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

2021

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

Filing Status Check only one box.	If you	Single Married filing jointly checked the MFS box, enter the non is a child but not your dependen	ame of y	ed filing separately (I	,	_		, ,		•	Ü	` , ` ,
Your first name and middle initial			Last nar	me					Your social security number			
SACHIN			RAKA	M	_		_		843-51-7941			
If joint return, sp	oouse's	first name and middle initial	Last nar	me		E			Spou	se's so	cial sec	curity number
	•	r and street). If you have a P,O. box, see	instruction	ons.				Apt. no.				on Campaign
1000 ODIAL BEVE								Check here if you, or your spouse if filing jointly, want \$3				
City, town, or post office. If you have a foreign address, also complete				' '			ZIP code to				0,	Checking a
SAN ANTO						box below will not change your tax or refund.						
Foreign country	name		F	oreign province/state/	count	У	Fore	eign postal code	your	ax or i	refund.] You	Spouse
At any time du	ring 20	21, did you receive, sell, exchange	, or othe	rwise dispose of an	y fina	ncial interest	n an	ny virtual curre	ency?		Yes	⊠ No
Standard	Some	eone can claim: You as a de	pendent	Your spous	e as	a dependent						
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-status	alien							
Age/Blindness	You:	☐ Were born before January 2, 1	957	Are blind Spe	ouse:	: Was bo	n be	efore January	2, 195	7] Is bli	nd
Dependents	s (see i	e instructions):		(2) Social security (3) Relations		hip (4) ✓ if qua		qualifies	ualifies for (see instructions):			
If more	(1) Fi	rst name Last name		number to you		to you	Child tax o		credit Credit for other dependents			
than four											[
dependents, see instructions												
and check	,											
here ▶ □												
	1_	Wages, salaries, tips, etc. Attach I	orm(s) V	N-2						1	-	74,848.
Attach	2 a	Tax-exempt interest 2a b Taxable interest						. L	2b			
Sch. B if required.	3a	Qualified dividends	fied dividends 3a b Ordinary dividends						. L	3b		
required.	4a	IRA distributions 4a b Taxable amount						- 1	4b			
	5a	Pensions and annuities 5a b Taxable amount							5b			
Standard 6a Social security benefits 6a b Taxable amount 6b												
Deduction for—	Deduction for— 7 Capital gain or (loss), Attach Schedule D if required, If not required, check here											
• Single or Married filing 8 Other income from Schedule 1, line 10								8		-6,630.		
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income						▶ [9		58,218.	
Married filing	10	Adjustments to income from Schedule 1, line 26								10		
jointly or Qualifying	11_	Subtract line 10 from line 9. This is your adjusted gross income								11	6	58,218.
widow(er), \$25,100	12a	Standard deduction or itemized deductions (from Schedule A) 12a 12,550.										
• Head of	b	Charitable contributions if you take the standard deduction (see instructions) 12b 300.						0.				
household, \$18,800	С	Add lines 12a and 12b							. 1	2c	1	L2,850.
If you checked	13	Qualified business income deduct	ion from	Form 8995 or Form	899	5-A				13		
any box under Standard	14	Add lines 12c and 13								14	1	12 , 850.
Deduction, see instructions.	15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0								15		55,368.

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

Form 1040 (2021)

DO NOT FILE

Form 1040 (202	1)								Page 2	
	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		. 16	7,931.	
	17	Amount from Schedule 2, lin	e3					. 17		
	18	Add lines 16 and 17						. 18	7,931.	
	19	Nonrefundable child tax cred	dit or credit for o	ther depender	nts from Schedul	e 8812		. 19		
	20	Amount from Schedule 3, lin	e8					. 20		
	21	Add lines 19 and 20						. 21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				. 22	7,931.	
	23								0.	
	24								7,931.	
	25	Federal income tax withheld								
	а	Form(s) W-2				25a	9,53	2.		
	b	Form(s) 1099				25b				
	С	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c						. 25d	9,532.	
If you have a	26	2021 estimated tax payment	. 26							
qualifying child, attach Sch. EIC.	27a	Earned income credit (EIC)								
attacii Scii. Elc.		Check here if you were b								
		January 2, 2004, and you taxpayers who are at least a								
	b	Nontaxable combat pay elec	_	1 1						
	С	Prior year (2019) earned inco	ome	. 27c						
	28	Refundable child tax credit or								
	29	American opportunity credit from Form 8863, line 8								
	30	Recovery rebate credit. See instructions								
	31	Amount from Schedule 3, line 15								
	32	Add lines 27a and 28 throug	▶ 32							
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				▶ 33	9,532.	
Refund	34	If line 33 is more than line 24	, subtract line 2	4 from line 33.	This is the amou	ınt you overpai	d.	. 34	1,601.	
	35a								1,601.	
Direct deposit? See instructions.	►b	Routing number 3 2 2			▶ c Type: ∑	Checking [Saving	gs		
See instructions.	►d	Account number 7 6 3								
	36	Amount of line 34 you want applied to your 2022 estimated tax ▶ 36								
Amount	37	Amount you owe. Subtract			on how to pay,		3	37		
You Owe	38	Estimated tax penalty (see in			/ -	38				
Third Party		you want to allow another	person to disc	cuss this retu	n with the IRS		Cample	ta balaw	⊠ No	
Designee		instructions						ete below.	△ NO	
		me >		no.			ımber (PII	_		
Sign		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								
Here	belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge								, ,	
11010	Yo	Your signature		Date Your occupation					nt you an Identity IN, enter it here	
l-i-t0					SOFTWARE DEVELOPER			see inst.)	IN, enter it here	
Joint return? See instructions.	Sp	Spouse's signature. If a joint return, both must sign.		Date Spouse's occupation					nt your spouse an	
Keep a copy for		, -			·			ection PIN, enter it here		
your records.		(Se				see inst.) 🕨				
		one no. (626) 349-525		Email address	RAKAMSACH	IN@GMAIL.				
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:	
Preparer	UMZ	A MAHESHWARI BOYINI	HWARI BOYINI 01/12/2022 PO			2 P02	472867	Self-employed		
Use Only							Phone no.	(678) 965-9522		
	Fir	Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041 Firm'					irm's EIN I			
Co to way in a	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 01/04/22 PR	0		Form 1040 (2021)	

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