IRS e-file Signature Authorization

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

ERO must obtain and retain completed Form 8879. ► Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Taxpay	/er's name	Social securi	ty numb	ber
SRA	AVYA PEDDI	739-02	-424	9
Spouse	e's name	Spouse's so	cial secu	urity number
Par	t I Tax Return Information – Tax Year Ending December 31, 2021 (Ente	r year you a	are au	thorizing.)
Enter	whole dollars only on lines 1 through 5.			
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.			
1	Adjusted gross income		1	121,915.
2	Total tax		2	20,269.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	22,510.
4	Amount you want refunded to you		4	2,241.
5	Amount you owe		5	

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

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

Taxpayer's PIN: check one box only

				EPO firm name	с ,	E
X	l authorize	GLOBAL T	AXES	LLC	to enter or generate my PIN	4

2	4	2	4	9	
Ent don	er fiv n't er	ve di Iter a	gits, all ze	but ros	as my

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

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

Your signature

Date

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

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

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

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

Spouse's signature 🕨	Date 🕨	
Practitioner PIN Me	thod Returns Only—continue below	
Part III Certification and Authentication – Pra	titioner PIN Method Only	
ERO's EFIN/PIN. Enter your six-digit EFIN followed by yo	r five-digit self-selected PIN. 5 8 7 2 7 8 6 1 9 8 9	

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

ERO's signature 🕨		Date 🕨	
	Must Retain This Form — See This Form to the IRS Unless		
For Denemier's Deduction Act Nation and Vous	ov veture instructions		Earm 8879 (Bay, 01 2021)

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

E1040	· ·	artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		(99) urn	202	21	OMB No. 15	545-007	4 IRS Us	se Only	—Do not v	vrite or staple	in this space.
Filing Status Check only one box.	lf yo	Single D Married filing jointly unchecked the MFS box, enter the nison is a child but not your dependent	ame of	-	separately ouse. If you	. ,				,		, ,	ow(er) (QW) ne qualifying
Your first name	and mi	ddle initial	Last na	me							Your so	cial securi	ty number
SRAVYA			PEDE	DI							739-	02-424	9
lf joint return, s	pouse's	first name and middle initial	Last na	me							Spouse	's social see	curity number
Home address	•	r and street). If you have a P.O. box, see Y	instructio	ons.					Apt. no.		Check	here if you,	
City, town, or p	oost offi	ce. If you have a foreign address, also co	omplete s	paces be	low.	Sta	te	ZIP	code				ntly, want \$3 Checking a
LIVERMO	RE					CA	A	94	550			ow will not	0
Foreign countr	y name		F	Foreign p	rovince/state	e/count	ty	Fore	eign postal	code	your ta:	k or refund.	Spouse
At any time du	uring 20	021, did you receive, sell, exchange	, or othe	rwise di	spose of a	ny fina	ancial intere	st in an	y virtual	curre	ncy?	Yes	X No
Standard Deduction		eone can claim: You as a de Spouse itemizes on a separate retur	n or you	i were a	dual-statu	s alien							
Age/Blindnes	-		957	_ Are bl	lind S	oouse	: 📋 Was I	born be	fore Jan		-	Is bl	
Dependent				(2) 5	Social securi number	ity	(3) Relation to you					r (see instru	
If more	(1) ⊢	irst name Last name			number			1	Child	tax ci	redit	Credit for ot	her dependents
than four dependents,													<u> </u>
see instruction	s ——												╡───
and check here ►												l	
	1	Wages, salaries, tips, etc. Attach F	Form(s)	N-2							. 1		<u> </u>
Attach	2a		2a			 ьт	axable inter	· ·		•	2b		51,255.
Sch. B if	3a	· ·	 3a				Ordinary divi			·	36		
required.	4a		4a				axable amo				. 4b		
	5a	Pensions and annuities	5a			bТ	axable amo	unt.			. 5b	,	
Standard	6a	Social security benefits	6a			bТ	axable amo	unt.			. 6b)	
Deduction for -	7	Capital gain or (loss). Attach Sche	dule D if	ⁱ require	d. If not rea	quired	, check here	э.			7		
 Single or Married filing 	8	Other income from Schedule 1, lin	ie 10								. 8	-	-9,340.
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is yo	our total in	come					▶ 9	1:	21,915.
 Married filing 	10	Adjustments to income from Sche	dule 1, l	ine 26							. 10)	
jointly or Qualifying	11	Subtract line 10 from line 9. This is	s your a	djusted	gross inco	ome	· · ·				► <u>11</u>	1:	21,915.
widow(er), \$25,100	12a	Standard deduction or itemized	deduct	i ons (fro	m Schedu	le A)	· · _	12a	12	,55	0.		
Head of	b	Charitable contributions if you take	the star	dard de	duction (se	e instr	ructions)	12b					
household, \$18,800	с										. 12	c	12,550.
 If you checked any box under 	13	Qualified business income deduct									. 13		
Standard	14												12,550.
Deduction, see instructions.	15	Taxable income. Subtract line 14	from lin	e 11. lf z	zero or less	s, ente	er-0	• •		•	. 15	6 10	09,365.

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

Form **1040** (2021)

Form 1040 (202	1)								Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3		16	20,269.
	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	20,269.
	19	Nonrefundable child tax cree	dit or credit for c	ther depender	nts from Schedul	e8812		19	
	20	Amount from Schedule 3, lin	e8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	20,269.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is	your total tax				. 🕨	24	20,269.
	25	Federal income tax withheld	from:			1 1			
	а	Form(s) W-2				25a 22	,510.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	,			25c			
	d	Add lines 25a through 25c						25d	22,510.
If you have a	26	2021 estimated tax payment						26	
qualifying child, attach Sch. EIC.	27a	Earned income credit (EIC)				27a			
		Check here if you were k							
		January 2, 2004, and you taxpayers who are at least a							
	b	Nontaxable combat pay elec	-	I					
	c	Prior year (2019) earned inco							
	28	Refundable child tax credit or			Schedule 8812	28			
	29	American opportunity credit				29		-	
	30	Recovery rebate credit. See		,		30		-	
	31	Amount from Schedule 3, lin				31		1	
	32	Add lines 27a and 28 throug					its 🕨	32	
	33	Add lines 25d, 26, and 32. T						33	22,510.
Defendel	34	If line 33 is more than line 24						34	2,241.
Refund	35a							35a	2,241.
Direct deposit?	►b	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here \ldots \blacktriangleright Routing number $\begin{vmatrix} 1 & 1 & 1 & 0 & 0 & 0 \\ \end{vmatrix}$ $\begin{vmatrix} 0 & 0 & 0 & 6 & 1 & 4 \\ \end{vmatrix}$ \blacktriangleright c Type: \blacksquare Checking \square Savings							-
See instructions.	►d	Account number 8 6 5					0		
	36	Amount of line 34 you want a			ed tax 🕨	36			
Amount	37	Amount you owe. Subtract				see instructions	. 🕨	37	
You Owe	38	Estimated tax penalty (see in				38			
Third Party	Do	you want to allow another				? See			
Designee		tructions					omplete b	below.	× No
		signee's		Phone			nal identi		
		ne 🕨		no. 🕨			er (PIN)		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com							
Here		· · ·	piete. Deciaration	Date	Your occupation				it you an Identity
	, 10	ur signature		Dale	rour occupation				N, enter it here
Joint return?					SOFTWARE	ENGINEER	(see	inst.) ▶	
See instructions.	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occupa	tion			it your spouse an
Keep a copy for your records.	,							tity Prote inst.) ▶	ection PIN, enter it here
you recorder			-					inst.)	
		one no. (660)528-878		Email address	P.SRAVYA9	3@GMAIL.COM		T	Ob a all if
Paid		parer's name	Preparer's signat			Date	PTIN		Check if:
Preparer		ATASAI PAVAN KUMAR DUDIPALLI		PAVAN KUM	AR DUDIPALLI	01/31/2022	P0247		Self-employed
Use Only		m's name ► GLOBAL TAX							678)965-9522
		m's address ► 2530 Pebb		in Cumming	-		Firm	's EIN ►	
Go to www.irs.g	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 01/24/22 PRO			Form 1040 (2021)

SCHEDULE	1
(Form 1040)	

Additional Income and Adjustments to Income

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

2021 Attachment Sequence No. **01**

OMB No. 1545-0074

Internal Revenue Service	► Go to www.irs.gov/Form1040 for instructions and the latest information.		Sequence No. 01
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soci	al security number
SRAVYA PEDDI		739-02	-4249
Part I Additio	onal Income		

1	Taxable refunds, credits, or offsets of state and local income taxe	s	1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions)	•		
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, tr Schedule E		5	-9,340.
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 pet in the business of renting such			
	the rental for profit but were not in the business of renting such property	8k		
Т	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		
ο	Section 461(I) excess business loss adjustment	80		
р	Taxable distributions from an ABLE account (see instructions) .	8p		
z	Other income. List type and amount ►	_ _		
0	Tatal ather in a reas A del lines On the such On	8z		
9 10	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1 1040-NR, line 8		10	-9,340.
For Pa	perwork Reduction Act Notice, see your tax return instructions.			ile 1 (Form 1040) 2021

Reduction Act Notice, see your tax return instructions aperwor

Schedule 1 (Form 1040) 2021

Par	t II Adjustments to Income		
11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	
18	Penalty on early withdrawal of savings	18	
19a	Alimony paid	19a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions)		
20	IRA deduction	20	
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
а	Jury duty pay (see instructions) . . . 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 Paralympicmedals and USOC prize money reported on line 81 24c		
d	Reforestation amortization and expenses		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974		
f	Contributions to section 501(c)(18)(D) pension plans 24f		
g	Contributions by certain chaplains to section 403(b) plans 24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations24i		
j	Housing deduction from Form 2555 . . . 24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)		
z	Other adjustments. List type and amount ► 24z		
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26	

REV 01/24/22 PRO

SCHEDULE	Ε
(Form 1040)	

Supplemental Income and Loss

OMB No. 1545-0074

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

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

Depar	tment of the	Treasury
Interna	al Revenue S	Service (99)

2021
Attachment Sequence No. 13

► Go to www.irs.gov/ScheduleE for instructions and the latest informati	on.
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SRAVTA FEDDI 7.39-02-4249 Standard Standvertisting Standard	. ,	shown on return							ur social s	-	number
Schedule C. See instructions. If you are an individual, report arm rental income or loss from Form 4835 on page 2, line 40. A Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions . Image: Colspan="2">Yes Mo B If Yres, "id you or will you file required Form(s) 1099? Yes (Mo) A TADITHOTA RAJAHMUNDRY ANDRRA PRADESH IN 533103 Fair Rental Personal Use (No) B C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C Type of Property (from its below) 2 For each rental cal setate properly listed operand use days, Check the CW box only (from its below) A 355 O D Type of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 2 QuV Type of Property: 3 4 8 C 3 640. 4 B C 8 C	-									-	
A Did you make any payments in 2021 that would require you to file form(s) 1099? See instructions □ Ves ⊠ No B if "Yes," did you or will you file required Form(s) 1099? □ □ Ves ⊠ No A TADITHOTA RAJAHMUNDRY ANDERA PRADESH IN 533103 □ □ □ B TADITHOTA RAJAHMUNDRY ANDERA PRADESH IN 533103 □ □ □ B □	Part		-		-				• •		-
B If "Yes," did you or will you file required Form(s) 10997 Yes No 1a Physical address of each property (street, city, state, ZIP code) Yes No 1a Physical address of each property (street, city, state, ZIP code) Particular Yes No 1a ThDTHOTA: RAJAH/MUNDRY ANDERA PRADESH In 533103 Personal Use Quiv A 3 Part Rental above, report the number of fair rental and personal use days. Check the QV box only fair rental and personal use days. Check the QV box only fair rental and personal use days. Check the QV box only fair contained to fair rental and personal use days. Check the QV box only fair contained to fair rental and the requirements to file as a guardined point venture. See instructions. A A fair Rental Days Quiv Type of Property: 15 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 2 Multi-family Residence 3 Gotto (describe) Image: Contained table											
Image: Physical address of each property (street, city, state, ZIP code) A TADITHOTA RAJAHMUNDRY ANDRA PRADESH IN 533103 B C Fair Rental Personal Use Days QJV A 3 Galaxy A 365 0 Image: Comparise C				. ,							
A TADITHOTA RAJAHMUNDRY ANDHRA PRADESH IN 533103 B C	B If "	Yes," did you or will you file required Form(s) 1099?								☐ Ye	es 🗌 No
B C Fair Rental Personal Use Q.JV th Type of Property (from list below) 2 For each rental real estate property listed above, report the number of fair rental and presonal use days. Check the QW box only dualified joint venture. See instructions. A 3.6 0 0 B	1 a	Physical address of each property (street, city, state, ZIF	^o code))							
C Type of Property (from list below) 2 For each rental real estate property listed above, report the number of fair rental and publication of the property. Fair Rental Days Personal Use Days QJV A 3	Α	TADITHOTA RAJAHMUNDRY ANDHRA PRADESH I	IN 53	3103							
Type of Property (from list below) 2 For each rental real estate property islad escored use days. Check the QW tox only fyou merents to file as an island qualified joint venture. See instructions. Fair Rental Days Personal Use Days QUV Type of Property: 3 3 36 0 0 0 0 0 0 Type of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 5 0	В										
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B	Α	12 if you moot the requirements to	o file as	s a	Α		365		0		
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2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) Income: Properties: A B C 3 Rents received 3 640. C 4 Royalties received 4 B C 5 Advertising 5 6			5 Lan	nd		7 Self-	Rental				
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4 Royalties received	3	Rents received	3			640.					
Expenses: 5	4		4								
5 Advertising 5 6 6 Auto and travel (see instructions) 7 1, 210. 7 Cleaning and maintenance 7 1, 210. 8 9 9 9 9 10 11 1, 000. 10 Legal and other professional fees 10 11 11 Management fees 11 1, 000. 12 12 Mortgage interest paid to banks, etc. (see instructions) 12 14 2, 940. 15 Supplies 14 2, 940. 15 2, 640. 16 Taxes 16 11 14 2, 940. 18 19 12 14 2, 940. 15 19 0ther (list) ▶ 19 20 9, 980. 21 -9, 340. 21 -9, 340. 12 -9, 340. 12 12 12 12 23 Total of all amounts reported on line 3 for all repatives 23a 640. 12 12 -9, 340. 12 12 -9, 340. 12 12 12 12 1	Expen										
6 Auto and travel (see instructions) 6 7 1,210. 7 1,210. 7 1,210. 7 8 7 1,210. 8 10 10 Legal and other professional fees 10 11 1,000. 11 11 1,000. 12 11 1,000. 12 12 Mortgage interest paid to banks, etc. (see instructions) 12 12 14 2,940. 15 Supplies 14 2,940. 15 2,640. 16 14 2,940. 15 2,190. 18 19 10 10 10 14 2,940. 15 2,190. 18 10 10 11 1,000. 11 11 1,000. 11 11 1,000. 11 11 1,000. 11 11 1,000. 11 11 1,000. 11 11 1,000. 11 11 1,000. 11 11 1,000. 11 11 1,000. 11 11 1,000. 11 11 1,000. 11 <td>-</td> <td></td> <td>5</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	-		5								
7 Cleaning and maintenance 7 1,210. 8 9 9 9 9 9 11 1,000. 12 11 13 12 14 Repairs. 14 15 2,640. 16 15 17 2,190. 18 14 19 15 10 16 11 2,940. 15 2,640. 16 17 17 2,190. 18 19 19 10 20 9,980. 21 -9,340. 22 9,340. 23 Total of all amounts reported on line 3 for all rental properties 23a 640. 23b 22 9,340. 23a 640. 23a Total of all amounts reported on line 4 for all properties 23a 640. 23b 70 23a 640. 23a Total of all amounts reported on line			-								
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24 Income. Add positive amounts shown on line 21. Do not include any losses								9 0	80		
						236		צ, פ			
20 Losses. Aud royally losses from the 21 and remained estate losses from the 22. Enter total losses here . 20 (9,340.						ntor tot		•			0 240
									23 (3,340.
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result	26										
here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . 26 -9, 340.									26		-9 340

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2021

Form	8889
Depar	tment of the Treasury

Health Savings Accounts (HSAs)

OMB No. 1545-0074

Sequence No. 52

Attachment

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

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

Internal Revenue Service Go to www.irs.gov/Form88

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Social security number of HSA	
SRAVYA PEDDI	beneficiary. If both spouses have HSAs, see instructions ► 739-	02-4249

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

	HSA Contributions and Deduction. See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for			
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2021.			
•	See instructions	Se	lf-only	➤ Family
2	HSA contributions you made for 2021 (or those made on your behalf), including those made from January 1, 2022, through April 15, 2022, that were for 2021. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2		0.
3	If you were under age 55 at the end of 2021 and, on the first day of every month during 2021, you were, or were considered, an eligible individual with the same coverage, enter \$3,600 (\$7,200 for family coverage). All others, see the instructions for the amount to enter	3		7,200.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2021 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2021, also include any amount contributed to your spouse's Archer MSAs	4		0.
5	Subtract line 4 from line 3. If zero or less, enter -0	5		7,200.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2021, see the instructions for the amount to enter	6		7,200.
7	If you were age 55 or older at the end of 2021, married, and you or your spouse had family coverage under an HDHP at any time during 2021, enter your additional contribution amount. See instructions	7		0.
8	Add lines 6 and 7	8		7,200.
9	Employer contributions made to your HSAs for 2021			
10	Qualified HSA funding distributions	1		
11	Add lines 9 and 10	11		1,500.
12	Subtract line 11 from line 8. If zero or less, enter -0	12		5,700.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13	13		0.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.			
Part		arate I	HSAs,	complete
	a separate Part II for each spouse.			
14a	Total distributions you received in 2021 from all HSAs (see instructions)	14a		
b	Distributions included as line 44s that you will also use to sustain 100. Also include any sustained			
	Distributions included on line 14a that you rolled over to another HSA. Also include any excess			
	contributions (and the earnings on those excess contributions) included on line 14a that were			
	contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b		
с	contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b 14c		
с 15	contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b		
	contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b 14c		
15 16	contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructionsSubtract line 14b from line 14aQualified medical expenses paid using HSA distributions (see instructions)Taxable HSA distributions.Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8e	14b 14c 15		
15 16	contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b 14c 15		
15 16 17a	contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b 14c 15 16		
15 16 17a b	contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b 14c 15 16		
15 16 17a	contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b 14c 15 16 17b		
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For Paperwork Reduction Act Notice, see your tax return instructions.

BAA REV 01/24/22 PRO

Form 8582

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

Passive Activity Loss Limitations

► See separate instructions.

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

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

OMB No. 1545-1008 20 Attachment Sequence No. 858

Identifying number 729-02-4249

SRAVIA PEDDI	739-02-4249
Part I 2021 Passive Activity Loss	
Caution: Complete Parts IV and V before completing Part I.	
Rental Real Estate Activities With Active Participation (For the definition of active participation, see Spe Allowance for Rental Real Estate Activities in the instructions.)	cial

1d	
1d	
1d	
	-9,340.
2d	
0	-9,340.
	2d 3

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

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

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

Part II Special Allowance for Rental Real Estate Activities With Active Participation								
	Note: Enter all numbers in Par	t II as positive amo	ounts. See instruct	tions for an examp	ole.			
4	4 Enter the smaller of the loss on line 1d or the loss on line 3							
5	Enter \$150,000. If married filing separ	rately, see instructi						
6	6 Enter modified adjusted gross income, but not less than zero. See instructions 6 131, 255.							
	Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7.							
7	Subtract line 6 from line 5			7	18,745.			
8	Multiply line 7 by 50% (0.50). Do not e	nter more than \$25	,000. If married filir	ng separately, see	instructions	8	9,373.	
9	Enter the smaller of line 4 or line 8					9	9,340.	
Par	t III Total Losses Allowed							
10	Add the income, if any, on lines 1a an	d 2a and enter the	etotal			10	0.	
11	Total losses allowed from all passiv out how to report the losses on your t		21. Add lines 9 an			11	9,340.	
Par	t IV Complete This Part Befor	e Part I, Lines 1	a, 1b, and 1c. S	ee instructions.				
	Name of activity	Currer	nt year	Prior years	Ove	rall ga	in or loss	
	Name of activity	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gair	٦	(e) Loss	
TAD	ITHOTA	0.	9,340.				9,340.	

For Paperwork Reduction Act Notice, see instru	ictions.		REV 01/24	1/22 PRO	Form 8582 (2021
Total. Enter on Part I, lines 1a, 1b, and 1c ►	0.	9,340.			

BAA

REV 01/24/22 PRO

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

Part V	Complete This Part Belor	e Part I, Lines 2	a, 20,	anu zc. e	see instruc	stions.			
	Name of activity	Currer	nt year		Prior y	ears	Overa	all ga	ain or loss
	Name of activity	(a) Net income (line 2a)	(b)	Net loss ne 2b)	(c) Unall loss (lin		(d) Gain		(e) Loss
		(into Ed)	("	110 2.0)		0 20)			
Total. Enter	on Part I, lines 2a, 2b, and 2c ►								
Part VI	Use This Part if an Amour	t Is Shown on I	Part II.	Line 9. S	l See instruc	ctions.			
		Form or schedule							
	Name of activity	and line number to be reported on (see instructions)	(a) Loss	(b) Ra	atio	(c) Special allowance		(d) Subtract column (c) from column (a).
TADITHO	ГА	E Ln 22		9,340.	1.0000	00000	9,34	0.	0.
						-			
Total				9,340.	1.0	0	9,34	0.	0.
Part VII	Allocation of Unallowed L	.osses. See instr	uction	IS.					
	Name of activity	Form or sch and line nur to be reporte (see instruct	nber ed on	(a)	Loss	((b) Ratio	(c)) Unallowed loss
Total							1.00		
Part VIII	Allowed Losses. See instr						1.00		
	Name of activity	Form or sche and line nur to be reporte (see instruct	nber ed on	(a)	Loss	(b) Ur	nallowed loss	(c) Allowed loss
						-			
								<u> </u>	
Tatal			•						
Total			. 🕨						

REV 01/24/22 PRO

FORM

8879

2021 California e-file Signature Authorization for Individuals

Your name	Your SSN or I	TIN
SRAVYA PEDDI	739-02-4	1249
Spouse's/RDP's name	Spouse's/RDF	P's SSN or ITIN
Part I Tax Return Information (whole dollars only)		
1 California adjusted gross income (AGI). See instructions	1	123,415.
2 Amount You Owe. See instructions		
3 Refund or No Amount Due. See instructions		1,911.

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

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2021, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider, including my name, address, and social security number (SSN) or individual tax identification number (ITIN), and the amounts shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that direct deposit refund amount on line 3 agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointment of the other spouse/registered domestic partner (RDP) as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediate service provider to transmit my complete return to the Franchise Tax Board (FTB). If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, and/or transmitter the reason(s) for the date when the refund was sent. If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic F

Taxpayer's l	PIN: check	one box only	
--------------	------------	--------------	--

	ERO firm name		Do n	ot ei	nter a	ll zer	05	
\mathbf{X}	l authorize GLOBAL TAXES LLC to enter m	PIN	2	4	2	4	9	

as my signature on my 2021 e-filed California individual income tax return.

I will enter my PIN as my signature on my 2021 e-filed California individual income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

You	r signature 🕨	Date		•	
Spo	use's/RDP's PIN: check one box only				
	I authorize			to enter my PIN	
	ERO firm name				Do not enter all zeros
	as my signature on my 2021 e-filed California individual income tax return.				
	I will enter my PIN as my signature on my 2021 e-filed California individual income tax and your return is filed using the Practitioner PIN method. The ERO must complete Part III be		Ch	heck this box only if you a	re entering your own PIN

Spouse's/RDP's signature 🕨	Date 🕨											
Practitioner PIN Method Returns Only	/ 00	ntinu	e belo	W								
Part III Certification and Authentication — Practitioner PIN Method Only												
ERO's Electronic Filer Identification Number (EFIN)/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	5	8	7	2 Do no	7	8	6	1	9	8	9	
I certify that the above numeric entry is my PIN, which is my signature for the 2021 Calif confirm that I am submitting this return in accordance with the requirements of the Pract e-file Providers.			dual i	ncom	e tax	returi	n for t	the ta				

ERO's signature	Date	01/31/2022
-		

2021 California Resident Income Tax Return

				AP	E	ATTACH	FEDERAL	RETURN
73 SR)2-4249 ZA	PEDD PEDDI			21		
		RUTH WAY RMORE	CA	94550				
03	-07	7-1993						
Principal Residence		ALAMEDA If your address If not, enter belo	ow your principal/ph	structions) S your principal/physic hysical residence addre reign address, see instruc	ss at the time of fili		Apt. no/ste	
Princi	•	City					State	ZIP code
Filing Status	1 2 3	× Single Married	/RDP filing jointly. S	ee inst. 5	lead of household (Qualifying widow(er) Gee instructions.	with qualifying perso	/RDP died.	ions.
	6	If someone car	n claim you (or your	r spouse/RDP) as a dej	pendent, check the	oox here. See inst	••••• 6	
Exemptions	Fo 7 8 9	Personal: If yo box 2 or 5, enter Blind: If you (o if both are visu Senior: If you (u checked box 1, 3, er 2 in the box. If yo or your spouse/RDP ally impaired, enter (or your spouse/RD	Itiply the number you e or 4 above, enter 1 in u checked the box on) are visually impaired, 2 P) are 65 or older, ente e instructions	the box. If you chec line 6, see instructio enter 1; 	ked nns. ● 7 1 X \$1 ● 8 X \$1	amount for that I 29 = • \$ 29 = 0 = 10 \$ 29 = 100 = 100 \$	ine. Whole dollars only 129
				175	3101214	REV 01	/24/22 PRO FOrm	n 540 2021 Side 1

/ou	r nar	ne: PEDI	DI		Your SSN or	ITIN:	739-	02-4249					
1	10 1	Dependents:		ot include yourself or y Dependent 1	our spouse/RDP.	Dene	ndent 2			De	pendent 3		
		First Name	۲										
		Last Name	۲							•			
		SSN. See instructions.	•							•			
		Dependent's relationship	$oldsymbol{igodol}$							•			
	Tota	to you	vomr	 otions				10	X \$400 =	. (0) \$			
	11			I nt: Add line 7 through l						-		.29	
	12			n your federal						/ Π ψ			
	12	Form(s) W-	2, bo	x 16	• 12			13275	5 _00	_			
	13			isted gross income fron					🖲 13		121915	. 00	
	14	Part I, line 2	, co	nents – subtractions. Er Iumn B					• 14			. 00	
	15	See instruct	ions	rom line 13. If less than					15		121915	. 00	
	16												
	17	California adjusted gross income. Combine line 15 and line 16											
	18	Enter the Your California itemized deductions from Schedule CA (540), Part II, line 30; OR Your California standard deduction shown below for your filing status: • Single or Married/RDP filing separately\$4,803											
		Ĩ	• Sir	ngle or Married/RDP filin	ng separately					Ì_			
		Married/RDP filing jointly, Head of household, or Qualifying widow(er) \$9,606 If Married/RDP filing separately or the box on line 6 is checked, STOP . See instructions 18										. 00	
	19	Subtract line If less than a	e 18 f zero,	rom line 17. This is you enter -0-	r taxable income) . 			🖲 19		118612	- 00	
				Tay	Table	< Tax	Rate Sc	bodulo					
	31	Tax. Check t	the bo	ox if from:					- 01		8033	.00	
	32			s. Enter the amount from	m line 11. If your	federal	AGI is m	ore than	• • •		129		
				structions					Ŭ		7904		
	33			rom line 31. If less than			Γ		Ũ		/904		
	34			ons. Check the box if fr		edule G		FTB 5870/				<u> </u>	
	35	Add line 33	and I	ine 34					• 35		7904	.00	
-	40	Nonrefunda	ble C	hild and Dependent Care	e Expenses Credit	t. See ir	nstructio	18	• 40			.00	
	43	Enter credit	name	9		code ●		and amount	t • 43			. 00	
	44	Enter credit	nam	9		code 🗨		and amount	t ● 44			. 00	
		Side 2 Form	E 40	2021	175	210	0.01 (
1	i	JIUG Z FUIII	1 040		±,3	JIU	2214	I I			REV 01/24/22 PRO		

You	ır nar	e: PEDDI Your SSN or ITIN: 739-02-4249	
Ś	45	To claim more than two credits. See instructions. Attach Schedule P (540) • 45	00
Special Credits	46	Nonrefundable Renter's Credit. See instructions	00
ecial	47	Add line 40 through line 46. These are your total credits	00
Sp	48	Subtract line 47 from line 35. If less than zero, enter -0	00
	64		00
	61 62		00
Other Taxes	62		
)ther 7	63		00
0	64		00
	65	Add line 48, line 61, line 62, line 63, and line 64. This is your total tax • 65	00
	71	California income tax withheld. See instructions	00
	72	2021 CA estimated tax and other payments. See instructions	00
	73	Withholding (Form 592-B and/or 593). See instructions	00
Payments	74	Excess SDI (or VPDI) withheld. See instructions	00
Payn	75	Earned Income Tax Credit (EITC)	00
	76	Young Child Tax Credit (YCTC). See instructions	00
	77 78	Add line 71 through line 77. These are your total payments.	00 00
Тах	91	Use Tax. Do not leave blank. See instructions	
Use Tax		If line 91 is zero, check if: X No use tax is owed. You paid your use tax obligation directly to CDTFA.	
ISR Penaltv	92	If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or C coverage is qualifying health care coverage	
ے م		Individual Shared Responsibility (ISR) Penalty. See instructions • 92	
Overpaid Tax/Tax Due	93	Payments balance. If line 78 is more than line 91, subtract line 91 from line 78 • 93	00
Γax/Tέ	94 95	Use Tax balance. If line 91 is more than line 78, subtract line 78 from line 91	00
paid		subtract line 92 from line 93	00
Over	96	Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, then subtract line 93 from line 92	00

You	r nar	me: PEDDI Your SSN or ITIN: 739-02-4249		
Overpaid Tax/Tax Due	97	Overpaid tax. If line 95 is more than line 65, subtract line 65 from line 95	• 97	1911.00
ax/Ta	98	Amount of line 97 you want applied to your 2022 estimated tax	• 98	. 00
Daid T	99	Overpaid tax available this year. Subtract line 98 from line 97	• 99	1911.00
Overp	100	Tax due. If line 95 is less than line 65, subtract line 95 from line 65	🖲 100	. 00
			<u>Code</u>	Amount
		California Seniors Special Fund. See instructions	• 400	.00
		Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	● 401	00
		Rare and Endangered Species Preservation Voluntary Tax Contribution Program	• 403	00
		California Breast Cancer Research Voluntary Tax Contribution Fund.	• 405	- 00
		California Firefighters' Memorial Voluntary Tax Contribution Fund	• 406	00
		Emergency Food for Families Voluntary Tax Contribution Fund	• 407	00
		California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund	• 408	00
		California Sea Otter Voluntary Tax Contribution Fund	• 410	
		California Cancer Research Voluntary Tax Contribution Fund	• 413	
ons		School Supplies for Homeless Children Voluntary Tax Contribution Fund	• 422	00
Contributions		State Parks Protection Fund/Parks Pass Purchase	• 423	00
Con		Protect Our Coast and Oceans Voluntary Tax Contribution Fund.	• 424	. 00
		Keep Arts in Schools Voluntary Tax Contribution Fund	• 425	00
		Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund	● 431	00
		California Senior Citizen Advocacy Voluntary Tax Contribution Fund	• 438	.00
		Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	• 439	.00
		Rape Kit Backlog Voluntary Tax Contribution Fund	• 440	.00
		Schools Not Prisons Voluntary Tax Contribution Fund	• 443	00
		Suicide Prevention Voluntary Tax Contribution Fund	• 444	.00
		Mental Health Crisis Prevention Voluntary Tax Contribution Fund	• 445	.00
		California Community and Neighborhood Tree Voluntary Tax Contribution Fund	• 446	. 00
	110	Add code 400 through code 446. This is your total contribution	• 110	. 00

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You	r nan	ne:	PEDDI		Your SSN or	r ITIN:	739-02-	-4249		•			
Amount You Owe	111	Mail	to: FRANCHISE	you do not have an TAX BOARD, PO E ca.gov/pay for mo	BOX 942867, SA					See instru	ctions. De	o not send cash.	.00
and ies	112 113		est, late return per erpayment of estin	nalties, and late pa nated tax.	yment penalties				112				. 00
Interest and Penalties		Cheo	ck the box:	FTB 5805 attac	hed • F	TB 58051	Fattached .		• 113				. 00
-	114	Tota	amount due. See	instructions. Encl	ose, but do not s	staple, an	y payment .		114				. 00
	115	REF	UND OR NO AMOL	JNT DUE. Subtrac	the sum of line	110, line	112 and lin	e 113 fro	m line 99. See	e instructio	ons.		
		Mail	to: FRANCHISE TA	AX BOARD, PO BO	X 942840, SAC	RAMENT	0 CA 94240	-0001	● 115			1911	. 00
Refund and Direct Deposit		See	instructions. Have	to authorize direct • you verified the r • ount of my refund	outing and acco	ount num	bers? Use w	hole doll	ars only.			or a deposit slip.	
irec			Routing number	• Type	 Account nui 	mhar				116	Direct d	eposit amount	
D pu			11000614	× Checking	8652038						Difect u	1911	
nd al			11000014	Savings	0052050	01							. 00
Refui		The	remaining amount	of my refund (line ● Type	115) is authori	zed for di	rect deposit	into the a	account show	n below:			
		• F	Routing number	Checking	Account nu	mber				• 117	Direct d	eposit amount	_
													. 00
				Savings									
				ns to find out if you ual tax booklets or on		1.5 5				nt or ao to	fth ca nov	/forms and search fo	or 1131
to loc Unde	ate FT er pena	B 113 alties d	1 EN-SP, Franchise Ta	ax Board Privacy Notic hat I have examined	e on Collection. To	request th	is notice by ma	ail, call 800	.338.0505 and e	nter form c	ode 948 w	hen instructed.	
Your	signat	ure				Date		Spou	se's/RDP's sign	ature (if a jo	pint tax ret	urn, both must sign))
			Your email add	dress. Enter only one	email address.						Prefe	rred phone number	
Si	gn										6605	5288782	
	ere		Paid preparer's si	gnature (declaration	of preparer is ba	sed on all	information	of which p	preparer has an	y knowled	lge)		
	unlaw	rful	VENKATAS	SAI PAVAN	KUMAR D	UDIPA	LLI						
to fo	rge a ıse's/		Firm's name (or y	ours, if self-employed)							PTIN	
RDF			GLOBAL 7	FAXES LLC								P024708	33
-			Firm's address									● Firm's FEIN	
Joint retur	'n?		2530 PE	BBLE CREE	K LN CUM	MING	GA 300)41				3010171	96
(See instr	e uctior	ıs)	Do you want to	allow another pers	on to discuss th	is tax retu	urn with us?	See instr	ructions		Yes	× No	
			Print Third Party [_	e Number	
				-									
			L]	L]

175	3105214
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E1040	· ·	artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		(99) urn	202	21	OMB No. 15	545-007	4 IRS Us	se Only	—Do not v	vrite or staple	in this space.
Filing Status Check only one box.	lf yo	Single D Married filing jointly unchecked the MFS box, enter the nison is a child but not your dependent	ame of	-	separately ouse. If you	. ,				,		, ,	ow(er) (QW) ne qualifying
Your first name	and mi	ddle initial	Last na	me							Your so	cial securi	ty number
SRAVYA			PEDE	DI							739-	02-424	9
lf joint return, s	pouse's	first name and middle initial	Last na	me							Spouse	's social see	curity number
Home address	•	r and street). If you have a P.O. box, see Y	instructio	ons.					Apt. no.		Check	here if you,	,
City, town, or p	oost offi	ce. If you have a foreign address, also co	omplete s	paces be	low.	Sta	te	ZIP	code				ntly, want \$3 Checking a
LIVERMO	RE					CA	A	94	550			ow will not	0
Foreign countr	y name		F	Foreign p	rovince/state	e/count	ty	Fore	eign postal	code	your ta:	k or refund.	Spouse
At any time du	uring 20	021, did you receive, sell, exchange	, or othe	rwise di	spose of a	ny fina	ancial intere	st in an	y virtual	curre	ncy?	Yes	X No
Standard Deduction		eone can claim: You as a de Spouse itemizes on a separate retur	n or you	i were a	dual-statu	s alien							
Age/Blindnes	-		957	_ Are bl	lind S	oouse	: 📋 Was I	born be	fore Jan		-	Is bl	
Dependent				(2) 5	Social securi number	ity	(3) Relation					r (see instru	
If more	(1) ⊢	irst name Last name			number		to you	1	Child	tax ci	redit	Credit for ot	her dependents
than four dependents,													<u> </u>
see instruction	s ——												╡───
and check here ►												l	
	1	Wages, salaries, tips, etc. Attach F	Form(s)	N-2							. 1		<u> </u>
Attach	2a		2a			 ьт	axable inter	· ·		•	2b		51,255.
Sch. B if	3a	· ·	 3a			b Ordinary dividen				·	36		
required.	4a		4a				axable amo				. 4b		
	5a	Pensions and annuities	5a			bТ	axable amo	unt.			. 5b	,	
Standard	6a	Social security benefits	6a			bТ	axable amo	unt.			. 6b)	
Deduction for -	7	Capital gain or (loss). Attach Sche	dule D if	ⁱ require	d. If not rea	quired	, check here	э.			7		
 Single or Married filing 	8	Other income from Schedule 1, lin	ie 10								. 8	-	-9,340.
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is yo	our total in	come					▶ 9	1:	21,915.
 Married filing 	10	Adjustments to income from Sche	dule 1, l	ine 26							. 10)	
jointly or Qualifying	11	Subtract line 10 from line 9. This is	s your a	djusted	gross inco	ome	· · ·				► <u>11</u>	1:	21,915.
widow(er), \$25,100	12a	Standard deduction or itemized	deduct	i ons (fro	m Schedu	le A)	· · _	12a	12	,55	0.		
Head of	b	Charitable contributions if you take	the star	dard de	duction (se	e instr	ructions)	12b					
household, \$18,800	с										. 12	c	12,550.
 If you checked any box under 	13	Qualified business income deduct									. 13		
Standard	14												12,550.
Deduction, see instructions.	15	Taxable income. Subtract line 14	from lin	e 11. lf z	zero or less	s, ente	er-0			•	. 15	6 10	09,365.

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

Form **1040** (2021)

Form 1040 (202	1)								Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3		16	20,269.
	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	20,269.
	19	Nonrefundable child tax cree	dit or credit for c	ther depender	nts from Schedul	e8812		19	
	20	Amount from Schedule 3, lin	e8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	20,269.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is	your total tax				. 🕨	24	20,269.
	25	Federal income tax withheld	from:			1 1			
	а	Form(s) W-2				25a 22	,510.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	,			25c			
	d	Add lines 25a through 25c						25d	22,510.
If you have a	26	2021 estimated tax payment						26	
qualifying child, attach Sch. EIC. [27a	Earned income credit (EIC)				27a			
		Check here if you were k							
		January 2, 2004, and you taxpayers who are at least a							
	b	Nontaxable combat pay elec	-	I					
	c	Prior year (2019) earned inco							
	28	Refundable child tax credit or			Schedule 8812	28			
	29	American opportunity credit				29		-	
	30	Recovery rebate credit. See		,		30		-	
	31	Amount from Schedule 3, lin				31		1	
	32	Add lines 27a and 28 throug					its 🕨	32	
	33	Add lines 25d, 26, and 32. T						33	22,510.
Defendel	34	If line 33 is more than line 24						34	2,241.
Refund	35a							35a	2,241.
Direct deposit?	►b	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here $$ \blacktriangleright Routing number $\begin{vmatrix} 1 & 1 & 1 & 0 & 0 & 0 & 6 & 1 & 4 \end{vmatrix}$ \blacktriangleright c Type: \blacksquare Checking \Box Savings							
See instructions.	►d	Account number 8 6 5 2 0 3 8 0 1							
	36	Amount of line 34 you want a			ed tax 🕨	36			
Amount	37	Amount you owe. Subtract				see instructions	. 🕨	37	
You Owe	38	Estimated tax penalty (see in				38			
Third Party	Do	you want to allow another				? See			
Designee		tructions					omplete b	below.	× No
		signee's		Phone			nal identi		
		ne 🕨		no. 🕨			er (PIN)		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com							
Here		· · ·	piete. Deciaration	Date	Your occupation				it you an Identity
	, 10	ur signature		Dale	rour occupation				N, enter it here
Joint return?					SOFTWARE	ENGINEER	(see	inst.) ▶	
See instructions.	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occupa	tion			it your spouse an
Keep a copy for your records.	,							tity Prote inst.) ▶	ection PIN, enter it here
you recorder			-					inst.)	
		one no. (660)528-878		Email address	P.SRAVYA9	3@GMAIL.COM		T	Ob a all if
Paid		parer's name	Preparer's signat			Date	PTIN		Check if:
Preparer		ATASAI PAVAN KUMAR DUDIPALLI		PAVAN KUM	AR DUDIPALLI	01/31/2022	P0247		Self-employed
Use Only		m's name ► GLOBAL TAX							678)965-9522
		m's address ► 2530 Pebb		in Cumming	-		Firm	's EIN ►	
Go to www.irs.g	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 01/24/22 PRO			Form 1040 (2021)

SCHEDULE	1
(Form 1040)	

Additional Income and Adjustments to Income

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

2021 Attachment ~ ber

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OMB No. 1545-0074

Internal Revenue Service	► Go to www.irs.gov/Form1040 for instructions and the latest information.					
Name(s) shown on Fo	orm 1040, 1040-SR, or 1040-NR	Your soci	al security num			
SRAVYA PEDDI		739-02	-4249			
Part I Addition	onal Income					

1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions)	•		
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, tru Schedule E		5	-9,340.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling income	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Taxable Health Savings Account distribution	8e		
f	Alaska Permanent Fund dividends	8f		
g	Jury duty pay	8g		
h	Prizes and awards	8h		
i	Activity not engaged in for profit income	8i		
j	Stock options	8j		
k	Income from the rental of personal property if you engaged in			
	the rental for profit but were not in the business of renting such property	8k		
I	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	81		
m	Section 951(a) inclusion (see instructions)	8m		
n	Section 951A(a) inclusion (see instructions)	8n		
ο	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	-9,340.
For Pa	perwork Reduction Act Notice, see your tax return instructions.			ule 1 (Form 1040) 2021

erwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2021

Par	t II Adjustments to Income		
11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	
18	Penalty on early withdrawal of savings	18	
19a	Alimony paid	19a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions)		
20	IRA deduction	20	
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
а	Jury duty pay (see instructions) . . . 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 Paralympicmedals and USOC prize money reported on line 81 24c		
d	Reforestation amortization and expenses		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974		
f	Contributions to section 501(c)(18)(D) pension plans 24f		
g	Contributions by certain chaplains to section 403(b) plans 24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations24i		
j	Housing deduction from Form 2555 . . . 24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)		
z	Other adjustments. List type and amount ► 24z		
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26	

REV 01/24/22 PRO

SCHEDULE	Ε
(Form 1040)	

Supplemental Income and Loss

OMB No. 1545-0074

21

20

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

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

Department of the Treasury Internal Revenue Service (99)

	ent of the Treasury Revenue Service (99)	► Attach to Form 1040 ► Go to www.irs.gov/ScheduleE for							Attac Sequ	hment ence No. 13
Name(s)	shown on return							Your socia		ty number
SRAV	YA PEDDI							739-0	2-424	9
Part	Income or Loss	s From Rental Real Estate and Ro	yaltie	S Note	: If you a	re in th	e business of r	enting pe	rsonal p	roperty, use
		instructions. If you are an individual, rep								
		nts in 2021 that would require you to								Yes 🔀 No
B If "	Yes," did you or will yo	ou file required Form(s) 1099?							. 🗆 `	Yes 🗌 No
1a		each property (street, city, state, ZIF		,						
Α	TADITHOTA RAJA	AHMUNDRY ANDHRA PRADESH 1	EN 53	33103						
B										
<u>C</u>						F -1	Dental			
1b	Type of Property	2 For each rental real estate prop	perty li	sted			Rental F Days	Personal Days		QJV
	(from list below)	above, report the number of fa personal use days. Check the if you meet the requirements to	QJV b	ox only _C	•			Days		
 	3	qualified joint venture. See inst	o tile a	sa			365		0	
<u>с</u>				10.	B C					
	of Property:				U					
	le Family Residence	3 Vacation/Short-Term Rental	5 1 21	hd	7	Solf_	Rental			
-	i-Family Residence			valties			r (describe)			
Incom	•	Properties:		yunico	A		B			С
3	Rents received	· · · · · · · · · · · ·	3			540.				•
4			4							
Expen										
5			5							
6	Auto and travel (see i	nstructions)	6							
7	Cleaning and mainter	nance	7		1,2	210.				
8	Commissions		8							
9	Insurance		9							
10		essional fees	10							
11			11		1,0)00.				
12		id to banks, etc. (see instructions)	12							
13			13							
14			14			940.				
15			15		2,6	540.				
16 17			16 17		2 1	0.0				
17			17		۷,۱	190.				
19	Other (list)	e or depletion	10							
20		lines 5 through 19	20		9.0	980.				
		line 3 (rents) and/or 4 (royalties). If	20		,, ,	/00.				
21		instructions to find out if you must								
			21		-9,3	340.				
22		l estate loss after limitation, if any,								
		istructions)	22	(9,3	40.)	()	(
23a		eported on line 3 for all rental prope	rties			23a		640.		
b		eported on line 4 for all royalty prop				23b				
с	Total of all amounts r	eported on line 12 for all properties				23c				
d		eported on line 18 for all properties				23d				
е		eported on line 20 for all properties				23e	9	,980.		
24		e amounts shown on line 21. Do no						. 24		
25	Losses. Add royalty lo	sses from line 21 and rental real estate	losse	s from lin	ie 22. Er	ter tota	al losses here	. 25	(9,340.
26		ate and royalty income or (loss).								
		V, and line 40 on page 2 do not								0 240
		40), line 5. Otherwise, include this ar		in the to	otal on I	ine 41	on page 2	. 26		-9,340.
For Pa	perwork Reduction Act	Notice, see the separate instructions.						Sch	nedule E	(Form 1040) 202

21 (F

Form	8889
Depar	tment of the Treasury

Health Savings Accounts (HSAs)

OMB No. 1545-0074

Sequence No. 52

Attachment

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

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

Internal Revenue Service Go to www.irs.gov/Form88

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Social security number of HSA
SRAVYA PEDDI	beneficiary. If both spouses have HSAs, see instructions ► 739-02-4249

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

Part	HSA Contributions and Deduction. See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for			
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2021.	ouon	opouo	
•	See instructions	Se	f-only	🔀 Family
2	HSA contributions you made for 2021 (or those made on your behalf), including those made from January 1, 2022, through April 15, 2022, that were for 2021. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2		0.
3	If you were under age 55 at the end of 2021 and, on the first day of every month during 2021, you were, or were considered, an eligible individual with the same coverage, enter \$3,600 (\$7,200 for family coverage). All others, see the instructions for the amount to enter	3		7,200.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2021 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2021, also include any amount contributed to your spouse's Archer MSAs	4		0.
5	Subtract line 4 from line 3. If zero or less, enter -0	5		7,200.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2021, see the instructions for the amount to enter	6		7,200.
7	If you were age 55 or older at the end of 2021, married, and you or your spouse had family coverage under an HDHP at any time during 2021, enter your additional contribution amount. See instructions	7		0.
8	Add lines 6 and 7	8		7,200.
9	Employer contributions made to your HSAs for 2021 9 1,500.			
10	Qualified HSA funding distributions			
11	Add lines 9 and 10	11		1,500.
12	Subtract line 11 from line 8. If zero or less, enter -0	12		5,700.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13	13		0.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.			
Part	II HSA Distributions. If you are filing jointly and both you and your spouse each have sepa a separate Part II for each spouse.	irate I	HSAs,	complete
14a	Total distributions you received in 2021 from all HSAs (see instructions)	14a		
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess			
	contributions (and the earnings on those excess contributions) included on line 14a that were			
	withdrawn by the due date of your return. See instructions	14b		
С	Subtract line 14b from line 14a	14c		
15	Qualified medical expenses paid using HSA distributions (see instructions)	15		
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8e.	16		
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional			
	20% Tax (see instructions), check here			
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b		
Part	III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instruction	ons b	efore	
	completing this part. If you are filing jointly and both you and your spouse each have sep complete a separate Part III for each spouse.	arate	HSAs	,
18	Last-month rule	18		
19	Qualified HSA funding distribution	19		
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8z, and enter "HSA" and the amount on the dotted line	20		
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form			
	1040), Part II, line 17d	21		

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

BAA REV 01/24/22 PRO

Form 8582

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

Passive Activity Loss Limitations

► See separate instructions.

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

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

OMB No. 1545-1008 20 Attachment Sequence No. 858

Identifying number 729-02-4249

SRAVIA PEDDI	739-02-4249
Part I 2021 Passive Activity Loss	
Caution: Complete Parts IV and V before completing Part I.	
Rental Real Estate Activities With Active Participation (For the definition of active participation, see Spe Allowance for Rental Real Estate Activities in the instructions.)	cial

1a	Activities with net income (enter the amount from Part IV, column (a))	1a 0.		
b	Activities with net loss (enter the amount from Part IV, column (b))	1b (9,340.))	
с	Prior years' unallowed losses (enter the amount from Part IV, column (c))	1c ()	
d	Combine lines 1a, 1b, and 1c		1d	-9,340.
	her Passive Activities			
2a	Activities with net income (enter the amount from Part V, column (a))	2a		
b	Activities with net loss (enter the amount from Part V, column (b))	2b (
С	Prior years' unallowed losses (enter the amount from Part V, column (c))	2c (
d	Combine lines 2a, 2b, and 2c		2d	
 d Combine lines 2a, 2b, and 2c 3 Combine lines 1d and 2d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used 				-9,340.

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

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

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

Part II Special Allowance for Rental Real Estate Activities With Active Participation										
	Note: Enter all numbers in Part II as positive amounts. See instructions for an example.									
4	Enter the smaller of the loss on line 1	d or the loss on lir	ne3			4	9,340.			
5										
6										
7 Subtract line 6 from line 5 18,745. 8 Multiply line 7 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions 8 9,373.										
8	Multiply line 7 by 50% (0.50). Do not e	nter more than \$25	,000. If married filir	ng separately, see	instructions	8	9,373.			
9	Enter the smaller of line 4 or line 8					9	9,340.			
Par	t III Total Losses Allowed									
10 Add the income, if any, on lines 1a and 2a and enter the total										
11 Total losses allowed from all passive activities for 2021. Add lines 9 and 10. See instructions to find out how to report the losses on your tax return						11	9,340.			
Par	t IV Complete This Part Befor	e Part I, Lines 1	a, 1b, and 1c. S	ee instructions.						
		Current year		Prior years	Ove	erall gain or loss				
	Name of activity	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)			(e) Loss			
TAD	ITHOTA	0.	9,340.				9,340.			

For Paperwork Reduction Act Notice, see instru	ictions.		REV 01/24	1/22 PRO	Form 8582 (2021
Total. Enter on Part I, lines 1a, 1b, and 1c ►	0.	9,340.			

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

Part V	Complete This Part Belor	e Part I, Lines 2	a, 20,	anu zc. e	see instruc	stions.				
		Current year		Prior years		Overall gain or loss				
Name of activity		(a) Net income (line 2a)	(b) Net loss (line 2b)		(c) Unallowed loss (line 2c)		(d) Gain		(e) Loss	
		(into Za)	(11	110 2.0)		0 20)				
Total. Enter	on Part I, lines 2a, 2b, and 2c ►									
Part VI	Use This Part if an Amour	nt Is Shown on I	Part II.	Line 9. S	L See instruc	ctions.				
		Form or schedule								
	Name of activity	and line number to be reported on (see instructions)	(a) Loss	(b) Ra	atio	(c) Special allowance		(d) Subtract column (c) from column (a).	
TADITHO	ГА	E Ln 22		9,340.	1.0000	00000	9,34	0.	0.	
Total		🕨		9,340.	1.0	0	9,340.		0.	
Part VII	Allocation of Unallowed L	.osses. See instr	uction	S.						
Name of activity		Form or sch and line nur to be reporte (see instruct	mber ted on (a) L		Loss		(b) Ratio ((c) Unallowed loss	
Total	Allowed Losses. See instr		. 🕨				1.00			
Part VIII	Allowed Losses. See Instr					1				
	Name of activity	Form or sche and line nur to be reporte (see instruct	nber ed on	(a)	.oss (b) Unallowed loss		nallowed loss	(c) Allowed loss		
Total										
				1		1				

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