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

IIICIIIai	nevenue service						
Subm	ission Identification Number (SID)						
Taxpay	er's name	Social securit	y numb	er			
PAV	AN THAKKALAPELLY	162-57-	-2252	2			
Spouse	's name	Spouse's social security number					
Par	, , ,	year you a	re aut	horizing.	.)		
	whole dollars only on lines 1 through 5.						
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		ایدا	0.0	0.41		
1	Adjusted gross income		1		841.		
2 3	Total tax		3		,683.		
4			4		,134.		
5	Amount you want refunded to you		5	4	<u>, 451.</u>		
Part	•			our retu	ırn)		
	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended)						
to send for any Agent payme author payme busine taxes persor	(original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmid my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for reject delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the financial institution account indicated in the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate ent, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requises days prior to the payment (settlement) date. I also authorize the financial institutions involved in the to receive confidential information necessary to answer inquiries and resolve issues related to the propriet of the income tax return (original or amended) I around the propriet in the propr	ction of the tr S. Treasury a cated in the ta n to debit the the authoriza tests must be processing of ayment. I furt	ansmis and its d ax prep entry t ation. T receiv the ele her acl	sion, (b) the lesignated aration so this according to the lesion of the	ne reason Financial ftware for ount. This (cancel) a er than 2 ayment of e that the		
-	ayer's PIN: check one box only	7	2 2	5 2			
×	I authorize GLOBAL TAXES LLC to enter or generate r	ž En		digits, but	as my		
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	r all zeros			
	I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN and your return is filed using the Practitioner PIN methodelow.						
Your	Signature ► ! AVAV Date ►	3/14/20	22				
Spous	se's PIN: check one box only	_					
	I authorize to enter or generate r	nv PIN			as my		
	ERO firm name	_	er five o	digits, but	,		
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	r all zeros			
	I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN and your return is filed using the Practitioner PIN methology.						
Spous	se's signature ▶ Date ▶						
	Practitioner PIN Method Returns Only—continue below						
Part	III Certification and Authentication — Practitioner PIN Method Only						
ERO's	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 ent	er all ze	ros			
author	y that the above numeric entry is my PIN, which is my signature for the electronic individual income ta ized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of In	itting this retu	rn in a	ccordance			
FR∩'	s signature ▶ Date ▶						
	ERO Must Retain This Form — See Instructions						
	Don't Submit This Form to the IRS Unless Requested To D	o So					

E 1040 Department of the Treasury—Internal Revenue Service (99) U.S. Individual Income Tax Return

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

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? Ves No	Filing Status Check only one box.	If yo	Single Married filing jointly uchecked the MFS box, enter the notes is a child but not your dependent	- ame of	ied filing separately your spouse. If you	. ,				_		. , . ,
Home address (number and street). If you have a P.O. box, see instructions. 6995 INTEGRA COVE BLVD City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code ST 32821 Someone can claim: Foreign province/state/county Foreign country name Foreign country name Foreign country name Foreign province/state/country Foreign postal code Foreign country name Foreign province/state/country Foreign postal code You Spouse Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent Deduction Age/Blindness You: Were born before January 2, 1957 Are blind Spouse: Was born before January 2, 1957 Is blind Dependents (see instructions): (1) First name Last name Dependents (see instructions): (1) First name Last name Dependents Sch. Bif required. Attach Soh. Bif required. Attach Soh. Bif required. Attach Son. Bif requir	Your first name	and mi	ddle initial	Last na	ame					Your so	cial securit	ty number
Home address (number and street). If you have a P.O. box, see instructions. 6995 INTEGRA COVE BLVD City, town, or post office. If you have a foreign address, also complete spaces below. City, town, or post office. If you have a foreign address, also complete spaces below. City, town, or post office. If you have a foreign address, also complete spaces below. City, town, or post office. If you have a foreign address, also complete spaces below. City, town, or post office. If you have a foreign address, also complete spaces below. City, town, or post office. If you have a foreign address, also complete spaces below. City, town, or post office. If you have a foreign address, also complete spaces below. City, town, or post office. If you have a foreign address, also complete spaces below. State	PAVAN				KKALAPELLY					162-57-2252		
City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code so pouce if filling jointly, want \$3 to go to this thurd. Checking a box below will not change your tax or return. Foreign country name Foreign province/state/county Foreign province/state/county Foreign postal code box will not change your tax or return. Foreign province/state/county Foreign postal code box will not change your tax or return. Foreign country name Foreign province/state/county Foreign postal code box will not change your tax or return. Foreign country name Foreign province/state/county Foreign postal code box will not change your tax or return. Foreign postal code box very manual tax on the wise dispose of any financial interest in any virtual currency? Yes No Standard Sameone can claim: You as a dependent Your spouse as a dependent Poetuction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Were born before January 2, 1957	If joint return, spouse's first name and middle initial			Last na	ame					Spouse's social security number		
City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code FL 32.821	Home address	(numbe	er and street). If you have a P.O. box, see	instruct	tions.				Apt. no.	Preside	ntial Election	on Campaign
ORLANDO Foreign country name Foreign province/state/county	6995 IN	ΓEGR	A COVE BLVD						131	I	, ,	,
FL 32 821 box below will not change Fu 32 821 box below will not change Foreign country name Foreign province/state/county Foreign postal code Foreign postal	City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete :	spaces below.	Sta	te	ZIP	code			
Foreign province/state/county Foreign postal code You Spouse You Foreign province/state/county Foreign postal code You Foreign postal code You Spouse No Foreign postal code You Foreign								U				
Standard Deduction Someone can claim:	Foreign country	/ name			Foreign province/sta	te/coun	ty	Fore	eign postal code		k or refund.	
Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You:	At any time du	ring 20	021, did you receive, sell, exchange,	or oth	erwise dispose of a	any fina	ancial interest i	in an	y virtual curre	ncy?	X Yes	□ No
Dependents (see instructions): (1) First name Last name (2) Social security number (3) Relationship to you Child tax credit Credit for other dependents cheek name Child tax credit Credit for other dependents cheekels and credit Credit for other dep			_		_ '		•					
If more than four dependents Gredit for other dependents Gr	Age/Blindness	You:	Were born before January 2, 19	957	Are blind	pouse	: Was bo	rn be	fore January 2	2, 1957	☐ Is bl	ind
if more if more than four dependents, see instructions and check here ▶ □ Attach Sch. B if required. Attach Sch	Dependents	•	•			nip			1			
dependents, see instructions and check here ▶ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □		(1) F	n First name Last name		Hamber				to you		Credit for ot	ner dependents
see instructions and check here Tax-exempt interest												
Attach 2a Tax-exempt interest 2a b Taxable interest 2b Sch. B if required. 4a b Taxable amount 4b 4b 4b 4c 4c 4c 4c 4c	see instruction	s ——										┽──
Attach Sch. B if required. 2a												<u> </u>
Attach Sch. B if required. 2a		. 1	Wages, salaries, tips, etc. Attach F	orm(s)	W-2					. 1	1	00,221.
Sch. B if required. 3a Qualified dividends . 3a b Ociliarry dividends . 3b Ociliarry dividends . 3b Ociliarry dividends . 3b Ociliarry dividends . 3b Dociliarry dividends . 3b Dociliarry dividends . 3b Dociliarry dividends . 3c Dociliarry dividends .	Attach			1` ′		bТ	axable interes	t				,
Taxable amount Taxable income Taxa			. –							3b	,	0.
Standard Deduction for—Single or Married filing separately, \$12,550	required.			4a			•			. 4b	,	
Peduction for—Single or Married filing separately, \$12,550 Married filing jointly or Qualifying widow(er), \$25,100 Head of household, \$18,800 If you checked any box under Standard Deduction, policy or Deduction, Description of the standard deduction, policy or Deduction, Description of Married filing separately, \$12,850. Taxable income from Schedule 1, line 10 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 30. 7 30. 7 30. 7 30. 8 -10,410. 8 -10,410. 8 -10,410. 9 89,841. 10 10 10 11 89,841. 11 89,841. 12a 12a 12,550. 12b 300. 12c 12,850. 13 14 12,850.		5a	Pensions and annuities	5a		b T	axable amoun	t.		. 5b	,	
Capital gain or (loss). Attach Schedule D if required. If not required, check here 7	Standard	6a	Social security benefits	6a		b T	axable amoun	t.		. 6b	,	
Single or Married filing separately, \$12,550 Married filing jointly or Qualifying Widow(er), \$25,100 Head of household, \$18,800 If you checked any box under Standard Deduction, \$26,000 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 8 9-10, 410 8 -10, 410 8 -10, 410 8 9 89, 841 9 89, 841 10 10 10 10 10 10 10 10	Deduction for—	7	Capital gain or (loss). Attach Scheo	dule D	if required. If not re	equired	, check here		▶ [7		30.
\$12,550 Married filing jointly or Qualifying widow(er), \$25,100 Head of household, \$18,800 If you checked any box under Standard Deduction, \$25,00 Add lines 12 and 13 Add lines 1, 26, 36, 46, 50, 66, 7, and 8. This is your total income 4 Add lines 1, 26, 36, 46, 50, 66, 7, and 8. This is your total income 5 Add lines 1. 26, 36, 46, 50, 66, 7, and 8. This is your total income 9 69, 841. 10 89, 841. 11 89, 841. 12a 12, 550. 12b 300. 12c 12, 850. 13 4 Add lines 12a and 12b 14 12, 850. 15 Taxable income. Subtract line 14 from line 1.1 If zero or less enter -0-		8				·				. 8	-:	10,410.
Married filing jointly or Qualifying widow(er), \$25,100 Head of household, \$18,800 If you checked any box under Standard Deduction, \$26,000 Deduction, \$26,000 Taxable income. Subtract line 10 from Schedule 1, line 26 Adjustments to income from Schedule 1, line 26		9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, a	and 8.	This is your total i i	ncome				▶ 9	8	39 , 841.
Qualifying widow(er), \$25,100 12a Standard deduction or itemized deductions (from Schedule A) 12a 12a 12a,550 Head of household, \$18,800 c Add lines 12a and 12b 12a 12b 300 If you checked any box under Standard Peduction, Deduction, 12b 13a 14a 12a 12a,850 15a Taxable income 14 from line 1.1 If zero or less enter -0- 15a 76a,991		10	Adjustments to income from Schee	dule 1,	line 26					. 10)	
widow(er), \$25,100 Head of household, \$18,800 If you checked any box under Standard Deduction, \$25,000 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- 12a		11	Subtract line 10 from line 9. This is	your a	djusted gross inc	ome				▶ 11	8	39 , 841.
Head of household, \$18,800 c Add lines 12a and 12b	widow(er),	12a	Standard deduction or itemized	deduc	tions (from Schedu	ule A)	12	a	12,55	ο. 🗌		·
household, \$18,800 c Add lines 12a and 12b <		b			•	,	ructions) 12	b				
13 Qualified business income deduction from Form 8995 or Form 8995-A	household,	С	•							. 12	c i	12,850.
Standard 14 Add lines 12c and 13	If you checked	13	Qualified business income deducti	on fror	n Form 8995 or Fo	rm 899	5-A			. 13		
Deduction, 15 Taxable income. Subtract line 14 from line 11 If zero or less, enter -0-		14	Add lines 12c and 13							. 14	. :	12,850.
		15	Taxable income. Subtract line 14	from lii	ne 11. If zero or les	s, ente	er-0			. 15		

	16	Tax (see instructions). Check if any from Form(s): 1 🗌 8814 2 🔲 4972 3 🔲 _		16	12,683.
	17	Amount from Schedule 2, line 3		17	
	18	Add lines 16 and 17		18	12,683.
	19	Nonrefundable child tax credit or credit for other dependents 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, enter -0		22	12,683.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21		23	0.
	24	Add lines 22 and 23. This is your total tax		24	12,683.
	25	Federal income tax withheld from:			·
	а	Form(s) W-2	17,134.		
	b	Form(s) 1099			
	С	Other forms (see instructions)			
	d	Add lines 25a through 25c		25d	17,134.
	26	2021 estimated tax payments and amount applied from 2020 return		26	, , , , , , , , , , , , , , , , , , ,
If you have a Lagrangian qualifying child,	27a	Earned income credit (EIC)			
attach Sch. EIC.		Check here if you were born after January 1, 1998, and before		1	
		January 2, 2004, and you satisfy all the other requirements for			
		taxpayers who are at least age 18, to claim the EIC. See instructions ▶ ☐			
	b	Nontaxable combat pay election 27b			
	С	Prior year (2019) earned income			
	28	Refundable child tax credit or additional child tax credit from Schedule 8812 28		-	
	29	American opportunity credit from Form 8863, line 8		-	
	30	Recovery rebate credit. See instructions		-	
	31	Amount from Schedule 3, line 15		_	
	32	Add lines 27a and 28 through 31. These are your total other payments and refundations are supported by the second		32	
	33	Add lines 25d, 26, and 32. These are your total payments		33	17,134.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you ov	=	34	4,451.
	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here		35a	4,451.
Direct deposit? See instructions.	▶b	Routing number 3 2 2 2 7 1 6 2 7 ▶ c Type: ★ Checkin			
	►d	Account number 7 1 3 1 3 8 1 2 6			
	36	Amount of line 34 you want applied to your 2022 estimated tax > 36			
Amount You Owe	37	Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instru	ictions .	37	
	38	Estimated tax penalty (see instructions)			
Third Party		you want to allow another person to discuss this return with the IRS? See structions	Yes. Complete b	olow	× No
Designee		signee's Phone	Personal identif		ĭ NO
		ne ► no. ►	number (PIN)		
Sign	Und	der penalties of perjury, I declare that I have examined this return and accompanying schedules and	d statements, and to	the best	of my knowledge and
Here	beli	ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all	information of which	prepare	r has any knowledge.
ricic	You	ur signature Date Your occupation			t you an Identity
1		SOFTWARE ENGINE	l	inst.) ▶ [N, enter it here
Joint return? See instructions.	Spo	ouse's signature. If a joint return, both must sign. Date Spouse's occupation	1211		t your spouse an
Keep a copy for	Орс	ouse a signature. In a joint return, both must sign.			ction PIN, enter it here
your records.			(see i	inst.) ▶	
	Pho	one no. (925) 568-6516 Email address PAVANPINKU34@GMZ	AIL.COM		
Paid	Pre	parer's name Preparer's signature Date	PTIN		Check if:
Preparer Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/14	/2022 P02082	2703	Self-employed
Use Only		m's name ▶ GLOBAL TAXES LLC	Phon	e no. (678)965-9522
	Firr	m's address ▶ 2530 Pebble Creek Ln Cumming GA 30041	Firm'	's EIN ▶	30-1017196
Go to www.irs.go	ov/Form	n1040 for instructions and the latest information. BAA REV 03/01	7/22 PRO		Form 1040 (2021)

Form 1040 (2021)

Page 2

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2021

Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

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

Your social security number
162-57-2252

Par	Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	0.
2 a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions) ▶			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trus Schedule E		5	-10,410.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	Ba ()		
b	Gambling income	Bb		
С	Cancellation of debt	Вс		
d	Foreign earned income exclusion from Form 2555	3d ()		
е	Taxable Health Savings Account distribution	Ве		
f	Alaska Permanent Fund dividends	Bf		
g	Jury duty pay	Bg		
h	Prizes and awards	3h		
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	3k		
I	Olympic and Paralympic medals and USOC prize money (see instructions)	81		
m	Section 951(a) inclusion (see instructions)	Bm		
n	Section 951A(a) inclusion (see instructions)	3n		
0	Section 461(I) excess business loss adjustment	Во		
р	Taxable distributions from an ABLE account (see instructions) .	Вр		
Z	Other income. List type and amount ▶	Bz		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 104 1040-NR, line 8		10	-10 410

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	>	_	
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	24 j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
z	Other adjustments. List type and amount ▶	24z		
25	Total other adjustments. Add lines 24a through 24z		. 25	
26	Add lines 11 through 23 and 25. These are your adjustments t here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line			

SCHEDULE D (Form 1040)

Capital Gains and Losses

ID-SR or 1040-NR

2021

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
PAVAN THAKKALAPELLY
Your social security number
162-57-2252

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. 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 (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. with column (g) line 2. column (a) 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 1,003. 30. 1,033. Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on Form(s) 8949 with Box C checked 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 30. 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) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to (or other basis) Form(s) 8949, Part II, (sales price) combine the result whole dollars. line 2. column (a) with column (a) 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 9 Totals for all transactions reported on Form(s) 8949 with 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

15

Schedule D (Form 1040) 2021 Page 2

Part III Summary 16 Combine lines 7 and 15 and enter the result 16 30. • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 • (\$3,000), 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.

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.

Attachment

OMB No. 1545-0074

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

Sequence No. 12A

PAVAN	THAKKALAPELL

Social security number or taxpayer identification number 162-57-2252

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

(C) Short-term transactions	not reported	to you on F	orm 1099-B	·				
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) If you enter enter basis. See the Note below		any, to gain or loss. amount in column (g), ode in column (f). arate 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)	
Robinhood Securities LLC	05/05/21	12/12/21	1,033.	1,003.			30.	
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above above is checked) or line 3 (if Box 6).	al here and inc is checked), lir	lude on your ne 2 (if Box B	1.033.	1,003.			30.	

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

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99)

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

Attachment Sequence No. **13** Your social security number

Name(s)	shown on return							Your socia	security	y number
PAVA	N THAKKALAPELLY							162-57		
Part		s From Rental Real Estate and Ro instructions. If you are an individual, rep	-		-					
A Dic	l you make any payme	nts in 2021 that would require you to	o file Fo	rm(s) 1	099? S	See inst	ructions .		Y	′es ⊠ No
		ou file required Form(s) 1099?		. ,						′es ☐ No
1a	Physical address of	each property (street, city, state, ZIF	P code)							
Α	 '	R, ROAD NO.9 WARANGAL TELE			5060	01				
В		•								
С										
1b	Type of Property	2 For each rental real estate pro	perty lis	sted		Fair	Rental	Personal	Use	QJV
	(from list below)	above report the number of fa	ir rental	land			Days	Days		QJV
Α	3	personal use days. Check the if you meet the requirements t	o file as	a only	Α		365		0	
В		qualified joint venture. See ins	truction	s.	В					
С					С					
Туре	of Property:									
1 Sing	gle Family Residence	3 Vacation/Short-Term Rental	5 Lan	d		7 Self-	Rental			
2 Mult	ti-Family Residence	4 Commercial	6 Roy	alties		8 Othe	r (describe)		
Incom		Properties:	ΙÍ		Α			3		С
3	Rents received		3			610.				
4			4							
Expen										
5	Advertising		5							
6	Auto and travel (see i	nstructions)	6							
7	Cleaning and mainter	nance	7		1,	900.				
8	Commissions		8							
9			9							
10		essional fees	10							
11			11		2,	510.				
12	-	d to banks, etc. (see instructions)	12							
13			13							
14	Repairs		14		2,	190.				
15			15			040.				
16			16							
17			17		2,	380.				
18		e or depletion	18							
19	Other (list) ▶		19							
20	Total expenses. Add	lines 5 through 19	20		11,	020.				
21		line 3 (rents) and/or 4 (royalties). If								
		instructions to find out if you must								
	file Form 6198		21		<u>-1</u> 0,	410.				
22	Deductible rental real	l estate loss after limitation, if any,								
	on Form 8582 (see in		22 (·	10,4	110.)	()()
23a	Total of all amounts r	eported on line 3 for all rental prope	erties			23a		610.		
b	Total of all amounts r	eported on line 4 for all royalty prop	perties			23b				
С	Total of all amounts r	eported on line 12 for all properties				23c				
d	Total of all amounts r	eported on line 18 for all properties				23d				
е	Total of all amounts r	eported on line 20 for all properties				23e		11,020.		
24	Income. Add positiv	e amounts shown on line 21. Do no	t includ	de any	losses			. 24		
25	Losses. Add royalty lo	sses from line 21 and rental real estate	e losses	from lir	ne 22. E	nter tot	al losses he	e. 25 (10,410.
26	Total rental real est	ate and royalty income or (loss).	Combir	ne lines	s 24 ar	nd 25. E	Enter the re	sult		
		V, and line 40 on page 2 do not						1 1		
		40), line 5. Otherwise, include this a								-10,410.