8879 Form

(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

Submission Identification Number (SID)		
Taxpayer's name	Social securit	y number
MANOJ KUMAR DULAM	139-91-	-0252
Spouse's name	Spouse's soci	ial security number
•	21 (Enter year you a	re authorizing.)
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 82,970.
2 Total tax		2 10,192.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 13,242.
4 Amount you want refunded to you		4 3,050.
5 Amount you owe	et and keen a con	-
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or		
return (original or amended) I am now authorizing. I consent to allow my intermediate service provice to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reafor any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorized to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution apayment of my federal taxes owed on this return and/or a payment of estimated tax, and the finance authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cance business days prior to the payment (settlement) date. I also authorize the financial institutions involvances to receive confidential information necessary to answer inquiries and resolve issues relate personal identification number (PIN) below is my signature for the income tax return (original or am Electronic Funds Withdrawal Consent.	son for rejection of the tra- prize the U.S. Treasury are count indicated in the ta- ial institution to debit the terminate the authorizal lation requests must be used in the processing of d to the payment. I furth	ansmission, (b) the reason and its designated Financial ix preparation software for entry to this account. This ition. To revoke (cancel) a received no later than 2 the electronic payment of her acknowledge that the
Taxpayer's PIN: check one box only		
	generate my PIN $\frac{1}{2}$	0 2 5 2 as my
ERO firm name signature on the income tax return (original or amended) I am now authorizing.	Ent .	er five digits, but n't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amende if you are entering your own PIN and your return is filed using the Practitioner below.		
Your signature ▶	Date > 03/07/202	22
Spouse's PIN: check one box only		
· <u> </u>	generate my PIN	as my
ERO firm name		er five digits, but
signature on the income tax return (original or amended) I am now authorizing.	dor	n't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amendatify you are entering your own PIN and your return is filed using the Practitioner below.		
Spouse's signature ▶	Date ►	
Practitioner PIN Method Returns Only—continu	ie below	
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.		8 6 1 9 8 9 er all zeros
I certify that the above numeric entry is my PIN, which is my signature for the electronic individua authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Pro	I am submitting this retu	rn in accordance with the
ERO's signature ▶	Date ▶	
ERO Must Retain This Form — See Instruc		

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

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

2021

OMB No. 1545-007

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

Filing Status Check only one box.	If yo	Single Married filing jointly [u checked the MFS box, enter the on is a child but not your depender	name of								
Your first name	and mi	ddle initial	Last na	me					Your so	cial securit	y number
MANOJ KU	JMAR		DULA	ΔM					139-	91-025	2
If joint return, s	pouse's	first name and middle initial	Last na	me					Spouse	's social sec	curity number
Home address	(numbe	er and street). If you have a P.O. box, see	e instruction	ons.				Apt. no.	Preside	ntial Election	on Campaign
5717 MA	GNOL:	IAN CHASE WAY						105	Check I	here if you,	or your
City, town, or p	ost offic	ce. If you have a foreign address, also c	omplete s	paces below.	Sta	te	ZIP	code			tly, want \$3
VIRGINIZ	A BEZ	ACH			V	A	23	464		o this fund. low will not	Checking a change
Foreign country	/ name		ı	Foreign province/state	/coun	ty	Fore	eign postal code		x or refund.	0
										You	Spouse
At any time du	ring 20	021, did you receive, sell, exchange	, or othe	rwise dispose of an	y fina	ancial interest i	n an	y virtual curren	ncy?	Yes	⊠ No
Standard Deduction		eone can claim: You as a de		•		a dependent					
Deduction		Spouse itemizes on a separate retu	rn or you	i were a duai-status	aller	1					
Age/Blindness	You:	☐ Were born before January 2,	1957	Are blind Sp	ouse	: Was bor	n be	fore January 2	, 1957	☐ Is bl	ind
Dependents	s (see	instructions):		(2) Social securit	у	(3) Relationshi	ip	(4) ✓ if qu	ualifies fo	r (see instru	ctions):
f more	(1) Fi	rst name Last name		number		to you		Child tax cr	edit	Credit for otl	her dependents
than four											
dependents, see instruction:										[
and check	3									[
nere ▶ 🗌											
	1	Wages, salaries, tips, etc. Attach	Form(s) \	W-2					. 1		92,424.
Attach	2a	Tax-exempt interest	2a		b T	axable interest			2b	,	
Sch. B if required.	3a	Qualified dividends	За	1.	b 0	Ordinary divider	nds		3b)	1.
Tequireu.	4a	IRA distributions	4a			axable amount			4b)	
	5a	Pensions and annuities	5a		b T	axable amount			5b	,	
tandard	6a	Social security benefits	6a		b T	axable amount			6b	,	
eduction for -	7	Capital gain or (loss). Attach Sche	edule D if	frequired. If not req	uired	l, check here		▶ 🗆	7		-625.
Single or Married filing	8	Other income from Schedule 1, lin	ne 10						8	-	-8,830.
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is your total inc	ome)	▶ 9	- 8	32,970.
Married filing	10	Adjustments to income from Scho	edule 1, l	ine 26					. 10	j	
jointly or Qualifying	11_	Subtract line 10 from line 9. This i	s your a c	djusted gross inco	me)	▶ 11	- 8	32 , 970.
widow(er), \$25,100	12a	Standard deduction or itemized	deducti	ions (from Schedule	e A)	12a	1	12,550).		
Head of	b	Charitable contributions if you take	the star	ndard deduction (see	instr	ructions) 12k		300).		
household, \$18,800	С	Add lines 12a and 12b							120	c :	12,850.
If you checked	13	Qualified business income deduc	tion from	Form 8995 or Forn	า 899	95-A			. 13		
any box under Standard	14	Add lines 12c and 13							14		12,850.
Deduction, see instructions.	15	Taxable income. Subtract line 14	from lin	e 11. If zero or less	ente	er-0			15	;	70,120.
300 II 1311 UCIIOI IS.											

Form 1040 (2021)								Page Z
	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	11,176.
	17	Amount from Schedule 2, lin	ne 3					17	
	18	Add lines 16 and 17						18	11,176.
	19	Nonrefundable child tax cre	dit or credit for c	other depender	nts from Schedule	8812		19	
	20	Amount from Schedule 3, lir	ne 8					20	984.
	21	Add lines 19 and 20						21	984.
	22	Subtract line 21 from line 18	3. If zero or less,	enter -0				22	10,192.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is	your total tax				•	24	10,192.
	25	Federal income tax withheld	I from:			1 1			
	а	Form(s) W-2				25a 1	3 , 242	•	
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	13,242.
If you have a	26	2021 estimated tax paymen			MA			26	
qualifying child, attach Sch. EIC. [27a	Earned income credit (EIC)				27a			
attaon con. Etc.	b	Check here if you were I January 2, 2004, and you taxpayers who are at least a Nontaxable combat pay elec	u satisfy all the ge 18, to claim t	e other requi the EIC. See in	rements for				
	С	Prior year (2019) earned inco	ome	. 27c					
	28	Refundable child tax credit o	r additional child	tax credit from	Schedule 8812	28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Recovery rebate credit. See	instructions .			30			
	31	Amount from Schedule 3, lin	ne 15			31			
	32	Add lines 27a and 28 through	jh 31. These are	your total oth	er payments and	refundable cr	edits 🕨	32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments			▶	33	13,242.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amoun	t you overpaid		34	3,050.
	35a	Amount of line 34 you want			is attached, chec	k here	. ▶ □	35a	3,050.
Direct deposit?	▶b	Routing number 0 2 1			▶ c Type: 🔀	Checking [Savings	s	
See instructions.	►d	Account number 4 8 3	0 6 4 5	0 1 3 5	5 3				
	36	Amount of line 34 you want				36			
Amount	37	Amount you owe. Subtract				1 1	. ▶	37	
You Owe	38	Estimated tax penalty (see in				38			
Third Party		you want to allow another	person to disc	cuss this retu	n with the IRS?				N.
Designee		tructions					Complete		⊠ No
		signee's ne ▶		Phone no. ▶			rsonal ider nber (PIN)		
Sign		der penalties of perjury, I declare telef, they are true, correct, and com							
Here	You	ur signature		Date	Your occupation		I .		nt you an Identity
	k .	IN- N	4	3/7/2022				otection P e inst.) ▶	IN, enter it here
Joint return? See instructions.	Cn	ouse's signature. If a joint return,			SOFTWARE E				at value analyse an
Keep a copy for your records.	Spi	ouse's signature. If a joint return, i	both must sign.	Date	Spouse's occupation	ווכ	Ide		nt your spouse an ection PIN, enter it here
	——Ph	one no. (669) 231-937	Δ	Email address	MANOJDULAM	IACMATT. CC	,	,	
		parer's name	Preparer's signat		I II II OO DO LIAN	Date Date	PTIN		Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM			GUPTA TALLAM	03/02/2022		82703	Self-employed
Preparer		m's name ► GLOBAL TA				1 -0, 02, 2022			(678) 965-9522
Use Only		m's address ► 2530 Pebb		n Cummin	g GA 30041			m's EIN	
							1		

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2021

Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service

MANOJ KUMAR DULAM

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

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

► Go to www.irs.gov/Form1040 for instructions and the latest information.

Your social security number 139-91-0252

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes	S	1	
2 a	Alimony received		2 a	
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, transchedule E		5	-8,830.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling income	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Taxable Health Savings Account distribution	8e		
f	Alaska Permanent Fund dividends	8f		
g	Jury duty pay	8g		
h	Prizes and awards	8h		
i	Activity not engaged in for profit income	8i		
j	Stock options	8j		
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8k		
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	040, 1040-SR, or	10	-8 830

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

	Educator expenses	11
	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	12
}	Health savings account deduction. Attach Form 8889	13
	Moving expenses for members of the Armed Forces. Attach Form 3903	14
5	Deductible part of self-employment tax. Attach Schedule SE	15
6	Self-employed SEP, SIMPLE, and qualified plans	16
7	Self-employed health insurance deduction	17
3	Penalty on early withdrawal of savings	18
а	Alimony paid	19a
b	Recipient's SSN	
С	Date of original divorce or separation agreement (see instructions) ▶	
)	IRA deduction	20
I	Student loan interest deduction	21
2	Reserved for future use	22
3	Archer MSA deduction	23
	Other adjustments:	
а	Jury duty pay (see instructions)	
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	
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	
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	
f	Contributions to section 501(c)(18)(D) pension plans 24f	
g	Contributions by certain chaplains to section 403(b) plans 24g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	
i	Housing deduction from Form 2555	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	
Z	Other adjustments. List type and amount ▶	
	Total other adjustments. Add lines 24a through 24z	25

SCHEDULE 3 (Form 1040)

Additional Credits and Payments

OMB No. 1545-0074

2021

Attachment
Sequence No. 03

Department of the Treasury Internal Revenue Service

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

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

► Go to www.irs.gov/Form1040 for instructions and the latest information.

Sequence No. 03

Your social security number

MAN	OJ KUMAR DULAM 1	-39-91-	0252	
Par	t I Nonrefundable Credits			
1	Foreign tax credit. Attach Form 1116 if required	. 1		
2	Credit for child and dependent care expenses from Form 2441, line 11. Atta Form 2441	ach . 2		
3	Education credits from Form 8863, line 19	. 3		984.
4	Retirement savings contributions credit. Attach Form 8880	. 4		
5	Residential energy credits. Attach Form 5695	. 5		
6	Other nonrefundable credits:			
а	General business credit. Attach Form 3800 6a			
b	Credit for prior year minimum tax. Attach Form 8801 6b			
С	Adoption credit. Attach Form 8839 6c			
d	Credit for the elderly or disabled. Attach Schedule R 6d			
е	Alternative motor vehicle credit. Attach Form 8910 6e			
f	Qualified plug-in motor vehicle credit. Attach Form 8936 6f			
g	Mortgage interest credit. Attach Form 8396 6g			
h	District of Columbia first-time homebuyer credit. Attach Form 8859 6h			
i	Qualified electric vehicle credit. Attach Form 8834 6i			
j	Alternative fuel vehicle refueling property credit. Attach Form 8911 6j			
k	Credit to holders of tax credit bonds. Attach Form 8912 6k			
I	Amount on Form 8978, line 14. See instructions			
Z	Other nonrefundable credits. List type and amount ▶ 6z			
7	Total other nonrefundable credits. Add lines 6a through 6z	. 7		
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-N	NR,		004

(continued on page 2)

Page 2 Schedule 3 (Form 1040) 2021

Par	Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .		10	
11	Excess social security and tier 1 RRTA tax withheld		11	
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken before April 1, 2021	13b		
С	Health coverage tax credit from Form 8885	13c		
d	Credit for repayment of amounts included in income from earlier years	13d		
е	Reserved for future use	13e		
f	Deferred amount of net 965 tax liability (see instructions)	13f		
g	Credit for child and dependent care expenses from Form 2441, line 10. Attach Form 2441	13g		
h	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken after March 31, 2021	13h		
Z	Other payments or refundable credits. List type and amount ▶	13z		
14	Total other payments or refundable credits. Add lines 13a through	13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31	-SR, or 1040-NR,	15	
	BAA REV	02/17/22 PRO	Schedu	ıle 3 (Form 1040) 2021

SCHEDULE D

Department of the Treasury

Internal Revenue Service (99)

(Form 1040)

Capital Gains and Losses

► 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.

OMB No. 1545-0074

2021

Attachment Sequence No. **12**

Name(s) shown on return Your social security number 139-91-0252 MANOJ KUMAR DULAM 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. Part I Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) See instructions for how to figure the amounts to enter on the (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. line 2, column (a) with 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 6,836. 7,464. 3. -625. Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on Form(s) 8949 with 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 7 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 -625. 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 (g) (h) Gain or (loss) 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 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 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

16	Combine lines 7 and 15 and enter the result	16	-6	525.
	• If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.			
	• If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.			
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.			
17	Are lines 15 and 16 both gains? 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.			
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:			
	• The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500)	21	(62	25.)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.			
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?			
	▼ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.			
	☐ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.			

Sales and Other Dispositions of Capital Assets

▶ Go to www.irs.gov/Form8949 for instructions and the latest information.

OMB No. 1545-0074 Attachment

Department of the Treasury Internal Revenue Service Name(e) chown on return

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

Sequence No. 12A

varrie(3) 311	OWIT OITTELL	4111
MANOJ	KUMAR	DULAM

Social security number or taxpayer identification number 139-91-0252

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

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see 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(B) Short-term transactions(C) Short-term transactions	reported on	Form(s) 1099	9-B showing bas	•		•	2)
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below	See the separate instruction		(h) Gain or (loss). Subtract column (e)
(Example: 100 sh. XYZ Ćo.)	(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	07/16/21	07/27/21	6,836.	7,464.	W	3.	-625.
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	6.836	7.464		3	-625

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

2021

Attachment

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

MANO	J KUMAR DULAM							13	9-91	-025	2	
Part		s From Rental Real Estate and Roy	-						• .			use
	Schedule C. See	instructions. If you are an individual, repo	ort farr	m rental ir	come o	r loss fr	om Form 48	335 on	page 2	2, line 4	0.	
A Did	d you make any payme	nts in 2021 that would require you to	file F	orm(s) 10)99? Se	e instr	uctions .				∕es ⊠	No
B If "	Yes," did you or will yo	ou file required Form(s) 1099?								\	Yes _	No
1a	Physical address of e	each property (street, city, state, ZIP	code)								
Α	GOPALPURAM, HAN	AMKONDA WARANGAL TELANGA	ANA I	IN 506	015							
В												
С												
1b	Type of Property	2 For each rental real estate propabove, report the number of fai	erty li	isted			Rental	Per	sonal		Q.	JV
_	(from list below)	personal use days. Check the (O.JV h	ox onlv⊢	_		ays		Days			7
A	1	if you meet the requirements to qualified joint venture. See insti	file a	s a	A		365			0	<u>_</u>	
B C		qualified joint venture. Gee mou	idotio	-	B C						<u>_</u>	<u></u>
	of Dronorty				C							
	of Property: gle Family Residence	3 Vacation/Short-Term Rental	E Lo	nd	7	Self-l	Dontal					
,	ti-Family Residence			yalties								
Incom	,	Properties:	0 110	yaities	o	Ollie	<u>r (describe)</u> B				С	
3	Rents received		3									
4			4									
Expen												
5			5						1			
6		nstructions)	6									
7	Cleaning and mainter	nance	7		1,0	50.						
8	Commissions		8									
9	Insurance		9									
10	Legal and other profe	ssional fees	10									
11	Management fees .		11		1,1	.00.						
12		d to banks, etc. (see instructions)	12									
13			13									
14			14			980.						
15			15		2,5	500.						
16			16		1 0				-			
17			17		1,2	200.			-			
18	Other (list)	e or depletion	18 19									
19 20		lines 5 through 19	20		0 0	30.						
	·	· ·	20		0,0	,50.			+			
21		line 3 (rents) and/or 4 (royalties). If instructions to find out if you must										
			21		-8,8	30.						
22		estate loss after limitation, if any,			-,-							
		structions)	22	(8,83	30.)	()()
23a	· ·	eported on line 3 for all rental proper				23a	-					
b		eported on line 4 for all royalty prope				23b						
С						23c						
d	Total of all amounts re	eported on line 18 for all properties				23d						
е		eported on line 20 for all properties				23e		8,83	30.			
24	•	e amounts shown on line 21. Do no t		-				.	24			
25	Losses. Add royalty lo	sses from line 21 and rental real estate	losses	s from lin	e 22. En	ter tota	l losses her	e .	25 (8,8	30.)
26		ate and royalty income or (loss).										
		V, and line 40 on page 2 do not a						on			^	000
	Schedule 1 (Form 104	40), line 5. Otherwise, include this an	nount	in the to	tal on l	ine 41	on page 2	.	26		-8,	830.

Department of the Treasury Internal Revenue Service (99)

Education Credits (American Opportunity and Lifetime Learning Credits)

► Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074 Attachment Sequence No. **50**

Your social security number 139-91-0252

Name(s) shown on return

MANOJ KUMAR DULAM

▶ Go to www.irs.gov/Form8863 for instructions and the latest information.

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0.4	171	AN

Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.

Part	Refundable American Opportunity Credit		
1	After completing Part III for each student, enter the total of all amounts from all Parts III, line 30	1	
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er)		
3	Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter		
4	Subtract line 3 from line 2. If zero or less, stop ; you can't take any education credit		
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)		
6	If line 4 is: • Equal to or more than line 5, enter 1.000 on line 6	6	
	at least three places)		
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the year and meet the conditions described in the instructions, you can't take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box	7	
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter the amount here and		
Ü	on Form 1040 or 1040-SR, line 29. Then go to line 9 below.	8	
Part			
9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions) .	9	
10	After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19	10	7,000.
11	Enter the smaller of line 10 or \$10,000	11	7,000.
12	Multiply line 11 by 20% (0.20)	12	1,400.
13	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er)		
14	Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter		
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19		
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)		
17	If line 15 is:		
	• Equal to or more than line 16, enter 1.000 on line 17 and go to line 18		
	• Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places)	17	0.703
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) ▶	18	984.
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Schedule 3 (Form 1040), line 3	19	984

Name(s) shown on return

MANOJ KUMAR DULAM

139-91-0252



Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.

Par	III Student and Educational Institution Information	n. See instructions.										
20	Student name (as shown on page 1 of your tax return)	21 Student social security number (as shown on page 1 of										
	MANOJ KUMAR	your tax return)										
	DULAM	139-91-0252										
22												
а	Name of first educational institution	b. Name of second educational institution (if any)										
	UNIVERSITY OF CUMBERLANDS	40 All N 1 1 1 1 1 1 1 1 1										
(Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 6178 COLLEGE STATION DR 	(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.										
	WILLIAMSBURG KY 40769	(a) D'111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1										
()	2) Did the student receive Form 1098-T from this institution for 2021? ✓ Yes ✓ No	(2) Did the student receive Form 1098-T Yes No from this institution for 2021?										
(1	Did the student receive Form 1098-T from this institution for 2020 with box ☐ Yes ☒ No 7 checked?	(3) Did the student receive Form 1098-T from this institution for 2020 with box ☐ Yes ☐ No 7 checked?										
(4	4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.	(EIN) if you're claiming the American opportunity credit of										
	61-0470593											
23	Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2021?											
24	Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2021 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? Yes — Go to line 25. No — Stop! Go to line 3 for this student. See instructions.											
25	Did the student complete the first 4 years of postsecondary education before 2021? See instructions.	Yes — Stop! X Go to line 31 for this □ No — Go to line 26. student.										
26	Was the student convicted, before the end of 2021, of a felony for possession or distribution of a controlled substance?											
CAUT	you complete lines 27 through 30 for this student, don't d	lifetime learning credit for the same student in the same year. If complete line 31.										
	American Opportunity Credit											
27	Adjusted qualified education expenses (see instructions). Don											
28	Subtract \$2,000 from line 27. If zero or less, enter -0											
29		29										
30	If line 28 is zero, enter the amount from line 27. Otherwise, a											
	enter the result. Skip line 31. Include the total of all amounts for	from all Parts III, line 30, on Part I, line 1 . 30										
	Lifetime Learning Credit											
31	Adjusted qualified education expenses (see instructions). Including 31, on Part II, line 10.	lude the total of all amounts from all Parts 31 7,000.										

2021 VA760CG Page 1





MANOJ KUMAR

DULAM

5717 MAGNOLIAN CHASE WA APT 105

VIRGINIA BEACH

VA 23464

SSN-You DULA		139910252	Vendor ID	1555		XXXXX	┐
SSN - Spouse							
Fed Adj Gross Income (FAGI)	1.	82970.	Withholding (VA) - Yo	Du	19A.	4	1791.
Additions	2.		Withholding (VA) - Sp	pouse	19B.		
Subtotal	3.	82970.	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 CF	₹	25.		
Subtotal Subtractions	8.		Total Payments / Cre	edits	26.	4	1791.
Total VA Adj Gross Income (VAGI)	9.	82970.	Tax You Owe		27.		
Itemized Deductions - VA Sch A	10.		Tax Overpayment		28.		590.
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	itions	31.		
Subtotal (Deductions & Exemptions	14.	5430.	Addition to Tax, Pena	lty & Interest	32.		
VA Taxable Income	15.	77540.	Sales and Use Tax		33.		
Amount of Tax	16.	4201.	Amount You Owe Will Pay by Credit/Debit	Cord N			
Spouse Tax Adjustment (STA)	17.		Your Refund	t Card N	1		590.
VAGI - Spouse	17A.		Dank Danting #			0010	100222
Net Amount of Tax	18.	4201.	Bank Routing # Bank Account #		C 48306	021000322 54501353	
L							

__LAR __DLAR __DTD __LTD \$_____

Page 1 of 2





冖										
Filing Status, Age	& License	Information		Additio	onal Filing Info	rmation				
Filing Status			1	710						
Federal Head of I	Household			Uninsured & Authorize I	DMAS					
DOB - You		12261	992	Name or Filing Status C	or Filing Status Change					
VA Driver's Licen	se ID - You			Address Change						
VA Driver's Licen	se - Iss. Dat	e - You	VA Return Not Filed Las	st Year						
Spouse Name (F	iling Status 3	3 Only)	Dependent on Another's	s Return						
				Farmer / Fisherman / Mo	erchant Seaman					
DOB - Spouse				Amended	Amended					
VA Driver's Licen				Reason Code	Reason Code					
VA Driver's Licen	se - Iss. Dat	•		Overseas on Due Date	Overseas on Due Date					
Exemptions (A) You	1	Exemptions (B) 65 & Over - You		Federal EIC & Amount						
Spouse		65 & Over - Spouse		Deceased Indicator						
Dependents		Blind - You		No Sales & Use Tax Due	e Indicator	X				
Total (A)	1	Blind - Spouse		Obtain Electronic 10990	3					
		Total (B)		ID Theft PIN						
		Contact Information or penalty of law that I (we) have examin ank information on your return, you are of								
Signature - You		Da	te	Phone - You		6692319374				
Signature - Spouse _		Da	te	Phone - Spouse						
Signature - Preparer ₋	SYAM PRIYA	RAM SAGAR GUPTA TALLAM Da	te 030222	Phone - Preparer		6789659522				
The Tax Department r	may discuss	my/our return with my/our prepar	er.	Preparer Information	7	P02082703				
ı			GLOBA	L TAXES LLC						

2530 PEBBLE CREEK LN

GA 30041

Page 2 of 2

CUMMING

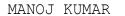
File by May 1, 2022 Include Page 1, Page 2 and all

supporting 760CG documents.

2021 Schedule INC/CG

139910252

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



DULAM



Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
139910252	W	3068.	450919609	30450919609F00	59350.
139910252	W	1723.	351835818	30351835818F001	33074.

Total VA Withholding	SSN	VA Withholding
You	139910252	4791.
Spouse		
Total # of W-2s,1099s & VK-1s	02	

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!

Υοι	ır N	ame																B Your So	ocial Sec	urity Number
MAN	MANOJ KUMAR DULAM										139-91-0252									
Spo	Spouse's Name										A Spouse	s's Social	Security Number							
		_		<u> </u>														A 0		D.V If
Pai			x Ret					700/	20 1:	1. 70	0DV	Lina 4		- A O D.	Г-	- 700 Lin	- 4\	A Spo	use	B Yourself
1.			,				`		•							orm 763, Line	,			82970.
2.		•	•													orm 763, Line	e 9)			82970.
3.	7 (5 7000) (6 7000)													77540.						
	F WELL-LI' - 7000 Line 40- 0.40L 700DV Line 40- 0.40L 700DV													4201.						
5. 6															198	a & 190)				4791.
6.			•		•					30PY, Lir			os, Lin	e 35)						
7. Pai			•							orm 763			'n							590.
Returnum filing liable Virgue refured of the sign	December 31, 2021, and to the best of my knowledge and belief, it is true, correct and complete. I further declare that the information I provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider (including my name, address and social security number or individual tax identification number) and the amount shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If I am filing a balance due return, I understand that if the Virginia Department of Taxation (Virginia Tax) does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit my complete return to Virginia Tax. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, the direct deposit of my refund or direct debit of my tax due. In choosing either direct deposit or direct debit, I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program. Taxpayer's e-File PIN: check one box only I authorize the ERO named below to enter my e-File PIN 1 0 2 5 5 2 as my signature on my 2021 e-filed Virginia individual income tax return.																			
	_	GLO	BAL	TA	XES	LL	<u> </u>							nter all						
												ginia ind	dividua	income	tax	x return. Che	eck this bo	x only if you are	entering	your own e-File PIN
You	ır Si	gnatur	e \	/	1	_	_\\		/	L						Date	03/07	/2022		
	Spouse'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-filed Virginia individual income tax return. Do not enter all zeros																			
	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.																			
	Spouse's Signature Date Part III Certification and Authentication – Practitioner PIN Method Only																			
Pai	rt II	I Ce	ertific	atio	n an	d Au	ther	tication	on –	Practit	ione	r PIN I	Vietho	od Only	<u>y</u>					
ERO	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																			
abo Elec pen	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.																			
ER(O's S	Signatu	ure													Date	<u> 03-0</u>)2-22		

1555