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

- Internal n	levertude det vice					
Submis	ssion Identification Number (SID)					
Taxpayer	r's name	Social sec	urity num	oer		
NIKH	IIL CHANDRA VOODARA	875-7	5-294	6		
Spouse's		Spouse's			ımber	
Part	-	Enter year you	are au	thoriz	zing.)	
	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 4	I	11 -	762
	Adjusted gross income					763.
	Total tax					687.
	Federal income tax withheld from Form(s) W-2 and Form(s) 1099					104.
	Amount you want refunded to you				<u>2,</u>	417.
	Amount you owe		5	/OUR	rotur	<u>n\</u>
Part I	penalties of perjury, I declare that I have examined a copy of the income tax return (original or am					
to send for any of Agent to payment authorize payment business taxes to persona	original or amended) I am now authorizing. I consent to allow my intermediate service provider, to 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 authorized 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 interaction is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to tere, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellations a 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 amendatic Funds Withdrawal Consent.	for rejection of the the U.S. Treasury int indicated in the stitution to debit from the authors are quests must in the processing the payment. It	e transminy and its of tax prepose the entry rization. The received of the electric transfer acceptance of transfer ac	ssion, design paratic to this To rev ved nectron	(b) the nated Fon software (can be continued to be continued t	e reason inancial ware for int. This ancel) a than 2 ment of that the
	yer's PIN: check one box only	Γ				
X	l authorize GLOBAL TAXES LLC to enter or gen	erate my PIN	5 2 !	9 4	6	as my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	-	Enter five don't ente		but	do my
	I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN and your return is filed using the Practitioner PIN below.					
Your si	gnature ▶ Dat	e▶				
Snouse	e's PIN: check one box only	_				
Spouse	I authorize to enter or gen	oroto my DINI				00 1001
Ш	ERO firm name	, _	Enter five	dinite		as my
	signature on the income tax return (original or amended) I am now authorizing.		don't ente	•		
	I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN and your return is filed using the Practitioner PIN below.					
Spouse	e's signature ▶ Dat	a b				
opouse	Practitioner PIN Method Returns Only—continue b					
Part II		.0.011				
			1.1.			
ERO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	5 8 7 2 7	8 6		9 8	9
		Don't e	enter all ze	eros		
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual included to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I amount of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Provide	submitting this r	eturn in a	accord	danće v	
ERO's	signature ▶ Dat	e▶				
	ERO Must Retain This Form — See Instructio					
	Don't Submit This Form to the IRS Unless Requested					

£1040

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

2021

OMB No. 1545-0074

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

Filing Status Check only one box.	If yo	Single Married filing jointly under the new son is a child but not your dependent	ame of	ied filing separately	` ′	_		` ,	_	, ,	` , ` ,		
Your first name	and mi	iddle initial	Last na	ame					Your so	cial securi	ty number		
NIKHIL (CHAN	DRA	V001	DARA					875-	875-75-2946			
If joint return, s	pouse's	s first name and middle initial	Last na	ame					Spouse's social security number				
	•	er and street). If you have a P.O. box, see E MILL TRCE	instruct	tions.				Apt. no.	1	Presidential Election Campaign Check here if you, or your			
City, town, or post office. If you have a foreign address, also compared to the compared to th				spaces below.	Sta			code	spouse to go to	spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change			
Foreign country name				Foreign province/state	coun	ty		eign postal code		x or refund			
At any time du	ıring 20	021, did you receive, sell, exchange,	or oth	erwise dispose of ar	ny fina	ancial interes	t in an	y virtual curre	ncy?	☐ Yes	⊠ No		
Standard Deduction	_	neone can claim:					t						
Age/Blindness	s You:	: Were born before January 2, 1	957	Are blind Sp	ouse	: Was b	orn be	fore January	2, 1957	☐ Is b	lind		
Dependents	s (see	instructions):		(2) Social securit	ty	(3) Relation	ship	(4) ✓ if q	ualifies fo	r (see instru	uctions):		
If more	(1) F	irst name Last name		number		to you	.	Child tax c	redit	Credit for ot	ther dependents		
than four													
dependents, see instruction													
and check	5 —												
here ▶													
	1	Wages, salaries, tips, etc. Attach F	orm(s)	W-2					. 1	1	25,396.		
Attach	2a	Tax-exempt interest	2a		b T	axable intere	est		. 2b)	1.		
Sch. B if	3a	Qualified dividends	3a	360.		Ordinary divid			. 3b)	566.		
required.	4a	IRA distributions	4a			axable amou			. 4b)			
	5a	Pensions and annuities	5a		b T	axable amou	unt .		. 5b)			
Standard	6a	Social security benefits	6a		b T	axable amou	unt .		. 6b)			
Deduction for—	7	Capital gain or (loss). Attach Scheo	dule D	if required. If not rec	uired	, check here		▶[7		-3,000.		
Single or Married filing	8	Other income from Schedule 1, lin	e 10						. 8		-7,200.		
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your total inc	ome				▶ 9	1	15,763.		
Married filing	10	Adjustments to income from Sche	dule 1,	line 26					. 10)			
jointly or Qualifying	11	Subtract line 10 from line 9. This is	your a	adjusted gross inco	me				▶ 11	1	15,763.		
widow(er),	12a	Standard deduction or itemized				1	2a	12,55	0.		<u> </u>		
\$25,100 • Head of	b	Charitable contributions if you take		,	,	ructions) 1	2b	30					
household, \$18,800	С								. 120	С	12,850.		
If you checked	13	Qualified business income deducti			n 899	95-A			. 13		1.		
any box under Standard	14	Add lines 12c and 13							. 14		12,851.		
Deduction,	15	Taxable income. Subtract line 14	from li	ne 11. If zero or less	, ente	er -0			. 15	5 1	02,912.		

	16	Tax (see instructions). Check						16	18,687.		
	17	Amount from Schedule 2, line	e3					17			
	18	Add lines 16 and 17						18	18,687.		
	19	Nonrefundable child tax cred	dit or credit for o	ther depender	nts from Schedule	8812		19			
	20	Amount from Schedule 3, line	e8					20			
	21	Add lines 19 and 20						21			
	22	Subtract line 21 from line 18.	. If zero or less,	enter -0				22	18,687.		
	23	Other taxes, including self-er	mployment tax,	from Schedule	2, line 21			23	0.		
	24	Add lines 22 and 23. This is y	your total tax				▶	24	18,687.		
	25	Federal income tax withheld	from:								
	а	Form(s) W-2				25a 2	1,104.				
	b	Form(s) 1099				25b					
	С	Other forms (see instructions	s)			25c					
	d	Add lines 25a through 25c						25d	21,104.		
If you have a	26	2021 estimated tax payment	s and amount a	pplied from 20				26			
qualifying child,	27a	Earned income credit (EIC)			No	27a					
attach Sch. EIC.		Check here if you were by January 2, 2004, and you taxpayers who are at least ag	ı satisfy all the ge 18, to claim t	e other requirence of the other requirements	rements for						
	b	Nontaxable combat pay elec									
	С	Prior year (2019) earned inco									
	28		Refundable child tax credit or additional child tax credit from Schedule 8812 28								
	29	American opportunity credit				29					
	30	Recovery rebate credit. See				30					
	31	Amount from Schedule 3, line				31					
	32	Add lines 27a and 28 through	h 31. These are	your total oth	er payments and	l refundable cre	edits >	32			
	33	Add lines 25d, 26, and 32. The	hese are your to	tal payments			<u>.</u> . ▶	33	21,104.		
Refund	34	If line 33 is more than line 24				•		34	2,417.		
	35a	Amount of line 34 you want r				ck here Checking	. ▶ 🗌	35a	2,417.		
Direct deposit? See instructions.	►b	Routing number 0 4 4									
See ilistructions.	►d	Account number 7 9 3									
	36	Amount of line 34 you want a				36					
Amount	37	Amount you owe. Subtract				see instructions	. ▶	37			
You Owe	38	Estimated tax penalty (see in	structions) .		<u> ▶</u>	38					
Third Party Designee	ins	you want to allow another tructions	•			Yes.	Complete b		⊠ No		
		signee's ne ▶		Phone no. ▶			rsonal identi nber (PIN) 🕨				
C:		der penalties of perjury, I declare the	hat I have examine		Laccompanying sch				et of my knowledge and		
Sign		ef, they are true, correct, and comp									
Here	You	ur signature		Date	Your occupation				nt you an Identity IN, enter it here		
Joint return?					SOFTWARE E	ENGINEER	(see	inst.) 🕨			
See instructions. Keep a copy for your records.	Spouse's signature. If a joint return, both must sign.		ooth must sign.	Date Spouse's occupation If			Iden		nt your spouse an ection PIN, enter it here		
	Pho	one no. (201)912-9383	3	Email address	NIKHIL.VOOD	ARA@GMAIL.C	COM				
Doid	Pre	parer's name	Preparer's signat	ure		Date	PTIN		Check if:		
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	03/09/2022	P0208	2703	Self-employed		
Preparer	Firr	m's name ► GLOBAL TAX	KES_LLC				Phor	ne no. (678)965-9522		
Use Only	Firr	n's address ▶ 2530 Pebb]	le Creek L	n Cumming	g GA 30041		Firm	's EIN ▶	30-1017196		
Go to www.irs.go	ov/Form	1040 for instructions and the lates	st information.		BAA	REV 02/17/22 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 ► Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Form1040 for instructions and the latest information.

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

875-75-2946

Par	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	-7,200.
6	Farm income or (loss). Attach Schedule F \ldots		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	_	
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		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 10 1040-NR, line 8	·	10	-7,200.

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		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	>		ı
С	Date of original divorce or separation agreement (see instructions)	-		ı
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			ı
а	Jury duty pay (see instructions)	24a		ı
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	24b		ı
С	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l	24c		ı
d	Reforestation amortization and expenses	24d		ı
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		ı
f	Contributions to section 501(c)(18)(D) pension plans	24f		ı
g	Contributions by certain chaplains to section 403(b) plans	24g		ı
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		ı
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		ſ
j	Housing deduction from Form 2555	24j		ı
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		ſ
Z	Other adjustments. List type and amount ▶	24z		1
25	Total other adjustments. Add lines 24a through 24z		25	1
26	Add lines 11 through 23 and 25. These are your adjustments to			
	here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line	e 10a	26	1

SCHEDULE D (Form 1040)

Department of the Treasury

Capital Gains and Losses

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

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

OMB No. 1545-0074

2021

Attachment Sequence No. 12

Interna	Revenue Service (99)	insactions for lines	1b, 2, 3, 8b, 9, and	10.		1	Sequence No. 12
	(s) shown on return KHIL CHANDRA VOODARA						ecurity number 2946
	ou dispose of any investment(s) in a qualified opportunity es," attach Form 8949 and see its instructions for additiona				No loss.		
Pa	Short-Term Capital Gains and Losses—Ge	nerally Assets I	Held One Year	or Le	ss (se	e ins	tructions)
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)	to ga	(g) djustmen in or loss (s) 8949, 2, colum	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.						
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	47,649.	69,777.		2 6	553.	-18,475.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked	47,049.	09,111.		3,0	,,,,	-10,473.
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 (lo	oss) from Forms 4	684, 6781, and 88	324		4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1	S corporations,			from 	5	
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions	-	-		over	6	
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise					7	-18,475.
Par	t II Long-Term Capital Gains and Losses – Ger	nerally Assets F	leld More Than	One	Year	(see	instructions)
lines	instructions for how to figure the amounts to enter on the below.	(d) Proceeds	(e) Cost	to ga	(g) djustmen in or loss	from	(h) Gain or (loss) Subtract column (e) from column (d) and
whol	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)		s) 8949, 2, colum		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	1,889.	1,821.				68.
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						
	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824					11	
12	Net long-term gain or (loss) from partnerships, S corporat	ions, estates, and	trusts from Scheo	dule(s)	K-1	12	
13	Capital gain distributions. See the instructions					13	2.
14	Long-term capital loss carryover. Enter the amount, if any	, from line 13 of v	our Capital Loss	Carry	over		

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

BAA

70.

14

15

Schedule D (Form 1040) 2021 Page 2

Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 -18,405. • 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 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. 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.) • (\$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

Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form8949 for instructions and the latest information. ▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Sequence No. 12A

Name(s) shown on return

Social security number or taxpayer identification number

NIKHIL CHANDRA VOODARA 875-75-2946

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).

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

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.

(C) Short-term transactions	not reported	to you on F	orm 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	If you enter an enter a c	f any, to gain or loss. amount in column (g), ode in column (f). parate instructions.	(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)			
Robinhood Securities LLC	01/01/21	04/16/21	47,649.	69,777.	W	3,653.	-18,475.			
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	I here and inc is checked), lir	lude on your ne 2 (if Box B	47.649.	69.777.		3.653.	-18,475.			

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.

Form 8949 (2021) Attachment Sequence No. **12A** Page **2**

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side NIKHIL CHANDRA VOODARA

Social security number or taxpayer identification number 875 - 75 - 2946

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☐ (E) Long-term transactions☐ (F) Long-term transactions	reported on l	Form(s) 1099	-B showing bas	•		•	?)
1 (a) Description of property	(b) Date acquired	(b) Cost or other basis. (c) (d) Cost or other basis. Date sold or Proceeds See the Note below Adjustment, if any, to gain or lost if you enter an amount in column (see the acquired see the separate instructions.) Adjustment, if any, to gain or lost if you enter an amount in column (see the year and in column (see the separate instructions).		amount in column (g), ode in column (f).	(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)
Robinhood Securities LLC	01/15/20	03/03/21	1,889.	1,821.			68.
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D. line 8b (if Box D above	al here and inc	lude on your					

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.

above is checked), or line 10 (if Box F above is checked) ▶

1,889.

1,821.

SCHEDULE E (Form 1040)

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.

Department of the Treasury Internal Revenue Service (99)

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

Attachment Sequence No. **13**

OMB No. 1545-0074

ivairie(s)	Shown on return							Tour Socia	ii security	, number
NIKH	IL CHANDRA VOODA							875-7		
Part	Income or Loss I	From Rental Real Estate and Roy	yalties	Note:	If you a	are in th	e business of r	enting per	sonal pr	operty, use
	Schedule C. See in:	structions. If you are an individual, repo	ort farm	rental ir	ncome o	r loss fi	om Form 483	on page	2, line 40	Э.
		s in 2021 that would require you to								'es 🔀 No
B If "	Yes," did you or will you	ı file required Form(s) 1099?							. 🗌 Y	'es 🗌 No
1a	Physical address of ea	sch property (street, city, state, ZIP	code)							
Α	KUKATPALLY HYDE	RABAD TELANGANA IN 5000	145							
В										
С										
1b	Type of Property (from list below)	For each rental real estate propabove, report the number of fai personal use days. Check the of if you meet the requirements to qualified joint venture. See instructions.	erty lis	ted l and			Rental I Days	Personal Days		QJV
Α	2	if you meet the requirements to	file as	a	Α		365		0	
В		qualified joint venture. See inst	ruction	s.	В					
С					С					
Туре	of Property:						·			
1 Sing	le Family Residence	3 Vacation/Short-Term Rental	5 Lan	d	7	⁷ Self-	Rental			
2 Mult	ti-Family Residence		6 Roy	alties	8	3 Othe	r (describe)			
Incom	e:	Properties:			Α		В			С
3			3		(500.				
4	Royalties received		4							
Expen										
5			5							
6	-	structions)	6							
7	9	nce	7			300.				
8			8		ĺ	500.				
9			9							
10	=	sional fees	10							
11	_		11		- (500.				
12		to banks, etc. (see instructions)	12							
13			13							
14			14			500.				
15			15		1,9	900.				
16			16			- 0 0				
17			17		2,	500.				
18	Other (list)	or depletion	18							
19	` ′	oo E through 10	19		7 (200				
20	· ·	nes 5 through 19	20		/ , 8	300.				
21		ne 3 (rents) and/or 4 (royalties). If								
	file Form 6198	structions to find out if you must	21		-7,2	200				
22		estate loss after limitation, if any,			,,,					
~~	on Form 8582 (see inst		22 (7,2	ار ۱۵	(١	(١
23a		ported on line 3 for all rental proper			. , 4	23a	\	600.		
b	·	ported on line 4 for all royalty proper				23b				
C		ported on line 12 for all properties				23c				
d	·	ported on line 18 for all properties				23d				
e	-	ported on line 20 for all properties				23e	7	,800.		
24	-	amounts shown on line 21. Do not	t includ	de anv l	osses			. 24		
25	•	ses from line 21 and rental real estate		-		nter tota	al losses here		(7,200.)
26		e and royalty income or (loss).							-	,
		, and line 40 on page 2 do not a								
), line 5. Otherwise, include this an						. 26		-7,200.

Form **8995**

Qualified Business Income Deduction Simplified Computation

► Attach to your tax return.

▶ Go to www.irs.gov/Form8995 for instructions and the latest information.

OMB No. 1545-2294

2021

Attachment Sequence No. **55**

Name(s) shown on return

Department of the Treasury

Internal Revenue Service

NIKHIL CHANDRA VOODARA

Your taxpayer identification number 875 - 75 - 2946

Note. You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$164,900 (\$164,925 if married filing separately; \$329,800 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number		Qualified business income or (loss)
i				
ii				
iii				
iv				
v				
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2		
3	Qualified business net (loss) carryforward from the prior year	3 (
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4		
5	Qualified business income component. Multiply line 4 by 20% (0.20) $$. $$. $$. $$.		5	
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss)			
	(see instructions)	6 5.		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7 (
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero			
	or less, enter -0	8 5.		
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		9	1.
10	Qualified business income deduction before the income limitation. Add lines 5 ar	1	10	1.
11	Taxable income before qualified business income deduction (see instructions)	11 102,913.	-	
12	Net capital gain (see instructions)	12 360.	-	
13	Subtract line 12 from line 11. If zero or less, enter -0			
14	Income limitation. Multiply line 13 by 20% (0.20)		14	20,511.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also		45	1
16	the applicable line of your return (see instructions)		15 16	1.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater that		10	(0.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 azero, enter -0		17	(0.
D -	rear Ast and Denominals Reduction Ast Nation are instructions			Form 8005 (2021)

Passive Activity Loss Limitations

► See separate instructions.

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

OMB No. 1545-1008

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

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

		OND NO. 1343-1000				
		2021				
		Attachment Sequence No. 858				
Identifying number						
	l					

NIKE	IIL CHANDRA VOODARA				875	-75	-2946
Pai	t I 2021 Passive Activity Los	S					
	Caution: Complete Parts IV ar	nd V before compl	eting Part I.				
	Il Real Estate Activities With Active Pance for Rental Real Estate Activities			ive participation, s	ee Special		
1a	Activities with net income (enter the a	mount from Part I	V. column (a)) .	1a	0.		
b	Activities with net loss (enter the amo				7,200.)		
С	Prior years' unallowed losses (enter the)		
d	Combine lines 1a, 1b, and 1c					1d	-7,200.
All Ot	her Passive Activities						
2a	Activities with net income (enter the a	mount from Part V	. column (a)) .	2a			
b	Activities with net loss (enter the amo)		
С	Prior years' unallowed losses (enter the)		
d	Combine lines 2a, 2b, and 2c					2d	
3	Combine lines 1d and 2d. If this line						
0	all losses are allowed, including any						
	losses on the forms and schedules no					3	-7,200.
		•			'		
	If line 3 is a loss and: • Line 1d is a		\		" 40		
	• Line 2d is a	loss (and line 1d is	zero or more), sk	ip Part II and go to	line 10.		
Cauti	on: If your filing status is married filing	separately and yo	ou lived with your	spouse at any tim	ne 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 Particip	ation		
	Note: Enter all numbers in Par	t II as positive amo	ounts. See instruc	tions for an examp	ole.		
4	Enter the smaller of the loss on line 1	d or the loss on lir	те 3			4	7,200.
5	Enter \$150,000. If married filing separ	rately, see instructi	ons	5 1	50,000.		
6	Enter modified adjusted gross income	e, but not less thar	n zero. See instruc	tions 6 1	22,963.		
	Note: If line 6 is greater than or equal	l to line 5, skip line	s 7 and 8 and ent	er -0-			
	on line 9. Otherwise, go to line 7.						
7	Subtract line 6 from line 5			7	27,037.		
8	Multiply line 7 by 50% (0.50). Do not e	nter more than \$25	,000. If married filin	ng separately, see	instructions	8	13,519.
9	Enter the smaller of line 4 or line 8					9	7,200.
Par							
10	Add the income, if any, on lines 1a an	nd 2a and enter the	total			10	0.
11	Total losses allowed from all passiv	e activities for 20	21. Add lines 9 an	nd 10. See instruct	ions to find		
	out how to report the losses on your t	ax return				11	7,200.
Par	IV Complete This Part Before	e Part I, Lines 1	a, 1b, and 1c. S	ee instructions.			
		Currer	nt year	Prior years	Ove	rall da	ain or loss
	Name of activity		-	1 Hor youro		g	
	rame or assum,	(a) Net income	(b) Net loss	(c) Unallowed	(d) Gain	1	(e) Loss
		(line 1a)	(line 1b)	loss (line 1c)	(,		
KUK	ATPALLY	0.	7,200.				7,200.

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

0.

7,200.

Form 8582 (2021) Page **2**

Part V Complete This Part Before	re Part I, Lines 2	2a, 2b,	and 2c. S	ee instruc	tions.			
	Curre	nt year		Prior ye	ears	Overa	all ga	ain or loss
Name of activity	(a) Net income (line 2a)	(b) (li	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			Line 9. S	ee instruc	tions.			
Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio		(c) Special allowance		(d) Subtract column (c) from column (a).
KUKATPALLY	E Ln 22		7,200.	1.00000000		7,200.		0.
Total	osses See inst	ruction	7,200.	1.00)	7,20	0.0	0.
7 modulon of challetted	Form or sch	nedule						
Name of activity	and line nu to be report (see instruc	ed on	(a) L	_oss (ss (b) Ratio		Unallowed loss
Fotal		. ▶				1.00		
Allowed Edded! Coo mou	Form or sch	nedule						
Name of activity	and line nu to be report (see instruc	ed on	(a) L	_OSS	(b) Ui	nallowed loss	(c) Allowed loss
Total		. ▶						

Form 760PY

2021 Virginia Part-Year Resident Income Tax Return



Due May 1, 2022 Page 1

	ructions before comp a complete copy of you				nd all other	requ	uired Vi	rginia en	closu	res.					of VA Ro		e
YOUR First	Name	MI	Your Last Name		Check if deceased		Suffix	A Your So	cial Sec	urity Nun	nber	0		ou - From	02112	You -	
NIKHIL	CHANDRA		VOODARA					875-7	5-29	46		ľ		02 2			2021
SPOUSE'S	First Name (filing status 2 or 4)	MI	Spouse's Last Na	ame	Check if deceased		Suffix	B Spouse	's Socia	Security	Number		Spo	use - Fro	om	Spouse	- To
Present Hom	ne Address (Number and Street, or	Rural	Route)								VA I	Oriver's	Lice	nse Info	rmation		
11100	SWANEE MILL TRC	E												omer ID	_		
City, Town or									You			A6'	/19	9906)		
GLEN A	LLEN								Spot	use		Issue	Date	(mm-dd	-vvvv)		
State			ZIP Code				Locality	Code	You					-202			
VA			23059				087		Spot	ıse							
Chec	Amended Re Reason				Qualifyin	g Far	mer, Fish	erman or N	/lerchar	nt Seam	an				l Security as taxab		
Applica					Earned Inco	me C	Credit Clai	med on fed	deral re	turn				Return	ao taxas	//O II 10011	10 011
Boxe	I I Dependent of				\$,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	00				\$				00	
	are uninsured and authoriz epartment of Medical Assi		•									,					,
	g Status Enter Filing Stat				, , ,										ons bei		
	1 = Single (Column A) -	Fede	ral head of ho	useh	nold? YES]					5	You/ Spouse	De	ependen	ts 65 or	Over	Blind
1	2 = Married, Filing Joint							F44b	A - Y		u- \/	·					
l	3 = Married, Filing Sepa4 = Married, Filing Sepa					mne	A and B)	and Sp	ouse if F	rs for bot iling Sta	tus 2	1		0			
If Filin	ig Status 3, enter spouse's S	-			•		A aliu b		B - Sp								
box at	t top of form and, enter Spou		•				_	Fil	ing Statu	us 4 Only	'						
DATE	OF BIRTH Your Birth Date (n	ım-do	d-vvvv)		7 - 2	1 -	1 9	9 4	_		ouse					ou	
	Spouse's Birth Da				-	-	•		В		Status 4 ONLY	4		A	Include 5	Spouse Status 2	
Com	olete the Schedule of I	ncor	ne first and	subi	mit it with v	our	Form 7	60PY.									
1 F	FEDERAL ADJUSTED G Line 7, Column 1	ROS	S INCOME f	rom	Schedule of	Inco	me, Par	t 1,					00		1	.1576	3 00
2 A	Additions from Schedule 7	60PY	'ADJ, Line 3					. 2					00				00
3 A	Add Lines 1 and 2							. 3					00		1	1576	3 00
٧	Qualifying Age Deduction. Worksheet in instructions. 3 when using Filing Statu	Ente	r Spouse's Ag	e De	eduction on	Line	4b, Colu	ımn 📗									00
	ine 4a, Column A and Spo												00				00
r	Social Security Act and or reported as taxable incompresidence in Virginia	e on	federal return	and	attributable	to yo	ur perio	d of					00				00
6 S	State income tax refund of ederal return and received	or ov I whil	rerpayment cre le a Virginia re	edit side	reported as nt. Claim in t	inco he sa	me on y ame colu	our imn					00				00
7 I	ou reported adjusted gros ncome attributable to your	perio	od of residence	out	side Virginia	from	Schedul	e of					00			E202	
	ncome, Part 1, Line 9, Col							·								5293	
	Subtractions from Schedul Add Lines 4a, 4b, 5, 6, 7,							ŀ					00			E202	00 E 00
	/irginia Adjusted Gross							F					00			5293 6282	
	temized Deductions from							l l				\top				<u> </u>	
5	See Instructions f you do not claim itemize							tion					00				00
	rom Standard Deductions	Work											00			244	4 00
ла. Dept. от та 2601039 Rev			ITD	1	φ										xxxx	·v	



2021 Form 760PY Page 2

Your Name
NIKHIL CHANDRA VOODARA

875-75-2946



	B Spous Filing Status 4		Α	Filing St		
13	Prorated exemption amount from Schedule of Income, Part 2, Line 11. See instructions	00		5	343	00
14	Deductions from Schedule 760PY ADJ, Line 9	00				00
15	Add Lines 11, 12, 13 and 14	00		29	87	00
16	Virginia Taxable Income. Subtract Line 15 from Line 10	00		598	841	00
17	Tax amount from Tax Table or Tax Rate Schedule	00		31	.83	00
18	Total Tax. Add Line 17, Column A and Line 17, Column B.	18		31	.83	00
19a	Your Virginia income tax withheld. Enclose copies of Forms W-2, W-2G, 1099 and VK-1	19a		33	354	00
19b	Spouse's Virginia income tax withheld. Enclose copies of Forms W-2, W-2G, 1099 and VK-1	19b				00
20	Combined 2021 Estimated Tax Payments	20				00
21	2020 overpayment credited to 2021 estimated taxes	21				00
22	Extension Payment - Enter amount paid on Form 760IP	22				00
23	Tax Credit for Low-Income Individuals or Virginia Earned Income Credit from Schedule 760PY ADJ, Line 17.	23				00
24	Total credit for taxes paid to another state from Schedule OSC	24				00
25	Credits from Schedule CR, Section 5, Line 1A.	25				00
26	Total payments and credits. Add Lines 19a through 25.	26		33	54	00
27	If Line 18 is larger than Line 26, enter the difference. This is the INCOME TAX YOU OWE.	27				00
28	If Line 26 is larger than Line 18, enter the difference. This is the OVERPAYMENT AMOUNT.	28		1	.71	00
29	Amount of overpayment on Line 28 to be CREDITED TO 2022 ESTIMATED INCOME TAX	29				00
30	Virginia529 and ABLE Contributions from Schedule VAC, Section I, Line 6	30				00
31	Other Voluntary Contributions from Schedule VAC, Section II, Line 14	31				00
32	Addition to Tax, Penalty and Interest from enclosed Schedule 760PY ADJ, Line 21	32				00
33	Sales and Use Tax is due on Internet, mail order, and out-of-state purchases (Consumer's Use Tax). See instructionsCheck here if no sales and use tax is due	33				00
34	Add Lines 29 through 33.					00
35	If you owe tax on Line 27, add Lines 27 and 34 - OR - If Line 28 is an overpayment and Line 34 is larger tha	n				
	Line 28, enter the difference. Enclose payment or pay at www.tax.virginia.govAMOUNT YOU OWE Check here if paying by credit or debit card - See instructions	35				00
36	If Line 28 is larger than Line 34, subtract Line 34 from Line 28	. 36		1	.71	00
	If the Direct Deposit section below is not completed, your refund will be issued by check.					
	T BANK DEPOSIT Your Bank Routing Transit Number Your Bank Account Number Ch	ecking	X	Savings]
	ernational Deposits. 0 4 4 0 0 0 0 3 7 7 9 3 3 0 0 8 9 3	;				
,	We) authorize the Department of Taxation to discuss this return with my (our) preparer.			•	•	_
	e), the undersigned, declare under penalty of law that I (we) have examined this return and to the best of my (complete return.	our) knov	wledge, it	t is a true,	corre	ect
Your S	ignature Your Phone Number	Date				
Spouse	(201) 912-9383 e's Signature (If a joint return, both must sign) Spouse's Phone Number	Date				
_						
1	er's Name Preparer's Phone Number M PRIYA RAM SAGAR GUPTA TALLAM (678) 965-9522	Date 03-09	9-2022	2		
	Name (or Yours if Self-Employed) GLOBAL TAXES LLC Preparer's PTIN Vendor Code	Filing Elec	PIN			
	0 PEBBLE CREEK LN CUMMING GA 30041 P02082703 1555	7				

2021 VIRGINIA SCHEDULE OF INCOME Form 760PY



Your Name			Your SSN	Т
NIKHIL	CHANDRA	VOODARA	875-75-2946	



PART 1

Income Distribution

Complete the Schedule of Income prior to beginning Form 760PY. Everyone should complete Section A. If you are claiming filing status 4, also complete Section B. Refer to your federal return when completing Part 1.

	SECTION A		Y	ou (In	clude Spouse if Fi	ling S	tatus 2)	
	SCHEDULE OF INCOME Form 760PY, Column A — All Filers Must Complete Section A —		Column A1 Federal Retur	n	Column A2 While VA Resid		Column A3 While NOT VA Re	1
1.	Wages, salaries, tips, etc	1	125396	.00	62828	.00	62568	.00
2.	Interest and dividends	2	567	.00	0	.00	567	.00
3.	Pension and other income	3	-10200	.00	0	.00	-10200	.00
4.	Gross income (add Lines 1, 2 and 3)	4	115763	.00	62828	.00	52935	.00
5.	Adjustments to income: moving expenses	5		.00		.00		.00
6.	Other income adjustments (enclose explanation)	6		.00		.00		.00
7.	Federal adjusted gross income (Line 4 less Lines 5 and 6)*	7	115763	.00	62828	.00	52935	.00
8.	Net fixed date conformity modifications	8		.00		.00		.00
9.	Fixed date conformity Federal Adjusted Gross Income (add Lines 7 and 8)	9	115763	.00	62828	.00	52935	.00

*Enter the amount from Line 7, Column A1 on Form 760PY, Page 1, Line 1, Column A.

	SECTION B		Enter Spouse's Income When Filing Status 4 Is Claimed									
_	SCHEDULE OF INCOME Form 760PY, Column B - Spouse Must Complete Section B if claiming Filing Status 4	_	Column B1 Federal Return		Column B2 While VA Resider	nt	Column B3 While NOT VA Resident					
1.	Wages, salaries, tips, etc	1		.00		.00		.00				
2.	Interest and dividends	2		.00		.00		.00				
3.	Pension and other income	3		.00		.00		.00				
4.	Gross income (add Lines 1, 2 and 3)	4		.00		.00		.00				
5.	Adjustments to income: moving expenses	5		.00		.00		.00				
6.	Other income adjustments (enclose explanation)	6		.00		.00		.00				
7.	Federal Adjusted gross income (Line 4 less Lines 5 and 6)**	7		.00		.00		.00				
8.	Net fixed date conformity modifications	8		.00		.00		.00				
9.	Fixed date conformity Federal Adjusted Gross Income (add Lines 7 and 8)	9		.00		.00		.00				

^{**}Enter the amount from Line 7, Column B1 on Form 760PY, Page 1, Line 1, Column B. Submit completed Schedule of Income with Form 760PY to avoid delays.

2601301 Rev 06/21

2021 VIRGINIA SCHEDULE OF INCOME Form 760PY

Page 2

Your Name			Your SSN
NIKHIL C	CHANDRA	VOODARA	875-75-2946



PART 2

Prorated Exemptions Worksheet

If claiming Filing Status 4, complete both the "A" and "B" sections of the schedule. For all other filing statuses, complete only the "A" section.

Complete the Prorated Exemption Worksheet to compute your allowable personal and dependent exemptions. The worksheet below is used to reduce your personal and dependent exemptions to an amount that is proportional to the number of days you resided in Virginia during the taxable year. The total exemption amount is the number of exemptions claimed, prorated based on the portion of the year you resided in Virginia (see Ratio Schedule in Form 760PY Instructions).

Each spouse must compute his or her own prorated personal exemptions based on the number of exemptions claimed in the Exemption Section of Form 760PY. Use the separate exemption amounts for "you" and your "spouse" when completing Lines 1 - 11 of the worksheet. Enter the total prorated exemption in the appropriate column on Form 760PY, Line 13. If claiming Filing Status 2, the combined exemption amount for you and spouse should be entered on Form 760PY, Line 13, Column A.

For example, if you are single, claim no dependents and moved to Virginia on July 1, your prorated Virginia personal exemption is computed as follows:

\$930 (One personal exemption)

X .504 (Ratio Schedule factor for July 1 move to Virginia)

\$468.72 (Be sure to round to the nearest whole number, \$469.00 in this example)

Prorated Virginia Personal Exemptions

		_		
			Column B Spouse	Column A You
1.	Your exemption	1		1
2.	Dependents	2		0
3.	Add Lines 1 and 2	3		1
4.	Multiply Line 3 by \$930	4		930
5.	65 or over	5		
6.	Blind	6		
7.	Add Lines 5 and 6	7		
8.	Multiply Line 7 by \$800	8		
9.	Add Lines 4 and 8	9		930
10.	Enter the ratio amount from the Personal Exemption Ratio Schedule in the Form 760PY Instructions	10		0.584
11.	Multiply Line 9 by Line 10 and enter the result in the appropriate column on Form 760PY, Line 13	11		543

PART 3

Moving Information

1a.	If YOU moved into Virginia in 2021, prior state of residence	NY
1h	If YOU moved out of Virginia in 2021, state moved to	
	If SPOUSE moved into Virginia in 2021, prior state of residence	
	, i	
2b.	If SPOUSE moved out of Virginia in 2021, state moved to	

1555 REV 02/16/22 PRO

2021 Schedule INC/CG

875752946

Report all W-2s, 1099s & VK-1s with VA Withholding

NIKHIL CHAND

VOODARA



Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
Γ					コ
875752946	M	3354.	831385293	30831385293F001	62828.

Total VA Withholding

You 875752946 3354.

Spouse

Total # of W-2s,1099s & VK-1s 01

VA-8879 Virginia Department of Taxation

Virginia Submission Identification Number (SID)

Virginia Individual Income Tax e-File Signature Authorization

Tax Year 2021

DO NOT SEND THIS VA-8879 TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS. IT MUST BE MAINTAINED IN YOUR FILES!

ı										
Your	Name	B Your Social Security Number								
	IL CHANDRA VOODARA	875-75-29								
Spou	se's Name	A Spouse's Socia	I Security Number							
Part	I Tax Return Information	A Spouse	B Yourself							
1.	Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1)	71 opouse	115763.							
2.	Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)									
3.	Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)		62828.							
4.	Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)		59841.							
٠. 5.	Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)		3183.							
			3354.							
6.	Amount you Owe (Form 760CG, Line 35; Form 760PY, Line 35; Form 763, Line 35)									
7.	Refund (Form 760CG, Line 36; 760PY, Line 36; Form 763, Line 36)		171.							
Part	II Declaration of Taxpayer and Signature Authorization penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying so	hadulas and statemen	ts for the year anding							
Return numb filing a liable Virgin refunct of the signat	when some the content of the best of my knowledge and belief, it is true, correct and complete. I further declare that the conformation originator (ERO), Transmitter, or Intermediate Service Provider (including my name, address and social security repland the amount shown in Part I above agree with the information and amounts shown on the corresponding line a balance due return, I understand that if the Virginia Department of Taxation (Virginia Tax) does not receive full and for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Servicia Tax. I have selected a personal identification number (PIN) as my signature for my electronic income tax return a lor direct debit of my tax due. In choosing either direct deposit or direct debit, I certify that the transaction does not territorial jurisdiction of the United States at any point in the process. Taxpayers may sign the form using a rubber sure pen, or computer software program. Ayer's e-File PIN: check one box only	number or individual ta. s of my electronic inco d timely payment of my e Provider to transmit i and, if applicable, the d directly involve a finan	x identification me tax return. If I am tax liability, I remain my complete return to irect deposit of my cial institution outside							
X	I authorize the ERO named below to enter my e-File PIN 5 2 9 4 6 as my signature on my 2021 e-filed Virginia individual income tax return. Do not enter all zeros									
	GLOBAL TAXES LLC ERO Firm Name									
	I will enter my e-File PIN as my signature on my 2021 e-filed Virginia individual income tax return. Check this box and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.	only if you are entering	your own e-File PIN							
Your S	Signature Date									
	se's e-File PIN: check one box only									
	I authorize the ERO named below to enter my e-File PIN as my signature on my 2021 e-file Do not enter all zeros	d Virginia individual inc	come tax return.							
	ERO Firm Name									
	I will enter my e-File PIN as my signature on my 2021 e-filed Virginia individual income tax return. Check this box and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.	only if you are entering	your own e-File PIN							
Spous	se's Signature Date									
Part	III Certification and Authentication – Practitioner PIN Method Only									
ERO'	S EFIN/PIN: Enter your six-digit EFIN followed by your five digit self-selected PIN. 5 8 7 2 7 8 6	1 9 8 9								
above Electr	Do not enter all z by that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2021 Virginia individual income to I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Vonic Filers of Individual Income Tax Returns (Tax Year 2021). EROs may sign the form using a rubber stamp, mechor computer software program.	ax return for the taxpay /irginia's publication Ha	andbook for							
ERO's	Signature Date Date	9-22								

£1040

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

2021

OMB No. 1545-0074

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

Filing Status Check only one box.	If yo	Single Married filing jointly under the new son is a child but not your dependent	ame of	ied filing separately	` ′	_		` ,	_	, ,	` , ` ,	
Your first name	and mi	iddle initial	Last na	ame					Your so	cial securi	ty number	
NIKHIL (CHAN	DRA	V001	DARA					875-	875-75-2946		
If joint return, s	pouse's	s first name and middle initial	Last na	ame					Spouse's social security number			
	•	er and street). If you have a P.O. box, see E MILL TRCE	instruct	tions.				Apt. no.	1	ential Electi	on Campaign	
	ost offi	ce. If you have a foreign address, also co	[[code	spouse to go to	spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change		
Foreign country				Foreign province/state	coun	ty		eign postal code		x or refund		
At any time du	ıring 20	021, did you receive, sell, exchange,	or oth	erwise dispose of ar	ny fina	ancial interes	t in an	y virtual curre	ncy?	☐ Yes	⊠ No	
Standard Deduction	_	neone can claim:					t					
Age/Blindness	s You:	: Were born before January 2, 1	957	Are blind Sp	ouse	: Was b	orn be	fore January	2, 1957	☐ Is b	lind	
Dependents	s (see	instructions):		(2) Social securit	ty	(3) Relation	ship	(4) ✓ if q	ualifies fo	r (see instru	uctions):	
If more	(1) F	irst name Last name		number to you Child tax				Child tax c	redit	Credit for ot	ther dependents	
than four												
dependents, see instruction												
and check	5 —											
here ▶												
	1	Wages, salaries, tips, etc. Attach F	orm(s)	W-2					. 1	1	25,396.	
Attach	2a	Tax-exempt interest	2a		b T	axable intere	est		. 2b)	1.	
Sch. B if	3a	Qualified dividends	3a	360.		Ordinary divid			. 3b)	566.	
required.	4a	IRA distributions	4a			axable amou			. 4b)		
	5a	Pensions and annuities	5a		b T	axable amou	unt .		. 5b)		
Standard	6a	Social security benefits	6a		b T	axable amou	unt .		. 6b)		
Deduction for—	7	Capital gain or (loss). Attach Scheo	dule D	if required. If not rec	uired	, check here		▶[7		-3,000.	
Single or Married filing	8	Other income from Schedule 1, lin	e 10						. 8		-7,200.	
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your total inc	ome				▶ 9	1	15,763.	
Married filing 10 Adjustments to income from Schedule 1, line 26									. 10)		
jointly or Qualifying	11	Subtract line 10 from line 9. This is	your a	adjusted gross inco	me				▶ 11	1	15,763.	
widow(er),	12a	Standard deduction or itemized				1	2a	12,55	0.		<u> </u>	
\$25,100 • Head of	b	Charitable contributions if you take		,	,	ructions) 1	2b	30				
household, \$18,800	С									С	12,850.	
If you checked	13	Qualified business income deducti			n 899	95-A			. 13		1.	
any box under Standard	14	Add lines 12c and 13							. 14		12,851.	
Deduction,	15	Taxable income. Subtract line 14	from li	ne 11. If zero or less	, ente	er -0			. 15	5 1	02,912.	

	16	Tax (see instructions). Check						16	18,687.
	17	Amount from Schedule 2, line	e3					17	
	18	Add lines 16 and 17						18	18,687.
	19	Nonrefundable child tax cred	dit or credit for o	ther depender	nts from Schedule	8812		19	
	20	Amount from Schedule 3, line	e8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18.	. If zero or less,	enter -0				22	18,687.
	23	Other taxes, including self-er	mployment tax,	from Schedule	2, line 21			23	0.
	24	Add lines 22 and 23. This is y	your total tax				▶	24	18,687.
	25	Federal income tax withheld	from:						
	а	Form(s) W-2				25a 2	1,104.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	21,104.
If you have a	26	2021 estimated tax payment	s and amount a	pplied from 20				26	
qualifying child,	27a	Earned income credit (EIC)			No	27a			
attach Sch. EIC.		Check here if you were by January 2, 2004, and you taxpayers who are at least ag	ı satisfy all the ge 18, to claim t	e other requirence of the other requirements	rements for				
	b	Nontaxable combat pay elec							
	С	Prior year (2019) earned inco							
	28	Refundable child tax credit or				28			
	29	American opportunity credit				29			
	30	Recovery rebate credit. See				30			
	31	Amount from Schedule 3, line				31			
	32	Add lines 27a and 28 through	h 31. These are	your total oth	er payments and	l refundable cre	edits >	32	
	33	Add lines 25d, 26, and 32. The	hese are your to	tal payments			<u>.</u> . ▶	33	21,104.
Refund	34	If line 33 is more than line 24				•		34	2,417.
	35a	Amount of line 34 you want r					. ▶ 🗌	35a	2,417.
Direct deposit? See instructions.	►b	Routing number 0 4 4			▶ c Type: 🔀	Checking	Savings		
See ilistructions.	►d	Account number 7 9 3							
	36	Amount of line 34 you want a				36			
Amount	37	Amount you owe. Subtract				see instructions	. ▶	37	
You Owe	38	Estimated tax penalty (see in	structions) .		<u> ▶</u>	38			
Third Party Designee	ins	you want to allow another tructions	•			Yes.	Complete b		⊠ No
		signee's ne ▶		Phone no. ▶			rsonal identi nber (PIN) 🕨		
C:		der penalties of perjury, I declare the	hat I have examine		Laccompanying sch				et of my knowledge and
Sign		ef, they are true, correct, and comp							
Here	You	ur signature		Date	Your occupation				nt you an Identity IN, enter it here
Joint return?					SOFTWARE E	ENGINEER	(see	inst.) 🕨	
See instructions. Keep a copy for your records.	Spo	ouse's signature. If a joint return, b	ooth must sign.	Date	Spouse's occupati	ion	Iden		nt your spouse an ection PIN, enter it here
	Pho	one no. (201)912-9383	3	Email address	NIKHIL.VOOD	ARA@GMAIL.C	COM		
Doid	Pre	parer's name	Preparer's signat	ure		Date	PTIN		Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	03/09/2022	P0208	2703	Self-employed
Preparer	Firr	m's name ► GLOBAL TAX	KES_LLC				Phor	ne no. (678)965-9522
Use Only	Firr	n's address ▶ 2530 Pebb]	le Creek L	n Cumming	g GA 30041		Firm	's EIN ▶	30-1017196
Go to www.irs.go	ov/Form	1040 for instructions and the lates	st information.		BAA	REV 02/17/22 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 ► Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Form1040 for instructions and the latest information.

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

875-75-2946

Par	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	-7,200.
6	Farm income or (loss). Attach Schedule F \ldots		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	_	
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		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 10 1040-NR, line 8	·	10	-7,200.

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		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	>		ı
С	Date of original divorce or separation agreement (see instructions)	-		ı
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			ı
а	Jury duty pay (see instructions)	24a		ı
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	24b		ı
С	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l	24c		ı
d	Reforestation amortization and expenses	24d		ı
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		ı
f	Contributions to section 501(c)(18)(D) pension plans	24f		ı
g	Contributions by certain chaplains to section 403(b) plans	24g		ı
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		ı
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		ſ
j	Housing deduction from Form 2555	24j		ı
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		ſ
Z	Other adjustments. List type and amount ▶	24z		1
25	Total other adjustments. Add lines 24a through 24z		25	1
26	Add lines 11 through 23 and 25. These are your adjustments to			
	here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line	e 10a	26	1

SCHEDULE D (Form 1040)

Capital Gains and Losses

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

OMB No. 1545-0074

2021

Attachment Sequence No. **12**

Your social security number

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

875-75-2946 NIKHIL CHANDRA VOODARA 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 Form(s) 8949, Part I, combine the result (sales price) (or other basis) 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 -18,475. 47,649. 69,777. 3,653. 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 -18,475.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 Form(s) 8949, Part II, (sales price) (or other basis) 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 1,821. 1,889. 68. Totals for all transactions reported on Form(s) 8949 with Box E checked 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 12 13 2. 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III 15 70.

BAA

Schedule D (Form 1040) 2021 Page 2

Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 -18,405. • 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 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. 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.) • (\$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

Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form8949 for instructions and the latest information. ▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Sequence No. 12A

Name(s) shown on return

Social security number or taxpayer identification number

NIKHIL CHANDRA VOODARA 875-75-2946

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).

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

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.

(C) Short-term transactions	not reported	to you on F	orm 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 or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e)
(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)
Robinhood Securities LLC	01/01/21	04/16/21	47,649.	69,777.	W	3,653.	-18,475.
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	I here and inc is checked), lir	lude on your ne 2 (if Box B	47.649.	69.777.		3.653.	-18,475.

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.

Form 8949 (2021) Attachment Sequence No. **12A** Page **2**

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side NIKHIL CHANDRA VOODARA

Social security number or taxpayer identification number 875 - 75 - 2946

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☐ (E) Long-term transactions☐ (F) Long-term transactions	reported on l	Form(s) 1099	-B showing bas	•		•	?)
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(c) (d)	(e) Cost or other basis. See the Note below	Adjustment, it If you enter an enter a co	(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)
Robinhood Securities LLC	01/15/20	03/03/21	1,889.	1,821.			68.
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D. line 8b (if Box D above	al here and inc	lude on your					

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.

above is checked), or line 10 (if Box F above is checked) ▶

1,889.

1,821.

SCHEDULE E (Form 1040)

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.

Department of the Treasury Internal Revenue Service (99)

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

Attachment Sequence No. **13**

OMB No. 1545-0074

ivairie(s)	Shown on return							Tour Socia	ii security	, number
NIKH	IL CHANDRA VOODA							875-7		
Part	Income or Loss I	From Rental Real Estate and Roy	yalties	Note:	If you a	are in th	e business of r	enting per	sonal pr	operty, use
	Schedule C. See in:	structions. If you are an individual, repo	ort farm	rental ir	ncome o	r loss fi	om Form 483	on page	2, line 40	Э.
		s in 2021 that would require you to								'es 🔀 No
B If "	Yes," did you or will you	ı file required Form(s) 1099?							. 🗌 Y	'es 🗌 No
1a	Physical address of ea	sch property (street, city, state, ZIP	code)							
Α	KUKATPALLY HYDE	RABAD TELANGANA IN 5000	145							
В										
С										
1b	Type of Property (from list below)	For each rental real estate propabove, report the number of fai personal use days. Check the of if you meet the requirements to qualified joint venture. See instructions.	erty lis	ted l and			Rental I Days	Personal Days		QJV
Α	2	if you meet the requirements to	file as	a	Α		365		0	
В		qualified joint venture. See inst	ruction	s.	В					
С					С					
Туре	of Property:						·			
1 Sing	le Family Residence	3 Vacation/Short-Term Rental	5 Lan	d	7	⁷ Self-	Rental			
2 Mult	ti-Family Residence		6 Roy	alties	8	3 Othe	r (describe)			
Incom	e:	Properties:			Α		В			С
3			3		(500.				
4	Royalties received		4							
Expen										
5			5							
6	-	structions)	6							
7	9	nce	7			300.				
8			8		ĺ	500.				
9			9							
10	=	sional fees	10							
11	_		11		- (500.				
12		to banks, etc. (see instructions)	12							
13			13							
14			14			500.				
15			15		1,9	900.				
16			16			- 0 0				
17			17		2,	500.				
18	Other (list)	or depletion	18							
19	` ′	oo E through 10	19		7 (200				
20	· ·	nes 5 through 19	20		/ , 8	300.				
21		ne 3 (rents) and/or 4 (royalties). If								
	file Form 6198	structions to find out if you must	21		-7,2	200				
22		estate loss after limitation, if any,			,,,					
~~	on Form 8582 (see inst		22 (7,2	ار ۱۵	(١	(١
23a		ported on line 3 for all rental proper			. , 4	23a	\	600.		
b	·	ported on line 4 for all royalty proper				23b				
C		ported on line 12 for all properties				23c				
d	·	ported on line 18 for all properties				23d				
e	-	ported on line 20 for all properties				23e	7	,800.		
24	-	amounts shown on line 21. Do not	t includ	de anv l	osses			. 24		
25	•	ses from line 21 and rental real estate		-		nter tota	al losses here		(7,200.)
26		e and royalty income or (loss).							-	,
		, and line 40 on page 2 do not a								
), line 5. Otherwise, include this an						. 26		-7,200.

Form **8995**

Qualified Business Income Deduction Simplified Computation

► Attach to your tax return.

▶ Go to www.irs.gov/Form8995 for instructions and the latest information.

OMB No. 1545-2294

2021

Attachment Sequence No. **55**

Name(s) shown on return

Department of the Treasury

Internal Revenue Service

NIKHIL CHANDRA VOODARA

Your taxpayer identification number 875 - 75 - 2946

Note. You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$164,900 (\$164,925 if married filing separately; \$329,800 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number		Qualified business income or (loss)
i				
ii				
iii				
iv				
v				
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2		
3	Qualified business net (loss) carryforward from the prior year	3 (
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4		
5	Qualified business income component. Multiply line 4 by 20% (0.20) $$. $$. $$. $$.		5	
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss)			
	(see instructions)	6 5.		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7 (
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero			
	or less, enter -0	8 5.		
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		9	1.
10	Qualified business income deduction before the income limitation. Add lines 5 ar	1	10	1.
11	Taxable income before qualified business income deduction (see instructions)	11 102,913.	-	
12	Net capital gain (see instructions)	12 360.	-	
13	Subtract line 12 from line 11. If zero or less, enter -0			
14	Income limitation. Multiply line 13 by 20% (0.20)		14	20,511.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also		45	1
16	the applicable line of your return (see instructions)		15 16	1.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater that		10	(0.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 azero, enter -0		17	(0.
D -	rear Ast and Denominals Reduction Ast Nation are instructions			Form 8005 (2021)

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 Attachment Sequence No. **858**

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

Identifying number

NIKE	IIL CHANDRA VOODARA				875	-75	-2946
Par	t I 2021 Passive Activity Loss	6					
	Caution: Complete Parts IV ar	nd V before compl	eting Part I.				
	I Real Estate Activities With Active Pa ance for Rental Real Estate Activities			ive participation, s	ee Special		
1a b c d	Activities with net income (enter the a Activities with net loss (enter the amor Prior years' unallowed losses (enter the Combine lines 1a, 1b, and 1c	unt from Part IV, c ne amount from Pa	olumn (b)) art IV, column (c))	1b (1c (0. 7,200.) 	1d	-7,200.
All Ot	ner Passive Activities						
2a b c d	Activities with net income (enter the a Activities with net loss (enter the amore) Prior years' unallowed losses (enter the Combine lines 2a, 2b, and 2c	unt from Part V, co ne amount from Pa	olumn (b)) art V, column (c))	2b (2c () 	2d	
3	Combine lines 1d and 2d. If this line i all losses are allowed, including any losses on the forms and schedules no	s zero or more, st orior year unallow	op here and inclu	de this form with y	our return;	3	-7,200.
	on: If your filing status is married filing Instead, go to line 10.	oss (and line 1d is separately and yo		spouse at any tim	ne during the	year,	do not complete
	Note: Enter all numbers in Par	t II as positive amo	ounts. See instruct	tions for an examp	ole.		
4 5 6	Enter the smaller of the loss on line 1 Enter \$150,000. If married filing separ Enter modified adjusted gross income Note: If line 6 is greater than or equal on line 9. Otherwise, go to line 7. Subtract line 6 from line 5	d or the loss on lir ately, see instructi e, but not less thar	ne 3 ions n zero. See instruc			4	7,200.
8	Multiply line 7 by 50% (0.50). Do not en	nter more than \$25	.000. If married filir			8	13,519.
9	Enter the smaller of line 4 or line 8			• .		9	7,200.
Part							.,====
10	Add the income, if any, on lines 1a an	d 2a and enter the	e total			10	0.
11	Total losses allowed from all passiv out how to report the losses on your to	ax return				11	7,200.
Part	IV Complete This Part Before	e Part I, Lines 1	a, 1b, and 1c. S	ee instructions.			
	Name of activity	Currer	nt year	Prior years	Ove	rall ga	in or loss
	reame or activity	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gair	n	(e) Loss
KUKA	ATPALLY	0.	7,200.				7,200.

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

0.

7,200.

Form 8582 (2021) Page **2**

Part V Complete This Part Before	re Part I, Lines 2	2a, 2b,	and 2c. S	ee instruc	tions.			
	Curre	nt year		Prior ye	ears	Overa	all ga	ain or loss
Name of activity	(a) Net income (line 2a)	(b) (li	Net loss ne 2b)	(c) Unall loss (lin				(e) Loss
Total. Enter on Part I, lines 2a, 2b, and 2c ▶								
Part VI Use This Part if an Amou			Line 9. S	ee instruc	tions.			
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).
KUKATPALLY	E Ln 22		7,200.	1.0000	0000	7,20	0.	0.
Total	osses See inst	ruction	7,200.	1.00)	7,20	0.0	0.
7 modulon of challetted	Form or sch	nedule						
Name of activity	and line nu to be report (see instruc	ed on	(a) L	_OSS		(b) Ratio	(c)	Unallowed loss
Fotal		. ▶				1.00		
Allowed Edded! Coo mou	Form or sch	nedule						
Name of activity	and line nu to be report (see instruc	ed on	(a) L	_OSS	(b) Ui	nallowed loss	(c) Allowed loss
Total		. ▶						





New York State E-File Signature Authorization for Tax Year 2021 For Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

Electronic return originator (ERO): Do **not** mail this form to the Tax Department. Keep it for your records.

Taxpayer's name NIKHIL CHANDRA VOODARA	Spouse's name (jointly filed return only)

Purpose

Form TR-579-IT must be completed to authorize an ERO to e-file a personal income tax return and to transmit bank account information for the electronic funds withdrawal.

General instructions

Taxpayers must complete Part B before the ERO transmits the taxpayer's electronically filed Forms IT-201, Resident Income Tax Return, IT-201-X, Amended Resident Income Tax Return, IT-203. Nonresident and Part-Year Resident Income Tax Return, IT-203-X. Amended Nonresident and Part-Year Resident Income Tax Return, IT-214, Claim for Real Property Tax Credit, and NYC-210, Claim for New York City School Tax Credit. Note that an electronic signature can be used as described in TSB-M-20(1)C, (2)I, E-File Authorizations (TR-579 forms) for Taxpayers Using a Paid Preparer for Electronically Filed Tax Returns.

For returns filed jointly, both spouses must complete and sign Form TR-579-IT.

EROs must complete Part C prior to transmitting electronically filed income tax returns (Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210).

Both the paid preparer and the ERO are required to sign Part C. However, an individual performing as both the paid preparer and the ERO is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Note that an alternative signature can be used as described in Publication 58. Information for Income Tax Return Preparers, available on our

This form is not required for electronically filed Form IT-370. Application for Automatic Six-Month Extension of Time to File for Individuals. See Form TR-579.1-IT, New York State Taxpayer Authorization for Electronic Funds Withdrawal for Tax Year 2021 Form IT-370 and Tax Year 2022 Form IT-2105.

Part A - Tax return information

1	Federal adjusted gross income (from applicable line)	1.	115763.
2	Refund	2.	163.
3	Amount you owe	3.	
4	Financial institution routing number	4.	044000037
5	Financial institution account number	5.	793300893
6	Account type: X Personal checking Personal savings Business checking Business saving	ngs	

Part B – Declaration of taxpayer and authorizations for Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

Under penalty of perjury, I declare that I have examined the information on my 2021 New York State electronic personal income tax return, including any accompanying schedules, attachments, and statements, and certify that my electronic return is true, correct, and complete. The ERO has my consent to send my 2021 New York State electronic return to New York State through the Internal Revenue Service (IRS). In addition, by using a computer system and software to prepare and transmit my form electronically, I consent to the disclosure to New York State of all information pertaining to the transmission of my tax form electronically. I understand that by executing this Form TR-579-IT, I am authorizing the ERO to sign and file this return on my behalf and agree that the ERO's submission of my personal income tax return to the

IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying my New York State personal income taxes due by electronic funds withdrawal, I certify that the account holder has authorized the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on my 2021 electronic return, and authorized the financial institution to withdraw the amount from that account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than two (2) business days prior to the payment date.

Taxpayer's signature	Date
Spouse's signature (jointly filed return only)	Date

Part C – Declaration of electronic return originator (ERO) and paid preparer

Under penalty of perjury, I declare that the information contained in this 2021 New York State electronic personal income tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed paper 2021 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2021 New York State electronic return is identical to that contained in the paper copy of the return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2021 New York State electronic personal income tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

Do not mail Form TR-579-IT to the Tax Department:

EROs must keep this form for three years and present it to the Tax Department upon request.

ERO's signature	Print name GLOBAL TAXES LLC	Date	
Paid preparer's signature	Print name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 03092022	



Department of Taxation and Finance

Nonresident and Part-Year Resident **Income Tax Return** New York State • New York City • Yonkers • MCTMT

IT-203

For the year January 1, 2021, through December 31, 2021, or fiscal year beginning

21

For help completing your ret	urn, see the instruct	tions, Form IT-20	03-I.		and	ending		
	Your last name (for a joint ret			Your date of birth (mmdd	уууу)	Your Social S	Security number	er
NIKHIL CHANDRA	VOODARA			07211994		875752946		5
Spouse's first name and middle initial	Spouse's last name			Spouse's date of birth (mn	nddyyyy)	Spouse's So	ocial Security n	umber
Mailing address (see instructions, page	a 12) (number and street or E	(O Pov)		Apartment number	or.	New York St	ate county of re	esidence
11100 SWANEE MILL TR		O BOX)		Apartment number	31	WESTCHI		Solucifice
City, village, or post office		ZIP code	Country			School distri		
GLEN ALLEN	VA	23059				MOUNT V	VERNON	
Taxpayer's permanent home addres			Apartment no.	City, village, or po	st office	<u> </u>	ool district	
State ZIP code Co	untry			Decedent	Гахрауег	COC	de number th Spouse's d	416 ate of dea
				information				
X in one box): 3 Married f (enter both) 4 Head of	endent on another Int located in a In nonqualified deferred	ribers above) g person) Yes No Xi Yes No No Xi Yes No No Xi	(1 (2 F E C C C C C C C C C C C C C C C C C C	ew York City part-y Number of months in NY City in 2021 nter your 2-charact ode(s) if applicable ew York State part nter the date you month out of NYS (mmddy on the last day of the Lived in NYS Lived outside NYS NYS sources durin Lived outside NYS NYS sources durin Ew York State non- id you or your spous	er spece (see parte oved intravyy)	ved in NY Ci spouse lived cial condition age 13) esidents (se to ar (mark an X ved income fresident perion ved no income esident perion ved income ved no income ved no income ved income ved no income ved income ved no income	ty in 2021 e page 14) mod from od ne from od	
2021 federal return? (see page Dependent information (see		′es	– "\	ving quarters in NYS Yes, <i>complete Form l</i> '		476		No L
First name and middle initial	Last name	Relation	onship	Social Securi	ty numb	per [Date of birth (mmddyyyy)
f more than 6 dependents, mark a	n X in the box							
f more than 6 dependents, mark a	n X in the box.							
203001213555		For office use o	only					

REV 03/01/22 PRO

875752946

Fe	deral income and adjustments (see page 16)		Federal amount		New York State amount
			Whole dollars only		Whole dollars only
	Wages, salaries, tips, etc.	1	125396.00	1	62568.00
2	Taxable interest income	2	1.00	2	.00
	Ordinary dividends	3	566.00	3	.0
4	Taxable refunds, credits, or offsets of state and local				
_	income taxes (also enter on line 24)	4	.00	4	.0
	Alimony received	5	.00	5	.0
	Business income or loss (submit a copy of federal Sch. C, Form 1040)		.00	6	.0
	1 3 (-3000.00	7	.0
	Other gains or losses (submit a copy of federal Form 4797)	8	.00	8	.0
9	Taxable amount of IRA distributions. Beneficiaries: mark X in box	9	.00	9	.0
10	Taxable amount of pensions/annuities. Beneficiaries: mark X in box	10	.00	10	.0
11	Rental real estate, royalties, partnerships, S corporations,	44	F000		
	trusts, etc. (submit a copy of federal Schedule E, Form 1040)	11	-7200.00	11	.0
12	Rental real estate included in line 11 (federal amount) 127200.00]			
13	Farm income or loss (submit a copy of federal Sch. F, Form 1040)	13	.00	13	.0
	Unemployment compensation	14	.00	14	.0
	Taxable amount of Social Security benefits (also enter on line 26)	15	.00	15	.0
16	Other income (see page 22) Identify:	16	.00	16	.0
	Add lines 1 through 11 and 13 through 16	17	115763.00	17	62568.0
	Total federal adjustments to income (see page 22)				
	Identify:	18	.00	18	.0
19	Federal adjusted gross income (subtract line 18 from line 17)	19	115763.00	19	62568.0
	Recomputed federal adjusted gross income (see page 23, Line 19a worksheets)	19a	115763.00	19a	62568.0
	w York additions (see page 24) Interest income on state and local bonds and obligations				
	(but not those of New York State or its localities)		.00	20	.0
21	Public employee 414(h) retirement contributions		.00	21	.0
	Other (Form IT-225, line 9)	22	.00	22	.0
	Add lines 19a through 22	23	115763.00	23	62568.0
	w York subtractions (see page 25)		110,00100		02000
24	Taxable refunds, credits, or offsets of state and				
	local income taxes (from line 4)	24	.00	24	.0
25	Pensions of NYS and local governments and the				
	federal government (see page 25)	25	.00	25	.0
26	Taxable amount of Social Security benefits (from line 15)	26	.00	26	.0
27	Interest income on U.S. government bonds	27	.00	27	.0
28	Pension and annuity income exclusion	28	.00	28	.0
29	Other (Form IT-225, line 18)	29	.00	29	.0
	Add lines 24 through 29	30	.00	30	.0
	New York adjusted gross income (subtract line 30 from line 23)		115763.00	31	62568.0
-	- · , · · · · · · · · · · · · · · · · · · ·				





32 Enter the amount from line 31, Federal amount column

115763.00

Name(s) as shown on page 1	Enter your Social Security number	IT-203 (2021)	Page 3 of
NIKHIL CHANDRA VOODARA	875752946	REV 03/01/22 PRO	

Standard deduction or itemized deduction (see page 27))				
33 Enter your standard deduction (table on page 27) or your it	temize	ed deduction (from Form IT-196)		
Mark an X in the appropriate box:		•	,	33	800.00
34 Subtract line 33 from line 32 (if line 33 is more than line 32, le				34	107763.00
35 Dependent exemptions (enter the number of dependents liste		*		35	000.00
36 New York taxable income (subtract line 35 from line 34)				36	107763.00
Tax computation, credits, and other taxes					
37 New York taxable income (from line 36)				37	107763.00
38 New York State tax on line 37 amount (see page 28)				38	6380.00
39 New York State household credit (page 28, table 1, 2, or 3)				39	.00
40 Subtract line 39 from line 38 (if line 39 is more than line 38, lea	ve blan	nk)		40	6380.00
41 New York State child and dependent care credit (see page 2				41	.00
42 Subtract line 41 from line 40 (if line 41 is more than line 40, lea				42	6380.00
43 New York State earned income credit (see page 29)				43	.00
, , ,					
44 Base tax (subtract line 43 from line 42; if line 43 is more than line	42, lea	ve blank)		44	6380.00
45 Income New York State amount from line 31	Fe	ederal amount fro	om line 31		Round result to 4 decimal places
percentage 62568.00 ÷		1	15763.00	45	0.5405
(see page 29)					
46 Allocated New York State tax (multiply line 44 by the decimal o	n line 4	15)		46	3448.00
47 New York State nonrefundable credits (Form IT-203-ATT, line				47	.00
48 Subtract line 47 from line 46 (if line 47 is more than line 46, lea				48	3448.00
49 Net other New York State taxes (Form IT-203-ATT, line 33)				49	.00
50 Total New York State taxes (add lines 48 and 49)				50	3448.00
N. V. I 0'4 I V. I .		AOTHE			
New York City and Yonkers taxes, credits, and surcharges,	and I	MCTMT			
51 Part-year New York City resident tax (Form IT-360.1)	51		.00		See instructions on pages 29
52 Part-year resident nonrefundable New York City					through 31 to compute
child and dependent care credit	52		.00		New York City and Yonkers
52a Subtract line 52 from 51	52a		.00		taxes, credits, and
52b MCTMT net				_	surcharges, and MCTMT.
earnings base 52b .00					
52c MCTMT	52c		.00]	
53 Yonkers nonresident earnings tax (Form Y-203)	53		.00		
54 Part-year Yonkers resident income tax surcharge	<u> </u>			_	
(Form IT-360.1)	54		.00]	
55 Total New York City and Yonkers taxes / surcharges and M	СТМТ	(add lines 52a, ar		55	.00.
,		,	,		
56 Sales or use tax (See the instructions on page 31. Do not lea	ve line	e 56 blank.)		56	0.00
,		,			
57 Voluntary contributions (Form IT-227, Part 2, line 1)				57	.00.
58 Total New York State, New York City, Yonkers, and sal					
and voluntary contributions (add lines 50, 55, 56, and 5				58	3448.00





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59	Enter amount from line 58				59	3448.00
<u> </u>	(20)					
Pa	yments and refundable credits (see page 32)					
60	Part-year NYC school tax credit (fixed amount) (also complete E on front)	60		.00		If applicable, complete
	NYC school tax credit (rate reduction amount)	60a		.00		Form(s) IT-2 and/or IT-1099-R
	Other refundable credits (Form IT-203-ATT, line 17)	61		.00		and submit them with your return (see pages 10 and 11).
	Total New York State tax withheld	62		3611.00		
63		63		.00		Do not send federal Form W-2 with your return.
64		64		.00	1	Tomi W-2 with your return.
65		65		.00	1	
	Total payments and refundable credits (add lines 60 thro	$\overline{}$	5)		66	3611.00
$\overline{}$						7722100
YO	ur refund, amount you owe, and account information	(see	pages 34 th	rough 36)		
67	Amount overpaid (if line 66 is more than line 59, subtract line	e 59 fr	om line 66; s	ee page 34)	67	163.00
68	Amount of line 67 available for refund (subtract line 69 from	n line	67)		68	163.00
	TIP: Use this amount to check your refund status online.					
68a	Amount of line 68 that you want to deposit into a NYS 529 account	(Form	IT-195, line 4) (also submit Form IT-195)	68a	.00.
68b	Total refund after NYS 529 account deposit (subtract line 68	Ba fron	m line 68)		68b	163.00
	direct deposit to	che	ckina or	paper		Defended Dinest demonstricts the
	Mark one refund choice:	(fill in	line 73) - o l	r check		Refund? Direct deposit is the easiest, fastest way to get your
69	Amount of line 67 that you want applied to your 2022					refund.
	estimated tax (see instructions)	69		.00		See page 35 for payment
70	Amount you owe (if line 66 is less than line 59, subtract line 66	6 from	line 59). To	pay by electronic		options.
	funds withdrawal, mark an X in the box and fill in li	ines ī	73 and 74. I	f you pay by check		
	or money order you must complete Form IT-201-V and	mail	it with your	return	70	.00.
71	Estimated tax penalty (include this amount on line 70,					
	or reduce the overpayment on line 67; see page 35)	71		.00		See page 38 for the proper
72	Other penalties and interest (see page 35)	72		.00		assembly of your return.
73	Account information for direct deposit or electronic funds v	withdr	rawal (see pa	age 36).		
	If the funds for your payment (or refund) would come from (o	or go	to) an accou	unt outside the U.S.,	mark	an X in this box <i>(see pg. 36)</i>
	73a Account type: X Personal checking - or - Personal checking	sonal	savings - o	r - Business ch	neckir	ng - or - Business savings
			Ü			
	73b Routing number 044000037 73c	: Acc	ount number		793	3300893
	•					
74	Electronic funds withdrawal (see page 36)	Date		Amour	nt	.00
	Third-party Print designee's name		Desid	gnee's phone number		Personal identification
des	signee? (see instr.)		()		number (PIN)
Ye				,		
		/TPRIN	vi 1			
		cl. cod		▼ Taxpa	yer(s) must sign here ▼
	parer's signature Preparer's printed name	G 7 G 7	AD CLID	Your signature		
	AM PRIYA RAM SAGAR GUP SYAM PRIYA RAM o's name (or yours, if self-employed) Preparer's PT			Your occupation		
	OBAL TAXES LLC P020			SOFTWARE ENG	INE	ER
Add	ress Employer iden			Spouse's signature and	occup	pation (if joint return)
25	30 DEBLE CPERK IN	0171 ate	196	Date		Daytima phono number
CU			92022	Date		Daytime phone number (201) 912 9383
	all CVAMACERVETTE COM			Email: NITIVIIII 17	000	ADA CMATI COM

See instructions for where to mail your return.

Email: NIKHIL.VOODARA@GMAIL.COM



CUMMING GA 30041 Email: SYAM@GTAXFILE.COM





Passive Activity Loss Limitations For Nonresidents and Part-Year Residents

Submit with your Form IT-203 or IT-205.

	······································				
Nam	e as shown on return		Identifying number as	shown o	on return
NI	KHIL CHANDRA VOODARA		8'	75752	2946
See	the instructions, before completing this form.				
Par	t I – Passive activity loss				
Ren	tal real estate activities with active participation				
1a	Activities with net income from Part IV, column (a)	1a	0.00		
1b	Activities with net loss from Part IV, column (b)	1b	-7200.00		
1c	Prior years unallowed losses from Part IV, column (c) (see instructions)	1c	.00		
1d	Add lines 1a, 1b, and 1c			1d	-7200.00
All d	other passive activities				
2a	Activities with net income from Part V, column (a)	2a	.00		
2b	Activities with net loss from Part V, column (b)	2b	.00		
2c	Prior years unallowed losses from Part V, column (c) (see instructions)	2c	.00		
2d	Add lines 2a, 2b, and 2c			2d	.00
	including any prior year unallowed losses entered on line 1c or 2c. Report forms and schedules normally used. If line 3 is a loss and: • Line 1d is a loss, go to Part II. • Line 2d is a loss (and line 1d is zero or more), skip	 Part I	I and go to Part III, line		-7200.00
Inste	tion: If married filing separately, filing status ③, and you lived with your spousead, go to line 10. t II – Special allowance for rental real estate activities with active			ar, do	not complete Part II.
<u>. u.</u>	Note: Enter all numbers in Part II as positive amounts (greater than zero). S	_	•		
4	Enter the smaller of the loss on line 1d or the loss on line 3			4	7200.00
	Enter 150,000 (if married filing separately, see instructions)	5	150000 .00		1 = 1 1 100
	Enter federal modified adjusted gross income, but not less than zero (see instr.)	6	122963.00	-	
	Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8, and leave line 9 blank. Otherwise, go to line 7.		122300100	J	
7	Subtract line 6 from line 5	7	27037.00		
8	Multiply line 7 by 50% (.5). Do not enter more than 25,000. (If married filing separate	tely, fil	ing status ③, see instr.)	8	13519.00
9	Enter the smaller of line 4 or line 8			9	7200.00
Par	t III – Total losses allowed				
10	Add the income, if any, from lines 1a and 2a and enter the total			10	0.00
	Total losses allowed from all passive activities for this year. (Add lines 9 instructions to find out how to report the losses on your return.)	and 1	0. See the	11	7200.00



Part IV - For Part I, lines 1a, 1b, and 1c (see instructions)

			Current year		Prior years	Prior years Overall gain or loss	
			(a)	(b)	(c)	(d)	(e)
Name of activity/property description and address	Date of acquisition	Date of sale	Net income (line 1a)	Net loss (line 1b)	Unallowed loss (line 1c)	Gain	Loss
KUKATPALLY			0 .00	7200.00	.00	.00	7200.00
			.00	.00	.00	.00	.00
			.00	.00	.00	.00	.00
			.00	.00	.00	.00	.00
			.00	.00	.00	.00	.00
Totals. Enter on Part I, lines 1a, 1b, and 1c			0 .00	7200.00	.00		

Part V - For Part I, lines 2a, 2b, and 2c (see instructions)

			Current year		Prior years	Overall gain or loss		
			(a)	(b)	(c)	(d)	(e)	
Name of activity/property description and address	Date of acquisition	Date of sale	Net income (line 2a)	Net loss (line 2b)	Unallowed loss (line 2c)	Gain	Loss	
			.00	.00	. 00	.00	.00	
			. 00	.00	. 00	.00	.00	
			. 00	.00	. 00	.00	.00	
			. 00	.00	. 00	.00	.00	
			.00	.00	. 00	.00	.00	
Totals. Enter on Part I, lines 2a, 2b, and 2c		.00	.00	.00				

Part VI – Use this Part if an amount is shown on Part II, line 9 (see instructions)

Name of activity/property description and address	Form or schedule and line number to be reported on	(-7	(b) Ratio	(c) Special Allowance	(d) Subtract column (c) from column (a)
KUKATPALLY	E LN 22	7200.00	1.00000000	7200.00	0.00
		.00		.00	.00
		.00		.00	.00
		.00		.00	.00
Totals	7200.00	1.00	7200.00	0.00	

Part VII - Allocation of unallowed losses (see instructions)

Name of activity/property description and address	Form or schedule and line number to be reported on	(a) Loss	(b) Ratio	(c) Unallowed loss
		.00		.00
		.00		.00
		.00		.00
		.00		.00
Totals		.00	1.00	.00



Part VIII - Allowed losses (see instructions)

Name of activity/property description and address	Form or schedule and line number to be reported on	(a) Loss	(b) Unallowed loss	(c) Allowed loss
		.00	.00	.00
		.00	.00	.00
		.00	.00	.00
		.00	.00	.00
Totals		.00	.00	.00

Name of activity/property description and address:	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule	.00				
1b Net income from form or schedule	.00				
1c Subtract line 1b from line 1a. If zero or less,	leave blank	.00		.00	.00
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule	.00				
1b Net income from form or schedule	.00				
1c Subtract line 1b from line 1a. If zero or less,	leave blank	.00		.00	.00
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule	.00				
1b Net income from form or schedule	.00				
1c Subtract line 1b from line 1a. If zero or less,	leave blank	.00		.00	.00
Totals		.00	1.00	.00	.00



Department of Taxation and Finance

Summary of W-2 Statements New York State • New York City • Yonkers

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions on the back.

		Employer's information		·						
W-2 Record 1	Emplo	yer's name								
Box a Employee's Social Security numbe	' 	TECHNO9 SOLUTIONS INC								
for this W-2 Record	Employer's address (number and street)									
875752946		40 BRUNSWICK A	VE							
Box b Employer identification number (EIN) City			State	ZIP code	Country (if n	ot United States)			
831385293	EDI	SON		NJ	08817					
Box 1 Wages, tips, other compensation	Box 12a /	Amount	Code	Во	14a Amount		Description			
125396.00		.00				320.00	NY PFL			
Box 8 Allocated tips	Box 12b /	Amount	Code	Box	14b Amount		Description			
.00.		.00				.00				
Box 10 Dependent care benefits	Box 12c /	mount	Code	Во	14c Amount		Description			
.00.		.00				.00				
Box 11 Nonqualified plans	Box 12d A	Amount	Code	Во	14d Amount		Description			
.00		.00.				.00				
	ement plan	Third-party sick pay Box 16a NYS wages, tips, e	etc.	Box '	17a NYS income ta	x withheld	Corrected (W-2c)			
NY State information: Box 15a NY State	NIY	62	568.00			3611.00				
		Box 16b Other state wages,	, tips, etc.	Box '	17b Other state inco	me tax withheld				
Other state information: Box 15b other state	VA		828.00			3354.00				
NYC and Yonkers Information (see instr.): Locality a	18 Local w	ages, tips, etc.	Box	x 19 Loca	I income tax withhe	.00 Locality a	Box 20 Locality name			
Locality b			cality b			.00 Locality b				
W-2 Record 2 Box a Employee's Social Security number for this W-2 Record	r	yer's name yer's address (number and stree	et)							
Box b Employer identification number (EIN) City			State	ZIP code	Country (if n	ot United States)			
] [<u> </u>			5			
Box 1 Wages, tips, other compensation	Box 12a A		Code	Во	< 14a Amount	2.2	Description			
.00		.00.		Ļ		.00				
Box 8 Allocated tips	Box 12b /		Code	Box	c 14b Amount		Description			
.00		.00.	Щ	L		.00				
Box 10 Dependent care benefits	Box 12c A		Code	Box	(14c Amount		Description			
.00		.00.		L		.00	2:			
Box 11 Nonqualified plans	Box 12d A		Code	Box	c 14d Amount		Description			
.00.		.00.				.00				
Box 13 Statutory employee Retire	ement plan	Third-party sick pay Box 16a NYS wages, tips, e	etc	Box :	17a NYS income ta	y withheld	Corrected (W-2c)			
NY State information: Box 15a	NIY	Don Tou 1110 wayes, ups, e	.00		IVIO IIICOIIIE LA	.00				
NY State	1 4 1	Box 16b Other state wages,			17b Other state inco					
Other state information: Box 15b other state		Tob Other state wages,	.00		Trb Other state incom	.00				
	18 Local w	ages, tips, etc.	Воз	x 19 Loca	I income tax withhe	eld	Box 20 Locality name			
information (see instr.): Locality a		.00 Loc	cality a			.00 Locality a				
			· · ⊢							





SCHEDULE D (Form 1040)

Capital Gains and Losses

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

OMB No. 1545-0074

2021

Attachment Sequence No. **12**

Your social security number

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

875-75-2946 NIKHIL CHANDRA VOODARA 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 Form(s) 8949, Part I, combine the result (sales price) (or other basis) 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 -18,475. 47,649. 69,777. 3,653. 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 -18,475.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 Form(s) 8949, Part II, (sales price) (or other basis) 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 1,821. 1,889. 68. Totals for all transactions reported on Form(s) 8949 with Box E checked 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 12 13 2. 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III 15 70.

BAA

Schedule D (Form 1040) 2021 Page 2

Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 -18,405. • 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 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. 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.) • (\$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

Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form8949 for instructions and the latest information. ▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Sequence No. 12A

Name(s) shown on return

Social security number or taxpayer identification number

NIKHIL CHANDRA VOODARA 875-75-2946

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).

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

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.

(C) Short-term transactions	not reported	to you on F	orm 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, it If you enter an enter a c See the sep	(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)
Robinhood Securities LLC	01/01/21	04/16/21	47,649.	69,777.	W	3,653.	-18,475.
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box 6).	al here and inc is checked), lir	lude on your ne 2 (if Box B	47.649.	69.777.		3.653.	-18,475.

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.

Form 8949 (2021) Attachment Sequence No. **12A** Page **2**

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side NIKHIL CHANDRA VOODARA

Social security number or taxpayer identification number 875 - 75 - 2946

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☐ (E) Long-term transactions☐ (F) Long-term transactions	reported on l	Form(s) 1099	-B showing bas	•		•	?)
1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b)	(b) Date acquired (Mo., day, yr.) (c) Date sold or disposed of (Mo., day, yr.) (d) Cost or othe See the Not (sales price) (and see Col (see instructions) in the sep	(d)	Cost or other basis. See the Note below	Adjustment, it If you enter an enter a co	(h) Gain or (loss). Subtract column (e)	
	(Mo., day, yr.)		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)	
Robinhood Securities LLC	01/15/20	03/03/21	1,889.	1,821.			68.
Totals. Add the amounts in columns negative amounts). Enter each total Schedule D. line 8b (if Box D above).	al here and inc	lude on your					

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.

above is checked), or line 10 (if Box F above is checked) ▶

1,889.

1,821.

SCHEDULE E (Form 1040)

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.

Department of the Treasury Internal Revenue Service (99)

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

Attachment Sequence No. **13**

OMB No. 1545-0074

ivairie(s)	SHOWITOH Teturn							Tour Soci	iai securit	, number
NIKH	IL CHANDRA VOOD								5-294	
Part	Income or Loss	From Rental Real Estate and Ro	yalties	Note:	If you a	are in th	e business of	renting pe	rsonal pr	operty, use
	Schedule C. See i	nstructions. If you are an individual, rep	ort farm	n rental ir	ncome c	r loss fi	rom Form 483	5 on page	2, line 4	Э.
		nts in 2021 that would require you to								'es 🔀 No
B If "	Yes," did you or will yo	ou file required Form(s) 1099?							. 🗌 Y	'es 🗌 No
1a	Physical address of e	each property (street, city, state, ZIF	code))						
Α	KUKATPALLY HYD	ERABAD TELANGANA IN 5000)45							
В										
С										
1b	Type of Property (from list below)									QJV
Α	2	personal use days. Check the QJV box only for your meet the requirements to file as a 365							0 🗆	
В		qualified joint venture. See inst	ruction	ıs.	В					
С					С					
Туре	of Property:						·			
1 Sing	le Family Residence	3 Vacation/Short-Term Rental	5 Lan	nd	7	⁷ Self-	Rental			
2 Mult	ti-Family Residence		6 Roy	yalties	8	3 Othe	r (describe)			
Incom	e:	Properties:			Α		В			С
3			3		(500.				
4	Royalties received .		4							
Expen										
5			5							
6	·	nstructions)	6							
7	•	ance	7			300.				
8			8		Į.	500.				
9			9							
10	_	ssional fees	10							
11	_		11			500.				
12		d to banks, etc. (see instructions)	12							
13			13							
14			14			500.				
15			15		1,9	900.				
16			16			- 0 0				
17			17		2,	500.				
18	Other (list) ►	or depletion	18							
19	` ′	ingo E through 10	19		7 (200				
20	•	ines 5 through 19	20		/ , ?	300.				
21		line 3 (rents) and/or 4 (royalties). If								
	file Form 6198	nstructions to find out if you must	21		_7 <i>'</i>	200.				
22		estate loss after limitation, if any,			,,,					
~~	on Form 8582 (see ins	•	22	(7.2	00.)	(١	(١
23a		eported on line 3 for all rental prope			.,2	23a	1	600.		,
b		eported on line 4 for all royalty prope				23b				
c		eported on line 12 for all properties				23c				
d		eported on line 18 for all properties				23d				
e		eported on line 20 for all properties				23e	7	,800.		
24		e amounts shown on line 21. Do no	t inclu	de any l	osses			. 24		
25	•	sses from line 21 and rental real estate		-		nter tota	al losses here	. 25	(7,200.)
26		ate and royalty income or (loss).								•
		V, and line 40 on page 2 do not								
		(0), line 5. Otherwise, include this ar						. 26		-7,200.