Department of the Treasury Calendar Year -Internal Revenue Service

Due 04/18/2022

2022 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury**. Write your social security number and '2022' Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....

REV 03/26/22 PRO 1555 **Ն**հ**Ե**4.

880-89-4285 CHETHAN RAMESH

610 SAN CORADO TERRACE UNIT 6 SUNNYVALE CA 94085

Department of the Treasury Calendar Year -Internal Revenue Service

Due 06/15/2022

2022 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury**. Write your social security number and '2022' Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....

Նհ**Ե**4.

REV 03/26/22 PRO 1555

880-89-4285 CHETHAN RAMESH

610 SAN CORADO TERRACE UNIT 6 SUNNYVALE CA 94085

Department of the Treasury Calendar Year -Internal Revenue Service

Due 09/15/2022

2022 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury**. Write your social security number and '2022' Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....

Նհ**Ե**4.

REV 03/26/22 PRO 1555

880-89-4285 CHETHAN RAMESH

610 SAN CORADO TERRACE UNIT 6 SUNNYVALE CA 94085

Department of the Treasury Calendar Year -Internal Revenue Service

Due 01/17/2023

2022 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury**' Write your social security number and '2022' Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....

Նհ**Ե**4.

REV 03/26/22 PRO 1555

880-89-4285 CHETHAN RAMESH

610 SAN CORADO TERRACE UNIT 6 SUNNYVALE CA 94085

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

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

Submission Identification Number (SID)

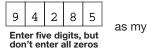
T.....

Тахрауе	or's name	Social security number								
CHE	CHETHAN RAMESH			880-89-4285						
Spouse	Spouse's name Spouse's social security nu				v number					
Part	Tax Return Information – Tax Year Ending December 31, 2021 (Enter	r yea	ar you	u are a	autho	orizing.)				
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	200,632.				
2	Total tax			. 2	2	41,116.				
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099			. 🕻	3	40,773.				
4	Amount you want refunded to you			. 4	4	·				
5	Amount you owe				5	343.				
Part		keep	o a c	ору о						

Under penalties of perjury, 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	



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 🕨	
ERO Mu Don't Submit Tl		
For Dependent Peduction Act Nation and your tax	REV 02/26/22 RRO	Form 8879 (Pov. 01 2021)

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

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

Form 1040-V Payment Voucher

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.

Enter the amount of your payment.

343.

REV 03/26/22 PRO 1555

CHETHAN RAMESH

610 SAN CORADO TERRACE, UNIT 6 SUNNYVALE CA 94085

Department of the Treasury-Internal Revenue Service (99) U.S. Individual Income Tax Return 2021 OMB No. 1545-0074 IRS Use Only	-Do not write or staple in this space.
Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the person is a child but not your dependent ►	
Your first name and middle initial Last name	Your social security number
CHETHAN RAMESH	880-89-4285
If joint return, spouse's first name and middle initial Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. Apt. no.	Presidential Election Campaign
610 SAN CORADO TERRACE, UNIT 6	Check here if you, or your spouse if filing jointly, want \$3
City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code	to go to this fund. Checking a
SUNNYVALE CA 94085	box below will not change
Foreign country name Foreign province/state/county Foreign postal code	your tax or refund.
At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual current	icy? Yes X No
Standard Someone can claim: You as a dependent Your spouse as a dependent Deduction Spouse itemizes on a separate return or you were a dual-status alien	
Age/Blindness You: Were born before January 2, 1957 Are blind Spouse: Was born before January 2	, 1957 🗌 Is blind
	alifies for (see instructions):
If more (1) First name Last name number to you Child tax cr	edit Credit for other dependents
than four	
dependents, see instructions	
and check	
here	
1 Wages, salaries, tips, etc. Attach Form(s) W-2 .<	1 213,851.
Attach 2a b Taxable interest . Sch. B if 0 0 0 0 0	2b 85.
required. 3a Qualified dividends 3a 593. b Ordinary dividends	3b 610.
4a IRA distributions 4a b Taxable amount	4b
5a Pensions and annuities 5a b Taxable amount	5b
Standard 6a Social security benefits 6a b Taxable amount . . Deduction for - - - - - - -	6b
• Single or Capital gain or (loss). Attach Schedule D if required, if not required, check here	7 1,586.
Married filing 8 Other income from Schedule 1, line 10	8 -15,500.
separately, \$12,550 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	▶ 9 200,632.
• Married filing jointly or Adjustments to income from Schedule 1, line 26	10
Qualifying 11 Subtract line 10 from line 9. This is your adjusted gross income	► 11 200,632.
widow(er), \$25,100 12a Standard deduction or itemized deductions (from Schedule A) 12a 12,550	
Head of bauadald b Charitable contributions if you take the standard deduction (see instructions) 12b 300	
household, \$18,800 c Add lines 12a and 12b	
• If you checked any box under 43 Qualified business income deduction from Form 8995 or Form 8995-A	13 0.
Standard 14 Add lines 12c and 13	
Deduction, accipation and the second	14 12,850.

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

Form **1040** (2021)

Form 1040 (202	1)								Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3		16	40,816.
	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	40,816.
	19	Nonrefundable child tax cred	dit or credit for o	other depender	nts from Schedul	e8812		19	
	20	Amount from Schedule 3, lin	e8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	40,816.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	300.
	24	Add lines 22 and 23. This is	your total tax				. 🕨	24	41,116.
	25	Federal income tax withheld	from:						
	а	Form(s) W-2				25a 40	,473.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c	300.		
	d	Add lines 25a through 25c						25d	40,773.
If you have a	26	2021 estimated tax payment						26	
qualifying child,	27a	Earned income credit (EIC)			No	27a			
attach Sch. EIC.		Check here if you were b							
		January 2, 2004, and you taxpayers who are at least a							
	b	Nontaxable combat pay elec	-	1 1					
	c	Prior year (2019) earned inco				-			
	28	Refundable child tax credit or		L	Schedule 8812	28			
	29	American opportunity credit				29			
	30	Recovery rebate credit. See		-		30		-	
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27a and 28 throug					lits 🕨	32	
	33	Add lines 25d, 26, and 32. T		•				33	40,773.
Defensel	34	If line 33 is more than line 24						34	
Refund	35a					•		35a	
Direct deposit?	►b	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here ► □ Routing number X X X X X X X X X X X ► c Type: □ Checking □ Savings							
See instructions.	►d	Account number X X X					9		
	36	Amount of line 34 you want a				36			
Amount	37	Amount you owe. Subtract	line 33 from line	24. For detail	s on how to pay,	see instructions	. 🕨	37	343.
You Owe	38	Estimated tax penalty (see in				38			
Third Party	Do	you want to allow another				? See			
Designee		structions	•				omplete l	below.	X No
		signee's		Phone			onal identi		
		me 🕨		no. 🕨			ber (PIN)		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com							
Here		ur signature		Date	Your occupation			• •	nt you an Identity
	. 10	ur signature		Date					N, enter it here
Joint return?					HARDWARE	ENGINEER	(see	inst.) 🕨	
See instructions.	Spouse's signature. If a joint return, both must sig			Date	Spouse's occupa	tion			nt your spouse an
Keep a copy for your records.	,							inst.) 🕨	ection PIN, enter it here
,		(412)520,200	c	Fue elle elebrare				iniot.) 🕨	
		one no. (413)539-326 eparer's name	o Preparer's signat	Email address	CHETHANRL	EO@GMAIL.CC	PTIN		Check if:
Paid								<u></u>	Self-employed
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GUPTA TALLAN	1 04/02/2022	P0208		
Use Only		m's name ► GLOBAL TAX		n (1,	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~				678)965-9522
		m's address ► 2530 Pebb		un Cummin	-		Firm	's EIN ▶	
Go to www.irs.g	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/26/22 PRO			Form 1040 (2021)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Internal Revenue Service

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.

OMB No. 1545-0074
2021
Attachment Sequence No. 01

-15,500.

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Your social security number
CHETHAN RAMESH	880-89-4285
Part I Additional Income	

-	THAN RAMESH		880-8	9-428
Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes	S		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, 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	ok		
	Property	8k		
	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).	8p		
z	Other income. List type and amount ►			
_		8z		
9	Total other income. Add lines 8a through 8z			9
10	Combine lines 1 through 7 and 9. Enter here and on Form 1	040, 1040-8	SR. or	

. 10 -15,500.

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

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1040-NR, line 8

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-basic officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	3	14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions) \blacktriangleright			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
а	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit 24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 81 24c			
d	Reforestation amortization and expenses			
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans 24f			
g	Contributions by certain chaplains to section 403(b) plans 24g			
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) 24h			
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations			
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) 24k			
z	Other adjustments. List type and amount ► 24z			
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to in here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	

REV 03/26/22 PRO

SCHE	DULE 2
(Form	1040)

Department of the Treasury

Internal Revenue Service

Additional Taxes

OMB No. 1545-0074 2021

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

► Go to *www.irs.gov/Form1040* for instructions and the latest information.

Attachment Sequence No. 02 Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number CHETHAN RAMESH 880-89-4285 Part I Tax

1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 .	3	
Par	rt II Other Taxes		
4	Self-employment tax. Attach Schedule SE	4	
5	Social security and Medicare tax on unreported tip income.Attach Form 41375		
6	Uncollected social security and Medicare tax on wages. AttachForm 89196		
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	300.
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	
		ontini	ued on page 2

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

Schedule 2 (Form 1040) 2021

Part II Other Taxes (continued)

17	Other additional taxes:				
а	Recapture of other credits. List type, form number, and amount ▶	17a			
b	Recapture of federal mortgage subsidy. If you sold your home in 2021, see instructions	17b			
С	Additional tax on HSA distributions. Attach Form 8889	17c			
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d			
е	Additional tax on Archer MSA distributions. Attach Form 8853.	17e			
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f			
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g			
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h			
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i			
j	Section 72(m)(5) excess benefits tax	17j			
k	Golden parachute payments	17k			
I	Tax on accumulation distribution of trusts	171			
m	Excise tax on insider stock compensation from an expatriated corporation	17m			
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n			
ο	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	170			
р	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p			
q	Any interest from Form 8621, line 24	17q			
z	Any other taxes. List type and amount ►	17z			
18	Total additional taxes. Add lines 17a through 17z		18		
19	Additional tax from Schedule 8812		19		
20	Section 965 net tax liability installment from Form 965-A	20			
21	Add lines 4, 7 through 16, 18, and 19. These are your total other and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23		21	30	0.
	BAA	REV 03/26/22 PRO	Schedu	ule 2 (Form 1040) 2	

SCHEDULE D

(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

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

2021 Attachment Sequence No. 12

Name(s) shown on return CHETHAN RAMESH

Department of the Treasury

Internal Revenue Service (99)

Your social security number 880-89-4285

880-

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

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

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustment to gain or loss Form(s) 8949, F line 2, columr	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)	
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.						
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	4,445.	2,859.			1,586.	
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	5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1						
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	1,586.	

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

See instructions for how to figure the amounts to enter on the lines below.		(d) Proceeds	(e) Cost	(g) Adjustmen 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, I line 2, colum	Part II,	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 corporat	.,	12			
13	Capital gain distributions. See the instructions	13				
14	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions	14	()			
15	Net long-term capital gain or (loss). Combine lines 8a on the back .	•			15	

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	16 1,586.
	• If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.	
	• If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.	
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.	
17	Are lines 15 and 16 both gains?	
	No. Skip lines 18 through 21, and go to line 22.	
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19
20	Are lines 18 and 19 both zero or blank and are you not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below.	
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.	
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:	
	The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500)	21 ()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.	
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?	
	Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.	
	□ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.	

REV 03/26/22 PRO

Schedule D (Form 1040) 2021

Form **8949**

Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

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

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

2021 Attachment Sequence No. 12A

Name(s) shown on return	Social security number or taxpayer identification number
CHETHAN RAMESH	880-89-4285

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	Date sold or disposed of Proceeds (sales price) See the Note below and see Column (e) See the separate instructions.		amount in column (g), ode in column (f).	l), (h) Gain or (loss). Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)			Code(s) from	Amount of	from column (d) and combine the result with column (g)
Robinhood Securities LLC	01/01/21	12/31/21	3,953.	2,259.			1,694.
Robinhood Crypto LLC	01/01/21	12/31/21	492.	600.			-108.
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	4,445.	2,859.			1,586.

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

9 12

(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)

	ent of the Treasury levenue Service (99)	► Go to	www.irs.gov/ScheduleE1					information.		Atta	chment Jence No. 13
	shown on return									_	ity number
()	HAN RAMESH									39-428	•
Part		s From Ren	tal Real Estate and Ro	valties	Note	e lf vou a	ire in th	e husiness of			
rare			If you are an individual, rep	-		•			• •		
A Dic			that would require you to								
	, , , ,		red Form(s) 1099?		• • •						Yes \square No
1a			ty (street, city, state, ZI							• 🗆	
A				1 0000)							
B											
	Type of Property	2 For e	ach rental real estate pro	nerty lis	ted		Fair	Rental	Person	al Use	A 11/
	(from list below)	above	e, report the number of fa	air rental	and		C	Days	Day	/S	QJV
Α	3	perso	nal use days. Check the meet the requirements t	QJV bo	x only	Α		365		0	
В		qualif	ied joint venture. See ins	truction	s.	В				-	
С						С					
Туре с	of Property:										
1 Sing	le Family Residence	3 Vaca	tion/Short-Term Rental	5 Lan	d	7	Self-	Rental			
2 Mult	i-Family Residence	4 Com		6 Roy	alties	8	0the	r (describe)			
Incom	e:		Properties:			Α		B			С
3	Rents received			3		6	500.				
4	Royalties received .			4							
Expen	ses:										
5	Advertising			5							
6	Auto and travel (see i	nstructions)		6							
7	Cleaning and mainter			7			500.				
8	Commissions			8		8	300.				
9	Insurance			9						_	
10	Legal and other profe			10							
11	Management fees			11		1,2	200.				
12	·		etc. (see instructions)	12							
13 14	Other interest			13		1 1	200.				
14	Repairs			14			300.				
16	Supplies			16		5,0	500.				
17	Utilities			17		1 5	500.				
18	Depreciation expense			18		ч,.	,000				
19	Other (list)			19							
20	Total expenses. Add			20		16,1	00				
21	·		s) and/or 4 (royalties). If							1	
4 1			to find out if you must	1 1							
	file Form 6198		-	21		-15,5	500.				
22			after limitation, if any,								
	on Form 8582 (see in			22 (15,5	00.)	()()
23 a		•	line 3 for all rental prope				23a		600.		
b			line 4 for all royalty prop				23b				
С			line 12 for all properties				23c				
d		•	line 18 for all properties				23d				
е		-	line 20 for all properties				23e	1	6,100.		
24			shown on line 21. Do no				· ·		. 24		
25	Losses. Add royalty lo	sses from lir	e 21 and rental real estate	e losses	from lir	ne 22. Er	ter tota	al losses here	e. 25	(15,500.)
26			alty income or (loss).								
			40 on page 2 do not								15 500
			Otherwise, include this a			otal on I IPA	ine 41	on page 2 -15,50	. 26		-15,500.
For Pai	perwork Reduction Act	NOTICE, SEE	the separate instructions		1	FA		TJ,JU	· ·	chodulo F	E (Form 1040) 2021

For Paperwork Reduction Act Notice, see the separate instructions.

Form	8889
Depar	tment of the Treasury

Health Savings Accounts (HSAs)

OMB No. 1545-0074

Sequence No. 52

Attachment

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

► Go to www.irs.gov/Form8889 for instructions and the latest information.

Internal Revenue Service For to www.irs.go Name(s) shown on Form 1040, 1040-SR, or 1040-NR

	Social security number of HSA beneficiary. If both spouses
CHETHAN RAMESH	have HSAs, see instructions ► 880-89-4285

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

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.			
•		X Sel	f-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		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		0.
5	Subtract line 4 from line 3. If zero or less, enter -0	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 under an HDHP at any time during 2021, enter your additional contribution amount. See instructions	7		0.
8	Add lines 6 and 7	8		3,600.
9	Employer contributions made to your HSAs for 2021			
10	Qualified HSA funding distributions			
11	Add lines 9 and 10	11		2,750.
12	Subtract line 11 from line 8. If zero or less, enter -0	12		850.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13	13		0.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.			
Part	HSA Distributions. If you are filing jointly and both you and your spouse each have separate Part II for each spouse.	arate H	HSAs,	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	Subtract line 14b from line 14a	14c		
15	Qualified medical expenses paid using HSA distributions (see instructions)	15		
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.	arate	HSAs	,
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		

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

Form **8959** Department of the Treasury

Internal Revenue Service

Name(s) shown on return

Additional Medicare Tax

▶ If any line does not apply to you, leave it blank. See separate instructions.

Attach to Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.

► Go to www.irs.gov/Form8959 for instructions and the latest information.

OMB No. 1545-0074

Your social security number 880 - 89 - 4285

Part V Withholding Reconciliation 19 Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6 19 3, 684. 20 Enter the amount from line 1 20 233, 351. 21 Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages 21 3, 384. 22 Subtract line 21 from line 19. If zero or less, enter -0 This is your Additional Medicare Tax withholding on medicare wages 22 300. 23 Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions) 23 23 24 Total Additional Medicare Tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-PR or 1040-SS filers, see instructions) 24 300.	CHET	'HAN RAMESH		880-8	89-42	85
Form W-2, erief the total of the amounts from box 5 1 233, 351. 2 Unreported tips from Form 437, line 6 3 4 Add lines 1 through 3 4 233, 351. 5 Enter the following amount for your filing status: 4 233, 351. 6 33, 351. 5 200, 000. 6 7 Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II 6 332, 351. 7 Additional Medicare Tax on Self-Employment Income 6 333, 351. 8 Self-employment income from Schedule SE (Form 1040). Part I, line 6. If you had a loss, enter -0. Form 1040-PR of 1040-SS lines, senter-0. 8 8 9 Enter the following amount for your filing status: \$250,000 9 10 11 Subtract line 11 form line 8. If zero or less, enter -0. 11 12 12 Subtract line 11 form line 8. If zero or less, enter -0. 11 12 13 Subtract line 11 form line 8. If zero or less, enter -0. 14 13 14 Raitoa drilling jointy \$250,000 10 14 15 Subtract line 11 form line 8. If zero or less, enter -0. 11 <td< th=""><th>Part</th><th>Additional Medicare Tax on Medicare Wages</th><th></th><th>1</th><th></th><th></th></td<>	Part	Additional Medicare Tax on Medicare Wages		1		
2 Unreported tips from Form 4137, line 6 2 3 Wages from Form 8198 [1] line 6 3 4 Add lines 1 through 3 4 233, 351. 5 Enter the following amount for your filing status: 4 233, 351. 6 Statum 2000 5 200, 000. 6 7 Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to part II. 6 33, 351. 7 Additional Medicare Tax on Self-Employment Income 8 8 8 8 8 Self-employment income from Schedule SE (Form 1040). Part I, line 6. If you had a loss, enter -0- (Form 1040-PR for 1040-PS filers, see instructions.) 8 8 9 Enter the following amount for your filing status: 8 2550,000 9 9 Size and the following amount for your filing status: 10 12 11 Subtract line 11 from line 8. If zero or less, enter -0. 11 12 12 Subtract line 11 form line 8. If zero or less, enter -0. 11 13 12 Subtract line 11 form line 8. If zero or less, enter -0. 11 14 13 Subtract line 11 form line 8. If zero or less, enter -0. <t< th=""><th>1</th><th></th><th></th><th></th><th></th><th></th></t<>	1					
3 Wages from Form 8919, line 6		Form W-2, enter the total of the amounts from box 5	1	233,351.		
4 Add lines 1 through 3 4 233,351. 5 Enter the following amount for your filing status: Married filing jointly 5250,000 5 200,000. 6 3 Subtract line 5 from line 4. If zero or less, enter -0. 6 33,351. 7 7 Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II 7 300. 9 Self-employment income from Schedule SE (Form 1040, Part I, line 6. If you had a loss, enter -0. (Form 1040-PR or 1040-SE filers, see instructions). 8 8 9 Enter the following amount for your filing status: 8 8260,000 9 10 10 11 11 11 11 12 11 Subtract line 11 from line 9. If zero or less, enter -0. 10 11 12 Subtract line 11 from line 9. If zero or less, enter -0. 11 11 13 Deter the amount from your filing status: 14 14 14 14 Tacit filing aparately 5125,000 15 13 15 Enter the following amount for your filing status: 14 14 14 14 15 Enter the following amount for y	2	Unreported tips from Form 4137, line 6				
5 Enter the following amount for your filing status: \$250,000 Married filing separately \$125,000 5 200,000. 6 33,351. 7 Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II 8 Self-employment income from Schedule SE (Form 1040, Part I, line 6. If you had a loss, enter -0- (Form 1040-PR or 1040-SS filers, see instructions.) 8 9 Enter the following amount for your filing status: \$260,000 9 10 Inter the sequence of the sequen	3					
Married filing joinly \$250,000 5 200,000. 6 Single, Head of household, or Qualifying widow(er) \$200,000 5 200,000. 6 Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II. 7 300. Part II Additional Medicare Tax on Self-Employment Income 8 8 8 8 8 9 9 300. Part II Additional Medicare Tax on Self-Employment Income 8 8 9 9 1 1 300. Part II Additional Medicare Tax on Self-Employment Income 8 8 9 1 1 1 1 300. Part II Additional Medicare Tax on Self-Employment Income 8 1 <t< th=""><td>4</td><td>Add lines 1 through 3</td><td>4</td><td>233,351.</td><td></td><td></td></t<>	4	Add lines 1 through 3	4	233,351.		
Married filing separately S125,000 5 200,000 6 33,351. 7 Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II 6 33,351. 7 Additional Medicare Tax on Self-Employment Income 6 33,351. 8 Self-employment income from Schedule SE (form 1040), Part I, line 6. If you had a loss, enter -0- (form 1040-PR or 1040-SS filers, see instructions.) 8 8 9 Enter the following amount for your filing status: Married filing jointly. \$250,000 9 10 11 Subtract line 10 from line 9. If zero or less, enter -0. 11 11 12 12 Subtract line 10 from line 8. If zero or less, enter -0. 12 13 12 13 Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation a to to Part III 13 14 14 (see instructions) 5 250,000 15 16 14 Isstructions 5 250,000 15 16 15 Enter the following amount for your filing status: Married filing jointy \$250,000 15 16	5					
Single, Head of household, or Qualifying widow(er) \$200,000 5 200,000 6 33,351. Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II Additional Medicare Tax on Self-Employment Income 7 300. Beffermployment income from Schedule SE (Form 1040), Part I. line 6. If you had a loss, enter -0. (Form 1040-PR or 1040-SS filers, see instructions.) 8 8 Beffer the following amount for your fling status: %2250,000 9 10 Married filing jointly. \$2250,000 9 10 10 Subtract line 11 from line 9. If zero or less, enter -0- 11 12 12 Additional Medicare Tax on Self-employment Tax Act (RTTA) Compensation 13 14 Part III Additional Medicare Tax on Raircad Retirement Tax Act (RTA) Compensation 13 Part III Additional Medicare Tax on Raircad Retirement Tax Act (RTA) Compensation 14 14 14 14 14 15 Enter the following amount for your file status: \$220,000 15 16 14 Rairoa determent (RTA) compensation and tips from Form(S) W-2, box 14 14 14 14 14 14 16 15 En						
6 Subtract line 5 from line 4. If zero or less, enter -0						
7 Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II. 7 300. 9 Additional Medicare Tax on Self-Employment Income 8 8 8 8 Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0- (Form 1040-PR filers, see instructions.) 8 9 9 Enter the following amount for your filing status: Married filing jointly. \$250,000 9 9 10 Enter the amount from line 9. If zero or less, enter -0- 11 12 12 12 Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III 12 13 PartUII Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III. 12 14 Ralicoal retirement (RRTA) compensation and tips from Form(s) V-2, box 14 14 14 15 Enter the following amount for your filing status: Married filing separately \$250,000 15 16 17 Additional Medicare Tax on ralicoad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.09). Enter here and go to Part IV 17 18 Additional Medicare Tax on ralicoad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.09). Enter here and go to Part IV						
Part II Additional Medicare Tax on Self-Employment Income 7 300. Part II Additional Medicare Tax on Self-Employment Income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0- (Form 1040-PS filers, see instructions.) 8	6				6	33,351.
PartIII Additional Medicare Tax on Self-Employment Income 8 Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0- (Form 1040-PR or 1040-SS filers, see instructions) 8 8 9 Enter the following amount for your filing status: \$255,000 9 9 11 Subtract line 10 from line 4. fi zero or less, enter -0 10 11 12 12 Subtract line 10 from line 8. fi zero or less, enter -0 11 12 12 Subtract line 10 from line 8. fi zero or less, enter -0 11 12 13 PartIII Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III. 14 14 Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions) 14 15 Enter the following amount for your filing status: 14 14 14 14 15 Enter the following amount for your filing status: 15 Married filing jointly \$250,000 15 16 16 Additional Medicare Tax on raincare tritement (RTA) compensation. Multiply line 16 by 0.9% (0.009). 17 Part IV Total Additional Medicare Tax 18 300. </th <th>7</th> <th></th> <th></th> <th></th> <th></th> <th>200</th>	7					200
8 Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0. (Form 1040-PR or 1040-PS filers, see instructions). 8 9 Enter the following amount for your filing status: \$250,000 Married filing separately \$125,000 9 Enter the amount from line 4 \$125,000 10 10 11 11 Subtract line 10 from line 9. If zero or less, enter -0. 11 12 Subtract line 11 from line 8. If zero or less, enter -0. 11 13 Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III 13 Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation 14 14 14 14 14 15 Enter the following amount for your filing status: Married filing opintly \$250,000 15 16 Subtract line 15 from line 14. If zero or less, enter -0. 14 14 16 Subtract line 15 from line 14. If zero or less, enter -0. 17 7 Additional Medicare Tax on railcad retirement (RTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV 16 17 Total Additional Medicare Tax 17	Dout	Part II			7	300.
had a loss, enter -0- (Form 1040-PR or 1040-SS filers, see instructions.) 8 9 Enter the following amount for your filing status: \$250,000 Married filing geparately. \$125,000 Single, Head of household, or Qualifying widow(er) \$250,000 10 Enter the amount from line 4. 11 Subtract line 10 from line 9. If zero or less, enter -0- 12 Subtract line 11 from line 8. If zero or less, enter -0- 13 Part III Part III Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III 14 ise instructions) 15 Enter the following amount for your filing status: Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$250,000 Single, Head of household, or Qualifying widow(er) \$250,000 If Subtract line 15 from line 14. If zero or less, enter -0- If Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). If Total Additional Medicare Tax If ano total Additional Medicare Tax						
9 Enter the following amount for your filing status: Married filing separately \$250,000 10 St25,000 11 Subtract line 10 from line 4 10 12 Subtract line 10 from line 9. If zero or less, enter -0- 11 13 Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III 12 14 Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions) 14 14 Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions) 15 15 Enter the following amount for your filing status: Married filing separately \$250,000 Married filing separately \$125,000 16 15 17 Path W 18 300. 19 Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV 17 18 Additional Medicare Tax 18 300. 19 Medicare tax withholding on Medicare Tax 18 300. 20 Enter the total of the amounts from box 6 21 3, 384. 21 3, 384. 21 Multiply line 20	8					
Married filing jointly. \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000 10 Enter the amount from line 4 11 Subtract line 10 from line 9. If zero or less, enter -0- 11 12 Subtract line 10 from line 8. If zero or less, enter -0- 12 13 Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III 13 14 Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions) 14 15 Enter the following amount for your filing status: Married filing separately \$250,000 Married filing separately \$250,000 15 16 16 Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). 17 17 Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). 17 18 Add Iines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-PR or 1040-SS liters, see instructions), and go to Part V. 18 20 23, 351. 21 3, 384. 21 3, 384. 22 300.	•		8		-	
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For Denerwork Reduction Act Nation and your tax return instructions		federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25	5c (Fo	orm 1040-PR or	24	300.
	For Pa	norwork Reduction Act Nation, and your tax return instructions				Form 8959 (2021)

Form 8960

Department of the Treasury

Net Investment Income Tax— Individuals, Estates, and Trusts

OMB No. 1545-2227

20

1

Attach to your tax return.

		est inform	ation.	4	Attachment Sequence No. 72
Name(s)	shown on your tax return		Your	social se	curity number or EIN
CHET	THAN RAMESH		88	0-89-	4285
Part	I Investment Income Section 6013(g) election (see instructions)		I		
	Section 6013(h) election (see instructions)				
	Regulations section 1.1411-10(g) election (see in	struction	s)		
1	Taxable interest (see instructions)			1	85.
2	Ordinary dividends (see instructions)			2	610.
3	Annuities (see instructions)			3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	4a	-15,500		
b	Adjustment for net income or loss derived in the ordinary course of a non- section 1411 trade or business (see instructions)	4b			
С	Combine lines 4a and 4b			4c	-15,500.
5a	Net gain or loss from disposition of property (see instructions)	5a	1,586		
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b			
с	Adjustment from disposition of partnership interest or S corporation stock (see				
	instructions)	5c			
d	Combine lines 5a through 5c			5d	1,586.
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)			6	
7	Other modifications to investment income (see instructions)			7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7			8	-13,219.
Part	-	cations			
9a	Investment interest expenses (see instructions)	9a		_	
b	State, local, and foreign income tax (see instructions)	9b		_	
С	Miscellaneous investment expenses (see instructions)	9c			
d	Add lines 9a, 9b, and 9c			9d	
10	Additional modifications (see instructions)			10	
11	Total deductions and modifications. Add lines 9d and 10			11	
Part					
12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, o				
	Estates and trusts, complete lines 18a–21. If zero or less, enter -0 Individuals:			12	0.
40		10	000 600		
13	Modified adjusted gross income (see instructions)	13	200,632		
14	Threshold based on filing status (see instructions)	14 15	200,000		
15 16	Enter the smaller of line 12 or line 15		632	16	0.
	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Ent		0.		
17	on your tax return (see instructions)			17	0.
18a	Net investment income (line 12 above)	18a			
b	Deductions for distributions of net investment income and deductions under			_	
	section 642(c) (see instructions)	_			
c	Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-				
19a	Adjusted gross income (see instructions)	_			
b	Highest tax bracket for estates and trusts for the year (see instructions)	_			
c	Subtract line 19b from line 19a. If zero or less, enter -0				
20	Enter the smaller of line 18c or line 19c	. 20			
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.0				
Eor Do	include on your tax return (see instructions)			21	Form 8960 (2021)

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

BAA

FORM

8879

2021 California e-file Signature Authorization for Individuals

Your name	Your SSN or I	TIN
CHETHAN RAMESH	880-89-4	1285
Spouse's/RDP's name	Spouse's/RDF	's SSN or ITIN
Part I Tax Return Information (whole dollars only)		
1 California adjusted gross income (AGI). See instructions	1 <u>.</u>	203,382.
2 Amount You Owe. See instructions		
3 Refund or No Amount Due. See instructions		2,969.

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

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2021, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider, including my name, address, and social security number (SSN) or individual tax identification number (ITIN), and the amounts shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that direct deposit refund amount on line 3 agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointment of the other spouse/registered domestic partner (RDP) as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediate service provider to transmit my complete return to the Franchise Tax Board (FTB). If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, and/or transmitter the reason(s) for the date when the refund was sent. If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic F

Taxpayer's	PIN:	check	one	box	only
------------	------	-------	-----	-----	------

	ERO firm name		Do n	ot er	nter a	ll zer	05
X	Lauthorize GLOBAL TAXES LLC	to enter my PIN	9	4	2	8	5

as my signature on my 2021 e-filed California individual income tax return.

I will enter my PIN as my signature on my 2021 e-filed California individual income tax return. 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.

You	r signature 🕨	Date	<u>ا</u>		
Spo	use's/RDP's PIN: check one box only				
	l authorize			to enter my PIN	
	ERO firm name				Do not enter all zeros
	as my signature on my 2021 e-filed California individual income tax return.				
	I will enter my PIN as my signature on my 2021 e-filed California individual income tax r and your return is filed using the Practitioner PIN method. The ERO must complete Part III be		Check t	his box only if you a	re entering your own PIN

Spouse's/RDP's signature	Date						
Practitioner PIN Method Returns Only	continue below						
Part III Certification and Authentication — Practitioner PIN Method Only							
ERO's Electronic Filer Identification Number (EFIN)/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. I certify that the above numeric entry is my PIN, which is my signature for the 2021 Califo confirm that I am submitting this return in accordance with the requirements of the Practit e-file Providers.							

ERO's signature 🕨 _			04/02/2022
-			

540

2021 California Resident Income Tax Return

		APE	ATTACH FEDERAL RETURN
		89-4285 RAME HAN RAMESH	21
		SAN CORADO TERRACE UNIT 6 IYVALE CA 94085	
08	-13	3-1992	
		Enter your county at time of filing (see instructions)	
Principal Residence		If your address above is the same as your principal/physical residence If not, enter below your principal/physical residence address at the ti	
icipal F	۲	Street address (number and street) (If foreign address, see instructions.)	Apt. no/ste. no.
Prir	$oldsymbol{igodol}$	City	State ZIP code
	<u> </u>		
S	1	If your California filing status is different from your federal filing status is different for your federal filing status is different	usehold (with qualifying person). See instructions.
Filing Status	2		vidow(er). Enter year spouse/RDP died.
Filin		See instruct	ions.
	3	Married/RDP filing separately. Enter spouse's/RDP's SSN or	TIN above and full name here.
	6	If someone can claim you (or your spouse/RDP) as a dependent, ch	neck the box here. See inst • 6
	Fo	or line 7, line 8, line 9, and line 10: Multiply the number you enter in the	Whole dollars only
Exemptions	7 8	box 2 or 5, enter 2 in the box. If you checked the box on line 6, see	you checked instructions. (\bullet 7 1 X \$129 = (\bullet \$ 129
EX	9		
		175 31012	214 REV 03/29/22 PRO Form 540 2021 Side 1

Υοι	ır naı	ne: RAMI	ESH		Your SSN o	r ITIN:	880-	89-4285			
	10	Dependents:		ot include yourself or y Dependent 1	our spouse/RDF		endent 2			Dependent 3	
		First Name	۲	•	(•			۲	_	
suc		Last Name	۲		(•					
Exemptions		SSN. See instructions.	•			•			•		
Exe		Dependent's relationship to you	۲		(•			۲		
	Tota		xemp	tions				10	(\$400 = 🤇	• •	
	11	Exemption a	amou	nt: Add line 7 through l	ine 10. Transfer	this am	ount to lir	ne 32	• 1	1\$ 1	29
	12	State wages	from	your federal				016601] []		
		Form(s) W-2	2, box	. 16	• 12			216601	. 00		
	13 14			sted gross income fron nents – subtractions. Er					🖲 13	200632	
	15	Part I, line 2	, 7, co	lumn B					• 14		
ome	16	See instruct	ions	nents – additions. Enter					15	200632	
Taxable Income	10			lumn C					• 16	2750	.00
axabl	17	California ad	ljuste	d gross income. Combi	ne line 15 and li	ne 16			• 17	203382	. 00
-	18	larger of	Your • Sir • Ma If Ma	California itemized de California standard de Igle or Married/RDP filin rried/RDP filing jointly, rried/RDP filing separately	duction shown I ng separately Head of househ or the box on line	below fo iold, or (6 is chee	or your fili Qualifying	ng status: widow(er)	\$4,803 \$9,606	4803].00
	19			rom line 17. This is you enter -0					🖲 19	198579	. 00
	31	Tax. Check t	he bo	x if from:	Table	× Tax	x Rate Sc	hedule		F	
	32	Exemption o	redit	● FTE s. Enter the amount fror	3 3800 ●			ore than	• 31	15470	.00
Тах									🖲 32	129	
	33	Subtract line	e 32 f	rom line 31. If less than	zero, enter -0-				🖲 33	15341	. 00
	34	Tax. See inst	tructi	ons. Check the box if fr	om: • Scł	nedule G	G-1 ●	FTB 5870A.	. • 34		.00
	35	Add line 33	and li	ne 34					• 35	15341	. 00
edits	40	Nonrefundal	ble Cl	nild and Dependent Care	e Expenses Cred	lit. See i	nstruction	15	• 40		. 00
Special Credits	43	Enter credit	name			code 🗨		and amount.	. • 43		.00
Spec	44	Enter credit	name	}		code 🗨		and amount.	. • 44		. 00
	;	Side 2 Form	540	2021	175	310)2214	Γ	-	REV 03/29/22 PRO	

You	ır nar	me: RAMESH Your SSN or ITIN: 88	80-89-4285
Ś	45	To claim more than two credits. See instructions. Attach Schedule P (•540) ● 45 00
Special Credits	46	Nonrefundable Renter's Credit. See instructions	
ecial (47	Add line 40 through line 46. These are your total credits	
Sp	48	Subtract line 47 from line 35. If less than zero, enter -0	
	61	Alternative Minimum Tax. Attach Schedule P (540)	
axes	62	Mental Health Services Tax. See instructions	
Other Taxes	63	Other taxes and credit recapture. See instructions	
0	64	Excess Advance Premium Assistance Subsidy (APAS) repayment. See	
	65	Add line 48, line 61, line 62, line 63, and line 64. This is your total tax	• 65 15341 .00
	71	California income tax withheld. See instructions	
	72	2021 CA estimated tax and other payments. See instructions	
	73	Withholding (Form 592-B and/or 593). See instructions	
lents	74	Excess SDI (or VPDI) withheld. See instructions	
Payments	75	Earned Income Tax Credit (EITC)	
	76	Young Child Tax Credit (YCTC). See instructions	
	77 78	Net Premium Assistance Subsidy (PAS). See instructions Add line 71 through line 77. These are your total payments. See instructions	
Тах	91	Use Tax. Do not leave blank. See instructions	··· • 91 0 .00
Use Tax		If line 91 is zero, check if: X No use tax is owed.	You paid your use tax obligation directly to CDTFA.
ISR Penaltv	92	If you and your household had full-year health care coverage, check th See instructions. Medicare Part A or C coverage is qualifying health ca If you did not check the box, see instructions. Individual Shared Responsibility (ISR) Penalty. See instructions	are coverage • ×
			····· • 92
ax Due	93	Payments balance. If line 78 is more than line 91, subtract line 91 from	m line 78 • 93 18310 .00
Overpaid Tax/Tax Due	94 95	Use Tax balance. If line 91 is more than line 78, subtract line 78 from Payments after Individual Shared Responsibility Penalty. If line 93 is n subtract line 92 from line 93.	more than line 92,
Over	96	Individual Shared Responsibility Penalty Balance. If line 92 is more that subtract line 93 from line 92.	

Υοι	ır nar	ne: RAMESH Your SSN or ITIN: 880-89-4285	
Overpaid Tax/Tax Due	97	Overpaid tax. If line 95 is more than line 65, subtract line 65 from line 95 (97 2969	. 00
ax/Ta	98	Amount of line 97 you want applied to your 2022 estimated tax	. 00
paid 7	99	Overpaid tax available this year. Subtract line 98 from line 97	. 00
Ovei	100	Tax due. If line 95 is less than line 65, subtract line 95 from line 65 (100	. 00
		<u>Code</u> <u>Amount</u>	
		California Seniors Special Fund. See instructions	. 00
		Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	. 00
		Rare and Endangered Species Preservation Voluntary Tax Contribution Program	. 00
		California Breast Cancer Research Voluntary Tax Contribution Fund	. 00
		California Firefighters' Memorial Voluntary Tax Contribution Fund	. 00
		Emergency Food for Families Voluntary Tax Contribution Fund	. 00
		California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund	. 00
		California Sea Otter Voluntary Tax Contribution Fund	. 00
		California Cancer Research Voluntary Tax Contribution Fund	. 00
ons		School Supplies for Homeless Children Voluntary Tax Contribution Fund	. 00
Contributions		State Parks Protection Fund/Parks Pass Purchase	. 00
Con		Protect Our Coast and Oceans Voluntary Tax Contribution Fund	. 00
		Keep Arts in Schools Voluntary Tax Contribution Fund	. 00
		Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund	. 00
		California Senior Citizen Advocacy Voluntary Tax Contribution Fund	. 00
		Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	. 00
		Rape Kit Backlog Voluntary Tax Contribution Fund	. 00
		Schools Not Prisons Voluntary Tax Contribution Fund	. 00
		Suicide Prevention Voluntary Tax Contribution Fund	. 00
		Mental Health Crisis Prevention Voluntary Tax Contribution Fund	. 00
		California Community and Neighborhood Tree Voluntary Tax Contribution Fund	. 00
	110	Add code 400 through code 446. This is your total contribution • 110	. 00

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You	r nan	me: RAMESH	Your SSN or ITIN:	880-89-4285	—						
Amount You Owe	111	AMOUNT YOU OWE. If you do not Mail to: FRANCHISE TAX BOAR Pay Online – Go to ftb.ca.gov/pay	D, PO BOX 942867, SACRAMEN			uctions. D	Do not send cash.				
and ies	112 113	Interest, late return penalties, and Underpayment of estimated tax.	l late payment penalties		112		- 00				
Interest and Penalties		Check the box: FTB 580	5 attached • FTB 5805F	attached	• 113						
-		Total amount due. See instruction	is. Enclose, but do not staple, any	/ payment	114		. 00				
	115	REFUND OR NO AMOUNT DUE. S	Subtract the sum of line 110, line	112 and line 113 from	n line 99. See instruct	ions.					
		Mail to: FRANCHISE TAX BOARD,	, PO BOX 942840, SACRAMENT() CA 94240-0001	● 115		2969 _00				
Refund and Direct Deposit		Fill in the information to authorize See instructions. Have you verifie All or the following amount of my	ed the routing and account numl	ers? Use whole dolla	rs only.		c or a deposit slip.				
Dire		Routing number X Chec	cking Account number		• 116	6 Direct deposit amount					
and		011000138	004666292148	3			2969 _00				
pun		Savi	Savings								
Ref		The remaining amount of my refu • Type	nd (line 115) is authorized for di	rect deposit into the a	ccount shown below:						
		Douting number	cking • Account number		• 117	Direct (leposit amount				
							- 00				
		Savi	÷								
		ANT: See the instructions to find ou y notice can be found in annual tax bookle				ftb.ca.go	v/forms and search for 1131				
to loc Unde	cate FT er pena	TB 1131 EN-SP, Franchise Tax Board Priva alties of perjury, I declare that I have ex rrect, and complete.	acy Notice on Collection. To request thi	s notice by mail, call 800.	338.0505 and enter form of	code 948 v	vhen instructed.				
Your	signat	ture	Date	Spous	e's/RDP's signature (if a j	joint tax re	turn, both must sign)				
		Your email address. Enter c	only one email address.				erred phone number				
Si	gn					413	5393266				
He	ere		laration of preparer is based on all	•	reparer has any knowle	dge)					
	unlaw	vful	M SAGAR GUPTA TA								
spou	rge a use's/										
RDF sign	ature.			P02082703							
	t tax	Firm's address	DEEK IN CUMMING	Ch 20041			● Firm's FEIN				
retui (See	9		CREEK LN CUMMING	GA 30041			301017196				
instr	uctior	ns) Do you want to allow anoth	her person to discuss this tax retu	rn with us? See instru	uctions	Yes	× No				
		Print Third Party Designee's Na	ame]	Telephor	ne Number				

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CA (540)

2021 California Adjustments — Residents

Important: Attach this schedule behind Form 540, Side 5 as a supporting California schedule.

Na	me(s) as shown on tax return					SSN o	r ITIN
С	HETHAN RAMESH					88	0894285
	art I Income Adjustment Schedule ction A – Income from federal Form 1040 or 1040-SR	A	Federal Amounts (taxable amounts from your federal tax return)		B Subtractions See instructions		C Additions See instructions
1	Wages, salaries, tips, etc. See instructions before making an entry in column B or C1	۲	213,851.	۲			2,750.
2	Taxable interest. a • 2b	ullet	85.				
3	Ordinary dividends. See instructions. a (9) 3b	۲	610.				
4	IRA distributions. See instructions. a • 4b	۲		۲		۲	
5	Pensions and annuities. See instructions. a • 5b	۲		۲			
6	Social security benefits. a • 6b	۲		۲			
7	Capital gain or (loss). See instructions	$oldsymbol{igstar}$	1,586.				
Se	ction B – Additional Income from federal Schedule 1	(For	m 1040)				
1	Taxable refunds, credits, or offsets of state and local income taxes			۲			
2a	Alimony received. See instructions	۲				۲	
3	Business income or (loss). See instructions 3	۲		۲		۲	
	Other gains or (losses)	ullet		\odot			
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc 5	ullet	-15,500.			۲	
6	Farm income or (loss)6	۲		۲		۲	
	Unemployment compensation7	ullet					
8	Other income: a Federal net operating loss8a	۲					
	b Gambling income	۲		۲			
	${\bf c}$ Cancellation of debt 8 ${\bf c}$	ullet					
	d Foreign earned income exclusion from federal Form 2555	$oldsymbol{igodol}$					
	e Taxable Health Savings Account distribution 8e	۲					
	f Alaska Permanent Fund dividends	۲					
	g Jury duty pay8g	۲					
	h Prizes and awards8h	۲					

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Sec	tion B – Additional Income Continued	A	Federal Amounts (taxable amounts from your federal tax return)		B	Subtractions See instructions	C Additions See instructions
	i Activity not engaged in for profit income 8i	ullet					
	j Stock options						
	 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	۲					
	m IRC Section 951(a) inclusion 8 m	۲		۲			
	n IRC Section 951A(a) inclusion8n	۲		ullet			
	o IRC Section 461(I) excess business loss adjustment 80	۲					۲
	p Taxable distributions from an ABLE account 8p	$oldsymbol{igo}$					
	z Other income. List type and amount.						
	• 8z	۲		۲			•
9	a Total other income. Add lines 8a through 8z. 9a	۲		۲			•
	b1 Disaster loss deduction from form FTB 3805V . 9b1			۲			
	b2 NOL deduction from form FTB 3805V 9b2			۲			
	b3 NOL from form FTB 3805Z, 3807, or 3809 9b3			$ \mathbf{O} $			
	b4 Student loan discharged due to closure of a for-profit school						
	Total. Combine Section A, line 1 through line 7, and Section B, line 1 through line 7, line 9a, and line 9b4 in column A (as applicable). Add Section A, line 1 through line 7, and Section B, line 1 through line 7, line 9a and line 9b1 through line 9b4 in column B and column C (as applicable). See instructions.	•	200,632.				
	t ion C – Adjustments to Income n federal Schedule 1 (Form 1040)						
	Educator expenses	ullet		۲			
12	Certain business expenses of reservists, performing artists, and fee-basis government officials 12	۲		۲			۲
13	Health savings account deduction	\odot		\odot			
14	Moving expenses. Attach form FTB 3913. See instructions	$ \mathbf{O} $					•
15	Deductible part of self-employment tax. See instructions	ullet		۲			
16	Self-employed SEP, SIMPLE, and qualified plans16	\odot					
17	Self-employed health insurance deduction. See instructions	۲		۲			

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Sec	tion C – Adjustments to Income Continued	A	Federal Amounts (taxable amounts from your federal tax return)		B Subtractions See instructions		dditions ee instructions
8	Penalty on early withdrawal of savings	۲					
9	a Alimony paid19	a 💿				۲	
	b Recipient's: SSN •						
	Last Name •						
)	IRA deduction	۲		۲		۲	
1	Student loan interest deduction21	۲					
2	Reserved for future use						
3	Archer MSA deduction	۲					
4	Other adjustments: a Jury duty pay						
	 b Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit. 					۲	
	c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 81	. •		۲			
	d Reforestation amortization and expenses24	d 💽		۲			
	e Repayment of supplemental unemployment benefits under the Trade Act of 197424						
	f Contributions to IRC Section 501(c)(18)(D) pension plans					•	
	g Contributions by certain chaplains to IRC Section 403(b) plans24	g 💿		•		•	
	h Attorney fees and court costs for actions involving certain unlawful discrimination claims	h 💿					
	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 violations24	i		۲			
	j Housing deduction from federal Form 2555 24	i 💿		$ \mathbf{O} $			
	k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041)24	k 💿		۲			
	z Other adjustments. List type and amount.						
	·					۲	
	Total other adjustments. Add lines 24a through 24z	۲		۲		۲	
6	Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions 26			۲		۲	
7	Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions27		200,632.			•	2,75

REV 03/29/22 PRO

Part II Adjustments to Federal Itemized Deductions

Che	ck the box if you did NOT itemize for federal but will iter	nize	for Ca	alifornia •				
			A	Federal Amounts (from federal Schedule A (Form 1040))		B Subtractions See instructions	C	Additions See instructions
Me	dical and Dental Expenses See instructions.							
1	Medical and dental expenses •	1						
2	Enter amount from federal Form 1040 or 1040-SR, line 11 • 200,632.	2						
3	Multiply line 2 by 7.5% (0.075) • 15,047.	3						
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0	.4					۲	
	es You Paid a State and local income tax or general sales taxes.	.5a	۲	18,310.	۲	18,310.		
	b State and local real estate taxes	.5b	۲					
	c State and local personal property taxes	.5c	ullet					
	d Add line 5a through line 5c	.5d	ullet	18,310.				
	 e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B. Enter the difference from line 5d and line 5e, column A in line 5e, column C 			10,000.		18,310.		8,310.
6	Other taxes. List type •		•	· · ·	•	·	•	
	Add line 5e and line 6		۲	10,000.	۲	18,310.	۲	8,310.
	 rest You Paid a Home mortgage interest and points reported to you on federal Form 1098 	.8a	۲				۲	
	b Home mortgage interest not reported to you on federal Form 1098	.8b	۲				۲	
	c Points not reported to you on federal Form 1098.	.8c	۲				۲	
	d Mortgage insurance premiums	.8d	۲		۲			
	e Add line 8a through line 8d	.8e	۲		۲		۲	
9	Investment interest	.9	ullet		۲		۲	
10	Add line 8e and line 9	10	ullet		ullet		۲	



Pa	rt II Adjustments to Federal Itemized Deductions Continued	A	Federal Amounts (from federal Schedule A (Form 1040))		B Subtractions See instructions		C Additions See instructions
Gif	ts to Charity					1	
	Gifts by cash or check	•	300.			•	
12	Other than by cash or check					۲	
13	Carryover from prior year			$ \overline{} $		•	
	Add line 11 through line 1314		300.	ullet		۲	
	casualty and Theft Losses Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions15			۲			
Oth	er Itemized Deductions						
16	Other—from list in federal instructions 16	۲		۲		۲	
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C		10,300.		18,310.		8,310.
18	Total. Combine line 17 column A less column B plus co	lumn	C			9 18	300.
Job	Expenses and Certain Miscellaneous Deductions						
	Unreimbursed employee expenses - job travel, union du Attach federal Form 2106 if required. See instructions .						
20	Tax preparation fees			20			
21	Other expenses - investment, safe deposit box, etc. List type			21	0.		
22	Add line 19 through line 21			22	0.		
23	Enter amount from federal Form 1040 or 1040-SR, line 11	2	00,632.				
24	Multiply line 23 by 2% (0.02). If less than zero, enter 0.			24_	4,013.		
25	Subtract line 24 from line 22. If line 24 is more than line	22,	enter 0) 25	0.
26	Total Itemized Deductions. Add line 18 and line 25) 26	300.
27	Other adjustments. See instructions. Specify. •) 27	
28	Combine line 26 and line 27) 28	300.
29	Is your federal AGI (Form 540, line 13) more than the Single or married/RDP filing separately Head of household Married/RDP filing jointly or qualifying widow(er) No. Transfer the amount on line 28 to line 29.	 		\$212 \$318 \$424	2,288 3,437 1,581	Ň	
	Yes. Complete the Itemized Deductions Worksheet in th	e ins	tructions for Schedule CA	A (540)	, line 29) 29	300.
30	Enter the larger of the amount on line 29 or your stand Single or married/RDP filing separately. See instru Married/RDP filing jointly, head of household, or of	ictior jualif	ıs ying widow(er)	\$9	9,606		4 000
	Transfer the amount on line 30 to Form 540, line 18 \ldots						4,803.
				_	REV 03/29/22 PR0		
	175	I	7735214		Schedule CA	(540)	2021 Side 5

Name as Shown on Return

California Wage, IRA and Pension Adjustments Attach to return (after all other FTB forms)

2021

Social Security No.

880-89-4285

CHETHAN RAMESH Line 1 – Wages, Salaries, Tips, Etc.

		(B) Subtractions	(C) Additions
1	Excess reimbursements from Form 2106 included in wage income		
2	Active duty military pay		
3	Sick pay received under the Federal Insurance Contributions		
•	Act and Railroad Retirement Act		
4	Income exempted by U.S. tax treaties (unless specifically		
	exempt for state purposes also)		
5	Exclusion for compensation from exercising a California		
	Qualified Stock Option (CQSO)		
6	Ridesharing fringe benefit differences		
7	HSA employer contributions		2,750.
8	Paid Family Leave Insurance (PFL) benefits		
9	Employer-provided adoption benefits income exclusions		
10	In-Home Supportive Services (IHSS) supplementary payment		
11	Native American income (Form 3504)		
12			
а	as smallest of amount spent or fair rental value		
b	Enter the amount spent on qual. housing expenses		
13	Excess moving reimbursements		
14	CA Employees and federal Independent Contractors income		
15	Employer-provided dependent care assistance exclusion		. <u> </u>
16	Other (itemize):		
a b			
b			<u> </u>
c d			
u	Total adjustments to wages, salaries, tips, etc, Enter here and		<u> </u>

on Schedule CA (540/540NR), line 1.

Line 4 - IRA, Pensions, and Annuities

IRA'	S	(B) Subtractions	(C) Additions
1 a b c	Other (itemize):		
d Pen:	Total adjustments to IRA distributions. Enter here and on Schedule CA (540/540NR), line 4 sions and Annuities	(B) Subtractions	(C) Additions
1 2 a b	Form 1099-R, Railroad Retirement Benefits		
c d	Total adjustments to pensions and annuities. Enter here and on Schedule CA (540/540NR), line 5		

2,750.

Department of the Treasury-Internal Revenue Service (99) U.S. Individual Income Tax Return 2021 OMB No. 1545-0074 IRS Use Only	-Do not write or staple in this space.
Filing Status ∑ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) Check only one box. ☐ you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the person is a child but not your dependent	
Your first name and middle initial Last name	Your social security number
CHETHAN RAMESH	880-89-4285
If joint return, spouse's first name and middle initial Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. Apt. no.	Presidential Election Campaign
610 SAN CORADO TERRACE, UNIT 6	Check here if you, or your spouse if filing jointly, want \$3
City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code	to go to this fund. Checking a
SUNNYVALE CA 94085	box below will not change
Foreign country name Foreign province/state/county Foreign postal code	your tax or refund.
At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual current	icy? Yes X No
Standard Someone can claim: You as a dependent Your spouse as a dependent Deduction Spouse itemizes on a separate return or you were a dual-status alien	
Age/Blindness You: Were born before January 2, 1957 Are blind Spouse: Was born before January 2	, 1957 🗌 Is blind
	alifies for (see instructions):
If more (1) First name Last name number to you Child tax cr	edit Credit for other dependents
than four	
dependents, see instructions	
and check	
here	
1 Wages, salaries, tips, etc. Attach Form(s) W-2 .<	1 213,851.
Attach 2a b Taxable interest . Sch. B if 0 0 0 0 0	2b 85.
required. 3a Qualified dividends 3a 593. b Ordinary dividends	3b 610.
4a IRA distributions 4a b Taxable amount	4b
5a Pensions and annuities 5a b Taxable amount	5b
Standard 6a Social security benefits 6a b Taxable amount . Deduction for - - - - - -	6b
• Single or Capital gain or (loss). Attach Schedule D if required, if not required, check here	7 1,586.
Married filing 8 Other income from Schedule 1, line 10	8 -15,500.
separately, \$12,550 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	▶ 9 200,632.
• Married filing jointly or Adjustments to income from Schedule 1, line 26	10
Qualifying 11 Subtract line 10 from line 9. This is your adjusted gross income	► 11 200,632.
widow(er), \$25,100 12a Standard deduction or itemized deductions (from Schedule A) 12a 12,550	
Head of bauadald b Charitable contributions if you take the standard deduction (see instructions) 12b 300	
household, \$18,800 c Add lines 12a and 12b	
• If you checked any box under 43 Qualified business income deduction from Form 8995 or Form 8995-A	13 0.
Standard 14 Add lines 12c and 13	
Deduction, accipation and the second	14 12,850.

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

Form **1040** (2021)

Form 1040 (202	1)								Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3 🗌		16	40,816.
	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	40,816.
	19	Nonrefundable child tax cred	dit or credit for o	other depender	nts from Schedul	e8812		19	
	20	Amount from Schedule 3, lin	e8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	40,816.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	300.
	24	Add lines 22 and 23. This is	your total tax				. 🕨	24	41,116.
	25	Federal income tax withheld	from:						
	а	Form(s) W-2				25a 40	,473.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c	300.		
	d	Add lines 25a through 25c						25d	40,773.
If you have a	26	2021 estimated tax payment						26	
qualifying child,	27a	Earned income credit (EIC)			No	27a			
attach Sch. EIC.		Check here if you were b							
		January 2, 2004, and you taxpayers who are at least a							
	b	Nontaxable combat pay elec	-	1 1					
	c	Prior year (2019) earned inco				-			
	28	Refundable child tax credit or		L	Schedule 8812	28			
	29	American opportunity credit				29			
	30	Recovery rebate credit. See		-		30		-	
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27a and 28 throug					lits 🕨	32	
	33	Add lines 25d, 26, and 32. T		•				33	40,773.
Defensel	34	If line 33 is more than line 24						34	
Refund	35a	Amount of line 34 you want				•		35a	
Direct deposit?	►b	Routing number X X X			► c Type:		Savings		
See instructions.	►d	Account number X X X					9		
	36	Amount of line 34 you want a				36			
Amount	37	Amount you owe. Subtract	line 33 from line	24. For detail	s on how to pay,	see instructions	. 🕨	37	343.
You Owe	38	Estimated tax penalty (see in				38			
Third Party	Do	you want to allow another				? See			
Designee		structions	•				omplete l	below.	X No
		signee's		Phone			onal identi		
		me 🕨		no. 🕨			ber (PIN)		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com							
Here		ur signature		Date	Your occupation			• •	nt you an Identity
	. 10	ur signature		Date					N, enter it here
Joint return?					HARDWARE	ENGINEER	(see	inst.) 🕨	
See instructions.	Sp	ouse's signature. If a joint return, k	ooth must sign.	Date	Spouse's occupa	tion			nt your spouse an
Keep a copy for your records.	,							inst.) 🕨	ection PIN, enter it here
,		(412)520,200	c	Fue elle elebrare				iniot.) 🕨	
		one no. (413)539-326 eparer's name	o Preparer's signat	Email address	CHETHANRL	EO@GMAIL.CC	PTIN		Check if:
Paid								<u></u>	Self-employed
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GUPTA TALLAN	1 04/02/2022	P0208		
Use Only		m's name ► GLOBAL TAX		n (1,	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~				678)965-9522
		m's address ► 2530 Pebb		un Cummin	-		Firm	's EIN ▶	
Go to www.irs.g	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/26/22 PRO			Form 1040 (2021)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Internal Revenue Service

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.

OMB No. 1545-0074
2021
Attachment Sequence No. 01

-15,500.

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Your social security number
CHETHAN RAMESH	880-89-4285
Part I Additional Income	

-	THAN RAMESH		880-8	9-428
Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes	S		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, 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	ok		
	Property	8k		
	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).	8p		
z	Other income. List type and amount ►			
_		8z		
9	Total other income. Add lines 8a through 8z			9
10	Combine lines 1 through 7 and 9. Enter here and on Form 1	040, 1040-8	SR. or	

. 10 -15,500.

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

.

1040-NR, line 8

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-basic officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	3	14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions) \blacktriangleright			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
а	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit 24b			
С	Nontaxable amount of the value of Olympic and Paralympicmedals and USOC prize money reported on line 81 24c			
d	Reforestation amortization and expenses			
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans 24f			
g	Contributions by certain chaplains to section 403(b) plans 24g			
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) 24h			
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations			
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) 24k			
z	Other adjustments. List type and amount ► 24z			
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to in here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	

REV 03/26/22 PRO

SCHE	DULE 2
(Form	1040)

Department of the Treasury

Internal Revenue Service

Additional Taxes

OMB No. 1545-0074 2021

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

► Go to *www.irs.gov/Form1040* for instructions and the latest information.

Attachment Sequence No. 02 Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number CHETHAN RAMESH 880-89-4285 Part I Tax

1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 .	3	
Par	rt II Other Taxes		
4	Self-employment tax. Attach Schedule SE	4	
5	Social security and Medicare tax on unreported tip income.Attach Form 41375		
6	Uncollected social security and Medicare tax on wages. AttachForm 89196		
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	300.
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	
		ontini	ued on page 2

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

Schedule 2 (Form 1040) 2021

Part II Other Taxes (continued)

17	Other additional taxes:				
а	Recapture of other credits. List type, form number, and amount ▶	17a			
b	Recapture of federal mortgage subsidy. If you sold your home in 2021, see instructions	17b			
С	Additional tax on HSA distributions. Attach Form 8889	17c			
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d			
е	Additional tax on Archer MSA distributions. Attach Form 8853.	17e			
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f			
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g			
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h			
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i			
j	Section 72(m)(5) excess benefits tax	17j			
k	Golden parachute payments	17k			
I	Tax on accumulation distribution of trusts	171			
m	Excise tax on insider stock compensation from an expatriated corporation	17m			
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n			
ο	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	170			
р	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p			
q	Any interest from Form 8621, line 24	17q			
z	Any other taxes. List type and amount ►	17z			
18	Total additional taxes. Add lines 17a through 17z		18		
19	Additional tax from Schedule 8812		19		
20	Section 965 net tax liability installment from Form 965-A	20			
21	Add lines 4, 7 through 16, 18, and 19. These are your total other and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23k	21	30	0.	
	BAA	REV 03/26/22 PRO	Schedu	ule 2 (Form 1040) 2	

SCHEDULE D

(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

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

2021 Attachment Sequence No. 12

Name(s) shown on return CHETHAN RAMESH

Department of the Treasury

Internal Revenue Service (99)

Your social security number 880-89-4285

880-

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

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

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustment to gain or loss Form(s) 8949, F line 2, columr	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	4,445.	2,859.			1,586.
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			usts 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	1,586.

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

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to le dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	Cost to gain or loss fr		(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	11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824					
12						
13						
14	14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions					()
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 1,586.
	• If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.	
	• If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.	
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.	
17	Are lines 15 and 16 both gains?	
	No. Skip lines 18 through 21, and go to line 22.	
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19
20	Are lines 18 and 19 both zero or blank and are you not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below.	
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.	
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:	
	The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500)	21 ()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.	
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?	
	Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.	
	□ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.	

REV 03/26/22 PRO

Schedule D (Form 1040) 2021

Form **8949**

Department of the Treasury

CHETHAN RAMESH

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

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

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

2021 Attachment Sequence No. 12A

Name(s) shown on return

	Q Q _	4285	
000-	- 20	4200	

Social security number or taxpayer identification number

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 (Example: 100 sh XYZ Co) (Mo day yr) Date sold of (sales price)	Date sold or	Proceeds	(e) Cost or other basis. See the Note below	Cost or other basis. enter a code in column (f). See the Note below See the separate instructions.		(h) Gain or (loss). Subtract column (e)
(Example: 100 sh. XYZ Co.)		(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)	
Robinhood Securities LLC	01/01/21	12/31/21	3,953.	2,259.			1,694.
Robinhood Crypto LLC	01/01/21	12/31/21	492.	600.			-108.
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	4,445.	2,859.			1,586.

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

6 12

(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)

	Department of the Treasury Internal Revenue Service (99) Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Attachment Sequence No. 13											
Internal Revenue Service (99) Co to www.irs.gov/ScheduleE for instructions and the latest information. Sequence No. 13 Name(s) shown on return Your social security number												
. ,	HAN RAMESH									89-428	-	
Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use												
			nstructions. If you are an individual, rep	-		-			• •			
A Dio	d you make any pa	aymen	ts in 2021 that would require you to	o file F	orm(s) 1	099? Se	e instr	ructions .		. 🗆	Yes 🔀 No	
			u file required Form(s) 1099?								Yes 🗌 No	
1a			ach property (street, city, state, ZIF									
Α												
B												
C												
1b	Type of Proper	- 1	2 For each rental real estate prop	perty li	sted		_		Personal Use Days		QJV	
	(from list below	W)	above, report the number of fa personal use days. Check the if you meet the requirements to	QJV b	ox only _r		L	Days	Day			
	3		if you meet the requirements to qualified joint venture. See inst	o file a	sa i	A		365		0		
B C				liuotio	110.	B C						
	of Property:					C						
	gle Family Resider	nce	3 Vacation/Short-Term Rental	5 I a	hd	7	' Self-	Rental				
	ti-Family Residend				yalties			r (describe)				
Incom			Properties:			A		B			С	
3	Rents received			3			500.				-	
4				4								
Exper												
5	Advertising .			5								
6	•		structions)	6								
7	-		ance	7			500.					
8				8		8	300.					
9				9								
10			sional fees	10								
11 12			I to banks, etc. (see instructions)	11 12		Ι,2	200.					
12				12								
14				14		4 2	200.					
15				15			300.					
16				16		- , -						
17				17		4,5	500.					
18			or depletion	18								
19	Other (list) 🕨			19								
20	Total expenses.	Add li	nes 5 through 19	20		16,1	L00.			1		
21			ine 3 (rents) and/or 4 (royalties). If									
			nstructions to find out if you must			1 F -						
				21		-15,5	500.					
22			estate loss after limitation, if any,	00	(15 5	00 \	(`	
23a			structions)	22	1	15,5	23a	(600.)	
zsa b			ported on line 4 for all royalty prope		• •		23a		000.			
c			ported on line 12 for all properties				230 23c					
d			ported on line 18 for all properties				23d					
e			ported on line 20 for all properties				23e	16	,100.			
24			amounts shown on line 21. Do no	t inclu	ide any	losses			. 24			
25	Losses. Add roya	alty los	ses from line 21 and rental real estate	losse	s from lir	ne 22. Er	ter tota	al losses here	. 25	(15,500.)	
26	Total rental real	l esta	te and royalty income or (loss).	Comb	ine lines	s 24 and	1 25. E	inter the resu	lt			
	here. If Parts II,	III, IV	, and line 40 on page 2 do not	apply	to you,	also e	nter th	nis amount o	n			
	· · · · · ·		0), line 5. Otherwise, include this ar				ine 41		. 26		-15,500.	
For Pa	nerwork Reduction	h Δct N	Notice. see the separate instructions.		N	IPA		-15,500		obodulo E	(Form 1040) 2021	

Form	8889
Depar	tment of the Treasury

Health Savings Accounts (HSAs)

OMB No. 1545-0074

Sequence No. 52

Attachment

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

► Go to www.irs.gov/Form8889 for instructions and the latest information.

Internal Revenue Service For to www.irs.go Name(s) shown on Form 1040, 1040-SR, or 1040-NR

	Social security number of HSA beneficiary. If both spouses
CHETHAN RAMESH	have HSAs, see instructions ► 880-89-4285

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

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.		-1	
•		X Sel	f-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		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		0.
5	Subtract line 4 from line 3. If zero or less, enter -0	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 under an HDHP at any time during 2021, enter your additional contribution amount. See instructions	7		0.
8	Add lines 6 and 7	8		3,600.
9	Employer contributions made to your HSAs for 2021			
10	Qualified HSA funding distributions			
11	Add lines 9 and 10	11		2,750.
12	Subtract line 11 from line 8. If zero or less, enter -0	12		850.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13	13		0.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.			
Part	HSA Distributions. If you are filing jointly and both you and your spouse each have separate Part II for each spouse.	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	Subtract line 14b from line 14a	14c		
15	Qualified medical expenses paid using HSA distributions (see instructions)	15		
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.	arate	HSAs	,
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		

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

Form **8959** Department of the Treasury

Internal Revenue Service

Name(s) shown on return

Additional Medicare Tax

▶ If any line does not apply to you, leave it blank. See separate instructions.

Attach to Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.

► Go to www.irs.gov/Form8959 for instructions and the latest information.

OMB No. 1545-0074

Your social security number 880 - 89 - 4285

CHET	HAN RAMESH		880-8	89-42	85
Part	Additional Medicare Tax on Medicare Wages		· · · · · · · · · · · · · · · · · · ·		
1	Medicare wages and tips from Form W-2, box 5. If you have more than one				
	Form W-2, enter the total of the amounts from box 5	1	233,351.		
2	Unreported tips from Form 4137, line 6	2			
3	Wages from Form 8919, line 6	3			
4	Add lines 1 through 3	4	233,351.		
5	Enter the following amount for your filing status:				
	Married filing jointly				
	Married filing separately				
	Single, Head of household, or Qualifying widow(er) \$200,000	5	200,000.		
6	Subtract line 5 from line 4. If zero or less, enter -0			6	33,351.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009).				
	Part II			7	300.
Part					
8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you				
-	had a loss, enter -0- (Form 1040-PR or 1040-SS filers, see instructions.)	8		-	
9	Enter the following amount for your filing status:				
	Married filing jointly				
	Married filing separately				
	Single, Head of household, or Qualifying widow(er) \$200,000	9			
10	Enter the amount from line 4	10		-	
11	Subtract line 10 from line 9. If zero or less, enter -0	11			
12	Subtract line 11 from line 8. If zero or less, enter -0			12	
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (,			
	go to Part III			13	
Part) Cor	npensation		
14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14	14			
15	(see instructions)	14		-	
15	Married filing jointly				
	Married filing separately				
	Single, Head of household, or Qualifying widow(er)	15			
16		-		16	
17	Enter here and go to Part IV			17	
Part	V Total Additional Medicare Tax				
18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), li	ne 11	(Form 1040-PR		
	or 1040-SS filers, see instructions), and go to Part V			18	300.
Part					
19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form W_2 onter the total of the emperator from how 6	10	2 604		
20	W-2, enter the total of the amounts from box 6	19 20	3,684.	-	
		20	233,351.	-	
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	3,384.		
22	Subtract line 21 from line 19. If zero or less, enter -0 This is your Add withholding on Medicare wages			22	300.
23					
24	federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25	5c (Fo	orm 1040-PR or		
	1040-SS filers, see instructions)			24	300.
For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA		REV 03/26/22 PRO		Form 8959 (2021)

Form 8960

Department of the Treasury

Net Investment Income Tax— Individuals, Estates, and Trusts

OMB No. 1545-2227

20

1

Attach to your tax return.

	ent of the Treasury Revenue Service (99) ► Go to www.irs.gov/Form8960 for instructions and the lat	est info	ormation.		A	ttachment equence No. 72
Name(s)	shown on your tax return	Your soc	_	curity number or EIN		
CHET	CHETHAN RAMESH 880-					
Part	I Investment Income Section 6013(g) election (see instructions)		I			
	Section 6013(h) election (see instructions)					
	Regulations section 1.1411-10(g) election (see ir	struct	ions)			
1	Taxable interest (see instructions)		1	85.		
2	Ordinary dividends (see instructions)			. [2	610.
3	Annuities (see instructions)			. [3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see					
	instructions)	4a	-15,5	500.		
b	Adjustment for net income or loss derived in the ordinary course of a non-					
	section 1411 trade or business (see instructions)	4b				
С	Combine lines 4a and 4b				4c	-15,500.
5a	Net gain or loss from disposition of property (see instructions)	5a	1,5	586.		
b	Net gain or loss from disposition of property that is not subject to net					
	investment income tax (see instructions)	5b				
С	Adjustment from disposition of partnership interest or S corporation stock (see					
	instructions)	5c				
d	Combine lines 5a through 5c				5d	1,586.
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)				6	
7	Other modifications to investment income (see instructions)				7	12 010
8 Dort	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7IIInvestment Expenses Allocable to Investment Income and Modified			•	8	-13,219.
Part			115			
9a	Investment interest expenses (see instructions)	9a 9b				
b	State, local, and foreign income tax (see instructions)	9D 9C				
c d	Add lines 9a, 9b, and 9c				9d	
10	Additional modifications (see instructions)				<u>90</u> 10	
11	Total deductions and modifications. Add lines 9d and 10				11	
-	Tax Computation			•	••	
12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals,	comple	ete lines 13	_17		
	Estates and trusts, complete lines 18a–21. If zero or less, enter -0				12	0.
	Individuals:					
13	Modified adjusted gross income (see instructions)	13	200,6	532.		
14	Threshold based on filing status (see instructions)	14	200,0			
15	Subtract line 14 from line 13. If zero or less, enter -0	15		532.		
16	Enter the smaller of line 12 or line 15				16	0.
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). En	ter he	re and incl	lude		
	on your tax return (see instructions)				17	0.
	Estates and Trusts:					
18a	Net investment income (line 12 above)	18a				
b	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)	18b				
С	Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-	18c				
19a	Adjusted gross income (see instructions)	19a				
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b				
с	Subtract line 19b from line 19a. If zero or less, enter -0	19c				
20	Enter the smaller of line 18c or line 19c				20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.				T	
	include on your tax return (see instructions)				21	
For Pa	perwork Reduction Act Notice, see your tax return instructions,	REV	03/26/22 PRO			Form 8960 (2021)

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

BAA

Form 8960 (2021)