(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 securi	ty number		
RATNA TEJA JALADI	850-20	-9856		
Spouse's name	Spouse's soo	cial security	y number	
Part I Tax Return Information — Tax Year Ending December 31, 20	 21 (Enter year you a	ro autho	orizina)	
Enter whole dollars only on lines 1 through 5.	21 (Enter year you a	ire autric	Juzing.)	
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1 Adjusted gross income		111	98,5	18.
2 Total tax		2	13,9	
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	13,8	
4 Amount you want refunded to you		4	13,0	05.
5 Amount you owe		5	1	.08.
Part II Taxpayer Declaration and Signature Authorization (Be sure you	get and keep a cop	y of you	ur return)
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in return (original or amended) I am now authorizing. I consent to allow my intermediate service provito send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reafor any delay in processing the return or refund, and (c) the date of any refund. If applicable, I auth Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution a payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial unthorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancibusiness days prior to the payment (settlement) date. I also authorize the financial institutions involves to receive confidential information necessary to answer inquiries and resolve issues relat personal identification number (PIN) below is my signature for the income tax return (original or an Electronic Funds Withdrawal Consent.	Part I above are the am der, transmitter, or electroson for rejection of the toprize the U.S. Treasury account indicated in the total institution to debit the tot terminate the authorizellation requests must be olived in the processing of ed to the payment. I fur	ounts from onic return ransmission its des ax prepara entry to tation. To be received the elect	n the inconnorm originator on, (b) the rignated Fination softwathis account revoke (card no later thronic paymowledge the	me tax (ERO) reason nancial are for t. This ncel) a than 2 nent of at the
Taxpayer's PIN: check one box only	0	9 8	5 6	
	generate my PIN En	ter five dig	—— а	ıs my
ERO firm name signature on the income tax return (original or amended) I am now authorizing.		n't enter al		
I will enter my PIN as my signature on the income tax return (original or amend if you are entering your own PIN and your return is filed using the Practitioner below.				
Your signature ▶	Date ▶			
Spouse's PIN: check one box only				
· _	generate my PIN			ıs my
ERO firm name	• •	ter five dig		3 iiiy
signature on the income tax return (original or amended) I am now authorizing.	do	n't enter al	II zeros	
I will enter my PIN as my signature on the income tax return (original or amend if you are entering your own PIN and your return is filed using the Practitioner below.				
Spouse's signature ▶	Date ►			
Practitioner PIN Method Returns Only—contin	ue below			
Part III Certification and Authentication — Practitioner PIN Method Only	/			
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	5 8 7 2 7 Don't ent	8 6 1 er all zeros		9
I certify that the above numeric entry is my PIN, which is my signature for the electronic individua authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Pr	I am submitting this reti	urn in acc	ordanće wi	
ERO's signature ▶	Date ►			
ERO Must Retain This Form — See Instru	ctions			
Don't Submit This Form to the IRS Unless Reque	sted To Do So			

Form 1040-V 2021 Page 2

IF you live in	THEN use this address to send in your payment
Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214
Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Oklahoma, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, South Dakota, Utah, Washington, Wyoming	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

Form **1040-V** 2021

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury Internal Revenue Service

(99)

Form 1040-V Payment Voucher

- ▶ Use this voucher when making a payment with Form 1040.
- ► Do not staple this voucher or your payment to Form 1040.
- ► Make your check or money order payable to the 'United States Treasury.'
- ► Write your social security number (SSN) on your check or money order.

of your payment . . REV 02/17/22 PRO

108.

1555

Enter the amount

RATNA TEJA JALADI

2111 COLLEGE ST 64 CEDAR FALLS IA 50613

INTERNAL REVENUE SERVICE P.O. BOX 931000 LOUISVILLE, KY 40543-7000

£1040

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

2021

OMB No. 1545-007

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

Filing Status Check only one box.	If yo	Single Married filing jointly under the new MFS box, enter the new son is a child but not your dependent	ame of	ed filing separately (N your spouse. If you c	,	_		`	, _	_	, ,	` , ` ,
Your first name	and mi	iddle initial	Last na	ame						Your so	cial securi	ty number
RATNA T	EJA		JAL	ADI						850-2	20-985	6
If joint return, s	pouse's	s first name and middle initial	Last na	ame						Spouse'	s social se	curity number
Home address	(numbe	er and street). If you have a P.O. box, see	instruct	ions.				Apt. no.		Preside	ntial Electi	on Campaign
2111 CO	LLEGI	E ST						64	İ	Check h	nere if you,	or your
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete	spaces below.	Sta	te	ZIP	code		•	0.	ntly, want \$3
CEDAR F	ALLS				IZ	A	50	0613		_	tnis iuna. ow will not	Checking a change
Foreign country	y name			Foreign province/state/	coun	ty	For	eign postal c			or refund	•
At any time du	ring 20	021, did you receive, sell, exchange,	, or othe	erwise dispose of any	/ fina	ancial intere	st in an	ıy virtual c	urren	cy?	Yes	⊠ No
Standard Deduction	_	eone can claim:	•			•	nt					
Age/Blindness	You:	Were born before January 2, 1	957 [Are blind Spo	use	: Was	born be	efore Janu	ary 2,	1957	☐ Is b	lind
Dependents	s (see	instructions):		(2) Social security	,	(3) Relatio	nship	(4)	if qua	alifies for	r (see instru	ıctions):
If more		irst name Last name		number		to you	. ı	Child t		1	•	her dependents
than four												
dependents,												
see instruction and check	s —											
here ▶ 🗌												
	1	Wages, salaries, tips, etc. Attach F	orm(s)	W-2						1		90,687.
Attach	2a	Tax-exempt interest	2a		b T	axable inter	est			2b		
Sch. B if	За	Qualified dividends	3a	54.		ordinary divi				3b		77.
required.	4a	IRA distributions	4a			axable amo				4b		
	5a	Pensions and annuities	5a		b T	axable amo	unt .			5b		
Standard	6a	Social security benefits	6a		b T	axable amo	unt .			6b		
Deduction for—	7	Capital gain or (loss). Attach Sche	dule D i	f required. If not requ	iired	, check here	e .		▶ [7		18,301.
Single or Married filing	8	Other income from Schedule 1, lin	e 10							8	-:	10,547.
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your total inc	ome				. •	. 9		98,518.
Married filing	10	Adjustments to income from Sche	dule 1,	line 26						10		
jointly or Qualifying	11	Subtract line 10 from line 9. This is			ne				. •	11		98,518.
widow(er),	12a	Standard deduction or itemized	-	-			12a	12,	550			,
\$25,100 Head of	b	Charitable contributions if you take		,	,		12b	<u> </u>	300			
household, \$18,800	С									120	;	12,850.
If you checked	13	Qualified business income deduct			899	5-A				13		1.
any box under Standard	14	Add lines 12c and 13								14		12,851.
Deduction,	15	Taxable income. Subtract line 14	from lir	ne 11. If zero or less,	ente	er-0				15		85,667.

	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	13,993.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	13,993.
	19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	13,993.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
	24	Add lines 22 and 23. This is your total tax	24	13,993.
	25	Federal income tax withheld from:		
	а	Form(s) W-2		
	b	Form(s) 1099	•	
	С	Other forms (see instructions)	•	
	d	Add lines 25a through 25c	25d	13,885.
	26	2021 estimated tax payments and amount applied from 2020 return	26	·
If you have a liqualifying child,	27a	Earned income credit (EIC)		
attach Sch. EIC.		Check here if you were born after January 1, 1998, and before		
		January 2, 2004, and you satisfy all the other requirements for		
		taxpayers who are at least age 18, to claim the EIC. See instructions ▶ ☐		
	b	Nontaxable combat pay election 27b		
	С	Prior year (2019) earned income		
	28	Refundable child tax credit or additional child tax credit from Schedule 8812	-	
	29	American opportunity credit from Form 8863, line 8	-	
	30	Recovery rebate credit. See instructions	-	
	31	Amount from Schedule 3, line 15		
	32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	12 005
	33	Add lines 25d, 26, and 32. These are your total payments	33	13,885.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	
D: 1.1 '10	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	35a	
Direct deposit? See instructions.	▶b	Routing number X X X X X X X X X X X X X X X X X X X		
	► d	Account number X X X X X X X X X X X X X X X X X X X		
A	36	Amount of line 34 you want applied to your 2022 estimated tax	07	108.
Amount You Owe	37	Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions .	37	100.
	38	Estimated tax penalty (see instructions)		
Third Party Designee		you want to allow another person to discuss this return with the IRS? See tructions	elow	X No
Besignee		signee's Phone Personal identif		
	nar	ne ▶ no. ▶ number (PIN) ▶		
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to		
Here		ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which		, ,
	You			nt you an Identity N, enter it here
Joint return?			nst.) ▶	14, Chief it ficie
See instructions.	Spo		IRS ser	nt your spouse an
Keep a copy for			, ,	ection PIN, enter it here
your records.		(see i	nst.) ►	
		one no. (903)352-4116 Email address TEJAANDY10@GMAIL.COM		
Paid		eparer's name Preparer's signature Date PTIN		Check if:
Preparer		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/09/2022 P02082		Self-employed
Use Only				678)965-9522
	Firr	m's address ▶ 2530 Pebble Creek Ln Cumming GA 30041 Firm'	s EIN 🕨	
Go to www.irs.go	ov/Form	n1040 for instructions and the latest information. BAA REV 02/17/22 PRO		Form 1040 (2021)

Form 1040 (2021)

Page **2**

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

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. Attachment Sequence No. **01**

Your social security number

Par	t I Additional Income				
1	Taxable refunds, credits, or offsets of state and local income taxes	8		1	
2a	Alimony received		[2a	
b	Date of original divorce or separation agreement (see instructions)	·			
3	Business income or (loss). Attach Schedule C			3	
4	Other gains or (losses). Attach Form 4797			4	
5	Rental real estate, royalties, partnerships, S corporations, truschedule E	•		5	-10,547.
6	Farm income or (loss). Attach Schedule F			6	
7	Unemployment compensation			7	
8	Other income:				
а	Net operating loss	8a ()		
b	Gambling income	8b			
С	Cancellation of debt	8c			
d	Foreign earned income exclusion from Form 2555	8d ()		
е	Taxable Health Savings Account distribution	8e			
f	Alaska Permanent Fund dividends	8f			
g	Jury duty pay	8g			
h	Prizes and awards	8h			
i	Activity not engaged in for profit income	8i			
j	Stock options	8j			
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such				
	property	8k			
I	Olympic and Paralympic medals and USOC prize money (see instructions)	81			
m	Section 951(a) inclusion (see instructions)	8m			
n	Section 951A(a) inclusion (see instructions)	8n			
0	Section 461(I) excess business loss adjustment	80			
р	Taxable distributions from an ABLE account (see instructions) .	8p			
Z	Other income. List type and amount ▶	8z			
9	Total other income. Add lines 8a through 8z			9	
0	Combine lines 1 through 7 and 9. Enter here and on Form 10		SR, or	-	

1040-NR, line 8

10

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	>		ı
С	Date of original divorce or separation agreement (see instructions)	-		ı
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			ı
а	Jury duty pay (see instructions)	24a		ı
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	24b		ı
С	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l	24c		ı
d	Reforestation amortization and expenses	24d		ı
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		ı
f	Contributions to section 501(c)(18)(D) pension plans	24f		ı
g	Contributions by certain chaplains to section 403(b) plans	24g		ı
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		ı
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i		ſ
j	Housing deduction from Form 2555	24j		ı
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		ſ
Z	Other adjustments. List type and amount ▶	24z		1
25	Total other adjustments. Add lines 24a through 24z		25	1
26	Add lines 11 through 23 and 25. These are your adjustments to			
	here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line	e 10a	26	1

SCHEDULE D (Form 1040)

Department of the Treasury

Capital Gains and Losses

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

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

OMB No. 1545-0074

Attachment Sequence No. 12

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Internal Revenue Service (99) Name(s) shown on return Your social security number 850-20-9856 RATNA TEJA JALADI Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes." attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) Part I See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (sales price) Form(s) 8949, Part I, combine the result (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 127,898. 118,783. 579. 9,694. 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 9,694. 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 9,836. 116. 8,607. 18,327. 9 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 14

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

BAA

8,607.

15

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

Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 18,301. • 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? X 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? X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

Sales and Other Dispositions of Capital Assets

► 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.

2021 Attachment Sequence No. 12A

OMB No. 1545-0074

Internal Revenue Service
Name(s) shown on return

Part I

Department of the Treasury

Social security number or taxpayer identification number

850-20-9856

RATNA TEJA JALADI

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.

instructions). For long-term transactions, see page 2.

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see

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 12/31/21 110,966. 106,321. W 579 5,224. Robinhood Crypto LLC 01/01/21 12/31/21 16,932. 12,462 4,470. 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.

127,898.

9,694.

579.

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) ▶

118,783.

Form 8949 (2021) Attachment Sequence No. 12A Page

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side RATNA TEJA JALADI

Social security number or taxpayer identification number 850-20-9856

Before you check Box D, E, or F 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 II

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-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 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-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.

✗ (D) Long-term transactions☐ (E) Long-term transactions	reported on	Form(s) 1099	-B showing bas				e)
(a)	(b)	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below	If you enter an enter a co	f any, to gain or loss. amount in column (g), ode in column (f). parate instructions.	(h) Gain or (loss). Subtract column (e)
Description of property (Example: 100 sh. XYZ Co.)	Date acquired (Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
Robinhood Securities LLC	01/01/20	12/31/21	18,327.	9,836.	W	116.	8,607.
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D. line 8h (if Box D. above	al here and inc	lude on your					

Note: If you checked Box D 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.

above is checked), or line 10 (if Box F above is checked) ▶

18,327.

9,836.

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.

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

OMB No. 1545-0074

2021

Attachment
Sequence No. 13

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Your social security number

	IA TEJA JALADI								50-20-			
Part	Income or Loss	From Rental Real Estate and Ro	yaltie	s Note:	If you a	are in th	e business c	f rent	ing perso	onal pro	operty, us	e
	Schedule C. See i	nstructions. If you are an individual, repo	ort farr	n rental in	come o	r loss fi	om Form 48	35 or	n page 2,	line 40).	
A Did	d you make any paymer	nts in 2021 that would require you to	file F	orm(s) 10)99? Se	e instr	uctions .			□ Y	es 🗵 N	40 0
B If "	Yes," did you or will yo	ou file required Form(s) 1099?								□ Y	es 🗌 N	ol
1a		each property (street, city, state, ZIF										
Α												
В												
С												
1b	Type of Property	2 For each rental real estate prop	perty li	sted		Fair	Rental	Per	sonal L	Jse	QJV	,
	(from list below)	above, report the number of fair personal use days. Check the	ir renta	al and			ays		Days		QUI	
Α	3	if you meet the requirements to	o file a	sa	Α		365		C)		
В		qualified joint venture. See inst	ructio	ns.	В							
С					С							
Type	of Property:											
	gle Family Residence	3 Vacation/Short-Term Rental	5 Lai	nd	7	' Self-	Rental					
	ti-Family Residence		6 Ro	yalties	8	Othe	r (describe))				
Incom	ne:	Properties:			Α		E	3			С	
3			3		(500.						
4	Royalties received .		4									
Exper												
5	_		5									
6	•	nstructions)	6									
7		ance	7		1,2	200.						
8			8									
9			9									
10	_	ssional fees	10									
11	•		11		1,0	000.						
12		d to banks, etc. (see instructions)	12									
13			13									
14	•		14			200.						
15	• •		15		2,2	200.						
16			16									
17			17		3,0	000.						
18		or depletion	18									
19	Other (list)		19									
20	•	ines 5 through 19	20		9,6	500.						
21		line 3 (rents) and/or 4 (royalties). If										
	file Form 6198	nstructions to find out if you must	21		-9,(ا ممر						
20		ostato loss after limitation if any	<u> </u>		٦, ١							
22	on Form 8582 (see ins	estate loss after limitation, if any, structions)	22	(g n	00.)	()(١
23a	·	eported on line 3 for all rental prope		ĮV.		23a	1	6	00.			,
b		eported on line 4 for all royalty prope				23b						
C		eported on line 12 for all properties	J. 1103		•	23c						
d		eported on line 18 for all properties				23d						
e		eported on line 20 for all properties				23e		9,6	00.			
24		e amounts shown on line 21. Do no	t inclu					. , 0	24			
25	•	sses from line 21 and rental real estate		-		nter tota	al losses her	e .	25 (9,00	0.)
26		ate and royalty income or (loss).							(- , 0 0	/
20		V, and line 40 on page 2 do not a										
		10), line 5. Otherwise, include this ar							26		-9,0	00.

Sched	ule E (Form 1040) 2021						Attachme	ent Sequence I	No. 13		Page :
lame(s) shown on return. Do not enter name a	and social security	number if sho	own on o	other side.				Your so	cial securi	ty number
RAT	NA TEJA JALADI								850-	20-985	56
Caut	ion: The IRS compares amour	its reported on	your tax r	eturn v	with amour	nts show	wn on Sc	hedule(s) K	(-1.		
Par			-							a distribu	tion, dispose of
	stock, or receive a loan rep		-	-			-				•
	computation. If you report	•	•	-							•
	line 28 and attach Form 6	198. See instruct	ions.	-	_						
27	Are you reporting any loss	not allowed in	o prior voc	or dua	to the et r	iak ar b	ooio limit	otiono o ne	iorvoo	r upollov	ad loss from
21	passive activity (if that loss										
	see instructions before con										es X No
		inplotting time co	(b) Enter		(c) Check		(d) Em			Check if	(f) Check if
28	(a) Name		partners	hip; S	` foreign		identific	cation	basis co	mputation	any amount is not at risk
A I	RC 1 INVESTMENTS LLC		for S corp	oration	partnershi	þ	num 87-358		is re	quired	HOL at risk
В	C I INVESIMENTS LLC		P				07-336	34040			
С											
D											
ע	Passive Income a	nd Loss				N	lonnacci	ve Income	and L		
				(C) A1							
	(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive i from Schedu		1 ''	onpassive los see Schedule			ection 179 exp tion from Forn			passive income Schedule K-1
Δ.	(,			,							
A				-		,547.					
В				-							
С											
D											
29 a											
b						,547.	_				
30	Add columns (h) and (k) of lin								30		
31	Add columns (g), (i), and (j) of								31	(1,547.
32	Total partnership and S cor				mbine line	s 30 an	id 31 .		32		-1,547.
Part	III Income or Loss From	m Estates an	d Trusts	3							
33			(a) Name								nployer on number
Α											
В											
	Passive In	come and Los	SS				No	npassive l	ncome	and Los	SS
	(c) Passive deduction or loss allo	owed	(d) Pass	sive inco	me	(e	e) Deduction	n or loss		(f) Other in	ncome from
	(attach Form 8582 if required	d)	from Sc	hedule l	K-1	f	rom Sched	ule K-1		Sched	ule K-1
Α											
В											
34a	Totals										
b	Totals										
35	Add columns (d) and (f) of lin	e 34a							35		
36	Add columns (c) and (e) of lin								36	(
37	Total estate and trust incor	ne or (loss). C	ombine lin	nes 35	and 36 .				37	,	
Part						t Cond	duits (R	EMICs)-	Residu	ual Holo	ler
20	()))	(b) Employer ide	entification		Excess inclus		(d) Tax	kable income (net loss)	(e)	ncome from
38	(a) Name	numbe		*	Schedules Q, see instruct)			Schedules Q,			ules Q, line 3b
39	Combine columns (d) and (e)	only. Enter the	result her	re and	include in	the tota	al on line	41 below	39		
Par		-							1		
40	Net farm rental income or (lo	ss) from Form	4835. Also	o, com	plete line 4	12 belov	N		40		
41	Total income or (loss). Combine line	•			•			040), line 5 ▶	41		-10,547.
42	Reconciliation of farming a						,	•			
74	farming and fishing income rep										
	(Form 1065), box 14, code B; S										
	AD; and Schedule K-1 (Form 1)					42					
12	•	**									
43	Reconciliation for real estate prof (see instructions), enter the net inc	•									
	1040. Form 1040-SR, or Form 1040										

you materially participated under the passive activity loss rules

43

Department of the Treasury

Internal Revenue Service

Health Savings Accounts (HSAs)

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

OMB No. 1545-0074

2021

Attachment Sequence No. 52

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

RATNA TEJA JALADI

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶ 850-20-9856

Befor	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if	f requ	ired.
Part	HSA Contributions and Deduction. See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for		
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2021. See instructions	⊠ Sel	f-only 🗌 Family
2	HSA contributions you made for 2021 (or those made on your behalf), including those made from January 1, 2022, through April 15, 2022, that were for 2021. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	0.
3	If you were under age 55 at the end of 2021 and, on the first day of every month during 2021, you were, or were considered, an eligible individual with the same coverage, enter \$3,600 (\$7,200 for family coverage). All others, see the instructions for the amount to enter	3	3,600.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2021 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2021, also include any amount contributed to your spouse's Archer MSAs	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0	5	3,600.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family		
	coverage under an HDHP at any time during 2021, see the instructions for the amount to enter	6	3,600.
7	If you were age 55 or older at the end of 2021, married, and you or your spouse had family coverage under an HDHP at any time during 2021, enter your additional contribution amount. See instructions	7	0.
8	Add lines 6 and 7	8	3,600.
9	Employer contributions made to your HSAs for 2021		3,000.
10	Qualified HSA funding distributions	-	
11	Add lines 9 and 10	11	3,600.
12	Subtract line 11 from line 8. If zero or less, enter -0	12	0.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13	13	0.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.		
Part		rate F	HSAs, complete
44-	a separate Part II for each spouse.	44-	
14a	Total distributions you received in 2021 from all HSAs (see instructions)	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b	
С	Subtract line 14b from line 14a	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8e	16	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here		
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b	
Part			
18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8z, and enter "HSA" and the amount on the dotted line	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form	21	

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

2021

Attachment Sequence No. **55**

Internal Revenue Service

Name(s) shown on return

Department of the Treasury

RATNA TEJA JALADI

Your taxpayer identification number 850-20-9856

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	. ,	Qualified business ncome or (loss)
i				
ii				
iii				
iv				
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	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4		
5	Qualified business income component. Multiply line 4 by 20% (0.20)		5	
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss)			
_	(see instructions)	6 4.		
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			
	or less, enter -0	8 4.		
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		9	1.
10	Qualified business income deduction before the income limitation. Add lines 5 and	19	10	1.
11	Taxable income before qualified business income deduction (see instructions)	11 85,668.		
12	Net capital gain (see instructions)	12 8,661.		
13	Subtract line 12 from line 11. If zero or less, enter -0	77,007.		
14	Income limitation. Multiply line 13 by 20% (0.20)		14	15,401.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also	enter this amount on		
	the applicable line of your return (see instructions)		15	1.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than	zero, enter -0	16 (0.
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 ar			
	zero, enter -0		17 (0.

Passive Activity Loss Limitations

► See separate instructions.

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

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

OMB No. 1545-1008 Attachment Sequence No. **858**

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Identifying number

RAII	NA TEJA JALADI				850	-20-	9856
Pa							
	Caution: Complete Parts IV ar	nd V before comple	eting Part I.				
	al Real Estate Activities With Active Pa ance for Rental Real Estate Activities			ive participation, s	ee Special		
1a b c d	Activities with net income (enter the a Activities with net loss (enter the amo Prior years' unallowed losses (enter the Combine lines 1a, 1b, and 1c	unt from Part IV, cone amount from Pa	olumn (b)) art IV, column (c))	1b (1c (0. 9,000.))	1d	-9,000.
All Ot	her Passive Activities						
2a b c d	Activities with net income (enter the a Activities with net loss (enter the amo Prior years' unallowed losses (enter the Combine lines 2a, 2b, and 2c	unt from Part V, co ne amount from Pa	olumn (b)) art V, column (c))	2b (2c ()	2d	
3	Combine lines 1d and 2d. If this line i all losses are allowed, including any losses on the forms and schedules no	is zero or more, sto prior year unallowe	op here and included losses entered	de this form with y	our return; Report the	3	-9,000.
	If line 3 is a loss and: • Line 1d is a l • Line 2d is a l	loss, go to Part II. loss (and line 1d is	zero or more), sk	p Part II and go to	line 10.		
	on: If your filing status is married filing . Instead, go to line 10.	separately and yo	ou lived with your	spouse at any tim	e during the	year,	do not complete
	t II Special Allowance for Rer	ntal Real Estate	Activities With	Active Participa	ation		
	Note: Enter all numbers in Par	t II as positive amo	ounts. See instruc	•			
Par 4	Note: Enter all numbers in Par Enter the smaller of the loss on line 1	t II as positive amo	ounts. See instruc ne 3	tions for an examp	le. 	4	9,000.
4 5	Note: Enter all numbers in Par Enter the smaller of the loss on line 1 Enter \$150,000. If married filing separ	t II as positive amo d or the loss on lin rately, see instructi	ounts. See instructions	tions for an examp	le. 50,000.	4	9,000.
Par 4	Note: Enter all numbers in Par Enter the smaller of the loss on line 1 Enter \$150,000. If married filing separ Enter modified adjusted gross income	t II as positive amo d or the loss on lin rately, see instructi e, but not less than	ounts. See instructie 3	tions for an examp	le. 	4	9,000.
4 5	Note: Enter all numbers in Par Enter the smaller of the loss on line 1 Enter \$150,000. If married filing separ Enter modified adjusted gross income Note: If line 6 is greater than or equal	t II as positive amo d or the loss on lin rately, see instructi e, but not less than	ounts. See instructie 3	tions for an examp	le. 50,000.	4	9,000.
4 5 6	Note: Enter all numbers in Par Enter the smaller of the loss on line 1 Enter \$150,000. If married filing separ Enter modified adjusted gross income Note: If line 6 is greater than or equal on line 9. Otherwise, go to line 7.	t II as positive amo d or the loss on lin rately, see instructi e, but not less than	ounts. See instructie 3	tions for an examp	le. 50,000. 07,518.	4	9,000.
4 5 6	Note: Enter all numbers in Par Enter the smaller of the loss on line 1 Enter \$150,000. If married filing separ Enter modified adjusted gross income Note: If line 6 is greater than or equal on line 9. Otherwise, go to line 7. Subtract line 6 from line 5	t II as positive amo d or the loss on lin rately, see instructi e, but not less than I to line 5, skip line	ounts. See instruction on the second of the	tions for an examp	le. 50,000. 07,518.		
4 5 6	Note: Enter all numbers in Par Enter the smaller of the loss on line 1 Enter \$150,000. If married filing separ Enter modified adjusted gross income Note: If line 6 is greater than or equal on line 9. Otherwise, go to line 7. Subtract line 6 from line 5 Multiply line 7 by 50% (0.50). Do not en	t II as positive amo d or the loss on lin rately, see instructi e, but not less than I to line 5, skip line nter more than \$25	ounts. See instruction of the second of the	tions for an examp	le. 50,000. 07,518. 42,482. nstructions	8	21,241.
4 5 6 7 8 9	Note: Enter all numbers in Par Enter the smaller of the loss on line 1 Enter \$150,000. If married filing separ Enter modified adjusted gross income Note: If line 6 is greater than or equal on line 9. Otherwise, go to line 7. Subtract line 6 from line 5 Multiply line 7 by 50% (0.50). Do not enter the smaller of line 4 or line 8	t II as positive amo d or the loss on lin rately, see instructi e, but not less than I to line 5, skip line nter more than \$25	ounts. See instruction of the second of the	tions for an examp	le. 50,000. 07,518. 42,482. nstructions		
4 5 6 7 8 9 Par	Note: Enter all numbers in Par Enter the smaller of the loss on line 1 Enter \$150,000. If married filing separ Enter modified adjusted gross income Note: If line 6 is greater than or equal on line 9. Otherwise, go to line 7. Subtract line 6 from line 5 Multiply line 7 by 50% (0.50). Do not elenter the smaller of line 4 or line 8 till Total Losses Allowed	t II as positive amo d or the loss on lin rately, see instructi e, but not less than I to line 5, skip line 	ounts. See instruction of a constant of the second of the	tions for an example	50,000. 07,518. 42,482. nstructions	8 9	21,241. 9,000.
4 5 6 7 8 9 Par 10	Note: Enter all numbers in Par Enter the smaller of the loss on line 1 Enter \$150,000. If married filing separ Enter modified adjusted gross income Note: If line 6 is greater than or equal on line 9. Otherwise, go to line 7. Subtract line 6 from line 5 Multiply line 7 by 50% (0.50). Do not el Enter the smaller of line 4 or line 8 III Total Losses Allowed Add the income, if any, on lines 1a an	t II as positive amo d or the loss on lin rately, see instructi e, but not less than I to line 5, skip line 	ounts. See instruction of a constant of the second of the	tions for an example	10	8	21,241.
4 5 6 7 8 9 Par	Note: Enter all numbers in Par Enter the smaller of the loss on line 1 Enter \$150,000. If married filing separ Enter modified adjusted gross income Note: If line 6 is greater than or equal on line 9. Otherwise, go to line 7. Subtract line 6 from line 5 Multiply line 7 by 50% (0.50). Do not elenter the smaller of line 4 or line 8 till Total Losses Allowed	t II as positive amore d or the loss on linerately, see instruction, but not less than I to line 5, skip line	ounts. See instruction of the 3 constant of the 3 constant of the 3 constant of the 3 constant of the 4 constant of the	tions for an example	10	8 9	21,241. 9,000.
4 5 6 7 8 9 Par 10 11	Note: Enter all numbers in Par Enter the smaller of the loss on line 1 Enter \$150,000. If married filing separ Enter modified adjusted gross income Note: If line 6 is greater than or equal on line 9. Otherwise, go to line 7. Subtract line 6 from line 5 Multiply line 7 by 50% (0.50). Do not end Enter the smaller of line 4 or line 8 till Total Losses Allowed Add the income, if any, on lines 1a an Total losses allowed from all passiv	t II as positive amodor the loss on linerately, see instruction, but not less than I to line 5, skip line	ounts. See instructions 3	tions for an examp	10	8 9	21,241. 9,000. 0.
4 5 6 7 8 9 Par 10 11	Note: Enter all numbers in Par Enter the smaller of the loss on line 1 Enter \$150,000. If married filing separ Enter modified adjusted gross income Note: If line 6 is greater than or equal on line 9. Otherwise, go to line 7. Subtract line 6 from line 5 Multiply line 7 by 50% (0.50). Do not el Enter the smaller of line 4 or line 8 till Total Losses Allowed Add the income, if any, on lines 1a an Total losses allowed from all passiv out how to report the losses on your total losses allowed This Part Before	t II as positive amodor the loss on linerately, see instruction, but not less than I to line 5, skip line	ounts. See instruc- ne 3 ons n zero. See instruc- s 7 and 8 and ent n,000. If married filin total 21. Add lines 9 ar a, 1b, and 1c. Sent year	tions for an examp	10	8 9 10	21,241. 9,000. 0.
4 5 6 7 8 9 Par 10 11	Note: Enter all numbers in Par Enter the smaller of the loss on line 1 Enter \$150,000. If married filing separ Enter modified adjusted gross income Note: If line 6 is greater than or equal on line 9. Otherwise, go to line 7. Subtract line 6 from line 5 Multiply line 7 by 50% (0.50). Do not end Enter the smaller of line 4 or line 8 III Total Losses Allowed Add the income, if any, on lines 1a an Total losses allowed from all passiv out how to report the losses on your to	t II as positive amond or the loss on linerately, see instruction, but not less than I to line 5, skip line	ounts. See instruc- ne 3	tions for an example	10	8 9 10 11 rall gai	21,241. 9,000. 0. 9,000.
4 5 6 7 8 9 Par 10 11	Note: Enter all numbers in Par Enter the smaller of the loss on line 1 Enter \$150,000. If married filing separ Enter modified adjusted gross income Note: If line 6 is greater than or equal on line 9. Otherwise, go to line 7. Subtract line 6 from line 5 Multiply line 7 by 50% (0.50). Do not el Enter the smaller of line 4 or line 8 till Total Losses Allowed Add the income, if any, on lines 1a an Total losses allowed from all passiv out how to report the losses on your total losses allowed This Part Before	t II as positive amodor the loss on linerately, see instruction, but not less than I to line 5, skip line	ounts. See instruc- ne 3 ons ne 2 ne 2 ne 3 ne 2 ne 4 ne 5 ne 4 ne 4 ne 4 ne 5 ne 5 ne 6 ne 6 ne 7 ne 7 ne 8 ne 8 ne 9 ar ne 4 ne 7 ne 9 ar ne 4 ne 8 ne 9 ar ne 4 ne 9 ar ne	tions for an example	10	8 9 10 11 rall gai	21,241. 9,000. 0. 9,000.
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9,000.

0.

BAA

Total. Enter on Part I, lines 1a, 1b, and 1c ▶

Form 8582 (2021) Page **2**

Part V	Complete This Part Before	e P	art I, Lines 2	a, 2b,	and 2c. 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) (li	Net loss ne 2b)	(c) Unall	owed e 2c)	(d) Gain		(e) Loss
Total. Enter	on Part I, lines 2a, 2b, and 2c ▶									
Part VI	Use This Part if an Amour	nt Is	Shown on F	Part II,	Line 9. S	ee instruc	tions.			
	Name of activity	an to	rm or schedule ad line number be reported on se instructions)	(a) Loss	(b) Ra	tio	(c) Special allowance		(d) Subtract column (c) from column (a).
			E Ln 22		9,000.	1.0000	0000	9,00	0.	0.
Total			🕨		9,000.	1.00)	9,00	0.	0.
Part VII	Allocation of Unallowed L	oss	ses. See instr	uction	s.	•				
	Name of activity		Form or sche and line nun to be reporte (see instruct	nber ed on	(a) l	_oss	((b) Ratio	(c) Unallowed loss
Total				. ▶				1.00		
Part VIII	Allowed Losses. See instru									
	Name of activity		Form or sche and line nun to be reporte (see instruct	nber ed on	(a) l	_oss	(b) Ur	nallowed loss	(c) Allowed loss
Total										

Iowa Department of Revenue

REV 02/19/22 PRO

206485020985651231224224 6

IA 1040ES

Individual Income Estimated Tax Payment Voucher **2022** INSTALLMENT **1 Due Date:** May 2, 2022

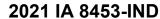
			SSN:	8	3	5	0	2	0	9	8	5	6
Print name:	RATNA TEJA	A JALADI	<u> </u>										
Address:	2111 COLLE	EGE ST. 64	Period ending:					1	2	3	1	2	2
City, State, ZIP:			Payment amount:						1	4	9	0	0
Phone:	903-352-41	116	_										
Mail to: lowa Departme PO Box 10466 Des Moines IA REV 02/19/22 PRO	50306-0466	Make checks payable to: lowa Department of Revenue by check, you authorize the I Revenue to convert your che electronic banking transaction	Department of ck to a one-time n. 45-002 (06/01/2021)										
Iowa Departme									I/	1	04	OE	ES
206485	.n2n9A5L51	L231224224	Individual Inco 2022 INSTA										
200103			SSN:			_						_	
Print name:	RATNA TEJ <i>A</i>	A JALADI	0011.	8	3	5	0	2	0	9	8	5	6
(Last, first MI) Address:		EGE ST, 64	Period ending:					1	2	3	1	2	2
City, State, ZIP:	CEDAR FALI	LS IA 50613	Payment amount:						1	4	9	0	0
_													
Phone:	903-352-41	116											
Mail to: Iowa Departme PO Box 10466 Des Moines IA REV 02/19/22 PRO		Revenue to convert your checelectronic banking transaction	Department of ck to a one-time										
Iowa Departme	nt of Reven		cut here			_						<u></u>	
•		1537554554 P	Individual Inco 2022 INSTALLMEN						ax P	aym	ent	Vou	
Print name:	RATNA TEJ <i>I</i>	A JALADI	SSN:	8	3	5	0	2	0	9	8	5	6
Address:	2111 COLLE	EGE ST, 64	Period ending:					1	2	3	1	2	2
City, State, ZIP:	CEDAR FALI	LS IA 50613	— Payment amount:						1	4	9	0	0
Phone:	903-352-41	.16	<u> </u>						-	*	,	3	Ü
Mail to: Iowa Departme PO Box 10466 Des Moines IA REV 02/19/22 PRO		Make checks payable to: lowa Department of Revenue by check, you authorize the D Revenue to convert your che electronic banking transaction	Department of ck to a one-time										

Iowa Department of Revenue

206485020985651231224224 6

IA 1040ES
Individual Income Estimated Tax Payment Voucher
2022 INSTALLMENT 4 Due Date: January 31, 2023

			SSN:	8	5	0	2	0	9	8	5 6
Print name:	RATNA TEJA	JALADI	_ Daried anding:				4	2	1		
Address:	2111 COLLE	GE ST, 64	Period ending: _				1	2	3 1	. 2	2
City, State, ZIP:	CEDAR FALL	S IA 50613	Payment amount:					1 4	4 9) (0 0
Phone:	903-352-411	.6	_								
Mail to: Iowa Departme PO Box 10466 Des Moines IA REV 02/19/22 PRO		Make checks payable to: lowa Department of Revenue. by check, you authorize the De Revenue to convert your check electronic banking transaction.	epartment of k to a one-time 45-002 (06/01/2021)								
		cut he	re								





Iowa Individual Income Tax Declaration for an e-File Return

tax.iowa.gov

first name, middle initial, and I	ast name <u>RATNA_TI</u>	EJA JALAD	<u> </u>	Spouse's first na	ame, middle initial, an	nd last name _.						
Social Security Number <u>85</u>	0-20-9856			Spouse's Social Security Number								
e address, City, State, ZIP <u>2.</u>	111 COLLEGE ST	Г, 64		CEDA	R FALLS IA !	50613						
					B. Spo			A 3/				
Part I Tax Return Informatio					(filing sta	,		A. You or Joint				
1. Iowa Net Income (IA 10												
 Total Tax (IA 1040, line lowa Income Tax Withh 												
Amount to be Refunded					·			4,394				
	· ·											
5. Total Amount Due (IA 1	ŕ				•••••		5	595				
Part II Declaration of Taxpay 6. X I do not want di	/er (Be sure to keep a c rect deposit or direct del		eturn.)									
_ =	ect deposit of direct del ny refund be directly dep		nated below	v If I have filed a	ioint return this is ar	n irrevocable	appointmer	nt of the other sp				
	eceive the refund.	ooned do deelg	nated belov	v. II i ilave illea a	joint rotarn, this is a	Tirrevocable	арропшнег	it of the other sp				
authorization is 515-281-3114 c date. Note: This	nent of taxes to receive to remain in full force a sur idreft@iowa.gov. Pay selectronic withdrawal forcount, contact your fination:	nd effect until I ment cancellation rom your bank	notify IDR to on requests account will	o terminate the a must be received be identified with	uthorization. To revo d no later than five b n the ACH Company	ke (cancel) a usiness days ID 44260045	payment, l prior to the 74. If you c	I must contact ID e payment/settler currently have a				
Routing Number			The first t	wo digits must l	pe 01 through 12 or	r 21 through	32.					
•			1 1 1		1 1							
Account Number Type of Account:	L	Checkin	<u> </u>									
Will this refund go to (or	· ·		J									
the amounts in Part I above attachments, and statements (ERO). In addition, by using transmission of my tax return is rejected, I authorize IDR understand that if IDR does consent that my refund be d refund, or direct debit is de understand that this declarat	s be sent to the lowa D software to prepare a electronically. I authori to identify the reasons not receive full and time irectly deposited as des layed, I authorize IDR	epartment of Re nd transmit my ze IDR to inform for rejection so ely payment of r signated in Part to disclose to	evenue (IDR return elect my ERO a that the re my tax liabili II and decla my ERO ar	A) through the Intertronically, I consend for transmitter that the correct I will remain liate that the information transmitter	ernal Revenue Servicent to the disclosure when my electronic rected and re-transmi bible for the tax liabilitination shown in Part the reason(s) for the	ce (IRS) by me to IDR of all eturn has bee itted. If I have and all app. II is correct.	ny Electroni I information I accepted I filed a basilicable penal If the proces	ic Return Origina on pertaining to the control of t				
Your Signature		Date		Spouse Signa	ature If a joint return,	both must sig	jn.	Date				
Part III Declaration of Elec I declare that I have reviewe only a collector, I am not re taxpayer's signature before a followed all other requirement 8453-IND should not be sen later, to which the IA 8453-II that I have examined the ab- are true, correct, and comple	ed the above taxpayer's esponsible for reviewing submitting this return to this described in the low to IDR, but must be reND relates was filed. I vove taxpayer's return ar	return and that it the IRS. I have a Modernized estained by the Evill make a copyed accompanying	t entries on d only decla provided the File (MeF) RO for a pe y available to g schedules	form IA 8453-INE tree that this form the taxpayer with a Information for exercide of three years, attachments, and available to me.	accurately reflects to a copy of all forms an File Providers public rs from the due date est. If I am a paid pro	he data on the dinformation cation. I under of the return eparer, under	ne return. In to be filed retand that or the filing penalties	have obtained to with IDR and hat the original form date, whichever of perjury, I decla				
ERO Signature		Date		Check if also paid preparer □	Check if self- employed □	ERO PT	'IN					
Firm's name (or yours if G	LOBAL TAXES L	LC				FEIN	30-101	7196				
Address, City, State, ZIP ₂	530 PEBBLE CRI	EEK LN CU	MMING (GA 30041		Phone Number	(678)9	965-9522				
Paid Preparer	RIYA RAM SAGAR GUPTA			3/09/2022	Check if self- employed □	Prepare	rPTIN P(02082703				
Firm's name (or yours if	GLOBAL TAXES	LLC				FEIN	30-101	 L7196				
self-employed) Address, City, State, ZIP	2530 PEBBLE (CREEK LN	CUMMING	GA 30041		Phone Number	(678)9	965-9522				
							, -					

tax.iowa.gov



Save time, file returns and pay online at tax.iowa.gov.

Instructions for Payment Vouchers

- 1. Complete using blue or black ink. Do not use gel pens or red ink on checks. **Do not staple.**
- 2. **SSN:** Enter the Social Security Number in the boxes provided below.
- 3. **Period ending:** Enter the date of the calendar or fiscal year end. Use MMDDYY format. MM: two-digit month. DD: two-digit day. YY: last two digits of the tax year. The period ending for December 31, 2021, would be entered as: 123121.
- 4. **Payment amount:** Enter dollars and cents. The two boxes separated to the right on the amount line are for cents. Do not enter any punctuation or symbols (for example ", or \$").
- 5. When paying by check, **make checks payable to** lowa Department of Revenue.
- 6. Mail your payment on or before the due date with this voucher to:

Iowa Department of Revenue PO Box 9187 Des Moines IA 50306-9187

Mail to:

PO Box 9187

Iowa Department of Revenue

Des Moines IA 50306-9187

	cu	t here									
owa Department of Revenue	INT	REV 02/19/22 PRO Individ	ual I	nco	me	Tax				40 Vou	
200685020985651231216216 5											
		SSN:	8	5	0	2	0	9	8	5	6
Print name: JALADI RATNA TEJA											
Address: 2111 COLLEGE ST, 64		Period ending:				1	2	3	1	2	1
City, state, ZIP: CEDAR FALLS IA 50613		Payment amount:					5	9	5	0	0
Phone: 903-352-4116											
Make checks pay	yable to:										

Iowa Department of Revenue. When you pay

Revenue to convert your check to a one-time

electronic banking transaction. 41-137 (09/10/2021)

by check, you authorize the Department of

			1040 Iowa Individual Income Tax Retu	rn ,											
	-		spaces. You must fill in your Social Security Number (SSN).				WATERCONE	. 1144,80	CAMPA BARTIS	LMORANCH	Lada II Villa (Nila da I	N TO LINE	OME PURSONAL	LANCILIAN P	ווו ובו. כמ
Your la	st nam		Your first name/middle initial:									WB			
JAL			RATNA TEJA					W.F.	88885D		9 149 03	W	$y _{A}$	W.R.	WILL
Spouse	e's last	nan	me: Spouse's first name/middle initial:				uak musika	KNE V	SENCOLO YER	Mais (1.1)	ALARY PARTY	(d. h	G#XX	PX 1507	X 4
211	1 C	ΟL	iddress (number and street, apartment, lot, or suite number) or PO Box: ${\tt LEGE\ ST}$, 64												
City, St			ALLS IA 50613												
Spous			Your SSN: 850-20-9856			_									
Step 2	Filing	Sta	itus: Mark one box only			-									
1 X	1		Vere you claimed as a dependent on another person's lowa return? Yes	N	o X	Email Ad	ldress:								
2	+ -		filing a joint return. (Two-income families may benefit by using status 3 or 4.)			Check th	is box if you	or your	spouse were	65 or old	der as of 12/	31/21.			1
3	Marri	ed f	filing separately on this combined return. Spouse use column B.			Residen	ce on 12/31/	21: Cou	nty No. 07		School E	istrict	t No. 1 (044	
4	Marri	ed f	filing separate returns. Spouse's name:		▲ SSN:					Ne	et Income: \$			<u> </u>	
5	Head	l of l	household with qualifying person. If qualifying person is not claimed as a dependent	ent on th	nis return, ent	er the per	rson's name	and SSI	N below.						
6	Quali	fyin	ng widow(er) with dependent child. Name:				SSN:								
Step 3	Exem	ptio	ons			B. Spot	use (Filing S	tatus 3 C	ONLY)			Α. \	You or J	oint	
a. P	ersona	l Cr	redit: Col. A: Enter 1 (enter 2 if filing status 2 or 5); Col. B: Enter 1 if filing status 3		A		X \$ 40 =	\$		A	1	Х	(\$ 40 =	\$	40
b. E	nter 1 f	or e	each taxpayer who is 65 or older and/or 1 for each taxpayer who is blind		A		X \$ 20 =	\$		A		Х	(\$ 20 =	\$	
			s: Enter 1 for each dependent		_		X \$ 40 =					_ X	(\$ 40 =	\$	
d. E	nter fire	st na	ames of dependents here				e. Tota	al \$			11		e. Tota	al \$	40
Step 4	Repor	tab	ole Social Security benefits as calculated on line 13 of Iowa Social Security V	Vorkshe	eet	B. Spou	se/Status	3 ▲			A. You o	r Joir	nt ▲		
Step 5					Spouse/St		A.	You or		B. Spot	use/Status	3		A. You	ı or Joint
Gross		1.	Wages, salaries, tips, etc	_		.00		90,	<u>, 687</u> .00						
Income	,	2.	• • • •	_		.00			.00						
		3.	Ordinary dividend income. If more than \$1,500, complete Sch. B	_		.00			<u>77</u> .00						
_		4.	Taxable alimony received	_		.00			.00		Г	NOT	E: Use	only	
		5. 6.	Business income/(loss). See instructions	_		.00		1.0	.00			blue (or blac	k Í	
		7.	Other gains/(losses). See instructions	_		.00		18,	301.00				no pend d ink.	ils	
		8.	Taxable IRA distributions	_		.00			.00		L	01 100	u iiik.		
		9.	Taxable pensions and annuities	_		.00			.00						
		10.	Rents, royalties, partnerships, estates, etc. See instructions	_		.00		-10	547.00						
	1	11.	Farm income/(loss). See instructions	_		.00			.00						
	1	12.	Unemployment compensation. See instructions	12.		.00			.00						
	1	13.	Gambling winnings	13.		.00			.00						
	1	14.	Other income, bonus depreciation, and section 179 adjustment	14.		.00			.00						
	1	15.	Gross Income. Add lines 1-14						15.			0 🛦		98,5	<u>18</u> .00
Step 6 Adjust-	. 1	16.	Payments to an IRA, Keogh, or SEP	16.		.00			.00						
ments	to 1	17.	Deductible part of self-employment tax.	17.		.00			.00						
		18.	Health insurance premium	18.		.00			0.00						
	1	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 3903lowa capital gain deduction. Must include corresponding IA 100	_		.00			.00						
	2	23.	schedule	23.		.00			.00						
		24.	Other adjustments	_		.00			.00						
		25.	Total adjustments. Add lines 16-24						25.		0	0 🛦		0.0	0.00
Step 7		26.	Net Income. Subtract line 25 from line 15						26			0		98,	5 <u>1</u> 8 _{.00}
Federa	I	27.	Federal income tax refund/overpayment received in 2021	_		.00			.00						
Taxes and	_	28. 29.	Self-employment/household employment/other federal taxes Addition for federal taxes. Add lines 27 and 28	_		.00			00 29.			0			0 00
Qualific Deduc-	ou .	30.	Total. Add lines 26 and 29						30.			0			<u>0</u> .00
tions			Federal tax withheld in 2021, federal estimated tax payments made								0	0		<u>98,</u>	518.00
			in 2021, and federal taxes paid in 2021 for 2020 and prior years	31.		.00		13	<u>, 885</u> .00						
	3	32.	Qualified business income deduction. 50.0% (.50) of federal amount. See instructions	32.		.00			1 .00						
	3	33.	DPAD 199A(g) deduction. 50.0% (.5) of federal amount	33.					.00						
	3	34.	Total federal tax and other qualified deductions. Add lines 31, 32, an	d 33					34.		0	0		13,	886 .00
	3	35.	Balance. Subtract line 34 from line 30. Enter here and on line 36, page	ge 2					35.		.(0	·	84,	632 .00

Step 8	IA 36.	1040 , page 2 BALANCE. From side 1, line 35	B. Spouse/Status			3. Spouse/Statu	s 3 .00	A. You or Joint 84,632.00
Taxable Income	37.	Deduction. Check one box ▲ Itemized.(Include IA Schedule A)	Standard X		37.		.00 🛦	2,130.00
	38.	TAXABLE INCOME. SUBTRACT line 37 from line 36			38.		.00	82,502.00
Step 9 Tax,	39.	Tax from tables or alternate tax	. 39.	.00 🛦	5,029.	00		
Credits,	40.	lowa lump-sum tax. See instructions	. 40.	.00 🛦		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	5,029.00
butions	43.	Total exemption credit amount(s) from Step 3, side 1	. 43.	.00	40.0	00		
	44.	Tuition and textbook credit for dependents K-12						
_	45.	Volunteer firefighter/EMS/reserve peace officer credit				00		
	46.	Total credits. ADD lines 43, 44, and 45					.00	40.00
	47.	BALANCE. SUBTRACT line 46 from line 42. If less than zero, ente	r zero				.00 🛦	4,989.00
	48.	Credit for nonresident or part-year resident. Must include IA 126 ar	nd federal return		48.		.00 🛦	.00
	49.	BALANCE. SUBTRACT line 48 from 47. If less than zero, enter zer	ro				.00 🛦	4,989.00
	50.	Out-of-state tax credit. Must include IA 130.					.00 🛦	.00
	51.	BALANCE. SUBTRACT line 50 from 49. If less than zero, enter zer	ro				.00 🛦	4,989.00
	52.	Other nonrefundable Iowa credits. Must include IA 148 Tax Credits	Schedule				.00 🛦	.00
	53.	BALANCE. SUBTRACT line 52 from line 51. If less than zero, ente	r zero				.00 🛦	4,989.00
	54.	School district surtax or EMS surtax. Take percentage from table; r	multiply by line 53				.00 🛦	0.00
	55.	Total state and local tax. ADD lines 53 and 54					.00 🔺	4,989.00
	56.	TOTAL state and local tax before contributions. Combine columns	A and B on line 55 and	enter here	-			4,989.00
	57.	Contributions will reduce your refund or add to the amount you owe	e. Amounts must be in w	hole dollars.				
Step 10 Credits	58. 59.	Wildlife 57a: ▲ State Fair 57b: ▲ Firefighters/Veteral TOTAL STATE AND LOCAL TAX, AND CONTRIBUTIONS. Add lin lowa Fuel Tax Credit. Must include IA 4136						00 4 , 989 .00
creaks	60.	Check One: Child and Dependent Care Credit OR				-		_
		▲ Early Childhood Development Credit	60.	.00 🛦	.0	0		
	61.	lowa earned income tax credit. 15.0% (.15) of federal credit	61.	.00 🛦	.0	0		
	62.	Other refundable credits. Include IA 148 Tax Credits Schedule	62.	.00 🛦	.0	0		
	63.	lowa income tax withheld	63.	.00 🛦	4,394.0	0		
	64.	Estimated and voucher payments made for tax year 2021	64.	.00 🛦	.0	0		
	65.	TOTAL. ADD lines 59 through 64 and enter here						
2. 11	66.	TOTAL CREDITS. ADD columns A and B on line 65 and enter here					66.	4,394.00
Step 11 Refund	67.	,	, ,				67. ▲	.00
	68.	Amount of line 67 to be REFUNDED.				REFUND	68. ▲	00
	6	8a. Routing number:		68b. Type	e Checking		Savings	
	6	8c. Account number:					Ш	
	69.	Amount of line 67 to be applied to your 2022 estimated tax	69.	00 ▲	.0	0		
Step 12 Pay	70.	If line 66 is less than line 58, subtract line 66 from line 58. This is the	ne AMOUNT OF TAX Y	OU OWE			70. 	<u>595</u> .00
•	71.	, , , , , , , , , , , , , , , , , , , ,					71. ▲	.00
	72.	· <u> </u>	▲ 72b. Interest				72. 73	.00
		TOTAL AMOUNT DUE. ADD lines 70, 71, and 72. Enter here					73.	<u>595.00</u>
Step 13		e undersigned, declare under penalties of perjury or false certificate, plete.	that I have examined thi	is return, and, to	the best of m	y knowledge an	d belief,	it is true, correct, and
SIGN		_						
HERE		A					PTA TALI	AMO3/09/2022
SIGN	Your	r signature Date Check	if deceased Date	of death	Preparer's	signature		Date
SIGN HERE		A			P0208		30	-1017196
	Spot	<u> </u>		of death	Preparer's		0.65	Firm's FEIN
		()	903)352-4116			(678)	965-	9522

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



£1040

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

2021

OMB No. 1545-007

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

Filing Status Check only one box.	If yo	ou checked the MFS box, enter the r	ame of	ed filing separately your spouse. If you	` ,	_		`	, -	_	, ,	` , ` ,
Your first name		son is a child but not your dependen	Last na	ame						Your so	cial securi	tv number
RATNA T		iddle ilittal	JALA								20-985	•
		s first name and middle initial	Last na						_			curity number
,, .	podoo		2001110							орошоо		
Home address	(numbe	er and street). If you have a P.O. box, see	instructi	ions.				Apt. no.		Preside	ntial Electi	on Campaigr
2111 CO	LLEG:	E ST						64			nere if you,	
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	spaces below.	State)	ZII	ode				ntly, want \$3
CEDAR F	ALLS		IA 5			0613		to go to this fund. Checking a box below will not change				
Foreign country	y name		Foreign province/state/county Fore				reign postal	code		or refund		
												Spouse
At any time du	ring 20	D21, did you receive, sell, exchange	, or othe	erwise dispose of ar	ny finar	ncial inte	rest in a	ny virtual o	curren	cy?	Yes	X No
 Standard												
Deduction												
A (DII I								. (4057		Paral
	-	Were born before January 2, 1	957	-	ouse:			efore Janu			Is b	
Dependent	nts (see instructions): (2) Social security number (3) Relationship to you (4) ✔ if qualifies f number to you Child tax credit							1	•	,		
If more than four	(1) F	irst name Last name		Harrison	-	,		Crilla	lax cre	eait	Credit for ot	ther dependents
dependents,												
see instruction	s —											
and check here ▶									$\frac{\square}{\square}$			
	. 1	Wages, salaries, tips, etc. Attach l	=orm(s)	W-2						1		<u> </u>
Attach			2a		 h Та	xable int	oract			2b		<u> </u>
Sch. B if	3a	· -	3a	54.		dinary di				3b		77.
required.	4a		4a			xable an				4b		
_	5a	Pensions and annuities	5a		b Ta	xable an	nount .			5b		
Standard	6a	Social security benefits	6a		b Ta	xable an	nount .			6b		
Deduction for—	7	Capital gain or (loss). Attach Sche	dule D i	f required. If not rec	uired,	check he	ere .		▶ [7		18,301.
Single or Married filing	8	Other income from Schedule 1, lir	ie 10							8	_	10,547.
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. 7	This is your total inc	come				. •	9		98,518.
Married filing	10	Adjustments to income from Sche	dule 1,	line 26						10		
jointly or Qualifying	11	Subtract line 10 from line 9. This is	s your a	djusted gross inco	me				. •	11		98,518.
widow(er), \$25,100	12a	Standard deduction or itemized	deduct	tions (from Schedul	e A)		12a	12	,550			
Head of	b	Charitable contributions if you take	the star	ndard deduction (see	e instru	ctions)	12b		300			
household, \$18,800	С	Add lines 12a and 12b								120	;	12,850.
If you checked any box under	13	Qualified business income deduct	ion fron	n Form 8995 or Forr	n 8995	5-A				13		1.
Standard	14	Add lines 12c and 13								14		12,851.
Deduction, see instructions.	15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0										85,667.

	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	13,993.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	13,993.
	19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	13,993.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
	24	Add lines 22 and 23. This is your total tax	24	13,993.
	25	Federal income tax withheld from:		
	а	Form(s) W-2		
	b	Form(s) 1099	•	
	С	Other forms (see instructions)	•	
	d	Add lines 25a through 25c	25d	13,885.
	26	2021 estimated tax payments and amount applied from 2020 return	26	·
If you have a liqualifying child,	27a	Earned income credit (EIC)		
attach Sch. EIC.		Check here if you were born after January 1, 1998, and before		
		January 2, 2004, and you satisfy all the other requirements for		
		taxpayers who are at least age 18, to claim the EIC. See instructions ▶ ☐		
	b	Nontaxable combat pay election 27b		
	С	Prior year (2019) earned income		
	28	Refundable child tax credit or additional child tax credit from Schedule 8812	-	
	29	American opportunity credit from Form 8863, line 8	-	
	30	Recovery rebate credit. See instructions	-	
	31	Amount from Schedule 3, line 15		
	32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	12 005
	33	Add lines 25d, 26, and 32. These are your total payments	33	13,885.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	
D: 1.1 '10	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	35a	
Direct deposit? See instructions.	▶b	Routing number X X X X X X X X X X X X X X X X X X X		
	► d	Account number X X X X X X X X X X X X X X X X X X X		
A	36	Amount of line 34 you want applied to your 2022 estimated tax	07	108.
Amount You Owe	37	Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions .	37	100.
	38	Estimated tax penalty (see instructions)		
Third Party Designee		you want to allow another person to discuss this return with the IRS? See tructions	elow	X No
Besignee		signee's Phone Personal identif		
	nar	ne ▶ no. ▶ number (PIN) ▶		
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to		
Here		ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which		, ,
	You			nt you an Identity N, enter it here
Joint return?			nst.) ▶	14, Chief it ficie
See instructions.	Spo		IRS ser	nt your spouse an
Keep a copy for			, ,	ection PIN, enter it here
your records.		(see i	nst.) ►	
		one no. (903)352-4116 Email address TEJAANDY10@GMAIL.COM		
Paid		eparer's name Preparer's signature Date PTIN		Check if:
Preparer		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/09/2022 P02082		Self-employed
Use Only				678)965-9522
	Firr	m's address ▶ 2530 Pebble Creek Ln Cumming GA 30041 Firm'	s EIN 🕨	
Go to www.irs.go	ov/Form	n1040 for instructions and the latest information. BAA REV 02/17/22 PRO		Form 1040 (2021)

Form 1040 (2021)

Page **2**

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

RATNA TEJA JALADI

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.

Attachment Sequence No. **01** Your social security number

850-20-9856

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxe	s	1	
2 a	Alimony received		2 a	
b	Date of original divorce or separation agreement (see instructions)	-		
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, tr Schedule E	•	5	-10,547.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling income	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Taxable Health Savings Account distribution	8e		
f	Alaska Permanent Fund dividends	8f		
g	Jury duty pay	8g		
h	Prizes and awards	8h		
i	Activity not engaged in for profit income	8i		
j	Stock options	8j		
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8k		
I	Olympic and Paralympic medals and USOC prize money (see instructions)	81		
m	Section 951(a) inclusion (see instructions)	8m		
n	Section 951A(a) inclusion (see instructions)	8n		
0	Section 461(I) excess business loss adjustment	80		
р	Taxable distributions from an ABLE account (see instructions) .	8p		
Z	Other income. List type and amount ▶	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1 1040-NR, line 8	040, 1040-SR, or	10	_10 547

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	>		ı
С	Date of original divorce or separation agreement (see instructions)	-		ı
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			ı
а	Jury duty pay (see instructions)	24a		ı
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	24b		ı
С	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l	24c		ı
d	Reforestation amortization and expenses	24d		ı
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		ı
f	Contributions to section 501(c)(18)(D) pension plans	24f		ı
g	Contributions by certain chaplains to section 403(b) plans	24g		ı
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		ı
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i		ſ
j	Housing deduction from Form 2555	24j		ı
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		ſ
Z	Other adjustments. List type and amount ▶	24z		1
25	Total other adjustments. Add lines 24a through 24z		25	1
26	Add lines 11 through 23 and 25. These are your adjustments to			
	here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line	e 10a	26	1

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 850-20-9856 RATNA TEJA JALADI 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 118,783. Box A checked 579. 127,898. 9,694. 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 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 9,694. 7 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)

lines This	below. form may be easier to complete if you round off cents to le dollars.	(d) (e) Proceeds Cost to (sales price) (or other basis) Fol		Adjustmen to gain or loss Form(s) 8949, F line 2, columi	from Part II,	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 Box D checked	18,327.	9,836.	1	16.	8,607.
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F 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 corporat	tions, estates, and	trusts from Scheo	dule(s) K-1	12	
13	Capital gain distributions. See the instructions				13	
14	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions	y, from line 13 of y			14	()
15	Net long-term capital gain or (loss). Combine lines 8a on the back	•	. ,		15	8,607.

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

Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 18,301. • 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? X 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? X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

Sales and Other Dispositions of Capital Assets

► 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.

2021 Attachment Sequence No. 12A

OMB No. 1545-0074

Internal Revenue Service
Name(s) shown on return

Part I

Department of the Treasury

Social security number or taxpayer identification number

850-20-9856

RATNA TEJA JALADI

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.

instructions). For long-term transactions, see page 2.

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see

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 12/31/21 110,966. 106,321. W 579 5,224. Robinhood Crypto LLC 01/01/21 12/31/21 16,932. 12,462 4,470. 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.

127,898.

9,694.

579.

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) ▶

118,783.

Form 8949 (2021) Attachment Sequence No. 12A Page

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side RATNA TEJA JALADI

Social security number or taxpayer identification number 850-20-9856

Before you check Box D, E, or F 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 II

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-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 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-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.

✗ (D) Long-term transactions☐ (E) Long-term transactions	reported on	Form(s) 1099	-B showing bas				e)
(a)	(b)	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below	If you enter an enter a co	f any, to gain or loss. amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss). Subtract column (e)
Description of property (Example: 100 sh. XYZ Co.)	Date acquired (Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
Robinhood Securities LLC	01/01/20	12/31/21	18,327.	9,836.	W	116.	8,607.
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D. line 8h (if Box D. above	al here and inc	lude on your					

Note: If you checked Box D 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.

above is checked), or line 10 (if Box F above is checked) ▶

18,327.

9,836.

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.

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

OMB No. 1545-0074

2021

Attachment
Sequence No. 13

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Your social security number

	A TEJA JALADI								50-20-			
Part	Income or Loss	From Rental Real Estate and Ro	yaltie	s Note:	If you a	are in th	e business c	of rent	ing perso	onal pro	operty, use	Э
	Schedule C. See i	instructions. If you are an individual, repo	ort farr	m rental ir	ncome o	r loss fi	om Form 48	335 or	n page 2,	line 40).	
A Did	d you make any paymer	nts in 2021 that would require you to	file F	orm(s) 10	099? Se	e instr	uctions .			Y	es 🗵 N	0
B If "	Yes," did you or will yo	ou file required Form(s) 1099?								□ Y	es 🗌 N	lo
1a		each property (street, city, state, ZIF										
Α												
В												
С												
1b	Type of Property	2 For each rental real estate prop	perty I	isted		Fair	Rental	Per	sonal L	Jse	QJV	
	(from list below)	above, report the number of fa personal use days. Check the	ir rent	al and			ays		Days		401	
Α	3	if you meet the requirements to		365		0						
В		If you meet the requirements to file as a qualified joint venture. See instructions. A 365 B										
С					С							
Type o	of Property:											
	gle Family Residence	3 Vacation/Short-Term Rental	5 La	nd	7	' Self-	Rental					
	ti-Family Residence	4 Commercial	6 Ro	yalties	3	Othe	r (describe))				
Incom	ne:	Properties:			Α		E	3			С	
3			3		(500.						
4	Royalties received .		4									
Exper												
5	_		5									
6	•	nstructions)	6									
7		ance	7		1,2	200.						
8			8									
9			9									
10	_	ssional fees	10									
11	•		11		1,0	000.						
12		d to banks, etc. (see instructions)	12									
13			13									
14	•		14			200.						
15	• •		15		2,2	200.						
16			16									
17			17		3,0	000.						
18		or depletion	18									
19	Other (list)		19									
20	•	ines 5 through 19	20		9,6	500.						
21		line 3 (rents) and/or 4 (royalties). If										
		nstructions to find out if you must			0 (200						
	file Form 6198		21		-9,0	,00.						
22		estate loss after limitation, if any,	22	,	0 0	ر م را ا	() (١
222	on Form 8582 (see ins	structions)		J/		00.) 23a	(00.			
23a b		eported on line 3 for all rental prope eported on line 4 for all royalty prop			•	23b		0				
C		eported on line 4 for all royally properties	ei nes		•	23c						
d		eported on line 18 for all properties			•	23d						
e		eported on line 20 for all properties				23e		9,6	00			
24		e amounts shown on line 21. Do no	t inclu			200		٥, ر	24			
25	·	sses from line 21 and rental real estate		-		ter tota	 al losses her	٠.	25 (9,000	<u> </u>
											٥,000	, ,)
26		ate and royalty income or (loss). (V, and line 40 on page 2 do not a										
		10), line 5. Otherwise, include this ar							26		-9,00	00.

Sched	ule E (Form 1040) 2021						Attachment Sequence	No. 13		Page 2
lame(s) shown on return. Do not enter name a	and social security i	number if sho	own on o	other side.		•	Your so	cial securi	ty number
RAT:	NA TEJA JALADI							850-	20-985	56
Caut	ion: The IRS compares amour	ts reported on	your tax r	eturn v	with amour	nts show	vn on Schedule(s)	K-1.		
Par			-						a distribu	tion, dispose of
	stock, or receive a loan re		-	-						
	computation. If you report	•	•	-						
	line 28 and attach Form 6	198. See instruct	ions.	-						
27	Are you reporting any loss	not allowed in	n prior voc	ar dua	to the et r	ok or be	acia limitationa a n	rior voo	r upollov	od loog from a
21	passive activity (if that loss									
	see instructions before con									es × No
		ipicarig and de	(b) Enter		(c) Check		(d) Employer		Check if	(f) Check if
28	(a) Name		partners	hip; S	` foreign		identification	basis co	omputation	any amount is not at risk
A F	RC 1 INVESTMENTS LLC		for S corp	oration	partnershi	P	number 87-3584846	IS FE	equired	TIOL ALTISK
В	C I INVESIMENTS LLC		P				07-3304040		 	
С									 	
D									<u> </u>	
ע	Passive Income a	nd Lose				N	onpassive Income	and L		
				(C) A1						
	(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive in from Schedu			onpassive los see Schedule		(j) Section 179 ex deduction from For			passive income Schedule K-1
Δ.	(,			,						
A						,547.				
В										
С										
D										
29a	Totals									
b						,547.				
30	Add columns (h) and (k) of lin							30		
31	Add columns (g), (i), and (j) of							31	(1,547.
32	Total partnership and S cor				mbine line	s 30 an	d 31	32		-1,547.
Part	III Income or Loss From	m Estates an	d Trusts	i						
33			(a) Name							nployer on number
Α										
В										
	Passive In	come and Los	SS				Nonpassive	Income	and Los	SS
	(c) Passive deduction or loss allo	wed	(d) Pass	sive inco	me	(e) Deduction or loss		(f) Other in	ncome from
	(attach Form 8582 if required		from Sc	hedule	K-1	•	om Schedule K-1			ule K-1
Α										
В										
34a	Totals									
b										
35	Add columns (d) and (f) of lin	e 34a						35		
36	Add columns (c) and (e) of lin							36	(
37	Total estate and trust incor		 ombine lin	 nes 35	and 36			37	\	
Part						t Cond	luits (REMICs) –		ial Hold	ler
		(b) Employer ide			Excess inclus		(d) Taxable income			ncome from
38	(a) Name	numbe		5	Schedules Q, see instruct)		from Schedules C			ules Q, line 3b
					(000 1110111001	10110)				
39	Combine columns (d) and (e)	only Enter the	result her	re and	include in	the tota	on line 41 below	39		
Par		5,. Littor tile	. Court Hol	Juilu			J 11 DOIOW	55	1	
40	Net farm rental income or (los	ss) from Form	4835 Also	com	nlete line 4	l2 helov	V	40		
41	Total income or (loss). Combine line	,			•			41		-10,547.
	• •						. (1 OIIII 10 1 0), IIIIC 0	71		10,51.
42	Reconciliation of farming a									
	farming and fishing income rep									
	(Form 1065), box 14, code B; S AD; and Schedule K-1 (Form 10					42				
	•					42				
43	Reconciliation for real estate prof	•								
	(see instructions), enter the net inc									
	1040, Form 1040-SR, or Form 1040	-ing trotti ali rental	real estate	activitie	s in which					

you materially participated under the passive activity loss rules

43

Department of the Treasury

Internal Revenue Service

Health Savings Accounts (HSAs)

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

OMB No. 1545-0074

2021

Attachment Sequence No. 52

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

RATNA TEJA JALADI

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶ 850-20-9856

Befor	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if	f requ	ired.
Part	HSA Contributions and Deduction. See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for		
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2021. See instructions	⊠ Sel	f-only 🗌 Family
2	HSA contributions you made for 2021 (or those made on your behalf), including those made from January 1, 2022, through April 15, 2022, that were for 2021. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	0.
3	If you were under age 55 at the end of 2021 and, on the first day of every month during 2021, you were, or were considered, an eligible individual with the same coverage, enter \$3,600 (\$7,200 for family coverage). All others, see the instructions for the amount to enter	3	3,600.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2021 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2021, also include any amount contributed to your spouse's Archer MSAs	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0	5	3,600.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family		
	coverage under an HDHP at any time during 2021, see the instructions for the amount to enter	6	3,600.
7	If you were age 55 or older at the end of 2021, married, and you or your spouse had family coverage under an HDHP at any time during 2021, enter your additional contribution amount. See instructions	7	0.
8	Add lines 6 and 7	8	3,600.
9	Employer contributions made to your HSAs for 2021		3,000.
10	Qualified HSA funding distributions	-	
11	Add lines 9 and 10	11	3,600.
12	Subtract line 11 from line 8. If zero or less, enter -0	12	0.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13	13	0.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.		
Part		rate F	HSAs, complete
44-	a separate Part II for each spouse.	44-	
14a	Total distributions you received in 2021 from all HSAs (see instructions)	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b	
С	Subtract line 14b from line 14a	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8e	16	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here		
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b	
Part			
18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8z, and enter "HSA" and the amount on the dotted line	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form	21	

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

2021

Attachment Sequence No. **55**

Internal Revenue Service

Name(s) shown on return

Department of the Treasury

RATNA TEJA JALADI

Your taxpayer identification number 850-20-9856

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					
- 11					
iii					
i.,					
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	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4			
5	Qualified business income component. Multiply line 4 by 20% (0.20)		5		
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss)				
	(see instructions)	6 4.			
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				
	or less, enter -0	8 4.			
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		9	1.	
10	Qualified business income deduction before the income limitation. Add lines 5 and	1	10	1.	
11	' '	11 85,668.			
12	· • · · · · · · · · · · · · · · · · · ·	12 8,661.			
13		13 77,007.			
14	Income limitation. Multiply line 13 by 20% (0.20)		14	15,401.	
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also ϵ				
	the applicable line of your return (see instructions)		15	1.	
16	$\label{thm:combine} \mbox{Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than $$ \mbox{Total qualified business (loss) carryforward.} $$$		16 (0.	
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 ar				
	zero, enter -0		17 (0.	

Passive Activity Loss Limitations

► See separate instructions.

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

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

OMB No. 1545-1008 Attachment Sequence No. **858**

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Identifying number

RAII	NA TEJA JALADI				850	-20-	9856
Pa							
	Caution: Complete Parts IV ar	nd V before comple	eting Part I.				
	al Real Estate Activities With Active Pa ance for Rental Real Estate Activities			ive participation, s	ee Special		
1a b c d	Activities with net income (enter the a Activities with net loss (enter the amo Prior years' unallowed losses (enter the Combine lines 1a, 1b, and 1c	unt from Part IV, c ne amount from Pa	olumn (b)) art IV, column (c))	1b (0. 9,000.))	1d	-9,000.
All Ot	her Passive Activities						
2a b c d	Activities with net income (enter the a Activities with net loss (enter the amo Prior years' unallowed losses (enter the Combine lines 2a, 2b, and 2c	unt from Part V, co ne amount from Pa	olumn (b)) art V, column (c))	2b (2c ()	2d	
3	Combine lines 1d and 2d. If this line i all losses are allowed, including any losses on the forms and schedules no	s zero or more, sto prior year unallow	op here and included losses entered	de this form with y	our return; Report the	3	-9,000.
	If line 3 is a loss and: • Line 1d is a l • Line 2d is a l	loss, go to Part II. loss (and line 1d is	zero or more), sk	ip Part II and go to	line 10.		
	on: If your filing status is married filing . Instead, go to line 10.	separately and yo	ou lived with your	spouse at any tim	e during the	year,	do not complete
	t II Special Allowance for Rer	ntal Real Estate	Activities With	Active Participa	ation		
	Note: Enter all numbers in Par	t II as positive amo	ounts. See instruc	•			
Par 4	Note: Enter all numbers in Par Enter the smaller of the loss on line 1	t II as positive amo	ounts. See instruc ne 3	tions for an examp	le. 	4	9,000.
4 5	Note: Enter all numbers in Par Enter the smaller of the loss on line 1 Enter \$150,000. If married filing separ	t II as positive amo d or the loss on linately, see instruction	ounts. See instructions 3	tions for an examp	le. 50,000.	4	9,000.
Par 4	Note: Enter all numbers in Par Enter the smaller of the loss on line 1 Enter \$150,000. If married filing separ Enter modified adjusted gross income	t II as positive amo d or the loss on lir ately, see instructi e, but not less thar	ounts. See instructions 3	tions for an examp	le. 	4	9,000.
4 5	Note: Enter all numbers in Par Enter the smaller of the loss on line 1 Enter \$150,000. If married filing separ Enter modified adjusted gross income Note: If line 6 is greater than or equal	t II as positive amo d or the loss on lir ately, see instructi e, but not less thar	ounts. See instructions 3	tions for an examp	le. 50,000.	4	9,000.
4 5 6	Note: Enter all numbers in Par Enter the smaller of the loss on line 1 Enter \$150,000. If married filing separ Enter modified adjusted gross income Note: If line 6 is greater than or equal on line 9. Otherwise, go to line 7.	t II as positive amo d or the loss on lir ately, see instructi e, but not less thar	ounts. See instructions 3	tions for an examp	le. 50,000. 07,518.	4	9,000.
4 5 6	Note: Enter all numbers in Par Enter the smaller of the loss on line 1 Enter \$150,000. If married filing separ Enter modified adjusted gross income Note: If line 6 is greater than or equal on line 9. Otherwise, go to line 7. Subtract line 6 from line 5	t II as positive amo d or the loss on lir ately, see instructi e, but not less thar to line 5, skip line	ounts. See instruction on some series on see instruction see instruction see and series on the series of the serie	tions for an examp	le. 50,000. 07,518.		
4 5 6	Note: Enter all numbers in Par Enter the smaller of the loss on line 1 Enter \$150,000. If married filing separ Enter modified adjusted gross income Note: If line 6 is greater than or equal on line 9. Otherwise, go to line 7. Subtract line 6 from line 5 Multiply line 7 by 50% (0.50). Do not en	t II as positive amo d or the loss on lir ately, see instructi e, but not less thar to line 5, skip line	ounts. See instruction of a series of the se	tions for an examp	le. 50,000. 07,518. 42,482. nstructions	8	21,241.
4 5 6 7 8 9	Note: Enter all numbers in Par Enter the smaller of the loss on line 1 Enter \$150,000. If married filing separ Enter modified adjusted gross income Note: If line 6 is greater than or equal on line 9. Otherwise, go to line 7. Subtract line 6 from line 5 Multiply line 7 by 50% (0.50). Do not enter the smaller of line 4 or line 8	t II as positive amo d or the loss on lir ately, see instructi e, but not less thar to line 5, skip line	ounts. See instruction of a series of the se	tions for an examp	le. 50,000. 07,518. 42,482. nstructions		
4 5 6 7 8 9 Par	Note: Enter all numbers in Par Enter the smaller of the loss on line 1 Enter \$150,000. If married filing separ Enter modified adjusted gross income Note: If line 6 is greater than or equal on line 9. Otherwise, go to line 7. Subtract line 6 from line 5 Multiply line 7 by 50% (0.50). Do not elenter the smaller of line 4 or line 8 till Total Losses Allowed	t II as positive amo d or the loss on lir rately, see instructi e, but not less than to line 5, skip line	ounts. See instruction of a constant of the second of the	tions for an example	50,000. 07,518. 42,482. nstructions	8 9	21,241. 9,000.
4 5 6 7 8 9 Par 10	Note: Enter all numbers in Par Enter the smaller of the loss on line 1 Enter \$150,000. If married filing separ Enter modified adjusted gross income Note: If line 6 is greater than or equal on line 9. Otherwise, go to line 7. Subtract line 6 from line 5 Multiply line 7 by 50% (0.50). Do not el Enter the smaller of line 4 or line 8 III Total Losses Allowed Add the income, if any, on lines 1a an	t II as positive amoder of or the loss on line ately, see instructive, but not less than to line 5, skip line	ounts. See instruction of a constant of the second of the	tions for an example	10	8	21,241.
4 5 6 7 8 9 Par	Note: Enter all numbers in Par Enter the smaller of the loss on line 1 Enter \$150,000. If married filing separ Enter modified adjusted gross income Note: If line 6 is greater than or equal on line 9. Otherwise, go to line 7. Subtract line 6 from line 5 Multiply line 7 by 50% (0.50). Do not elenter the smaller of line 4 or line 8 till Total Losses Allowed	t II as positive amoder of the loss on line ately, see instruction, but not less than to line 5, skip line to line 5, skip line the more than \$25	ounts. See instruction of a seriest of the seriest	tions for an example	10	8 9	21,241. 9,000.
4 5 6 7 8 9 Par 10 11	Note: Enter all numbers in Par Enter the smaller of the loss on line 1 Enter \$150,000. If married filing separ Enter modified adjusted gross income Note: If line 6 is greater than or equal on line 9. Otherwise, go to line 7. Subtract line 6 from line 5 Multiply line 7 by 50% (0.50). Do not end Enter the smaller of line 4 or line 8 till Total Losses Allowed Add the income, if any, on lines 1a an Total losses allowed from all passiv	t II as positive amodor the loss on lire ately, see instruction, but not less than to line 5, skip line	ounts. See instruction of a series of the se	tions for an example	10	8 9	21,241. 9,000. 0.
4 5 6 7 8 9 Par 10 11	Note: Enter all numbers in Par Enter the smaller of the loss on line 1 Enter \$150,000. If married filing separ Enter modified adjusted gross income Note: If line 6 is greater than or equal on line 9. Otherwise, go to line 7. Subtract line 6 from line 5 Multiply line 7 by 50% (0.50). Do not el Enter the smaller of line 4 or line 8 till Total Losses Allowed Add the income, if any, on lines 1a an Total losses allowed from all passiv out how to report the losses on your total losses allowed This Part Before	t II as positive and d or the loss on lir rately, see instructive, but not less than to line 5, skip line li	ounts. See instruc- ne 3 ons n zero. See instruc- s 7 and 8 and ent ,000. If married filin e total 21. Add lines 9 ar a, 1b, and 1c. Sent year	tions for an example	10	8 9 10	21,241. 9,000. 0.
4 5 6 7 8 9 Par 10 11	Note: Enter all numbers in Par Enter the smaller of the loss on line 1 Enter \$150,000. If married filing separ Enter modified adjusted gross income Note: If line 6 is greater than or equal on line 9. Otherwise, go to line 7. Subtract line 6 from line 5 Multiply line 7 by 50% (0.50). Do not end Enter the smaller of line 4 or line 8 III Total Losses Allowed Add the income, if any, on lines 1a an Total losses allowed from all passiv out how to report the losses on your to	t II as positive and d or the loss on lir rately, see instructive, but not less than to line 5, skip line to line 5, skip line to line 5, skip line d 2a and enter the reactivities for 20 ax return	ounts. See instruc- ne 3	tions for an example	10	8 9 10 11 rall gai	21,241. 9,000. 0. 9,000.
4 5 6 7 8 9 Par 10 11	Note: Enter all numbers in Par Enter the smaller of the loss on line 1 Enter \$150,000. If married filing separ Enter modified adjusted gross income Note: If line 6 is greater than or equal on line 9. Otherwise, go to line 7. Subtract line 6 from line 5 Multiply line 7 by 50% (0.50). Do not el Enter the smaller of line 4 or line 8 till Total Losses Allowed Add the income, if any, on lines 1a an Total losses allowed from all passiv out how to report the losses on your total losses allowed This Part Before	t II as positive and d or the loss on lir rately, see instructive, but not less than to line 5, skip line line 5, sk	ounts. See instruc- ne 3 ons n zero. See instruc- s 7 and 8 and ent ,000. If married filin e total 21. Add lines 9 ar a, 1b, and 1c. S nt year (b) Net loss	tions for an example	10	8 9 10 11 rall gai	21,241. 9,000. 0. 9,000.
4 5 6 7 8 9 Par 10 11	Note: Enter all numbers in Par Enter the smaller of the loss on line 1 Enter \$150,000. If married filing separ Enter modified adjusted gross income Note: If line 6 is greater than or equal on line 9. Otherwise, go to line 7. Subtract line 6 from line 5 Multiply line 7 by 50% (0.50). Do not el Enter the smaller of line 4 or line 8 till Total Losses Allowed Add the income, if any, on lines 1a an Total losses allowed from all passiv out how to report the losses on your total losses allowed This Part Before	t II as positive and d or the loss on lir ately, see instructive, but not less than to line 5, skip line to line 1a)	ounts. See instruc- ne 3 ons ons on zero. See instruc- s 7 and 8 and ent ,000. If married filin e total 21. Add lines 9 ar a, 1b, and 1c. S ont year (b) Net loss (line 1b)	tions for an example	10	8 9 10 11 rall gai	21,241. 9,000. 0. 9,000. in or loss (e) Loss

9,000.

0.

BAA

Total. Enter on Part I, lines 1a, 1b, and 1c ▶

Form 8582 (2021) Page **2**

Part V	Complete This Part Before	e P	art I, Lines 2	a, 2b,	and 2c. S	ee instruc	tions.			•
	Name of activity	Current year Prior years			Overall gain or loss					
	Name of activity		(a) Net income (line 2a)		(b) Net loss (line 2b)		owed e 2c)	(d) Gain		(e) Loss
Total. Enter	on Part I, lines 2a, 2b, and 2c ▶									
Part VI	Use This Part if an Amour	ıt İs	Shown on F	Part II.	Line 9. S	ee instruc	tions.			
	Name of activity	Foi an to	rm or schedule ad line number be reported on ee instructions)) Loss	(b) Ra		(a) Special		(d) Subtract column (c) from column (a).
			E Ln 22		9,000.	1.0000	0000 9,00		0.	0.
					·					
Total	Allocation of Unallowed L		>	uotion	9,000.	1.00)	9,00	0.	0.
Part VII	Allocation of Unallowed L	oss			S.					
	Name of activity		Form or sche and line nun to be reporte (see instruct	nber ed on	(a) L	_oss	(b) Ratio		(c) Unallowed los	
Total				. •				1.00		
Part VIII	Allowed Losses. See instru				I		l		l	
	Name of activity		Form or sche and line nun to be reporte (see instruct	nber ed on	(a) L	Loss	(b) Ur	nallowed loss	(c) Allowed loss
Total										