Tear off here

4

E 1040-ES (NR) Department of the Treasury



| ц | Department of the Treasury Internal Revenue Service OMB No. 1545-0074 | | | | | | | | | |
|------|--|--|-------------------|-------|--|--|--|--|--|--|
| File | only if you are making a payment of est | Calendar year – Due Jan. 17, 2023 | | | | | | | | |
| | icher with your check or money order pa | | mated tax you are | | | | | | | |
| | ntifying number and "2022 Form 1040-E | paying by check or | Dollars | Cents | | | | | | |
| cas | h. Enclose, but do not staple or attach, | money order. | 663. | | | | | | | |
| | Your identifying number (SSN or ITIN) (emp | oyer identification number for an estate or trust) | | | | | | | | |
| | 027-21-2588 | 1 | | | | | | | | |
| | Your first name and middle initial | | | | | | | | | |
| e | | | | | | | | | | |
| type | PREM JOHN | | | | | | | | | |
| | | | | | | | | | | |

 Address (number, street, and apt. no.)

 216 TROTTERS RUN

 City, town, or post office. If you have a foreign address, also complete spaces below.
 State gA

 MACON
 GA

 Foreign country name
 Foreign province/state/county

For Privacy Act and Paperwork Reduction Act Notice, see instructions. BAA

| Form | 1040-ES (NR) Department of the Treasury | 2022 | Estimate Paymen | ed Tax | r 3 | | | OMB No. 1 | 545.007 |
|---------------|---|-----------------|--------------------|---|---|------------|--------------------------|-------------------|---------|
| Filo | Internal Revenue Service | | | | check or money order. Return t | hie | Calendar vea | r–Due Sept. 15, | |
| | | | | | ed States Treasury." Write you | | | nated tax you are | |
| | | | | | ir check or money order. Do no | | paying by | Dollars | Cents |
| | sh. Enclose, but do no | | · · | , , | , | | check or money order. | 663. | |
| | Your identifying number 027-21-2588 | er (SSN or ITII | N) (employer | r identificatio | on number for an estate or trust) | | | | |
| | Your first name and m | iddle initial | Y | 'our last nan | ne | | | | |
| ype | PREM JOHN | | | ALMEIDA | Ą | | | | |
| Print or type | Address (number, stre 216 TROTTERS | · · | o.) | | | | | | |
| Δ. | City, town, or post offi MACON | ce. If you have | e a foreign a | address, also | o complete spaces below. | Stat GA | | ZIP code 31210 | |
| | Foreign country name | | | | Foreign province/state/county | | | Foreign postal | code |
| or | Privacy Act and Paper | work Reduct | tion Act Not | tice, see ins | structions. BAA | | REV 04/0 | 9/22 PRO | |
| | | | | | Tear off here | | | | |
| Form | 1040-ES (NR) Department of the Treasury Internal Revenue Service | 2022 | Estimate | ed Tax | r 2 | | | OMB No. 1 | 545 007 |
| | | | | | check or money order. Return t | hie | Calendar vea | r–Due June 15, | |
| | | | | | ed States Treasury." Write you | | | nated tax you are | |
| de | ntifying number and " | 2022 Form | 1040-ES (N | NR)" on you | Ir check or money order. Do no | | paying by check or | Dollars | Cents |
| as | sh. Enclose, but do no | | | | | | money order. | 663. | |
| | Your identifying numb 027-21-2588 | er (SSN or ITII | N) (employer | r identificatio | on number for an estate or trust) | | | | |
| | Your first name and m | iddle initial | Y | 'our last nan | ne | | | | |
| type | PREM JOHN | | 1 | ALMEIDA | | | | | |
| Print or type | Address (number, stre 216 TROTTERS | | 0.) | | | | | | |
| | City, town, or post offi MACON | ce. If you have | e a foreign a | address, also complete spaces below. State GA | | | | ZIP code 31210 | |
| | Foreign country name | | | | Foreign province/state/county | | | Foreign postal | code |
| For | Privacy Act and Paper | work Reduct | tion Act Not | tice, see ins | structions. BAA | | REV 04/0 | 9/22 PRO | |
| | | | | | Tear off here | | | | |
| | 1040-ES (NR) | 2022 | Estimate | ed Tax | | | | | |
| Ĺ | Department of the Treasury Internal Revenue Service | | Paymen | t Vouche | r 📕 | | | OMB No. 1 | 545-007 |
| | | | | | check or money order. Return t | | | r-Due April 18, | |
| | | | | | ed States Treasury." Write you | | Amount of estir | nated tax you are | |
| | sh. Enclose, but do no | | | | ir check or money order. Do no with this youcher | sena | check or money order. | Dollars 663. | Cents |
| <u></u> | , | | | | on number for an estate or trust) | | money order. | 003. | • |
| | Your first name and m | iddle initial | Y | 'our last nam | ne | | | | |
| be | | | | | | | | | |
| or ty | PREM JOHN ALMEIDA Address (number, street, and apt. no.) | | | | | | | | |
| Print or type | 216 TROTTERS | RUN | | | | | | 1 | |
| | City, town, or post offi MACON | ce. If you have | e a foreign a | address, also | o complete spaces below. | Stat GA | | ZIP code 31210 | |
| | Foreign country name | | | | Foreign province/state/county | | | Foreign postal | code |
| | Į | | | | | | | | |

For Privacy Act and Paperwork Reduction Act Notice, see instructions. BAA

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

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

Submission Identification Number (SID)

T.....

| Taxpayer's name | Social security number |
|---|---------------------------------|
| PREM JOHN ALMEIDA | 027-21-2588 |
| Spouse's name | Spouse's social security number |
| | |
| Part ITax 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. | |
| 1 Adjusted gross income | 1 37,716. |
| 2 Total tax | 2 ,786. |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 136. |
| 4 Amount you want refunded to you | 4 |
| 5 Amount you owe | 5 2,650. |
| Part II Taxpayer Declaration and Signature Authorization (Be sure you get and k | eep a copy of your return) |

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

| X | I authorize | GLOBAL TAXES | LLC | to enter or generate my PIN |
|---|-------------|--------------|---------------|-----------------------------|
| | | | ERO firm name | |

| 1 | 2 | 5 | 8 | 8 | 00 mV |
|------------|-------|---|---|---|-------|
| Ent don | as my | | | | |

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

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

Your signature 🕨

Date 🕨

Spouse's PIN: check one box only

I authorize

| to | enter | or | generate | my | PIN |
|----|-------|----|----------|----|-----|

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 signature > | | | | | | | | | |
|----------------------|---|-----|----|---|--|-------------|-------|---|---|
| | 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 | | 6 all ze | 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 🕨 | |
|---|---|-------|
| | st Retain This Form — See Instructions s Form to the IRS Unless Requested To Do So | |
| For Denominary Deduction Act Nation and vour to | | 2021) |

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 04/09/22 PRO

| IF you live in | THEN use this address to send in your payment |
|---|--|
| Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas | Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214 |
| Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Oklahoma, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin | Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000 |
| Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, South Dakota, Utah, Washington, Wyoming | Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501 |
| A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands | Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303 |

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

Form **1040-V** 2021

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury Internal Revenue Service

2021

Use this voucher when making a payment with Form 1040.

Do not staple this voucher or your payment to Form 1040.

Make your check or money order payable to the 'United States Treasury.'

(99)

► Write your social security number (SSN) on your check or money order.

Form 1040-V Payment Voucher

Enter the amount of your payment.

2.650.

REV 04/09/22 PRO

1555

PREM JOHN ALMEIDA

216 TROTTERS RUN MACON GA 31210

INTERNAL REVENUE SERVICE P.O. BOX 1303 CHARLOTTE, NC 28201-1303

| E 1040 | -NR Department of the Treasury-Inte U.S. Nonresident A | ernal Revenue Service lien Income Tax | (99) Return | 2021 | OMB No. 15 | | IRS Use Only—Do not write or staple in this space. | | | |
|---------------------|---|--|---|--------------------|-----------------|-------|---|--|--|--|
| Filing Status | Single Married filing sep | | Qualifying | widow(er) (QW |) | | | | | |
| Check only one box. | If you checked the QW box, enter the child's name if the augustifying person is a child but not your dependent | | | | | | | | | |
| Your first name a | and middle initial | Last name | Last name Your identit (see instruct | | | | dentifying number structions) | | | |
| PREM JOHN | | ALMEIDA 027-21-2588 | | | | | -21-2588 | | | |
| Home address (r | number and street or rural route). If you h | ve a P.O. box, see instructions. Apt. no. | | | Apt. no. | Check | if: 🛛 Individual | | | |
| 216 TROTTI | ERS RUN | | | | | | Estate or Trust | | | |
| City, town, or pos | st office. If you have a foreign address, also | complete spaces below. | State | ZIP cod | е | | | | | |
| MACON | | | GA | 31210 |) | | | | | |
| Foreign country | name F | oreign province/state/co | ounty | Foreign | postal code | | | | | |
| At any time durir | ng 2021, did you receive, sell, exchange, | or otherwise dispose of | any financia | al interest in any | / virtual curre | ncy? | 🗌 Yes 🛛 No | | | |

| Dependents | | | | | | | | (4) 🖌 | if qualifie | es for (see inst.): |
|-----------------------------------|-------|--|-----------------------|-----------------------------|--------------|---------------------|-------------|-------------|-------------|-----------------------------|
| (see instructions): | | (1) First name Last r | ame | (2) Depend identifying r | | (3) Deperrelationsh | | Child tax | credit | Credit for other dependents |
| lf many than farm | | | | | | | | |] | |
| If more than four dependents, see | | | | | | | | |] | |
| instructions and | | | | | | | | |] | |
| check here ► | | | | | | | | |] | |
| Income | 1a | Wages, salaries, tips, etc. Attac | h Form(s) W- | 2 | | | | | 1a | 42,541. |
| Effectively | b | Scholarship and fellowship grar | nts. Attach Fo | orm(s) 1042-S o | or required | d statement. | See instruc | tions . | 1b | |
| Connected With U.S. | с | Total income exempt by a trea L, line 1(e) | , | dule OI (Form | 1040-NR) | , Item | : | | | |
| Trade or | 2a | Tax-exempt interest | 2a | | b Tax | able interest | i | | 2b | |
| Business | 3a | Qualified dividends | 3a | | b Ord | linary divide | nds | | 3b | |
| | 4a | IRA distributions | 4a | | b Tax | able amoun | t | | 4b | |
| | 5a | Pensions and annuities | 5a | | b Tax | able amoun | t | | 5b | |
| | 6 | Reserved for future use | | | | | | | 6 | |
| | 7 | Capital gain or (loss). Attach Schedule D (Form 1040) if required. If not required, check here . 🕨 🗌 | | | | | | 7 | -1,210. | |
| | 8 | Other income from Schedule 1 (Form 1040), line 10 Other Income from box.3 of 1099-Misc | | | | | | 8 | -3,615. | |
| | 9 | Add lines 1a, 1b, 2b, 3b, 4b, 5b | , 7, and 8. Th | nis is your total | effective | ly connecte | d income . | . 🕨 | 9 | 37,716. |
| | 10 | Adjustments to income: | | | | | | | | |
| | а | From Schedule 1 (Form 1040), I | ine 26.. | | | 10a | a | | | |
| | b | Reserved for future use | | | | 10 | b | | | |
| | с | Scholarship and fellowship grar | nts excluded | | | 10 | | | | |
| | d | Add lines 10a and 10c. These a | re your total | adjustments t | to income | | | . 🕨 | 10d | |
| | 11 | Subtract line 10d from line 9. Th | nis is your ad | justed gross i | ncome | _. . | | . 🕨 | 11 | 37,716. |
| | 12a | Itemized deductions (from So residents of India, standard dec | | | | | a 12 | 2,550. | | |
| | b | Charitable contributions for cert | ain residents | of India. See ir | structions | s. 121 | 2 | 300. | | |
| | с | Add lines 12a and 12b | | | | | | | 12c | 12,850. |
| | 13a | Qualified business income dedu | uction from Fe | orm 8995 or Fo | orm 8995 | A. 13a | a | | | |
| | b | Exemptions for estates and trus | sts only. See i | instructions . | | 13 | 2 | | 1 | |
| | с | Add lines 13a and 13b | | | | | | | 13c | |
| | 14 | Add lines 12c and 13c | | | | | | | 14 | 12,850. |
| | 15 | Taxable income. Subtract line | 14 from line 1 | 11. If zero or le | ss, enter - | 0 | | | 15 | 24,866. |
| For Disclosure, | Priva | cy Act, and Paperwork Reduction | n Act Notice, | see separate i | nstruction | s. BA | A REV 0 | 4/09/22 PRO | Foi | rm 1040-NR (2021) |

| Form 1040-NR (| 2021) | | | | | | | | Page 2 |
|-------------------------|-------------|---|--------------------|---------------|---------------|--------------|--------------|------------|--|
| | 16 | Tax (see instructions). Check if any from Form | n(s): 1 🗌 8 | 814 2 | 4972 | 3 | | 16 | 2,786. |
| | 17 | Amount from Schedule 2 (Form 1040), line 3 | | | | | | 17 | 0. |
| | 18 | Add lines 16 and 17 | | | | | | 18 | 2,786. |
| | 19 | Nonrefundable child tax credit or credit for c | other depende | nts from Sch | edule 8812 | (Form 1040 | D) | 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, | enter -0 | | | | | 22 | 2,786. |
| | 23 a | Tax on income not effectively connected v from Schedule NEC (Form 1040-NR), line 15 | | | | | | | |
| | b | Other taxes, including self-employment tax, line 21 | | ` | | | | | |
| | с | Transportation tax (see instructions) | | | . 23c | | | | |
| | d | Add lines 23a through 23c | | | | | | 23d | |
| | 24 | Add lines 22 and 23d. This is your total tax | | | | | . 🕨 | 24 | 2,786. |
| | 25 | Federal income tax withheld from: | | | | | | | |
| | а | Form(s) W-2 | | | . 25a | | 136. | | |
| | b | Form(s) 1099 | | | . 25b | | | | |
| | с | Other forms (see instructions) | | | . 25c | | | | |
| | d | Add lines 25a through 25c | | | | | | 25d | 136. |
| | 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 | | | | | | 26 | |
| | 27 | Reserved for future use | | | 1 | | | | |
| | 28 | Refundable child tax credit or additional c 8812 (Form 1040) | hild tax credi | t from Scheo | 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 tot | | | | edits | | 32 | |
| | 33 | Add lines 25d, 25e, 25f, 25g, 26, and 32. The | | | | | | 33 | 136. |
| Refund | 34 | If line 33 is more than line 24, subtract line 2 | | | | | | 34 | |
| norana | 35a | Amount of line 34 you want refunded to you | | | , | • | | 35a | |
| Direct deposit? | ►b | Routing number X X X X X X X X | | | Check | | Savings | oou | |
| See instructions. | ►d | Account number X X X X X X X X | | | | | ouvingo | | |
| | | | | • • • • • • • | · · · | · | | | |
| | ►e | If you want your refund check mailed to an a enter it here. | | | | snown on | page 1, | _ | |
| | 36 | Amount of line 34 you want applied to your | | | | | | | |
| Amount | 37 | Amount you owe. Subtract line 33 from line | | | | tructions | . 🕨 | 37 | 2,650. |
| You Owe | 38 | Estimated tax penalty (see instructions) . | | | ▶ 38 | | | | |
| Third Party Designee | | ou want to allow another person to di nstructions | | | the IRS? | 🗌 Yes. C | Complete | below. | X No |
| | Desig | | Phone | | | | nal identifi | cation | |
| | name | | no. 🕨 | | | | er (PIN) | | |
| Sign Here | | penalties of perjury, I declare that I have examined they are true, correct, and complete. Declaration of | | han taxpayer) | is based on a | | n of which | preparer l | has any knowledge. |
| | Your | signature | Date | Your occup | ation | | | | nt you an Identity N, enter it here |
| | | | | TT PROF | ESSION | AT. | | inst.) ► | |
| | Phone | 2 00 | Email addres | | | | (000) | | |
| | | urer's name Preparer's si | | | Date | | PTIN | 0 | Check if: |
| Paid | | | 0 | מווסיית האיז | | | P02082 | | Self-employed |
| Preparer | | | | | | | | 8)965-9522 | |
| Use Only | | address ► 2530 Pebble Creek I | n Cummin | a (7 200 | 1/1 | | | | <u>8/965-9522</u>)-1017196 |
| Go to www.ire | | m1040NR for instructions and the latest informa | | y GA 300 | | 04/09/22 PR | | | m 1040-NR (2021) |
| SS 10 WWW.115.0 | 9001101 | into return for monociono and the fateor informa | | | REV. | 0-+/03/22 PR | <i>.</i> | 101 | 10-10 1011 (2021) |

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

Department of the Treasury

Additional Income and Adjustments to Income

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

2021 Attachment Sequence No. 01

OMB No. 1545-0074

| Internal Revenue Service | Sequence No. 01 | | |
|--------------------------|-------------------------------|----------|---------------------|
| Name(s) shown on Fo | orm 1040, 1040-SR, or 1040-NR | Your soc | ial security number |
| PREM JOHN ALME | 027-21 | -2588 | |
| Part I Additio | onal Income | | |

| Pal | Additional income | | | |
|------------|---|--------------|----|---------|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | 8 | 1 | |
| 2 a | Alimony received | | 2a | |
| b | Date of original divorce or separation agreement (see instructions) | · | | |
| 3 | Business income or (loss). Attach Schedule C | | 3 | |
| 4 | Other gains or (losses). Attach Form 4797 | | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, tru Schedule E | | 5 | -3,620. |
| 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 I | 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 8l | - | |
| m | Section 951(a) inclusion (see instructions) | 8m | | |
| n | | 8n | | |
| 0 | Section 461(I) excess business loss adjustment | 80 | | |
| p | Taxable distributions from an ABLE account (see instructions). | 8p | | |
| р Z | Other income. List type and amount | | | |
| 2 | Other Income from box 3 of 1099-Misc 5. | 8z 5. | | |
| 9 | Total other income. Add lines 8a through 8z | | 9 | 5. |
| 10 | Combine lines 1 through 7 and 9. Enter here and on Form 10 1040-NR, line 8 | | 10 | -3,615. |

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 24b | | |
| С | Nontaxable amount of the value of Olympic and Paralympicmedals and USOC prize money reported on line 81 24c | | |
| d | Reforestation amortization and expenses | | |
| е | Repayment of supplemental unemployment benefits under the Trade Act of 1974 | | |
| f | Contributions to section 501(c)(18)(D) pension plans 24f | | |
| g | Contributions by certain chaplains to section 403(b) plans 24g | | |
| h | Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) | | |
| 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 violations24i | | |
| j | Housing deduction from Form 2555 . . . 24j | | |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) 24k | | |
| z | Other adjustments. List type and amount ► 24z | | |
| 25 | Total other adjustments. Add lines 24a through 24z | 25 | |
| 26 | Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a | 26 | |

BAA

REV 04/09/22 PRO

SCHEDULE NEC (Form 1040-NR)

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

OMB No. 1545-0074

21

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.

20 Attachment Sequence No. 7B

Name shown on Form 1040-NR

Your identifying number

027-21-2588

| PREM | JOHN | ALMEIDA |
|------|------|---------|

| Enter a | amount of income und | er the appropriate rate of tax. See instructions. | | | | | | |
|--|---|--|---------------------|--------------------------------------|--------------------|--------------------------------|--|--|
| | | Nature of Income | | (a) 10% | (b) 15% | (c) 30% | (d) Other (specify) | |
| | | Nature of Income | | (4) 1070 | | (0) 00 /0 | % | % |
| 1 | Dividends and divide | nd equivalents: | | | | | | |
| а | Dividends paid by U. | S. corporations | . 1 | a | | | | |
| b | Dividends paid by fo | reign corporations | . 1 | b | | | | |
| с | Dividend equivalent p | ayments received with respect to section 871(m) transaction | ons 1 | c | | | | |
| 2 | Interest: | | | | | | | |
| а | Mortgage | | . 2 | a | | | | |
| b | Paid by foreign corp | prations | . 2 | b | | | | |
| С | Other | | . 2 | с | | | | |
| 3 | Industrial royalties (p | atents, trademarks, etc.) | . 3 | 3 | | | | |
| 4 | Motion picture or TV | copyright royalties | . 4 | 1 | | | | |
| 5 | Other royalties (copy | rights, recording, publishing, etc.) | . 5 | 5 | | | | |
| 6 | Real property incom | and natural resources royalties | . 6 | 6 | | | | |
| 7 | Pensions and annuit | es | . 7 | 7 | | | | |
| 8 | Social security benef | its | . 8 | 3 | | | | |
| 9 | Capital gain from line | 18 below | . 9 | 9 | | | | |
| 10 | Gambling-Resident | s of Canada only. Enter net income in column (c). · -0 | | | | | | |
| а | Winnings | | | | | | | |
| b | Losses | | . 10 | C | | | | |
| 11 | Note: Losses not allo | Residents of countries other than Canada. | | 1 | | | | |
| 12 | Other (specify) | | | | | | | |
| | | | - I 4 | 2 | | | | |
| 13 | Add lines 1a through | 12 in columns (a) through (d) | | 3 | | | | |
| 14 | | ate of tax at top of each column | | 4 | | | | |
| 15 | Tax on income not ef | fectively connected with a U.S. trade or business. Add co | | | | | R, line 23a ► 15 | |
| | | Capital Gains and Loss | es Fro | m Sales or Excha | nges of Proper | ty | | |
| Enter only the capital gains and losses from property sales or exchanges that are from sources within the United States and not | | | acquireo dd/yyyy | d (c) Date sold mm/dd/yyyy | (d) Sales price | (e) Cost or other basis | (f) LOSS If (e) is more than (d), subtract (d) from (e). | (g) GAIN If (d) is more than (e), subtract (e) from (d). |
| | ely connected with a U.S. s. Do not include a gain | | | | | | | |
| or loss | on disposing of a U.S. real | | | | | | | |
| gains a | y interest; report these nd losses on Schedule D | | | | | | | |
| (Form 1 | | | | | | | | |
| | property sales or ges that are effectively | | | | | | | |
| connec | ted with a U.S. business edule D (Form 1040), | | | | | | () | |
| | 797, or both. | 18 Capital gain. Combine columns (f) and (g) of lin | e 17. E | nter the net gain her | e and on line 9 ab | ove. If a loss, ente | r-0 ► 18 | |

| SCHE | DU | LE | ΟΙ |
|-------|-----|-----|----|
| (Form | 104 | 0-N | R) |

Other Information

OMB No. 1545-0074

| (10111 | 1040 1411 | ►Go | to www.irs.gov/Form104 | | d the latest information | | 202 | 21 |
|--------|---|---------------------|--------------------------------------|--|----------------------------|-----------------|--------------------------|------------|
| | ent of the Treasury | | | tach to Form 1040-NR. Answer all questions. | | | Attachment Sequence N | . 70 |
| | Revenue Service (99) hown on Form 1040 | | | Answer all questions. | | Your identifyir | - | 0.70 |
| | I JOHN ALME | | | | | 027-21-2 | • | |
| A | | | vere you a citizen or nation | anal during the tax year | 2 TNIDTA | | | |
| B | | - | residence for tax purpo | | | | | |
| C | | | green card holder (lawfu | | | | | |
| D | Were you ever: | | green card holder (lawic | i permanent resident) o | The Onlied States: . | | | |
| _ | A U.S. citizen? | | | | | | Yes | X No |
| | | | rmanent resident) of the | | | | | |
| | - | | ?), see Pub. 519, chapter | | | | | |
| Е | | ., . | day of the tax year, enter | | | er vour U.S. | | |
| - | immigration sta | itus on the last of | day of the tax year. F | 1 | | | | |
| F | | | visa type (nonimmigrant s | | | | | 🛛 No |
| | | | e the date and nature of | | | | | |
| G | List all dates yo | ou entered and | left the United States du | | | | | |
| | Note: If you ar | e a resident of | Canada or Mexico AND | commute to work in the | United States at freque | ent intervals, | | |
| | check the box | for Canada or | Mexico and skip to iten | nH | 🗌 Canada | Mexico | | |
| | | United States | Date departed United S | tates D | ate entered United States | Date de | parted Unite | d States |
| | mm/ | dd/yy | mm/dd/yy | | mm/dd/yy | | mm/dd/yy | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| н | | | vacation, nonworkdays, a | | | | | |
| 1 | Did you file a l | l S incomo tox | , 2020 return for any prior year? | , and 20 | 305 | ·· | X Yes | No |
| • | | | nd form number you filed | | | | | |
| J | | | st? | | | | | X No |
| • | | | U.S. or foreign owner un | | | | | |
| | | | ribution from a U.S. pers | | | | | No |
| К | | | ation of \$250,000 or mo | | | | | X No |
| | - | | ative method to determir | | | | | 🗌 No |
| L | Income Exemp | ot From Tax-II | f you are claiming exem | ption from income tax | under a U.S. income t | ax treaty wi | th a foreign | ı country, |
| | complete (1) th | rough (3) below | . See Pub. 901 for more | information on tax treat | ies. | - | _ | - |
| 1. | | | the applicable tax treaty | | | claimed the t | reaty benefi | t, and the |
| | amount of exer | • | ne columns below. Attach | | | | | |
| | | (a) Cou | intry | (b) Tax treaty article | (c) Number of months | | mount of exe | |
| | | | | | claimed in prior tax yea | | e in current ta | ax year |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | (e) Total. Ente | r this amount o | n Form 1040-NR, line 1c | . Do not enter it on line | 1a or line 1b | | | |
| 2. | | | preign country on any of | | | | Yes | No |
| 3. | Are you claimir | ng treaty benefit | ts pursuant to a Compete | ent Authority determinat | ion? | | Yes | 🗙 No |
| | If "Yes," attach | a copy of the (| Competent Authority dete | ermination letter to your | return. | | | |
| Μ | Check the app | licable box if: | | | | | | |
| 1 | This is the first | vear vou are m | aking an election to treat | income from real prope | erty located in the United | d States as e | effectively c | onnected |

bd чy \square 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 04/09/22 PRO Schedule OI (Form 1040-NR) 2021

SCHEDULE D

(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

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

2021 Attachment Sequence No. 12

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

Department of the Treasury

PREM JOHN ALMEIDA

Your social security number 027-21-2588

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? **Yes X No** If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions)

| lines | instructions for how to figure the amounts to enter on the below. | (d) Proceeds | (e) Cost | (g) Adjustment to gain or loss | | (h) Gain or (loss) Subtract column (e) 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, Part I, line 2, column (g) | | combine the result with column (g) |
| 1a | Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b. | | | | | |
| 1b | Totals for all transactions reported on Form(s) 8949 with Box A checked | 1,719. | 2,929. | | | -1,210. |
| 2 | Totals for all transactions reported on Form(s) 8949 with Box B checked | | | | | |
| 3 | Totals for all transactions reported on Form(s) 8949 with Box C checked | | | | | |
| 4 | Short-term gain from Form 6252 and short-term gain or (I | oss) from Forms 4 | 684, 6781, and 88 | 324 | 4 | |
| 5 | Net short-term gain or (loss) from partnerships, Schedule(s) K-1 | 5 | | | | |
| 6 | 6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions | | | | | () |
| 7 | Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise | | 7 | -1,210. | | |

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

| | instructions for how to figure the amounts to enter on the below. | (d) | (e) | (g) Adjustmen | | (h) Gain or (loss) Subtract column (e) |
|----------|--|---------------------------|--------------------------|---|----------|--|
| | form may be easier to complete if you round off cents to e dollars. | Proceeds (sales price) | Cost (or other basis) | to gain or loss Form(s) 8949, I line 2, colum | Part II, | from column (d) and combine the result with column (g) |
| 8a | Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b. | | | | | |
| 8b | Totals for all transactions reported on Form(s) 8949 with Box D checked | | | | | |
| 9 | Totals for all transactions reported on Form(s) 8949 with Box E checked | | | | | |
| 10 | Totals for all transactions reported on Form(s) 8949 with Box F checked. | | | | | |
| 11 | Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824 | 11 | | | | |
| 12 13 | | 12 13 | | | | |
| | I3 Capital gain distributions. See the instructions I4 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover | | | | | |
| ••• | Worksheet in the instructions | 14 | () | | | |
| 15 | Net long-term capital gain or (loss). Combine lines 8a on the back . | • | ., | | 15 | |

| Part | III Summary | |
|------|---|----------------------|
| 16 | Combine lines 7 and 15 and enter the result | 16 -1,210. |
| | • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. | |
| | • If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. | |
| | • If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. | |
| 17 | Are lines 15 and 16 both gains? | |
| | \square No. Skip lines 18 through 21, and go to line 22. | |
| 18 | If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet | 18 |
| 19 | If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet | 19 |
| 20 | Are lines 18 and 19 both zero or blank and are you not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. | |
| | ☐ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. | |
| 21 | If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: | |
| | The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500) | 21 (1,210.) |
| | Note: When figuring which amount is smaller, treat both amounts as positive numbers. | |
| 22 | Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? | |
| | ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. | |
| | X No. Complete the rest of Form 1040, 1040-SR, or 1040-NR. | |

REV 04/09/22 PRO

Schedule D (Form 1040) 2021

Form **8949**

Sales and Other Dispositions of Capital Assets

► 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.



Internal Revenue Service Name(s) shown on return

PREM JOHN ALMEIDA

Department of the Treasury

Social security number or taxpayer identification number 027-21-2588

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

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

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

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

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

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

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

| 1 (a) Description of property | (b) Date acquired | (c) Date sold or | (d) Proceeds | (e) Cost or other basis. See the Note below | enter a code in column (f). | | If you enter an amount in column (g), enter a code in column (f). See the separate instructions. | | (h) Gain or (loss). Subtract column (e) |
|---|--|--------------------------------|-------------------------------------|---|-------------------------------------|---------------------------------------|--|--|---|
| (Example: 100 sh. XYZ Co.) | (Mo., day, yr.) | disposed of (Mo., day, yr.) | (sales price) (see instructions) | and see Column (e) in the separate instructions | (f) Code(s) from instructions | (g) Amount of adjustment | from column (d) and combine the result with column (g) | | |
| Robinhood Crypto LLC | 01/01/21 | 12/31/21 | 50. | 46. | | | 4. | | |
| Robinhood Securities LLC | 01/01/21 | 12/31/21 | б. | 6. | | | 0. | | |
| COINBASE | 01/01/21 | 12/31/21 | 156. | 78. | | | 78. | | |
| BINANCE | 01/01/21 | 12/31/21 | 1,507. | 2,799. | | | -1,292. | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box (| al here and inc is checked), lir | lude on your ne 2 (if Box B | 1,719. | 2,929. | | | -1,210. | | |

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

| SCHEDULE | Ε |
|-------------|---|
| (Form 1040) | |

Supplemental Income and Loss

OMB No. 1545-0074

Attachment Sequence No. 13

2

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

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

Department of the Treasury Internal Revenue Service (99)

| Name(s) | ame(s) shown on return | | | | | | | Your social | Your social security number | | |
|---------------|---------------------------|---|--------------|-------------------------------------|--------|-------------|---------------|-----------------------|-----------------------------|---------|--|
| | PREM JOHN ALMEIDA | | | | | | | - | 027-21-2588 | | |
| Part | | From Rental Real Estate and Ro | - | | | | | 0. | • | | |
| | Schedule C. See | instructions. If you are an individual, rep | ort farn | n rental | income | e or loss f | rom Form 4 | 8 35 on page 2 | , line 40 |). | |
| A Dic | l you make any payme | nts in 2021 that would require you to | o file Fo | orm(s) 1 | 099? | See insti | ructions . | | Y | es 🔀 No | |
| B If " | Yes," did you or will yo | ou file required Form(s) 1099? | | | | | | | Y | es 🗌 No | |
| 1a | Physical address of e | each property (street, city, state, ZIF | o code | e) | | | | | | | |
| Α | | | | | | | | | | | |
| В | | | | | | | | | | | |
| С | | | | | | | | | | | |
| 1b | Type of Property | 2 For each rental real estate prop | perty listed | | | Fair | Rental | Personal Use | | QJV | |
| | (from list below) | above report the number of fair rental and | | | | Days | | Days | | Q0 V | |
| Α | 3 | personal use days. Check the if you meet the requirements to | o file a | box only ofile as a ructions. | | 365 | 0 | | | | |
| В | | qualified joint venture. See inst | ruction | | | | | | | | |
| С | | | | | С | | | | | | |
| Туре с | of Property: | | | | | | | | | | |
| 1 Sing | le Family Residence | 3 Vacation/Short-Term Rental | 5 Lar | nd | | 7 Self- | Rental | | | | |
| - | i-Family Residence | 4 Commercial | 6 Ro | valties | | 8 Othe | r (describe |) | | | |
| Incom | | Properties: | | | Α | | E | | | С | |
| 3 | Rents received | | 3 | | | 500. | | | | | |
| 4 | | | 4 | | | | | | | | |
| Expen | | | | | | | | | | | |
| 5 | | | 5 | | | | | | | | |
| 6 | | nstructions) | 6 | | | | | | | | |
| 7 | | nance | 7 | | | | | | | | |
| 8 | | | 8 | | | | | | | | |
| 9 | | | 9 | | | | | | | | |
| 9 10 | | ssional fees | 10 | | | | | | | | |
| | | | 11 | | | | | | | | |
| 11 | | | | | | | | | | | |
| 12 | | d to banks, etc. (see instructions) | 12 | | | | | | | | |
| 13 | | | 13 | | | 1.0.0 | | | | | |
| 14 | Repairs | | 14 | | | ,120. | | | | | |
| 15 | Supplies | | 15 | | 1 | ,000. | | | | | |
| 16 | Taxes | | 16 | | | | | | | | |
| 17 | Utilities | | 17 | | 2 | ,000. | | | | | |
| 18 | | or depletion | 18 | | | | | | | | |
| 19 | Other (list) | | 19 | | | | | | | | |
| 20 | Total expenses. Add I | lines 5 through 19 | 20 | | 4 | ,120. | | | | | |
| 21 | | line 3 (rents) and/or 4 (royalties). If | | | | | | | | | |
| | result is a (loss), see i | instructions to find out if you must | | | | | | | | | |
| | file Form 6198 | | 21 | | -3 | ,620. | | | | | |
| 22 | Deductible rental real | estate loss after limitation, if any, | | | | | | | | | |
| | on Form 8582 (see in | | 22 | (| -3, | 620.) | (|)(| | | |
| 23a | Total of all amounts re | eported on line 3 for all rental prope | rties | | | 23a | | 500. | | | |
| b | Total of all amounts re | eported on line 4 for all royalty prop | erties | | | 23b | | | | | |
| с | Total of all amounts re | eported on line 12 for all properties | | | | 23c | | | | | |
| d | Total of all amounts re | eported on line 18 for all properties | | | | 23d | | | | | |
| е | | eported on line 20 for all properties | | | | 23e | | 4,120. | | | |
| 24 | | e amounts shown on line 21. Do no | t inclu | ide anv | losses | | | . 24 | | | |
| 25 | | sses from line 21 and rental real estate | | - | | | al losses hei | | | 3,620. | |
| 26 | | ate and royalty income or (loss). | | | | | | | | | |
| 20 | | V, and line 40 on page 2 do not | | | | | | | | | |
| | | 40), line 5. Otherwise, include this ar | | | | | | | | -3,620 | |

For Paperwork Reduction Act Notice, see the separate instructions.