Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

Social accurity number

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

Submission Identification Number (SID)

Taypayar'a nama

талрау	payers hame Social security humber		ty number						
SRI	LAKSHMI NARASIMH REMINISETTY	339-89-0107							
Spouse	e's name	Spouse's soc	cial security number						
Par	t I Tax Return Information – Tax Year Ending December 31, 2021 (Enter	r year you a	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		1 132,498.						
2	Total tax		2 22,738.						
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 21,501.						
4	Amount you want refunded to you		4						
5	Amount you owe		5 773.						
Par	Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)								
	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) nowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above	, ve are the amo	ounts 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

X	I authorize	GLOBAL TAXES I	LLC	to enter or generate my PIN
· •	1 uuunon 20	oloping minub l		to ontor or generate my ri

	9	0	1	0	7					
Enter five digits, but don't enter all zeros										

my

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I 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 mv Enter five digits, but don't enter all zeros

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I 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 sign	ature 🕨 🛛 Da	ate 🕨						 		
Practitioner PIN Method Returns Only—continue below										
Part III C	ertification and Authentication – Practitioner PIN Method Only									
ERO's EFIN/P	PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	5	8	7			6 all ze	 9	8	9

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 🕨							
	O Must Retain This Form — See nit This Form to the IRS Unless I							
For Denemicarly Deduction Act Nation and V	w tow webum instructions	DEV 02/12/22 DBO	Earm 8870 (Boy, 01 2021)					

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

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

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

Form 1040-V 2021

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury Internal Revenue Service

75705 ZE 3721

BELLEVUE WA 98005

2021

Form 1040-V Payment Voucher

Use this voucher when making a payment with Form 1040.

Do not staple this voucher or your payment to Form 1040.

SRI LAKSHMI NARASIMH

Make your check or money order payable to the 'United States Treasury.'

(99)

6301

► Write your social security number (SSN) on your check or money order.

Enter the amount 773. of your payment.

1555

REV 03/12/22 PRO

INTERNAL REVENUE SERVICE P.O. BOX 802501 CINCINNATI, OH 45280-2501

339890107 HF REMI 30 0 202112 610

REMINISETTY

104		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		(99) urn	202	1	OMB No. 15	45-0074	IRS Use Only	y—Do not v	write or staple	in this space.
Filing Statu Check only one box.	lf yo	Single D Married filing jointly unchecked the MFS box, enter the n son is a child but not your dependent	ame of	-	eparately (N se. If you c	,			ehold (HOH) box, enter th		, 0	. , . ,
Your first name	e and m	iddle initial	Last na	me						Your se	ocial securi	ty number
SRI LAK	SHMI	NARASIMH	REMI	NISET	ГҮ					339-	89-010	7
If joint return, s	spouse's	first name and middle initial	Last na	me						Spouse	's social se	curity number
		er and street). If you have a P.O. box, see	instructi	ons.					Apt. no.	1	ential Electi here if you,	ion Campaign
12102 S						0			G301			ntly, want \$3
		ce. If you have a foreign address, also co	mplete s	paces belo	w.	State		ZIP c		to go to	o this fund.	Checking a
BELLEVU						WA			005	-	low will not x or refund	•
Foreign count	ry name			-oreign pro	vince/state/	county	у	Forei	gn postal code	your ta		
At any time d	uring 20	021, did you receive, sell, exchange,	or othe	rwise disp	bose of any	/ fina	ncial interes	st in any	virtual curre	ency?	Yes	X No
Standard	Som	eone can claim: 🗌 You as a de	penden	t 🗌 Y	our spous	e as a	a dependen	t				
Deduction		Spouse itemizes on a separate retur	n or you									
Age/Blindnes	s You:	Were born before January 2, 1	957 [Are blir	nd Spo	ouse:	🗌 Was b	orn bef	ore January	2, 1957	🗌 ls b	lind
Dependent	s (see	instructions):		(2) Sc	cial security	,	(3) Relation	nship	(4) 🖌 if c	qualifies fo	or (see instru	uctions):
If more	(1) F	irst name Last name	number		to you			Child tax cre		Credit for ot	ther dependents	
than four												
dependents, see instructior	ıs ——											
and che <u>ck</u>												
here 🕨 🔄												
Attach	1	Wages, salaries, tips, etc. Attach F	î	W-2 .	· · · ·					. 1		41,456.
Sch. B if	2a	· · -	2a				axable intere			. <u>2</u> t		
required.	<u>3a</u>		3a				rdinary divid			. 3ł		
) 4a		4a				axable amo			. 41		
	5a		5a				axable amo			. 5ł		
Standard Deduction for—	6a		6a				axable amo			. 6ł		
Single or	7	Capital gain or (loss). Attach Scher					check here		🏲 [212.
Married filing separately,	8	Other income from Schedule 1, lin								. 8		<u>-9,170.</u>
\$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, a								► 9		32,498.
 Married filing jointly or 	10	Adjustments to income from Sche Subtract line 10 from line 9. This is	,				· · ·	• • •		. 10		22 400
Qualifying widow(er),	11	Standard deduction or itemized	,				· · ·	 I2a	12,55	▶ <u>1</u> ·		32,498.
\$25,100	12a	Charitable contributions if you take		•		,		12a 12b	30			
 Head of household, 	b c	•						1			•	12,850.
\$18,800 • If you checked	13	Qualified business income deducti										±2,0JU.
any box under	14											12,850.
Standard Deduction,	15	Taxable income. Subtract line 14										19,648.
see instructions.)											

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2021)

Use Only	Firr	n's address ► 2530 Pebb	le Creek L	n Cummin	g GA 3004	1	I	Firm's EIN	▶ 30-1017196
•	Firr	n's name 🕨 GLOBAL TAX	KES LLC				1	Phone no.	(678)965-9522
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALL	AM 03/22/2	022 P02	082703	Self-employed
Paid	Pre	parer's name	Preparer's signat	ure		Date	PTIN	1	Check if:
		one no. (425)956-415		Email address	REMINISETTY(CHARANTEJA@GM			1
Keep a copy for your records.	– Spo								tection PIN, enter it here
Joint return? See instructions.	Spr	ouse's signature. If a joint return, t	oth must sign	Date	SR TECHNI Spouse's occu	CAL PRODUCT		see inst.)	ent your spouse an
	Υοι	ır signature		Date	Your occupatio		1	Protection F	ent you an Identity PIN, enter it here
Sign Here	beli	der penalties of perjury, I declare the first declare the first set true, correct, and com		of preparer (othe	r than taxpayer) i	s based on all info	ormation of w	hich prepa	rer has any knowledge.
		ne ►		no.			number (Pl		
Third Party Designee	ins	you want to allow another tructions signee's	•		n with the IF		es. Comple	ete below.	
		Estimated tax penalty (see in				► 38			
Amount You Owe	37 38	Amount you owe. Subtract					ons .	▶ 37	773.
A	36	Amount of line 34 you want a				► <u>36</u>		N 07	
	►d	Account number X X X							
Direct deposit? See instructions.	►b	Routing number X X X			21	Checking	Savin	gs	
	35a	Amount of line 34 you want			is attached, c	heck here .	🕨 [35a	
Refund	34	If line 33 is more than line 24				•	_	. 34	
	33	Add lines 25d, 26, and 32. T						▶ 33	21,965.
	32	Add lines 27a and 28 throug		•				▶ 32	464.
	31	Amount from Schedule 3, lin	e15			31	46	4.	
	30	Recovery rebate credit. See	instructions .			30			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	28	Refundable child tax credit or	additional child	tax credit from	Schedule 8812	2 28			
	с	Prior year (2019) earned inco	ome	. 27c					
	b	Nontaxable combat pay elec	tion	. 27b					
		Check here if you were b January 2, 2004, and you taxpayers who are at least a	i satisfy all the	e other requi	rements for				
qualifying child, attach Sch. EIC.	27a	Earned income credit (EIC)				27a		_	
If you have a	26	2021 estimated tax payment						. 26	
	d	Add lines 25a through 25c							21,501.
	c	Other forms (see instructions							01 501
	b	Form(s) 1099							
	а	Form(s) W-2				25a	21,50	1.	
	25	Federal income tax withheld	from:						
	24	Add lines 22 and 23. This is	your total tax					▶ 24	22,738.
	23	Other taxes, including self-er	mployment tax,	from Schedule	e 2, line 21 .			. 23	1.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				. 22	22,737.
	21	Add lines 19 and 20						. 21	
	20	Amount from Schedule 3, lin	e8					. 20	
	19	Nonrefundable child tax cred	dit or credit for o	ther depender	nts from Scheo	lule 8812 .		. 19	
	18	Add lines 16 and 17							22,737.
	17	Amount from Schedule 2, lin							22,757.
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 🗌 4972	2 3		. 16	22,737.

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Internal Revenue Service

Additional Income and Adjustments to Income

OMB No. 1545-0074

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

2021 Attachment Sequence No. 01 Your social security number

Name	(s) shown o	n Form 1040,	1040-SR, or 1040-NR	
SRI	LAKSHMI	NARASIMH	REMINISETTY	

339-89-0107

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, tru Schedule E		5	-9,170.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()		
b	Gambling income	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()		
е	Taxable Health Savings Account distribution	8e		
f	Alaska Permanent Fund dividends	8f		
g	Jury duty pay	8g		
h	Prizes and awards	8h		
i	Activity not engaged in for profit income	8i		
j	Stock options	8j		
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such	01-		
	property	8k		
1	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 10	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 101040-NR, line 8		10	-9,170.

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

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basic 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	3	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			
С	Date of original divorce or separation agreement (see instructions) \blacktriangleright			
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)			
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 81 24c			
d	Reforestation amortization and expenses			
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974			
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			
j	Housing deduction from Form 2555			
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 in here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	

Page **2**

REV 03/12/22 PRO

SCHEDULE	2
(Form 1040)	

Additional Taxes

OMB No. 1545-0074

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

20 21

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form1040 for instructions and the latest information.			n.	Attachment Sequence No. 02				
Name	e(s) shown on Form	1040, 1040-SR, or 1040	D-NR			Your so	cial se	curity number
		ASIMH REMINISETTY				339-89	9-010)7
Pa	rt I Tax							
1	Alternative mi	nimum tax. Attach F	orm 6251				1	
2	Excess advar	ce premium tax cree	dit repayment. Atta	ach Form 8962			2	
3	Add lines 1 ar	nd 2. Enter here and	on Form 1040, 10	40-SR, or 1040	0-NR, line [·]	17	3	
Par	rt II Other Ta	axes						
4	Self-employm	ent tax. Attach Sche	edule SE....				4	
5	Social securi Attach Form 4	ty and Medicare ta	ax on unreported		5			
6		ocial security and N		0	6			
7	Total addition	al social security and	d Medicare tax. Ad	dd lines 5 and (6		7	
8	Additional tax	on IRAs or other tax	x-favored account	s. Attach Form	5329 if red	quired	8	
9	Household en	nployment taxes. At	tach Schedule H				9	
10	Repayment o	f first-time homebuy	er credit. Attach F	orm 5405 if rec	quired		10	
11	Additional Me	dicare Tax. Attach F	orm 8959				11	
12	Net investmer	nt income tax. Attacl	h Form 8960				12	
13		ocial security and l n Form W-2, box 12			0 1		13	1.
14		x due on installmer					14	
15		e deferred tax on ga					15	
16	Recapture of	low-income housing	credit. Attach For	m 8611			16	

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

(continued on page 2) Schedule 2 (Form 1040) 2021

Part II Other Taxes (continued)

orm number, and	17a		
sold your home in	17b		
rm 8889....	17c		
remain an eligible	17d		
tach Form 8853 .	17e		
istributions. Attach	17f		
iction related to a	17g		
rred compensation	17h		
qualified deferred	17i		
	17j		
	17k		
	171		
om an expatriated	17m		
460(b) from Form	17n		
or any part of the 1040-NR	170		
ng to distributions	17p		
	17q		
	17z		
17z		18	
		19	
orm 965-A	20		
-		21	:
	m 1040-NR, line 23b		m 1040-NR, line 23b 21

Department of the Treasury

Additional Credits and Payments

OMB No. 1545-0074 2021

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

Department of the Treasury Internal Revenue Service		Attachment Sequence No. 03	
Name(s) shown on Form 1040, 1040-SR, or 1040-NR		Your soci	ial security number
SRI LAKSHMI N	IARASIMH REMINISETTY	339-89	-0107

SRI L Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required		1	
2	Credit for child and dependent care expenses from Form 244 Form 2441		2	
3	Education credits from Form 8863, line 19		3	
4	Retirement savings contributions credit. Attach Form 8880		4	
5	Residential energy credits. Attach Form 5695		5	
6	Other nonrefundable credits:			
а	General business credit. Attach Form 3800	6a		
b	Credit for prior year minimum tax. Attach Form 8801	6b		
С	Adoption credit. Attach Form 8839	6c		
d	Credit for the elderly or disabled. Attach Schedule R	6d	_	
е	Alternative motor vehicle credit. Attach Form 8910	6e		
f	Qualified plug-in motor vehicle credit. Attach Form 8936	6f	_	
g	Mortgage interest credit. Attach Form 8396	6g	_	
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h	_	
i	Qualified electric vehicle credit. Attach Form 8834	6i		
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j	_	
k	Credit to holders of tax credit bonds. Attach Form 8912	6k		
Ι	Amount on Form 8978, line 14. See instructions	61	_	
z	Other nonrefundable credits. List type and amount ►	6z		
7	Total other nonrefundable credits. Add lines 6a through 6z		7	
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040 line 20	-SR, or 1040-NR,	8	
		(0	contin	ued on page 2)
For Pa	perwork Reduction Act Notice, see your tax return instructions.	REV 03/12/22 PRO	Schedu	ule 3 (Form 1040) 2021

Schedule 3 (Form 1040) 2021

Par	t II Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .		10	
11	Excess social security and tier 1 RRTA tax withheld		11	464.
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken before April 1, 2021	13b		
С	Health coverage tax credit from Form 8885	13c		
d	Credit for repayment of amounts included in income from earlier years	13d		
е	Reserved for future use	13e		
f	Deferred amount of net 965 tax liability (see instructions)	13f		
g	Credit for child and dependent care expenses from Form 2441, line 10. Attach Form 2441	13g		
h	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken after March 31, 2021	13h		
z	Other payments or refundable credits. List type and amount	13z		
14	Total other payments or refundable credits. Add lines 13a through	13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31		15	464.
	BAA REV)3/12/22 PRO	Schedul	e 3 (Form 1040) 2021

SCHEDULE D

(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

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.

20Attachment Sequence No. 12

Internal Revenue Service (99) Name(s) shown on return

Department of the Treasury

SRI LAKSHMI NARASIMH REMINISETTY

Your social security number 339-89-0107

0111		1				
Did vo	u dispose o	f anv investme	ent(s) in a qualified	opportunity fund o	during the tax year?	Γ

Yes X No 'Ρŀ 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

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustment to gain or loss Form(s) 8949, F line 2, columr	from Part I,	(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	840.	568.	_	60.	212.
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 (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1				5	
6	6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions					()
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	7	212.			

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		(d) Proceeds	(e) Cost	(g) Adjustmen to gain or loss	from	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result
whole dollars.		(sales price)	(or other basis)	Form(s) 8949, I line 2, colum		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					
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	1 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						
13						
14	4 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions					()
15	Net long-term capital gain or (loss). Combine lines 8a on the back	•			15	

Part	III Summary		
16	Combine lines 7 and 15 and enter the result	16	212.
	• 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?		
	No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
20	Are lines 18 and 19 both zero or blank and are you not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below.		
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:		
	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?		
	☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.		

 \fbox No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

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Schedule D (Form 1040) 2021

Form **8949**

Sales and Other Dispositions of Capital Assets

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.

2021 Attachment Sequence No. 12A

Name(s) shown on return	Social security number or taxpayer identification number
SRI LAKSHMI NARASIMH REMINISETTY	339-89-0107

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.

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

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below	If you enter an enter a c	f any, to gain or loss . amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see <i>Column</i> (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment		
ROBINHOOD SECURITIES LLC	10/16/20	05/07/21	840.	568.	E	-60.	212.	
2 Totals. Add the amounts in column negative amounts). Enter each to Schedule D, line 1b (if Box A abov above is checked), or line 3 (if Box	840.	568.		-60.	212.			

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.

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

SCHE	EDULE E		Su	pplementa	l Inc	ome a	nd Lo	SS			OMB	No. 1545-0074	
(Form	orm 1040) (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)								ICs, etc.)	20 91			
Departm	ent of the Treasury		► Attac	h to Form 1040	, 1040	-SR, 104	0-NR, o	r 1041.			Attachment		
	Revenue Service (99)		► Go to www.irs.go	ov/ScheduleE fo	or insti	ructions	and the	latest i	nformation.		Seque	ence No. 13	
Name(s)) shown on return									Your socia	al securit	y number	
SRI	LAKSHMI NA	RASIM	H REMINISETTY							339-8	9-0107		
Part			s From Rental Real E										
			instructions. If you are a										
			ents in 2021 that would			. ,							
			ou file required Form(s								. LI I	es 🗌 No	
<u>1a</u>	-		each property (street,										
	HNO 18-2/	3/1 T	TIRMULAGIRI SAI	NIKPURI,HY	DERA	ABAD, I	ELANG	ANA	IN 50009	94			
<u>В</u> С													
 1b	Type of Pro	oortu	2 F a a a b b a a b b b b b b b b b b		12	- 41		Eair	Rental	Persona			
10	(from list be		2 For each rental above, report th	e number of fa	ir rent:	al and			ays	Days		QJV	
Α	3	,1011)	personal use da	ys. Check the	QJV b	ox only	Α		365	2	0		
B			qualified joint ve	enture. See inst	ructio	18.	B		505		0		
	+		-			ŀ	C						
	of Property:												
	gle Family Resid	dence	3 Vacation/Short	-Term Rental	5 Lar	nd	7	Self-I	Rental				
2 Mul	ti-Family Reside	ence	4 Commercial		6 Ro	yalties	8	Othe	r (describe)				
Incom	ne:			Properties:			Α		В			С	
3	Rents received	1. L			3		6	500.					
4	Royalties rece	ived .			4								
Exper													
5					5								
6		-	nstructions)		6								
7	-		nance		7		1,0)50.					
8					8								
9					9								
10	-	-	essional fees		10		1 0						
11 12			id to banks, etc. (see i		11 12		⊥,∠	280.					
12		-			12								
14					14		3 3	200.					
15					15			940.					
16	_				16		_,,						
17					17		1,3	300.					
18			e or depletion		18								
19	Other (list) 🕨		·		19								
20	Total expense	s. Add	lines 5 through 19 .		20		9,7	70.					
21	Subtract line 2	0 from	line 3 (rents) and/or 4	l (royalties). If									
			instructions to find ou										
					21		-9,1	.70.					
22			l estate loss after limi			1			,		,		
	on Form 8582	-			22	(9,1	70.))	()	
23a			eported on line 3 for a			• •		23a		600.			
b			eported on line 4 for a					23b					
с С			eported on line 12 for					23c					
d			eported on line 18 for eported on line 20 for					23d 23e		9,770.			
е 24			e amounts shown on			 de anv		L		0.4			
24 25			e amounts shown on osses from line 21 and re								(9,170.)	
26			ate and royalty inco								1	<i>></i> , <u>+</u> , <u>0</u> ,)	
20	i utai refitai fe	σαι θδί	ate and royally inco	110 01 (1055). (o ∠+ aii(1 ZU. E		uit			

For Paperwork Reduction Act Notice, see the separate instructions.

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

Schedule E (Form 1040) 2021

-9,170.

26

-9,170.

÷.

Department of the Treasury

Name(s) shown on return

Internal Revenue Service (99)

SRI LAKSHMI NARASIMH REMINISETTY

Passive Activity Loss Limitations

► See separate instructions.

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

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

OMB No. 1545-1008

Sequence No. 858

Identifying number 339-89-0107

Pa	rt I 2021 Passive Activity Loss		
	Caution: Complete Parts IV and V before completing Part I.		
	al Real Estate Activities With Active Participation (For the definition of active participation, see Special pance for Rental Real Estate Activities in the instructions.)		
1a b c d	Activities with net income (enter the amount from Part IV, column (a)) 1a Activities with net loss (enter the amount from Part IV, column (b)) 1b Prior years' unallowed losses (enter the amount from Part IV, column (c)) 1c Combine lines 1a, 1b, and 1c	1d	
All Ot	ther Passive Activities		
2a b c	Activities with net income (enter the amount from Part V, column (a)) . 2a 0. Activities with net loss (enter the amount from Part V, column (b)) . . 2b (0. Prior years' unallowed losses (enter the amount from Part V, column (c)) .	04	-827.
d 3	Combine lines 2a, 2b, and 2c	2d	027.
5	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	-827.

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.

Par	Part II Special Allowance for Rental Real Estate Activities With Active Participation									
-	Note: Enter all numbers in Pa	rt II as positive amo	ounts. See instruc	tions for an examp	le.					
4	Enter the smaller of the loss on line	1d or the loss on lir	ne3			4				
5	Enter \$150,000. If married filing sepa									
6	6 Enter modified adjusted gross income, but not less than zero. See instructions 6									
	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.									
7	7 Subtract line 6 from line 5									
8	Multiply line 7 by 50% (0.50). Do not e	nstructions	8							
9	9 Enter the smaller of line 4 or line 8									
Par	t III Total Losses Allowed									
10	Add the income, if any, on lines 1a a	nd 2a and enter the	total			10	0.			
11	Total losses allowed from all passi									
	out how to report the losses on your					11	0.			
Par	t IV Complete This Part Before	re Part I, Lines 1	a, 1b, and 1c. S	ee instructions.						
	Name of activity	Currer	nt year	Prior years	Ove	rall ga	ain or loss			
	Marile Of activity	(a) Net income	(b) Net loss	(c) Unallowed	(d) Gain	Gain (e) Loss				

	(line 1a)	(line 1b)	loss (line 1c)	(d) Gain	(e) Loss
Total. Enter on Part I, lines 1a, 1b, and 1c ►					
					- 0500 (****

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Form 8582 (2021)

Form 8582 (202										Page 2	
Part V	Complete This Part Be	efore P	art I, Lines 2	a, 2b,	and 2c. S	ee instruc	ctions.			·	
			Currer	nt year		Prior y	ears	Overall ga		jain or loss	
	Name of activity		I) Net income (line 2a)	(b) (lii			owed e 2c)	(d) Gain		(e) Loss	
HNO 18-2/3/1			0.		0.		827.			827.	
	on Part I, lines 2a, 2b, and 2		0.		0.		827.				
Part VI	Use This Part if an Am	nount le	s Shown on F	Part II,	Line 9. S	ee instruc	ctions.				
	Name of activity	ar to	rm or schedule nd line number be reported on ee instructions)	(a)) Loss	(b) Ratio (c) Special allowance			(d) Subtract column (c) from column (a).		
Total .			🕨			1.00	0				
Part VII	Allocation of Unallowe	ed Los	ses. See instr	uction	S.						
	Name of activity		Form or sche and line nur to be reporte (see instruct	nber ed on	(a) L	_OSS		b) Ratio	(c) Unallowed loss	
HNO 18-2	2/3/1		E Ln 2	2		827.	1.00000000			827.	
Total	Allowed Losses. See i		 ions	. 🕨		827.		1.00		827.	
	Allowed Losses. See I	IIStruct									
	Name of activity		Form or sche and line nur to be reporte (see instruct	nber ed on	(a) L	Loss (b) Unallowed loss		(c) Allowed loss			
HNO 18-2	2/3/1		E Ln 2	2		827.		827.		0.	
Total				. 🕨		827.		827.		0.	

REV 03/12/22 PRO

Form **8582** (2021)