

# Mississippi Individual Income Tax Declaration For Electronic Filing 2021

Submission Number

Taxpayer First Name <b>DURGA SAI KIRAN</b>		Initial	Last Name <b>ANAGANI</b>		<b>YOU MUST ENTER SSN</b>
Spouse First Name		Initial	Last Name		
Mailing Address (Number and Street, Including Rural Route) <b>3319 W 4th ST</b>					
City <b>HATTIESBURG</b>	State <b>MS</b>	Zip <b>39401</b>	County Code <b>18</b>		Taxpayer SSN <b>884607946</b>
					Spouse SSN

**PART I: TAX RETURN INFORMATION (ROUND TO THE NEAREST DOLLAR)**

1 Mississippi taxable income (Form 80-105, line 16; 80-205, line 19)	1	-7475
2 Total Mississippi tax (Form 80-105, line 23; 80-205, line 25)	2	0
3 Mississippi tax payments (Form 80-105, line 27; 80-205, line 29)	3	
4 Refund (Form 80-105, line 33; 80-205, line 34)	4	
5 Amount you owe (Form 80-105, line 36; 80-205, line 37)	5	0

**PART II: DIRECT DEPOSIT/DIRECT DEBIT**

1 Routing number	3 Type of account:
2 Account number	Checking      Savings

My request for direct deposit/direct debit of my refund/payment includes my authorization for the Mississippi Department of Revenue to furnish my financial institution with my routing number, account number, account type, and social security number to insure my refund/payment is properly processed.

**PART III: DECLARATION OF TAXPAYER**

Under penalties of perjury, I declare that I have compared the information contained on my income tax return with the information I have provided to my electronic return originator and that the amounts described in Part I above agree with the amounts shown on the corresponding lines of my Mississippi income tax return. To the best of my knowledge and belief, my return is true, correct and complete. This declaration is to be maintained by the electronic return originator and provided to Mississippi Department of Revenue on request.

Taxpayer Signature	Date	Spouse Signature	Date
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**PART IV: DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER**

Under penalties of perjury, I declare that I have reviewed the above taxpayer's return and that the entries on this form are complete and correctly represented to the best of my knowledge. I have obtained the taxpayer's signature and will maintain this return for the Mississippi Department of Revenue as part of my permanent records. Upon written request, I will furnish this return to the Mississippi Department of Revenue. I have provided the taxpayer with a copy of all forms and information to be filed electronically with the Mississippi Department of Revenue and have followed all other requirements described in the Mississippi Handbook for Electronic Filers and any additional requirements specified by the Mississippi Department of Revenue. If I am the paid preparer, under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer is based on all information of which preparer has any knowledge.

<b>ERO Use Only</b>	ERO Signature	Date <b>04112022</b>	Check if Also Paid Preparer	Check if Self-Employed	ERO SSN or PTIN
	Firm Name (or yours if self-employed), address and ZIP code	<b>GLOBAL TAXES LLC 2530 Pebble Cr Cumming GA 30041</b>		<b>301017196</b>	<b>301017196</b>
				Phone No.	<b>(678) 965-9522</b>

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

<b>Paid Preparer Use Only</b>	Preparer Signature	Date <b>04112022</b>	Check if Also Paid Preparer <input checked="" type="checkbox"/>	Check if Self-Employed	Preparer SSN or PTIN <b>P02082703</b>
	Firm Name (or yours if self-employed), address and ZIP code	<b>GLOBAL TAXES LLC 2530 Pebble Cr Cumming GA 30041</b>		<b>301017196</b>	<b>301017196</b>
				Phone No.	<b>(678) 965-9522</b>



# Mississippi Resident Individual Income Tax Return 2021

Amended

Taxpayer First Name <b>DURGA SAI KIRAN</b>		Initial	Last Name <b>ANAGANI</b>	
Spouse First Name		Initial	Last Name	
Mailing Address (Number and Street, Including Rural Route) <b>3319 W 4th ST</b>				
City <b>HATTIESBURG</b>		State <b>MS</b>	Zip <b>39401</b>	County Code <b>18</b>

SSN 884607946

Spouse SSN

- 1** Married - Combined or Joint Return (\$12,000)
- 2** Married - Spouse Died in Tax Year (\$12,000)
- 3** Married - Filing Separate Returns (\$12,000)
- 4** Head of Family (\$8,000)
- 5**  Single (\$6,000)

### EXEMPTIONS

Dependents (in column B, enter "C" for child, "P" for parent or "R" for relative)					
6 (A) Name	(B)	(C) Dependent SSN			
			<b>8</b> Taxpayer Age 65 or Over		Spouse Age 65 or Over
			Taxpayer Blind		Spouse Blind
			<b>9</b> Total dependents line 7 plus number of boxes checked line 8		
			<b>10</b> Line 9 x \$1,500	10	
			<b>11</b> Enter filing status exemption	11	6000
<b>7</b> Total number of dependents (from line 6 and Form 80-491)			<b>12</b> Total (line 10 plus line 11)	12	6000

MISSISSIPPI INCOME TAX	Column A (Taxpayer)	Column B (Spouse)
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<b>13</b> Mississippi adjusted gross income (from page 2, line 65)	13A 825	13B
<b>14</b> Standard or itemized deductions (if itemized, attach Form 80-108)	14A 2300	14B
<b>15</b> Exemptions (from line 12; if married filing separately use 1/2 amount)	15A 6000	15B
<b>16</b> Mississippi taxable income (line 13 minus line 14 and line 15)	16A -7475	16B
<b>17</b> Income tax due (from Schedule of Tax Computation, see instructions)		17 0
<b>18</b> Credit for tax paid to another state (from Form 80-160, line 14; attach other state return)		18
<b>19</b> Other credits (from Form 80-401, line 1)		19 0
<b>20</b> Net income tax due (line 17 minus line 18 and line 19)		20 0
<b>21</b> Consumer use tax (see instructions)		21
<b>22</b> Catastrophe savings tax (see instructions)		22
<b>23</b> Total Mississippi income tax due (line 20 plus line 21 and line 22)		23 0

### PAYMENTS

<b>24</b> Mississippi income tax withheld (complete Form 80-107)	24
<b>25</b> Estimated tax payments, extension payments and/or amount paid on original return	25
<b>26</b> Refund received and/or amount carried forward from original return (amended return only)	26
<b>27</b> Total payments (line 24 plus line 25 minus line 26)	27

### REFUND OR BALANCE DUE

(If no overpayment is due on line 28, skip to line 34)

<b>28</b> Overpayment (if line 27 is more than line 23, subtract line 23 from line 27)		28
<b>29</b> Interest and penalty (from Form 80-320, line 11 and/or line 12)		29
<b>30</b> Adjusted overpayment (line 28 minus line 29)		30
<b>31</b> Overpayment to be applied to next year estimated tax account	Farmers or Fishermen (see instructions)	31
<b>32</b> Voluntary contribution (from Form 80-108, part III)		32
<b>33</b> Overpayment refund (line 30 minus line 31 and line 32)	<b>REFUND</b>	33
Direct Deposit Request (check box and go to page 3)		
<b>34</b> Balance due (if line 23 is more than line 27, subtract line 27 from line 23)	<b>BALANCE DUE</b>	34 0
<b>35</b> Interest and penalty (from Form 80-320, line 19)		35
<b>36</b> Total due (line 34 plus line 35)	<b>AMOUNT YOU OWE</b>	36 0

Installment Agreement Request  
(see instructions for eligibility; attach Form 71-661)



801052132163

# Mississippi Resident Individual Income Tax Return 2021

Page 2

SSN

884607946

INCOME	Column A (Taxpayer)		Column B (Spouse)
<b>37</b> Wages, salaries, tips, etc. ( <b>complete Form 80-107</b> )	37A	826	37B
<b>38</b> Business income (loss) ( <b>attach Federal Schedule C or C-EZ</b> )	38A		38B
<b>39</b> Capital gain (loss) ( <b>attach Federal Schedule D, if applicable</b> )	39A	-1	39B
<b>40</b> Rent, royalties, partnerships, S corporations, trusts, etc. (from Form 80-108, part IV)	40A		40B
<b>41</b> Farm income (loss) ( <b>attach Federal Schedule F</b> )	41A		41B
<b>42</b> Interest income (from Form 80-108, part II, line 3)	42A		42B
<b>43</b> Dividend income (from Form 80-108, part II, line 6)	43A		43B
<b>44</b> Alimony received	44A		44B
<b>45</b> Taxable pensions and annuities ( <b>complete Form 80-107</b> )	45A		45B
<b>46</b> Unemployment compensation ( <b>complete Form 80-107</b> )	46A		46B
<b>47</b> Other income (loss) (from Form 80-108, part V, line 10)	47A		47B
<b>48 Total income</b> (add lines 37 through 47)	48A	825	48B

ADJUSTMENTS	Column A (Taxpayer)		Column B (Spouse)
<b>49</b> Payments to IRA	49A		49B
<b>50</b> Payments to self-employed SEP, SIMPLE and qualified retirement plans	50A		50B
<b>51</b> Interest penalty on early withdrawal of savings	51A	0	51B
<b>52</b> Alimony paid (complete below)	52A		52B
Name	SSN	State	Date of Divorce
<b>53</b> Moving expense ( <b>attach Federal Form 3903</b> )	53A		53B
<b>54</b> National Guard or Reserve pay (enter the lesser of amount or \$15,000)	54A		54B
<b>55</b> Mississippi Prepaid Affordable College Tuition (MPACT)	55A		55B
<b>56</b> Mississippi Affordable College Savings (MACS)	56A		56B
<b>57</b> Self-employed health insurance deduction	57A		57B
<b>58</b> Health savings account deduction	58A		58B
<b>59</b> Catastrophe savings account deduction	59A		59B
<b>60</b> Self-employment tax deduction	60A		60B
<b>61</b> First-time home buyer savings account deduction	61A		61B
<b>62</b> Agricultural disaster program compensation deduction	62A		62B
<b>63</b> Mississippi Achieving a Better Life Experience (ABLE) Act deduction	63A		63B
<b>64 Total adjustments</b> (add lines 49 through 63)	64A	0	64B
<b>65 Mississippi adjusted gross income</b> (line 48 minus line 64; enter on page 1, line 13)	65A	825	65B

**AMENDED RETURN - EXPLANATION OF CHANGES TO ORIGINAL RETURN (attach additional statement if needed)**



801052133163

# Mississippi Resident Individual Income Tax Return 2021

SSN 884607946

**DIRECT DEPOSIT INFORMATION**

1 Overpayment refund (from page 1, line 33)

1

a Routing Number 1	Account Number 1	Checking	Savings	Direct Deposit 1 Amount
				1a
b Routing Number 2	Account Number 2	Checking	Savings	Direct Deposit 2 Amount
				1b

**SIGNATURE**

This return may be discussed with the preparer  Yes  No

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

Taxpayer Signature	Date	Taxpayer Phone Number	Paid Preparer PTIN
		6699990359	P02082703
Spouse Signature	Date	Paid Preparer Phone Number	Paid Preparer Email Address
		6789659522	SYAM@GTAXFILE.COM
SYAM PRIYA RAM SAGAR GUP	04112022	2530 Pebble Cr	Cumming GA 30041
Paid Preparer Signature	Date	Paid Preparer Address	City State Zip Code



# Mississippi Income / Withholding Tax Schedule 2021

Primary Taxpayer Name (as shown on Forms 80-105, 80-205 and 81-110)  
**ANAGANI, DURGA SAI KIRAN**

**THIS FORM MUST BE FILED EVEN IF YOU HAVE NO MISSISSIPPI WITHHOLDING**

1	A - Statement Information	B - Income and Withholding	C - Employer or Payer Information
X	Check appropriate box W-2      W-2G      1099      K-1  If 1099-R, Code in Box 7 232573585 Employer or Payer ID from W-2, 1099, K-1 <b>DURGA SAI KIRAN ANA</b> Taxpayer Name 884607946 Taxpayer Social Security Number	<b>MS</b> 826 State      State Wages, Tips, Etc.  0 <b>Mississippi Withholding Only</b>  State      Income from Other State	<b>ARAMARK FOOD &amp; SUP SVCSAGE</b> Employer or payer name <b>P O BOX 8018</b> Address <b>PHILADELPHIA PA 19101</b> City, State, ZIP

2	A - Statement Information	B - Income and Withholding	C - Employer or Payer Information
	Check appropriate box W-2      W-2G      1099      K-1  If 1099-R, Code in Box 7  Employer or Payer ID from W-2, 1099, K-1  Taxpayer Name  Taxpayer Social Security Number	<b>MS</b> State      State Wages, Tips, Etc.  <b>Mississippi Withholding Only</b>  State      Income from Other State	Employer or payer name  Address  City, State, ZIP

3	A - Statement Information	B - Income and Withholding	C - Employer or Payer Information
	Check appropriate box W-2      W-2G      1099      K-1  If 1099-R, Code in Box 7  Employer or Payer ID from W-2, 1099, K-1  Taxpayer Name  Taxpayer Social Security Number	<b>MS</b> State      State Wages, Tips, Etc.  <b>Mississippi Withholding Only</b>  State      Income from Other State	Employer or payer name  Address  City, State, ZIP

4	A - Statement Information	B - Income and Withholding	C - Employer or Payer Information
	Check appropriate box W-2      W-2G      1099      K-1  If 1099-R, Code in Box 7  Employer or Payer ID from W-2, 1099, K-1  Taxpayer Name  Taxpayer Social Security Number	<b>MS</b> State      State Wages, Tips, Etc.  <b>Mississippi Withholding Only</b>  State      Income from Other State	Employer or payer name  Address  City, State, ZIP

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

Your first name and middle initial DURGA SAI KIRAN		Last name ANAGANI	Your social security number 884-60-7946	
If joint return, spouse's first name and middle initial		Last name	Spouse's social security number	
Home address (number and street). If you have a P.O. box, see instructions. 3319 W 4th ST			<b>Presidential Election Campaign</b> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse	
City, town, or post office. If you have a foreign address, also complete spaces below. HATTIESBURG		State MS		ZIP code 39401
Foreign country name		Foreign province/state/county		Foreign postal code

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

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

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

Dependents (see instructions): If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions): Child tax credit	Credit for other dependents
						<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required.	<b>1</b>	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .		826.
	<b>2a</b>	Tax-exempt interest . . . . .	<b>2a</b>	
	<b>3a</b>	Qualified dividends . . . . .	<b>3a</b>	
	<b>4a</b>	IRA distributions . . . . .	<b>4a</b>	
	<b>5a</b>	Pensions and annuities . . . . .	<b>5a</b>	
	<b>6a</b>	Social security benefits . . . . .	<b>6a</b>	
	<b>7</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ▶ <input type="checkbox"/>	<b>7</b>	-1.
	<b>8</b>	Other income from Schedule 1, line 10 . . . . .	<b>8</b>	
	<b>9</b>	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . . ▶	<b>9</b>	825.
	<b>10</b>	Adjustments to income from Schedule 1, line 26 . . . . .	<b>10</b>	
	<b>11</b>	Subtract line 10 from line 9. This is your <b>adjusted gross income</b> . . . . . ▶	<b>11</b>	825.
<b>Standard Deduction for—</b> • Single or Married filing separately, \$12,550 • Married filing jointly or Qualifying widow(er), \$25,100 • Head of household, \$18,800 • If you checked any box under <i>Standard Deduction</i> , see instructions.	<b>12a</b>	<b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .	<b>12a</b>	12,550.
	<b>b</b>	Charitable contributions if you take the standard deduction (see instructions)	<b>12b</b>	
	<b>c</b>	Add lines 12a and 12b . . . . .	<b>12c</b>	12,550.
	<b>13</b>	Qualified business income deduction from Form 8995 or Form 8995-A . . . . .	<b>13</b>	
	<b>14</b>	Add lines 12c and 13 . . . . .	<b>14</b>	12,550.
	<b>15</b>	<b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . .	<b>15</b>	0.

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	0.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	0.
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3, line 8	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	0.
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
24	Add lines 22 and 23. This is your <b>total tax</b>	24	0.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	6.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	6.
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC) <span style="float:right">No</span>	27a	
	Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/>		
b	Nontaxable combat pay election	27b	
c	Prior year (2019) earned income	27c	
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 15	31	
32	Add lines 27a and 28 through 31. These are your <b>total other payments and refundable credits</b>	32	
33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	6.
34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	6.
35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	35a	6.
b	Routing number 062203751 <input type="checkbox"/> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 3707116137		
36	Amount of line 34 you want <b>applied to your 2022 estimated tax</b>	36	
37	<b>Amount you owe</b> . Subtract line 33 from line 24. For details on how to pay, see instructions	37	
38	Estimated tax penalty (see instructions)	38	

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

Refund

Direct deposit? See instructions.

Amount You Owe

Third Party Designee

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

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

Sign Here

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

Joint return? See instructions. Keep a copy for your records.

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

Phone no. (669) 999-0359 Email address DURGASAIKIRAN07@GMAIL.COM

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
SYAM PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA RAM SAGAR GUPTA TALLAM	04/11/2022	P02082703	<input type="checkbox"/> Self-employed
Firm's name	Firm's address			Phone no.
GLOBAL TAXES LLC	2530 Pebble Creek Ln Cumming GA 30041			(678) 965-9522
Firm's EIN				
30-1017196				

**SCHEDULE D**  
**(Form 1040)**

**Capital Gains and Losses**

OMB No. 1545-0074

**2021**

Attachment  
Sequence No. **12**

Department of the Treasury  
Internal Revenue Service (99)

- ▶ Attach to Form 1040, 1040-SR, or 1040-NR.
- ▶ Go to [www.irs.gov/ScheduleD](http://www.irs.gov/ScheduleD) for instructions and the latest information.
- ▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Name(s) shown on return: **DURGA SAI KIRAN ANAGANI** Your social security number: **884-60-7946**

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No  
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> 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 .				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .	3.	4.		-1.
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .				
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . .				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>5</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>6</b> ( )
<b>7</b> <b>Net short-term capital gain or (loss)</b> . Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .				<b>7</b> -1.

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> 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 .				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .				
<b>11</b> 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 . . . . .				<b>11</b>
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>12</b>
<b>13</b> Capital gain distributions. See the instructions . . . . .				<b>13</b>
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>14</b> ( )
<b>15</b> <b>Net long-term capital gain or (loss)</b> . Combine lines 8a through 14 in column (h). Then, go to Part III on the back . . . . .				<b>15</b>



**Part III Summary**

<p><b>16</b> Combine lines 7 and 15 and enter the result . . . . .</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> </ul>	<b>16</b>	-1 .
<p><b>17</b> Are lines 15 and 16 <b>both</b> gains?</p> <p><input type="checkbox"/> <b>Yes.</b> Go to line 18.</p> <p><input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.</p>		
<p><b>18</b> 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 . . . . . ▶</p>	<b>18</b>	
<p><b>19</b> 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 . . . . . ▶</p>	<b>19</b>	
<p><b>20</b> Are lines 18 and 19 both zero or blank and are you not filing Form 4952?</p> <p><input type="checkbox"/> <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. <b>Don't</b> complete lines 21 and 22 below.</p> <p><input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.</p>		
<p><b>21</b> If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of:</p> <ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } . . . . .</li> </ul> <p><b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.</p>	<b>21</b> (	1 . )
<p><b>22</b> Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?</p> <p><input type="checkbox"/> <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.</p> <p><input checked="" type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>		

**Sales and Other Dispositions of Capital Assets**

Department of the Treasury  
Internal Revenue Service

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

Name(s) shown on return: DURGA SAI KIRAN ANAGANI 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.

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). <b>See the separate instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	Robinhood Securities LLC	01/01/21	12/31/21	3.	4.			-1.
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked) ►				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.