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

Submission Identification N	umber (SID)			
Taxpayer's name			Social securi	ty number
NIKHIL BARIGELA			106-55	-2774
Spouse's name			Spouse's soo	cial security number
LAKSHMI SHIRISHA K	CORLAPATI		APPLIE	D FOR
Part I Tax Return Ir	nformation — Tax Year En	ding December 31, 20	21 (Enter year you a	are authorizing.)
Enter whole dollars only on	lines 1 through 5.		,	
Note: Form 1040-SS filers u	use line 4 only. Leave lines 1, 2	, 3, and 5 blank.		
 Adjusted gross incor 	me			1 76,293.
2 Total tax				2 5,743.
	vithheld from Form(s) W-2 and I	* *		3 10,306.
-	funded to you			4 4,563.
				5
Part II Taxpayer De	claration and Signature Au	uthorization (Be sure you	get and keep a cop	y of your return)
return (original or amended) I at to send my return to the IRS are for any delay in processing the Agent to initiate an ACH electropayment of my federal taxes or authorization is to remain in upayment, I must contact the business days prior to the pays taxes to receive confidential in	true, correct, and complete. I fur m now authorizing. I consent to all nd to receive from the IRS (a) an a return or refund, and (c) the date onic funds withdrawal (direct debit wed on this return and/or a payme all force and effect until I notify th U.S. Treasury Financial Agent at ment (settlement) date. I also auth information necessary to answer in (PIN) below is my signature for the onsent.	low my intermediate service provicknowledgement of receipt or rea of any refund. If applicable, I author to the financial institution and to festimated tax, and the financial U.S. Treasury Financial Agent 1-888-353-4537. Payment cancer orize the financial institutions invention and the financial institutions inventions and resolve issues relative.	der, transmitter, or electrason for rejection of the tappers to the U.S. Treasury account indicated in the tappers to the tappers to the tappers to the tappers to terminate the authorizal ellation requests must be obved in the processing oned to the payment. I fur	onic return originator (ERO) ransmission, (b) the reason and its designated Financial ax preparation software for entry to this account. This ation. To revoke (cancel) are received no later than 2 f the electronic payment of ther acknowledge that the
Taxpayer's PIN: check one				
X I authorize GLOE	_	to enter or	generate my PIN 5	2 7 7 4 as my
	ERO firm name come tax return (original or am		Ĕn	ter five digits, but n't enter all zeros
☐ I will enter my PIN	as my signature on the income your own PIN and your return	e tax return (original or amend		
Your signature ▶			Date ▶	
Consumala DINI, abank ana l	hav aulv			
Spouse's PIN: check one I	-			
X I authorize GLOE	ERO firm name	to enter or	generate my PIN	ter five digits, but
signature on the in	come tax return (original or am	ended) I am now authorizing		n't enter all zeros
☐ I will enter my PIN	as my signature on the income your own PIN and your return	e tax return (original or amend		
Spouse's signature ▶			Date ►	
	Practitioner PIN Me	thod Returns Only—contin	ue below	
Part III Certification	and Authentication — Pra	ctitioner PIN Method Only	/	
ERO's EFIN/PIN. Enter you	ır six-digit EFIN followed by yo	ur five-digit self-selected PIN.	5 8 7 2 7 Don't ent	8 6 1 9 8 9 ter all zeros
authorized to file for tax year i	c entry is my PIN, which is my sig indicated above for the taxpayer(s r PIN method and Pub. 1345, Hand	s) indicated above. I confirm that	I am submitting this reti	urn in accordance with the
ERO's signature ▶			Date ▶	
	ERO Must Retai	n This Form — See Instru		

Don't Submit This Form to the IRS Unless Requested To Do So

E 1040 Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

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

Filing Status Check only one box.	If yo	Single X Married filing jointly unchecked the MFS box, enter the notion is a child but not your dependent	ame of y	ed filing separately your spouse. If you	` ′	_		,		•	Ü	, , , ,
Your first name	and mi	ddle initial	Last na	me					Your	social	security	/ number
NIKHIL			BARI	GELA					106	-55	-2774	Ė
If joint return, s	oouse's	first name and middle initial	Last na	me					Spou	se's sc	cial seci	urity number
LAKSHMI	SHI	RISHA	KORL	APATI					APP	LIE	D FOR	Ł
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.				Apt. no.	Presi	dentia	I Electio	n Campaign
1835 ALI	XAN	DER HIGHLANDS DR						203	- 1		e if you, o	•
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	paces below.	Sta	te	ZIP	code				ly, want \$3 Checking a
CHARLOTT	Œ				NO	7	28	3262	-		will not o	•
Foreign country	name		F	oreign province/state	e/count	ty	Fore	eign postal code	e your		refund. You	Spouse
At any time du	ring 20	021, did you receive, sell, exchange,	or othe	rwise dispose of ar	ny fina	ncial intere	st in an	y virtual curr	ency?		Yes	X No
Standard Deduction	_	eone can claim: You as a de Spouse itemizes on a separate retur	•			'	nt					
Age/Blindness	You:	Were born before January 2, 1	957	Are blind Sr	ouse	: Nas	born be	efore January	, 2. 195	7 Г	ls blir	nd
Dependents	-			(2) Social securi		(3) Relatio			-		ee instruc	
If more					to you		Child tax		- 1		er dependents	
than four								П		\top		
dependents,												
see instructions and check	s ——]
here ▶ □												
	1	Wages, salaries, tips, etc. Attach F	orm(s) \	N-2						1	7	75,638.
Attach	2a	Tax-exempt interest	2a		b T	axable inter	est			2b		10.
Sch. B if required.	3a	Qualified dividends	3a	10.	b C	rdinary divi	dends			3b		10.
required.	4a	IRA distributions	4a		b T	axable amo	unt .			4b		
	5a	Pensions and annuities	5a		b T	axable amo	unt .			5b		
Standard	6a	Social security benefits	6a		b T	axable amo	unt .			6b		
• Single or	7	Capital gain or (loss). Attach Sche	dule D if	required. If not red	quired	, check here	э.	🕨		7		635.
Married filing	8	Other income from Schedule 1, lin	e 10 .							8		
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is your total in	come				•	9	7	6,293.
Married filing initial or	10	Adjustments to income from Sche	dule 1, I	ine 26						10		
jointly or Qualifying	11_	Subtract line 10 from line 9. This is	s your a c	djusted gross inco	ome				•	11	7	6,293.
widow(er), \$25,100	12a	Standard deduction or itemized	deducti	i ons (from Schedul	e A)		12a	25,1	00.			
Head of	b	Charitable contributions if you take	the stan	dard deduction (se	e instr	uctions)	12b					
household, \$18,800	С	Add lines 12a and 12b							. 1	I2c	2	5,100.
If you checked	13	Qualified business income deduct	ion from	Form 8995 or Form	n 899	5-A				13		
any box under Standard	14	Add lines 12c and 13								14		5,100.
Deduction, see instructions.	15	Taxable income. Subtract line 14	from lin	e 11. If zero or less	, ente	r-0				15	5	1,193.

	16	Tax (see instructions). Check if any from Form(s):	1 8814	2 4972	3 🗌		. [16	5,743.
	17	Amount from Schedule 2, line 3					. [17	
	18	Add lines 16 and 17						18	5,743.
	19	Nonrefundable child tax credit or credit for other	er dependen	ts 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, ent	er -0				. [22	5,743.
	23	Other taxes, including self-employment tax, from	m Schedule	2, line 21			. [23	0.
	24	Add lines 22 and 23. This is your total tax .					•	24	5,743.
	25	Federal income tax withheld from:							
	а	Form(s) W-2			25a	10,3	06.		
	b	Form(s) 1099			25b				
	С	Other forms (see instructions)			25c				
	d	Add lines 25a through 25c					. [25d	10,306.
If you have a	26	2021 estimated tax payments and amount appl	lied from 202	20 return			. [26	
qualifying child,	27a	Earned income credit (EIC)			27a				
attach Sch. EIC.		Check here if you were born after January January 2, 2004, and you satisfy all the c taxpayers who are at least age 18, to claim the	other requir EIC. See ins	ements for					
	b	Nontaxable combat pay election	27b		_				
	С	Prior year (2019) earned income	27c	2 0040	-				
	28	Refundable child tax credit or additional child tax			28		-		
	29	American opportunity credit from Form 8863, lin			29		-		
	30	Recovery rebate credit. See instructions			30		-		
	31	Amount from Schedule 3, line 15				la aradita	$\overline{}$	20	
	32 33	Add lines 25d, 26, and 32. These are your total					-	32	10,306.
	34	If line 33 is more than line 24, subtract line 24 fr						34	4,563.
Refund	35a	Amount of line 34 you want refunded to you. If			-	-	$\dot{\Box}$	35a	4,563.
Direct deposit?	⊳ b	Routing number 0 7 1 0 0 0 0 1			Checking		ngs	OOa	1,303.
See instructions.	▶d	Account number 7 9 2 7 1 7 3 2)		Ouv.	90		
	36	Amount of line 34 you want applied to your 202		d tax ▶	36				
Amount	37	Amount you owe. Subtract line 33 from line 24				tions .	•	37	
You Owe	38	Estimated tax penalty (see instructions)			38				
Third Party Designee		you want to allow another person to discuss ructions	s this retur	n with the IRS?		Yes. Comp	lete be	elow.	X No
		ignee's	Phone			Personal		ation [
		ne ►	no. ►			number (F			
Sign		ler penalties of perjury, I declare that I have examined the ef, they are true, correct, and complete. Declaration of pro-							
Here			ate	Your occupation					it vou an Identity
	,	i signature De	ate	Tour occupation					N, enter it here
Joint return?				SOFTWARE I	EVELO	PER	(see in	st.) ▶	
See instructions. Keep a copy for	Spo	use's signature. If a joint return, both must sign.	ate	Spouse's occupati	on				t your spouse an
your records.	,			IIOME MAKET	,		(see in	, .	ection PIN, enter it here
	————	ne no. (217)693-2025 En	mail address	HOME MAKER		TT COM	(, -	
		ne no. (217)693-2025 En parer's name Preparer's signature		NIKHIL.JAVA	Date	TL.COM PT	IN		Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RA		אר.ד.זאיי בייסווב	03/19/		2082	702	Self-employed
Preparer		PRITE RAM SAGAR GUPTA TALLIAM STAM PRITE RA 'S name ► GLOBAL TAXES LLC	/AMDAG	POLIW INTINN	103/13/	2022 FU			678)965-9522
Use Only		r's address ► 2530 Pebble Creek Ln	Cummino	r GD 30041				EIN ►	· · · · · · · · · · · · · · · · · · ·
Co to warm in -			Cummin		DEV/	00 000	THIIIS	LIIN	
GO TO WWW.Irs.go	JV/FORM	1040 for instructions and the latest information.		BAA	REV 03/12/	22 PRO			Form 1040 (2021)

Form 1040 (2021)

Page **2**

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 106-55-2774 NIKHIL BARIGELA & LAKSHMI SHIRISHA KORLAPATI 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 9,787. 9,251. 99. 635. 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 7 635. 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 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

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

14

15

Schedule D (Form 1040) 2021 Page 2

Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 635. • 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 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

Social security number or taxpayer identification number

106-55-2774

Department of the Treasury Internal Revenue Service

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

Attachment

OMB No. 1545-0074

NIKHIL BARIGELA & LAKSHMI SHIRISHA KORLAPATI

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

Sequence No. 12A

,	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 vill have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your
	may even tell you which box to check.
Part I	Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see

instructions). For long-term transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on

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.

Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

(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) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below	Adjustment, i If you enter an enter a c See the sep	(h) Gain or (loss). Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(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	3,627.	3,468.			159.
Robinhood Securities LLC	01/01/21	12/31/21	6,160.	5,783.	W	99.	476.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box 6	al here and ince is checked), lir	lude on your ne 2 (if Box B	9.787.	9.251.		99.	635.

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.



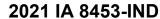
Application for IRS Individual Taxpayer Identification Number

► For use by individuals who are not U.S. citizens or permanent residents.

► See separate instructions.

OMB No. 1545-0074

An IRS individual taxpayer identification number (ITIN) is for U.S. federal tax purposes only. Application type (check one box): Apply for a new ITIN Renew an existing ITIN Don't submit this form if you have, or are eligible to get, a U.S. social security number (SSN). Reason vou're submitting Form W-7. Read the instructions for the box you check. Caution: If you check box b, c, d, e, f, or g, you must file a U.S. federal tax return with Form W-7 unless you meet one of the exceptions (see instructions). a Nonresident alien required to get an ITIN to claim tax treaty benefit **b** Nonresident alien filing a U.S. federal tax return c U.S. resident alien (based on days present in the United States) filing a U.S. federal tax return If d, enter relationship to U.S. citizen/resident alien (see instructions) ▶ d Dependent of U.S. citizen/resident alien e X Spouse of U.S. citizen/resident alien If d or e, enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ▶ NIKHIL BARIGELA f Union Nonresident alien student, professor, or researcher filing a U.S. federal tax return or claiming an exception g Dependent/spouse of a nonresident alien holding a U.S. visa h ☐ Other (see instructions) ▶ Additional information for a and f: Enter treaty country ▶ and treaty article number ▶ 1a First name Last name Middle name Name LAKSHMI SHIRISHA KORLAPATI (see instructions) Middle name 1b First name Last name Name at birth if different . . > 2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. Applicant's 1835 ALEXANDER HIGHLANDS DR Apt 203 Mailing City or town, state or province, and country. Include ZIP code or postal code where appropriate. **Address** 28262 CHARLOTTE USA Street address, apartment number, or rural route number. Don't use a P.O. box number. Foreign (non-**U.S.) Address** City or town, state or province, and country. Include postal code where appropriate. (see instructions) 4 Date of birth (month / day / year) Country of birth City and state or province (optional) Male **Birth** Information 01/27/1991 ▼ Female 6a Country(ies) of citizenship **6b** Foreign tax I.D. number (if any) 6c Type of U.S. visa (if any), number, and expiration date Other **TNDTA** Information 6d Identification document(s) submitted (see instructions) X Passport Driver's license/State I.D. Other USCIS documentation Date of entry into the United States No.: N9448358 Exp. date: 03/14/2026 Issued by: INDIA (MM/DD/YYYY): 6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)? No/Don't know. Skip line 6f. Yes. Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions). 6f Enter ITIN and/or IRSN ▶ ITIN **IRSN** and name under which it was issued ▶ First name Middle name Last name 6g Name of college/university or company (see instructions) ▶ City and state ▶ Length of stay ▶ Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying Sign documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to share information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number. Here Signature of applicant (if delegate, see instructions) Date (month / day / year) Phone number Keep a copy for your records. Name of delegate, if applicable (type or print) Delegate's relationship Parent Court-appointed guardian to applicant Power of attorney Date (month / day / year) Signature Phone **Acceptance** Fax Agent's Name and title (type or print) Name of company **Use ONLY** Office code





Iowa Individual Income Tax Declaration for an e-File Return

tax.iowa.gov

r first name, middle initial, and last name ${ m \underbrace{NIKHIL}}$ ${ m BA}$	RIGELA	Spouse's first name	e, middle initial, and la	st name <u>I</u>	LAKSHMI S	HIRISHA KORI	LAPATI
r Social Security Number 106-55-2774		Spouse's Social Se	curity NumberA	PPLIEI	FOR		
ne address, City, State, ZIP <u>1835 ALEXANDER H</u>	IGHLANDS DR ,	203 CHARLO	OTTE NC 2826	2			
Part I Tax Return Information			B. Spouse (filing status			A. You or Joint	t
1. Iowa Net Income (IA 1040, line 26 A & B)			, -	•	1A	76,29	3 .00
2. Total Tax (IA 1040, line 42 A & B)							
3. Iowa Income Tax Withheld (IA 1040, line 63 A & B							
4. Amount to be Refunded (IA 1040, line 68)						321	
5. Total Amount Due (IA 1040, line 73)							
Part II Declaration of Taxpayer (Be sure to keep a copy	of the tax return.)						_
6. I do not want direct deposit or direct debit.							
7. X I consent that my refund be directly deposit as an agent to receive the refund.	ited as designated below	. If I have filed a joir	nt return, this is an irre	evocable a	appointmen	it of the other sp	pouse
financial institution account indicated below to this account on electronic payment of taxes to receive of authorization is to remain in full force and 515-281-3114 or idreft@iowa.gov. Payment date. Note: This electronic withdrawal from block on this account, contact your financial Name of financial institution:CHASE	(the payment/settlem confidential information of effect until I notify IDR to nt cancellation requests n your bank account will	ent date). I also aut necessary to answe o terminate the auth must be received no be identified with th	horize the financial in er inquiries and reso orization. To revoke (o later than five busin e ACH Company ID 4	stitution in lve issues cancel) a ess days 14260045	nvolved in to related to payment, I prior to the 74. If you c	the processing of the payment. I must contact II appropriate payment/settle currently have a	of the This DR at ement
Routing Number 0 7 1 0 0 0	0 1 3 The first t	wo digits must be	01 through 12 or 21	through	32.		
Account Number 7 9 2 7 1 7	7 3 2 9						
Account Number	/ 3 2 9						
Will this refund go to (or payment come from) an ac	· ·	States? Ves No	∀				
and statements for tax year ending December 31, 202′ the amounts in Part I above are the amounts shown on attachments, and statements be sent to the lowa Depa (ERO). In addition, by using software to prepare and transmission of my tax return electronically. I authorize is rejected, I authorize IDR to identify the reasons for understand that if IDR does not receive full and timely consent that my refund be directly deposited as design refund, or direct debit is delayed, I authorize IDR to understand that this declaration with required attachments.	the copy of my electronic artment of Revenue (IDR transmit my return elect IDR to inform my ERO are rejection so that the repayment of my tax liability that and declar disclose to my ERO are	c income tax return. c) through the Internationically, I consent ind/or transmitter whe turn can be corrected I will remain liable that the information d/or transmitter the	I consent that my ret al Revenue Service (to the disclosure to en my electronic retur ed and re-transmitted for the tax liability ar on shown in Part II is	urn, includ IRS) by m IDR of al n has bee . If I have nd all appl s correct.	ling accomy Electronial information accepted in filed a back icable penals the proces	panying schedulic Return Origin on pertaining to I. In the event that alance due retural alties and interessing of my ret	ules, nator the nat it irn, I est. I turn,
Your Signature	Date	Spouse Signatur	e If a joint return, botl	n must sig	n.	Date	
Part III Declaration of Electronic Return Originator I declare that I have reviewed the above taxpayer's retonly a collector, I am not responsible for reviewing th taxpayer's signature before submitting this return to the followed all other requirements described in the Iowa N 8453-IND should not be sent to IDR, but must be retail later, to which the IA 8453-IND relates was filed. I will that I have examined the above taxpayer's return and a are true, correct, and complete. I have based this declar	turn and that entries on he return and only decla e IRS. I have provided th Modernized e-File (MeF) hed by the ERO for a pe make a copy available to accompanying schedules	form IA 8453-IND at re that this form acce e taxpayer with a co Information for e-Fil- riod of three years for IDR upon request, s, attachments, and available to me.	curately reflects the oppy of all forms and in e Providers publication the due date of the lam a paid prepa	data on the formation on the formation on the following th	ne return. I to be filed estand that or the filing penalties of	have obtained with IDR and h the original form date, whicheve of perjury, I dec	I the nave m IA er is clare
ERO Signature	Date	Check if also paid preparer □	Check if self- employed □	ERO PT	INI		
Signature Firm's name (or yours if GLOBAL TAXES LLC		hichaici □	г етгрюуей 🗆		30-101	7196	
self-employed) Address, City, State, ZIP2530 PEBBLE CREE		TA 30041		Dhono		965-9522	
Paid Preparer Signature SYAM PRIYA RAM SAGAR GUPTA TAI		(Check if self- employed □			02082703	
Firm's name (or yours if GLOBAL TAXES L		,	pi0,00 🗀	FEIN	30-101		
self-employed)		7 C7 20041		Phone			
Address, City, State, ZIP 2530 PEBBLE CR	EEK LIN CUMMIN(5 GA 30041		Number	(0/8)9	965-9522	

		1040 Iowa Individual Income Tax Retu beginning/ and ending/	rn /							
		spaces. You must fill in your Social Security Number (SSN).		 	a receive had	BANGKARURUST ER LITE	CONTACTION	(FIA)(AF	BARRIOS BA	AE IIII
Your last		Your first name/middle initial:								c.
BARIC Spouse's				— ■	YOUR RANG			BVIX.	KICH MARK	
KORLA					DRALAM.	BESARON AND VAL	PARISHBANKAN PARISH N	0000	KWENTOWN.	Æ
Current m	nailing a	uddress (number and street, apartment, lot, or suite number) or PO Box:								
City, State		EXAMPLE HIGHLANDS DR , 203								
CHARI	LOTT	TE NC 28262								
Spouse	SSN:Z	APPLIED FOR Your SSN: 106-55-2774								
Step 2 Fil	ing Sta	itus: Mark one box only								
1 8	Single: V	Were you claimed as a dependent on another person's lowa return? Yes	No	Email Addı	ress:					
2 X	//arried	filing a joint return. (Two-income families may benefit by using status 3 or 4.)		Check this	box if you or yo	ur spouse were 65	or older as of 12/31/2	21.		
3 N	//arried t	filing separately on this combined return. Spouse use column B.		Residence	on 12/31/21: C	ounty No. 25	School Dist	rict No. 1	576	
4 N	//arried	filing separate returns. Spouse's name:	A	SSN:			Net Income: \$			
5 H	lead of	household with qualifying person. If qualifying person is not claimed as a dependent	ent on this retur	rn, enter the perso	on's name and	SSN below.				
6	Qualifyin	ng widow(er) with dependent child. Name:			SSN:					
Step 3 Ex	cemptic	ons		B. Spous	e (Filing Status	3 ONLY)	A	A. You or	Joint	
a. Pers	sonal Cr	redit: Col. A: Enter 1 (enter 2 if filing status 2 or 5); Col. B: Enter 1 if filing status 3	🛦 _		X \$ 40 = \$		<u>2</u>	X \$ 40 =	= \$	80
		each taxpayer who is 65 or older and/or 1 for each taxpayer who is blind	_		X \$ 20 = \$			X \$ 20 =	<u>-</u>	
		s: Enter 1 for each dependent	·······		X \$ 40 = \$			X \$ 40 =	· -	
d. Ente	er first n	ames of dependents here			e. Total \$			e. To	tal \$	80
Step 4 Re	eportab	ble Social Security benefits as calculated on line 13 of Iowa Social Security V	Vorksheet	B. Spouse	e/Status 3 ▲		A. You or J	oint ▲	<u> </u>	
Step 5		W	•	se/Status 3			Spouse/Status 3		A. You	or Joint
Gross		Wages, salaries, tips, etc		00		5,638.00				
Income	2.	•		00		<u>10</u> .00				
	3.	Ordinary dividend income. If more than \$1,500, complete Sch. B	. —	.00						
_	4. 5.	Taxable alimony received Business income/(loss). See instructions		00		00	NC	TE: Use	e only	
	6.	Capital gain/(loss). See instructions		00		00	blu	e or bla	ck	
	7.	Other gains/(losses). See instructions		.00				, no pen red ink.	cils	
	8.	Taxable IRA distributions		.00		.00	<u> </u>	icu iiik.		
	9.	Taxable pensions and annuities		.00		.00				
	10.	Rents, royalties, partnerships, estates, etc. See instructions		.00		.00				
	11.			.00		.00				
	12.	Unemployment compensation. See instructions		.00						
	13.	Gambling winnings	13.	.00		.00				
	14.	Other income, bonus depreciation, and section 179 adjustment	14.	.00		.00				
	15.	Gross Income. Add lines 1-14				15.	.00	A	76,29	<u>9</u> 3 .00
Step 6 Adjust-	16.	Payments to an IRA, Keogh, or SEP	16.	.00		.00				
ments to	17.	Deductible part of self-employment tax.	17.	.00		.00				
moome	18.	Health insurance premium	18.	.00		<u>0</u> .00				
	19.	Penalty on early withdrawal of savings		.00		.00				
	20.	Alimony paid		.00		.00				
	21.	Pension/retirement income exclusion		.00		.00				
	22.	Moving expense deduction from federal form 3903	-	.00		.00				
	23.	schedule	23.	.00	<u> </u>	.00				
	24.	Other adjustments		.00		.00				
	25.	Total adjustments. Add lines 16-24				-	.00	_		00.00
04 7	26.	Net Income. Subtract line 25 from line 15				26	.00	<u> </u>	76,2	<u>9</u> 3 _{.00}
Step 7 Federal	27.	. ,				.00				
Taxes	28.	. ,		.00		.00				0
and	29.	Addition for federal taxes. Add lines 27 and 28					.00			<u>0</u> .00
	30.	Total. Add lines 26 and 29.				30.	.00		76,2	<u>293</u> .00
and Qualified	31		31.		A					
and Qualified Deduc-	31.	in 2021, and federal taxes paid in 2021 for 2020 and prior years	31.	.00	<u>1</u>	<u>0,306</u> .00				
and Qualified Deduc-	31. 32.	in 2021, and federal taxes paid in 2021 for 2020 and prior years Qualified business income deduction. 50.0% (.50) of federal	32		<u>1</u>					
and Qualified Deduc-		in 2021, and federal taxes paid in 2021 for 2020 and prior years Qualified business income deduction. 50.0% (.50) of federal amount. See instructions	32.	.00	A	.00				
and Qualified Deduc-	32.	in 2021, and federal taxes paid in 2021 for 2020 and prior years Qualified business income deduction. 50.0% (.50) of federal amount. See instructions	32.	.00	A	.00	.00		10.3	306 _. oo



2021 Step 8	IA 36.	1040, page 2 BALANCE. From side 1, line 35	B. Spouse/Statu			or Joint	B. Spouse/Sta	atus 3		A. You or Joint 65,987.00
Taxable ncome	37.		Standard X						A	5,240.00
	38.	TAXABLE INCOME. SUBTRACT line 37 from line 36				38.		.00		60,747.00
Step 9	39.	Tax from tables or alternate tax	39.	00	A	3,329	00			
Tax, Credits,	40.	lowa lump-sum tax. See instructions	40.			-	.00			
and Check-	41.	lowa alternative minimum tax. Must include IA 6251					.00			
off Contri-	42.	Total tax. ADD lines 39, 40, and 41					00	.00		3,329.00
butions	43.	Total exemption credit amount(s) from Step 3, side 1				80	00	00	•	3,323.00
	44.	Tuition and textbook credit for dependents K-12					.00			
_	45.	Volunteer firefighter/EMS/reserve peace officer credit					.00			
	46.	Total credits. ADD lines 43, 44, and 45					00	.00		80.00
_	47.	BALANCE. SUBTRACT line 46 from line 42. If less than zero, enter 2						.00		3,249.00
	48.	Credit for nonresident or part-year resident. Must include IA 126 and	federal return			48.		.00	_	.00
	49.	BALANCE. SUBTRACT line 48 from 47. If less than zero, enter zero.						.00		3,249.00
	50.	Out-of-state tax credit. Must include IA 130.						.00	Ţ.	.00
	51.	BALANCE. SUBTRACT line 50 from 49. If less than zero, enter zero.						.00	<u>, </u>	3,249.00
	52.	Other nonrefundable lowa credits. Must include IA 148 Tax Credits S						.00	•	
	53.	BALANCE. SUBTRACT line 52 from line 51. If less than zero, enter z						.00	<u>, </u>	.00 3,249.00
	54.	School district surtax or EMS surtax. Take percentage from table; mu						.00	•	3,249.00 0.00
	55.	Total state and local tax. ADD lines 53 and 54						.00	•	3,249.00
	56.	TOTAL state and local tax before contributions. Combine columns A					-			3,249.00
	57.	Contributions will reduce your refund or add to the amount you owe.							-	J, Z 17.00
	Fish/ 58.	Wildlife 57a: ▲ State Fair 57b: ▲ Firefighters/Veterans TOTAL STATE AND LOCAL TAX, AND CONTRIBUTIONS. Add line	57c: ▲ Child 56 and line 57 and e						<u> </u>	.00 3,249 _{.00}
Step 10 Credits	59.	lowa Fuel Tax Credit. Must include IA 4136	59.	.00	_		.00			
	60.	Check One: Child and Dependent Care Credit OR								
		▲ Early Childhood Development Credit	60.	.00			.00			_
	61.	` '		.00			.00			
	62.	Other refundable credits. Include IA 148 Tax Credits Schedule		.00	-		.00			
	63.	lowa income tax withheld.				3,570	.00			
	64.	Estimated and voucher payments made for tax year 2021					.00			
	65.	TOTAL ODERLITE ADD askers A and B as line 65 and articles						00		2 550
Step 11	66.	TOTAL CREDITS. ADD columns A and B on line 65 and enter here.						66.		3,570.00
Refund	67.	If line 66 is more than line 58, subtract line 58 from line 66. This is the Amount of line 67 to be REFUNDED.	• •					67. 68.	<u> </u>	321.00
										<u>321</u> .00
	68	8a. Routing number: 0 7 1 0 0 0	0 1 3		68b. Type	Checking	×	Sav	/ings	
	68	8c. Account number: 7 9 2 7 1 7	3 2 9	Ш				Ш		
	69.	Amount of line 67 to be applied to your 2022 estimated tax	69.	00	_		00			
Step 12	70.	If line 66 is less than line 58, subtract line 66 from line 58. This is the	AMOUNT OF TAX Y					70.	A	.00
Pay	71.	Penalty for underpayment of estimated tax from IA 2210, IA 2210S, of	or IA 2210F. Check if	annı	ıalized incor	ne method is	s used. 🛦	71.	A	.00
	72.	· ———	▲ 72b. Interest					72.	_	.00
		TOTAL AMOUNT DUE. ADD lines 70, 71, and 72. Enter here						73.	A	.00
Step 13	,	e undersigned, declare under penalties of perjury or false certificate, the plete.	at I have examined the	his re	turn, and, to	the best of	my knowledge	and be	elief, it	is true, correct, and
	COIII	piete.								
SIGN HERE										
HEKE	Vou	r signature Date Check if	deceased Date	e of c	loath		YA RAM SAGAR s signature	GUPTA	TALL	ANO 3 / 19 / 2022 Date
SIGN	TOU	Signature Date Check if	ueceaseu Dati	e 01 0	ıcalıı	•	· ·			
HERE	Sno	■ Luse's signature Date Check if	deceased Date	o of a	leath	P020 Preparer'	82703 P DTINI		30-	-1017196 Firm's FEIN
	ορ οι	S .	deceased Date	e of c	ıcalıı	riepaier		2) 0 4	55_0	FIRM'S FEIN

Daytime telephone number

This return is due May 2nd, 2022. Sign, enclose W-2s, and verify SSNs. MAILING ADDRESS: lowa Income Tax Document Processing, PO BOX 9187, Des Moines IA 50306-9187 Make check payable to Iowa Department of Revenue

Daytime telephone number



E 1040 Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

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

Filing Status Check only one box.	If yo	Single X Married filing jointly unchecked the MFS box, enter the notion is a child but not your dependent	ame of y	ed filing separately your spouse. If you	` ′	_		,		•	Ü	, , , ,
Your first name	and mi	ddle initial	Last na	me					Your	social	security	/ number
NIKHIL			BARI	GELA					106	-55	-2774	Ė
If joint return, s	oouse's	first name and middle initial	Last na	me					Spou	se's sc	cial seci	urity number
LAKSHMI	SHI	RISHA	KORL	APATI					APP	LIE	D FOR	Ł
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.				Apt. no.	Presi	dentia	I Electio	n Campaign
1835 ALI	XAN	DER HIGHLANDS DR						203	- 1		e if you, o	•
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	paces below.	Sta	te	ZIP	code				ly, want \$3 Checking a
CHARLOTT	Œ				NO	7	28	3262	-		will not o	•
Foreign country	name		F	oreign province/state	e/count	ty	Fore	eign postal code	e your		refund. You	Spouse
At any time du	ring 20	021, did you receive, sell, exchange,	or othe	rwise dispose of ar	ny fina	ncial intere	st in an	y virtual curr	ency?		Yes	X No
Standard Deduction	_	eone can claim: You as a de Spouse itemizes on a separate retur	•			'	nt					
Age/Blindness	You:	Were born before January 2, 1	957	Are blind Sr	ouse	: Nas	born be	efore January	, 2. 195	7 Г	ls blir	nd
Dependents	-			(2) Social securi		(3) Relatio			-		ee instruc	
If more					to you		Child tax		- 1		er dependents	
than four								П		\top		
dependents,												
see instructions and check	s ——]
here ▶ □												
	1	Wages, salaries, tips, etc. Attach F	orm(s) \	N-2						1	7	75,638.
Attach	2a	Tax-exempt interest	2a		b T	axable inter	est			2b		10.
Sch. B if required.	3a	Qualified dividends	3a	10.	b C	rdinary divi	dends			3b		10.
required.	4a	IRA distributions	4a		b T	axable amo	unt .			4b		
	5a	Pensions and annuities	5a		b T	axable amo	unt .			5b		
Standard	6a	Social security benefits	6a		b T	axable amo	unt .			6b		
• Single or	7	Capital gain or (loss). Attach Sche	dule D if	required. If not red	quired	, check here	э.	🕨		7		635.
Married filing	8	Other income from Schedule 1, lin	e 10 .							8		
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is your total in	come				•	9	7	6,293.
Married filing initial or	10	Adjustments to income from Sche	dule 1, I	ine 26						10		
jointly or Qualifying	11_	Subtract line 10 from line 9. This is	s your a c	djusted gross inco	ome				•	11	7	6,293.
widow(er), \$25,100	12a	Standard deduction or itemized	deducti	i ons (from Schedul	e A)		12a	25,1	00.			
Head of	b	Charitable contributions if you take	the stan	dard deduction (se	e instr	uctions)	12b					
household, \$18,800	С	Add lines 12a and 12b							. 1	I2c	2	5,100.
If you checked	13	Qualified business income deduct	ion from	Form 8995 or Form	n 899	5-A				13		
any box under Standard	14	Add lines 12c and 13								14		5,100.
Deduction, see instructions.	15	Taxable income. Subtract line 14	from lin	e 11. If zero or less	, ente	r-0				15	5	1,193.

	16	Tax (see instructions). Check if any from Form(s):	1 8814	2 4972	3 🗌		. [16	5,743.
	17	Amount from Schedule 2, line 3					. [17	
	18	Add lines 16 and 17						18	5,743.
	19	Nonrefundable child tax credit or credit for other	er dependen	ts 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, ent	er -0				. [22	5,743.
	23	Other taxes, including self-employment tax, from	m Schedule	2, line 21			. [23	0.
	24	Add lines 22 and 23. This is your total tax .					•	24	5,743.
	25	Federal income tax withheld from:							
	а	Form(s) W-2			25a	10,3	06.		
	b	Form(s) 1099			25b				
	С	Other forms (see instructions)			25c				
	d	Add lines 25a through 25c					. [25d	10,306.
If you have a	26	2021 estimated tax payments and amount appl	lied from 202	20 return			. [26	
qualifying child,	27a	Earned income credit (EIC)			27a				
attach Sch. EIC.		Check here if you were born after January January 2, 2004, and you satisfy all the c taxpayers who are at least age 18, to claim the	other requir EIC. See ins	ements for					
	b	Nontaxable combat pay election	27b		_				
	С	Prior year (2019) earned income	27c	2 0040	-				
	28	Refundable child tax credit or additional child tax			28		-		
	29	American opportunity credit from Form 8863, lin			29		-		
	30	Recovery rebate credit. See instructions			30		-		
	31	Amount from Schedule 3, line 15				la aradita	$\overline{}$	20	
	32 33	Add lines 25d, 26, and 32. These are your total					-	32	10,306.
	34	If line 33 is more than line 24, subtract line 24 fr						34	4,563.
Refund	35a	Amount of line 34 you want refunded to you. If			-	-	$\dot{\Box}$	35a	4,563.
Direct deposit?	⊳ b	Routing number 0 7 1 0 0 0 0 1			Checking		ngs	000	1,303.
See instructions.	▶d	Account number 7 9 2 7 1 7 3 2)		Ouv.	90		
	36	Amount of line 34 you want applied to your 202		d tax ▶	36				
Amount	37	Amount you owe. Subtract line 33 from line 24				tions .	•	37	
You Owe	38	Estimated tax penalty (see instructions)			38				
Third Party Designee		you want to allow another person to discuss ructions	s this retur	n with the IRS?		Yes. Comp	lete be	elow.	X No
		ignee's	Phone			Personal		ation [
		ne ►	no. ►			number (F			
Sign		ler penalties of perjury, I declare that I have examined the ef, they are true, correct, and complete. Declaration of pro-							
Here			ate	Your occupation					it vou an Identity
	,	i signature De	ate	Tour occupation					N, enter it here
Joint return?				SOFTWARE I	EVELO	PER	(see in	st.) ▶	
See instructions. Keep a copy for	Spo	use's signature. If a joint return, both must sign.	ate	Spouse's occupati	on				t your spouse an
your records.	,			IIOME MAKET	,		(see in	, .	ection PIN, enter it here
	————	ne no. (217)693-2025 En	mail address	HOME MAKER		TT COM	(, -	
		ne no. (217)693-2025 En parer's name Preparer's signature		NIKHIL.JAVA	Date	TL.COM PT	IN		Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RA		אר.ד.זאיי בייסווב	03/19/		2082	702	Self-employed
Preparer		PRITE RAM SAGAR GUPTA TALLIAM STAM PRITE RA 'S name ► GLOBAL TAXES LLC	/AMDAG	POLIW INTINN	103/13/	2022 FU			678)965-9522
Use Only		r's address ► 2530 Pebble Creek Ln	Cummino	r GD 30041				EIN ►	· · · · · · · · · · · · · · · · · · ·
Co to warm in -			Cummin		DEV/	00 000	THIIIS	LIIN	
GO TO WWW.Irs.go	JV/FORM	1040 for instructions and the latest information.		BAA	REV 03/12/	22 PRO			Form 1040 (2021)

Form 1040 (2021)

Page **2**

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 106-55-2774 NIKHIL BARIGELA & LAKSHMI SHIRISHA KORLAPATI 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 9,787. 9,251. 99. 635. 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 7 635. 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 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

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

14

15

Schedule D (Form 1040) 2021 Page 2

Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 635. • 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 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

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service Name(s) shown on return

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

Attachment

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

Sequence No. 12A

NIKHIL BARIGELA & LAKSHMI SHIRISHA KORLAPATI

Social security number or taxpayer identification number

106-55-2774

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

broker and may even tell you which box to check. Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on

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)

Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

☐ (B) Short-term transac☐ (C) Short-term transac	•		_	sis wasn't report	ed to the IF	RS	
1 (a) Description of property	(b)	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below	If you enter an enter a c	f any, to gain or loss. amount in column (g), ode in column (f). parate instructions.	(h) Gain or (loss). Subtract column (e)
(Example: 100 sh. XYZ Co	o.) (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 LL	C 01/01/21	12/31/21	3,627.	3,468.			159.
Robinhood Securities	LLC 01/01/21	12/31/21	6,160.	5,783.	W	99.	476.
2 Totals. Add the amounts in connegative amounts). Enter each Schedule D, line 1b (if Box A above is checked), or line 3 (if	h total here and incabove is checked), li	lude on your ne 2 (if Box B	9,787.	9,251.		99.	635.

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.

REV 03/12/22 PRO



Application for IRS Individual Taxpayer Identification Number

► For use by individuals who are not U.S. citizens or permanent residents.

► See separate instructions.

OMB No. 1545-0074

An IRS individual taxpayer identification number (ITIN) is for U.S. federal tax purposes only. Application type (check one box): Apply for a new ITIN Renew an existing ITIN Don't submit this form if you have, or are eligible to get, a U.S. social security number (SSN). Reason vou're submitting Form W-7. Read the instructions for the box you check. Caution: If you check box b, c, d, e, f, or g, you must file a U.S. federal tax return with Form W-7 unless you meet one of the exceptions (see instructions). a Nonresident alien required to get an ITIN to claim tax treaty benefit **b** Nonresident alien filing a U.S. federal tax return c U.S. resident alien (based on days present in the United States) filing a U.S. federal tax return If d, enter relationship to U.S. citizen/resident alien (see instructions) ▶ d Dependent of U.S. citizen/resident alien e X Spouse of U.S. citizen/resident alien If d or e, enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ▶ NIKHIL BARIGELA f Union Nonresident alien student, professor, or researcher filing a U.S. federal tax return or claiming an exception g Dependent/spouse of a nonresident alien holding a U.S. visa h ☐ Other (see instructions) ▶ Additional information for a and f: Enter treaty country ▶ and treaty article number ▶ 1a First name Last name Middle name Name LAKSHMI SHIRISHA KORLAPATI (see instructions) Middle name 1b First name Last name Name at birth if different . . > 2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. Applicant's 1835 ALEXANDER HIGHLANDS DR Apt 203 Mailing City or town, state or province, and country. Include ZIP code or postal code where appropriate. **Address** 28262 CHARLOTTE USA Street address, apartment number, or rural route number. Don't use a P.O. box number. Foreign (non-**U.S.) Address** City or town, state or province, and country. Include postal code where appropriate. (see instructions) 4 Date of birth (month / day / year) Country of birth City and state or province (optional) Male **Birth** Information 01/27/1991 ▼ Female 6a Country(ies) of citizenship **6b** Foreign tax I.D. number (if any) 6c Type of U.S. visa (if any), number, and expiration date Other **TNDTA** Information 6d Identification document(s) submitted (see instructions) X Passport Driver's license/State I.D. Other USCIS documentation Date of entry into the United States No.: N9448358 Exp. date: 03/14/2026 Issued by: INDIA (MM/DD/YYYY): 6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)? No/Don't know. Skip line 6f. Yes. Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions). 6f Enter ITIN and/or IRSN ▶ ITIN **IRSN** and name under which it was issued ▶ First name Middle name Last name 6g Name of college/university or company (see instructions) ▶ City and state ▶ Length of stay ▶ Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying Sign documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to share information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number. Here Signature of applicant (if delegate, see instructions) Date (month / day / year) Phone number Keep a copy for your records. Name of delegate, if applicable (type or print) Delegate's relationship Parent Court-appointed guardian to applicant Power of attorney Date (month / day / year) Signature Phone **Acceptance** Fax Agent's Name and title (type or print) Name of company **Use ONLY** Office code