Form **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

| Subm | ission Identification Number (SID) | | | - | | | | |
|--|--|---|---|---|---|--|--|--|
| Taxpaye | er's name | Socia | I security | / numbe | r | | | |
| SAH | ITH REDDY GANGWAR | 70 | 703-85-0007 | | | | | |
| Spouse | 's name | Spous | se's soci | al secur | ity numbe | er | | |
| Part | Tax Return Information — Tax Year Ending December 31, 2021 | Enter year | you ar | e auth | orizing | .) | | |
| | whole dollars only on lines 1 through 5. | · , | , | | | , | | |
| | Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. | | | | | | | |
| 1 | Adjusted gross income | | | 1 | 81 | .,871. | | |
| 2 | Total tax | | [| 2 | 10 | 923. | | |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | [| 3 | 12 | 2,430. | | |
| 4 | Amount you want refunded to you | | | 4 | 1 | 507. | | |
| 5 | Amount you owe | | | 5 | | | | |
| Part | II Taxpayer Declaration and Signature Authorization (Be sure you get | and keep | a copy | of yo | ur retu | ırn) | | |
| to send for any Agent to payme authori payme busines taxes to person | (original or amended) I am now authorizing. I consent to allow my intermediate service provider, d my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account of my federal taxes owed on this return and/or a payment of estimated tax, and the financial instation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to tent, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellations days prior to the payment (settlement) date. I also authorize the financial institutions involved to receive confidential information necessary to answer inquiries and resolve issues related to all identification number (PIN) below is my signature for the income tax return (original or amendation). | for rejection of the U.S. Treat untindicated institution to do rminate the abon requests of the payments of the payments. | of the tra asury an n the ta ebit the uthoriza nust be asing of t. I furth | ansmiss and its de x prepa entry to tion. To receive the elemer ack | sion, (b) the signated aration so this accorded no late the control of the cont | he reason I Financial Iftware for ount. This (cancel) a er than 2 ayment of e that the | | |
| | onic Funds Withdrawal Consent. Ayer's PIN: check one box only | | | | | | | |
| X | | arata my DIN | . 5 | 0 0 | 0 7 | 00 1001 | | |
| _ | ERO firm name | lerate my Fil | Ente | er five di | gits, but all zeros | as my | | |
| | signature on the income tax return (original or amended) I am now authorizing. I will enter my PIN as my signature on the income tax return (original or amended) if you are entering your own PIN and your return is filed using the Practitioner PIN below. | | | | | | | |
| Your s | signature ▶ Dat | te ▶ | | | | | | |
| Spous | se's PIN: check one box only | | | | | | | |
| . Г | I authorize to enter or ger | erate my PII | v | | | as my | | |
| | ERO firm name | , | Ente | | gits, but | , | | |
| | signature on the income tax return (original or amended) I am now authorizing. | | | | all zeros | | | |
| | 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. | | | | | | | |
| Spous | se's signature ▶ Da | te ► | | | | | | |
| | Practitioner PIN Method Returns Only—continue | below | | | | | | |
| Part | III Certification and Authentication — Practitioner PIN Method Only | | | | | | | |
| FRO's | s EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. | 5 8 7 2 | 2 7 8 | 3 6 | 1 9 8 | 3 9 | | |
| LITO | SET IN THE LITTER YOUR SIX-digit of IN Tollowed by your inve-digit self-selected inv. | | on't ente | | | 3 3 | | |
| authori | y that the above numeric entry is my PIN, which is my signature for the electronic individual incized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I aments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Provide | come tax return submitting t | n (origir his retui | nal or ar rn in ac | mended) | | | |
| ERO's | s signature ► Da | te ► | | | | | | |
| | ERO Must Retain This Form — See Instruction | | | | | | | |
| | Don't Submit This Form to the IRS Unless Requested | d To Do So |) | | | | | |

E 1040 Department of the Treasury—Internal Revenue Service (99) U.S. Individual Income Tax Return

IRS Use Only-Do not write or staple in this space.

| Check only | | Single Married filing jointly [| _ | ed filing separately (your spouse. If you | , | _ | | , , | _ | , , | ` , ` , |
|--|---------|---|-----------------|---|--------------|----------------|---------|-------------------|----------------|-----------------------------|------------------|
| one box. | • | son is a child but not your depender | | , , | | | | , | | | , , , |
| Your first name | and m | iddle initial | Last na | ame | | | | | Your so | cial securit | y number |
| SAHITH 1 | REDD | Y | GANG | GWAR | | | | | 703- | 85-000 | 7 |
| If joint return, s | pouse's | s first name and middle initial | Last na | ame | | | | | Spouse' | 's social sec | curity number |
| Home address | (numbe | er and street). If you have a P.O. box, see | e instruct | ions. | | | | Apt. no. | Preside | ntial Election | on Campaigr |
| 8181 FAI | | | | | | | | 332 | | here if you, | |
| | | ce. If you have a foreign address, also c | omplete s | spaces below. | Sta | ite | ZIP | code | | | tly, want \$3 |
| HOUSTON | | , | • | • | T | X | 177 | 77051 | | this fund. (ow will not | • |
| Foreign countr | v name | | | Foreign province/state | /coun | ty | Fore | eign postal code | 1 | k or refund. | change |
| | | | | <u> </u> | | | | | | You | Spouse |
| At any time du | ring 20 | 021, did you receive, sell, exchange | , or othe | erwise dispose of ar | y fina | ancial interes | t in an | y virtual curre | ncy? | X Yes | ☐ No |
| Standard | Som | eone can claim: | ependen | t Your spou | se as | a dependent | t | | | | |
| Deduction | | Spouse itemizes on a separate retu | rn or you | u were a dual-status | alier | 1 | | | | | |
| Age/Blindness | s You: | : Were born before January 2, | 1957 [| Are blind Sp | ouse | : Was b | orn be | fore January 2 | 2, 1957 | ☐ Is bli | ind |
| Dependent | s (see | instructions): | | (2) Social securit | V | (3) Relation | ship | (4) ✓ if q | ualifies fo | r (see instru | ctions): |
| If more | | | | to you | Child tax ci | | | | ner dependents | | |
| than four | | | | | | | | | | | |
| dependents, see instruction | | | | | | | | | | | |
| and check | | | | | | | | | | | |
| here ► | | | | | | | | | | | |
| | _1_ | Wages, salaries, tips, etc. Attach | Form(s) | W-2 | | | | | . 1 | | 88,374. |
| Attach | 2a | Tax-exempt interest | 2a | | b T | axable intere | est | | . 2b |) | |
| Sch. B if required. | 3a | Qualified dividends | 3a | 157. | b (| Ordinary divid | lends | | . 3b |) | 157. |
| | 4a | IRA distributions | 4a | | b T | axable amou | ınt . | | . 4b |) | |
| | 5a | Pensions and annuities | 5a | | b T | axable amou | ınt . | | . 5b |) | |
| Standard | 6a | Social security benefits | 6a | | b T | axable amou | ınt . | | . 6b |) | |
| Deduction for— | 7 | Capital gain or (loss). Attach Sche | edule D i | f required. If not rec | uired | l, check here | | ▶[| 7 | | 2,520. |
| Single or Married filing | 8 | Other income from Schedule 1, lin | ne 10 | | | | | | . 8 | | -9 , 180. |
| separately, \$12,550 | 9 | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, | and 8. | This is your total inc | ome | | | | ▶ 9 | 3 | 31,871. |
| Married filing | 10 | Adjustments to income from Sche | edule 1, | line 26 | | | | | . 10 |) | |
| jointly or Qualifying | 11 | Subtract line 10 from line 9. This i | s your a | djusted gross inco | me | | | | ▶ 11 | 8 | 31,871. |
| widow(er), \$25,100 | 12a | Standard deduction or itemized | deduct | tions (from Schedul | e A) | 1 | 2a | 12,55 | 0. | | |
| Head of | b | Charitable contributions if you take | the sta | ndard deduction (see | insti | ructions) 1 | 2b | 30 | 0. | | |
| household, \$18,800 | С | Add lines 12a and 12b | | | | | | | . 120 | c 1 | L2,850. |
| If you checked | 13 | Qualified business income deduc- | tion fron | n Form 8995 or Forr | n 899 | 95-A | | | . 13 | | |
| any box under Standard | 14 | Add lines 12c and 13 | | | | | | | . 14 | . 1 | L2 , 850. |
| Deduction, see instructions. | 15 | Taxable income. Subtract line 14 | from lir | ne 11. If zero or less | , ente | er-0 | | | . 15 | 6 | 59 , 021. |

| | 16 | Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3 . | 1 | 16 | 10,925. |
|--|------------|--|-------------|---------------|-------------------------|
| | 17 | Amount from Schedule 2, line 3 | . 1 | 17 | |
| | 18 | Add lines 16 and 17 | . 1 | 18 | 10,925. |
| | 19 | Nonrefundable child tax credit or credit for other dependents from Schedule 8812 | . 1 | 19 | |
| | 20 | Amount from Schedule 3, line 8 | . 2 | 20 | 2. |
| | 21 | Add lines 19 and 20 | . 2 | 21 | 2. |
| | 22 | Subtract line 21 from line 18. If zero or less, enter -0 | . 2 | 22 | 10,923. |
| | 23 | Other taxes, including self-employment tax, from Schedule 2, line 21 | . 2 | 23 | 0. |
| | 24 | Add lines 22 and 23. This is your total tax | ▶ 2 | 24 | 10,923. |
| | 25 | Federal income tax withheld from: | | | |
| | а | Form(s) W-2 | 0. | | |
| | b | Form(s) 1099 | | | |
| | С | Other forms (see instructions) | | | |
| | d | Add lines 25a through 25c | . 2 | 5d | 12,430. |
| | 26 | 2021 estimated tax payments and amount applied from 2020 return | | 26 | • |
| If you have a Lagrangian qualifying child, | 27a | Earned income credit (EIC) | | | |
| attach Sch. EIC. | | 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 ▶ ☐ | | | |
| | b | Nontaxable combat pay election | | | |
| | С | Prior year (2019) earned income | | | |
| | 28 | Refundable child tax credit or additional child tax credit from Schedule 8812 | _ | | |
| | 29 | American opportunity credit from Form 8863, line 8 | | | |
| | 30 | Recovery rebate credit. See instructions | _ | | |
| | 31 | Amount from Schedule 3, line 15 | | | |
| | 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 | ▶ 3 | 33 | 12,430. |
| Refund | 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid . | . 3 | 34 | 1,507. |
| | 35a | Amount of line 34 you want refunded to you. If Form 8888 is attached, check here ▶ [| 3 | 5a | 1,507. |
| Direct deposit? See instructions. | ►b | Routing number 0 7 2 0 0 0 3 2 6 ▶ c Type: X Checking Savin | gs | | |
| See instructions. | ▶ d | Account number 7 5 9 9 7 5 2 8 2 | | | |
| | 36 | Amount of line 34 you want applied to your 2022 estimated tax 36 | | | |
| Amount | 37 | | ▶ 3 | 37 | |
| You Owe | 38 | Estimated tax penalty (see instructions) | | | |
| Third Party | | you want to allow another person to discuss this return with the IRS? See | | | |
| Designee | | structions | | | X No |
| | | signee's Phone Personal id no. ▶ number (PI | | ion [| |
| Ciarra | | der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, an | | host | of my knowledge and |
| Sign | | ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of w | | | |
| Here | You | ur signature Date Your occupation | If the IRS | sent | you an Identity |
| | \ | · | Protectio | n PIN | I, enter it here |
| Joint return? | | SOFTWARE ENGINEER (| (see inst. |) ▶ | |
| See instructions. Keep a copy for | Spo | | | | your spouse an |
| your records. | , | | (see inst. | | tion PIN, enter it here |
| | | L | | /- | |
| | | one no. (501) 408-8872 Email address SAHITH78@GMAIL.COM eparer's name Preparer's signature Date PTIN | | $\overline{}$ | Check if: |
| Paid | | | • :08270 | | Self-employed |
| Preparer | | | | | 578) 965 - 9522 |
| Use Only | | | | | |
| O- t- ' | | The second secon | Firm's El | 11 | 30-1017196 |
| Go to www.irs.go | ov/Form | n1040 for instructions and the latest information. BAA REV 03/12/22 PRO | | | Form 1040 (2021) |

Form 1040 (2021)

Page 2

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2021

Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

SAHITH REDDY GANGWAR

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

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

Your social security number 703-85-0007

| Par | t I Additional Income | | | |
|-----|---|------------------|----|---------|
| 1 | Taxable refunds, credits, or offsets of state and local income taxe | S | 1 | |
| 2a | Alimony received | 2a | | |
| b | Date of original divorce or separation agreement (see instructions) | • | | |
| 3 | Business income or (loss). Attach Schedule C | | 3 | |
| 4 | Other gains or (losses). Attach Form 4797 | | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, tr Schedule E | • | 5 | -9,180. |
| 6 | Farm income or (loss). Attach Schedule F | | 6 | ı |
| 7 | Unemployment compensation | , | 7 | ı |
| 8 | Other income: | | | |
| а | Net operating loss | 8a (| | |
| b | Gambling income | 8b | | |
| С | Cancellation of debt | 8c | | |
| d | Foreign earned income exclusion from Form 2555 | 8d (|) | |
| е | Taxable Health Savings Account distribution | 8e | | |
| f | Alaska Permanent Fund dividends | 8f | | |
| g | Jury duty pay | 8g | | |
| h | Prizes and awards | 8h | | |
| i | Activity not engaged in for profit income | 8i | | |
| j | Stock options | 8j | | |
| k | Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property | 8k | | |
| I | Olympic and Paralympic medals and USOC prize money (see instructions) | 81 | | |
| m | Section 951(a) inclusion (see instructions) | 8m | | |
| n | Section 951A(a) inclusion (see instructions) | 8n | | |
| 0 | Section 461(I) excess business loss adjustment | 80 | | |
| р | Taxable distributions from an ABLE account (see instructions) . | 8p | | |
| Z | Other income. List type and amount ▶ | | | |
| _ | | 8z | | |
| 9 | Total other income. Add lines 8a through 8z | 040 4040 00 | 9 | |
| 10 | Combine lines 1 through 7 and 9. Enter here and on Form 1 | 040, 1040-5K, Or | 10 | 0 100 |

Schedule 1 (Form 1040) 2021 Page **2**

| Par | Adjustments to Income | | | |
|-----|--|-------------|-------|--|
| 11 | Educator expenses | | . 11 | |
| 12 | Certain business expenses of reservists, performing artists, and fee-officials. Attach Form 2106 | | | |
| 13 | Health savings account deduction. Attach Form 8889 | | . 13 | |
| 14 | Moving expenses for members of the Armed Forces. Attach Form | 3903 | . 14 | |
| 15 | Deductible part of self-employment tax. Attach Schedule SE | | . 15 | |
| 16 | Self-employed SEP, SIMPLE, and qualified plans | | . 16 | |
| 17 | Self-employed health insurance deduction | | . 17 | |
| 18 | Penalty on early withdrawal of savings | | . 18 | |
| 19a | Alimony paid | | . 19a | |
| b | Recipient's SSN | > | _ | |
| С | Date of original divorce or separation agreement (see instructions) | · | | |
| 20 | IRA deduction | | . 20 | |
| 21 | Student loan interest deduction | | . 21 | |
| 22 | Reserved for future use | | . 22 | |
| 23 | Archer MSA deduction | | . 23 | |
| 24 | Other adjustments: | | | |
| а | Jury duty pay (see instructions) | 24a | | |
| b | Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit | 24b | | |
| С | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l | 24c | | |
| d | Reforestation amortization and expenses | 24d | | |
| е | Repayment of supplemental unemployment benefits under the Trade Act of 1974 | 24e | | |
| f | Contributions to section 501(c)(18)(D) pension plans | 24f | | |
| g | Contributions by certain chaplains to section 403(b) plans | 24g | | |
| h | Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) | 24h | | |
| i | Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations | 24i | | |
| j | Housing deduction from Form 2555 | 24 j | | |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) | 24k | | |
| z | Other adjustments. List type and amount ▶ | 24z | | |
| 25 | Total other adjustments. Add lines 24a through 24z | | . 25 | |
| 26 | Add lines 11 through 23 and 25. These are your adjustments t here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line | | | |

SCHEDULE 3 (Form 1040)

Additional Credits and Payments

Your social security number

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

► Attach to Form 1040, 1040-SR, or 1040-NR. ▶ Go to www.irs.gov/Form1040 for instructions and the latest information. Attachment Sequence No. **03**

OMB No. 1545-0074

| SAH | ITH REDDY GANGWAR | | 703-8 | 35-00 | 07 |
|-----|--|------------|----------|-------|----|
| Pai | t I Nonrefundable Credits | | | | |
| 1 | Foreign tax credit. Attach Form 1116 if required | | | 1 | 2. |
| 2 | Credit for child and dependent care expenses from Form 2441 Form 2441 | l, line 11 | . Attach | 2 | |
| 3 | Education credits from Form 8863, line 19 | | | 3 | |
| 4 | Retirement savings contributions credit. Attach Form 8880 | | | 4 | |
| 5 | Residential energy credits. Attach Form 5695 | | | 5 | |
| 6 | Other nonrefundable credits: | | | | |
| а | General business credit. Attach Form 3800 | 6a | | | |
| b | Credit for prior year minimum tax. Attach Form 8801 | 6b | | | |
| С | Adoption credit. Attach Form 8839 | 6c | | | |
| d | Credit for the elderly or disabled. Attach Schedule R | 6d | | | |
| е | Alternative motor vehicle credit. Attach Form 8910 | 6e | | | |
| f | Qualified plug-in motor vehicle credit. Attach Form 8936 | 6f | | | |
| g | Mortgage interest credit. Attach Form 8396 | 6g | | | |
| h | District of Columbia first-time homebuyer credit. Attach Form 8859 | 6h | | | |
| i | Qualified electric vehicle credit. Attach Form 8834 | 6i | | | |
| j | Alternative fuel vehicle refueling property credit. Attach Form 8911 | 6j | | | |
| k | Credit to holders of tax credit bonds. Attach Form 8912 | 6k | | | |
| I | Amount on Form 8978, line 14. See instructions | 6I | | | |
| Z | Other nonrefundable credits. List type and amount ▶ | 6z | | | |
| 7 | Total other nonrefundable credits. Add lines 6a through 6z | | | 7 | |
| 8 | Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040 line 20 | -SR, or 1 | 040-NR, | 8 | 2. |

Schedule 3 (Form 1040) 2021 Page **2**

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

BAA

SCHEDULE D (Form 1040)

Capital Gains and Losses

040 1040-SR or 1040-NR

2021

OMB No. 1545-0074

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
SAHITH REDDY GANGWAR
Your social security number
703-85-0007

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) Part I See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part I, combine the result whole dollars. with column (g) line 2. column (a) 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 72,184. 70,777. 2,520. 1,113. 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 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back 7 2,520. 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 (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to (or other basis) Form(s) 8949, Part II, (sales price) combine the result whole dollars. line 2. column (a) with column (a) 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 9 Totals for all transactions reported on Form(s) 8949 with 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11

12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

BAA

12

13

14

15

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

Part III Summary 2,520. 16 Combine lines 7 and 15 and enter the result 16 • 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 • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 • (\$3,000), or if married filing separately, (\$1,500) **Note:** When figuring which amount is smaller, treat both amounts as positive numbers. Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

8949

Sales and Other Dispositions of Capital Assets

Department of the Treasury Internal Revenue Service Namo(s) shown on return

Part I

▶ 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.

instructions). For long-term transactions, see page 2.

Attachment Sequence No. 12A

OMB No. 1545-0074

| varie(3) shown on return | | | | | | | | |
|--------------------------|-------|---------|--|--|--|--|--|--|
| SAHTTH | REDDY | GANGWAI | | | | | | |

Social security number or taxpayer identification number

703-85-0007

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.

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss. 1 If you enter an amount in column (a). (h) (e) enter a code in column (f). (d) Cost or other basis Gain or (loss). (c) (a) (b) See the separate instructions. Date sold or Proceeds See the **Note** below Subtract column (e) Description of property Date acquired disposed of and see Column (e) (sales price) from column (d) and (Example: 100 sh. XYZ Co.) (Mo., day, yr.) (Mo., day, yr.) combine the result (see instructions) in the separate (g) Code(s) from Amount of adjustment instructions with column (a) instructions Robinhood Securities LLC 05/05/21 12/12/21 72,184. 70,777. W 1,113. 2,520. 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

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.

72,184.

2,520.

1,113.

above is checked), or line 3 (if Box C above is checked) ▶

70,777.

SCHEDULE E (Form 1040)

21

22

Supplemental Income and Loss

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

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

OMB No. 1545-0074 Attachment

Department of the Treasury ▶ Go to www.irs.gov/ScheduleE for instructions and the latest information. Internal Revenue Service (99) Sequence No. 13 Your social security number Name(s) shown on return 703-85-0007 SAHITH REDDY GANGWAR Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Part I Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. A Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions Physical address of each property (street, city, state, ZIP code) Α 2-2-143 , OPP TO MUNICIPAL OFFICE , ZAHEERABAD TELANGANA IN 502220 В C 1b Fair Rental Personal Use Type of Property For each rental real estate property listed QJV above, report the number of fair rental and (from list below) **Days Days** personal use days. Check the QJV box only if you meet the requirements to file as a Α 365 Α 0 qualified joint venture. See instructions. В В С С Type of Property: Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) Income: Properties: Α 3 Rents received . 3 610. 4 4 Royalties received Expenses: 5 Advertising 5 6 Auto and travel (see instructions) . 6 7 Cleaning and maintenance . . . 7 1,920. 8 8 Commissions. 9 Insurance 9 10 Legal and other professional fees . . . 10 11 11 1,820. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 Other interest. 2,100. 14 Repairs. 14 15 1,870. 15 Supplies . Taxes 16 16 17 2,080. 17 18 Depreciation expense or depletion . . 18 Other (list) ----19 19 Total expenses. Add lines 5 through 19 9,790. 20 20

on Form 8582 (see instructions) 9,180.) 610. 23a Total of all amounts reported on line 3 for all rental properties 23a **b** Total of all amounts reported on line 4 for all royalty properties 23b 23c **c** Total of all amounts reported on line 12 for all properties d Total of all amounts reported on line 18 for all properties 23d 23e Total of all amounts reported on line 20 for all properties 9,790. Income. Add positive amounts shown on line 21. Do not include any losses 24 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here. 25 9,180.

21

26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

26 -9,180. -9**,**180.

Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198

Deductible rental real estate loss after limitation, if any,

-9,180.