E <b>1040</b>		rtment of the Treasury–Internal Revenue Servi S. Individual Income Tax		(99) <b>urn</b>	202	1	OMB No. 1545	-0074	IRS Use Only	–Do not v	vrite or staple	in this space.	
Filing Status       Single       Married filing jointly       Married filing separately (MFS)       Head of household (HOH)       Qualifying widow(er) (QW)         Check only one box.       If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent       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 Last n										Your social security number			
KISHORE KAM				AMALAY						285-71-8671			
If joint return, spouse's first name and middle initial Last n				st name						Spouse's social security number			
Home address (number and street). If you have a P,O. box, see instruct 6 HIGHPOINT CIRCLE					ctions.				Apt. no. 714	Presidential Election Campaign Check here if you, or your			
City, town, or post office. If you have a foreign address, also complete				spaces below. St			ate ZII		code			ntly, want \$3	
QUINCY							MA				to go to this fund. Checking a box below will not change		
Foreign country name			F	Foreign province/state/cou			ity F				x or refund	0	
At any time during 2021, did you receive, sell, exchange, or other					rwise dispose of any financial interest in any virtual currenc					ncy?	Yes	X No	
Standard Deduction	_	eone can claim:					a dependent						
Age/Blindness	S You:	Were born before January 2, 1	957	Are bli	nd Spo	use	: 🗌 Was bor	m bet	ore January 2	2, 1957	🗌 ls b	lind	
Dependents	s (see	instructions):		(2) Social security number			<b>(3)</b> Relationship to you		<b>(4) 🖌</b> if q	ualifies fo	lifies for (see instructions):		
If more	<b>(1)</b> Fi	rst name Last name							Child tax cred		Credit for of	ther dependents	
than four dependents,													
see instructions	s ——												
and check													
here 🕨 🗌											L		
Attach	1	Wages, salaries, tips, etc. Attach F	1	N-2.	· · · ·	•		·		. <u>1</u> 2b		93,269.	
Sch. B if	2a	· · -	2a	b C			Taxable interest Ordinary dividend		nds				
required.	<u>3a</u>		3a								<b>)</b>		
	4a 5a		4a	b Taxable amount						4k			
		5a	<b>b</b> Taxable amount .						. 5t		-		
Standard Deduction for—	6a	Social security benefits <u>6a</u> <b>b</b> Taxable amount							. 6t				
Single or						quired, check here						7 405	
Married filing separately,	8	Other income from Schedule 1, line 10							. 8		<u>-7,425.</u>		
\$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>							► 9		85,844.		
<ul> <li>Married filing jointly or</li> </ul>	10	Adjustments to income from Schedule 1, line 26							. 10	_	05 044		
Qualifying	11	Subtract line 10 from line 9. This is your adjusted gross income									85,844.		
\$25,100	12a	Standard deduction or itemized deductions (from Schedule A) 12a 12,550.											
Head of household, \$18,800	b	Charitable contributions if you take the standard deduction (see instructions) 12b 300.										10 050	
	C	Add lines 12a and 12b								. 12		12,850.	
<ul> <li>If you checked any box under</li> </ul>	13	Qualified business income deduction from Form 8995 or Form 8995-A								. 13		10 050	
Standard Deduction,	14 15								. 14	_	12,850.		
see instructions.	15	Taxable income.         Subtract line 14 from line 11. If zero or less, enter -0								. 15		72,994.	

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

Form 1040 (2021)

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Form 1040 (202	1)									Page 2
	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 🗌 4972	3		16	11	,803.
	17	Amount from Schedule 2, lin	ie3					17		
	18	Add lines 16 and 17						18	11	,803.
	19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812								
	20	Amount from Schedule 3, line 8								
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	11	,803.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			<b>2</b> 3		0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>				. 🕨	24	11	,803.
	25	Federal income tax withheld	from:		1 E		- 10			
	а	Form(s) W-2				<b>25a</b> 17	,438.			
	b	Form(s) 1099				25b				
	с	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c						25d	17	,438.
If you have a	26	2021 estimated tax payment	ts and amount a	pplied from 20	20 return			26		
qualifying child,	27a	Earned income credit (EIC)			NO	27a				
attach Sch. EIC.	)	Check here if you were b	oorn after Janu	ary 1, 1998,	and before					
		January 2, 2004, and you taxpayers who are at least a								
	b	Nontaxable combat pay elec	-	1 1						
	c	Prior year (2019) earned inco				-				
	28	, , ,		_	Schodule 8812	28				
	20 29	Refundable child tax credit or additional child tax credit from Schedule 8812       28         American opportunity credit from Form 8863, line 8								
	30	American opportunity credit from Porm 8803, line 8								
	31	Amount from Schedule 3, lin				31		-		
	32					-	lite 🕨	32		
	33	Add lines 27a and 28 through 31. These are your total other payments and refundable credits Add lines 25d, 26, and 32. These are your total payments								,438.
	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>								,635.
Refund	35a	Amount of line 34 you want <b>refunded to you.</b> If Form 8888 is attached, check here								,635.
Direct deposit?	►b	Amount of line 34 you want <b>refunded to you.</b> If Form 8888 is attached, check here $ \blacktriangleright $ <b>35a</b> $5, 63$ Routing number $1 1 1 1 0 0 0 6 1 4$ $\blacktriangleright c$ Type: X Checking Savings								,
See instructions.										
	36				ed tax ►	36				
Amount	37	Amount of line 34 you want applied to your 2022 estimated tax								
You Owe	38	Estimated tax penalty (see in				38		37		
Third Party		you want to allow another			n with the IRS?					C
Designee		structions				. 🕨 🗌 Yes. Co	omplete l	below.	X No	
<b>J</b>	De	Designee's		Phone			Personal identit			
	nar	me 🕨		no. 🕨		numb	ber (PIN)			
Sign		der penalties of perjury, I declare t								
Here		belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which								0
	Yo	Your signature		Date	Your occupation				nt you an Ide IN, enter it h	
Joint return?				SOFTWARE	ENGINEER		inst.) 🕨			
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat		If the	e IRS sei	nt your spou	se an
Keep a copy for								ection PIN, e	nter it here	
your records.							(see	inst.) 🕨		
		one no. (512) 391-937		Email address	KAMALAY.KIS	HORE@GMAIL.CC				
Paid	Pre	eparer's name	Preparer's signat			Date	PTIN		Check if:	
Preparer	UMA	A MAHESHWARI BOYINI	HWARI BOY	HWARI BOYINI 01/21/20			2867	Self-er		
Use Only								ne no.	(678)965	
	Firi	m's address ► 2530 Pebb.	le Creek I	n Cummin	g GA 30041		Firm	's EIN 🕨		)17196
Go to www.irs.g	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 01/10/22 PRO			Form 1	<b>040</b> (2021)

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