Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Submission Identification Number (SID)	
Taxpayer's name	Social security number
SUDHEER GOURISHETTY	686-93-2844
Spouse's name	Spouse's social security number
•	21 (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 1
1 Adjusted gross income	
2 Total tax	
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	
4 Amount you want refunded to you	
5 Amount you owe	
Part II Taxpayer Declaration and Signature Authorization (Be sure you Under penalties of perjury, I declare that I have examined a copy of the income tax return (original	
return (original or amended) I am now authorizing. I consent to allow my intermediate service prov to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or re for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I auth Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution payment of my federal taxes owed on this return and/or a payment of estimated tax, and the finan authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment canc business days prior to the payment (settlement) date. I also authorize the financial institutions invitaxes to receive confidential information necessary to answer inquiries and resolve issues relatives personal identification number (PIN) below is my signature for the income tax return (original or an Electronic Funds Withdrawal Consent.	ason for rejection of the transmission, (b) the reason horize the U.S. Treasury and its designated Financial account indicated in the tax preparation software for cial institution to debit the entry to this account. This to terminate the authorization. To revoke (cancel) a ellation requests must be received no later than 2 olved in the processing of the electronic payment of ted to the payment. I further acknowledge that the
Taxpayer's PIN: check one box only	
	r generate my PIN 3 2 8 4 4 4 as my
ERO firm name	Enter five digits, but don't enter all zeros
signature on the income tax return (original or amended) I am now authorizing.	300 t 0000 an 2000
I will enter my PIN as my signature on the income tax return (original or amend if you are entering your own PIN and your return is filed using the Practitioner below.	
Your signature ►	Date ►
Spouse's PIN: check one box only	
	r generate my PIN as my
ERO firm name signature on the income tax return (original or amended) I am now authorizing.	Enter five digits, but don't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amend if you are entering your own PIN and your return is filed using the Practitioner below.	
Spouse's signature ▶	Date ▶
Practitioner PIN Method Returns Only—contin	
Part III Certification and Authentication — Practitioner PIN Method Onl	
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	
I certify that the above numeric entry is my PIN, which is my signature for the electronic individu authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Pr	t I am submitting this return in accordance with the
ERO's signature ▶	Date ▶
ERO Must Retain This Form — See Instru	
	

Don't Submit This Form to the IRS Unless Requested To Do So

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

2021

OMB No. 1545-007

IBS Use Only—Do not write or staple in this space

Filing Status Check only one box.	If yo	Single Married filing jointly unchecked the MFS box, enter the nonis a child but not your dependen	ame of	ed filing separately your spouse. If you									
Your first name	and mi	ddle initial	Last na	me					Your so	cial securit	ty number		
SUDHEER			GOUF	RISHETTY					686-	686-93-2844			
If joint return, sp	oouse's	first name and middle initial	Last na	me					Spouse	's social sec	curity number		
	•	r and street). If you have a P.O. box, see	instructi	ons.				Apt. no.	1	Presidential Election Campaign			
_ 101 NE 5								2224		here if you,	or your ntly, want \$3		
, , ,		ce. If you have a foreign address, also co	mplete s	paces below.	Stat	te		code			Checking a		
OKLAHOMA	CI	ГҮ			OF	K	73	105	box bel	ow will not	change		
Foreign country name Foreign province/state/county Foreign postal code your								your tax	x or refund.	. Spouse			
At any time du	ring 20	21, did you receive, sell, exchange	, or othe	rwise dispose of a	ny fina	ancial interes	t in an	y virtual curre	ncy?	Yes	⊠ No		
Standard Deduction		eone can claim:	•	•		a dependen	t						
Age/Blindness	You:	☐ Were born before January 2, 1	957	Are blind S	oouse	: Was b	orn be	efore January 2	2, 1957	☐ Is bli	ind		
Dependents				(2) Social securi	ty	(3) Relation				r (see instru	•		
If more	(1) Fi	rst name Last name		number		to you		Child tax c	redit	Credit for oth	her dependents		
than four													
dependents, see instructions	· —												
and check													
here ▶ ∐										[
	1_	Wages, salaries, tips, etc. Attach I	Form(s)	W-2					. 1	1.	29 , 999.		
Attach Sch. B if	2 a	Tax-exempt interest	2a		b T	axable intere	est		. 2b	,			
required.	3a	Qualified dividends	3a	93.	b 0	ordinary divic	dends		. 3b	,	93.		
	4a	IRA distributions	4a		b T	axable amou	unt .		. 4b	,			
	5a	Pensions and annuities	5a		b T	axable amou	unt .		. 5b	,			
Standard	6a	Social security benefits	6a		b T	axable amou	unt .		. 6b	,			
Deduction for— Single or	7	Capital gain or (loss). Attach Sche	dule D it	frequired. If not red	quired	, check here		▶[2,044.		
Married filing	8	Other income from Schedule 1, lin	e 10						. 8		-8 , 932.		
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is your total in	come				▶ 9	12	23,204.		
Married filing in the or	10	Adjustments to income from Sche	dule 1, l	ine 26					. 10)			
jointly or Qualifying	11_	Subtract line 10 from line 9. This is	s your a	djusted gross inc	ome				▶ 11	12	23,204.		
widow(er), \$25,100	12a	Standard deduction or itemized	deduct	ions (from Schedu	le A)	1	2a	12,55	0.				
• Head of	b	Charitable contributions if you take	the star	ndard deduction (se	e instr	ructions) 1	2b	30	0.				
household, \$18,800	С	Add lines 12a and 12b							. 120	c 1	12,850.		
If you checked	13	Qualified business income deduct	ion from	Form 8995 or For	m 899	5-A			. 13	;			
any box under Standard	14								. 14	. 1	12 , 850.		
Deduction, see instructions.	15	Taxable income. Subtract line 14	from lin	e 11. If zero or less	s, ente	er-0			. 15	11	10,354.		

Form 1040 (2021)								Page Z
	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	20,498.
	17	Amount from Schedule 2, lin	ne 3					17	
	18	Add lines 16 and 17						18	20,498.
	19	Nonrefundable child tax cre	dit or credit for o	ther depender	nts from Schedule	8812		19	
	20	Amount from Schedule 3, lin	ne 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	20,498.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is	your total tax				🕨	24	20,498.
	25	Federal income tax withheld	from:						
	а	Form(s) W-2				25a 2	3 , 844.		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	23,844.
If you have a	26	2021 estimated tax paymen	ts and amount a	pplied from 20				26	
qualifying child, attach Sch. EIC.	27a	Earned income credit (EIC)				27a			
attach och. Elo.	b	Check here if you were I January 2, 2004, and you taxpayers who are at least a Nontaxable combat pay elec	u satisfy all the ge 18, to claim t	e other requi he EIC. See in	rements for				
	С	Prior year (2019) earned inco	ome	. 27c					
	28	Refundable child tax credit o	r additional child	tax credit from	Schedule 8812	28			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Recovery rebate credit. See	instructions .			30			
	31	Amount from Schedule 3, lir	ne 15			31			
	32	Add lines 27a and 28 through	h 31. These are	your total oth	er payments and	refundable cre	edits 🕨	32	
	33	Add lines 25d, 26, and 32. T						33	23,844.
Refund	34	If line 33 is more than line 24						34	3,346.
	35a	Amount of line 34 you want						35a	3,346.
Direct deposit? See instructions.	▶b	Routing number 0 8 1			► c Type: 🔀	Checking _	Savings		
oce manachons.	►d	Account number 3 5 5							
	36	Amount of line 34 you want				36			
Amount	37	Amount you owe. Subtract				1 1	. ▶	37	
You Owe	38	Estimated tax penalty (see in				38			
Third Party Designee	ins	you want to allow another tructions	person to disc		n with the IRS?	Yes.	Complete		⊠ No
		signee's ne ▶		Phone no. ▶			sonal iden nber (PIN)		
Sign	Un	der penalties of perjury, I declare telef, they are true, correct, and com		ed this return and		edules and statem	ents, and t	o the bes	
Here		ur signature	,	Date	Your occupation		lf th	ie IRS sei	nt you an Identity
Joint return?					SOFTWARE D	FUET ODED		e inst.)	IN, enter it here
See instructions. Keep a copy for your records.	Spo	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupation	If the	ie IRS sei	nt your spouse an ection PIN, enter it here	
	Pho	one no. (816) 200-120	1	Email address	GOURISHETTY.SU	DHEER2@GMAIL.	COM		
Paid	Pre	parer's name	Preparer's signat	ure		Date	PTIN		Check if:
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	04/14/2022	P0208	32703	Self-employed
Use Only	Firr	m's name ► GLOBAL TA	XES LLC				Pho	ne no.	(678) 965-9522
Jae Only	Firr	m's address ▶ 2530 Pebb	Firr	n's EIN 🕨	> 30-1017196				

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2021

Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

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

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

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

Your social security number

SUDH	EER GOURISHETTY		686-9	3-284	4
Par	t I Additional Income				
1	Taxable refunds, credits, or offsets of state and local income taxes			1	
2a	Alimony received			2a	
b	Date of original divorce or separation agreement (see instructions) ▶				
3	Business income or (loss). Attach Schedule C			3	
4	Other gains or (losses). Attach Form 4797			4	
5	Rental real estate, royalties, partnerships, S corporations, trus Schedule E			5	-8,932.
6	Farm income or (loss). Attach Schedule F			6	
7	Unemployment compensation			7	
8	Other income:				
а	Net operating loss	Ва ()		
b	Gambling income	3b			
С	Cancellation of debt	Вс			
d	Foreign earned income exclusion from Form 2555	3d ()		
е	Taxable Health Savings Account distribution	Ве			
f	Alaska Permanent Fund dividends	8f			
g	Jury duty pay	3g			
h	Prizes and awards	3h			
i	Activity not engaged in for profit income	8i			
j	Stock options	8j			
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such				
	·	3k			
I	Olympic and Paralympic medals and USOC prize money (see instructions)	81			
m	Section 951(a) inclusion (see instructions)	3m			
n	Section 951A(a) inclusion (see instructions)	3n			
0	Section 461(I) excess business loss adjustment	Во			
р	Taxable distributions from an ABLE account (see instructions) .	Вр			
Z	Other income. List type and amount ▶	Bz			
9	Total other income. Add lines 8a through 8z			9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 104 1040-NR, line 8		1	10	-8.932.

Schedule 1 (Form 1040) 2021 Page **2**

	Educator expenses	. 11
2	Certain business expenses of reservists, performing artists, and fee-basis governme officials. Attach Form 2106	
}	Health savings account deduction. Attach Form 8889	. 13
	Moving expenses for members of the Armed Forces. Attach Form 3903	. 14
5	Deductible part of self-employment tax. Attach Schedule SE	. 15
6	Self-employed SEP, SIMPLE, and qualified plans	. 16
7	Self-employed health insurance deduction	. 17
3	Penalty on early withdrawal of savings	. 18
а	Alimony paid	. 19a
b	Recipient's SSN	
С	Date of original divorce or separation agreement (see instructions) ▶	
)	IRA deduction	. 20
l	Student loan interest deduction	. 21
2	Reserved for future use	. 22
3	Archer MSA deduction	. 23
ŀ	Other adjustments:	
а	Jury duty pay (see instructions)	
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	
С	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l 24c	
d	Reforestation amortization and expenses	
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	
f	Contributions to section 501(c)(18)(D) pension plans 24f	
g	Contributions by certain chaplains to section 403(b) plans 24g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	
i	Housing deduction from Form 2555	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	
Z	Other adjustments. List type and amount ▶	

SCHEDULE D (Form 1040)

Capital Gains and Losses

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

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

OMB No. 1545-0074

Attachment Sequence No. **12**

Department of the Treasury ▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Internal Revenue Service (99) Name(s) shown on return SUDHEER GOURISHETTY

Your social security number 686-93-2844

	ou dispose of any investment(s) in a qualified opportunity es," attach Form 8949 and see its instructions for additiona									
Pa	short-Term Capital Gains and Losses—Ge	nerally Assets I	Held One Year	or Less (se	e ins	tructions)				
lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, line 2, colum	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)				
	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.									
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	10,704.	9,492.	8	374.	2,086.				
	Totals for all transactions reported on Form(s) 8949 with Box B checked									
3	Totals for all transactions reported on Form(s) 8949 with Box C checked									
4	Short-term gain from Form 6252 and short-term gain or (le	oss) from Forms 4	684, 6781, and 88	324	4					
5										
6	6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions									
7	7 Net short-term capital gain or (loss). 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									
Pai		-			(see					
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 (d) Proceeds (sales price) (or other basis) Fo					ts from Part II, n (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)				
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.									
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked	11.	53.			-42.				
9	Totals for all transactions reported on Form(s) 8949 with Box E checked									
10	Totals for all transactions reported on Form(s) 8949 with Box F checked									
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824				11					
12	Net long-term gain or (loss) from partnerships, S corporat	ions, estates, and	trusts from Scheo	dule(s) K-1	12					
13					13					
					14	()				
15	Net long-term capital gain or (loss). Combine lines 8a on the back	•	` '	to Part III	15	-42.				

BAA

Schedule D (Form 1040) 2021 Page **2**

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	2,044.
	• If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.		
	• If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.		
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.		
17	Are lines 15 and 16 both gains? ☐ Yes. Go to line 18. ☑ No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
20	Are lines 18 and 19 both zero or blank and are you not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below.		
	No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:		
	• The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500)	21	()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?		
	▼ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.		
	☐ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

8949 **8949**

Sales and Other Dispositions of Capital Assets

Department of the Treasury Internal Revenue Service ▶ Go to www.irs.gov/Form8949 for instructions and the latest information.
 ▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074

2021

Attachment Sequence No. 12A

Name(s) shown on return

Social security number or taxpayer identification number

686-93-2844

SUDHEER GOURISHETTY

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.

☐ (B) Short-term transactions	 X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) □ (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS □ (C) Short-term transactions not reported to you on Form 1099-B 											
(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below	If you enter an enter a co	f any, to gain or loss. amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss). Subtract column (e)					
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)		(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)					
ROBINHOOD SECURITIES LLC	03/03/21	05/26/21	9,588.	8,492.	EW	874.	1,970.					
ROBINHOOD CRYPTO LLC	02/08/21	02/11/21	1,116.	1,000.			116.					
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C)	al here and inc is checked), lir	lude on your ne 2 (if Box B	10,704.	9,492.		874.	2,086.					

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.

Form 8949 (2021) Attachment Sequence No. **12A** P

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

SUDHEER GOURISHETTY

686-9

Social security number or taxpayer identification number 686-93-2844

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☐ (E) Long-term transactions☐ (F) Long-term transactions	reported on	Form(s) 1099	-B showing bas	•			e)
1 (a)	(b)	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below Adjustment, if any, to If you enter an amount enter a code in co		amount in column (g), ode in column (f).	(h) Gain or (loss). Subtract column (e)
Description of property (Example: 100 sh. XYZ Co.)	Date acquired (Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
ROBINHOOD SECURITIES LLC	04/03/19	02/25/21	11.	53.			-42.
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	al here and ince is checked), lir	lude on your ne 9 (if Box E	11.	53.			-42.

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

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

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

OMB No. 1545-0074

2021

Attachment Sequence No. 13

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

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

Your social security number 686-93-2844

SUDH	EER GOURISHETTY							686-	-93-284	4	
Part		s From Rental Real Estate and Roginstructions. If you are an individual, rep	-		-			_			use
		nts in 2021 that would require you to ou file required Form(s) 1099?		` '							No No
	Physical address of e	each property (street, city, state, ZIF	code	<u> </u>							
Α		MAYAMPET RAMAYAMPET TELA		,	50210)1					
В	,										
С											
1b	Type of Property (from list below)	For each rental real estate prop above, report the number of fa	perty li	sted al and			Rental Days		nal Use ays	Q	JV
Α	3	personal use days. Check the of the first of the days. Check the first of the days are personal use the first of the first	365		0						
В		qualified joint venture. See inst	ructio	ns.	В						
С					С						
Туре	of Property:			•	·		•				
1 Sing	le Family Residence	3 Vacation/Short-Term Rental	5 Lai	nd	7	Self-	Rental				
2 Mul	ti-Family Residence	4 Commercial	6 Ro	yalties	8	Othe	r (describe))			
Incom	e:	Properties:			Α		E			С	
3	Rents received		3		(600.					
4	Royalties received .		4								
Expen											
5	Advertising		5								
6	Auto and travel (see in	nstructions)	6								
7	Cleaning and mainten	nance	7		1,(070.					
8	Commissions		8								
9	Insurance		9								
10	Legal and other profe	ssional fees	10								
11	Management fees .		11		1,4	120.					
12	Mortgage interest pai	d to banks, etc. (see instructions)	12								
13	Other interest		13								
14	Repairs		14			200.					
15	Supplies		15		2,9	980.					
16			16								
17			17		1,4	100.					
18		e or depletion	18								
19	Other (list)		19								
20	Total expenses. Add I	lines 5 through 19	20		10,0)70.					
21		line 3 (rents) and/or 4 (royalties). If instructions to find out if you must									
	file Form 6198		21		-9,4	170.					
22	Deductible rental real on Form 8582 (see in	estate loss after limitation, if any, structions)	22	(8,9	32.)	()()
23a	Total of all amounts re	eported on line 3 for all rental prope	rties			23a		600			
b	Total of all amounts re	eported on line 4 for all royalty prop	erties			23b					
С		eported on line 12 for all properties				23c					
d						23d					
е		eported on line 20 for all properties				23e	1	.0,070			
24	•	e amounts shown on line 21. Do no		-				. 2	4		
25	Losses. Add royalty lo	sses from line 21 and rental real estate	losses	s from line	22. Er	nter tota	al losses her	e. 2	5 (8,9	32 .)
26		ate and royalty income or (loss).									
		V, and line 40 on page 2 do not at 40), line 5. Otherwise, include this ar							6	-8,	932.

Passive Activity Loss Limitations

Department of the Treasury Internal Revenue Service (99)

► See separate instructions. ► Attach to Form 1040, 1040-SR, or 1041. OMB No. 1545-1008

Name(s) shown on return

SUDHEER GOURISHETTY

▶ Go to www.irs.gov/Form8582 for instructions and the latest information.

Attachment Sequence No. **858** Identifying number

686-93-2844

Part I 2021 Passive Activity Loss Caution: Complete Parts IV and V before completing Part I.									
	Il Real Estate Activities With Active Pa ance for Rental Real Estate Activities			ive participation, s	ee Special				
1a b c d	Activities with net income (enter the an Activities with net loss (enter the amount Prior years' unallowed losses (enter the Combine lines 1a, 1b, and 1c	unt from Part IV, c le amount from Pa	olumn (b)) art IV, column (c))	1b (0. 9,470.))	1d	-9,470.		
All Ot	her Passive Activities								
2a b c d	Activities with net income (enter the an Activities with net loss (enter the amount Prior years' unallowed losses (enter the Combine lines 2a, 2b, and 2c	unt from Part V, co le amount from Pa	olumn (b)) art V, column (c))	2b (2c ())	2d			
3	3 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								
	If line 3 is a loss and: • Line 1d is a leading a lead is a lead	•	zero or more), sk	ip Part II and go to	line 10.				
Part II	on: If your filing status is married filing . Instead, go to line 10. t II Special Allowance for Rer Note: Enter all numbers in Par	ntal Real Estate	Activities With	Active Participa	ation	year,	do not complete		
4 5 6	Enter the smaller of the loss on line 10. Enter \$150,000. If married filing separate Enter modified adjusted gross income Note: If line 6 is greater than or equal on line 9. Otherwise, go to line 7. Subtract line 6 from line 5	ately, see instructi e, but not less thar	ons n zero. See instruc	tions 6 1	50,000. 32,136.	4	9,470.		
8	Multiply line 7 by 50% (0.50). Do not er Enter the smaller of line 4 or line 8			ng separately, see	instructions	8	8,932. 8,932.		
Part	Total Losses Allowed						_		
10 11	Add the income, if any, on lines 1a and Total losses allowed from all passive out how to report the losses on your to	e activities for 20	21. Add lines 9 ar			10	0. 8,932.		
Part	· · · · · · · · · · · · · · · · · · ·								
	Name of activity	Currer	nt year	Prior years	Ove	rall ga	ain or loss		
	ramo or addivity	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gair	1	(e) Loss		
GANI	DHI ROAD, RAMAYAMPET	0.	9,470.				9,470.		
Total.	Enter on Part I, lines 1a, 1b, and 1c ▶	0.	9,470.						

Page 2

Form 8582 (2021)									Page 2	
Part V Complete This Part Be	fore P	art I, Lines 2	a, 2b,	and 2c. S	ee instruc	tions.				
		Currer	nt year		Prior ye	ears	Overa	ıll ga	ain or loss	
Name of activity	(a	Net income (line 2a)		Net loss ne 2b)	(c) Unall loss (lin	owed e 2c)	(d) Gain		(e) Loss	
Total. Enter on Part I, lines 2a, 2b, and 2c										
Part VI Use This Part if an Am	ount Is	s Shown on F	Part II,	Line 9. S	ee instruc	tions.				
Name of activity	ar to	rm or schedule nd line number be reported on see instructions)	(a)) Loss	(b) Ratio (c) Special allowance		allowarice		(d) Subtract column (c) from column (a).	
GANDHI ROAD, RAMAYAMPET		E Ln 22	9,470. 1		1.00000000		8,932.		538.	
Total		▶		9,470.	1.00)	8,93	2.	538.	
Part VII Allocation of Unallowe	d Los	ses. See instr	uction	S.						
Name of activity		Form or sche and line nun to be reporte (see instruct	mber ed on (a) L		Loss		(b) Ratio		c) Unallowed loss	
GANDHI ROAD, RAMAYAMPET		E Ln 2			538.	1.00000000		538.		
			. •		538.		1.00		538.	
Part VIII Allowed Losses. See in	structi	ons.								
Name of activity		Form or sche and line nun to be reporte (see instruct	nber ed on	(a) l	_OSS	(b) Ur	nallowed loss	(c) Allowed loss		
GANDHI ROAD, RAMAYAMPET		E Ln 22	2		9,470.		538.		8,932.	
Total			•		9,470.		538.		8.932.	



Oklahoma Individual Income Tax Declaration for Electronic Filing NOTE: Do not mail Oklahoma Tax Return - Form 511 or Form 511-NR.

2021 Form 511-EF

See instruction	ons on Page 2 to det	termine if you	are required to	send Fo	rm 511-EF to the	OTC.						
Your first name a	and middle initial		Last name		Your social security number	6	8 6	9	3	2	8 4	1 4
SUDHEER		GOURISH:	ETTY		Security number	0	0 0					
If a joint return, s	spouse's first name and n	niddle initial	Last name		Spouse's social security number							
Mailing address	(number and street, inclu	ding apartment	number, rural route c	or PO Box)	-				E (iling	statu	
101 NE 53	BRD ST		2224						г	iiiig :	status	1
City, State, ZIP						Total	numbe	er of	exem	notior	ıs	
OKLAHOMA	CITY		OK 73105									1
Part One	- Tax Return Ir	formation	n (whole dol	lars or	nly)							
	a Adjusted Gross Incor	•	•			1						00
1	ed Gross Income: All S	,	,							1	2320	00 4
I 	a Income Tax and Use											00
	a Income Tax Payment	,			•	-					_ 556	64 00
I	511, Line 37 or 511-NR											00 00
	Due (511, Line 42 or 5							mont	ic An	ril 20#		41 00
balance d Internal R	For a balance due return with an electronic payment, complete line 6b below. The due date for an electronic payment is April 20th. For a balance due return with a non-electronic payment, enclose a payment with the 511-V and submit on or before the due date of April 15th. If the Internal Revenue Code (IRC) of the IRS provides for a later due date, your payment may be made by the later due date and will be considered timely. If the due date falls on a weekend or legal holiday when OTC offices are closed, your payment is due the next business day.											
Part Two	- Declaration o	of Taxpave	er									
I consent that my refund be directly deposited as designated in the electronic portion of my 2021 Oklahoma income tax retur lf I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.												
6b 🗔												
I authorize the Oklahoma State 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 Oklahoma taxes owed on this return and/or a payment of estimated tax. 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.												
	balance due return, I un le for the tax liability and			ommission	(OTC) does not receiv	e full a	nd timel	y payr	nent c	of my t	ax liab	ility, I
Originator (ER tax return. To t	Under penalties of perjury, I declare I have compared the information contained on my return, with information I have provided to my Electronic Return Originator (ERO), and the amounts described in Part One above, agree with the amounts shown on the corresponding lines of my 2021 Oklahoma income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. I consent that my return, including this declaration and accompanying schedules and statements, be sent to the OTC by my ERO.									ncome		
	In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the Oklahoma Tax Commission of all information pertaining to my use of the system and software and to the transmission of my tax return electronically.											
Sign												
Here: Your Si	gnature		Date	Spouse's	s Signature (If joint r	eturn,	ooth mu	ıst siç	jn)	Da	ite	
Part Thre	e - Declaration	of Electr	onic Return	Origin	nator (ERO) a	nd F	Paid	Pre	nar	er		
I declare I have collectors are r obtained the ta followed all oth Preparer, unde	e reviewed the above taxp not responsible for reviewi xpayer's signature on For er requirements described r penalties of perjury I ded belief, they are true, corr	ayer's return and ng the taxpayer's m 511-EF and I h d in Pub. 1345, H clare I have exam	I the entries on Form return; however, the nave provided the tax andbook for Electron nined the above taxpa	511-EF are y must ensi payer with a ic Filers of l ayer's return declaration	complete and correct ure Form 511-EF accur a copy of all forms and Individual Income Tax I and accompanying so	to the brately reinforma Returns	est of m flects th ation to t (Tax Ye s and sta	y knov e data be filed ar 202 ateme	wledge on the with 21). If I	e. (ER ne retur the OT I am al nd to th	rn.) I ha FC, and Iso a P he bes	ave d have aid
	O or Paid Preparer's Signa	ture		Date	PTI	N						
Paid Preparer				∩ <i>4</i> /1	4/2022 P02	0827	N 3					
Use Only	Paid Preparer Signature			Date	4/2022 <u>F02</u> PTI		<u> </u>					
Firm name (or	yours if self-employed), \underline{S}	YAM PRIYA	RAM SAGAR GU	IPTA TAI	LLAM							
	address and ZIP 2	530 PEBBLE	CREEK LN CU	MMING (GA 30041							
	PI	none number (678 ₎ 965-95	522								

State of Oklahoma Individual Income Tax Payment Voucher Instructions

What is Form 511-V and Do You Have to Use It?

If you have already filed your return, either electronically or by paper, send this voucher with your check or money order for any balance due on your 2021 Form 511 or 511NR. Using Form 511-V allows us to process your payment more accurately and efficiently. We strongly encourage you to use Form 511-V, but there is no penalty if you do not.

Due Date

Generally, your Oklahoma income tax is due April 15th. However:

- If you electronically file your return and pay electronically, your due date is extended until April 20th. To make a payment online, visit **oktap.tax.ok.gov** and click on the "Make a Payment" link.
- If the Internal Revenue Code (IRC) of the IRS provides for a later due date, your payment may be made by the later due date and will be considered timely.
- If the due date falls on a weekend or legal holiday when the Oklahoma Tax Commission offices are closed, your payment is due the next business day.

How To Prepare Your Payment

- · Remit only one check or money order per voucher.
- Make your check or money order payable to the "Oklahoma Tax Commission". Do not send cash.
- · Make sure your name and address appear on your check or money order.

How To Send In Your 2021 Tax Payment, and Form 511-V

- Cut Form 511-V along the dotted line and submit the bottom portion of the Individual Income Tax Payment Voucher.
- Do not staple or otherwise attach your payment to Form 511-V. Instead, just put them loose in the envelope.
- Do not include a copy of your income tax return. To use this form, your income tax return (either paper or
 electronic) should already be filed with the Oklahoma Tax Commission.
- Mail your 2021 tax payment and Form 511-V to:

Oklahoma Tax Commission PO Box 26890 Oklahoma City, OK 73126-0890

● Do not fold, staple, or paper clip
Detach Here and Return Voucher with Payment

Do not tear or cut below line

#1555#

ITI-I

State of Oklahoma Individual Income Tax Payment Voucher

 $\sum_{0}^{2} 511-V$



Reporting Period

01-01-2021 to 12-31-2021

Due Date (Penalty and interest may be assessed if payment is not sent by the due date)

04-15-2022

Your first name, middle initial and last name

SUDHEER

GOURISHETTY

If joint return, spouse's first name, middle initial and last name

Mailing address (number and street, including apartment number, rural route or PO Box)

101 NE 53RD ST APT 2224

City, State, ZIP

OKLAHOMA CITY

OK 73105

Your Social Security Number (if filing a joint return, enter the SSN shown first on your return)

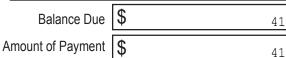
686-93-2844

Spouse's Social Security Number (if filing a joint return)

Daytime phone number (optional)

Do <u>not</u> enclose a copy of your Oklahoma tax return.

Oklahoma Tax Commission PO Box 26890 Oklahoma City, OK 73126-0890

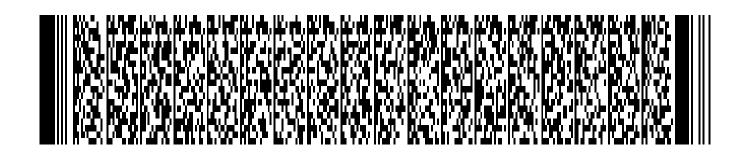


2021 Form 511 Resident Income Tax Return 2D Barcode Page

FAILURE TO SUBMIT THIS PAGE WILL DELAY PROCESSING OF YOUR RETURN









Form 511 2021



Oklahoma Resident Income Tax Return

Your Social Security Number		Place an 'X' in this box if this taxpaye is deceased	(jöint retur	Spouse's Social Security Number joint return only) Place an 'X' in this box if this taxpayer is deceased					AMENDED RETURN! Place an 'X' in this box if this is an amended 511. See Schedule 511-I.			
Nan	ne and Address - Please Pri	nt or Type										
SUI	irst name DHEER g address (number and street, includin L NE 53RD ST, APT.	g apartment number, r	RISHETTY	City	If a joint return		Sta	ate ZIF	or Post	I Last nad	Country	
Filing Status	1 X Single 2 Married filing joint 3 Married filing sepa (If spouse is also fi	ırate			Exemptions	Yourself Spouse Add the 1	Regula 1 0 Num Totals from	nber of	depen	Blind adents and (c). L here:		(a) (b) (c) enter "0" in the
	4 Head of household 5 Qualifying widow(e • Please list the year s	er) with depende	nt child		Total box	x for your re	egular ex	emption			Yourself	Spouse
PA	RT ONE: TO ARRIVE	AT OKLAHO	MA ADJUSTE	ED GR	OSS INC	COME				Rou	ınd to Near	est Whole Dollar
1	Federal adjusted gross inco	me (from Federa	I 1040 or 1040-S	R)						1		123204.00
2	Oklahoma Subtractions (pro	ovide Schedule 5	11-A)							2		.00
3	Line 1 minus line 2									3		123204.00
4										.00		
5	5 Line 3 minus line 4b							5	123204.00			
6	6 Oklahoma Additions (provide Schedule 511-B)							6	.00			
7	Oklahoma adjusted gross (If line 7 is different than									7		123204.00
PA	RT TWO: OKLAHOMA	A TAXABLE I	NCOME, TAX	AND	CREDIT	S						
8	Oklahoma Adjustments (pro	vide Schedule 5	11-C)							8		.00

STOP AND READ: If line 4b is zero, complete lines 10-11. If line 4b is more than zero, see Schedule 511-E and do not complete lines 10-11.

Oklahoma income after adjustments (line 7 minus line 8)

123204.00

2021 Form 511 - Resident Income Tax Return - Page 2



Security Number: 686-93-2844

The Oklahoma Tax Commission is not required to give actual notice to taxpayers of changes in any state tax law.

Name(s) shown
on Form 511: SUDHEER GOURISHETTY

Your Social
Security Number:

PA	RT TWO: OKLAHOMA TAXABLE INCOME, TAX AND CREDI	ITS co	ntin	ued			
Oklahoma itemized deductions (from Schedule 511-D, line 11) or Oklahoma standard deduction (Single or Married Filing Separate: \$6,350 • Married Filing Joint or Qualifying Widow(er): \$12,700 •						10	6350 .00
	· • •			1			
11	Exemptions: Enter the total number of exemptions claimed on page 1						1000 .00
12	Total deductions and exemptions (add lines 10 and 11 or amount from Sch. 51	12	7350 .00				
13	Oklahoma Taxable Income (line 9 minus line 12)	13	115854 .00				
14	(a) Oklahoma Income Tax from Tax Table (see pages 28-39 of instructions) or if using Farm Income Averaging, enter tax from Form 573, line 22 and enter a "1" in box on line 14	14a					
	(b) If paying the Health Savings Account additional 10% tax, add additional tax here and enter a "2" in box on line 14. If recapturing the Oklahoma Affordable Housing Tax Credit, add recaptured credit here and enter a "3" in box on line 14. If making an Oklahoma installment payment pursuant to IRC Section 965(h) and 68 O.S. Sec. 2368(K), add the installment payment here and enter a "4" in the box on line 14						
					.00		
	Oklahoma Income Tax (line 14a plus line 14b)					14	5605. 00
STOP	AND READ: If line 7 is equal to or larger than line 1, complete lines 15 and 16. If line 7 is smaller than line 1, complete lines 15 and 16.	ine 1, com	plete S	Schedules 5	11-F and 511-G.		
15	Oklahoma child care/child tax credit (see instructions)					15	.00
16	Oklahoma earned income credit (see instructions)						.00
17	Credit for taxes paid to another state (provide Form 511TX)						.00
18	18 Form 511CR - Other Credits Form. List 511CR line number claimed here:						.00
19 Income Tax (line 14 minus lines 15-18) Do not enter less than zero							5605.00
						1	
PA	RT THREE: TAX, CREDITS AND PAYMENTS						
20	Use tax due on Internet, mail order, or other out-of-state purchases					20	.00
	(For use tax table, see page 14 of the Packet) If you certify that no use tax is due, place an 'X' here:						
21	Balance (add lines 19 and 20)					21	5605.00
22	Oklahoma withholding (provide all W-2s, 1099s or other withholding statements)	22			5564.00		
23	2021 estimated tax payments (qualified farmer)	23			.00		
24	2021 payment with extension	24			.00		
25	Low Income Property Tax Credit (provide Form 538-H)	25			.00		
26	Sales Tax Relief Credit (provide Form 538-S)	26			.00		
27	Natural Disaster Tax Credit (provide Form 576)						
28							
_ 23	(amended return only)	29			.00		



2021 Form 511 - Resident Income Tax Return - Page 3
The Oklahoma Tax Commission is not required to give actual notice to taxpayers of changes in any state tax law.

on Form 511: SUDHEER GOURISHETTY		Security Number:	686-93-2844			
PART THREE: TAX, CREDITS AND PAY	MENTS contined					
30 Payments and credits (add lines 22-29 fr	om page 2)	30	5564.00			
31 Overpayment, if any, as shown on original	0.4					
as previously adjusted by Oklahoma (ame	nded return only)	31	.00			
32 Total payments and credits (line 30 mine		5564.00				
PART FOUR: REFUND						
33 If line 32 is more than line 21, subtract line	21 from line 32. This is your overpayment	33	0.00			
34 Amount of line 33 to be applied to 2022 estimates	00					
(For further information regarding estimated Schedule 511-H provides you with the opportunity of the company of	tax, see page 5 of the 511 Packet.) 34 rtunity to make a financial gift from your refund to a v	.00 ariety of Oklahoma				
organizations. Please place the line number more than one organization, put a "99" in the	r of the organization from Schedule 511-H in the box be box. Provide Schedule 511-H	elow. If you give to				
Donations from your refund (total from Sci	nedule 511-H)	.00				
Total deductions from refund (add lines 34	and 35)		.00			
Amount to be refunded to you (line 33 mir	us line 36)	37	0.00			
Direct Deposit Note:	refund going to or through an account that is located	I outside of the United Sta	tes? Yes N No			
Verify your account and routing numbers are correct. If your direct deposit fails	esit my refund in my:					
to process or you do not choose direct						
deposit, you will receive a <u>debit card</u> . See the 511 Packet for direct deposit and	savings account Account Number:					
debit card information.	- Number.					
PART FIVE: AMOUNT YOU OWE						
38 If line 21 is more than line 32, subtract line	32 from line 21. This is your tax due	38	41.00			
39 Donation: Public School Classroom Suppo	39	.00				
40 Underpayment of estimated tax interest (a) 40	.00				
(If you have an underpayment of estimate						
41 For delinquent payment add penalty of 5%	o\$					
plus interest of 1.25% per month	\$\$	41	.00			
plus interest of 1.25% per month	\$	41	.00			
42 Total tax, donation, penalty and interest (a	dd lines 38-41)	42	41.00			
Under penalty of perjury, I declare the information contained in attachments and schedules, is true and correct to the best of my						
Taxpayer's signature Date	Spouse's signature Date	Paid Preparer's signature	Date			
Tounquerie	Convers convertion	SYAM PRIYA RAM SAGAR GUPTA TA	ALLAM 04/14/2022			
Taxpayer's occupation SOFTWARE DEVELOPER	Spouse's occupation	Paid Preparer's address and p	idress and phone number (678) 965–9522			
Daytime Phone (optional)	Daytime Phone (optional)	CUMMING	GA 30041			

<u>Do not staple</u> documentation to this form. To attach items, please use a paper clip. Mailing Address for this form: PO Box 26800, Oklahoma City, OK 73126-0800