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	evenue del vice					
Submis	ssion Identification Number (SID)					
Taxpayer	's name	Social secu	rity numb	er		
SIVA	N SANKARASETTY	416-9	5-291'	7		
Spouse's		Spouse's so			mber	
Part I		ter year you	are aut	horiz	ing.)	
	hole dollars only on lines 1 through 5.					
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		1 . 1		101	016
	Adjusted gross income		1			816.
	Total tax		2			447.
	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3			801.
	Amount you want refunded to you		5		4,	354.
Part I		d keep a co		our i	eturi	<u> </u>
,	enalties of perjury, I declare that I have examined a copy of the income tax return (original or amend					
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, transmy return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for idelay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the principal initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account it of my federal taxes owed on this return and/or a payment of estimated tax, and the financial instituation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terming t, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation residually appropriate to the payment (settlement) date. I also authorize the financial institutions involved in the processor of the payment (settlement) and the individual resolve issues related to the income tax return (original or amended) its Funds Withdrawal Consent.	rejection of the U.S. Treasury ndicated in the ution to debit the authoriequests must he processing a payment. I fu	transmis and its of tax prepare entry to zation. To be received the ele- inther ac	ssion, design aratio this to this o revoluted no ectron knowless	(b) the ated F n softwaccoulong later ic payledge to the coulong l	reason inancial vare for nt. This ancel) a than 2 ment of hat the
	rer's PIN: check one box only	Г				
X	l authorize GLOBAL TAXES LLC to enter or general	te my DIN	5 2 9	1	7	ac mv
	ERO firm name	· E	nter five on't ente		but	as my
	signature on the income tax return (original or amended) I am now authorizing.		011 1 01110	. u 20	.00	
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN me below.					
Your sig	gnature ► Siva ~ynQ.S					
Spouse	e's PIN: check one box only					
	I authorize to enter or general	te mv PIN				as my
	ERO firm name		nter five	digits,		a.c,
	signature on the income tax return (original or amended) I am now authorizing.	d	on't ente	r all ze	ros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN me below.					
Spouse	e's signature ▶ Date ▶					
	Practitioner PIN Method Returns Only—continue belo	w				
Part II	II Certification and Authentication — Practitioner PIN Method Only					
FRO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5	8 7 2 7	8 6	1 9	8	9
2110 0	21 HVT HVL Eliter your olix digit Eli HVTollowood by your HVO digit coll dollocted First.		nter all ze			
authorize	that the above numeric entry is my PIN, which is my signature for the electronic individual income ed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am sunents of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of	omitting this re	turn in a	ccord	anće v	
ERO's	signature ▶ Date ▶					
	ERO Must Retain This Form — See Instructions					
	Don't Submit This Form to the IRS Unless Requested To	Do So				

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 [bu checked the MFS box, enter the reson is a child but not your depender	name of	ed filing separately your spouse. If you	,	_		` ,	_	, ,	` , ` ,
Your first name	and m	iddle initial	Last na	ame					Your so	cial securi	ity number
SIVA N			SAN	KARASETTY					416-9	95-291	.7
If joint return, s	pouse's	s first name and middle initial	Last na	ame					Spouse's	s social se	curity number
Home address	•	er and street). If you have a P.O. box, see S AVE	e instruct	ions.				Apt. no.		ntial Electi ere if you	ion Campaigr
	ost offi	ce. If you have a foreign address, also co	omplete :					code 044	to go to	0,	ntly, want \$3 Checking a
Foreign countr	y name			Foreign province/stat	e/coun	ty	Fore	ign postal code		or refund	
At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?							ncy?	Yes	⊠ No		
Standard Deduction		neone can claim:	•								
Age/Blindnes	you:	: Were born before January 2, 1	1957 [Are blind S	pouse	: Was bo	orn be	fore January 2	2, 1957	☐ Is b	lind
Dependent	s (see	instructions):		(2) Social secur	rity	(3) Relations	ship	(4) 🗸 if q	ualifies for	(see instru	uctions):
If more	(1) F	irst name Last name		number		to you		Child tax cr	redit	Credit for of	ther dependents
than four											
dependents, see instruction	s										
and check here ▶											
	. 1	Wages, salaries, tips, etc. Attach	Form(e)	\M_2					. 1	1	<u> </u>
Attach	<u>'</u> 2a	Tax-exempt interest	2a	vv-z	 L T	 ادا			2b		11,300.
Sch. B if	2a 3a	Qualified dividends	3a			axable intere			. 2b		
required.		IRA distributions	4a			Ordinary divid Taxable amou			. 4b		
	- т а 5а	Pensions and annuities	5a			axable amou			. 5b		
Standard	6a	Social security benefits	6a			axable amou			. 6b		
Standard Deduction for—	7	Capital gain or (loss). Attach Sche		f required. If not re			III .		7		
Single or	8	Other income from Schedule 1, lir				, check here	•		. 8		-9,550.
Married filing separately,	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,					•		. <u>8</u>		<u>-9,330.</u> 01,816.
\$12,550 Married filing	10			•	icome				. 10	+ -	01,010.
jointly or	11	Adjustments to income from Sche					•		. 10 ▶ 11	1	01 016
Qualifying widow(er),		Subtract line 10 from line 9. This i	•					12 55			01,816.
\$25,100	12a b	Standard deduction or itemized		·			2a 2b	12,55			
 Head of household, 		Charitable contributions if you take		nuaru deduction (Se	ee msti	uctions) 12	20		40-		10 550
\$18,800	C	Add lines 12a and 12b							. 120	;	12,550.
If you checked any box under	13	Qualified business income deduct	uon iron	11 FORM 8995 OF FOR	111 898	13-A			. 13	+	12 550
Standard Deduction,	14	Add lines 12c and 13							. 14		12,550.
see instructions	15	Taxable income. Subtract line 14	irom lii	ne i i. It zero or les	s, ente	er-U			. 15		89,266.

Form 1040 (2021	1)								Page 2
	16	Tax (see instructions). Check	if any from Form	n(s): 1 881	4 2 🗌 4972	3 🗌		16	15,447.
	17	Amount from Schedule 2, lin	ie 3					17	
	18	Add lines 16 and 17						18	15,447.
	19	Nonrefundable child tax cred	dit or credit for c	ther depender	nts from Schedul	e 8812		19	
	20	Amount from Schedule 3, lin	ie 8					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							
	а	Form(s) W-2				25a 1	9,801.		
	b	Form(s) 1099				25b		7	
	С	Other forms (see instructions				25c		7	
	d	Add lines 25a through 25c						25d	19,801.
16	26	2021 estimated tax payment						26	
If you have a qualifying child,	27a	Earned income credit (EIC)			Nο	27a			
attach Sch. EIC.		Check here if you were k							
		January 2, 2004, and you taxpayers who are at least a	ge 18, to claim t	the EIC. See in					
	b	Nontaxable combat pay elec							
	С	Prior year (2019) earned inco							
	28	Refundable child tax credit or	_						
	29	American opportunity credit	_						
	30	Recovery rebate credit. See				30			
	31	Amount from Schedule 3, lin				31		_	
	32	Add lines 27a and 28 throug						32	
	33	Add lines 25d, 26, and 32. T						33	19,801.
Refund	34	If line 33 is more than line 24				•		34	4,354.
	35a	Amount of line 34 you want				_	. ▶ ⊔	35a	4,354.
Direct deposit? See instructions.	►b	Routing number 2 5 4			▶ c Type: 🔀	Checking _	Savings		
occ manactions.	►d	Account number 6 7 8							
	36	Amount of line 34 you want a				36			
Amount	37	Amount you owe. Subtract				1 1	. ▶	37	
You Owe	38	Estimated tax penalty (see in				38			
Third Party Designee	ins					. ► Yes. 0	Complete		⋉ No
		signee's me ▶		Phone no. ▶			sonal ident nber (PIN)		
Sign		der penalties of perjury, I declare t	hat I have examine		d accompanying sch				t of my knowledge and
Sign		ief, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation		If the	e IRS ser	nt you an Identity
	k								N, enter it here
Joint return?				5.	-	ITY ASSURANO	, ,	inst.)	<u> </u>
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat	tion			nt your spouse an ection PIN, enter it here
your records.								inst.)	
	Ph	one no. (703)303-342	 1	Email address	STVA06108	8@GMAIL.CO	M		
		eparer's name	Preparer's signat		32,1100100	Date	PTIN		Check if:
Paid	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	04/16/2022	P0208	2703	Self-employed
Preparer		m's name ► GLOBAL TAX				1 , - 0 , 2 0 2 2			678)965-9522
Use Only		m's address ► 2530 Pebb		n Cummin	g GA 30041			n's EIN ▶	· · · · · · · · · · · · · · · · · · ·
Go to www.irs.go		n1040 for instructions and the late			BAA	REV 04/09/22 PRO			Form 1040 (2021)
_									

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

SIVA N SANKARASETTY

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.

Your social security number
416-95-2917

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes	s	1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions)	•		
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, transchedule 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		
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	040, 1040-SR, or	10	0.550

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

Par	Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form	3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN	>		
С	Date of original divorce or separation agreement (see instructions)	-		
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
а	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	24b		
С	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l	24c		
d	Reforestation amortization and expenses	24d		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	2 4g		
h	` '	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	24 i		
j	Housing deduction from Form 2555	24 j		
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 there and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line		26	

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99)

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

Attachment Sequence No. 13 Your social security number

Name(s)	shown on return							Your so	ocial securit	ty number
SIVA	N SANKARASETTY	7						416-	-95-291	7
Part		s From Rental Real Estate and Ro instructions. If you are an individual, rep	-		•			-		
A Dic	l you make any payme	nts in 2021 that would require you to	file Fo	rm(s) 1	099? S	See inst	ructions .		🗆 '	Yes 🔀 No
B If "	Yes," did you or will yo	ou file required Form(s) 1099?							🗆 '	Yes 🗌 No
1a		each property (street, city, state, ZIF								
Α		DERABAD TELANGANA IN 5000								
В										
С										
1b	Type of Property (from list below)	For each rental real estate propabove, report the number of fa	ir renta	l and			Rental Days		nal Use ays	QJV
Α	3	personal use days. Check the if you meet the requirements to	QJV bo	ox only	Α		365		0	
В		qualified joint venture. See inst	truction	is.	В					
С	 				С					
	of Property:									
	le Family Residence	3 Vacation/Short-Term Rental	5 Lan	nd		7 Self-	Rental			
_	ti-Family Residence	4 Commercial	6 Roy				er (describe)			
Incom	-	Properties:		aities	Α	o Othe	E (describe)			С
3		· ·	3			600.	_	•		
4			4			000.				
			4							
Expen			_							
5	9		5							
6	,	nstructions)	6							
7	•	nance	7		Ι,	550.				
8			8							
9			9							
10		essional fees	10							
11			11		1,	200.				
12		d to banks, etc. (see instructions)	12							
13			13							
14	•		14			150.				
15	Supplies		15		2,	410.				
16			16							
17			17		1,	840.				
18		e or depletion	18							
19	Other (list)		19							
20	Total expenses. Add	lines 5 through 19	20		10,	150.				
21		line 3 (rents) and/or 4 (royalties). If instructions to find out if you must	21		-9,	550.				
22	Deductible rental rea on Form 8582 (see in	l estate loss after limitation, if any, structions)	22	(550.)	()()
23a	·	eported on line 3 for all rental prope	rties			23a		600		
b		eported on line 4 for all royalty prop				23b				
C		eported on line 12 for all properties				23c				
d		eported on line 18 for all properties				23d				
e		eported on line 20 for all properties				23e	1	0,150		
24		e amounts shown on line 21. Do no	tinclu	de anv	 Inseas	200	1 4	. 2		
25	•	e amounts shown on line 21. Do no isses from line 21 and rental real estate		-		nter tot	al losses har		-	9,550.)
										<i>5,330.</i>)
26	here. If Parts II, III, I	ate and royalty income or (loss). (V, and line 40 on page 2 do not 40). line 5. Otherwise, include this ar	apply	to you	also	enter th	nis amount		6	-9,550.

Passive Activity Loss Limitations

► See separate instructions.

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

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

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

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

Name(s	s) shown on return				Ident	ifying n	umber
SIV	A N SANKARASETTY				416	5-95-	-2917
Pa	rt I 2021 Passive Activity Loss						
	Caution: Complete Parts IV ar						
	al Real Estate Activities With Active Parance for Rental Real Estate Activities	• '		ive participation, s	see Special		
1a	Activities with net income (enter the a	mount from Part I\	/, column (a)) .	1a	0.		
b	Activities with net loss (enter the amo	unt from Part IV, c	olumn (b))	1b (9,550.)		
С	Prior years' unallowed losses (enter the)		
d	Combine lines 1a, 1b, and 1c					1d	-9,550.
All O	ther Passive Activities						
2a	Activities with net income (enter the a	mount from Part V	, column (a)) .	2a			
b)		
С	Prior years' unallowed losses (enter the	ne amount from Pa	rt V, column (c))	2c ()		
d	Combine lines 2a, 2b, and 2c					2d	
3	Combine lines 1d and 2d. If this line i all losses are allowed, including any losses on the forms and schedules no	s zero or more, sto orior year unallow	op here and includ	de this form with	your return;	3	-9,550.
		-					
	If line 3 is a loss and: • Line 1d is a l	oss, go to Part II. oss (and line 1d is	zoro or moro) oki	n Dort II and as to	a lina 10		
	• Line 20 is a i	oss (and line runs	zero or more), ski	p Fart II and go to	o line to.		
	ion: If your filing status is married filing	separately and yo	ou lived with your	spouse at any tin	ne during the	year,	do not complete
	I. Instead, go to line 10.						
Pai	rt II Special Allowance for Rer Note: Enter all numbers in Par			-			
4	Enter the smaller of the loss on line 1	d or the loss on lir	ie 3			4	9,550.
5	Enter \$150,000. If married filing separ	-			L50,000.		
6	Enter modified adjusted gross income				L11,366.		
	Note: If line 6 is greater than or equal	to line 5, skip line	s 7 and 8 and ent	er -0-			
_	on line 9. Otherwise, go to line 7.			_			
7	Subtract line 6 from line 5			7	38,634.		
8	Multiply line 7 by 50% (0.50). Do not el			• .		8	19,317.
9	Enter the smaller of line 4 or line 8 Total Losses Allowed					9	9,550.
		d Oo and antar the	total				0
10	Add the income, if any, on lines 1a an	a za ana enter the				10	
11	Total losses allowed from all bassiv					10	0.
Dar	out how to report the losses on your t	e activities for 20	21. Add lines 9 an	d 10. See instruct	ions to find		
	out how to report the losses on your t	ax return	21. Add lines 9 an	d 10. See instruct	ions to find	11	9,550.
Гаі	out how to report the losses on your to take to the complete This Part Before	ax return e Part I, Lines 1	21. Add lines 9 an a, 1b, and 1c. S	d 10. See instruct ee instructions.	ions to find	11	9,550.
Pai	out how to report the losses on your to take the complete This Part Before	ax return e Part I, Lines 1 Currer	21. Add lines 9 an a, 1b, and 1c. S nt year	d 10. See instruct ee instructions. Prior years	ions to find	11	
rai	out how to report the losses on your t	ax return e Part I, Lines 1	21. Add lines 9 an a, 1b, and 1c. S	d 10. See instruct ee instructions.	ions to find	11 rall ga	9,550.
	out how to report the losses on your to take the complete This Part Before	ax return e Part I, Lines 1 Currer (a) Net income	21. Add lines 9 an a, 1b, and 1c. S at year (b) Net loss	d 10. See instruct ee instructions. Prior years (c) Unallowed	ions to find	11 rall ga	9,550. in or loss
	out how to report the losses on your to take the total	ax return e Part I, Lines 1 Currer (a) Net income (line 1a)	21. Add lines 9 and 1	d 10. See instruct ee instructions. Prior years (c) Unallowed	ions to find	11 rall ga	9,550. in or loss (e) Loss
	out how to report the losses on your to take the total	ax return e Part I, Lines 1 Currer (a) Net income (line 1a)	21. Add lines 9 and 1	d 10. See instruct ee instructions. Prior years (c) Unallowed	ions to find	11 rall ga	9,550. in or loss (e) Loss

Total. Enter on Part I, lines 1a, 1b, and 1c ▶

9,550.

0.

Form 8582 (2021) Page **2**

	,									. 490 =	ľ
Part V	Complete This Part Before	e P	art I, Lines 2	a, 2b,	and 2c. S	ee instruc	tions.				
	Name of askirth		Currer	nt year		Prior ye	ears	Overa	ll ga	ain or loss	
	Name of activity	(a	Net income (line 2a)	(b) (li	Net loss ne 2b)	(c) Unall loss (lin		(d) Gain		(e) Loss	
											-
											-
											_
											Ī
Total. Enter	on Part I, lines 2a, 2b, and 2c ▶										
Part VI	Use This Part if an Amoun	t Is	Shown on F	Part II,	Line 9. S	ee instruc	tions.				
	Name of activity	an to	rm or schedule ad line number be reported on se instructions)	(a) Loss	(b) Ra	ntio	(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	All and the of the discount		▶	!	9,550.	1.00)	9,55	0.	0.	_
Part VII	Allocation of Unallowed L	oss			s.						-
	Name of activity		Form or sche and line nur to be reporte (see instruct	nber ed on	(a) l	_OSS		(b) Ratio	(c) Unallowed loss	
											-
											_
Total	Allowed Losses. See instru			. ▶				1.00			-
Part VIII	Allowed Losses. See instru	JCII	Form or sche	مطيبام							
	Name of activity		and line nur to be reporte (see instruct	nber ed on	(a) l	_oss	(b) Ur	nallowed loss	(c) Allowed loss	
											-
Total	<u></u>		<u></u>	. ▶							





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

SIVA Your Fire	A N st Name and Initial	SANKARASET'		917 curity 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 Socia	l Security Number	Spouse's Date of Birth
	24 IBERIS AVE Home Address		Check if Addre	ess is:	New Foreign
LAKI City	EVILLE		MN State		55044 ZIP Code
2021	Federal Filing Status (place	ce an X in one box):			
X (1) Single (2) Married Filing Jointly	(3) Married Filing Separately Spouse Name		ead of Household	(5) Qualifying Widow(er
Depe	endents (see instructions):	Spouse SSN			
Depend	ent 1 First Name	Dependent 1 Last Name	Dependent 1	SSN De _l	pendent 1 Relationship to You
Depend	ent 2 First Name	Dependent 2 Last Name	Dependent 2	SSN Dep	pendent 2 Relationship to You
Depend	lent 3 First Name	Dependent 3 Last Name	Dependent 3	SSN De _l	pendent 3 Relationship to You
	Your Federal Return (see in: 111366	0	0	D. Fodo	89266
A. Wag	es, salaries, tips, etc. B. IRA	, pensions, and annuities	C. Unemployment	D. Fede	ral taxable income
1	Federal adjusted gross income (fr	om line 11 of federal Form 104	10 and 1040-SR)		101816
2	Additions to income from line 10	of Schedule M1M and line 9 of	Schedule M1MB (see instruction.	s) 2	2 🔳
3	Add lines 1 and 2				101816
4	Itemized deductions (from Sched	ule M1SA) or your standard de	duction (see instructions)		1 ■ 12525
5	Exemptions (determine from instr	uctions)		5	5 =
6	State income tax refund from line	1 of federal Schedule 1			5 ■
7	Subtractions from line 32 of Scheo	dule M1M and line 22 of Scheo	ule M1MB (see instructions)	7	7 =
8	Total subtractions. Add lines 4 thr	ough 7			12525
9	Minnesota taxable income. Subtr	act line 8 from line 3. If zero o	less, leave blank	9	89291
10	Tax from the table in the Form M	1 instructions		10	5674

2021 M1, page 2



11	Alternative minimum tax (enclose Schedule M1MT)		.11 ■	
12 13		. Skip lines 13a and 13b.	.12	5674
	line 13, from line 28 on line 13a, and from line 29 on line 13b		13	5674
	13a■0 13b■	<u>)</u>		
14	Other taxes, such as recapture amounts and the tax on lump-	sum distributions (check appropriate boxes)		
	(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 (if result is zero or less, leave bla	nk)	17	5674
18	Nongame Wildlife Fund contribution (see instructions) This will reduce your refund or increase the amount you owe		18 ■	
				5674
19 20	Add lines 17 and 18		19	5074
20	Minnesota withholding from Forms W-2, 1099, and W-2G (do no		20 ■	7108
21	Minnesota estimated tax and extension payments made for 2	021	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 25	REFUND . If line 23 is more than line 19, subtract line 19 from For direct deposit, complete line 25		24 ■	1434
	Checking Savings 254070110	6 6787557779 Account Number		
	AMOUNT YOU OWE . If line 19 is more than line 23, subtract I Penalty amount from Schedule M15 (see instructions). Also su		26■	
	this amount from line 24 or add it to line 26 (enclose Schedule		27 ■	
	OU PAY ESTIMATED TAX and want part of your refund credited			
28	Amount from line 24 you want sent to you		28 ■	
	Amount from line 24 you want applied to your 2022 estimate ayer: I declare that this return is correct and complete to the be		29 ■	
Vour	Signature	Spouse's Signature (If Filing Jointly)		e (MM/DD/YYYY)
70	33033421	SIVA061088@GMAIL.COM	Date	- (mm/00/1111)
•	imePhone AM PRIYA RAM SAGAR GUPTA TALLAM	Email Address 04162022	DΠ	2082703
	Preparer's Signature	Date (MM/DD/YYYY)		N or VITA/TCE # (required)
	89659522 arer's Daytime Phone	SYAM@GTAXFILE.COM Preparer's Email Address		
тера				
	I do not want my paid preparer to file my return electronically.	I authorize the Minnesota Department of Revenue with the preparer or the third-party designee indic		

Mail to: Minnesota Individual Income Tax, Mail Station 0010, 600 N. Robert St., St. Paul, MN 55145-0010





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		SANKAI	RASETTY			41695	
Your First Name and Initia	al	Last Name				Your Socia	al Security Number
If a Joint Return, Spouse's I	First Name and Initial	Spouse's Las	t Name			Spouse's S	Social Security Number
If you received a fede complete this schedu amounts to the neare W-2G; keep them wit 1 Minnesota wages a complete line 5 on	le to determine line est whole dollar. You h your tax records. and Minnesota tax w	e 20 of Form M u must include All instructions	 List only the form this schedule where are included on the 	ms that rep n you file y nis schedul	port Minnesota incom rour return. DO NOT s le.	e tax withh send in your	eld. Round dollar · Forms W-2, 1099, or
A	B—Box 13	C—Box 15		D—Box	x 16	E—Box 1	17
If the Form W-2 is for:	If Retirement Plan	Employer's s	even-digit Minnesota	State w	ages, tips, etc.	Minneso	ta tax withheld
you, enter 1spouse, enter 2	box is checked, mark an X below.	Tax ID Numb	er	(round	to nearest whole dollar)	(round to	o nearest whole dollar)
a1 <u>1</u>	b1	c1 MN	3772262	d1	111366	e1	7108
a2	b2	c2 MN		d2		e2	
a3	b3	c3 MN		d3		e3	
a4	b4	c4 MN		d4		e4	
a5	b5	c5 MN		d5		e5	
Subtotal for addition	onal Forms W-2 <i>(fron</i>	n line 5 on page	2)				
Total Minnesota ta	x withheld on all Fo	rms W-2 (add a	nmounts in line 1, co	lumn E)		1■	7108
 Minnesota tax with A If the Form 1099, W-20 you, enter 1 spouse, enter 2 		B Payer's sever	42-S. If you have mon-digit Minnesota Tax ID nknown, contact the pay	C Income	ur forms, complete line e amount (see the table on ck for amounts to include)	D Minne	ck. esota tax withheld d to nearest whole dollar)
a1		b1 MN		c1		d1	
a2		b2 MN		c2		d2	
a3		ьз МN		c3		d3	
a4		b4 MN		c4		d4	
Subtotal for addition	onal 1099, W-2G, and	d 1042-S (from I	line 6 on page 2)				
Total Minnesota ta	x withheld on all 10	99, W-2G, and	1042-S (add amoun	ts in line 2,	column D)	2■	
3 Total Minnesota ta	x withheld by partn	erships, S corpo	orations, and fiducia	aries			
						3 🔳	
4 Total. Add the Mini Enter the total here						4 ■	7108

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 [bu checked the MFS box, enter the reson is a child but not your depender	name of	ed filing separately your spouse. If you	,	_		` ,	_	, ,	` , ` ,
Your first name	and m	iddle initial	Last na	ame					Your so	cial securi	ity number
SIVA N			SAN	KARASETTY					416-9	95-291	.7
If joint return, s	pouse's	s first name and middle initial	Last na	ame					Spouse's	s social se	curity number
Home address	•	er and street). If you have a P.O. box, see S AVE	e instruct	ions.				Apt. no.		ntial Electi ere if you	ion Campaigr
	ost offi	ce. If you have a foreign address, also co	omplete :					code 044	to go to	0,	ntly, want \$3 Checking a
Foreign countr	y name			Foreign province/stat	e/coun	ty	Fore	ign postal code		or refund	
At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?							ncy?	Yes	⊠ No		
Standard Deduction		neone can claim:	•								
Age/Blindnes	you:	: Were born before January 2, 1	1957 [Are blind S	pouse	: Was bo	orn be	fore January 2	2, 1957	☐ Is b	lind
Dependent	s (see	instructions):		(2) Social secur	rity	(3) Relations	ship	(4) 🗸 if q	ualifies for	(see instru	uctions):
If more	(1) F	irst name Last name		number		to you		Child tax cr	redit	Credit for of	ther dependents
than four											
dependents, see instruction	s										
and check here ▶											
	. 1	Wages, salaries, tips, etc. Attach	Form(e)	\M_2					. 1	1	<u> </u>
Attach	<u>'</u> 2a	Tax-exempt interest	2a	vv-z	 L T	 ادا			2b		11,300.
Sch. B if	2a 3a	Qualified dividends	3a			axable intere			. 2b		
required.		IRA distributions	4a			Ordinary divid Taxable amou			. 4b		
	- т а 5а	Pensions and annuities	5a			axable amou			. 5b		
Standard	6a	Social security benefits	6a			axable amou			. 6b		
Standard Deduction for—	7	Capital gain or (loss). Attach Sche		f required. If not re			III .		7		
Single or	8	Other income from Schedule 1, lir				, check here	•		. 8		-9,550.
Married filing separately,	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,					•		. <u>8</u>		<u>-9,330.</u> 01,816.
\$12,550 Married filing	10			•	icome				. 10	+ -	01,010.
jointly or	11	Adjustments to income from Sche					•		. 10 ▶ 11	1	01 016
Qualifying widow(er),		Subtract line 10 from line 9. This i	•					12 55			01,816.
\$25,100	12a b	Standard deduction or itemized		·			2a 2b	12,55			
 Head of household, 		Charitable contributions if you take		nuaru deduction (Se	ee msti	uctions) 12	20		40-		10 550
\$18,800	C	Add lines 12a and 12b							. 120	;	12,550.
If you checked any box under	13	Qualified business income deduct	uon iron	11 FORM 8995 OF FOR	111 898	13-A			. 13	+	12 550
Standard Deduction,	14	Add lines 12c and 13							. 14		12,550.
see instructions	15	Taxable income. Subtract line 14	irom lii	ne i i. It zero or les	s, ente	er-U			. 15		89,266.

Form 1040 (2021	1)								Page 2
	16	Tax (see instructions). Check	if any from Form	n(s): 1 881	4 2 🗌 4972	3 🗌		16	15,447.
	17	Amount from Schedule 2, lin	ie 3					17	
	18	Add lines 16 and 17						18	15,447.
	19	Nonrefundable child tax cred	dit or credit for c	ther depender	nts from Schedul	e 8812		19	
	20	Amount from Schedule 3, lin	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	23	0.					
	24	Add lines 22 and 23. This is	24	15,447.					
	25	Federal income tax withheld							
	а	Form(s) W-2				25a 1	9,801.		
	b	Form(s) 1099				25b		7	
	С	Other forms (see instructions				25c		7	
	d	Add lines 25a through 25c						25d	19,801.
16	26	2021 estimated tax payment						26	
If you have a qualifying child,	27a	Earned income credit (EIC)			Nο	27a			
attach Sch. EIC.		Check here if you were k							
		January 2, 2004, and you taxpayers who are at least a	ge 18, to claim t	the EIC. See in					
	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, lin	_						
	32	Add lines 27a and 28 throug	32						
	33	Add lines 25d, 26, and 32. T						33	19,801.
Refund	34	If line 33 is more than line 24				•		34 35a	4,354.
	35a	· · · · · · · · · · · · · · · · · · ·							4,354.
Direct deposit? See instructions.	►b	Routing number 2 5 4							
occ manactions.	►d	Account number 6 7 8							
	36	Amount of line 34 you want a				36			
Amount	37	Amount you owe. Subtract				1 1	. ▶	37	
You Owe	38	Estimated tax penalty (see in				38			
Third Party Designee	ins					. ► Yes. 0	Complete		⋉ No
		signee's me ▶		Phone no. ▶		sonal ident nber (PIN)			
Sign		der penalties of perjury, I declare t	hat I have examine		d accompanying sch				t of my knowledge and
Sign		ief, they are true, correct, and com							
Here	Yo	Your signature		Date	Your occupation		If the	e IRS ser	nt you an Identity
	k								N, enter it here
Joint return?				5.	-	ITY ASSURANO	, ,	inst.)	<u> </u>
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat	tion			nt your spouse an ection PIN, enter it here
your records.							inst.)		
	Ph	one no. (703)303-342	 1	Email address SIVA061088@GMAIL.COM			M		
		eparer's name	Preparer's signat		32,1100100	Date	PTIN		Check if:
Paid	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	04/16/2022	P0208	2703	Self-employed
Preparer		m's name ► GLOBAL TAX				1 , - 0 , 2 0 2 2			678)965-9522
Use Only								n's EIN ▶	·
Go to www.irs.go		n1040 for instructions and the late			BAA	REV 04/09/22 PRO			Form 1040 (2021)
_									

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2021

Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service ► Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Form1040 for instructions and the latest information.

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

416-95-2917

Par	Additional income			
1	Taxable refunds, credits, or offsets of state and local income taxes	3	1	
2 a	Alimony received	2a		
b	Date of original divorce or separation agreement (see instructions)	•		
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, tru Schedule E	•	5	-9,550.
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	_	
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	-9,550.

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			
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form	14		
15	Deductible part of self-employment tax. Attach Schedule SE	15		
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN	>		
С	Date of original divorce or separation agreement (see instructions)	-		
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
а	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	24b		
С	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l	24c		
d	Reforestation amortization and expenses	24d		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	24g		
h	` '	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	24 j		
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 there and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line			

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99)

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

Attachment Sequence No. 13 Your social security number

Name(s)	shown on return							Your so	cial securit	y number
SIVA	N SANKARASETTY	,						416-	95-291	7
Part		s From Rental Real Estate and Ro instructions. If you are an individual, rep	-		•			• .	•	
A Dic	l you make any payme	nts in 2021 that would require you to	o file Fo	rm(s) 1	099? S	See inst	ructions .		. 🗆 🕆	res ⊠ No
B If "	Yes," did you or will yo	ou file required Form(s) 1099?							. 🗆 🕆	res 🗌 No
1a		each property (street, city, state, ZIF								
Α		ERABAD TELANGANA IN 5000								
В										
С										
1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and Days							al Use ys	QJV
Α	3	personal use days. Check the if you meet the requirements to	QJV bo	ox only	Α		365		0	
В		qualified joint venture. See inst	truction	is.	В				-	
С	 				С					
	of Property:									
	le Family Residence	3 Vacation/Short-Term Rental	5 Lan	d		7 Self-	Rental			
_	ti-Family Residence	4 Commercial	6 Roy				er (describe)	١		
Incom	-	Properties:		raities	Α	o Othe	E (describe)			С
3		· · · · · · · · · · · · · · · · · · ·	3			600.	_	,		
4			4			000.				
			4							
Expen			_							
5	9		5							
6	,	nstructions)	6							
7	•	nance	7		1,	550.				
8			8							
9			9							
10		ssional fees	10							
11			11		1,	200.				
12	Mortgage interest pai	d to banks, etc. (see instructions)	12							
13	Other interest		13							
14	Repairs		14		3,	150.				
15	Supplies		15		2,	410.				
16	Taxes		16							
17	Utilities		17		1,	840.				
18	Depreciation expense	or depletion	18							
19	Other (list) ▶		19							
20	Total expenses. Add	lines 5 through 19	20		10,	150.				
21		line 3 (rents) and/or 4 (royalties). If								
		instructions to find out if you must	21		-9,	550.				
22	Deductible rental rea on Form 8582 (see in	estate loss after limitation, if any, structions)	22	(9,5	550.)	()()
23a	·	eported on line 3 for all rental prope	erties			23a		600.		
b		eported on line 4 for all royalty prop				23b				
C		eported on line 12 for all properties				23c				
d		eported on line 18 for all properties				23d				
e		eported on line 20 for all properties				23e	1	0,150.		
24		e amounts shown on line 21. Do no		de anv	 Iosses	_00		. 24		
25	•	sses from line 21 and rental real estate		-		nter tot	al losses her	-	1.	9,550.)
									1	J,JJU.)
26	here. If Parts II, III, I	ate and royalty income or (loss). V, and line 40 on page 2 do not	apply	to you	also	enter th	nis amount	on		0 550
	Scriedule I (Form 104	40). line 5. Otherwise. include this ar	mount	ını ıne t	บเลเ on	iiiie 4 l	on page 2	. 26	1	-9,550.

Passive Activity Loss Limitations

► See separate instructions.

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

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

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

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

Name(s) shown on return				Iden	tifying n	umber
SIV	A N SANKARASETTY	6-95-	-2917				
Pa	rt I 2021 Passive Activity Loss						
	Caution: Complete Parts IV ar						
	al Real Estate Activities With Active Parance for Rental Real Estate Activities	• '		ive participatio	n, see <i>Special</i>		
1a	Activities with net income (enter the a						
b	())					
С	Prior years' unallowed losses (enter the)					
d	Combine lines 1a, 1b, and 1c					1d	-9,550.
All O	ther Passive Activities						
2a	Activities with net income (enter the a	mount from Part V	, column (a)) .	2a			
b)	
С	Prior years' unallowed losses (enter the	ne amount from Pa	art V, column (c))	2c ()	
d	Combine lines 2a, 2b, and 2c					2d	
3	Combine lines 1d and 2d. If this line i all losses are allowed, including any losses on the forms and schedules no	is zero or more, sto prior year unallow	op here and inclu	de this form wi	th your return;	3	-9,550.
		-					7,330.
	If line 3 is a loss and: • Line 1d is a l	-					
	• Line 2d is a l	loss (and line 1d is	zero or more), ski	ip Part II and g	o to line 10.		
	ion: If your filing status is married filing I. Instead, go to line 10.	separately and yo	ou lived with your	spouse at any	time during the	e year,	do not complete
	rt II Special Allowance for Ren	ntal Real Estate	Activities With	Active Partic	cipation		
	Note: Enter all numbers in Par				-		
4	Enter the smaller of the loss on line 1	d or the loss on lir	ne 3			4	9,550.
5	Enter \$150,000. If married filing separ	ately, see instructi	ons	5	150,000.		
6	Enter modified adjusted gross income	e, but not less than	zero. See instruc	tions 6	111,366.		
	Note: If line 6 is greater than or equal	to line 5, skip line	s 7 and 8 and ent	er -0-			
	on line 9. Otherwise, go to line 7.						
7	Subtract line 6 from line 5			7	38,634.		
8	Multiply line 7 by 50% (0.50). Do not e			•		8	19,317.
9	Enter the smaller of line 4 or line 8					9	9,550.
	t III Total Losses Allowed	10 1 1				10	
10	Add the income, if any, on lines 1a an					10	0.
11	Total losses allowed from all passiv	e activities for 20	21. Add lines 9 an	id 10. See instr	ructions to find		9,550.
Dar	out how to report the losses on your to	ax return		oo instruction		11	9,550.
rai	Complete This Part Belon	e Part I, Lilles I	a, ib, and ic. o				
	Name of activity	Currer	-			erall ga	ain or loss
		(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowe loss (line 1c		in	(e) Loss
KUK	ATPALLY	0.	9,550.				9,550.
	**********		7,330:				9,330.
		0.	2,330.				9,550.
			7,330.				9,350.

Total. Enter on Part I, lines 1a, 1b, and 1c ▶

9,550.

0.

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,									. 490 =	
Complete This Part Before	e P	art I, Lines 2	a, 2b,	and 2c. S	ee instruc	tions.			•	
Name of a skirth		Currer	nt year		Prior ye	ars Overal			ain or loss	
Name of activity		(a) Net income (line 2a)		(b) Net loss (line 2b)			(d) Gain		(e) Loss	
on Part I, lines 2a, 2b, and 2c ▶										
Use This Part if an Amour	t Is	Shown on F	Part II,	Line 9. S	ee instruc	tions.				
Name of activity	an to	d line number be reported on	(a) Loss		(b) Ratio		(c) Special allowance		(d) Subtract column (c) from column (a).	
LLY		E Ln 22		9,550.	1.0000	0000	9,55	0.	0.	
Allegation of Health and I		▶		9,550.	1.00)	9,55	0.	0.	
Allocation of Unallowed L	oss			s.						
Name of activity		and line nur	mber ed on (a) L		Loss ((b) Ratio (c		(c) Unallowed loss	
Allowed Legge Cos instru			. •				1.00			
Allowed Losses. See mstr	JCII		adula.							
Name of activity		and line nur	mber ed on (a) L		Loss (b)		(b) Unallowed loss		(c) Allowed loss	
<u></u>		<u></u>	. ▶							
	Name of activity on Part I, lines 2a, 2b, and 2c ▶ Use This Part if an Amount Name of activity LLY Allocation of Unallowed L Name of activity Allowed Losses. See instruction	Name of activity on Part I, lines 2a, 2b, and 2c Use This Part if an Amount Is Name of activity Allocation of Unallowed Loss Name of activity Allowed Losses. See instruction	Name of activity Current	Name of activity Current year	Name of activity Current year	Name of activity Current year	Name of activity (a) Net income (line 2a) (b) Net loss (line 2c) (c) Unallowed loss (line 2c) (d) Unallowed loss (line 2c) (e) Unallowed loss (line 2c) (f) Unallowed loss (line 2c) (g) Unallowed loss (line 2c) (h) Net loss (line 2c) (h) Net loss (line 2c) (ine 2h) (ine 2h)	Current year	Name of activity Current year	