

# IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.  
▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

|                                       |                                       |
|---------------------------------------|---------------------------------------|
| Taxpayer's name<br>SAI NEHA PATHIPATI | Social security number<br>034-41-1820 |
| Spouse's name                         | Spouse's social security number       |

## Part I Tax Return Information – Tax Year Ending December 31, 2021 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

**Note:** Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

|   |   |   |          |
|---|---|---|----------|
| 1 | Adjusted gross income   | 1 | 134,697. |
| 2 | Total tax   | 2 | 23,108.  |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 26,601.  |
| 4 | Amount you want refunded to you                               | 4 | 3,493.   |
| 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 perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best 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

I authorize GLOBAL TAXES LLC to enter or generate my PIN 

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 1 | 8 | 2 | 0 |
|---|---|---|---|---|

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

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

Your signature ▶  Date ▶ 3/17/2022

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

I authorize \_\_\_\_\_ to enter or generate my PIN 

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

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

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

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

## Practitioner PIN Method Returns Only—continue below

### Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| 5 | 8 | 7 | 2 | 7 | 8 | 6 | 1 | 9 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|---|

 Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am 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 Form – See Instructions  
Don't Submit This Form to the IRS Unless Requested To Do So**

Filing Status [X] Single [ ] Married filing jointly [ ] Married filing separately (MFS) [ ] Head of household (HOH) [ ] Qualifying widow(er) (QW)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent

Your first name and middle initial: SAI NEHA
Last name: PATHIPATI
Your social security number: 034-41-1820
If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number:

Home address (number and street). If you have a P.O. box, see instructions.
1901 HALFORD AVE
Apt. no.: 68
Presidential Election Campaign: Check here if you, or your spouse if filing jointly, want \$3 to go to this fund.
City, town, or post office. If you have a foreign address, also complete spaces below.
SANTA CLARA
State: CA
ZIP code: 95051
Foreign country name:
Foreign province/state/county:
Foreign postal code:
[ ] You [ ] Spouse

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? [ ] Yes [X] No

Standard Deduction Someone can claim: [ ] You as a dependent [ ] Your spouse as a dependent
[ ] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [ ] Were born before January 2, 1957 [ ] Are blind Spouse: [ ] Was born before January 2, 1957 [ ] Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) if qualifies for (see instructions): Child tax credit, Credit for other dependents. Includes dependents section with checkboxes for child tax credit and credit for other dependents.

Main income and deduction table with columns for line numbers, descriptions, and amounts. Includes sections for wages, interest, dividends, IRA distributions, pensions, social security benefits, capital gain, other income, adjustments, standard deduction, and taxable income.

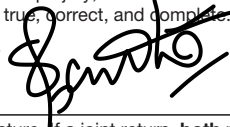
|                                      |  |            |         |
|--------------------------------------|--|------------|---------|
| <b>16</b>                            | <b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____   | <b>16</b>  | 23,108. |
| <b>17</b>                            | Amount from Schedule 2, line 3   | <b>17</b>  |         |
| <b>18</b>                            | Add lines 16 and 17  | <b>18</b>  | 23,108. |
| <b>19</b>                            | Nonrefundable child tax credit or credit for other dependents from Schedule 8812   | <b>19</b>  |         |
| <b>20</b>                            | Amount from Schedule 3, line 8   | <b>20</b>  |         |
| <b>21</b>                            | Add lines 19 and 20  | <b>21</b>  |         |
| <b>22</b>                            | Subtract line 21 from line 18. If zero or less, enter -0-  | <b>22</b>  | 23,108. |
| <b>23</b>                            | Other taxes, including self-employment tax, from Schedule 2, line 21   | <b>23</b>  | 0.      |
| <b>24</b>                            | Add lines 22 and 23. This is your <b>total tax</b>   | <b>24</b>  | 23,108. |
| <b>25</b>                            | Federal income tax withheld from:  |            |         |
| <b>a</b>                             | Form(s) W-2  | <b>25a</b> | 26,601. |
| <b>b</b>                             | Form(s) 1099   | <b>25b</b> |         |
| <b>c</b>                             | Other forms (see instructions)   | <b>25c</b> |         |
| <b>d</b>                             | Add lines 25a through 25c  | <b>25d</b> | 26,601. |
| <b>26</b>                            | 2021 estimated tax payments and amount applied from 2020 return  | <b>26</b>  |         |
| <b>27a</b>                           | Earned income credit (EIC) <span style="float:right">No</span><br>Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/> | <b>27a</b> |         |
| <b>b</b>                             | Nontaxable combat pay election   | <b>27b</b> |         |
| <b>c</b>                             | Prior year (2019) earned income  | <b>27c</b> |         |
| <b>28</b>                            | Refundable child tax credit or additional child tax credit from Schedule 8812  | <b>28</b>  |         |
| <b>29</b>                            | American opportunity credit from Form 8863, line 8   | <b>29</b>  |         |
| <b>30</b>                            | Recovery rebate credit. See instructions   | <b>30</b>  |         |
| <b>31</b>                            | Amount from Schedule 3, line 15  | <b>31</b>  |         |
| <b>32</b>                            | Add lines 27a and 28 through 31. These are your <b>total other payments and refundable credits</b>   | <b>32</b>  |         |
| <b>33</b>                            | Add lines 25d, 26, and 32. These are your <b>total payments</b>  | <b>33</b>  | 26,601. |
| <b>Refund</b>                        | <b>34</b> If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>   | <b>34</b>  | 3,493.  |
|                                      | <b>35a</b> Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>   | <b>35a</b> | 3,493.  |
| Direct deposit?<br>See instructions. | <b>b</b> Routing number 3 2 2 2 7 1 6 2 7 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings   |            |         |
|                                      | <b>d</b> Account number 3 9 2 7 6 7 0 3 1  |            |         |
|                                      | <b>36</b> Amount of line 34 you want <b>applied to your 2022 estimated tax</b>   | <b>36</b>  |         |
| <b>Amount You Owe</b>                | <b>37</b> <b>Amount you owe</b> . Subtract line 33 from line 24. For details on how to pay, see instructions   | <b>37</b>  |         |
|                                      | <b>38</b> Estimated tax penalty (see instructions)   | <b>38</b>  |         |

If you have a qualifying child, attach Sch. EIC.

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS? See instructions  **Yes**. Complete below.  **No**

Designee's name \_\_\_\_\_ Phone no. \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

**Sign Here** Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature  Date \_\_\_\_\_ Your occupation **ADVANCED ANALYTICS SPECIA** If the IRS sent you an Identity Protection PIN, enter it here (see inst.) \_\_\_\_\_

Spouse's signature \_\_\_\_\_ Date \_\_\_\_\_ Spouse's occupation \_\_\_\_\_ If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) \_\_\_\_\_

Phone no. (469) 766-7740 Email address NEHAPATHIPATI 222@YAHOO.COM

**Paid Preparer Use Only**

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM Date 03/12/2022 PTIN P02082703 Check if:  Self-employed

Firm's name GLOBAL TAXES LLC Phone no. (678) 965-9522

Firm's address 2530 Pebble Creek Ln Cumming GA 30041 Firm's EIN 30-1017196

**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](http://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  
SAI NEHA PATHIPATI

Your social security number  
034-41-1820

**Part I Additional Income**

|           |   |           |          |
|-----------|---|-----------|----------|
| <b>1</b>  | Taxable refunds, credits, or offsets of state and local income taxes . . . . .  | <b>1</b>  |          |
| <b>2a</b> | Alimony received . . . . .  | <b>2a</b> |          |
| <b>b</b>  | Date of original divorce or separation agreement (see instructions) ▶ _____   |           |          |
| <b>3</b>  | Business income or (loss). Attach Schedule C . . . . .  | <b>3</b>  |          |
| <b>4</b>  | Other gains or (losses). Attach Form 4797 . . . . .   | <b>4</b>  |          |
| <b>5</b>  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .   | <b>5</b>  | -10,100. |
| <b>6</b>  | Farm income or (loss). Attach Schedule F . . . . .  | <b>6</b>  |          |
| <b>7</b>  | Unemployment compensation . . . . .   | <b>7</b>  |          |
| <b>8</b>  | Other income:   |           |          |
| <b>a</b>  | Net operating loss . . . . .  | <b>8a</b> | ( )      |
| <b>b</b>  | Gambling income . . . . .   | <b>8b</b> |          |
| <b>c</b>  | Cancellation of debt . . . . .  | <b>8c</b> |          |
| <b>d</b>  | Foreign earned income exclusion from Form 2555 . . . . .  | <b>8d</b> | ( )      |
| <b>e</b>  | Taxable Health Savings Account distribution . . . . .   | <b>8e</b> |          |
| <b>f</b>  | Alaska Permanent Fund dividends . . . . .   | <b>8f</b> |          |
| <b>g</b>  | Jury duty pay . . . . .   | <b>8g</b> |          |
| <b>h</b>  | Prizes and awards . . . . .   | <b>8h</b> |          |
| <b>i</b>  | Activity not engaged in for profit income . . . . .   | <b>8i</b> |          |
| <b>j</b>  | Stock options . . . . .   | <b>8j</b> |          |
| <b>k</b>  | 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 . . . . . | <b>8k</b> |          |
| <b>l</b>  | Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .   | <b>8l</b> |          |
| <b>m</b>  | Section 951(a) inclusion (see instructions) . . . . .   | <b>8m</b> |          |
| <b>n</b>  | Section 951A(a) inclusion (see instructions) . . . . .  | <b>8n</b> |          |
| <b>o</b>  | Section 461(l) excess business loss adjustment . . . . .  | <b>8o</b> |          |
| <b>p</b>  | Taxable distributions from an ABLE account (see instructions) . . . . .   | <b>8p</b> |          |
| <b>z</b>  | Other income. List type and amount ▶ _____  | <b>8z</b> |          |
| <b>9</b>  | Total other income. Add lines 8a through 8z . . . . .   | <b>9</b>  |          |
| <b>10</b> | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .   | <b>10</b> | -10,100. |

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

Schedule 1 (Form 1040) 2021

**Part II Adjustments to Income**

|            |  |            |            |  |
|------------|--|------------|------------|--|
| <b>11</b>  | Educator expenses . . . . .  |            | <b>11</b>  |  |
| <b>12</b>  | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .  |            | <b>12</b>  |  |
| <b>13</b>  | Health savings account deduction. Attach Form 8889 . . . . .   |            | <b>13</b>  |  |
| <b>14</b>  | Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .  |            | <b>14</b>  |  |
| <b>15</b>  | Deductible part of self-employment tax. Attach Schedule SE . . . . .   |            | <b>15</b>  |  |
| <b>16</b>  | Self-employed SEP, SIMPLE, and qualified plans . . . . .   |            | <b>16</b>  |  |
| <b>17</b>  | Self-employed health insurance deduction . . . . .   |            | <b>17</b>  |  |
| <b>18</b>  | Penalty on early withdrawal of savings . . . . .   |            | <b>18</b>  |  |
| <b>19a</b> | Alimony paid . . . . .   |            | <b>19a</b> |  |
| <b>b</b>   | Recipient's SSN . . . . .  | ▶ _____    |            |  |
| <b>c</b>   | Date of original divorce or separation agreement (see instructions) ▶ _____  |            |            |  |
| <b>20</b>  | IRA deduction . . . . .  |            | <b>20</b>  |  |
| <b>21</b>  | Student loan interest deduction . . . . .  |            | <b>21</b>  |  |
| <b>22</b>  | Reserved for future use . . . . .  |            | <b>22</b>  |  |
| <b>23</b>  | Archer MSA deduction . . . . .   |            | <b>23</b>  |  |
| <b>24</b>  | Other adjustments:   |            |            |  |
| <b>a</b>   | Jury duty pay (see instructions) . . . . .   | <b>24a</b> |            |  |
| <b>b</b>   | Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit . . . . .                                       | <b>24b</b> |            |  |
| <b>c</b>   | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l . . . . .   | <b>24c</b> |            |  |
| <b>d</b>   | Reforestation amortization and expenses . . . . .  | <b>24d</b> |            |  |
| <b>e</b>   | Repayment of supplemental unemployment benefits under the Trade Act of 1974 . . . . .  | <b>24e</b> |            |  |
| <b>f</b>   | Contributions to section 501(c)(18)(D) pension plans . . . . .   | <b>24f</b> |            |  |
| <b>g</b>   | Contributions by certain chaplains to section 403(b) plans . . . . .   | <b>24g</b> |            |  |
| <b>h</b>   | Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) . . . . .  | <b>24h</b> |            |  |
| <b>i</b>   | 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 . . . . . | <b>24i</b> |            |  |
| <b>j</b>   | Housing deduction from Form 2555 . . . . .   | <b>24j</b> |            |  |
| <b>k</b>   | Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) . . . . .  | <b>24k</b> |            |  |
| <b>z</b>   | Other adjustments. List type and amount ▶ _____  | <b>24z</b> |            |  |
| <b>25</b>  | Total other adjustments. Add lines 24a through 24z . . . . .   |            | <b>25</b>  |  |
| <b>26</b>  | Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a . . . . .   |            | <b>26</b>  |  |

**SCHEDULE D**  
**(Form 1040)**

**Capital Gains and Losses**

OMB No. 1545-0074

**2021**

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](http://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

SAI NEHA PATHIPATI

Your social security number

034-41-1820

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)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

|  | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part I,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|--|----------------------------------|---------------------------------|---|---|
| <b>1a</b> 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 . |                                  |                                 |   |   |
| <b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .   | 4,280.                           | 2,963.                          | 3.  | 1,320.  |
| <b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .  |                                  |                                 |   |   |
| <b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .  |                                  |                                 |   |   |
| <b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .  |                                  |                                 |   | <b>4</b>  |
| <b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .   |                                  |                                 |   | <b>5</b>  |
| <b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .  |                                  |                                 |   | <b>6</b> ( )  |
| <b>7</b> <b>Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .   |                                  |                                 |   | <b>7</b> 1,320.   |

**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.

This form may be easier to complete if you round off cents to whole dollars.

|   | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part II,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|---|----------------------------------|---------------------------------|--|---|
| <b>8a</b> 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 . |                                  |                                 |  |   |
| <b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .  | 3,398.                           | 1,679.                          |  | 1,719.  |
| <b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .   |                                  |                                 |  |   |
| <b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .  |                                  |                                 |  |   |
| <b>11</b> 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 . . . . .  |                                  |                                 |  | <b>11</b>   |
| <b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .  |                                  |                                 |  | <b>12</b>   |
| <b>13</b> Capital gain distributions. See the instructions . . . . .  |                                  |                                 |  | <b>13</b>   |
| <b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .  |                                  |                                 |  | <b>14</b> ( )   |
| <b>15</b> <b>Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then, go to Part III on the back . . . . .  |                                  |                                 |  | <b>15</b> 1,719.  |

**Part III Summary**

|           |  |           |        |
|-----------|--|-----------|--------|
| <b>16</b> | Combine lines 7 and 15 and enter the result . . . . .  | <b>16</b> | 3,039. |
|           | <ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li> </ul> |           |        |
| <b>17</b> | Are lines 15 and 16 <b>both</b> gains?<br><input checked="" type="checkbox"/> <b>Yes.</b> Go to line 18.<br><input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.   |           |        |
| <b>18</b> | If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . ▶   | <b>18</b> |        |
| <b>19</b> | If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . . ▶   | <b>19</b> |        |
| <b>20</b> | Are lines 18 and 19 both zero or blank and are you not filing Form 4952?<br><input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16. <b>Don't</b> complete lines 21 and 22 below.<br><br><input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.     |           |        |
| <b>21</b> | If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of:<br><ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } . . . . .</li> </ul> <p><b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.</p>  | <b>21</b> | ( )    |
| <b>22</b> | Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?<br><br><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16.<br><br><input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.  |           |        |

Form **8949**

**Sales and Other Dispositions of Capital Assets**

OMB No. 1545-0074

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form8949](http://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) shown on return  
SAI NEHA PATHIPATI

Social security number or taxpayer identification number  
034-41-1820

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

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

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

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

- (A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C)** Short-term transactions not reported to you on Form 1099-B

| 1 | (a)<br>Description of property<br>(Example: 100 sh. XYZ Co.) | (b)<br>Date acquired<br>(Mo., day, yr.) | (c)<br>Date sold or<br>disposed of<br>(Mo., day, yr.) | (d)<br>Proceeds<br>(sales price)<br>(see instructions) | (e)<br>Cost or other basis.<br>See the <b>Note</b> below<br>and see <i>Column (e)</i><br>in the separate<br>instructions | Adjustment, if any, to gain or loss.<br>If you enter an amount in column (g),<br>enter a code in column (f).<br><b>See the separate instructions.</b> |                                | (h)<br><b>Gain or (loss).</b><br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|---|--|---|---|--|--|---|--------------------------------|--|
|   |  |   |   |  |  | (f)<br>Code(s) from<br>instructions   | (g)<br>Amount of<br>adjustment |  |
|   | Robinhood Securities LLC                                     | 01/26/21                                | 10/06/21  | 4,069.   | 2,958.   | W   | 3.                             | 1,114.   |
|   | ROBINHOOD CRYPTO LLC   | 01/22/21                                | 04/16/21  | 211.   | 5.   |   |                                | 206.   |
|   |  |   |   |  |  |   |                                |  |
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**2 Totals.** Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, **line 1b** (if **Box A** above is checked), **line 2** (if **Box B** above is checked), or **line 3** (if **Box C** above is checked) ▶

|  |        |        |  |    |        |
|--|--------|--------|--|----|--------|
|  | 4,280. | 2,963. |  | 3. | 1,320. |
|--|--------|--------|--|----|--------|

**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.



Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side  
**SAI NEHA PATHIPATI**

**Social security number or taxpayer identification number**  
**034-41-1820**

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)<br>Description of property<br>(Example: 100 sh. XYZ Co.) | (b)<br>Date acquired<br>(Mo., day, yr.) | (c)<br>Date sold or disposed of<br>(Mo., day, yr.) | (d)<br>Proceeds<br>(sales price)<br>(see instructions) | (e)<br>Cost or other basis.<br>See the <b>Note</b> below<br>and see <i>Column (e)</i><br>in the separate<br>instructions | Adjustment, if any, to gain or loss.<br>If you enter an amount in column (g),<br>enter a code in column (f).<br><b>See the separate instructions.</b> |                                | (h)<br><b>Gain or (loss).</b><br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|---|--|---|--|--|--|---|--------------------------------|--|
|   |  |   |  |  |  | (f)<br>Code(s) from<br>instructions   | (g)<br>Amount of<br>adjustment |  |
|   | Robinhood Securities LLC                                     | 03/16/21                                | 10/06/21   | 3,398.   | 1,679.   |   |                                | 1,719.   |
|   |  |   |  |  |  |   |                                |  |
|   |  |   |  |  |  |   |                                |  |
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|   |  |   |  |  |  |   |                                |  |
| <b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 8b</b> (if <b>Box D</b> above is checked), <b>line 9</b> (if <b>Box E</b> above is checked), or <b>line 10</b> (if <b>Box F</b> above is checked) ▶ |  |   |  | 3,398.   | 1,679.   |   |                                | 1,719.   |

**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.

**SCHEDULE E  
(Form 1040)**

**Supplemental Income and Loss**

OMB No. 1545-0074

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

**2021**

Department of the Treasury  
Internal Revenue Service (99)

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

Attachment  
Sequence No. **13**

▶ Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

Name(s) shown on return

Your social security number

SAI NEHA PATHIPATI

034-41-1820

**Part I Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

**A** Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions . . . . .  Yes  No  
**B** If "Yes," did you or will you file required Form(s) 1099? . . . . .  Yes  No

|           |   |  |                  |                   |                          |
|-----------|---|--|------------------|-------------------|--------------------------|
| <b>1a</b> | Physical address of each property (street, city, state, ZIP code) |  |                  |                   |                          |
| <b>A</b>  | MANIKONDA HYDERABAD TELANGANA IN 500089                           |  |                  |                   |                          |
| <b>B</b>  |   |  |                  |                   |                          |
| <b>C</b>  |   |  |                  |                   |                          |
| <b>1b</b> | Type of Property (from list below)                                | <b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions. | Fair Rental Days | Personal Use Days | QJV                      |
| <b>A</b>  | 3   |  | <b>A</b> 365     | 0                 | <input type="checkbox"/> |
| <b>B</b>  |   |  | <b>B</b>         |                   | <input type="checkbox"/> |
| <b>C</b>  |   |  | <b>C</b>         |                   | <input type="checkbox"/> |

**Type of Property:**

- 1 Single Family Residence      3 Vacation/Short-Term Rental      5 Land      7 Self-Rental
- 2 Multi-Family Residence      4 Commercial      6 Royalties      8 Other (describe)

| Income:  |                              | Properties: | A    | B | C |
|----------|------------------------------|-------------|------|---|---|
| <b>3</b> | Rents received . . . . .     | <b>3</b>    | 600. |   |   |
| <b>4</b> | Royalties received . . . . . | <b>4</b>    |      |   |   |

**Expenses:**

|           |  |           |         |  |  |
|-----------|--|-----------|---------|--|--|
| <b>5</b>  | Advertising . . . . .                                    | <b>5</b>  |         |  |  |
| <b>6</b>  | Auto and travel (see instructions) . . . . .             | <b>6</b>  |         |  |  |
| <b>7</b>  | Cleaning and maintenance . . . . .                       | <b>7</b>  | 1,200.  |  |  |
| <b>8</b>  | Commissions. . . . .                                     | <b>8</b>  |         |  |  |
| <b>9</b>  | Insurance . . . . .                                      | <b>9</b>  |         |  |  |
| <b>10</b> | Legal and other professional fees . . . . .              | <b>10</b> |         |  |  |
| <b>11</b> | Management fees . . . . .                                | <b>11</b> | 1,800.  |  |  |
| <b>12</b> | Mortgage interest paid to banks, etc. (see instructions) | <b>12</b> |         |  |  |
| <b>13</b> | Other interest. . . . .                                  | <b>13</b> |         |  |  |
| <b>14</b> | Repairs. . . . .   | <b>14</b> | 2,200.  |  |  |
| <b>15</b> | Supplies . . . . .                                       | <b>15</b> | 2,600.  |  |  |
| <b>16</b> | Taxes . . . . .  | <b>16</b> |         |  |  |
| <b>17</b> | Utilities. . . . .                                       | <b>17</b> | 2,900.  |  |  |
| <b>18</b> | Depreciation expense or depletion . . . . .              | <b>18</b> |         |  |  |
| <b>19</b> | Other (list) ▶ . . . . .                                 | <b>19</b> |         |  |  |
| <b>20</b> | Total expenses. Add lines 5 through 19 . . . . .         | <b>20</b> | 10,700. |  |  |

|           |   |           |             |     |     |
|-----------|---|-----------|-------------|-----|-----|
| <b>21</b> | Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 . . . . . | <b>21</b> | -10,100.    |     |     |
| <b>22</b> | Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . .  | <b>22</b> | ( 10,100. ) | ( ) | ( ) |

|            |  |            |         |  |
|------------|--|------------|---------|--|
| <b>23a</b> | Total of all amounts reported on line 3 for all rental properties . . . . .  | <b>23a</b> | 600.    |  |
| <b>b</b>   | Total of all amounts reported on line 4 for all royalty properties . . . . . | <b>23b</b> |         |  |
| <b>c</b>   | Total of all amounts reported on line 12 for all properties . . . . .        | <b>23c</b> |         |  |
| <b>d</b>   | Total of all amounts reported on line 18 for all properties . . . . .        | <b>23d</b> |         |  |
| <b>e</b>   | Total of all amounts reported on line 20 for all properties . . . . .        | <b>23e</b> | 10,700. |  |

|           |  |           |             |
|-----------|--|-----------|-------------|
| <b>24</b> | <b>Income.</b> Add positive amounts shown on line 21. Do not include any losses . . . . .                                    | <b>24</b> |             |
| <b>25</b> | <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . . | <b>25</b> | ( 10,100. ) |

|           |   |           |          |
|-----------|---|-----------|----------|
| <b>26</b> | <b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . . | <b>26</b> | -10,100. |
|-----------|---|-----------|----------|

# Health Savings Accounts (HSAs)

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**  
▶ **Go to [www.irs.gov/Form8889](http://www.irs.gov/Form8889) for instructions and the latest information.**

**2021**  
Attachment  
Sequence No. **52**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
**SAI NEHA PATHIPATI**

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶ **034-41-1820**

**Before you begin:** Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

|           |  |   |                                 |
|-----------|--|---|---------------------------------|
| <b>1</b>  | Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2021. See instructions . . . . . ▶   | <input checked="" type="checkbox"/> Self-only | <input type="checkbox"/> Family |
| <b>2</b>  | HSA contributions you made for 2021 (or those made on your behalf), including those made from January 1, 2022, through April 15, 2022, that were for 2021. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions . . . . .                        | <b>2</b>                                      | 0.                              |
| <b>3</b>  | If you were under age 55 at the end of 2021 and, on the first day of <b>every</b> month during 2021, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,600 (\$7,200 for family coverage). <b>All others</b> , see the instructions for the amount to enter . . . . . | <b>3</b>                                      | 3,600.                          |
| <b>4</b>  | Enter the amount you and your employer contributed to your Archer MSAs for 2021 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2021, also include any amount contributed to your spouse's Archer MSAs . . . . .                                       | <b>4</b>                                      | 0.                              |
| <b>5</b>  | Subtract line 4 from line 3. If zero or less, enter -0- . . . . .  | <b>5</b>                                      | 3,600.                          |
| <b>6</b>  | Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2021, see the instructions for the amount to enter . . . . .   | <b>6</b>                                      | 3,600.                          |
| <b>7</b>  | If you were age 55 or older at the end of 2021, married, and you or your spouse had family coverage under an HDHP at any time during 2021, enter your additional contribution amount. See instructions . . . . .   | <b>7</b>                                      | 0.                              |
| <b>8</b>  | Add lines 6 and 7 . . . . .  | <b>8</b>                                      | 3,600.                          |
| <b>9</b>  | Employer contributions made to your HSAs for 2021 . . . . .  | <b>9</b>                                      | 1,050.                          |
| <b>10</b> | Qualified HSA funding distributions . . . . .  | <b>10</b>                                     |                                 |
| <b>11</b> | Add lines 9 and 10 . . . . .   | <b>11</b>                                     | 1,050.                          |
| <b>12</b> | Subtract line 11 from line 8. If zero or less, enter -0- . . . . .   | <b>12</b>                                     | 2,550.                          |
| <b>13</b> | <b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 <b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax. See instructions.  | <b>13</b>                                     | 0.                              |

**Part II HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

|            |  |            |  |
|------------|--|------------|--|
| <b>14a</b> | Total distributions you received in 2021 from all HSAs (see instructions) . . . . .  | <b>14a</b> |  |
| <b>b</b>   | Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions . . . . . | <b>14b</b> |  |
| <b>c</b>   | Subtract line 14b from line 14a . . . . .  | <b>14c</b> |  |
| <b>15</b>  | Qualified medical expenses paid using HSA distributions (see instructions) . . . . .   | <b>15</b>  |  |
| <b>16</b>  | <b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8e . . . . .  | <b>16</b>  |  |
| <b>17a</b> | If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here . . . . . ▶ <input type="checkbox"/>  |            |  |
| <b>b</b>   | <b>Additional 20% tax</b> (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c . . . . .                  | <b>17b</b> |  |

**Part III Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

|           |   |           |  |
|-----------|---|-----------|--|
| <b>18</b> | Last-month rule . . . . .   | <b>18</b> |  |
| <b>19</b> | Qualified HSA funding distribution . . . . .  | <b>19</b> |  |
| <b>20</b> | <b>Total income.</b> Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8z, and enter "HSA" and the amount on the dotted line . . . . . | <b>20</b> |  |
| <b>21</b> | <b>Additional tax.</b> Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d . . . . .                        | <b>21</b> |  |

**Passive Activity Loss Limitations**

Department of the Treasury  
Internal Revenue Service (99)

▶ See separate instructions.  
▶ Attach to Form 1040, 1040-SR, or 1041.  
▶ Go to [www.irs.gov/Form8582](http://www.irs.gov/Form8582) for instructions and the latest information.

Name(s) shown on return

SAI NEHA PATHIPATI

Identifying number

034-41-1820

**Part I 2021 Passive Activity Loss**

**Caution:** Complete Parts IV and V before completing Part I.

**Rental Real Estate Activities With Active Participation** (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** in the instructions.)

|  |           |   |           |
|--|-----------|---|-----------|
| <b>1a</b> Activities with net income (enter the amount from Part IV, column (a)) . . . . .   | <b>1a</b> |   |           |
| <b>b</b> Activities with net loss (enter the amount from Part IV, column (b)) . . . . .      | <b>1b</b> | ( | )         |
| <b>c</b> Prior years' unallowed losses (enter the amount from Part IV, column (c)) . . . . . | <b>1c</b> | ( | )         |
| <b>d</b> Combine lines 1a, 1b, and 1c . . . . .  |           |   | <b>1d</b> |

**All Other Passive Activities**

|   |           |     |                |
|---|-----------|-----|----------------|
| <b>2a</b> Activities with net income (enter the amount from Part V, column (a)) . . . . .   | <b>2a</b> | 0 . |                |
| <b>b</b> Activities with net loss (enter the amount from Part V, column (b)) . . . . .      | <b>2b</b> | (   | 0 .)           |
| <b>c</b> Prior years' unallowed losses (enter the amount from Part V, column (c)) . . . . . | <b>2c</b> | (   | -2 .)          |
| <b>d</b> Combine lines 2a, 2b, and 2c . . . . .   |           |     | <b>2d</b> -2 . |

|  |          |  |      |
|--|----------|--|------|
| <b>3</b> Combine lines 1d and 2d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used . . . . . | <b>3</b> |  | -2 . |
|--|----------|--|------|

- If line 3 is a loss and:
- Line 1d is a loss, go to Part II.
  - Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

**Caution:** If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II. Instead, go to line 10.

**Part II Special Allowance for Rental Real Estate Activities With Active Participation**

**Note:** Enter all numbers in Part II as positive amounts. See instructions for an example.

|  |          |     |
|--|----------|-----|
| <b>4</b> Enter the <b>smaller</b> of the loss on line 1d or the loss on line 3 . . . . .   | <b>4</b> |     |
| <b>5</b> Enter \$150,000. If married filing separately, see instructions . . . . .   | <b>5</b> |     |
| <b>6</b> Enter modified adjusted gross income, but not less than zero. See instructions<br><b>Note:</b> If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7. | <b>6</b> |     |
| <b>7</b> Subtract line 6 from line 5 . . . . .   | <b>7</b> |     |
| <b>8</b> Multiply line 7 by 50% (0.50). <b>Do not</b> enter more than \$25,000. If married filing separately, see instructions   | <b>8</b> |     |
| <b>9</b> Enter the <b>smaller</b> of line 4 or line 8 . . . . .  | <b>9</b> | 0 . |

**Part III Total Losses Allowed**

|  |           |     |
|--|-----------|-----|
| <b>10</b> Add the income, if any, on lines 1a and 2a and enter the total . . . . .   | <b>10</b> | 0 . |
| <b>11</b> <b>Total losses allowed from all passive activities for 2021.</b> Add lines 9 and 10. See instructions to find out how to report the losses on your tax return . . . . . | <b>11</b> | 0 . |

**Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c.** See instructions.

| Name of activity                                      | Current year             |                        | Prior years                  | Overall gain or loss |          |
|---|--------------------------|------------------------|------------------------------|----------------------|----------|
|   | (a) Net income (line 1a) | (b) Net loss (line 1b) | (c) Unallowed loss (line 1c) | (d) Gain             | (e) Loss |
|   |                          |                        |                              |                      |          |
|   |                          |                        |                              |                      |          |
|   |                          |                        |                              |                      |          |
|   |                          |                        |                              |                      |          |
|   |                          |                        |                              |                      |          |
|   |                          |                        |                              |                      |          |
| <b>Total.</b> Enter on Part I, lines 1a, 1b, and 1c ▶ |                          |                        |                              |                      |          |

**Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c.** See instructions.

| Name of activity                                      | Current year             |                        | Prior years                  | Overall gain or loss |          |
|---|--------------------------|------------------------|------------------------------|----------------------|----------|
|   | (a) Net income (line 2a) | (b) Net loss (line 2b) | (c) Unallowed loss (line 2c) | (d) Gain             | (e) Loss |
| MANIKONDA   | 0.                       | 0.                     | 2.                           |                      | 2.       |
|   |                          |                        |                              |                      |          |
|   |                          |                        |                              |                      |          |
| <b>Total.</b> Enter on Part I, lines 2a, 2b, and 2c ▶ | 0.                       | 0.                     | 2.                           |                      |          |

**Part VI Use This Part if an Amount Is Shown on Part II, Line 9.** See instructions.

| Name of activity         | Form or schedule and line number to be reported on (see instructions) | (a) Loss | (b) Ratio | (c) Special allowance | (d) Subtract column (c) from column (a). |
|--------------------------|---|----------|-----------|-----------------------|--|
|                          |   |          |           |                       |  |
|                          |   |          |           |                       |  |
|                          |   |          |           |                       |  |
| <b>Total</b> . . . . . ▶ |   |          | 1.00      |                       |  |

**Part VII Allocation of Unallowed Losses.** See instructions.

| Name of activity         | Form or schedule and line number to be reported on (see instructions) | (a) Loss | (b) Ratio  | (c) Unallowed loss |
|--------------------------|---|----------|------------|--------------------|
| MANIKONDA                | E Ln 22   | 2.       | 1.00000000 | 2.                 |
|                          |   |          |            |                    |
|                          |   |          |            |                    |
| <b>Total</b> . . . . . ▶ |   | 2.       | 1.00       | 2.                 |

**Part VIII Allowed Losses.** See instructions.

| Name of activity         | Form or schedule and line number to be reported on (see instructions) | (a) Loss | (b) Unallowed loss | (c) Allowed loss |
|--------------------------|---|----------|--------------------|------------------|
| MANIKONDA                | E Ln 22   | 2.       | 2.                 | 0.               |
|                          |   |          |                    |                  |
|                          |   |          |                    |                  |
| <b>Total</b> . . . . . ▶ |   | 2.       | 2.                 | 0.               |

TAXABLE YEAR

FORM

2021

California e-file Signature Authorization for Individuals

8879

Table with 2 columns: Field Name, Value. Rows: Your name (SAI NEHA PATHIPATI), Your SSN or ITIN (034-41-1820), Spouse's/RDP's name, Spouse's/RDP's SSN or ITIN.

Part I Tax Return Information (whole dollars only)

Table with 2 columns: Line Number, Amount. Rows: 1 California adjusted gross income (AGI) 135,747; 2 Amount You Owe 342; 3 Refund or No Amount Due.

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

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2021, and to the best of my knowledge and belief, it is true, correct, and complete.

Taxpayer's PIN: check one box only

[X] I authorize GLOBAL TAXES LLC to enter my PIN 1 1 8 2 0 as my signature on my 2021 e-filed California individual income tax return.

[ ] I will enter my PIN as my signature on my 2021 e-filed California individual 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 [Signature] Date

Spouse's/RDP's PIN: check one box only

[ ] I authorize to enter my PIN as my signature on my 2021 e-filed California individual income tax return.

[ ] I will enter my PIN as my signature on my 2021 e-filed California individual 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/RDP's signature Date

Practitioner PIN Method Returns Only -- continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's Electronic Filer Identification Number (EFIN)/PIN.

Enter your six-digit EFIN followed by your five-digit self-selected PIN.

Table with 11 cells containing digits: 5, 8, 7, 2, 7, 8, 6, 1, 9, 8, 9

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the 2021 California individual income tax return 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 FTB Pub. 1345, 2021 Handbook for Authorized e-file Providers.

ERO's signature Date 03/12/2022

**Voucher at bottom of page.**

**DO NOT MAIL A PAPER COPY OF YOUR TAX RETURN WITH THE PAYMENT VOUCHER.**  
If amount of payment is zero, do not mail this voucher.

**WHERE TO FILE:** Using black or blue ink, make your check or money order payable to the "Franchise Tax Board." Write the taxpayer's social security number (SSN) or individual taxpayer identification number (ITIN) and "2021 FTB 3582" on the check or money order. Detach the voucher below. Enclose, but **do not** staple, payment with the voucher and mail to:

**FRANCHISE TAX BOARD  
PO BOX 942867  
SACRAMENTO CA 94267-0008**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

**WHEN TO FILE: Calendar Year – File and pay by April 18, 2022.**

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

**ONLINE SERVICES:** Use Web Pay and enjoy the ease of our free online payment service. Go to **ftb.ca.gov/pay** for more information.  
**Do not mail this voucher if you use Web Pay.**

--- DETACH HERE --- IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER --- DETACH HERE ---

**CAUTION:** You may be required to pay electronically. See instructions.

TAXABLE YEAR

CALIFORNIA FORM

**2021 Payment Voucher for Individual e-filed Returns**

**3582 (e-file)**

034-41-1820 PATH  
SAINIHA PATHIPATI

21

1901 HALFORD AVE APT 68  
SANTA CLARA CA 95051

Amount of Payment 342.

# 2021 California Resident Income Tax Return

# 540

APE

ATTACH FEDERAL RETURN

034-41-1820 PATH  
SAINIHA PATHIPATI

21

1901 HALFORD AVE APT 68  
SANTA CLARA CA 95051

02-22-1995

Principal Residence

Enter your county at time of filing (see instructions)

SANTA CLARA

If your address above is the same as your principal/physical residence address at the time of filing, check this box

If not, enter below your principal/physical residence address at the time of filing.

Street address (number and street) (If foreign address, see instructions.)

Apt. no/ste. no.

City

State

ZIP code

If your California filing status is different from your federal filing status, check the box here

Filing Status

1  Single 4  Head of household (with qualifying person). See instructions.

2  Married/RDP filing jointly. See inst. 5  Qualifying widow(er). Enter year spouse/RDP died.

See instructions.

3  Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here.

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst . . . . .

Exemptions

For line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line.

Whole dollars only

7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions.  7  X \$129 =  \$ 129

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2.  8  X \$129 =  \$

9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions.  9  X \$129 =  \$



Your name:  Your SSN or ITIN:

**10 Dependents: Do not include yourself or your spouse/RDP.**

|                                 | Dependent 1          | Dependent 2          | Dependent 3          |
|---------------------------------|----------------------|----------------------|----------------------|
| First Name                      | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Last Name                       | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| SSN. See instructions.          | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Dependent's relationship to you | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Total dependent exemptions ..... ● 10  X \$400 = ● \$

**11 Exemption amount:** Add line 7 through line 10. Transfer this amount to line 32 ..... ● 11 \$

|           |   |                                     |                                  |
|-----------|---|-------------------------------------|----------------------------------|
| <b>12</b> | State wages from your federal Form(s) W-2, box 16 ..... ● 12  | <input type="text" value="142790"/> | <input type="text" value=".00"/> |
| <b>13</b> | Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11 ..... ● 13   | <input type="text" value="134697"/> | <input type="text" value=".00"/> |
| <b>14</b> | California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B. .... ● 14  | <input type="text"/>                | <input type="text" value=".00"/> |
| <b>15</b> | Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions ..... 15  | <input type="text" value="134697"/> | <input type="text" value=".00"/> |
| <b>16</b> | California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 27, column C. .... ● 16   | <input type="text" value="1050"/>   | <input type="text" value=".00"/> |
| <b>17</b> | California adjusted gross income. Combine line 15 and line 16 ..... ● 17  | <input type="text" value="135747"/> | <input type="text" value=".00"/> |
| <b>18</b> | Enter the larger of {<br>Your California <b>itemized deductions</b> from Schedule CA (540), Part II, line 30; <b>OR</b><br>Your California <b>standard deduction</b> shown below for your filing status:<br>• Single or Married/RDP filing separately. .... \$4,803<br>• Married/RDP filing jointly, Head of household, or Qualifying widow(er) . . . \$9,606<br>If Married/RDP filing separately or the box on line 6 is checked, <b>STOP.</b> See instructions ..... ● 18 | <input type="text" value="4803"/>   | <input type="text" value=".00"/> |
| <b>19</b> | Subtract line 18 from line 17. This is your <b>taxable income</b> . If less than zero, enter -0- ..... ● 19   | <input type="text" value="130944"/> | <input type="text" value=".00"/> |

|           |  |                                   |                                  |
|-----------|--|-----------------------------------|----------------------------------|
| <b>31</b> | Tax. Check the box if from: <input type="checkbox"/> Tax Table <input checked="" type="checkbox"/> Tax Rate Schedule<br>● <input type="checkbox"/> FTB 3800 ● <input type="checkbox"/> FTB 3803 ..... ● 31 | <input type="text" value="9180"/> | <input type="text" value=".00"/> |
| <b>32</b> | Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$212,288, see instructions. .... ● 32  | <input type="text" value="129"/>  | <input type="text" value=".00"/> |
| <b>33</b> | Subtract line 32 from line 31. If less than zero, enter -0- ..... ● 33   | <input type="text" value="9051"/> | <input type="text" value=".00"/> |
| <b>34</b> | Tax. See instructions. Check the box if from: ● <input type="checkbox"/> Schedule G-1 ● <input type="checkbox"/> FTB 5870A. . . ● 34   | <input type="text"/>              | <input type="text" value=".00"/> |
| <b>35</b> | Add line 33 and line 34. .... ● 35   | <input type="text" value="9051"/> | <input type="text" value=".00"/> |

|           |   |                      |                                  |
|-----------|---|----------------------|----------------------------------|
| <b>40</b> | Nonrefundable Child and Dependent Care Expenses Credit. See instructions. .... ● 40     | <input type="text"/> | <input type="text" value=".00"/> |
| <b>43</b> | Enter credit name <input type="text"/> code ● <input type="text"/> and amount. . . ● 43 | <input type="text"/> | <input type="text" value=".00"/> |
| <b>44</b> | Enter credit name <input type="text"/> code ● <input type="text"/> and amount. . . ● 44 | <input type="text"/> | <input type="text" value=".00"/> |

Your name:  Your SSN or ITIN:

|                        |    |  |                                  |    |                                   |                                 |
|------------------------|----|--|----------------------------------|----|-----------------------------------|---------------------------------|
| <b>Special Credits</b> | 45 | To claim more than two credits. See instructions. Attach Schedule P (540). | <input type="radio"/>            | 45 | <input type="text"/>              | <input type="text" value="00"/> |
|                        | 46 | Nonrefundable Renter's Credit. See instructions                            | <input type="radio"/>            | 46 | <input type="text"/>              | <input type="text" value="00"/> |
|                        | 47 | Add line 40 through line 46. These are your total credits                  | <input checked="" type="radio"/> | 47 | <input type="text"/>              | <input type="text" value="00"/> |
|                        | 48 | Subtract line 47 from line 35. If less than zero, enter -0-                | <input checked="" type="radio"/> | 48 | <input type="text" value="9051"/> | <input type="text" value="00"/> |

|                    |    |  |                       |    |                                   |                                 |
|--------------------|----|--|-----------------------|----|-----------------------------------|---------------------------------|
| <b>Other Taxes</b> | 61 | Alternative Minimum Tax. Attach Schedule P (540)                             | <input type="radio"/> | 61 | <input type="text"/>              | <input type="text" value="00"/> |
|                    | 62 | Mental Health Services Tax. See instructions                                 | <input type="radio"/> | 62 | <input type="text"/>              | <input type="text" value="00"/> |
|                    | 63 | Other taxes and credit recapture. See instructions                           | <input type="radio"/> | 63 | <input type="text"/>              | <input type="text" value="00"/> |
|                    | 64 | Excess Advance Premium Assistance Subsidy (APAS) repayment. See instructions | <input type="radio"/> | 64 | <input type="text"/>              | <input type="text" value="00"/> |
|                    | 65 | Add line 48, line 61, line 62, line 63, and line 64. This is your total tax  | <input type="radio"/> | 65 | <input type="text" value="9051"/> | <input type="text" value="00"/> |

|                 |    |   |                                  |    |                                   |                                 |
|-----------------|----|---|----------------------------------|----|-----------------------------------|---------------------------------|
| <b>Payments</b> | 71 | California income tax withheld. See instructions                                | <input type="radio"/>            | 71 | <input type="text" value="8709"/> | <input type="text" value="00"/> |
|                 | 72 | 2021 CA estimated tax and other payments. See instructions                      | <input type="radio"/>            | 72 | <input type="text"/>              | <input type="text" value="00"/> |
|                 | 73 | Withholding (Form 592-B and/or 593). See instructions                           | <input type="radio"/>            | 73 | <input type="text"/>              | <input type="text" value="00"/> |
|                 | 74 | Excess SDI (or VPD) withheld. See instructions                                  | <input type="radio"/>            | 74 | <input type="text"/>              | <input type="text" value="00"/> |
|                 | 75 | Earned Income Tax Credit (EITC)   | <input type="radio"/>            | 75 | <input type="text"/>              | <input type="text" value="00"/> |
|                 | 76 | Young Child Tax Credit (YCTC). See instructions                                 | <input type="radio"/>            | 76 | <input type="text"/>              | <input type="text" value="00"/> |
|                 | 77 | Net Premium Assistance Subsidy (PAS). See instructions                          | <input type="radio"/>            | 77 | <input type="text"/>              | <input type="text" value="00"/> |
|                 | 78 | Add line 71 through line 77. These are your total payments.<br>See instructions | <input checked="" type="radio"/> | 78 | <input type="text" value="8709"/> | <input type="text" value="00"/> |

|                |                               |   |                                     |                     |                                |   |
|----------------|-------------------------------|---|-------------------------------------|---------------------|--------------------------------|---|
| <b>Use Tax</b> | 91                            | <b>Use Tax.</b> Do not leave blank. See instructions. | <input type="radio"/>               | 91                  | <input type="text" value="0"/> | <input type="text" value="00"/>                     |
|                | If line 91 is zero, check if: |   | <input checked="" type="checkbox"/> | No use tax is owed. | <input type="checkbox"/>       | You paid your use tax obligation directly to CDTFA. |

|                    |   |   |                       |                                     |                      |                                 |
|--------------------|---|---|-----------------------|-------------------------------------|----------------------|---------------------------------|
| <b>ISR Penalty</b> | 92  | If you and your household had full-year health care coverage, check the box.<br>See instructions. Medicare Part A or C coverage is qualifying health care coverage. | <input type="radio"/> | <input checked="" type="checkbox"/> |                      |                                 |
|                    | If you did not check the box, see instructions. |   |                       |                                     |                      |                                 |
|                    | 92  | Individual Shared Responsibility (ISR) Penalty. See instructions  | <input type="radio"/> | 92                                  | <input type="text"/> | <input type="text" value="00"/> |

|                             |    |  |                                  |    |                                   |                                 |
|-----------------------------|----|--|----------------------------------|----|-----------------------------------|---------------------------------|
| <b>Overpaid Tax/Tax Due</b> | 93 | Payments balance. If line 78 is more than line 91, subtract line 91 from line 78   | <input checked="" type="radio"/> | 93 | <input type="text" value="8709"/> | <input type="text" value="00"/> |
|                             | 94 | <b>Use Tax balance.</b> If line 91 is more than line 78, subtract line 78 from line 91                                   | <input checked="" type="radio"/> | 94 | <input type="text"/>              | <input type="text" value="00"/> |
|                             | 95 | Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93. | <input checked="" type="radio"/> | 95 | <input type="text" value="8709"/> | <input type="text" value="00"/> |
|                             | 96 | Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, then subtract line 93 from line 92.   | <input checked="" type="radio"/> | 96 | <input type="text"/>              | <input type="text" value="00"/> |

Your name:  Your SSN or ITIN:

|                             |   |
|-----------------------------|---|
| <b>Overpaid Tax/Tax Due</b> | <b>97</b> Overpaid tax. If line 95 is more than line 65, subtract line 65 from line 95. . . . . <input checked="" type="radio"/> <b>97</b> <input type="text"/> .00           |
|                             | <b>98</b> Amount of line 97 you want applied to your <b>2022</b> estimated tax . . . . . <input type="radio"/> <b>98</b> <input type="text"/> .00                             |
|                             | <b>99</b> Overpaid tax available this year. Subtract line 98 from line 97 . . . . . <input type="radio"/> <b>99</b> <input type="text"/> .00                                  |
|                             | <b>100</b> Tax due. If line 95 is less than line 65, subtract line 95 from line 65 . . . . . <input checked="" type="radio"/> <b>100</b> <input type="text" value="342"/> .00 |

| <b>Contributions</b> |   | <b>Code</b>                      | <b>Amount</b>            |
|----------------------|---|----------------------------------|--------------------------|
|                      | California Seniors Special Fund. See instructions . . . . .                             | <input type="radio"/> <b>400</b> | <input type="text"/> .00 |
|                      | Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund . . . . .      | <input type="radio"/> <b>401</b> | <input type="text"/> .00 |
|                      | Rare and Endangered Species Preservation Voluntary Tax Contribution Program . . . . .   | <input type="radio"/> <b>403</b> | <input type="text"/> .00 |
|                      | California Breast Cancer Research Voluntary Tax Contribution Fund. . . . .              | <input type="radio"/> <b>405</b> | <input type="text"/> .00 |
|                      | California Firefighters' Memorial Voluntary Tax Contribution Fund . . . . .             | <input type="radio"/> <b>406</b> | <input type="text"/> .00 |
|                      | Emergency Food for Families Voluntary Tax Contribution Fund . . . . .                   | <input type="radio"/> <b>407</b> | <input type="text"/> .00 |
|                      | California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund. . . . .   | <input type="radio"/> <b>408</b> | <input type="text"/> .00 |
|                      | California Sea Otter Voluntary Tax Contribution Fund . . . . .                          | <input type="radio"/> <b>410</b> | <input type="text"/> .00 |
|                      | California Cancer Research Voluntary Tax Contribution Fund . . . . .                    | <input type="radio"/> <b>413</b> | <input type="text"/> .00 |
|                      | School Supplies for Homeless Children Voluntary Tax Contribution Fund . . . . .         | <input type="radio"/> <b>422</b> | <input type="text"/> .00 |
|                      | State Parks Protection Fund/Parks Pass Purchase . . . . .                               | <input type="radio"/> <b>423</b> | <input type="text"/> .00 |
|                      | Protect Our Coast and Oceans Voluntary Tax Contribution Fund. . . . .                   | <input type="radio"/> <b>424</b> | <input type="text"/> .00 |
|                      | Keep Arts in Schools Voluntary Tax Contribution Fund . . . . .                          | <input type="radio"/> <b>425</b> | <input type="text"/> .00 |
|                      | Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund . . . . . | <input type="radio"/> <b>431</b> | <input type="text"/> .00 |
|                      | California Senior Citizen Advocacy Voluntary Tax Contribution Fund . . . . .            | <input type="radio"/> <b>438</b> | <input type="text"/> .00 |
|                      | Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund. . . . .      | <input type="radio"/> <b>439</b> | <input type="text"/> .00 |
|                      | Rape Kit Backlog Voluntary Tax Contribution Fund . . . . .                              | <input type="radio"/> <b>440</b> | <input type="text"/> .00 |
|                      | Schools Not Prisons Voluntary Tax Contribution Fund . . . . .                           | <input type="radio"/> <b>443</b> | <input type="text"/> .00 |
|                      | Suicide Prevention Voluntary Tax Contribution Fund . . . . .                            | <input type="radio"/> <b>444</b> | <input type="text"/> .00 |
|                      | Mental Health Crisis Prevention Voluntary Tax Contribution Fund. . . . .                | <input type="radio"/> <b>445</b> | <input type="text"/> .00 |
|                      | California Community and Neighborhood Tree Voluntary Tax Contribution Fund . . . . .    | <input type="radio"/> <b>446</b> | <input type="text"/> .00 |
|                      | <b>110</b> Add code 400 through code 446. This is your total contribution . . . . .     | <input type="radio"/> <b>110</b> | <input type="text"/> .00 |

Your name: PATHIPATI Your SSN or ITIN: 034-41-1820

111 AMOUNT YOU OWE. If you do not have an amount on line 99, add line 94, line 96, line 100, and line 110. See instructions. Do not send cash. Mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001. . . . . 111 342 .00 Pay Online - Go to ftb.ca.gov/pay for more information.

112 Interest, late return penalties, and late payment penalties . . . . . 112 .00
113 Underpayment of estimated tax. Check the box: FTB 5805 attached FTB 5805F attached . . . . . 113 .00
114 Total amount due. See instructions. Enclose, but do not staple, any payment . . . . . 114 342 .00

115 REFUND OR NO AMOUNT DUE. Subtract the sum of line 110, line 112 and line 113 from line 99. See instructions. Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001. . . . . 115 .00

Fill in the information to authorize direct deposit of your refund into one or two accounts. Do not attach a voided check or a deposit slip. See instructions. Have you verified the routing and account numbers? Use whole dollars only. All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:

Routing number Type Checking Savings Account number 116 Direct deposit amount .00

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below: Routing number Type Checking Savings Account number 117 Direct deposit amount .00

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.

Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed. Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature Date Spouse's/RDP's signature (if a joint tax return, both must sign)

Your email address. Enter only one email address. Preferred phone number 4697667740

Sign Here

It is unlawful to forge a spouse's/RDP's signature.

Joint tax return? (See instructions)

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge) SYAM PRIYA RAM SAGAR GUPTA TALLAM

Firm's name (or yours, if self-employed) GLOBAL TAXES LLC PTIN P02082703

Firm's address 2530 PEBBLE CREEK LN CUMMING GA 30041 Firm's FEIN 301017196

Do you want to allow another person to discuss this tax return with us? See instructions. . . . . Yes No

Print Third Party Designee's Name Telephone Number

# 2021 California Adjustments – Residents

## CA (540)

**Important:** Attach this schedule behind Form 540, Side 5 as a supporting California schedule.

|  |                          |
|--|--------------------------|
| Name(s) as shown on tax return<br>SAI NEHA PATHIPATI | SSN or ITIN<br>034411820 |
|--|--------------------------|

| Part I Income Adjustment Schedule  |                                  | A Federal Amounts<br>(taxable amounts from your federal tax return) | B Subtractions<br>See instructions | C Additions<br>See instructions |
|--|----------------------------------|---|------------------------------------|---------------------------------|
| <b>Section A – Income from federal Form 1040 or 1040-SR</b>  |                                  |   |                                    |                                 |
| 1 Wages, salaries, tips, etc. See instructions before making an entry in column B or C . . . . . 1 | <input checked="" type="radio"/> | 141,740.  | <input checked="" type="radio"/>   | 1,050.                          |
| 2 Taxable interest. a <input checked="" type="radio"/> . . . . . 2b                                | <input checked="" type="radio"/> |   | <input checked="" type="radio"/>   |                                 |
| 3 Ordinary dividends. See instructions. a <input checked="" type="radio"/> 18. . . . . 3b          | <input checked="" type="radio"/> | 18.   | <input checked="" type="radio"/>   |                                 |
| 4 IRA distributions. See instructions. a <input checked="" type="radio"/> . . . . . 4b             | <input checked="" type="radio"/> |   | <input checked="" type="radio"/>   |                                 |
| 5 Pensions and annuities. See instructions. a <input checked="" type="radio"/> . . . . . 5b        | <input checked="" type="radio"/> |   | <input checked="" type="radio"/>   |                                 |
| 6 Social security benefits. a <input checked="" type="radio"/> . . . . . 6b                        | <input checked="" type="radio"/> |   | <input checked="" type="radio"/>   |                                 |
| 7 Capital gain or (loss). See instructions. . . . . 7  | <input checked="" type="radio"/> | 3,039.  | <input checked="" type="radio"/>   |                                 |
| <b>Section B – Additional Income from federal Schedule 1 (Form 1040)</b>                           |                                  |   |                                    |                                 |
| 1 Taxable refunds, credits, or offsets of state and local income taxes . . . . . 1                 | <input checked="" type="radio"/> |   | <input checked="" type="radio"/>   |                                 |
| 2a Alimony received. See instructions. . . . . 2a  | <input checked="" type="radio"/> |   | <input checked="" type="radio"/>   |                                 |
| 3 Business income or (loss). See instructions. . . . . 3   | <input checked="" type="radio"/> |   | <input checked="" type="radio"/>   |                                 |
| 4 Other gains or (losses) . . . . . 4  | <input checked="" type="radio"/> |   | <input checked="" type="radio"/>   |                                 |
| 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. . . . . 5              | <input checked="" type="radio"/> | -10,100.  | <input checked="" type="radio"/>   |                                 |
| 6 Farm income or (loss) . . . . . 6  | <input checked="" type="radio"/> |   | <input checked="" type="radio"/>   |                                 |
| 7 Unemployment compensation . . . . . 7  | <input checked="" type="radio"/> |   | <input checked="" type="radio"/>   |                                 |
| 8 Other income:  |                                  |   |                                    |                                 |
| a Federal net operating loss. . . . . 8a   | <input checked="" type="radio"/> |   | <input checked="" type="radio"/>   |                                 |
| b Gambling income. . . . . 8b  | <input checked="" type="radio"/> |   | <input checked="" type="radio"/>   |                                 |
| c Cancellation of debt . . . . . 8c  | <input checked="" type="radio"/> |   | <input checked="" type="radio"/>   |                                 |
| d Foreign earned income exclusion from federal Form 2555 . . . . . 8d                              | <input checked="" type="radio"/> |   | <input checked="" type="radio"/>   |                                 |
| e Taxable Health Savings Account distribution . . . . . 8e   | <input checked="" type="radio"/> |   | <input checked="" type="radio"/>   |                                 |
| f Alaska Permanent Fund dividends . . . . . 8f   | <input checked="" type="radio"/> |   | <input checked="" type="radio"/>   |                                 |
| g Jury duty pay. . . . . 8g  | <input checked="" type="radio"/> |   | <input checked="" type="radio"/>   |                                 |
| h Prizes and awards . . . . . 8h   | <input checked="" type="radio"/> |   | <input checked="" type="radio"/>   |                                 |

REV 03/08/22 PRO

| Section B – Additional Income<br>Continued   | <b>A</b> Federal Amounts<br>(taxable amounts from your<br>federal tax return) | <b>B</b> Subtractions<br>See instructions | <b>C</b> Additions<br>See instructions |
|--|---|---|--|
| i Activity not engaged in for profit income . . . . . 8i   | <input type="radio"/>   |   |  |
| j Stock options . . . . . 8j   | <input type="radio"/>   |   |  |
| k Income from the rental of personal property<br>if you engaged in the rental for profit but were<br>not in the business of renting such property . . . 8k   | <input type="radio"/>   |   |  |
| l Olympic and Paralympic medals and USOC<br>prize money . . . . . 8l   | <input type="radio"/>   |   |  |
| m IRC Section 951(a) inclusion . . . . . 8m  | <input type="radio"/>   | <input type="radio"/>                     |  |
| n IRC Section 951A(a) inclusion . . . . . 8n   | <input type="radio"/>   | <input type="radio"/>                     |  |
| o IRC Section 461(l) excess business loss adjustment 8o  | <input type="radio"/>   |   | <input type="radio"/>                  |
| p Taxable distributions from an ABLÉ account . . . 8p  | <input type="radio"/>   |   |  |
| z Other income. List type and amount.<br><br><input type="radio"/> _____ 8z  | <input type="radio"/>   | <input type="radio"/>                     | <input type="radio"/>                  |
| <b>9 a</b> Total other income. Add lines 8a through 8z. <b>9a</b>  | <input type="radio"/>   | <input type="radio"/>                     | <input type="radio"/>                  |
| b1 Disaster loss deduction from form FTB 3805V . <b>9b1</b>  |   | <input type="radio"/>                     |  |
| b2 NOL deduction from form FTB 3805V . . . . . <b>9b2</b>  |   | <input type="radio"/>                     |  |
| b3 NOL from form FTB 3805Z, 3807, or 3809 . . <b>9b3</b>   |   | <input type="radio"/>                     |  |
| b4 Student loan discharged due to closure of a<br>for-profit school . . . . . <b>9b4</b>   | <input type="radio"/>   | <input type="radio"/>                     |  |
| <b>10 Total.</b> Combine Section A, line 1 through line 7,<br>and Section B, line 1 through line 7, line 9a, and line 9b4<br>in column A (as applicable). Add Section A, line 1 through<br>line 7, and Section B, line 1 through line 7, line 9a and<br>line 9b1 through line 9b4 in column B and column C<br>(as applicable). See instructions. . . . . <b>10</b> | <input type="radio"/> 134,697.  | <input type="radio"/>                     | <input type="radio"/> 1,050.           |

**Section C – Adjustments to Income**  
from federal Schedule 1 (Form 1040)

|  |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|
| 11 Educator expenses . . . . . <b>11</b>   | <input type="radio"/> | <input type="radio"/> |                       |
| 12 Certain business expenses of reservists, performing<br>artists, and fee-basis government officials. . . . . <b>12</b> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13 Health savings account deduction . . . . . <b>13</b>  | <input type="radio"/> | <input type="radio"/> |                       |
| 14 Moving expenses. Attach form FTB 3913.<br>See instructions . . . . . <b>14</b>  | <input type="radio"/> |                       | <input type="radio"/> |
| 15 Deductible part of self-employment tax.<br>See instructions. . . . . <b>15</b>  | <input type="radio"/> | <input type="radio"/> |                       |
| 16 Self-employed SEP, SIMPLE, and qualified plans. . <b>16</b>   | <input type="radio"/> |                       |                       |
| 17 Self-employed health insurance deduction.<br>See instructions. . . . . <b>17</b>                                      | <input type="radio"/> | <input type="radio"/> |                       |

| Section C – Adjustments to Income<br>Continued  | <b>A</b> Federal Amounts<br><small>(taxable amounts from your federal tax return)</small> | <b>B</b> Subtractions<br><small>See instructions</small> | <b>C</b> Additions<br><small>See instructions</small> |
|---|---|--|---|
| <b>18</b> Penalty on early withdrawal of savings. . . . . <b>18</b>   | <input checked="" type="radio"/>  |  |   |
| <b>19 a</b> Alimony paid. . . . . <b>19a</b>  | <input checked="" type="radio"/>  |  | <input checked="" type="radio"/>                      |
| <b>b</b> Recipient's: SSN <input checked="" type="radio"/> _____<br>Last Name <input checked="" type="radio"/> _____  |   |  |   |
| <b>20</b> IRA deduction. . . . . <b>20</b>  | <input checked="" type="radio"/>  | <input checked="" type="radio"/>                         | <input checked="" type="radio"/>                      |
| <b>21</b> Student loan interest deduction . . . . . <b>21</b>   | <input checked="" type="radio"/>  |  | <input checked="" type="radio"/>                      |
| <b>22</b> Reserved for future use . . . . . <b>22</b>   |   |  |   |
| <b>23</b> Archer MSA deduction . . . . . <b>23</b>  | <input checked="" type="radio"/>  |  |   |
| <b>24</b> Other adjustments:  |   |  |   |
| <b>a</b> Jury duty pay . . . . . <b>24a</b>   | <input checked="" type="radio"/>  |  |   |
| <b>b</b> Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit. . . . . <b>24b</b>                                       | <input checked="" type="radio"/>  | <input checked="" type="radio"/>                         | <input checked="" type="radio"/>                      |
| <b>c</b> Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l . . . . . <b>24c</b>  | <input checked="" type="radio"/>  | <input checked="" type="radio"/>                         |   |
| <b>d</b> Reforestation amortization and expenses. . . . . <b>24d</b>  | <input checked="" type="radio"/>  | <input checked="" type="radio"/>                         |   |
| <b>e</b> Repayment of supplemental unemployment benefits under the Trade Act of 1974 . . . . . <b>24e</b>   | <input checked="" type="radio"/>  |  |   |
| <b>f</b> Contributions to IRC Section 501(c)(18)(D) pension plans . . . . . <b>24f</b>  | <input checked="" type="radio"/>  | <input checked="" type="radio"/>                         | <input checked="" type="radio"/>                      |
| <b>g</b> Contributions by certain chaplains to IRC Section 403(b) plans . . . . . <b>24g</b>  | <input checked="" type="radio"/>  | <input checked="" type="radio"/>                         | <input checked="" type="radio"/>                      |
| <b>h</b> Attorney fees and court costs for actions involving certain unlawful discrimination claims . . . . . <b>24h</b>  | <input checked="" type="radio"/>  |  |   |
| <b>i</b> 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. . . . . <b>24i</b> | <input checked="" type="radio"/>  | <input checked="" type="radio"/>                         |   |
| <b>j</b> Housing deduction from federal Form 2555 . . . . . <b>24j</b>  | <input checked="" type="radio"/>  | <input checked="" type="radio"/>                         |   |
| <b>k</b> Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041) . . . . . <b>24k</b>   | <input checked="" type="radio"/>  | <input checked="" type="radio"/>                         |   |
| <b>z</b> Other adjustments. List type and amount.<br><input checked="" type="radio"/> _____ <b>24z</b>  | <input checked="" type="radio"/>  | <input checked="" type="radio"/>                         | <input checked="" type="radio"/>                      |
| <b>25</b> Total other adjustments. Add lines 24a through 24z . . . . . <b>25</b>  | <input checked="" type="radio"/>  | <input checked="" type="radio"/>                         | <input checked="" type="radio"/>                      |
| <b>26</b> Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions . . . . . <b>26</b>  | <input checked="" type="radio"/>  | <input checked="" type="radio"/>                         | <input checked="" type="radio"/>                      |
| <b>27 Total.</b> Subtract line 26 from line 10 in columns A, B, and C. See instructions . . . . . <b>27</b>   | <input checked="" type="radio"/> 134,697.   | <input checked="" type="radio"/>                         | <input checked="" type="radio"/> 1,050.               |

**Part II Adjustments to Federal Itemized Deductions**

Check the box if you did NOT itemize for federal but will itemize for California

|  | <b>A Federal Amounts</b><br>(from federal Schedule A<br>(Form 1040)) | <b>B Subtractions</b><br>See instructions | <b>C Additions</b><br>See instructions |
|--|--|---|--|
| <b>Medical and Dental Expenses</b> See instructions.   |  |   |  |
| <b>1</b> Medical and dental expenses <input checked="" type="radio"/> _____ <b>1</b>   |  |   |  |
| <b>2</b> Enter amount from federal Form 1040 or 1040-SR, line 11.. <input checked="" type="radio"/> 134,697. <b>2</b>  |  |   |  |
| <b>3</b> Multiply line 2 by 7.5% (0.075).... <input checked="" type="radio"/> 10,102. <b>3</b>   |  |   |  |
| <b>4</b> Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 ..... <b>4</b> <input checked="" type="radio"/>   |  |   | <input checked="" type="radio"/>       |
| <b>Taxes You Paid</b>  |  |   |  |
| <b>5 a</b> State and local income tax or general sales taxes. <b>5a</b> <input checked="" type="radio"/> 8,709. <input checked="" type="radio"/> 8,709.  |  |   |  |
| <b>b</b> State and local real estate taxes ..... <b>5b</b> <input checked="" type="radio"/>  |  |   |  |
| <b>c</b> State and local personal property taxes ..... <b>5c</b> <input checked="" type="radio"/>  |  |   |  |
| <b>d</b> Add line 5a through line 5c. .... <b>5d</b> <input checked="" type="radio"/> 8,709.   |  |   |  |
| <b>e</b> Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B. Enter the difference from line 5d and line 5e, column A in line 5e, column C ..... <b>5e</b> <input checked="" type="radio"/> 8,709. <input checked="" type="radio"/> 8,709. <input checked="" type="radio"/> 0. |  |   |  |
| <b>6</b> Other taxes. List type <input checked="" type="radio"/> _____ <b>6</b> <input checked="" type="radio"/>   |  |   | <input checked="" type="radio"/>       |
| <b>7</b> Add line 5e and line 6. .... <b>7</b> <input checked="" type="radio"/> 8,709. <input checked="" type="radio"/> 8,709. <input checked="" type="radio"/> 0.   |  |   |  |
| <b>Interest You Paid</b>   |  |   |  |
| <b>8 a</b> Home mortgage interest and points reported to you on federal Form 1098 ..... <b>8a</b> <input checked="" type="radio"/>   |  |   | <input checked="" type="radio"/>       |
| <b>b</b> Home mortgage interest not reported to you on federal Form 1098. .... <b>8b</b> <input checked="" type="radio"/>  |  |   | <input checked="" type="radio"/>       |
| <b>c</b> Points not reported to you on federal Form 1098. <b>8c</b> <input checked="" type="radio"/>   |  |   | <input checked="" type="radio"/>       |
| <b>d</b> Mortgage insurance premiums ..... <b>8d</b> <input checked="" type="radio"/>  |  |   |  |
| <b>e</b> Add line 8a through line 8d ..... <b>8e</b> <input checked="" type="radio"/>  |  |   | <input checked="" type="radio"/>       |
| <b>9</b> Investment interest. .... <b>9</b> <input checked="" type="radio"/>   |  |   | <input checked="" type="radio"/>       |
| <b>10</b> Add line 8e and line 9. .... <b>10</b> <input checked="" type="radio"/>  |  |   | <input checked="" type="radio"/>       |



| <b>Part II Adjustments to Federal Itemized Deductions</b><br>Continued  | <b>A Federal Amounts</b><br>(from federal Schedule A<br>(Form 1040)) | <b>B Subtractions</b><br>See instructions | <b>C Additions</b><br>See instructions |
|---|--|---|--|
| <b>Gifts to Charity</b>   |  |   |  |
| <b>11</b> Gifts by cash or check. . . . . <b>11</b>   | <input checked="" type="radio"/> 300.                                | <input checked="" type="radio"/>          | <input checked="" type="radio"/>       |
| <b>12</b> Other than by cash or check. . . . . <b>12</b>  | <input checked="" type="radio"/>                                     | <input checked="" type="radio"/>          | <input checked="" type="radio"/>       |
| <b>13</b> Carryover from prior year. . . . . <b>13</b>  | <input checked="" type="radio"/>                                     | <input checked="" type="radio"/>          | <input checked="" type="radio"/>       |
| <b>14</b> Add line 11 through line 13 . . . . . <b>14</b>   | <input checked="" type="radio"/> 300.                                | <input checked="" type="radio"/>          | <input checked="" type="radio"/>       |
| <b>Casualty and Theft Losses</b>  |  |   |  |
| <b>15</b> Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions . . <b>15</b> | <input checked="" type="radio"/>                                     | <input checked="" type="radio"/>          | <input checked="" type="radio"/>       |
| <b>Other Itemized Deductions</b>  |  |   |  |
| <b>16</b> Other—from list in federal instructions. . . . . <b>16</b>  | <input checked="" type="radio"/>                                     | <input checked="" type="radio"/>          | <input checked="" type="radio"/>       |
| <b>17</b> Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C. . . . . <b>17</b>  | <input checked="" type="radio"/> 9,009.                              | <input checked="" type="radio"/> 8,709.   | <input checked="" type="radio"/> 0.    |

**18 Total.** Combine line 17 column A less column B plus column C . . . . .  **18** 300.

**Job Expenses and Certain Miscellaneous Deductions**

|  |  |           |        |
|--|--|-----------|--------|
| <b>19</b> Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions . . . . . <input checked="" type="radio"/> <b>19</b> |  |           |        |
| <b>20</b> Tax preparation fees . . . . . <input checked="" type="radio"/> <b>20</b>  |  |           |        |
| <b>21</b> Other expenses - investment, safe deposit box, etc. List type. . . . . <input checked="" type="radio"/> <b>21</b>  |  | 0.        |        |
| <b>22</b> Add line 19 through line 21 . . . . . <input checked="" type="radio"/> <b>22</b>   |  | 0.        |        |
| <b>23</b> Enter amount from federal Form 1040 or 1040-SR, line 11 . . . . . <input checked="" type="radio"/> 134,697.  |  |           |        |
| <b>24</b> Multiply line 23 by 2% (0.02). If less than zero, enter 0. . . . . <input checked="" type="radio"/> <b>24</b>  |  | 2,694.    |        |
| <b>25</b> Subtract line 24 from line 22. If line 24 is more than line 22, enter 0. . . . . <input checked="" type="radio"/> <b>25</b>  |  |           | 0.     |
| <b>26 Total Itemized Deductions.</b> Add line 18 and line 25 . . . . . <input checked="" type="radio"/> <b>26</b>  |  |           | 300.   |
| <b>27</b> Other adjustments. See instructions. Specify. <input checked="" type="radio"/> <b>27</b>   |  |           |        |
| <b>28</b> Combine line 26 and line 27. . . . . <input checked="" type="radio"/> <b>28</b>  |  |           | 300.   |
| <b>29 Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?</b>   |  |           |        |
| Single or married/RDP filing separately . . . . .  |  | \$212,288 |        |
| Head of household . . . . .  |  | \$318,437 |        |
| Married/RDP filing jointly or qualifying widow(er) . . . . .   |  | \$424,581 |        |
| <b>No.</b> Transfer the amount on line 28 to line 29.  |  |           |        |
| <b>Yes.</b> Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29. . . . . <input checked="" type="radio"/> <b>29</b>                                      |  |           | 300.   |
| <b>30 Enter the larger of the amount on line 29 or your standard deduction listed below</b>  |  |           |        |
| Single or married/RDP filing separately. See instructions . . . . .  |  | \$4,803   |        |
| Married/RDP filing jointly, head of household, or qualifying widow(er) . . . . .   |  | \$9,606   |        |
| <b>Transfer the amount on line 30 to Form 540, line 18.</b> . . . . . <input checked="" type="radio"/> <b>30</b>   |  |           | 4,803. |

# 2021 Passive Activity Loss Limitations

# 3801

Attach to Form 540, Form 540NR, Form 541, or Form 100S.

|  |   |
|--|---|
| Name(s) as shown on tax return<br>SAI NEHA PATHIPATI | SSN, ITIN, FEIN, or CA corporation no.<br>034411820 |
|--|---|

## Part I 2021 Passive Activity Loss

See the instructions for Part IV and Part VI for federal Form 8582, Passive Activity Loss Limitations, before completing Part I.  
Be sure to use California amounts.

### Rental Real Estate Activities with Active Participation

|   |    |   |    |    |    |
|---|----|---|----|----|----|
| 1a Activities with net income from Part IV, column (a) . . . . .  | 1a |   | 00 |    |    |
| 1b Activities with net loss from Part IV, column (b) . . . . .    | 1b | ( | )  | 00 |    |
| 1c Prior year unallowed losses from Part IV, column (c) . . . . . | 1c | ( | )  | 00 |    |
| 1d Combine line 1a, line 1b, and line 1c. . . . .                 | 1d |   |    |    | 00 |

### All Other Passive Activities

|   |    |   |       |      |    |
|---|----|---|-------|------|----|
| 2a Activities with net income from Part V, column (a) . . . . .   | 2a |   | 0 .   | 00   |    |
| 2b Activities with net loss from Part V, column (b) . . . . .   | 2b | ( | 0 .)  | 00   |    |
| 2c Prior year unallowed losses from Part V, column (c) . . . . .  | 2c | ( | -2 .) | 00   |    |
| 2d Combine line 2a, line 2b, and line 2c. . . . .   | 2d |   |       | -2 . | 00 |
| 3 Combine line 1d and line 2d. If the result is net income or zero, see the instructions for line 3. If line 3 and line 1d are losses, go to line 4. Otherwise, enter -0- on line 9 and go to line 10. See instructions . . . . . | 3  |   |       | -2 . | 00 |

## Part II Special Allowance for Rental Real Estate Activities with Active Participation

Enter all numbers in Part II as positive amounts. See instructions.

|  |   |  |  |     |    |
|--|---|--|--|-----|----|
| 4 Enter the smaller of losses from line 1d or line 3. . . . .  | 4 |  |  |     | 00 |
| 5 Enter \$150,000. If married/RDP filing a separate tax return, see instructions. . . . .  | 5 |  |  | 00  |    |
| 6 Enter federal modified adjusted gross income, but not less than zero. See instructions. If line 6 is greater than or equal to line 5, skip line 7 and line 8, enter -0- on line 9, and then go to line 10. Otherwise, go to line 7 . . . . . | 6 |  |  | 00  |    |
| 7 Subtract line 6 from line 5. . . . .   | 7 |  |  | 00  |    |
| 8 Multiply line 7 by 50% (.50). Do not enter more than \$25,000. . . . .   | 8 |  |  |     | 00 |
| 9 Enter the smaller of line 4 or line 8 . . . . .  | 9 |  |  | 0 . | 00 |

## Part III Total Losses Allowed

|   |    |  |  |     |    |
|---|----|--|--|-----|----|
| 10 Add the income, if any, from line 1a and line 2a and enter the total . . . . .   | 10 |  |  | 0 . | 00 |
| 11 Total losses allowed from all passive activities for 2021. Add line 9 and line 10 . . . . .<br>See the instructions on Page 2 to find out how to report the losses on your tax return. | 11 |  |  | 0 . | 00 |

Name as Shown on Return  
SAI NEHA PATHIPATI

Social Security No.  
034-41-1820

**Line 1 – Wages, Salaries, Tips, Etc.**

|   | <b>(B)</b><br>Subtractions | <b>(C)</b><br>Additions |
|---|----------------------------|-------------------------|
| 1 Excess reimbursements from Form 2106 included in wage income . . . . .                                    |                            |                         |
| 2 Active duty military pay . . . . .  |                            |                         |
| 3 Sick pay received under the Federal Insurance Contributions Act and Railroad Retirement Act . . . . .     |                            |                         |
| 4 Income exempted by U.S. tax treaties (unless specifically exempt for state purposes also) . . . . .       |                            |                         |
| 5 Exclusion for compensation from exercising a California Qualified Stock Option (CQSO). . . . .            |                            |                         |
| 6 Ridesharing fringe benefit differences . . . . .  |                            |                         |
| 7 HSA employer contributions . . . . .  |                            | 1,050.                  |
| 8 Paid Family Leave Insurance (PFL) benefits . . . . .  |                            |                         |
| 9 Employer-provided adoption benefits income exclusions. . . . .  |                            |                         |
| 10 In-Home Supportive Services (IHSS) supplementary payment . . . . .                                       |                            |                         |
| 11 Native American income (Form 3504) . . . . .   |                            |                         |
| 12  |                            |                         |
| a as smallest of amount spent or fair rental value. . . . .   |                            |                         |
| b Enter the amount spent on qual. housing expenses _____  |                            |                         |
| 13 Excess moving reimbursements . . . . .   |                            |                         |
| 14 CA Employees and federal Independent Contractors income . . . . .  |                            |                         |
| 15 Employer-provided dependent care assistance exclusion . . . . .  |                            |                         |
| 16 Other (itemize):   |                            |                         |
| a _____   |                            |                         |
| b _____   |                            |                         |
| c _____   |                            |                         |
| d _____   |                            |                         |
| Total adjustments to wages, salaries, tips, etc. Enter here and on Schedule CA (540/540NR), line 1. . . . . |                            | 1,050.                  |

**Line 4 – IRA, Pensions, and Annuities**

| <b>IRA's</b>  | <b>(B)</b><br>Subtractions | <b>(C)</b><br>Additions |
|---|----------------------------|-------------------------|
| 1 Other (itemize):  |                            |                         |
| a _____   |                            |                         |
| b _____   |                            |                         |
| c _____   |                            |                         |
| d _____   |                            |                         |
| Total adjustments to IRA distributions. Enter here and on Schedule CA (540/540NR), line 4 . . . . . |                            |                         |

**Pensions and Annuities**

|   | <b>(B)</b><br>Subtractions | <b>(C)</b><br>Additions |
|---|----------------------------|-------------------------|
| 1 Form 1099-R, Railroad Retirement Benefits . . . . .   |                            |                         |
| Check here to confirm the Tier 2 RRB above is correct . . . ▶ <input type="checkbox"/>                  |                            |                         |
| 2 Other (itemize):  |                            |                         |
| a _____   |                            |                         |
| b _____   |                            |                         |
| c _____   |                            |                         |
| d _____   |                            |                         |
| Total adjustments to pensions and annuities. Enter here and on Schedule CA (540/540NR), line 5. . . . . |                            |                         |



**California Passive Activity Worksheet (See General Instructions for Step 1.)**

Use this worksheet to figure California income (loss) from passive activities **before** application of passive activity loss (PAL) rules.

| (a)<br>Passive Activity<br>Enter a description of the activity | (b)<br>Federal Schedule<br>Enter the name of the federal form or schedule on which you reported the activity | (c)<br>California Schedule<br>Enter the name of the California form or schedule, if any, used to calculate the California adjustment | (d)<br>Federal Amount<br>Enter your current year federal net income (loss) before application of the PAL rules | (e)<br>California Adjustment<br>Enter any adjustment resulting from differences in federal and California law | (f)<br>California Amount<br>Combine column (d) and column (e) |
|--|--|--|--|---|---|
| MANIKONDA  | SCH E  | N/A  | 0.   | 0.  | 0.  |
|  |  |  |  |   |   |
|  |  |  |  |   |   |
|  |  |  |  |   |   |
|  |  |  |  |   |   |

**California Adjustment Worksheets (See General Instructions for Step 4.)**

Use these worksheets to figure your California adjustments **after** application of the PAL rules.

| (a)<br>Activities<br>Enter a description of the activity. Group activities by the federal schedules on which they were reported | (b)<br>Passive or Nonpassive<br>Enter the character of the activity as passive or nonpassive for California purposes | (c)<br>California Amount<br>Enter the California net income (loss) from the activity after application of the PAL rules | (d)<br>Federal Amount<br>Enter the federal net income (loss) from the activity after application of the PAL rules | (e)<br>California Adjustment<br>Subtract the Total amount of column (d) from the Total amount of column (c) and enter the difference in column (e) below. Individuals should transfer this amount to Schedule CA (540 or 540NR) as follows: |
|---|--|---|---|---|
|---|--|---|---|---|

| (a)<br>Schedule C Activities | (b)<br>Passive or Nonpassive | (c)<br>California Amount | (d)<br>Federal Amount | (e)<br>California Adjustment   |
|------------------------------|------------------------------|--------------------------|-----------------------|--|
|                              |                              |                          |                       | If the amount below is <b>positive</b> , transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 3, column C.                        |
|                              |                              |                          |                       |  |
|                              |                              |                          |                       | If the amount below is <b>negative</b> , transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, (as a positive amount) line 3, column B. |
|                              |                              |                          |                       |  |
| Total .....                  |                              | 1(c)                     | 1(d)*                 | 1(e)   |

| (a)<br>Schedule E Activities                   | (b)<br>Passive or Nonpassive | (c)<br>California Amount | (d)<br>Federal Amount | (e)<br>California Adjustment   |
|--|------------------------------|--------------------------|-----------------------|--|
| MANIKONDA, HYDERABAD, TELANGANA, 500089, INDIA | NONPASSIVE                   | -10,100.                 | -10,100.              | If the amount below is <b>positive</b> , transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 5, column C.                        |
|  |                              |                          |                       |  |
|  |                              |                          |                       | If the amount below is <b>negative</b> , transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, (as a positive amount) line 5, column B. |
|  |                              |                          |                       |  |
| Total .....                                    |                              | 2(c) -10,100.            | 2(d)** -10,100.       | 2(e) 0.  |

| (a)<br>Schedule F Activities | (b)<br>Passive or Nonpassive | (c)<br>California Amount | (d)<br>Federal Amount | (e)<br>California Adjustment   |
|------------------------------|------------------------------|--------------------------|-----------------------|--|
|                              |                              |                          |                       | If the amount below is <b>positive</b> , transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 6, column C.                        |
|                              |                              |                          |                       |  |
|                              |                              |                          |                       | If the amount below is <b>negative</b> , transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, (as a positive amount) line 6, column B. |
|                              |                              |                          |                       |  |
| Total .....                  |                              | 3(c)                     | 3(d)***               | 3(e)   |

\* This amount should be the same as the amount reported on Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 3, column A.  
 \*\* This amount should be the same as the amount reported on Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 5, column A.  
 \*\*\* This amount should be the same as the amount reported on Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 6, column A.

**Filing Status**  Single  Married filing jointly  Married filing separately (MFS)  Head of household (HOH)  Qualifying widow(er) (QW)  
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

|   |                        |  |
|---|------------------------|--|
| Your first name and middle initial<br>SAI NEHA          | Last name<br>PATHIPATI | Your social security number<br>034-41-1820 |
| If joint return, spouse's first name and middle initial | Last name              | Spouse's social security number            |

|   |                               |                     |   |
|---|-------------------------------|---------------------|---|
| Home address (number and street). If you have a P.O. box, see instructions.<br>1901 HALFORD AVE       |                               | Apt. no.<br>68      | <b>Presidential Election Campaign</b><br>Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.<br><input type="checkbox"/> You <input type="checkbox"/> Spouse |
| City, town, or post office. If you have a foreign address, also complete spaces below.<br>SANTA CLARA | State<br>CA                   | ZIP code<br>95051   |   |
| Foreign country name  | Foreign province/state/county | Foreign postal code |   |

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?  Yes  No

**Standard Deduction** **Someone can claim:**  You as a dependent  Your spouse as a dependent  
 Spouse itemizes on a separate return or you were a dual-status alien

**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 | (2) Social security number | (3) Relationship to you | (4) <input checked="" type="checkbox"/> if qualifies for (see instructions): | Child tax credit         | Credit for other dependents |
|--|----------------|-----------|----------------------------|-------------------------|--|--------------------------|-----------------------------|
| If more than four dependents, see instructions and check here ▶ <input type="checkbox"/> |                |           |                            |                         | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>    |
|  |                |           |                            |                         | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>    |
|  |                |           |                            |                         | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>    |
|  |                |           |                            |                         | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>    |

|   |                    |  |                                       |                    |  |                   |
|---|--------------------|--|---------------------------------------|--------------------|--|-------------------|
| <b>1</b> Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .                                     |                    |  |                                       |                    |  | <b>1</b> 141,740. |
| <b>2a</b> Tax-exempt interest . . . . .   | <b>2a</b>          |  | <b>b</b> Taxable interest . . . . .   | <b>2b</b>          |  |                   |
| <b>3a</b> Qualified dividends . . . . .   | <b>3a</b> 18.      |  | <b>b</b> Ordinary dividends . . . . . | <b>3b</b> 18.      |  |                   |
| <b>4a</b> IRA distributions . . . . .   | <b>4a</b>          |  | <b>b</b> Taxable amount . . . . .     | <b>4b</b>          |  |                   |
| <b>5a</b> Pensions and annuities . . . . .  | <b>5a</b>          |  | <b>b</b> Taxable amount . . . . .     | <b>5b</b>          |  |                   |
| <b>6a</b> Social security benefits . . . . .  | <b>6a</b>          |  | <b>b</b> Taxable amount . . . . .     | <b>6b</b>          |  |                   |
| <b>7</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . |                    |  |                                       | <b>7</b> 3,039.    |  |                   |
| <b>8</b> Other income from Schedule 1, line 10 . . . . .  |                    |  |                                       | <b>8</b> -10,100.  |  |                   |
| <b>9</b> Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . .        |                    |  |                                       | <b>9</b> 134,697.  |  |                   |
| <b>10</b> Adjustments to income from Schedule 1, line 26 . . . . .                                    |                    |  |                                       | <b>10</b>          |  |                   |
| <b>11</b> Subtract line 10 from line 9. This is your <b>adjusted gross income</b> . . . . .           |                    |  |                                       | <b>11</b> 134,697. |  |                   |
| <b>12a</b> <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .               | <b>12a</b> 12,550. |  |                                       |                    |  |                   |
| <b>b</b> Charitable contributions if you take the standard deduction (see instructions) . . . . .     | <b>12b</b> 300.    |  |                                       |                    |  |                   |
| <b>c</b> Add lines 12a and 12b . . . . .  |                    |  |                                       | <b>12c</b> 12,850. |  |                   |
| <b>13</b> Qualified business income deduction from Form 8995 or Form 8995-A . . . . .                 |                    |  |                                       | <b>13</b>          |  |                   |
| <b>14</b> Add lines 12c and 13 . . . . .  |                    |  |                                       | <b>14</b> 12,850.  |  |                   |
| <b>15</b> <b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . .  |                    |  |                                       | <b>15</b> 121,847. |  |                   |

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

**Standard Deduction 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**, see instructions.

|                                      |  |            |         |
|--------------------------------------|--|------------|---------|
| <b>16</b>                            | <b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____   | <b>16</b>  | 23,108. |
| <b>17</b>                            | Amount from Schedule 2, line 3   | <b>17</b>  |         |
| <b>18</b>                            | Add lines 16 and 17  | <b>18</b>  | 23,108. |
| <b>19</b>                            | Nonrefundable child tax credit or credit for other dependents from Schedule 8812   | <b>19</b>  |         |
| <b>20</b>                            | Amount from Schedule 3, line 8   | <b>20</b>  |         |
| <b>21</b>                            | Add lines 19 and 20  | <b>21</b>  |         |
| <b>22</b>                            | Subtract line 21 from line 18. If zero or less, enter -0-  | <b>22</b>  | 23,108. |
| <b>23</b>                            | Other taxes, including self-employment tax, from Schedule 2, line 21   | <b>23</b>  | 0.      |
| <b>24</b>                            | Add lines 22 and 23. This is your <b>total tax</b>   | <b>24</b>  | 23,108. |
| <b>25</b>                            | Federal income tax withheld from:  |            |         |
| <b>a</b>                             | Form(s) W-2  | <b>25a</b> | 26,601. |
| <b>b</b>                             | Form(s) 1099   | <b>25b</b> |         |
| <b>c</b>                             | Other forms (see instructions)   | <b>25c</b> |         |
| <b>d</b>                             | Add lines 25a through 25c  | <b>25d</b> | 26,601. |
| <b>26</b>                            | 2021 estimated tax payments and amount applied from 2020 return  | <b>26</b>  |         |
| <b>27a</b>                           | Earned income credit (EIC) <span style="float:right">No</span><br>Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/> | <b>27a</b> |         |
| <b>b</b>                             | Nontaxable combat pay election   | <b>27b</b> |         |
| <b>c</b>                             | Prior year (2019) earned income  | <b>27c</b> |         |
| <b>28</b>                            | Refundable child tax credit or additional child tax credit from Schedule 8812  | <b>28</b>  |         |
| <b>29</b>                            | American opportunity credit from Form 8863, line 8   | <b>29</b>  |         |
| <b>30</b>                            | Recovery rebate credit. See instructions   | <b>30</b>  |         |
| <b>31</b>                            | Amount from Schedule 3, line 15  | <b>31</b>  |         |
| <b>32</b>                            | Add lines 27a and 28 through 31. These are your <b>total other payments and refundable credits</b>   | <b>32</b>  |         |
| <b>33</b>                            | Add lines 25d, 26, and 32. These are your <b>total payments</b>  | <b>33</b>  | 26,601. |
| <b>Refund</b>                        | <b>34</b> If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>   | <b>34</b>  | 3,493.  |
|                                      | <b>35a</b> Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>   | <b>35a</b> | 3,493.  |
| Direct deposit?<br>See instructions. | <b>b</b> Routing number 3 2 2 2 7 1 6 2 7 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings   |            |         |
|                                      | <b>d</b> Account number 3 9 2 7 6 7 0 3 1  |            |         |
|                                      | <b>36</b> Amount of line 34 you want <b>applied to your 2022 estimated tax</b>   | <b>36</b>  |         |
| <b>Amount You Owe</b>                | <b>37</b> <b>Amount you owe</b> . Subtract line 33 from line 24. For details on how to pay, see instructions   | <b>37</b>  |         |
|                                      | <b>38</b> Estimated tax penalty (see instructions)   | <b>38</b>  |         |

If you have a qualifying child, attach Sch. EIC.

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS? See instructions  **Yes**. Complete below.  **No**

Designee's name \_\_\_\_\_ Phone no. \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

**Sign Here** Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature *[Signature]* Date \_\_\_\_\_ Your occupation **ADVANCED ANALYTICS SPECIA** If the IRS sent you an Identity Protection PIN, enter it here (see inst.) \_\_\_\_\_

Spouse's signature. If a joint return, **both** must sign. Date \_\_\_\_\_ Spouse's occupation \_\_\_\_\_ If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) \_\_\_\_\_

Phone no. (469) 766-7740 Email address **NEHAPATHIPATI\_222@YAHOO.COM**

**Paid Preparer Use Only**

Preparer's name **SYAM PRIYA RAM SAGAR GUPTA TALLAM** Preparer's signature **SYAM PRIYA RAM SAGAR GUPTA TALLAM** Date **03/12/2022** PTIN **P02082703** Check if:  Self-employed

Firm's name **GLOBAL TAXES LLC** Phone no. **(678) 965-9522**

Firm's address **2530 Pebble Creek Ln Cumming GA 30041** Firm's EIN **30-1017196**

**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](http://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  
SAI NEHA PATHIPATI

Your social security number  
034-41-1820

**Part I Additional Income**

|           |   |           |          |
|-----------|---|-----------|----------|
| <b>1</b>  | Taxable refunds, credits, or offsets of state and local income taxes . . . . .  | <b>1</b>  |          |
| <b>2a</b> | Alimony received . . . . .  | <b>2a</b> |          |
| <b>b</b>  | Date of original divorce or separation agreement (see instructions) ▶ _____   |           |          |
| <b>3</b>  | Business income or (loss). Attach Schedule C . . . . .  | <b>3</b>  |          |
| <b>4</b>  | Other gains or (losses). Attach Form 4797 . . . . .   | <b>4</b>  |          |
| <b>5</b>  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .   | <b>5</b>  | -10,100. |
| <b>6</b>  | Farm income or (loss). Attach Schedule F . . . . .  | <b>6</b>  |          |
| <b>7</b>  | Unemployment compensation . . . . .   | <b>7</b>  |          |
| <b>8</b>  | Other income:   |           |          |
| <b>a</b>  | Net operating loss . . . . .  | <b>8a</b> | ( )      |
| <b>b</b>  | Gambling income . . . . .   | <b>8b</b> |          |
| <b>c</b>  | Cancellation of debt . . . . .  | <b>8c</b> |          |
| <b>d</b>  | Foreign earned income exclusion from Form 2555 . . . . .  | <b>8d</b> | ( )      |
| <b>e</b>  | Taxable Health Savings Account distribution . . . . .   | <b>8e</b> |          |
| <b>f</b>  | Alaska Permanent Fund dividends . . . . .   | <b>8f</b> |          |
| <b>g</b>  | Jury duty pay . . . . .   | <b>8g</b> |          |
| <b>h</b>  | Prizes and awards . . . . .   | <b>8h</b> |          |
| <b>i</b>  | Activity not engaged in for profit income . . . . .   | <b>8i</b> |          |
| <b>j</b>  | Stock options . . . . .   | <b>8j</b> |          |
| <b>k</b>  | 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 . . . . . | <b>8k</b> |          |
| <b>l</b>  | Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .   | <b>8l</b> |          |
| <b>m</b>  | Section 951(a) inclusion (see instructions) . . . . .   | <b>8m</b> |          |
| <b>n</b>  | Section 951A(a) inclusion (see instructions) . . . . .  | <b>8n</b> |          |
| <b>o</b>  | Section 461(l) excess business loss adjustment . . . . .  | <b>8o</b> |          |
| <b>p</b>  | Taxable distributions from an ABLE account (see instructions) . . . . .   | <b>8p</b> |          |
| <b>z</b>  | Other income. List type and amount ▶ _____  | <b>8z</b> |          |
| <b>9</b>  | Total other income. Add lines 8a through 8z . . . . .   | <b>9</b>  |          |
| <b>10</b> | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .   | <b>10</b> | -10,100. |

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

Schedule 1 (Form 1040) 2021

**Part II Adjustments to Income**

|            |  |            |            |  |
|------------|--|------------|------------|--|
| <b>11</b>  | Educator expenses . . . . .  |            | <b>11</b>  |  |
| <b>12</b>  | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .  |            | <b>12</b>  |  |
| <b>13</b>  | Health savings account deduction. Attach Form 8889 . . . . .   |            | <b>13</b>  |  |
| <b>14</b>  | Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .  |            | <b>14</b>  |  |
| <b>15</b>  | Deductible part of self-employment tax. Attach Schedule SE . . . . .   |            | <b>15</b>  |  |
| <b>16</b>  | Self-employed SEP, SIMPLE, and qualified plans . . . . .   |            | <b>16</b>  |  |
| <b>17</b>  | Self-employed health insurance deduction . . . . .   |            | <b>17</b>  |  |
| <b>18</b>  | Penalty on early withdrawal of savings . . . . .   |            | <b>18</b>  |  |
| <b>19a</b> | Alimony paid . . . . .   |            | <b>19a</b> |  |
| <b>b</b>   | Recipient's SSN . . . . .  | ▶ _____    |            |  |
| <b>c</b>   | Date of original divorce or separation agreement (see instructions) ▶ _____  |            |            |  |
| <b>20</b>  | IRA deduction . . . . .  |            | <b>20</b>  |  |
| <b>21</b>  | Student loan interest deduction . . . . .  |            | <b>21</b>  |  |
| <b>22</b>  | Reserved for future use . . . . .  |            | <b>22</b>  |  |
| <b>23</b>  | Archer MSA deduction . . . . .   |            | <b>23</b>  |  |
| <b>24</b>  | Other adjustments:   |            |            |  |
| <b>a</b>   | Jury duty pay (see instructions) . . . . .   | <b>24a</b> |            |  |
| <b>b</b>   | Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit . . . . .                                       | <b>24b</b> |            |  |
| <b>c</b>   | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l . . . . .   | <b>24c</b> |            |  |
| <b>d</b>   | Reforestation amortization and expenses . . . . .  | <b>24d</b> |            |  |
| <b>e</b>   | Repayment of supplemental unemployment benefits under the Trade Act of 1974 . . . . .  | <b>24e</b> |            |  |
| <b>f</b>   | Contributions to section 501(c)(18)(D) pension plans . . . . .   | <b>24f</b> |            |  |
| <b>g</b>   | Contributions by certain chaplains to section 403(b) plans . . . . .   | <b>24g</b> |            |  |
| <b>h</b>   | Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) . . . . .  | <b>24h</b> |            |  |
| <b>i</b>   | 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 . . . . . | <b>24i</b> |            |  |
| <b>j</b>   | Housing deduction from Form 2555 . . . . .   | <b>24j</b> |            |  |
| <b>k</b>   | Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) . . . . .  | <b>24k</b> |            |  |
| <b>z</b>   | Other adjustments. List type and amount ▶ _____  | <b>24z</b> |            |  |
| <b>25</b>  | Total other adjustments. Add lines 24a through 24z . . . . .   |            | <b>25</b>  |  |
| <b>26</b>  | Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a . . . . .   |            | <b>26</b>  |  |



**SCHEDULE D**  
**(Form 1040)**

**Capital Gains and Losses**

OMB No. 1545-0074

**2021**

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](http://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: **SAI NEHA PATHIPATI** Your social security number: **034-41-1820**

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)

| See instructions for how to figure the amounts to enter on the lines below.<br>This form may be easier to complete if you round off cents to whole dollars.  | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part I,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|--|----------------------------------|---------------------------------|---|---|
| <b>1a</b> 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 . |                                  |                                 |   |   |
| <b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .   | 4,280.                           | 2,963.                          | 3.  | 1,320.  |
| <b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .  |                                  |                                 |   |   |
| <b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .  |                                  |                                 |   |   |
| <b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .  |                                  |                                 |   | <b>4</b>  |
| <b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .   |                                  |                                 |   | <b>5</b>  |
| <b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .  |                                  |                                 |   | <b>6</b> ( )  |
| <b>7 Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .  |                                  |                                 |   | <b>7</b> 1,320.   |

**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.<br>This form may be easier to complete if you round off cents to whole dollars.   | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part II,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|---|----------------------------------|---------------------------------|--|---|
| <b>8a</b> 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 . |                                  |                                 |  |   |
| <b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .  | 3,398.                           | 1,679.                          |  | 1,719.  |
| <b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .   |                                  |                                 |  |   |
| <b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .  |                                  |                                 |  |   |
| <b>11</b> 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 . . . . .  |                                  |                                 |  | <b>11</b>   |
| <b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .  |                                  |                                 |  | <b>12</b>   |
| <b>13</b> Capital gain distributions. See the instructions . . . . .  |                                  |                                 |  | <b>13</b>   |
| <b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .  |                                  |                                 |  | <b>14</b> ( )   |
| <b>15 Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then, go to Part III on the back . . . . .   |                                  |                                 |  | <b>15</b> 1,719.  |

**Part III Summary**

|           |  |           |        |
|-----------|--|-----------|--------|
| <b>16</b> | Combine lines 7 and 15 and enter the result . . . . .  | <b>16</b> | 3,039. |
|           | <ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li> </ul> |           |        |
| <b>17</b> | Are lines 15 and 16 <b>both</b> gains?<br><input checked="" type="checkbox"/> <b>Yes.</b> Go to line 18.<br><input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.   |           |        |
| <b>18</b> | If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . ▶   | <b>18</b> |        |
| <b>19</b> | If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . . ▶   | <b>19</b> |        |
| <b>20</b> | Are lines 18 and 19 both zero or blank and are you not filing Form 4952?<br><input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16. <b>Don't</b> complete lines 21 and 22 below.<br><br><input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.     |           |        |
| <b>21</b> | If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of:<br><ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } . . . . .</li> </ul> <p><b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.</p>  | <b>21</b> | ( )    |
| <b>22</b> | Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?<br><br><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16.<br><br><input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.  |           |        |



Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side  
**SAI NEHA PATHIPATI**

**Social security number or taxpayer identification number**  
**034-41-1820**

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)<br>Description of property<br>(Example: 100 sh. XYZ Co.) | (b)<br>Date acquired<br>(Mo., day, yr.) | (c)<br>Date sold or disposed of<br>(Mo., day, yr.) | (d)<br>Proceeds<br>(sales price)<br>(see instructions) | (e)<br>Cost or other basis.<br>See the <b>Note</b> below<br>and see <i>Column (e)</i><br>in the separate<br>instructions | Adjustment, if any, to gain or loss.<br>If you enter an amount in column (g),<br>enter a code in column (f).<br><b>See the separate instructions.</b> |                                | (h)<br><b>Gain or (loss).</b><br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|---|--|---|--|--|--|---|--------------------------------|--|
|   |  |   |  |  |  | (f)<br>Code(s) from<br>instructions   | (g)<br>Amount of<br>adjustment |  |
|   | Robinhood Securities LLC                                     | 03/16/21                                | 10/06/21   | 3,398.   | 1,679.   |   |                                | 1,719.   |
|   |  |   |  |  |  |   |                                |  |
|   |  |   |  |  |  |   |                                |  |
|   |  |   |  |  |  |   |                                |  |
|   |  |   |  |  |  |   |                                |  |
|   |  |   |  |  |  |   |                                |  |
|   |  |   |  |  |  |   |                                |  |
|   |  |   |  |  |  |   |                                |  |
|   |  |   |  |  |  |   |                                |  |
|   |  |   |  |  |  |   |                                |  |
|   |  |   |  |  |  |   |                                |  |
|   |  |   |  |  |  |   |                                |  |
|   |  |   |  |  |  |   |                                |  |
|   |  |   |  |  |  |   |                                |  |
|   |  |   |  |  |  |   |                                |  |
|   |  |   |  |  |  |   |                                |  |
|   |  |   |  |  |  |   |                                |  |
| <b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 8b</b> (if <b>Box D</b> above is checked), <b>line 9</b> (if <b>Box E</b> above is checked), or <b>line 10</b> (if <b>Box F</b> above is checked) ▶ |  |   |  | 3,398.   | 1,679.   |   |                                | 1,719.   |

**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.

**SCHEDULE E  
(Form 1040)**

**Supplemental Income and Loss**

OMB No. 1545-0074

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

**2021**

Department of the Treasury  
Internal Revenue Service (99)

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

Attachment  
Sequence No. **13**

▶ Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

Name(s) shown on return

Your social security number

SAI NEHA PATHIPATI

034-41-1820

**Part I Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

**A** Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions . . . . .  Yes  No

**B** If "Yes," did you or will you file required Form(s) 1099? . . . . .  Yes  No

|           |   |  |                  |                   |                          |
|-----------|---|--|------------------|-------------------|--------------------------|
| <b>1a</b> | Physical address of each property (street, city, state, ZIP code) |  |                  |                   |                          |
| <b>A</b>  | MANIKONDA HYDERABAD TELANGANA IN 500089                           |  |                  |                   |                          |
| <b>B</b>  |   |  |                  |                   |                          |
| <b>C</b>  |   |  |                  |                   |                          |
| <b>1b</b> | Type of Property (from list below)                                | <b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions. | Fair Rental Days | Personal Use Days | QJV                      |
| <b>A</b>  | 3   |  | 365              | 0                 | <input type="checkbox"/> |
| <b>B</b>  |   |  |                  |                   | <input type="checkbox"/> |
| <b>C</b>  |   |  |                  |                   | <input type="checkbox"/> |

**Type of Property:**

- 1 Single Family Residence      3 Vacation/Short-Term Rental      5 Land      7 Self-Rental
- 2 Multi-Family Residence      4 Commercial      6 Royalties      8 Other (describe)

| Income:  |                              | Properties: | A    | B | C |
|----------|------------------------------|-------------|------|---|---|
| <b>3</b> | Rents received . . . . .     | <b>3</b>    | 600. |   |   |
| <b>4</b> | Royalties received . . . . . | <b>4</b>    |      |   |   |

**Expenses:**

|           |  |           |         |  |  |
|-----------|--|-----------|---------|--|--|
| <b>5</b>  | Advertising . . . . .                                    | <b>5</b>  |         |  |  |
| <b>6</b>  | Auto and travel (see instructions) . . . . .             | <b>6</b>  |         |  |  |
| <b>7</b>  | Cleaning and maintenance . . . . .                       | <b>7</b>  | 1,200.  |  |  |
| <b>8</b>  | Commissions. . . . .                                     | <b>8</b>  |         |  |  |
| <b>9</b>  | Insurance . . . . .                                      | <b>9</b>  |         |  |  |
| <b>10</b> | Legal and other professional fees . . . . .              | <b>10</b> |         |  |  |
| <b>11</b> | Management fees . . . . .                                | <b>11</b> | 1,800.  |  |  |
| <b>12</b> | Mortgage interest paid to banks, etc. (see instructions) | <b>12</b> |         |  |  |
| <b>13</b> | Other interest. . . . .                                  | <b>13</b> |         |  |  |
| <b>14</b> | Repairs. . . . .   | <b>14</b> | 2,200.  |  |  |
| <b>15</b> | Supplies . . . . .                                       | <b>15</b> | 2,600.  |  |  |
| <b>16</b> | Taxes . . . . .  | <b>16</b> |         |  |  |
| <b>17</b> | Utilities. . . . .                                       | <b>17</b> | 2,900.  |  |  |
| <b>18</b> | Depreciation expense or depletion . . . . .              | <b>18</b> |         |  |  |
| <b>19</b> | Other (list) ▶ . . . . .                                 | <b>19</b> |         |  |  |
| <b>20</b> | Total expenses. Add lines 5 through 19 . . . . .         | <b>20</b> | 10,700. |  |  |

|           |   |           |             |     |     |
|-----------|---|-----------|-------------|-----|-----|
| <b>21</b> | Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 . . . . . | <b>21</b> | -10,100.    |     |     |
| <b>22</b> | Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . .  | <b>22</b> | ( 10,100. ) | ( ) | ( ) |

|            |  |            |         |  |  |
|------------|--|------------|---------|--|--|
| <b>23a</b> | Total of all amounts reported on line 3 for all rental properties . . . . .  | <b>23a</b> | 600.    |  |  |
| <b>b</b>   | Total of all amounts reported on line 4 for all royalty properties . . . . . | <b>23b</b> |         |  |  |
| <b>c</b>   | Total of all amounts reported on line 12 for all properties . . . . .        | <b>23c</b> |         |  |  |
| <b>d</b>   | Total of all amounts reported on line 18 for all properties . . . . .        | <b>23d</b> |         |  |  |
| <b>e</b>   | Total of all amounts reported on line 20 for all properties . . . . .        | <b>23e</b> | 10,700. |  |  |

|           |  |           |             |  |  |
|-----------|--|-----------|-------------|--|--|
| <b>24</b> | <b>Income.</b> Add positive amounts shown on line 21. Do not include any losses . . . . .                                    | <b>24</b> |             |  |  |
| <b>25</b> | <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . . | <b>25</b> | ( 10,100. ) |  |  |

|           |   |           |  |  |          |
|-----------|---|-----------|--|--|----------|
| <b>26</b> | <b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . . | <b>26</b> |  |  | -10,100. |
|-----------|---|-----------|--|--|----------|

For Paperwork Reduction Act Notice, see the separate instructions. NPA -10,100. Schedule E (Form 1040) 2021

**Health Savings Accounts (HSAs)**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**  
▶ **Go to [www.irs.gov/Form8889](http://www.irs.gov/Form8889) for instructions and the latest information.**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
**SAI NEHA PATHIPATI**

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶ **034-41-1820**

**Before you begin:** Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

|           |  |   |                                 |
|-----------|--|---|---------------------------------|
| <b>1</b>  | Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2021. See instructions . . . . . ▶   | <input checked="" type="checkbox"/> Self-only | <input type="checkbox"/> Family |
| <b>2</b>  | HSA contributions you made for 2021 (or those made on your behalf), including those made from January 1, 2022, through April 15, 2022, that were for 2021. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions . . . . .                        | <b>2</b>                                      | 0.                              |
| <b>3</b>  | If you were under age 55 at the end of 2021 and, on the first day of <b>every</b> month during 2021, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,600 (\$7,200 for family coverage). <b>All others</b> , see the instructions for the amount to enter . . . . . | <b>3</b>                                      | 3,600.                          |
| <b>4</b>  | Enter the amount you and your employer contributed to your Archer MSAs for 2021 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2021, also include any amount contributed to your spouse's Archer MSAs . . . . .                                       | <b>4</b>                                      | 0.                              |
| <b>5</b>  | Subtract line 4 from line 3. If zero or less, enter -0- . . . . .  | <b>5</b>                                      | 3,600.                          |
| <b>6</b>  | Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2021, see the instructions for the amount to enter . . . . .   | <b>6</b>                                      | 3,600.                          |
| <b>7</b>  | If you were age 55 or older at the end of 2021, married, and you or your spouse had family coverage under an HDHP at any time during 2021, enter your additional contribution amount. See instructions . . . . .   | <b>7</b>                                      | 0.                              |
| <b>8</b>  | Add lines 6 and 7 . . . . .  | <b>8</b>                                      | 3,600.                          |
| <b>9</b>  | Employer contributions made to your HSAs for 2021 . . . . .  | <b>9</b>                                      | 1,050.                          |
| <b>10</b> | Qualified HSA funding distributions . . . . .  | <b>10</b>                                     |                                 |
| <b>11</b> | Add lines 9 and 10 . . . . .   | <b>11</b>                                     | 1,050.                          |
| <b>12</b> | Subtract line 11 from line 8. If zero or less, enter -0- . . . . .   | <b>12</b>                                     | 2,550.                          |
| <b>13</b> | <b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 <b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax. See instructions.  | <b>13</b>                                     | 0.                              |

**Part II HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

|            |  |            |  |
|------------|--|------------|--|
| <b>14a</b> | Total distributions you received in 2021 from all HSAs (see instructions) . . . . .  | <b>14a</b> |  |
| <b>b</b>   | Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions . . . . . | <b>14b</b> |  |
| <b>c</b>   | Subtract line 14b from line 14a . . . . .  | <b>14c</b> |  |
| <b>15</b>  | Qualified medical expenses paid using HSA distributions (see instructions) . . . . .   | <b>15</b>  |  |
| <b>16</b>  | <b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8e . . . . .  | <b>16</b>  |  |
| <b>17a</b> | If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here . . . . . ▶ <input type="checkbox"/>  |            |  |
| <b>b</b>   | <b>Additional 20% tax</b> (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c . . . . .                  | <b>17b</b> |  |

**Part III Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

|           |   |           |  |
|-----------|---|-----------|--|
| <b>18</b> | Last-month rule . . . . .   | <b>18</b> |  |
| <b>19</b> | Qualified HSA funding distribution . . . . .  | <b>19</b> |  |
| <b>20</b> | <b>Total income.</b> Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8z, and enter "HSA" and the amount on the dotted line . . . . . | <b>20</b> |  |
| <b>21</b> | <b>Additional tax.</b> Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d . . . . .                        | <b>21</b> |  |

**Passive Activity Loss Limitations**

Department of the Treasury  
Internal Revenue Service (99)

▶ See separate instructions.  
▶ Attach to Form 1040, 1040-SR, or 1041.  
▶ Go to [www.irs.gov/Form8582](http://www.irs.gov/Form8582) for instructions and the latest information.

Name(s) shown on return

SAI NEHA PATHIPATI

Identifying number

034-41-1820

**Part I 2021 Passive Activity Loss**

**Caution:** Complete Parts IV and V before completing Part I.

**Rental Real Estate Activities With Active Participation** (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** in the instructions.)

|  |           |   |           |
|--|-----------|---|-----------|
| <b>1a</b> Activities with net income (enter the amount from Part IV, column (a)) . . . . .   | <b>1a</b> |   |           |
| <b>b</b> Activities with net loss (enter the amount from Part IV, column (b)) . . . . .      | <b>1b</b> | ( | )         |
| <b>c</b> Prior years' unallowed losses (enter the amount from Part IV, column (c)) . . . . . | <b>1c</b> | ( | )         |
| <b>d</b> Combine lines 1a, 1b, and 1c . . . . .  |           |   | <b>1d</b> |

**All Other Passive Activities**

|   |           |     |                |
|---|-----------|-----|----------------|
| <b>2a</b> Activities with net income (enter the amount from Part V, column (a)) . . . . .   | <b>2a</b> | 0 . |                |
| <b>b</b> Activities with net loss (enter the amount from Part V, column (b)) . . . . .      | <b>2b</b> | (   | 0 .)           |
| <b>c</b> Prior years' unallowed losses (enter the amount from Part V, column (c)) . . . . . | <b>2c</b> | (   | -2 .)          |
| <b>d</b> Combine lines 2a, 2b, and 2c . . . . .   |           |     | <b>2d</b> -2 . |

|  |          |  |      |
|--|----------|--|------|
| <b>3</b> Combine lines 1d and 2d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used . . . . . | <b>3</b> |  | -2 . |
|--|----------|--|------|

- If line 3 is a loss and:
- Line 1d is a loss, go to Part II.
  - Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

**Caution:** If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II. Instead, go to line 10.

**Part II Special Allowance for Rental Real Estate Activities With Active Participation**

**Note:** Enter all numbers in Part II as positive amounts. See instructions for an example.

|  |          |     |
|--|----------|-----|
| <b>4</b> Enter the <b>smaller</b> of the loss on line 1d or the loss on line 3 . . . . .   | <b>4</b> |     |
| <b>5</b> Enter \$150,000. If married filing separately, see instructions . . . . .   | <b>5</b> |     |
| <b>6</b> Enter modified adjusted gross income, but not less than zero. See instructions<br><b>Note:</b> If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7. | <b>6</b> |     |
| <b>7</b> Subtract line 6 from line 5 . . . . .   | <b>7</b> |     |
| <b>8</b> Multiply line 7 by 50% (0.50). <b>Do not</b> enter more than \$25,000. If married filing separately, see instructions   | <b>8</b> |     |
| <b>9</b> Enter the <b>smaller</b> of line 4 or line 8 . . . . .  | <b>9</b> | 0 . |

**Part III Total Losses Allowed**

|  |           |     |
|--|-----------|-----|
| <b>10</b> Add the income, if any, on lines 1a and 2a and enter the total . . . . .   | <b>10</b> | 0 . |
| <b>11</b> <b>Total losses allowed from all passive activities for 2021.</b> Add lines 9 and 10. See instructions to find out how to report the losses on your tax return . . . . . | <b>11</b> | 0 . |

**Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c.** See instructions.

| Name of activity                                      | Current year             |                        | Prior years                  | Overall gain or loss |          |
|---|--------------------------|------------------------|------------------------------|----------------------|----------|
|   | (a) Net income (line 1a) | (b) Net loss (line 1b) | (c) Unallowed loss (line 1c) | (d) Gain             | (e) Loss |
|   |                          |                        |                              |                      |          |
|   |                          |                        |                              |                      |          |
|   |                          |                        |                              |                      |          |
|   |                          |                        |                              |                      |          |
| <b>Total.</b> Enter on Part I, lines 1a, 1b, and 1c ▶ |                          |                        |                              |                      |          |

**Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c.** See instructions.

| Name of activity                                      | Current year             |                        | Prior years                  | Overall gain or loss |          |
|---|--------------------------|------------------------|------------------------------|----------------------|----------|
|   | (a) Net income (line 2a) | (b) Net loss (line 2b) | (c) Unallowed loss (line 2c) | (d) Gain             | (e) Loss |
| MANIKONDA   | 0.                       | 0.                     | 2.                           |                      | 2.       |
|   |                          |                        |                              |                      |          |
|   |                          |                        |                              |                      |          |
| <b>Total.</b> Enter on Part I, lines 2a, 2b, and 2c ▶ | 0.                       | 0.                     | 2.                           |                      |          |

**Part VI Use This Part if an Amount Is Shown on Part II, Line 9.** See instructions.

| Name of activity         | Form or schedule and line number to be reported on (see instructions) | (a) Loss | (b) Ratio | (c) Special allowance | (d) Subtract column (c) from column (a). |
|--------------------------|---|----------|-----------|-----------------------|--|
|                          |   |          |           |                       |  |
|                          |   |          |           |                       |  |
|                          |   |          |           |                       |  |
| <b>Total</b> . . . . . ▶ |   |          | 1.00      |                       |  |

**Part VII Allocation of Unallowed Losses.** See instructions.

| Name of activity         | Form or schedule and line number to be reported on (see instructions) | (a) Loss | (b) Ratio  | (c) Unallowed loss |
|--------------------------|---|----------|------------|--------------------|
| MANIKONDA                | E Ln 22   | 2.       | 1.00000000 | 2.                 |
|                          |   |          |            |                    |
|                          |   |          |            |                    |
| <b>Total</b> . . . . . ▶ |   | 2.       | 1.00       | 2.                 |

**Part VIII Allowed Losses.** See instructions.

| Name of activity         | Form or schedule and line number to be reported on (see instructions) | (a) Loss | (b) Unallowed loss | (c) Allowed loss |
|--------------------------|---|----------|--------------------|------------------|
| MANIKONDA                | E Ln 22   | 2.       | 2.                 | 0.               |
|                          |   |          |                    |                  |
|                          |   |          |                    |                  |
| <b>Total</b> . . . . . ▶ |   | 2.       | 2.                 | 0.               |