Form **8879**

(Rev. January 2021)

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.

OMB No. 1545-0074

- Internal n	levellue Service						
Submis	ssion Identification Number (SID)						
 Taxpayer	r's name		Social se	curity nun	nber		
VARS	SHA MOHAN		272-	67-760)6		
Spouse's				social se		umber	
Part	-	(Enter	year yo	u are a	uthori	zing.)	
	whole dollars only on lines 1 through 5.						
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.			1.4	1	0 E	220
	Adjusted gross income				+-		339. 693.
	Total tax			. —	+-		
	Amount you want refunded to you				+		731. 038.
	Amount you owe				+-		030.
Part		t and ke	eep a c	opy of	vour	retur	n)
Under p my know return (c to send for any of Agent to paymen authoriz paymen business taxes to persona Electron	penalties of perjury, I declare that I have examined a copy of the income tax return (original or an wledge and belief, it is true, correct, and complete. I further declare that the amounts in Parawledge and belief, it is true, correct, and complete. I further declare that the amounts in Parawledge and belief, it is true, correct, and complete. I further declare that the amounts in Parawledge and belief, it is true, correct, and complete. I further declare that the amounts in Parawledge and belief, it is true, correct, and complete. I further declare that the amounts in Parawledge and belief, it is true, correct, and complete. I further declare that the amounts in Parawledge and to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize in ACH electronic funds withdrawal (direct debit) entry to the financial institution accounts of the financial institution accounts to the payment (settlement) and a payment of estimated tax, and the financial action is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to the payment cancellated and a settlement of the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellates action is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to the payment (settlement) date. I also authorize the financial institutions involved to receive confidential information necessary to answer inquiries and resolve issues related a identification number (PIN) below is my signature for the income tax return (original or amenamental payment (settlement) at a treatment of the income tax return (original or amenamental payment (settlement) at a treatment of the income tax return (original or amenamental payment (settlement) at a settlemental payment (settlement) at a settlemental payment (settlemental payment (settlemental payment (settlemental payment of estimated tax, and the financial institution a	mended) I rt I above , transmit n for reject ze the U.S count indiction institution terminate tion request d in the pate to the pate and the pate an	am now are the ter, or election of the S. Treasual ated in the to debit the authorists mustorocessin syment. It now authorists	authorizi amounts ectronic ra e transm ra tax pre the entry orization. t be rece g of the e further a chorizing : 7 7 Enter five don't entry	ng, and from the turn consistency of the constant of the const	d to the the incorriginato, (b) the nated Foot on soft s account worke (cho laternic pay yiedge applicated for applicated for the this bottom of t	e best of ome tax or (ERO) a reason in a r
	if you are entering your own PIN and your return is filed using the Practitioner Plubelow.						
Your si	ignature ▶ Da	ate ►					
Spouse	e's PIN: check one box only						
	I authorize to enter or ge	nerate m	ny PIN				as my
	ERO firm name			Enter five			
	signature on the income tax return (original or amended) I am now authorizing.			don't en			
	I will enter my PIN as my signature on the income tax return (original or amended) if you are entering your own PIN and your return is filed using the Practitioner PI below.						
Spouse	e's signature ▶ Da	ate >					
	Practitioner PIN Method Returns Only—continue	below					
Part I	Certification and Authentication — Practitioner PIN Method Only						
ERO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	5 8	7 2	7 8 6	1	9 8	9
			Don't	enter all	zeros		
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual in zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I a ments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providence.	m submit	ting this	return in	accor	dance	
ERO's	signature ▶ Da	ate 🕨					
	ERO Must Retain This Form — See Instructi						
	Don't Submit This Form to the IRS Unless Requeste	ed To Do	o So				

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

							_		_				
Filing Status		Single	•	•	,	Qualifyir	ng widov	v(er) (Q	N)				
Check only one box.	,	ou checked the QW box, enter the alifying person is a child but not y											
								Your identifying number (see instructions)					
VARSHA				MOHA	N						272-6	7-760)6
Home address (r	numb	per and street or rural route). If you	ı hav	ve a P.C). box, see inst	ructions.			Apt. no).	Check if:	X Ind	ividual
7421 FRAN	KFO	RD ROAD										Est	ate or Trust
City, town, or pos	t offi	ce. If you have a foreign address, al	so co	omplete	spaces below.	State		ZIP cc	de				
DALLAS						TX		7525	2				
Foreign country	nam	е	For	reign pro	ovince/state/co	unty		Foreig	n postal	code			
At any time durir	ng 20	021, did you receive, sell, exchang	je, oi	r otherw	vise dispose of	any finan	cial inter	est in a	ny virtual	curren	cy?	☐ Ye	s 🔀 No
					T		Ι			I			
Dependents (see instructions):		(1) First name Last na	ame		(2) Depending identifying r			Depende onship t		1	✓ if qualif tax credit	Cred	ee inst.): it for other pendents
If more than four dependents, see													
instructions and													
check here ►													
Income	1a	Wages, salaries, tips, etc. Attach	n For	rm(s) W-	-2						1a	8	39,381.
Effectively	b	Scholarship and fellowship gran	ts. A	ttach Fo	orm(s) 1042-S	or required	d statem	ent. Se	e instruc	tions .	1b		
Connected With U.S.	С	Total income exempt by a treat L, line 1(e)		m Sche	edule OI (Form	1040-NR), Item	1c					
Trade or	2 a	Tax-exempt interest	2a	1		b Tax	able inte	erest .			2b		
Business	3a	Qualified dividends	3a	1	6.	b Ord	dinary div	vidends			3b		6.
	4a	IRA distributions	4a	ı		b Tax	able am	ount .			4b		
	5a	Pensions and annuities	5a	ı		b Tax	able am	ount .			5b		
	6	Reserved for future use									6		
	7	Capital gain or (loss). Attach Sch		,	, ,						7		4,952.
	8	Other income from Schedule 1 (Form	n 1040),	line 10						8		9,000.
	9	Add lines 1a, 1b, 2b, 3b, 4b, 5b,	7, a	nd 8. Th	nis is your total	effective	ly conn	ectedi	ncome .	. •	9	3	35,339.
1	10	Adjustments to income:											
	а	From Schedule 1 (Form 1040), li	ne 20	6				10a					
	b	Reserved for future use						10b					
	С	Scholarship and fellowship gran						10c					
	d	Add lines 10a and 10c. These ar	,		•					. •	10d		
1	11	Subtract line 10d from line 9. Th	is is	your ad	ljusted gross i	ncome				. •	11	8	35,339.
1	l2a	Itemized deductions (from Sc residents of India, standard ded						12a	1:	2,550	<u>.</u>		
	b	Charitable contributions for certa	in re	esidents	of India. See in	structions	s .	12b		300			
	С	Add lines 12a and 12b									12c		2,850.
1	l3a	Qualified business income dedu				orm 8995-	Α.	13a					
	b	Exemptions for estates and trust	s on	nly. See	instructions .			13b					
	С	Add lines 13a and 13b									13c		
1	14										14		2,850.
1	15	Taxable income. Subtract line 1	4 fro	om line	11. If zero or le	ss, enter -	-0				15		72,489.

BAA

Form 1040-NR (2	2021)											Page 2
	16	Tax (see instructions). Check if	any from Form	(s): 1 88	B14 2 [4972	2 3			16	11	,693.
	17	Amount from Schedule 2 (Forn	n 1040), line 3							17		0.
	18	Add lines 16 and 17								18	11	,693.
	19	Nonrefundable child tax credit	or credit for o	ther depender	nts from Scl	hedule	8812 (F	orm 104	0)	19		
	20	Amount from Schedule 3 (Forn	n 1040), line 8							20		
	21	Add lines 19 and 20								21		
	22	Subtract line 21 from line 18. It	zero or less,	enter -0						22	11	1,693.
	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	,693.
	25	Federal income tax withheld fr	om:									
	а	Form(s) W-2					25a	14	1,731.			
	b	Form(s) 1099				. [25b					
	С	Other forms (see instructions)					25c					
	d	Add lines 25a through 25c .								25d	14	731.
	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	020 return .					26		
	27	Reserved for future use				.	27					
	28	Refundable child tax credit o 8812 (Form 1040)		hild tax credi		- 1	28					
	29	Credit for amount paid with Fo	rm 1040-C			.	29					
	30	Reserved for future use					30					
	31	Amount from Schedule 3 (Forn				1	31					
	32	Add lines 28, 29, and 31. Thes	e are your tot	al other paym	ents and re	efundal	ble cre	dits	. ▶	32		
	33	Add lines 25d, 25e, 25f, 25g, 2	6, and 32. The	ese are your to	otal payme	nts .			. ▶	33	14	731.
Refund	34	If line 33 is more than line 24,	subtract line 2	4 from line 33.	This is the	amoun	t you o	verpaid		34	3	3,038.
	35a	Amount of line 34 you want re	funded to you	J. If Form 8888	3 is attached	d, checl	k here		▶ □	35a	3	3,038.
Direct deposit?	▶b	Routing number 0 6 4	0 0 0 0	2 0	▶ c Type	: X	Checki	ng 🗌	Savings			
See instructions.	►d	Account number 4 4 4	0 1 7 8	3 1 3 7	2 3				_			
	►e											
	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 instr	uctions	. ▶	37		
You Owe	38	Estimated tax penalty (see inst	ructions) .			•	38					
Third Party Designee	•	ou want to allow another anstructions	person to di	scuss this r	eturn with	the II	RS? ▶ [Yes.	Complete	below.	⊠ No	,
_ co.gco	Desig			Phone no. ▶					nal identifi er (PIN)	ication		$\overline{1}$
Sign			have examined		accompanyin	g sched	ules and		` ,	the best	of my knov	vledge and
Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which											
пеге	Your signature Date Your occupation					I		ent you an	,			
								_			PIN, enter i	t here
ļ	7				DESIGN	ENG.	TNEEI	۲	(see	inst.) ▶		
	Phone		Duna necessaria di	Email addres	SS		Date		DTIN		01 11	
Paid	•	arer's name	Preparer's sign	-			Date		PTIN		Check if:	
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		A RAM SAGAR	GUPTA TA	ALLAM	04/13	3/2022	P0208			employed
Use Only		s name ► GLOBAL TAXES									78)965-	
	Firm's	s address ▶ 2530 Dehhla	Creek T	n Cummin	4 G7 3U	Λ41			⊢Firm's F	·IN ▶ 3	0 - 1017	196

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

VARSHA MOHAN

Your social security number
272-67-7606

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	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, tru Schedule E		5	-9,000.
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 ▶	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 10 1040-NR, line 8		10	-9 000

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		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 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	24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i		
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			
	here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line	e 10a	26	

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

VARSHA MOHAN 272-67-7606 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 OI (Form 1040-NR)

Other Information

Department of the Treasury Internal Revenue Service (99)

VARSHA MOHAN

Α

В C

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1.

2. 3.

2.

M 1.

Name shown on Form 1040-NR

Were you ever: 1. A U.S. citizen?

DULE OI		Other I	nformati	on		OMB No. 15	45-0074		
1040-NR) ► Go to www.irs.gov/Form1040NR for instructions and the latest information. ► Attach to Form 1040-NR.									
levenue Service (99)	no readary								
own on Form 1040	-NR				Your identify	Sequence N ying number			
HA MOHAN					272-67	-7606			
Of what country	or countries v	vere you a citizen or national d	uring the tax y	year? INDIA					
In what country	did you claim	residence for tax purposes du	uring the tax y	ear? United States	;				
		green card holder (lawful perm							
Were you ever:									
A U.S. citizen?						. 🗌 Yes	⊠ No		
A green card ho	older (lawful pe	rmanent resident) of the United	d States? .			. Yes	⊠ No		
If you answer "\	Yes" to (1) or (2	2), see Pub. 519, chapter 4, for	expatriation r	ules that apply to you.					
		day of the tax year, enter your day of the tax year. F1		you did not have a visa, er	•				
Have you ever	changed your v	/isa type (nonimmigrant status)	or U.S. immi	gration status?		. Yes	⊠ No		
If you answered	d "Yes," indicat	e the date and nature of the ch	nange ►						
List all dates yo	u entered and	left the United States during 20							
		Canada or Mexico AND comm r Mexico and skip to item H.			uent interval Mexic	*			
Date entered mm/c		Date departed United States mm/dd/yy		Date entered United State mm/dd/yy	es Date o	departed Unite mm/dd/yy	d States		
			-	,,					
Give number of	davs (including	vacation, nonworkdays, and pa	rtial davs) vou	were present in the United	States durin	ıa:			
		, 2020		•		5			
		return for any prior year?				. X Yes	☐ No		
If "Yes," give th	e latest year ar	nd form number you filed		1040NR					
Are you filing a	return for a trus	st?				. 🗌 Yes	⊠ No		
If "Yes," did the	e trust have a l	U.S. or foreign owner under thribution from a U.S. person?.	e grantor trus	st rules, make a distribution	n or loan to	а	□No		
		sation of \$250,000 or more dur					⊠ No		
,	compone		gc tan yo						

0.5. person, or receive a contribution from a 0.5. person			
Did you receive total compensation of \$250,000 or more	during the tax year? .		\square Yes \square No
If "Yes," did you use an alternative method to determine	the source of this comp	pensation?	🗌 Yes 🗌 No
Income Exempt From Tax—If you are claiming exempt complete (1) through (3) below. See Pub. 901 for more in			treaty with a foreign country,
Enter the name of the country, the applicable tax treaty art amount of exempt income in the columns below. Attach Fo			med the treaty benefit, and the
(a) Country	(b) Tax treaty article	(c) Number of months claimed in prior tax years	(d) Amount of exempt income in current tax year
(e) Total. Enter this amount on Form 1040-NR, line 1c. D	o not enter it on line 1	a or line 1b	
Were you subject to tax in a foreign country on any of the	e income shown in 1(d)	above?	🗌 Yes 🗌 No
Are you claiming treaty benefits pursuant to a Competent	t Authority determination	on?	🗌 Yes 🗵 No
If "Yes," attach a copy of the Competent Authority deterr	nination letter to your r	eturn.	
Check the applicable box if:			
This is the first year you are making an election to treat in with a U.S. trade or business under section 871(d). See in		•	_
You have made an election in a previous year that has States as effectively connected with a U.S. trade or busin	·		. ,
perwork Reduction Act Notice, see the Instructions for Fo	rm 1040-NR.	REV 04/04/22 PRO	Schedule OI (Form 1040-NR) 2021

SCHEDULE D (Form 1040)

Capital Gains and Losses

► Attach to Form 1040, 1040-SR, or 1040-NR.

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

OMB No. 1545-0074

Attachment Sequence No. **12**

Department of the Treasury Internal Revenue Service (99)

VARSHA MOHAN

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Name(s) shown on return

Your social security number

272-67-7606

-	ou dispose of any investment(s) in a qualified opportunity as," attach Form 8949 and see its instructions for additiona	_	-			
Pa		•			e ins	tructions)
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.		(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmento gain or loss Form(s) 8949, line 2, colum	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
	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	16,858.	11,928.		22.	4,952.
	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 (kg	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1	S corporations,	estates, and tr	rusts from	5	
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions	• •	•	-	6	()
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise				7	4,952.
Pai	t II Long-Term Capital Gains and Losses—Ger	nerally Assets H	leld More Than	One Year	(see	
lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, line 2, colum	from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked					
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	Net long-term gain or (loss) from partnerships, S corporati				12	
13				. ,	13	
14	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions		our Capital Loss	Carryover	14	()
15	Net long-term capital gain or (loss). Combine lines 8a	through 14 in co	lumn (h). Then, g	o to Part III	45	_

Schedule D (Form 1040) 2021 Page 2

Part III **Summary** 4,952. 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. □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 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), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 X 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. ▶ 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

Internal Revenue Service Name(s) shown on return VARSHA MOHAN

Department of the Treasury

Social security number or taxpayer identification number

272-67-7606

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

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see 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☐ (B) Short-term transactions	reported on	Form(s) 1099	9-B showing bas				e)
(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below	If you enter an enter a co	f any, to gain or loss. amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss). Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	(sales price) (see instructions) and see Column (e) in the separate instructions (f) Code(s) from instructions Amount of adjustment		from column (d) an combine the resul- with column (g)	
Robinhood Securities LLC	01/11/21	10/21/21	2,165.	2,416.	W	22.	-229.
MORGAN STANLEY DOMESTIC HOLDINGS, INC.	01/29/21	12/21/21	11,246.	6,886.			4,360.
MORGAN STANLEY DOMESTIC HOLDINGS, INC.	11/01/21	12/21/21	3,447.	2,626.			821.
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	16,858.	11,928.		22.	4,952.

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.

SCHEDULE E (Form 1040)

Department of the Treasury

Internal Revenue Service (99)

Supplemental Income and Loss

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

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

Attachment

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

Sequence No. 13

OMB No. 1545-0074

Name(s) shown on return Your social security number 272-67-7606 VARSHA MOHAN Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Part I Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. A Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions Physical address of each property (street, city, state, ZIP code) Α В C 1b Fair Rental **Personal Use** Type of Property For each rental real estate property listed QJV above, report the number of fair rental and (from list below) **Days Days** personal use days. Check the **QJV** box only if you meet the requirements to file as a Α 365 0 Α qualified joint venture. See instructions. В В С С Type of Property: Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) Income: **Properties:** Α 3 Rents received . 3 600. 4 Royalties received 4 Expenses: Advertising 5 5 6 Auto and travel (see instructions) . . . 6 7 Cleaning and maintenance . . . 7 1,500. 8 8 Commissions. 9 Insurance 9 10 Legal and other professional fees . . . 10 11 11 1,300. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 Other interest. 13 14 Repairs. 14 2,000. 15 1,800. 15 Supplies . Taxes 16 16 17 17 3,000. 18 Depreciation expense or depletion . . 18 19 19 Total expenses. Add lines 5 through 19 20 20 9,600. 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 21 -9,000. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) -9,000.) 600 23a Total of all amounts reported on line 3 for all rental properties 23a **b** Total of all amounts reported on line 4 for all royalty properties 23b 23c **c** Total of all amounts reported on line 12 for all properties d Total of all amounts reported on line 18 for all properties 23d 23e Total of all amounts reported on line 20 for all properties 9,600. Income. Add positive amounts shown on line 21. Do not include any losses 24 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here. 25 9,000. 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

-9,000.

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Form **8889**

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

2021

Attachment Sequence No. 52

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

VARSHA MOHAN

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶ 272-67-7606

beioi	e you begin: Complete Form 6003, Archer MoAs and Long-Term Care insurance Contracts, in	requi	rea.	
Part	HSA Contributions and Deduction. See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for			
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2021. See instructions	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, contributions through a cafeteria plan, or rollovers. See instructions	2	Offig	0.
3	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 family coverage). All others, see the instructions for the amount to enter	3		3,600.
4	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 include any amount contributed to your spouse's Archer MSAs	4 5		0.
5 6	Subtract line 4 from line 3. If zero or less, enter -0	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 under an HDHP at any time during 2021, enter your additional contribution amount. See instructions	7		0.
8 9 10	Add lines 6 and 7	8		3,600.
11 12	Add lines 9 and 10	11 12		1,100.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	13		0.
Part		arate H	ISAs,	complete
14a	Total distributions you received in 2021 from all HSAs (see instructions)	14a		
b	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 withdrawn by the due date of your return. See instructions	14b		
с 15	Subtract line 14b from line 14a	14c		
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8e	16		
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here			
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	17b		
Part	completing this part. If you are filing jointly and both you and your spouse each have sep complete a separate Part III for each spouse.			,
18	Last-month rule	18		
19	Qualified HSA funding distribution	19		
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8z, and enter "HSA" and the amount on the dotted line	20		
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040). Part II, line 17d	21		