

Mississippi Individual Income Tax Declaration For Electronic Filing 2021

Submission Number

Taxpayer First Name HASAN		Initial	Last Name MOHAMMAD		YOU MUST ENTER SSN
Spouse First Name		Initial	Last Name		
Mailing Address (Number and Street, Including Rural Route) 3319 W 4TH ST Apt. 113					
City HATTIESBURG		State MS	Zip 39401	County Code 18	Taxpayer SSN 114044865
					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	188
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	12
4 Refund (Form 80-105, line 33; 80-205, line 34)	4	12
5 Amount you owe (Form 80-105, line 36; 80-205, line 37)	5	

PART II: DIRECT DEPOSIT/DIRECT DEBIT

1 Routing number 062203751	3 Type of account:
2 Account number 3705931016	Checking <input type="checkbox"/> Savings <input checked="" type="checkbox"/>

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.

ERO Use Only	ERO Signature _____	Date 04102022	Check if Also Paid Preparer <input type="checkbox"/>	Check if Self-Employed <input type="checkbox"/>	ERO SSN or PTIN _____
	Firm Name (or yours if self-employed), address and ZIP code GLOBAL TAXES LLC 2530 Pebble Cr Cumming GA 30041				EIN 301017196
					Phone No. (678) 965-9522

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

Paid Preparer Use Only	Preparer Signature SYAM PRIYA RAM SAGAR GUPTA	Date 04102022	Check if Also Paid Preparer <input checked="" type="checkbox"/>	Check if Self-Employed <input type="checkbox"/>	Preparer SSN or PTIN P02082703
	Firm Name (or yours if self-employed), address and ZIP code GLOBAL TAXES LLC 2530 Pebble Cr Cumming GA 30041				EIN 301017196
					Phone No. (678) 965-9522



Mississippi Resident Individual Income Tax Return 2021

Amended

Taxpayer First Name HASAN	Initial	Last Name MOHAMMAD	
Spouse First Name	Initial	Last Name	
Mailing Address (Number and Street, Including Rural Route) 3319 W 4TH ST Apt. 113			
City HATTIESBURG	State MS	Zip 39401	County Code 18

SSN 114044865

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)			8 Taxpayer Age 65 or Over	Spouse Age 65 or Over
6 (A) Name	(B)	(C) Dependent SSN	Taxpayer Blind	Spouse Blind
7 Total number of dependents (from line 6 and Form 80-491)			9 Total dependents line 7 plus number of boxes checked line 8	
			10 Line 9 x \$1,500	10
			11 Enter filing status exemption	11 6000
			12 Total (line 10 plus line 11)	12 6000

MISSISSIPPI INCOME TAX	Column A (Taxpayer)	Column B (Spouse)
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13 Mississippi adjusted gross income (from page 2, line 65)	13A	8488	13B
14 Standard or itemized deductions (if itemized, attach Form 80-108)	14A	2300	14B
15 Exemptions (from line 12; if married filing separately use 1/2 amount)	15A	6000	15B
16 Mississippi taxable income (line 13 minus line 14 and line 15)	16A	188	16B
17 Income tax due (from Schedule of Tax Computation, see instructions)			17 0
18 Credit for tax paid to another state (from Form 80-160, line 14; attach other state return)			18
19 Other credits (from Form 80-401, line 1)			19 0
20 Net income tax due (line 17 minus line 18 and line 19)			20 0
21 Consumer use tax (see instructions)			21
22 Catastrophe savings tax (see instructions)			22
23 Total Mississippi income tax due (line 20 plus line 21 and line 22)			23 0

PAYMENTS

24 Mississippi income tax withheld (complete Form 80-107)	24	12
25 Estimated tax payments, extension payments and/or amount paid on original return	25	
26 Refund received and/or amount carried forward from original return (amended return only)	26	
27 Total payments (line 24 plus line 25 minus line 26)	27	12

REFUND OR BALANCE DUE

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

28 Overpayment (if line 27 is more than line 23, subtract line 23 from line 27)	28	12
29 Interest and penalty (from Form 80-320, line 11 and/or line 12)	29	
30 Adjusted overpayment (line 28 minus line 29)	30	12
31 Overpayment to be applied to next year estimated tax account	31	0
32 Voluntary contribution (from Form 80-108, part III)	32	
33 Overpayment refund (line 30 minus line 31 and line 32)	33	12

Direct Deposit Request
(check box and go to page 3)

34 Balance due (if line 23 is more than line 27, subtract line 27 from line 23)	BALANCE DUE	34
35 Interest and penalty (from Form 80-320, line 19)		35
36 Total due (line 34 plus line 35)	AMOUNT YOU OWE	36

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

PLEASE SIGN THIS TAX RETURN ON THE BOTTOM OF PAGE 3



801052132163

Mississippi Resident Individual Income Tax Return 2021

Page 2

SSN

114044865

INCOME	Column A (Taxpayer)		Column B (Spouse)	
37 Wages, salaries, tips, etc. (complete Form 80-107)	37A	8488	37B	
38 Business income (loss) (attach Federal Schedule C or C-EZ)	38A		38B	
39 Capital gain (loss) (attach Federal Schedule D, if applicable)	39A	0	39B	
40 Rent, royalties, partnerships, S corporations, trusts, etc. (from Form 80-108, part IV)	40A		40B	
41 Farm income (loss) (attach Federal Schedule F)	41A		41B	
42 Interest income (from Form 80-108, part II, line 3)	42A		42B	
43 Dividend income (from Form 80-108, part II, line 6)	43A		43B	
44 Alimony received	44A		44B	
45 Taxable pensions and annuities (complete Form 80-107)	45A		45B	
46 Unemployment compensation (complete Form 80-107)	46A		46B	
47 Other income (loss) (from Form 80-108, part V, line 10)	47A		47B	
48 Total income (add lines 37 through 47)	48A	8488	48B	

ADJUSTMENTS	Column A (Taxpayer)		Column B (Spouse)	
49 Payments to IRA	49A		49B	
50 Payments to self-employed SEP, SIMPLE and qualified retirement plans	50A		50B	
51 Interest penalty on early withdrawal of savings	51A	0	51B	
52 Alimony paid (complete below)	52A		52B	
Name	SSN	State	Date of Divorce	
53 Moving expense (attach Federal Form 3903)	53A		53B	
54 National Guard or Reserve pay (enter the lesser of amount or \$15,000)	54A		54B	
55 Mississippi Prepaid Affordable College Tuition (MPACT)	55A		55B	
56 Mississippi Affordable College Savings (MACS)	56A		56B	
57 Self-employed health insurance deduction	57A		57B	
58 Health savings account deduction	58A		58B	
59 Catastrophe savings account deduction	59A		59B	
60 Self-employment tax deduction	60A		60B	
61 First-time home buyer savings account deduction	61A		61B	
62 Agricultural disaster program compensation deduction	62A		62B	
63 Mississippi Achieving a Better Life Experience (ABLE) Act deduction	63A		63B	
64 Total adjustments (add lines 49 through 63)	64A	0	64B	
65 Mississippi adjusted gross income (line 48 minus line 64; enter on page 1, line 13)	65A	8488	65B	

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



801052133163

Mississippi Resident Individual Income Tax Return 2021

SSN 114044865

DIRECT DEPOSIT INFORMATION

1 Overpayment refund (from page 1, line 33) 1 12

a Routing Number 1	Account Number 1	<input checked="" type="checkbox"/> Checking	Savings	Direct Deposit 1 Amount
062203751	3705931016			1a 12
b Routing Number 2	Account Number 2	<input type="checkbox"/> 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	5078678699	P02082703
Spouse Signature	Date	6789659522	SYAM@GTAXFILE.COM
SYAM PRIYA RAM SAGAR GUP	04102022	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)
MOHAMMAD, HASAN

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 HASAN MOHAMMAD Taxpayer Name 114044865 Taxpayer Social Security Number	MS 2491 State State Wages, Tips, Etc. 8 Mississippi Withholding Only State Income from Other State	ARAMARK FOOD & SUP SVCSAGE Employer or payer name P O BOX 8018 Address PHILADELPHIA PA 19101 City, State, ZIP

2	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 646000818 Employer or Payer ID from W-2, 1099, K-1 HASAN MOHAMMAD Taxpayer Name 114044865 Taxpayer Social Security Number	MS 5997 State State Wages, Tips, Etc. 4 Mississippi Withholding Only State Income from Other State	THE UNIV OF SOUTHERN MISS Employer or payer name 118 COLLEGE DRIVE Address HATTIESBURG MS 39406 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	MS State State Wages, Tips, Etc. Mississippi Withholding Only 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	MS State State Wages, Tips, Etc. Mississippi Withholding Only 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 HASAN	Last name MOHAMMAD	Your social security number 114-04-4865
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		Apt. no. 113
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

You Spouse

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		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
	Last name				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"/>	<input type="checkbox"/>

	1	Wages, salaries, tips, etc. Attach Form(s) W-2			1	8,488.
Attach Sch. B if required.	2a	Tax-exempt interest	2a		2b	
	3a	Qualified dividends	3a		3b	
	4a	IRA distributions	4a		4b	
	5a	Pensions and annuities	5a		5b	
	6a	Social security benefits	6a		6b	
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>			7	0.
	8	Other income from Schedule 1, line 10			8	
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶			9	8,488.
	10	Adjustments to income from Schedule 1, line 26			10	
	11	Subtract line 10 from line 9. This is your adjusted gross income ▶			11	8,488.
Standard Deduction for— • 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.	12a	Standard deduction or itemized deductions (from Schedule A)	12a	12,550.		
	b	Charitable contributions if you take the standard deduction (see instructions)	12b			
	c	Add lines 12a and 12b			12c	12,550.
	13	Qualified business income deduction from Form 8995 or Form 8995-A			13	
	14	Add lines 12c and 13			14	12,550.
	15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-			15	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 total tax	24	0.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	8.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	8.
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC) No	27a	
	Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/>		
b	Nontaxable combat pay election	27b	
c	Prior year (2019) earned income	27c	
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 15	31	
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	8.
34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	8.
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	8.
b	Routing number 062203751 <input type="checkbox"/> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 3705931016		
36	Amount of line 34 you want applied to your 2022 estimated tax	36	
37	Amount you owe . Subtract line 33 from line 24. For details on how to pay, see instructions	37	
38	Estimated tax penalty (see instructions)	38	

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

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.)
		STUDENT	<input type="text"/>
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.)
			<input type="text"/>

Phone no. (507) 867-8699 Email address HEYHASANN@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	04/10/2022	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 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

HASAN MOHAMMAD

Your social security number

114-04-4865

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

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

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	4 .	4 .		0 .
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss) . Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7 0 .

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss) . Combine lines 8a through 14 in column (h). Then, go to Part III on the back				15

Part III Summary

<p>16 Combine lines 7 and 15 and enter the result</p> <ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 	16	0.
<p>17 Are lines 15 and 16 both gains?</p> <p><input type="checkbox"/> Yes. Go to line 18.</p> <p><input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p>		
<p>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 ▶</p>	18	
<p>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 ▶</p>	19	
<p>20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952?</p> <p><input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below.</p> <p><input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.</p>		
<p>21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:</p> <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p>	21	(0.)
<p>22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?</p> <p><input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.</p> <p><input checked="" type="checkbox"/> No. 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 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: **HASAN MOHAMMAD** Social security number or taxpayer identification number: **114-04-4865**

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

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

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	ROBINHOOD SECURITIES LLC	01/01/21	12/31/21	4.	4.			0.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ▶								
				4.	4.			0.

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.