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.

Social accurity number

Submission Identification Number (SID)

Taypayar'a nama

Taxpay	ler siname		300	ial securi	ly numi	Jer
SIV	7A N SANKARASETTY		4	16-95	-291	7
Spous	o's name		Spo	use's soc	ial secu	urity number
Par	t I Tax Return Information – Tax Year Ending December 31, 2021 (E	Inter	yea	r you a	re 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	101,816.
2	Total tax				2	15,447.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099				3	19,801.
4	Amount you want refunded to you				4	4,354.
5	Amount you owe				5	
Par	Taxpaver Declaration and Signature Authorization (Be sure you get a	nd k	eep	a cop	v of v	our 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

X lauthorize GLOBAL TAXES LLC to enter or generate my PIN

	5	2	9	1	7	25			
Enter five digits, but don't enter all zeros									

my

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

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 sign	ature 🕨 🛛 Da	ate 🕨							
	Practitioner PIN Method Returns Only—continue	bel	ow						
Part III C	ertification and Authentication – Practitioner PIN Method Only								
ERO's EFIN/P	PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	5	8	7	 	 6 all ze	 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 🕨	
	ust Retain This Form — Sec his Form to the IRS Unless		
For Denormork Paduation Act Nation and your tax	roturn instructions	REV 04/00/22 RRO	Form 8879 (Pov. 01 2021)

E1040	· ·	artment of the Treasury—Internal Revenue Serv S. Individual Income Tax		(99) urn	202	21	OMB No. 154	5-0074	IRS Us	e Only	—Do not v	vrite or staple	in this space.
Filing Statu Check only one box.	lf yo	Single D Married filing jointly ou checked the MFS box, enter the n son is a child but not your dependen	ame of	-	separately ouse. If you	. ,				,		, ,	ow(er) (QW) ne qualifying
Your first name	e and mi	iddle initial	Last na	me							Your so	cial securi	ty number
SIVA N			SANK	CARASI	ETTY						416-	95-291	7
lf joint return, s	spouse's	s first name and middle initial	Last na	me							Spouse	's social se	curity number
Home address 19624 I		er and street). If you have a P.O. box, see S AVE	instructi	ons.				A	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 co	ode				ntly, want \$3 Checking a
LAKEVIL	LE					MI	N	550)44		0	ow will not	•
Foreign countr	y name		1	Foreign p	rovince/state	e/coun	ty	Foreig	n postal (code	your ta	x or refund	
At any time du	uring 20	021, did you receive, sell, exchange	, or othe	rwise di	spose of a	ny fina	ancial interest	in any	virtual c	curre	псу?	Ves	X No
Standard Deduction		eone can claim: You as a de Spouse itemizes on a separate retur	n or you	ı were a	dual-statu	s alier							
Age/Blindnes	s You:	: Were born before January 2, 1	957	Are b	lind S	oouse	: 🔄 Was bo	rn befo			,	ls b	
Dependent				(2) 5	Social securi	ty	(3) Relations	hip				r (see instru	
If more	(1) Fi	irst name Last name	number			to you		Child tax cre		edit	Credit for ot	her dependents	
than four dependents,													<u> </u>
see instruction	IS									<u> </u>			
and check here ►	-												
	1	Wagoo polorizo tipo eta Attach	Form(a)								. 1	1	∟ 11,366.
Attach	2a	Wages, salaries, tips, etc. Attach F Tax-exempt interest	2a	vv-z .	· · ·	 ьт	· · · ·		• •	•	2t		11,300.
Sch. B if	2a 3a	· · -	2a 3a				axable interes Ordinary divide			•	31		
required.	√ <u>4a</u>		4a				axable amour		• •	•	44		
	5a		5a				axable amour			•	. 5k		
Standard	6a		6a				axable amour				. 6k		
Deduction for-	7	Capital gain or (loss). Attach Sche	dule D if	f require	d. If not red	quired	, check here			►□	7		
 Single or Married filing 	8	Other income from Schedule 1, lin	ie 10			· 					. 8		-9,550.
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is yo	our total in	come				.	▶ 9		01,816.
 Married filing 	10	Adjustments to income from Sche									. 10)	
jointly or Qualifying	11	Subtract line 10 from line 9. This is	s your a	djusted	gross inco	ome				.	▶ 11	1	01,816.
widow(er), \$25,100	12a	Standard deduction or itemized	deduct	ions (fro	m Schedu	le A)	12	a	12	,55).		
 Head of 	b	Charitable contributions if you take	the star	ndard de	duction (se	e instr	ructions) 12	b.					
household, \$18,800	с	Add lines 12a and 12b									. 12	c	12,550.
 If you checked 	13	Qualified business income deduct	ion from	Form 8	995 or For	m 899	95-A				. 13		
any box under 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	5	89,266.

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	15,447.
	17	Amount from Schedule 2, lin	ie3					17	
	18	Add lines 16 and 17						18	15,447.
	19	Nonrefundable child tax cree	dit or credit for c	ther depender	nts from Schedul	e8812		19	
	20	Amount from Schedule 3, lin	ie8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	15,447.
	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	15,447.
	25	Federal income tax withheld	from:			1 1			
	а	Form(s) W-2				25a 19	,801.	_	
	b	Form(s) 1099				25b		_	
	с	Other forms (see instructions	,			25c		-	
	d	Add lines 25a through 25c						25d	19,801.
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	-	1 1					
	с	Prior year (2019) earned inco							
	28	Refundable child tax credit or	additional child	tax credit from	Schedule 8812	28			
	29	American opportunity credit	from Form 8863	8, line 8		29		1	
	30	Recovery rebate credit. See	instructions .			30			
	31	Amount from Schedule 3, lin	ie 15			31			
	32	Add lines 27a and 28 throug	h 31. These are	your total oth	er payments an	d refundable cred	lits 🕨	32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments			. 🕨	33	19,801.
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amou	int you overpaid		34	4,354.
neiuliu	35a	Amount of line 34 you want	refunded to you	. If Form 8888	is attached, che	eck here		35a	4,354.
Direct deposit?	►b	Routing number 2 5 4	0 7 0 1	1 6	► c Type: 🛛	Checking	Savings		
See instructions.	►d	Account number 6 7 8	7 5 5 7	7 7 9					
	36	Amount of line 34 you want a	applied to your	2022 estimate	ed tax 🕨	36			
Amount	37	Amount you owe. Subtract	line 33 from line	24. For detail	s on how to pay,	see instructions	. 🕨	37	
You Owe	38	Estimated tax penalty (see in	nstructions) .		🕨	38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS				_
Designee	ins	tructions				. 🕨 🗌 Yes. Co	omplete k	below.	X No
		signee's ne ►		Phone no.			onal identi ber (PIN) 🖡		
0:000		der penalties of perjury, I declare t	hat I have examine						t of my knowlodgo and
Sign		ief, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation		If the	IRS ser	nt you an Identity
		C C C C C C C C C C C C C C C C C C C							N, enter it here
Joint return?					~	ITY ASSURANCE		inst.) 🕨	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, k	ooth must sign.	Date	Spouse's occupa	tion			nt your spouse an action PIN, enter it here
your records.								inst.) 🕨	
	Ph	one no. (703)303-342	1	Email address	STVA06108	8@GMAIL.COM			
		parer's name	Preparer's signat		0	Date	PTIN		Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	1 04/16/2022	P02083	2703	Self-employed
Preparer		n's name ► GLOBAL TAX							678)965-9522
Use Only		n's address ► 2530 Pebb		n Cummin	q GA 30041			's EIN ►	
Go to www.irs.g		n1040 for instructions and the late			BAA	REV 04/09/22 PRO			Form 1040 (2021)
					500				

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Internal Revenue Service

Additional Income and Adjustments to Income

► Attach to Form 1040, 1040-SR, or 1040-NR. nation. OMB No. 1545-0074 20 21

	► Go to www.irs.gov/Form1040 for instructions and the latest inform
040,	1040-SR, or 1040-NR

	Attachment Sequence No. 01								
Your soc	Your social security number								
416-95	-2917								

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Name(s	s) sl	hown on Fo	rm 1040
SIVA	Ν	SANKARA	SETTY

Part I Additional 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	-9,550.
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		
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 1 1040-NR, line 8		10	-9,550.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedu	ule 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	

BAA

REV 04/09/22 PRO

SCHEDULE	Ε
(Form 1040)	

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(Form Interesting) (From rental real estate, royalties, partnerships, S corporatione, estates, trusts, REMICs, etc.)		DULE E		Su	pplementa	l Inc	ome a	and L	0SS			OME	3 No. 15	45-0	074
Department of the Treasurg internal Revenue Section (80) P Go to www.rs.gov/Schedule for instructions and the latest information. Attachment Sequence No. 13 Name(s) strown or return Your social security number Schedule C. See instructions. If you are an individual, report fam mental lacome or loss form from 4835 on page 2, line 40. Your social security number Schedule C. See instructions. If you are an individual, report fam mental lacome or loss form from 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 2, line 40. A Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions Image 2, line 40. A Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions Image 2, line 40. A 1a (Physical address of each property (steet, City, state. ZIP code) X A 3 2 For each reprety (steet, City, state. ZIP code) B You meet the requirements to file as a qualified joint venture. See instructions. Image 2 C Image 2 For each property (steed apersonal last days, Check the QW biox only prosonal last days, Check the QW biox only reprosonal lastendays, Check the QW biox only reprosonal last days, C	(Form						0	21							
Numeed above on return SIVA N Vex rescal security number (16-95-2917) Sand Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of rearring personal property, use 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) 10997 See instructions Image 2 in e40. A Did you make any payments in 2021 that would require you to file Form(s) 10997 See instructions Image 2 in e40. A KURATPALLY HYDERABAD TELANGANA IN 500072 Image 2 in e40. A Sand Fair Rental above, report the mumber of fair rental and parsonal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. Image 2 in e40. A 3 Image 2 in e40. A B C Image 2 in e40. A 3 Image 2 in e40. Image 2 in e40. Image 2 in e40. A 3 Image 3 in e40. Image 3 in e40. Image 3 in e40. Image 3 in e40. A 3 Image 3 in e40. A 3 Image 3 in e40. A 10 of		Jarunent of the freasury					Atta	Attachment							
SIVA N SAMKARASETTY 416-95-2917 Part I Income or Loss From Rent Real Estate and Royalties Note: If you are in individual, report marrental income or loss from Form 4936 on page 2, line 40. A Did you make any payments in 2021 that would require you to file Form(5) 10997 See instructions Image 2, line 40. B If "Yes," (div you or will you file required Porm(5) 10997 See instructions Yes No. 1a Physical address of each property (street, city, state, ZIP code) KarkATFALLY HYDERABAD TELANGANA IN 500072 B C Fair Rental Personal Use pays on the number of fair rental and pays on the Out box only from list below) A 365 O A 3 Generating and payments to file aguide the equiversents to file as a qualified jont venture. See instructions. B C C E Fair Rental Personal Use qualities as qualified jont venture. See instructions. B C C Isingle Family Residence 3 Vacation/Short-Term Rental 5 Land Fair Rental E C I Multi-Family Residence 3 Vacation/Short-Term Rental 5 Land Fair Rental E C S Adventing 5 Advate and travel (see instructions) 6 A B										3					
Part I Income or Loss From Rental Real Estate and Royallies Note: If you are in the business of renting personal property, use Schedule C, See instructions. If you are an individual, report famm rental income or loss from Free 4835 on page 2, line 40. A Icd you make any payments in 2021 that would require you to file Form(s) 10997 See instructions. If Yes X NG B If "Yes," did you or Will you file required Form(s) 10997 See instructions. If Yes X NG A KUKATPALLY HYDERABAD TELANGANA IN 500072 Yes Note: If Yes Yes Note: If Yes, Teland Yes	. ,												-	iber	
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A Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions	Part					-		•			• •		•	y, us	se
B if "Yes," did you or will you file required Form(s) 1099? Yes No. 1a Physical address of each property (street, city, state, ZIP code) X X A KUKATPALLY HYDERABAD TELANGANA IN 500072 B B O C Type of Property (from list below) 2 For each rental real estate property listed above, report the number of fair rental and yualfied joint venture. See instructions. Pars Constructions. Days Days OJV A 3 Set 0 0 0 0 0 You of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Setf-Rental 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) Income: Properties: A B C C C 3 Advertising 5 Advertising 5 Advertising 5 Advertising 6 1 550. C C C C C C C C C C C C C C C C C															
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B C Fair Rental bays Personal Use days. Check the QU box only frou meet the requirements to file as a qualified joint venture. See instructions. Fair Rental Days QUV A 3 association of fair rental and qualified joint venture. See instructions. A 365 0 0 A 3 association of fair rental and qualified joint venture. See instructions. A 365 0 0 Type of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 2 7 Self-Rental 2 Multi-Family Residence 4 Commercial 6 Royatties 8 Other (describe) 0 Income: Properties: A B C 0 3 Rents received - - 4 0 0 0 4 Royatties received - - 4 0							<i>,</i> ,								
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B C C C C C C Type of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 2 Multi-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: A B C 3 Rents received 3 600. 7 4 Royalties received 4 5 6 7 5 Advertising 5 6 7 1,550. 6 Auto and travel (see instructions) 6 7 1,550. 8 Commissions 9 10 11 1,200. 10 Legal and other professional fees 10 11 1,200. 11 13 Other interest 14 3,150. 13 14 14 Repairs 15 2,410. 16 17 1,840. 19 20 Total expenses. Add lines 5 through 19 20 10,150. 21 -9,550. 21 -9,550. 21 -9,550.	Α	3		if you meet the	requirements to	o file a	is a	Α		365		0			
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1 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: A B C 3 Rents received . . 3 600. . 4 Royalties received . . 4 . . 5 Advertising . . 4 . . . 6 Auto and travel (see instructions) . 6 . <td>С</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>С</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	С							С							
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b Total of all amounts reported on line 4 for all royalty properties 23b	00			,)	(
				•							600.	-			
c rotal or all amounts reported on line 12 for all properties				•								-			
d Total of all amounts reported on line 18 for all properties				•											
d Total of all amounts reported on line 18 for all properties				•						1	0 1 5 0	-			
eTotal of all amounts reported on line 20 for all properties23e10,150.24Income. Add positive amounts shown on line 21. Do not include any losses				•						1					
 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . 25 (9,550 			•				-					(55	0
												<u> </u>	פ	,	0.
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	20														
Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . 26 –9, 55													-9	€,€	50.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2021

Form 8582
Department of the Treasurv

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

SIVA N SANKARASETTY

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 416-95-2917

Par	t 2021 Passive Activity Loss		
	Caution: Complete Parts IV and V before completing Part I.		
	I Real Estate Activities With Active Participation (For the definition of active participation, see Special ance for Rental Real Estate Activities in the instructions.)		
1a b c d	Activities with net income (enter the amount from Part IV, column (a))1a0.Activities with net loss (enter the amount from Part IV, column (b))1b(9,550.)Prior years' unallowed losses (enter the amount from Part IV, column (c))1c()Combine lines 1a, 1b, and 1c	1d	-9,550.
All Ot	her Passive Activities		
2a b c d	Activities with net income (enter the amount from Part V, column (a)) 2a Activities with net loss (enter the amount from Part V, column (b)) 2b Prior years' unallowed losses (enter the amount from Part V, column (c)) 2c Combine lines 2a, 2b, and 2c	2d	
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	3	-9,550.

. 3 losses on the forms and schedules normally used

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.

Par	t II Special Allowance for Rei	ntal Real Estate	Activities With	Active Pa	rticipat	ion		
	Note: Enter all numbers in Par	t II as positive amo	ounts. See instruct	tions for an	example).		
4	Enter the smaller of the loss on line 1	d or the loss on lir	ne3				4	9,550.
5	Enter \$150,000. If married filing separ	ately, see instructi	ons	5	15	0,000.		
6	Enter modified adjusted gross income	e, but not less thar	n zero. See instruc	tions 6	11	1,366.		
	Note: If line 6 is greater than or equal on line 9. Otherwise, go to line 7.	to line 5, skip line	s 7 and 8 and ente	er -0-				
7	Subtract line 6 from line 5			7	3	8,634.		
8	Multiply line 7 by 50% (0.50). Do not e	nter more than \$25	,000. If married filir	ng separately	y, see in:	structions	8	19,317.
9	9 Enter the smaller of line 4 or line 8							9,550.
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	e activities for 20	21. Add lines 9 an	d 10. See in	structio	ns to find		
	out how to report the losses on your t	ax return					11	9,550.
Par	t IV Complete This Part Before	e Part I, Lines 1	a, 1b, and 1c. S	ee instruct	ions.			
							rall ga	ain or loss
	Name of activity	(a) Net income	(b) Net loss	(c) Unallo	wed	(d) Gair	- T	

For Denerwork Deduction Act Nation and instru					- 0E00 (0001)
Total. Enter on Part I, lines 1a, 1b, and 1c ►	0.	9,550.			
KUKATPALLY	0.	9,550.			9,550.
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss

For Paperwork Reduction Act Notice, see instructions. BAA REV 04/09/22 PRO

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

	Name of activity	Current year			Prior years Net loss (c) Unallowed ine 2b) loss (line 2c)		Overall gain or loss		
	Name of activity		(a) Net income (line 2a) (lin				wed (d) Gain		(e) Loss
		(into Za)	(11	10 20)	1000 (111	0 20)			
								_	
Total Enter	on Part I, lines 2a, 2b, and 2c 🕨								
Part VI	Use This Part if an Amou		Part II.	Line 9. S	l See instruc	ctions.			
		Form or schedule	<u> </u>						
	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).
KUKATPAI	LLY	E Ln 22		9,550.	1.0000	0000	9,55	0.	0.
Total .		•		9,550.	1.0	•	9,55	0	0
Part VII	Allocation of Unallowed	Losses. See instr	uction		1.0	0	9,55	0.	0.
		Form or sche							
	Name of activity	and line nur to be reporte (see instruct	nber ed on	(a) I	Loss	(b) Ratio	(c)	Unallowed loss
Tetal							1.00		
Total Part VIII	Allowed Losses. See inst	ructions.	. 🕨				1.00		
		Form or sche	ماييلم						
	Name of activity	and line nur to be reporte (see instruct	nber ed on	(a) l	Loss	(b) Ur	allowed loss	(c) Allowed loss
						1			
Total .									

REV 04/09/22 PRO

DEPARTMENT OF REVENUE

2021 Form M1, Individual Income Tax Do not use staples on anything you submit.



SIVA N Your First Name and Initial	SANKARASETTY Last Name	416952917 Your Social Security Number	08061988 Your Date of Birth (MM/DD/YYYY)
If a Joint Return, Spouse's First Name and	Initial Spouse's Last Name	Spouse's Social Security Numbe	r Spouse's Date of Birth
19624 IBERIS AVE Current Home Address		Check if Address is:	New Foreign
LAKEVILLE City		<u>MN</u> State	55044 ZIP Code
2021 Federal Filing Statu	ıs (place an X in one box):		
(1) Single (2) Married Filir	Spouse Name Spouse SSN	(4) Head of Househo	ld
Dependents (see instruc	tions):		
Dependent 1 First Name	Dependent 1 Last Name	Dependent 1 SSN	Dependent 1 Relationship to You
Dependent 2 First Name	Dependent 2 Last Name	Dependent 2 SSN	Dependent 2 Relationship to You
Dependent 3 First Name	Dependent 3 Last Name	Dependent 3 SSN	Dependent 3 Relationship to You
Your Code Spouse's Code From Your Federal Retur 111366	n (see instructions)	0	89266
A. Wages, salaries, tips, etc.	B. IRA, pensions, and annuities	D. F	ederal taxable income
1 Federal adjusted gross in	come (from line 11 of federal Form 1040 and	1040-SR)	1 ■ <u>101816</u>
2 Additions to income from	n line 10 of Schedule M1M and line 9 of Sched	ule M1MB (see instructions)	2
3 Add lines 1 and 2			3 <u>101816</u>
4 Itemized deductions (fro	m Schedule M1SA) or your standard deductio	n (see instructions)	4 12525
5 Exemptions (determine fr	rom instructions)		5 🔳
6 State income tax refund f	rom line 1 of federal Schedule 1		6
7 Subtractions from line 32	of Schedule M1M and line 22 of Schedule M1	LMB (see instructions)	7
8 Total subtractions. Add lin	nes 4 through 7		812525
9 Minnesota taxable incon	ne. Subtract line 8 from line 3. If zero or less, le	eave blank	9 89291
10 Tay from the table in the	Form M1 instructions		10 5674



11	Alternative minimum tax (enclose Schedule M1MT)		.11 🔳	
				5674
12 13	Add lines 10 and 11 Full-year residents: Enter the amount from line 12 on line 13.		.12	
10	Part-year residents and nonresidents: From Schedule M1NR, e			
	line 13, from line 28 on line 13a, and from line 29 on line 13b		13	5674
	13a∎0 13b∎0	0		
14	Other taxes, such as recapture amounts and the tax on lump-	—		
	(a) Schedule M1HOME (b) Schedule M1529	(c) Schedule M1LS	14 🔳	
15	Tax before credits. Add lines 13 and 14		15	5674
16	Amount from line 18 of Schedule M1C, Nonrefundable Credits	s (enclose Schedule M1C)	16	
17	Subtract line 16 from line 15 (<i>if result is zero or less, leave bla</i> . Nongame Wildlife Fund contribution (<i>see instructions</i>)	nk)	17	5674
18	This will reduce your refund or increase the amount you owe		18	
19	Add lines 17 and 18		19	5674
20	Minnesota income tax withheld. Complete and enclose Sched Minnesota withholding from Forms W-2, 1099, and W-2G (do not		20	7108
			20	
21	Minnesota estimated tax and extension payments made for 2		21	
22	Amount from line 11 of Schedule M1REF, Refundable Credits	(see instructions; enclose Schedule M1REF)	22 🔳	
23	Total payments. Add lines 20 through 22		23	7108
24	REFUND. If line 23 is more than line 19, subtract line 19 from			1 4 7 4
25	For direct deposit, complete line 25 Direct deposit of your refund <i>(you must use an account not a</i>		24	1434
25		ssociated with a joreign banky.		
		6 6787557779		
	Routing Number	Account Number	_	
26 27	AMOUNT YOU OWE. If line 19 is more than line 23, subtract I Penalty amount from Schedule M15 (see instructions). Also su	· · · · · ·	26	
21	this amount from line 24 or add it to line 26 (enclose Schedule		27	
IF Y	OU PAY ESTIMATED TAX and want part of your refund credited			
28	Amount from line 24 you want sent to you		28	
29	Amount from line 24 you want applied to your 2022 estimate	d tay	29	
	ayer: I declare that this return is correct and complete to the be			
Your	Signature	Spouse's Signature (If Filing Jointly)	Dat	e (MM/DD/YYYY)
	33033421	SIVA061088@GMAIL.COM		
	me Phone	Email Address	- 0	
	AM PRIYA RAM SAGAR GUPTA TALLAM Preparer's Signature	04162022 Date (MM/DD/YYYY)		2082703 N or VITA/TCE # (required)
67	89659522	SYAM@GTAXFILE.COM		
Prepa	rer's Daytime Phone	Preparer's Email Address		
	I do not want my paid preparer to file my return electronically.	I authorize the Minnesota Department of Revenue		
-	Include a copy of your 2021 federal return and schedules.	with the preparer or the third-party designee indic	ated on my	/ federal return.
	Mail to: Minnesota Individual Income Tax, Mail Station 0010, REV 04/12/22 PRO	1031		_

DEPARTMENT OF REVENUE



2021 Schedule M1W, Minnesota Income Tax Withheld

Complete this schedule to report Minnesota income tax withheld. Include this schedule when you file your return.

SIVA N	SANKARASETTY	416952917
Your First Name and Initial	Last Name	Your Social Security Number
If a Joint Return, Spouse's First Name and Initial	Spouse's Last Name	Spouse's Social Security Number

If you received a federal Form W-2, 1099, W-2G, 1042-S, or Minnesota Schedule KPI, KS, or KF showing Minnesota income tax withheld, complete this schedule to determine line 20 of Form M1. List only the forms that report Minnesota income tax withheld. Round dollar amounts to the nearest whole dollar. You must include this schedule when you file your return. DO NOT send in your Forms W-2, 1099, or W-2G; keep them with your tax records. All instructions are included on this schedule.

1 Minnesota wages and Minnesota tax withheld on Forms W-2, other than from Forms W-2G. If you have more than five Forms W-2, complete line 5 on the back.

	Α	B—Box 13	C—Box 15	D—Box 16	E—Box 17
	If the Form W-2 is for:	If Retirement Plan	Employer's seven-digit Minnesota	State wages, tips, etc.	Minnesota tax withheld
	• you, enter 1	box is checked,	Tax ID Number	(round to nearest whole dollar)	(round to nearest whole dollar)
	• spouse, enter 2	mark an X below.			
	a1 <u>1</u>	b1	c1 MN3772262	d1111366	e17108
	a2	b2	c2 MN	d2	e2
	a3	b3	c3 MN	d3	e3
	a4	b4	c4 MN	d4	e4
	a5	b5	c5 MN	d5	e5
9	Subtotal for additior	nal Forms W-2 (fron	n line 5 on page 2)		
-	Total Minnesota tax	withheld on all Fo	rms W-2 (add amounts in line 1, co	lumn E)	1 ■7108
2	Minnesota tax with	neld on Forms 1099	, W-2G, and 1042-S. If you have mo	ore than four forms, complete line	6 on the back.
	A		В	С	D
	If the Form 1099, W-2G,	, or 1042-S is for:	Payer's seven-digit Minnesota Tax ID	Income amount (see the table on	Minnesota tax withheld
	 you, enter 1 		Number (if unknown, contact the pa	yer) the back for amounts to include)	(round to nearest whole dollar
	• spouse, enter 2				
	a1		b1 MN	c1	d1
	a2		b2 MN	c2	d2
	a3		b3 MN	c3	d3
	a4		b4 MN	c4	d4
9	Subtotal for additior	nal 1099, W-2G, and	1042-S (from line 6 on page 2)		
	Total Minnesota tax	withheld on all 10	99, W-2G, and 1042-S (add amoun	ts in line 2, column D)	2
3 -	Total Minnesota tax	withheld by partn	erships, S corporations, and fiduci	aries	
		,			3
			on lines 1, 2, and 3.		81.00
I	Enter the total here	and on line 20 of Fe	orm M1		4 7108
			Include this schedule wit	•	
			If required, include Schedu		
	REV 04/12	/22 PRO	103	T	r

E1040	· ·	artment of the Treasury-Internal Revenue Serv S. Individual Income Tax		(99) urn	202	21	OMB No. 154	5-0074	IRS Us	e Only	—Do not v	vrite or staple	in this space.	
Filing Statu Check only one box.	lf yo	Single D Married filing jointly ou checked the MFS box, enter the n son is a child but not your dependen	ame of	-	separately ouse. If you	. ,				,		, ,	ow(er) (QW) ne qualifying	
Your first name	e and mi	iddle initial	Last na	me							Your so	cial securi	ty number	
SIVA N			SANK	CARASI	ETTY						416-	95-291	7	
lf joint return, s	spouse's	s first name and middle initial	Last na	me							Spouse	's social se	curity number	
Home address 19624 I		er and street). If you have a P.O. box, see S AVE	instructi	ons.				A	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 co	ode				ntly, want \$3 Checking a	
LAKEVIL	LE					MI	N	550)44		0	ow will not	•	
Foreign countr	y name		1	Foreign p	rovince/state	e/coun	ty	Foreig	n postal (code	your ta	x or refund		
At any time du	uring 20	021, did you receive, sell, exchange	, or othe	rwise di	spose of a	ny fina	ancial interest	in any	virtual c	curre	псу?	Ves	X No	
Standard Deduction		eone can claim: You as a de Spouse itemizes on a separate retur	n or you	ı were a	dual-statu	s alier								
Age/Blindnes	s You:	: Were born before January 2, 1	957	Are b	lind S	oouse	: 🗌 Was bo	rn befo			,	ls b		
Dependent				(2) 5	Social securi	ty	(3) Relations	hip				r (see instru		
If more	(1) Fi	irst name Last name	number				to you		Child tax cred		edit	Credit for ot	her dependents	
than four dependents,													<u> </u>	
see instruction	IS													
and check here ►	-													
	1	Wagoo polorizo tipo eta Attach	Form(a)								. 1	1	∟ 11,366.	
Attach	2a	Wages, salaries, tips, etc. Attach F Tax-exempt interest	2a			 ьт	· · · ·		• •	•	2t		11,300.	
Sch. B if	2a 3a	· · -	2a 3a			b Taxable interestb Ordinary dividen				•	31			
required.	√ <u>4a</u>		4a				axable amour					, ,		
	5a		5a				axable amour			•	. 5k			
Standard	6a		6a				axable amour				. 6k			
Deduction for-	7	Capital gain or (loss). Attach Sche	or (loss). Attach Schedule D if required. If not required, check here								7			
 Single or Married filing 	8	Other income from Schedule 1, lin	ie 10			· 					. 8		-9,550.	
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T							▶ 9		01,816.		
 Married filing 	10	Adjustments to income from Sche							. 10)				
jointly or Qualifying	11	Subtract line 10 from line 9. This is							▶ 11	1	01,816.			
widow(er), \$25,100	12a	Standard deduction or itemized deductions (from Schedule A) 12a 12,550.).				
 Head of 	b	Charitable contributions if you take	the star	ndard de	duction (se	e instr	ructions) 12	b.						
household, \$18,800	с	Add lines 12a and 12b									. 12	c	12,550.	
 If you checked 	13	Qualified business income deduct	ion from	Form 8	995 or For	m 899	95-A				. 13	13		
any box under Standard	14											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	5	89,266.	

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	15,447.
	17	Amount from Schedule 2, lin	ie3					17	
	18	Add lines 16 and 17						18	15,447.
	19	Nonrefundable child tax cree	dit or credit for c	ther depender	nts from Schedul	e8812		19	
	20	Amount from Schedule 3, lin	ie8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	15,447.
	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	15,447.
	25	Federal income tax withheld	from:			1 1			
	а	Form(s) W-2				25a 19	,801.	_	
	b	Form(s) 1099				25b		_	
	с	Other forms (see instructions	,			25c		-	
	d	Add lines 25a through 25c						25d	19,801.
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	-	1 1					
	с	Prior year (2019) earned inco							
	28	Refundable child tax credit or	additional child	tax credit from	Schedule 8812	28			
	29	American opportunity credit	from Form 8863	8, line 8		29		1	
	30	Recovery rebate credit. See	instructions .			30			
	31	Amount from Schedule 3, lin	ie 15			31			
	32	Add lines 27a and 28 throug	h 31. These are	your total oth	er payments an	d refundable cred	lits 🕨	32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments			. 🕨	33	19,801.
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amou	int you overpaid		34	4,354.
neiuliu	35a	Amount of line 34 you want	35a	4,354.					
Direct deposit?	►b	Routing number 2 5 4							
See instructions.	►d	Account number 6 7 8	7 5 5 7	7 7 9					
	36	Amount of line 34 you want a	applied to your	2022 estimate	ed tax 🕨	36			
Amount	37	Amount you owe. Subtract	line 33 from line	24. For detail	s on how to pay,	see instructions	. 🕨	37	
You Owe	38	Estimated tax penalty (see in	nstructions) .		🕨	38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS				_
Designee	ins	tructions				. 🕨 🗌 Yes. Co	omplete k	below.	X No
		signee's ne ►		Phone no.			onal identi ber (PIN) 🖡		
0:000		der penalties of perjury, I declare t	hat I have examine						t of my knowlodgo and
Sign		ief, they are true, correct, and com							
Here	Yo	ur signature		Date Your occupation				IRS ser	nt you an Identity
		C C C C C C C C C C C C C C C C C C C						ection Pl inst.) ▶	N, enter it here
Joint return?					DENIOR COMPLETE REPORTED				
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, k	Date	Spouse's occupa	tion			nt your spouse an action PIN, enter it here	
your records.								inst.) 🕨	
	Ph	one no. (703)303-342	1	Email address	STVA06108	8@GMAIL.COM			
		parer's name	Preparer's signat		0	Date	PTIN		Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	1 04/16/2022	P02083	2703	Self-employed
Preparer		n's name ► GLOBAL TAX							678)965-9522
Use Only		n's address ► 2530 Pebb		n Cummin	q GA 30041			's EIN ►	
Go to www.irs.g		n1040 for instructions and the late			BAA	REV 04/09/22 PRO			Form 1040 (2021)
					500				

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Internal Revenue Service

Additional Income and Adjustments to Income

► Attach to Form 1040, 1040-SR, or 1040-NR. nation. OMB No. 1545-0074 20 21

	► Go to www.irs.gov/Form1040 for instructions and the latest inform
040,	1040-SR, or 1040-NR

	Attachment Sequence No. 01						
Your social security number							
416-95-2917							

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Name(s	s) sl	hown on Fo	rm 1040
SIVA	Ν	SANKARA	SETTY

Par	t I Additional Income						
1	Taxable refunds, credits, or offsets of state and local income taxes	S	. 1				
2 a	a Alimony received						
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, transcribed and the state of the st			-9,550.			
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	e Taxable Health Savings Account distribution						
f	Alaska Permanent Fund dividends						
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			-9,550.			
For Pa	perwork Reduction Act Notice, see your tax return instructions.			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	

BAA

REV 04/09/22 PRO

SCHEDULE	Ε
(Form 1040)	

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(Form Interesting) (From rental real estate, royalties, partnerships, S corporatione, estates, trusts, REMICs, etc.)		DULE E		Su	pplementa	l Inc	ome a	and L	0SS			OME	3 No. 15	45-0	074
Department of the Treasurg internal Revenue Section (80) P Go to www.rs.gov/Schedule for instructions and the latest information. Attachment Sequence No. 13 Name(s) strown or return Your social security number Schedule C. See instructions. If you are an individual, report fam mental lacome or loss form from 4835 on page 2, line 40. Your social security number Schedule C. See instructions. If you are an individual, report fam mental lacome or loss form from 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 2, line 40. A Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions Image 2, line 40. A Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions Image 2, line 40. A 1a (Physical address of each property (steet, City, state. ZIP code) X A 3 2 For each reprety (steet, City, state. ZIP code) B You meet the requirements to file as a qualified joint venture. See instructions. Image 2 C Image 2 For each property (steed apersonal last days, Check the QW biox only prosonal last days, Check the QW biox only reprosonal lastendays, Check the QW biox only reprosonal last days, C	(Form	1040)			-			trusts, REM	ICs, etc.)	9	20 21				
Numeed above on return SIVA N Vex rescal security number (16-95-2917) Sand Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of rearring personal property, use 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) 10997 See instructions Image 2 in e40. A Did you make any payments in 2021 that would require you to file Form(s) 10997 See instructions Image 2 in e40. A KURATPALLY HYDERABAD TELANGANA IN 500072 Image 2 in e40. A Sand Fair Rental above, report the mumber of fair rental and parsonal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. Image 2 in e40. A 3 Image 2 in e40. A B C Image 2 in e40. A 3 Image 2 in e40. Image 2 in e40. Image 2 in e40. A 3 Image 3 in e40. Image 3 in e40. Image 3 in e40. Image 3 in e40. A 3 Image 3 in e40. A 3 Image 3 in e40. A 10 of	Department of the measury											Atta	chment		
SIVA N SAMKARASETTY 416-95-2917 Part I Income or Loss From Rent Real Estate and Royalties Note: If you are in individual, report marrental income or loss from Form 4936 on page 2, line 40. A Did you make any payments in 2021 that would require you to file Form(5) 10997 See instructions Image 2, line 40. B If "Yes," (div you or will you file required Porm(5) 10997 See instructions Yes No. 1a Physical address of each property (street, city, state, ZIP code) KarkATFALLY HYDERABAD TELANGANA IN 500072 B C Fair Rental Personal Use pays on the number of fair rental and pays on the Out box only from list below) A 365 O A 3 Generating and payments to file aguide the equiversents to file as a qualified jont venture. See instructions. B C C E Fair Rental Personal Use qualities as qualified jont venture. See instructions. B C C Isingle Family Residence 3 Vacation/Short-Term Rental 5 Land Fair Rental E C I Multi-Family Residence 3 Vacation/Short-Term Rental 5 Land Fair Rental E C S Adventing 5 Advate and travel (see instructions) 6 A B		()		► Go to www.irs.go	ov/ScheduleE f	or inst	ructions	and th	ne latest i	nformation.					3
Part I Income or Loss From Rental Real Estate and Royallies Note: If you are in the business of renting personal property, use Schedule C, See instructions. If you are an individual, report famm rental income or loss from Free 4835 on page 2, line 40. A Icd you make any payments in 2021 that would require you to file Form(s) 10997 See instructions. If Yes X NG B If "Yes," did you or Will you file required Form(s) 10997 See instructions. If Yes X NG A KUKATPALLY HYDERABAD TELANGANA IN 500072 Yes Note: If Yes Yes Note: If Yes, Teland Yes	. ,												-	iber	
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A Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions	Part					-		•			• •		•	y, us	se
B if "Yes," did you or will you file required Form(s) 1099? Yes No. 1a Physical address of each property (street, city, state, ZIP code) X X A KUKATPALLY HYDERABAD TELANGANA IN 500072 B B O C Type of Property (from list below) 2 For each rental real estate property listed above, report the number of fair rental and yualfied joint venture. See instructions. Pars Constructions. Days Days OJV A 3 Set 0 0 0 0 0 You of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Setf-Rental 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) Income: Properties: A B C C C 3 Advertising 5 Advertising 5 Advertising 5 Advertising 6 1 550. C C C C C C C C C C C C C C C C C															
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13 Other interest. 13 14 14 Repairs. 13 14 15 Supplies 15 2,410. 16 16 16 17 Utilities. 17 1,840. 18 Depreciation expense or depletion 17 1,840. 19 Other (list) ▶ 19 20 20 Total expenses. Add lines 5 through 19 20 10,150. 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 -9,550. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 22 (9,550)(() 23a Total of all amounts reported on line 3 for all rental properties 23a 600.		0							,200.						
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 18 Depreciation expense or depletion						17		1	,840.						
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 20 Total expenses. Add lines 5 through 19 20 10,150. 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	19					19									
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b Total of all amounts reported on line 4 for all royalty properties 23b	00			,)	(
				•							600.	-			
c rotal or all amounts reported on line 12 for all properties				•								-			
d Total of all amounts reported on line 18 for all properties				•											
d Total of all amounts reported on line 18 for all properties				•						1	0 1 5 0	-			
eTotal of all amounts reported on line 20 for all properties23e10,150.24Income. Add positive amounts shown on line 21. Do not include any losses				•						1					
 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . 25 (9,550 			•				-					(55	0
												<u> </u>	פ	,	0.
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	20														
Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . 26 –9, 55													-9	€,€	50.

Form 8582
Department of the Treasurv

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

SIVA N SANKARASETTY

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 416-95-2917

Par	t 2021 Passive Activity Loss		
	Caution: Complete Parts IV and V before completing Part I.		
	I Real Estate Activities With Active Participation (For the definition of active participation, see Special ance for Rental Real Estate Activities in the instructions.)		
1a b c d	Activities with net income (enter the amount from Part IV, column (a))1a0.Activities with net loss (enter the amount from Part IV, column (b))1b(9,550.)Prior years' unallowed losses (enter the amount from Part IV, column (c))1c()Combine lines 1a, 1b, and 1c	1d	-9,550.
All Ot			
2a b c d	Activities with net income (enter the amount from Part V, column (a)) 2a Activities with net loss (enter the amount from Part V, column (b)) 2b Prior years' unallowed losses (enter the amount from Part V, column (c)) 2c Combine lines 2a, 2b, and 2c	2d	
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	3	-9,550.

. 3 losses on the forms and schedules normally used

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.

Par	t II Special Allowance for Rei	ntal Real Estate	Activities With	Active Pa	rticipat	ion				
	Note: Enter all numbers in Par	t II as positive amo	ounts. See instruct	tions for an	example).				
4	Enter the smaller of the loss on line 1d or the loss on line 3							9,550.		
5	Enter \$150,000. If married filing separ	filing separately, see instructions								
6	Enter modified adjusted gross income, but not less than zero. See instructions 6 111, 366.									
	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									
8	Multiply line 7 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions							19,317.		
9	Enter the smaller of line 4 or line 8							9,550.		
Par	t III Total Losses Allowed									
10	Add the income, if any, on lines 1a and 2a and enter the total							0.		
11	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							9,550.		
Par	t IV Complete This Part Before	e Part I, Lines 1	a, 1b, and 1c. S	ee instruct	ions.					
	Name of activity	Current year		Prior yea	Prior years Ove		erall gain or loss			
Name of activity		(a) Net income	(b) Net loss	(c) Unallo	wed	(d) Gair	- T			

For Denerwork Deduction Act Nation and instru					- 0E00 (0001)
Total. Enter on Part I, lines 1a, 1b, and 1c ►	0.	9,550.			
KUKATPALLY	0.	9,550.			9,550.
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss

For Paperwork Reduction Act Notice, see instructions. BAA REV 04/09/22 PRO

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

Part V Complete This Part Be	efore Part I, Lines 2	a, 2b,	and 2c. S	ee instruc	tions.	1			
	Curre	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	
otal. Enter on Part I, lines 2a, 2b, and 2d Part VI Use This Part if an Am		 Part II,	Line 9. S	ee instruc	tions.				
Name of activity	Form or schedule and line number to be reported on (see instructions)	Form or schedule and line number to be reported on (a) Loss (b) Ratio		itio	(c) Special allowance	co	d) Subtract lumn (c) fron column (a).		
KUKATPALLY	E Ln 22		9,550. 1.00000		0000	9,55	0.	0	
			9,550.	1.00)	9,55	0.	0	
Part VII Allocation of Unallowe			s.						
Name of activity	Form or sch and line nu to be report (see instruc	mber ed on	(a) Loss		(b) Ratio		(c) Unallowed los		
otal <u>.</u>		. 🕨				1.00			
Part VIII Allowed Losses. See i									
Name of activity	Form or sch and line nu to be report (see instruc	mber ed on	(a) I	a) Loss (b) U		Inallowed loss		(c) Allowed loss	
otal		. 🕨						orm 8582 (20)	

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