### Department of the Treasury Internal Revenue Service

### **IRS e-file Signature Authorization**

OMB No. 1545-0074

Social coourity number

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

Submission Identification Number (SID)

Taxpayor'a pama

| талрау | er siname  | Social Securi | ty numb  |              |  |
|--------|--|---------------|----------|--------------|--|
| NAK    | NAKUL KUMAR MUKKA 472-83-0417  |               |          |              |  |
| Spouse | 's name  | Spouse's soo  | ial secu | irity number |  |
|        |  |               |          |              |  |
| Part   | Tax Return Information — Tax Year Ending December 31, 2021 (Enter      | year you a    | ire aut  | horizing.)   |  |
| Enter  | whole dollars only on lines 1 through 5.                               |               |          |              |  |
| Note:  | Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. |               |          |              |  |
| 1      | Adjusted gross income  |               | 1        | 86,988.      |  |
| 2      | Total tax  |               | 2        | 11,795.      |  |
| 3      | Federal income tax withheld from Form(s) W-2 and Form(s) 1099          |               | 3        | 13,860.      |  |
| 4      | Amount you want refunded to you  |               | 4        | 2,065.       |  |
| 5      | Amount you owe   |               | 5        |              |  |

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

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

| axpayer's PIN: check one box only |               |        |       |     |                             |  |  |  |  |  |  |
|-----------------------------------|---------------|--------|-------|-----|-----------------------------|--|--|--|--|--|--|
| ×                                 | I authorize   | GLOBAL | TAXES | LLC | to enter or generate my PIN |  |  |  |  |  |  |
|                                   | ERO firm name |        |       |     |                             |  |  |  |  |  |  |

| 3          | 0                | 4               | 1               | 7          |       |
|------------|------------------|-----------------|-----------------|------------|-------|
| Ent<br>don | er fiv<br>n't er | ve di<br>Iter a | gits,<br>all ze | but<br>ros | as my |

signature on the income tax return (original or amended) I am now authorizing.

| I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only |
|--|
| if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III  |
|  |
| below.   |

Your signature

### Spouse's PIN: check one box only

I authorize

.... . .

to enter or generate my PIN

Date

|                                 | as my |
|---------------------------------|-------|
| ive digits, b<br>enter all zero |       |

04/14/2022

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

| Spouse's sign | nature Data Data Data Data Data Data Data Dat  | ate 🕨 |    |   |      |             |       |   |   |  |
|---------------|--|-------|----|---|------|-------------|-------|---|---|--|
|               | Practitioner PIN Method Returns Only—continue  | bel   | ow |   |      |             |       |   |   |  |
| Part III C    | Certification and Authentication – Practitioner PIN Method Only                      |       |    |   |      |             |       |   |   |  |
| ERO's EFIN/I  | <b>PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. | 5     | 8  | 7 | <br> | 6<br>all ze | <br>9 | 8 | 9 |  |

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

| ERO's signature 🕨                        |  | Date 🕨 |                          |
|--|--|--------|--------------------------|
|  | RO Must Retain This Form — Se bmit This Form to the IRS Unless |        |                          |
| For Demonstral, Deduction Act Nation and |  |        | Farm 8870 (Day, 01 0001) |

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

| E <b>104(</b>  |          | artment of the Treasury—Internal Revenue Servi<br>S. Individual Income Tax |                     | (99)<br><b>urn</b> | 202                | 21                        | OMB No.      | 1545-00  | 074 IRS     | Use Only      | y—Do not    | write or staple                           | in this space.                |
|--|----------|--|---------------------|--------------------|--------------------|---------------------------|--------------|----------|-------------|---------------|-------------|---|-------------------------------|
| Filing Statu<br>Check only<br>one box.               | lf yo    | ou checked the MFS box, enter the n  | ame of              | -                  |                    | . ,                       |              |          |             |               |             |   | dow(er) (QW)<br>he qualifying |
|  | •        | son is a child but not your dependent                                      | 1                   |                    |                    |                           |              |          |             |               |             |   |                               |
| Your first name                                      |          | iddle initial  | Last na             |                    |                    |                           |              |          |             |               |             | ocial secur                               | -                             |
| NAKUL K  |          |  | MUKI                |                    |                    |                           |              |          |             |               |             | -83-041                                   |                               |
| If joint return, s                                   | spouse's | s first name and middle initial  | Last na             | ame                |                    |                           |              |          |             |               | Spous       | e's social se                             | curity number                 |
| Home address<br>2305 PL                              |          | er and street). If you have a P.O. box, see                                | instruct            | ions.              |                    |                           |              |          | Apt. no     | ).            |             | lential Elect                             | ion Campaign                  |
|  |          | се. If you have a foreign address, also co                                 | mnlete              | naces he           | ow                 | Sta                       | ato          | 7        | IP code     |               |             |   | ntly, want \$3                |
| RICHARD  |          |  | inpiete t           | spaces be          |                    | T                         |              |          | 75082       |               |             |   | Checking a                    |
| Foreign countr                                       |          |  |                     | Foreign p          | rovince/state      |                           |              |          | oreign post | al code       | -           | elow will no <sup>.</sup><br>ax or refund | 0                             |
| i oreign counti                                      | ynanic   |  |                     | roreigirpi         | ovince, state      | <i>,</i> 00011            | ity          |          | oreigin pos |               | Joana       | You                                       | Spouse                        |
| At any time du                                       | uring 20 | 021, did you receive, sell, exchange,                                      | , or othe           | erwise di          | spose of a         | ny fina                   | ancial inter | est in a | any virtua  | al curre      | ency?       | X Yes                                     | No                            |
| Standard   | Som      | eone can claim: You as a de  | penden              | it 🗌               | Your spou          | se as                     | a depende    | ent      | -           |               | -           |   |                               |
| Deduction  | _        | Spouse itemizes on a separate retur  | •                   |                    |                    |                           |              |          |             |               |             |   |                               |
| Age/Blindnes   | s You:   | : 🗌 Were born before January 2, 1  | 957 [               | Are bl             | ind <b>S</b> r     | ouse                      | e: 🗌 Was     | s born   | before Ja   | inuary        | 2, 1957     | 🗌 ls b                                    | lind                          |
| Dependent  | -        |  | -                   | (2) 5              | Social securi      |                           | (3) Relati   | onship   | (4          | if c          | vualifies f | for (see instru                           | uctions):                     |
| If more  |          | irst name Last name  |                     | (_)                | number             | cy                        | to yo        |          |             | ild tax c     |             |   | ther dependents               |
| than four  |          |  |                     |                    |                    |                           |              |          |             |               |             | $\overline{\Box}$                         |                               |
| dependents,  |          |  |                     |                    |                    |                           |              |          |             |               |             |   |                               |
| see instruction<br>and check                         | IS       |  |                     |                    |                    |                           |              |          |             |               |             |   |                               |
| here 🕨 🗌   |          |  |                     |                    |                    |                           |              |          |             |               |             |   |                               |
|  | 1        | Wages, salaries, tips, etc. Attach F                                       | orm(s)              | W-2 .              |                    |                           | ·            |          | · .         |               |             | 1   | 88,788.                       |
| Attach   | 2a       | Tax-exempt interest  | 2a                  |                    |                    | bТ                        | axable inte  | erest    |             |               | . 2         | !b  |                               |
| Sch. B if<br>required.                               | 3a       | Qualified dividends  | 3a                  |                    | 18.                | b                         | Ordinary div | vidend   | s           |               | . 3         | b   | 19.                           |
| required.  | 4a       | IRA distributions  | 4a                  |                    |                    | <b>b</b> Taxable amount . |              |          |             |               | . 4         | b   |                               |
|  | 5a       | Pensions and annuities   | 5a                  |                    |                    | bΤ                        | axable am    | iount .  |             |               | . 5         | ib  |                               |
| Standard   | 6a       | Social security benefits   | 6a                  |                    |                    | bΤ                        | axable am    | iount .  |             |               | . 6         | ib  |                               |
| Deduction for -                                      | 7        | Capital gain or (loss). Attach Schee                                       | dule D i            | f required         | d. If not red      | quired                    | l, check he  | re .     |             | . 🕨 [         |             | 7   | 7,552.                        |
| <ul> <li>Single or<br/>Married filing</li> </ul>     | 8        | Other income from Schedule 1, lin  | e 10                |                    |                    |                           |              |          |             |               | . 8         | В   | -9,371.                       |
| separately,<br>\$12,550                              | 9        | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,  | and 8. <sup>-</sup> | This is yo         | ur <b>total in</b> | come                      |              |          |             |               | • 9         | 9   | 86,988.                       |
| Married filing                                       | 10       | Adjustments to income from Sche  | dule 1,             | line 26            |                    |                           |              |          |             |               | . 1         | 0   |                               |
| jointly or<br>Qualifying                             | 11       | Subtract line 10 from line 9. This is                                      | s your <b>a</b>     | djusted            | gross inco         | ome                       |              |          |             |               | ▶ 1         | 1   | 86,988.                       |
| widow(er),<br>\$25,100                               | 12a      | Standard deduction or itemized   | deduct              | t <b>ions</b> (fro | m Schedul          | e A)                      |              | 12a      | 1           | 2 <b>,</b> 55 | 0.          |   |                               |
| Head of  | b        | Charitable contributions if you take                                       | the sta             | ndard de           | duction (se        | e insti                   | ructions)    | 12b      |             | 30            | 0.          |   |                               |
| household,<br>\$18,800                               | с        | Add lines 12a and 12b  |                     |                    |                    |                           |              |          |             |               | . 12        | 2c  | 12,850.                       |
| <ul> <li>If you checked<br/>any box under</li> </ul> | 13       | Qualified business income deduct   | ion fron            | n Form 8           | 995 or For         | n 899                     | 95-A         |          |             |               | . 1         | 3   | 0.                            |
| Standard   | 14       |  |                     |                    |                    |                           |              |          |             |               | . 1         |   | 12,850.                       |
| Deduction,<br>see instructions.                      | 15       | Taxable income. Subtract line 14   | from lir            | ne 11. lf z        | ero or less        | , ente                    | er-0         |          |             |               | . 1         | 5   | 74,138.                       |
|  |          |  |                     |                    |                    |                           |              |          |             |               |             |   |                               |

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

Form **1040** (2021)

| Form 1040 (2021                      | 1)       |   |                     |                     |                  |                  |            |          | Page <b>2</b>             |
|--------------------------------------|----------|---|---------------------|---------------------|------------------|------------------|------------|----------|---------------------------|
|                                      | 16       | Tax (see instructions). Check if a  | ny from Form        | (s): <b>1</b> 🗌 881 | 4 <b>2</b> 4972  | 3                |            | 16       | 11,795.                   |
|                                      | 17       | Amount from Schedule 2, line 3  |                     |                     |                  |                  |            | 17       |                           |
|                                      | 18       | Add lines 16 and 17   |                     |                     |                  |                  |            | 18       | 11,795.                   |
|                                      | 19       | Nonrefundable child tax credit of   |                     |                     |                  |                  |            | 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     | enter -0            |                  |                  |            | 22       | 11,795.                   |
|                                      | 23       | Other taxes, including self-emp   | loyment tax,        | from Schedule       | e 2, line 21 .   |                  |            | 23       | 0.                        |
|                                      | 24       | Add lines 22 and 23. This is you  | ur total tax        |                     |                  |                  | . 🕨        | 24       | 11,795.                   |
|                                      | 25       | Federal income tax withheld fro   | m:                  |                     |                  | 1 1              |            |          |                           |
|                                      | а        | Form(s) W-2   |                     |                     |                  | <b>25</b> a 13   | ,860.      |          |                           |
|                                      | b        | Form(s) 1099  |                     |                     |                  | 25b              |            |          |                           |
|                                      | С        | Other forms (see instructions)  |                     |                     |                  | 25c              |            | _        |                           |
|                                      | d        | Add lines 25a through 25c .   |                     |                     |                  |                  |            | 25d      | 13,860.                   |
| If you have a                        | 26       | 2021 estimated tax payments a   |                     | •                   | 37 -             |                  |            | 26       |                           |
| qualifying child, attach Sch. EIC. [ | 27a      | Earned income credit (EIC) .  |                     |                     |                  | 27a              |            |          |                           |
|                                      |          | Check here if you were borr   |                     |                     |                  |                  |            |          |                           |
|                                      |          | January 2, 2004, and you s taxpayers who are at least age                           | ,                   |                     | _                |                  |            |          |                           |
|                                      | b        | Nontaxable combat pay election  |                     | 1 1                 |                  |                  |            |          |                           |
|                                      | С        | Prior year (2019) earned income   |                     |                     |                  | -                |            |          |                           |
|                                      | 28       | Refundable child tax credit or ad   |                     |                     | Schedule 8812    | 28               |            |          |                           |
|                                      | 29       | American opportunity credit from  | m Form 8863         | . line 8            |                  | 29               |            | 1        |                           |
|                                      | 30       | Recovery rebate credit. See ins   |                     |                     |                  | 30               |            | 1        |                           |
|                                      | 31       | Amount from Schedule 3, line 1  |                     |                     |                  | 31               |            | 1        |                           |
|                                      | 32       | Add lines 27a and 28 through 3  |                     |                     |                  | refundable cred  | its 🕨      | 32       |                           |
|                                      | 33       | Add lines 25d, 26, and 32. Thes   |                     |                     |                  |                  |            | 33       | 13,860.                   |
| Refund                               | 34       | If line 33 is more than line 24, su   |                     |                     |                  |                  |            | 34       | 2,065.                    |
| Refutio                              | 35a      | Amount of line 34 you want refu   |                     |                     |                  | •                |            | 35a      | 2,065.                    |
| Direct deposit?                      | ►b       | Routing number 0 2 1 2  |                     |                     |                  |                  | Savings    |          |                           |
| See instructions.                    | ►d       | Account number 7 5 2 3  | 5 0 7               | 3 1                 |                  |                  | -          |          |                           |
|                                      | 36       | Amount of line 34 you want app  | lied to your a      | 2022 estimate       | ed tax 🕨         | 36               |            |          |                           |
| Amount                               | 37       | Amount you owe. Subtract line   | e 33 from line      | 24. For details     | s on how to pay, | see instructions | . 🕨        | 37       |                           |
| You Owe                              | 38       | Estimated tax penalty (see instr  | uctions) .          |                     | 🕨                | 38               |            |          |                           |
| Third Party                          | Do       | you want to allow another pe  |                     |                     |                  | See              |            |          |                           |
| Designee                             |          | tructions   |                     |                     |                  | . 🕨 🗌 Yes. Co    | mplete k   | elow.    | 🗙 No                      |
|                                      |          | signee's  |                     | Phone               |                  |                  | nal identi |          |                           |
|                                      |          | ne 🕨  |                     | no. 🕨               |                  |                  | er (PIN)   |          |                           |
| Sign                                 |          | der penalties of perjury, I declare that<br>ef, they are true, correct, and complet |                     |                     |                  |                  |            |          |                           |
| Here                                 |          | ur signature  |                     | Date                | Your occupation  |                  |            |          | nt you an Identity        |
|                                      |          |   |                     | Duito               |                  |                  |            |          | N, enter it here          |
| Joint return?                        |          | Pah 1   |                     | 04/14/2022          | SOFTWARE         | ENGINEER         | (see       | inst.) 🕨 |                           |
| See instructions.<br>Keep a copy for | Sp       | ouse's signature. If a joint return, <b>both</b>                                    | <b>1</b> must sign. | Date                | Spouse's occupat | ion              |            |          | it your spouse an         |
| your records.                        | ,        |   |                     |                     |                  |                  |            | inst.) 🕨 | ection PIN, enter it here |
|                                      | Ph       | one no. (551)587-3743   |                     | Email address       |                  | 96@GMAIL.CO      |            | . ,.     |                           |
|                                      |          |   | eparer's signat     |                     | NAKULKUMAR       | Date             | PTIN       |          | Check if:                 |
| Paid                                 |          | PRIYA RAM SAGAR GUPTA TALLAM SY   |                     |                     | GUPTA ΤΔΤ.Τ.ΔΜ   |                  | P02082     | 2703     | Self-employed             |
| Preparer                             |          | n's name ► GLOBAL TAXE  |                     |                     | 001 111 11111AN  | 51/15/2022       |            |          | 678)965-9522              |
| Use Only                             |          | n's address > 2530 Pebble   |                     | n Cummin            | a GA 30041       |                  |            | 's EIN ► |                           |
| Go to www.iro ~                      |          |   |                     |                     | -                |                  | 1          |          | Form <b>1040</b> (2021)   |
| GO IO WWW.IIS.GO                     | uv/r-orn | 1040 for instructions and the latest ir   | normation.          |                     | BAA              | REV 04/09/22 PRO |            |          | Form 1040 (2021)          |

| SCHEDULE    | 1 |
|-------------|---|
| (Form 1040) |   |

Department of the Treasury

## Additional Income and Adjustments to Income

Attach to Form 1040, 1040-SR, or 1040-NR. ► Go to www.

OMB No. 1545-0074 2

| Internal Revenue Service                        | ► Go to www.irs.gov/Form1040 for instructions and the latest information. | • |  |  |  |  |  |  |  |
|---|---|---|--|--|--|--|--|--|--|
| Name(s) shown on Form 1040, 1040-SR, or 1040-NR |   |   |  |  |  |  |  |  |  |

|                             | Attachment<br>Sequence No. <b>01</b> |  |  |  |  |  |  |  |  |  |
|-----------------------------|--------------------------------------|--|--|--|--|--|--|--|--|--|
| Your social security number |                                      |  |  |  |  |  |  |  |  |  |
| 472-83                      | -0417                                |  |  |  |  |  |  |  |  |  |

### NAKUL KUMAR MUKKA Part I Additional Income

| 1          | Taxable refunds, credits, or offsets of state and local income taxe           | 8    | 1      |                       |
|------------|---|------|--------|-----------------------|
| <b>2</b> 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, tr<br>Schedule E |      | 5      | -9,371.               |
| 6          | Farm income or (loss). Attach Schedule F                                      |      | 6      |                       |
| 7          | Unemployment compensation   |      | 7      |                       |
| 8          | Other income:   |      |        |                       |
| а          | Net operating loss  | 8a ( | )      |                       |
| b          | Gambling income   | 8b   |        |                       |
| С          | Cancellation of debt  | 8c   |        |                       |
| d          | Foreign earned income exclusion from Form 2555                                | 8d ( | )      |                       |
| е          | Taxable Health Savings Account distribution                                   | 8e   |        |                       |
| f          | Alaska Permanent Fund dividends   | 8f   |        |                       |
| g          | Jury duty pay   | 8g   |        |                       |
| h          | Prizes and awards   | 8h   |        |                       |
| i          | Activity not engaged in for profit income                                     | 8i   |        |                       |
| j          | Stock options   | 8j   |        |                       |
| k          | Income from the rental of personal property if you engaged in                 |      |        |                       |
|            | the rental for profit but were not in the business of renting such property   | 8k   |        |                       |
| Т          | Olympic and Paralympic medals and USOC prize money (see                       |      |        |                       |
| -          | instructions)   | 81   |        |                       |
| m          | Section 951(a) inclusion (see instructions)                                   | 8m   |        |                       |
| n          | Section 951A(a) inclusion (see instructions)                                  | 8n   |        |                       |
| ο          | Section 461(I) excess business loss adjustment                                | 80   |        |                       |
| р          | Taxable distributions from an ABLE account (see instructions).                | 8р   |        |                       |
| 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 11040-NR, line 8      |      | 10     | -9,371.               |
| For Pa     | perwork Reduction Act Notice, see your tax return instructions.               |      | Schedu | le 1 (Form 1040) 2021 |

| Par | t II Adjustments to Income   |   |     |  |
|-----|--|---|-----|--|
| 11  | Educator expenses  |   | 11  |  |
| 12  | Certain business expenses of reservists, performing artists, and fee-basic 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  | 3 | 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) $\blacktriangleright$  |   |     |  |
| 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)   |   |     |  |
| b   | Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit <b>24b</b>                            |   |     |  |
| С   | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 81 <b>24c</b>  |   |     |  |
| d   | Reforestation amortization and expenses  |   |     |  |
| е   | Repayment of supplemental unemployment benefits under the<br>Trade Act of 1974   |   |     |  |
| f   | Contributions to section 501(c)(18)(D) pension plans 24f   |   |     |  |
| g   | Contributions by certain chaplains to section 403(b) plans <b>24g</b>  |   |     |  |
| h   | Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) <b>24h</b>                                   |   |     |  |
| 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 |   |     |  |
| j   | Housing deduction from Form 2555   |   |     |  |
| k   | Excess deductions of section 67(e) expenses from Schedule K-1         (Form 1041) <b>24k</b>   |   |     |  |
| 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 to in</b> here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a               |   | 26  |  |

REV 04/09/22 PRO

# SCHEDULE D

(Form 1040)

# **Capital Gains and Losses**

OMB No. 1545-0074

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.

20Attachment Sequence No. 12

Name(s) shown on return

Your social security number

NAKUL KUMAR MUKKA

472-83-0417

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? × No Yes If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

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

| See instructions for how to figure the amounts to enter on the lines below. |   | <b>(d)</b><br>Proceeds | <b>(e)</b><br>Cost | <b>(g)</b><br>Adjustment<br>to gain or loss |         | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and |
|---|---|------------------------|--------------------|---|---------|--|
|   | form may be easier to complete if you round off cents to dollars.   | (sales price)          | (or other basis)   | Form(s) 8949, I<br>line 2, column           | Part I, | combine the result<br>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 <b>Box A</b> checked  | 4,536.                 | 4,029.             |   |         | 507.   |
| 2   | Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked  |                        |                    |   |         |  |
| 3   | Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked  | 4,955.                 | 1,651.             |   |         | 3,304.   |
| 4   | Short-term gain from Form 6252 and short-term gain or (I  | oss) from Forms 4      | 684, 6781, and 88  | 324   | 4       |  |
| 5   | Net short-term gain or (loss) from partnerships, Schedule(s) K-1  | 5                      |                    |   |         |  |
| 6   | 6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions   |                        |                    |   |         | ( )  |
| 7   | Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise  | •                      | .,                 |   | 7       | 3,811.   |

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

| See instructions for how to figure the amounts to enter on the lines below.  |  | (d) (e) |        | <b>(g)</b><br>Adjustments |  | (h) Gain or (loss)<br>Subtract column (e) |  |  |
|--|--|---------|--------|---------------------------|--|---|--|--|
| This form may be easier to complete if you round off cents to whole dollars.   |  |         |        | s from<br>Part II,        | from column (d) and<br>combine the result<br>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   | 567.    | 206.   |                           |  | 361.                                      |  |  |
| 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.  | 3,909.  | 529.   |                           |  | 3,380.                                    |  |  |
| 11   | Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824   |         |        | , ,                       | 11   |   |  |  |
| <ul> <li>12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1</li> <li>13 Capital gain distributions. See the instructions</li> </ul> |  |         |        |                           |  |   |  |  |
| 14   | 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover</b><br>Worksheet in the instructions   |         |        |                           |  | ( )                                       |  |  |
| 15   | Net long-term capital gain or (loss). Combine lines 8a on the back .   | 15      | 3,741. |                           |  |   |  |  |
| For F  | or Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 04/09/22 PRO Sch  |         |        |                           |  |   |  |  |

| Part | III Summary   |                  |
|------|---|------------------|
| 16   | Combine lines 7 and 15 and enter the result   | <b>16</b> 7,552. |
|      | • If line 16 is a <b>gain,</b> 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 <b>loss</b> , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.  |                  |
|      | • If line 16 is <b>zero,</b> 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 <b>both</b> gains?<br><b>⊠ Yes.</b> Go to line 18.  |                  |
|      | <b>No.</b> Skip lines 18 through 21, and go to line 22.   |                  |
| 18   | If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet  | 18               |
| 19   | If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet  | 19               |
| 20   | <ul> <li>Are lines 18 and 19 both zero or blank and are you not filing Form 4952?</li> <li>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.</li> </ul> |                  |
|      | □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.  |                  |
| 21   | If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:   |                  |
|      | The loss on line 16; or     (\$3,000), or if married filing separately, (\$1,500)   | 21 ()            |
|      | Note: When figuring which amount is smaller, treat both amounts as positive numbers.  |                  |
| 22   | Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?   |                  |
|      | ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.   |                  |
|      | □ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.  |                  |

REV 04/09/22 PRO

Schedule D (Form 1040) 2021

Form **8949** 

## Sales and Other Dispositions of Capital Assets

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.



Internal Revenue Service Name(s) shown on return

Department of the Treasury

Social security number or taxpayer identification number

| NAKUL    | KUMAR     | MUKKA |
|----------|-----------|-------|
| 10111011 | 100PH IIC | monum |

472-83-0417

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

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

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

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

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

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

C) Short-term transactions not reported to you on Form 1099-B

| <b>1</b><br>(a)<br>Description of property  | <b>(b)</b><br>Date acquired                | <b>(c)</b><br>Date sold or     | <b>(d)</b><br>Proceeds              | <b>(e)</b><br>Cost or other basis.<br>See the <b>Note</b> below | See the separate instructi          |                                       | (g), (h)<br>Gain or (loss).<br>s. Subtract column (e)        |  |
|---|--|--------------------------------|-------------------------------------|---|-------------------------------------|---------------------------------------|--|--|
| (Example: 100 sh. XYZ Co.)  | (Mo., day, yr.)                            | disposed of<br>(Mo., day, yr.) | (sales price)<br>(see instructions) | and see Column (e)<br>in the separate<br>instructions           | (f)<br>Code(s) from<br>instructions | <b>(g)</b><br>Amount of<br>adjustment | from column (d) and<br>combine the result<br>with column (g) |  |
| Robinhood Securities LLC  | 05/05/21                                   | 12/12/21                       | 4,536.                              | 4,029.  |                                     |                                       | 507.   |  |
|   |  |                                |                                     |   |                                     |                                       |  |  |
|   |  |                                |                                     |   |                                     |                                       |  |  |
|   |  |                                |                                     |   |                                     |                                       |  |  |
|   |  |                                |                                     |   |                                     |                                       |  |  |
|   |  |                                |                                     |   |                                     |                                       |  |  |
|   |  |                                |                                     |   |                                     |                                       |  |  |
|   |  |                                |                                     |   |                                     |                                       |  |  |
|   |  |                                |                                     |   |                                     |                                       |  |  |
|   |  |                                |                                     |   |                                     |                                       |  |  |
|   |  |                                |                                     |   |                                     |                                       |  |  |
|   |  |                                |                                     |   |                                     |                                       |  |  |
|   |  |                                |                                     |   |                                     |                                       |  |  |
|   |  |                                |                                     |   |                                     |                                       |  |  |
| 2 Totals. Add the amounts in columns<br>negative amounts). Enter each tota<br>Schedule D, line 1b (if Box A above<br>above is checked), or line 3 (if Box ( | al here and inc<br>is checked), <b>lir</b> | lude on your<br>1e 2 (if Box B | 4,536.                              | 4,029.  |                                     |                                       | 507.   |  |

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

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

| Form 8949 (2021)   | Attachment Sequence No. 12A                           | Page <b>2</b> |
|--|---|---------------|
| Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side | Social security number or taxpayer identification num | ber           |

### NAKUL KUMAR MUKKA

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).

472-83-0417

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.

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

[] (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(F) Long-term transactions not reported to you on Form 1099-B

| <b>1</b><br>(a)<br>Description of property<br>(Example: 100 sh. XYZ Co.)   | <b>(b)</b><br>Date acquired<br>(Mo., day, yr.) | (c)<br>Date sold or<br>disposed of<br>(Mo., day, yr.) | (d)<br>Proceeds<br>(sales price)<br>(see instructions) | (e)<br>Cost or other basis.<br>See the <b>Note</b> below<br>and see <i>Column (e)</i><br>in the separate<br>instructions | If you enter an<br>enter a c | f any, to gain or loss.<br>amount in column (g),<br>ode in column (f).<br>parate instructions.<br>(g)<br>Amount of<br>adjustment | (h)<br>Gain or (loss).<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|--|--|---|--|--|------------------------------|--|---|
| Robinhood Securities LLC   | 05/05/20                                       | 12/12/21  | 567.   | 206.   |                              |  | 361.  |
|  |  |   |  |  |                              |  |   |
|  |  |   |  |  |                              |  |   |
|  |  |   |  |  |                              |  |   |
|  |  |   |  |  |                              |  |   |
|  |  |   |  |  |                              |  |   |
|  |  |   |  |  |                              |  |   |
|  |  |   |  |  |                              |  |   |
|  |  |   |  |  |                              |  |   |
|  |  |   |  |  |                              |  |   |
|  |  |   |  |  |                              |  |   |
|  |  |   |  |  |                              |  |   |
|  |  |   |  |  |                              |  |   |
|  |  |   |  |  |                              |  |   |
| 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 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ► |  |   | 567.   | 206.   |                              |  | 361.  |

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.

Form **8949** 

## Sales and Other Dispositions of Capital Assets

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.



Internal Revenue Service Name(s) shown on return

Department of the Treasury

| Social security number or taxpayer identification nun | ıber |
|---|------|
|---|------|

| NAKUL  | KUMAR       | ΜIJΚΚΑ    |
|--------|-------------|-----------|
| 101101 | 1.01 11 11. | 1101(1(1) |

472-83-0417

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

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

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

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

(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

| <b>1</b><br>(a)<br>Description of property  | <b>(b)</b><br>Date acquired | (c)<br>Date sold or            | (d)<br>Proceeds                     | <b>(e)</b><br>Cost or other basis.<br>See the <b>Note</b> below | Adjustment, if any, to gain or loss.<br>If you enter an amount in column (g),<br>enter a code in column (f).<br>See the separate instructions. |                                       | , (h)<br>Gain or (loss).<br>Subtract column (e)              |
|---|-----------------------------|--------------------------------|-------------------------------------|---|--|---------------------------------------|--|
| (Example: 100 sh. XYZ Co.)  | (Mo., day, yr.)             | disposed of<br>(Mo., day, yr.) | (sales price)<br>(see instructions) | and see <i>Column</i> (e)<br>in the separate<br>instructions    | (f)<br>Code(s) from<br>instructions  | <b>(g)</b><br>Amount of<br>adjustment | from column (d) and<br>combine the result<br>with column (g) |
| ROBINHOOD CRYPTO LLC  | 05/05/21                    | 12/12/21                       | 4,955.                              | 1,651.  |  |                                       | 3,304.   |
|   |                             |                                |                                     |   |  |                                       |  |
|   |                             |                                |                                     |   |  |                                       |  |
|   |                             |                                |                                     |   |  |                                       |  |
|   |                             |                                |                                     |   |  |                                       |  |
|   |                             |                                |                                     |   |  |                                       |  |
|   |                             |                                |                                     |   |  |                                       |  |
|   |                             |                                |                                     |   |  |                                       |  |
|   |                             |                                |                                     |   |  |                                       |  |
|   |                             |                                |                                     |   |  |                                       |  |
|   |                             |                                |                                     |   |  |                                       |  |
|   |                             |                                |                                     |   |  |                                       |  |
|   |                             |                                |                                     |   |  |                                       |  |
|   |                             |                                |                                     |   |  |                                       |  |
| 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ► |                             |                                | 4,955.                              | 1,651.  |  |                                       | 3,304.   |

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

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

| Form 8949 (2021)   | Attachment Sequence No. 12A                            | Page <b>2</b> |
|--|--|---------------|
| Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side | Social security number or taxpayer identification numl | oer           |

NAKUL KUMAR MUKKA

472-83-0417

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.

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

[] (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

K (F) Long-term transactions not reported to you on Form 1099-B

| <b>1</b><br>(a)<br>Description of property<br>(Example: 100 sh. XYZ Co.)  | <b>(b)</b><br>Date acquired<br>(Mo., day, yr.) | <b>(c)</b><br>Date sold or<br>disposed of<br>(Mo., day, yr.) | <b>(d)</b><br>Proceeds<br>(sales price)<br>(see instructions) | (e)<br>Cost or other basis.<br>See the Note below<br>and see Column (e)<br>in the separate<br>instructions | If you enter an enter a c | f any, to gain or loss.<br>amount in column (g),<br>ode in column (f).<br>parate instructions.<br>(g)<br>Amount of<br>adjustment | (h)<br>Gain or (loss).<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|---|--|--|---|--|---------------------------|--|---|
| ROBINHOOD CRYPTO LLC  | 05/05/21                                       | 12/12/21   | 1,513.  | 250.   |                           |  | 1,263.  |
| COIN BASE   | 03/13/20                                       | 05/16/21   | 2,396.  | 279.   |                           |  | 2,117.  |
|   |  |  |   |  |                           |  |   |
|   |  |  |   |  |                           |  |   |
|   |  |  |   |  |                           |  |   |
|   |  |  |   |  |                           |  |   |
|   |  |  |   |  |                           |  |   |
|   |  |  |   |  |                           |  |   |
|   |  |  |   |  |                           |  |   |
|   |  |  |   |  |                           |  |   |
|   |  |  |   |  |                           |  |   |
|   |  |  |   |  |                           |  |   |
|   |  |  |   |  |                           |  |   |
|   |  |  |   |  |                           |  |   |
| <b>2</b> Totals. Add the amounts in columns<br>negative amounts). Enter each tota<br>Schedule D, line 8b (if Box D above<br>above is checked), or line 10 (if Box | I here and inc<br>is checked), <b>lir</b>      | lude on your<br><b>1e 9</b> (if <b>Box E</b>                 | 3,909.  | 529.   |                           |  | 3,380.  |

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.

| SCHE  | DULE  | Ε |
|-------|-------|---|
| (Form | 1040) |   |

Department of the Treasury

Internal Revenue Service (99)

### Supplemental Income and Loss

OMB No. 1545-0074

(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. Attachment Sequence No. 13

Name(s) shown on return Your social security number NAKUL KUMAR MUKKA 472-83-0417 Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Part I Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. A Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions Yes X No **B** If "Yes," did you or will you file required Form(s) 1099? 🗌 Yes 🗌 No 1a Physical address of each property (street, city, state, ZIP code) Α H.NO:12-12, ASIFABAD SHIVAKESHAV MANDIR RD TELANGANA IN 504293 В С 1b Fair Rental Personal Use Type of Property 2 For each rental real estate property listed QJV above, report the number of fair rental and personal use days. Check the **QJV** box only if you meet the requirements to file as a Days Days (from list below) 365 0 Α 3 Α qualified joint venture. See instructions. В В С С Type of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) Income: **Properties:** Α B С 3 Rents received . 560. 3 4 4 Royalties received . . . . Expenses: Advertising . . . . . . 5 5 6 Auto and travel (see instructions) . . 6 Cleaning and maintenance . . . 7 7 1,650. 8 8 Commissions. . . . . . 9 9 Insurance . . . . . . . . . . 10 Legal and other professional fees . . . 10 11 Management fees . . . . . . . . . . . . . . 11 1,950. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 Other interest. . . . . . . . . 14 14 Repairs. . . . . . 2,064. . . 15 1,920. 15 Supplies . . Taxes . . . . . 16 16 Utilities. . . . . . . . . . 17 17 2,347. 18 Depreciation expense or depletion . . 18 Other (list) ► 19 19 Total expenses. Add lines 5 through 19 . . . . 9,931. 20 20 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 . . . . . . . . . . . . . . 21 -9,371. 22 Deductible rental real estate loss after limitation, if any, 22 on Form 8582 (see instructions) . . . . . . . . 9,371.) 560. **23a** Total of all amounts reported on line 3 for all rental properties 23a **b** Total of all amounts reported on line 4 for all royalty properties 23b 23c **c** Total of all amounts reported on line 12 for all properties d Total of all amounts reported on line 18 for all properties 23d 23e 9,931. Total of all amounts reported on line 20 for all properties е Income. Add positive amounts shown on line 21. Do not include any losses 24 24 . . . . . . 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . 25 9,371. 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 26 -9,371. NPA -9,371.

For Paperwork Reduction Act Notice, see the separate instructions.

## **Qualified Business Income Deduction Simplified Computation**

Attach to your tax return.

▶ Go to www.irs.gov/Form8995 for instructions and the latest information.

| OMB No. 1545-2294 |
|-------------------|
|                   |
| 2021              |
| Attachment        |
| Sequence No. 55   |

Internal Revenue Service Name(s) shown on return

Department of the Treasury

Your taxpayer identification number

### NAKUL KUMAR MUKKA

472-83-0417

Note. You can claim the qualified business income deduction only if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$164,900 (\$164,925 if married filing separately; \$329,800 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

| 1  | (a) Trade, business, or aggregation name   | (b) Taxpayer identification number |    | (c) Qualified business income or (loss) |  |
|--|--|------------------------------------|----|---|--|
|  |  |                                    |    |   |  |
| i  |  |                                    |    |   |  |
| ii   |  |                                    |    |   |  |
|  |  |                                    |    |   |  |
| iii  |  |                                    |    |   |  |
|  |  |                                    |    |   |  |
| iv   |  |                                    |    |   |  |
| v  |  |                                    |    |   |  |
| 2  | Total qualified business income or (loss). Combine lines 1i through 1v, column (c)                 | 2                                  |    |   |  |
| 3  |  | 3 ( )                              |    |   |  |
| 4  | Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-                 | 4                                  |    |   |  |
| 5  | Qualified business income component. Multiply line 4 by 20% (0.20)                                 |                                    | 5  |   |  |
| 6  | Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions) | 6 2.                               |    |   |  |
| 7  | Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year                 | 7 ( )                              |    |   |  |
| 8  | Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-   | B 2.                               |    |   |  |
| 9  | REIT and PTP component. Multiply line 8 by 20% (0.20)  |                                    | 9  | 0.                                      |  |
| 10   | Qualified business income deduction before the income limitation. Add lines 5 and                  | -                                  | 10 | 0.                                      |  |
| 11   |  | 1 74,138.                          | -  |   |  |
| 12   |  | 2 3,759.                           | -  |   |  |
| 13<br>14   | Subtract line 12 from line 11. If zero or less, enter -0   |                                    | 14 | 14 076                                  |  |
| 14<br>15   | Income limitation. Multiply line 13 by 20% (0.20)  |                                    | 14 | 14,076.                                 |  |
| 15   | the applicable line of your return (see instructions)  |                                    | 15 | 0.                                      |  |
| 16   | Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than z             |                                    | 16 | ( 0.)                                   |  |
| 17   | Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and                    | d 7. If greater than               |    |   |  |
|  | zero, enter -0   |                                    | 17 | ( 0.)                                   |  |
| For Privacy Act and Paperwork Reduction Act Notice, see instructions. REV 04/09/22 PRO |  |                                    |    | Form <b>8995</b> (2021)                 |  |