# **IRS e-file Signature Authorization**

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

Submission Identification Number (SID)

T.....

| Taxpayer's name  | Social security number          |
|--|---------------------------------|
| HEMANTH GUNTAKA  | 812-88-4280                     |
| Spouse's name  | Spouse's social security number |
|  |                                 |
| Part I Tax Return Information – Tax Year Ending December 31, 2021 (Enter     | year you are authorizing.)      |
| Enter whole dollars only on lines 1 through 5.                               |                                 |
| Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. |                                 |
| <b>1</b> Adjusted gross income   | <b>1</b> 84,294.                |
| <b>2</b> Total tax   | <b>2</b> 11,462.                |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099              | <b>3</b> 13,058.                |
| 4 Amount you want refunded to you  | <b>4</b> 1,596.                 |
| <b>5</b> Amount you owe  | 5                               |

#### Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of 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

| $\mathbf{X}$ | l authorize | GLOBAL TAXES LLC | to enter or generate my PIN |
|--------------|-------------|------------------|-----------------------------|
| 100          | I ddthonzo  |                  |                             |

| 8          | 4                | 2               | 8               | 0          |    |
|------------|------------------|-----------------|-----------------|------------|----|
| Ent<br>don | er fiv<br>n't er | ve di<br>nter a | gits,<br>all ze | but<br>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 | mv   | PIN    |
|----|-------|-----|----------|------|--------|
| ιO | CHICH | UI. | yenerale | iiiy | 1 11 1 |

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 sign | ature 🕨 🛛 Da  | ate 🕨 |    |   |      |                 |       |   |   |
|---------------|---|-------|----|---|------|-----------------|-------|---|---|
|               | Practitioner PIN Method Returns Only—continue                                 | bel   | ow |   |      |                 |       |   |   |
| Part III C    | ertification and Authentication – Practitioner PIN Method Only                |       |    |   |      |                 |       |   |   |
| ERO's EFIN/P  | PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. | 5     | 8  | 7 | <br> | <br>6<br>all ze | <br>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 🕨               |  | Date 🕨                |                          |
|---------------------------------|--|-----------------------|--------------------------|
| D                               | ERO Must Retain This F<br>on't Submit This Form to the I |                       |                          |
| For Donomwork Doduction Act Not | ing and your tax rature instructions                     | <br>REV/ 02/10/22 RRO | Form 8879 (Poy. 01 2021) |

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

| <b>1040</b>         | -NR Department of the Treasury-In<br>U.S. Nonresident A  | iternal Revenue Service    | (99)<br><b>Return</b> | 2021              | OMB No. 15      |                                  | IRS Use Only—Do not write<br>or staple in this space. |  |  |
|---------------------|--|----------------------------|-----------------------|-------------------|-----------------|----------------------------------|---|--|--|
| Filing<br>Status    | X Single Arried filing se  | eparately (MFS)            | _                     | widow(er) (QW     | )               |                                  |   |  |  |
| Check only one box. | If you checked the QW box, enter the child's name if the qualifying person is a child but not your dependent |                            |                       |                   |                 |                                  |   |  |  |
| Your first name     | Last name  |                            |                       |                   | 1               | dentifying number<br>structions) |   |  |  |
| HEMANTH             |  | GUNTAKA                    |                       |                   |                 | 812                              | -88-4280  |  |  |
| Home address (      | number and street or rural route). If you  | have a P.O. box, see inst  | ructions.             |                   | Apt. no.        | Check                            | if: 🛛 Individual                                      |  |  |
| 14513A CH           | ARLES DICKENS DR   |                            |                       |                   |                 |                                  | Estate or Trust                                       |  |  |
| City, town, or pos  | st office. If you have a foreign address, also   | o complete spaces below.   | State                 | ZIP cod           | е               |                                  |   |  |  |
| PFLUGERVILLE        |  |                            | TX                    | 78660             | )               |                                  |   |  |  |
| Foreign country     | name   | Foreign province/state/co  | ounty                 | Foreign           | postal code     |                                  |   |  |  |
| At any time durin   | ng 2021, did you receive, sell, exchange   | e, or otherwise dispose of | any financia          | al interest in an | / virtual curre | ncy?                             | 🗌 Yes 🛛 No  |  |  |

| Dependents                        |       |                                      |                     |                         |              |                |                        | (4) 🖌        | f qualifie | es for (see inst.):         |
|-----------------------------------|-------|--------------------------------------|---------------------|-------------------------|--------------|----------------|------------------------|--------------|------------|-----------------------------|
| (see instructions):               |       | (1) First name Last n                | ame                 | (2) Dependidentifying   |              |                | endent's<br>nip to you | Child tax    | credit     | Credit for other dependents |
| 16                                |       |                                      |                     |                         |              |                |                        |              | ]          |                             |
| If more than four dependents, see |       |                                      |                     |                         |              |                |                        |              | ]          |                             |
| instructions and                  |       |                                      |                     |                         |              |                |                        |              | ]          |                             |
| check here ►                      |       |                                      |                     |                         |              |                |                        |              | ]          |                             |
| Income                            | 1a    | Wages, salaries, tips, etc. Attac    | h Form(s) W         | 1-2                     |              |                |                        |              | 1a         | 84,269.                     |
| Effectively                       | b     | Scholarship and fellowship gran      | ts. Attach F        | orm(s) 1042-S           | or required  | d statement.   | See instruc            | tions .      | 1b         |                             |
| Connected                         | с     | Total income exempt by a treat       | y from Sch          | edule OI (Form          | 1040-NR)     | ), Item        |                        |              |            |                             |
| With U.S.                         |       | L, line 1(e)                         |                     |                         |              | 10             | ;                      |              |            |                             |
| Trade or                          | 2a    | Tax-exempt interest                  | 2a                  |                         | <b>b</b> Tax | able interes   | t                      |              | 2b         |                             |
| Business                          | 3a    | Qualified dividends                  | 3a                  | 2.                      | <b>b</b> Ord | linary divide  | nds                    |              | 3b         | 4.                          |
|                                   | 4a    | IRA distributions                    | 4a                  |                         | <b>b</b> Tax | able amoun     | t                      |              | 4b         |                             |
|                                   | 5a    | Pensions and annuities               | 5a                  |                         | <b>b</b> Tax | able amoun     | t                      |              | 5b         |                             |
|                                   | 6     | Reserved for future use              |                     |                         |              |                |                        |              | 6          |                             |
|                                   | 7     | Capital gain or (loss). Attach Sc    | nedule D (F         | orm 1040) if rec        | uired. If no | ot required,   | check here             | . 🕨 🗌        | 7          | 15.                         |
|                                   | 8     | Other income from Schedule 1         | Form 1040)          | , line 10               |              | . Other Income | from box 3 of          | f 1099-Misc  | 8          | 6.                          |
|                                   | 9     | Add lines 1a, 1b, 2b, 3b, 4b, 5b     | 7, and 8. T         | his is your <b>tota</b> | l effective  | ly connecte    | ed income              | 🕨            | 9          | 84,294.                     |
|                                   | 10    | Adjustments to income:               |                     |                         |              |                |                        |              |            |                             |
|                                   | а     | From Schedule 1 (Form 1040), I       | ne 26               |                         |              | 10             | a                      |              |            |                             |
|                                   | b     | Reserved for future use              |                     |                         |              | 10             | b                      |              |            |                             |
|                                   | с     | Scholarship and fellowship gran      | ts excluded         | 4                       |              | 10             | c                      |              |            |                             |
|                                   | d     | Add lines 10a and 10c. These a       | re your <b>tota</b> | l adjustments           | to income    | •              |                        | 🕨            | 10d        |                             |
|                                   | 11    | Subtract line 10d from line 9. Th    | is is your <b>a</b> | djusted gross i         | income       |                |                        | 🕨            | 11         | 84,294.                     |
|                                   | 12a   | Itemized deductions (from So         | hedule A (          | Form 1040-NR            | ) or, for c  | certain        |                        |              |            |                             |
|                                   |       | residents of India, standard ded     |                     |                         |              |                | a 1                    | 2,550.       |            |                             |
|                                   | b     | Charitable contributions for certain | ain resident        | s of India. See i       | nstructions  | s. 12          | b                      | 300.         |            |                             |
|                                   | с     | Add lines 12a and 12b                |                     |                         |              |                |                        |              | 12c        | 12,850.                     |
|                                   | 13a   | Qualified business income dedu       | ction from          | Form 8995 or F          | orm 8995-    | A. 13          | a                      |              |            |                             |
|                                   | b     | Exemptions for estates and trus      | ts only. See        | e instructions          |              | 13             | b                      |              |            |                             |
|                                   | с     | Add lines 13a and 13b                |                     |                         |              |                |                        |              | 13c        |                             |
|                                   | 14    | Add lines 12c and 13c                |                     |                         |              |                |                        |              | 14         | 12,850.                     |
|                                   | 15    | Taxable income. Subtract line        | 14 from line        | 11. If zero or le       | ess, enter - | 0              | <u> </u>               | <u> </u>     | 15         | 71,444.                     |
| For Disclosure,                   | Priva | cy Act, and Paperwork Reductior      | Act Notice          | , see separate i        | nstruction   | IS. BA         | A REV O                | )3/19/22 PRO | Fo         | rm <b>1040-NR</b> (2021)    |

| Form 1040-NR (   | 2021)       |  |                    |               |             |                |              |            | Page <b>2</b>           |
|--|-------------|--|--------------------|---------------|-------------|----------------|--------------|------------|-------------------------|
|  | 16          | Tax (see instructions). Check if any from Form   | (s): <b>1</b> 🗌 88 | 314 <b>2</b>  | 4972        | 3 🗌            |              | 16         | 11,462.                 |
|  | 17          | Amount from Schedule 2 (Form 1040), line 3   |                    |               |             |                |              | 17         | 0.                      |
|  | 18          | Add lines 16 and 17  |                    |               |             |                |              | 18         | 11,462.                 |
|  | 19          | Nonrefundable child tax credit or credit for o   | ther depender      | nts from Sch  | nedule 8812 | 2 (Form 104    | 0)           | 19         |                         |
|  | 20          | Amount from Schedule 3 (Form 1040), line 8   |                    |               |             |                |              | 20         |                         |
|  | 21          | Add lines 19 and 20  |                    |               |             |                |              | 21         |                         |
|  | 22          | Subtract line 21 from line 18. If zero or less, e  | enter -0           |               |             |                |              | 22         | 11,462.                 |
|  | <b>23</b> a | Tax on income not effectively connected v from Schedule NEC (Form 1040-NR), line 15                            |                    |               |             | 1              |              |            |                         |
|  | b           | Other taxes, including self-employment tax, line 21  |                    |               | · · ·       |                |              |            |                         |
|  | с           | Transportation tax (see instructions)  |                    |               | . 230       | >              |              |            |                         |
|  | d           | Add lines 23a through 23c  |                    |               |             |                |              | 23d        |                         |
|  | 24          | Add lines 22 and 23d. This is your <b>total tax</b>  |                    |               |             |                | . 🕨          | 24         | 11,462.                 |
|  | 25          | Federal income tax withheld from:  |                    |               |             |                |              |            |                         |
|  | а           | Form(s) W-2  |                    |               | . 25a       | 13             | 3,058.       |            |                         |
|  | b           | Form(s) 1099   |                    |               |             |                | -            |            |                         |
|  | с           | Other forms (see instructions)   |                    |               |             | ;              |              |            |                         |
|  | d           | Add lines 25a through 25c  |                    |               |             |                |              | 25d        | 13,058.                 |
|  | e           | Form(s) 8805   |                    |               |             |                |              | 25e        |                         |
|  | f           | Form(s) 8288-A   |                    |               |             |                |              | 25f        |                         |
|  | g           | Form(s) 1042-S   |                    |               |             |                |              | 25g        |                         |
|  | 26          | 2021 estimated tax payments and amount a   |                    |               |             |                |              | 26         |                         |
|  | 27          | Reserved for future use  | -                  |               | 1           |                |              |            |                         |
|  | 28          | Refundable child tax credit or additional cl<br>8812 (Form 1040)   | nild tax credit    | from Sche     | dule        |                |              |            |                         |
|  | 29          | Credit for amount paid with Form 1040-C  |                    |               |             |                |              |            |                         |
|  | 30          | Reserved for future use  |                    |               |             |                |              |            |                         |
|  | 31          | Amount from Schedule 3 (Form 1040), line 1   |                    |               |             |                |              |            |                         |
|  | 32          | Add lines 28, 29, and 31. These are your <b>tota</b>   |                    |               |             |                |              | 32         |                         |
|  | 33          | Add lines 25d, 25e, 25f, 25g, 26, and 32. The  |                    |               |             |                |              | 33         | 13,058.                 |
| Refund   | 34          | If line 33 is more than line 24, subtract line 24  |                    |               |             |                |              | 34         | 1,596.                  |
| neruna   | 35a         | Amount of line 34 you want refunded to you   |                    |               |             |                | ▶ □          | 35a        | 1,596.                  |
| Direct deposit?  | ►b          | Routing number 1 1 1 0 0 0 0   |                    | c Type:       |             |                | Savings      | 004        | 1,550.                  |
| See instructions.  | ►d          | Account number 4 8 8 0 8 1 7   |                    |               |             |                | Savings      |            |                         |
|  |             |  |                    |               |             |                |              |            |                         |
|  | ►e          | If you want your refund check mailed to an a enter it here.  |                    |               |             |                | page 1,      | _          |                         |
|  | 36          | Amount of line 34 you want applied to your   |                    |               |             |                |              |            |                         |
| Amount   | 37          | Amount you owe. Subtract line 33 from line   |                    |               | · · ·       | 1              | . 🕨          | 37         |                         |
| You Owe  | 38          | Estimated tax penalty (see instructions) .   |                    |               |             |                |              |            |                         |
| Third Party<br>Designee  |             | ou want to allow another person to dia<br>astructions  |                    |               | the IRS?    | Yes. (         | Complete     | below.     | X No                    |
|  | Desig       |  | Phone              |               |             |                | nal identifi | cation     |                         |
|  | name        |  | no. 🕨              |               |             |                | er (PIN)     |            |                         |
| Sign<br>Here   |             | penalties of perjury, I declare that I have examined<br>they are true, correct, and complete. Declaration of p |                    | han taxpayer) | is based on |                | n of which   | preparer h | as any knowledge.       |
| nere   | Your        | signature  | Date               | Your occup    | pation      |                |              |            | t you an Identity       |
|  |             |  |                    |               | סד הדיזם    | יז ∩סדּס       |              | inst.)     | N, enter it here        |
|  |             |  | Empile della       |               | RE DEVE     | TOLFK          | (566         |            |                         |
|  | Phone       | e no.<br>Irer's name Preparer's sig  | Email addres       | S             |             |                | PTIN         |            | healt if                |
| Paid   |             |  |                    |               | Dat         |                |              |            | Check if:               |
| Preparer SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TA |             |  |                    | GUPTA TA      | .ьам [03,   | /25/2022       | P0208:       |            | Self-employed           |
| Use Only   |             | sname► GLOBAL TAXES LLC  |                    |               |             |                | 1            |            | 3)965-9522              |
|  |             | address ▶ 2530 Pebble Creek L  |                    | g GA 30       |             |                |              |            | -1017196                |
| Go to www.irs.   | gov/Fo      | m1040NR for instructions and the latest informat   | ion.               |               | RI          | EV 03/19/22 PR | 0            | Forr       | m <b>1040-NR</b> (2021) |

| SCHEDULE    | 1 |
|-------------|---|
| (Form 1040) |   |

Department of the Treasury

HEMANTH GUNTAKA

# Additional Income and Adjustments to Income

► Attach to Form 1040, 1040-SR, or 1040-NR. the latest information. OMB No. 1545-0074 2 1 Attachment

| Internal Revenue Service | Go to www.irs.gov/Form1040 for instructions and |
|--------------------------|---|
| Name(s) shown on Fo      | rm 1040, 1040-SR, or 1040-NR                    |

|          | Attachment<br>Sequence No. <b>01</b> |
|----------|--------------------------------------|
| Your soc | ial security number                  |
| 812-88   | -4280                                |

٦

## Part I Additional Income

| 1  | Taxable refunds, credits, or offsets of state and local income taxes  | 3            | 1  |    |
|----|---|--------------|----|----|
| 2a | Alimony received  |              | 2a |    |
| b  | Date of original divorce or separation agreement (see instructions)   | •            |    |    |
| 3  | Business income or (loss). Attach Schedule C  |              | 3  |    |
| 4  | Other gains or (losses). Attach Form 4797   |              | 4  |    |
| 5  | Rental real estate, royalties, partnerships, S corporations, tro  |              | 5  |    |
| 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<br>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)   | 81           | -  |    |
|    | Section 951(a) inclusion (see instructions)   | 8m           | -  |    |
| n  |   | 8n           | -  |    |
| 0  | Section 461(I) excess business loss adjustment  | 80           | -  |    |
| р  | Taxable distributions from an ABLE account (see instructions).  | 8p           | -  |    |
| Z  | Other income. List type and amount ►<br>Other Income from box 3 of 1099-Misc 6.   | <b>8z</b> 6. |    |    |
| 9  | Total other income. Add lines 8a through 8z   |              | 9  | 6. |
| 10 | Combine lines 1 through 7 and 9. Enter here and on Form 10  |              |    |    |
|    | 1040-NR, line 8   |              | 10 | б. |

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

Schedule 1 (Form 1040) 2021

| Par | t II Adjustments to Income  |     |  |
|-----|---|-----|--|
| 11  | Educator expenses   | 11  |  |
| 12  | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106   | 12  |  |
| 13  | Health savings account deduction. Attach Form 8889  | 13  |  |
| 14  | Moving expenses for members of the Armed Forces. Attach Form 3903   | 14  |  |
| 15  | Deductible part of self-employment tax. Attach Schedule SE  | 15  |  |
| 16  | Self-employed SEP, SIMPLE, and qualified plans  | 16  |  |
| 17  | Self-employed health insurance deduction  | 17  |  |
| 18  | Penalty on early withdrawal of savings  | 18  |  |
| 19a | Alimony paid  | 19a |  |
| b   | Recipient's SSN   |     |  |
| С   | Date of original divorce or separation agreement (see instructions)   |     |  |
| 20  | IRA deduction   | 20  |  |
| 21  | Student loan interest deduction   | 21  |  |
| 22  | Reserved for future use   | 22  |  |
| 23  | Archer MSA deduction  | 23  |  |
| 24  | Other adjustments:  |     |  |
| а   | Jury duty pay (see instructions)         .         .         .         24a  |     |  |
| b   | Deductible expenses related to income reported on line 8k from         the rental of personal property engaged in for profit <b>24b</b>                             |     |  |
| С   | Nontaxable amount of the value of Olympic and Paralympicmedals and USOC prize money reported on line 81 <b>24c</b>  |     |  |
| d   | Reforestation amortization and expenses   |     |  |
| е   | Repayment of supplemental unemployment benefits under the<br>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 <b>24g</b>   |     |  |
| h   | Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)   |     |  |
| i   | Attorney fees and court costs you paid in connection with an<br>award from the IRS for information you provided that helped the<br>IRS detect tax law violations24i |     |  |
| j   | Housing deduction from Form 2555         .         .         .         24j  |     |  |
| k   | Excess deductions of section 67(e) expenses from Schedule K-1         (Form 1041) <b>24k</b>  |     |  |
| 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 <b>adjustments to income.</b> Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a             | 26  |  |

REV 03/19/22 PRO

## SCHEDULE NEC (Form 1040-NR)

## Tax on Income Not Effectively Connected With a U.S. Trade or Business

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99) ▶ Go to www.irs.gov/Form1040NR for instructions and the latest information.
 ▶ Attach to Form 1040-NR.

Your identifying number

(d) Other (aposity)

2

Attachment

Name shown on Form 1040-NR

Your identifying number

812-88-4280

|              | Noture of Income  |     |
|--------------|---|-----|
| Enter amount | f income under the appropriate rate of tax. See instruction | ns. |
| HEMANIH      | GUNIAKA   |     |

| Nature of Income   |   |                        | (a) 10%  | <b>(b)</b> 15%                  | (c) 30% |                                    | (specify)           |                            |  |  |
|--|---|------------------------|--|---------------------------------|---------|------------------------------------|---------------------|----------------------------|--|--|
|  | Nature of Income  |                        |  |                                 | (a) 10% | %CT (d)                            | (c) 30%             | %                          | %  |  |
| 1  | Dividends and divide                                    | end eq                 | uivalents:   |                                 |         |                                    |                     |                            |  |  |
| а  | Dividends paid by U                                     | .S. cor                | porations  |                                 | 1a      |                                    |                     |                            |  |  |
| b  |   |                        | corporations   |                                 | 1b      |                                    |                     |                            |  |  |
| с  |   | -                      | Its received with respect to section 871(m)  |                                 | 1c      |                                    |                     |                            |  |  |
| 2  | Interest:   |                        |  |                                 |         |                                    |                     |                            |  |  |
| а  | Mortgage  |                        |  |                                 | 2a      |                                    |                     |                            |  |  |
| b  |   |                        | IS   |                                 | 2b      |                                    |                     |                            |  |  |
| с  |   |                        |  |                                 | 2c      |                                    |                     |                            |  |  |
| 3  | Industrial royalties (p                                 | atents                 | , trademarks, etc.)  |                                 | 3       |                                    |                     |                            |  |  |
| 4  | Motion picture or TV                                    | copyr                  | ight royalties   |                                 | 4       |                                    |                     |                            |  |  |
| 5  | Other royalties (copy                                   | rights,                | recording, publishing, etc.)   |                                 | 5       |                                    |                     |                            |  |  |
| 6  |   | -                      | natural resources royalties  |                                 | 6       |                                    |                     |                            |  |  |
| 7  | Pensions and annuit                                     | ies.                   |  |                                 | 7       |                                    |                     |                            |  |  |
| 8  |   |                        |  |                                 | 8       |                                    |                     |                            |  |  |
| 9  | Capital gain from line                                  | e 18 be                | elow   |                                 | 9       |                                    |                     |                            |  |  |
| 10   | Gambling-Resident                                       | ts of C<br><b>r -0</b> | anada only. Enter net income in column   | (c).                            |         |                                    |                     |                            |  |  |
| а  | Winnings  |                        |  |                                 |         |                                    |                     |                            |  |  |
| b  | Losses  |                        |  |                                 | 10c     |                                    |                     |                            |  |  |
| 11   | Gambling winnings –<br>Note: Losses not allo            | -Resid                 | lents of countries other than Canada.  |                                 | 11      |                                    |                     |                            |  |  |
| 12   | Other (specify)   |                        |  |                                 |         |                                    |                     |                            |  |  |
|  |   |                        |  |                                 | 12      |                                    |                     |                            |  |  |
| 13   |   |                        | columns (a) through (d)  |                                 | 13      |                                    |                     |                            |  |  |
| 14   | Multiply line 13 by r                                   | ate of                 | tax at top of each column  |                                 | 14      |                                    |                     |                            |  |  |
| 15   | Tax on income not ef                                    | ffective               | ely connected with a U.S. trade or busines   |                                 |         |                                    |                     |                            | R, line 23a ► <b>15</b>  |  |
|  |   |                        | Capital Gains a  | nd Losses F                     | rom     | Sales or Excha                     | nges of Proper      | ty                         |  |  |
| Enter only the capital gains and<br>losses from property sales or<br>exchanges that are from sources<br>within the United States and not |   | 16                     | (a) Kind of property and description<br>(if necessary, attach statement of<br>descriptive details not shown below) | (b) Date acquired<br>mm/dd/yyyy |         | <b>(c)</b> Date sold<br>mm/dd/yyyy | (d) Sales price     | (e) Cost or<br>other basis | (f) LOSS<br>If (e) is more than (d),<br>subtract (d) from (e). | (g) GAIN<br>If (d) is more than (e),<br>subtract (e) from (d). |
|  | ely connected with a U.S.<br>s. Do not include a gain   |                        |  |                                 |         |                                    |                     |                            | ļ  |  |
| or loss  | on disposing of a U.S. real<br>y interest; report these |                        |  |                                 |         |                                    |                     |                            |  |  |
| gains a  | nd losses on Schedule D                                 |                        |  |                                 |         |                                    |                     |                            |  |  |
| (Form 1<br>Report  |   |                        |  |                                 |         |                                    |                     |                            | ļ  |  |
| exchan   | property sales or<br>ges that are effectively           |                        |  |                                 |         |                                    |                     |                            | ļ  |  |
|  | ted with a U.S. business<br>edule D (Form 1040),        |                        |  |                                 |         |                                    |                     |                            | (  | )  |
|  | 797, or both.   | 18                     | Capital gain. Combine columns (f) and  | d (g) of line 17                | 7. Ente | r the net gain here                | e and on line 9 abo | ove. If a loss, ente       | r-0 ► <b>18</b>  |  |

| SCHE  | DUI  | _E  | ΟΙ |
|-------|------|-----|----|
| (Form | 1040 | )-N | R) |

## **Other Information**

OMB No. 1545-0074

#### . . . ... . . .

|         | 1040-NR)                                    | ►Go                    | to www.irs.gov/Form1040                                       | VR for instructions an<br>ch to Form 1040-NR. | d the latest informatio                        | n.             | 202                             | 21                |
|---------|---|------------------------|---|---|--|----------------|---------------------------------|-------------------|
|         | ent of the Treasury<br>Revenue Service (99) |                        |   | swer all questions.                           |  |                | Attachment<br>Sequence N        | o. <b>7C</b>      |
| Name sh | nown on Form 1040                           | )-NR                   |   | -   |  | Your identifyi |                                 |                   |
| HEMA    | NTH GUNTA                                   | KA                     |   |   |  | 812-88-        | 4280                            |                   |
| Α       | Of what countr                              | y or countries v       | vere you a citizen or nation                                  | al during the tax year                        | INDIA  |                |                                 |                   |
| В       |   | •                      | residence for tax purpose                                     | • •   |  |                |                                 |                   |
| С       | •   | • •                    | green card holder (lawful p                                   | permanent resident) of                        | the United States?                             |                | Yes                             | 🛛 No              |
| D       | Were you ever:                              |                        |   |   |  |                |                                 |                   |
|         | A U.S. citizen?                             |                        |   |   |  |                |                                 | X No<br>No        |
| ۷.      | -   |                        | ), see Pub. 519, chapter 4,                                   |   |  |                |                                 |                   |
| Е       | -   | ., .                   | day of the tax year, enter y                                  | •   |  | ter vour U.S   |                                 |                   |
| -       |   |                        | day of the tax year. F1                                       |   |  | -              |                                 |                   |
| F       |   |                        | visa type (nonimmigrant sta                                   |   |  |                |                                 | 🛛 No              |
|         | If you answere                              | d "Yes," indicat       | e the date and nature of the                                  | e change 🕨                                    |  |                | -                               |                   |
| G       | ,   |                        | left the United States durin                                  | 0   |  |                |                                 |                   |
|         |   |                        | Canada or Mexico <b>AND</b> co                                |   |  |                |                                 |                   |
|         |   |                        | Mexico and skip to item H                                     |   |  |                |                                 |                   |
|         |   | United States<br>dd/yy | Date departed United Stat<br>mm/dd/yy                         | es Da   | ate entered United State<br>mm/dd/yy           | es   Date de   | parted Unite<br>mm/dd/yy        | d States          |
|         |   |                        |   |   | , , , , , , , , , , , , , , , , , , ,          |                |                                 |                   |
|         |   |                        |   |   |  |                |                                 |                   |
|         |   |                        |   |   |  |                |                                 |                   |
|         |   |                        |   |   |  |                |                                 |                   |
| н       | 2019  |                        | vacation, nonworkdays, and<br>, 20203                         | 65 , and 20                                   | 21 365   |                |                                 |                   |
| I       | Did you file a U                            | .S. income tax         | return for any prior year? .<br>nd form number you filed ►    |   |  |                | X Yes                           | 🗌 No              |
| J       |   |                        | st?   |   |  |                |                                 | 🗙 No              |
|         |   |                        | U.S. or foreign owner unde<br>ribution from a U.S. person     |   |  |                |                                 | 🗌 No              |
| Κ       | •   |                        | ation of \$250,000 or more                                    | • •   |  |                |                                 | X No              |
|         | -   |                        | ative method to determine                                     |   |  |                |                                 | No                |
| L       |   |                        | f you are claiming exempt<br>v. See Pub. 901 for more in      |   |  | tax treaty w   | ith a foreign                   | country,          |
| 1.      |   |                        | the applicable tax treaty art<br>ne columns below. Attach Fo  |   |  |                |                                 | t, and the        |
|         |   | <b>(a)</b> Cou         | ntry  | (b) Tax treaty article                        | (c) Number of month<br>claimed in prior tax ye |                | mount of exe<br>e in current ta | •                 |
|         |   |                        |   |   |  |                |                                 |                   |
|         |   |                        |   |   |  |                |                                 |                   |
|         |   |                        |   |   |  |                |                                 |                   |
|         | (e) Total Ento                              | r this amount o        | n Form 1040-NR, line 1c. D                                    | )<br>o not enter it on line :                 | la or line 1b                                  |                |                                 |                   |
| 2       |   |                        | preign country on any of the                                  |   |  |                | Yes                             | No                |
|         |   |                        | ts pursuant to a Competent                                    |   |  |                | ☐ Yes                           | X No              |
|         | -   |                        | Competent Authority deterr                                    |   |  |                |                                 |                   |
| М       | Check the app                               |                        | -   | -   |  |                |                                 |                   |
| 1.      |   |                        | aking an election to treat in<br>under section 871(d). See ir |   |  |                |                                 | onnected<br>. ▶ □ |

2. You have made an election in a previous year that has not been revoked, to treat income from real property located in the United States as effectively connected with a U.S. trade or business under section 871(d). See instructions . . . . . . . . . . . . . . . . . .

For Paperwork Reduction Act Notice, see the Instructions for Form 1040-NR.

REV 03/19/22 PRO Schedule OI (Form 1040-NR) 2021

| SCHEDULE    | D |
|-------------|---|
| (Eorm 1040) |   |

### (Form 1040)

## OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99)

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

**Capital Gains and Losses** 

20Attachment Sequence No. 12

Name(s) shown on return HEMANTH GUNTAKA Your social security number 812-88-4280

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?

× No **Yes** 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<br>This | instructions for how to figure the amounts to enter on the<br>below.<br>form may be easier to complete if you round off cents to<br>e dollars.  | <b>(d)</b><br>Proceeds<br>(sales price) | <b>(e)</b><br>Cost<br>(or other basis) | (g)<br>Adjustment<br>to gain or loss<br>Form(s) 8949, F<br>line 2, columr | from<br>Part I, | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|---------------|---|---|--|---|-----------------|---|
| <b>1</b> a    | 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 <b>Box A</b> checked  | 32.                                     | 16.                                    |   |                 | 16.   |
| 2             | Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked  |   |  |   |                 |   |
| 3             | Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked  | 3.                                      | 4.                                     |   |                 | -1.   |
| 4             | Short-term gain from Form 6252 and short-term gain or (   | 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             |   |   |  |   |                 | ( )   |
| 7             | Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise  |   | 7                                      | 15.   |                 |   |

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

| See instructions for how to figure the amounts to enter on the lines below. |  | <b>(d)</b><br>Proceeds | <b>(e)</b><br>Cost | <b>(g)</b><br>Adjustmen<br>to gain or loss | from | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and |
|---|--|------------------------|--------------------|--|------|--|
|   | form may be easier to complete if you round off cents to e dollars.  | (sales price)          | (or other basis)   | Form(s) 8949, I<br>line 2, colum           |      | combine the result<br>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 <b>Box D</b> checked   |                        |                    |  |      |  |
| 9   | Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked   |                        |                    |  |      |  |
| 10  | Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked.  |                        |                    |  |      |  |
|   | Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824   | 11                     |                    |  |      |  |
| 12<br>13  | Net long-term gain or (loss) from partnerships, S corporat<br>Capital gain distributions. See the instructions   |                        | 12<br>13           |  |      |  |
|   | Long-term capital loss carryover. Enter the amount, if any <b>Worksheet</b> in the instructions  | 14                     | ( )                |  |      |  |
| 15  | Net long-term capital gain or (loss). Combine lines 8a on the back .   | •                      |                    |  | 15   |  |

Summary

Part III

| 16 | Combine lines 7 and 15 and enter the result   | <b>16</b> 15.               |
|----|---|-----------------------------|
|    | • If line 16 is a <b>gain,</b> 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 <b>loss</b> , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.  |                             |
|    | <ul> <li>If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or<br/>1040-NR, line 7. Then, go to line 22.</li> </ul>  |                             |
| 17 | Are lines 15 and 16 <b>both</b> gains?  |                             |
|    | No. Skip lines 18 through 21, and go to line 22.  |                             |
| 18 | If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet  | 18                          |
| 19 | If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (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?<br>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<br>for Forms 1040 and 1040-SR, line 16.  |                             |
|    | <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.   |                             |
|    | REV 03/19/22 PRO  | Schedule D (Form 1040) 2021 |

Form **8949** 

# Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

► Go to *www.irs.gov/Form*8949 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.



Internal Revenue Service Name(s) shown on return

HEMANTH GUNTAKA

Department of the Treasury

| Social security number or taxpayer identification number |
|--|
| 812-88-4280  |

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

| <b>1</b><br>(a)<br>Description of property  | (b) (c)<br>Date sold or                   |                                | <b>(d)</b><br>Proceeds              | <b>(e)</b><br>Cost or other basis.<br>See the <b>Note</b> below |                                     |                                       | <b>(h)</b><br>Gain or (loss).<br>Subtract column (e)         |
|---|---|--------------------------------|-------------------------------------|---|-------------------------------------|---------------------------------------|--|
| (Example: 100 sh. XYZ Co.)  | (Mo., day, yr.)                           | disposed of<br>(Mo., day, yr.) | (sales price)<br>(see instructions) | and see Column (e)<br>in the separate<br>instructions           | (f)<br>Code(s) from<br>instructions | <b>(g)</b><br>Amount of<br>adjustment | from column (d) and<br>combine the result<br>with column (g) |
| ROBINHOOD SECURITIES LLC  | 01/04/21                                  | 01/19/21                       | 32.                                 | 16.   |                                     |                                       | 16.  |
|   |   |                                |                                     |   |                                     |                                       |  |
|   |   |                                |                                     |   |                                     |                                       |  |
|   |   |                                |                                     |   |                                     |                                       |  |
|   |   |                                |                                     |   |                                     |                                       |  |
|   |   |                                |                                     |   |                                     |                                       |  |
|   |   |                                |                                     |   |                                     |                                       |  |
|   |   |                                |                                     |   |                                     |                                       |  |
|   |   |                                |                                     |   |                                     |                                       |  |
|   |   |                                |                                     |   |                                     |                                       |  |
|   |   |                                |                                     |   |                                     |                                       |  |
|   |   |                                |                                     |   |                                     |                                       |  |
|   |   |                                |                                     |   |                                     |                                       |  |
|   |   |                                |                                     |   |                                     |                                       |  |
| 2 Totals. Add the amounts in columns<br>negative amounts). Enter each tota<br>Schedule D, line 1b (if Box A above<br>above is checked), or line 3 (if Box C | I here and inc<br>is checked), <b>lir</b> | lude on your<br>1e 2 (if Box B | 32.                                 | 16.   |                                     |                                       | 16.  |

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** 

Department of the Treasury

Internal Revenue Service

# Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

► 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.

2021 Attachment Sequence No. 12A

| Name(s) shown on return | Social security number or taxpayer identification number |
|-------------------------|--|
| HEMANTH GUNTAKA         | 812-88-4280  |

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

| <b>1</b><br>(a)<br>Description of property<br>(Example: 100 sh. XYZ Co.)  | <b>(b)</b><br>Date acquired<br>(Mo., day, yr.) |                                | (d)<br>Proceeds<br>(sales price)<br>(see instructions) | (e)<br>Cost or other basis.<br>See the <b>Note</b> below<br>and see <i>Column (e)</i><br>in the separate<br>instructions | V See the separate instructions.    |                                       | Gain or (loss).<br>Subtract column (e)                       |
|---|--|--------------------------------|--|--|-------------------------------------|---------------------------------------|--|
|   |  |                                |  |  | (f)<br>Code(s) from<br>instructions | <b>(g)</b><br>Amount of<br>adjustment | from column (d) and<br>combine the result<br>with column (g) |
| ROBINHOOD SECURITIES LLC  | 01/26/21                                       | 02/05/21                       | 3.   | 4.   |                                     |                                       | -1.  |
|   |  |                                |  |  |                                     |                                       |  |
|   |  |                                |  |  |                                     |                                       |  |
|   |  |                                |  |  |                                     |                                       |  |
|   |  |                                |  |  |                                     |                                       |  |
|   |  |                                |  |  |                                     |                                       |  |
|   |  |                                |  |  |                                     |                                       |  |
|   |  |                                |  |  |                                     |                                       |  |
|   |  |                                |  |  |                                     |                                       |  |
|   |  |                                |  |  |                                     |                                       |  |
|   |  |                                |  |  |                                     |                                       |  |
|   |  |                                |  |  |                                     |                                       |  |
|   |  |                                |  |  |                                     |                                       |  |
|   |  |                                |  |  |                                     |                                       |  |
| 2 Totals. Add the amounts in columns<br>negative amounts). Enter each tota<br>Schedule D, line 1b (if Box A above<br>above is checked), or line 3 (if Box C | al here and inc<br>is checked), <b>lir</b>     | lude on your<br>1e 2 (if Box B | 3.   | 4.   |                                     |                                       | -1.  |

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