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 ne	syellue Selvice					
Submis	sion Identification Number (SID)					
Taxpayer	's name	Social secu	rity numb	er		
TAGO	RE GULLAPALLI	734-3	5-7066	5		
Spouse's		Spouse's s			nber	
Part I	•	r year you	are aut	horizi	ng.)	
	hole dollars only on lines 1 through 5.					
	form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		الما	1	22	0 2 1
	Adjusted gross income		1			831.
	Total tax		2			335.
	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3			910.
	Amount you want refunded to you		5		3,	<u>575.</u>
Part I	Amount you owe	keen a co		OUR P	aturr	, <u>,</u>
	enalties of perjury, I declare that I have examined a copy of the income tax return (original or amended					
for any of Agent to payment authorizate payment business taxes to personal	my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejulation in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account independent of the following processing the 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, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation required adaption to the payment (settlement) date. I also authorize the financial institutions involved in the receive confidential information necessary to answer inquiries and resolve issues related to the processing the financial contact the U.S. Treasury Financial receive confidential information in the process of the process o	S. Treasury icated in the on to debit the the author uests must processing payment. I full the case of	and its of tax prepare entry to zation. The receive of the elements of the elements are the	lesigna aratior o this a o revo red no ectronic knowle	ted Find software sold sold sold sold sold sold sold sold	nancial vare for nt. This uncel) a than 2 ment of hat the
	ic Funds Withdrawal Consent. ver's PIN: check one box only	Г				
X	I authorize GLOBAL TAXES LLC to enter or generate	my PIN	5 7 0	6	6	as my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	· E	nter five lon't ente		out	as my
	I will enter my PIN as my signature on the income tax return (original or amended) I am r if you are entering your own PIN and your return is filed using the Practitioner PIN methoelow.					
Your siç	gnature ► Tagore Gullapalli Date ►	03/24/	2022			
Snouse	e's PIN: check one box only					
Spouse	I authorize to enter or generate	my DINI				00 m)/
Ш	ERO firm name	, _	nter five	dinite t		as my
	signature on the income tax return (original or amended) I am now authorizing.		lon't ente			
	I will enter my PIN as my signature on the income tax return (original or amended) I am r if you are entering your own PIN and your return is filed using the Practitioner PIN methbelow.					
Spouse	's signature ▶ Date ▶					
	Practitioner PIN Method Returns Only—continue below					
Part II	Certification and Authentication — Practitioner PIN Method Only					
FRO'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
LITO 3	ET INVIT IN LETTER YOUR SIX-digit ET IN TOHOWER BY YOUR INVE-digit Self-Selected Fine.		nter all ze		1 0 1	
authorize	that the above numeric entry is my PIN, which is my signature for the electronic individual income to ded to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of Inc.	ax return (ori nitting this re	ginal or a	amend .ccorda	anće v	
ERO's	signature ▶ Date ▶					
	ERO Must Retain This Form — See Instructions					
	Don't Submit This Form to the IRS Unless Requested To I	Do So				

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 but checked the MFS box, enter the notion is a child but not your dependent	ame of	ed filing separately your spouse. If you	` ,	_		` ,	_	, ,	, , , ,		
Your first name	and m	iddle initial	Last na	ame					Your so	cial securi	ity number		
TAGORE			GULI	LAPALLI					734-	35-706	6		
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	instructi	ions.				Apt. no.	1	Presidential Election Campaign Check here if you, or your			
		TH STREET			Τ		710	623			ntly, want \$3		
		ce. If you have a foreign address, also co	implete s	spaces below.	Sta		ZIP			0,	Checking a		
OKLAHOM		ŢŢ		<u> </u>	/ OI		+ -	134		ow will not			
Foreign countr	y name			Foreign province/stat	e/coun	ty	Fore	ign postal code	your tax	or refund	. Spouse		
At any time du	ıring 20	021, did you receive, sell, exchange,	or othe	erwise dispose of a	ny fina	ancial interest	in any	/ virtual curre	ncy?	☐ Yes	⊠ No		
Standard Deduction	_	neone can claim: You as a de Spouse itemizes on a separate retur	•			•							
Age/Blindness	s You	: Were born before January 2, 1	957	Are blind S	pouse	: Was bo	rn be	fore January	2, 1957	☐ Is b	lind		
Dependent	s (see	instructions):		(2) Social secur	ity	(3) Relations	hip	(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	۰												
and check	·												
here ▶													
	1	Wages, salaries, tips, etc. Attach F	orm(s)	W-2					. 1	1	31,838.		
Attach	2a	Tax-exempt interest	2a		b T	axable interes	st		. 2b				
Sch. B if required.	3a	Qualified dividends	3a	54.	b 0	Ordinary divide	ends		. 3b		55.		
required.	4a	IRA distributions	4a		b T	axable amour	nt.		. 4b				
	5a	Pensions and annuities	5a		b T	axable amour	nt.		. 5b				
Standard	6a	Social security benefits	6a		b T	axable amour	nt.		. 6b				
Deduction for—	7	Capital gain or (loss). Attach Schee	dule D i	f required. If not re	quired	l, check here		▶[□ 7		1,648.		
 Single or Married filing 	8	Other income from Schedule 1, lin	e 10						. 8	_	10,710.		
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. 7	Γhis is your total in	come				▶ 9	1	22,831.		
 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	s your a	djusted gross inc	ome				▶ 11	1	22,831.		
widow(er), \$25,100	12a	Standard deduction or itemized	deduct	t ions (from Schedu	le A)	12	2a	12,55	0.				
 Head of 	b	Charitable contributions if you take	the star	ndard deduction (se	e insti	ructions) 12	2b						
household, \$18,800	С	Add lines 12a and 12b							. 120	;	12,550.		
If you checked	13	Qualified business income deduct	ion fron	n Form 8995 or For	m 899	95-A			. 13				
any box under Standard	14	Add lines 12c and 13							. 14		12,550.		
Deduction,	15	Taxable income. Subtract line 14	from lir	ne 11. If zero or less	s, ente	er -0			. 15	1	10,281.		

17		16	Tax (see instructions). Check if any from Form(s): 1 881	4 2 🗌 4972	3 🗌		16	20,335.
19 Nonretundable child tax credit for other dependents from Schedule 8812 19 20 20 21 20 21 20 21 22 20 23 21 22 20 23 23 21 22 20 23 23 23 24 24 20 23 24 24 20 23 25 24 24 20 23 25 24 24 26 23 25 24 26 26 25 26 26 26 26 26		17	Amount from Schedule 2, line 3				17	
20 Amount from Schedule 3, line 8		18	Add lines 16 and 17				18	20,335.
21		19	Nonrefundable child tax credit or credit for other depende	nts from Schedule	8812		19	
22 Subtract line 21 from line 18. If zero or less, enter -0- 23 2 2 2 2 3 3 5. 24 Add lines 22 and 23. This is your total tax 25 Federal income tax withheld from: 8 Form(s) W-2 26 Form(s) 1099 27 Cother forms (see instructions) 28 Add lines 25a through 25c 28 Cother forms (see instructions) 29 Add lines 25a through 25c 29 Cother forms (see instructions) 20 Add lines 25a through 25c 20 the stimated tax payments and amount applied from 2020 return 20 Earned income credit (EIC) 27 Attach Sch. EIC. 28 Refundable combat pay election 29 American opportunity credit from Form 86s3, line 8 29 American opportunity credit from Form 86s3, line 8 29 American opportunity credit from Form 86s3, line 8 29 American opportunity credit from Form 86s3, line 8 29 American opportunity credit from Form 86s3, line 8 29 American opportunity credit from Form 86s3, line 8 29 American opportunity credit from Form 86s3, line 8 29 American opportunity credit from Form 86s3, line 8 29 American opportunity credit from Form 86s3, line 8 29 American opportunity credit from Form 86s3, line 8 29 American opportunity credit from Form 86s3, line 8 29 American opportunity credit from Form 86s3, line 8 29 American opportunity credit from Form 86s3, line 8 29 American opportunity credit from Form 86s3, line 8 29 American opportunity credit from Form 86s3, line 8 29 American opportunity credit from Form 86s3, line 8 29 American opportunity credit from Form 86s3, line 8 29 American opportunity credit from Form 86s3, line 8 29 American opportunity credit from Schedule 3, line 15 30 Amount of line 34 you want refunded to you. If Form 88s8 is attached, check here Policy opportunity credit from Schedule 3, line 15 30 Amount of line 34 you want applied to you. If Form 88s8 is attached, check here Policy opportunity credit from Schedule 3, line 15 30 Amount of line 34 you want applied to you. Policy opportunity credit from Schedule 3, line 15 30 Amount of line 34 you want applied to you. Policy opportunity credit from Schedule 3, line 15 30 Amount of lin		20	Amount from Schedule 3, line 8				20	
23 Other taxes, including self-employment tax, from Schedule 2, line 21		21	Add lines 19 and 20				21	
24 Add lines 22 and 23. This is your total tax		22	Subtract line 21 from line 18. If zero or less, enter -0				22	20,335.
24 Add lines 22 and 23. This is your total tax		23	Other taxes, including self-employment tax, from Schedule	e 2, line 21			23	0.
25		24				. ▶	24	20,335.
b Form(s) 1099 c C C C C C C C C C		25						· · · · · · · · · · · · · · · · · · ·
b Form(s) 1099 c C C C C C C C C C		а	Form(s) W-2		25a 23	,910.		
tyou have a qualifying child, activations of the forms (see instructions) ### Add lines 25a through 25b ### 27a		b						
thyou have a count of the control of the country o		С	• •		25c			
20 2021 estimated tax payments and amount applied from 2020 return. 27a		d	,				25d	23,910.
Z7a 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 ▶ □		26					-	•
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 Nontexable combat pay election				NΩ	1 1			
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			` ,					
b Nontaxable combat pay election			January 2, 2004, and you satisfy all the other requ	irements for				
C				nstructions ►				
28 Refundable child tax credit or additional child tax credit from Schedule 8812 29 American opportunity credit from Form 8863, line 8		b			-			
29 American opportunity credit from Form 8863, line 8			, , ,					
30 Recovery rebate credit. See instructions								
31 Amount from Schedule 3, line 15 32 Add lines 27a and 28 through 31. These are your total other payments and refundable credits ▶ 32 33 Add lines 25d, 26, and 32. These are your total payments 34 Add lines 25d, 26, and 32. These are your total payments 35 Add lines 25d, 26, and 32. These are your total payments 36 Amount of line 34 you want refunded to you. If Form 8888 is attached, check here . ▶ 35a 3, 575. Direct deposit? Po Routing number 1 1 1 1 0 0 0 6 1 1 4 ▶ c Type: ★ Checking ★ Savings ★ Amount of line 34 you want refunded to your. If Form 8888 is attached, check here . ▶ 35a 3, 575. Brouting number 1 1 1 0 0 0 6 1 1 4 ▶ c Type: ★ Checking ★ Savings ★ Amount of line 34 you want applied to your 2022 estimated tax . ▶ 36 ★ Amount of line 34 you want applied to your 2022 estimated tax . ▶ 36 ★ Amount of line 34 you want applied to your 2022 estimated tax . ▶ 38 ★ Savings ★ Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions Third Party Designee Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions ★ See instructions ★ Phone Personal identification number (PIN) ★ Designee's Phone no. (469) 543-8551 ★ Date Preparer's signature Date Preparer's signature Pre							-	
Add lines 27a and 28 through 31. These are your total other payments and refundable credits ▶ 32 33							-	
Refund 33		31	·					
Refund 34								
Sign Here Do you want to allow another person to discuss this return with the IRS? See instructions Do you want to allow another person to discuss this return with the IRS? See instructions Do you want to allow another person to discuss this return with the IRS? See instructions Do you want to allow another person to discuss this return with the IRS? See instructions Do you want to allow another person to discuss this return with the IRS? See instructions Do you want to allow another person to discuss this return with the IRS? See instructions Do you want to allow another person to discuss this return with the IRS? See instructions Do you want to allow another person to discuss this return with the IRS? See instructions Do you want to allow another person to discuss this return with the IRS? See instructions Do you want to allow another person to discuss this return with the IRS? See instructions Do you want to allow another person to discuss this return with the IRS? See instructions Do you want to allow another person to discuss this return with the IRS? See instructions Do you want to allow another person to discuss this return with the IRS? See Yes. Complete below. No No Do you want to allow another person to discuss this return with the IRS? See Yes. Complete below. No Do you want to allow another person to discuss this return with the IRS? See Yes. Complete below. No Do you want to allow another person to discuss this return with the IRS? See Yes. Complete below. No Do you want to allow another person to discuss this return with the IRS? See Yes. Complete below. No Do you want to allow another person to discuss this return with the IRS? See Yes. Complete below. No Do you want to allow another person to discuss this return with the IRS? See Yes. Complete below. No Do you want to allow another person to discuss this return with the IRS? Yes. Complete below. No Do you want to allow another person to discuss this return with the						. ▶		
Direct deposit? See instructions. See instructions. ▶ b Routing number 1 1 1 1 0 0 0 0 6 1 4	Refund				•	· <u>·</u>		
See instructions. ▶ d Account number 8 7 1 9 9 8 3 2 9 Amount You Owe 36 Amount of line 34 you want applied to your 2022 estimated tax . ▶ 36 Amount You Owe 37 Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions . ▶ 37 Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions							35a	3,575.
Account number 8 7 1 9 9 8 3 2 9				▶ c Type: 🔀	Checking :	Savings		
Amount You Owe 37								
Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions Designee's name Date Designee's name Date D								
Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions					1 1	. ▶	37	
Designee Designee Instructions Designee's Phone Personal identification number (PIN) Personal identification Personal identific								
Designee's name Designee's name Date			,			manlata b	بيرمام	V Na
Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature Date Your occupation From the IRS sent you an Identity Protection PIN, enter it here (see inst.) ▶ Date Date Spouse's signature. If a joint return, both must sign. Date Phone no. (469)543-8551 Email address TAGORE IMMORTAL@GMAIL.COM Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM Firm's name ▶ GLOBAL TAXES LLC Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041 Firm's EIN ▶ 30-1017196	Designee					•		INO
Here Your signature			9					
Here Your signature	Sign	Und	ler penalties of perjury, I declare that I have examined this return an	d accompanying sch	edules and stateme	nts, and to	the bes	t of my knowledge and
Joint return? See instructions. Keep a copy for your records. Spouse's signature. If a joint return, both must sign. Date DATA SCIENTIST Spouse's occupation If the IRS sent you an identity Protection PIN, enter it here (see inst.) ▶		beli	ef, they are true, correct, and complete. Declaration of preparer (other	er than taxpayer) is ba	sed on all information	n of which	prepare	er has any knowledge.
Joint return? See instructions. Keep a copy for your records. Phone no. (469)543-8551 Preparer's name Preparer's signature Preparer's SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/23/2022 P02082703 Self-employed Firm's name ▶ GLOBAL TAXES LLC Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041 Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041 Spouse's occupation If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) ▶ □ □ □ □ Date PTIN Check if: Phone no. (678)965-9522 Phone no. (678)965-9522 Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041 Firm's EIN ▶ 30-1017196	Here	You	r signature Date	Your occupation		1		, ,
See instructions. Keep a copy for your records. Spouse's signature. If a joint return, both must sign. Phone no. (469)543-8551 Preparer's name Syam PRIYA RAM SAGAR GUPTA TALLAM SYAM PRI		N		DAMA COTEN	m T O M	I		N, enter it here
Keep a copy for your records. Phone no. (469)543-8551 Preparer's name Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/23/2022 P02082703 Self-employed Firm's name ▶ GLOBAL TAXES LLC Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041 Firm's EIN ▶ 30-1017196		Sn/	ujac'a signatura. If a joint return, both must sign.	 		,	,	at your apougo ap
Phone no. (469)543-8551 Email address TAGORE.IMMORTAL@GMAIL.COM Preparer's name Preparer's signature Date PTIN Check if: SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/23/2022 P02082703 Self-employed Firm's name ■ GLOBAL TAXES LLC Phone no. (678)965-9522 Firm's address ■ 2530 Pebble Creek Ln Cumming GA 30041 Firm's EIN ■ 30-1017196		Spo	duse's signature. If a joint return, both must sign.	Spouse's occupan	DN			J
Preparer's name Preparer's signature Date PTIN Check if:	your records.					(see i	nst.) ►	
Paid SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/23/2022 P02082703 Self-employed Firm's name ► GLOBAL TAXES LLC Phone no. (678)965-9522 Firm's address ► 2530 Pebble Creek Ln Cumming GA 30041 Firm's EIN ► 30-1017196		Pho	ne no. (469)543-8551 Email address	TAGORE.IMMOF	RTAL@GMAIL.CC	M		
Preparer Use Only SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/23/2022 P02082/03 Self-employed	Deid	Pre						Check if:
Use Only Firm's name ► GLOBAL TAXES LLC Phone no. (6/8)965-9522 Firm's address ► 2530 Pebble Creek Ln Cumming GA 30041 Firm's EIN ► 30-1017196		SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR	GUPTA TALLAM	03/23/2022	P02082	2703	Self-employed
Firm's address ► 2530 Pebble Creek Ln Cumming GA 30041 Firm's EIN ► 30-1017196		Firr	n's name ► GLOBAL TAXES LLC	e no. (678)965-9522			
10.10	Use Uniy	Firr	n's address ▶ 2530 Pebble Creek Ln Cummin	g GA 30041		Firm'	s EIN ▶	30-1017196
	Go to www.irs.go	ov/Form	1040 for instructions and the latest information.	BAA	REV 03/12/22 PRO			

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

TAGORE GULLAPALLI

734-35-7066

Par	Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		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, tru Schedule E	•	5	-10,710.
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			
	,	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	_10 710

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	_ _			
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	24j			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k			
Z	Other adjustments. List type and amount ▶	24z			
25	Total other adjustments. Add lines 24a through 24z			 25	
26	Add lines 11 through 23 and 25. These are your adjustments here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, lin			26	

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 734-35-7066 TAGORE GULLAPALLI

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) Form(s) 8949, Part I, combine the result (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 10,784. 12,396. -1,612. 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 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 -1,612. 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 1,834. 5,094. 3,260. 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 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

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

3,260.

14

15

Schedule D (Form 1040) 2021 Page 2

Part III **Summary** 1,648. 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? X 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? X 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

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

Attachment

Social security number or taxpayer identification number

OMB No. 1545-0074

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

734-35-7066 TAGORE GULLAPALLI 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 Part I instructions). For long-term transactions, see page 2.

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

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

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

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

(C) Short-term transactions	not reported	to you on 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 co	any, to gain or loss. amount in column (g), ode in column (f). arate 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	12/31/21	230.	300.			-70.
MORGAN STANLEY DOMESTIC HOLDINGS, INC	01/01/21	12/31/21	10,554.	12,096.			-1,542.
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	10.784.	12.396.			-1.612.

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 $TAGORE \ \ GULLAPALLI$

Social security number or taxpayer identification number 734-35-7066

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	Form(s) 1099	-B showing bas	•	,		e)		
1 (a) (b) (c) (d) Cost or other basis. See the Note below (b) Date sold or Proceeds (c) Date sold or Date sold or Proceeds (c) Date sold or Date sold or Proceeds (c) Date sold or Date sol									
(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	01/01/20	12/31/21	14.	25.			-11.		
MORGAN STANLEY DOMESTIC HOLDINGS, INC	02/13/19	12/31/21	5,080.	1,809.			3,271.		
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D. line 8h (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) ▶

3,260.

5,094.

1,834.

SCHEDULE E (Form 1040)

Department of the Treasury Internal Revenue Service (99)

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.

Attachment

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

Sequence No. 13

OMB No. 1545-0074

Name(s)	shown on return								Your socia	al securi	ty numb	er
TAGO:	RE GULLAPALLI								734-3	5-706	6	
Part		s From Rental Rea instructions. If you are		-		-			• .			, use
A Did	you make any payme											Z No
											_	
	Yes," did you or will yo									. 🗀	Yes	_ NO
<u>1a</u> A	Physical address of					F000	10					
	MATHRUSRI NAGA	AR, MIYAPUR HYL	DERABAD TEL	ANGA	NA IN	5000	49					
B												
C	T (D)						-	Dantal	D			
1b	Type of Property	2 For each renta	al real estate pro the number of fa	perty I	isted			Rental	Personal		Q	JV
	(from list below)	personal use	days. Check the e requirements to	QJV b	ox only	_		Days	Days			
A	3	if you meet th	e requirements to	o file a	ıs a	Α		325		0		ᆗ
В		quaiiiled joint	venture. See ins	tructio	ns.	В					L	
C						С					L	
	of Property:											
_	le Family Residence	3 Vacation/Sho	ort-Term Rental	5 La	nd		7 Self-	Rental				
	i-Family Residence	4 Commercial			yalties		8 Othe	r (describe))			
Incom	e:		Properties:			Α		Е	3		С	
3	Rents received			3			600.					
4	Royalties received .			4								
Expen												
5	Advertising			5								
6	Auto and travel (see i	nstructions)		6								
7	Cleaning and mainter	nance		7		1,	550.					
8	Commissions			8								
9	Insurance			9								
10	Legal and other profe			10								
11	Management fees .			11		1,	200.					
12	Mortgage interest pai			12								
13	Other interest	·	·	13								
14	Repairs			14		3,	150.					
15	Supplies			15			470.					
16	Taxes			16								
17	Utilities			17		2,	940.					
18	Depreciation expense			18								
19				19								
20	Other (list) ► Total expenses. Add	lines 5 through 19		20		11.	310.					
21	Subtract line 20 from											
21	result is a (loss), see	, ,	· • · ·	1								
	file Form 6198		•	21		-10,	710.					
22	Deductible rental rea			<u> </u>		- ,						
	on Form 8582 (see in		· · · · ·	22	(10.7	710.)	()	(,
23a	Total of all amounts re	· ·					23a	\	600.	\		
b	Total of all amounts re	•					23b					
C	Total of all amounts re	•					23c					
d	Total of all amounts r	·					23d					
e	Total of all amounts re	•					23e	1	1,310.			
24	Income. Add positiv	•			ide anv	 Inegae	200	1 1	. 24			
25	Losses. Add royalty lo				_		nter tot	al losses her	-	(10,	710
										\	±υ,	, 10.
26	Total rental real esta here. If Parts II, III, I											
	Schedule 1 (Form 104										-10	,710.



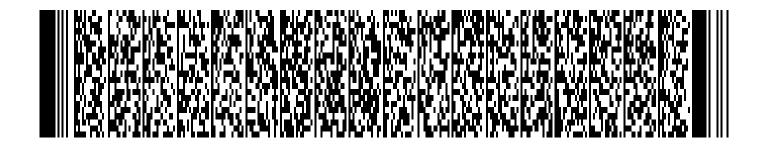
Oklahoma Individual Income Tax Declaration for Electronic Filing

NOTE: Do not mail Oklahoma Tax Return - Form 511 or Form 511-NR. See instructions on Page 2 to determine if you are required to send Form 511-EF to the OTC.

2021 Form 511-EF

Yo	our first name	e and middle initial		Your social	7	3 4	3	5 '	7 0	6		
-	TAGORE		LLAPALLI		security number	,						
IT a	a joint return	, spouse's first name and middle in	itial Last name		Spouse's social security number							
M	ailing addres	s (number and street, including ap-	artment number, rural rout	e or PO Box)	-				E:::	ina ote	4	
	2737 NW	140TH STREET	623						FIII	ing sta	แนร	1
Ci	ty, State, ZIF					Total	numbe	r of ex	cemp	tions		
	OKLAHOM	A CITY	OK 7313	34								1
P	art One	e - Tax Return Inform	nation (whole d	ollars or	nly)							
	1 Oklaho	ma Adjusted Gross Income (511	, Line 7) or									
		sted Gross Income: All Sources	•							12	2831	00
		ma Income Tax and Use Tax (51									3380	
		ma Income Tax Payments and 0									3392	
- 1 ⊢		(511, Line 37 or 511-NR, Line 3									12	2 00
		e Due (511, Line 42 or 511-NR,	•									00
	For a balance due return with an electronic payment, complete line 6b below. The due date for an electronic payment is April 20th. For a balance due return with a non-electronic payment, enclose a payment with the 511-V and submit on or before the due date of April 15th. If the Internal Revenue Code (IRC) of the IRS provides for a later due date, your payment may be made by the later due date and will be considered timely. If the due date falls on a weekend or legal holiday when OTC offices are closed, your payment is due the next business day.											
P	art Two	- Declaration of Tax	xpayer									
	6a X I consent that my refund be directly deposited as designated in the electronic portion of my 2021 Oklahoma income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.											
	I authorize the Oklahoma State Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Oklahoma taxes owed on this return											
		and/or a payment of estimated treceive confidential information	tax. I also authorize the fin	ancial institution	ons involved in the pro	ocessin	g of the					
		a balance due return, I understand able for the tax liability and all appli			(OTC) does not receiv	e full a	nd timely	payme	ent of	my tax	liabili	ty, I
1	Originator (E tax return. To	ties of perjury, I declare I have com RO), and the amounts described in the best of my knowledge and beledules and statements, be sent to t	n Part One above, agree w lief, my return is true, corre	vith the amoun	nts shown on the corre	spondi	ng lines o	of my 2	021 C	Oklahon	na inc	ome
		y using a computer system and so of all information pertaining to my								klahom	na Tax	(
	Sign											
	Here: Your Signature Date Spouse's Signature (If joint return, both must sign) Date											
1	Part Three - Declaration of Electronic Return Originator (ERO) and Paid Preparer I declare I have reviewed the above taxpayer's return and the entries on Form 511-EF are complete and correct to the best of my knowledge. (EROs who are collectors are not responsible for reviewing the taxpayer's return; however, they must ensure Form 511-EF accurately reflects the data on the return.) I have obtained the taxpayer's signature on Form 511-EF and I have provided the taxpayer with a copy of all forms and information to be filled with the OTC, and have followed all other requirements described in Pub. 1345, Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2021). If I am also a Paid Preparer, under penalties of perjury I declare I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.											
- 1	ERO Use	•							-	Ū		
	Only	RO or Paid Preparer's Signature		03/2 Date	13/2022 PTI	N						
	Paid Prepare	r										
- 1	Use Only	Paid Preparer Signature		03/2 Date	2022 <u>P02</u> PTI	20827 N	03					
١.	Firm name (or yours if self-employed), SYAM P	RIYA RAM SAGAR									
'	(address and ZIP 2530 P										
		Phone nu	680 065									
		riione nu	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									

FAILURE TO SUBMIT THIS PAGE WILL DELAY PROCESSING OF YOUR RETURN









Form 511-NR 2021





Your S			Spouse's Social (joint return only)	Security No				AMENDED		
734	357066	box if this taxpayer is deceased			bo	ace an 'X' in t ox if this taxpa deceased —	ayer	Place an 'X' i is an amende See Schedul	ed 511-NI	R.
Nam	e and Address - Please Prir	nt or Type								
		Middle initial Last name		If a joint return,	, spouse's first	name	Middle initial	Last name		
Mailing	ORE address (number and street, including		e or PO Box) City	HOMA C	ITY	State	ZIP or Postal	Code Co	untry	
Filing Status	 Married filing sep If spouse is also filing, list name and SSN in the boxe Head of househo 	Name: es: SSN: Ild with qualifying per (er) with dependent of	rson	Exemptions *Note: If	Yourself	Regular 1 0 Number	*Special er of depend	Blind B lents B nd (c).	1	(a) (b) (c)
Nonresident(s) State of Residence: X Part-Year Resident(s) From 01/01/2021 to 07/31/2021 Resident/Part-Year Resident/Nonresident State of Residence: Yourself Spouse				Total box	for your re	claimed as gular exem		on another I	1 return, e	enter "0" in the
	Not Required to File - Place an 'X' in this box if you are a nonresident whose gross income from Oklahoma sources is less than \$1,000. (see instructions)									

Complete Schedule 511-NR-1 "Income Allocation for Nonresidents and Part-Year Residents" to arrive at Oklahoma Source Income (line 1) and Federal adjusted gross income (line 2). Round to nearest whole dollar.

		Federal Amount	(Oklahoma Amount
1	Oklahoma source income (Schedule 511-NR-1, line 18)		1	74331.00
2	Federal adjusted gross income (Schedule 511-NR-1, line 19)	122831.00	2	
3	Oklahoma additions: Schedule 511-NR-A, line 8	.00	3	.00
4	Add lines (Federal 2 and 3) and then (Oklahoma 1 and 3)	122831.00	4	74331.00
5	Oklahoma subtractions: Schedule 511-NR-B, line 17	.00	5	.00
6	Adjusted gross income: Oklahoma Source (line 4 minus line 5)		6	74331.00
7	Adjusted gross income: All Sources (line 4 minus line 5) Also enter on line 8	122831.00	7	
8	Adjusted gross income: All Sources (from line 7)		8	122831.00
9	Oklahoma Adjustments (Schedule 511-NR-C, line 7)		9	.00
10	Income after adjustments (line 8 minus line 9)		10	122831.00





Name(s) shown on Form 511NR: TAGORE GULLAPALLI

Your Social Security Number: 734357066

11 Oklahoma Itemized deductions (Schedule 511-NR-D, line 11) or Oklahoma standard deduction (Single or Married Filing Sparatr: \$6,30 • Married Filing Joint or Qualifying Widow(er): \$12,700 • Head of Household: \$9,350). 1 6350.00		Amount from line 10 on page 1		122831.00
12 Exemptions: Enter the total number of exemptions claimed on page 1	11	Oklahoma itemized deductions (Schedule 511-NR-D, line 11) or Oklahoma standard deduction		5050.00
13 Total deductions and exemptions (add lines 11 and 12)		(Single or Married Filing Separate: \$6,350 • Married Filing Joint or Qualifying Widow(er): \$12,700 • Head of Household: \$9,350)	11	6350.00
	12	Exemptions: Enter the total number of exemptions claimed on page 1	12	1000.00
15	13	Total deductions and exemptions (add lines 11 and 12)	13	7350.00
Comparison of the Comparison		' '	14	115481.00
add additional tax here and enter a "2" in box on line 15	15	Contact to the Property of the CO and action of "4" in her and line 45	15	a
STOP AND READ: If line 7 is equal to or larger than line 2, complete line 16. If line 7 is smaller than line 2, see Schedule 511-NR-E. 16 Oklahoma child care/child tax credit (see instructions)			15	b
STOP AND READ: If line 7 is equal to or larger than line 2, complete line 16. If line 7 is smaller than line 2, see Schedule 511-NR-E. 16 Oklahoma child care/child tax credit (see instructions)		Oklahoma Income Tay (line 15a plus line 15h)	15	5506 00
16	STO			3360.00
Tax percentage: Oklahoma Amount (from line 6)				.00
19 Oklahoma Income Tax. Multiply line 17 by line 18 firecapturing the Oklahoma Affordable Housing Tax Credit, add recaptured credit here and enter a "1" in box. If making an Oklahoma installment payment pursuant to IRC Section 965(h) and 68 O.S. Sec. 2368(K), add the installment payment here and enter a "2" in the box). 19 3380.00	17	Subtract line 16 from line 15 (This is your tax base) (Do not enter less than zero)	17	5586.00
19 Oklahoma Income Tax. Multiply line 17 by line 18 firecapturing the Oklahoma Affordable Housing Tax Credit, add recaptured credit here and enter a "1" in box. If making an Oklahoma installment payment pursuant to IRC Section 965(h) and 68 O.S. Sec. 2368(K), add the installment payment here and enter a "2" in the box). 19 3380.00				
Oklahoma Income Tax. Multiply line 17 by line 18 if recapturing the Oklahoma Affordable Housing Tax Credit, add recaptured credit here and enter a "1" in box. If making an Oklahoma installment payment pursuant to IRC Section 965(h) and 68 O.S. Sec. 2368(K). 19 3380.00 20 Oklahoma earned income credit (Sch. 511-NR-F, line 4)	18	Tax percentage: Oklahoma Amount (from line 6) Federal Amount (from line 7)		
if recapturing the Oklahoma Affordable Housing Tax Credit, add recaptured credit here and enter a "1" in box. If making an Oklahoma installment payment pursuant to IRC Section 965(h) and 68 O.S. Sec. 2368(K). 20 0.00 20 Oklahoma earned income credit (Sch. 511-NR-F, line 4)		, , , , , , , , , , , , , , , , , , , ,	18	60.5149 %
Credit for taxes paid to another state (provide Form 511-TX) nonresidents do not qualify	19	If recapturing the Oklahoma Affordable Housing Tax Credit, add recaptured credit here and enter a "1" in box. If making an Oklahoma installment payment pursuant to IRC Section 965(h) and 68 O.S. Sec. 2368(K),	19	3380.00
Credit for taxes paid to another state (provide Form 511-TX) nonresidents do not qualify	20	Oklahoma carnod incomo cradit (Sch. 511 ND E. lino 4)	20	00
Form 511-CR - Other Credits Form - List 511-CR line number claimed here: 2200 23 Line 19 minus lines 20, 21 and 22	20	ONATIONA CATICOTTE CICCII. 311-11(-1, IIIIE 4)	20	.00
Line 19 minus lines 20, 21 and 22	21	Credit for taxes paid to another state (provide Form 511-TX) nonresidents do not qualify	21	.00
Use tax due on Internet, mail order, or other out-of-state purchases while living in Oklahoma If you certify that no use tax is due, place an 'X' here: Balance (add lines 23 and 24)	22	Form 511-CR - Other Credits Form - List 511-CR line number claimed here:	22	.00
If you certify that no use tax is due, place an 'X' here: 24 .00 25 Balance (add lines 23 and 24)	23	Line 19 minus lines 20, 21 and 22(Do not enter less than zero)	23	3380.00
Balance (add lines 23 and 24)	24	Use tax due on Internet, mail order, or other out-of-state purchases while living in Oklahoma		
Oklahoma withholding (provide W-2s, 1099s or withholding statement)		If you certify that no use tax is due, place an 'X' here:	24	.00
27 2021 Oklahoma estimated tax payments If you are a qualified farmer, place an 'X' here: 28 2021 payment with extension	25	Balance (add lines 23 and 24)	25	3380.00
27 2021 Oklahoma estimated tax payments If you are a qualified farmer, place an 'X' here: 28 2021 payment with extension	26	Oklahoma withholding (provide W-2s, 1099s or withholding statement)	26	
If you are a qualified farmer, place an 'X' here: 28 2021 payment with extension	27		1	
29 Credits from Forma) 577b) 578			27	
29 Credits from Forma) 577b) 578			1	
Amount paid with original return plus additional paid after it was filed (amended return only)	28	2021 payment with extension	28	
(amended return only)	29	Credits from Forma) 577 b) 578	29	
31 Payments and gradite (add lines 26.30)	30		30	
	24	Payments and evadite (add lines 26.20)	24	220200



2021 Form 511-NR - Nonresident/Part-Year Income Tax Return - Page 3

Name(s) shown on Form 511NR: TAGORE GULLAPALLI			Your Social Security N	al Jumber: 734357066
	An	nount from line 31 or	n page 2	3392.00
Overpayment, if any, as shown on original readjusted by Oklahoma (amended return onl				.00
Total payments and credits (line 31 minus		33 3392.00		
If line 33 is more than line 25, subtract line 2	25 from line 33. This is your overpa	ayment		12.00
Amount of line 34 to be applied to 2022 esti (see page 4 of 511NR Packet for further info			.00	35
Schedule 511-NR-G provides you with the opportunity to m Place the line number of the organization from Schedule 51 more than one organization, put a "99" in the box. Provide	I1-NR-G in the box. If you give to	ariety of Oklahoma organizat	ions.	
Donations from your refund (total from Sche	edule 511NR-G)		.00	36
Total deductions from refund (add lines 35 a	and 36)			.00
Amount to be refunded (line 34 minus line 3	37)			38 12.00
Verify your account and routing numbers are correct. If your direct deposit fails to process or you do not choose direct deposit, you will receive a debit card.	Account	111000614 871998329		Yes X No
If line 25 is more than line 33, subtract line 3	33 from line 25. This is your tax du	e		39 0.00
Donation: Public School Classroom Suppor	t Fund (original return only)			.00
Underpayment of estimated tax interest (an	nualized installment method)		.00
For delinquent payment add penalty of 5%	6 \$\$			
plus interest of 1.25% per month	\$.00
Total tax, donation, penalty and interest (ad	d lines 39-42)			.00
Under penalty of perjury, I declare the information contained in the and all attachments and schedules, is true and correct to the best edge and belief.	t iace all X III tills bi	ox if the Oklahoma Tax Comr urn with your tax preparer		
Taxpayer's signature Date	Spouse's signature		parer's signatu	
Taxpayer's occupation	Spouse's occupation			AR GUPTA TALLAM 03/23/2022 ss and phone number (678)965-9522
DATA SCIENTIST		2530	PEBBLE C	
Daytime Phone Number (optional)	A COPY OF FEDERAL I	RETURN	NG	GA 30041 P02082703

<u>Do not staple</u> documentation to this form. To attach items, please use a paper clip. Mailing Address for this form: PO Box 26800, Oklahoma City, OK 73126-0800

2021 Form 511-NR - Nonresident/Part-Year Income Tax Return - Page 4 Note: Provide this page with your return.



Name(s) shown on Form 511NR: TAGORE GULLAPALLI

Your Social Security Number: 734-35-7066

Schedule 511-NR-1: Income Allocation for Nonresidents and **Part-Year Residents**

Lines 1-19: In the Federal column, enter the amounts from your Federal tax return. See the instructions to figure the amounts to report in the Oklahoma column.

uie	amounts to report in the Okianoma column.	Federal Amount			Oklahoma Amount	
1	Wages, salaries, tips, etc	131838	00	1	74331	00
2	Taxable interest income		00	2		00
3	Dividend income	55	00	3	0	00
4	Taxable IRA distribution		00	4		00
5	Taxable pensions and annuities		00	5		00
6	Taxable Social Security benefits (also enter on line 2 of Sch. 511-NR-B)		00	6		00
7	Capital gains or losses (Federal Schedule D)	1648	00	7		00
8	Taxable refunds (state income tax)		00	8		00
9	Alimony received		00	9		00
10	Business income or (loss) (Federal Schedule C)		00	10		00
11	Other gains or losses (Federal Form 4797)		00	11		00
12	Rental real estate, royalties, partnerships, etc	-10710	00	12	0	00
13	Farm income or (loss)		00	13		00
14	Unemployment compensation		00	14		00
15	Other income (identify:)		00	15		00
16	Add lines 1 through 15	122831	00	16	74331	00
17	Total Federal adjustments to income (identify:)		00	17		00
18	Oklahoma source income (line 16 minus line 17) Enter here and on page 1, line 1			18	74331	00
19	Federal adjusted gross income (line 16 minus line 17) Enter here and on page 1, line 2	122831	00	19		

Schedule 511-NR-A: Oklahoma Additions See instructions for details on qualifications and required documents.

		Federal Amount		Oklahoma Amount
1	State and municipal bond interest	00	1	00
2	Lump sum distributions (not included in your Federal AGI)	00	2	00
3	Federal net operating loss	00	3	00
4	Recapture depletion claimed on a lease bonus or add back of excess Federal depletion	00	4	00
5	Recapture of contributions to Oklahoma 529 College Savings Plan and OklahomaDream 529 Account(s)	00	5	00
6	Oklahoma loss distributed by an electing PTE	00	6	00
7	Miscellaneous: Other additions			
	(enter number in box for the type of addition)	00	7	00
8	Total additions (add lines 1-7, enter total here and on line 3 of Form 511-NR)	00	8	00

2021 Form 511-NR - Nonresident/Part-Year Income Tax Return - Page 5 Note: Provide this page **ONLY** if you have an amount shown on a schedule.



Name(s) shown on Form 511NR: TAGORE GULLAPALLI

Your Social Security Number: 734-35-7066

Schedule 511-NR-B: Oklahoma Subtractions See instructions for details on qualifications and required documents.

	_	Federal Amount	Oklahoma Amount
1	Interest on U.S. government obligations	00	1 00
2	Taxable Social Security (from Schedule 511-NR-1, line 6)	00	2 00
3	Federal civil service retirement in lieu of social security	00	3 00
	<u>Taxpayer Number</u> <u>Spouse Number</u>		
	- Retirement Claim Number:		
4	Military Retirement (see instructions for limitation)	00	4 00
5	Oklahoma government or Federal civil service retirement	00	5 00
6	Other retirement income	00	6 00
7	U.S. Railroad Retirement Board Benefits	00	7 00
8	Additional depletion		
9	Oklahoma net operating loss (Loss Year[s]	00	8 00
	(provide Schedules)	00	9 00
10	Exempt tribal income (see instructions for qualifications)	00	10 00
11	Gains from the sale of exempt government obligations	00	11 00
12	Nonresident military wages (provide W-2)	00	12
13	Oklahoma Capital Gain Deduction (provide Form 561-NR)	00	13 00
14	Income Tax Refund (Federal Form 1040 or 1040-SR, Schedule 1, line 1)	00	14 00
15		00	15 00
16	Miscellaneous: Other subtractions (enter number in box for the type of deduction)	00	16 00
17	Total subtractions	00	10
	(add lines 1-16, enter total here and on line 5 of Form 511-NR)	00	17 00
S	chedule 511-NR-C: Oklahoma Adjus	tments See instruction	ns for details on qualifications documents.
1	Military pay exclusion - Active Duty, Reserve and National Guard (r	ot retirement)	1 00
2	Qualifying disability deduction (residents and part-year residents or	nly)	2 00
3	Qualified adoption expense		3 00
4	Contributions to Oklahoma 529 College Savings Plan and Oklahom	naDream 529 Account(s)	4 00
5	Deductions for providing foster care		5 00
6	Miscellaneous: Other adjustments (enter number in box for the type	e of deduction)	6 00
7	Total Adjustments (add lines 1-6, enter total here and on line 9 of	Form 511-NR)	7 00



2021 Form 511-NR - Nonresident/Part-Year Income Tax Return - Page 6 Note: Provide this page <u>ONLY</u> if you have an amount shown on a schedule.

Nam on F	ne(s) shown Form 511NR: TAGORE GULLAPALLI	3	Your Social Security Number:	734-35-7066	
5	Schedule 511-NR-D: Oklahoma Itemized Deduction	าร			
lf yo	ou claimed itemized deductions on your Federal return, you must claim Oklahoma l	er	mized Deduc	ctions.	
1	Federal itemized deductions from Federal Sch. A, line 17	00			
2	State and local sales or income taxes from Federal Sch. A, line 5a (If Federal Sch A, line 5e is limited, enter that portion of				
	Federal Sch A, line 5a included in line 5e)2	00			
3	Line 1 minus line 2		3		00
4	Medical and Dental expenses from Federal Sch. A, line 4	00)		
5	Gifts to Charity from Federal Sch. A, line 14	00)		
6	Line 3 minus lines 4 and 5		6		00
7	Is line 6 more than \$17,000?				
	YES. Your itemized deductions are limited. Complete lines 9-11.				
	NO. Your itemized deductions are not limited. Skip lines 9 and 10. Go to line 11.				
8	Maximum amount allowed for itemized deductions. (Exception, lines 9 and 10)		. 8	17,000	00
9	Medical and Dental expenses from Federal Sch. A, line 4		. 9		00
10	Gifts to Charity from Federal Sch. A, line 14		. 10		00
11	Oklahoma Itemized Deductions				
	If you responded YES on line 7: Add lines 8, 9 and 10				
	If you responded NO on line 7: Enter the amount from line 3		. 11		00
Ent	ter your Oklahoma Itemized Deductions on line 11 of Form 511-NR.				
	Schedule 511-NR-E: Child Care/Child Tax Credit See	ir	nstructions fo	or details on	
					ts.
tax	our Federal Adjusted Gross Income is \$100,000 or less and you are allowed either a credit fo credit on your Federal return, then as a resident, part-year resident or nonresident military, yo ahoma tax. Your Oklahoma credit is the greater of:				
OKI	20% of the credit for child care expenses allowed by the IRS Code.				
	OR				
	 5% of the child tax credit allowed by the IRS Code. This includes both the nonrefundable additional child tax credit. 	chi	ild tax credit a	and the refundable	
	credit must be prorated based on the ratio of Adjusted Gross Income: All sources to Federal				.la
	eral Adjusted Gross Income is greater than \$100,000, no credit is allowed. Provide a copy of Federal child care credit schedule.	ıу	oui rederai i	ешті апо, п арріісав	л е ,
1	Enter your Federal child <u>care</u> credit		00		
2	Multiply line 1 by 20%	-	00		
3	Enter your Federal child <u>tax</u> credit		0.0		
4	(total of child tax credit & additional child tax credit)	_	00		
5	Enter the larger of line 2 or line 4				00
6	Divide the amount on line 7 of Form 511-NR by the amount on line 2 of Form 511-NR				
	Enter the percentage from the above calculation here (do not enter more than 100%)		6		%
7	Multiply line 5 by line 6. This is your Oklahoma child care/child tax credit. Enter total here and on line 16 of Form 511-NR		7		00



2021 Form 511-NR - Nonresident/Part-Year Income Tax Return - Page 7 Note: Provide this page ONLY if you have an amount shown on a schedule.

	e(s) shown orm 511NR: TAGORE GULLAPALLI				Your Social Security Number: 734-	-35-7066
S	Schedule 511-NR-F: Earned Inc	come	e Cred	lit See in	nstructions for details of details of the details o	on qualifications
	idents and part-year residents are allowed a credit equal credit must be prorated on the ratio of Oklahoma source	AGI to I	Federal AG	d Income Cr I. Provide a	edit allowed on the Fede	
4			lo not qua		4	
1	Federal earned income credit					00
2	Multiply line 1 by 5%				2	00
3	Divide the amount on line 6 of Form 511NR by the amount	on line 2	2 01 F0rm 5	TINK		
	Enter the percentage from the above calculation here (do i	not enter	more than	100%)	3	8
4	Oklahoma earned income credit (multiply line 2 by line 3, e	enter tota	I here and			
	on line 20 of Form 511-NR)				4	00
	Schedule 511-NR-G: Donations schedule allows you to make a donation from your refun-			•		
511- Infor Publ Plac Ther num	gram, its mission, how funds are utilized and mailing addre NR Packet. If you are not receiving a refund but would lik mation lists the mailing address to mail your donation to a lic School Classroom Fund, see line 40 of Form 511-NR. the an 'X' in the box associated with the dollar amount you in carry that figure over into the column at the right. When the ber of the organization to which you donated. If you donatorm 511-NR.	te to mak the organ wish to l you car	ke a donation if your properties of the second seco	on to one of to you are not reted from you re back to lin	these organizations, Schoeceiving a refund and wis ur refund and donated to be 36 of Form 511-NR, pla	edule 511-NR-G sh to donate to the that organization. ease list the line
		_				
1	Support of Programs for Volunteers to Act					
	as Court Appointed Special Advocates for Abused or Neglected Children	\$2	\$5	\$	1	00
2	Y.M.C.A. Youth and Government Program	\$2	\$5	\$	2	00
3	Support Wildlife Diversity Fund	\$2	\$5	\$	3	00
4		Ψ2	Ψ3	Ψ		
4	Support of Programs for Regional Food Banks in Oklahoma	\$2	\$5	\$	4	00
5	Public School Classroom Support Fund	\$2	\$5	\$	5	00
6	Oklahoma Pet Overpopulation Fund	\$2	\$5	\$	6	00
7	Support the Oklahoma AIDS Care Fund	\$2	\$5	\$	7	00
	· · ·	Ψ2	Ψ3	Η Ψ		
8	Support Oklahoma Silver Haired Legislature and Alumni Association Program	\$2	\$5	\$	8	00
9	Total donations (add lines 1-8, enter total here and on line 36	of Form	511-NR)		9	00
_	Sabadula E44 ND U. Amandad	Dot	urn Ind	format	ion	
	Schedule 511-NR-H: Amended	Kell	um IIII	omat	1011	
Did	you file an amended Federal return? Yes	No				
If Ye	es, provide a copy of the IRS Form 1040X or 1045 AND	proof of	IRS accept	ance, such a	as a copy of the IRS "Sta	tement of
Αdjι	stment," IRS check or deposit slip. IRS documents subn	nitted aft	er filing this	Oklahoma :	amended return may del	ay processing.
Fxn	lain the changes to income, deductions, and/or credits be	elow En	ter the line	reference ni	imber for which you are i	reporting a change
	give the reason. If more space is needed, provide a seg			. 5.5.5.100 110		or or any a or any or
-	,, , , ,,		-			

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

Filing Status Check only one box.	If yo	Single Married filing jointly [ou checked the MFS box, enter the reson is a child but not your depender	name of	ed filing separately your spouse. If you	•	_		, ,	_	, ,	, , , ,
Your first name	and m	iddle initial	Last na	ame					Your so	cial securi	ity number
TAGORE			GULI	LAPALLI						35-706	-
	pouse's	s first name and middle initial	Last na								curity number
									-		
Home address	(numbe	er and street). If you have a P.O. box, see	e instructi	ons.				Apt. no.	Presider	ntial Electi	ion Campaign
2737 NW	140	TH STREET						523		ere if you	
City, town, or p	ost offi	ce. If you have a foreign address, also co	omplete s	paces below.	Sta	ite	ZIP c	ode		0,	ntly, want \$3 Checking a
OKLAHOM	A CI	TY			OI	K	732	.34		ow will not	
Foreign countr	y name			Foreign province/state	/coun	ty	Forei	gn postal code		or refund	
										You	Spouse
At any time du	iring 20	021, did you receive, sell, exchange	e, or othe	erwise dispose of ar	y fina	ancial interest	in any	virtual curre	ncy?	Yes	X No
Standard	Som	neone can claim: You as a de	ependen	t Your spou	se as	a dependent					
Deduction		Spouse itemizes on a separate retu	rn or you	u were a dual-status	alier	1					
Age/Blindness	s You	: Were born before January 2,	1957 [Are blind Sp	ouse	: Was bo	orn bef	ore January 2	2. 1957	☐ Is b	lind
Dependent		<u> </u>		(2) Social securit	v	(3) Relations				(see instru	uctions):
If more	•	irst name Last name	number to you Child tax cred		1		ther dependents				
than four											
dependents,											
see instruction and check	s ——										
here ▶											
	1	Wages, salaries, tips, etc. Attach	Form(s)	W-2					. 1	1	31,838.
Attach	2a	Tax-exempt interest	2a		b T	axable interes	st .		. 2b		
Sch. B if	За	Qualified dividends	3a	54.		Ordinary divide			. 3b		55.
required.	4a	IRA distributions	4a			axable amou			. 4b		
	5a	Pensions and annuities	5a		b T	axable amoui	nt		. 5b		
Standard	6a	Social security benefits	6a		b T	axable amoui	nt		. 6b		
Deduction for—	7	Capital gain or (loss). Attach Sche	edule D i	f required. If not rec	uired	, check here		▶ [7		1,648.
 Single or Married filing 	8	Other income from Schedule 1, lir	ne 10						. 8	_	10,710.
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your total inc	ome				▶ 9	1	22,831.
Married filing	10	Adjustments to income from Sche	edule 1,	line 26					. 10		
jointly or Qualifying	11	Subtract line 10 from line 9. This i	s your a	djusted gross inco	me				▶ 11	1	22,831.
widow(er), \$25,100	12a	Standard deduction or itemized	l deduct	ions (from Schedul	e A)	12	2a	12,55	0.		
Head of	b	Charitable contributions if you take	the sta	ndard deduction (see	instr	ructions) 12	2b				
household, \$18,800	С	Add lines 12a and 12b							. 120	;	12,550.
If you checked	13	Qualified business income deduc-	tion fron	n Form 8995 or Forr	n 899	95-A			. 13		
any box under Standard	14	Add lines 12c and 13							. 14		12,550.
Deduction, see instructions.	15	Taxable income. Subtract line 14	from lir	ne 11. If zero or less	, ente	er-0			. 15	1	10,281.

17		16	Tax (see instructions). Check if any from Form(s): 1 881	4 2 4972	3 🗌		16	20,335.
19 Nonretundable child tax credit for other dependents from Schedule 8812 19 20 20 21 20 21 20 21 22 20 23 21 22 20 23 23 21 22 20 23 23 23 24 24 20 23 24 24 20 23 25 24 24 20 23 25 24 24 26 23 25 24 26 26 25 26 26 26 26 26		17	Amount from Schedule 2, line 3				17	
20 Amount from Schedule 3, line 8		18	Add lines 16 and 17				18	20,335.
21		19	Nonrefundable child tax credit or credit for other depende	nts from Schedule	8812		19	
22 Subtract line 21 from line 18. If zero or less, enter -0- 23 2 2 2 2 3 3 5. 24 Add lines 22 and 23. This is your total tax 25 Federal income tax withheld from: 8 Form(s) W-2 26 Form(s) 1099 27 Cother forms (see instructions) 28 Add lines 25a through 25c 28 Cother forms (see instructions) 29 Add lines 25a through 25c 29 Cother forms (see instructions) 20 Add lines 25a through 25c 20 the stimated tax payments and amount applied from 2020 return 20 Earned income credit (EIC) 27 Attach Sch. EIC. 28 Refundable combat pay election 29 American opportunity credit from Form 86s3, line 8 29 American opportunity credit from Form 86s3, line 8 29 American opportunity credit from Form 86s3, line 8 29 American opportunity credit from Form 86s3, line 8 29 American opportunity credit from Form 86s3, line 8 29 American opportunity credit from Form 86s3, line 8 29 American opportunity credit from Form 86s3, line 8 29 American opportunity credit from Form 86s3, line 8 29 American opportunity credit from Form 86s3, line 8 29 American opportunity credit from Form 86s3, line 8 29 American opportunity credit from Form 86s3, line 8 29 American opportunity credit from Form 86s3, line 8 29 American opportunity credit from Form 86s3, line 8 29 American opportunity credit from Form 86s3, line 8 29 American opportunity credit from Form 86s3, line 8 29 American opportunity credit from Form 86s3, line 8 29 American opportunity credit from Form 86s3, line 8 29 American opportunity credit from Form 86s3, line 8 29 American opportunity credit from Schedule 3, line 15 30 Amount of line 34 you want refunded to you. If Form 88s8 is attached, check here Policy opportunity credit from Schedule 3, line 15 30 Amount of line 34 you want applied to you. If Form 88s8 is attached, check here Policy opportunity credit from Schedule 3, line 15 30 Amount of line 34 you want applied to you. Policy opportunity credit from Schedule 3, line 15 30 Amount of line 34 you want applied to you. Policy opportunity credit from Schedule 3, line 15 30 Amount of lin		20	Amount from Schedule 3, line 8	20				
23 Other taxes, including self-employment tax, from Schedule 2, line 21		21	Add lines 19 and 20				21	
24 Add lines 22 and 23. This is your total tax		22	Subtract line 21 from line 18. If zero or less, enter -0				22	20,335.
24 Add lines 22 and 23. This is your total tax		23	Other taxes, including self-employment tax, from Schedule	e 2, line 21			23	0.
25		24				. ▶	24	20,335.
b Form(s) 1099 c C C C C C C C C C		25						· · · · · · · · · · · · · · · · · · ·
b Form(s) 1099 c C C C C C C C C C		а	Form(s) W-2		25a 23	,910.		
tyou have a qualifying child, activations of the forms (see instructions) ### Add lines 25a through 25b ### 27a		b						
thyou have a count of the control of the country o		С	• •		25c			
20 2021 estimated tax payments and amount applied from 2020 return. 27a		d	,				25d	23,910.
Z7a 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 ▶ □		26					-	•
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 Nontexable combat pay election				NΩ	1 1			
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			` ,					
b Nontaxable combat pay election			January 2, 2004, and you satisfy all the other requ	irements for				
C				nstructions ►				
28 Refundable child tax credit or additional child tax credit from Schedule 8812 29 American opportunity credit from Form 8863, line 8		b			-			
29 American opportunity credit from Form 8863, line 8			, , ,					
30 Recovery rebate credit. See instructions								
31 Amount from Schedule 3, line 15 32 Add lines 27a and 28 through 31. These are your total other payments and refundable credits ▶ 32 33 Add lines 25d, 26, and 32. These are your total payments 34 Add lines 25d, 26, and 32. These are your total payments 35 Add lines 25d, 26, and 32. These are your total payments 36 Amount of line 34 you want refunded to you. If Form 8888 is attached, check here . ▶ 35a 3, 575. Direct deposit? Po Routing number 1 1 1 1 0 0 0 6 1 1 4 ▶ c Type: ★ Checking ★ Savings ★ Amount of line 34 you want refunded to your. If Form 8888 is attached, check here . ▶ 35a 3, 575. Brouting number 1 1 1 0 0 0 6 1 1 4 ▶ c Type: ★ Checking ★ Savings ★ Amount of line 34 you want applied to your 2022 estimated tax . ▶ 36 ★ Amount of line 34 you want applied to your 2022 estimated tax . ▶ 36 ★ Amount of line 34 you want applied to your 2022 estimated tax . ▶ 38 ★ Savings ★ Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions Third Party Designee Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions ★ See instructions ★ Phone Personal identification number (PIN) ★ Designee's Phone no. (469) 543-8551 ★ Date Preparer's signature Date Preparer's signature Pre							-	
Add lines 27a and 28 through 31. These are your total other payments and refundable credits ▶ 32 33				-				
Refund 33		31	·					
Refund 34								
Sign Here Do you want to allow another person to discuss this return with the IRS? See instructions Do you want to allow another person to discuss this return with the IRS? See instructions Do you want to allow another person to discuss this return with the IRS? See instructions Do you want to allow another person to discuss this return with the IRS? See instructions Do you want to allow another person to discuss this return with the IRS? See instructions Do you want to allow another person to discuss this return with the IRS? See instructions Do you want to allow another person to discuss this return with the IRS? See instructions Do you want to allow another person to discuss this return with the IRS? See instructions Do you want to allow another person to discuss this return with the IRS? See instructions Do you want to allow another person to discuss this return with the IRS? See instructions Do you want to allow another person to discuss this return with the IRS? See instructions Do you want to allow another person to discuss this return with the IRS? See instructions Do you want to allow another person to discuss this return with the IRS? See Yes. Complete below. No No Do you want to allow another person to discuss this return with the IRS? See Yes. Complete below. No Do you want to allow another person to discuss this return with the IRS? See Yes. Complete below. No Do you want to allow another person to discuss this return with the IRS? See Yes. Complete below. No Do you want to allow another person to discuss this return with the IRS? See Yes. Complete below. No Do you want to allow another person to discuss this return with the IRS? See Yes. Complete below. No Do you want to allow another person to discuss this return with the IRS? See Yes. Complete below. No Do you want to allow another person to discuss this return with the IRS? Yes. Complete below. No Do you want to allow another person to discuss this return with the						. ▶		
Direct deposit? See instructions. See instructions. ▶ b Routing number 1 1 1 1 0 0 0 0 6 1 4	Refund				•	· <u>·</u>		
See instructions. ▶ d Account number 8 7 1 9 9 8 3 2 9 Amount You Owe 36 Amount of line 34 you want applied to your 2022 estimated tax . ▶ 36 Amount You Owe 37 Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions . ▶ 37 Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions							35a	3,575.
Account number 8 7 1 9 9 8 3 2 9								
Amount You Owe 37	oco inolitaciono.							
Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions Designee's name Date Designee's name Date D								
Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions					1 1	. ▶	37	
Designee Designee Instructions Designee's Phone Personal identification number (PIN) Personal identification Personal identific								
Designee's name Designee's name Date			,			manlata b	بيرمام	V Na
Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature Date Your occupation From the IRS sent you an Identity Protection PIN, enter it here (see inst.) ▶ Date Date Spouse's signature. If a joint return, both must sign. Date Phone no. (469)543-8551 Email address TAGORE IMMORTAL@GMAIL.COM Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM Firm's name ▶ GLOBAL TAXES LLC Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041 Firm's EIN ▶ 30-1017196	Designee					•		INO
Here Your signature			9					
Here Your signature	Sign	Und	ler penalties of perjury, I declare that I have examined this return an	d accompanying sch	edules and stateme	nts, and to	the bes	t of my knowledge and
Joint return? See instructions. Keep a copy for your records. Spouse's signature. If a joint return, both must sign. Date DATA SCIENTIST Spouse's occupation If the IRS sent you an identity Protection PIN, enter it here (see inst.) ▶		beli	ef, they are true, correct, and complete. Declaration of preparer (other	er than taxpayer) is ba	sed on all information	n of which	prepare	er has any knowledge.
Joint return? See instructions. Keep a copy for your records. Phone no. (469)543-8551 Preparer's name Preparer's signature Preparer's SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/23/2022 P02082703 Self-employed Firm's name ▶ GLOBAL TAXES LLC Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041 Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041 Spouse's occupation If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) ▶ □ □ □ □ Date PTIN Check if: Phone no. (678)965-9522 Phone no. (678)965-9522 Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041 Firm's EIN ▶ 30-1017196	Here	You	r signature Date	Your occupation		1		, ,
See instructions. Keep a copy for your records. Spouse's signature. If a joint return, both must sign. Phone no. (469)543-8551 Preparer's name Syam PRIYA RAM SAGAR GUPTA TALLAM SYAM PRI		N		DAMA COTEN	m T O M	I		N, enter it here
Keep a copy for your records. Phone no. (469)543-8551 Preparer's name Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/23/2022 P02082703 Self-employed Firm's name ▶ GLOBAL TAXES LLC Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041 Firm's EIN ▶ 30-1017196		Sn/	ujac'a signatura. If a joint return, both must sign.	 		,	,	at your apougo ap
Phone no. (469)543-8551 Email address TAGORE.IMMORTAL@GMAIL.COM Preparer's name Preparer's signature Date PTIN Check if: SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/23/2022 P02082703 Self-employed Firm's name ■ GLOBAL TAXES LLC Phone no. (678)965-9522 Firm's address ■ 2530 Pebble Creek Ln Cumming GA 30041 Firm's EIN ■ 30-1017196		Spo	duse's signature. If a joint return, both must sign.	Spouse's occupan	DN			J
Preparer's name Preparer's signature Date PTIN Check if:	your records.					(see i	nst.) ►	
Paid SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/23/2022 P02082703 Self-employed Firm's name ► GLOBAL TAXES LLC Phone no. (678)965-9522 Firm's address ► 2530 Pebble Creek Ln Cumming GA 30041 Firm's EIN ► 30-1017196		Pho	ne no. (469)543-8551 Email address	TAGORE.IMMOF	RTAL@GMAIL.CC	M		
Preparer Use Only SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/23/2022 P02082/03 Self-employed	Deid	Pre						Check if:
Use Only Firm's name ► GLOBAL TAXES LLC Phone no. (6/8)965-9522 Firm's address ► 2530 Pebble Creek Ln Cumming GA 30041 Firm's EIN ► 30-1017196		SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR	GUPTA TALLAM	03/23/2022	P02082	2703	Self-employed
Firm's address ► 2530 Pebble Creek Ln Cumming GA 30041 Firm's EIN ► 30-1017196		Firr	n's name ► GLOBAL TAXES LLC			Phon	e no. (678)965-9522
10.10	Use Uniy	Firr	n's address ▶ 2530 Pebble Creek Ln Cummin	g GA 30041		Firm'	s EIN ▶	30-1017196
	Go to www.irs.go	ov/Form	1040 for instructions and the latest information.	BAA	REV 03/12/22 PRO			

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

TAGORE GULLAPALLI

734-35-7066

Par	Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		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, tru Schedule E	•	5	-10,710.
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			
	,	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	_10 710

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

	Educator expenses		11
2	Certain business expenses of reservists, performing artists, and fee-ba officials. Attach Form 2106		12
3	Health savings account deduction. Attach Form 8889		13
	Moving expenses for members of the Armed Forces. Attach Form 39	903	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
ı	Student loan interest deduction		21
2	Reserved for future use		22
3	Archer MSA deduction		23
1	Other adjustments:		
а	Jury duty pay (see instructions)	1a	
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	łb	
С	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l	łc	
d	Reforestation amortization and expenses	1d	
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	1e	
f	Contributions to section 501(c)(18)(D) pension plans	4f	
g	Contributions by certain chaplains to section 403(b) plans 24	lg .	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	1h	
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	4i	
i		4j	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)		
Z	Other adjustments. List type and amount ▶	1z	
	Total other adjustments. Add lines 24a through 24z		25

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 734-35-7066 TAGORE GULLAPALLI

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) Form(s) 8949, Part I, combine the result (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 10,784. 12,396. -1,612. 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 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 -1,612. 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 1,834. 5,094. 3,260. 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 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

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

3,260.

14

15

Schedule D (Form 1040) 2021 Page 2

Part III **Summary** 1,648. 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? X 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? X 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.

Sales and Other Dispositions of Capital Assets

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

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

▶ 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

OMB No. 1545-0074

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TAGORE	GIII.I.APAT.I.T

Social security number or taxpayer identification number 734-35-7066

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

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

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

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

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

(C) Short-term transactions	not reported	to you on 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 If you enter an enter a co See the sepa	(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	12/31/21	230.	300.			-70.
MORGAN STANLEY DOMESTIC HOLDINGS, INC	01/01/21	12/31/21	10,554.	12,096.			-1,542.
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	10.784.	12.396.			-1.612.

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.

REV 03/12/22 PRO

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 $TAGORE \ \ GULLAPALLI$

Social security number or taxpayer identification number 734-35-7066

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	Form(s) 1099	-B showing bas	•	,		e)
1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below	Adjustment, if If you enter an enter a co See the sep	(h) Gain or (loss). Subtract column (e)	
				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	01/01/20	12/31/21	14.	25.			-11.
MORGAN STANLEY DOMESTIC HOLDINGS, INC	02/13/19	12/31/21	5,080.	1,809.			3,271.
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D. line 8h (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) ▶

3,260.

5,094.

1,834.

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)

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

Cs, etc.)	2021						
	Attachment Sequence No. 13						
Your social security number							

Name(s)	shown on return							Your s	ocial securit	y number
TAGO:	GORE GULLAPALLI 7						734-	734-35-7066		
Part		s From Rental Real Estate and Ro instructions. If you are an individual, rep	-		•			-		
A Did	l vou make anv pavme	nts in 2021 that would require you to	file F	orm(s) 1	099? S	ee inst	ructions .		🗆	Yes X No
		ou file required Form(s) 1099?		. ,						Yes □ No
1a		each property (street, city, state, ZIF								<u> </u>
A		AR, MIYAPUR HYDERABAD TELA			5000	49				
В										
С										
1b	Type of Property (from list below)	2 For each rental real estate propabove, report the number of fa	ir rent	ir rental and QJV box only of file as a		Fair Rental Days		Personal Use Days		QJV
Α	3	personal use days. Check the of the original use days.	o file a				325		0	
В		qualified joint venture. See inst	ructions.		В					
С					С					
Type o	of Property:									
1 Sing	le Family Residence	3 Vacation/Short-Term Rental	5 La	ınd		7 Self-	Rental			
2 Mult	ti-Family Residence	4 Commercial	6 Ro	oyalties		8 Othe	er (describe)			
Incom	e:	Properties:			Α		В			С
3	Rents received		3			600.				
4	Royalties received .		4							
Expen										
5	Advertising		5							
6	Auto and travel (see i	nstructions)	6							
7	Cleaning and mainter	nance	7		1,	550.				
8	Commissions		8							
9	Insurance		9							
10	Legal and other profe	essional fees	10							
11	Management fees .		11		1,	200.				
12		id to banks, etc. (see instructions)	12							
13			13							
14	Repairs				3,	150.				
15	Supplies			2,470.						
16			16							
17	Utilities			2,940.						
18		e or depletion	18							
19	Other (list) ▶	·	19							
20	Total expenses. Add	lines 5 through 19	20		11,	310.				
21	Subtract line 20 from	line 3 (rents) and/or 4 (royalties). If instructions to find out if you must	21		-10,					
22	Deductible rental rea	I estate loss after limitation, if any,		,			()/	
23a	on Form 8582 (see in		22	1/	10,7	23a	\	600	/()
zsa b				23b		000	-			
C		eported on line 4 for all properties				23c				
d		• •				23d				
							1,310			
e 24							. 2	_		
	·						_		10,710.)	
25	• •							J (
26	here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on						on			
		40), line 5. Otherwise, include this ar				line 41		. 20	6	-10,710.
For Par	nerwork Reduction Act	Notice, see the separate instructions.		1	JPA		-10,710	J.	Schodula E	(Form 1040) 2021