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.

0 1 1 0 2

Submission Identification Number (SID)

Тахрау	er's name	Social security numb	ber
SAN	DEEP KAMADI	793-48-419	3
Spouse	's name	Spouse's social secu	urity number
Part	Tax Return Information – Tax Year Ending December 31, 2021 (Enter	er year you are au	thorizing.)
Enter	whole dollars only on lines 1 through 5.		
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		
1	Adjusted gross income	1	82,133.
2	Total tax	2	10,939.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	11,748.
4	Amount you want refunded to you	4	809.
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.

Taxpayer's PIN: check one box only

ERO firm name ERO firm name don't enter all zeros	
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 if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete the practice of the pra	
below. Your signature ► K. fandeep Date ► 03/24/20	22
Spouse's PIN: check one box only	
I authorize to enter or generate my PIN	as my
ERO firm name Enter five digits, but don't enter all zeros	

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 signature 🕨	Da	te 🕨	•							
	Practitioner PIN Method Returns Only—continue	bel	ow							
Part III Certification and	Authentication – Practitioner PIN Method Only									
ERO's EFIN/PIN. Enter your six	-digit EFIN followed by your five-digit self-selected PIN.	5	8		 8 nter a		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 🕨	
	ERO Must Retain This Forn't Submit This Form to the I		
For Denergy orly Deduction Act N		 DEV/ 02/10/22 DDO	Earm 8879 (Payr 01 2021)

E1040		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		(99) urn	202	21	OMB No. 1	545-007	4 IRS Us	se Only	—Do not v	vrite or staple	in this space.	
Filing Status Check only one box.	lf yo	Single Married filing jointly w checked the MFS box, enter the n son is a child but not your dependent	ame of y	ed filing se your spou					``	,		, ,	low(er) (QW) ne qualifying	
Your first name	e and mi	iddle initial	Last na	me							Your so	cial securi	ty number	
SANDEEP			KAMA	DI							793-	48-419	3	
If joint return, s	pouse's	s first name and middle initial	Last na	me							Spouse	's social se	curity number	
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.					Apt. no.				on Campaign	
149 POR									71			here if you,	, or your htly, want \$3	
	oost offi	ce. If you have a foreign address, also co	mplete s	paces belo	w.	Stat			code				Checking a	
DOVER						NF			3820			low will not	•	
Foreign countr	y name		F	Foreign pro	vince/state	/count	У	For	eign postal	code	your ta	x or refund		
At any time du	uring 20	021, did you receive, sell, exchange,	, or othe	rwise dis	cose of ar	ıy fina	ncial intere	st in ar	y virtual	curre	ncy?	X Yes	No	
Standard Deduction		eone can claim: Vou as a de Spouse itemizes on a separate retur	•				a depender	nt						
Age/Blindnes	s You:	Were born before January 2, 1	957	Are blir	nd Sp	ouse	: 🗌 Was	born be	efore Jan	uary 2	2, 1957	🗌 ls b	ind	
Dependent	s (see	instructions):			ocial securi [.]	y	(3) Relatio		(4) (🖊 if q	ualifies fo	or (see instru	ictions):	
If more	(1) First name Last name			· · ·	number		to you	L	Child	tax c	redit	s for (see instructions): Credit for other dependents		
than four														
dependents, see instruction	s ——												<u> </u>	
and check													<u> </u>	
here 🕨 🔄												<u> </u>		
Attach	1	Wages, salaries, tips, etc. Attach F		N-2 .	· · ·	• •		• •		•	. 1		87,934.	
Sch. B if	2a	· · -	2a		<u> </u>		axable inter			•	. 2k		1.	
required.	3a		3a		687.		rdinary divi			·	. 3k		710.	
	/ 4a		4a 5a				axable amo			·	. 4k			
<u> </u>	5a		5a 6a				axable amc axable amc			·	. 5k . 6k			
Standard Deduction for –	6a 7	Social security benefits		roquirod	If not roc					БГ	. 01		3,233.	
 Single or Married filing 	8	Other income from Schedule 1, lin					, CHECK HER	σ.			. 8		<u> </u>	
separately,	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,						• •		•	. <u>0</u> ▶ 9		82,133.	
\$12,550Married filing	10	Adjustments to income from Sche		-				• •		•	. 10		<u></u>	
jointly or	11	Subtract line 10 from line 9. This is						• •		•	· <u>·</u>		82,133.	
Qualifying widow(er),	12a	Standard deduction or itemized						12a	12	,55			<u>527155.</u>	
\$25,100 " • Head of	b	Charitable contributions if you take		`		,	-	12b		30				
household,	c	•							c	12,850.				
\$18,800 If you checked	13	Qualified business income deducti								-			<u>5.</u>	
any box under Standard	14	Add lines 12c and 13										_	12,855.	
Deduction, see instructions.	15	Taxable income. Subtract line 14	from lin	e 11. lf ze	ero or less	, ente	r-0						69,278.	
	/													

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

Form **1040** (2021)

Form 1040 (202	1)								Page 2
	16	Tax (see instructions). Check	f any from Form	(s): 1 🗌 881	4 2 4972	3		16	10,939.
	17	Amount from Schedule 2, line	e3					17	
	18	Add lines 16 and 17						18	10,939.
	19	Nonrefundable child tax cred						19	
	20	Amount from Schedule 3, line	ə8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18.	If zero or less,	enter -0				22	10,939.
	23	Other taxes, including self-er	nployment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is y	our total tax				. 🕨	24	10,939.
	25	Federal income tax withheld	from:			1 1			
	а	Form(s) W-2				25a 11	,748.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	,			25c			
	d	Add lines 25a through 25c						25d	11,748.
If you have a	26	2021 estimated tax payments			3.7			26	
qualifying child, attach Sch. EIC.	27a	Earned income credit (EIC) .			No	27a			
		Check here if you were b							
		January 2, 2004, and you taxpayers who are at least ag							
	b	Nontaxable combat pay elec		1 1					
	с	Prior year (2019) earned inco							
	28	Refundable child tax credit or	additional child	tax credit from	Schedule 8812	28			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Recovery rebate credit. See	instructions .			30			
	31	Amount from Schedule 3, line				31			
	32	Add lines 27a and 28 throug	n 31. These are	your total oth	er payments an	d refundable cred	lits 🕨	32	
	33	Add lines 25d, 26, and 32. Th						33	11,748.
Refund	34	If line 33 is more than line 24						34	809.
neiuliu	35a	Amount of line 34 you want r	efunded to you	. If Form 8888	is attached, che	eck here		35a	809.
Direct deposit?	►b	Routing number 1 2 1	2 0 2 2	1 1	► c Type: 🛛	Checking	Savings		
See instructions.	►d	Account number 4 4 0	0 3 1 4	4 1 0 !	5 6				
	36	Amount of line 34 you want a	pplied to your	2022 estimate	ed tax 🕨	36			
Amount	37	Amount you owe. Subtract	ine 33 from line	24. For detail	s on how to pay,	see instructions	. 🕨	37	
You Owe	38	Estimated tax penalty (see in	structions) .		🕨	38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS	? See			
Designee	ins	structions				. 🕨 🗌 Yes. Co	omplete I	oelow.	× No
		signee's		Phone			onal identi		
0.		ne 🕨		no. 🕨			ber (PIN)		
Sign		der penalties of perjury, I declare the ief, they are true, correct, and comp							
Here		ur signature		Date	Your occupation				it you an Identity
				Dato					N, enter it here
Joint return?					SOFTWARE	ENGINEER	(see	inst.) 🕨	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, b	oth must sign.	Date	Spouse's occupa	tion			t your spouse an ection PIN, enter it here
your records.	,							inst.) 🕨	
	Ph	one no. (732) 507-3398	2	Email address	SANDEEDK68	3@OUTLOOK.CC		,	
		eparer's name	Preparer's signat		001 בתהתואט	Date	PTIN		Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM			GUPTA TALLAN		P0208	2703	Self-employed
Preparer		m's name ► GLOBAL TAX			<u> </u>				678)965-9522
Use Only		m's address ► 2530 Pebbl		n Cummin	a GA 30041			's EIN ►	
Go to www.irc.or		1040 for instructions and the lates			2		1	5 = F	Form 1040 (2021)
GO 10 WWW.115.90	0v/1 0/11	in orto for instructions and the lates	a mornation.		BAA	REV 03/19/22 PRO			10m 10 m (2021)

SCHEDULE	1
(Form 1040)	

Additional Income and Adjustments to Income

Attach to Form 10/0 10/0-SR or 10/0-NR

OMB No. 1545-0074 20 21

nal F	ent of the Treasury Revenue Service For 1040-SR, or 1040-SR	nformatio	 Se	tachment quence No. 0
•	s) shown on Form 1040, 1040-SR, or 1040-NR EEP_KAMADI		ocial se 48-419	ecurity num
	t I Additional Income		 	
	Taxable refunds, credits, or offsets of state and local income taxes.		 1	
3	Alimony received		 2a	
)	Date of original divorce or separation agreement (see instructions)			
	Business income or (loss). Attach Schedule C		3	
	Other gains or (losses). Attach Form 4797		 4	
	Rental real estate, royalties, partnerships, S corporations, trusts Schedule E		5	-9,7
	Farm income or (loss). Attach Schedule F		 6	
	Unemployment compensation		 7	
	Other income:			
a	Net operating loss	ı (
C	Gambling income			
>	Cancellation of debt	;		
b	Foreign earned income exclusion from Form 2555 80	I (
Э	Taxable Health Savings Account distribution 86	•		
F	Alaska Permanent Fund dividends	:		
g	Jury duty pay	I		
n	Prizes and awards	1		
	Activity not engaged in for profit income			
i	Stock options			
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	-		
	Property 84 Olympic and Paralympic medals and USOC prize money (see instructions) 84			
m	Section 951(a) inclusion (see instructions) 8n	า		
า	Section 951A(a) inclusion (see instructions) 8	1		
C	Section 461(I) excess business loss adjustment			
С	Taxable distributions from an ABLE account (see instructions) .			
Z	Other income. List type and amount ►82	2		
	Total other income. Add lines 8a through 8z		 9	

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

Schedule 1 (Form 1040) 2021

-9,745.

10

Par	t II Adjustments to Income		
11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis governmen officials. Attach Form 2106		2
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	i
16	Self-employed SEP, SIMPLE, and qualified plans	16	i
17	Self-employed health insurance deduction	17	,
18	Penalty on early withdrawal of savings	18	k
19a	Alimony paid	19	а
b	Recipient's SSN	_	
С	Date of original divorce or separation agreement (see instructions)	_	
20	IRA deduction	20	1
21	Student loan interest deduction	21	
22	Reserved for future use	22	2
23	Archer MSA deduction	23	k
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 24b		
С	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 81 24c		
d	Reforestation amortization and expenses		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974		
f	Contributions to section 501(c)(18)(D) pension plans 24f		
g	Contributions by certain chaplains to section 403(b) plans 24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations		
j	Housing deduction from Form 2555	_	
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	j
26	Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26	
	B ∆∆ REV 03/19/22 PRO	Sche	dule 1 (Form 1040) 2021

REV 03/19/22 PRO

SCHEDULE D

(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

Attach to Form 1040, 1040-SR, or 1040-NR.	
Go to www.irs.gov/ScheduleD for instructions and the latest information	n.
► Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.	

20 Attachment Sequence No. 12

Name(s) shown on return SANDEEP KAMADI

Department of the Treasury

Internal Revenue Service (99)

Your social security number

793-48-4193

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes × No 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)

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss f Form(s) 8949, P line 2, column	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	168,010.	164,785.			3,225.
2	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					
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	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions			-	6	()
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise				7	3,225.

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

This fame may be acciented and the if and the fame to the Proce		(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmer to gain or los: Form(s) 8949, line 2, colum	s from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked.					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824				11	
12	Net long-term gain or (loss) from partnerships, S corporat	tions, estates, and	trusts from Scheo	dule(s) K-1	12	
13	Capital gain distributions. See the instructions				13	8.
14	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions				14	()
15	Net long-term capital gain or (loss). Combine lines 8a on the back .	•			15	8.
For F	Paperwork Reduction Act Notice, see your tax return instruction				Schedu	ile D (Form 1040) 2021

Part	III Summary		
16	Combine lines 7 and 15 and enter the result	16	3,233.
	• 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 line 22.		
	• 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? X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. 		
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
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 03/19/22 PRO

Schedule D (Form 1040) 2021

Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

► 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.

2021 Attachment Sequence No. 12A

Name(s) showr	n on return	
SANDEEP	KAMADI	

793-48-4193

Social security number or taxpayer identification number

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

1 (a) Description of property	(b) Date acquired	(c) Date sold or	Proceeds S	(e) Cost or other basis. See the Note below	enter a code in column (f). See the separate instructions.		If you enter an amount in column (g), enter a code in column (f).		(h) Gain or (loss). Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (sales price) a (Mo., day, yr.) (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)			
CHARLES SCHWAB & CO., INC.	05/05/21	12/12/21	168,010.	164,785.			3,225.			
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked). or line 3 (if Box (al here and inc is checked), lir	lude on your ne 2 (if Box B	168,010.	164,785.			3,225.			

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.

SCHEI	DULE	Ε
(Form	1040)	

Supplemental Income and Loss

OMB No. 1545-0074

2

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

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

	Revenue Service (99)	► Go to www.irs.gov/ScheduleE	for instr	uctions a	and the	latest	information		Sequ	ence No. 13	
Name(s)	shown on return							Your soci	al securit	ty number	
SAND	EEP KAMADI							793-4	8-419	3	
Part	I Income or Loss	s From Rental Real Estate and R	loyalties	Note:	lf you a	re in th	e business o	of renting pe	rsonal p	roperty, use	
	Schedule C. See	instructions. If you are an individual, re	eport farn	n rental in	icome o	r loss fi	om Form 48	3 35 on page	e 2, line 4	40.	
A Dic	d you make any payme	ents in 2021 that would require you	to file Fo	orm(s) 10)99? Se	e instr	uctions .		. 🗆 `	Yes 🔀 No	
B If "	Yes," did you or will yo	ou file required Form(s) 1099? .							. 🗆 '	Yes 🗌 No	
_1a		each property (street, city, state, Z									
Α	16-1-2/7, SRIRA	AM NAGAR RAJAHMUNDRY ANI	DHRA F	RADES	H IN	5331	05				
В											
C		1					_				
1b									l Use	QJV	
	(from list below)	personal use days. Check the	e QJV bo	ox onlv⊢		L	ays	Day		<u> </u>	
	3	if you meet the requirements	to file as	sa	Α		365		0		_
B		qualified joint venture. See in	Istruction	is.	В						_
_ C					С						
	of Property:				-						
	gle Family Residence	3 Vacation/Short-Term Rental					Rental				
2 Mul	ti-Family Residence	4 Commercial Properties		alties	-	Othe	r (describe				
	-	•	,. 3		A	^ / E	E	5		C	_
<u>3</u> 4			4		Ċ	545.					
			4								_
Expen 5			5								
6		instructions)	6								-
7			7		1 0	950.					-
8		· · · · · · · · · · · · ·	8		, ,	/30.					-
9			9								
10		essional fees	10								
11			11		1.7	/20.					-
12	-	id to banks, etc. (see instructions)	12		±,,,	20.					-
13		· · · · · · · · · · · · · ·	13								-
14			14		1,8	360.					-
15			15			.50.					-
16			16								-
17			17		2,7	/10.					
18		e or depletion	18								
19	Other (list) 🕨		19								
20	Total expenses. Add	lines 5 through 19	20		10,3	390.					
21	Subtract line 20 from	n line 3 (rents) and/or 4 (royalties). I	f								
	result is a (loss), see	instructions to find out if you mus	st 🛛								
	file Form 6198		21		-9,7	45.					
22		al estate loss after limitation, if any	',								
	on Form 8582 (see in		22	(9,74	45.)	()	()
23a		reported on line 3 for all rental prop			•	23a		645.			
b		reported on line 4 for all royalty pro	-		•	23b					
c		reported on line 12 for all propertie				23c					
d		reported on line 18 for all propertie				23d		0.005			
e		reported on line 20 for all propertie				23e	1	0,390.			
24		ve amounts shown on line 21. Do n		-		•••		. 24	(_
25		osses from line 21 and rental real esta							(9,745.)
26		tate and royalty income or (loss)									
		IV, and line 40 on page 2 do no									
	Schedule I (Form 104	40), line 5. Otherwise, include this	amount	in the to	nai on I	me 41	on page 2	. 26		-9,745.	

-9,745.

)

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

Department of the Treasury Internal Revenue Service **Go**

Go	to	MANAN ire	aov/Form80	05 for i	instructions	and the	latest infor	mation
GO	ιυ	www.us.	.gov/romios	95 101	instructions	and the	latest milor	mation.

OMB No. 1545-2294

Name(s) shown on return

Your taxpayer identification number

SANDEEP KAMADI

793-48-4193

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		Qualified business ncome or (loss)
i				
ii				
iii				
iv				
v				
2	Total qualified business income or (loss). Combine lines 1i through 1v,			
•	column (c) . . <th< th=""><th></th><th></th><th></th></th<>			
3	Qualified business net (loss) carryforward from the prior year)		
4 5	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0- 4 Qualified business income component. Multiply line 4 by 20% (0.20)		5	
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss)		5	
U	(see instructions)	23.		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior			
	year)		
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero			
-	or less, enter -0	23.		
9	REIT and PTP component. Multiply line 8 by 20% (0.20)	F	9	5.
10	Qualified business income deduction before the income limitation. Add lines 5 and 9	-	10	5.
11 12	Taxable income before qualified business income deduction (see instructions)11Net capital gain (see instructions)12	69,283.		
12	Subtract line 12 from line 11. If zero or less, enter -0- 13	695. 68,588.		
14	Income limitation. Multiply line 13 by 20% (0.20)		14	13,718.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter thi			
-	the applicable line of your return (see instructions)		15	5.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, er	nter -0	16	(0.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If	greater than		
	zero, enter -0		17	(0.)
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