## Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

## IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

	515.135 551.135				
Submis	ssion Identification Number (SID)				
Taxpayer	's name	Social securit	y numb	per	
SWAS	THIK SALIGRAMA DHARANENDRA JAIN	699-76	-029	8	
Spouse's		Spouse's soc			r
Part	Tax Return Information — Tax Year Ending December 31, 2021 (Enter	Voor vou o	ro ou	thorizina	\
	hole dollars only on lines 1 through 5.	year you a	re au	unonzing	.)
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
	Adjusted gross income		1	25	5,123.
	Total tax		2		,310.
_	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		2,087.
	Amount you want refunded to you		4		777.
	Amount you owe		5		
Part I		еер а сор	y of y	our retu	ırn)
my know return (c to send for any c Agent to paymen authoriz paymen business taxes to persona	enalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) wledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above the provider of the provider of the IRS (a) an acknowledgement of receipt or reason for rejectlelay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. in initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indict of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution ation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate to, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requisions are confidential information necessary to answer inquiries and resolve issues related to the platication number (PIN) below is my signature for the income tax return (original or amended) I ar its Funds Withdrawal Consent.	e are the amounter, or electro- ction of the treatment of the treatment of the treatment of the treatment of the authorizated in the authorizates must be processing of ayment. I further the armounter of the treatment of treatment of the treatment of the treatment of the treatment of treatment of the treatment of the treatment of the treatment of treatment of the treatment of the treatment of the treatment of treatment of the treatment of the treatment of the treatment of treatment of the treatment of the treatment of the treatment of treatment of the treatment of the treatment of treatment of the treatment of the treatment of treatment of the treatment of the t	ounts for its cax prepartion. The receive the elaboration and the receiver the elaboration and the receiver acceptance of the elaboration and th	rom the inturn original sion, (b) the designated paration so to this according to revoke wed no late ectronic parknowledge.	acome tax ator (ERO) he reason I Financial Iftware for ount. This (cancel) a er than 2 ayment of e that the
	rer's PIN: check one box only				
X	l authorize GLOBAL TAXES LLC to enter or generate r	ny PIN 6	0 2	2 9 8	as my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ž En		digits, but r all zeros	asiny
	I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN metholelow.				
Your si	gnature ▶ Date ▶				
Spous	e's PIN: check one box only				
Ороцо	I authorize to enter or generate r	nv PIN			as my
	ERO firm name		ter five	digits, but	asiny
	signature on the income tax return (original or amended) I am now authorizing.			r all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am not if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN methodelow.				
Spouse	e's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below				
Part I	Certification and Authentication — Practitioner PIN Method Only				
ERO's	<b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5 8	7 2 7 Don't ent	8 6 er all ze	1 9 8	3 9
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income ta ed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subm	tting this retu	ırn in a	accordance	
requiren	nents of the Practitioner PIN method and <b>Pub. 1345,</b> Handbook for Authorized IRS <i>e-file</i> Providers of In	uiviauai Incor	пе гах	Heturns.	
ERO's	signature ▶ Date ▶				
	ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To D	o So			

E 1040-NR Department of the Treasury—Internal Revenue Service (99) U.S. Nonresident Alien Income Tax Return 2021 OMB No. 1545-0074 OMB No

Status	If v	ou checked the QW box, enter the	child's no	amo if tho								
Check only one box.		alifying person is a child but not y										
our first name	and n	niddle initial	Las	t name						our ider ee instru	i <b>tifying nu</b> ictions)	mber
SWASTHIK	SAL	IGRAMA DHARANENDRA	JA	IN						699-7	6-0298	
		per and street or rural route). If you			ructions.			Apt. no			X Individ	dual
4023, N O		· •		,				4023			_	or Trust
		ce. If you have a foreign address, al	so compl	ete spaces below.	State		ZIP cod	de				
IRVING					TX		75062	2				
oreign country	name	9	Foreign	province/state/co	ounty			postal	code			
At any time duri	na 20	21, did you receive, sell, exchang	e or oth	erwise dispose of	any finan	cial inter	est in an	v virtual	currency	17	Yes	X No
tt driy time dam	19 20	2 1, ala you receive, sell, exertains	0, 01 0111	er wide dispesse of	arry mian	olai ii itoi	001 111 411	y vii taai	- Carreno,	, ·		
Dependents									(4) 🗸	if qualifi	es for (see	inst.):
see instructions):		(1) First name Last na		(2) Depende identifying i					Child ta	ax credit	Credit f	
		(1) First name Last name	ane	identifying i	iumbei	Telati	orisiip ic	you			deper	adents
f more than four									L			
dependents, see										╡──		_
nstructions and check here ►										<del>-</del>		
	1a	Wages, salaries, tips, etc. Attacl	Form(s)	\M_2						1a	25	,098.
ncome Effectively	b	Scholarship and fellowship gran	` '							1b		,000.
Connected	c	Total income exempt by a treat						monuot		1.0		
With U.S.	Ü	L, line 1(e)	•			), item	1c					
Frade or	2a	Tax-exempt interest	2a		<b>b</b> Tax	able inte				2b		
Business	3a	Qualified dividends	3a			dinary div				3b		
340111000	4a									4b		
	5a	Pensions and annuities	5a		<b>b</b> Tax	able am	ount .			5b		
	6	Reserved for future use										
	7	Capital gain or (loss). Attach Schedule D (Form 1040) if required. If not required, check here .								7		25.
	8	Other income from Schedule 1 (Form 1040), line 10								8		
	9	Add lines 1a, 1b, 2b, 3b, 4b, 5b, 7, and 8. This is your <b>total effectively connected income</b>								9	25	,123.
-	10	Adjustments to income:										
	а	From Schedule 1 (Form 1040), line 26										
	b	Reserved for future use										
	С	Scholarship and fellowship grants excluded										
	d	Add lines 10a and 10c. These ar	•	•					. ▶	10d		
•	11	Subtract line 10d from line 9. Th	s is your	adjusted gross i	ncome				. ▶	11	25	<u>,123.</u>
•	12a	<b>Itemized deductions</b> (from Scresidents of India, standard ded					12a	12	,550.			
	b	Charitable contributions for certa	in reside	nts of India. See in	nstructions	s .	12b					
	С	Add lines 12a and 12b								12c	12	,550.
	13a	Qualified business income dedu	ction fror	n Form 8995 or Fo	orm 8995-	-A .	13a					
	b	Exemptions for estates and trus	s only. S	ee instructions			13b					
	С	Add lines 13a and 13b								13c		
-	14	Add lines 12c and 13c								14	12	,550.
	15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0								15	12	,573.

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Form 1040-NR (	2021)												Page <b>2</b>
	16	Tax (see instructions). Check if	any from Form	(s): <b>1</b>	814 <b>2</b> [	497	2 <b>3</b>			16		1,	310.
	17	Amount from Schedule 2 (Forn	n 1040), line 3							17			0.
	18											1,	310.
	19	19 Nonrefundable child tax credit or credit for other dependents from Schedule 8812 (Form 1040)											
	20	Amount from Schedule 3 (Forn	n 1040), line 8							20			
	21	Add lines 19 and 20								21			
	22	Subtract line 21 from line 18. It	f zero or less,	enter -0						22		1,	,310.
	23a	Tax on income not effectively from Schedule NEC (Form 104					23a						
	b	Other taxes, including self-em line 21			•	,	23b						
	С	Transportation tax (see instruc	tions)				23c						
	d	Add lines 23a through 23c .								23d			
	24	Add lines 22 and 23d. This is y	our <b>total tax</b>						▶	24		1,	310.
	25	Federal income tax withheld fr	om:										
	а	Form(s) W-2					25a	2	2,087.				
	b	Form(s) 1099					25b						
	С	Other forms (see instructions)					25c						
	d	Add lines 25a through 25c .								25d		2,	087.
	е	Form(s) 8805								25e			
	f	Form(s) 8288-A								25f			
	g	Form(s) 1042-S								25g			
	26	2021 estimated tax payments								26			
	27	Reserved for future use					27						
	28	Refundable child tax credit o		hild tax credi	t from Sch	edule	28						
	29	Credit for amount paid with Fo					29						
	30	Reserved for future use					30						
	31	Amount from Schedule 3 (Forr					31			1			
	32	Add lines 28, 29, and 31. Thes						dite		32			
	33	Add lines 25d, 25e, 25f, 25g, 2								33			087.
Refund	34	If line 33 is more than line 24,								34			777.
neiuliu	35a						•	•		35a			777.
Divert deposit?		Amount of line 34 you want <b>re</b> Routing number 1 1 1			s is attached <b>c</b> Type		Checki			SSA			///.
Direct deposit? See instructions.	► b ► d	Account number 5 9 3			ГСТуре	;. <u>A</u>	Checki	ng 🗀	Savings				
	►e	▶ e If you want your refund check mailed to an address outside the United States not shown on page 1, enter it here.											
	36	Amount of line 34 you want ap	plied to your	2022 estimat	ed tax .	•	36						
Amount	37	Amount you owe. Subtract lin	ne 33 from line	24. For detail	s on how to	pay, s	ee insti	ructions	. ▶	37			
You Owe	38	Estimated tax penalty (see inst	tructions) .			•	38						
Third Party Designee											×	No	
Designee	Designee's Phone Personal identification name ► Personal identification number (PIN)						cation						
Sign	Under	penalties of perjury, I declare that I they are true, correct, and complete		this return and				d statemer	nts, and to				
Here	Your	signature		Date	Your occi	nation			If the	· IRS se	ent you	ı an Ic	lentity
								ection I	,		,		
	SOFTWARE						NGIN	EER	(see	inst.) ►			
	Phone no. Email address												
Paid	Prepa	arer's name	Preparer's sig	gnature			Date		PTIN		Chec	k if:	
Preparer	SYAM I	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TA	ALLAM	03/2	9/2022	P0208	2703	□s	elf-en	nployed
	Firm's	s name ► GLOBAL TAXES	LLC						Phone n	ю. (б	78)9	65-9	9522
Use Only	Firm's address ► 2530 Pebble Creek Ln Cumming GA 30041 Firm's El								IN ► 3	0-10	$\frac{-1}{171}$	96	

#### **SCHEDULE NEC** (Form 1040-NR)

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

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99) ▶ Go to www.irs.gov/Form1040NR for instructions and the latest information. ▶ Attach to Form 1040-NR.

2021
Attachment Sequence No. <b>7B</b>

Name shown on Form 1040-NR Your identifying number SWASTHIK SALIGRAMA DHARANENDRA JAIN 699-76-0298 Enter **amount of income** under the appropriate rate of tax. See instructions.

		Moture of Income	(a) 10%	<b>(b)</b> 15%	(=) 200/	(a) Other (specify)			
		nature of income	ture of Income (a) 1		(a) 10%	( <b>b)</b> 15%	(c) 30%	%	%
1	Dividends and divider	nd equivalents:							
а	Dividends paid by U.S	S. corporations		1a				,	
b	Dividends paid by for	eign corporations		1b					
С	Dividend equivalent pa	ayments received with respect to section 871(m) transa	actions	1c					
2	Interest:								
а	Mortgage			2a				1	
b		rations		2b					
С	Other		2c						
3	Industrial royalties (pa	atents, trademarks, etc.)		3					
4	Motion picture or TV	copyright royalties		4					
5	Other royalties (copyr	ights, recording, publishing, etc.)		5					
6	Real property income	and natural resources royalties		6					
7	Pensions and annuitie	es		7					
8	Social security benefi	ts		8					
9	Capital gain from line	18 below		9					
10	Gambling—Residents If zero or less, enter	s of Canada only. Enter net income in column (c).							
а	Winnings								
b	Losses			10c					
11	Gambling winnings— Note: Losses not allo	Residents of countries other than Canada.		11					
12	Other (specify) ▶								
				12					
13	Add lines 1a through	12 in columns (a) through (d)		13					
14		ite of tax at top of each column		14					
15	Tax on income not eff	ectively connected with a U.S. trade or business. Add						R, line 23a ► <b>15</b>	
		Capital Gains and Lo	sses F	rom	Sales or Excha	nges of Proper	ty		
Enter only the capital gains and losses from property sales or exchanges that are from sources within the United States and not			(b) Date acquired mm/dd/yyyy		(c) Date sold mm/dd/yyyy	(d) Sales price	(e) Cost or other basis	(f) LOSS If (e) is more than (d), subtract (d) from (e).	(g) GAIN If (d) is more than (e), subtract (e) from (d).
	rely connected with a U.S. ss. Do not include a gain								
	on disposing of a U.S. real ty interest; report these								
gains a	nd losses on Schedule D							ļ	
(Form 1 Report	property sales or							ļ	
exchan	ges that are effectively							,	
on Sche	eted with a U.S. business edule D (Form 1040),								
Form 4	1797, or both.	18 Capital gain. Combine columns (f) and (g) or	t line 17	. Ente	r the net gain here	e and on line 9 abo	ove. If a loss, ente	r -0 ▶ 18	

# SCHEDULE OI (Form 1040-NR)

**Other Information** 

► Go to www.irs.gov/Form1040NR for instructions and the latest information.

st information.

2021

Attachment Sequence No. 7C

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99) ► Attach to Form 1040-NR. ► Answer all questions.

Name sl	nown on Form 1040-NR				Your identifying	number					
SWAS	THIK SALIGRAMA DHARA	ANENDRA JAIN			699-76-02	298					
Α	Of what country or countries w										
В	In what country did you claim	residence for tax purposes	s during the tax	year? United States							
С	Have you ever applied to be a										
D	Were you ever:			,							
1.	-					Yes	⊠ No				
	A green card holder (lawful per						X No				
	If you answer "Yes" to (1) or (2	,									
E	If you had a visa on the last day of the tax year, enter your visa type. If you did not have a visa, enter your U.S. immigration status on the last day of the tax yearF1										
F	Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status?										
G	If you answered "Yes," indicate the date and nature of the change ►										
u	<b>Note:</b> If you are a resident of (		_		iont intonvolo						
	check the box for Canada or				Mexico						
	Date entered United States mm/dd/yy	Date departed United State mm/dd/yy	es	Date entered United State mm/dd/yy		rted Unite nm/dd/yy	d States				
Н	Give number of days (including	vacation, nonworkdays, and	 I partial days) yοι	were present in the United	States during:						
	2019	, 2020	, aı	nd 2021 365							
I	Did you file a U.S. income tax	return for any prior year?.				X Yes	☐ No				
	If "Yes," give the latest year ar	nd form number you filed		1040NR			<b>S</b>				
J	Are you filing a return for a trus					Yes	⊠ No				
	If "Yes," did the trust have a U.S. person, or receive a contr					☐ Yes	□No				
K	Did you receive total compens	ation of \$250,000 or more	during the tax ye	ar?		☐ Yes	⊠ No				
	If "Yes," did you use an alterna	ative method to determine	he source of this	compensation?		Yes	☐ No				
L	Income Exempt From Tax—If complete (1) through (3) below				tax treaty with	a foreigr	country,				
1.	Enter the name of the country, amount of exempt income in the				claimed the tre	aty benefi	t, and the				
	(a) Cou		(b) Tax treaty a		ns (d) Am	ount of ex	t of exempt				
	,	,	,	claimed in prior tax ye		n current t					
	(e) Total. Enter this amount or	n Form 1040-NR, line 1c. D	o not enter it on	line 1a or line 1b	<b>&gt;</b>						
2.	Were you subject to tax in a fo	reign country on any of the	income shown i	n 1(d) above?		Yes	☐ No				
3.	Are you claiming treaty benefit	s pursuant to a Competent	Authority deterr	nination?		☐ Yes	X No				
	If "Yes," attach a copy of the C	Competent Authority detern	nination letter to	your return.							
M	Check the applicable box if:										
1.	This is the first year you are may with a U.S. trade or business u						onnected . ▶ □				
2.	You have made an election in	n a previous year that has	not been revoke	ed, to treat income from re	eal property loc	cated in the					
	States as effectively connected										

#### **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 699-76-0298 SWASTHIK SALIGRAMA DHARANENDRA JAIN

#### 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. line 2. column (a) with 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 543. 536. 18. 25. 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 25. Part II Long-Term Capital Gains and Losses - Generally Assets Held More Than One Year (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to Form(s) 8949, Part II, (sales price) (or other basis) combine the result whole dollars. line 2. column (a) with column (a) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . 8b Totals for all transactions reported on Form(s) 8949 with Totals for all transactions reported on Form(s) 8949 with Box E checked . . . . . . . . . . . . . . . . . . 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III 15

BAA

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

#### Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 25. • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . . . . . . . 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

#### Sales and Other Dispositions of Capital Assets

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 SWASTHIK SALIGRAMA DHARANENDRA JAIN Social security number or taxpayer identification number

699-76-0298

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.

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 F	orm 1099-B				
1 (a) Description of property	(b) Date acquired		(d) Proceeds	(e) Cost or other basis. See the <b>Note</b> below	Adjustment, it If you enter an enter a co See the sep	(h) Gain or (loss). Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)		(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) an combine the result with column (g)
Robinhood Crypto LLC	01/01/21	12/31/21	40.	25.			15.
Robinhood Securities LLC	01/01/21	12/31/21	503.	511.	W	18.	10.
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), <b>lir</b>	lude on your ne 2 (if Box B	543	536		1 Ω	25

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.