| 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.

Submission Identification Number (SID)

| Taxpay | er's name | Social security number | | | | |
|--------|--|------------------------|----------|--------------|--|--|
| SAT | HEESH BOMMAVARAM | 304-71- | -8364 | 4 | | |
| Spouse | 's name | Spouse's soc | ial secu | irity number | | |
| Par | t I Tax Return Information — Tax Year Ending December 31, 2021 (Ente | r vear vou a | re aut | thorizina.) | | |
| Enter | whole dollars only on lines 1 through 5. | , , | | | | |
| Note: | Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. | | | | | |
| 1 | Adjusted gross income | | 1 | 88,825. | | |
| 2 | Total tax | | 2 | 12,458. | | |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | 3 | 12,488. | | |
| 4 | Amount you want refunded to you | | 4 | 30. | | |
| 5 | <u>A</u> mount you owe | | 5 | | | |
| | | | | | | |

Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Part II

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

| | | | | EPO firm name | , <u> </u> | E |
|---|-------------|--------|-------|---------------|-----------------------------|---|
| X | I authorize | GLOBAL | TAXES | LLC | to enter or generate my PIN | |

| 1 | 8 | 3 | 6 | 4 | |
|------------|------------------|-----------------|-----------------|------------|-------|
| Ent don | er fiv n't er | /e di nter a | gits, all ze | but ros | 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) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

Date 🕨

Spouse's PIN: check one box only

I authorize

| to | enter | or | generate | my | PIN |
|----|-------|----|----------|----|-----|

as mv Enter five digits, but don't enter all zeros

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

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

| Spouse's signature ► | Da | ate 🕨 | • | | | | | | |
|---|---|-------|----|---|--|-------------|----------|------|--|
| Practitio | ner PIN Method Returns Only—continue | bel | ow | | | | | | |
| Part III Certification and Authentica | tion — Practitioner PIN Method Only | | | | | | | | |
| ERO's EFIN/PIN. Enter your six-digit EFIN fol | lowed by your five-digit self-selected PIN. | 5 | 8 | 7 | | 8 nter a | II zeros | | |

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

| ERO's signature > | signature ► Date ► | | | | | | | | |
|---|---|------------------|--------------------------|--|--|--|--|--|--|
| | Retain This Form — Se Form to the IRS Unless | | | | | | | | |
| For Department's Paduation Act Nation and your tax rate | um instructions | REV 02/16/22 RRO | Earm 8879 (Pay, 01 2021) | | | | | | |

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 02/16/22 PRO

| E1040 | | artment of the Treasury-Internal Revenue Servi S. Individual Income Tax | | (99) urn 2 | 021 | OMB No. | 1545-0 | 074 IRS U | se Only | –Do not v | vrite or staple | in this space. |
|--|---------------|--|------------|---------------------------------|------------|---------------------|---------|--------------|---------|--------------|-------------------------------|--|
| Filing Status Check only one box. | lf yo | Single D Married filing jointly u checked the MFS box, enter the n son is a child but not your dependent | ame of y | ed filing separ your spouse. | • • | · <u> </u> | | | , | | , 0 | low(er) (QW) he qualifying |
| Your first name | e and mi | ddle initial | Last na | me | | | | | | Your so | ocial securi | ty number |
| SATHEES | Н | | BOMM | IAVARAM | | | | | | 304- | 71-836 | 4 |
| If joint return, s | spouse's | first name and middle initial | Last na | me | | | | | | Spouse | 's social se | curity number |
| 6065 FA | LLSB | | | | 1 | | | Apt. no. | | Check | here if you, | on Campaign , or your htly, want \$3 |
| | | ce. If you have a foreign address, also co | mplete s | paces below. | | State | | IP code | | | | Checking a |
| Westerv | | | | | | OH | | 43081 | | 1 | low will not | 0 |
| Foreign countr | y name | | F | Foreign provinc | e/state/co | ounty | F | oreign posta | l code | your ta | x or refund | |
| At any time du | uring 20 | 021, did you receive, sell, exchange, | or othe | rwise dispose | e of any f | financial inte | rest in | any virtual | curre | ncy? | Yes | X No |
| Standard Deduction | | eone can claim: You as a de Spouse itemizes on a separate retur | • | | • | as a depenc lien | lent | | | | | |
| Age/Blindnes | s You: | Were born before January 2, 1 | 957 🗌 | Are blind | Spou | ise: 🗌 Wa | s born | before Jan | uary 2 | 2, 1957 | 🗌 ls b | lind |
| Dependent | s (see | instructions): | | (2) Social | | (3) Relat | | (4) | 🖌 if q | ualifies fo | or (see instru | uctions): |
| If more | (1) F | irst name Last name | | num | ber | to y | 'ou | Child | d tax c | redit | edit Credit for other depende | |
| than four | | | | | | | | | | | | |
| dependents, see instruction | s —— | | | | | | | | | | | <u> </u> |
| and check | | | | | | | | | | | | <u> </u> |
| here 🕨 🔝 | | | | | | | | | | | l | |
| Attack | 1 | Wages, salaries, tips, etc. Attach F | eorm(s) ۱- | N-2 | · · · | | | | | . 1 | _ | 97,622. |
| Attach Sch. B if | 2a | Tax-exempt interest | 2a | | | Taxable int | erest | | | . 2 k |) | |
| required. | <u>3a</u> | Qualified dividends | 3a | 37 | 7. b | Ordinary d | ividenc | ls | | . 3t |) | 56. |
| |) 4a | - | 4a | | b | Taxable an | nount . | | | . 4t | | |
| | 5a | | 5a | | b | Taxable an | nount . | | • | . 5t | | |
| Standard Deduction for — | 6a | , <u>.</u> | 6a | | | Taxable an | | | • | . <u>6</u> t | | |
| Single or | 7 | Capital gain or (loss). Attach Schee | | required. If n | not requir | red, check h | ere . | | | _ 7 | | 2,702. |
| Married filing separately, | 8 | Other income from Schedule 1, lin | | | | | • • | | • | . 8 | | <u>11,555.</u> |
| \$12,550 | 9 | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, a | | | tal incor | me | • • | | • | ▶ 9 | | 88,825. |
| Married filing jointly or | 10 | Adjustments to income from Sche | | | | | • • | | • | . 10 | | |
| Qualifying | 11 | Subtract line 10 from line 9. This is | | | | | · · · | | | ► <u>11</u> | | 88,825. |
| widow(er), \$25,100 | 12a | Standard deduction or itemized | | | | , | 12a | 12 | ,55 | | | |
| Head of household, | b | Charitable contributions if you take | | | | | 12b | | 30 | | | |
| \$18,800 | С | | | | | | | | | | | 12,850. |
| If you checked any box under | 13 | Qualified business income deducti | | | | | | | | | | |
| Standard | 14 | | | | | | | | | | | 12,850. |
| Deduction, see instructions. | 15 | Taxable income. Subtract line 14 | from lin | e 11. lf zero c | or less, e | nter -0 | | | | . 15 | 5 | 75,975. |

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

Form **1040** (2021)

| Form 1040 (2021 | 1) | | | | | | | | Page 2 |
|--------------------------------------|---------|--|------------------------|----------------------|------------------|------------------|-------------|----------------------|--------------------------|
| | 16 | Tax (see instructions). Check | if any from Form | ı(s): 1 🗌 881 | 4 2 4972 | 3 🗌 | | 16 | 12,458. |
| | 17 | Amount from Schedule 2, lin | ie3 | | | | | 17 | |
| | 18 | Add lines 16 and 17 | | | | | | 18 | 12,458. |
| | 19 | Nonrefundable child tax cred | dit or credit for c | other depender | nts from Schedul | e8812 | | 19 | |
| | 20 | Amount from Schedule 3, lin | ie8 | | | | | 20 | |
| | 21 | Add lines 19 and 20 | | | | | | 21 | |
| | 22 | Subtract line 21 from line 18 | . If zero or less, | enter -0 | | | | 22 | 12,458. |
| | 23 | Other taxes, including self-e | mployment tax, | from Schedule | e 2, line 21 . | | | 23 | 0. |
| | 24 | Add lines 22 and 23. This is | your total tax | | | | . 🕨 | 24 | 12,458. |
| | 25 | Federal income tax withheld | from: | | | 1 1 | | | |
| | а | Form(s) W-2 | | | | 25a 12 | ,488. | | |
| | b | Form(s) 1099 | | | | 25b | | | |
| | С | Other forms (see instructions | , | | | 25c | | | |
| | d | Add lines 25a through 25c | | | | | | 25d | 12,488. |
| If you have a | 26 | 2021 estimated tax payment | | | | | | 26 | |
| qualifying child, attach Sch. EIC. [| 27a | Earned income credit (EIC) | | | | 27a | | | |
| | | Check here if you were b | | | | | | | |
| | | January 2, 2004, and you taxpayers who are at least a | , | | | | | | |
| | b | Nontaxable combat pay elec | - | 1 1 | | | | | |
| | c | Prior year (2019) earned inco | | | | - | | | |
| | 28 | Refundable child tax credit or | | L | Schedule 8812 | 28 | | | |
| | 29 | American opportunity credit | | | | 29 | | 1 | |
| | 30 | Recovery rebate credit. See | | , | | 30 | | - | |
| | 31 | Amount from Schedule 3, lin | | | | 31 | | 1 | |
| | 32 | Add lines 27a and 28 throug | | | | | lits 🕨 | 32 | |
| | 33 | Add lines 25d, 26, and 32. T | | • | | | | 33 | 12,488. |
| Defined | 34 | If line 33 is more than line 24 | | | | | | 34 | 30. |
| Refund | 35a | | | | | | | 35a | 30. |
| Direct deposit? | ►b | Amount of line 34 you want refunded to you. If Form 8888 is attached, check here . < | | | | | | | |
| See instructions. | ►d | Account number 3 2 5 | 0 6 4 8 | 3 0 6 0 | | | Ũ | | |
| | 36 | Amount of line 34 you want a | applied to your | 2022 estimate | ed tax 🕨 | 36 | | | |
| Amount | 37 | Amount you owe. Subtract | line 33 from line | 24. For detail | s on how to pay, | see instructions | . 🕨 | 37 | |
| You Owe | 38 | Estimated tax penalty (see in | | | | 38 | | | |
| Third Party | Do | you want to allow another | person to disc | cuss this retu | rn with the IRS? | ? See | | | |
| Designee | | tructions | | | | . 🕨 🗌 Yes. Co | omplete b | below. | X No |
| | | signee's | | Phone | | | onal identi | | |
| | | ne 🕨 | | no. 🕨 | | | oer (PIN) | | |
| Sign | | der penalties of perjury, I declare t ief, they are true, correct, and com | | | | | | | |
| Here | | ur signature | | Date | Your occupation | | | | t you an Identity |
| | | al olghataro | | Duto | | | | | N, enter it here |
| Joint return? | | | | | SOFTWARE | ENGINEER | (see | inst.) 🕨 | |
| See instructions. Keep a copy for | Sp | ouse's signature. If a joint return, k | ooth must sign. | Date | Spouse's occupa | tion | | | t your spouse an |
| your records. | , | | | | | | | inst.) 🕨 🖡 | ction PIN, enter it here |
| | Db | 20000 (014)204 EE2 | F | Email address | | | | | |
| | | one no. (814)384-552 parer's name | D Preparer's signat | | SATHEESHRAU | D469@GMAIL.CC | PTIN | | Check if: |
| Paid | | PRIYA RAM SAGAR GUPTA TALLAM | | | מווסידא ידאד אש | | P0208 | 2702 | Self-employed |
| Preparer | | n's name GLOBAL TAX | | TAUAU UAUAU | GUEIA IAUUAN | 1 02/19/2022 | | | 678)965-9522 |
| Use Only | | n's address > 2530 Pebbl | | n Cummin | a GA 30041 | | | ie no. ('s EIN ► | |
| Co to warne int - | | | | | - | | | J LIN F | |
| GO LO WWW.Irs.go | uv/Forn | n1040 for instructions and the late | si iniormation. | | BAA | REV 02/16/22 PRO | | | Form 1040 (2021) |

| SCHEDULE | 1 |
|-------------|---|
| (Form 1040) | |

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

| Your soc | ial security number |
|----------|---------------------|
| | 0001 |

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/F Name(s) shown on Form 1040, 1040-SR, or 1040-NR

| SATH | EESH BOMMAVARAM | | 304-7 | 1-83 | 64 |
|------------|--|------|--------|------|----------|
| Par | t I Additional Income | | | | |
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | | | 1 | |
| 2 a | Alimony received | | | 2a | |
| b | Date of original divorce or separation agreement (see instructions) | | | | |
| 3 | Business income or (loss). Attach Schedule C | | | 3 | |
| 4 | Other gains or (losses). Attach Form 4797 | | | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, tru Schedule E | | | 5 | -11,600. |
| 6 | Farm income or (loss). Attach Schedule F | | | 6 | |
| 7 | Unemployment compensation | | | 7 | |
| 8 | Other income: | | | | |
| а | Net operating loss | 8a (|) | | |
| b | Gambling income | 8b | | | |
| С | Cancellation of debt | 8c | | | |
| d | Foreign earned income exclusion from Form 2555 | 8d (|) | | |
| е | Taxable Health Savings Account distribution | 8e | | | |
| f | Alaska Permanent Fund dividends | 8f | | | |
| g | Jury duty pay | 8g | | | |
| h | Prizes and awards | 8h | | | |
| i | Activity not engaged in for profit income | 8i | | | |
| j | Stock options | 8j | | | |
| k | Income from the rental of personal property if you engaged in | | | | |
| | the rental for profit but were not in the business of renting such property | 8k | | | |
| Ι | 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 | 0_ | | | |
| - | | 8z | 45. | | |
| 9 | Total other income. Add lines 8a through 8z | | | 9 | 45. |
| 10 | Combine lines 1 through 7 and 9. Enter here and on Form 10. 1040-NR, line 8 | - | un, Or | 10 | -11,555. |
| | | | | | · · · |

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

| Par | t II Adjustments to Income | | | |
|-----|--|----|-----|--|
| 11 | Educator expenses | | 11 | |
| 12 | Certain business expenses of reservists, performing artists, and fee-basic officials. Attach Form 2106 | 12 | | |
| 13 | Health savings account deduction. Attach Form 8889 | | 13 | |
| 14 | Moving expenses for members of the Armed Forces. Attach Form 3903 | 3 | 14 | |
| 15 | Deductible part of self-employment tax. Attach Schedule SE | | 15 | |
| 16 | Self-employed SEP, SIMPLE, and qualified plans | | 16 | |
| 17 | Self-employed health insurance deduction | | 17 | |
| 18 | Penalty on early withdrawal of savings | | 18 | |
| 19a | Alimony paid | | 19a | |
| b | Recipient's SSN | | | |
| С | Date of original divorce or separation agreement (see instructions) \blacktriangleright | | | |
| 20 | IRA deduction | | 20 | |
| 21 | Student loan interest deduction | | 21 | |
| 22 | Reserved for future use | | 22 | |
| 23 | Archer MSA deduction | | 23 | |
| 24 | Other adjustments: | | | |
| а | Jury duty pay (see instructions) | | | |
| b | Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit 24b | | | |
| С | Nontaxable amount of the value of Olympic and Paralympicmedals and USOC prize money reported on line 81 24c | | | |
| d | Reforestation amortization and expenses | | | |
| е | Repayment of supplemental unemployment benefits under the Trade Act of 1974 | | | |
| f | Contributions to section 501(c)(18)(D) pension plans 24f | | | |
| g | Contributions by certain chaplains to section 403(b) plans 24g | | | |
| h | Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) 24h | | | |
| i | Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations | | | |
| j | Housing deduction from Form 2555 | | | |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) 24k | | | |
| z | Other adjustments. List type and amount ► 24z | | | |
| 25 | Total other adjustments. Add lines 24a through 24z | | 25 | |
| 26 | Add lines 11 through 23 and 25. These are your adjustments to in here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a | | 26 | |

REV 02/16/22 PRO

SCHEDULE D

(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

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

20Attachment Sequence No. 12

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

Department of the Treasury

SATHEESH BOMMAVARAM

Your social security number

304-71-8364

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)

| lines This | instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to le dollars. | s from Part I, ı (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 | 428,260. | 438,760. | 13,3 | 17. | 2,817. |
| 2 | Totals for all transactions reported on Form(s) 8949 with Box B checked | | | | | |
| 3 | Totals for all transactions reported on Form(s) 8949 with Box C checked | | | | | |
| 4 | Short-term gain from Form 6252 and short-term gain or (I | oss) from Forms 4 | 684, 6781, and 88 | 324 | 4 | |
| 5 | Net short-term gain or (loss) from partnerships, Schedule(s) K-1 | | 5 | | | |
| 6 | Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions | 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 | 2,817. | | |

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

| lines This | instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars. | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustmer to gain or los: Form(s) 8949, line 2, colum | s from Part II, | (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 | | -115. | | | |
| 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 from Forms 4684, 6781, and 8824 | | | | 11 | |
| 12 13 | Net long-term gain or (loss) from partnerships, S corporat Capital gain distributions. See the instructions | 12 13 | | | | |
| 14 | 14 | () | | | | |
| 15 | 15 | -115. | | | | |
| For F | on the back | | | | Schedu | ıle D (Form 1040) 2021 |

| Part | III Summary | |
|------|---|------------------|
| 16 | Combine lines 7 and 15 and enter the result | 16 2,702. |
| | • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. | |
| | • If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. | |
| | • If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. | |
| 17 | Are lines 15 and 16 both gains? | |
| | No. Skip lines 18 through 21, and go to line 22. | |
| 18 | If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet | 18 |
| 19 | If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet | 19 |
| 20 | Are lines 18 and 19 both zero or blank and are you not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. | |
| | □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. | |
| 21 | If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: | |
| | The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500) | 21 () |
| | Note: When figuring which amount is smaller, treat both amounts as positive numbers. | |
| 22 | Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? | |
| | Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. | |
| | □ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR. | |

REV 02/16/22 PRO

Schedule D (Form 1040) 2021

Form **8949**

Sales and Other Dispositions of Capital Assets

► 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.

OMB No. 1545-0074

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

| Name(s) shown on return | Social security number or taxpayer identification number |
|-------------------------|--|
| SATHEESH BOMMAVARAM | 304-71-8364 |
| | |

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

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

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

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

X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

C) Short-term transactions not reported to you on Form 1099-B

| 1 (a) Description of property | (b) Date acquired | (c) Date sold or | (d) Proceeds | (e) Cost or other basis. See the Note below Adjustment, if any, to gain If you enter an amount in co enter a code in column See the separate instruct | | | (g), (h) Gain or (loss). - Subtract column (e) | |
|---|--------------------------------|--------------------------------|-------------------------------------|---|-------------------------------------|---------------------------------------|--|--|
| (Example: 100 sh. XYZ Co.) | (Mo., day, yr.) | disposed of (Mo., day, yr.) | (sales price) (see instructions) | and see Column (e) in the separate instructions | (f) Code(s) from instructions | (g) Amount of adjustment | from column (d) and combine the result with column (g) | |
| APEX CLEARING | 01/01/21 | 10/28/21 | 10,324. | 10,287. | | | 37. | |
| APEX CLEARING | 11/19/20 | 11/11/21 | 12,061. | 11,654. | | | 407. | |
| Robinhood Securities LLC | 01/01/21 | 12/31/21 | 398,832. | 409,967. | W | 13,317. | 2,182. | |
| Robinhood Crypto LLC | 01/01/21 | 12/31/21 | 7,043. | 6,852. | | | 191. | |
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| | | | | | | | | |
| 2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C | lude on your ne 2 (if Box B | 428,260. | 438,760. | | 13,317. | 2,817. | | |

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

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

| Form 8949 (2021) | Attachment Sequence No. 1 | 12A | Page 2 |
|------------------|---------------------------|-----|--------|
| | | | |

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side SATHEESH BOMMAVARAM

Social security number or taxpayer identification number 304-71-8364

Before you check Box D, E, or F 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 II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-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 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-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.

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

[] (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(F) Long-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</i> (e) in the separate instructions | Adjustment, i If you enter an enter a c See the sep (f) Code(s) from | (h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g) | |
|--|--|--|---|--|---|---|-------|
| | | | | | instructions | Amount of adjustment | |
| APEX CLEARING | 01/20/21 | 02/11/21 | 11. | 10. | | | 1. |
| APEX CLEARING | 07/14/20 | 11/11/21 | 100. | 88. | | | 12. |
| Robinhood Securities LLC | 06/04/20 | 12/31/21 | 514. | 642. | | | -128. |
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| | | | | | | | |
| 2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box | 625. | 740. | | | -115. | | |

Note: If you checked Box D 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.

| SCHEDU | LE E |
|-----------|------|
| (Form 104 | 10) |

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| | EDULE E 1040) | | | | | | | | | | No. 1545-0074 | | | | |
|---|--|------------|---------|-----------------|----------------------|-----------------------|-------------------------------------|--------------------------|-----------------|--------------|---|-----------------------------|----------------|-----------|-----------|
| Departm | Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Attachment Sequence No. 13 | | | | | | | | | | (0 21 hment ence No. 13 | | | | |
| Name(s) | | | | | | | | | | | Your soci | | y number | | |
| SATH | EESH BOMMA | VARAM | I | | | | | | | | | | 304-7 | 1-836 | 4 |
| Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal proper | | | | | | | | | | roperty, use | | | | | |
| | Schedule | C. See i | instruc | ctions. I | f you are | e an indiv | idual, rep | ort farr | m rental i | ncome | or loss f | rom Form 48 | 35 on page | 2, line 4 | 0. |
| A Dio | d you make any | payme | nts in | 2021 t | hat wou | uld requi | ire vou to | file F | orm(s) 1 | 099? 3 | See inst | ructions . | | . 🗆 ' | Yes 🗙 No |
| | Yes," did you o | | | | | | | | . , | | | | | | |
| 1a | Physical addr | | | | | | | | | | | | | | |
| Α | MAITRIVAN | | | | | | - | | , | | | | | | |
| В | | | | | | | | | | | | | | | |
| С | | | | | | | | | | | | | | | |
| 1b | Type of Pro (from list be | | 2 | For ea above | ch renta , report | al real es the num | state prop ber of fa beck the | oerty li ir rent | isted al and | | | [.] Rental Days | Persona Day | | QJV |
| Α | 3 | , | | persoi | nal use meet th | days. Ch | neck the ements to | QJV b o file a | ox only | Α | | 365 | | 0 | \square |
| В | | | | qualifi | ed joint | venture | . See inst | ructio | ns. | В | | | | - | \square |
| C | + | | | | | | | | | C | | | | | |
| | of Property: | | | | | | | | | | | | | | |
| | gle Family Resid | dence | 3 | Vacat | ion/Shc | ort-Term | Rental | 5 La | nd | | 7 Self- | Rental | | | |
| | ti-Family Reside | | 4 | Comr | nercial | | | 6 Ro | yalties | | | er (describe) | | | |
| Incom | ne: | | | | | Pro | perties: | | Í | Α | | B | | | С |
| 3 | Rents received | k | | | | | | 3 | | | 600. | | | | |
| 4 | Royalties rece | | | | | | | 4 | | | | | | | |
| Exper | | | | | | | | | | | | | | | |
| 5 | Advertising . | | | | | | | 5 | | | | | | | |
| 6 | Auto and trave | el (see ir | nstruc | ctions) | | | | 6 | | | | | | | |
| 7 | Cleaning and r | nainten | nance | | | | | 7 | | 1, | 200. | | | | |
| 8 | Commissions. | | | | | | | 8 | | | | | | | |
| 9 | Insurance | | | | | | | 9 | | | | | | | |
| 10 | Legal and othe | er profe | ssion | al fees | | | | 10 | | | | | | | |
| 11 | Management f | ees . | | | | | | 11 | | 1, | 000. | | | | |
| 12 | Mortgage inter | rest pai | d to b | banks, | etc. (se | e instru | ctions) | 12 | | | | | | | |
| 13 | Other interest. | | | | | | | 13 | | | | | | | |
| 14 | Repairs | | | | | | | 14 | | 3, | 000. | | | | |
| 15 | Supplies | | | | | | | 15 | | 2, | 500. | | | | |
| 16 | Taxes | | | | | | | 16 | | | | | | | |
| 17 | Utilities. | | | | | | | 17 | | 4 | 500. | | | | |

| 14 | Repairs | 14 | 3,0 | 00. | | | |
|-----|--|----------------|---------------------|---------|------------------|-----|------------|
| 15 | Supplies | 15 | 2,5 | 00. | | | |
| 16 | Taxes | 16 | | | | | |
| 17 | Utilities | 17 | 4,5 | 00. | | | |
| 18 | Depreciation expense or depletion | 18 | | | | | |
| 19 | Other (list) ► | 19 | | | | | |
| 20 | Total expenses. Add lines 5 through 19 | 20 | 12,2 | 00. | | | |
| 21 | 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 | 21 | -11,6 | 00. | | | |
| 22 | Deductible rental real estate loss after limitation, if any, | | | | | | |
| | on Form 8582 (see instructions) | 22 | (11,60 | 0.) | (|) | () |
| 23a | Total of all amounts reported on line 3 for all rental proper | rties | | 23a | б | 00. | |
| b | Total of all amounts reported on line 4 for all royalty prope | erties | | 23b | | | |
| с | Total of all amounts reported on line 12 for all properties | | | 23c | | | |
| d | Total of all amounts reported on line 18 for all properties | | | 23d | | | |
| е | Total of all amounts reported on line 20 for all properties | | | 23e | 12,2 | 00. | |
| 24 | Income. Add positive amounts shown on line 21. Do not | t inclu | ide any losses | | | 24 | |
| 25 | Losses. Add royalty losses from line 21 and rental real estate | losse | s from line 22. Ent | er tota | al losses here . | 25 | (11,600.) |
| 26 | Total rental real estate and royalty income or (loss). | Comb | ine lines 24 and | 25. E | inter the result | | |
| | here. If Parts II, III, IV, and line 40 on page 2 do not a | apply | to you, also en | nter th | nis amount on | | |
| | Schedule 1 (Form 1040), line 5. Otherwise, include this an | nount | in the total on lin | ne 41 | on page 2 . | 26 | -11,600. |

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2021

888 Form Department of the Treasury

Health Savings Accounts (HSAs)

OMB No. 1545-0074 2021

Attachment Sequence No. **52**

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

▶ Go to www.irs.gov/Form8889 for instructions and the latest information.

Internal Revenue Service

| Name(s) shown on Form 1040, 1040-SR, or 1040-NR | Social security number of HSA |
|---|---|
| | beneficiary. If both spouses |
| SATHEESH BOMMAVARAM | have HSAs, see instructions ► 304-71-8364 |

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

| Part | HSA Contributions and Deduction. See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for | | | |
|------|--|-------|--------|----------|
| | | each | spous | e |
| 1 | Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2021. See instructions | X Sel | f-only | Family |
| 2 | HSA contributions you made for 2021 (or those made on your behalf), including those made from January 1, 2022, through April 15, 2022, that were for 2021. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions | 2 | | 0. |
| 3 | If you were under age 55 at the end of 2021 and, on the first day of every month during 2021, you were, or were considered, an eligible individual with the same coverage, enter \$3,600 (\$7,200 for family coverage). All others, see the instructions for the amount to enter | 3 | | 3,600. |
| 4 | Enter the amount you and your employer contributed to your Archer MSAs for 2021 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2021, also include any amount contributed to your spouse's Archer MSAs | 4 | | 0. |
| 5 | Subtract line 4 from line 3. If zero or less, enter -0 | 5 | | 3,600. |
| 6 | Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2021, see the instructions for the amount to enter | 6 | | 3,600. |
| 7 | If you were age 55 or older at the end of 2021, married, and you or your spouse had family coverage under an HDHP at any time during 2021, enter your additional contribution amount. See instructions | 7 | | 0. |
| 8 | Add lines 6 and 7 | 8 | | 3,600. |
| 9 | Employer contributions made to your HSAs for 2021 9 125. | | | |
| 10 | Qualified HSA funding distributions | | | |
| 11 | Add lines 9 and 10 | 11 | | 125. |
| 12 | Subtract line 11 from line 8. If zero or less, enter -0 | 12 | | 3,475. |
| 13 | HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 | 13 | | 0. |
| Part | Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.II HSA Distributions. If you are filing jointly and both you and your spouse each have separately and you | | | oomploto |
| rart | a separate Part II for each spouse. | | 13A5, | complete |
| 14a | Total distributions you received in 2021 from all HSAs (see instructions) | 14a | | |
| b | Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions | 14b | | |
| С | Subtract line 14b from line 14a | 14c | | |
| 15 | Qualified medical expenses paid using HSA distributions (see instructions) | 15 | | |
| 16 | Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8e. | 16 | | |
| 17a | If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here | | | |
| b | Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c | 17b | | |
| Part | | | | |
| | completing this part. If you are filing jointly and both you and your spouse each have sep complete a separate Part III for each spouse. | arate | HSAs | , |
| 18 | Last-month rule | 18 | | |
| 19 | Qualified HSA funding distribution | 19 | | |
| 20 | Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8z, and enter "HSA" and the amount on the dotted line | 20 | | |
| 21 | Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d | 21 | | |

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

| Form 8582 |
|----------------------------|
| Department of the Treasurv |

Part I

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

SATHEESH BOMMAVARAM

Passive Activity Loss Limitations

See separate instructions.

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

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

OMB No. 1545-1008

Identifying number 304-71-8364

| | Caution: Complete Parts IV and V before completing Part I. | | |
|-------------------|--|----|----------|
| | I Real Estate Activities With Active Participation (For the definition of active participation, see Special ance for Rental Real Estate Activities in the instructions.) | | |
| 1a b c d | Activities with net income (enter the amount from Part IV, column (a))1a0.Activities with net loss (enter the amount from Part IV, column (b))1b(11,600.)Prior years' unallowed losses (enter the amount from Part IV, column (c))1c(Combine lines 1a, 1b, and 1c | 1d | -11,600. |
| All Ot | her Passive Activities | | |
| 2a b c d | Activities with net income (enter the amount from Part V, column (a)) . 2a Activities with net loss (enter the amount from Part V, column (b)) . . Prior years' unallowed losses (enter the amount from Part V, column (c)) . . Combine lines 2a, 2b, and 2c . . . | 2d | |
| 3 | Combine lines 1d and 2d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used | 3 | -11,600. |

If line 3 is a loss and: • Line 1d is a loss, go to Part II.

2021 Passive Activity Loss

• Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II. Instead, go to line 10.

| Par | t II Special Allowance for Rei | ntal Real Estate | Activities With | Active Parti | cipation | | |
|-----|---|-----------------------------|----------------------------------|-------------------------------|------------------|----------|-------------|
| | Note: Enter all numbers in Par | t II as positive amo | ounts. See instruc | tions for an ex | ample. | _ | |
| 4 | Enter the smaller of the loss on line 1 | d or the loss on lir | ne3 | | | 4 | 11,600. |
| 5 | Enter \$150,000. If married filing separ | ately, see instructi | ons | 5 | 150,000. | | |
| 6 | Enter modified adjusted gross income | e, but not less thar | i zero. See instruc | tions 6 | 100,425. | | |
| | Note: If line 6 is greater than or equal on line 9. Otherwise, go to line 7. | | | | | | |
| 7 | Subtract line 6 from line 5 | | | 7 | 49,575. | | |
| 8 | Multiply line 7 by 50% (0.50). Do not e | nter more than \$25 | ,000. If married fili | ng separately, | see instructions | 8 | 24,788. |
| 9 | Enter the smaller of line 4 or line 8 | | | | | 9 | 11,600. |
| Par | t III Total Losses Allowed | | | | | | |
| 10 | Add the income, if any, on lines 1a an | d 2a and enter the | total | | | 10 | 0. |
| 11 | Total losses allowed from all passiv | e activities for 20 | 21. Add lines 9 ar | nd 10. See inst | ructions to find | | |
| | out how to report the losses on your t | ax return | | | | 11 | 11,600. |
| Par | t IV Complete This Part Befor | e Part I, Lines 1 | a, 1b, and 1c. S | ee instructio | ns. | | |
| | Nome of activity | Currer | nt year | Prior years | s Ove | erall ga | ain or loss |
| | Name of activity | (a) Net income (line 1a) | (b) Net loss (line 1b) | (c) Unallowe loss (line 10 | | ı | (e) Loss |
| MAI | TRIVANAM | 0. | 11,600. | | | | 11,600. |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

11,600.

0.

For Paperwork Reduction Act Notice, see instructions. BAA

Total. Enter on Part I, lines 1a, 1b, and 1c ►

REV 02/16/22 PRO

Form 8582 (2021)

Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.

| Part V | Complete This Part Belor | e Part I, Lines 2 | a, 20, | anu zc. S | see instruc | stions. | | | |
|-------------|-----------------------------------|--|---------------|--------------------|------------------------|---------------|---------------------------------|--------|---|
| | | Currer | nt year | | Prior y | ears | Overa | all ga | ain or loss |
| | Name of activity | (a) Net income (line 2a) | (b) | Net loss ne 2b) | (c) Unall loss (lin | | (d) Gain | | (e) Loss |
| | | (| (| | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total Enter | on Part I, lines 2a, 2b, and 2c ► | | | | | | | | |
| Part VI | Use This Part if an Amou | ⊥ nt Is Shown on I | Part II, | , Line 9. S | ee instruc | ctions. | | | |
| | Name of activity | Form or schedule and line number to be reported on (see instructions) | (a |) Loss | (b) Ra | atio | (c) Special allowance | | (d) Subtract column (c) from column (a). |
| MAITRIVA | ANAM | E Ln 22 | | 11,600. | 1.0000 | 0000 | 11,60 | 0. | 0. |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | 11,600. | 1.0 | 0 | 11,60 | 0. | 0. |
| Part VII | Allocation of Unallowed L | .osses. See instr | ruction | IS. | | | | | |
| | Name of activity | Form or sch and line nur to be reporte (see instruct | nber ed on | (a) I | Loss | (| (b) Ratio | (c |) Unallowed loss |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total . | | | . ► | | | | 1.00 | | |
| Part VIII | Allowed Losses. See instr | uctions. | | | | | | | |
| | Name of activity | Form or sch and line nur to be reporte (see instruct | nber ed on | (a) I | Loss | (b) Ur | nallowed loss | (| c) Allowed loss |
| | | | | | | | | | |
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| Total . | | <u></u> | . 🕨 | | | | | | |
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REV 02/16/22 PRO

Form **8582** (2021)

Do not staple or paper clip. 2021 Ohio IT 1040 0098 Department of Individual Income Tax Return Taxation Use only black ink/UPPERCASE letters. 21000198 02 19 22 AMENDED RETURN - Check here and include Ohio IT RE. NOL CARRYBACK - Check here and include Schedule IT NOL. Primary taxpayer's SSN (required) ✓ If deceased Spouse's SSN (if filing jointly) ✓ If deceased School district # 304 71 8364 2503 First name M.I. Last name SATHEESH BOMMAVARAM Spouse's first name (if filing jointly) M.I. Last name Address line 1 (number and street) or P.O. Box 6065 FALLSBURG DR Address line 2 (apartment number, suite number, etc.)

| City | State | ZIP code | Ohio county (first four letters) |
|--|---------|-------------|----------------------------------|
| WESTERVILLE | OH | 43081 | FRAN |
| Foreign country (if the mailing address is outside the U.S.) | Foreign | postal code | |

| Residency S | tatus – Check only on | e for primary | Filing Status – Check one (as rep | orted on federal income tax | return |
|------------------|--------------------------------|---|---|-----------------------------------|--------|
| X Resident | Part-year resident | Nonresident Indicate state | X Single, head of household or qu | ualifying widow(er) | |
| Check only one | for spouse (if filing jointly | /) | Married filing jointly | | |
| Resident | Part-year resident | Nonresident >> Indicate state | Married filing separately | Spouse's SSN | |
| Ohio Nonres | <u>sident Statement</u> – | See instructions for required criteria | | | |
| Primary me | ets the five criteria for irre | buttable presumption as nonresident. | Federal extension filers - check | chere. | |
| Spouse me | ets the five criteria for irre | buttable presumption as nonresident. | If someone can claim you (or you dependent, check here. | ır spouse if filing jointly) as a | 1 |
| | | deral 1040 or 1040-SR, line 11). Place | | 88825 | 00 |
| 2a.Additions – C | hio Schedule of Adjustn | nents, line 10 (include schedule) | 2a. | | 00 |
| 2b.Deductions – | Ohio Schedule of Adjus | tments, line 39 (include schedule) | 2b. | | 00 |
| | | us line 2a minus line 2b). Place a "-" ir | | 88825 | 00 |
| | | le of Dependents if applicable)n nd your spouse/dependents, if applicabl | | 1900 | 00 |
| 5. Ohio income | tax base (line 3 minus li | ne 4; if negative, enter zero) | 5. | 86925 | 00 |
| 6. Taxable busi | ness income – Ohio Sch | edule IT BUS, line 13 (include sched | ule)6. | | 00 |
| 7. Taxable nont | ousiness income (line 5 r | ninus line 6; if negative, enter zero) | 7. | 86925 | 00 |
| | | | | MM-DD-YY Code | |

Do not staple or paper clip.

REV 02/14/22 PRO

Sequence No. 1

SSN 304 71 8364

2021 Ohio IT 1040



Individual Income Tax Return

| | | | 21000298 Sequenc | e No. 2 |
|--|---|------|---|---------|
| 7a. Amount from line 7 on page 1 | 7a. | | 86925 | 00 |
| 8a.Nonbusiness income tax liability on line 7a (see instructions for | or tax tables) | 8a. | 2255 | 00 |
| 8b. Business income tax liability - Ohio Schedule IT BUS, line 14 | (include schedule) | 8b. | | 00 |
| 8c. Income tax liability before credits (line 8a plus line 8b) | | 8c. | 2255 | 00 |
| 9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 3 | 8 (include schedule) | 9. | 0 | 00 |
| 10. Tax liability after nonrefundable credits (line 8c minus line 9; if | negative, enter zero) | 10. | 2255 | 00 |
| 11. Interest penalty on underpayment of estimated tax (include C | 0hio IT/SD 2210) | 11. | | 00 |
| 12. Unpaid use tax (see instructions) | | 12. | | 00 |
| 13. Total Ohio tax liability before withholding or estimated paym | ents (add lines 10, 11 and 12) | 13. | 2255 | 00 |
| 14. Ohio income tax withheld – Schedule of Ohio Withholding, pa income statements) | | 14. | 2831 | 00 |
| 15. Estimated and extension payments (from Ohio IT 1040ES and from last year's return | · · · | 15. | | 00 |
| 16. Refundable credits – Ohio Schedule of Credits, line 44 (inclue | de schedule) | 16. | | 00 |
| 17. <u>Amended return only</u> – amount previously paid with original | and/or amended return | 17. | | 00 |
| 18. Total Ohio tax payments (add lines 14, 15, 16 and 17) | | 18. | 2831 | 00 |
| 19. <u>Amended return only</u> – overpayment previously requested of | n original and/or amended return | 19. | | 00 |
| 20. Line 18 minus line 19. Place a "-" in the box if negative | | 20. | 2831 | 00 |
| If line 20 is MORE THAN line 13, skip to line 24. OTI | | | | 00 |
| 21. Tax due (line 13 minus line 20). If line 20 is negative, ignore the | | | | |
| 22. Interest due on late payment of tax (see instructions) | | | | 00 |
| 23. TOTAL AMOUNT DUE (line 21 plus line 22). Include Ohio (if amended return) and make check payable to "Ohio Trease | | | | 00 |
| 24. Overpayment (line 20 minus line 13) | | 24. | 576 | 00 |
| 25. <u>Original return only</u> – portion of line 24 carried forward to new 26. <u>Original return only</u> – portion of line 24 you wish to donate: a. Military Injury Relief b. Ohio History Fund | t year's tax liability c. Nature Preserves/Scenic Rivers | 25. | | 00 |
| 00 00 | 00 | | | 0.0 |
| d. Breast/Cervical Cancer e. Wishes for Sick Children | f. Wildlife Species | 26g. | | 00 |
| 00 00 | 00 | | F76 | 0.0 |
| 27. REFUND (line 24 minus lines 25 and 26g) Sign Here (required): I have read this return. Under penalties of pena | | | 576 | |
| and belief, the return and all enclosures are true, correct and complete. | | l II | our refund is \$1.00 or less, no refund will be f you owe \$1.00 or less, no payment is nece | |
| Primary signature | | | NO Payment Included – Mail t Ohio Department of Taxation P.O. Box 2679 | o: |
| Spouse's signature | | _ | Columbus, OH 43270-2679 | |
| Check here to authorize your preparer to discuss this return with the I Preparer's printed name <u>SYAM PRIYA RAM SAGAR GUP</u> | • | _ | Payment Included – Mail to: Ohio Department of Taxation P.O. Box 2057 | |
| Preparer's TIN | (PTIN) P 02082703 | | Columbus, OH 43270-2057 | |



2021 Schedule of Ohio Withholding



21350198

Use only black ink/UPPERCASE letters.

Primary taxpayer's SSN

Sequence No. 11

304 71 8364

List your and your spouse's (if filing jointly) W-2, 1099, and W-2G forms **only if they have Ohio withholding**. Enter "P" in the "P/S" box if the form is the primary taxpayer's and enter "S" if it is the spouse's. If the Ohio ID number on a statement has 9 digits, enter only the first 8 digits. Complete additional copies if necessary. **Place state copies of your income statements after the last page of your return**.

Part A - Total Withholding

 1. Total of all Ohio state tax withheld on pages 1 and 2 as well as any additional pages. Enter here and on line 14 of your Ohio IT 1040
 2831 00

| Part B | | | |
|-------------|--|---|--|
| 1. P/S P | Box b-EIN 814083144 | Box 1 - Wages, tips, other compensation 68499 00 | Box 2 - Federal income tax withheld 8310 00 |
| | Box 15 - Employer's Ohio ID number 54075518 | Box 16 - Ohio wages, tips, etc. 68499 00 | Box 17 - Ohio income tax 1952 00 |
| 2. P/S P | Box b - EIN 310966785 | Box 1 - Wages, tips, other compensation 29123 00 | Box 2 - Federal income tax withheld 4178 00 |
| | Box 15 - Employer's Ohio ID number 51147773 | Box 16 - Ohio wages, tips, etc. 29123 00 | Box 17 - Ohio income tax 879 00 |
| 3. P/S | Box b - EIN | Box 1 - Wages, tips, other compensation 0 0 | Box 2 - Federal income tax withheld 0 0 |
| | Box 15 - Employer's Ohio ID number | Box 16 - Ohio wages, tips, etc. 0 0 | Box 17 - Ohio income tax 0 0 |
| 4. P/S | Box b - EIN | Box 1 - Wages, tips, other compensation 0 0 | Box 2 - Federal income tax withheld 0 0 |
| | Box 15 - Employer's Ohio ID number | Box 16 - Ohio wages, tips, etc. 0 0 | Box 17 - Ohio income tax 0 0 |
| 5. P/S | Box b - EIN | Box 1 - Wages, tips, other compensation 0 0 | Box 2 - Federal income tax withheld 0 0 |
| | Box 15 - Employer's Ohio ID number | Box 16 - Ohio wages, tips, etc. 0 0 | Box 17 - Ohio income tax 0 0 |
| 6. P/S | Box b - EIN | Box 1 - Wages, tips, other compensation 0 0 | Box 2 - Federal income tax withheld 0 0 |
| | Box 15 - Employer's Ohio ID number | Box 16 - Ohio wages, tips, etc. 0 0 | Box 17 - Ohio income tax 0 0 |
| 7. P/S | Box b - EIN | Box 1 - Wages, tips, other compensation 0 0 | Box 2 - Federal income tax withheld 0 0 |
| | Box 15 - Employer's Ohio ID number | Box 16 - Ohio wages, tips, etc. 0 0 | Box 17 - Ohio income tax |
| | IIII BAL MAANAA MAANAA MAA MAA SAQAAT KAXINGA MA | APPENDED AND A APPENDED TO AN APPENDED AND THE | |





| Pa | art C - | 1099-Rs |
|----|---------|-------------|
| 1. | P/S | Payer's TIN |

Box 15 - Payer's Ohio number

2. P/S Payer's TIN

Box 15 - Payer's Ohio number

3. P/S Payer's TIN

Box 15 - Payer's Ohio number

4. P/S Payer's TIN

Box 15 - Payer's Ohio number

Part D - W-2Gs

1. P/S Payer's federal ID number

Box 13 - Ohio state ID number

2. P/S Payer's federal ID number

Box 13 - Ohio state ID number

3. P/S Payer's federal ID number

Box 13 - Ohio state ID number

Part E - 1099-NECs 1. P/S Payer's TIN

Box 6 - Payer's Ohio number

Payer's TIN 2. P/S

Box 6 - Payer's Ohio number

2021 Schedule of Ohio Withholding Primary taxpayer's SSN

304 71 8364

Box 1 - Gross distribution 00

Box 4 - Federal income tax withheld 00

Box 1 - Gross distribution 00

Box 4 - Federal income tax withheld 00

Box 1 - Gross distribution 00

Box 4 - Federal income tax withheld 00

Box 1 - Gross distribution 00

Box 4 - Federal income tax withheld 00

Box 1 - Reportable winnings 00

Box 14 - Ohio state winnings 00

Box 1 - Reportable winnings 00

Box 14 - Ohio state winnings 00

Box 1 - Reportable winnings 00

Box 14 - Ohio state winnings 00

Box 1 - Nonemployee compensation 00

Box 7 - State income 00

Box 1 - Nonemployee compensation 00

Box 7 - State income 00



21350298

Sequence No. 12

Box 7 -Distribution code distribution Box 14 - Ohio tax withheld

Total

Total

Total

distribution

distribution

00

Box 7 -Distribution code

Box 14 - Ohio tax withheld 00

> Box 7 -Distribution code

Box 14 - Ohio tax withheld 00

Box 7 -

Total distribution

Box 14 - Ohio tax withheld

Distribution code

00

Box 4 - Federal income tax withheld 00

> Box 15 - Ohio income tax withheld 00

Box 4 - Federal income tax withheld 00

> Box 15 - Ohio income tax withheld 00

Box 4 - Federal income tax withheld 00

> Box 15 - Ohio income tax withheld 00

Box 4 - Federal income tax withheld 00

> Box 5 - Ohio tax withheld 00

Box 4 - Federal income tax withheld 00

> Box 5 - Ohio tax withheld 00

Schedule of Withholding - page 2 of 2 REV 02/14/22 PRO



| | | | | ne Tax | | | | | Security Num | ber | Check | the ann | ropriate | box if: |
|---|--|--|--|--|--|--|---|--|---|---|---|--|--|--|
| | | | DOMMA | | | | | | | | | | (An ai | mount must be placed in |
| SATHEESH First name and mid | dle initial | | BOMMA Last name | VARAM | | | - | 71 8 | | | | FUND | | B for this return to be dered a valid refund requ |
| | | | | | | | Spouse | s 2001a | Security Nur | | | | | (year |
| lf a joint return , sp initial | ouse's fir | st name and | Last name | 9 | | | - | | | | | | | |
| nitiai 6065 FALL: | Q DI ID (| . DR | | | | | Filing s | | | | • | | | vated? YES |
| CURRENT home ac | | | t) | | | | | ngle | | | f YES, ex | plain | | |
| WESTERVIL | ĿЕ | | OH | | 4308 | 1 | | | iling Jointly | | | | | |
| City | | | State | | Zip code | | | | iling Separa | ately | Did you fil | e a City re | eturn in 20 | 20? YES |
| | | | | | | | For Ta | ax Off | ice Use | | | | | |
| Taxpayer phone nu | Imber | | | | | | | | | | | | | |
| If you are a first tin for the amount due | | | | | eck or mone | ey order | | | | | | | | |
| Residence cha | nge in 2 | 021 (If applica | able) | | | | | | | | | | | |
| Did you change resi | dence dur | ing 2021? | | YES | NO | | Occur | ation or n | ature of busing | | | | | |
| f YES, enter date of | f move: _ | | | | | | | name /DE | | | | | | |
| Previous Address (nu | mber and | street) | | | | | Cities | of employ | ment COI | JUMBU | JS | | | |
| | | | | | | | | | | | | | | |
| City, State, Zip Code | | | | | | | City of | residenc | e <u>WES</u> | STERV | /ILLE | | | |
| Part A | TAV | | | A 44 | h 14/ 0 | -1 / 14/ 0 0 | | | | | | | | |
| | ΙΑΛ | ABLE W | AGES | Attac | n w-2s and | d /or W-2 G | | | | | | | | |
| Employer(| s) and add | lress where wor | k was PHYS | ICALLY perform | ned. If you wo | orked from ho | ome, state j | percentag | ge of time wor | ked from | home. | | TA | XABLE WAGES |
| THE HUNTI | NGTON | NATIONA | AL BAN | K 41 SOU | JTH HIG | GH STRE | ET | | | | | | (+) | 29,873 |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | (+) | |
| | three emp | overs please att | ach a statem | ent listing all emp | alovers | | | _ | | (onter in | Column | B below) | (+) | 20 872 |
| you have more than | | | | | | | _ | | NET WAGES | | | B below) | (+) | 29,873 |
| you have more than Part B T | | loyers, please atta | | Complete F | orm IR-21 | for 2022 if | ⁻ 2021 net | | | | | B below) | (+) | 29,873 |
| you have more than | | | TION | | orm IR-21 | | ⁻ 2021 net | | | nan \$20 | 00. C | OLUM | (+) (=) N F | 29,873 COLUMN G |
| ^r you have more than Part B T, | | ALCULA | TION IN B WAGES, MISSIONS, | Complete F | ORM IR-21 | for 2022 if | 2021 net MN D | | e is more tl | nan \$20 IN E | DO. | | (+) (=) N F ELD (W-2), NERSHP, TO CITY ED, OR RIBUTION | |
| i you have more than Part B T, COLUMN A | AX C | ALCULA COLUM INCOME FROM SALARIES, COM ETC. (from Net Wage | TION IN B WAGES, MISSIONS, | Complete F COLUN INCOME FR PROFITS, RE OTHER TAXAB | ORM IR-21 | for 2022 if COLU TOTAL TAXABLE | 2021 net MN D | tax du | e is more ti COLUN TAX D | nan \$20 IN E | DO. | OLUM AX WITHHI BY A PARTI DIRECTLY ERE EARNI NGN CONT CREDIT | (+) (=) N F ELD (W-2), NERSHP, TO CITY ED, OR RIBUTION | COLUMN G |
| f you have more than Part B T, COLUMN A CITY COLUMBUS | AX C, code 01 | ALCULA COLUM INCOME FROM SALARIES, COM ETC. (from Net Wage 29 | TION IN B WAGES, MISSIONS, iss in Part A) , 873. | Complete F COLUM INCOME FR PROFITS, REI OTHER TAXABI (from Pa | OM NET NTS, AND LE INCOME rt C) | for 2022 if COLU TOTAL TAXABLE 29 , | 2021 net MN D NET INCOME 873. | Tax du Tax RATE 2.5% | e is more ti COLUN TAX D | in E JE | CO. | OLUM AX WITHHI BY A PARTI DIRECTLY ERE EARNI NGN CONT CREDIT | (+) (=) N F ELD (W-2), NERSHP, TO CITY ED, OR RIBUTION | COLUMN G |
| f you have more than Part B T, COLUMN A CITY COLUMBUS 2. LESS CREDITS | AX C CODE 01 | ALCULA COLUM INCOME FROM SALARIES, COM ETC. (from Net Wage 29 | TION IN B MWAGES, MMISSIONS, as in Part A) , 873. | Complete F COLUN INCOME FR PROFITS, RE OTHER TAXABI (from Pa | OR IR-21 | for 2022 if COLUI TOTAL TAXABLE 29 , FROM PRIC | NET INCOME 873. | TAX RATE | e is more th COLUN TAX D | nan \$20 IN E JE 747. | DO. LESS T PAID WHI CAMPA | OLUM AX WITHHI 3Y A PARTI DIRECTLY ERE EARNI IGN CONT CREDIT | (+) (=) N F ELD (W-2), NERSHP, TO CITY ED, OR RIBUTION 747. | COLUMN G |
| f you have more than Part B T, COLUMN A CITY COLUMBUS LESS CREDITS | AX C CODE 01 | ALCULA COLUM INCOME FROM SALARIES, COM ETC. (from Net Wage 29 | TION IN B MWAGES, MMISSIONS, as in Part A) , 873. | Complete F COLUN INCOME FR PROFITS, RE OTHER TAXABI (from Pa | OR IR-21 | for 2022 if COLUI TOTAL TAXABLE 29 , FROM PRIC | NET INCOME 873. | TAX RATE | e is more th COLUN TAX D | nan \$20 IN E JE 747. | DO. LESS T PAID WHI CAMPA | OLUM AX WITHHI 3Y A PARTI DIRECTLY ERE EARNI IGN CONT CREDIT | (+) (=) N F ELD (W-2), NERSHP, TO CITY ED, OR RIBUTION 747. | COLUMN G |
| f you have more than Part B T, COLUMN A CITY COLUMBUS LESS CREDITS BALANCE DUE | CODE 01 FOR ES | ALCULA COLUM INCOME FROM SALARIES, COM ETC. (from Net Wage 29 TIMATED TAX | TION IN B MWAGES, MISSIONS, iss in Part A) , 873. | Complete F COLUN INCOME FR PROFITS, REI OTHER TAXABI (from Pa | Orm IR-21 IN C OM NET NTS, AND LE INCOME INCOME INCOME N Column G, | for 2022 if COLUI TOTAL TAXABLE 29 , FROM PRIC | 2021 net MN D NET INCOME 873. DR YEAR nt (in brack | TAX RATE | e is more ti COLUN TAX D | nan \$20 IN E JE 747. | 20. LESS T PAID I PAID WHI CAMPA | OLUM AX WITHHI BY A PARTI DIRECTLY ERE EARNING GROONT CREDIT | (+) (=) N F ELD (W-2), NERSHP, TO CITY ED, OR RIBUTION 747. | COLUMN G |
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| f you have more than Part B T, COLUMN A CITY COLUMBUS LESS CREDITS BALANCE DUE PENALTY: 15% TOTAL AMOUN | CODE CODE 01 FOR ES (COLUM \$ | ALCULA COLUM INCOME FROM SALARIES, COM ETC. (from Net Wage 29 TIMATED TAX N G LESS LINE TUMATED TAX N G LESS LINE TUCTION + IN TUCTION 3 A | TION IN B MWAGES, MISSIONS, is in Part A) , 873. CPAYMENT E 2). If Line ITEREST \$ | Complete F COLUN INCOME FR PROFITS, RE OTHER TAXABI (from Pa | Orm IR-21 IN C OM NET NTS, AND LE INCOME rt C) PAYMENT n Column G, is) MENT IS DL | for 2022 if COLUI TOTAL TAXABLE 29 , FROM PRIC , enter amoun | NET INCOME 873. DR YEAR nt (in brack | Tax du Tax RATE 2.5% RETURI ets) here | e is more th COLUN TAX D | nan \$20 IN E JE 747. | 20. LESS T PAID PAID WHI CAMPA | COLUM AX WITHHI 3Y A PARTI DIRECTLY ERE EARNING CONT CREDIT | (+) (=) NF ELD (W-2), VERSHP, TO CITY ED, OR RIBUTION 747. 3 4 | COLUMN G |
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| You have more than Part B T, COLUMN A CITY COLUMBUS . LESS CREDITS . BALANCE DUE . PENALTY: 15% . TOTAL AMOUN | AX C CODE 01 FOR ES (COLUM \$ (See inst T DUE (A T CLAIME | ALCULA COLUM INCOME FROM SALARIES, COM ETC. (from Net Wage 29 TIMATED TAX N G LESS LINE TURATED TAX N G LESS LINE TURTED TAX N G LESS LINE TURTED TAX N G LESS LINE TURTED TAX | TION IN B MWAGES, MISSIONS, is in Part A) , 873. (PAYMENT E 2). If Line ITEREST \$ ND 4). NC EXCEEDS | Complete F COLUN INCOME FR PROFITS, REI OTHER TAXABI (from Pa | Orm IR-21 IN C OM NET NTS, AND LE INCOME rt C) PAYMENT n Column G, IS) MENT IS DU | for 2022 if COLUI TOTAL TAXABLE 29 , FROM PRIC , enter amoun | 2021 net MN D NET INCOME 873. DR YEAR nt (in brack | Tax du Tax RATE 2.5% RETURI ets) here | e is more th COLUN TAX D | nan \$20 IN E JE 747. | 20. LESS T PAID PAID WHI CAMPA | COLUM AX WITHHI 3Y A PARTI DIRECTLY ERE EARNING CONT CREDIT | (+) (=) NF ELD (W-2), VERSHP, TO CITY ED, OR RIBUTION 747. 3 4 | COLUMN G |
| you have more than Part B T, COLUMN A CITY COLUMBUS . LESS CREDITS . BALANCE DUE 0 . PENALTY: 15% . TOTAL AMOUNT . OVERPAYMENT | CODE CODE 01 FOR ES (COLUM \$ (see inst T DUE (A T DUE (A T CLAIME DUNT from | ALCULA COLUM INCOME FROM SALARIES, COM ETC. (from Net Wage 29 TIMATED TAX N G LESS LINE TURTED TAX N G LESS LINE TURTET + IN DD LINES 3 A ED (IF LINE 2 I Line 6 you wa | TION IN B MWAGES, MISSIONS, is in Part A) , 873. (PAYMENT E 2). If Line ITEREST \$ ND 4). NC EXCEEDS ant <u>CREDIT</u> | Complete F COLUN INCOME FR PROFITS, RE OTHER TAXAB (from Pa (from Pa (from Pa 2 is greater tha (see instruction DTE: NO PAYN COLUMN G) ED to your ne | Orm IR-21 IN C OM NET NTS, AND LE INCOME rt C) PAYMENT n Column G, | for 2022 if COLUI TOTAL TAXABLE 29 , FROM PRIC , enter amoun JE IF AMOU | 2021 net MN D .NET INCOME 873. DR YEAR att (in brack INT IS \$1 6A | Tax du Tax RATE 2.5% RETURI ets) here | e is more th COLUN TAX D | nan \$20 IN E JE 747. | 20. LESS T PAID PAID WHI CAMPA | COLUM AX WITHHI 3Y A PARTI DIRECTLY ERE EARNING CONT CREDIT | (+) (=) NF ELD (W-2), VERSHP, TO CITY ED, OR RIBUTION 747. 3 4 | COLUMN G |
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| fyou have more than Part B T, COLUMN A CITY COLUMBUS COLU | CODE CODE 01 FOR ES (COLUM (see inst COLUM (see inst T DUE (A CLAIME Dunt from you wan CLAIME Dunt from you wan | ALCULA COLUM INCOME FROM SALARIES, COM ETC. (from Net Wage 29 TIMATED TAX N G LESS LINI | TION IN B AWAGES, MISSIONS, is in Part A) , 873. PAYMENT E 2). If Line ITEREST \$ IND 4). NO EXCEEDS ant CREDIT ther persol s Name: clares that this hat the figure, eleased to the d credit on th | Complete F COLUM INCOME FR PROFITS, REI OTHER TAXABI (from Pa COLUMN G) (see instruction OTE: NO PAYM COLUMN G) (see to your ne DED to your ne DED (must be n to discuss th | The second secon | for 2022 if COLUI TOTAL TAXABLE 29 , FROM PRIC , enter amoun JE IF AMOU estimate n \$10.00) — vith the City fulles) is a true, or federal incor sidence and the | NET INCOME 873. 0R YEAR at (in brack INT IS \$1 - 6A - 6A | tax du TAX RATE 2.5% RETURI ets) here 0.00 or I bus? (s complete ses and in bus residi ich they h | e is more th COLUN TAX DI TAX DI N ONLY ess ee instructio return for the ta understands tha ents also declar that shale of the tall return for the tall return for the tall that shale of tall the tall that shale of tall the tall that shale of tall the tall the tall the tall the tall the tall the tall that shale of tall the ta | an \$20 IN E JE 747. 6 6 6 6 8 6 8 6 8 9 6 9 9 9 9 9 9 9 9 9 | DO. | Complet to: Colu | (+) (=) N F ELD (W-2), VERSHP, TO CITY ED, OR RIBUTION 7 4 7 . 3 4 5 5 6 RIBUTION 7 4 7 . | COLUMN G |
| f you have more than Part B T, COLUMN A CITY COLUMBUS COL | CODE CODE 01 FOR ES (COLUM (see inst COLUM (see inst T DUE (A CLAIME Dunt from you wan CLAIME Dunt from you wan | ALCULA COLUM INCOME FROM SALARIES, COM ETC. (from Net Wage 29 TIMATED TAX N G LESS LINI | TION IN B AWAGES, MISSIONS, is in Part A) , 873. PAYMENT E 2). If Line ITEREST \$ IND 4). NO EXCEEDS ant CREDIT ther persol s Name: clares that this hat the figure, eleased to the d credit on th | Complete F COLUN INCOME FR PROFITS, REI OTHER TAXABI (from Pa (from Pa (fro | The second secon | for 2022 if COLUI TOTAL TAXABLE 29 , FROM PRIC , enter amoun JE IF AMOU estimate n \$10.00) — vith the City fulles) is a true, or federal incor sidence and the | NET INCOME 873. 0R YEAR at (in brack INT IS \$1 - 6A - 6A | tax du TAX RATE 2.5% RETURI ets) here 0.00 or I bus? (s complete ses and c nbus residi ich they h | e is more th COLUN TAX DI TAX DI N ONLY ess ee instructio return for the ta understands tha ents also declar that shale of the tall return for the tall return for the tall that shale of tall the tall that shale of tall the tall that shale of tall the tall the tall the tall the tall the tall the tall that shale of tall the ta | an \$20 IN E JE 747. 6 6 6 6 8 6 8 6 8 9 6 9 9 9 9 9 9 9 9 9 | DO. | Complet to: Colu Complet | (+) (=) N F ELD (W-2), NERSHP, TO CITY ED, OR RIBUTION 747. 3 3 4 5 | COLUMN G |

Preparer's Signature

Paid

Use Only

(678)965-9522

30-1017196

PTIN

Phone #

Date 02/19/2022

Mail to: Columbus Income Tax Division

PO Box 182158 Columbus, Ohio 43218-2158

| E1040 | | artment of the Treasury-Internal Revenue Servi S. Individual Income Tax | | ⁽⁹⁹⁾ 202 | 21 | OMB No. 154 | 5-0074 | IRS Us | e Only | —Do not v | vrite or staple | in this space. |
|--|--------------|--|-----------|---|-----------|------------------|---------|---------------|---------|---------------------------------|-----------------|--|
| Filing Status Check only one box. | lf yo | Single Married filing jointly unchecked the MFS box, enter the n son is a child but not your dependent | ame of y | ed filing separatel your spouse. If yo | | — | | | , | | , 0 | low(er) (QW) he qualifying |
| Your first name | e and m | iddle initial | Last na | me | | | | | | Your so | ocial securi | ty number |
| SATHEES | Н | | BOMM | IAVARAM | | | | | | 304- | 71-836 | 4 |
| If joint return, s | spouse's | s first name and middle initial | Last na | me | | | | | | Spouse | 's social se | curity number |
| 6065 FA | LLSB | | | | | | | Apt. no. | | Check | here if you | on Campaign , or your ntly, want \$3 |
| | | ce. If you have a foreign address, also co | mplete s | paces below. | Sta | | ZIP co | | | | | Checking a |
| Westerv | | | | | 01 | | 430 | | | | low will not | • |
| Foreign countr | y name | | F | Foreign province/sta | ate/coun | ty | Foreig | ın postal | code | your ta | x or refund | |
| At any time du | uring 20 | 021, did you receive, sell, exchange, | or othe | rwise dispose of | any fina | ancial interest | in any | virtual o | curren | ncy? | Yes | X No |
| Standard Deduction | | eone can claim: | • | — · | | a dependent า | | | | | | |
| Age/Blindnes | s You: | Were born before January 2, 1 | 957 🗌 | Are blind | Spouse | 🕂 🗌 Was bo | rn befo | ore Janı | lary 2 | 2, 1957 | 🗌 ls b | lind |
| Dependent | s (see | instructions): | | (2) Social secu | urity | (3) Relations | hip | (4) | 🖊 if qu | ualifies fo | or (see instru | uctions): |
| If more | (1) F | irst name Last name | number | | | to you | | Child tax cre | | edit Credit for other dependent | | |
| than four | | | | | | | | | | | | |
| dependents, see instruction | s — | | | | | | | | | | | |
| and check | | | | | | | | | | | | |
| here 🕨 📃 | | | | | | | | | | | | |
| | 1 | Wages, salaries, tips, etc. Attach F | orm(s) ۱- | N-2 | | | | | | . 1 | | 97,622. |
| Attach Sch. B if | 2a | Tax-exempt interest | 2a | | b⊺ | Taxable interest | | | | . 2t | > | |
| required. | <u>3a</u> | Qualified dividends | 3a | 37. | bC | Ordinary divide | ends . | | | . 3t |) | 56. |
| |) 4a | IRA distributions | 4a | | b⊺ | axable amour | nt | | | . 4t |) | |
| | 5a | Pensions and annuities | 5a | | bΤ | axable amour | nt | | | . 5t | > | |
| Standard | 6a | ···· · · · · · · · · · | 6a | | | axable amour | nt | | • _ | . 6t | > | |
| • Single or | 7 | Capital gain or (loss). Attach Schee | dule D if | required. If not re | equired | l, check here | | | | _ 7 | | 2,702. |
| Married filing | 8 | Other income from Schedule 1, lin | | | | | | | | . 8 | | 11,555. |
| separately, \$12,550 | 9 | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, a | and 8. T | his is your total i | ncome | | | | . | ▶ 9 | | 88,825. |
| Married filing jointly or | 10 | Adjustments to income from Sche | | dule 1, line 26 | | | | | | . 10 |) | |
| Qualifying | 11 | Subtract line 10 from line 9. This is | - | | | · · · · | · · | | | ► <u>11</u> | 1 | 88,825. |
| widow(er), \$25,100 | 12a | Standard deduction or itemized | | | , | 12 | | 12 | ,550 | | | |
| Head of household, | b | Charitable contributions if you take | the stan | idard deduction (s | see instr | ructions) 12 | 2b | | 300 | 0. | | |
| \$18,800 | c | | | | | | | | | | | 12,850. |
| If you checked any box under | 13 | Qualified business income deduction | | | | | | | | | | |
| Standard | 14 | | | | | | | | | | | 12,850. |
| Deduction, see instructions. | 15 | Taxable income. Subtract line 14 from line 11. If zero or less, enter -0 | | | | | | | | | 5 | 75,975. |

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

Form **1040** (2021)

| Form 1040 (2021 | 1) | | | | | | | | Page 2 |
|--------------------------------------|---|---|-----------------------|---------------------|------------------|------------------|-------------|----------|---------------------------|
| | 16 | Tax (see instructions). Check | if any from Form | (s): 1 🗌 881 | 4 2 4972 | 3 🗌 | | 16 | 12,458. |
| | 17 | Amount from Schedule 2, lin | e3 | | | | | 17 | |
| | 18 | Add lines 16 and 17 | | | | | | 18 | 12,458. |
| | 19 | Nonrefundable child tax cred | dit or credit for c | other depender | nts from Schedul | e8812 | | 19 | |
| | 20 | Amount from Schedule 3, lin | e8 | | | | | 20 | |
| | 21 | Add lines 19 and 20 | | | | | | 21 | |
| | 22 | Subtract line 21 from line 18 | . If zero or less, | enter -0 | | | | 22 | 12,458. |
| | 23 | Other taxes, including self-e | mployment tax, | from Schedule | e 2, line 21 . | | | 23 | 0. |
| | 24 | Add lines 22 and 23. This is | your total tax | | | | . 🕨 | 24 | 12,458. |
| | 25 | Federal income tax withheld | from: | | | 1 1 | | | |
| | а | Form(s) W-2 | | | | 25a 12 | ,488. | | |
| | b | Form(s) 1099 | | | | 25b | | | |
| | С | Other forms (see instructions | , | | | 25c | | | |
| | d | Add lines 25a through 25c | | | | | | 25d | 12,488. |
| If you have a | 26 | 2021 estimated tax payment | | | | | | 26 | |
| qualifying child, attach Sch. EIC. [| 27a | Earned income credit (EIC) | | | | 27a | | | |
| | | Check here if you were b | | | | | | | |
| | | January 2, 2004, and you taxpayers who are at least a | , | | | | | | |
| | b | Nontaxable combat pay elec | - | 1 1 | | | | | |
| | c | Prior year (2019) earned inco | | | | - | | | |
| | 28 | Refundable child tax credit or | | L | Schedule 8812 | 28 | | | |
| | 20 American opportunity credit from Form 8863, line 8 | | | | | | | | |
| | | | | | | | | | |
| | 31 | Amount from Schedule 3, lin | | | | 31 | | | |
| | 32 | Add lines 27a and 28 throug | | | | | lits 🕨 | 32 | |
| | 33 | Add lines 25d, 26, and 32. These are your total payments | | | | | | | 12,488. |
| Defined | 34 | | | | | | | 33 34 | 30. |
| Refund | 35a | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid Amount of line 34 you want refunded to you. If Form 8888 is attached, check here | | | | | | | 30. |
| Direct deposit? | ►b | Routing number 1 2 1 | Savings | | | | | | |
| See instructions. | ►d | Routing number 1 2 1 0 0 3 5 8 ▶ c Type: X Checking Saving Account number 3 2 5 0 6 4 8 3 0 6 6 1 Image: Saving | | | | | | | |
| | 36 | Amount of line 34 you want a | applied to your | 2022 estimate | ed tax 🕨 | 36 | | | |
| Amount | 37 | Amount you owe. Subtract | line 33 from line | 24. For detail | s on how to pay, | see instructions | . 🕨 | 37 | |
| You Owe | 38 | Estimated tax penalty (see in | | | | 38 | | | |
| Third Party | Do | you want to allow another | person to disc | cuss this retu | rn with the IRS? | ? See | | | |
| Designee | | instructions | | | | | omplete b | below. | 🗙 No |
| | | signee's | | Phone | | | onal identi | | |
| | | me 🕨 | | no. 🕨 | | | oer (PIN) | | |
| Sign | | Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of whether the statements are true, correctly and complete. | | | | | | | |
| Here | | Your signature Date Your occupation | | | | | | | it you an Identity |
| | | | | | | | | | N, enter it here |
| Joint return? | | | | | SOFTWARE | ENGINEER | EER (see ii | | |
| See instructions. Keep a copy for | Sp | ouse's signature. If a joint return, k | ooth must sign. | Date | Spouse's occupa | tion | | | it your spouse an |
| your records. | , | | | | | | | inst.) 🕨 | ection PIN, enter it here |
| | Ph | one no. (814)384-552 | 5 | Email address | | 0469@GMAIL.CO | | . ,. | |
| | | eparer's name | Preparer's signat | | ONTREESRAN | Date | PTIN | | Check if: |
| Paid | | PRIYA RAM SAGAR GUPTA TALLAM | | | | | P0208 | 2703 | Self-employed |
| Preparer | | n's name ► GLOBAL TAX | | IGEN DROAK | COLINI INDUN | . 02/10/2022 | | | 678)965-9522 |
| Use Only | | m's address ► 2530 Pebbl | | n Cummin | a GA 30041 | | | 's EIN ► | |
| Go to www.irc.co | | 1040 for instructions and the late | | | - | | 1 | | Form 1040 (2021) |
| GO 10 W WW.115.90 | | TO TO TO THE RECEIPTE AND THE RECE | st mormation. | | BAA | REV 02/16/22 PRO | | | 10m 10 m (2021) |

| SCHEDULE | 1 |
|-------------|---|
| (Form 1040) | |

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

| Your soc | ial security number |
|----------|---------------------|
| | 0001 |

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/F Name(s) shown on Form 1040, 1040-SR, or 1040-NR

| SATH | EESH BOMMAVARAM | | 304-7 | 1-83 | 64 |
|------------|--|------|--------|------|----------|
| Par | t I Additional Income | | | | |
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | | | 1 | |
| 2 a | Alimony received | | | 2a | |
| b | Date of original divorce or separation agreement (see instructions) | | | | |
| 3 | Business income or (loss). Attach Schedule C | | | 3 | |
| 4 | Other gains or (losses). Attach Form 4797 | | | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, tru Schedule E | | | 5 | -11,600. |
| 6 | Farm income or (loss). Attach Schedule F | | | 6 | |
| 7 | Unemployment compensation | | | 7 | |
| 8 | Other income: | | | | |
| а | Net operating loss | 8a (|) | | |
| b | Gambling income | 8b | | | |
| С | Cancellation of debt | 8c | | | |
| d | Foreign earned income exclusion from Form 2555 | 8d (|) | | |
| е | Taxable Health Savings Account distribution | 8e | | | |
| f | Alaska Permanent Fund dividends | 8f | | | |
| g | Jury duty pay | 8g | | | |
| h | Prizes and awards | 8h | | | |
| i | Activity not engaged in for profit income | 8i | | | |
| j | Stock options | 8j | | | |
| k | Income from the rental of personal property if you engaged in | | | | |
| | the rental for profit but were not in the business of renting such property | 8k | | | |
| Ι | 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 | 0_ | | | |
| - | | 8z | 45. | | |
| 9 | Total other income. Add lines 8a through 8z | | | 9 | 45. |
| 10 | Combine lines 1 through 7 and 9. Enter here and on Form 10 1040-NR, line 8 | - | un, Or | 10 | -11,555. |
| | | | | | · · · |

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

| Par | t II Adjustments to Income | | |
|-----|---|-----|--|
| 11 | Educator expenses | 11 | |
| 12 | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 | 12 | |
| 13 | Health savings account deduction. Attach Form 8889 | 13 | |
| 14 | Moving expenses for members of the Armed Forces. Attach Form 3903 | 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) | | |
| 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 Paralympicmedals and USOC prize money reported on line 81 24c | | |
| d | Reforestation amortization and expenses | | |
| е | Repayment of supplemental unemployment benefits under the Trade Act of 1974 | | |
| f | Contributions to section 501(c)(18)(D) pension plans 24f | | |
| g | Contributions by certain chaplains to section 403(b) plans 24g | | |
| h | Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) | | |
| 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 violations24i | | |
| j | Housing deduction from Form 2555 . . . 24j | | |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) 24k | | |
| z | Other adjustments. List type and amount ► 24z | | |
| 25 | Total other adjustments. Add lines 24a through 24z | 25 | |
| 26 | Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a | 26 | |

BAA

REV 02/16/22 PRO

| SCHEDU | LE E |
|-----------|------|
| (Form 104 | 10) |

Supplemental Income and Loss

OMB No. 1545-0074

Your social security number

2

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

Attach to Form 1040, 1040-SR, 1040-NR, or 1041. ► Go to www.irs.gov/ScheduleE for instructions and the latest information.

20 Attachment Sequence No. 13

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

| | EESH BOMMAVARAM | | | | | | |)4-71-8 | | |
|--------|--|-----------|---------------------|---------|-----------|---------------|------|-----------|-----|----------|
| Part | | - | | - | | | | • | • • | rty, use |
| | Schedule C. See instructions. If you are an individual, re | | | | | | | | | |
| A Dic | d you make any payments in 2021 that would require you | to file F | orm(s) ⁻ | 1099? 5 | See inst | ructions . | | [| Yes | X No |
| B If " | Yes," did you or will you file required Form(s) 1099? . | | | | | | | [| Yes | 🗌 No |
| 1a | Physical address of each property (street, city, state, Z | | | | | | | | | |
| Α | MAITRIVANAM HYDERABAD TELANGANA IN 50 | 0045 | | | | | | | | |
| В | | | | | | | | | | |
| С | | | | | | | | | | |
| 1b | Type of Property 2 For each rental real estate pro | opertv | listed | | Fair | Rental | Per | sonal Use | • | QJV |
| | (from list bolow) above report the number of t | fair rent | tal and | | C | Days | | Days | | QUV |
| Α | 3 check the requirements | to file a | as a | Α | | 365 | | 0 | | |
| В | qualified joint venture. See in | structio | ons. | В | | | | | | |
| С | | | | С | | | | | | |
| | of Property: | | | | | | | | | |
| | gle Family Residence 3 Vacation/Short-Term Rental | 5 La | Ind | | 7 Self- | Rental | | | | |
| | ti-Family Residence 4 Commercial | | ovalties | | | r (describe |) | | | |
| Incom | | | Í | Α | 2.10 | E | , | | C | ; |
| 3 | Rents received | 3 | | | 600. | | | | | |
| 4 | Royalties received | 4 | | | | | | | | |
| Expen | | | | | | | | | | |
| 5 | Advertising | 5 | | | | | | | | |
| 6 | Auto and travel (see instructions) | 6 | | | | | | | | |
| 7 | Cleaning and maintenance | 7 | | 1, | 200. | | | | | |
| 8 | Commissions | 8 | | | | | | | | |
| 9 | Insurance | 9 | | | | | | | | |
| 10 | Legal and other professional fees | 10 | | | | | | | | |
| 11 | Management fees | 11 | | 1, | 000. | | | | | |
| 12 | Mortgage interest paid to banks, etc. (see instructions) | 12 | | | | | | | | |
| 13 | Other interest. | 13 | | | | | | | | |
| 14 | Repairs | 14 | | 3, | 000. | | | | | |
| 15 | Supplies | 15 | | | 500. | | | | | |
| 16 | | 16 | | | | | | | | |
| 17 | Utilities | 17 | | 4, | 500. | | | | | |
| 18 | Depreciation expense or depletion | 18 | | | | | | | | |
| 19 | Other (list) | 19 | | | | | | | | |
| 20 | Total expenses. Add lines 5 through 19 | 20 | | 12, | 200. | | | | | |
| 21 | Subtract line 20 from line 3 (rents) and/or 4 (royalties). | f | | | | | | | | |
| | result is a (loss), see instructions to find out if you must | | | | | | | | | |
| | file Form 6198 | 21 | | -11, | 600. | | | | | |
| 22 | Deductible rental real estate loss after limitation, if any | | | | | | | | | |
| | on Form 8582 (see instructions) | , 22 | (| 11,6 | 500.) | (| |)(| | |
| 23a | Total of all amounts reported on line 3 for all rental prop | erties | | | 23a | | 6 | 00. | | |
| b | Total of all amounts reported on line 4 for all royalty pro | | | | 23b | | | | | |
| с | Total of all amounts reported on line 12 for all properties | s | | | 23c | | | | | |
| d | Total of all amounts reported on line 18 for all properties | | | | 23d | | | | | |
| е | Total of all amounts reported on line 20 for all properties | | | | 23e |] | L2,2 | 00. | | |
| 24 | Income. Add positive amounts shown on line 21. Do n | | ude any | losses | | | | 24 | | |
| 25 | Losses. Add royalty losses from line 21 and rental real esta | | | | Inter tot | al losses her | re. | 25 (| 11 | ,600. |
| 26 | Total rental real estate and royalty income or (loss). | | | | | | | | | |
| | here. If Parts II, III, IV, and line 40 on page 2 do not | | | | | | | | | |
| | Schedule 1 (Form 1040), line 5. Otherwise, include this | | | | | | | 26 | -1 | 1,600. |

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2021