## Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

## IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Subm	ission Identification Number (SID)			
Taxpay	er's name	Social securit	y number	
PRA	VEEN SAGAR KESHAMGARI	095-51-	-1868	
Spouse	's name	Spouse's soci	ial security r	number
Par	Tax Return Information — Tax Year Ending December 31, 2021 (Enter	year you a	re author	izing.)
Enter	whole dollars only on lines 1 through 5.			
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.			
1	Adjusted gross income		1	92,274.
2	Total tax		2	13,222.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	16,236.
4	Amount you want refunded to you		4	3,014.
5	Amount you owe		5	
Part	Taxpayer Declaration and Signature Authorization (Be sure you get and k	eep a cop	y of your	return)
return to send for any Agent payme author payme busine taxes persor	owledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I abov (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmid my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for reject of delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated for my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate ant, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requires days prior to the payment (settlement) date. I also authorize the financial institutions involved in the to receive confidential information necessary to answer inquiries and resolve issues related to the potential individual consent.	tter, or electroction of the trans. Treasury are cated in the tanto debit the the authorizatests must be processing of ayment. I furti	nic return of ansmission of its design of its design of the entry to the interest of the electronal of the electronal of the acknowledges.	originator (ERO)  I, (b) the reason  Inated Financial  Ion software for  is account. This  Ivoke (cancel) a  no later than 2  Inic payment of  Wledge that the
Тахра	ayer's PIN: check one box only	1	1 0 6	
Σ	I authorize GLOBAL TAXES LLC to enter or generate resignature on the income tax return (original or amended) I am now authorizing.	Ent	er five digits n't enter all z	as my
	I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN and your return is filed using the Practitioner PIN methodelow.			
Your	signature ▶ Date ▶	03	20	1 20 2
Spou	se's PIN: check one box only	_		
	I authorize to enter or generate resignature on the income tax return (original or amended) I am now authorizing.	Ent	er five digits n't enter all z	
	I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN methology.			
Spous	se's signature ▶ Date ▶			
	Practitioner PIN Method Returns Only—continue below			
Part	III Certification and Authentication — Practitioner PIN Method Only			
ERO'	s <b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5 8		8 6 1 er all zeros	9 8 9
author	y that the above numeric entry is my PIN, which is my signature for the electronic individual income ta ized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers of In	itting this retu	rn in accor	rdance with the
FRO'	s signature ▶ Date ▶			
<u> </u>	ERO Must Retain This Form — See Instructions			

Don't Submit This Form to the IRS Unless Requested To Do So

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 use the checked the MFS box, enter the notes on is a child but not your dependent	ame of	ed filing separately your spouse. If you	` ′	_		, ,	_	, ,	` , ` ,
Your first name	and mi	iddle initial	Last na	ame					Your so	cial securi	ty number
PRAVEEN	SAG	AR	KES	HAMGARI					095-	51-186	8
If joint return, s	pouse's	s first name and middle initial	Last na	ame					Spouse'	s social se	curity number
	,	er and street). If you have a P.O. box, see EY TRACT ROAD	instruct	ions.				Apt. no.		ntial Election	on Campaign or vour
	ost offi	ce. If you have a foreign address, also co	mplete :	spaces below.	Sta			code 3146	spouse to go to	if filing join	ntly, want \$3 Checking a
Foreign country				Foreign province/stat	e/coun	ty	For	eign postal code		ow will flot or refund.	
At any time du	ıring 20	021, did you receive, sell, exchange,	or oth	erwise dispose of a	ny fina	ancial intere	st in an	y virtual curre	ncy?	Yes	⊠ No
Standard Deduction	_	neone can claim:		_ '			nt				
Age/Blindness	s You:	: Were born before January 2, 1	957	Are blind S	pouse	: Was I	oorn be	efore January 2	2, 1957	☐ Is bl	ind
Dependents If more	,	instructions): irst name Last name			(4) ✓ if q		r (see instru Credit for ot	ections): her dependents			
than four											
dependents,											
see instruction and check here ▶ □	s ——										
	. 1	Wages, salaries, tips, etc. Attach F	orm(s)	\W_2					. 1	1	01 <b>,</b> 866.
Attach			2a		 ь т	axable inter	oct		2b		01,000.
Sch. B if	3a	· —	3a			Ordinary divi			3b		
required.	4a		4a			axable amo			. 4b		
	5a	_	5a			axable amo			. 5b		
Standard	6a	_	6a			axable amo			. 6b		
Deduction for—	7	Capital gain or (loss). Attach Schee		if required. If not re				• [	7		1,263.
Single or Married filing	8	Other income from Schedule 1, line			•				. 8	_	10,855.
separately,	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,		This is vour <b>total in</b>	come				▶ 9		92,274.
\$12,550 Married filing	10	Adjustments to income from Sche		•					. 10		
jointly or Qualifying	11	Subtract line 10 from line 9. This is			ome				<b>▶</b> 11		92,274.
widow(er),	12a	Standard deduction or itemized	•	-			12a	12,55	0.		
\$25,100 • Head of	b	Charitable contributions if you take		,	,	-	12b	30			
household, \$18,800	С								. 120		12,850.
If you checked	13	Qualified business income deducti			m 899	95-A			. 13		
any box under Standard	14	Add lines 12c and 13							. 14		12,850.
Deduction,	15	Taxable income. Subtract line 14	from li	ne 11. If zero or les	s, ente	er-0			. 15		79,424.

	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3		16	13,222.
	17	Amount from Schedule 2, line 3		17	
	18	Add lines 16 and 17		18	13,222.
	19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812		19	
	20	Amount from Schedule 3, line 8		20	
	21	Add lines 19 and 20		21	
	22	Subtract line 21 from line 18. If zero or less, enter -0		22	13,222.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21		23	0.
	24	Add lines 22 and 23. This is your <b>total tax</b>		24	13,222.
	25	Federal income tax withheld from:			
	а	Form(s) W-2	16,236.		
	b	Form(s) 1099			
	С	Other forms (see instructions)			
	d	Add lines 25a through 25c		25d	16,236.
	26	2021 estimated tax payments and amount applied from 2020 return		26	,
If you have a Lagrangian qualifying child,	27a	Earned income credit (EIC)			
attach Sch. EIC.		Check here if you were born after January 1, 1998, and before			
		January 2, 2004, and you satisfy all the other requirements for			
		taxpayers who are at least age 18, to claim the EIC. See instructions ▶ ☐			
	b	Nontaxable combat pay election			
	С	Prior year (2019) earned income			
	28	Refundable child tax credit or additional child tax credit from Schedule 8812 28		_	
	29	American opportunity credit from Form 8863, line 8		_	
	30	Recovery rebate credit. See instructions		_	
	31	Amount from Schedule 3, line 15			
	32	Add lines 27a and 28 through 31. These are your total other payments and refund		32	16.026
	33	Add lines 25d, 26, and 32. These are your <b>total payments</b>		33	16,236.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you o	=	34	3,014.
Di	35a	Amount of line 34 you want <b>refunded to you.</b> If Form 8888 is attached, check here Routing number 1 1 1 1 0 0 0 0 0 2 5 ► <b>c</b> Type: 🕱 Check		35a	3,014.
Direct deposit? See instructions.	►b	Routing number 1 1 1 0 0 0 0 2 5 ► <b>c</b> Type: ★ Check Account number 4 8 8 0 5 0 9 0 9 4 4 3			
	► d 36		_		
A		, , , , , , , , , , , , , , , , , , , ,	v.ationo .	27	
Amount You Owe	37 38	Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions Estimated tax penalty (see instructions)	ructions .	37	
		-			
Third Party Designee		you want to allow another person to discuss this return with the IRS? See structions	Yes. Complete	helow.	× No
Besignee		signee's Phone	Personal identi		
		me ▶ no. ▶	number (PIN)		
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules a			
Here		ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on a	1		, ,
	You	ur signature Date Your occupation			nt you an Identity IN, enter it here
Joint return?		SOFTWARE ENGIN		inst.)	THE RESERVE
See instructions.	Spo	ouse's signature. If a joint return, <b>both</b> must sign. Date Spouse's occupation		e IRS ser	nt your spouse an
Keep a copy for				•	ection PIN, enter it here
your records.			(see	inst.) <b>&gt;</b>	
		one no. (949) 202-9890 Email address PKESHAMGARI@GM			
Paid		eparer's name Preparer's signature Date	PTIN		Check if:
Preparer			9/2022 P0208		Self-employed
Use Only		m's name ► GLOBAL TAXES LLC			(678) 965-9522
	Firr	m's address ▶ 2530 Pebble Creek Ln Cumming GA 30041	Firm	ı's EIN ▶	
Go to www.irs.go	ov/Form	n1040 for instructions and the latest information.  BAA  REV 03/	19/22 PRO		Form <b>1040</b> (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

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

PRAVEEN SAGAR KESHAMGARI

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

Your social security number 095-51-1868

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	0.
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions) ▶			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, tru Schedule E		5	-10,855.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	<b>8a</b> ( )		
b	Gambling income	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	<b>8d</b> (		
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			
	' ' ´	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	<u> </u>	9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 10 1040-NR, line 8		10	_10 855

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

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

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

#### **Capital Gains and Losses**

OMB No. 1545-0074

Attachment Sequence No. 12

Department of the Treasury Internal Revenue Service (99) ► Attach to Form 1040, 1040-SR, or 1040-NR.

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

Name(s) shown on return Your social security number 095-51-1868 PRAVEEN SAGAR KESHAMGARI

#### Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) Part I See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part I, combine the result whole dollars. with column (g) line 2. column (a) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . **1b** Totals for all transactions reported on Form(s) 8949 with **Box A** checked . . . . . . . . . . . . . . . . . 3,527. 2,262. 1,265. Totals for all transactions reported on Form(s) 8949 with Box B checked . . . . . . . . . . . . . . 3 Totals for all transactions reported on Form(s) 8949 with 298. 300. -2. 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 1,263. 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 (sales price) (or other basis) Form(s) 8949, Part II, combine the result whole dollars. line 2. column (a) with column (a) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . 8b Totals for all transactions reported on Form(s) 8949 with 9 Totals for all transactions reported on Form(s) 8949 with 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 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

BAA

Schedule D (Form 1040) 2021 Page 2

#### Part III Summary 1,263. 16 Combine lines 7 and 15 and enter the result 16 • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 • (\$3,000), or if married filing separately, (\$1,500) **Note:** When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ 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**

OMB No. 1545-0074

Attachment

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

Social security number or taxpayer identification number Name(s) shown on return 095-51-1868 PRAVEEN SAGAR KESHAMGARI

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

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

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

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

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

(C) Short-term transactions	not reported	to you on F	orm 1099-B				
1 (a) Description of property	(b) Date acquired	(c) Date sold or	Proceeds	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column</i> (e) in the separate instructions	Adjustment, if If you enter an enter a co See the sep	Gain or (loss). Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)			(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g)
Robinhood Securities LLC	01/01/21	12/31/21	3,527.	2,262.			1,265.
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	al here and ince is checked), <b>lir</b>	lude on your ne 2 (if Box B	3,527.	2,262.			1,265.

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.

## 8949 Form

#### **Sales and Other Dispositions of Capital Assets**

2021

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form8949 for instructions and the latest information.

O of Schedule D. Attachment

► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Attachment Sequence No. **12A** 

Social security number or taxpayer identification number Name(s) shown on return 095-51-1868 PRAVEEN SAGAR KESHAMGARI Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check. Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS X (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss.

1 (a) Description of property	(b)	Date sold of		Cost or other basis. See the <b>Note</b> below	enter a c See the sep	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.)			(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
COIN BASE	01/01/21	12/31/21	298.	300.			-2.
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 ince is checked), <b>lir</b>	lude on your ne 2 (if Box B	298.	300.			-2.

**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.

#### **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.

OMB No. 1545-0074

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

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

Attachment Sequence No. **13** 

Your social security number

PRAV	EEN SAGAR KESHAMGARI						095	5-51-	186	8	
Part	Income or Loss From Rental Real Estate and Ro	yaltie	s Note:	If you a	are in th	e business o	f renting	g persoi	nal p	roperty	use
	Schedule C. See instructions. If you are an individual, rep	ort far	m rental in	come c	or loss fr	om Form 48	<b>35</b> on p	age 2,	line 4	40.	
A Did	d you make any payments in 2021 that would require you to	o file F	orm(s) 10	99? S	ee instr	uctions .				Yes >	No
	Yes," did you or will you file required Form(s) 1099?										No
1a	Physical address of each property (street, city, state, ZIF	code	e)								
Α	HNO.1-68 KONGARA KALAN(V) IBRAHIMPATNA			A REI	DDY T	ELANGAN	NI A	5015	10		
В			, -								
С											
1b	Type of Property 2 For each rental real estate pro	nerty l	isted		Fair	Rental	Pers	onal U	se		D./
	(from list below)  3 above, report the number of far personal use days. Check the if you meet the requirements to	ir rent	al and		D	ays		ays		l d	JV
Α	personal use days. Check the if you meet the requirements to	QJV k	ox only_	Α		365		0		Г	
В	qualified joint venture. See ins	tructio	ns.	В		000					
C				C							_
	of Property:										
	gle Family Residence 3 Vacation/Short-Term Rental	5 la	nd	-	7 Self-l	Rental					
•	ti-Family Residence 4 Commercial		yalties			r (describe)					
Incom		1	yarrioo	Α	J Ollie	<u>(describe)</u> E				С	
3	Rents received	3			710.						
4	Royalties received	4			710.						
Exper		+ -									
5	Advertising	5									
6	Auto and travel (see instructions)	6									
7	Cleaning and maintenance	7		2	140.						
8	Commissions.	8		۷,	140.						
9	Insurance	9									
10	Legal and other professional fees	10									
11	Management fees	11		2	20 E						
12		12		۷,	385.						
	Mortgage interest paid to banks, etc. (see instructions)	13									
13	Other interest	14		2	CC0						
14	Repairs	15			660. 510.						
15	Supplies	16									
16	Taxes	17		⊥,	870.						
17	Utilities	_									
18	Depreciation expense or depletion	18									
19	Total expenses. Add lines 5 through 19	19		11	ГСГ						
20		20		⊥⊥,	565.						
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If										
	result is a (loss), see instructions to find out if you must file <b>Form 6198</b>	21		-10,	855						
		21		,	055.						
22	Deductible rental real estate loss after limitation, if any,	00	,	10 0	E	(		)/			`
02-	on Form 8582 (see instructions)	22	ľ	10,8	55.)	(	71	)(			)
23a	Total of all amounts reported on line 3 for all rental proper			•			/ 1	J.			
b	Total of all amounts reported on line 4 for all royalty prop				23b						
C	Total of all amounts reported on line 12 for all properties				23c						
d	Total of all amounts reported on line 18 for all properties				23d	-1	1				
e	Total of all amounts reported on line 20 for all properties				23e		1,56				
24	Income. Add positive amounts shown on line 21. Do no		-				_	24		10 /	) E E \
25	Losses. Add royalty losses from line 21 and rental real estate							25 (		10,8	555. )
26	Total rental real estate and royalty income or (loss).										
	here. If Parts II, III, IV, and line 40 on page 2 do not Schedule 1 (Form 1040) line 5. Otherwise include this at							26		_1 ^	855.
	-achedine i teorri 10401 ilde a Utherwise inclide this al	יחווטייי	i in ine m	าลเ ดก	11111111111111	OU DAUE 2	1 '	/n		- 1 11.	(0.1.1)

# 2021 VA760CG Page 1





Page 1 of 2

PRAVEEN SAGA KESHAMGARI

16077 POUNCEY TRACT ROAD

ROCKVILLE VA 23146

SSN-You KESH		095511868	Vendor ID	1555		XXXXX	$\neg$
SSN - Spouse							
Fed Adj Gross Income (FAGI)	1.	92274.	Withholding (VA) - Yo	DU	19A.	5	5320.
Additions	2.		Withholding (VA) - Sp	pouse	19B.		
Subtotal	3.	92274.	Estimated Payments		20.		
Age Deduction - You	4A.		2020 Overpayment		21.		
Age Deduction - Spouse	4B.		Extension Payments		22.		
Soc Sec & Tier 1 Railroad	5.		Credit - Low-Income	or EIC	23.		
State Income Tax Overpayment	6.		Credit - Schedule OS	С	24.		
Subtractions	7.		Credits - Schedule Cl	२	25.		
Subtotal Subtractions	8.		Total Payments / Cre	edits	26.	Ę	5320.
Total VA Adj Gross Income (VAGI)	9.	92274.	Tax You Owe		27.		
Itemized Deductions - VA Sch A	10.		Tax Overpayment		28.		584.
Standard Deduction	11.	4500.	Overpayment Credite	d to Next Year	29.		
Exemptions	12.	930.	VAC - Virginia 529 / A	ABLE	30.		
Deductions	13.		VAC - Other Contribu	utions	31.		
Subtotal (Deductions & Exemptions)	14.	5430.	Addition to Tax, Pena	lty & Interest	32.		
VA Taxable Income	15.	86844.	Sales and Use Tax		33.		
Amount of Tax	16.	4736.	Amount You Owe	I Ocal N			
Spouse Tax Adjustment (STA)	17.		Will Pay by Credit/Debit Card N  Your Refund		1		584.
VAGI - Spouse	17A.		Dank Davisian #		<b>_</b>	1110	00005
Net Amount of Tax	18.	4736.	Bank Assount #		C 4000 F	50909443	00025
L			Bank Account #		40003	10303443	)
				4			D 4 . CO

\_\_LAR \_\_DLAR \_\_DTD \_\_LTD \$\_\_\_\_

Filing Status, Age & License Information



Additional Filing Information



Filing Status		1	Locality	085			
Federal Head of I	Household		Uninsured & Authorize DMAS				
DOB - You		11091993	Name or Filing Status Change				
VA Driver's Licen	se ID - You	В67100100	Address Change				
VA Driver's Licen	se - Iss. Date - You	09182020	VA Return Not Filed Last Year				
Spouse Name (F	iling Status 3 Only)		Dependent on Another's Return				
			Farmer / Fisherman / Merchant Seaman				
DOB - Spouse			Amended				
VA Driver's Licen	se ID - Spouse		Reason Code				
	·						
VA Driver's Licen	se - Iss. Date - Spouse		Outres on Due Dete				
Exemptions (A)	Exempt	ions (B)	Overseas on Due Date				
You		Over - You	Federal EIC & Amount				

#### **Contact Information**

Total (B)

Blind - You

Blind - Spouse

65 & Over - Spouse

I (We), the undersigned, declare under penalty of law that I (we) have examined this return & to the best of my (our) knowledge, it is a true, correct & complete return. If you are requesting direct deposit of your refund by providing bank information on your return, you are certifying that the information provided is for a domestic account within the territorial jurisdiction of the United States.

Signature - You	Date		Phone - You		9492029890
Signature - Spouse	Date		Phone - Spouse		
Signature - Preparer <u>SYAM PRIYA RAM SAGAR GUPTA TALLAM</u>	Date	032922	Phone - Preparer		6789659522
The Tax Department may discuss my/our return with my/our pre	eparer.		Preparer Information	7	P02082703

GLOBAL TAXES LLC

2530 PEBBLE CREEK LN CUMMING

**Deceased Indicator** 

Obtain Electronic 1099G

ID Theft PIN

No Sales & Use Tax Due Indicator

Χ

Spouse

Total (A)

Dependents

1

File by May 1, 2022 Include Page 1, Page 2 and all

supporting 760CG documents.

#### 2021 Schedule INC/CG

095511868

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

PRAVEEN SAGA

KESHAMGARI



Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
Γ					コ
095511868	M	5320.	823731500	30823731500F001	101866.

 Total VA Withholding
 SSN
 VA Withholding

 You
 095511868
 5320.

 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!

V		<b>B</b> V = 0 = 110 =	. 20 M				
Your N		B Your Social Security Number					
	EEN SAGAR KESHAMGARI se's Name	095-51-1868 <b>A</b> Spouse's Social Security Number					
Spous	e s Name	A Spouse's Social	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)		92274.				
2.	Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)		92274.				
3.	Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)		86844.				
4.	Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)		4736.				
5.	Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)		5320.				
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)		584.				
Part I	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	•					
number filing a liable f Virginia refund of the t signatu Taxpa	Originator (ERO), Transmitter, or Intermediate Service Provider (including my name, address and social security or) and the amount shown in Part I above agree with the information and amounts shown on the corresponding line balance due return, I understand that if the Virginia Department of Taxation (Virginia Tax) does not receive full an or the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Tax. I have selected a personal identification number (PIN) as my signature for my electronic income tax return or 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.  Yer's e-File PIN: check one box only  I authorize the ERO named below to enter my e-File PIN 1 1 8 6 8 as my signature on my 2021 e-file Do not enter all zeros	es of my electronic inco d timely payment of my se Provider to transmit r and, if applicable, the d directly involve a finan- stamp, mechanical dev	me tax return. If I am tax liability, I remain my complete return to irect deposit of my cial institution outside ice, such as a				
	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 only if you are entering your own e-File PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.						
Your S	ignature Date						
	e'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	ed 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 only if you are entering your own e-File PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.						
Spous	e's Signature Date						
Part I	II Certification and Authentication – Practitioner PIN Method Only						
ERO's	<b>EFIN/PIN:</b> 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. Electro pen, or	Do not enter all zeros  I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2021 Virginia individual income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Virginia's publication Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2021). EROs may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.  ERO's Signature Date						
_, \( \( \) 3	Date						