

IRS e-file Signature Authorization

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

Submission Identification Number (SID) ▶

| | |
|---|---------------------------------------|
| Taxpayer's name CHANDRAKANTH R DAREDDY | Social security number 773-81-4408 |
| 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 | 71,701. |
| 2 | Total tax | 8,692. |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 10,791. |
| 4 | Amount you want refunded to you | 2,099. |
| 5 | Amount you owe | |

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 | 4 | 4 | 0 | 8 |
|---|---|---|---|---|

 as my 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 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 ▶ _____

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.
Enter five digits, but don't enter all zeros
- 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 | | | | | |
|---|---|---|---|---|---|--|--|--|--|--|

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: CHANDRAKANTH R
Last name: DAREDDY
Your social security number: 773-81-4408
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.
93444 S ORCHARD PARK CIR
Apt. no.: 3A
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.
OAK CREEK
State: WI
ZIP code: 53154
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) Child tax credit, Credit for other dependents. Includes instructions for dependents.

Main tax calculation table with 15 rows. Includes sections for Attach Sch. B if required, Standard Deduction for, and final taxable income calculation. Total taxable income: 58,851.

| | | | |
|--------------------------------------|--|------------|---------|
| 16 | Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | 16 | 8,692. |
| 17 | Amount from Schedule 2, line 3 | 17 | |
| 18 | Add lines 16 and 17 | 18 | 8,692. |
| 19 | Nonrefundable child tax credit or credit for other dependents from Schedule 8812 | 19 | |
| 20 | Amount from Schedule 3, line 8 | 20 | |
| 21 | Add lines 19 and 20 | 21 | |
| 22 | Subtract line 21 from line 18. If zero or less, enter -0- | 22 | 8,692. |
| 23 | Other taxes, including self-employment tax, from Schedule 2, line 21 | 23 | 0. |
| 24 | Add lines 22 and 23. This is your total tax | 24 | 8,692. |
| 25 | Federal income tax withheld from: | | |
| a | Form(s) W-2 | 25a | 10,791. |
| b | Form(s) 1099 | 25b | |
| c | Other forms (see instructions) | 25c | |
| d | Add lines 25a through 25c | 25d | 10,791. |
| 26 | 2021 estimated tax payments and amount applied from 2020 return | 26 | |
| 27a | Earned income credit (EIC) No | 27a | |
| | 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 | Nontaxable combat pay election | 27b | |
| c | Prior year (2019) earned income | 27c | |
| 28 | Refundable child tax credit or additional child tax credit from Schedule 8812 | 28 | |
| 29 | American opportunity credit from Form 8863, line 8 | 29 | |
| 30 | Recovery rebate credit. See instructions | 30 | |
| 31 | Amount from Schedule 3, line 15 | 31 | |
| 32 | Add lines 27a and 28 through 31. These are your total other payments and refundable credits | 32 | |
| 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | 10,791. |
| Refund | 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 2,099. |
| | 35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 2,099. |
| Direct deposit? See instructions. | b Routing number 1 1 1 0 0 0 0 2 5 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| | d Account number 4 8 8 0 5 7 7 9 8 4 1 1 | | |
| | 36 Amount of line 34 you want applied to your 2022 estimated tax | 36 | |
| Amount You Owe | 37 Amount you owe . Subtract line 33 from line 24. For details on how to pay, see instructions | 37 | |
| | 38 Estimated tax penalty (see instructions) | 38 | |

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 SOFTWARE DEVELOPER | 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. (551) 358-0866 Email address CHANDRAKANTHREDY@GMAIL.COM

Paid Preparer Use Only

| | | | | |
|--|---|--------------------|-----------------------------|---|
| Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM | Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date 02/21/2022 | PTIN P02082703 | Check if: <input type="checkbox"/> Self-employed |
| Firm's name GLOBAL TAXES LLC | Firm's address 2530 Pebble Creek Ln Cumming GA 30041 | | Phone no. (678) 965-9522 | 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 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
CHANDRAKANTH R DAREDDY

Your social security number
773-81-4408

Part I Additional Income

| | | | |
|-----------|---|-----------|---------|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | 1 | 0. |
| 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, trusts, etc. Attach Schedule E | 5 | -7,480. |
| 6 | Farm income or (loss). Attach Schedule F | 6 | |
| 7 | Unemployment compensation | 7 | |
| 8 | Other income: | | |
| a | Net operating loss | 8a | () |
| b | Gambling income | 8b | |
| c | Cancellation of debt | 8c | |
| d | Foreign earned income exclusion from Form 2555 | 8d | () |
| e | Taxable Health Savings Account distribution | 8e | |
| f | Alaska Permanent Fund dividends | 8f | |
| g | Jury duty pay | 8g | |
| h | Prizes and awards | 8h | |
| i | Activity not engaged in for profit income | 8i | |
| j | Stock options | 8j | |
| k | Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property | 8k | |
| l | Olympic and Paralympic medals and USOC prize money (see instructions) | 8l | |
| m | Section 951(a) inclusion (see instructions) | 8m | |
| n | Section 951A(a) inclusion (see instructions) | 8n | |
| o | Section 461(l) excess business loss adjustment | 8o | |
| p | Taxable distributions from an ABLE account (see instructions) | 8p | |
| z | Other income. List type and amount ▶ _____ | 8z | |
| 9 | Total other income. Add lines 8a through 8z | 9 | |
| 10 | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 | 10 | -7,480. |

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

Schedule 1 (Form 1040) 2021

Part II Adjustments to Income

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

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 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

CHANDRAKANTH R DAREDDY

Your social security number

773-81-4408

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) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|--|----------------------------------|---------------------------------|---|---|
| 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . | | | | |
| 1b Totals for all transactions reported on Form(s) 8949 with Box A checked | 1,156. | 909. | 0. | 247. |
| 2 Totals for all transactions reported on Form(s) 8949 with Box B checked | | | | |
| 3 Totals for all transactions reported on Form(s) 8949 with Box C checked | | | | |
| 4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 | | | | 4 |
| 5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | | 5 |
| 6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions | | | | 6 () |
| 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 | | | | 7 247. |

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) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (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 | 10. | 8. | | 2. |
| 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 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 | | | | 11 |
| 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | | 12 |
| 13 Capital gain distributions. See the instructions | | | | 13 |
| 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions | | | | 14 () |
| 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back | | | | 15 2. |

Part III Summary

| | | | |
|-----------|--|-----------|------|
| 16 | Combine lines 7 and 15 and enter the result | 16 | 249. |
| | <ul style="list-style-type: none"> • 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? <input checked="" type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> 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? <input checked="" type="checkbox"/> 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. <input type="checkbox"/> 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: <ul style="list-style-type: none"> • 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? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. <input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR. | | |

Sales and Other Dispositions of Capital Assets

Department of the Treasury
Internal Revenue Service

► 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.

Name(s) shown on return

CHANDRAKANTH R DAREDDY

Social security number or taxpayer identification number

773-81-4408

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) Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold or disposed of (Mo., day, yr.) | (d) Proceeds (sales price) (see instructions) | (e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions | Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions. | | (h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g) |
|--|--|---|---|--|--|---|--------------------------------|--|
| | | | | | | (f) Code(s) from instructions | (g) Amount of adjustment | |
| | Robinhood Securities LLC | | 12/31/21 | 466. | 291. | | | 175. |
| | ACORNS SECURITIES LLC | | 12/31/21 | 690. | 618. | W | 0. | 72. |
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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) ► | | | | 1,156. | 909. | | 0. | 247. |

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 CHANDRAKANTH R DAREDDY | Social security number or taxpayer identification number 773-81-4408 |
|---|---|

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

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

| 1 | (a) Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold or disposed of (Mo., day, yr.) | (d) Proceeds (sales price) (see instructions) | (e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions | Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions. | | (h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g) |
|---|--|---|--|--|--|---|--------------------------------|--|
| | | | | | | (f) Code(s) from instructions | (g) Amount of adjustment | |
| | ACORNS SECURITIES LLC | | 12/31/21 | 10. | 8. | | | 2. |
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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 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ► | | | | 10. | 8. | | | 2. |

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 for instructions and the latest information.

Name(s) shown on return

Your social security number

CHANDRAKANTH R DAREDDY

773-81-4408

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

| | | | | | |
|-----------|---|--|-------------------------|--------------------------|--------------------------|
| 1a | Physical address of each property (street, city, state, ZIP code) | | | | |
| A | 2-1-31/G1, P NO 7, RD NO 2 NAGOLE, HYDERABAD TELANGANA IN 500068 | | | | |
| B | | | | | |
| C | | | | | |
| 1b | Type of Property (from list below) | 2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. | Fair Rental Days | Personal Use Days | QJV |
| A | 3 | | 365 | 0 | <input type="checkbox"/> |
| B | | | | | <input type="checkbox"/> |
| C | | | | | <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 |
|------------------|---|-------------|---|---------|---|---------|
| 3 | Rents received | 3 | | 590. | | |
| 4 | Royalties received | 4 | | | | |
| Expenses: | | | | | | |
| 5 | Advertising | 5 | | | | |
| 6 | Auto and travel (see instructions) | 6 | | | | |
| 7 | Cleaning and maintenance | 7 | | 1,280. | | |
| 8 | Commissions. | 8 | | | | |
| 9 | Insurance | 9 | | | | |
| 10 | Legal and other professional fees | 10 | | | | |
| 11 | Management fees | 11 | | 1,990. | | |
| 12 | Mortgage interest paid to banks, etc. (see instructions) | 12 | | | | |
| 13 | Other interest. | 13 | | | | |
| 14 | Repairs. | 14 | | 1,720. | | |
| 15 | Supplies | 15 | | 1,690. | | |
| 16 | Taxes | 16 | | | | |
| 17 | Utilities. | 17 | | 1,390. | | |
| 18 | Depreciation expense or depletion | 18 | | | | |
| 19 | Other (list) ▶ | 19 | | | | |
| 20 | Total expenses. Add lines 5 through 19 | 20 | | 8,070. | | |
| 21 | 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 | 21 | | -7,480. | | |
| 22 | Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 | (| 7,480.) | (|) |
| 23a | Total of all amounts reported on line 3 for all rental properties | 23a | | 590. | | |
| b | Total of all amounts reported on line 4 for all royalty properties | 23b | | | | |
| c | Total of all amounts reported on line 12 for all properties | 23c | | | | |
| d | Total of all amounts reported on line 18 for all properties | 23d | | | | |
| e | Total of all amounts reported on line 20 for all properties | 23e | | 8,070. | | |
| 24 | Income. Add positive amounts shown on line 21. Do not include any losses | 24 | | | | |
| 25 | Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here | 25 | (| 7,480.) | | |
| 26 | Total rental real estate and royalty income or (loss). 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 | 26 | | | | -7,480. |

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2021

For the year Jan. 1-Dec. 31, 2021, or other tax year

beginning _____, 2021 ending _____, 20____.

Note

Check here if an amended return

DO NOT STAPLE

See page 5 before assembling return

| | | | | | | |
|--|---|-----------------------|---|--------------------------|------|------------------|
| Your legal last name DAREDDY | Legal first name CHANDRAKANTH | M.I. R | Your social security number 773814408 | | | |
| If a joint return, spouse's legal last name | Spouse's legal first name | M.I. | Spouse's social security number | | | |
| Home address (number and street). If you have a PO Box, see page 11. 93444 S ORCHARD PARK CIR | | Apt. no. 3A | Tax district Check below then fill in either the name of the city, village, or town and the county in which you lived at the end of 2021. <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town City, village, or town OAK CREEK | | | |
| City or post office OAK CREEK | | State WI | | Zip code 53154 | | |
| Filing status Check <input checked="" type="checkbox"/> below | | | County of MILWAUKEE | | | |
| <input checked="" type="checkbox"/> Single | | | | | | |
| <input type="checkbox"/> Married filing joint return | | | School district number See page 43 3619 | | | |
| <input type="checkbox"/> Married filing separate return. Fill in spouse's SSN above and full name here <input type="checkbox"/> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 70%;">Legal last name</td> <td style="width: 30%;">M.I.</td> </tr> <tr> <td>Legal first name</td> <td>M.I.</td> </tr> </table> | | | | Legal last name | M.I. | Legal first name |
| Legal last name | M.I. | | | | | |
| Legal first name | M.I. | | | | | |
| <input type="checkbox"/> Head of household, NOT married (see page 12). | | | Special conditions <input type="checkbox"/> | | | |
| <input type="checkbox"/> Head of household, married (see page 12). If married, fill in spouse's SSN above and full name here <input type="checkbox"/> | | | | | | |
| Use BLACK Ink ● Print numbers like this → 0 1 2 3 4 5 6 7 8 9 Not like this → Ø 1 4 7 ● NO COMMAS; NO CENTS | | | | | | |

| | | | |
|----|---|----------------|-----------------------|
| 1 | Federal adjusted gross income (see page 12) | 1 | 71701.00 |
| | Form W-2 wages included in line 1 | ▶ | 78914.00 |
| 2 | Total additions to income from Schedule AD, line 33. Enclose Schedule AD (see page 13) | 2 | .00 |
| 3 | Add lines 1 and 2 | 3 | 71701.00 |
| 4 | Total subtractions from income from Schedule SB, line 51. Enclose Schedule SB (see page 13) Enter as a positive number | 4 | 1.00 |
| 5 | Subtract line 4 from line 3. This is your Wisconsin income | 5 | 71700.00 |
| 6 | Standard deduction. See table on page 34, OR ▼ | 6 | 4528.00 |
| | If someone else can claim you (or your spouse) as a dependent, see page 14 and check here <input type="checkbox"/> | | |
| 7 | Subtract line 6 from line 5. If line 6 is larger than line 5, fill in 0 | 7 | 67172.00 |
| 8 | Exemptions (Caution: See page 14) | | |
| a | Fill in exemptions allowed | 1 | x \$700 ... 8a 700.00 |
| b | Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = | x \$250 ... 8b | .00 |
| c | Add lines 8a and 8b | 8c | 700.00 |
| 9 | Subtract line 8c from line 7. If line 8c is larger than line 7, fill in 0. This is taxable income | 9 | 66472.00 |
| 10 | Tax (see table on page 36) | 10 | 3230.00 |

PAPER CLIP payment here



| | | | |
|----------------------------|--|---|---|
| 2021 Form 1 | Name CHANDRAKANTH R DAREDDY | SSN 773814408 | Page 2 of 4 |
| NO COMMAS; NO CENTS | | | |
| 11 | Itemized deduction credit. Enclose Schedule 1, page 4 | 11 _____ | .00 |
| 12 | School property tax credit | | |
| | a Rent paid in 2021 – heat included _____ | | .00 |
| | Rent paid in 2021 – heat not included _____ | 9600 | .00 |
| | b Property taxes paid on home in 2021 _____ | | .00 |
| | | } Find credit from table page 17 . . . | 290 .00 |
| | | } Find credit from table page 19 . . . | .00 |
| 13 | Working families tax credit (see page 19) | 13 _____ | 0 .00 |
| 14 | Married couple credit. Enclose Schedule 2, page 4 | 14 _____ | .00 |
| 15 | Nonrefundable credits from line 34 of Schedule CR | 15 _____ | .00 |
| 16 | Net income tax paid to another state. Enclose Schedule OS . . . | 16 _____ | .00 |
| 17 | Add lines 11 through 16 | 17 _____ | 290 .00 |
| 18 | Subtract line 17 from line 10. If line 17 is larger than line 10, fill in 0. This is your net tax. | 18 _____ | 2940 .00 |
| 19 | Sales and use tax due on internet, mail order, or other out-of-state purchases (see page 22) | 19 _____ | .00 |
| | If you certify that no sales or use tax is due, check here | ▶ <input checked="" type="checkbox"/> | X |
| 20 | Donations (decreases refund or increases amount owed) | | |
| | a Endangered resources _____ | | .00 |
| | b Cancer research | | .00 |
| | c Veterans trust fund | | .00 |
| | d Multiple sclerosis | | .00 |
| | e Military family relief | | .00 |
| | f Second Harvest/Feeding Amer. _____ | | .00 |
| | g Red Cross WI Disaster Relief _____ | | .00 |
| | h Special Olympics Wisconsin _____ | | .00 |
| | Total (add lines a through h) . . . ▶ | 20i _____ | .00 |
| 21 | Penalties on IRAs, retirement plans, MSAs, etc. (see page 23) | _____ | .00 x .33 = 21 _____ |
| 22 | Other penalties (see page 24) | 22 _____ | .00 |
| 23 | Add lines 18, 19, 20i, 21 and 22 | 23 _____ | 2940 .00 |
| 24 | Wisconsin tax withheld. Enclose withholding statements | 24 _____ | 4579 .00 |
| 25 | 2021 estimated tax payments and amount applied from 2020 return | 25 _____ | .00 |
| 26 | Earned income credit. Number of qualifying children . . ▶ _____ | | |
| | Federal credit | _____ | .00 x _____ % = 26 _____ |
| 27 | Farmland preservation credit. a Schedule FC, line 17 | 27a _____ | .00 |
| | b Schedule FC-A, line 13 | 27b _____ | .00 |
| 28 | Repayment credit (see page 26) | 28 _____ | .00 |

NOTE: You must use your 2021 earned income (see page 25).



| | |
|---|--|
| Name(s) shown on Form 1 CHANDRAKANTH R DAREDDY | Your social security number 773814408 |
|---|--|


NO COMMAS; NO CENTS

| | | | | |
|------------|---|------------|-------|----------|
| 29 | Homestead credit. Enclose Schedule H or H-EZ | 29 | _____ | .00 |
| 30 | Eligible veterans and surviving spouses property tax credit . . | 30 | _____ | .00 |
| 31 | Refundable credits from Schedule CR, line 40. Enclose Schedule CR | 31 | _____ | .00 |
| 32 | AMENDED RETURN ONLY—Amounts previously paid (see page 29) | 32 | _____ | .00 |
| 33 | Add lines 24 through 32 | 33 | _____ | 4579 .00 |
| 34 | AMENDED RETURN ONLY—Amounts previously refunded (see page 30) | 34 | _____ | .00 |
| 35 | Subtract line 34 from line 33 | 35 | _____ | 4579 .00 |
| 36 | If line 35 is larger than line 23, subtract line 23 from line 35. This is the AMOUNT YOU OVERPAID | 36 | _____ | 1639 .00 |
| 37 | Amount of line 36 you want REFUNDED TO YOU | 37 | _____ | 1639 .00 |
| 38 | Amount of line 36 you want APPLIED TO YOUR 2022 ESTIMATED TAX | 38 | _____ | 0 .00 |
| 39a | If line 35 is smaller than line 23, subtract line 35 from line 23. This is the AMOUNT YOU OWE . Paper clip payment to front of return | 39a | _____ | .00 |
| 39b | Interest (see page 30) | 39b | _____ | .00 |
| 40 | Underpayment interest. Fill in exception code-See Sch. U _____ Also include on line 39a (see page 31) | 40 | _____ | .00 |

Third Party Designee Do you want to allow another person to discuss this return with the department (see page 32)? **Yes** Complete the following. **No**

Designee's name ▶ _____ Phone no. ▶ _____ Personal identification number (PIN) ▶

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

 **Paper clip copies of your federal income tax return and schedules to this return. Assemble your return (pages 1-4) and withholding statements in the order listed on page 5.**

Sign here
 ▼ Under penalties of law, I declare that this return and all attachments are true, correct, and complete to the best of my knowledge and belief.

| | | | |
|--|-------|---------------|--|
| Your signature | Date | Daytime Phone | Wisconsin Identity Protection PIN (7 characters) |
| _____ | _____ | 5513580866 | _____ |
| Spouse's signature (if filing jointly, BOTH must sign) | Date | Daytime Phone | Wisconsin Identity Protection PIN (7 characters) |
| _____ | _____ | _____ | _____ |

I-010ai

Mail your return to: Wisconsin Department of Revenue
 If tax due.....PO Box 268, Madison WI 53790-0001
 If refund or no tax due.....PO Box 59, Madison WI 53785-0001
 If homestead credit claimed.....PO Box 34, Madison WI 53786-0001

Do Not Submit Photocopies



NO COMMAS; NO CENTS

Schedule 1 – Itemized Deduction Credit (see page 15)

| | | | |
|----------|--|----------|--------------|
| 1 | Medical and dental expenses from federal Schedule A (Form 1040). See instructions for exceptions. | 1 | .00 |
| 2 | Interest paid from federal Schedule A (Form 1040). Do not include interest paid to purchase a second home located outside Wisconsin or a residence which is a boat. Also, do not include interest paid to purchase or hold U.S. government securities and interest from a tax-option (S) corporation if claimed as a subtraction | 2 | .00 |
| 3 | Gifts to charity from federal Schedule A (Form 1040). See instructions for exceptions | 3 | 300 .00 |
| 4 | Casualty losses from federal Schedule A (Form 1040) | 4 | .00 |
| 5 | Add lines 1 through 4 | 5 | 300 .00 |
| 6 | Fill in your standard deduction from line 6 on page 1 of Form 1. | 6 | 4528 .00 |
| 7 | Subtract line 6 from line 5. If line 6 is more than line 5, fill in 0. | 7 | 0 .00 |
| 8 | Rate of credit is .05 (5%) | 8 | x .05 |
| 9 | Multiply line 7 by line 8. Fill in here and on line 11 on page 2 of Form 1 | 9 | 0 .00 |

▶ You must submit this page with Form 1 if you claim either of these credits ◀

Schedule 2 – Married Couple Credit When Both Spouses Are Employed (see page 20)

When completing this schedule, be sure to fill in your income in column (A) and your spouse's income in column (B)

| | (A) YOURSELF | (B) SPOUSE |
|--|--------------|--------------|
| 1 | | |
| – Taxable wages, salaries, tips, and other employee compensation. Do NOT include deferred compensation, interest, dividends, pensions, unemployment compensation, or other unearned income | 1 .00 | .00 |
| 2 | | |
| – Net profit or (loss) from self-employment from federal Schedules C, C-EZ, and F (Form 1040), Schedule K-1 (Form 1065), and any other taxable self-employment or earned income | 2 .00 | .00 |
| 3 | | |
| Combine lines 1 and 2. This is earned income. | 3 .00 | .00 |
| 4 | | |
| – Add the amounts from federal Schedule 1 (Form 1040), lines 12, 16, 20, 24e, 24f, and 24g, and any Wisconsin disability income exclusion. Fill in the total of these adjustments that apply to you or your spouse's income | 4 .00 | .00 |
| 5 | | |
| – Subtract line 4 from line 3. This is qualified earned income. If less than zero, fill in 0 | 5 .00 | .00 |
| 6 | | |
| Compare the amounts in columns (A) and (B) of line 5. Fill in the smaller amount here. If more than \$16,000, fill in \$16,000. | 6 .00 | .00 |
| 7 | | |
| Rate of credit is .03 (3%). | 7 | x .03 |
| 8 | | |
| Multiply line 6 by line 7. Fill in here and on line 14 on page 2 of Form 1. | 8 .00 | .00 |

Do not fill in more than \$480.



| | |
|--------------------------------|-------------------------------------|
| Name CHANDRAKANTH R DAREDDY | Social Security Number 773814408 |
|--------------------------------|-------------------------------------|

See the instructions for additional information on the subtractions listed below. Enter all amounts as positive numbers.

Subtractions from Income

| | | |
|---|-----------|------|
| <u>1</u> Taxable refund of state income tax (from line 1 of federal Schedule 1) | <u>1</u> | .00 |
| <u>2</u> United States government interest | <u>2</u> | .00 |
| <u>3</u> Unemployment compensation | <u>3</u> | .00 |
| <u>4</u> Social security adjustment | <u>4</u> | .00 |
| <u>5</u> Capital gain/loss subtraction | <u>5</u> | 1.00 |
| <u>6</u> Medical care insurance | <u>6</u> | .00 |
| <u>7</u> Long-term care insurance | <u>7</u> | .00 |
| <u>8</u> Tuition and fee expenses | <u>8</u> | .00 |
| <u>9</u> Private school tuition | <u>9</u> | .00 |
| <u>10</u> Contributions to an Edvest or Tomorrow's Scholar college savings account | <u>10</u> | .00 |
| <u>11</u> Distributions of certain earnings from Wisconsin state-sponsored college tuition programs | <u>11</u> | .00 |
| <u>12</u> Child and dependent care expenses | <u>12</u> | .00 |
| <u>13</u> Military and uniformed services retirement benefits | <u>13</u> | .00 |
| <u>14</u> Local and state retirement benefits | <u>14</u> | .00 |
| <u>15</u> Federal retirement benefits | <u>15</u> | .00 |
| <u>16</u> Railroad retirement benefits, railroad unemployment insurance, and sickness benefits | <u>16</u> | .00 |
| <u>17</u> Retirement income subtraction | <u>17</u> | .00 |
| <u>18</u> Reserve or National Guard members | <u>18</u> | .00 |
| <u>19</u> U.S. Armed Forces active duty pay | <u>19</u> | .00 |
| <u>20</u> Combat zone related death | <u>20</u> | .00 |
| <u>21</u> Adoption expenses | <u>21</u> | .00 |
| <u>22</u> Contributions to ABLE accounts | <u>22</u> | .00 |
| <u>23</u> Disability income exclusion | <u>23</u> | .00 |
| <u>24</u> Wisconsin net operating loss deduction | <u>24</u> | .00 |
| <u>25</u> Farm loss carryover | <u>25</u> | .00 |
| <u>26</u> Native Americans | <u>26</u> | .00 |
| <u>27</u> Sale of business assets or assets used in farming to a related person | <u>27</u> | .00 |
| <u>28</u> Recoveries of federal itemized deductions | <u>28</u> | .00 |
| <u>29</u> Repayment of income previously taxed | <u>29</u> | .00 |
| <u>30</u> Add lines 1 through 29. Enter here and on line 31, page 2 | <u>30</u> | 1.00 |



| | | |
|--------------------------------|--|-------------------------------------|
| Name CHANDRAKANTH R DAREDDY | | Social Security Number 773814408 |
| 31 | Enter amount from line 30 on page 1 | 31 1.00 |
| 32 | Human organ donation | 32 .00 |
| 33 | Expenses paid to related entities | 33 .00 |
| 34 | Income from a related entity | 34 .00 |
| 35 | Legislator's per diem | 35 .00 |
| 36 | Sales of certain insurance policies | 36 .00 |
| 37 | Physician or psychiatrist grant | 37 .00 |
| 38 | Olympic, Paralympic, and Special Olympic medals and United States Olympic Committee and Special Olympic Board of Directors prize money | 38 .00 |
| 39 | AmeriCorps education awards | 39 .00 |
| 40 | Differences in federal and Wisconsin basis of assets | 40 .00 |
| 41 | Differences in federal and Wisconsin basis of partnership interest prior to 1975 | 41 .00 |
| 42 | Differences in federal and Wisconsin reporting of marital property (community) income | 42 .00 |
| 43 | Charitable contributions from tax-option (S) corporations (list and provide amount) | |
| a | Name _____ | |
| | FEIN _____ Amount 43a _____ | .00 |
| b | Name _____ | |
| | FEIN _____ Amount 43b _____ | .00 |
| c | Name _____ | |
| | FEIN _____ Amount 43c _____ | .00 |
| d | Add lines 43a through 43c | 43d .00 |
| 44 | Tax-option (S) corporation adjustments. Do not include adjustments listed on line 47 (list and provide amount) | |
| a | Name _____ | |
| | FEIN _____ Amount 44a _____ | .00 |
| b | Name _____ | |
| | FEIN _____ Amount 44b _____ | .00 |
| c | Name _____ | |
| | FEIN _____ Amount 44c _____ | .00 |
| d | Add lines 44a through 44c | 44d .00 |
| 45 | Add lines 31 through 42, 43d and 44d. Enter here and on line 46, page 3 | 45 1.00 |



| | |
|--------------------------------|-------------------------------------|
| Name CHANDRAKANTH R DAREDDY | Social Security Number 773814408 |
|--------------------------------|-------------------------------------|

- 46** Enter amount from line 45 on page 2 **46** _____ 1.00
- 47** Tax-option (S) corporation entity level tax election adjustments (list and provide amount)
 - a** Name _____
FEIN _____ Amount **47a** _____ .00
 - b** Name _____
FEIN _____ Amount **47b** _____ .00
 - c** Name _____
FEIN _____ Amount **47c** _____ .00
 - d** Add lines 47a through 47c **47d** _____ .00
- 48** Partnership, limited liability company, trust, or estate adjustments. Do not include adjustments listed on line 49 (list and provide amount)
 - a** Name _____
FEIN _____ Amount **48a** _____ .00
 - b** Name _____
FEIN _____ Amount **48b** _____ .00
 - c** Name _____
FEIN _____ Amount **48c** _____ .00
 - d** Add lines 48a through 48c **48d** _____ .00
- 49** Partnership entity level tax election adjustments (list and provide amount)
 - a** Name _____
FEIN _____ Amount **49a** _____ .00
 - b** Name _____
FEIN _____ Amount **49b** _____ .00
 - c** Name _____
FEIN _____ Amount **49c** _____ .00
 - d** Add lines 49a through 49c **49d** _____ .00
- 50** Other subtractions from income (list and provide amount)
 - a** _____ Amount **50a** _____ .00
 - b** _____ Amount **50b** _____ .00
 - c** _____ Amount **50c** _____ .00
 - d** Add lines 50a through 50c **50d** _____ .00
- 51** Add lines 46, 47d, 48d, 49d, and 50d. This is your total subtraction from income. Enter on Form 1, line 4 **51** _____ 1.00



Schedule WD

Wisconsin
Department of Revenue

Capital Gains and Losses

◆ Enclose with Wisconsin Form 1 or 1NPR ◆

2021

Name(s) shown on Form 1 or Form 1NPR

CHANDRAKANTH R DAREDDY

Your social security number

773-81-4408

Part I Short-Term Capital Gains and Losses – Assets Held One Year or Less

| Note: Round all amounts (use a minus sign (-) for negative amounts) | (d) Proceeds (sales price) | (e) Cost or other basis | (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) | (h) Gain or loss Subtract column (e) from column (d) and combine the result with column (g) |
|--|----------------------------------|-------------------------------|---|---|
| 1a Amount from line 1a of Schedule D | .00 | .00 | | .00 |
| 1b Amount from line 1b of Schedule D | 1156.00 | 909.00 | 0.00 | 247.00 |
| 2 Amount from line 2 of Schedule D | .00 | .00 | .00 | .00 |
| 3 Amount from line 3 of Schedule D | .00 | .00 | .00 | .00 |
| 4 Short-term gain from Form 6252 and short-term gain or loss from Forms 4684, 6781, and 8824 | | | 4 | .00 |
| 5 Net short-term gain or loss from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | 5 | .00 |
| 6 Adjustment from Wisconsin Schedule T (see Basis Difference in instructions) | | | 6 | .00 |
| 7 Short-term capital loss carryover from 2020 Wisconsin Schedule WD, line 34. Enter amount as a negative number | | | 7 | .00 |
| 8 Net short-term capital gain or loss. Combine lines 1a through 7 in column (h) | | | 8 | 247.00 |

Part II Long-Term Capital Gains and Losses – Assets Held More Than One Year

| Note: Round all amounts (use a minus sign (-) for negative amounts) | (d) Proceeds (sales price) | (e) Cost or other basis | (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) | (h) Gain or loss Subtract column (e) from column (d) and combine the result with column (g) |
|---|----------------------------------|-------------------------------|--|---|
| 9a Amount from line 8a of Schedule D | .00 | .00 | | .00 |
| 9b Amount from line 8b of Schedule D | 10.00 | 8.00 | .00 | 2.00 |
| 10 Amount from line 9 of Schedule D | .00 | .00 | .00 | .00 |
| 11 Amount from line 10 of Schedule D | .00 | .00 | .00 | .00 |
| 12 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or loss from from Forms 4684, 6781, and 8824 | | | 12 | .00 |
| 13 Net long-term gain or loss from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | 13 | .00 |
| 14 Capital gain distributions | | | 14 | .00 |
| 15 Adjustment from Wisconsin Schedule T (see Basis Difference in instructions) | | | 15 | .00 |
| 15a Adjustment from Wisconsin Schedule QI. Enter amount as a negative number | | | 15a | .00 |
| 16 Long-term capital loss carryover from 2020 Wisconsin Schedule WD, line 39. Enter amount as a negative number | | | 16 | .00 |
| 17 Net long-term capital gain or loss. Combine lines 9a through 16 in column (h) | | | 17 | 2.00 |

Go on to Part III →



| | |
|--------------------------------|---------------------------------------|
| Name CHANDRAKANTH R DAREDDY | Social Security Number 773-81-4408 |
|--------------------------------|---------------------------------------|

Part III Summary of Parts I and II (see instructions) - use a minus sign (-) for negative amounts.

| | | |
|--|-----------|--------|
| 18 Combine lines 8 and 17, and fill in the net gain or loss here (if line 18 is a loss, go to line 28) | 18 | 249.00 |
| 19 Fill in the smaller of line 17 or 18, or -0- if a loss or no entry on line 17 | 19 | 2.00 |
| 20 Fill in 30% of line 19 | 20 | 1.00 |
| 21 Fill in the amount of long-term capital gain from the sale of farm assets listed on Form 8949 and taxable to Wisconsin plus gain from the sale of farm assets that is included on line 12 or 13 of Schedule WD. If zero, skip lines 22 through 25 and fill in the amount from line 20 on line 26 | 21 | .00 |
| 22 Gain included in line 17. Do not include any losses in this amount | 22 | .00 |
| 23 Divide line 21 by line 22. Carry the decimal to 4 places | 23 | _____ |
| 24 Multiply line 19 by the decimal amount on line 23 | 24 | .00 |
| 25 Fill in 30% of line 24 | 25 | .00 |
| 26 Add lines 20 and 25 | 26 | 1.00 |
| 27 Subtract line 26 from line 18 | 27 | 248.00 |
| 28 If line 18 shows a loss, fill in the smaller of: | | |
| (a) The loss on line 18, | | |
| (b) \$500, or | | |
| (c) Wisconsin ordinary income (see instructions) | 28 | .00 |

Note: When figuring whether a, b, or c is smaller, treat all numbers as if they are positive. If filing Form 1, complete Part IV. If filing Form 1NPR, fill in amount from line 27 or 28 on line 7, column B, of Form 1NPR.

Part IV Computation of Wisconsin Adjustment to Income (Do not complete this part if you are filing on Form 1NPR)

| | | |
|---|------------|--------|
| 29 Adjustment (see instructions for Part IV and Schedule I adjustments) | | |
| a Fill in gain from line 7 of federal Form 1040 or 1040-SR, or gain from line 2e of Schedule I, if filed (if a loss, fill in -0-) | 29a | 249.00 |
| b Fill in gain from Part III, line 27, (if blank, fill in -0-) | 29b | 248.00 |
| c If line 29b is more than 29a, subtract line 29a from line 29b. Fill in amount on line 2 of Schedule AD (Form 1) | 29c | .00 |
| d If line 29b is less than 29a, subtract line 29b from line 29a. Fill in amount on line 5 of Schedule SB (Form 1) | 29d | 1.00 |
| e Fill in loss from line 7 of federal Form 1040 or 1040-SR, as a positive amount or the loss from line 4c of Schedule I, if filed (if a gain, fill in -0-) | 29e | 0.00 |
| f Fill in loss from Part III, line 28 as a positive amount | 29f | 0.00 |
| g If line 29f is more than 29e, subtract line 29e from line 29f. Fill in amount on line 5 of Schedule SB (Form 1) | 29g | .00 |
| h If line 29f is less than 29e, subtract line 29f from line 29e. Fill in amount on line 2 of Schedule AD (Form 1) | 29h | .00 |

Part V Computation of Capital Loss Carryovers from 2021 to 2022 (Complete this part if the loss on line 18 is more than the loss on line 28.)

| | | |
|---|-----------|-----|
| 30 Fill in loss shown on line 8 as a positive amount. If none, fill in -0- and skip lines 31 through 34 | 30 | .00 |
| 31 Fill in gain shown on line 17. If that line is blank or shows a loss, fill in -0- | 31 | .00 |
| 32 Subtract line 31 from line 30 | 32 | .00 |
| 33 Fill in the smaller of line 28 or line 32, treating both as positive amounts | 33 | .00 |
| 34 Subtract line 33 from line 32. This is your short-term capital loss carryover from 2021 to 2022 | 34 | .00 |
| 35 Fill in loss from line 17 as a positive amount. If none, fill in -0- and skip lines 36 through 39 | 35 | .00 |
| 36 Fill in gain shown on line 8. If that line is blank or shows a loss, fill in -0- | 36 | .00 |
| 37 Subtract line 36 from line 35 | 37 | .00 |
| 38 Subtract line 33 from line 28, treating both as positive amounts. (Note: If you skipped lines 31 through 34, fill in amount from line 28 as a positive amount.) | 38 | .00 |
| 39 Subtract line 38 from line 37. This is your long-term capital loss carryover from 2021 to 2022 | 39 | .00 |

