Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

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

Submission Identification Number (SID)

Taxpayer's name	Social security number	
ARUN KUMAR MORA	286-81-3486	
Spouse's name	Spouse's social security number	
SRIJA PEDAPUDI	977-94-4916	
Part I Tax Return Information – Tax	fear Ending December 31, 2021 (Enter year you are authorizing.))
Enter whole dollars only on lines 1 through 5.		
Note: Form 1040-SS filers use line 4 only. Leave I	ines 1, 2, 3, and 5 blank.	
1 Adjusted gross income		,921.
		,177.
3 Federal income tax withheld from Form(s) V	V-2 and Form(s) 1099	,240.
4 Amount you want refunded to you		,063.
5 Amount you owe		
Part II Taxpayer Declaration and Signa	ature Authorization (Be sure you get and keep a copy of your retu	rn)

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

X	I authorize	GLOBAL	TAXES		to enter or generate my PIN	F
				ERO firm name		1

1	3	4	8	6	
Ent dor	er fiv n't er	ve di Iter a	gits, all ze	but ros	as my

1 6

Enter five digits, but don't enter all zeros

as mv

4 4 9

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

X lauthorize GLOBAL TAXES LLC 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 signature 🕨	Da	te 🕨	•					 		
Practitioner PIN Method Returns Only—continue below										
Part III Certification and Authentication – Practitioner PIN Method	d Only									
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selecter	d PIN.	5	8			_	6 all zei	 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 🕨	
	n This Form — See Instructions to the IRS Unless Requested To Do So	
E. D		Farma 9970 (Days 01 0001)

Date

to enter or generate my PIN

1040		urtment of the Treasury—Internal Revenue Serv S. Individual Income Tax		⁽⁹⁹⁾ 20	21	OMB No. 154	5-0074	IRS Use	e Only-	–Do not v	vrite or staple	in this space.
Filing Status Check only one box.	lf yo	Single X Married filing jointly u checked the MFS box, enter the n on is a child but not your dependen	ame of y	ed filing separate your spouse. If ye								
Your first name	and mi	ddle initial	Last na	me						Your so	cial securi	ty number
ARUN KUI	1AR		MORA	1						286-	81-348	б
If joint return, s	pouse's	first name and middle initial	Last na	me						Spouse	's social se	curity number
SRIJA			PEDA	PUDI						977-	94-491	б
Home address	(numbe	r and street). If you have a P.O. box, see	instructio	ons.			A	pt. no.		Preside	ential Election	on Campaign
8202 TA	L TI	REES CT									here if you,	
City, town, or p	ost offic	ce. If you have a foreign address, also co	omplete s	paces below.	Sta	ate	ZIP co	de				ntly, want \$3
Ellicot	c Cit	ty			M	D	210	43		0	o this fund. Iow will not	Checking a
Foreign countr		1	F	oreign province/st	tate/coun	ty	Foreig	n postal c	ode		x or refund.	0
				0.1							You	Spouse
At any time du	ring 20	21, did you receive, sell, exchange	, or othe	rwise dispose of	f any fina	ancial interest	in any	virtual c	urrer	ncy?	Ves	X No
Standard Deduction		eone can claim: You as a de Spouse itemizes on a separate retur	n or you	were a dual-sta	tus alier	_						
Age/Blindness	S You:	Were born before January 2, 1	957	Are blind	Spouse	e: 📋 Was bo	orn befo	ore Janu	-		Is bl	
Dependents				(2) Social sec	curity	(3) Relations	hip				or (see instru	
If more	(1) Fi	rst name Last name		number		to you		Child tax c		edit	Credit for ot	her dependents
than four dependents,									<u> </u>			<u> </u>
see instruction	s ——								<u>Ц</u>			
and check									<u>Ц</u>			
here 🕨 📋												
Attach	_1	Wages, salaries, tips, etc. Attach I	L Í	N-2	· · ·					1		69,474.
Attach Sch. B if	2a		2a		b T	axable interes	st.			2b		
required.	<u>3a</u>		3a	б.	1	Ordinary divide				3b		6.
	4a		4a		-	axable amour				4b)	
	5a		5a			axable amoui				5b		
Standard Deduction for –	6a	,	6a			axable amour	nt		• _	66		
Single or	7	Capital gain or (loss). Attach Sche		required. If not	required	l, check here						541.
Married filing separately,	8	Other income from Schedule 1, lin								8		<u>-6,100.</u>
\$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,		,	income				. •	▶ 9		63,921.
 Married filing jointly or 	10	Adjustments to income from Sche								10		
Qualifying	11	Subtract line 10 from line 9. This is					· ·			11		63,921.
widow(er), \$25,100	12a	Standard deduction or itemized		(,	12			100			
 Head of household, 	b	Charitable contributions if you take	the stan	dard deduction (see insti	ructions) 12	2b		600).		
\$18,800	с		• • •							12	c i	25,700.
 If you checked any box under 	13	Qualified business income deduct	ion from	Form 8995 or F	orm 899	95-A				13		
Standard	14	Add lines 12c and 13								14		25,700.
Deduction, see instructions.	15	Taxable income. Subtract line 14	from lin	e 11. If zero or le	ess, ente	er-0		• •		15	5 .	38,221.

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	if any from Form	(s): 1 🗌 881	4 2 4972	3 🗌		16	4,177.
	17	Amount from Schedule 2, lin	ne3					17	
	18	Add lines 16 and 17						18	4,177.
	19	Nonrefundable child tax cree	dit or credit for c	ther depender	nts from Schedul	e8812		19	
	20	Amount from Schedule 3, lin	ne8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	4,177.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is	your total tax				. 🕨	24	4,177.
	25	Federal income tax withheld	from:			1 1			
	а	Form(s) W-2				25a 10	,240.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	,						
	d	Add lines 25a through 25c						25d	10,240.
If you have a	26	2021 estimated tax payment		• •				26	
qualifying child, attach Sch. EIC. [27a	Earned income credit (EIC)				27a		_	
		Check here if you were a January 2, 2004, and you							
		taxpayers who are at least a							
	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, lir	ne 15			31			
	32	Add lines 27a and 28 throug	h 31. These are	your total oth	er payments an	d refundable cred	lits 🕨	32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments			. 🕨	33	10,240.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	int you overpaid		34	6,063.
neiunu	35a	Amount of line 34 you want	refunded to you	. If Form 8888	3 is attached, che	eck here		35a	6,063.
Direct deposit?	►b	Routing number 0 8 1	0 0 0 0	3 2	► c Type: 🛛	Checking	Savings		
See instructions.	►d	Account number 3 5 5	0 0 6 7	4 9 4 8	3 9				
	36	Amount of line 34 you want a	applied to your	2022 estimate	ed tax 🕨	36			
Amount	37	Amount you owe. Subtract	line 33 from line	24. For detail	s on how to pay,	see instructions	. 🕨	37	
You Owe	38	Estimated tax penalty (see in	nstructions) .		🕨	38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?				_
Designee	ins	structions				. 🕨 🗌 Yes. Co	omplete k	below.	X No
		signee's me ►		Phone no.			onal identi oer (PIN) 🖡		
0:000		der penalties of perjury, I declare t	hat I have examine						t of my knowlodge and
Sign		lief, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation		If the	IRS sen	it you an Identity
		0							N, enter it here
Joint return?					SOFTWARE			inst.) 🕨	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupa	tion			nt your spouse an action PIN, enter it here
your records.					HOME MAKE	R		inst.) 🕨	
	Ph	one no. (816)745-619	7	Email address		ORA@GMAIL.CC)M		
		eparer's name	, Preparer's signat		THEORY CONFIGN	Date Date	PTIN		Check if:
Paid		I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRTYA	RAM SAGAR	GUPTA TALLAM		P0208	2703	Self-employed
Preparer		m's name GLOBAL TAX							678)965-9522
Use Only		m's address ► 2530 Pebb		n Cummin	q GA 30041			's EIN ►	
Go to www.irs.o		n1040 for instructions and the late			BAA	REV 02/16/22 PRO			Form 1040 (2021)
	OIII		et mornation.		DAA	ILV 02/10/22 PRU			(2021)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Internal Revenue Service

Additional Income and Adjustments to Income

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

► Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074 2021 Attachment Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Your social security number
ARUN KUMAR MORA & SRIJA PEDAPUDI	286-81-3486
Part I Additional Income	

			1	
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2 a	
b	Date of original divorce or separation agreement (see instructions)			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, tru Schedule E		5	-6,100.
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			
		8k	-	
I	Olympic and Paralympic medals and USOC prize money (see instructions)	81	-	
m	Section 951(a) inclusion (see instructions)	8m		
n	Section 951A(a) inclusion (see instructions)	8n		
0	Section 461(I) excess business loss adjustment	80		
р	Taxable distributions from an ABLE account (see instructions) .	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 10 1040-NR, line 8		10	-6,100.
	penwork Reduction Act Notice, see your tax return instructions		<u> </u>	

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

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 24b			
С	Nontaxable amount of the value of Olympic and Paralympicmedals 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) 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			
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	
26	Add lines 11 through 23 and 25. These are your adjustments to in here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	

REV 02/16/22 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.

► Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Your social security number

20

Attachment

Internal Revenue Service (99) Name(s) shown on return

Department of the Treasury

ARUN KUMAR MORA & SRIJA PEDAPUDI

286-81-3486

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?	Yes	🗙 No
If "Ver " attack Form 0040 and eac its instructions for additional requirements for reaction		

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 lines This whol	(g) Adjustment to gain or loss Form(s) 8949, F line 2, columr	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	2,869.	2,404.			465.
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	465.

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) Proceeds (sales price)(e) Cost (or other basis)(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, 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 8b398 322322(h) Gain or (li Subtract colum form column (g)8b Totals for all transactions reported on Form(s) 8949 with Box D checkedSee instructions) seported on Form(s) 8949 with Box E checked398 sected3221010 Totals for all transactions reported on Form(s) checkedTotals for all transactions reported on Form(s) 8949 with Box E checkedSected on Form(s) 8949 with Box F checked10Totals for all transactions reported on Form(s) 8949 with Box F checked10	
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 8b8b Totals for all transactions reported on Form(s) 8949 with Box D checked	nn (e)) and esult
Box D checked 398. 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 E checked	76.
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 11	
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12	
13 Capital gain distributions. See the instructions . <th.< th=""> . <th< td=""><td></td></th<></th.<>	
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14 Worksheet in the instructions 14)
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back	76.

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

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	16 541.
	• 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? X Yes. Go to line 18.	
	\square 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 02/16/22 PRO

Schedule D (Form 1040) 2021

	0100
Form	0343

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form8949 for instructions and the latest information.

► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. Attachment Sequence No. 12A

Name(s) shown on return	Social security number of taxpayer identification number
ARUN KUMAR MORA & SRIJA PEDAPUDI	286-81-3486

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	(d) Proceeds	(e) Cost or other basis. See the Note below	or other basis. ne Note below See the separate instructions.		umn (g), (h) (f). Gain or (loss). tions. 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	08/10/20	05/07/21	1,514.	1,450.			64.
ROBINHOOD CRYPTO LLC	01/01/21	05/09/21	1,355.	954.			401.
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 C	al here and inc is checked), lir	lude on your ne 2 (if Box B	2,869.	2,404.			465.

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)		2 A	Page 2
			· · · · · · · · · · · · · · · · · · ·

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side ARUN KUMAR MORA & SRIJA PEDAPUDI

Social security number or taxpayer identification number 286-81-3486

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

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

1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	If you enter an enter a c	f any, to gain or loss. amount in column (g), ode in column (f). parate instructions. (g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
Robinhood Securities LLC	01/06/20	05/05/21	398.	322.			76.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	al here and inc is checked), lir	lude on your 1e 9 (if Box E	398.	322.			76.

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.

REV 02/16/22 PRO

(Form	1040)	(From	rental re	eal estate, roya	alties, partnersl	hips, S	corpora	ations, e	states,	trusts, REN	/ICs, e	etc.)	ର	N91
Departme	ent of the Treasury			Attac	h to Form 1040), 1040	-SR, 104	10-NR, o	r 1041.				ک Attach	
Internal F	Revenue Service (99)		► Go	to www.irs.go	v/ScheduleE f	or inst	ructions	and the	latest i	nformation			Seque	nce No. 13
.,	shown on return													/ number
	KUMAR MOR.												L-3480	
Part					state and Ro	-		-				- ·		
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	l you make any													
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С								С						
Туре с	of Property:													
-	le Family Resid		3 Va	acation/Short	-Term Rental	5 La	nd	7	7 Self-I	Rental				
	i-Family Reside	ence	4 C	ommercial	-	6 Ro	yalties	8	3 Othe	r (describe)			
Incom	-				Properties:			Α		E	3			С
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7	Cleaning and r					7			600.					
8	Commissions.					8			500.					
9	Insurance					9								
10	Legal and othe					10								
11	Management f	-				11		\$	800.					
12	Mortgage inter					12								
13	Other interest.				,	13								
14	Repairs					14		2,0	000.					
15	Supplies					15			200.					
16	Taxes					16								
17	Utilities					17		2,0	000.					
18	Depreciation e	xpense	e or depl	etion		18								
19	Other (list) 🕨					19								
20	Total expenses	s. Add	lines 5 th	nrough 19 .		20		6,0	600.					
21	Subtract line 2													
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020	on Form 8582	-				22	(00.)		5.	00.)
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26	Total rental re										t t	- (· /
						,v						1		

SCHEDULE E

-6,100. Schedule E (Form 1040) 2021

26

OMB No. 1545-0074

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

For Paperwork Reduction Act Notice, see the separate instructions.



e-File DECLARATION FOR ELECTRONIC FILING



Keep this form for your records. Do not send this form to the State of Maryland unless specifically requested to do so. See Instructions.

ARLIN KUMAR MORA 286813486 First Nome MI Last Name SSW/Tarpayer Identification Num SRIJA MI PEDAPUDI 977944916 Speaks First Name MI SSW/Tarpayer Identification Num Part I Tax Return Information (whole dollars only) 1.					
SRIJA PEDAPUDI 977944916 Spould's First Name SRITA SRITA SRITA Part I Tax Return Information (whole dollars only) I. Amount of overpayment to be applied to 2022 estimated tax I			MORA	28681348	6
GRIJJA PEDAPUDI 977944916 Socuest Pirk Name Socuest Pirk Name 955/Toppyer Identification Num Part I Tax Return Information (whole dollars only) 1.	First Name	MI	Last Name	SSN/Taxpayer 1	Identification Number
1. Amount of overpayment to be applied to 2022 estimated tax			PEDAPUDI	97794491	.6
1. Amount of overpayment to be applied to 2022 estimated tax	Spouse's First Name	MI	Spouse's Last Name	SSN/Taxpayer 1	Identification Number
1. Amount of overpayment to be applied to 2022 estimated tax	Part I Tax Return Information (v	whole dollars onl	y)		
2. Amount of overpayment to be refunded to you REFUND 2. 1195 3. Total amount due (Pay in full by April 15, 2022. See instructions.)					
3. Total amount due (Pay in full by April 15, 2022. See instructions.)	1. Amount of overpayment to be applied	ed to 2022 estima	ted tax	1	
3. Total amount due (Pay in full by April 15, 2022. See instructions.)	2. Amount of overpayment to be refun	ded to vou			1195
Part II Taxpayer Declaration and Signature Authorization Under penalties of perjury, I declare that I have compared the information contained on my electronic return with the informatints I provided to my Electronic Return Originator (ERO) or entered on-line and that the name(s) and amounts described all agree with the amounts shown on the corresponding lines of my 2021 Maryland electronic income tax return. To the best of knowledge and belief, my return is true, correct and complete. I consent that my return, including accompanying schedules statements, be sent to the Maryland Revenue Administration Division by my Electronic Return Originator or by my electronic resoftware provider. Your PIN: check one box only I authorize GLOBAL TAXES LLC ERO firm name as my signature on my tax year 2021 electronically filed income tax return. Check this box only if you an entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Your signature 					
Under penalties of perjury, I declare that I have compared the information contained on my electronic return with the information that I provided to my Electronic Return Originator (ERO) or entered on-line and that the name(s) and amounts described al argee with the amounts shown on the corresponding lines of my 2021 Maryland electronic income tax return. The best of knowledge and belief, my return is true, correct and complete. I consent that my return, including accompanying schedules statements, be sent to the Maryland Revenue Administration Division by my Electronic Return Originator or by my electronic resoftware provider. Your PIN: check one box only I authorize GLOBAL TAXES LLC to enter or generate my PIN 13486 Enter five di bo not ente zeros. I will enter my PIN as my signature on my tax year 2021 electronically filed income tax return. I will enter my PIN as my signature on my tax year 2021 electronically filed income tax return. 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 Date Spouse's PIN: check one box only Enter five di Do not ente zeros. I will enter my PIN as my signature on my tax year 2021 electronically filed income tax return. Check this box only if you are entering your own pix tax year 2021 electronically filed income tax return. 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 Date Error five di Using the Practitioner PIN Method Conly Practitioner PI	3. Total amount due (Pay in full by Apr	il 15, 2022. See i	nstructions.)		·
Under penalties of perjury, I declare that I have compared the information contained on my electronic return with the information that I provided to my Electronic Return Originator (ERO) or entered on-line and that the name(s) and amounts described al argee with the amounts shown on the corresponding lines of my 2021 Maryland electronic income tax return. The best of knowledge and belief, my return is true, correct and complete. I consent that my return, including accompanying schedules statements, be sent to the Maryland Revenue Administration Division by my Electronic Return Originator or by my electronic resoftware provider. Your PIN: check one box only I authorize GLOBAL TAXES LLC to enter or generate my PIN 13486 Enter five di bo not ente zeros. I will enter my PIN as my signature on my tax year 2021 electronically filed income tax return. I will enter my PIN as my signature on my tax year 2021 electronically filed income tax return. 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 Date Spouse's PIN: check one box only Enter five di Do not ente zeros. I will enter my PIN as my signature on my tax year 2021 electronically filed income tax return. Check this box only if you are entering your own pix tax year 2021 electronically filed income tax return. 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 Date Error five di Using the Practitioner PIN Method Conly Practitioner PI		<u>.</u>			
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	taxpayer(s). I confirm that I am submit	ting this return in			
ERO's signature Date 02182022	FRO's signature			Date _0218202	22

DO NOT MAIL



RESIDENT INCOME TAX RETURN



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	OR FISCAL YEAR BE	GINNING	202	21, ENDING			
	286813486		944916		an in Marka Markada	6.17 \~	THE CONTRACTOR OF MELLIN
	Your Social Security No	umber Spouse	's Social Security Numbe	r			A GALERIA DA DA DA DA DA DA D
Only	ARUN KUMAR		_				
실	Your First Name	MI	Dues your name n				: [문화] 영화: [문화] 입사는 [문제]
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Blue	Spouse's First Name	MI	www.ssa.gov.				
sing	PEDAPUDI						
Print Using	Spouse's Last Name						
Prir	8202 TALL TR	EES CT					
	Current Mailing Addres	s Line 1 (Street No	o. and Street Name or I	PO Box)			
				ELLICO	TT CITY	MD	21043
	Current Mailing Addres	s Line 2 (Apt No., 9	Suite No., Floor No.)	City or Towr	1	State	ZIP Code + 4
I							
L RE	Foreign Country Name				Foreigr	Province/State/County	
PC. to							
orde	Foreign Postal Code						
ney io F(taxable year for fiscal year
Place your W-2 wage and tax statements and ATTACH HERE with one staple. Do not attach check or money order to Form 502. Attach check or money order to Form PV.	taxpayers. See	bdivision Code (See		WARD	ruction 26.	n 6)	
and not che	8202 TALL						
age . Do tach	Maryland Physical	Address Line 1 (Stre	eet No. and Street Name)	(No PO Box)			
-2 w aple	Manulan d Dhusian		No. Cuito No. Elsou No.)				
ir W e st 502			No., Suite No., Floor No.)		21042		
h on	ELLICOTT City	CIIY		<u>MD</u> State	$\frac{21043}{\text{ZIP Code} + 4}$	HOWARD Maryland County	
vit Fo	City	I		State	ZIP Code + 4	Maryland County	
	FILING STATUS	1. Sing	gle (If you can be c	laimed on anot	her person's tax	return, use Filing S	Status 6.)
	CHECK ONE BOX ►	2. X Mar	ried filing joint retu	rn or spouse h	ad no income		
	See Instruction 1 if you are	3. Mar	ried filing separatel	y, Spouse SSN	▶		
	required to file.	4. 🗌 Hea	d of household				
		5. Qua	alifying widow(er) w	ith dependent	child		
		6. Dep	endent taxpayer (E	nter 0 in Exem	nption Box (A) -	See Instruction 7.)	1
	PART-YEAR	Dates of Mar	ryland Residence	(MM DD YYY)	() FROM	то	
	RESIDENT		residence:				
	See Instruction 26.	MILITARY: I	f you or your spous	e has non-Ma	ryland military ir		in the box
		Enter Military	y Income amount l	here:			



RESIDENT INCOME TAX RETURN



2021 Page 2

NAME ARUN KUN	AR MORA & SRIJA PEDAPUDI SSN 286813486	
EXEMPTIONS See Instruction 10. Check appropriate	A. ► X Yourself X Spouse Enter number checked 2 See Instruction 10 A. \$ _	<u> 6400 </u>
box(es). NOTE: If you are claiming	B. ► 65 or over ► 65 or over	
dependents, you must attach the Dependents'	▶ Blind ▶ Blind Enter number checked X \$1,000	·
Information Form 502B to this form to receive	C. ► Enter number from line 3 of Dependent Form 502B See Instruction 10 C. \$	·
the applicable exemption amount	D. Enter Total Exemptions (Add A, B and C.)	6400.
MARYLAND	Check here ► If you do not have health care coverage DOB (mm/dd/yyyy) ►	
HEALTH CARE	Check here \blacktriangleright If your spouse does not have health care coverage DOB (mm/dd/yyyy) \triangleright	
See Instruction 3.	Check here I authorize the Comptroller of Maryland to share information from this tax return Maryland Health Benefit Exchange for the purpose of determining pre-eligibility f health care coverage.	
	E-mail address 🕨	
INCOME	1. Adjusted gross income from your federal return	63921
See Instruction 11.	1a. wages, salaries and/or tips	
	1c. Capital Gain or (loss)	
	1d. Taxable Pensions, IRAs, Annuities (Attach Form 502R.) ► 1d.	
	1e. Place a "Y" in this box if the amount of your investment income is more than \$10,000 ▶	
	2. Tax-exempt interest on state and local obligations (bonds) other than Maryland ▶ 2.	
ADDITIONS	3. State retirement pickup	
TO MARYLAND	4. Lump sum distributions (from worksheet in Instruction 12.)	
INCOME	5. Other additions (Enter code letter(s) from Instruction 12.) ▶ 5.	
See Instruction 12.	6. Total additions (Add lines 2 through 5.) 6	
	7. Total federal adjusted gross income and Maryland additions (Add lines 1 and 6.)	
	8. Taxable refunds, credits or offsets of state and local income taxes included in line 1 ▶ 8.	
SUBTRACTIONS	9. Child and dependent care expenses 9	
FROM		
MARYLAND	10b. Pension exclusion from worksheet (13E) Yourself Spouse Solution Spouse Solution 10b.	
INCOME	11. Taxable Social Security and RR benefits (Tier I, II and supplemental) included in line $1 \dots \rightarrow 11$.	
See Instruction 13.		
	13. Subtractions from attached Form 502SU	· •
	14. Two-income subtraction from worksheet in Instruction 13 ▶ 14	
	15. Total subtractions (Add lines 8 through 14.)	
	16. Maryland adjusted gross income (Subtract line 15 from line 7.)	63921
	All taxpayers must select one method and check the appropriate box.	
DEDUCTION	X STANDARD DEDUCTION METHOD (Enter amount on line 17.)	
METHOD	ITEMIZED DEDUCTION METHOD (Complete lines 17a and 17b.)	
See Instruction 16.	17a. Total federal itemized deductions (from line 17, federal Schedule A) . ► 17a	·
	17b. State and local income taxes (See Instruction 14.) ▶ 17b	·
	Subtract line 17b from line 17a and enter amount on line 17.	4=00
	17. Deduction amount (Part-year residents see Instruction 26 (I and m).)	<u>4700</u> .
	18. Net income (Subtract line 17 from line 16.)	
	19. Exemption amount from Exemptions area (See Instruction 10.)	
	20. Taxable net income (Subtract line 19 from line 18.)	<u> </u>



RESIDENT INCOME TAX RETURN



2021 Page 3

NAME ARUN KUN	/IAR	MORA & SRIJA PEDAPUDI SSN 286813486						
	21.	Maryland tax (from Tax Table or Computation Worksheet Schedules I or II)	2457					
MARYLAND		Earned income credit (EIC) (See Instruction 18.)						
TAX COMPUTATION		Check this box if you are claiming the Maryland Earned Income Credit, but do not qualify for the federal Earned Income Credit.						
		Check this box if you are claiming the Maryland Earned Income Credit with a qualifying child.						
	23.	Poverty level credit (See Instruction 18.) ▶ 23	·					
	24.	Other income tax credits for individuals from Part AA, line 13 of Form 502CR (Attach Form 502CR.) 24.	·					
	25.	Business tax credits You must file this form electronically to claim business tax credits on Form 500CR.						
	26.	Total credits (Add lines 22 through 25.)						
	27.	Maryland tax after credits (Subtract line 26 from line 21.) If less than 0, enter 0	2457					
	28.	Local tax (See Instruction 19 for tax rates and worksheet.) Multiply line 20 by	1 6 0 0					
LOCAL TAX		your local tax rate .0 0320 or use the Local Tax Worksheet	1690.					
COMPUTATION	29.	Local earned income credit (from Local Earned Income Credit Worksheet in Instruction 19.) 29.	·					
	30.	Local poverty level credit (from Local Poverty Level Credit Worksheet in Instruction 19.) 30.						
	31.	Local tax credit from Part BB, line 1 of Form 502CR (Attach Form 502CR.)	·					
	32.	Total credits (Add lines 29 through 31.)						
	33.	Local tax after credits (Subtract line 32 from line 28.) If less than 0, enter 0						
	34.	Total Maryland and local tax (Add lines 27 and 33.)	4147					
		Contribution to Chesapeake Bay and Endangered Species Fund ▶ 35	•					
CONTRIBUTIONS	36.	6. Contribution to Developmental Disabilities Services and Support Fund ▶ 36						
See Instruction 20.	37.	Contribution to Maryland Cancer Fund	•					
	38.	Contribution to Fair Campaign Financing Fund						
	39.	Total Maryland income tax, local income tax and contributions (Add lines 34 through 38.) . 39.	4147					
	40.	Total Maryland and local tax withheld (Enter total from your W-2 and 1099 forms	50.40					
		and attach if MD tax is withheld.)	5342.					
	41.	2021 estimated tax payments, amount applied from 2020 return, payment made						
		with an extension request, and Form MW506NRS 41						
	42.	Refundable earned income credit (from worksheet in Instruction 21) ▶ 42						
	43.	Refundable income tax credits from Part CC, line 10 of Form 502CR						
		(Attach Form 502CR. See Instruction 21.)	· -					
		Total payments and credits (Add lines 40 through 43.)	5342.					
	45.	Balance due (If line 39 is more than line 44, subtract line 44 from line 39.						
		See Instruction 22.)	 1195					
	-	Overpayment (If line 39 is less than line 44, subtract line 39 from line 44.) ▶ 46.						
		Amount of overpayment TO BE APPLIED TO 2022 ESTIMATED TAX	·					
	48.	Amount of overpayment TO BE REFUNDED TO YOU						
REFUND		(Subtract line 47 from line 46.) See line 51	1195					
	49.	Check here if you are attaching Form 502UP. Enter interest charges from line 18,						
		or for late filing or homebuyer withdrawal penalty \blacktriangleright 49						
AMOUNT DUE	50.	TOTAL AMOUNT DUE (Add lines 45 and 49.)						
		IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN. INCLUDE FORM PV						

FORM 502	RESIDENT INCOM TAX RETURN	E	215020313	2021 Page 4	
NAME ARUN KUMAR MOR	A & SRIJA PEDAPUDI	SSN	286813486		
	. ,		he account information is correct. For		
	e United States, place "Y" in	this box	 or if you authorize the State information clearly and legibly. 		
51a. Type of account:	X Checking Saving	s 5 :	1b. Routing Number (9-digits) 🕨	081000032	
51c. Account Number ►	355006749489				
51d. Name(s) as it appear	s on the bank account				
 8167456197 Daytime telephone no. 	Home telephone no.			CODE NUMBERS (3 digits per line)	
			eturn with us. Check here ► if you ve your 1099G Income Tax Refund sta	a authorize your paid preparer atement electronically (See	
Under penalties of perjury, the best of my knowledge		nd comp	return, including accompanying schedu lete. If prepared by a person other the ge.		
Your signature	Date		Spouse's signature	Date	
GLOBAL TAXES LLC Printed name of the Preparer / or F	-irm's name		2530 PEBBLE CREEK LN Street address of preparer or Firm's address		
SYAM PRIYA RAM SAG			CUMMING GA 30041 City, State, ZIP Code + 4		
				2082703 arer's PTIN (Required by La w)	

For returns filed without payments, mail your completed return to:

Comptroller of Maryland Revenue Administration Division 110 Carroll Street Annapolis, MD 21411-0001

For returns filed with payments, attach check or money order to Form PV. Make checks payable to Comptroller of Maryland. Do not attach Form PV or check/money order to Form 502. Place Form PV with attached check/money order on TOP of Form 502 and mail to:

Comptroller of Maryland Payment Processing PO Box 8888 Annapolis, MD 21401-8888