

IRS e-file Signature Authorization

▶ **ERO must obtain and retain completed Form 8879.**
▶ **Go to www.irs.gov/Form8879 for the latest information.**

Submission Identification Number (SID) ▶

| | |
|---|--|
| Taxpayer's name NANDA SHYAM SUNDER R PASHYA | Social security number 325-49-4452 |
| Spouse's name | Spouse's social security number |

Part I Tax Return Information – Tax Year Ending December 31, 2021 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

| | | |
|--|----------|----------|
| 1 Adjusted gross income | 1 | 107,086. |
| 2 Total tax | 2 | 16,620. |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 19,009. |
| 4 Amount you want refunded to you | 4 | 2,389. |
| 5 Amount you owe | 5 | |

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN

| | | | | |
|---|---|---|---|---|
| 9 | 4 | 4 | 5 | 2 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing.
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize _____ to enter or generate my PIN

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

 as my signature on the income tax return (original or amended) I am now authorizing.
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue 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 | 8 | | | | | |
|---|---|---|---|---|---|--|--|--|--|--|

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

Filing Status [X] Single [] Married filing jointly [] Married filing separately (MFS) [] Head of household (HOH) [] Qualifying widow(er) (QW)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent

Your first name and middle initial: NANDA SHYAM SUNDER R
Last name: PASHYA
Your social security number: 325-49-4452
If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number:

Home address (number and street). If you have a P.O. box, see instructions.
306 SE RANGER BLVD
Apt. no.: 201
Presidential Election Campaign: Check here if you, or your spouse if filing jointly, want \$3 to go to this fund.
City, town, or post office. If you have a foreign address, also complete spaces below.
BENTONVILLE
State: AR
ZIP code: 72712
Foreign country name:
Foreign province/state/county:
Foreign postal code:
[] You [] Spouse

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? [] Yes [X] No

Standard Deduction Someone can claim: [] You as a dependent [] Your spouse as a dependent
[] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [] Were born before January 2, 1957 [] Are blind Spouse: [] Was born before January 2, 1957 [] Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents. Includes instructions for dependents.

Main tax calculation table with 15 rows. Includes sections for Attach Sch. B if required, Standard Deduction for, and final taxable income calculation. Total income: 107,086. Taxable income: 94,235.

| | | | |
|--------------------------------------|--|------------|---------|
| 16 | Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | 16 | 16,620. |
| 17 | Amount from Schedule 2, line 3 | 17 | |
| 18 | Add lines 16 and 17 | 18 | 16,620. |
| 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 | 16,620. |
| 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 | 16,620. |
| 25 | Federal income tax withheld from: | | |
| a | Form(s) W-2 | 25a | 19,009. |
| b | Form(s) 1099 | 25b | |
| c | Other forms (see instructions) | 25c | |
| d | Add lines 25a through 25c | 25d | 19,009. |
| 26 | 2021 estimated tax payments and amount applied from 2020 return | 26 | |
| 27a | Earned income credit (EIC) No | 27a | |
| | 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 <input type="checkbox"/> | | |
| b | Nontaxable combat pay election | 27b | |
| c | Prior year (2019) earned income | 27c | |
| 28 | Refundable child tax credit or additional child tax credit from Schedule 8812 | 28 | |
| 29 | American opportunity credit from Form 8863, line 8 | 29 | |
| 30 | Recovery rebate credit. See instructions | 30 | |
| 31 | Amount from Schedule 3, line 15 | 31 | |
| 32 | Add lines 27a and 28 through 31. These are your total other payments and refundable credits | 32 | |
| 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | 19,009. |
| Refund | 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 2,389. |
| | 35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 2,389. |
| Direct deposit? See instructions. | b Routing number 0 8 2 0 0 0 0 7 3 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| | d Account number 4 8 7 0 0 4 6 4 9 5 3 0 | | |
| | 36 Amount of line 34 you want applied to your 2022 estimated tax | 36 | |
| Amount You Owe | 37 Amount you owe . Subtract line 33 from line 24. For details on how to pay, see instructions | 37 | |
| | 38 Estimated tax penalty (see instructions) | 38 | |

If you have a qualifying child, attach Sch. EIC.

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions **Yes**. Complete below. **No**

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

| | | | |
|---|------|--------------------------------------|---|
| Your signature | Date | Your occupation SOFTWARE ENGINEER | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |

Phone no. (848) 219-8623 Email address SHYAM.NANDU47@GMAIL.COM

Paid Preparer Use Only

| | | | | |
|--|---|--------------------|-----------------------------|---|
| Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM | Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date 02/23/2022 | PTIN P02082703 | Check if: <input type="checkbox"/> Self-employed |
| Firm's name GLOBAL TAXES LLC | Firm's address 2530 Pebble Creek Ln Cumming GA 30041 | | Phone no. (678) 965-9522 | Firm's EIN 30-1017196 |

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

2021
Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
NANDA SHYAM SUNDER R PASHYA

Your social security number
325-49-4452

Part I Additional Income

| | | | |
|-----------|---|-----------|----------|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | 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, trusts, etc. Attach Schedule E | 5 | -13,400. |
| 6 | Farm income or (loss). Attach Schedule F | 6 | |
| 7 | Unemployment compensation | 7 | |
| 8 | Other income: | | |
| a | Net operating loss | 8a | () |
| b | Gambling income | 8b | |
| c | Cancellation of debt | 8c | |
| d | Foreign earned income exclusion from Form 2555 | 8d | () |
| e | 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 | |
| l | Olympic and Paralympic medals and USOC prize money (see instructions) | 8l | |
| m | Section 951(a) inclusion (see instructions) | 8m | |
| n | Section 951A(a) inclusion (see instructions) | 8n | |
| o | Section 461(l) excess business loss adjustment | 8o | |
| p | 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 1040, 1040-SR, or 1040-NR, line 8 | 10 | -13,400. |

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2021

Part II Adjustments to Income

| | | | | |
|------------|--|------------|------------|--|
| 11 | Educator expenses | | 11 | |
| 12 | Certain business expenses of reservists, performing artists, and fee-basis government 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 | ▶ _____ | | |
| c | Date of original divorce or separation agreement (see instructions) ▶ _____ | | | |
| 20 | IRA deduction | | 20 | |
| 21 | Student loan interest deduction | | 21 | |
| 22 | Reserved for future use | | 22 | |
| 23 | Archer MSA deduction | | 23 | |
| 24 | Other adjustments: | | | |
| a | 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 | | |
| c | 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 | | |
| e | 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 adjustments to income . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a | | 26 | |

SCHEDULE D
(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

2021

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

NANDA SHYAM SUNDER R PASHYA

Your social security number

325-49-4452

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? **Yes** **No**

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less (see instructions)

| See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result 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 | 6,792. | 1,309. | | 5,483. |
| 2 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 | | | | |
| 4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 | | | | 4 |
| 5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | | 5 |
| 6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions | | | | 6 () |
| 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back | | | | 7 5,483. |

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 lines below. This form may be easier to complete if you round off cents to whole dollars. | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|---|----------------------------------|---------------------------------|--|---|
| 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . | | | | |
| 8b Totals for all transactions reported on Form(s) 8949 with Box D checked | 257. | 118. | | 139. |
| 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 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 | | | | 11 |
| 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | | 12 |
| 13 Capital gain distributions. See the instructions | | | | 13 |
| 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions | | | | 14 () |
| 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back | | | | 15 139. |

Part III Summary

| | | | |
|-----------|--|-----------|--------|
| 16 | Combine lines 7 and 15 and enter the result | 16 | 5,622. |
| | <ul style="list-style-type: none"> • 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 line 22. • 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? <input checked="" type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> 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? <input checked="" type="checkbox"/> 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. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. | | |
| 21 | If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p> | 21 | () |
| 22 | Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. <input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR. | | |

Sales and Other Dispositions of Capital Assets

Department of the Treasury
Internal Revenue Service

► Go to www.irs.gov/Form8949 for instructions and the latest information.
► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

NANDA SHYAM SUNDER R PASHYA

Social security number or taxpayer identification number

325-49-4452

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

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

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

- (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

| 1 | (a) Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold or disposed of (Mo., day, yr.) | (d) Proceeds (sales price) (see instructions) | (e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions | Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions. | | (h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g) |
|--|--|---|---|--|--|---|--------------------------------|--|
| | | | | | | (f) Code(s) from instructions | (g) Amount of adjustment | |
| | Robinhood Securities LLC | 01/01/21 | 12/31/21 | 6,792. | 1,309. | | | 5,483. |
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| 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) ► | | | | 6,792. | 1,309. | | | 5,483. |

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.

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

Social security number or taxpayer identification number

NANDA SHYAM SUNDER R PASHYA

325-49-4452

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 reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

| 1 | (a) Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold or disposed of (Mo., day, yr.) | (d) Proceeds (sales price) (see instructions) | (e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions | Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions. | | (h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g) |
|---|--|---|---|--|--|---|--------------------------------|--|
| | | | | | | (f) Code(s) from instructions | (g) Amount of adjustment | |
| | Robinhood Securities LLC | 05/13/20 | 07/26/21 | 257. | 118. | | | 139. |
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| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 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 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ▶ | | | | 257. | 118. | | | 139. |

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.

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

OMB No. 1545-0074

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

2021

Department of the Treasury
Internal Revenue Service (99)

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

Attachment
Sequence No. **13**

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

Name(s) shown on return

Your social security number

NANDA SHYAM SUNDER R PASHYA

325-49-4452

Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

A Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions Yes No
B If "Yes," did you or will you file required Form(s) 1099? Yes No

| | | | | | |
|-----------|---|--|-------------------------|--------------------------|--------------------------|
| 1a | Physical address of each property (street, city, state, ZIP code) | | | | |
| A | GANDHI NAGAR HYDERABAD TELANGANA IN 500046 | | | | |
| B | | | | | |
| C | | | | | |
| 1b | Type of Property (from list below) | 2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. | Fair Rental Days | Personal Use Days | QJV |
| A | 3 | | 365 | 0 | <input type="checkbox"/> |
| B | | | | | <input type="checkbox"/> |
| C | | | | | <input type="checkbox"/> |

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
- 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

| Income: | | Properties: | | A | B | C |
|------------------|---|-------------|--|-------------|---------|----------|
| 3 | Rents received | 3 | | 600. | | |
| 4 | Royalties received | 4 | | | | |
| Expenses: | | | | | | |
| 5 | Advertising | 5 | | | | |
| 6 | Auto and travel (see instructions) | 6 | | 500. | | |
| 7 | Cleaning and maintenance | 7 | | 1,200. | | |
| 8 | Commissions. | 8 | | 800. | | |
| 9 | Insurance | 9 | | | | |
| 10 | Legal and other professional fees | 10 | | | | |
| 11 | Management fees | 11 | | 1,000. | | |
| 12 | Mortgage interest paid to banks, etc. (see instructions) | 12 | | | | |
| 13 | Other interest. | 13 | | | | |
| 14 | Repairs. | 14 | | 3,200. | | |
| 15 | Supplies | 15 | | 2,800. | | |
| 16 | Taxes | 16 | | | | |
| 17 | Utilities. | 17 | | 4,500. | | |
| 18 | Depreciation expense or depletion | 18 | | | | |
| 19 | Other (list) ▶ | 19 | | | | |
| 20 | Total expenses. Add lines 5 through 19 | 20 | | 14,000. | | |
| 21 | Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 | 21 | | -13,400. | | |
| 22 | Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 | | (13,400.) | () | () |
| 23a | Total of all amounts reported on line 3 for all rental properties | 23a | | | 600. | |
| b | Total of all amounts reported on line 4 for all royalty properties | 23b | | | | |
| c | Total of all amounts reported on line 12 for all properties | 23c | | | | |
| d | Total of all amounts reported on line 18 for all properties | 23d | | | | |
| e | Total of all amounts reported on line 20 for all properties | 23e | | | 14,000. | |
| 24 | Income. Add positive amounts shown on line 21. Do not include any losses | 24 | | | | |
| 25 | Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here | 25 | | (13,400.) | | |
| 26 | Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 | 26 | | | | -13,400. |

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2021

Health Savings Accounts (HSAs)

Department of the Treasury
Internal Revenue Service

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

2021
Attachment
Sequence No. **52**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
NANDA SHYAM SUNDER R PASHYA

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶ **325-49-4452**

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

| | | | |
|-----------|--|---|---------------------------------|
| 1 | Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2021. See instructions ▶ | <input checked="" type="checkbox"/> Self-only | <input type="checkbox"/> 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 | 9 | 3,536. |
| 10 | Qualified HSA funding distributions | 10 | |
| 11 | Add lines 9 and 10 | 11 | 3,536. |
| 12 | Subtract line 11 from line 8. If zero or less, enter -0- | 12 | 64. |
| 13 | HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions. | 13 | 0. |

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

| | | | |
|------------|--|------------|--|
| 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 | |
| c | 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 ▶ <input type="checkbox"/> | | |
| 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 III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

| | | | |
|-----------|---|-----------|--|
| 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 1040), Part II, line 17d | 21 | |

**Qualified Business Income Deduction
Simplified Computation**

Department of the Treasury
Internal Revenue Service

▶ **Attach to your tax return.**

Attachment
Sequence No. **55**

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

Name(s) shown on return

NANDA SHYAM SUNDER R PASHYA

Your taxpayer identification number

325-49-4452

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

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

| 1 | (a) Trade, business, or aggregation name | (b) Taxpayer identification number | (c) Qualified business income or (loss) |
|------------|---|---|--|
| i | | | |
| ii | | | |
| iii | | | |
| iv | | | |
| v | | | |
| 2 | Total qualified business income or (loss). Combine lines 1i through 1v, column (c) | 2 | |
| 3 | Qualified business net (loss) carryforward from the prior year | 3 () | |
| 4 | 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 9 | | 10 1. |
| 11 | Taxable income before qualified business income deduction (see instructions) | 11 94,236. | |
| 12 | Net capital gain (see instructions) | 12 142. | |
| 13 | Subtract line 12 from line 11. If zero or less, enter -0- | 13 94,094. | |
| 14 | Income limitation. Multiply line 13 by 20% (0.20) | | 14 18,819. |
| 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 and 7. If greater than zero, enter -0- | | 17 (0.) |

Passive Activity Loss Limitations

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.
▶ Attach to Form 1040, 1040-SR, or 1041.
▶ Go to www.irs.gov/Form8582 for instructions and the latest information.

Name(s) shown on return

NANDA SHYAM SUNDER R PASHYA

Identifying number

325-49-4452

Part I 2021 Passive Activity Loss

Caution: Complete Parts IV and V before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** in the instructions.)

| | | | | |
|--|-----------|--------------|--|-----------|
| 1a Activities with net income (enter the amount from Part IV, column (a)) | 1a | 0 . | | |
| b Activities with net loss (enter the amount from Part IV, column (b)) | 1b | (13,400 .) | | |
| c Prior years' unallowed losses (enter the amount from Part IV, column (c)) | 1c | () | | |
| d Combine lines 1a, 1b, and 1c | 1d | | | -13,400 . |

All Other Passive Activities

| | | | | |
|---|-----------|-----|--|--|
| 2a Activities with net income (enter the amount from Part V, column (a)) | 2a | | | |
| b Activities with net loss (enter the amount from Part V, column (b)) | 2b | () | | |
| c Prior years' unallowed losses (enter the amount from Part V, column (c)) | 2c | () | | |
| d Combine lines 2a, 2b, and 2c | 2d | | | |

| | | | | |
|--|----------|--|--|-----------|
| 3 Combine lines 1d and 2d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used | 3 | | | -13,400 . |
|--|----------|--|--|-----------|

- If line 3 is a loss and:
- Line 1d is a loss, go to Part II.
 - Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II. Instead, go to line 10.

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

| | | |
|--|----------|-----------|
| 4 Enter the smaller of the loss on line 1d or the loss on line 3 | 4 | 13,400 . |
| 5 Enter \$150,000. If married filing separately, see instructions | 5 | 150,000 . |
| 6 Enter modified adjusted gross income, but not less than zero. See instructions Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7. | 6 | 120,486 . |
| 7 Subtract line 6 from line 5 | 7 | 29,514 . |
| 8 Multiply line 7 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions | 8 | 14,757 . |
| 9 Enter the smaller of line 4 or line 8 | 9 | 13,400 . |

Part III Total Losses Allowed

| | | |
|---|-----------|----------|
| 10 Add the income, if any, on lines 1a and 2a and enter the total | 10 | 0 . |
| 11 Total losses allowed from all passive activities for 2021. Add lines 9 and 10. See instructions to find out how to report the losses on your tax return | 11 | 13,400 . |

Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions.

| Name of activity | Current year | | Prior years | Overall gain or loss | |
|---|--------------------------|------------------------|------------------------------|----------------------|----------|
| | (a) Net income (line 1a) | (b) Net loss (line 1b) | (c) Unallowed loss (line 1c) | (d) Gain | (e) Loss |
| GANDHI NAGAR | 0 . | 13,400 . | | | 13,400 . |
| | | | | | |
| | | | | | |
| | | | | | |
| Total. Enter on Part I, lines 1a, 1b, and 1c ▶ | 0 . | 13,400 . | | | |

For Paperwork Reduction Act Notice, see instructions.

BAA

Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.

| Name of activity | Current year | | Prior years | Overall gain or loss | |
|---|--------------------------|------------------------|------------------------------|----------------------|----------|
| | (a) Net income (line 2a) | (b) Net loss (line 2b) | (c) Unallowed loss (line 2c) | (d) Gain | (e) Loss |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total. Enter on Part I, lines 2a, 2b, and 2c ▶ | | | | | |

Part VI Use This Part if an Amount Is Shown on Part II, Line 9. See instructions.

| Name of activity | Form or schedule and line number to be reported on (see instructions) | (a) Loss | (b) Ratio | (c) Special allowance | (d) Subtract column (c) from column (a). |
|------------------|---|----------|-------------|-----------------------|--|
| GANDHI NAGAR | E Ln 22 | 13,400. | 1.00000000 | 13,400. | 0. |
| | | | | | |
| | | | | | |
| | | | | | |
| Total ▶ | | 13,400. | 1.00 | 13,400. | 0. |

Part VII Allocation of Unallowed Losses. See instructions.

| Name of activity | Form or schedule and line number to be reported on (see instructions) | (a) Loss | (b) Ratio | (c) Unallowed loss |
|------------------|---|----------|-------------|--------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total ▶ | | | 1.00 | |

Part VIII Allowed Losses. See instructions.

| Name of activity | Form or schedule and line number to be reported on (see instructions) | (a) Loss | (b) Unallowed loss | (c) Allowed loss |
|------------------|---|----------|--------------------|------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total ▶ | | | | |

2021 AR1000F



AR1

ARKANSAS INDIVIDUAL INCOME TAX RETURN Full Year Resident

CHECK BOX IF AMENDED RETURN

Software ID

Jan. 1 - Dec. 31, 2021 or fiscal year ending _____, 20__ •

PROSERIES

| | | | | | |
|----------------------------|---|---------------------------|-----------------------|---|---|
| USE LABEL OR PRINT OR TYPE | Primary's legal first name • NANDA SHYAM SUNDER R | MI • | Last name • PASHYA | Check if Deceased • <input type="checkbox"/> | Primary's social security number • 325-49-4452 |
| | Spouse's legal first name • | MI • | Last name • | Check if Deceased • <input type="checkbox"/> | Spouse's social security number • |
| | Mailing address (number and street, P.O. box or rural route) • 306 SE RANGER BLVD , APT. 201 | | | | <input type="checkbox"/> Check if address is outside U.S. |
| City • BENTONVILLE | | State or province • AR | | ZIP • 72712 | Foreign country name |

| | | |
|---|---|--|
| FILING STATUS Check Only One Box | 1. <input checked="" type="checkbox"/> Single (Or widowed before 2021 or divorced at end of 2021) | 4. <input type="checkbox"/> Married filing separately on the same return |
| | 2. <input type="checkbox"/> Married filing joint (Even if only one had income) | 5. <input type="checkbox"/> Married filing separately on different returns Enter spouse's name here and SSN above _____ |
| 3. <input type="checkbox"/> Head of household (See instructions) If the qualifying person was your child, but not your dependent, enter child's name here: _____ | | 6. <input type="checkbox"/> Surviving spouse with dependent child Year spouse died: (See instructions) _____ |

• Check here if you want a tax booklet mailed to you next year.

• **Check this box if you have filed a state extension or an automatic federal extension**

| | | | | | |
|--|---------------------------------------|---------------------------------------|----------------------------------|---------------------------------|---|
| 7A. <input checked="" type="checkbox"/> Yourself | • <input type="checkbox"/> 65 or over | • <input type="checkbox"/> 65 Special | • <input type="checkbox"/> Blind | • <input type="checkbox"/> Deaf | <input type="checkbox"/> Head of household/surviving spouse (Filing status 3 only) |
| <input type="checkbox"/> Spouse | • <input type="checkbox"/> 65 or over | • <input type="checkbox"/> 65 Special | • <input type="checkbox"/> Blind | • <input type="checkbox"/> Deaf | (Filing status 6 only) |

Multiply number of boxes checked 7A X \$29 = 29 . 00

Dependents (Do not list yourself or spouse)

| 1. | 2. | 3. |
|------------|-----------|------------------------------------|
| First name | Last name | Dependent's social security number |
| | | |
| | | |
| | | |

7B. Multiply number of DEPENDENTS from above 7B • X \$29 = 00

7C. Multiply number of qualifying individuals from AR1000RC5 (See instructions) 7C • X \$500 = 00

7D. TOTAL PERSONAL TAX CREDITS: (Add lines 7A, 7B, and 7C. Enter total here and on line 34) 7D 29 . 00

| | | | | |
|-----|---------------------------------|----------------------|---|--|
| I D | DL# / State ID <u>941141132</u> | Your state <u>AR</u> | Issue date (mm/dd/yyyy) <u>08/11/2020</u> | Expiration date (mm/dd/yyyy) <u>03/31/2022</u> |
| | DL# / State ID _____ | Spouse state _____ | Issue date (mm/dd/yyyy) _____ | Expiration date (mm/dd/yyyy) _____ |

Direct deposit allowed to U.S. banks only. Check if either deposit(s) will ultimately be placed in a foreign account. •

| | | | |
|---------------------------------------|---|--|---|
| Routing Number 1 • 0 8 2 0 0 0 7 3 | Account Number 1 • 4 8 7 0 0 4 6 4 9 5 3 0 | • <input checked="" type="checkbox"/> Checking or • <input type="checkbox"/> Savings | Direct deposit 1 Amt • 441 . 00 |
| Routing Number 2 • | Account Number 2 • | • <input type="checkbox"/> Checking or • <input type="checkbox"/> Savings | Direct deposit 2 Amt • 00 |

PLEASE SIGN HERE: Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

• We will no longer automatically mail 1099-G forms. Instead, we ask that you get this information from our website (www.atap.arkansas.gov). Check the box if you still want us to mail you a paper Form 1099-G next year.

| | | | | |
|------------------|---------------------|------|-----------------------------|---|
| PLEASE SIGN HERE | Primary's signature | Date | Telephone (848) 219-8623 | May the Arkansas Revenue Agency discuss this return with the preparer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | Spouse's signature | Date | Telephone | |

| | | | |
|-----------------------------|--|------------------------------------|--------------------------------|
| PAID PREPARER | Paid preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/23/2022 | PTIN/ID number • 301017196 | For Department Use Only A • |
| | Preparer's name GLOBAL TAXES LLC | City/State/ZIP CUMMING GA 30041 | Telephone (678) 965-9522 |
| E-mail SYAM@GTAXFILE.COM | | | |



Primary SSN 325-49-4452

| ROUND ALL AMOUNTS TO WHOLE DOLLARS | | (A) Primary/Joint Income | (B) Spouse's Income Status 4 Only | |
|--|---|--|-----------------------------------|------------|
| INCOME Attach W-2(s)/1099(s) here / Attach check on top of W-2(s)/1099(s) | 8. Wages, salaries, tips, etc: (Attach W-2s) | ● 114,857.00 | ● 00 | |
| | 9. Military pay: Primary ● [00] Spouse ● [00] | | | |
| | 10. Interest income: (If over \$1,500, Attach AR4) | ● 00 | ● 00 | |
| | 11. Dividend income: (If over \$1,500, Attach AR4) | ● 7.00 | ● 00 | |
| | 12. Alimony and separate maintenance received: | ● 00 | ● 00 | |
| | 13. Business or professional income: (Attach federal Schedule C) | ● 00 | ● 00 | |
| | 14. Capital gains/(losses) from stocks, bonds, etc: (See instructions, Attach federal Schedule D) | ● 5,553.00 | ● 00 | |
| | 15. Other gains or (losses): (Attach federal Form 4797 and/or AR4684 if applicable) | ● 00 | ● 00 | |
| | 16. Non-qualified IRA distributions and taxable annuities: (Attach All 1099Rs) | ● 00 | ● 00 | |
| | 17. Military retirement: Primary ● [00] Spouse ● [00] | | | |
| | 18A. Primary employer pension plan(s)/qualified IRA(s): (See instructions, Attach all 1099Rs) Gross distribution ● [00] Taxable amount ● [00] Less \$6,000 | ● 00 | | |
| | 18B. Spouse employer pension plan(s)/qualified IRA(s): (See instructions, Attach all 1099Rs) Gross distribution ● [00] Taxable amount ● [00] Less \$6,000 | ● 00 | ● 00 | |
| | 19. Rents, royalties, partnerships, estates, trusts, etc.: (Attach federal Schedule E) | ● -13,400.00 | ● 00 | |
| | 20. Farm income: (Attach federal Schedule F) | ● 00 | ● 00 | |
| | 21. Unemployment: Primary/Joint ● [00] Spouse ● [00] | | | |
| | 22. Other income/depreciation differences: (Attach Form AR-OI) | ● 00 | ● 00 | |
| | 23. TOTAL INCOME: (Add lines 8 through 22) | ● 107,017.00 | ● 00 | |
| | 24. TOTAL ADJUSTMENTS: (Attach Form AR1000ADJ) | ● 00 | ● 00 | |
| | 25. ADJUSTED GROSS INCOME: (Subtract line 24 from line 23) | ● 107,017.00 | ● 00 | |
| | TAX COMPUTATION | 26. Select tax table: (Select only one) | | |
| | | 27. ● <input type="checkbox"/> Low income table (\$0), For low income qualifications see line 26 instructions ● <input checked="" type="checkbox"/> Standard deduction (\$2,200 or \$4,400 for filing status 2 only) ● <input type="checkbox"/> Itemized deductions (Attach AR3) | ● 2,200.00 | ● 00 |
| | | 28. NET TAXABLE INCOME: (Subtract line 27 from line 25) | ● 104,817.00 | ● 00 |
| | | 29. TAX: (Enter tax from tax table) | ● 5,934.00 | ● 00 |
| | | 30. Combined tax: (Add amounts from line 29, columns A and B) | | ● 5,934.00 |
| | | 31. Enter tax from Lump Sum Distribution Averaging Schedule: (Attach AR1000TD) | | ● 00 |
| 32. Additional tax on IRA and qualified plan withdrawal and overpayment: (Attach federal Form 5329, if required) | | | ● 00 | |
| 33. TOTAL TAX: (Add lines 30 through 32) | | | ● 5,934.00 | |
| TAX CREDITS | 34. Personal tax credit(s): (Enter total from line 7D) | ● 29.00 | | |
| | 35. Child care credit: (Attach AR2441) | ● 00 | | |
| | 36. Other credits: (Attach AR1000TC) | ● 00 | | |
| | 37. TOTAL CREDITS: (Add lines 34 through 36) | | ● 29.00 | |
| 38. NET TAX: (Subtract line 37 from line 33. If line 37 is greater than line 33, enter 0) | | ● 5,905.00 | | |
| PAYMENTS | 39. Arkansas income tax withheld: (Attach state copies of W-2 and/or 1099R, W2-G) | ● 6,346.00 | | |
| | 40. Estimated tax paid or credit brought forward from 2020: | ● 00 | | |
| | 41. Payment made with extension: (See instructions) | ● 00 | | |
| | 42. AMENDED RETURNS ONLY - Previous payments: (See instructions) | ● 00 | | |
| | 43. Early childhood program: Certification number: _____ (Attach AR1000EC and AR2441) | ● 00 | | |
| | 44. TOTAL PAYMENTS: (Add lines 39 through 43) | | ● 6,346.00 | |
| 45. AMENDED RETURNS ONLY - Previous refund: (See instructions) | | ● 00 | | |
| 46. Adjusted total payments: (Subtract line 45 from line 44) | | ● 6,346.00 | | |
| REFUND OR TAX DUE | 47. AMOUNT OF OVERPAYMENT/REFUND: (If line 46 is greater than line 38, enter difference) | | ● 441.00 | |
| | 48. Amount to be applied to 2022 estimated tax: | ● 00 | | |
| | 49. Amount of Check-off Contributions: (Attach Schedule AR1000-CO) | ● 00 | | |
| | 50. AMOUNT TO BE REFUNDED TO YOU: (Subtract lines 48 and 49 from line 47) | REFUND | ● 441.00 | |
| | 51. AMOUNT DUE: (If line 46 is less than line 38, enter difference; If over \$1,000, continue to 52A) | TAX DUE | ● 00 | |
| | 52A. UEP: Attach Form AR2210 or AR2210A. If required, enter exception in box 52A ● [00] Penalty 52B ● [00] | | | |
| | 52C. Add lines 51 and 52B: (See instructions) | TOTAL DUE | ● 00 | |



**ARKANSAS INDIVIDUAL INCOME TAX
CAPITAL GAINS**

| | |
|---|---|
| Primary's legal name NANDA SHYAM SUNDER R PASHYA | Primary's social security number 325-49-4452 |
|---|---|

In Arkansas, only 50% of the net capital gain is taxed. 100% of the short term capital gain is taxed.

Per Act 1488 of 2013, the amount of net capital gain in excess of ten million dollars (\$10,000,000) from a gain realized on or after January 1, 2014, is exempt from state tax.

Complete the AR1000D if you have a CAPITAL GAIN OR LOSS reported on federal Schedule D, or if Schedule D is not required, a gain reported on federal Form 1040, line 7. The amount of capital loss that can be deducted after offsetting capital gains is limited to \$3,000 (\$1,500 per taxpayer for filing status 4 or 5). See instructions for line 14, Form AR1000F/AR1000NR.

Adjust your gains and losses for depreciation differences, **if any**, in the federal and Arkansas amounts using lines 2, 5 and 10. *

Note. Arkansas did not adopt the federal "bonus depreciation" provision from previous years. Therefore, there may be a difference in federal and Arkansas amounts of depreciation allowed.

Full Year Resident Filers - Complete columns **(A) and (B) only**.

Nonresident or Part Year Resident Filers - Complete columns **(A), (B), and (C)**.

| | Federal Schedule D | (A) Primary | (B) Spouse | (C) Arkansas Only |
|---|-------------------------------|------------------------|-----------------------|------------------------------|
| 1. Enter federal long-term capital gain or loss reported on line 15, federal Schedule D or Form 1040, line 7.....1 | 139.00 | 139.00 | 00 | 00 |
| 2. Enter adjustment, if any , for depreciation differences in federal and state amounts.....2 | | 00 | 00 | 00 |
| 3. Arkansas long-term capital gain or loss. Add (or subtract) line 1 and line 2.....3 | | 139.00 | 00 | 00 |
| 4. Enter federal net short-term capital loss, if any , reported on line 7, federal Schedule D4 | 00 | 00 | 00 | 00 |
| 5. Enter adjustment, if any , for depreciation differences in federal and state amounts.....5 | | 00 | 00 | 00 |
| 6. Arkansas net short-term capital loss. Add (or subtract) line 4 and line 5.....6 | | 00 | 00 | 00 |
| 7a. Arkansas net capital gain or loss. (If gain, subtract line 6 from 3. If loss, add lines 6 and 3.)7a | | 139.00 | 00 | 00 |
| 7b. If the amount on line 7a is over \$10,000,000, only enter \$10,000,000. If less than \$10,000,000, enter the total amount.....7b | | 139.00 | 00 | 00 |
| 8. Arkansas taxable amount. If a gain multiply line 7b by 50 percent (.50), otherwise enter loss.....8 | | 70.00 | 00 | 00 |
| 9. Enter federal short-term capital gain, if any , reported on line 7, federal Schedule D.....9 | 5,483.00 | 5,483.00 | 00 | 00 |
| 10. Enter adjustment, if any , for depreciation differences in federal and state amounts.....10 | | 00 | 00 | 00 |
| 11. Arkansas short-term capital gain. Add (or subtract) line 9 and line 10.....11 | | 5,483.00 | 00 | 00 |
| 12. Total taxable Arkansas capital gain or loss. Add lines 8 and 11. (Loss limited to \$3,000, for filing status 1, 2, 3, and 6, \$1,500 per taxpayer if filing status 4 or 5.) Enter here. Filing status 1,2,3,5 and 6: Add line 12, columns A and B and enter on AR1000F/AR1000NR, line 14. Filing status 4: Enter line 12, column A on AR1000F/AR1000NR, line 14, column A. Enter line 12, column B on AR1000F/AR1000NR, line 14, column B. | | 5,553.00 | 00 | 00 |



**ARKANSAS INDIVIDUAL INCOME TAX
INTEREST AND DIVIDENDS**

| | |
|---|---|
| Primary's legal name NANDA SHYAM SUNDER R PASHYA | Primary's social security number 325-49-4452 |
|---|---|

Full Year Resident Filers - Complete columns **(A)** and **(B)** if using filing status 4 (married filing separately on the same return). All other filing statuses must complete column **(A)** only.

Nonresident or Part Year Resident Filers - Complete columns **(A)**, **(B)**, and **(C)** if using filing status 4 (married filing separately on the same return). All other filing statuses must complete columns **(A)** and **(C)** only.

Part I - TAXABLE INTEREST

Interest on bank deposits, notes, mortgages from individuals, corporation bonds, savings and loan deposits, and credit union deposits are taxable. Interest on obligations of other states and subdivisions are fully taxable.

| NAME OF PAYER | (A) Primary/Joint | | (B) Spouse (If Filing Status 4) | | (C) Arkansas Only | |
|--|----------------------|----|---------------------------------------|----|----------------------|----|
| | | 00 | | 00 | | 00 |
| | | 00 | | 00 | | 00 |
| | | 00 | | 00 | | 00 |
| | | 00 | | 00 | | 00 |
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| | | 00 | | 00 | | 00 |
| | | 00 | | 00 | | 00 |
| | | 00 | | 00 | | 00 |
| | | 00 | | 00 | | 00 |
| | | 00 | | 00 | | 00 |
| Add the amounts listed and enter the total here and on line 10, Form AR1000F/ AR1000NR. | | 00 | | 00 | | 00 |

Part II - TAXABLE DIVIDENDS

Dividends and other distributions on stock are fully taxable. There is no dividend exclusion applicable to Arkansas.

| NAME OF PAYER | (A) Primary/Joint | | (B) Spouse (If Filing Status 4) | | (C) Arkansas Only | |
|--|----------------------|----|---------------------------------------|----|----------------------|----|
| | | 00 | | 00 | | 00 |
| ROBINHOOD SECURITIES LLC | 7. | 00 | | 00 | | 00 |
| | | 00 | | 00 | | 00 |
| | | 00 | | 00 | | 00 |
| | | 00 | | 00 | | 00 |
| | | 00 | | 00 | | 00 |
| | | 00 | | 00 | | 00 |
| | | 00 | | 00 | | 00 |
| | | 00 | | 00 | | 00 |
| | | 00 | | 00 | | 00 |
| | | 00 | | 00 | | 00 |
| Add the amounts listed and enter the total here and on line 11, Form AR1000F/ AR1000NR. | 7. | 00 | | 00 | | 00 |

Part III - INCOME NOT SUBJECT TO ARKANSAS TAX (See Instructions on pages 9 & 10)

| | | | | | | |
|--|--|-----|--|--|--|-------|
| Social security | | 00 | | | | 00 |
| Railroad retirement benefits | | 00 | | | | 00 |
| Ministers housing allowance | | 00 | | | | 00 |
| TOTAL AR MUNI DIV AND NONTAX DIST | | 11. | | | | 00 |
| TOTAL INCOME NOT SUBJECT TO ARKANSAS TAX: | | | | | | 11.00 |



**ARKANSAS INDIVIDUAL INCOME TAX
DECLARATION FOR ELECTRONIC FILING**

| | | | |
|--|--------------------------------|------------------------------|---|
| Primary's Legal First Name and Middle Initial ● <u>NANDA SHYAM SUNDER R</u> | | Last Name ● <u>PASHYA</u> | Primary's Social Security Number ● <u>325-49-4452</u> |
| Spouse's Legal First Name and Middle Initial | | Last Name | Spouse's Social Security Number ● |
| Mailing Address (Number and Street, P.O. Box or Rural Route) <u>306 SE RANGER BLVD , APT. 201</u> | | | Telephone ● <u>(848) 219-8623</u> |
| City <u>BENTONVILLE</u> | State or Province <u>AR</u> | ZIP <u>72712</u> | <input type="checkbox"/> Check if address is outside U.S. Foreign Country |

PART I - TAX RETURN INFORMATION (Whole Dollars Only)

| | | | |
|---|---|----------|----|
| 1. Total Income (Form AR1000F or AR1000NR, Line 23)..... | 1 | 107,017. | 00 |
| 2. Net Tax (Form AR1000F or AR1000NR, Line 38)..... | 2 | 5,905. | 00 |
| 3. State Income Tax Withheld (Form AR1000F or AR1000NR, Line 39)..... | 3 | ● 6,346. | 00 |
| 4. Refund (Form AR1000F or AR1000NR, Line 47)..... | 4 | 441. | 00 |
| 5. Tax Due (Form AR1000F or AR1000NR, Line 51)..... | 5 | | 00 |

PART II - DECLARATION OF TAXPAYER

6a. I consent that my refund be direct deposited as designated in the electronic portion of my 2021 Arkansas income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund. The refund will be direct deposited to the bank account(s) shown on page 1 of the Form AR1000F/AR1000NR.

6b. I do not want direct deposit of my refund or I am not receiving a refund.

6c. I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Income Tax Payment form (AR TAX PMT).

6d. I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Estimated Tax Payment form (AR EST PMT) or Arkansas Extension Payment form (AR EXT PMT).

If I have filed a balance due return, I understand that if the State of Arkansas does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties. If I have filed a joint federal and state return and my federal return is rejected, I understand my state return will be rejected also.

Under penalties of perjury, I declare that the information I have given my ERO and the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of my 2021 Arkansas income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. I consent to my ERO sending my return, this declaration, and accompanying schedules and statements to the State of Arkansas. I also consent to the State of Arkansas sending my ERO and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not my return is accepted, and if rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize the State of Arkansas to disclose to my ERO and/or transmitter the reason(s) for the delay, or when the refund was sent. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the State of Arkansas of all information pertaining to my use of the system and software and to the transmission of my tax return electronically.

Sign Here

| | | | |
|------------------------------|---------------|-----------------------------|---------------|
| _____ Primary's Signature | _____ Date | _____ Spouse's Signature | _____ Date |
|------------------------------|---------------|-----------------------------|---------------|

PART III - DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER

I declare that I have reviewed the above taxpayer's return and that the entries on Form AR8453 are complete and correct to the best of my knowledge. If I am only a collector, I understand that I am not responsible for reviewing the taxpayer's return; I declare that Form AR8453 accurately reflects the data on the return. I have obtained the taxpayer's signature on Form AR8453 before submitting this return to the State of Arkansas, and have provided the taxpayer with a copy of all forms and information to be filed with the State of Arkansas. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration of Paid Preparer is based on all information of which the preparer has knowledge.

ERO'S Use Only

| | | | | |
|--|---------------------------|---|---|---------------------------|
| _____ ERO'S Signature | <u>02/23/2022</u> Date | Check if paid preparer <input type="checkbox"/> | Check if self-employed <input type="checkbox"/> | _____ Your SSN or PTIN |
| <u>GLOBAL TAXES LLC 2530 PEBBLE CREEK LN CUMMING GA 30041</u> Firm's name and address | | | <u>30-1017196</u> FEIN | |

Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

Paid Preparer's Use Only

| | | | |
|---|---------------------------|---|--|
| _____ Preparer's Signature | <u>02/23/2022</u> Date | Check if self-employed <input type="checkbox"/> | _____ Preparer's SSN or PTIN |
| <u>SYAM PRIYA RAM SAGAR GUPTA TALLAM 2530 PEBBLE CREEK LN CUMMING GA 30041</u> Firm's name and address | | | <u>P02082703</u> Preparer's SSN or PTIN |
| | | | <u>30-1017196</u> FEIN |

SCHEDULE D
(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

2021

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

NANDA SHYAM SUNDER R PASHYA

Your social security number

325-49-4452

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

| | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result 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 | 6,792. | 1,309. | | 5,483. |
| 2 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 | | | | |
| 4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 | | | | 4 |
| 5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | | 5 |
| 6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions | | | | 6 () |
| 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back | | | | 7 5,483. |

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 lines below.

This form may be easier to complete if you round off cents to whole dollars.

| | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|---|----------------------------------|---------------------------------|--|---|
| 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . | | | | |
| 8b Totals for all transactions reported on Form(s) 8949 with Box D checked | 257. | 118. | | 139. |
| 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 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 | | | | 11 |
| 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | | 12 |
| 13 Capital gain distributions. See the instructions | | | | 13 |
| 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions | | | | 14 () |
| 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back | | | | 15 139. |

Part III Summary

| | | | |
|-----------|--|-----------|--------|
| 16 | Combine lines 7 and 15 and enter the result | 16 | 5,622. |
| | <ul style="list-style-type: none"> • 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 line 22. • 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? <input checked="" type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> 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? <input checked="" type="checkbox"/> 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. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. | | |
| 21 | If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } | 21 | () |
| | Note: When figuring which amount is smaller, treat both amounts as positive numbers. | | |
| 22 | Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. <input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR. | | |

Sales and Other Dispositions of Capital Assets

Department of the Treasury
Internal Revenue Service

► Go to www.irs.gov/Form8949 for instructions and the latest information.
► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

NANDA SHYAM SUNDER R PASHYA

Social security number or taxpayer identification number

325-49-4452

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

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

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

- (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

| 1 | (a) Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold or disposed of (Mo., day, yr.) | (d) Proceeds (sales price) (see instructions) | (e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions | Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions. | | (h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g) |
|--|--|---|---|--|--|---|--------------------------------|--|
| | | | | | | (f) Code(s) from instructions | (g) Amount of adjustment | |
| | Robinhood Securities LLC | 01/01/21 | 12/31/21 | 6,792. | 1,309. | | | 5,483. |
| | | | | | | | | |
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| 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) ► | | | | 6,792. | 1,309. | | | 5,483. |

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.

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

Social security number or taxpayer identification number

NANDA SHYAM SUNDER R PASHYA

325-49-4452

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 reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

| 1 | (a) Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold or disposed of (Mo., day, yr.) | (d) Proceeds (sales price) (see instructions) | (e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions | Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions. | | (h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g) |
|---|--|---|---|--|--|---|--------------------------------|--|
| | | | | | | (f) Code(s) from instructions | (g) Amount of adjustment | |
| | Robinhood Securities LLC | 05/13/20 | 07/26/21 | 257. | 118. | | | 139. |
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| 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 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ▶ | | | | 257. | 118. | | | 139. |

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.

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

OMB No. 1545-0074

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

2021

Department of the Treasury
Internal Revenue Service (99)

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

Attachment
Sequence No. **13**

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

Name(s) shown on return

Your social security number

NANDA SHYAM SUNDER R PASHYA

325-49-4452

Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

A Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions Yes No

B If "Yes," did you or will you file required Form(s) 1099? Yes No

| | | | | | |
|-----------|---|--|-------------------------|--------------------------|--------------------------|
| 1a | Physical address of each property (street, city, state, ZIP code) | | | | |
| A | GANDHI NAGAR HYDERABAD TELANGANA IN 500046 | | | | |
| B | | | | | |
| C | | | | | |
| 1b | Type of Property (from list below) | 2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. | Fair Rental Days | Personal Use Days | QJV |
| A | 3 | | 365 | 0 | <input type="checkbox"/> |
| B | | | | | <input type="checkbox"/> |
| C | | | | | <input type="checkbox"/> |

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
- 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

| Income: | | Properties: | | A | B | C |
|------------------|---|-------------|--|-------------|---------|----------|
| 3 | Rents received | 3 | | 600. | | |
| 4 | Royalties received | 4 | | | | |
| Expenses: | | | | | | |
| 5 | Advertising | 5 | | | | |
| 6 | Auto and travel (see instructions) | 6 | | 500. | | |
| 7 | Cleaning and maintenance | 7 | | 1,200. | | |
| 8 | Commissions. | 8 | | 800. | | |
| 9 | Insurance | 9 | | | | |
| 10 | Legal and other professional fees | 10 | | | | |
| 11 | Management fees | 11 | | 1,000. | | |
| 12 | Mortgage interest paid to banks, etc. (see instructions) | 12 | | | | |
| 13 | Other interest. | 13 | | | | |
| 14 | Repairs. | 14 | | 3,200. | | |
| 15 | Supplies | 15 | | 2,800. | | |
| 16 | Taxes | 16 | | | | |
| 17 | Utilities. | 17 | | 4,500. | | |
| 18 | Depreciation expense or depletion | 18 | | | | |
| 19 | Other (list) ▶ | 19 | | | | |
| 20 | Total expenses. Add lines 5 through 19 | 20 | | 14,000. | | |
| 21 | Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 | 21 | | -13,400. | | |
| 22 | Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 | | (13,400.) | () | () |
| 23a | Total of all amounts reported on line 3 for all rental properties | 23a | | | 600. | |
| b | Total of all amounts reported on line 4 for all royalty properties | 23b | | | | |
| c | Total of all amounts reported on line 12 for all properties | 23c | | | | |
| d | Total of all amounts reported on line 18 for all properties | 23d | | | | |
| e | Total of all amounts reported on line 20 for all properties | 23e | | | 14,000. | |
| 24 | Income. Add positive amounts shown on line 21. Do not include any losses | 24 | | | | |
| 25 | Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here | 25 | | (13,400.) | | |
| 26 | Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 | 26 | | | | -13,400. |

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2021