Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

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

OMB No. 1545-0074

Internal revenue control						
Submission Identification Number	(SID)					
Taxpayer's name			Social secur	ty numbe	er	
VENKATESHWAR REDDY VAL	LAPREDDY		063-57	-0391		
Spouse's name			Spouse's so			
T. D			- /5			
	ation – Tax Year Ending De	ecember 31, 202	1 (Enter year you a	are auti	norizing.)
Enter whole dollars only on lines 1	9	- Internal				
Note: Form 1040-SS filers use line 1 Adjusted gross income .	• 4 only. Leave lines 1, 2, 3, and :			1	40	,501.
, ,				2		,122.
	d from Form(s) W-2 and Form(s) 1			3		,602.
4 Amount you want refunded				4		,880.
-				5		,000.
Part II Taxpayer Declarat	ion and Signature Authoriza	ntion (Be sure you g	et and keep a cor		our retu	rn)
Under penalties of perjury, I declare the my knowledge and belief, it is true, concerning the return (original or amended) I am now to send my return to the IRS and to refor any delay in processing the return Agent to initiate an ACH electronic fundament of my federal taxes owed on authorization is to remain in full force payment, I must contact the U.S. Trabusiness days prior to the payment (set taxes to receive confidential information personal identification number (PIN) be Electronic Funds Withdrawal Consent. Taxpayer's PIN: check one box of the signature on the income to the signature on the income to the will enter my PIN as my	at I have examined a copy of the incorrect, and complete. I further declar authorizing. I consent to allow my inceive from the IRS (a) an acknowled or refund, and (c) the date of any refunds withdrawal (direct debit) entry to this return and/or a payment of estimand effect until I notify the U.S. Treasury Financial Agent at 1-888-35 ettlement) date. I also authorize the ion necessary to answer inquiries a elow is my signature for the income	ome tax return (original or are that the amounts in P termediate service provide gement of receipt or reas und. If applicable, I autho the financial institution achated tax, and the financial easury Financial Agent to 3-4537. Payment cancell financial institutions involved in the financial institutions involved tax return (original or amende am now authorizing.	amended) I am now au art I above are the amer, transmitter, or electron for rejection of the trize the U.S. Treasury account indicated in the tall institution to debit the terminate the authorization requests must by led in the processing of the total transmitter of the payment. I furended) I am now authorization requests must by led in the payment. I furended) I am now authorization requests must be reduced by a more requests must be reduced. I furended by a more reduced by	thorizing ounts fronic returnsmiss and its draw ax prepare entry to attorn. To ereceive the elether ackrizing and the elether ackrizing ackrizing and the elether ackrizing ackrizing and the elether ackrizing ackr	, and to the om the industrial of the signated arration soft of this according to this according to the control of the signated of the signated of the signature of the signatur	ne best of come tax tor (ERO) ne reason Financial ftware for cunt. This cancel) a er than 2 syment of a that the cable, my
Variable at the S		[Date ►			
Chausala DINI, ahaak ana hay an	h.					
Spouse's PIN: check one box on I authorize	ıy	to ontor or o	generate my PIN			00 1001
	ERO firm name	to enter or g	·	ter five d	ligits, but	as my
signature on the income t	ax return (original or amended) I	am now authorizing.			all zeros	
I will enter my PIN as my	signature on the income tax retu wn PIN and your return is filed	urn (original or amende				
Spouse's signature ▶		[Date ►			
	Practitioner PIN Method Re	eturns Only—continu	e below			
Part III Certification and A	uthentication — Practitione	er PIN Method Only				
ERO's EFIN/PIN. Enter your six-d	git EFIN followed by your five-di	git self-selected PIN.	5 8 7 2 7 Don't en	8 6 ter all zer	1 9 8	9
I certify that the above numeric entry authorized to file for tax year indicate requirements of the Practitioner PIN m	d above for the taxpayer(s) indicate	ed above. I confirm that I	am submitting this ret	urn in ad	ccordance	
ERO's signature ▶			Date ►			
	ERO Must Retain This F					
Dor	n't Submit This Form to the	IKS Uniess Request	ea to Do So			

£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 one box.	If yo	Single Married filing jointly [ou checked the MFS box, enter the reson is a child but not your dependent	— name of	ed filing separately your spouse. If you	` ,	_		` ,	_	, ,	. , . ,
Your first name	and m	iddle initial	Last na	ame					Your so	cial securi	ty number
VENKATE	SHWA	R REDDY	VAL	LAPREDDY					063-	57-039	1
If joint return, s	pouse's	s first name and middle initial	Last na	ame					Spouse's	s social se	curity number
Home address	(numbe	er and street). If you have a P.O. box, see	e instruct	ions.				Apt. no.	Presider	ntial Electi	on Campaign
2005 SW	EET 1	WILLIAM DRIVE								ere if you,	
City, town, or p	ost offi	ce. If you have a foreign address, also co	omplete :	spaces below.	Sta	ite	ZIP	code		0,	ntly, want \$3
113 DD T CD11D C								tnis iuna. ow will not	Checking a change		
								or refund			
At any time du	ring 20	021, did you receive, sell, exchange	, or oth	erwise dispose of a	ny fina	ancial interest	t in an	y virtual curre	ncy?	Yes	⊠ No
Standard Deduction	_	eone can claim:				'	İ				
Age/Blindness	You:	Were born before January 2, 1	1957 [Are blind S	pouse	: Was be	orn be	fore January 2	2, 1957	☐ Is b	lind
Dependents	s (see	instructions):		(2) Social secur	ity	(3) Relations	ship	(4) ✓ if q	ualifies for	(see instru	ıctions):
If more	(1) F	irst name Last name		number		to you		Child tax c	redit	Credit for ot	her dependents
than four											
dependents, see instruction	<u> </u>										
and check											
here ▶ 🗌											
	1	Wages, salaries, tips, etc. Attach	Form(s)	W-2					. 1		49,508.
Attach	2a	Tax-exempt interest	2a		b T	axable intere	st		. 2b		
Sch. B if required.	3a	Qualified dividends	3a		b C	Ordinary divid	ends		. 3b		
required.	4a	IRA distributions	4a		b T	axable amou	ınt .		. 4b		
	5a	Pensions and annuities	5a		b T	axable amou	ınt .		. 5b		
Standard	6a	Social security benefits	6a		b T	axable amou	ınt .		. 6b		
Deduction for—	7	Capital gain or (loss). Attach Sche	dule D	if required. If not re	quired	, check here		▶[7		-3,000.
 Single or Married filing 	8	Other income from Schedule 1, lir	ne 10						. 8		-6,007.
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your total in	come				▶ 9		40,501.
Married filing	10	Adjustments to income from Sche	edule 1,	line 26					. 10		
jointly or Qualifying	11	Subtract line 10 from line 9. This is	s your a	djusted gross inc	ome				▶ 11		40,501.
widow(er),	12a	Standard deduction or itemized				1:	2a	12,55	0.		
\$25,100 • Head of	b	Charitable contributions if you take		·	-	ructions) 1:	2b	30	0.		
household, \$18,800	С	Add lines 12a and 12b							. 120	;	12,850.
If you checked	13	Qualified business income deduct	tion fron	n Form 8995 or For	m 899	95-A			. 13		
any box under Standard	14	Add lines 12c and 13							. 14		12,850.
Deduction,	15	Taxable income. Subtract line 14	from lin	ne 11. If zero or less	s, ente	er -0			. 15		27,651.

	16	Tax (see instructions). Check if any from Form	ı(s): 1 🗌 881	4 2 🗌 4972	3 🗌		16	3,122.
	17	Amount from Schedule 2, line 3					17	
	18	Add lines 16 and 17					18	3,122.
	19	Nonrefundable child tax credit or credit for o	ther depender	nts from Schedule	8812		19	
	20	Amount from Schedule 3, line 8					20	
	21	Add lines 19 and 20					21	
	22	Subtract line 21 from line 18. If zero or less,	enter -0				22	3,122.
	23	Other taxes, including self-employment tax,	from Schedule	2, line 21			23	0.
	24	Add lines 22 and 23. This is your total tax				. ▶	24	3,122.
	25	Federal income tax withheld from:						
	а	Form(s) W-2			25a 6	6,602.		
	b	Form(s) 1099			25b			
	С	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					25d	6,602.
	26	2021 estimated tax payments and amount a					26	<u> </u>
If you have a L qualifying child,	27a	Earned income credit (EIC)			27a			
attach Sch. EIC.		Check here if you were born after Janu	ary 1, 1998,	and before				
		January 2, 2004, and you satisfy all the	e other requi	rements for				
		taxpayers who are at least age 18, to claim t	1 1	structions ► ∐				
	b	Nontaxable combat pay election			-			
	С	Prior year (2019) earned income						
	28	Refundable child tax credit or additional child			28		-	
	29	American opportunity credit from Form 8863	29	400	-			
	30	Recovery rebate credit. See instructions .				,400.	-	
	31	Amount from Schedule 3, line 15			31			1 100
	32	Add lines 27a and 28 through 31. These are					32	1,400.
	33	Add lines 25d, 26, and 32. These are your to				. •	33	8,002.
Refund	34	If line 33 is more than line 24, subtract line 24			•		34	4,880.
5	35a	Amount of line 34 you want refunded to you					35a	4,880.
Direct deposit? See instructions.	▶b	Routing number 0 8 1 0 0 0 0		,, <u> </u>	Checking	Savings		
	►d	Account number 3 5 5 0 0 9 2						
	36	Amount of line 34 you want applied to your			36			
Amount You Owe	37	Amount you owe. Subtract line 33 from line			1 1	. ▶	37	
	38	Estimated tax penalty (see instructions) .			38			
Third Party		you want to allow another person to disc tructions				omplete b	olow	X No
Designee		signee's	Phone		_	onal identif		INO
		ne ►	no.			ber (PIN)		
Sign	Und	der penalties of perjury, I declare that I have examine	ed this return and	accompanying sche	edules and stateme	nts, and to	the bes	t of my knowledge and
Here	beli	ef, they are true, correct, and complete. Declaration of	of preparer (other	than taxpayer) is ba	sed on all informati	on of which	prepare	er has any knowledge.
TICIC	You	ur signature	Date	Your occupation		1		nt you an Identity
1				SOFTWARE D	ALITET ODED	I	inst.) ▶	N, enter it here
Joint return? See instructions.	Sno	ouse's signature. If a joint return, both must sign.	Date	Spouse's occupation				nt your spouse an
Keep a copy for	Opt	buse 3 signature. If a joint return, both must sign.	Date	ороазе з оссиран	011			ection PIN, enter it here
your records.						(see	inst.) ►	
	Pho	one no. (315)440-6887	Email address	REDDY.VENKAT	093@GMAIL.C	MC		
Paid	Pre	parer's name Preparer's signat	ture		Date	PTIN	Ī	Check if:
	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	03/26/2022	P02082	2703	Self-employed
Preparer Use Only	Firr	n's name ▶ GLOBAL TAXES LLC				Phon	e no. (678)965-9522
	Firr	n's address ▶ 2530 Pebble Creek L	n Cumming	g GA 30041		Firm'	s EIN 🕨	30-1017196
Go to www.irs.go	ov/Form	1040 for instructions and the latest information.		BAA	REV 03/19/22 PRO			Form 1040 (2021)

Form 1040 (2021)

Page 2

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2021

Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

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

VENKATESHWAR REDDY VALLAPREDDY

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

Sequence No. 01
Your social security number
063-57-0391

Par	t I Additional Income				
1	Taxable refunds, credits, or offsets of state and local income taxes	S		1	
2a	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	-6,050.
6	Farm income or (loss). Attach Schedule F			6	
7	Unemployment compensation			7	
8	Other income:				
а	Net operating loss	8a ()		
b	Gambling income	8b			
С	Cancellation of debt	8c			
d	Foreign earned income exclusion from Form 2555	8d ()		
е	Taxable Health Savings Account distribution	8e			
f	Alaska Permanent Fund dividends	8f			
g	Jury duty pay	8g			
h	Prizes and awards	8h			
i	Activity not engaged in for profit income	8i			
j	Stock options	8j			
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8k			
I	Olympic and Paralympic medals and USOC prize money (see instructions)	81			
m	Section 951(a) inclusion (see instructions)	8m			
n	Section 951A(a) inclusion (see instructions)	8n			
0	Section 461(I) excess business loss adjustment	80			
р	Taxable distributions from an ABLE account (see instructions) .	8p			
Z	Other income. List type and amount ▶				
	Other Income from box 3 of 1099-Misc 43.	8z	43.		
9	Total other income. Add lines 8a through 8z			9	43.
10	Combine lines 1 through 7 and 9. Enter here and on Form 1	U40, 1040-SR	, or	10	C 007

Schedule 1 (Form 1040) 2021 Page **2**

Par	Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-officials. Attach Form 2106			
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form	3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN	>	_	
С	Date of original divorce or separation agreement (see instructions)	-		
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
а	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	24b		
С	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l	24c		
d	Reforestation amortization and expenses	24d		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	24 g		
h	,	24h		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i		
j	Housing deduction from Form 2555	24 j		
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 there and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line			

SCHEDULE D (Form 1040)

Department of the Treasury

Capital Gains and Losses

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

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

OMB No. 1545-0074

Attachment

Sequence No. 12 ▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Internal Revenue Service (99) Name(s) shown on return Your social security number 063-57-0391 VENKATESHWAR REDDY VALLAPREDDY 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. Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) Part I 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 45,438. 56,152. -10,714. 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 -10,714.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** -10,714. 16 Combine lines 7 and 15 and enter the result 16 • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. 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.) • (\$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.

Form **8949**

Sales and Other Dispositions of Capital Assets

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

Department of the Treasury Internal Revenue Service ► 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

OMB No. 1545-0074

Name(s) shown on return

VENKATESHWAR REDDY VALLAPREDDY

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

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

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.
 Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was

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

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

for one or more of the boxes, complete as many forms with the same box checked as you need.

reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on

	(B) Short-term transactions (C) Short-term transactions				sis wasn't report	ed to the IR	IS .	,
1	(a)	(b)	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below	If you enter an a	any, to gain or loss. amount in column (g), de in column (f). arate instructions.	(h) Gain or (loss). Subtract column (e)
	Description of property (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)
APEX	CLEARING	01/01/21	12/31/21	45,438.	56,152.			-10,714.
ne Sc	tals. Add the amounts in column: gative amounts). Enter each tota hedule D, line 1b (if Box A above ove is checked), or line 3 (if Box 6	al here and inc e is checked), li l	lude on your ne 2 (if Box B	45,438.	56,152.			-10,714.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

SCHEDULE E (Form 1040)

Department of the Treasury

Supplemental Income and Loss

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

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

Attachment

▶ Go to www.irs.gov/ScheduleE for instructions and the latest information. Internal Revenue Service (99)

Sequence No. 13

OMB No. 1545-0074

Name(s) shown on return Your social security number VENKATESHWAR REDDY VALLAPREDDY 063-57-0391 Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Part I Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. A Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions Physical address of each property (street, city, state, ZIP code) Α В C 1b Fair Rental **Personal Use** Type of Property For each rental real estate property listed QJV above, report the number of fair rental and (from list below) **Days Days** personal use days. Check the **QJV** box only if you meet the requirements to file as a 365 0 Α Α qualified joint venture. See instructions. В В С С Type of Property: Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) Income: **Properties:** Α 3 Rents received . 3 400. 4 Royalties received 4 Expenses: Advertising 5 5 6 Auto and travel (see instructions) . . . 6 7 Cleaning and maintenance . . . 7 1,000. 8 8 Commissions. 9 9 Insurance 10 Legal and other professional fees . . . 10 11 11 850. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 Other interest. 13 14 Repairs. 14 1,550. 15 1,500. 15 Supplies . Taxes 16 16 17 17 1,550. 18 Depreciation expense or depletion . . 18 19 19 Total expenses. Add lines 5 through 19 20 20 6,450. 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 21 -6,050. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 6,050.) 400 23a Total of all amounts reported on line 3 for all rental properties 23a **b** Total of all amounts reported on line 4 for all royalty properties 23b 23c **c** Total of all amounts reported on line 12 for all properties d Total of all amounts reported on line 18 for all properties 23d 23e Total of all amounts reported on line 20 for all properties 6,450. Income. Add positive amounts shown on line 21. Do not include any losses 24 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here. 25 6,050. 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on -6,050. Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 26

Control Contro	e All		of Yo	our	021	_		<u>li</u> na D	ncome Department	-		DOR Use Only				
For cal	enda	ır year 2	021, c	or fiscal year	_				and ending			Are you a				10 X
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HARR Filing S			8075 1. Sing	<u>CABAR</u> gle		2. Marri	ed Filing	Jointly	Spouse's SS	SN: ed Filing S	eparately	2021 federa	al income tax Yes	x return, e.g		040?
			4. Hea	ad of Househol C. for the entir		5. Quali	fying Wid	dow(er)				•	use died: Date of			
Was yo	our s	pouse a	resid	ent for the en	tire year?	•	Yes _ Yes _	No No		eturn for	deceased t deceased s	spouse.	Date of	death:		
1					-				ucation Endow NC-EDU and y		-	ng a contrik 0		esignating gnate you		
to the	Fund	, enter t	he am	ount of your	designati	on on P	age 2, l	_ine 31.	(See instruct	tions for i	nformation			sident		
		-							or Court-Appo					sident.		
FS 1	L	PP	Y		DT	N	OC	N	TPRES	N	SPRES	N	VT	N	SVT	N
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10A				0		20B			0		27			0		
10B				0		21A			0		29			0		
11	S	Y	I	N		21B			0		30			0		
11			107	750		21C			0		31			0		
13			027	755		21D			0		32			0		
14			81	196		26A			0		34		9	96		
15			4	130		26B			0							
TN	3	1544	1068	387		PN	6	789	659522		PP	PO	208270	03		
		urn B		X Re	fund D		nedules ar	9 (ment C	ue here if you a	uthorize the	0 North Carol	ina Denartr	ment of Re	evenue
the best of	my kn	owledge a	nd belie	ef, they are true, c	orrect, and o	complete.			· [to disci	uss this retur	n and attach	ments with	the paid pre	eparer bel	OW.
Your Signa						Date			nature (If filing join			Date	Contac	440688 ot Phone No.		ea code)
PAID PRE	PAREI	R USE ON	LY If	prepared by a pe	rson other ti	nan taxpay	er, this ce	rtification	is based on all info	rmation of w	hich the prepa	rer has any kr	owledge.			
SYAM Paid Prepa			AM S	SAGAR GU	PT 0	3 26 Date	_	89659 arer's Co	9522 ntact Phone Numb	er (Include a	rea code)			2082703 er's FEIN, SS		
	lf v	ou ARE	NOT d		-				F REVENUE, P.º					I. NC 27640)-0640	

Last Name (First 10 Characters) VALLAPREDD 063570391 Your Social Security Number **D-400 Line-by-Line Information** Federal Adjusted Gross Income 6. 40501 6. 7. 7. Additions to Federal Adjusted Gross Income 0 8. Add Lines 6 and 7 8. 40501 9. Deductions From Federal Adjusted Gross Income 9. 0 10. Child Deduction a. Enter the number of qualifying children for whom you were allowed a federal child tax credit 10a. 0 b. Enter the amount of the child deduction 10b. 0 11. N.C. Standard Deduction 11. Υ N.C. Itemized Deduction 11. 11. Ν **Deduction amount** 11. 10750 11. 12. a. Add Lines 9, 10b, and 11 12a. 10750 b. Subtract amount on Line 12a from Line 8 12b. 29751 Part-year Residents and Nonresidents Taxable Percentage 13. 13. 0.2755 14. N.C. Taxable Income 14. 8196 15. N.C. Income Tax 15. 430 16. Tax Credits 16. 0 Subtract Line 16 from Line 15 17. 17. 430 18. Consumer Use Tax 18. 0 You certify that no Consumer Use Tax is due Υ 19. Add Lines 17 and 18 19. 430 North Carolina Income Tax Withheld 20a. Your tax withheld 20a. 526 20b. Spouse's tax withheld 20b. 0 Other Tax Payments 21a. 2021 estimated tax 21a. 0 Paid with extension 0 21b. 21b. 0 21c. Partnership 21c. 21d. S Corporation 21d. 0 22. Amended Returns Only - Previous payments 22. 0 23. **Total Payments** 23. 526 24. Amended Returns Only - Previous refunds 0 24. 25. Subtract Line 24 from Line 23 25. 526 26a. Tax Due 26a. 0 26b. Penalties 26b. 0 26c. Interest 26c. 0 26d. Add Lines 26b and 26c and enter the total on 26d 26d. 0 EU Exception to Underpayment of Estimated Tax EU 26e. Interest on the Underpayment of Estimated Income Tax 26e. 0 27. Pay this Amount 27. 0 96 28. Overpayment 28. Amount of Refund to Apply to: 29. Amount of Line 28 to be applied to 2022 Estimated Income Tax 29. 0 30. N.C. Nongame and Endangered Wildlife Fund 30. 0 31. 31. N.C. Education Endowment Fund 0 0 32. N.C. Breast and Cervical Cancer Control Program 32. 33. 0 33. Add Lines 29 through 32 34. 96 34. Amount to be Refunded

D-400 Sch PN (50)

8-23-21

2021 Part-Year Resident and Nonresident Schedule

North Carolina Department of Revenue

DOR Use Only	ζ.				
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If you enter a taxable percentage on Form D-400, Line 13 because you or your spouse, if married filing jointly, were not full-year residents of North Carolina during tax year 2021, you must attach this schedule to Form D-400. Importantly, you must attach both pages of this schedule to Form D-400. If you do not, the Department may be unable to process your return.

Last N	Name (First 10 Characters) VALLAPREDD	You	r Social Security Num	ber 063570391
sources	ear resident or a nonresident who receives income from N.C. sources must complete the that is subject to N.C. tax. You are a "part-year resident" if you moved to N.C. and the became a resident of another state during the tax year. You are a "nonresident" if you important: Refer to the Instructions before complete the instructions are included in the instructions before complete the instructions are included in the instruction are inc	became ou were n	a resident during the toot a resident of N.C. a	tax year, or you moved out o
	NRT Y PYT N		22	11160
	NRS N PYS N		23	40501
Part A	A. Residency Status			
☐ Fu	Taxpayer is: (Select applicable box) Ull-Year Resident N.C. residency began N.C. residency ended N.C. resi	Resident	se is: (Select applicable bo Nonresident gan D	Part-Year Resident ate N.C. residency ended
	u and your spouse were both full-year residents of N.C., stop here ; do not complete Pa	rts B and	C. Do not attach Sch	edule PN to Form D-400.
	Allocation of Income for Part-Year Residents and Nonresidents Income	fı	COLUMN A Total Income rom all sources	COLUMN B Amount of Column A subject to N.C. tax
1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14.	Wages, Salaries, Tips, Etc. Taxable Interest Taxable Dividends Taxable Refunds, Credits, or Offsets of State and Local Income Taxes Alimony Received Business Income or (Loss) Capital Gain or (Loss) Other Gains or (Losses) Taxable Amount of IRA Distributions Taxable Amount of Pensions and Annuities Rental Real Estate, Royalties, Partnerships, S-Corps, Estates, Trusts, Etc. Farm Income or (Loss) Unemployment Compensation Taxable Portion of Social Security Benefit and Railroad Retirement Benefits Other Income Total Income	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13.	49508 0 0 0 0 0 -3000 0 0 -6050 0 0 0 43 40501	11160 0 0 0 0 0 0 0 0 0 0 0 0 0
	Additions a. Interest Income From Obligations of States Other Than N.C. b. Deferred Gains Reinvested Into an Opportunity Fund c. Bonus Depreciation d. IRC Section 179 Expense e. Other Additions to Federal Adjusted Gross Income That Relate to Gross Income	Ente	COLUMN A or the amount from on D-400 Schedule S 0 0 0 0 0	COLUMN B Amount of Column A subject to N.C. tax
18.	Total Additions	18.	0	0

Last Name (First 10 Characters) VALLAPREDD Your Social Security Number 063570391

			OLUMN A	COLUMN B
			he amount from	Amount of Column A
		Form D	-400 Schedule S	subject to N.C. tax
19.	Deductions		0	2
	a. State or Local Income Tax Refund	19a.	0	0
	b. Interest Income From Obligations of the United States			
	or United States' Possessions	19b.	0	0
	c. Taxable Portion of Social Security and			
	Railroad Retirement Benefits	19c.	0	0
	d. Bailey Retirement Benefits	19d.	0	0
	e. Bonus Asset Basis	19e.	0	0
	f. Bonus Depreciation	19f.	0	0
	g. IRC Section 179 Expense	19g.	0	0
	h. Other Deductions From Federal Adjusted Gross			
	Income That Relate to Gross Income	19h.	0	0
20.	Total Deductions	20.	0	0
21.	Total Income Modified by N.C. Adjustments	21.	40501	11160
Part (C. Part-Year Residents and Nonresidents Taxable Percentage)		
22.	Enter the Amount From Column B. Line 21		22	11160
23.	Enter the Amount From Column A, Line 21		23	
23. 24.	Part-Year Residents and Nonresident Taxable Percentage		23	

REV 03/22/22 PRO

£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 one box.	If yo	Single Married filing jointly [ou checked the MFS box, enter the reson is a child but not your dependent	— name of	ed filing separately your spouse. If you	` ,	_		` ,	_	, ,	. , . ,
Your first name	and m	iddle initial	Last na	ame					Your so	cial securi	ty number
VENKATE	SHWA	R REDDY	VAL	LAPREDDY					063-	57-039	1
If joint return, s	pouse's	s first name and middle initial	Last na	ame					Spouse's	s social se	curity number
Home address	(numbe	er and street). If you have a P.O. box, see	e instruct	ions.				Apt. no.	Presider	ntial Electi	on Campaign
2005 SW	EET 1	WILLIAM DRIVE								ere if you,	
City, town, or p	ost offi	ce. If you have a foreign address, also co	omplete :	spaces below.	Sta	ite	ZIP	code		0,	ntly, want \$3
113 DD T CD11D C								tnis iuna. ow will not	Checking a change		
								or refund			
At any time du	ring 20	021, did you receive, sell, exchange	, or oth	erwise dispose of a	ny fina	ancial interest	t in an	y virtual curre	ncy?	Yes	⊠ No
Standard Deduction	_	eone can claim:				'	İ				
Age/Blindness	You:	Were born before January 2, 1	1957 [Are blind S	pouse	: Was be	orn be	fore January 2	2, 1957	☐ Is b	lind
Dependents	s (see	instructions):		(2) Social secur	ity	(3) Relations	ship	(4) ✓ if q	ualifies for	(see instru	ıctions):
If more	(1) F	irst name Last name		number		to you		Child tax c	redit	Credit for ot	her dependents
than four											
dependents, see instruction	<u> </u>										
and check											
here ▶ 🗌											
	1	Wages, salaries, tips, etc. Attach	Form(s)	W-2					. 1		49,508.
Attach	2a	Tax-exempt interest	2a		b T	axable intere	st		. 2b		
Sch. B if required.	3a	Qualified dividends	3a		b C	Ordinary divid	ends		. 3b		
required.	4a	IRA distributions	4a		b T	axable amou	ınt .		. 4b		
	5a	Pensions and annuities	5a		b T	axable amou	ınt .		. 5b		
Standard	6a	Social security benefits	6a		b T	axable amou	ınt .		. 6b		
Deduction for—	7	Capital gain or (loss). Attach Sche	dule D	if required. If not re	quired	, check here		▶[7		-3,000.
 Single or Married filing 	8	Other income from Schedule 1, lir	ne 10						. 8		-6,007.
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your total in	come				▶ 9		40,501.
Married filing	10	Adjustments to income from Sche	edule 1,	line 26					. 10		
jointly or Qualifying	11	Subtract line 10 from line 9. This is	s your a	djusted gross inc	ome				▶ 11		40,501.
widow(er),	12a	Standard deduction or itemized				1:	2a	12,55	0.		
\$25,100 • Head of	b	Charitable contributions if you take		·	-	ructions) 1:	2b	30	0.		
household, \$18,800	С	Add lines 12a and 12b							. 120	;	12,850.
If you checked	13	Qualified business income deduct	tion fron	n Form 8995 or For	m 899	95-A			. 13		
any box under Standard	14	Add lines 12c and 13							. 14		12,850.
Deduction,	15	Taxable income. Subtract line 14	from lin	ne 11. If zero or less	s, ente	er -0			. 15		27,651.

	16	Tax (see instructions). Check if any from Form	ı(s): 1 🗌 881	4 2 🗌 4972	3 🗌		16	3,122.
	17	Amount from Schedule 2, line 3					17	
	18	Add lines 16 and 17					18	3,122.
	19	Nonrefundable child tax credit or credit for o	ther depender	nts from Schedule	8812		19	
	20	Amount from Schedule 3, line 8					20	
	21	Add lines 19 and 20					21	
	22	Subtract line 21 from line 18. If zero or less,	enter -0				22	3,122.
	23	Other taxes, including self-employment tax,	from Schedule	2, line 21			23	0.
	24	Add lines 22 and 23. This is your total tax				. ▶	24	3,122.
	25	Federal income tax withheld from:						
	а	Form(s) W-2			25a 6	6,602.		
	b	Form(s) 1099			25b			
	С	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					25d	6,602.
	26	2021 estimated tax payments and amount a					26	<u> </u>
If you have a L qualifying child,	27a	Earned income credit (EIC)			27a			
attach Sch. EIC.		Check here if you were born after Janu	ary 1, 1998,	and before				
		January 2, 2004, and you satisfy all the	e other requi	rements for				
		taxpayers who are at least age 18, to claim t	1 1	structions ► ∐				
	b	Nontaxable combat pay election			-			
	С	Prior year (2019) earned income						
	28	Refundable child tax credit or additional child			28		-	
	29	American opportunity credit from Form 8863	29	400	-			
	30	Recovery rebate credit. See instructions .				,400.	-	
	31	Amount from Schedule 3, line 15			31			1 100
	32	Add lines 27a and 28 through 31. These are					32	1,400.
	33	Add lines 25d, 26, and 32. These are your to				. •	33	8,002.
Refund	34	If line 33 is more than line 24, subtract line 24			•		34	4,880.
5	35a	Amount of line 34 you want refunded to you					35a	4,880.
Direct deposit? See instructions.	▶b	Routing number 0 8 1 0 0 0 0		,, <u> </u>	Checking	Savings		
	►d	Account number 3 5 5 0 0 9 2						
	36	Amount of line 34 you want applied to your			36			
Amount You Owe	37	Amount you owe. Subtract line 33 from line			1 1	. ▶	37	
	38	Estimated tax penalty (see instructions) .			38			
Third Party		you want to allow another person to disc tructions				omplete b	olow	X No
Designee		signee's	Phone		_	onal identif		INO
		ne ►	no.			ber (PIN)		
Sign	Und	der penalties of perjury, I declare that I have examine	ed this return and	accompanying sche	edules and stateme	nts, and to	the bes	t of my knowledge and
Here	beli	ef, they are true, correct, and complete. Declaration of	of preparer (other	than taxpayer) is ba	sed on all informati	on of which	prepare	er has any knowledge.
TICIC	You	ur signature	Date	Your occupation		1		nt you an Identity
1				SOFTWARE D	ALITET ODED	I	inst.) ▶	N, enter it here
Joint return? See instructions.	Sno	ouse's signature. If a joint return, both must sign.	Date	Spouse's occupation				nt your spouse an
Keep a copy for	Opt	buse 3 signature. If a joint return, both must sign.	Date	ороазе з оссиран	011			ection PIN, enter it here
your records.						(see	inst.) ►	
	Pho	one no. (315)440-6887	Email address	REDDY.VENKAT	093@GMAIL.C	MC		
Paid	Pre	parer's name Preparer's signat	ture		Date	PTIN	Ī	Check if:
	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	03/26/2022	P02082	2703	Self-employed
Preparer Use Only	Firr	n's name ▶ GLOBAL TAXES LLC				Phon	e no. (678)965-9522
	Firr	n's address ▶ 2530 Pebble Creek L	n Cumming	g GA 30041		Firm'	s EIN 🕨	30-1017196
Go to www.irs.go	ov/Form	1040 for instructions and the latest information.		BAA	REV 03/19/22 PRO			Form 1040 (2021)

Form 1040 (2021)

Page 2

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2021

Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

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

VENKATESHWAR REDDY VALLAPREDDY

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

Sequence No. 01
Your social security number
063-57-0391

Par	t I Additional Income				
1	Taxable refunds, credits, or offsets of state and local income taxe		1		
2a	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	-6,050.	
6	Farm income or (loss). Attach Schedule F			6	
7	Unemployment compensation			7	
8	Other income:				
а	Net operating loss	8a ()		
b	Gambling income	8b			
С	Cancellation of debt	8c			
d	Foreign earned income exclusion from Form 2555	8d ()		
е	Taxable Health Savings Account distribution	8e			
f	Alaska Permanent Fund dividends	8f			
g	Jury duty pay	8g			
h	Prizes and awards	8h			
i	Activity not engaged in for profit income	8i			
j	Stock options	8j			
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8k			
I	Olympic and Paralympic medals and USOC prize money (see instructions)	81			
m	Section 951(a) inclusion (see instructions)	8m			
n	Section 951A(a) inclusion (see instructions)	8n			
0	Section 461(I) excess business loss adjustment	80			
р	Taxable distributions from an ABLE account (see instructions).	8p			
Z	Other income. List type and amount ▶				
	Other Income from box 3 of 1099-Misc 43.	8z	43.		
9	Total other income. Add lines 8a through 8z		9	43.	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1	10	6 007		

Schedule 1 (Form 1040) 2021 Page **2**

Par	Adjustments to Income			·
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-officials. Attach Form 2106	12		
13	Health savings account deduction. Attach Form 8889	13		
14	Moving expenses for members of the Armed Forces. Attach Form	14		
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans	16		
17	Self-employed health insurance deduction	17		
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN	>		
С	Date of original divorce or separation agreement (see instructions)	-		
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
а	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	24b		
С	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l	24c		
d	Reforestation amortization and expenses	24d		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	24g		
h	` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	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	24 i		
j	Housing deduction from Form 2555	24 j		
k	Excess deductions of section 67(e) expenses from Schedule K-1	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 t here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line		26	

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 063-57-0391 VENKATESHWAR REDDY VALLAPREDDY

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. Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) Part I 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 45,438. 56,152. -10,714. 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 -10,714.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

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Schedule D (Form 1040) 2021 Page 2

Part III **Summary** -10,714. 16 Combine lines 7 and 15 and enter the result 16 • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. 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.) • (\$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.

Form **8949**

Sales and Other Dispositions of Capital Assets

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

Department of the Treasury Internal Revenue Service ► 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

OMB No. 1545-0074

Name(s) shown on return

VENKATESHWAR REDDY VALLAPREDDY

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

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

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.
 Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was

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

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

for one or more of the boxes, complete as many forms with the same box checked as you need.

reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on

	(B) Short-term transactions (C) Short-term transactions				sis wasn't report	ed to the IR	RS	,
1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds	(e) Cost or other basis. See the Note below	Adjustment, if If you enter an a enter a co See the sepa	(h) Gain or (loss). Subtract column (e)	
		Date acquired (Mo., day, yr.)		(sales price) (see instructions)	and see Column (e) in the separate instructions			from column (d) and combine the result with column (g)
APEX	CLEARING	01/01/21	12/31/21	45,438.	56,152.			-10,714.
ne Sc	tals. Add the amounts in columns gative amounts). Enter each tota hedule D, line 1b (if Box A above ove is checked), or line 3 (if Box 6	al here and inc e is checked), lir	lude on your ne 2 (if Box B	45,438.	56,152.			-10,714.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99)

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

Attachment Sequence No. 13

Name(s)	shown on return								Yo	ur social secu	rity numb	er	
VENK	ENKATESHWAR REDDY VALLAPREDDY								063-57-0391				
Part			Rental Real Estate and Rotions. If you are an individual, rep	-		-						, use	
Δ Dic			2021 that would require you t									ζ No	
1a	"Yes," did you or will you file required Form(s) 1099?											140	
	Physical address of	each p	roperty (street, city, state, Zi	r cou	e)								
A													
В													
С		-						Rental	_		_		
1b	Type of Property	pe of Property 2 For each rental real estate prop				perty listed			Personal Use		QJV		
	(from list below)	i	above, report the number of fa personal use days. Check the if you meet the requirements t		tructions. B		Days 365		Days 0		ļ.,		
Α	3	_ i	f you meet the requirements t	to file a									
В		_ (qualified joint venture. See ins	structio									
С						С							
	of Property:												
	gle Family Residence		Vacation/Short-Term Rental	5 La	ınd		7 Self-	Rental					
	ti-Family Residence	4 (Commercial		yalties		8 Othe	r (describe)				
Incom	e:		Properties:			Α		E	3		С		
3	Rents received			3			400.						
4	Royalties received .			4									
Expen													
5	Advertising			5									
6	Auto and travel (see i	nstruct	tions)	6									
7	Cleaning and mainter	7		1,000.									
8	Commissions			8									
9				9									
10	Legal and other profe	essiona	ıl fees	10									
11	Management fees .			11			850.						
12	Mortgage interest pai	id to ba	anks, etc. (see instructions)	12									
13	Other interest			13									
14	Repairs			14		1,	550.						
15	Supplies			15		1,	500.						
16	Taxes			16									
17	Utilities			17		1,	550.						
18	Depreciation expense	e or de	pletion	18									
19	Other (list) ►			19									
20	Total expenses. Add	lines 5	through 19	20		6,	450.						
21	Subtract line 20 from	line 3	(rents) and/or 4 (royalties). If										
			tions to find out if you must										
	file Form 6198			21		-6,	050.						
22	Deductible rental rea	l estate	e loss after limitation, if any,										
	on Form 8582 (see in	nstructi	ons)	22	(6,0	50.)	()()	
23a	Total of all amounts r	eporte	d on line 3 for all rental prope	erties			23a		4	00.			
b	Total of all amounts r	eporte	d on line 4 for all royalty prop	perties			23b						
С	Total of all amounts r	eporte	d on line 12 for all properties				23c						
d	Total of all amounts r	eporte	d on line 18 for all properties				23d						
е	Total of all amounts r	eporte	d on line 20 for all properties				23e		6,4	50.			
24	Income. Add positiv	e amol	unts shown on line 21. Do no	ot inclu	ude any	losses				24			
25	Losses. Add royalty lo	osses fro	om line 21 and rental real estate	e losse	s from lir	ne 22. E	nter tota	al losses he	e.	25 (6,	050.)	
26	Total rental real est	ate an	d royalty income or (loss).	Comb	oine lines	s 24 an	d 25. E	nter the re	sult				
			I line 40 on page 2 do not										
	Schedule 1 (Form 104	40), line	e 5. Otherwise, include this a	amoun	t in the t	otal on	line 41	on page 2		26	-6	,050.	