### Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

### IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

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

OMB No. 1545-0074

- Internal ne	leveliue Selvice								
Submis	ssion Identification Number (SID)								
Taxpayer	r's name	Social secu	ity numb	er					
ROHA	N REDDY PARTHIREDDY	803-01	803-01-1823						
Spouse's	s name	Spouse's so	cial secu	ırity nu	ımber				
Part l	Tax Return Information — Tax Year Ending December 31, 2021 (	 Enter year you	are au	horiz	zina \				
	whole dollars only on lines 1 through 5.	Enter year you	are au	.110112	iiig.)				
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.								
	Adjusted gross income		1 1		78,	704.			
	Total tax		2			241.			
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		12,	085.			
4	Amount you want refunded to you		4			844.			
5	Amount you owe		5						
Part I	Taxpayer Declaration and Signature Authorization (Be sure you get a	and keep a cop	by of y	our i	returı	า)			
to send for any of Agent to payment authoriza payment business taxes to personal	original or amended) I am now authorizing. I consent to allow my intermediate service provider, to my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason is delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize in initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to territ, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellations adays prior to the payment (settlement) date. I also authorize the financial institutions involved to receive confidential information necessary to answer inquiries and resolve issues related to ali identification number (PIN) below is my signature for the income tax return (original or amende and inc	or rejection of the the U.S. Treasury int indicated in the stitution to debit the minate the authorism requests must be in the processing of the payment. I further than the payment. I furthe than the payment.	transmise and its of tax preperson of the electric the electric the electric the acceptance of the acceptance	ssion, design aratio to this o revo ved no ectron knowl	(b) the ated F n softwaccouloke (cap later iic payredge t	reason inancial vare for nt. This ancel) a than 2 ment of that the			
	yer's PIN: check one box only								
X	lauthorize GLOBAL TAXES LLC to enter or gene	erate mv PIN	.   1   8	3 2	3	as my			
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	Ě	nter five on't ente		but	,			
	I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN below.								
Your si	gnature ▶ Date	e <b>&gt;</b>							
Snouse	e's PIN: check one box only	_							
	I authorize to enter or gene	vrata my DINI				as my			
	ERO firm name	,	nter five	digits.		as IIIy			
	signature on the income tax return (original or amended) I am now authorizing.		on't ente	•					
	I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN below.								
Spouse	e's signature ▶ Date	•							
	Practitioner PIN Method Returns Only—continue b	elow							
Part II	Certification and Authentication — Practitioner PIN Method Only								
FRO's	<b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.	5 8 7 2 7	8 6	1 9	9 8	9			
2110 0	ET INT INTERIOR YOUR OIX GIGIT ET INT TOHOWOOD BY YOUR INTO GIGIT OOK GOOGLOUT INT.		ter all ze						
authorize	that the above numeric entry is my PIN, which is my signature for the electronic individual incomed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I amments of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Provider	submitting this re-	urn in a	ccord	lanće v				
ERO's	signature ► Date	<b>&gt;</b>							
	ERO Must Retain This Form — See Instruction	าร							
	Don't Submit This Form to the IRS Unless Requested								

### **£1040**

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

2021

OMB No. 1545-007

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

Filing Status Check only one box.	If yo	Single  Married filing jointly  uchecked the MFS box, enter the roon is a child but not your dependen	ame of	ed filing separately ( your spouse. If you	`	_		,	, -	_	, ,	` , ` ,
Your first name	and mi	ddle initial	Last na	ame						Your so	cial securi	ty number
ROHAN R	EDDY		PAR.	THIREDDY						803-	01-182	3
If joint return, s	pouse's	first name and middle initial	Last na	ame						Spouse'	s social se	curity number
	•	er and street). If you have a P.O. box, see STONE PL	instructi	ions.				Apt. no.			ntial Electinere if you,	on Campaign
		ce. If you have a foreign address, also co	mplete s	spaces below.	Sta	ate	ZIP	code		•	0.	ntly, want \$3
ALBUQUE		,,,,	,		N			113		_		Checking a
Foreign country				Foreign province/state			_	eign postal o			ow will not or refund <b>You</b>	•
At any time du	ıring 20	021, did you receive, sell, exchange	, or othe	erwise dispose of ar	ny fina	ancial interes	t in an	y virtual c	urren	cy?	Yes	⊠ No
Standard Deduction	_	eone can claim: You as a de Spouse itemizes on a separate retur					t					
Age/Blindnes:	you:	☐ Were born before January 2, 1	957 [	Are blind Sp	ouse	e: Was b	orn be	efore Janu	ary 2,	1957	☐ Is b	lind
Dependents	s (see	instructions):		(2) Social securit	y	(3) Relation	ship	(4) 🗸	if qu	alifies fo	r (see instru	ıctions):
If more	(1) F	irst name Last name		number to you				Child t	tax cre	dit	Credit for ot	her dependents
than four												
dependents, see instruction	s ——											
and che <u>ck</u>												
here ▶												
	_1_	Wages, salaries, tips, etc. Attach I	orm(s)	W-2						1		90,604.
Attach	2a	Tax-exempt interest	2a		b T	Taxable intere	est			2b		
Sch. B if required.	3a	Qualified dividends	3a		<b>b</b> (	Ordinary divid	dends			3b		
required.	4a	IRA distributions	4a		<b>b</b> T	Taxable amou	unt .			4b		
	5a	Pensions and annuities	5a		<b>b</b> T	Taxable amou	unt .			5b		
Standard	6a	Social security benefits	6a		<b>b</b> T	Taxable amou	unt .			6b		
Deduction for—	7	Capital gain or (loss). Attach Sche	dule D i	f required. If not rec	uired	l, check here			▶	7		-3,000.
Single or Married filing	8	Other income from Schedule 1, lin	ie 10							8		-8,900.
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your <b>total inc</b>	ome				. •	9		78,704.
Married filing	10	Adjustments to income from Sche	dule 1,	line 26						10		
jointly or Qualifying	11	Subtract line 10 from line 9. This is	s your <b>a</b>	djusted gross inco	me				. •	- 11		78,704.
widow(er),	12a	Standard deduction or itemized	-	-		1	2a	12,	550			•
\$25,100 Head of	b	Charitable contributions if you take		,	,		2b	·	300			
household, \$18,800	С									120	;	12,850.
If you checked	13	Qualified business income deduct			n 899	95-A				13		
any box under Standard	14	Add lines 12c and 13								14		12,850.
Deduction,	15	Taxable income. Subtract line 14	from lir	ne 11. If zero or less	, ente	er-0				15		65,854.

	16	Tax (see instructions). Check					-	16	10,241.	
	17	Amount from Schedule 2, line	e3					17		
	18	Add lines 16 and 17						18	10,241.	
	19	Nonrefundable child tax cred	lit or credit for o	ther depender	nts from Schedule	8812		19		
	20	Amount from Schedule 3, line	e8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18.	If zero or less,	enter -0				22	10,241.	
	23	Other taxes, including self-er	mployment tax,	from Schedule	2, line 21			23	0.	
	24	Add lines 22 and 23. This is y	your <b>total tax</b>				. •	24	10,241.	
	25	Federal income tax withheld	from:							
	а	Form(s) W-2				<b>25a</b> 12	2,085.			
	b	Form(s) 1099				25b				
	С	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c						25d	12,085.	
If you have a	26	2021 estimated tax payment	s and amount a	pplied from 20				26		
qualifying child,	27a	Earned income credit (EIC)			No	27a				
attach Sch. EIC.		Check here if you were by January 2, 2004, and you taxpayers who are at least ag	satisfy all the ge 18, to claim t	e other requirence of the other requirements	rements for					
	b	Nontaxable combat pay elec								
	С	Prior year (2019) earned inco								
	28	Refundable child tax credit or				28		_		
	29	American opportunity credit								
	30	Recovery rebate credit. See	_							
	31	Amount from Schedule 3, line 15								
	32	Add lines 27a and 28 through	h 31. These are	your <b>total oth</b>	er payments and	l refundable cre	dits <b>&gt;</b>	32		
	33	Add lines 25d, 26, and 32. The	nese are your <b>to</b>	tal payments			. •	33	12,085.	
Refund	34	If line 33 is more than line 24				•	· <u>·</u>	34	1,844.	
	35a	Amount of line 34 you want r				ck here Checking	▶ □	35a	1,844.	
Direct deposit? See instructions.	►b	Routing number 1 0 1								
See instructions.	►d									
	36	Amount of line 34 you want a				36				
Amount	37	Amount you owe. Subtract				see instructions	. ▶	37		
You Owe	38	Estimated tax penalty (see in	structions) .		<u> ▶</u>	38				
Third Party Designee		you want to allow another tructions	•				omplete b	elow.	⊠ No	
		signee's		Phone			onal identif			
		ne ►		no. ▶			ber (PIN)			
Sign Here	beli	der penalties of perjury, I declare the ef, they are true, correct, and comp		of preparer (other	than taxpayer) is ba		on of which	prepar	er has any knowledge.	
	You	ur signature		Date	Your occupation		1		nt you an Identity IN, enter it here	
Joint return?					COMPLIANCE	E ENGINEER	l l	inst.) ▶	THE REPORT OF THE PERSON OF TH	
See instructions. Keep a copy for your records.	Spo	Spouse's signature. If a joint return, <b>both</b> must sign.		Date	Spouse's occupati		Ident	IRS sent your spouse an tity Protection PIN, enter it here		
		/216\800.000	1	Fanail a delice		ADMIIT 0 0242 TT 0		inst.) ►		
		one no. (316)708-8294 parer's name	Preparer's signat	Email address	KUHANKEDDY.P	ARTHI@GMAIL.C Date	OM PTIN		Check if:	
Paid					OIIDMA			7707	Self-employed	
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GOPTA TALLAM	03/08/2022	P02082		,	
Use Only		n's name ► GLOBAL TAX		'	~ (1) 20041				678)965-9522	
		n's address ▶ 2530 Pebb]		n Cumming			Firm	s EIN 🕨		
Go to www.irs.go	ov/Form	11040 for instructions and the lates	st information.		BAA	REV 02/17/22 PRO			Form <b>1040</b> (2021)	

Form 1040 (2021)

Page **2** 

### SCHEDULE 1 (Form 1040)

### **Additional Income and Adjustments to Income**

OMB No. 1545-0074

2021

Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

ROHAN REDDY PARTHIREDDY

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

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

Sequence No. 01
Your social security number
803-01-1823

Par	Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes	3	1	
<b>2</b> a	Alimony received		<b>2</b> a	
b	Date of original divorce or separation agreement (see instructions)	•		
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, tru Schedule E		5	-8,900.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	<b>8a</b> (		
b	Gambling income	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (		
е	Taxable Health Savings Account distribution	8e		
f	Alaska Permanent Fund dividends	8f		
g	Jury duty pay	8g		
h	Prizes and awards	8h		
i	Activity not engaged in for profit income	8i		
j	Stock options	8j		
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8k		
I	Olympic and Paralympic medals and USOC prize money (see instructions)	81		
m	Section 951(a) inclusion (see instructions)	8m		
n	Section 951A(a) inclusion (see instructions)	8n		
0	Section 461(I) excess business loss adjustment	80		
р	Taxable distributions from an ABLE account (see instructions) .	8p		
Z	Other income. List type and amount ▶	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 10			
	1040-NR. line 8	•	10	_ 8

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

Par	Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form	3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN	<b>&gt;</b>		
С	Date of original divorce or separation agreement (see instructions)	•		
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
а	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	24b		
С	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l	24c		
d	Reforestation amortization and expenses	24d		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i		
j	Housing deduction from Form 2555	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			
	here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line	e 10a	26	

#### SCHEDULE D (Form 1040)

### **Capital Gains and Losses**

OMB No. 1545-0074

Attachment Sequence No. 12

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

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

Name(s) shown on return Your social security number 803-01-1823 ROHAN REDDY PARTHIREDDY

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) Part I See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) lines below. Adjustments Subtract column (e) Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part I, combine the result whole dollars. line 2, column (g) 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 . . . . . . . . . . . . . . 84,926. 128,942. 4,426. -39,590. Totals for all transactions reported on Form(s) 8949 with Box B checked . . . . . . . . . . . . . 3 Totals for all transactions reported on Form(s) 8949 with Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . . . . . 7 -39,590.

#### Part II Long-Term Capital Gains and Losses - Generally Assets Held More Than One Year (see instructions)

lines below.		(d)	(e)	Adjustment		Subtract column (e)
	s form may be easier to complete if you round off cents to olle dollars.  Proceeds (sales price)  (sales price)  Proceeds (or other basis)  to gain or loss from (s) 8949, Paline 2, column (s)		Part II,	from column (d) and combine the result 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 <b>Box D</b> checked					
9	Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked					
10	Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> 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 corporate			ī	12	
13	Capital gain distributions. See the instructions				13	
14	Long-term capital loss carryover. Enter the amount, if any <b>Worksheet</b> in the instructions	•	-	-	14	(
15	Net long-term capital gain or (loss). Combine lines 8a on the back	a through 14 in co	olumn (h). Then, go	o to Part III	15	

See instructions for how to figure the amounts to enter on the

(h) Gain or (loss)

Schedule D (Form 1040) 2021 Page 2

#### Part III **Summary** -39,590. 16 Combine lines 7 and 15 and enter the result 16 • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the 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. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 3,000.) • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

### 8949

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

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.

Attachment Sequence No. 12A

OMB No. 1545-0074

Social security number or taxpayer identification number

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

803-01-1823 ROHAN REDDY PARTHIREDDY broker and may even tell you which box to check. Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I instructions). For long-term transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss. 1 If you enter an amount in column (a). (h) enter a code in column (f). Cost or other basis Gain or (loss). (d) (c) (a) (b) Date sold or Proceeds See the **Note** below See the separate instructions. Subtract column (e) Description of property Date acquired disposed of (sales price) and see Column (e. from column (d) and (Example: 100 sh. XYZ Co.) (Mo., day, yr.) combine the result (Mo., day, yr.) (see instructions) in the separate (g) Code(s) from Amount of adjustment instructions with column (a) instructions 12/31/21 58,331. 56,966. 1,365. 01/01/21 12/31/21 26,595. 71,976. 4,426 -40,955.

Robinhood Crypto LLC Robinhood Securities LLC 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ▶ 84,926. 128,942. 4,426. -39.590.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

#### **SCHEDULE E** (Form 1040)

#### **Supplemental Income and Loss**

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

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

Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99)

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

Sequence No. 13

Your social security number Name(s) shown on return ROHAN REDDY PARTHIREDDY 803-01-1823 Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Part I Schedule C. See instructions. If you are an individual, report farm 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 . . . . . Physical address of each property (street, city, state, ZIP code) Α INDIRA NAGAR HYDERABAD TELANGANA IN 500045 В C Personal Use 1b Fair Rental Type of Property For each rental real estate property listed QJV above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a (from list below) **Days Days** 365 Α Α 0 qualified joint venture. See instructions. В В С С Type of Property: Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) Income: **Properties:** Α 3 Rents received . 3 600. 4 Royalties received . . . . 4 Expenses: Advertising . . . . . . 5 5 6 Auto and travel (see instructions) . 6 7 Cleaning and maintenance . . . 7 1,500. 8 8 Commissions. . . . . . 9 9 Insurance . . . . . . . . . . 10 Legal and other professional fees . . . 10 11 11 1,000. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 Other interest. . . . . . . . . 14 Repairs. . . . . . 14 2,000. 15 2,000. 15 Supplies . Taxes . . . . . 16 16 17 17 3,000. 18 Depreciation expense or depletion . . 18 19 19 Total expenses. Add lines 5 through 19 . . . . . 20 20 9,500. 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 . . . . . . . . . . . . . . . . . 21 -8,900. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . . . . . 8,900.) 600 23a Total of all amounts reported on line 3 for all rental properties 23a **b** Total of all amounts reported on line 4 for all royalty properties 23b 23c **c** Total of all amounts reported on line 12 for all properties d Total of all amounts reported on line 18 for all properties 23d 23e Total of all amounts reported on line 20 for all properties 9,500. Income. Add positive amounts shown on line 21. Do not include any losses 24 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here. 25 8,900. 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 -8,900. PIT-8453 07/16/2020

New Mexico Taxation and Revenue Department

REV 02/15/22 PRO

## INDIVIDUAL INCOME TAY DECLARATION FOR

	NIC FILING AN						
First Name, Middle Initial, and Last Name ROHAN REDDY PART	HIREDDY	\$		curity Number (SSN)		N Residency Status	
Spouse First Name, Middle Initial, and Last Name			Social Security Number (SSN)  Reside Status				
Mailing Address, City, State, and Zip Code 7232 PEBBLE STONE PL ALBUQUEF	RQUE				NM	87113	
TAX YEAR (CCYY): 2021 FILING STATUS (Check One)							
【 (1.) Single       ☐ (4.) Head of household (Enter name of person who compared to the person is not counted as exemption on your federal return.)         ☐ (3.) Married filing separately (Enter spouse's name and social security number.)       ☐ (5.) Qualifying widow(er)					ed as a qualified		
PART I: TAX RETURN INFORMATIO	N (Whole Dollar A	mounts C	nly)				
1. Federal Adjusted Gross Income (as repo	orted on PIT-1)		1.			78,704	
2. Net New Mexico Income Tax (as reported	d on PIT-1)		2.			854	
3. Total Payments and Credits (as reported	on PIT-1)		3.			990	
4. Tax Due (as reported on PIT-1)			4.				
5. Overpayment (as reported on PIT-1)			5.			136	
PART II: DECLARATION OF TAXPA	YER						
I declare the amounts described in Part I above agrincome tax return, and that I have examined the co best of my knowledge and belief, my return is true, and statements, be electronically transmitted to the PLEASE SIGN HERE	ntents of my electron correct, and complete	ic return a e. I conser	nd acco	ompanying scheduny return, including	iles and s	tatements. To the anying schedules	
PART III: DECLARATION OF PREPA	RER/TRANSM	ITTER (	If Appli	icable)			
PAID PREPARER'S, ELECTRONIC RETURN ORIGINAL I declare the above taxpayer's return is based on al name shown on this declaration agrees with the na filed with or transmitted to the New Mexico Taxation	TOR'S or OTHER THIR I pertinent information ame that appears on	D-PARTY To of which the proof of	RANSM I have I	IITTER'S USE ONL'  knowledge. I have  unt. A copy of all fo	verified t		
Preparer's/Transmitter's signature SYAM PRIYA RAM SAGAR GUPTA	TATıTıAM			Da	ate 03/0	08/2022	
Check if self-employed  I	reparer's PTIN P02082703			Preparer's NMBTI			
Firm's name (or yours, if self-employed)							
GLOBAL TAXES LLC  Address (number, street, city, and state)  2530 PEBBLE CREEK LN CUMMIN	1G			GA	ZIP cod		

When required to submit a copy of this form to the Department, mail the form and attachments to: New Mexico Taxation and Revenue Department, P.O. Box 5418, Santa Fe, NM 87502-5418

## **2021 PIT-1 NEW MEXICO PERSONAL INCOME TAX RETURN** For the year January 1 - December 31, 2021

or fiscal year beginning <sub>F.1</sub> ending <sub>F.2</sub> ending <sub>F.2</sub>

If amending use Form 2021 PIT-X.



1555 02 1

Т2	55 02 1									
Pr	int your name (first, middle, last)	1	SOCIAL SECURITY NUME	BER	Dline		5 Resi	,		
1a R	OHAN REDDY PARTHIREDDY	1h	803-01-182	3	Blind	d or ove	1e I	atus J		s date of birth 5 / 1992
Pr	int your spouse's name (first, middle, last). If married filing separately, include spouse.	֓֟֟֝֟֝֟֟֝ <u>֟</u>			"Ш	, <sub>"</sub>	1°	`		date of birth
2a		2b			2c	2d	2e		2f	
2-		4				If taxpa			Taxpayer's	date of death
3a Ma	If the address is new or changed, mark this box. ailing Address (Number and street)	1	be made payable to a perso than the taxpayer or spouse	name	d	died be return is date of	filed, e		4c	
	232 PEBBLE STONE PL		on this return, enter <b>below</b> th and social security number			uate or	исані.		Spouse's 4d	date of death
Cit		1	person. You must also attac RPD-41083.	h Forr	n					
_	LBUQUERQUE NM 87113	48	a						Residency sta For taxpayer a	
	foreign address, enter country Foreign province and/or state		Name						(1e and 2e), e	nter:
3d	EVENDTIONS	41	b SSN		_				R if Residen N if Non-Res	
5.	1 EXEMPTIONS: Taxpayer, spouse, dependents, and other dependents reported on federal Form 1040. If you are a dependent or other dependent of	L	3311						F if First-Yea P if Part-Yea	
	another taxpayer, enter 00. (See instructions)								· · · · · · · · · · · · · · · · · · ·	
6a	EXTENSION OF TIME TO FILE: If you have a federal or state extension, mark box 6a and enter the extension date in box 6b.				7.	FILING	3 STA	TUS.	Mark only o	ne box.
	8. DEPENDENTS AND OTHER DEPENDENTS. As listed on you	ır fe	ederal return.	X		Single				
l-	(You must report the first 5 dependents and other dependents in this table. Use Schedule F  Column 1  Column 2	PIT-S	S for additional entries.)  Column 3	╟	` ′	Marrie		0,	•	
Fi	rst name Last name Dependent's SSN	Dat	te of birth (MM/DD/CCYY)	╽└					<b>arately</b> (Enter s nber in 2a and 2b.	
<del> </del>				$I \sqcap$	(4)	Head o	of hou	sehol	ld (Enter name of	f person
$\vdash$				_					of household if the dependent on you	
				1_	(4a)					
				ΙL	(5)	Qualify	ing w	/idow(	(er) with depe	endent child
9.	FEDERAL ADJUSTED GROSS INCOME. (from federal Form 1040	) or	1040SR line 11)					9		70 704
	,		,					9	,	78,704
10.	If you itemized your federal deduction amount, enter the amount of s federal Form 1040, Schedule A, line 5a. See the worksheet in the in-						+	10		
11.	Total Additions to federal adjusted gross income (PIT-ADJ, line 5).	Atta	ach PIT-ADJ				+	11		
12.	Federal standard or itemized deduction amount (from federal Form	104	10, line 12)					40	1	2,550
	12a. If you <b>itemized</b> , mark the box		•			_	-	12		12,330
12	Deduction for certain dependents. See the worksheet in the instruct						-	13		0
	·									
14.	New Mexico low- and middle-income tax exemption. See PIT-1 instr	ruct	tions				-	14		
15.	Total Deductions and Exemptions from federal income (PIT-ADJ, lin	ne 2	3). Attach PIT-ADJ					15		
16	Medical care expense deduction. See PIT-1 instructions						-	15		
10.	·						-	16		
	You must complete both lines 16 and 16a or the deduction will be denied.					_				
47	16a. Unreimbursed and uncompensated medical care expenses			000	16					. 1 F A
17.	<b>NEW MEXICO TAXABLE INCOME.</b> Add lines 9, 10 and 11, then su Cannot be less than zero.	ווטנו	act lines 12, 13, 14, 15	and	10		. =	17		56,154
18.	New Mexico tax on amount on line 17 or from PIT-B, line 14							18		854
1	8a. From Tax Rate Table = <b>R</b> . From PIT-B, line 14 = <b>B</b>				·· 18a	в		10		0.01
19.	Additional amount for tax on lump-sum distributions. See PIT-1 instr	ruct	tions				+	19		
20.	Credit for taxes paid to another state. You must have been a New M									
21	part of the year. <b>Include a copy of other state's return</b> . See PIT-1 Business-related income tax credits applied, from Schedule PIT-CR							20		
	NET NEW MEXICO INCOME TAX. Add lines 18 and 19, then subtra						-	21		
	than zero						=	22		854

Electronic filers: If you file your New Mexico Personal Income Tax return online and also pay tax due online, your due date is **May 02, 2022**. All others must file by **April 18, 2022**. See PIT-1 instructions for details.

Continue on the next page.

# **2021 PIT-1** (page 2) NEW MEXICO PERSONAL INCOME TAX RETURN



YOUR SOCIAL SECURITY NUMBER

803-01-1823

**Do not** submit a **photocopy** of this form to the Department. Submit only original forms and keep a copy for your records. If submitting this return by mail, send to:

New Mexico Taxation and Revenue Department P. O. Box 25122 Santa Fe, New Mexico 87504-5122

23.	The amount on line 22 from page 1			23	854
24.	Total claimed on rebate and credit schedule (PIT-RC, line 25 ). Attach PIT-RC			24	
	Working families tax credit. (You must complete both lines 25 and 25a or the dedu			25	
2	25a. The amount of federal earned income credit (EIC) reported on your 2021 federal income tax return				
26.	Refundable business-related income tax credits from Schedule PIT-CR, line B. A.	Attach PIT-CR	+	26	
27.				27	990
28.		•		28	
29.	New Mexico income tax withheld from a pass-through entity. Attach 1099-Misc	or RPD-41359	+	29	
30.	2021 estimated income tax payments. See PIT-1 instructions		+	30	
31.	Other Payments		+	31	
32.	TOTAL PAYMENTS AND CREDITS. Add lines 24 through 31		=	32	990
33.	TAX DUE. If line 23 is greater than line 32, enter the difference here			33	
34.	Penalty on underpayment of estimated tax. If you want penalty computed for you	u, leave blank	+	34	
35.	Special method allowed for calculation of underpayment of estimated tax penalt underpayment of estimated tax and you qualify, enter 1, 2, 3, 4, or 5 in the box.			35.	
36.	Penalty. See PIT-1 instructions. If you want penalty computed for you, leave blan	nk	+	36	
	Internal One DITA in the time If we wont internal to see that for the Idea		+	37	
	Interest. See PIT-1 instructions. If you want interest computed for you, leave black TAX, PENALTY, AND INTEREST DUE. Add lines 33, 34, 36, and 37		=	38	
30.	TAX, PENALIT, AND INTEREST DUE. Add lines 33, 34, 36, and 37			30	
39.	OVERPAYMENT. If line 23 is less than line 32, enter the difference here			39	136
	Refund voluntary contributions (PIT-D, line 19). Attach PIT-D			40	
40.	rectand voluntary contributions (111-b, line 15). Attach 111-b				
41.	Amount from line 39 you want applied to your 2022 Estimated Tax		-	41	
42.	AMOUNT TO BE REFUNDED TO YOU. Line 39 minus lines 40 and 41		=	42	136
RE.		e one. WILL THIS REF	SIDE THE	Ist answer this quality to OR THROUGH E UNITED STATES otion. See instruction	AN ACCOUNT 6? If yes, you may not
	olare i have examined this retain, moldaling accompanying schedules and state [	Paid preparer's use only:			
	- · ·	SYAM PRIYA RAM SA	GAR	GUPTA T	03/08/2022
Toui	Signature	Signature of preparer			Date
1	er's License, State ID No. or enter "NONE" or "DECLINED" State Expiration Date	GLOBAL TAXES	LLC		
K	03-86-1442 KS 09/30/2023	P.1 Firm's name (or yours, if	self-emp	ployed)	
Spor	use's signature Date	P.2 NMBTIN			
	l le	P.3 Preparer's PTIN <u>P02</u>	0827	703	
Spou		P.4 FEIN 30-10171			
		P.5 Preparer's phone number	. ( (	678)965	-9522_
,	iling jointly, BOTH must sign even if only one had income.)	☐ Mark this box if For		-41338 is on f	ile
	(020)//00	P.6 for this taxpayer. Se			
	xpayer's email address <u>ROHANREDDY.PARTHI@GMAIL.COM</u>				
REV (	12/15/22 PRO				

## NEW MEXICO ALLOCATION AND APPORTIONMENT OF INCOME SCHEDULE

1

Print your name (first, middle, last)

ROHAN REDDY PARTHIREDDY



#### YOUR SOCIAL SECURITY NUMBER

803-01-1823

854

14

ŀ	ROHAN REDDY PARTHIREDDY		80.	3-UI	L823
	spayers who allocate and apportion income from both inside and outside the State of New tructions when completing this schedule. Include the Schedule PIT-B with your personal income.				edule. Please refer to the
			, 		1
	If your spouse's residency period is different, enter the period of residency				
	If the taxpayer or spouse is a military servicemember's spouse qualifying for relief under the Residency Relief Act, is not a resident of New Mexico, and is allocating income from service Mexico to their state of residence, mark the appropriate box.			Taxpaye	Spouse
	NOTE: Resident taxpayers including persons physically present 18 must allocate all income and deductions on lines 1, 2, 3,				
SE	ECTION I: ALLOCATION OF NONBUSINESS INCOME		Column Total Federal		Column 2 New Mexico Income
1.	Wages, salaries, tips, etc. If non-resident military personnel, see PIT-B instructions	1	90	,604	22,694
	1a. If you used Form PIT-110 to calculate line 1, Column 2, mark this box 1a	=			
2.	Nonbusiness interest and dividends. Include difference from Schedule PIT-ADJ, line 1 minus line 6.	2			
3.	Pensions, annuities, social security, and lump-sum distributions	3			
4.	Rents and royalties	4	-8	,900	0
	Gains or losses from the sale or exchange of property	5	-3	,000	0
Ο.	Camb of 103503 from the sale of exonarige of property	6			
6.	Income or losses from pass-through entities	0			
7.	All other income not included in lines 1 through 6 and line 8	7			
SE	ECTION II: APPORTIONMENT OF BUSINESS AND FARM INCOME (Fo	r lin	e 8. If none,	go to lin	e 9.)
8.	Business and farm income. To determine the amount for Column 2, complete	8			
	worksheet PIT-B, page 2. See the instructions				
9.	ADD lines 1 through 8 and enter the amount here	9	78	,704	22,694
10	Federal adjustments to income. In Column 1, enter the figure from federal Schedule 1, line 22. For Column 2, see the PIT-B instructions	10			
11.	Total income. Line 9 minus line 10. Column 1 must be equal to or greater than Federal Adjusted Gross Income (Form PIT-1, line 9)	11	78	,704	22,694
12.	<b>DIVIDE</b> the amount on line 11, Column 2 by the amount on line 11, Column 1, showing 4 de (Cannot be less than zero. If greater than 1, enter 100.0000.)			12	28.8346 %
13.	Using the tax rate tables, find the tax applicable to PIT-1, line 17. If an amount for tax on lui distributions is shown on PIT-1, line 19, add it to the tax and enter the result here			13	2,962
	a.ss. is shown on the figure to the tax and enter the federal field minimum.				2,002

14. **MULTIPLY** line 12 by line 13. Enter the amount here and on PIT-1, line 18, and then in the box on PIT-1, line 18a, mark **B** to indicate the tax came from PIT-B.....