£1040

Department of the Treasury—Internal Revenue Service (99) **U.S. Individual Income Tax Return**

2021

OMB No. 1545-007

IRS Use Only-Do not write or staple in this space.

Filing Status Check only		0, , _	_	ed filing separately (I	,			`	, –	_	, ,	` , ` ,		
one box.	•	u checked the MFS box, enter the n on is a child but not your dependent		your spouse. It you o	neci	ked the HOH c	or QVV	box, ente	er tne	chilas	name it tr	ne qualitying		
Your first name and middle initial				ame					,	Your social security number				
RAMA KR	ISHN	A	SAD	INENI						786-2	21-739	3		
If joint return, s	pouse's	s first name and middle initial	Last na	ame					:	Spouse's	s social se	curity number	r	
SWETHA			GIN	JUPALLI						659-37-4250				
Home address	(numbe	er and street). If you have a P.O. box, see	instructi	ions.				Apt. no.		Presider	ntial Electi	ion Campaigr	1	
2517 W I	ROYAI	L LN						1101	1.	Check h	ere if you,	, or your		
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete s	mplete spaces below. State ZIF				ZIP COOLE I :			spouse if filing jointly, want \$3			
IRVING			TX			75	75063		to go to this fund. Checking a box below will not change					
Foreign country	/ name		Foreign province/state/county			Foreign postal code				or refund	•			
										You	Spouse	è		
At any time du	ring 20	021, did you receive, sell, exchange,	or othe	erwise dispose of an	/ fina	ancial interest	in an	y virtual cu	urrend	cy?	Yes	⊠ No		
Standard	Som	eone can claim:	penden	t Your spous	e as	a dependent								
Deduction		Spouse itemizes on a separate retur	n or you	u were a dual-status	alier	1								
Age/Blindness	You:	☐ Were born before January 2, 1	957 [Are blind Spo	ouse	: Was bo	rn be	fore Janua	ary 2,	1957	☐ Is b	lind		
Dependents (see instructions): (2) Social security (3) Relationship (4) ✓ if qual							alifies for	(see instru	uctions):					
If more	(1) Fi	First name Last name		number		to you		Child tax cre		dit	Credit for ot	ther dependents	S	
than four														
dependents, see instruction:	s													
and che <u>ck</u>														
here ▶														
	1	Wages, salaries, tips, etc. Attach F	orm(s)	W-2						1	3	58,220.		
Attach	2a	Tax-exempt interest	2a		b T	axable interes	t			2b				
Sch. B if required.	3a	Qualified dividends	3a	28.	b C	Ordinary divide	nds			3b		28.	g err	
	4a	IRA distributions	4a		b T	axable amoun	nt.			4b				
	5a	Pensions and annuities	5a		b T	axable amoun	nt.			5b				
Standard Deduction for— Single or Married filing separately, \$12,550	6a	Social security benefits	6a		b T	axable amoun	nt.			6b				
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ □							▶ □	7		26,870.		
	8	Other income from Schedule 1, line 10								8	'	76,804.		
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							9	3	08,314.			
Married filing jointly or Qualifying	10	Adjustments to income from Sche	dule 1,	line 26						10				
	11_	Subtract line 10 from line 9. This is your adjusted gross income						11	3	08,314.				
widow(er), \$25,100	12a	Standard deduction or itemized	deduct	t ions (from Schedule	A)	12	а	25,	100					
Head of	b	Charitable contributions if you take the standard deduction (see instructions) 12b												
household, \$18,800	С	Add lines 12a and 12b								120	;	25,100.	g err	
If you checked	13	Qualified business income deducti	on fron	n Form 8995 or Form	899	05-A				13			mber paign t \$3 g a couse paign dents 20.	
any box under Standard	14	Add lines 12c and 13								14		25,100.	_	
Deduction,	15	Taxable income. Subtract line 14	from lir	ne 11. If zero or less,	ente	er-0				15	2	83,214.	er see see see see see see see see see s	

Form 1040 (2021)								Page 2	
	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 4972	3 🗌		16	56,011.	
	17	Amount from Schedule 2, lin	e3					17		
	18	Add lines 16 and 17						18	56,011.	
	19	Nonrefundable child tax cred	dit or credit for c	ther depender	nts from Schedule	e 8812		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	56,011.	
	23	Other taxes, including self-en	mployment tax,	from Schedule	2, line 21 .			23	2,039.	
	24	Add lines 22 and 23. This is	your total tax				▶	24	58,050.	
	25	Federal income tax withheld	from:							
	а	Form(s) W-2				25a 5	3,007.			
	b	Form(s) 1099				25b				
	С	Other forms (see instructions	s)			25c	0.			
	d	Add lines 25a through 25c						25d	53,007.	
If you have a	26	2021 estimated tax payment	s and amount a	pplied from 20	20 return			26		
qualifying child,	27a	Earned income credit (EIC)				27a				
attach Sch. EIC.		Check here if you were by January 2, 2004, and you taxpayers who are at least and	u satisfy all the ge 18, to claim t	e other requi	rements for					
	b	Nontaxable combat pay elec				_				
	С	Prior year (2019) earned inco			0 1 1 1 00 10					
	28	Refundable child tax credit or				28				
	29	American opportunity credit				30				
	30	Recovery rebate credit. See								
	31	Amount from Schedule 3, line 15							4 204	
	32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits Add lines 25d, 26, and 32. These are your total payments							4,304.	
	33							33	57,311.	
Refund	34	If line 33 is more than line 24						34 35a		
Di	35a	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
Direct deposit? See instructions.	▶b									
	► d	Account number X X X				 				
	36	Amount of line 34 you want a				36			720	
Amount You Owe	37	Amount you owe. Subtract				1 1	. ▶	37	739.	
Third Party	38 Do	Estimated tax penalty (see in you want to allow another								
Designee	ins	tructions				Complete I		⋉ No		
	Designee's		Phone Person numbe				rsonal identi	fication		
Sign	Und	me ▶ der penalties of perjury, I declare t		ed this return and		nedules and statem		the bes		
Here		Your signature		te. Declaration of preparer (other than taxpayer) is based on all Date Your occupation				RS ser	nt you an Identity	
	N						I	ection P inst.) ▶	IN, enter it here	
Joint return? See instructions.	Cm	Spouse's signature. If a joint return, both must sign.		Dete	SOFTWARE				-t	
Keep a copy for	Spo			Date	Spouse's occupat	Spouse's occupation		the IRS sent your spouse an lentity Protection PIN, enter it here		
your records.					SOFTWARE 1	ENGINEER		see inst.) ▶		
	Pho	one no. (408)914-0824	4	Email address	RAM.SADINE	NI@GMAIL.C	OM.			
Doid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:	
Paid	SYAM PRIYA RAM SAGAR GUPTA TALLAM		SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/31/2022 PO			P0208	82703 Self-employed			
Preparer	Firr	m's name ► GLOBAL TAX	XES LLC				Phor	Phone no. (678)965-9522		
Use Only	Firr	m's address ▶ 2530 Pebb	le Creek L	n Cummin	g GA 30041		Firm	's EIN ▶	30-1017196	
Go to www.irs.go	ov/Form	11040 for instructions and the late	st information.		ВАА	REV 03/26/22 PRC			Form 1040 (2021)	

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

Attachment Sequence No. 12

Department of the Treasury Internal Revenue Service (99) ► Attach to Form 1040, 1040-SR, or 1040-NR.

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

Name(s) shown on return Your social security number 786-21-7393

RAMA KRISHNA SADINENI & SWETHA GINJUPALLI Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to Form(s) 8949, Part I, combine the result (sales price) (or other basis) whole dollars. with column (g) line 2. column (a) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . **1b** Totals for all transactions reported on Form(s) 8949 with Box A checked 755,740. 745,152. 16,282. 26,870. Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on Form(s) 8949 with Box C checked Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h), If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back 7 26,870. Part II Long-Term Capital Gains and Losses - Generally Assets Held More Than One Year (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to Form(s) 8949, Part II, (sales price) (or other basis) combine the result whole dollars. line 2. column (a) with column (a) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . 8b Totals for all transactions reported on Form(s) 8949 with Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

BAA

15

Schedule D (Form 1040) 2021 Page 2

Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 26,870. • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

Sales and Other Dispositions of Capital Assets

Department of the Treasury Internal Revenue Service

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

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

Attachment Sequence No. 12A

OMB No. 1545-0074

Name(s) shown on return

Social security number or taxpayer identification number

786-21-7393

RAMA KRISHNA SADINENI & SWETHA GINJUPALLI

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

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

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

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

✗ (A) Short-term transactions☐ (B) Short-term transactions☐ (C) Short-term transactions	reported on	Form(s) 1099	9-B showing bas	•		•	÷)
(a) Description of property	(b)	(c) Date sold or	(d)	(e) Cost or other basis. See the Note below	Adjustment, if If you enter an enter a co See the sep	(h) Gain or (loss). Subtract column (e)	
(Example: 100 sh. XYZ Co.)	Date acquired (Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
Robinhood Crypto LLC	01/01/21	12/31/21	58,299.	41,621.			16,678.
Robinhood Securities LLC	01/01/21	12/31/21	232,200.	223,605.	W	3,670.	12,265.
APEX CLEARING	01/01/21	12/31/21	462,544.	476,841.	W	12,612.	-1,685.
Robinhood Crypto LLC	01/01/21	12/31/21	259.	251.			8.
Robinhood Securities LLC	01/01/21	12/31/21	286.	283.			3.
APEX CLEARING	01/01/21	12/31/21	2,152.	2,551.			-399.
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above above is checked) or line 3 (if Box A)	al here and inc is checked), lir	lude on your ne 2 (if Box B	755 740	745 152		16 282	26 870

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.

Form **8889**

Department of the Treasury

Internal Revenue Service

Health Savings Accounts (HSAs)

► Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Form8889 for instructions and the latest information.

OMB No. 1545-0074

2021

Attachment
Sequence No. 52

Name(s) shown on Form 1040, 1040-SR, or 1040-NR SWETHA GINJUPALLI Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶ 659-37-4250

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.			
	See instructions	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		7,200.
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		7,200.
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		7,200.
7	If you were age 55 or older at the end of 2021, married, and you or your spouse had family coverage	-		7,200.
7	under an HDHP at any time during 2021, enter your additional contribution amount. See instructions	7		
8	Add lines 6 and 7	8		7,200.
9	Employer contributions made to your HSAs for 2021			772001
10	Qualified HSA funding distributions			
11	Add lines 9 and 10	11		277.
12	Subtract line 11 from line 8. If zero or less, enter -0	12		6,923.
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 sepa a separate Part II for each spouse.	rate l	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			
	·	17b		
Part		ons b	efore	
	completing this part. If you are filing jointly and both you and your spouse each have sep			,
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		