in the instructions.) Enter amount here and on page 1, line 14. PART IV Pesidency Check only one box						
14 Firefighter's Insurance Premium			-			
15 Contributions to an Achieving a Better Life Experience (ABLE) savings account						
16 Total adjustments. Add lines 1 through 15. Enter here and also on page 1, line 9			-			
PART III Total number of dependents from Schedule DS, line 1b 1 2 Amount allowed. (Multiply total number of dependents claimed on line 1 by the amount on the dependent chart in the instructions). Enter amount here and on page 1, line 14 2 PART IV 1 Residency Check only one box > > 2 0 PART IV 1 Residency Check only one box > > > 2021. General Information 3 Give name and address of present employer(s). Yours <u>INTONE NETWORKS INC 10 AUSTIN AVE ISELIN NJ 08830</u> 2021. All Tappayers Must Complete Filter the Federal Adjusted Groups income e \$ 108,336 and Federal Taxable Income e \$ 95,486 as reported on your 2021 Federal Individual Income Tax Return. Tobs Do you have income which is reported on your Federal return, but not reported on your Alabama return (other than your state tax returd)? Yes • No Source ● Amount ● Amount ● PART V For Direct Deposit of your retund, complete 1, 2, 3, and 4 below. (See Page 17 of instructions to see if you qualify.) Direct 1 Routing Number: 211391825 2 Type: Checking <						
PART III 2 Amount allowed. (Multiply total number of dependents claimed on line 1 by the amount on the dependent chart in the instructions.) Enter amount here and on page 1, line 14		-				
Dependents in the instructions.) Enter amount here and on page 1, line 14						
PART IV 1 Residency Check only one box ▶ ● ▲ Full Year ● □ Part Year From	PART III					1 •
2 Did you file an Alabama income tax return for the year 2020? • X Yes No If no, state reason 3 Give name and address of present employer(s). Yours INTONE NETWORKS INC 10 AUSTIN AVE ISELIN NJ 08830 All Taxpeyers Must 4 Enter the Federal Adjusted Gross Income • \$ 108,336 and Federal Taxable Income • \$ 95,486 as reported on your 2021 Federal Adjusted Gross Income • \$ 108,336 and Federal Taxable Income • \$ 95,486 as reported on your Section. 5 Do you have income which is reported on your Federal return, but not reported on your Alabama return (other than your state tax retund)? • Yes • X No If yes, enter source(s) and amount(s) below: (other than state income tax returnd) Source • Source • Amount • PART V For Direct Deposit of your retund, complete 1, 2, 3, and 4 below. (See Page 17 of instructions to see if you qualify.) Manual Directs 1 Rotting Number: 211391825 2 Type: XCXXXXX Exp date immoddymy) • XX/XX/XXXX Exp			Amount allowed. (Multiply total number of dependents claimed on lin	e 1 by the amount on the dependen	t chart	
Give name and address of present employer(s). Yours INTONE NETWORKS INC 10 AUSTIN AVE ISELIN NJ 08830 All Tapayers Must Complete This 4 Enter the Federal Adjusted Gross Income ●\$ 108,336 and Federal Taxable Income ●\$ 95,486 as reported on your 2021 Federal Individual Income Tax Return. 2021 Federal Individual Income Tax Return. Section. 5 Do you have income which is reported on your Federal return, but not reported on your Alabama return (other than your state tax refund)? ● Yes ● No If yes, enter source(s) and amount(s) below: (other than state income tax refund) Source ● Source ● Source ● Source ● Amount ● Amount ● PART V For Direct Deposit of your refund, complete 1, 2, 3, and 4 below. (See Page 17 of instructions to see if you qualify.) Direct Deposit 1 Routing Number: 211391825 4 Is this refund going to rthrough an account that is located outside of the United States? Yes No Drivers License Info D038 (mmddynyy) • XX/XX/XXXX Your state • XX DL# • XXXXXX Is date Immddynyy • XX/XX/XXXX End date Immddynyy • XX/XX/XXXX Vinder penalties of perjury, 1 declare that have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and com- peter. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. SOFTWARE DEVELOPER Source + Signature Source +	Dependents	2	Amount allowed. (Multiply total number of dependents claimed on lin in the instructions.) Enter amount here and on page 1, line 14	e 1 by the amount on the dependen	t chart	2 •
All Taxapers Your Spouse's All Taxapers 4 Filter the Federal Adjusted Gross Income • \$ 108,336 and Federal Taxable Income • \$ 95,486 as reported on your 2021 Federal Individual Income Tax Return. 5 Do you have income which is reported on your Federal return, but not reported on your Alabama return (other than your state tax refund)? • Yes • X Yes • X No (See Source • Amount • Amount • Source • Amount • Amount • PART V For Direct Deposit of your refund, complete 1, 2, 3, and 4 below. (See Page 17 of instructions to see if you qualify.) Tasting Yes X/XX/XXXX Direct 1 Roting Number: 211391825 2 Type: X Checking Savings Yes Xoo Account Number: 18590034 Peposit 4 Is this refund going to or through an account that is located outside of the United States? Yes Xoo No Drivers Cobs (mmoddynym) • XX/XX/XXXX Your state • XX Your Spature Spouse state • DLF • (mmoddynym) • XX/XX/XXXX Exp date (mmoddynym) • XX/XX/XXXX Vold Federal Intervent of Revenue to discuss my return and attachments with my preparer. Vold • Coupation Sourced, and comparing schedules. Your Signature Date Daytime Telephone Number Sopuse is Signature (If joint return, BOTH m	Dependents	2	Amount allowed. (Multiply total number of dependents claimed on lin in the instructions.) Enter amount here and on page 1, line 14 Residency Check only one box ► • ★ Full Year ● Part	e 1 by the amount on the dependen	t chart 2021 throu	2 •
All Targapers 4 Enter the Federal Adjusted Gross Income ● \$ 108,336 and Federal Taxable Income ● \$ 95,486 as reported on your Complete 5 Do you have income which is reported on your Federal return, but not reported on your Alabama return (other than your state tax refund)? ● Yes ● X No If types, enter source(s) and amount(s) below: (other than state income tax refund) Amount Source ● Amount Source ● Amount Is this refund going to or through an account that is located outside of the United States? Yes XXXXXX Derivers Do windersymption Vers Source ● XX XXXXXX Species Info Do method prevention of the tax tax and the second outside of the United States? Yes XXXXXXX License Info Do method prevention of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief, they are true, correct, and complete recurs. Sign Here Inablack inks Signature (f joint return, BOTH must sign) Date Date Date Source 2 Spouse's Signature (f joint return, BOTH must sign) Date Check if Self-employed Preparer's Signature Spouse's Signature Date Check if Self-employed Preparer's SNo PTIN EL Number Spouse's Signature Spouse's Signature (f joint return, BOTH must sign) Date Date<	Dependents PART IV	2	Amount allowed. (Multiply total number of dependents claimed on lining in the instructions.) Enter amount here and on page 1, line 14 Residency Check only one box ► ● X Full Year ● Part Did you file an Alabama income tax return for the year 2020? ● X	e 1 by the amount on the dependen Year From Yes • No If no, state reaso	t chart 2021 throu pn	2 • 2021.
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In Black Ink Keep a copy of this return for your records. Not of optically preparer's Signature Software Developer Preparer's Use Only Spouse's Signature Date Date Date Date Developer's Signature Preparer's Use Only Preparer's if self employed Date Date Date Preparer's Signature Date Developer's Signature Source Source <td< th=""><th>Dependents PART IV General Information All Taxpayers Must Complete This Section. (See instructions) PART V Direct Deposit Drivers</th><th>2 1 2 3 4 5 5</th><th>Amount allowed. (Multiply total number of dependents claimed on lim in the instructions.) Enter amount here and on page 1, line 14 Residency Check only one box ▶● ★ Full Year ● Part Did you file an Alabama income tax return for the year 2020? ● ★ Give name and address of present employer(s). Yours <u>INTONE</u> Your Spouse's Enter the Federal Adjusted Gross Income ● \$ 108, 2021 Federal Individual Income Tax Return. Do you have income which is reported on your Federal return, but not If yes, enter source(s) and amount(s) below: (other than state income Source ● For Direct Deposit of your refund, complete 1, 2, 3, and 4 below. (See Routing Number: <u>211391825</u> 2 Type: ★ Chec Is this refund going to or through an account that is located outside of DOB (mm/dd/yyyy) <u>Spouse state</u> • DL# • <u>XX</u> DOB (mm/dd/yyyy) Spouse state •</th><th>e 1 by the amount on the dependen Year From Yes • No If no, state rease NETWORKS INC 10 2 336 and Federal Taxable Incod reported on your Alabama return (o tax refund) Page 17 of instructions to see if you king Savings 3 Acco the United States? Yes XXXXX Iss date (mm/dd/yyyy) • XX/X Iss date (mm/dd/yyyy) • XX/X Iss date minded tatachments with my preparer.</th><th>t chart 2021 throu on</th><th>2 ● gh 2021. ISELIN NJ 08830 </th></td<>	Dependents PART IV General Information All Taxpayers Must Complete This Section. (See instructions) PART V Direct Deposit Drivers	2 1 2 3 4 5 5	Amount allowed. (Multiply total number of dependents claimed on lim in the instructions.) Enter amount here and on page 1, line 14 Residency Check only one box ▶● ★ Full Year ● Part Did you file an Alabama income tax return for the year 2020? ● ★ Give name and address of present employer(s). Yours <u>INTONE</u> Your Spouse's Enter the Federal Adjusted Gross Income ● \$ 108, 2021 Federal Individual Income Tax Return. Do you have income which is reported on your Federal return, but not If yes, enter source(s) and amount(s) below: (other than state income Source ● For Direct Deposit of your refund, complete 1, 2, 3, and 4 below. (See Routing Number: <u>211391825</u> 2 Type: ★ Chec Is this refund going to or through an account that is located outside of DOB (mm/dd/yyyy) <u>Spouse state</u> • DL# • <u>XX</u> DOB (mm/dd/yyyy) Spouse state •	e 1 by the amount on the dependen Year From Yes • No If no, state rease NETWORKS INC 10 2 336 and Federal Taxable Incod reported on your Alabama return (o tax refund) Page 17 of instructions to see if you king Savings 3 Acco the United States? Yes XXXXX Iss date (mm/dd/yyyy) • XX/X Iss date (mm/dd/yyyy) • XX/X Iss date minded tatachments with my preparer.	t chart 2021 throu on	2 ● gh 2021. ISELIN NJ 08830
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for your records.	Dependents PART IV General Information All Taxpayers Must Complete This Section. (See instructions) PART V Direct Deposit Drivers License Info Sign Here	2 1 2 3 4 5 5 1 4 5	Amount allowed. (Multiply total number of dependents claimed on lim in the instructions.) Enter amount here and on page 1, line 14 Residency Check only one box ▶ • ★ Full Year ■ Part Did you file an Alabama income tax return for the year 2020? • ★ Give name and address of present employer(s). Yours INTONE Your Spouse's Enter the Federal Adjusted Gross Income \$ 108, 2021 Federal Individual Income Tax Return. Do you have income which is reported on your Federal return, but not If yes, enter source(s) and amount(s) below: (other than state income Source Source • For Direct Deposit of your refund, complete 1, 2, 3, and 4 below. (See Routing Number: 211391825 2 Type: X Chec Is this refund going to or through an account that is located outside of Imm/dd/yyyy) DB Mmm/dd/yyyy) Spouse state DL# • XX DB Inm/dd/yyyy) I authorize a representative of the Department of Revenue to discuss my return and accompart Declaration of preparer (other than taxpayer) is based on all information of which	e 1 by the amount on the dependen Year From Yes No If no, state reaso NETWORKS INC 10 336 and Federal Taxable Incod reported on your Alabama return (or tax refund) Page 17 of instructions to see if you king Savings 3 Acco the United States? Yes XXXXX Iss date (mm/dd/yyy) XX/X Iss date (mm/dd/yyy) Trn and attachments with my preparer. ying schedules and statements, and to th h preparer has any knowledge. Daytime Telephone Numb	t chart2021 throu on AUSTIN AVE me ● \$ ther than your stateAr u qualify.) unt Number: 185 ✓ No X / XXXXEx ne best of my knowledge er Your Occu	2 ● gh 2021. ISELIN NJ 08830 ● 95,486 as reported on your tax refund)? ● Yes ● nount ● 90034 ● o date m/dd/yyyy) ● xX/XX/XXXX ● e and belief, they are true, correct, and com- bation
Preparer's Signature Date Check if Self-employed Preparer's SSN or PTIN E.I. Number Paid Preparer's Use Only SYAM PRIYA RAM SAGAR GUPTA TALLAM Firms's Name (or yours if self employed) GLOBAL TAXES LLC O3/18/2022 Datime Telephone No. Preparer's SSN or PTIN E.I. Number	Dependents PART IV General Information All Taxpayers Must Complete This Section. (See instructions) PART V Direct Deposit Drivers License Info Sign Here In Black Ink Keep a copy	2 1 2 3 4 5 5 1 4 5 1 4 Undu plete Your	Amount allowed. (Multiply total number of dependents claimed on lim in the instructions.) Enter amount here and on page 1, line 14 Residency Check only one box ▶● ★ Full Year ● Part Did you file an Alabama income tax return for the year 2020? ● ★ Give name and address of present employer(s). Yours INTONE Your Spouse's Enter the Federal Adjusted Gross Income ● \$ 108, 2021 Federal Individual Income Tax Return. Do you have income which is reported on your Federal return, but not If yes, enter source(s) and amount(s) below: (other than state income Source ● Source ● For Direct Deposit of your refund, complete 1, 2, 3, and 4 below. (See Routing Number: 211391825 2 Type: ★ Chec Is this refund going to or through an account that is located outside of DOB (mm/dd/yyyy) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	e 1 by the amount on the dependen Year From Yes • No If no, state rease NETWORKS INC 10 2 336 and Federal Taxable Incod reported on your Alabama return (c tax refund) Page 17 of instructions to see if you king Savings 3 Acco the United States? Yes XXXXX Iss date (mm/dd/yyyy) • XX/X Iss date (mm/dd/yyyy) • XX/X Iss date (mm/dd/yyyy) • XX/X Daytime Telephone Numb (203) 540-8	t chart2021 throu on AUSTIN_AVE me ● \$ ther than your stateAr u qualify.) unt Number: 185 ✓ No X / XXXX[m he best of my knowledge er Your Occu 346SOFT	2 • gh 2021. ISELIN NJ 08830 • 95,486 as reported on your tax refund)? • Yes • nount • 90034 • Odate • n/dd/yyyy) • and belief, they are true, correct, and com- bation WARE DEVELOPER
Paid Preparer's Use Only SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/18/2022 P02082703 30-1017196 Preparer's Use Only GLOBAL TAXES LLC Daytime Telephone No. (678)965-9522 ZiP Code 30041	Dependents PART IV General Information All Taxpayers Must Complete This Section. (See instructions) PART V Direct Deposit Drivers License Info Sign Here In Black Ink Keep a copy of this return for your	2 1 2 3 4 5 5 1 4 5 1 4 Undu plete Your	Amount allowed. (Multiply total number of dependents claimed on lim in the instructions.) Enter amount here and on page 1, line 14 Residency Check only one box ▶● ★ Full Year ● Part Did you file an Alabama income tax return for the year 2020? ● ★ Give name and address of present employer(s). Yours INTONE Your Spouse's Enter the Federal Adjusted Gross Income ● \$ 108, 2021 Federal Individual Income Tax Return. Do you have income which is reported on your Federal return, but not If yes, enter source(s) and amount(s) below: (other than state income Source ● Source ● For Direct Deposit of your refund, complete 1, 2, 3, and 4 below. (See Routing Number: 211391825 2 Type: ★ Chec Is this refund going to or through an account that is located outside of DOB (mm/dd/yyyy) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	e 1 by the amount on the dependen Year From Yes • No If no, state rease NETWORKS INC 10 2 336 and Federal Taxable Incod reported on your Alabama return (c tax refund) Page 17 of instructions to see if you king Savings 3 Acco the United States? Yes XXXXX Iss date (mm/dd/yyyy) • XX/X Iss date (mm/dd/yyyy) • XX/X Iss date (mm/dd/yyyy) • XX/X Daytime Telephone Numb (203) 540-8	t chart2021 throu on AUSTIN_AVE me ● \$ ther than your stateAr u qualify.) unt Number: 185 ✓ No X / XXXX[m he best of my knowledge er Your Occu 346SOFT	2 • gh 2021. ISELIN NJ 08830 • 95,486 as reported on your tax refund)? • Yes • nount • 90034 • of date • n/dd/yyyy) • and belief, they are true, correct, and com- bation WARE DEVELOPER
Preparer's Use Only Use Only GLOBAL TAXES LLC Daytine GLOBAL TAXES LLC Daytine Telephone No. (678)965-9522	Dependents PART IV General Information All Taxpayers Must Complete This Section. (See instructions) PART V Direct Deposit Drivers License Info Sign Here In Black Ink Keep a copy of this return for your	2 1 2 3 4 5 1 4 5 1 4 Undd plete Your Spour	Amount allowed. (Multiply total number of dependents claimed on lim in the instructions.) Enter amount here and on page 1, line 14 Residency Check only one box ▶● ★ Full Year ● Part Did you file an Alabama income tax return for the year 2020? ● ★ Give name and address of present employer(s). Yours INTONE Your Spouse's Enter the Federal Adjusted Gross Income ● \$ 108, 2021 Federal Individual Income Tax Return. Do you have income which is reported on your Federal return, but not If yes, enter source(s) and amount(s) below: (other than state income Source ● For Direct Deposit of your refund, complete 1, 2, 3, and 4 below. (See Routing Number: 211391825 2 Type: Checc Is this refund going to or through an account that is located outside of DOB (mm/dd/yyyy) ● XX/XX/XXXX Your state ● XX DL# ● XX DDB (mm/dd/yyyy) ● XX/XX/XXXX Your state ● II # ● I authorize a representative of the Department of Revenue to discuss my return rependities of perjury, I declare that I have examined this return and accompart Declaration of preparer (other than taxpayer) is based on all information of whice Signature Date Date	e 1 by the amount on the dependen Year From Yes No If no, state rease NETWORKS INC 10 2 336 and Federal Taxable Incod again and Federal Taxable Incod reported on your Alabama return (of tax refund) Page 17 of instructions to see if you king Savings Accod the United States? Yes XXXXX Iss date (mm/dd/yyy) rn and attachments with my preparer. ying schedules and statements, and to th h preparer has any knowledge. Daytime Telephone Numb (203) 540–8 Daytime Telephone Numb	t chart2021 throu on2021 throu onAUSTIN AVEAVEAr	2 • gh 2021. ISELIN NJ 08830 95,486 as reported on your tax refund)? • Yes • nount • 90034 • odate • n/dd/yyy) • and belief, they are true, correct, and com- pation WARE DEVELOPER Decupation
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	Dependents PART IV General Information All Taxpayers Must Complete This Section. (See instructions) PART V Direct Deposit Drivers License Info Sign Here In Black Ink Keep a copy of this return for your records. Paid Preparer's	2 1 2 3 4 5 1 4 5 1 4 Under pleter Your Prepa SPOU:	Amount allowed. (Multiply total number of dependents claimed on lim in the instructions.) Enter amount here and on page 1, line 14 Residency Check only one box ▶● ★ Full Year ● Part Did you file an Alabama income tax return for the year 2020? ● ★ Give name and address of present employer(s). Yours <u>INTONE</u> Your Spouse's Enter the Federal Adjusted Gross Income ● \$ 108, 2021 Federal Individual Income Tax Return. Do you have income which is reported on your Federal return, but not If yes, enter source(s) and amount(s) below: (other than state income Source ● Source ● For Direct Deposit of your refund, complete 1, 2, 3, and 4 below. (See Routing Number: <u>211391825</u> 2 Type: ★ Chec Is this refund going to or through an account that is located outside of DOB (mm/dd/yyyy) ● XX/XX/XXXX Your state ● XX DL# ● XX DOB (mm/dd/yyyy) ● XX/XX/XXXX Your state ● LH ●	e 1 by the amount on the dependen Year From Yes No If no, state rease NETWORKS INC 10 2 336 and Federal Taxable Incod reported on your Alabama return (o tax refund) Page 17 of instructions to see if you king Savings 3 Acco the United States? Yes XXXXX Iss date (mm/dd/yyy) XX/X Iss date (mm/dd/yyy) Trn and attachments with my preparer. ying schedules and statements, and to th h preparer has any knowledge. Daytime Telephone Numb (203) 540–8 Daytime Telephone Numb (203) 540–8 Daytime Telephone Numb (28/2022) Daytime	t chart2021 throu on AUSTIN AVE me ● \$ ther than your state Ar u qualify.) unt Number: 185 K No X / XXXX [2 ● gh 2021. ISELIN NJ 08830 95,486 as reported on your tax refund)? ● Yes ● nount ● 90034 ● o date m/dd/yyyy) ● and belief, they are true, correct, and com- b and belief, they are true, correct, and com- b and belief, they are true, correct, and com- b and belief, they are true, correct, and com- b and belief, they are true, correct, and com- b and belief, they are true, correct, and com- b and belief, they are true, correct, and com- b and belief, they are true, correct, and com- b and belief, they are true, correct, and com- b and belief, they are true, correct, and com- b and belief, they are true, correct, and com- b and belief, they are true, correct, and com- b and belief, they are true, correct, and com- b and belief, they are true, correct, and com- b and belief, they are true, correct, and com- b and belief, they are true, correct, and com- b and belief, they are true, correct, and com- b and belief, they are true, correct, and com- b and belief,



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(Schedules B and DC are on back page)

ATTACH TO FORM 40 - SEE INSTRUCTIONS FOR SCHEDULE A

Name(s) as shown on Form 40	Your social security number
VIVEK GAJJELA	757-15-7504
The itemized deductions you may claim for the year 2021 are similar to the itemized deductions claimed on your Federa	

differ. Please see instructions before completing this schedule. **PART-YEAR RESIDENTS:** A resident of Alabama for only a part of the year should list below only those deductions actually paid while a resident of Alabama.

		CAUTION: Do not include expenses reimbursed or paid by others.						
Medical and	1	Medical and dental expenses	1	00	0			
Dental Expenses		Enter amount from Form 40, line 10 2 00			-			
•		Multiply the amount on line 2 by 4% (.04). Enter the result.	3	0	0			
		Subtract line 3 from line 1. Enter the result. If zero or less, enter –0–	· · · · · · · · · ·		-	•		00
		Real estate taxes.	5	0	_			
		FICA Tax (Social Security and Medicare) and Federal Self-Employment Tax.	6	9,0090	-			
Taxes You Paid	7	Railroad Retirement (Tier 1 only)	7	<u> </u>	_			
		Other taxes. (List – include personal property taxes.) ►			-			
		OTHER TAXES	8	199 0	0			
	9	Add the amounts on lines 5 through 8. Enter the total here.	·····			•	9,208	0
		Home mortgage interest and points reported to you on Federal Form 1098	10a	0	0		-,	
		Home mortgage interest not reported to you on Federal Form 1098. (If paid to			-			
Interest You Paid		an individual, show that person's name and address.)						
		· · · · · · · · · · · · · · · · · · ·						
			10b	0	0			
NOTE: Personal interest is not	11	Qualified mortgage insurance premiums	11	0	0			
deductible.	12	Points not reported to you on Form 1098	12	0				
	13	Investment interest. (Attach Form 4952A.)	13	0	_			
	14	Add the amounts on lines 10a through 13. Enter the total here			14	•		00
		CAUTION: If you made a charitable contribution and received a benefit in return,						
		see instructions.						
Gifts to Charity	15	Contributions by cash or check.	15	300 0	0			
	16	Other than cash or check. (You MUST attach Federal Form 8283 if over \$500.)	16	0				
	17	Carryover from prior year.	17	0	0			
	18	Add the amounts on lines 15 through 17. Enter the total here			18	•	300	00
	19a	Enter the loss from Federal Form 4684, either A i line 15, or B i line 16	19a	0	0			
Casualty and	b	Enter 10% of your Adjusted Gross Income (Form 40, line 10) if box B is checked,						
Theft Loss (Attach Form 4684)		otherwise enter zero.	19b	0	0			00
(Allacii Fuilli 4004)	с	Subtract line 19b from line 19a. If zero or less, enter –0–			19c	•		
	20	Unreimbursed employee expenses - job travel, union dues, job education, etc.						
		(You MUST attach Federal Form 2106 if required. See instructions.)						
Job Expenses			20	0	0			
and Most Other Miscellaneous	21	Other expenses (investment, tax preparation, safe deposit box, etc.). List type						
Deductions		and amount.						
			21	0	0			
	22	Add the amounts on lines 20 and 21. Enter the total.	22	0	0			
	23	Multiply the amount on Form 40, line 10 by 2% (.02). Enter the result here.	23	0	0			
	24	Subtract line 23 from line 22. Enter the result. If zero or less, enter -0			24	•		00
	25	Other (from list in the instructions). List type and amount.						
Other								
Miscellaneous								
Deductions					25	•		
								00
Qualified Long-		CAUTION: Do not include medical premiums.						
Term Care Ins.								
Premiums	26	Enter amount here.			26	•		00
Total Itemized	27	Add the amounts on lines 4, 9, 14, 18, 19c, 24, 25, and 26. Enter the total here. Then				T		İ
								1



ALABAMA DEPARTMENT OF REVENUE INCOME TAX ADMINISTRATION DIVISION Additional Taxes & Penalties



NAME(S) AS SHOWN ON THE TAX RETURN

SCHEDULE

ΑΤΡ

VIVEK GAJJELA

SOCIAL SECURITY NUMBER

757-15-7504

PART I	Additional Taxes											
174111	1 Consumer Use Tax (see instructions). If you certify that no use tax is due, check box • 🔀	1	•	0								
	2 Catastrophe savings tax (see instructions)	2	•									
	3 Total Additional Taxes. Add line 1 and line 2. Enter here and also on Form 40, page 1, line 19	3	•	0								
PART II	Penalties											
	1 Estimated Tax Penalty (see instructions).	1	•									
	2 First-time Second chance Home Buyer Savings Account penalty (from Schedule HBC, Part IV, Line 4)	2	•									
	3 Total penalties. Add line 1 and line 2. Enter here and also on Form 40, page 1, line 31	3	•									





2021



40A, or 40NR)

Alabama Department of Revenue

Wages, Salaries, Tips, etc.

Schedule W-2 must be completed fully and included with your return in order to receive proper credit for your Alabama

income tax withheld. Attach a copy of all withholding statements to your return.

NAME(S) AS SHOWN ON TAX RETURN

757-15-7504

PRIMARY'S SOCIAL SECURITY NO. SPOUSE'S SOCIAL SECURITY NO

VIVEK	GAJJELA
• - •	011001111

С D F G Н Α В Е J Schedule Alabama Employer's Employee's Social Security Number Identification Number Statutory C/C-EZ State Employer's Alabama State Federal Wages Alabama State Wages Additional Taxable Wages -State ID Number (Box 1 of Form W-2) Other States (EIN) Employee Filed? Code Income Tax Withheld (Box 16 of Form W-2) 1 ٠ •200219838 • • • AL . 117,762 757-15-7504 008885455 117,762 4,694 2 . • . . • . . • 3 • • • • . . 4 • • • • . 5 • • • • • . 6 • • . . • . • 7 • . . . • . . 8 • • • . . • • . 9 • • • . 10 • • • . 11 . • • . • 12 . • . . • • 13 • • . . . 14 • • • • • • . . 15 • . TOTAL ALABAMA TAX WITHHELD FROM W-2s. Total lines 1-15, Column G and enter the amount here 16 . 4,694 17 ALABAMA TAX WITHHELD FROM 1099s AND W-2Gs. Enter the total Alabama Income Tax Withheld from all Form 1099s and Form W-2Gs received. See instructions on where to report the income from 0 these statements..... 18 TOTAL WAGES AND TOTAL ALABAMA TAX WITHHELD FROM W-2s, 1099s, AND W-2Gs. 117,762 4,694 117,762 See instructions.

THIS SCHEDULE CAN ONLY BE SUBMITTED AND/OR PRINTED VIA LANDSCAPE

REV 02/19/22 PRO



Alabama Department of Revenue Schedule D – Net Profit or Loss



(Schedule E is on back)

ATTACH TO FORM 40 - SEE INSTRUCTIONS FOR SCHEDULES D AND E

Name(s) as shown on Form 40

(FORM

SCHEDULES

40)

VIVEK GAJJELA

Your social security number

757-15-7504

Net Profit or Loss From Sale of Real Estate, Stocks, Bonds, etc.

(a) Kind of Property	(b) Date Acquired	(c) Date Sold	(d) Amount Received	(e) Depreciation Allowable Since Acquisition	(f) Cost or Other Basis	(g) Subsequent Improvements	(h) Net Profit or (Loss) (Cols. d & e less Cols. f & g)	
ROBINHOOD CRYPTO LLC	01/26/2021	03/22/2021	3,448		3,398		50	00
ROBINHOOD SECURITIES LLC	03/05/2021	03/11/2021	2,104		1,946		158	00
COIN BASE	01/28/2021	02/03/2021	1,388		820		568	00
BINANACE	01/20/2021	10/20/2021	4		11		-7	00
								00
								00
								00
								00
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								00
								00
								00
								00

1 TOTAL NET PROFIT OR (LOSS). Enter here and on Form 40, page 2, Part I, line 3 1	1	769 00	0





Alabama Department of Revenue Supplemental Income and Loss

(From Rental Real Estate, Royalties, Partnerships, S Corporations, Estates, Trusts, REMICs, etc.) ► ATTACH TO FORM 40. ► SEE INSTRUCTIONS FOR SCHEDULE E (FORM 40).

	me(s) shown on return VEK GAJJELA							You 757-1		ial security 7504	/ numbe	er	
Р	ART I Income or Loss From Rental Real Estate and Ro Note: If you are operating under a Federal Employe		fication Number, repo	rt inco	ome and expenses from vol	ır bi	usiness of renting				edule C	or C-	EZ.
1	Show the kind and location of each Rental Real Estate Pro					_	2 For each rent			-		Yes	No
-						1	listed on line		•				X
A	F.NO 401 SHANTHI APTS		GHYANAGAR				use it during t	he tax yea	r for p	personal	A		^
в]	purposes for i • 14 days, or	more than	the gr	eater of:	в		
						1	• 10% of the t	otal dave r	antad	at fair			
С							rental value		chicu	arian	C		
					Properties					т	otals		
Inc	ome:	F	Α		В		С		(A	Add Colum		, and	C)
3	Rents received	3	780	00	0	5		00	3		7	80	00
4	Royalties received	4		00	0	2		00	4				00
Exp	penses:												
5	Advertising	5	100	00	0)		00					
6	Auto and travel	6	225	00	0	2		00					
7	Cleaning and maintenance	7	550	00	0)		00					
8	Commissions.	8		00	0	2		00					
9	Insurance	9		00	0)		00					
10	Legal and other professional fees	10		00	0)		00					
11	Management fees	11	850	00	0)		00					
12	Mortgage interest	12		00	0)		00	12				00
13	Other interest	13		00	0)		00					
14	Repairs	14	3,850	00	0)		00					
15	Supplies	15	3,000	00	0)		00					
16	Taxes	16		00	0)		00					
17	Utilities	17	2,400	00	0)		00					
18	Other (list) ►	18		00	0)		00					
				00	0	2		00					
				00	0	2		00					
				00	0	2		00					
				00	0	2		00					
19	Add lines 5 through 18	19	10,975	00	0	2		00	19		10,9	75	00
20	Depreciation expense or depletion	20		00	0	2		00	20				00
21	Total expenses. Add lines 19 and 20	21	10,975	00	0	2		00					
22	Income or (loss). Subtract line 21 from line 3 (rents) or												
	line 4 (royalties).	22	-10,195	00	0)		00					
23	Total Real Estate and Royalty income or (loss). Add column:	sΔRa	nd C from line 22 and	l onto	r the result here				23	_	10,1	95	00
_	ART II Income from Partnerships, S Corporations, Est						(i) _{Emp}		(j)				00
•	(g) Name and Address	uteo un			Aartheerst Corpo	Paj.	Identif	loyer ication nber			Amount		
					Check One		>		_				
													00
						╈			-				00
						_							00
													00
24	TOTAL INCOME FROM PARTNERSHIPS, S CORPORATIO	NS, ES	TATES, AND TRUST	'S. Ad	d the amounts in column (j)	. Er	I nter the		┢				00
	total here and include on line 25 below.				•••••			. ► 24					00
25	TOTAL INCOME OR (LOSS). Combine lines 23 and 24. Enter	er the tot	al here and on Form	40, pa	ige 2, Part I, line 6		<u></u>	. ► 25			10,1	.95	00



ALABAMA DEPARTMENT OF REVENUE Individual Income Tax Declaration for Electronic Filing For the year January 1 – December 31, 2021

2021

N 8 1																
Your first name and initial					st name אדדבי	רא							Your social security number			
VIVEK If a joint return, spouse's first	st nam	e and initial			AJJE ast name	цА						— ł	.7		1 5 : soc. sec. no. if j	
,																
Home address (number and	l stree	t). If a P.O. Box, see instructions	š.							Apt. no.		- 1		Telepho	one number (op	otional)
3550 GRANE	-									1222	2	L	(20	3)54	0-834	б
City, town or post office, sta		d ZIP code						AL	352	010						
BIRMINGHAM		Alabama tayabla inas	ma (Farm 40	line 16 e	r Form /								1			
		Alabama taxable inco														80,393
Tax Return Information	2	Total tax liability (For	m 40, line 21) c	or Net ta	x due (F	orm 40	NR, lin	ie 20)			•••••					3,978
(Whole dollars only.)	3 Total payments (Form 40, line 27 or Form 40NR, line 26)									3			4,694			
	4	Refund (Form 40, line	e 35 or Form 4(ONR, line	ə 33)								4			716
	5	Amount you owe (For	rm 40, line 30 c	or Form	40NR, lir	ne 29)							5			
Part II																
Refund	1	Routing number:	2 1 1	39	18	2	5									
and	2	Account number:	1 8 5	90	0 3	4										
Payment										_!_!						
Information		Type of account: Type of transaction:	Checking		_	avings)irect D	ohit									
				-												
Part III	5	Under penalties of perju							,							
Declaration of Taxpayer (Sign only after Part I is completed.)		that the amounts descri knowledge and belief, tl of Revenue to disclose of my return.	his return, includi to my ERO desc	ing any a ribed bel	ccompan ow, any ii	ying sch nformati	edules on conc	and statem cerning the	nents, is disburs	errue, corrections true, corrections the sement of the sem	ct, and con e refund re	nplete. A equested	lso, I here	by autho	orize the Ala	abama Departmen
Sign		•														
Here		Your signature				 Da	ate		Sr	oouse's sigr	nature. If a	ioint retu	rn, BOTH	must sig	ın.	Date
Part IV Declaration of Electronic Return		I declare that I have rev all information of which Filing of Individual Inco computer system and s software to create my c the paid preparer, und knowledge and belief,	I have any know ome Tax Returns coftware to prepar client's return and der penalties of	vledge. I (Tax Yea re and tra to the ele perjury ,	also decla ar 2021), insmit my ectronic tr I declare	are that and the client's ransmiss e that I	I have Alaban return e sion of r	followed al na Handboo electronical my client's f	l other i ok for E ly, I cor tax retu	requirement Electronic Finsent to the rn to the Ala	is describe lers of Indi disclosure abama Dej	d in IRS vidual In of all info partmen	PUB. 134 come Tax prmation t of Reve	45, Revei Returns pertaining nue, as a	nue Procects (Tax Year g to my use applicable t	dures for Electronic 2021). By using a of the system and by law. If I am also
Originator		ERO's Use On	ly													
(ERO) and Paid		ERO's signature	·							Date 03/18	/2022	Che paid	ck if also preparer		Prepa	arer's PTIN
Preparer		Firm's name (or yours if self-employed)	GLOBAL	J TAX	ES LI	C							E.I. No	· 30-	101719	96
(See instructions.)		and address	2530 F	EBBL	e cre	CEK 1	LN C	UMMIN	g ga				ZIP Co	de 30	041	
		Paid Preparer's Under penalties of per belief, they are true, c	s Use Only rjury, I declare ti	/ hat I hav				and accon	npanyir	ng schedul	es and sta	tements	•			wledge and
		Preparer's signature								Date	/2022	Cheo self-	ck if employed		Prepa 202082	arer's PTIN 2703
		Firm's name (or yours if self-employed)	SYAM F	PRIYA	RAM	SAG	AR G	UPTA :	TALL	AM			E.I. No.	30-	10171	96
		and address	2530 F	EBBL	<u>e cr</u> e	CEK I	LN C	UMMIN	<u>G G</u> A				ZIP Co	de <u>3</u> 0	041	
		DO N	IOT MA			\LA	BA	MA	DE	PT. (JF R	EVE	NU			orm AL8453 2021 555-1

Income Worksheet

Name as Shown on Return	Social Security Number
VIVEK GAJJELA	757-15-7504

Wages, Salaries, Tips, Etc for Line 5 of Form 40/40NR

Special Type Indicator (X = Income will not be included in your return) Check this box to exclude income from your Alabama return.

Check this box if you are excluding income and plan to attempt to electronically file your return. **NOTE: Part-year** residents may use this worksheet to remove non Alabama source income. Resident and Non-Resident returns may be rejected during electronic filing if you exclude income by marking boxes in the **#** column.

Payer's name	#	State name	Gross earnings	Alabama wages	Alabama tax withheld
INTONE NETWORKS INC		<u>AL</u>	<u> 117,762.</u> 	<u> 117,762.</u> 	4,694.
Total			117,762.	117,762.	4,694.

Other Income for Form 40/40NR

Special Type Indicator (X = Income will not be included in your return) Check this box to exclude income from your Alabama return.

Description	#	Total amount	Alabama amount
Total			