E 1040-NR Department of the Treasury-Internal Revenue Service (99)
U.S. Nonresident Alien Income Tax Return 2021 OMB No. 1545-0074 RS Use Only-Do not write or staple in this space.

Filing Status		Single										
Check only one box.		ou checked the QW box, enter the alifying person is a child but not you										
Your first name a	and r	niddle initial	Last r	name						Your identifying number (see instructions)		
POORNIMA	SAI	CHOWDARY	KRO	THAPALLI						748-42-5444		
Home address (ı	numk	per and street or rural route). If you	have a P.	O. box, see inst	ructions.			Apt. no).	Check if:	X Individual	
952 SUTTE	R S	T						9			Estate or Trust	
City, town, or pos	st offi	ce. If you have a foreign address, als	so complete	e spaces below.	State		ZIP cod	le				
SAN FRANC	ISC	0		CA 94109			9					
Foreign country	nam	е	Foreign p	rovince/state/co	ounty		Foreign	postal	code			
At any time durir	ng 20	021, did you receive, sell, exchang	e, or other	wise dispose of	any finano	cial intere	est in an	y virtual	curren	cy?	☐ Yes 🔀 No	
				1		ı			(4)	A 16 1161		
Dependents		(1) First name Last name		(2) Depend	dent's	(3)	Depender	ent's			es for (see inst.): Credit for other	
(see instructions):				1		relation	onship to	l ('hil		tax credit	dependents	
f more than four dependents, see												
nstructions and												
check here ►												
Income	1a	Wages, salaries, tips, etc. Attach	()							1a	152,585.	
Effectively	b	Scholarship and fellowship grant	s. Attach F	Form(s) 1042-S	or required	d statem	ent. See	instruct	ions .	1b		
Connected	С	Total income exempt by a treaty		•	,), Item						
With U.S.		L, line 1(e)	1				1c					
Trade or	2a	Tax-exempt interest	2a			able inte				2b		
Business	3a	Qualified dividends	3a			dinary div				3b		
	4a	IRA distributions	4a			able am				4b		
	5a	Pensions and annuities	5a			able am	ount .			5b		
	6 7	Reserved for future use							7	-3,000.		
	8	Capital gain or (loss). Attach Schedule D (Form 1040) if required. If not required, check here . ▶ ☐ Other income from Schedule 1 (Form 1040), line 10								-65,200.		
	9	Add lines 1a, 1b, 2b, 3b, 4b, 5b, 7, and 8. This is your total effectively connected income							84,385.			
1	10	Adjustments to income:	7, and 0. 1	mo io your tota i	CHOOLIVO				. ,		01/303.	
	а	From Schedule 1 (Form 1040), line 26										
	b	Reserved for future use										
	С	Scholarship and fellowship grants excluded										
	d	Add lines 10a and 10c. These are your total adjustments to income							10d			
1	11	Subtract line 10d from line 9. This is your adjusted gross income							11	84,385.		
1	12a	Itemized deductions (from Schresidents of India, standard deductions)					100	1 1) EE0			
	b	Charitable contributions for certa				· · · · · · · · · · · · · · · · · · ·	12a 12b		2,550 300			
	С	Add lines 12a and 12b	iii rosiu c iili	o or maia. Oce ii	ion donors	. [120		300	12c	12,850.	
1	13a		tion from	 Form 8995 or Fo	 orm 8995-	Α .	13a			120	12,000.	
'	b											
	C	Add lines 13a and 13b	•							13c		
1	14	Add lines 12c and 13c								14	12,850.	

Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- .

71,535.

15

Form 1040-NR (2021)												Page 2
	16	Tax (see instructions). Check if	any from Form	(s): 1 88	314 2 [4972	2 3			16		11,	484.
	17	Amount from Schedule 2 (Forr	n 1040), line 3							17			0.
	18 Add lines 16 and 17									18		11,	484.
	19	Nonrefundable child tax credit	or credit for o	ther depender	nts from Sc	hedule	8812 (l	orm 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. I	zero or less,	enter -0						22		11,	,484.
	23a	Tax on income not effectively from Schedule NEC (Form 104					23a						
	b	Other taxes, including self-em line 21				, ,	23b						
	С	Transportation tax (see instruc	tions)				23c						
	d	Add lines 23a through 23c .								23d			
	24	Add lines 22 and 23d. This is y	our total tax						. ▶	24		11,	484.
	25	Federal income tax withheld fr	om:										
	а	Form(s) W-2					25a	6	5,367.				
	b	Form(s) 1099					25b						
	С	Other forms (see instructions)					25c						
	d	Add lines 25a through 25c .								25d		6,	367.
	е	Form(s) 8805								25e			
	f	Form(s) 8288-A								25f			
	g	Form(s) 1042-S								25g			
	26	2021 estimated tax payments	and amount a	pplied from 20	20 return .					26			
	27	Reserved for future use					27						
	28	Refundable child tax credit of 8812 (Form 1040)		hild tax credi			28						
	29	Credit for amount paid with Fo	rm 1040-C				29						
	30	Reserved for future use					30						
	31	Amount from Schedule 3 (Forr				1	31						
	32	Add lines 28, 29, and 31. Thes					ble cre	edits		32			
	33	Add lines 25d, 25e, 25f, 25g, 2								33		6,	367.
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid								34				
	35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here ▶ □								35a				
Direct deposit?	▶ b Routing number X X X X X X X X X X X X X X X X X X X												
See instructions.													
	▶ e If you want your refund check mailed to an address outside the United States not shown on page 1, enter it here.												
	36	Amount of line 34 you want ap	plied to your	2022 estimat	ed tax .	•	36						
Amount	37	Amount you owe. Subtract lir	e 33 from line	24. For detail	s on how to	pay, se	ee inst	ructions	. ▶	37		5,	117.
You Owe	38	Estimated tax penalty (see inst	ructions) .			•	38						
Third Party Designee	•	ou want to allow another nstructions	person to di	scuss this r	eturn with	the II	RS? ▶	Yes.	Complete	below.	X	No	
Designee	Designee's Phone Personal ider name ► no. ► number (PIN					cation		\Box					
Sign	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge												
Here						IRS se							
	SOFTWARE ENGINEER (S							(see i	nst.) ►				
	Phone no. Email address												
Paid	Prepa	ırer's name	Preparer's si	gnature			Date		PTIN		Chec	k if:	
Preparer	SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 04/26/2022 P0208							<u>27</u> 03	S	elf-em	nployed		
	Firm's name CIODAL TAVES LIG							no. (678)965-9522			9522		
Use Only	Firm's address ► 2530 Pebble Creek Ln Cumming GA 30041 Firm's EIN												

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2021

Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

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

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
POORNIMA SAI CHOWDARY KROTHAPALLI

Your social security number
748-42-5444

Par	Additional income				
1	Taxable refunds, credits, or offsets of state and local income taxes		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	-65,300.	
4	Other gains or (losses). Attach Form 4797		4		
5	Rental real estate, royalties, partnerships, S corporations, tr Schedule E		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 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		-	
m	Section 951(a) inclusion (see instructions)	8m			
n	Section 951A(a) inclusion (see instructions)	8n			
0	Section 461(I) excess business loss adjustment	80			
р	Taxable distributions from an ABLE account (see instructions) .	8р			
Z	Other income. List type and amount ► Other Income from box 3 of 1099-Misc 100.	8z	100.		
9	Total other income. Add lines 8a through 8z			9	100.
10	Combine lines 1 through 7 and 9. Enter here and on Form 1	040,	1040-SR, or		
	1040-NR, line 8			10	-65,200.

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

Par	Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-officials. Attach Form 2106			
13	Health savings account deduction. Attach Form 8889	13		
14	Moving expenses for members of the Armed Forces. Attach Form	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	24b		
С	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l	24c		
d	Reforestation amortization and expenses	24d		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	24 g		
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	24i		
j	Housing deduction from Form 2555	24 j		
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 here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line			

SCHEDULE NEC (Form 1040-NR)

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

Attachment

Your identifying number

Department of the Treasury Internal Revenue Service (99)

Name shown on Form 1040-NR

▶ Go to www.irs.gov/Form1040NR for instructions and the latest information. ► Attach to Form 1040-NR.

Sequence No. 7B

OMB No. 1545-0074

POORNIMA SAI CHOWDARY KROTHAPALLI 748-42-5444 Enter amount of income under the appropriate rate of tax. See instructions. (d) Other (specify) (a) 10% **Nature of Income** (c) 30% **(b)** 15% % % Dividends and dividend equivalents: Dividends paid by U.S. corporations 1a 1b Dividend equivalent payments received with respect to section 871(m) transactions 1c 2 Interest: 2a 2b 2c 3 3 4 Motion picture or TV copyright royalties Other royalties (copyrights, recording, publishing, etc.) . . . 5 Real property income and natural resources royalties 6 7 8 9 10 Gambling-Residents of Canada only. Enter net income in column (c). If zero or less, enter -0-. Winnings _____ 10c Gambling winnings—Residents of countries other than Canada. 11 12 Other (specify) ▶ 12 13 Add lines 1a through 12 in columns (a) through (d) 13 14 14 15 Tax on income not effectively connected with a U.S. trade or business. Add columns (a) through (d) of line 14. Enter the total here and on Form 1040-NR, line 23a ▶ Capital Gains and Losses From Sales or Exchanges of Property Enter only the capital gains and 16 (a) Kind of property and description (f) LOSS (g) GAIN (b) Date acquired (c) Date sold (d) Sales price (e) Cost or losses from property sales or (if necessary, attach statement of If (e) is more than (d), If (d) is more than (e), mm/dd/yyyy mm/dd/yyyy other basis exchanges that are from sources descriptive details not shown below) subtract (d) from (e). subtract (e) from (d). within the United States and not effectively connected with a U.S. business. Do not include a gain or loss on disposing of a U.S. real property interest; report these gains and losses on Schedule D (Form 1040). Report property sales or exchanges that are effectively connected with a U.S. business 17 Add columns (f) and (g) of line 16 on Schedule D (Form 1040). 18 Capital gain. Combine columns (f) and (g) of line 17. Enter the net gain here and on line 9 above. If a loss, enter -0-. • 18 Form 4797, or both.

SCHEDULE D (Form 1040)

Capital Gains and Losses

200

2021

OMB No. 1545-0074

Attachment Sequence No. **12**

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.

Name(s) shown on return
POORNIMA SAI CHOWDARY KROTHAPALLI
748-42-5444

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) Part I See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to Form(s) 8949, Part I, combine the result (sales price) (or other basis) whole dollars. with column (g) line 2. column (a) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . **1b** Totals for all transactions reported on Form(s) 8949 with Box A checked 131,595. 197,985. -62,508. 3,882. Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on Form(s) 8949 with Box C checked Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h), If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back 7 -62,508. Part II Long-Term Capital Gains and Losses - Generally Assets Held More Than One Year (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to Form(s) 8949, Part II, (sales price) (or other basis) combine the result whole dollars. line 2. column (a) with column (a) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . 8b Totals for all transactions reported on Form(s) 8949 with Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

15

Schedule D (Form 1040) 2021 Page 2

Part III **Summary** -62,508. 16 Combine lines 7 and 15 and enter the result 16 • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 3,000.) • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

Sales and Other Dispositions of Capital Assets

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

Department of the Treasury Internal Revenue Service

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

Attachment Sequence No. 12A

OMB No. 1545-0074

Name(s) shown o	n returr	1	
POORNIMA	SAI	CHOWDARY	KROTHAPALLI

Social security number or taxpayer identification number 748-42-5444

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 (C) Short-term transactions			_	sis wasn't report	ed to the IF	RS		
1	(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below	Adjustment, in If you enter an enter a consecutive See the sep	(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)	
Robi	nhood Securities LLC	01/01/21	12/31/21	131,595.	197,985.	W	3,882.	-62,508.	
ne Sc	tals. Add the amounts in columns gative amounts). Enter each tota hedule D, line 1b (if Box A above ove is checked), or line 3 (if Box 6	al here and inc is checked), lir	lude on your ne 2 (if Box B	131,595.	197,985.		3,882.	-62,508.	

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.

Department of the Treasury

Internal Revenue Service

Health Savings Accounts (HSAs)

► Attach to Form 1040, 1040-SR, or 1040-NR. ▶ Go to www.irs.gov/Form8889 for instructions and the latest information. OMB No. 1545-0074 Attachment Sequence No. 52

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

POORNIMA SAI CHOWDARY KROTHAPALLI

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ► 748-42-5444

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required. HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly Part I and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse. Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2021. X Self-only ☐ Family 2 HSA contributions you made for 2021 (or those made on your behalf), including those made from January 1, 2022, through April 15, 2022, that were for 2021. Do not include employer contributions, 2 0. If you were under age 55 at the end of 2021 and, on the first day of every month during 2021, you were, or were considered, an eligible individual with the same coverage, enter \$3,600 (\$7,200 for 3 3,600. Enter the amount you and your employer contributed to your Archer MSAs for 2021 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2021, also 4 Ο. 5 5 3,600. 6 Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2021, see the instructions for the amount to enter . . . 6 3,600. 7 If you were age 55 or older at the end of 2021, married, and you or your spouse had family coverage 0. under an HDHP at any time during 2021, enter your additional contribution amount. See instructions 7 8 8 3,600. 9 Employer contributions made to your HSAs for 2021 10 625. 11 11 12 12 2,975. HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 13 13 0. Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions. Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse. Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were 14b 14c Qualified medical expenses paid using HSA distributions (see instructions) 15 15 Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this 16 16 17a If any of the distributions included on line 16 meet any of the Exceptions to the Additional b Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c Part III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse. 18 18 19 19 Total income, Add lines 18 and 19, Include this amount on Schedule 1 (Form 1040), Part I, line 8z, 20 20 Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 21 21