# 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 Number (SID)				
Taxpayer's name	Social securit	y number		
PIYUSH SANGHI	302-71-	-1865		
Spouse's name	Spouse's soci	ial security	number	
ARPITA GOPAL MOR	035-57-	-3316		
, ,	iter year you a	re autho	rizing.)	
Enter whole dollars only on lines 1 through 5.				
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
<b>1</b> Adjusted gross income		1		,526.
2 Total tax		2		,035.
<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		,369.
4 Amount you want refunded to you		4	9	,134.
5 Amount you owe		5		\
Part II Taxpayer Declaration and Signature Authorization (Be sure you get an Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amend				
return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, tranto send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial instituanthorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to termin payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation obusiness days prior to the payment (settlement) date. I also authorize the financial institutions involved in taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended) Electronic Funds Withdrawal Consent.	rejection of the tree U.S. Treasury are indicated in the taution to debit the nate the authorizarequests must be the processing of the payment. I furt	ansmission dits desing its preparate entry to the ition. To refered the electroner acknowledge in the second entry acknowledge in the electroner electron	n, <b>(b)</b> the gnated I tion soft accons according to the according according according to the according according to the according according to the a	e reason Financial ware for unt. This cancel) a r than 2 yment of that the
Taxpayer's PIN: check one box only				
▼ I authorize GLOBAL TAXES LLC to enter or general  **Tax Company of the com	ite mv PIN	1 8	6 5	as my
ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř Ent	er five digi n't enter all		,
I will enter my PIN as my signature on the income tax return (original or amended) I are if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN methods.				
Your signature ► Date ►	•			
Spouse's PIN: check one box only				
I authorize GLOBAL TAXES LLC to enter or general ERO firm name signature on the income tax return (original or amended) I am now authorizing.  I will enter my PIN as my signature on the income tax return (original or amended) I are if you are entering your own PIN and your return is filed using the Practitioner PIN me below.	Ent dor n now authorizir	er five digi i't enter all ng. Checl	zeros k this b	
Spouse's signature ▶ Date ▶	•			
Practitioner PIN Method Returns Only—continue belo	ow			
Part III Certification and Authentication — Practitioner PIN Method Only				
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5		8 6 1 er all zeros	9 8	9
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual incom authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am surequirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Providers of	ıbmitting this retu	rn in acco	rdanće	
ERO's signature ▶ Date ▶	•			
ERO Must Retain This Form — See Instructions				

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 uchecked the MFS box, enter the nation is a child but not your dependent	- ame of	ried filing separately f your spouse. If you		_		. ,	_			
Your first name	and m	ddle initial	Last n	ame					Your so	cial securit	ty number	
PIYUSH			SAN	GHI					302-	302-71-1865		
If joint return, s	pouse's	first name and middle initial	Last n	ame					Spouse	Spouse's social security number		
ARPITA (	GOPA:	L	MOR						035-	57-331	6	
Home address	(numbe	er and street). If you have a P.O. box, see	instruct	tions.				Apt. no.	Preside	ntial Election	on Campaign	
1917 WII	LLOW	CREEK DR						207		Check here if you, or your		
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete	spaces below.	Sta	ite	ZIP	code			itly, want \$3 Checking a	
AUSTIN					T	X	78	741	0	ow will not	0	
Foreign country name				Foreign province/state	e/coun	ty	Fore	eign postal code		or refund.	•	
At any time du	ring 20	021, did you receive, sell, exchange,	or oth	erwise dispose of a	ny fina	ancial interest i	n an	y virtual curre	ncy?	Yes	⊠ No	
Standard Deduction	_	eone can claim: You as a deposition You as a deposition of the You as a dep										
Age/Blindness		Were born before January 2, 19			oouse		rn be	fore January 2	2, 1957	☐ Is bl	ind	
Dependents	s (see	instructions):		(2) Social secur	ity	(3) Relationsh	nip	<b>(4)</b> 🗸 if qu	ualifies fo	r (see instru	ctions):	
If more	(1) F	irst name Last name		number		to you		Child tax cr	redit	Credit for otl	her dependents	
than four												
dependents, see instructions	s											
and check												
here ▶												
	_1_	Wages, salaries, tips, etc. Attach F	orm(s)	W-2					. 1	1	09,504.	
Attach	2a	Tax-exempt interest	2a		b T	axable interes	t		. 2b	)		
Sch. B if required.	3a	Qualified dividends	3a	118.	<b>b</b> C	Ordinary divide	nds		. 3b	)	127.	
required.	4a	IRA distributions	4a		<b>b</b> T	axable amoun	t.		. 4b	)		
	5a	Pensions and annuities	5a		<b>b</b> T	axable amoun	t.		. 5b	)		
Standard	6a	Social security benefits	ба		<b>b</b> T	axable amoun	t.		. 6b	)		
Deduction for—	7	Capital gain or (loss). Attach Sched	dule D	if required. If not red	quired	, check here		▶ [	<b>_</b> 7		14,095.	
Single or Married filing	8	Other income from Schedule 1, line	e 10						. 8	-	-9,200.	
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, a	and 8.	This is your total in	come				9	1.	14,526.	
Married filing	10	Adjustments to income from Scheo	dule 1,	line 26					. 10			
jointly or Qualifying	11	Subtract line 10 from line 9. This is	your a	adjusted gross inco	ome				<b>11</b>	13	14,526.	
widow(er), \$25,100	12a	Standard deduction or itemized	deduc	tions (from Schedu	le A)	12	а	25,10	0.			
Head of	b	Charitable contributions if you take	the sta	andard deduction (se	e instr	ructions) 12l	b	600	o			
household, \$18,800	С	Add lines 12a and 12b							. 120		25,700.	
If you checked	13	Qualified business income deducti	on fror	m Form 8995 or For	m 899	95-A			. 13		2.	
any box under Standard	14	Add lines 12c and 13							. 14		25,702.	
Deduction, see instructions.	15	Taxable income. Subtract line 14	from li	ne 11. If zero or less	s, ente	er -0			. 15		88,824.	

	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 4972	3 🗌		16	11,035.
	17	Amount from Schedule 2, line	e3					17	
	18	Add lines 16 and 17						18	11,035.
	19	Nonrefundable child tax cred	lit or credit for o	ther depender	nts from Schedule	8812		19	
	20	Amount from Schedule 3, line	e8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18.	If zero or less,	enter -0				22	11,035.
	23	Other taxes, including self-en	mployment tax,	from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is y	your <b>total tax</b>				. ▶	24	11,035.
	25	Federal income tax withheld	from:						
	а	Form(s) W-2				<b>25a</b> 17	,369.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	8)			25c			
	d	Add lines 25a through 25c						25d	17,369.
If you have a	26	2021 estimated tax payment	s and amount a	pplied from 20	20 return			26	
qualifying child,	27a	Earned income credit (EIC)				27a			
attach Sch. EIC.		Check here if you were by January 2, 2004, and you taxpayers who are at least ag	satisfy all the ge 18, to claim t	e other requirence of the other requirements	rements for				
	b	Nontaxable combat pay elec	tion						
	С	Prior year (2019) earned inco							
	28	Refundable child tax credit or				28			
	29	American opportunity credit		*		29			
	30	Recovery rebate credit. See					,800.		
	31	Amount from Schedule 3, line				31			
	32	Add lines 27a and 28 through	h 31. These are	your <b>total oth</b>	er payments and	refundable cred	its <b>&gt;</b>	32	2,800.
	33	Add lines 25d, 26, and 32. The	nese are your <b>to</b>	tal payments			. ▶	33	20,169.
Refund	34	If line 33 is more than line 24				•		34	9,134.
	35a	Amount of line 34 you want r	35a	9,134.					
Direct deposit? See instructions.	►b	Routing number 0 4 4			▶ c Type: 🔀	Checking S	Savings		
See ilistructions.	►d	Account number 3 1 3							
	36	Amount of line 34 you want a							
Amount	37	Amount you owe. Subtract				see instructions	. ▶	37	
You Owe	38	Estimated tax penalty (see in	structions) .		<u> ▶</u>	38			
Third Party Designee	ins	you want to allow another tructions	•			Yes. Co	•		⊠ No
		signee's ne ▶		Phone no. ▶			onal identif per (PIN)		
C:		der penalties of perjury, I declare the	aat I hayo oyamino		l accompanying sch				et of my knowledge and
Sign		ef, they are true, correct, and comp							
Here	You	ur signature		Date	Your occupation		1		nt you an Identity IN, enter it here
Joint return?					SOFTWARE E	ENGINEER	(see i	nst.) ►	
See instructions. Keep a copy for your records.	Spo	ouse's signature. If a joint return, <b>b</b>	oth must sign.	Date	Spouse's occupati	on	Ident	ity Prote	nt your spouse an ection PIN, enter it here
your records.					STUDENT		(see i	nst.) ►	
		one no. (513)448-890(		Email address	SANGHIPH23	@GMAIL.COM			
Paid		parer's name	Preparer's signat			Date	PTIN		Check if:
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAM	03/17/2022	P02082		Self-employed
Use Only		n's name ► GLOBAL TAX					Phon	e no. (	678)965-9522
	Firn	n's address ▶ 2530 Pebbl	le Creek L	n Cumming	g GA 30041		Firm'	s EIN 🕨	
Go to www.irs.go	ov/Form	1040 for instructions and the lates	st information.		BAA	REV 03/07/22 PRO			Form 1040 (2021)

Form 1040 (2021)

Page **2** 

### **SCHEDULE 1** (Form 1040)

## **Additional Income and Adjustments to Income**

OMB No. 1545-0074 Attachment

Department of the Treasury Internal Revenue Service

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

► 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

302-71-1865

PIYUSH SANGHI & ARPITA GOPAL MOR Part I **Additional Income** Taxable refunds, credits, or offsets of state and local income taxes . . . . . . . 1 2a **b** Date of original divorce or separation agreement (see instructions) 3 3 4 4 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach 5 -9,200. 6 6 7 7 8 Other income: a Net operating loss 8a 8b 8c **d** Foreign earned income exclusion from Form 2555 . . . . . 8d e Taxable Health Savings Account distribution . . . . . . . . 8e 8f 8a 8h i Activity not engaged in for profit income . . . . . . . . . . . . . 8i 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 8k I Olympic and Paralympic medals and USOC prize money (see 81 m Section 951(a) inclusion (see instructions) . . . . . . . . . . . . 8<sub>m</sub> Section 951A(a) inclusion (see instructions) . . . . . . . . . . . . 8n o Section 461(I) excess business loss adjustment . . . . . . . . 80 **p** Taxable distributions from an ABLE account (see instructions). **q8 z** Other income. List type and amount ▶ 9 Total other income. Add lines 8a through 8z . . . . . . . . . . . 9 10 Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 10 -9,200.

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	<b>&gt;</b>	_	
С	Date of original divorce or separation agreement (see instructions)	<b>-</b>		
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	<b>24</b> 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	<b>24i</b>		
j	Housing deduction from Form 2555	<b>24</b> 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 <b>adjustments</b> there and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line			

### 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 302-71-1865 PIYUSH SANGHI & ARPITA GOPAL MOR

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) lines below. Adjustments Subtract column (e) Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part I, combine the result whole dollars. line 2, column (g) with column (g) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . 1b Totals for all transactions reported on Form(s) 8949 with Box A checked . . . . . . . . . . . . . . . 76,620. 67,135. 4,610. 14,095. Totals for all transactions reported on Form(s) 8949 with Box B checked . . . . . . . . . . . . . 3 Totals for all transactions reported on Form(s) 8949 with 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

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

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 . . . . . . . .

lines This	instructions for how to figure the amounts to enter on the below.  form may be easier to complete if you round off cents to le dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, F line 2, column	from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked					
9	Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked					
10	Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824				11	
12	Net long-term gain or (loss) from partnerships, S corporate	tions, estates, and	trusts from Sched	dule(s) K-1	12	
13	Capital gain distributions. See the instructions		13			
14	Long-term capital loss carryover. Enter the amount, if an <b>Worksheet</b> in the instructions	Carryover	14	( )		
15	15					

7

14,095.

Schedule D (Form 1040) 2021 Page 2

### Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 14,095. • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . . . . . . . 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

## 8949

### **Sales and Other Dispositions of Capital Assets**

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form8949 for instructions and the latest information. ▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. Attachment Sequence No. 12A

OMB No. 1545-0074

Name(s) shown on return

Part I

Social security number or taxpayer identification number

302-71-1865

PIYUSH SANGHI & ARPITA GOPAL MOR

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 reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss. 1 If you enter an amount in column (a). (h) enter a code in column (f). Cost or other basis Gain or (loss). (d) (c) (a) (b) Date sold or Proceeds See the **Note** below See the separate instructions. Subtract column (e) Description of property Date acquired disposed of (sales price) and see Column (e. from column (d) and (Example: 100 sh. XYZ Co.) (Mo., day, yr.) combine the result (Mo., day, yr.) (see instructions) in the separate (g) Code(s) from Amount of adjustment instructions with column (a) instructions 01/01/21 Robinhood Securities LLC 12/31/21 45,495. 44,926. W 4,610. 5,179. Robinhood Crypto LLC 01/01/21 11/02/21 31,125. 22,209 8,916. 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your

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.

76,620.

14,095.

4,610.

Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ▶

67,135.

# 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.

2021
Attachment
Sequence No. 13

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99)

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

Name(s) shown on return Your social security number PIYUSH SANGHI & ARPITA GOPAL MOR 302-71-1865 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 C 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 . 3 600. 4 4 Royalties received . . . . 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 11 800. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 Other interest. . . . . . . . . 13 2,500. 14 Repairs. . . . . . . . 14 15 2,000. 15 Supplies . Taxes . . . . . 16 16 17 3,500. 17 18 Depreciation expense or depletion . . 18 19 19 Total expenses. Add lines 5 through 19 . . . . . 20 20 9,800. 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 -9,200. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . . . . . 9,200.) 600 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 9,800. 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 9,200. 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

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

-9,200.

26

**Qualified Business Income Deduction Simplified Computation** 

► Attach to your tax return.

▶ Go to www.irs.gov/Form8995 for instructions and the latest information.

OMB No. 1545-2294

Attachment Sequence No. 55

Internal Revenue Service Name(s) shown on return

Department of the Treasury

PIYUSH SANGHI & ARPITA GOPAL MOR

Your taxpayer identification number 302-71-1865

Note. You can claim the qualified business income deduction only if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$164,900 (\$164,925 if married filing separately; \$329,800 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)		
i					
ii					
iii					
iv					
v					
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2			
3	Qualified business net (loss) carryforward from the prior year	3 ( )	-		
4 5	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-Qualified business income component. Multiply line 4 by 20% (0.20)	4	5		
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss)				
	(see instructions)	<b>6</b> 9.			
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7 ( )			
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero				
9	or less, enter -0	8 9.	9	2.	
10	Qualified business income deduction before the income limitation. Add lines 5 and		10	2.	
11	Taxable income before qualified business income deduction (see instructions)	<b>11</b> 88,826.		-	
12	Net capital gain (see instructions)	<b>12</b> 118.			
13	Subtract line 12 from line 11. If zero or less, enter -0				
14	Income limitation. Multiply line 13 by 20% (0.20)		14	17,742.	
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also				
40	the applicable line of your return (see instructions)		15	2.	
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater that		16	( 0.	
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 azero, enter -0		17	( 0.	
- D :	was Ast and Denominals Deduction Ast Nation and instructions			Earm <b>8005</b> (2021)	

## Form **8582**

**Passive Activity Loss Limitations** 

See separate instructions.

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

OMB No. 1545-1008

2021

Attachment Sequence No. 858

Department of the Treasury Internal Revenue Service (99)

► Go to www.irs.gov/Form8582 for instructions and the latest information.

Name(s) shown on return Identifying number PIYUSH SANGHI & ARPITA GOPAL MOR 302-71-1865 Part I 2021 Passive Activity Loss Caution: Complete Parts IV and V before completing Part I. Rental Real Estate Activities With Active Participation (For the definition of active participation, see Special Allowance for Rental Real Estate Activities in the instructions.) 1a Activities with net income (enter the amount from Part IV, column (a)) . . 0. 1a **b** Activities with net loss (enter the amount from Part IV, column (b)) . . . 1b 9,200. c Prior years' unallowed losses (enter the amount from Part IV, column (c)) . . . **d** Combine lines 1a, 1b, and 1c . . . . . . . . . 1d -9,200. **All Other Passive Activities** 2a Activities with net income (enter the amount from Part V, column (a)) 2a **b** Activities with net loss (enter the amount from Part V, column (b)) 2b c Prior years' unallowed losses (enter the amount from Part V, column (c)) . 2c ( **d** Combine lines 2a, 2b, and 2c . . . . . . . . . . . 2d Combine lines 1d and 2d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used 3 -9,200. If line 3 is a loss and: • Line 1d is a loss, go to Part II. • Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10. Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II. Instead, go to line 10. Special Allowance for Rental Real Estate Activities With Active Participation

	Note: Enter all numbers in Par	t II as positive amo	ounts. See instruc	tions for an e	example	Э.		
4	Enter the <b>smaller</b> of the loss on line 1	d or the loss on lin	e3				4	9,200.
5	Enter \$150,000. If married filing separ	rately, see instructi	ons	5	15	0,000.		
6	Enter modified adjusted gross income	e, but not less than	zero. See instruc	ctions 6	12	3,726.		
	<b>Note:</b> If line 6 is greater than or equa on line 9. Otherwise, go to line 7.	I to line 5, skip line	s 7 and 8 and ent	ter -0-				
7	Subtract line 6 from line 5			7	2	6,274.		
8	Multiply line 7 by 50% (0.50). Do not e	structions	8	13,137.				
9	<b>9</b> Enter the <b>smaller</b> of line 4 or line 8							9,200.
Par	t III Total Losses Allowed							
10	Add the income, if any, on lines 1a ar	nd 2a and enter the	total				10	0.
11	Total losses allowed from all passiv out how to report the losses on your t		<b>21.</b> Add lines 9 ar				11	9,200.
Par	t IV Complete This Part Befor	e Part I, Lines 1	a, 1b, and 1c. S	See instructi	ons.			
	Name of activity	Currer	nt year	Prior yea	Prior years Ove		rall ga	ain or loss
	Name of activity	(a) Net income	(b) Net loss (line 1b)	(c) Unallow		(d) Gair	ı	(e) Loss

Name of activity	Currer	nt year	Prior years	Overall gain or loss		
Name of activity	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss	
	0.	9,200.			9,200.	
Total. Enter on Part I, lines 1a, 1b, and 1c ▶	0.	9,200.				

Form 8582 (2021) Page **2** 

Part V	Complete This Part Before	e P	art I, Lines 2	a, 2b,	<b>and 2c.</b> S	ee instruc	tions.			•	
	Name of activity		Currer	nt year		Prior ye	ears	Overa	ll ga	ain or loss	
	name of activity	(a	Net income (line 2a)	<b>(b)</b> (li	Net loss ne 2b)	(c) Unalle loss (line		(d) Gain		(e) Loss	
<b>Total.</b> Enter	on Part I, lines 2a, 2b, and 2c ▶										
Part VI	Use This Part if an Amour	it Is	Shown on F	Part II,	Line 9. S	ee instruc	tions.				
	Name of activity	For an	rm or schedule ad line number be reported on the instructions)		) Loss	<b>(b)</b> Ra		(c) Special allowance		(d) Subtract column (c) from column (a).	
			E Ln 22		9,200.	1.0000	0000	9,20	0.	0.	
Total Part VII	Allocation of Unallowed L		<b>&gt;</b>	uction	9,200.	1.00	)	9,20	0.	0.	
rait VII	Allocation of Onallowed L	US			S.						
	Name of activity		Form or sche and line nun to be reporte (see instruct	mber ed on (a) Lo		Loss		(b) Ratio		(c) Unallowed loss	
Total				. ▶				1.00			
Part VIII	Allowed Losses. See instru						ı				
	Name of activity		Form or schedul and line number to be reported o (see instructions		(a) L	_oss	<b>(b)</b> Ur	nallowed loss	(	c) Allowed loss	
Total				. ▶							



### 2021 Ohio IT 1040

**Individual Income Tax Return** Use only black ink/UPPERCASE letters.



AMENDED RETURN - Check here and include Ohio IT RE.

NOL CARRYBACK - Check here and include Schedule IT NOL.

Primary taxpayer's SSN 302 71 186		If deceased		ouse's SSN (i 035 57		tly)	✓ If decease	d <b>Sc</b>	hool district #	
First name PIYUSH			M.I.	Last name SANGH	Ī					
Spouse's first name (if f			M.I.	Last name MOR						
Address line 1 (number 1917 WILLOW		Зох								
Address line 2 (apartme	ent number, suite nui	mber, etc.)								
City					State	ZIP (	code	Ohio county (	first four letters)	
AUSTIN					TX	78	741	LAKE		
Foreign country (if the r	nailing address is ou	tside the U.S.)			Foreign	postal	code			
Residency Status	- Check only one for				<u>Filing</u>	3 Stat	<b>us</b> – Check one	(as reported o	on federal income tax	return)
X Resident	Part-year resident	Nonresident Indicate state	<b>&gt;&gt;</b>		5	Single, I	head of househo	old or qualifyin	g widow(er)	
Check only one for spo	use (if filing jointly)				× N	/larried	filing jointly			
X Resident	Part-year resident	Nonresident Indicate state	<b>&gt;&gt;</b>		N	∕larried	filing separately		Spouse's SSN	
Ohio Nonresident	<b>Statement</b> – Se five criteria for irrebut				F	ederal	extension filers	- check here.		
	five criteria for irrebut						one can claim you ent, check here.	ı (or your spou	se if filing jointly) as a	a
1. Federal adjusted g if negative	,			,			1.		114526	00
2a.Additions – Ohio Sc	hedule of Adjustmen	ts, line 10 ( <b>incl</b>	ude so	chedule)			2a.			00
2b.Deductions – Ohio S	Schedule of Adjustme	ents, line 39 ( <b>in</b>	clude	schedule)			2b.			00
2b. Deductions – Ohio S 3. Ohio adjusted gross if negative							3.		114526	00
Exemption amount (     Number of exemption	include Schedule ons including you and	of Dependents your spouse/dep	if appli	icable)ts, if applicabl	e: 2		4.		3800	00
5. Ohio income tax bas	se (line 3 minus line	4; if negative, e	nter ze	ero)			5.		110726	00
6. Taxable business inc	come – Ohio Schedu	ıle IT BUS, line	13 ( <b>in</b>	clude sched	ule)		6.			00
7. Taxable nonbusines	s income (line 5 min	us line 6; if nega	ative, e	enter zero)			7.		110726	00
								MM-DE	D-YY Code	

0098

### 2021 Ohio IT 1040

### Individual Income Tax Return

9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 38 (include schedule)......9.

10. Tax liability after nonrefundable credits (line 8c minus line 9; if negative, enter zero) .......10.

11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210)......11.

from last year's return .......15.

17. Amended return only – amount previously paid with original and/or amended return .......17.

19. Amended return only – overpayment previously requested on original and/or amended return......19.

If line 20 is MORE THAN line 13, skip to line 24. OTHERWISE, continue to line 21. 21. Tax due (line 13 minus line 20). If line 20 is negative, ignore the "-" and add line 20 to line 13.......21.

23. TOTAL AMOUNT DUE (line 21 plus line 22). Include Ohio IT 40P (if original return) or IT 40XP

24. Overpayment (line 20 minus line 13) ......24.

00

b. Ohio History Fund

d Broast/Convical Cancor a Wishos for Sick Children f Wildlife Species

26. Original return only - portion of line 24 you wish to donate:

00

a. Military Injury Relief

14. Ohio income tax withheld – Schedule of Ohio Withholding, part A, line 1 (include schedule and

15. Estimated and extension payments (from Ohio IT 1040ES and IT 40P), and credit carryforward



SSN 302 71 1865

21000298 Sequenc	e No. 2
110726	00
3126	00
	00
3126	00
0	00
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u.	breasi/Cervical Caricer	e. Wishes for Sick Children	i. wildlife Specie	28						
	00	00		00						
27. <b>REFUND</b> (line 24 minus lines 25 and 26g)										
Sign Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the return and all enclosures are true, correct and complete.										
Primary	signature		_ Phone number	(513)448-8900						
		parer to discuss this return with the								
Preparer's	s printed name <u>SYAM_P</u>	RIYA RAM SAGAR GUP	Phone number_(	678)965-9522						

f your refund is \$1.00 or less, no refund will be issued. If you owe \$1.00 or less, no payment is necessary.

564 00

00

00

564 00

NO Payment Included - Mail to: Ohio Department of Taxation P.O. Box 2679 Columbus, OH 43270-2679

Payment Included - Mail to: Ohio Department of Taxation P.O. Box 2057 Columbus, OH 43270-2057

c. Nature Preserves/Scenic Rivers

00

Total .... 26g



## 2021 Schedule of Ohio Withholding

Use only black ink/UPPERCASE letters.



Sequence No. 11

Primary taxpayer's SSN 302 71 1865

List your and your spouse's (if filing jointly) W-2, 1099, and W-2G forms only if they have Ohio withholding. Enter "P" in the "P/S" box if the form is the primary taxpayer's and enter "S" if it is the spouse's. If the Ohio ID number on a statement has 9 digits, enter only the first 8 digits. Complete additional copies if necessary. Place state copies of your income statements after the last page of your return.

### Part A - Total Withholding

1. Total of all Ohio state tax withheld on pages 1 and 2 as well as any additional pages. Enter here 3690 00 and on line 14 of your Ohio IT 1040 ......1.

1. P/S   80x b - EIN	Part B -	W-2s		
Box 15 - Employer's Ohio ID number 52635048 109504 00 3690 00  2. P/S Box b - EIN Box 16 - Ohio wages, tips, etc. 00 Box 2 - Federal income tax withheld 00 00  3. P/S Box b - EIN Box 1 - Wages, tips, other compensation 00 Box 2 - Federal income tax withheld 00 00  4. P/S Box b - EIN Box 1 - Wages, tips, other compensation 00 Box 17 - Ohio income tax withheld 00 00  4. P/S Box b - EIN Box 1 - Wages, tips, other compensation 00 Box 17 - Ohio income tax withheld 00 00  5. P/S Box b - EIN Box 1 - Wages, tips, other compensation 00 Box 17 - Ohio income tax withheld 00 00  6. P/S Box b - EIN Box 1 - Wages, tips, other compensation 00 Box 17 - Ohio income tax withheld 00 Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc. 00 Box 17 - Ohio income tax withheld 00 Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc. 00 Box 17 - Ohio income tax withheld 00 Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc. 00 Box 17 - Ohio income tax withheld 00 Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc. 00 Box 17 - Ohio income tax 00 Box 17 - Ohio income tax 00 Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc. 00 Box 17 - Ohio income tax 00 Box 17 - Ohio income tax 00 Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc. 00 Box 17 - Ohio income tax 00 Box 17 - Ohio income tax 00 Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc. 00 Box 17 - Ohio income tax 00 Box 17 - Ohio income tax 00 Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc. 00 Box 17 - Ohio income tax 00 Box 18 - Ohio wages, tips, etc. 00 Box 17 - Ohio income tax 00 Box 18 - Employer's Ohio ID number Box 18 - Ohio wages, tips, etc. 00 Box 18 - Employer's Ohio ID number Box 18 - Ohio wages, tips, etc	1. P/S			
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4. P/S Box b - EIN  Box 15 - Employer's Ohio ID number  Box 16 - Ohio wages, tips, other compensation 00  Box 15 - Employer's Ohio ID number  Box 16 - Ohio wages, tips, etc. 00  Box 15 - Employer's Ohio ID number  Box 16 - Ohio wages, tips, other compensation 00  Box 15 - Employer's Ohio ID number  Box 16 - Ohio wages, tips, etc. 00  Box 17 - Ohio income tax withheld 00  00  6. P/S Box b - EIN  Box 1 - Wages, tips, other compensation 00  Box 15 - Employer's Ohio ID number  Box 1 - Wages, tips, other compensation 00  Box 15 - Employer's Ohio ID number  Box 16 - Ohio wages, tips, etc. 00  Box 17 - Ohio income tax withheld 00  00  Box 15 - Employer's Ohio ID number  Box 16 - Ohio wages, tips, etc. 00  Box 17 - Ohio income tax 000	0 , 0	25/, 2 2		00
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Box 1 - Wages, tips, other compensation 00  Box 15 - Employer's Ohio ID number  Box 16 - Ohio wages, tips, etc. 00  Box 5 - Employer's Ohio ID number  Box 16 - Ohio wages, tips, etc. 00  Box 5 - Employer's Ohio ID number  Box 1 - Wages, tips, other compensation 00  Box 2 - Federal income tax withheld 00  00  Box 17 - Ohio income tax withheld 00  00  Box 15 - Employer's Ohio ID number  Box 16 - Ohio wages, tips, etc. 00  00				
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Box 15 - Employer's Ohio ID number  Box 16 - Ohio wages, tips, etc.  Box 17 - Ohio income tax  0 0  0 0			00	00
Box 15 - Employer's Ohio ID number  Box 16 - Ohio wages, tips, etc.  Box 17 - Ohio income tax  0 0  0 0	6 P/S	Box h - FIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
Box 15 - Employer's Ohio ID number  Box 16 - Ohio wages, tips, etc.  Box 17 - Ohio income tax  0 0	0. 170	DON'S ENV		
00 00				
		Box 15 - Employer's Ohio ID number		
Poy 1 Wages tips other componentian Roy 2 Federal income tay withhold			00	00
7. P/S BOX D - EIN BOX 1 - Wages, tips, other compensation BOX 2 - Federal income tax withheld	7. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
00 00			00	00
Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc. Box 17 - Ohio income tax		Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips. etc.	Box 17 - Ohio income tax
00 00			• • • •	00



0098

# 2021 Schedule of Ohio Withholding Primary taxpayer's SSN

302 71 1865



21350298

Sequence No. 12

D1-0	4000 B-	302 71 1865		Sequence No. 1
	1099-Rs	Box 1 - Gross distribution		ocquence No. 1
1. P/S	Payer's TIN	0 0	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
		00		00
2. P/S	Payer's TIN	Box 1 - Gross distribution		
	·	00	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
		00		00
3. P/S	Payer's TIN	Box 1 - Gross distribution	Total	Box 7 -
		00	distribution	Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
		00		00
4. P/S	Payer's TIN	Box 1 - Gross distribution	Total	Box 7 -
		00	distribution	Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
		00		00
Part D -	W-2Gs			
1. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4	- Federal income tax withheld 0 0
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings		Box 15 - Ohio income tax withheld
		00		00
2. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4	- Federal income tax withheld
		00		00
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings		Box 15 - Ohio income tax withheld
		00		00
3. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4	- Federal income tax withheld
		00		00
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings		Box 15 - Ohio income tax withheld
		00		00
	1099-NECs			
1. P/S	Payer's TIN	Box 1 - Nonemployee compensation	Box 4	- Federal income tax withheld
		00		00
	Box 6 - Payer's Ohio number	Box 7 - State income		Box 5 - Ohio tax withheld
		00		00
2. P/S	Payer's TIN	Box 1 - Nonemployee compensation	Box 4	- Federal income tax withheld
		00		00
	Box 6 - Payer's Ohio number	Box 7 - State income		Box 5 - Ohio tax withheld
		00		00
_				

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		Single X Married filing jointly  Use the Line of the L	_	ed filing separately		_		•	. –	_		
one box.	•	on is a child but not your dependen		your spouse. If you	CHEC	ked the HOH (	JI QV	v box, ente	er trie t	criliu s	name ii u	ie quaiiiyiiig
Your first name	and mi	ddle initial	Last na	ame					Y	our so	cial securi	ty number
PIYUSH			SANG	GHI						302-71-1865		
If joint return, s	pouse's	first name and middle initial	Last na	ame					s	pouse's	s social sec	curity number
ARPITA (	GOPAI		MOR						C	35-5	57-331	6
Home address	(numbe	r and street). If you have a P.O. box, see	instruct	ions.				Apt. no.	Р	resider	ntial Election	on Campaign
1917 WII	LLOW	CREEK DR						207			ere if you,	,
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete s	spaces below.	Sta	te	ZIP	code				ntly, want \$3
AUSTIN					T	X	78	to go to this fund. Check box below will not chan			•	
Foreign country	y name			Foreign province/state	e/coun	ty	Fore			our tax	or refund.	. Spouse
At any time du	ıring 20	021, did you receive, sell, exchange	, or othe	erwise dispose of a	ny fina	ancial interest	in an	y virtual c	urrenc	y?	Yes	⊠ No
Standard	Som	eone can claim: You as a de	penden	t Your spou	se as	a dependent						
Deduction		Spouse itemizes on a separate retur	•			'						
Age/Blindness				_	oouse		rn be	fore Janua	ary 2, <sup>-</sup>	1957	☐ Is bl	ind
Dependents	s (see	instructions):		(2) Social securi	ty	(3) Relations	hip	(4) 🗸	if qual	lifies for	(see instru	uctions):
If more		rst name Last name					ax cred	' ' '				
than four								[		]		
dependents,												
see instruction: and check	5 —							[				
here ▶ 🗌												
	1_	Wages, salaries, tips, etc. Attach I	orm(s)	W-2						1	1	09,504.
Attach	2a	Tax-exempt interest	2a		b T	axable interes	st			2b		
Sch. B if required.	3a	Qualified dividends	3a	118.	b C	Ordinary divide	ends			3b		127.
	4a	IRA distributions	4a		b T	axable amour	nt.			4b		
	5a	Pensions and annuities	5a		b T	axable amour	nt.			5b		
Standard	6a	Social security benefits	6a		b T	axable amour	nt.			6b		
Deduction for— Single or Married filing	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ □							<b>▶</b> □	7	-	14,095.
	8	Other income from Schedule 1, line 10								8		-9,200.
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your <b>total in</b>	come				. ▶	9	1:	14,526.
Married filing jointly or Qualifying	10	Adjustments to income from Sche	dule 1,	line 26						10		
	11	Subtract line 10 from line 9. This is	s your <b>a</b>	djusted gross inco	ome				. ▶	11	1	14,526.
widow(er), \$25,100	12a	Standard deduction or itemized deductions (from Schedule A)   12a   25,100										
Head of	b	Charitable contributions if you take the standard deduction (see instructions) 12b 600.										
household, \$18,800	С	Add lines 12a and 12b								120	; :	25,700.
If you checked	13	Qualified business income deduct	ion fron	n Form 8995 or For	m 899	05-A				13		2.
any box under Standard	14	Add lines 12c and 13								14	:	25,702.
Deduction, see instructions.	15	Taxable income. Subtract line 14	from lir	ne 11. If zero or less	s, ente	er-0				15	8	88,824.

	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 4972	3 🗌		16	11,035.
	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	11,035.
	19	Nonrefundable child tax cred	dit or credit for o	ther depender	nts from Schedule	8812		19	
	20	Amount from Schedule 3, lin	e8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	11,035.
	23	Other taxes, including self-en	mployment tax,	from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>				. ▶	24	11,035.
	25	Federal income tax withheld	from:						
	а	Form(s) W-2				<b>25a</b> 17	,369.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	17,369.
If you have a	26_	2021 estimated tax payment	s and amount a	pplied from 20	20 return			26	
qualifying child,	27a	Earned income credit (EIC)				27a			
attach Sch. EIC.		Check here if you were by January 2, 2004, and you taxpayers who are at least as	ı satisfy all the ge 18, to claim t	e other requi he EIC. See in	rements for				
	b	Nontaxable combat pay elec	tion						
	С	Prior year (2019) earned inco							
	28	Refundable child tax credit or				28			
	29	American opportunity credit		*		29			
	30	Recovery rebate credit. See					,800.		
	31	Amount from Schedule 3, line 15							
	32	Add lines 27a and 28 through	h 31. These are	your <b>total oth</b>	er payments and	refundable cred	its 🕨	32	2,800.
	33	Add lines 25d, 26, and 32. The state of the	hese are your <b>to</b>	tal payments			. ▶	33	20,169.
Refund	34	If line 33 is more than line 24				•		34	9,134.
	35a	Amount of line 34 you want <b>refunded to you.</b> If Form 8888 is attached, check here ▶ □						35a	9,134.
Direct deposit? See instructions.	►b	Routing number 0 4 4 0 0 0 0 3 7 ▶ c Type: X Checking Savings							
See ilistructions.	►d								
	36	Amount of line 34 you want a				36			
Amount	37	Amount you owe. Subtract				1 1	. ▶	37	
You Owe	38	Estimated tax penalty (see in	structions) .		<u> ▶</u>	38			
Third Party Designee	ins	you want to allow another tructions				Yes. Co	•		⊠ No
		esignee's Phone Personal identif no. ► number (PIN) ►							
C:		der penalties of perjury, I declare the	hat I have examine		l accompanying sch				et of my knowledge and
Sign		ef, they are true, correct, and com							
Here	You	ur signature		Date	Your occupation		1		nt you an Identity IN, enter it here
Joint return?				SOFTWARE ENGINEER		(see i	nst.) ►		
See instructions. Keep a copy for your records.	Spouse's signature. If a joint return, <b>both</b> must sign.		Date				the IRS sent your spouse an entity Protection PIN, enter it here		
your records.				STUDENT			(see i	nst.) ►	
		one no. (513)448-8900		Email address	SANGHIPH23	@GMAIL.COM			T
Paid		parer's name	Preparer's signat			Date	PTIN		Check if:
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAM	03/17/2022	P02082		Self-employed
Use Only					Phon	e no. (	678)965-9522		
	Firn	n's address ▶ 2530 Pebbl	le Creek L	n Cumming	g GA 30041		Firm'	s EIN 🕨	
Go to www.irs.go	ov/Form	1040 for instructions and the lates	st information.		BAA	REV 03/07/22 PRO			Form <b>1040</b> (2021)

Form 1040 (2021)

Page **2** 

### **SCHEDULE 1** (Form 1040)

## **Additional Income and Adjustments to Income**

OMB No. 1545-0074 Attachment

Department of the Treasury Internal Revenue Service

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

► 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

302-71-1865

PIYUSH SANGHI & ARPITA GOPAL MOR Part I **Additional Income** Taxable refunds, credits, or offsets of state and local income taxes . . . . . . . 1 2a **b** Date of original divorce or separation agreement (see instructions) 3 3 4 4 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach 5 -9,200. 6 6 7 7 8 Other income: a Net operating loss 8a 8b 8c **d** Foreign earned income exclusion from Form 2555 . . . . . 8d e Taxable Health Savings Account distribution . . . . . . . . 8e 8f 8a 8h i Activity not engaged in for profit income . . . . . . . . . . . . . 8i 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 8k I Olympic and Paralympic medals and USOC prize money (see 81 m Section 951(a) inclusion (see instructions) . . . . . . . . . . . . 8<sub>m</sub> Section 951A(a) inclusion (see instructions) . . . . . . . . . . . . 8n o Section 461(I) excess business loss adjustment . . . . . . . . 80 **p** Taxable distributions from an ABLE account (see instructions). **q8 z** Other income. List type and amount ▶ 9 Total other income. Add lines 8a through 8z . . . . . . . . . . . 9 Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 10 1040-NR, line 8 10 -9,200.

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	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	<b>&gt;</b>		
С	Date of original divorce or separation agreement (see instructions)	<b>-</b>		
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	<b>24</b> i		
j	Housing deduction from Form 2555	<b>24</b> 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 <b>adjustments t</b> here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line		26	