## 8879 **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

## IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

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

OMB No. 1545-0074

| Internal Revenue Service  |   |   |  |  |  |  |  |
|---|---|---|--|--|--|--|--|
| Submission Identification Number (SID)  |   |   |  |  |  |  |  |
| Taxpayer's name   | Social security   | / number  |  |  |  |  |  |
| DURGA SAI KIRAN ANAGANI 884-60-   |   |   |  |  |  |  |  |
| Spouse's name   |   | al security number  |  |  |  |  |  |
|   |   |   |  |  |  |  |  |
| Part I Tax Return Information — Tax Year Ending December 31, 2021   | (Enter year you ar  | e 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   |   | <b>1</b> 825  |  |  |  |  |  |
| 2 Total tax   |   | 2   |  |  |  |  |  |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099   |   | 3   |  |  |  |  |  |
| 4 Amount you want refunded to you   |   | 4   |  |  |  |  |  |
| 5 Amount you owe  |   | 5   |  |  |  |  |  |
| Part II Taxpayer Declaration and Signature Authorization (Be sure you get   | t and keep a copy   | of your return)   |  |  |  |  |  |
| to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reasor for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authoriz Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accorpayment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to the payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellated business days prior to the payment (settlement) date. I also authorize the financial institutions involved taxes to receive confidential information necessary to answer inquiries and resolve issues related the personal identification number (PIN) below is my signature for the income tax return (original or amend Electronic Funds Withdrawal Consent.  Taxpayer's PIN: check one box only  I authorize GLOBAL TAXES LLC  ERO firm name  | te the U.S. Treasury and punt indicated in the taxinstitution to debit the derminate the authorization requests must be d in the processing of to the payment. I furth ded) I am now authorization reaction in the processing of the payment. I furth ded) I am now authorization in the processing of the payment. I furth ded) I am now authorization in the processing of the payment. | Id its designated Finan<br>x preparation software<br>entry to this account.<br>tion. To revoke (cance<br>received no later tha<br>the electronic paymen<br>her acknowledge that |  |  |  |  |  |
| signature on the income tax return (original or amended) I am now authorizing.  | 4011  | t ontor an zoroo  |  |  |  |  |  |
| I will enter my PIN as my signature on the income tax return (original or amended) if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN below.   |   |   |  |  |  |  |  |
| Your signature ▶ Da   | nte ▶   |   |  |  |  |  |  |
| Consumate DIM: also also and house also   |   |   |  |  |  |  |  |
| Spouse's PIN: check one box only  | DIN DIN   |   |  |  |  |  |  |
| I authorize to enter or get   |   | as r  |  |  |  |  |  |
| 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) if you are entering your own PIN and your return is filed using the Practitioner PIN below.  | don I am now authorizin   |   |  |  |  |  |  |
| Spouse's signature ▶ Da   | ate ▶   |   |  |  |  |  |  |
| Practitioner PIN Method Returns Only—continue   |   |   |  |  |  |  |  |
| Part III Certification and Authentication — Practitioner PIN Method Only  | <del>501011</del>   |   |  |  |  |  |  |
|   |   |   |  |  |  |  |  |
| <b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.   | 5   8   7   2   7   8  Don't ente   |   |  |  |  |  |  |
| I certify that the above numeric entry is my PIN, which is my signature for the electronic individual in authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I ar requirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Provided in the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Provided in the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Provided in the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Provided in the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Provided in the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Provided in the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Provided in the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Provided in the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Provided in the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Provided in the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Provided in the Practition PIN method in the Practition PIN method in the Practition PIN method in the PIN method in | m submitting this retur   | n in accordance with  |  |  |  |  |  |
| ERO's signature ▶ Da  | ate ▶   |   |  |  |  |  |  |
| ERO Must Retain This Form — See Instruction   |   |   |  |  |  |  |  |

Don't Submit This Form to the IRS Unless Requested To Do So

# E1040-NR Department of the Treasury-Internal Revenue Service (99) U.S. Nonresident Alien Income Tax Return 2021 OMB No. 1545-0074 RS Use Only-Do not write or staple in this space.

|                     | 0101 110111001401167                          | Alloli Illoolilo Tux   | Itotaiii     |                   | 011112 110. 10  | 10 007 1 | or stapic in t                             | iio opacc. |  |  |
|---------------------|---|--|--------------|-------------------|-----------------|----------|--|------------|--|--|
| Filing<br>Status    |   |  |              |                   |                 |          |  |            |  |  |
| Check only one box. | , ,   | If you checked the QW box, enter the child's name if the qualifying person is a child but not your dependent ▶ |              |                   |                 |          |  |            |  |  |
| Your first name     | and middle initial                            | Last name  |              |                   |                 |          | Your identifying number (see instructions) |            |  |  |
| DURGA SAI           | KIRAN   | ANAGANI  | 884-60-7946  |                   |                 |          | ;  |            |  |  |
| Home address (      | number and street or rural route). If you     | have a P.O. box, see inst  | ructions.    |                   | Apt. no.        | Check if | f: 🛛 Indivi                                | dual       |  |  |
| 3319 W 4t           | h ST  |  |              |                   |                 |          | Estat                                      | e or Trus  |  |  |
| City, town, or pos  | st office. If you have a foreign address, als | o complete spaces below.   | State        | ZIP cod           | de              |          |  |            |  |  |
| HATTIESBURG         |   |  | MS           | 3940              | 1               |          |  |            |  |  |
| Foreign country     | name  | Foreign province/state/co  | ounty        | Foreigr           | n postal code   |          |  |            |  |  |
| At any time duri    | ng 2021, did you receive, sell, exchange      | e, or otherwise dispose of   | any financia | ıl interest in an | y virtual curre | ncy?     | Yes  | X No       |  |  |

| Dependents                        |     |                             |                              |                                    |              |                          | (4) 🗸      | if qualifie | es for (see inst.):         |
|-----------------------------------|-----|-----------------------------|------------------------------|------------------------------------|--------------|--------------------------|------------|-------------|-----------------------------|
| (see instructions)                | 1   | (1) First name              | Last name                    | (2) Dependent's identifying number |              | pendent's<br>ship to you | Child tax  | x credit    | Credit for other dependents |
|                                   |     |                             |                              |                                    |              |                          |            |             |                             |
| If more than four dependents, see |     |                             |                              |                                    |              |                          |            |             |                             |
| instructions and                  |     |                             |                              |                                    |              |                          |            |             |                             |
| check here ►                      |     |                             |                              |                                    |              |                          |            |             |                             |
| Income                            | 1a  | Wages, salaries, tips, etc  | c. Attach Form(s) W-         | .2                                 |              |                          |            | 1a          | 826.                        |
| Effectively                       | b   | Scholarship and fellowsh    | nip grants. Attach Fo        | orm(s) 1042-S or required          | d statemen   | t. See instruct          | ions .     | 1b          |                             |
| Connected                         | С   | Total income exempt by      | a treaty from Sche           | edule OI (Form 1040-NR             | ), Item      |                          |            |             |                             |
| With U.S.                         |     | L, line 1(e)                |                              |                                    | î [·         | lc                       |            |             |                             |
| Trade or                          | 2a  | Tax-exempt interest .       | 2a                           | <b>b</b> Tax                       | kable intere | est                      |            | 2b          |                             |
| Business                          | 3a  | Qualified dividends .       | 3a                           | <b>b</b> Ord                       | dinary divid | ends                     |            | 3b          |                             |
|                                   | 4a  | IRA distributions           | 4a                           | <b>b</b> Tax                       | kable amoι   | ınt                      |            | 4b          |                             |
|                                   | 5a  | Pensions and annuities      | 5a                           | <b>b</b> Tax                       | kable amoι   | ınt                      |            | 5b          |                             |
|                                   | 6   | Reserved for future use     |                              |                                    |              |                          |            | 6           |                             |
|                                   | 7   | Capital gain or (loss). Att | ach Schedule D (Fo           | rm 1040) if required. If no        | ot required  | , check here .           | <b>▶</b> □ | 7           | -1.                         |
|                                   | 8   | Other income from Sche      | edule 1 (Form 1040),         | line 10                            |              |                          |            | 8           |                             |
|                                   | 9   | Add lines 1a, 1b, 2b, 3b,   | 4b, 5b, 7, and 8. Th         | nis is your <b>total effective</b> | ely connec   | ted income .             | . ▶        | 9           | 825.                        |
|                                   | 10  | Adjustments to income:      |                              |                                    |              |                          |            |             |                             |
|                                   | а   | From Schedule 1 (Form       | 1040), line 26               |                                    | 1            | 0a                       |            |             |                             |
|                                   | b   | Reserved for future use     |                              |                                    | 1            | 0b                       |            |             |                             |
|                                   | С   | Scholarship and fellowsh    | nip grants excluded          |                                    | 1            | 0c                       |            |             |                             |
|                                   | d   | Add lines 10a and 10c. 7    | These are your <b>total</b>  | adjustments to income              | e            |                          | . ▶        | 10d         |                             |
|                                   | 11  | Subtract line 10d from lin  | ne 9. This is your <b>ad</b> | justed gross income                | , .          |                          | . ▶        | 11          | 825.                        |
|                                   | 12a | Itemized deductions (f      |                              |                                    |              |                          |            |             |                             |
|                                   |     | residents of India, stand   | ard deduction. See i         | instructions Std. Dedn US/Indi     | ia Treaty 1  | <b>2a</b> 12             | 2,550.     |             |                             |
|                                   | b   | Charitable contributions    | for certain residents        | of India. See instructions         | s . <u>1</u> | 2b                       |            |             |                             |
|                                   | С   | Add lines 12a and 12b       |                              |                                    |              |                          |            | 12c         | 12,550.                     |
|                                   | 13a | Qualified business incon    | ne deduction from F          | orm 8995 or Form 8995-             | -A . 1       | 3a                       |            |             |                             |
|                                   | b   | Exemptions for estates a    | and trusts only. See         | instructions                       | <u>1</u>     | 3b                       |            |             |                             |
|                                   | С   | Add lines 13a and 13b       |                              |                                    |              |                          |            | 13c         |                             |
|                                   | 14  | Add lines 12c and 13c       |                              |                                    |              |                          |            | 14          | 12,550.                     |
|                                   | 15  | Taxable income. Subtra      | act line 14 from line        | 11. If zero or less, enter -       | -0           |                          |            | 15          | 0.                          |

| Form 1040-NR (                       | 2021)         |   |                               |                    |                           |                      | Page <b>2</b>      |
|--------------------------------------|---------------|---|-------------------------------|--------------------|---------------------------|----------------------|--------------------|
|                                      | 16            | Tax (see instructions). Check if any from Form  | (s): <b>1</b> 8814 <b>2</b> 4 | 972 3 🗌            |                           | 16                   | 0.                 |
|                                      | 17            | Amount from Schedule 2 (Form 1040), line 3  |                               |                    |                           | 17                   | 0.                 |
|                                      | 18            | Add lines 16 and 17   |                               |                    |                           | 18                   | 0.                 |
|                                      | 19            | Nonrefundable child tax credit or credit for o  | ther dependents from Schedu   | ule 8812 (Form 104 | 0)                        | 19                   |                    |
|                                      | 20            | Amount from Schedule 3 (Form 1040), line 8  |                               |                    |                           | 20                   |                    |
|                                      | 21            | Add lines 19 and 20   |                               |                    |                           | 21                   |                    |
|                                      | 22            | Subtract line 21 from line 18. If zero or less, e   | enter -0                      |                    |                           | 22                   | 0.                 |
|                                      | 23a           | Tax on income not effectively connected v from Schedule NEC (Form 1040-NR), line 15                         |                               |                    |                           |                      |                    |
|                                      | b             | Other taxes, including self-employment tax, line 21   | ,                             | ), <b>23b</b>      |                           |                      |                    |
|                                      | С             | Transportation tax (see instructions)   |                               | 23c                |                           |                      |                    |
|                                      | d             | Add lines 23a through 23c   |                               |                    |                           | 23d                  |                    |
|                                      | 24            | Add lines 22 and 23d. This is your <b>total tax</b>   |                               |                    | ▶                         | 24                   | 0.                 |
|                                      | 25            | Federal income tax withheld from:   |                               |                    |                           |                      |                    |
|                                      | а             | Form(s) W-2   |                               | 25a                | 6.                        |                      |                    |
|                                      | b             | Form(s) 1099  |                               | 25b                |                           |                      |                    |
|                                      | С             | Other forms (see instructions)  |                               |                    |                           |                      |                    |
|                                      | d             | Add lines 25a through 25c   |                               |                    |                           | 25d                  | 6.                 |
|                                      | е             | Form(s) 8805  |                               |                    |                           | 25e                  |                    |
|                                      | f             | Form(s) 8288-A  |                               |                    |                           | 25f                  |                    |
|                                      | g             | Form(s) 1042-S  |                               |                    |                           | 25g                  |                    |
|                                      | 26            | 2021 estimated tax payments and amount ap   | •                             |                    |                           | 26                   |                    |
|                                      | 27            | Reserved for future use   |                               |                    |                           |                      |                    |
|                                      | 28            |   |                               | 28                 |                           |                      |                    |
|                                      | 29            | Credit for amount paid with Form 1040-C   |                               | 29                 |                           |                      |                    |
|                                      | 30            | Reserved for future use   |                               | 30                 |                           |                      |                    |
|                                      | 31            | Amount from Schedule 3 (Form 1040), line 15   |                               | 31                 |                           |                      |                    |
|                                      | 32            | Add lines 28, 29, and 31. These are your total  |                               |                    |                           | 32                   |                    |
| D - 6                                | 33            | Add lines 25d, 25e, 25f, 25g, 26, and 32. The   |                               |                    |                           | 33                   | 6.                 |
| Refund                               | 34            | If line 33 is more than line 24, subtract line 24   |                               |                    |                           | 34                   | 6.                 |
| Divant damanito                      | 35a           | Amount of line 34 you want <b>refunded to you</b> Routing number 0 6 2 2 0 3 7                              |                               |                    |                           | 35a                  | 6.                 |
| Direct deposit?<br>See instructions. | ▶ b<br>▶ d    | Account number 3 7 0 7 1 1 6  | <del></del>                   | Z Checking □       | Savings                   |                      |                    |
|                                      | ►e            | If you want your refund check mailed to an a enter it here.   |                               |                    | page 1,                   |                      |                    |
|                                      | 36            | Amount of line 34 you want applied to your  | 2022 estimated tax . •        | 36                 |                           |                      |                    |
| Amount                               | 37            | Amount you owe. Subtract line 33 from line  | 24. For details on how to pay | , see instructions | . ▶                       | 37                   |                    |
| You Owe                              | 38            | Estimated tax penalty (see instructions) .  | <u> </u>                      | 38                 |                           |                      |                    |
| Third Party<br>Designee              |               | ou want to allow another person to distructions   |                               |                    | Complete I                | oelow.               | ⊠ No               |
|                                      | Desig<br>name |   | Phone no. ▶                   |                    | nal identific<br>er (PIN) | ation [              |                    |
| Sign                                 |               | penalties of perjury, I declare that I have examined they are true, correct, and complete. Declaration of p |                               |                    |                           |                      |                    |
| Here                                 | Yours         | signature   | Date Your occupati            | on                 |                           |                      | nt you an Identity |
|                                      |               |   | CHILENA                       |                    |                           | ction PI<br>nst.) ▶「 | N, enter it here   |
|                                      | , ,           |   |                               |                    |                           |                      |                    |
|                                      |               | rer's name Preparer's sig   | Email address                 | Date               | PTIN                      | 1.                   | Check if:          |
| Paid                                 | -             | PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA   |                               |                    | P02082                    |                      | Self-employed      |
| Preparer                             |               | name ► GLOBAL TAXES LLC   | MIN ONONI GOLLY INTIN         | 77 0 1 / 11 / 2022 | Phone no                  |                      | 8) 965–9522        |
| Use Only                             |               | address ► 2530 Pebble Creek L   | n Cummina GN 3004             | <br>1              | -                         |                      | 0-1017196          |
|                                      |               |   | in cummining GA 3004.         | _                  | 5 -                       | 50                   |                    |

#### **SCHEDULE NEC** (Form 1040-NR)

#### Tax on Income Not Effectively Connected With a U.S. Trade or Business

Attachment

Department of the Treasury Internal Revenue Service (99) ► Go to www.irs.gov/Form1040NR for instructions and the latest information. ▶ Attach to Form 1040-NR.

Sequence No. **7B** 

OMB No. 1545-0074

Name shown on Form 1040-NR

DURGA SAI KIRAN ANAGANI

Your identifying number 884-60-7946

|                            | N  |                              |         | (a) 10%                  | n > 1=21            | 4 > 2224                | (d) Other (s                                   |    | (specify)   |  |
|----------------------------|--|------------------------------|---------|--------------------------|---------------------|-------------------------|--|----|---|--|
|                            | Nature of Income   |                              | (a) 10% | <b>(b)</b> 15%           | <b>(c)</b> 30%      |                         | %  | %  |   |  |
| 1                          | Dividends and dividend equivalents:  |                              |         |                          |                     |                         |  |    |   |  |
| а                          | Dividends paid by U.S. corporations  |                              | 1a      |                          |                     |                         |  |    |   |  |
| b                          | Dividends paid by foreign corporations   | [                            | 1b      |                          |                     |                         |  |    |   |  |
| С                          | Dividend equivalent payments received with respect to section 871(m) transaction             | ctions                       | 1c      |                          |                     |                         |  |    |   |  |
| 2                          | Interest:  |                              |         |                          |                     |                         |  |    |   |  |
| а                          | Mortgage   | [                            | 2a      |                          |                     |                         |  |    |   |  |
| b                          | Paid by foreign corporations   | [                            | 2b      |                          |                     |                         |  |    |   |  |
| С                          | Other  | [                            | 2c      |                          |                     |                         |  |    |   |  |
| 3                          | Industrial royalties (patents, trademarks, etc.)   | [                            | 3       |                          |                     |                         |  |    |   |  |
| 4                          | Motion picture or TV copyright royalties   | [                            | 4       |                          |                     |                         |  |    |   |  |
| 5                          | Other royalties (copyrights, recording, publishing, etc.)                                    | [                            | 5       |                          |                     |                         |  |    |   |  |
| 6                          | Real property income and natural resources royalties   | [                            | 6       |                          |                     |                         |  |    |   |  |
| 7                          | Pensions and annuities   | [                            | 7       |                          |                     |                         |  |    |   |  |
| 8                          | Social security benefits   | [                            | 8       |                          |                     |                         |  |    |   |  |
| 9                          | Capital gain from line 18 below  | [                            | 9       |                          |                     |                         |  |    |   |  |
| 10                         | Gambling—Residents of Canada only. Enter net income in column (c). If zero or less, enter -0 |                              |         |                          |                     |                         |  |    |   |  |
| а                          | Winnings   |                              |         |                          |                     |                         |  |    |   |  |
| b                          | Losses   |                              | 10c     |                          |                     |                         |  |    |   |  |
| 11                         | Gambling winnings—Residents of countries other than Canada.  Note: Losses not allowed        |                              | 11      |                          |                     |                         |  |    |   |  |
| 12                         | Other (specify) ►  |                              |         |                          |                     |                         |  |    |   |  |
|                            |  |                              | 12      |                          |                     |                         |  |    |   |  |
| 13                         | Add lines 1a through 12 in columns (a) through (d)   |                              | 13      |                          |                     |                         |  |    |   |  |
| 14                         | Multiply line 13 by rate of tax at top of each column  |                              | 14      |                          |                     |                         |  |    |   |  |
| 15                         | Tax on income not effectively connected with a U.S. trade or business. Add                   |                              |         |                          |                     |                         | IR, line 23a ►                                 | 15 |   |  |
|                            | Capital Gains and Los  | sses F                       | rom :   | Sales or Excha           | anges of Propert    | У                       |  |    |   |  |
| losses to exchan within to | ges that are from sources he United States and not descriptive details not shown below)      | (b) Date acquired mm/dd/yyyy |         | (c) Date sold mm/dd/yyyy | (d) Sales price     | (e) Cost or other basis | (f) LOSS If (e) is more than subtract (d) from |    | (g) GAIN  If (d) is more than (e), subtract (e) from (d). |  |
|                            | ely connected with a U.S. ss. Do not include a gain  |                              |         |                          |                     |                         |  |    |   |  |
| or loss                    | on disposing of a U.S. real y interest; report these   |                              |         |                          |                     |                         |  |    |   |  |
| gains a<br>(Form 1         | nd losses on Schedule D  |                              |         |                          |                     |                         |  |    |   |  |
|                            | property sales or  |                              |         |                          |                     |                         |  |    |   |  |
| exchan                     | ges that are effectively ted with a U.S. business 17 Add columns (f) and (g) of line 16      |                              |         |                          |                     | 17                      | (  | )  |   |  |
| on Sch                     | edule D (Form 1040), 797, or both. 18 Capital gain. Combine columns (f) and (g) of           | line 17.                     | Ente    | r the net gain her       | e and on line 9 abo |                         |  | 18 |   |  |

#### **SCHEDULE OI** (Form 1040-NR)

Department of the Treasury Internal Revenue Service (99)

### **Other Information**

► Go to www.irs.gov/Form1040NR for instructions and the latest information. ► Attach to Form 1040-NR. ► Answer all questions.

OMB No. 1545-0074 Attachment Sequence No. **7C** 

| Name sl | nown on Form 1040-NR   |  |   |  | Your identifying        | number                  |                |  |  |  |
|---------|--|--|---|--|-------------------------|-------------------------|----------------|--|--|--|
| DURG    | GA SAI KIRAN ANAGANI   |  |   |  | 884-60-7946             |                         |                |  |  |  |
| Α       | Of what country or countries w   | vere you a citizen or nationa                            | al during the tax year                      | ?_INDIA  |                         |                         |                |  |  |  |
| В       | In what country did you claim  | residence for tax purposes                               | s during the tax year                       | ? United States                                    |                         |                         |                |  |  |  |
| С       | Have you ever applied to be a  |  | Yes   | ⊠ No   |                         |                         |                |  |  |  |
| D       | Were you ever:   |  |   |  |                         |                         |                |  |  |  |
| 1.      | A U.S. citizen?  |  |   |  |                         |                         |                |  |  |  |
| 2.      | . A green card holder (lawful permanent resident) of the United States?  |  |   |  |                         |                         |                |  |  |  |
|         | If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you.  |  |   |  |                         |                         |                |  |  |  |
| E       | If you had a visa on the last day of the tax year, enter your visa type. If you did not have a visa, enter your U.S. immigration status on the last day of the tax yearF1  |  |   |  |                         |                         |                |  |  |  |
| F       | Have you ever changed your value of you answered "Yes," indicate   |  |   | ion status?  |                         | ☐ Yes                   | ⊠ No           |  |  |  |
| G       | List all dates you entered and   | left the United States durin                             | g 2021. See instruction                     | ons.   |                         |                         |                |  |  |  |
|         | Note: If you are a resident of C check the box for Canada or   |  |   |  | ient intervals,  Mexico |                         |                |  |  |  |
|         | Date entered United States mm/dd/yy  | Date departed United State<br>mm/dd/yy                   | es D  | ate entered United State<br>mm/dd/yy               |                         | rted United<br>nm/dd/yy | d States       |  |  |  |
|         |  |  |   |  |                         |                         |                |  |  |  |
|         |  |  |   |  |                         |                         |                |  |  |  |
|         |  |  |   |  |                         |                         |                |  |  |  |
|         |  |  |   |  |                         |                         |                |  |  |  |
| Н       | Give number of days (including 2019  |  |   |  |                         |                         |                |  |  |  |
| 1       | Did you file a U.S. income tax   | , 2020   | , and 20                                    | 133  | ··                      | Yes                     | X No           |  |  |  |
| •       | If "Yes," give the latest year ar  | nd form number you filed                                 |   |  |                         | 163                     | Z NO           |  |  |  |
| J       | Are you filing a return for a trus   | st?  |   |  |                         | Yes                     | ⊠ No           |  |  |  |
|         | If "Yes," did the trust have a U.S. person, or receive a contr   | J.S. or foreign owner unde                               | r the grantor trust ru                      | les, make a distribution                           | or loan to a            | Yes                     | □No            |  |  |  |
| Κ       | Did you receive total compens  | ·  |   |  |                         | ☐ Yes                   | ⊠ No           |  |  |  |
| •••     | If "Yes," did you use an alterna   |  |   |  |                         | Yes                     | □No            |  |  |  |
| L       | Income Exempt From Tax—If complete (1) through (3) below   | you are claiming exempti                                 | on from income tax                          | under a U.S. income                                |                         | a foreign               | country,       |  |  |  |
| 1.      | Enter the name of the country, amount of exempt income in the  |  |   |  | claimed the tre         | aty benefi              | t, and the     |  |  |  |
|         | (a) Cou  | ntry   | (b) Tax treaty article                      | (c) Number of month                                |                         | ount of exe             |                |  |  |  |
|         |  |  |   |  |                         |                         |                |  |  |  |
|         |  |  |   |  |                         |                         |                |  |  |  |
|         |  |  |   |  |                         |                         |                |  |  |  |
|         |  |  |   |  |                         |                         |                |  |  |  |
|         | (a) Total Enternalis and a   | - Farms 4040 ND 15 4 D                                   | a mak amkan te an ti                        | de en line di-                                     |                         |                         |                |  |  |  |
| ^       | (e) Total. Enter this amount of  |  |   |  |                         | □ Va=                   | □ NI -         |  |  |  |
|         | Were you subject to tax in a for<br>Are you claiming treaty benefit  |  | ,   | •  |                         | ☐ Yes                   | ∐ No<br>⊠ No   |  |  |  |
| ა.      | If "Yes," attach a copy of the (   |  | -   |  |                         | ⊥ res                   | △ NO           |  |  |  |
| M       | • •  | Joinpetent Authority detern                              | mation letter to your                       | rotuin.  |                         |                         |                |  |  |  |
| M<br>1  | Check the applicable box if: This is the first year you are many and the state of t | aking an election to treat in                            | come from real prope                        | erty located in the Unit                           | ad States as off        | ectively o              | nnected        |  |  |  |
|         | with a U.S. trade or business u  | under section 871(d). See in                             | structions                                  |  |                         |                         |                |  |  |  |
| 2.      | You have made an election in States as effectively connected   | n a previous year that has d with a U.S. trade or busing | not been revoked, t<br>ess under section 87 | to treat income from recall (d). See instructions. | eal property loc        | ated in th              | le United  ▶ □ |  |  |  |

### SCHEDULE D

Department of the Treasury

Internal Revenue Service (99)

(Form 1040)

**Capital Gains and Losses** 

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

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

► Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

2021

Attachment Sequence No. **12** 

|               | (s) shown on return   |                                  |                                 |   |                  | curity number<br>7946   |
|---------------|---|----------------------------------|---------------------------------|---|------------------|---|
|               | RGA SAI KIRAN ANAGANI  /ou dispose of any investment(s) in a qualified opportunity  | fund during the ta               | x year?                         |   | -60-             | 7940  |
|               | es," attach Form 8949 and see its instructions for additiona  | -                                | •                               |   |                  |   |
| Pa            | Short-Term Capital Gains and Losses—Ge  | nerally Assets I                 | Held One Year                   | or Less (se   | e ins            | tructions)  |
| lines<br>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)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustmer<br>to gain or loss<br>Form(s) 8949,<br>line 2, colum | from<br>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. |                                  |                                 |   |                  | -   |
|               | Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked  | 3.                               | 4.                              |   |                  | -1.   |
| 2             | Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked  |                                  |                                 |   |                  |   |
| 3             | Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked  |                                  |                                 |   |                  |   |
|               | Short-term gain from Form 6252 and short-term gain or (keeping short-term gain or (loss) from partnerships, Schedule(s) K-1   | *                                |                                 |   | 5                |   |
| 6             | Short-term capital loss carryover. Enter the amount, if an <b>Worksheet</b> in the instructions   | y, from line 8 of y              | our Capital Loss                | Carryover   | 6                | ( )   |
| 7             | Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise  |                                  |                                 |   | 7                | -1.   |
| Par           | t II Long-Term Capital Gains and Losses—Ger   | <del>-</del>                     |                                 |   |                  |   |
|               | instructions for how to figure the amounts to enter on the below.   | (d)                              | (e)                             | <b>(g)</b><br>Adjustmer   | nts              | (h) Gain or (loss)<br>Subtract column (e)   |
| This          | form may be easier to complete if you round off cents to e dollars.   | Proceeds<br>(sales price)        | Cost<br>(or other basis)        | to gain or loss<br>Form(s) 8949,<br>line 2, colum                     | from<br>Part II, | from column (d) and<br>combine the result<br>with column (g)                                  |
| 8a            | Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.  |                                  |                                 |   |                  |   |
| 8b            | Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked  |                                  |                                 |   |                  |   |
| 9             | Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked  |                                  |                                 |   |                  |   |
| 10            | Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked  |                                  |                                 |   |                  |   |
| 11            | Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824  |                                  | 0 0                             | , ,   | 11               |   |
|               | Net long-term gain or (loss) from partnerships, S corporat  | ions, estates, and               | trusts from Scheo               | lule(s) K-1   | 12               |   |
| 13            | Capital gain distributions. See the instructions  |                                  |                                 |   | 13               |   |
|               |   |                                  |                                 |   | 14               | ( )   |
| 15            | <b>Net long-term capital gain or (loss).</b> Combine lines 8a on the back   | •                                | . ,                             | to Part III   | 15               |   |

BAA

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

# 

 $oxed{ exttt{X}}$  No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

| 16 | Combine lines 7 and 15 and enter the result   | 16 |   | -1. |
|----|---|----|---|-----|
|    | • If line 16 is a <b>gain,</b> 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 <b>loss</b> , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.  |    |   |     |
|    | • If line 16 is <b>zero</b> , 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 <b>both</b> gains?  |    |   |     |
|    | ☐ <b>Yes.</b> Go to line 18. ☐ <b>No.</b> Skip lines 18 through 21, and go to line 22.  |    |   |     |
| 18 | If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet  | 18 |   |     |
| 19 | If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (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 <b>smaller</b> of:  |    |   |     |
|    | • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500)   | 21 | ( | 1.  |
|    | 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?   |    |   |     |
|    | ☐ <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16.   |    |   |     |

## 8949 **8949**

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

► Go to www.irs.gov/Form8949 for instructions and the latest information.

OMB No. 1545-0074

2021

Attachment Sequence No. 12A

Department of the Treasury Internal Revenue Service File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

| varric(3) 311 | O WIT OIT | rotuiri |         |
|---------------|-----------|---------|---------|
| DIIRGA        | TAP       | KIBVN   | ANAGANT |

Social security number or taxpayer identification number 884-60-7946

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.

| <ul> <li>(A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)</li> <li>(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS</li> <li>(C) Short-term transactions not reported to you on Form 1099-B</li> </ul> |  |                                |                                     |   |                                     |                                |  |  |  |  |
|--|--|--------------------------------|-------------------------------------|---|-------------------------------------|--------------------------------|--|--|--|--|
| (a) Description of property  | (b) Date acquired                          | (c) Date sold or               | <b>(d)</b><br>Proceeds              | (e) Cost or other basis. See the <b>Note</b> below    | See the separate instructions       |                                | (h) Gain or (loss). Subtract column (e)                      |  |  |  |
| (Example: 100 sh. XYZ Ćo.)   | (Mo., day, yr.)                            | disposed of (Mo., day, yr.)    | (sales price)<br>(see instructions) | and see Column (e)<br>in the separate<br>instructions | (f)<br>Code(s) from<br>instructions | (g)<br>Amount of<br>adjustment | from column (d) and<br>combine the result<br>with column (g) |  |  |  |
| Robinhood Securities LLC   | 01/01/21                                   | 12/31/21                       | 3.                                  | 4.  |                                     |                                | -1.  |  |  |  |
|  |  |                                |                                     |   |                                     |                                |  |  |  |  |
|  |  |                                |                                     |   |                                     |                                |  |  |  |  |
|  |  |                                |                                     |   |                                     |                                |  |  |  |  |
|  |  |                                |                                     |   |                                     |                                |  |  |  |  |
|  |  |                                |                                     |   |                                     |                                |  |  |  |  |
|  |  |                                |                                     |   |                                     |                                |  |  |  |  |
|  |  |                                |                                     |   |                                     |                                |  |  |  |  |
|  |  |                                |                                     |   |                                     |                                |  |  |  |  |
|  |  |                                |                                     |   |                                     |                                |  |  |  |  |
|  |  |                                |                                     |   |                                     |                                |  |  |  |  |
|  |  |                                |                                     |   |                                     |                                |  |  |  |  |
| 2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C)   | al here and inc<br>is checked), <b>lir</b> | lude on your<br>ne 2 (if Box B | 3.                                  | 4.  |                                     |                                | -1.  |  |  |  |

**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.