Form 8879
(Rev. January 2021)
Department of the Treesury

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

Social accurity number

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

Submission Identification Number (SID)

Taxpayor'a pama

талрау		000iai 300i	anty num	
SUR.	AJ REDDY VIMMENTALA	788-7	4-327	4
Spouse	's name	Spouse's s	ocial sec	urity number
Part	Tax Return Information – Tax Year Ending December 31, 2021 (Enter	r year you	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	41,678.
2	Total tax		2	3,296.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	6,124.
4	Amount you want refunded to you		4	2,828.
5	Amount you owe		5	

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

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

X lauthorize GLOBAL TAXES LLC to enter or generate my PIN

4	3	2	7	4	00 00
			gits, all ze		as my

as mv

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.

Your signature

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

Date 🕨

Enter five digits, but don't enter all zeros

03/01/2022

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 I					 			
Practitioner PIN Method Returns Only—contin	ie be	low							
Part III Certification and Authentication – Practitioner PIN Method Only									
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	5	8	7	 	8 nter a	 	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 🕨	
	ERO Must Retain This Form — See Ibmit This Form to the IRS Unless		
For Denemicarly Deduction Act Nation and			Earm 8870 (Boy, 01 2021)

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

E 1040		artment of the Treasury—Internal Revenue Serv S. Individual Income Ta		(99) S urn	202	21	OMB No. 1545	-0074	IRS U	se Only	—Do not v	vrite or staple	in this space.
Filing Status Check only one box.	lf yo	Single D Married filing jointly [u checked the MFS box, enter the r son is a child but not your depender	name of	-			Head of Head of ked the HOH c						
Your first name		, i	Last na	ame							Your so	ocial securi	tv number
SURAJ R				MENTAI	ΓA							74-327	-
		s first name and middle initial	Last na								Spouse	's social se	curity number
Home address	(numbe	er and street). If you have a P.O. box, see	e instruct	ions.				/	Apt. no.		Preside	ential Electi	on Campaign
11771 M	IRA :	LAGO BLVD						:	1433			here if you,	,
City, town, or p	oost offi	ce. If you have a foreign address, also co	omplete	spaces be	low.	Sta	te	ZIP co	ode				ntly, want \$3 Checking a
DALLAS						T2	X	752	234			low will not	0
Foreign countr	y name			Foreign p	rovince/state	/coun	ty	Forei	gn postal	code	your ta	x or refund	
												You	Spouse
At any time du	uring 20	021, did you receive, sell, exchange	, or oth	erwise di	spose of ar	ny fina	ancial interest	in any	virtual	curre	ncy?	Yes	X No
Standard Deduction		eone can claim:	•				a dependent						
Age/Blindnes	s You:	Were born before January 2, 1	957	Are b	lind S p	ouse	: 🗌 Was bo	rn bef	ore Jan	uary 2	2, 1957	🗌 ls b	ind
Dependent		instructions): irst name Last name		(2) 5	Social securi number	y	(3) Relationsh to you	nip		✔ if q I tax c		or (see instru	ictions): her dependents
lf more than four	(1)								Offic		euit		
dependents,										\square			
see instruction	s ——									$\overline{\square}$			
and check here ►													
	1	Wages, salaries, tips, etc. Attach	Form(s)	W-2							. 1	1	<u> </u>
Attach	2a	Tax-exempt interest	2a		· · ·	ьт	axable interes	+		•	21		11/2/01
Sch. B if	3a	Qualified dividends	3a				Ordinary divide			•	3b		
required.	- 4a	IRA distributions	4a				axable amoun				. 4k		
	5a	Pensions and annuities	5a				axable amoun				. 5b		
Standard	6a	Social security benefits	6a			bТ	axable amoun	t			. 6k)	
Deduction for –	7	Capital gain or (loss). Attach Sche	dule D	if require	d. If not rec	uired	, check here			▶ [7		252.
 Single or Married filing 	8	Other income from Schedule 1, lir									. 8		-3,550.
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is yo	our total in d	ome					▶ 9		41,678.
 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	I .	41,678.
widow(er), \$25,100	12a	Standard deduction or itemized	deduc	tions (fro	m Schedul	e A)	12	a	12	,55	o. 🗌		
Head of	b	Charitable contributions if you take	the sta	ndard de	duction (se	e instr	ructions) 12	b					
household, \$18,800	с	Add lines 12a and 12b									. 12	с	12,550.
 If you checked 	13	Qualified business income deduct	tion fror	n Form 8	995 or Forr	n 899	95-A				. 13	3	
any box under Standard	14	Add lines 12c and 13									. 14	1	12,550.
Deduction, see instructions.	15	Taxable income. Subtract line 14	from li	ne 11. lf z	zero or less	, ente	er-0				. 15	5	29,128.
	,												

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

Form **1040** (2021)

Form 1040 (2021)									Pag	e 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3		16		3,296	•
	17	Amount from Schedule 2, lin	e3					17			
	18	Add lines 16 and 17						18		3,296	•
	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		3,296	•
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23			۱.
	24	Add lines 22 and 23. This is	your total tax				. 🕨	24		3,296	•
	25	Federal income tax withheld	from:			1 1					
	а	Form(s) W-2				25a 6	,124.				
	b	Form(s) 1099				25b					
	С	Other forms (see instructions	,								
	d	Add lines 25a through 25c						25d		6,124	
If you have a	26	2021 estimated tax payment			NT -			26			
qualifying child, attach Sch. EIC.	27a	Earned income credit (EIC)			NO	27a					
attach Sch. ElC.		Check here if you were b									
		January 2, 2004, and you taxpayers who are at least a									
	b	Nontaxable combat pay elec	-	1 1							
	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, lir				31					
	32	Add lines 27a and 28 throug					lits 🕨	32			
	33	Add lines 25d, 26, and 32. T						33		6,124	
D. C. J	34	If line 33 is more than line 24						34		2,828	
Refund	35a	Amount of line 34 you want						35a		2,828	
Direct deposit?	►b	Routing number 1 0 3					Savings				
See instructions.	►d	Account number 8 0 6					9-				
	36	Amount of line 34 you want a			ed tax 🕨	36					
Amount	37	Amount you owe. Subtract					. 🕨	37			
You Owe	38	Estimated tax penalty (see in			1 2	38					
Third Party		you want to allow another									
Designee		tructions					omplete k	below.	X No		
Ū	De	signee's		Phone		Pers	onal identi	fication r			_
	nar	me 🕨		no. 🕨		num	oer (PIN) 🖡				
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com									
Here			piete. Declaration of						,		je.
	Yo	ur signature		Date	Your occupation				nt you an le N, enter it		
Joint return?					SOFTWARE	ENGINEER		inst.) 🕨			\square
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupa	tion	If the	IRS sen	nt your spo	ouse an	
Keep a copy for your records.	*								ection PIN	, enter it h	nere
your rooorao.							,	inst.) 🕨			
		one no. (361)453-845		Email address	VSURAJRED	DY@GMAIL.CC			01 1.10		
Paid		parer's name	Preparer's signat			Date	PTIN		Check if:		a
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GUPTA TALLAN	1 02/28/2022	P0208			-employe	
Use Only		m's name ► GLOBAL TA			- 01 20041				678)96		
		n's address ► 2530 Pebb		in Cumming	-		Firm	's EIN ►		L01719	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 02/17/22 PRO			Form	1040 (2	.021)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

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. OMB No. 1545-0074 20 Attachment Sequence No. 01

Internal Revenue Service	Sequence No. 01		
Name(s) shown on Fo	orm 1040, 1040-SR, or 1040-NR	Your soc	ial security number
SURAJ REDDY VI	788-74	-3274	
Part I Additio	onal Income		

1	Taxable refunds, credits, or offsets of state and local income taxe	S	1	
2 a	Alimony received		2 a	
b	Date of original divorce or separation agreement (see instructions)	•		
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, tr Schedule E		5	-3,550.
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		
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 ►			
-		8z		
9	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	-3,550.
For Pa	perwork Reduction Act Notice, see your tax return instructions.			lle 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) 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 to income. Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26	

REV 02/17/22 PRO

SCHEDULE D

(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

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.

Attachment Sequence No. **12**

2021

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

Department of the Treasury

SURAJ REDDY VIMMENTALA

Your social security number 788-74-3274

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? \Box	Yes	🗙 No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting vo	our aain c	or loss.

Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less (see instructions)

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, I line 2, colum	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	400.	148.			252.
2	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					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1				5	
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions	-	6	()		
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	e any long-	7	252.		

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 lines below. This form may be easier to complete if you round off cents to		(d) Proceeds	(e) Cost (or other basis)	(g) Adjustmen to gain or loss	from	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result
	e dollars.	(sales price)	(or other basis)	Form(s) 8949, Part II, line 2, column (g)		with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked.					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824	11				
12	Net long-term gain or (loss) from partnerships, S corporat	12				
13	Capital gain distributions. See the instructions	13				
14	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions	14	()			
15	15					

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	16 252.
	• If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.	
	• If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.	
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.	
17	Are lines 15 and 16 both gains?	
	No. Skip lines 18 through 21, and go to line 22.	
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19
20	Are lines 18 and 19 both zero or blank and are you not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below.	
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.	
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:	
	The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500)	21 ()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.	
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?	
	☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.	
	No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.	

REV 02/17/22 PRO

Schedule D (Form 1040) 2021

Form	8949	

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

72

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

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

10 of Schedule D. Attachment Sequence No. 12A

Name(s) shown on return	Social security number or taxpayer identification number						
SURAJ REDDY VIMMENTALA	788-74-3274						

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

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

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

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

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 Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below	Adjustment, if any, to gain or loss If you enter an amount in column (g) enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and	
(Example: 100 sh. XYZ Ćo.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)	
ROBINHOOD SECURITIES LLC	01/01/21	12/31/21	400.	148.			252.	
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C	al here and inc is checked), lir	lude on your 1e 2 (if Box B	400.	148.			252.	

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.

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

SCHEDULE E	
(Form 1040)	

				al Income and Loss						OMB No. 1545-0074				
(Form						nips, S corporations, estates, trusts, REMICs, etc.)						2021		
	Attach to Form 1040, 1040-SR, 1040-NR, or 1041. In Bevenue Service (99) Go to www.irs.gov/ScheduleE for instructions and the latest information.									Attac	hment			
	Revenue Service (99)		Go to www.irs.go	v/ScheduleE fo	or inst	ructions	and th	e latest	information.	_	Sequ	ience N		
,	shown on return									Your soci		-	ber	
	J REDDY VI		S From Rental Real E	atata and Ba	voltio	o Noto	. If you	ara in th	a huainaga a	788-7				
Part	Schedule	C. See	instructions. If you are a	n individual, rep	ort farr	n rental i	ncome	or loss f	rom Form 48	35 on page	2, line	40.		
	•		nts in 2021 that would			. ,							X No	
B If "			ou file required Form(s									Yes	No	
<u>1a</u>			each property (street,			e)								
	KUKATPALL	Y HYD	DERABAD TELANGA	NA IN 5000)72									
<u>C</u>			0	• • •				F air	Rental	Davaana				
1b	Type of Prop (from list be		2 For each rental r above, report the	e number of fa	ir rent	al and			Days	Persona Days			JN	
A		10 vv)	personal use day	ys. Check the	QJV b	ox only	Α	-	365	Duy	0	<u> </u>		
B	3		qualified joint ve	equirements to nture. See inst	ructio	sa ns.	 		305		0			
C	+						C							
	of Property:						<u> </u>							
	le Family Resid	lence	3 Vacation/Short-	Term Rental	5 La	nd		7 Self-	Rental					
-	ti-Family Reside		4 Commercial			valties			r (describe)					
Incom	,			Properties:			Α	0 0 110	B			С		
3	Rents received	1			3			350.						
4					4									
Expen														
5	Advertising .				5									
6	Auto and trave	l (see i	nstructions)		6			350.						
7	Cleaning and r	nainter	nance		7									
8	Commissions.				8									
9					9									
10	0		essional fees		10									
11	•				11									
12			id to banks, etc. (see i	,	12									
13		• •			13		1	1 - 0						
14 15	Repairs	• •			14			150.						
15 16					15 16		т,	.000.						
17					17		1	400.						
18			e or depletion		18		<u> </u>	100.						
19	Other (list) ►	•			19									
20		s. Add	lines 5 through 19 .		20		3	900.						
21			line 3 (rents) and/or 4											
			instructions to find ou											
					21		-3	550.						
22	Deductible ren	tal rea	l estate loss after limit	tation, if any,										
		-	structions)		22	(3,	550.)	()	(
2 3a			eported on line 3 for a					23 a		350.				
b			eported on line 4 for a					23b						
c			eported on line 12 for					23c						
d			eported on line 18 for					23d		2 0 0 0				
е	I OTAL OF ALL AMO	ounts r	eported on line 20 for	an properties				23e		3,900.				

24	Income. Add positive amounts shown on line 21. Do not include any losses	24	
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here .	25	(3,550.)
26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result		
	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	-3,550.

For Paperwork Reduction Act Notice, see the separate instructions.