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

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OMB No. 1545-0074

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

| Filing Status<br>Check only<br>one box.   | If yo                                       | Single  Married filing jointly  bu checked the MFS box, enter the reson is a child but not your dependen | ame of                  | ed filing separately (l<br>your spouse. If you d | ,   | _              |             | ` ,             |                             |  | , ,            | ` , ` ,          |
|---|---|--|-------------------------|--|---|----------------|-------------|-----------------|-----------------------------|--|----------------|------------------|
| Your first name   | our first name and middle initial Last name |  |                         |  |   |                |             | Yo              | Your social security number |  |                |                  |
| FNU   | FNU SHAIK MOHAMMED ANWAR                    |  |                         |  |   |                | 489-77-6358 |                 |                             |  |                |                  |
| If joint return, spouse's first name and middle initial Last name                       |   |  |                         |  |   |                |             |                 |                             | Spouse's social security number                          |                |                  |
|   |   | er and street). If you have a P.O. box, see<br>IR WAY, UNIT C  | instructi               | ons.   |   |                |             | Apt. no.        |                             |  | ntial Election | on Campaign      |
|   |   | ce. If you have a foreign address, also co   | mplete s                | paces below.                                     | Stat  | te             | ZIP         | code            |                             |  |                | ntly, want \$3   |
| ENGLEWOOD   |   |  |                         |  | l co  | )              | 80112       |                 |                             | to go to this fund. Checking a box below will not change |                |                  |
| Foreign country name  |   |  |                         | Foreign province/state/county                    |   |                | Fore        | k               |                             |  | or refund.     | •                |
| At any time du  | ıring 20                                    | 021, did you receive, sell, exchange   | , or othe               | erwise dispose of an                             | y fina  | ncial interest | in an       | y virtual cur   | rency                       | ?  | Yes            | ⊠ No             |
| Standard<br>Deduction   | _   | neone can claim:   |                         | •  |   |                |             |                 |                             |  |                |                  |
| Age/Blindness   | s You                                       | : Were born before January 2, 1  | 957                     | Are blind Sp                                     | ouse  | : Was bo       | orn be      | fore Januar     | y 2, 19                     | 957  | ☐ Is bl        | lind             |
| Dependents (see instructions): (2) Social security (3) Relationship (4) ✓ if quality    |   |  |                         |  |   |                |             |                 | f qualifi                   | ies for  | (see instru    | uctions):        |
| If more   | (1) F                                       | irst name Last name  |                         | number   |   | to you         |             | Child tax credi |                             |  | Credit for ot  | her dependents   |
| than four   |   |  |                         |  |   |                |             |                 |                             |  |                |                  |
| dependents,<br>see instruction  | s —   |  |                         |  |   |                |             |                 | ]                           |  |                |                  |
| and check   |   |  |                         |  |   |                |             |                 | ]                           |  |                |                  |
| here ►  |   |  |                         |  |   |                |             |                 | ]                           | $\perp \perp$  |                |                  |
| •   | _1_   | Wages, salaries, tips, etc. Attach I   | orm(s)                  | W-2  |   |                |             |                 |                             | 1  |                | 75 <b>,</b> 684. |
| Attach Sch. B if required.  | 2a  | Tax-exempt interest  | 2a                      |  | <ul><li>b Taxable interest</li><li>b Ordinary dividends</li></ul> |                |             |                 |                             | 2b   |                |                  |
|   | 3a  | Qualified dividends  | 3a                      |  |   |                |             |                 |                             | 3b   |                |                  |
|   | 4a  | IRA distributions  | b Taxable amou          |  |   | nt .           |             |                 |                             |  |                |                  |
|   | 5a  | Pensions and annuities   | 5a                      |  | b T   | axable amou    | nt .        |                 |                             | 5b   |                |                  |
| Standard  | 6a  | Social security benefits   | <b>b</b> Taxable amount |  |   |                |             |                 | 6b                          |  |                |                  |
| • Single or<br>Married filing   | 7   | Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ □                   |                         |  |   |                |             |                 |                             | 7  |                |                  |
|   | 8   | Other income from Schedule 1, line 10  |                         |  |   |                |             |                 |                             | 8  |                | -7 <b>,</b> 800. |
| separately,<br>\$12,550   | 9   | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>                              |                         |  |   |                |             |                 |                             | 9  |                | 67 <b>,</b> 884. |
| Married filing  | 10  | Adjustments to income from Schedule 1, line 26   |                         |  |   |                |             |                 |                             | 10   |                |                  |
| jointly or<br>Qualifying  | 11_   | Subtract line 10 from line 9. This is your adjusted gross income   |                         |  |   |                |             |                 |                             | 11   |                | 67,884.          |
| widow(er),<br>\$25,100  12a Standard deduction or itemized deductions (from Schedule A) |   |  |                         |  |   | 12             | 2a          | 12,5            | 50.                         |  |                |                  |
| <ul> <li>Head of</li> </ul>   | b   | Charitable contributions if you take the standard deduction (see instructions) 12b 300                   |                         |  |   |                |             |                 | 00.                         |  |                |                  |
| household,<br>\$18,800  | С   | Add lines 12a and 12b  |                         |  |   |                |             |                 |                             | 12c  | ; :            | 12,850.          |
| If you checked  | 13  | Qualified business income deduction from Form 8995 or Form 8995-A  |                         |  |   |                |             |                 |                             | 13   |                |                  |
| any box under<br>Standard   | 14  | Add lines 12c and 13   |                         |  |   |                |             |                 |                             | 14   |                | 12 <b>,</b> 850. |
| Deduction, see instructions.  | 15  | Taxable income. Subtract line 14 from line 11. If zero or less, enter -0                                 |                         |  |   |                |             |                 |                             |  | :              | 55 <b>,</b> 034. |

|                                      | 16       | Tax (see instructions). Check if any from Form   | (s): <b>1</b> 881        | 4 <b>2</b> 🗌 4972 | 3 🗌                 |            | 16                  | 7,854.                                 |  |
|--------------------------------------|----------|--|--------------------------|-------------------|---------------------|------------|---------------------|--|--|
|                                      | 17       | Amount from Schedule 2, line 3   |                          |                   |                     |            | 17                  |  |  |
|                                      | 18       | Add lines 16 and 17  | 18                       | 7,854.            |                     |            |                     |  |  |
|                                      | 19       | Nonrefundable child tax credit or credit for o   | 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                  | 7,854.                                 |  |
|                                      | 23       | Other taxes, including self-employment tax,  | from Schedule            | e 2, line 21      |                     |            | 23                  | 0.                                     |  |
|                                      | 24       | Add lines 22 and 23. This is your total tax  |                          |                   |                     | •          | 24                  | 7,854.                                 |  |
|                                      | 25       | Federal income tax withheld from:  |                          |                   |                     |            |                     |  |  |
|                                      | а        | Form(s) W-2  |                          |                   |                     |            |                     |  |  |
|                                      | b        | Form(s) 1099   |                          |                   | 25b                 |            |                     |  |  |
|                                      | С        | Other forms (see instructions)   |                          |                   | 25c                 |            |                     |  |  |
|                                      | d        | Add lines 25a through 25c  |                          |                   |                     |            | 25d                 | 9,638.                                 |  |
| 16                                   | 26       | 2021 estimated tax payments and amount a   |                          |                   |                     |            | 26                  |  |  |
| If you have a liqualifying child,    | 27a      | Earned income credit (EIC)   |                          |                   | 27a                 |            |                     |  |  |
| attach Sch. EIC.                     |          | Check here if you were born after Janu   |                          |                   |                     |            |                     |  |  |
|                                      |          | January 2, 2004, and you satisfy all the   |                          |                   |                     |            |                     |  |  |
|                                      |          | taxpayers who are at least age 18, to claim t  | 1 1                      | structions        |                     |            |                     |  |  |
|                                      | b        | Nontaxable combat pay election   |                          |                   | -                   |            |                     |  |  |
|                                      | С        | Prior year (2019) earned income  |                          | 0 1 1 1 00 10     |                     |            |                     |  |  |
|                                      | 28       | Refundable child tax credit or additional child  |                          |                   | 28                  |            | -                   |  |  |
|                                      | 29       | American opportunity credit from Form 8863   |                          |                   | 29                  |            | -                   |  |  |
|                                      | 30       | Recovery rebate credit. See instructions .   |                          |                   | 30                  |            | -                   |  |  |
|                                      | 31       | Amount from Schedule 3, line 15  |                          |                   | 31                  | edits ►    | -                   |  |  |
|                                      | 32       |  |                          |                   |                     |            | 32                  | 0 620                                  |  |
|                                      | 33       |  |                          |                   |                     |            | 33                  | 9,638.                                 |  |
| Refund                               | 34       | If line 33 is more than line 24, subtract line 24  |                          |                   | •                   |            | 34                  | 1,784.<br>1,784.                       |  |
| Direct deposit?                      | 35a      | Amount of line 34 you want <b>refunded to you</b> Routing number 0 4 3 3 0 0 7               |                          |                   |                     | _          | 35a                 | 1,/04.                                 |  |
| Direct deposit?<br>See instructions. | ►b<br>►d | Account number 6 0 1 0 8 3 3   |                          | ▶ c Type: 🔀       | Checking   _        | Savings    |                     |  |  |
|                                      | 36       | Amount of line 34 you want <b>applied to your</b> :  |                          | ed tax ▶          | 36                  |            |                     |  |  |
| Λ ma a m t                           |          | -  |                          |                   |                     | . •        | 27                  |  |  |
| Amount<br>You Owe                    | 37<br>38 | <b>Amount you owe.</b> Subtract line 33 from line Estimated tax penalty (see instructions) . |                          |                   | 38                  |            | 37                  |  |  |
|                                      |          |  |                          |                   |                     |            |                     |  |  |
| Third Party Designee                 |          | you want to allow another person to disc<br>structions                                       |                          |                   |                     | Complete I | below.              | <b>X</b> No                            |  |
|                                      |          | Designee's Phone Personal identified   |                          |                   |                     |            |                     |  |  |
|                                      |          | me ►   | no. ►                    |                   |                     | mber (PIN) |                     |  |  |
| Sign                                 |          | der penalties of perjury, I declare that I have examine                                      |                          |                   |                     |            |                     |  |  |
| Here                                 |          | ief, they are true, correct, and complete. Declaration of                                    |                          |                   | ised on all informa |            |                     | , ,                                    |  |
|                                      | You      | ur signature   | Date                     | Your occupation   |                     |            |                     | nt you an Identity<br>N, enter it here |  |
| Joint return?                        |          |  |                          | <br>  SOFTWARE    | DEVELOPER           |            | see inst.) ▶        |  |  |
| See instructions.                    | Spo      | ouse's signature. If a joint return, <b>both</b> must sign.                                  | Date Spouse's occupation |                   |                     |            | L<br>∍ IRS ser      | nt your spouse an                      |  |
| Keep a copy for your records.        |          |  | lde                      |                   |                     |            | tity Prote inst.) ▶ | ection PIN, enter it here              |  |
| your records.                        |          |  |                          |                   |                     |            |                     |  |  |
| -                                    |          | one no. (814) 384–5763   | Email address            | ANWAR.EF42        | 1                   |            |                     | O. 1 "                                 |  |
| Paid                                 |          | eparer's name Preparer's signat  |                          | _                 | Date                | PTIN       | _                   | Check if:                              |  |
| Preparer                             | SYAM     | PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA  | RAM SAGAR                | GUPTA TALLAM      | 02/04/2022          |            |                     | Self-employed                          |  |
| Use Only                             |          | m's name ► GLOBAL TAXES LLC  |                          |                   |                     |            |                     | 678) 965-9522                          |  |
|                                      | Firr     | m's address ▶ 2530 Pebble Creek L  | n Cummin                 | g GA 30041        |                     | Firm       | i's EIN ▶           |  |  |
| Go to www.irs.go                     | ov/Form  | n1040 for instructions and the latest information.   |                          | BAA               | REV 01/31/22 PRC    |            |                     | Form <b>1040</b> (2021)                |  |

Form 1040 (2021)

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