# Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

## IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

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

OMB No. 1545-0074

						_	
Submi	ission Identification Number (SID)						
Taxpaye	er's name	Social secur	ty numl	per		_	
ABH:	IRAM SARMA MAKKAPATI	757-64	-530	5			
Spouse	's name	Spouse's so	s social security number				
Part	Tax Return Information — Tax Year Ending December 31, 2021 (Ente	 er year you a	are au	thorizing	1.)	—	
	whole dollars only on lines 1 through 5.	,	0 0.0.		)·/	_	
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.						
1	Adjusted gross income		1	2	4,554		
2	Total tax		2		1,208		
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		3,466	_	
4	Amount you want refunded to you		4		2,258	_	
5	Amount you owe		5				
Part	II Taxpayer Declaration and Signature Authorization (Be sure you get and	keep a cop	y of y	our ret	urn)		
return ( to send for any Agent t paymer authori paymer busines taxes t person	owledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I abortoriginal or amended) I am now authorizing. I consent to allow my intermediate service provider, transful my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for redelay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the late initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account into fund for my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminare, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation recessed as a superior to the payment (settlement) date. I also authorize the financial institutions involved in the conference of the interval of the superior of the income tax return (original or amended) I and the Withdrawal Original or amended) I are the Withdrawal Original or amended or the original or the origin	nitter, or electrice of the table.  J.S. Treasury adicated in the tailon to debit the tee the authority quests must be processing of payment. I fur	onic refransmisted ax preparation. The election of the election at the election at the election of the election at the election of the electio	turn origin ssion, (b) designated paration so to this acc To revoke ved no la ectronic p knowledg	ator (ER the reas d Finance oftware count. The (cancel) ter than ayment e that t	O) ial for nis a of he	
	nic Funds Withdrawal Consent.  Nyer's PIN: check one box only				1		
X		my PIN	5 3	3 0 5	as m	11/	
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř Er		digits, but er all zeros	us II	у	
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN met below.						
Your s	signature ▶ Date ▶						
Spous	se's PIN: check one box only	_					
	I authorize to enter or generate	mv PIN			as m	ıv	
	ERO firm name	_	ter five	digits, but	] 4011	,	
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	r all zeros			
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN met below.						
Spous	e's signature ▶ Date ▶						
	Practitioner PIN Method Returns Only—continue belov	٧					
Part	III Certification and Authentication — Practitioner PIN Method Only						
ERO's	<b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5 8	7 2 7 Don't en	8 6 ter all ze		8 9		
authori	y that the above numeric entry is my PIN, which is my signature for the electronic individual income a zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am substants of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers of	tax return (orig mitting this ret	inal or urn in a	amended) accordanc			
ERO's	s signature ▶ Date ▶						
	ERO Must Retain This Form — See Instructions					_	
	Don't Submit This Form to the IRS Unless Requested To	Do So					

# **£1040**

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

2021

OMB No. 1545-007

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

Filing Status Check only one box.	If yo	Single Married filing jointly but checked the MFS box, enter the reson is a child but not your dependent	— name of	ed filing separately your spouse. If you	,	_		` ,	_	, ,	. , . ,	
Your first name	and m	iddle initial	Last na	ame					Your so	Your social security number		
ABHIRAM SARMA				KAPATI					757-6	54-530	5	
If joint return, spouse's first name and middle initial			Last na	ame					Spouse's	s social se	curity number	
Home address (number and street). If you have a P.O. box, see ins				ions.				Apt. no.	Presidential Election Campaigr Check here if you, or your			
City, town, or post office. If you have a foreign address, also com LITTLE ELM				spaces below.	Sta			code	spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change			
Foreign countr				Foreign province/stat	e/coun	ty	Fore	Foreign postal code your tax or				
At any time du	ring 20	021, did you receive, sell, exchange	, or oth	erwise dispose of a	ıny fina	ancial interes	t in an	y virtual curre	ncy?	Yes	⊠ No	
Standard Deduction		neone can claim:					t					
Age/Blindnes	You	: Were born before January 2, 1	1957 [	Are blind S	pouse	: Was b	orn be	efore January 2	2, 1957	☐ Is b	lind	
Dependent	s (see	instructions):		(2) Social secur	rity	(3) Relation	ship	<b>(4)</b> 🗸 if q	ualifies for	(see instru	uctions):	
If more	(1) F	(1) First name Last name		number to you			Child tax c	redit	Credit for of	ther dependents		
than four												
dependents, see instruction	e											
and check here ▶												
	. 1	Wages salaries tips etc. Attach	Form(c)	\\\ 2					. 1		31,104.	
Attach	<u>'</u>	Wages, salaries, tips, etc. Attach	2a	VV-2	 L T				2b		31,104.	
Sch. B if	3a	Qualified dividends	3a			axable intere			. 2b			
required.	4a	IRA distributions	4a			Ordinary divic Taxable amou			. 4b			
	-та 5а	Pensions and annuities	<del>та</del> 5а			axable amou			. 5b			
Standard	6a	Social security benefits	6a			axable amou			. 6b			
Deduction for—	7	Capital gain or (loss). Attach Sche		if required. If not re					7		0.	
Single or Married filing	8	Other income from Schedule 1, lir				i, oncor norc	•		. 8		-6,550.	
separately,	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,							. <u>0</u> 9		24,554.	
\$12,550 Married filing	10	Adjustments to income from Sche		•	icome				. 10		21,331.	
jointly or	11	Subtract line 10 from line 9. This is			ome				. <u>10</u> ▶ 11		24,554.	
Qualifying widow(er),	12a	Standard deduction or itemized	-			· · · ·	  2a	12,55			<u>41,JJT.</u>	
\$25,100 Head of	b	Charitable contributions if you take		,			2b	30				
household,	C	Add lines 12a and 12b		ilidala deduction (St	JU II ISU	i dollonoj 🔝	20	30	. 120		12,850.	
\$18,800 If you checked	13	Qualified business income deduct			 m 800	 35-Δ			. 13		<u>-2,000.</u>	
any box under	14	Add lines 12c and 13			111 000				. 14		12,850.	
Standard Deduction,	15	Taxable income. Subtract line 14	· · · l from liv	ne 11 If zero or les	 s enta	 er -N-			. 15		$\frac{12,030.}{11,704.}$	
see instructions		. anabic intodino. Cabilact illic 14		.5 11.11 2010 01 103	٥, ٥١١١٥				. 13	1	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	

	16	Tax (see instructions). Check if a	ny from Form(	s): <b>1</b> 🗌 8814	4 <b>2</b> 🗌 4972	3 🗌			16	1,208.
	17	Amount from Schedule 2, line 3							17	i .
	18	Add lines 16 and 17							18	1,208.
	19	Nonrefundable child tax credit of	or credit for ot	ther dependen	its from Schedule	8812			19	
	20	Amount from Schedule 3, line 8							20	1
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18. If 2	zero or less, e	enter -0					22	1,208.
	23	Other taxes, including self-empl	oyment tax, f	rom Schedule	2, line 21 .				23	0.
	24	Add lines 22 and 23. This is you						. •	24	1,208.
	25	Federal income tax withheld from								
	а	Form(s) W-2				25a	3,	466.		
	b	Form(s) 1099				25b				
	С	Other forms (see instructions)				25c				
	d	Add lines 25a through 25c .							25d	3,466.
	26	2021 estimated tax payments a							26	·
If you have a Lagrangian qualifying child,	27a	Earned income credit (EIC) .			Nο	27a				
attach Sch. EIC.		Check here if you were born								
		January 2, 2004, and you sa	atisfy all the	other requir	rements for					
		taxpayers who are at least age		1 1	structions >					
	b	Nontaxable combat pay election				-				
	С	Prior year (2019) earned income								
	28	Refundable child tax credit or add				28				
	29	American opportunity credit from		,		29				
	30	Recovery rebate credit. See inst				30				
	31	Amount from Schedule 3, line 1				31				
	32	Add lines 27a and 28 through 3							32	2.466
	33	Add lines 25d, 26, and 32. Thes						. •	33	3,466.
Refund	34	If line 33 is more than line 24, su				•	-		34	2,258.
D: 1.1 '10	35a	Amount of line 34 you want <b>refu</b>						<b>▶</b> ∐	35a	2,258.
Direct deposit? See instructions.	▶b	Routing number       1       0       1       1       0       0       0       4       5       ▶ c Type:       ★ Checking       ☐ Savings         Account number       5       1       8       0       0       6       9       1       0       0       8       4       □								
	► d									
A	36					36			07	
Amount You Owe	37	Amount you owe. Subtract line				1 1	ructions	. ▶	37	
	38	Estimated tax penalty (see instru				38				
Third Party Designee		you want to allow another pe tructions					Yes. Com	ınlata h	alow	X No
Designee		signee's		Phone				al identifi		
		ne ►		no.				(PIN) ▶		
Sign		der penalties of perjury, I declare that								
Here	bel	ef, they are true, correct, and complete	e. Declaration o	f preparer (other		ased on a	all information			,
11010	You	ır signature		Date	Your occupation					nt you an Identity IN, enter it here
Joint return?					SOFTWARE I	ENGTN	EER	1	nst.) ▶	N, enter it here
See instructions.	Spo	puse's signature. If a joint return, <b>both</b>	must sian.	Date	Spouse's occupat		ши	If the	IRS ser	nt your spouse an
Keep a copy for								Identi	ty Prote	ection PIN, enter it here
your records.								(see ii	nst.) ►	
		one no.		Email address	ABHIRAM.MAKK	_				
Paid		•	eparer's signatu			Date		TIN		Check if:
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SY	AM PRIYA I	RAM SAGAR	GUPTA TALLAM	03/0	6/2022 P	02082		Self-employed
Use Only		n's name ► GLOBAL TAXES						Phone	e no. (	678)965-9522
	Firr	n's address ▶ 2530 Pebble	Creek L	n Cumming	g GA 30041			Firm's	s EIN 🕨	
Go to www.irs.go	ov/Form	1040 for instructions and the latest in	formation.		BAA	REV 02/	17/22 PRO			Form <b>1040</b> (2021)

Form 1040 (2021)

Page **2** 

# SCHEDULE 1 (Form 1040)

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

OMB No. 1545-0074

2021

Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

ABHIRAM SARMA MAKKAPATI

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.

Your social security number 757-64-5305

Par	Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes	S	1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions)	•		
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, truschedule E		5	-6,550.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	<b>8a</b> (		
b	Gambling income	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	<b>8d</b> (		
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	I	9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 10			
	1040-NR, line 8	•	10	_6 550

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

Par	Adjustments to Income				
11	Educator expenses			 11	
12	Certain business expenses of reservists, performing artists, and fee officials. Attach Form 2106	-	_	12	
13	Health savings account deduction. Attach Form 8889			 13	
14	Moving expenses for members of the Armed Forces. Attach Form	 14			
15	Deductible part of self-employment tax. Attach Schedule SE			 15	
16	Self-employed SEP, SIMPLE, and qualified plans			 16	
17	Self-employed health insurance deduction			 17	
18	Penalty on early withdrawal of savings			 18	
19a	Alimony paid			 19a	
b	Recipient's SSN	<b></b>			
С	Date of original divorce or separation agreement (see instructions)	<b></b>			
20	IRA deduction			 20	
21	Student loan interest deduction			 21	
22	Reserved for future use			 22	
23	Archer MSA deduction			 23	
24	Other adjustments:				
а	Jury duty pay (see instructions)	24a			
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l	24c			
d	Reforestation amortization and expenses	24d			
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e			
f	Contributions to section 501(c)(18)(D) pension plans	24f			
g	Contributions by certain chaplains to section 403(b) plans	24g			
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h			
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i			
j	Housing deduction from Form 2555	24j			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k			
z	Other adjustments. List type and amount ▶	24z			
25	Total other adjustments. Add lines 24a through 24z			 25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments</b> here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, lin			26	

### SCHEDULE D (Form 1040)

## **Capital Gains and Losses**

6

7

0.

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 757-64-5305 ABHIRAM SARMA MAKKAPATI

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) (or other basis) Form(s) 8949, Part I, combine the result whole dollars. line 2, column (g) with column (g) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . 1b Totals for all transactions reported on Form(s) 8949 with **Box A** checked . . . . . . . . . . . . . . . . 0. 4. 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 . . . 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

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

Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . . . . . .

This form may be easier to complete if you round off cents to whole dollars.		(d)	(e)	Adjustment		Subtract column (e)
		Proceeds (sales price)	Cost (or other basis)	to gain or loss from Form(s) 8949, Part II, line 2, column (g)		from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked					
9	Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked					
10	Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824	٠, ,	11			
12	Net long-term gain or (loss) from partnerships, S corporat	dule(s) K-1	12			
13	Capital gain distributions. See the instructions		13			
14	Long-term capital loss carryover. Enter the amount, if any <b>Worksheet</b> in the instructions	-	14	(		
15	<b>Net long-term capital gain or (loss).</b> Combine lines 88 on the back		15			

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

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

# 8949

## Sales and Other Dispositions of Capital Assets

Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

Social security number or taxpayer identification number 757-64-5305 ABHIRAM SARMA MAKKAPATI

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

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 broker and may even tell you which box to check. Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I instructions). For long-term transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on 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 (sales price) from column (d) and disposed of and see Column (e) (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 (g) instructions 12/31/21 4. 4.

Robinhood Securities LLC 01/01/21 0. 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your 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) ▶ 4. 4

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

### **SCHEDULE E** (Form 1040)

Department of the Treasury Internal Revenue Service (99)

## **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.

Attachment Sequence No. 13

OMB No. 1545-0074

Name(s) shown on return								Your social security number			
ABHI	RAM SARMA MAKKA	PATI					757-	-64-530	5		
Part	Income or Loss	From Rental Real Estate and Ro	yalties No	te: If you	are in th	e business o	f renting	personal p	roperty, use		
	Schedule C. See i	instructions. If you are an individual, rep	oort farm renta	I income	or loss f	rom <b>Form 48</b>	<b>35</b> on pa	age 2, line 4	0.		
A Dic	d you make any payme	nts in 2021 that would require you to	o file Form(s)	1099? S	ee inst	ructions .		🗆 '	Yes 🔀 No		
B If "	Yes," did you or will yo	ou file required Form(s) 1099?						🗆 🕆	Yes 🗌 No		
1a	Physical address of e	each property (street, city, state, ZIF	P code)								
Α											
В											
С											
1b	Type of Property	2 For each rental real estate pro	perty listed	ted Fair Rer			Perso	nal Use	QJV		
	(from list below)	above, report the number of fa personal use days. Check the	air rental and	v	[	Days	D	ays	QUI		
Α	2	if you meet the requirements to	o file as a	A		365		0			
В		qualified joint venture. See ins	tructions.	В							
С				С							
Туре	of Property:										
1 Sing	gle Family Residence	3 Vacation/Short-Term Rental	5 Land		7 Self-	Rental					
2 Mul	ti-Family Residence	4 Commercial	6 Royalties	3	8 Othe	r (describe)					
Incom	e:	Properties:		Α		В	}		С		
3			3		450.						
4	Royalties received .		4								
Expen	ses:										
5	Advertising		5								
6	•	nstructions)	6								
7		ance	7	1,	000.						
8			8								
9	Insurance		9								
10		ssional fees	10								
11	•		11	1,	000.						
12		d to banks, etc. (see instructions)	12								
13	Other interest		13								
14			14		500.						
15			15	1,	500.						
16			16								
17			17	2,	000.						
18		or depletion	18								
19	Other (list)		19								
20	Total expenses. Add I	ines 5 through 19	20	7,	000.						
21		line 3 (rents) and/or 4 (royalties). If									
	• • •	instructions to find out if you must		_							
	file Form 6198		21	-6,	550.						
22		estate loss after limitation, if any,				,					
00	on Form 8582 (see in:		22 (	6,5	50.)	(	450	)(	)		
23a		eported on line 3 for all rental prope			23a		450	<u>.                                    </u>			
b		eported on line 4 for all royalty prop			23b						
C		eported on line 12 for all properties			23c						
d		eported on line 18 for all properties			23d		п coo				
e		eported on line 20 for all properties			23e		7,000				
24	•	e amounts shown on line 21. <b>Do no</b>		-			. 2		C 550 \		
25		sses from line 21 and rental real estate						<b>5</b> (	6,550.)		
26		ate and royalty income or (loss).									
		V, and line 40 on page 2 do not						6	-6,550.		
	Scriedule I (FOIII 104	10), line 5. Otherwise, include this a	mount in the	: เบเสเ บท	mie 4 l	on page 2	. 2	U	-0,550.		