### 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 Revenue Service Go to www.irs.gov/rorm8879 for the latest information.
Submission Identification Number (SID)
Taxpayer's name Social security number
CHINNAPA REDDY YAMPATI 898-64-1134
Spouse's name Spouse's social security number
Part I Tax Return Information — Tax Year Ending December 31, 2021 (Enter year you are authorizing.)
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
2 Total tax
<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099
4 Amount you want refunded to you
5 Amount you owe
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best 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 treturn (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ER 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 Finance 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. The 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) payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment 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, note that the amount of the income tax return (original or amended) I am now authorizing. Check this box on if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part below.
Your signature ► Date ►
Spouse's PIN: check one box only
☐ I authorize to enter or generate my PIN as m
ERO firm name  Enter five digits, but don't enter all zeros
signature on the income tax return (original or amended) ram 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 <b>on</b> if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN method. The ERO must complete Part below.
Spouse's signature ▶ Date ▶
Practitioner PIN Method Returns Only—continue below
Part III Certification and Authentication — Practitioner PIN Method Only
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.  5 8 7 2 7 8 6 1 9 8 9  Don't enter all zeros
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 no 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 <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Providers of Individual Income Tax Returns.
ERO's signature ▶ Date ▶
ERO Must Retain This Form — See Instructions  Don't Submit This Form to the IRS Unless Requested To Do So

E1040 Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

202	4

Filing Status Check only one box.	If yo	Single Married filing jointly uchecked the MFS box, enter the notion is a child but not your dependent	ame of	ied filing separately your spouse. If you	` '			,	_	, ,	( ) ( )
Your first name	and mi	ddle initial	Last na	ame					Your so	cial securit	y number
CHINNAPA	A REI	DDY	YAM	PATI					898-	64-113	4
If joint return, s	pouse's	first name and middle initial	Last na	ame					Spouse'	's social se	curity number
		er and street). If you have a P.O. box, see	instruct	tions.			Apt. n	10.		ntial Election	on Campaign
		ce. If you have a foreign address, also co	molete	enaces helow	Sta	ute.	ZIP code				tly, want \$3
		ce. II you have a loreigh address, also co	inpiete	spaces below.	T		75056				Checking a
	_			Foreign province/stat			Foreign pos	etal codo		ow will not k or refund.	•
Foreign country	/ Harrie			Foreign province/stat	e/cour	ity	Foreign pos	stal code	your tax	You	Spouse
At any time du	ring 20	021, did you receive, sell, exchange,	or oth	erwise dispose of a	ny fina	ancial interest	in any virtu	al currer	ncy?	X Yes	☐ No
Standard Deduction		eone can claim:  You as a de	'								
Age/Blindness	You:	☐ Were born before January 2, 1	957	Are blind S	pouse	: Was bo	rn before J	anuary 2	2, 1957	☐ Is bl	ind
Dependents	s (see	instructions):		(2) Social secur	ity	(3) Relationsh	nip (	<b>(4)                                    </b>	ualifies fo	r (see instru	ctions):
Dependents If more than four dependents,	<b>(1)</b> Fi	rst name Last name		number		to you	C	hild tax cr	redit	Credit for ot	her dependents
	s										
and check											
here ►											
	_1_	Wages, salaries, tips, etc. Attach F	orm(s)	W-2					. 1		96,806.
	2a	Tax-exempt interest	2a		bΤ	axable interes	t		. 2b	)	
	3a	Qualified dividends	3a		<b>b</b> (	Ordinary divide	nds		. 3b	)	
Check only one box.  Your first name CHINNAPA If joint return, sp  Home address ( 2108 TOR City, town, or po THE COLC Foreign country  At any time dur  Standard Deduction  Age/Blindness Dependents If more than four dependents, see instructions and check	4a	IRA distributions	4a		b T	axable amoun	t		. 4b	)	
	5a	Pensions and annuities	5a		b T	axable amoun	t		. 5b	)	
	6a	Social security benefits	ба		b T	axable amoun	t		. 6b	)	
	7	Capital gain or (loss). Attach Scheo	dule D	if required. If not re	quirec	l, check here		. ▶ [	7		186.
	8	Other income from Schedule 1, line	e 10						. 8		-9 <b>,</b> 580.
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, a	and 8.	This is your total in	come			1	▶ 9	8	37 <b>,</b> 412.
Married filing	10	Adjustments to income from Sche	dule 1,	line 26					. 10	)	
	11	Subtract line 10 from line 9. This is	your a	adjusted gross inc	ome			1	▶ 11	3	37 <b>,</b> 412.
	12a	Standard deduction or itemized	deduc	tions (from Schedu	le A)	12	a 1	L2,550	o. 📉		
	b	Charitable contributions if you take	the sta	andard deduction (se	e inst	ructions) 12	b	300	٥.		186. -9,580. 87,412.
	С	Add lines 12a and 12b							. 120	c :	12,850.
If you checked	13	Qualified business income deducti	on fror	m Form 8995 or For	m 899	95-A			. 13		
	14	Add lines 12c and 13							. 14		12,850.
Deduction,	15	Taxable income. Subtract line 14	from li	ne 11. If zero or less	s, ente	er-0			. 15	,	74,562.

	16	Tax (see instructions). Check if any from Form(s	s): <b>1</b> 🗌 8814	4 <b>2</b> 🗌 4972	3 🗌			16	12 <b>,</b> 155.
	17	Amount from Schedule 2, line 3						17	
	18	Add lines 16 and 17						18	12,155.
	19	Nonrefundable child tax credit or credit for ot	her dependen	nts from Schedule	8812			19	
	20	Amount from Schedule 3, line 8						20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18. If zero or less, e	nter -0					22	12,155.
	23	Other taxes, including self-employment tax, fr	rom Schedule	2, line 21				23	0.
	24	Add lines 22 and 23. This is your <b>total tax</b>						24	12,155.
	25	Federal income tax withheld from:							· .
	а	Form(s) W-2			25a	14,4	33.		
	b	Form(s) 1099			25b	·			
	С	Other forms (see instructions)			25c				
	d	Add lines 25a through 25c						25d	14,433.
	26	2021 estimated tax payments and amount ap						26	,
If you have a liqualifying child,	27a	Earned income credit (EIC)	•	Nο	27a				
attach Sch. EIC.		Check here if you were born after Janua							
		January 2, 2004, and you satisfy all the	other requir	rements for					
		taxpayers who are at least age 18, to claim the	1 1	structions ► _					
	b	Nontaxable combat pay election							
	С	Prior year (2019) earned income							
	28	Refundable child tax credit or additional child ta			28				
	29	American opportunity credit from Form 8863,			29				
	30	Recovery rebate credit. See instructions			30				
	31	Amount from Schedule 3, line 15			31				
	32	Add lines 27a and 28 through 31. These are y						32	
	33	Add lines 25d, 26, and 32. These are your tot					<b>•</b>	33	14,433.
Refund	34	If line 33 is more than line 24, subtract line 24			•	=	<u>.</u>	34	2,278.
	35a	Amount of line 34 you want refunded to you.					_	35a	2,278.
Direct deposit? See instructions.	►b	Routing number 1 1 1 0 0 0 0 0			Checki	ng ∐ Sav	rings		
occ instructions.	►d	Account number 4 8 8 0 5 6 3 8 6 2 0 6							
	36	Amount of line 34 you want applied to your 2			36				
Amount	37	Amount you owe. Subtract line 33 from line 2			1 1	uctions .	•	37	
You Owe	38	Estimated tax penalty (see instructions)			38				
Third Party		you want to allow another person to discu				٦٧ ٥			N N
Designee		tructions			<b>•</b>	Yes. Com			⊠ No
		ignee's ne ▶	Phone no.			Personal number			
Sign		ler penalties of perjury, I declare that I have examined		accompanying sch	edules ar				t of my knowledge and
-		ef, they are true, correct, and complete. Declaration of							
Here	You	r signature	Date	Your occupation					t you an Identity
	<b>k</b>								N, enter it here
Joint return? See instructions.			5.	SOFTWARE E		EER	<u> </u>	nst.) 🖊	
Keep a copy for	Spo	buse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupati	ion				t your spouse an ection PIN, enter it here
your records.							1	nst.) ▶	
	Pho	ne no. (814) 384-5909	Email address	CHINNA.REDD	Y93@GN	MAIL.COM			
Deid	Pre	parer's name Preparer's signatu	ire		Date		ΓIN		Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA R	RAM SAGAR	GUPTA TALLAM	02/26	6/2022 PC	2082	703	Self-employed
Preparer	Firr	n's name ► GLOBAL TAXES LLC					Phone	e no. (	678) 965-9522
Use Only	Firr	n's address ▶ 2530 Pebble Creek Lr	n Cummino	g GA 30041			Firm's	EIN ▶	30-1017196
Go to www.irs.go		1040 for instructions and the latest information.		BAA	REV 02/1	17/22 PRO			Form <b>1040</b> (2021)

Form 1040 (2021)

Page 2

#### **SCHEDULE 1** (Form 1040)

### Additional Income and Adjustments to Income

Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

► Attach to Form 1040, 1040-SR, or 1040-NR. ▶ Go to www.irs.gov/Form1040 for instructions and the latest information. Sequence No. 01

Your social security number

CHINNAPA REDDY YAMPATI 898-64-1134 Part I Additional Income Taxable refunds, credits, or offsets of state and local income taxes . . . . . . . 1 2a **b** Date of original divorce or separation agreement (see instructions) 3 3 4 4 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach 5 -9,580. 6 6 7 7 Other income: 8 8a 8b 8c **d** Foreign earned income exclusion from Form 2555 . . . . . 8d e Taxable Health Savings Account distribution . . . . . . . . . 8e 8f 8a **h** Prizes and awards . . . . . . . . . . . . . . . . . 8h 8i 8i 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 8k I Olympic and Paralympic medals and USOC prize money (see 81 m Section 951(a) inclusion (see instructions) . . . . . . . . . . . . 8<sub>m</sub> Section 951A(a) inclusion (see instructions) . . . . . . . . . . . . 8n o Section 461(I) excess business loss adjustment . . . . . . . . 80 **p** Taxable distributions from an ABLE account (see instructions). **q8 z** Other income. List type and amount ▶ 9 Total other income. Add lines 8a through 8z . . . . . . . . . . . 9 Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 10

-9,580.

10

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	3903	. 14	
15	Deductible part of self-employment tax. Attach Schedule SE		. 15	
16	Self-employed SEP, SIMPLE, and qualified plans		. 16	
17	Self-employed health insurance deduction		. 17	
18	Penalty on early withdrawal of savings		. 18	
19a	Alimony paid		. 19a	
b	Recipient's SSN	<b>&gt;</b>	_	
С	Date of original divorce or separation agreement (see instructions)	·		
20	IRA deduction		. 20	
21	Student loan interest deduction		. 21	
22	Reserved for future use		. 22	
23	Archer MSA deduction		. 23	
24	Other adjustments:			
а	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	24b		
С	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l	24c		
d	Reforestation amortization and expenses	24d		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i		
j	Housing deduction from Form 2555	<b>24</b> 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 <b>adjustments t</b> here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line			

#### SCHEDULE D (Form 1040)

### **Capital Gains and Losses**

OMB No. 1545-0074

Attachment Sequence No. 12

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

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

Name(s) shown on return Your social security number 898-64-1134 CHINNAPA REDDY YAMPATI

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

#### Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions) Part I See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part I, combine the result whole dollars. line 2, column (g) with column (g) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . 1b Totals for all transactions reported on Form(s) 8949 with Box A checked . . . . . . . . . . . . . . 2,069. 1,741. 328. Totals for all transactions reported on Form(s) 8949 with Box B checked . . . . . . . . . . . . . 3 Totals for all transactions reported on Form(s) 8949 with 856. 1,001. -145. Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . . . . . 7 183. Part II Long-Term Capital Gains and Losses-Generally Assets Held More Than One Year (see instructions) See instructions for how to figure the amounts to enter on the (h) Coin ou (loca)

lines	instructions for how to figure the amounts to enter on the below.	(d) Proceeds	(e) Cost	(g) Adjustmen to gain or loss		(h) Gain or (loss) Subtract column (e) from column (d) and		
	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	Form(s) 8949, I line 2, colum		combine the result with column (g)		
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.							
8b	Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked	7.	4.			3.		
9	Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked							
10	Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked							
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824			, ,	11			
12	Net long-term gain or (loss) from partnerships, S corporat	ions, estates, and	trusts from Sched	dule(s) K-1	12			
13	Capital gain distributions. See the instructions				13			
14	Long-term capital loss carryover. Enter the amount, if any <b>Worksheet</b> in the instructions	•	•	-	14			
15								

BAA

Schedule D (Form 1040) 2021 Page 2

### Part III Summary 16 Combine lines 7 and 15 and enter the result 16 186. • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? X Yes. Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 • (\$3,000), or if married filing separately, (\$1,500) **Note:** When figuring which amount is smaller, treat both amounts as positive numbers. 22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

### 8949

### Sales and Other Dispositions of Capital Assets

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

▶ Go to www.irs.gov/Form8949 for instructions and the latest information.

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

Attachment Sequence No. 12A

OMB No. 1545-0074

ivanic(3) showing	ni i ctairi	
CHINNAPA	REDDY	YAMPATI

Social security number or taxpayer identification number

898-64-1134

statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute broker and may even tell you which box to check. Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I instructions). For long-term transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss. 1 If you enter an amount in column (a). (h) enter a code in column (f). (d) Cost or other basis Gain or (loss). (c) (a) (b) Date sold or Proceeds See the **Note** below See the separate instructions. Subtract column (e) Description of property Date acquired disposed of and see Column (e) (sales price) from column (d) and (Example: 100 sh. XYZ Co.) (Mo., day, yr.) (Mo., day, yr.) combine the result (see instructions) in the separate (g) Code(s) from Amount of adjustment instructions with column (a) instructions 05/05/21 12/12/21 2,069. 1,741. 328.

Robinhood Securities LLC 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B 2,069. 1,741. 328. above is checked), or line 3 (if Box C above is checked) ▶

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

Form 8949 (2021) Attachment Sequence No. **12A** Page **2** 

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side CHINNAPA REDDY YAMPATI

Social security number or taxpayer identification number 898-64-1134

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

#### Part II

**Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, *or* F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

X (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

	☐ <b>(E)</b> Long-term transactions☐ <b>(F)</b> Long-term transactions				is <b>wasn't</b> report	ed to the IF	RS	,
1	(a)  Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the <b>Note</b> below	See the separate instructions.		(h) Gain or (loss). Subtract column (e)
	(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
Rok	pinhood Securities LLC	05/05/20	12/22/21	7.	4.			3.
1	<b>Fotals.</b> Add the amounts in columns negative amounts). Enter each total Schedule D. <b>line 8b</b> (if <b>Box D</b> above	al here and inc	lude on your					

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

above is checked), or line 10 (if Box F above is checked) ▶

7.

4.

### 8949

### Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form8949 for instructions and the latest information.

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

Attachment Sequence No. 12A

Social security number or taxpayer identification number

898-64-1134

CHINNAPA REDDY YAMPATI

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

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I instructions). For long-term transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS X (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss. 1 If you enter an amount in column (a). (h) (e) enter a code in column (f). (d) Cost or other basis Gain or (loss). (c) (a) (b) See the separate instructions. Date sold or Proceeds See the **Note** below Subtract column (e) Description of property Date acquired disposed of and see Column (e) (sales price) from column (d) and (Example: 100 sh. XYZ Co.) (Mo., day, yr.) (Mo., day, yr.) combine the result (see instructions) in the separate (g) Code(s) from Amount of adjustment instructions with column (a) instructions ROBINHOOD CRYPTO LLC 05/05/21 12/21/21 856. 1,001. -145. 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B

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

856.

-145.

above is checked), or line 3 (if Box C above is checked) ▶

1,001.

## 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.

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

OMB No. 1545-0074

2021

Attachment Sequence No. 13

Department of the Treasury Internal Revenue Service (99)

Name(s) shown on return
CHINNAPA REDDY YAMPATI

Your social security number 898-64-1134

	NAFA KEDDI TAME								4-112.	
Part		s From Rental Real Estate and Ro	-		-					
A D:		instructions. If you are an individual, rep								
		nts in 2021 that would require you to								
		ou file required Form(s) 1099?							. 📙 Ү	'es 🗌 No
<u>1a</u> A	1 -	each property (street, city, state, ZIF			MIDIID	7	DECH IN	E 0 0 4 0 1		
B	7-53/2 BALAVIK	XAS STREET RENTACHINTALA	GUNT	TOUR, F	ANDHK	A PRA	DESH IN	522421		
C										
	Type of Property	2 For each rental real estate prop	oorty lie	stad		Fair	Rental	Persona	ıl Use	
110	(from list below)	above, report the number of fa	ir renta	al and			Days	Day		QJV
Α	3	personal use days. Check the if you meet the requirements to	<b>QJV</b> bo	ox only <sub>r</sub>	Α		365		0	
В	†	qualified joint venture. See inst	ruction	is.	В		303		0	
					C					
	of Property:									
	gle Family Residence	3 Vacation/Short-Term Rental	5 Lan	nd		7 Self-	Rental			
	ti-Family Residence	4 Commercial	6 Roy			8 Othe	r (describe)			
Incom		Properties:	ΙÍ	,	Α		В			С
3	Rents received		3			550.				
4			4							
Expen										
5	Advertising		5							
6	•	nstructions)	6							
7	•	nance	7		1,	950.				
8			8							
9			9							
10	-	essional fees	10							
11	•		11		2,	040.				
12		d to banks, etc. (see instructions)	12							
13			13							
14			14			920.				
15			15		⊥,	870.				
16			16			250				
17 18		or deplation	17 18		۷,	350.				
19	Other (list)	e or depletion	19							
20	` ′	lines 5 through 19	20		1.0	130.				
	•	•	20		10,	130.				
21		line 3 (rents) and/or 4 (royalties). If instructions to find out if you must								
	file <b>Form 6198</b>		21		-9,	580.				
22		l estate loss after limitation, if any,								
	on Form 8582 (see in		22	(	9,5	580.)	(	)	(	)
23a	· · · · · · · · · · · · · · · · · · ·	eported on line 3 for all rental prope	$\vdash$			23a		550.		,
b		eported on line 4 for all royalty prop				23b			-	
С		eported on line 12 for all properties				23c				
d		eported on line 18 for all properties				23d				
е		eported on line 20 for all properties				23e	10	0,130.		
24	Income. Add positive	e amounts shown on line 21. Do no	<b>t</b> inclu	de any	losses			. 24		
25	Losses. Add royalty lo	sses from line 21 and rental real estate	losses	from lir	ne 22. E	inter tota	al losses here	25	(	9,580.)
26	Total rental real est	ate and royalty income or (loss).	Combi	ne lines	s 24 an	ıd 25. E	nter the res	ult		
		V, and line 40 on page 2 do not								
	Schedule 1 (Form 104	40), line 5. Otherwise, include this ar	mount	in the t	otal on	line 41	on page 2	. 26		-9 <b>,</b> 580.

Arizona Form
AZ-8879

# E-file Signature Authorization (Arizona Forms 140, 140A, 140EZ, 140NR and 140PY)

2021

Do not mail this form to the Arizona Department of Revenue. The ERO must retain this document a minimum of four years. Your First Name and Initial Last Name Your Social Security Number\* **Enter** CHINNAPA REDDY YAMPATI 898 | 64 | 1134 vour Your Spouse's First Name and Initial (if filed joint) Last Name Spouse's Social Security No.\* SSN(s). PART 1 – PURPOSE (If you are e-filing a Small Business Income Tax Return, also complete Form AZ-8879 SBI)\*Do Not Truncate • To certify the truthfulness, correctness, and completeness of the taxpayer's electronic income tax return. • To authorize the Electronic Return Originator (ERO) to affirm that the taxpayer wishes to use the taxpayer's electronic signature to the taxpayer's federal individual income tax return as the taxpayer's signature to the taxpayer's electronic Arizona individual income tax return. **PART 2 – TAX RETURN INFORMATION** PART 3 - FINANCIAL INSTITUTION INFORMATION Must be present when requesting direct debit or deposit. 28,285 00 1 Arizona Adjusted Gross Income ☐ Foreign Account Deposit/Debit: See instructions below. 2 Balance of Tax ..... 408 00 ROUTING NUMBER 764 00 □ Checking 1 0 0 0 0 0 2 5 ■ Savings 3 Arizona Income Tax Withheld... ACCOUNT NUMBER Check box 4 or box 5: 4 8 8 0 5 6 3 8 6 2 0 6 356**00 4 ⊠ REFUND**: Enter the amount of refund..... DIRECT DEBIT REQUEST DATE DIRECT DEBIT PAYMENT AMOUNT 5 AMOUNT YOU OWE: Enter the amount owed ....... ര 00 Box 4 Checkbox - Refund: You are due a refund based on the information Foreign Account Deposit/Debit Checkbox: Check the "Foreign Account Deposit/Debit" box if your deposit will be ultimately placed in or come provided on your tax return. Your refund amount will be deposited in the account listed in the Financial Institution Information Section (Part 3). from a foreign account. If you check this box, do not enter your account numbers. If this box is checked, we will not direct deposit or debit your Box 5 Checkbox - Amount You Owe: You owe taxes based on the information provided on your tax return. You have elected to direct debit account. If you are due a refund, we will send you a check instead. If you owe tax, you must mail a check to the Arizona Department of Revenue. for payment. The payment will be withdrawn from the account and on the PO Box 29085, Phoenix, AZ 85038-9085. date listed in the Financial Institution Information Section (Part 3). PART 4 - DECLARATION AND SIGNATURE AUTHORIZATION (Sign only after completing Part 2) I consent to my Electronic Return Originator (ERO) or On-Line Service Under penalties of perjury, I declare that I have examined a copy of my Provider (OLSP) sending my electronic Arizona individual income tax electronic Arizona individual income tax return and accompanying schedules return and accompanying schedules and statements to ADOR, and I and statements for the year ending December 31, 2021, and to the best of consent to my ERO or OLSP sending such information to ADOR through a my knowledge and belief, it is true, correct, and complete. I further declare transmitter. I consent to ADOR sending my ERO, OLSP and/or transmitter that the amounts of Arizona adjusted gross income, total tax, Arizona an acknowledgement of receipt of transmission and an indication of income tax withheld, and refund (or amount owed) listed above are the whether or not the transmission of my return is accepted and, if the return amounts shown on the copy of my electronic Arizona income tax return. is rejected, the reason(s) for the rejection. If the processing of my return **6a** X I consent that my refund be directly deposited as designated in the or refund is delayed, I authorize ADOR to disclose to my ERO, OLSP and/ electronic portion of my 2021 Arizona individual income tax return. or transmitter the reason(s) for the delay, or when the refund was sent. If I have filed a joint return, this is an irrevocable appointment of If ADOR contacts my ERO for a copy of my return, any documents or the other spouse as an agent to receive the refund. schedules to my return, and/or this authorization form, I authorize my ERO **6b**  $\prod$  I do not want direct deposit of my refund or I am not receiving a to release copies of the requested documents to ADOR. refund 6c I authorize the Arizona Department of Revenue (ADOR) and its designated Financial Agent to initiate an ACH electronic funds I authorize GLOBAL TAXES LLC withdrawal (direct debit) entry to the financial institution account (ELECTRONIC RETURN ORIGINATOR) indicated in the tax preparation software for payment of my Arizona taxes owed on this return. I also authorize the financial institutions to make the election that I want my electronic signature to my electronic involved in the processing of the electronic payment of taxes to federal individual income tax return to serve as my signature to my receive confidential information necessary to answer inquiries and electronic Arizona individual income tax return for the year ending December 31, 2021. I understand that when my ERO makes the election resolve issues related to the payment. that my electronic signature to my federal individual income tax return will If I have filed a balance due return, I understand that if the ADOR does not serve as my signature to my Arizona individual income tax return, I will receive full and timely payment of my tax liability by April 18, 2022, I will have signed my Arizona individual income tax return and declared under remain liable for the tax liability and all applicable interest and penalties. penalties of perjury that to the best of my knowledge and belief the return When electronically filing my federal and state tax returns, I understand is true, correct and complete. that if there is an error on my federal return, my state return will also be rejected. PLEASE SIGN HERE YOUR PEN AND INK SIGNATURE DATE SPOUSE'S PEN AND INK SIGNATURE DATE

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	ΙΨ	5	Head of household: Enter	name of qua	lifying child or d	lependent o	on next line:		88	R					
$\geq$			Ĺ												
20	FILING	6	Married filing separate ret	urn: Enter s	pouse's name a	and Social S	Security Numb	per above.							
	匝	7	Single												
			<b>♦</b> Enter the number claime						<b>-</b>	□PM			TRCV	n	
	g	8	Age 65 or over (you and/o	r spouse)	If completing lift 47, and 49. For				81	PFIVI		80	RCV	D	
	nd	9	Blind (you and/or spouse)	£ 4.7			,	,							
	0a a	10a	Dependents: Under age o		<b>10b</b> De	pendents:	Age 17 and	over.	Ц						
	ts 1	11a 12-1	Qualifying parents and gra Residency Status (check	•	Dart-Vear R	esident ∩	ther than Ac	tive Military	13	□ Part-Vear I	Reside	nt Activ	e Milita	rv.	
	and 11a - Dependents 10a and 10b	12-1	(Box 10a and 10b): Dependent												
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14	ptio		(a)	T NIAME		SOCIAL	(b)	(c) RELATIONS	ШΒ	(d) NO. OF MONTHS	✓ IE A	(e) .GE 65 C	NB ✓	(f) IF DIED I	INI
ents after Form 140PY.					FIRST AND LAST NAME SOCIAL SECURITY RELATION NUMBER			INLLATIONS	IIIF	LIVED IN YOUR HOME IN 2021		VER		2021	IV
6	ũ	11 <sub>b</sub>								TIOWE IN 2021					
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af		14	Dates of Arizona residency: From		1,2,0,2,1	1 to _0,	4 3,0 2	2,0,2,1		2021 FEDER			2021 A	ARIZONA	
nts			List other state(s) of residency:							nount from Feder				unt Only	_
		15	Wages, salaries, tips, etc						15	96,	806	$\neg$	2	8,285	
n		16	Interest						16			00			00
용		17	Dividends					i	17			00			00
Jer	ЭС	18	Arizona income tax refunds						18			00			00
등	con	19	Business income (or loss) from Gains (or losses) from federal						19 20		186			0	00
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es	Arizona Income	22	Other income reported on your			•		İ	22	- ,		00			00
np	Ā	23	Total income: Add lines 15 throu						23	87,	412		2	8,285	
;he		24	Other federal adjustments: Inc	-				Ī	24			00			00
2 S(		25	Federal adjusted gross income						25	87 <b>,</b>	412	00			
Ϋ́			Arizona gross income: Subtrac									26	2	8,285	00
anc		27	Arizona income ratio: Divide											0.324	
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Place any required federal and AZ schedules or other docum	2		agrama ya mashan garen bilingan kante, basake taketa (basake). Manen ya hali isan kesasa kantan basake basake basaki basaki basaki basaki basaki basaki basaki basaki basaki b				11 1			. Complete pag		31	~ つ	8,285	00
in	- cont. on page 2		Darrigo per lab per l Al Disper lab per lab pe				11 1	/loss - line 20		ou anu or		00		,	100
rec	on.							ort-term gain/loss				00			
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	S						39 Subtra	ct lines 37 and	38 f	rom 32		39	2	8,285	100

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	Your N	lame (as shown on page 1)	our Social Security Nu	mber		
	СПТ	NNAPA REDDY YAMPATI	898-64-1134			
_		L				
Subtractions cont. from page 1		Recalculated Arizona depreciation				00
Subtractions nt. from page	41	Contributions to: 41a 529 College Savings Plans 00 41b 529A (ABLE accounts) 00		Г		00
fro	42	Interest on U.S. obligations such as U.S. savings bonds and treasury bills				00
Su	43 44	Other Subtractions from Income. Complete Other Subtractions from Arizona Gross Income sched				00
٥	44	Subtract lines 40 through 44 from line 39. Enter the difference			28,285	
		Age 65 or over: Multiply the number in box 8 by \$2,100		00	20,203	100
ဟ	47	Blind: Multiply the number in box 9 by \$1,500		00		
Exemptions	48	Other Exemptions. See instructions48E Multiply the number in box 48E by \$2,300 4		00		
ď		Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000		00		
Exe		Add lines 46 through 49. Enter the total		00		
	51	Multiply line 50 by the Arizona income ratio on line 27			0	00
		Arizona adjusted gross income: Subtract line 51 from line 45. If less than zero, enter "0"		· -	28,285	
	53	Deductions: Check box and enter amount. See instructions			12,550	
	54	If you checked box 53S and claim charitable contributions check 54C Complete page 3. See instru				00
		Arizona taxable income: Subtract lines 53 and 54 from line 52. If less than zero, enter "0"			15,735	
ă		Compute the tax using amount from line 55 and Tax Tables X and Y		- T	408	
of Tax		olf line 55 is \$250,001 or more (single/mfs) or \$500,001 or more (mfj/hoh) compute the tax surchar				00
92	57	Tax from recapture of credits from Arizona Form 301, Part 2, line 30				00
Balance	58	Subtotal of tax: Add lines 56a, 56b and 57. Enter the total			408	
ω	59	Dependent Tax Credit. See instructions				00
	60	Family income tax credit (from the worksheet - see instructions)		. 60		00
	61	Nonrefundable credits from Arizona Form 301, Part 2, line 61		. 61		00
p s	62	Balance of tax: Subtract lines 59, 60 and 61 from line 58. If the sum of lines 59, 60 and 61 is more than line	58, enter "0"	62	408	00
ts ar	63	2021 AZ income tax withheld		63	764	00
meni ole C	64	2021 AZ estimated tax payments64a 00 Claim of Right 64b	00 Add 64a and 64b	.64c		00
Payı	65	2021 AZ extension payment (Form 204)		65		00
Total Payments and Refundable Credits	66	Increased Excise Tax Credit (from the worksheet - see instructions)		. 66		00
	67	Other refundable credits: Check the box(es) and enter the total amount	308-I <b>672</b> □349	67		00
or ent	68	Total payments and refundable credits: Add lines 63 through 67. Enter the total		. 68	764	
Due		<b>TAX DUE: </b> If line 62 is larger than line 68, subtract line 68 from line 62. Enter amount of tax due. Skip lines 70				00
Tax Due or Overpayment		<b>OVERPAYMENT:</b> If line 68 is larger than line 62, subtract line 62 from line 68. Enter amount of overpaymen		Г	356	
. 0		Amount of line 70 to be applied to 2022 estimated tax				00
ifts		Balance of overpayment: Subtract line 71 from line 70. Enter the difference.			356	00
	73 -	- 83 Voluntary Gifts to: Assigned to Schools73 UU Arizona Wildlife				
Voluntary G		Child Abuse Prevention75 00 Domestic Violence Services 76 00 Political Gift		7		
<u>=</u> 0		Neighbors Helping Neighbors <b>78</b> 00 Special Olympics <b>79</b> 00 Veterans' Donations Full Neighbors Helping Neighbors Special Olympics <b>79</b> 00 Veterans' Donations Full Neighbors Helping Neighbors <b>78</b> 00 Special Olympics <b>79</b> 00 Veterans' Donations Full Neighbors Helping Neighbors <b>78</b> 00 Veterans' Donations Full Neighbors Helping Neighbors <b>78</b> 00 Veterans' Donations Full Neighbors Helping Neighbors		-		
_		I Didn't Pay Enough Fund81 00 Sustainable State Parks and Road Fund82 00 Spay/Neuter of Animals				
<u>F</u>		Political Party (if amount is entered on line 77- check only one): 841 Democratic 842 Libertarian 843		0.5		00
Penalty		Estimated payment penalty		. 85		00
_		Add lines 73 through 83 and 85; enter the total		97		00
e e	88	REFUND: Subtract line 87 from line 72. If less than zero, enter amount owed on line 89			356	$\overline{}$
Refund or Amount Owed	00	Direct Deposit of Refund: Check box 88A if your deposit will be ultimately placed in a foreign account; see		.00	330	100
Refu		CX Checking or ROUTING NUMBER ACCOUNT NUMBER				
_ A		98 S Savings 1 1 1 1 0 0 0 0 2 5 4 8 8 0 5 6 3 8 6 2 0 6				
		AMOUNT OWED: Add lines 69 and 87. Make check payable to Arizona Department of Revenue; write yo				00
W W	U	Inder penalties of perjury, I declare that I have read this return and any documents with it, and to t ue, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which prep	he best of my knowle	owledge	and belief, they ar	re
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드		OUR SIGNATURE DATE OCC	UPATION			-
G	<b>→</b> _  ¬	POUSE'S SIGNATURE DATE SPO	USE'S OCCUPATION			_
S		SYAM PRIYA RAM SAGAR GUPTA TALLAM 02262022 GLOBAL TAXES LLO				
NE CONTRACTOR	P	AID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF S	ELF-EMPLOYED)			-
A		2530 Pebble Creek Ln AID PREPARER'S STREET ADDRESS	30-10171!			_
PLEASE SIGN HERE		Cumming GA 30041	(678) 965		2	
1	=	ALD DESCRIPTION OF THE CORP.	DAID DDEDADED 10			- 1

If you are also sending a payment, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016 (PO Box 29204, Phoenix, AZ 85038-9204 if your return has a barcode). If you are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138 (PO Box 29205, Phoenix, AZ 85038-9205 if your return has a barcode).

# 2021 Form 140PY - Standard Deduction Increase for Charitable Contributions

You must complete this worksheet if you are taking an increased standard deduction for charitable contributions. Include the completed worksheet with your tax return, when filed. If you do not include the completed worksheet, your standard deduction will not be increased.

Taxpayers electing to take the Standard Deduction may *increase* the standard deduction amount by 25% (.25) of the total amount of the taxpayer's charitable deductions that would have been allowed if the taxpayer elected to claim itemized deductions on the Arizona tax return.

Charitable contributions (lines 1C, 2C, and 3C) are those gifts allowed on federal Form 1040 Schedule A (Gifts to Charity) that you would have claimed had you elected to take itemized deductions on your federal return.

**NOTE 1:** As a part-year resident filing Arizona Form 140PY, you may only include those charitable contributions that are incurred and paid while an Arizona resident <u>plus</u> the amount of such gifts from Arizona sources incurred and paid during the part of the year while an Arizona nonresident.

**NOTE 2:** You must reduce your contribution amount by the total charitable contributions you made during January 1, 2021 through December 31, 2021 for which you are claiming an Arizona tax credit under Arizona law for the current tax year return or claimed on the prior tax year return. Enter this amount on line 5C.

**NOTE 3:** If you itemized deductions on your federal return (1040 Schedule A) and were required to adjust the amount of your allowable contributions on your federal 1040 Schedule A for the amount claimed as a tax credit on your Arizona income tax return, include the amount of the federal contribution adjustment to line 1C and enter the amount of the Arizona tax credit on line 5C.

Complete the worksheet to determine your allowable increased standard deduction for charitable contributions.

1C	2021 Gifts by cash or check	1C	0	00
2C	2021 Other than by cash or check	2C		00
3C	Carryover from prior year	3C		00
4C	Add lines 1C through 3C and enter the total	4C	0	00
5C	Total charitable contributions made in 2021 for which you are claiming a credit under Arizona law for the current (2021) or prior (2020) tax year	5C	0	00
6C	Subtract line 5C from line 4C and enter the difference. If less than zero, enter "0".	6C	0	00
		30	<u> </u>	
7C	Multiply line 6C by 25% (.25) and enter the result	7C	0	00

- Enter the amount shown on line 7C on page 2, line 54.
- Be sure to check box **53S** for Standard Deduction on line 53.
- Check box **54C** for charitable contributions on line 54. If you do not check this box, you may be denied the increased standard deduction.

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