E 1		Λ	N	ı
D	U	4	U	-

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

20**21** OMB No. 1545-0074

	s 🔀 🤅	Single Married filing jointly N	Married filing	g separately	(MFS)	☐ Hea	d of hou	sehold (HOH	H) [Qualif	ying wid	ow(er) (QW)	
Check only one box.	•	ou checked the MFS box, enter the nameson is a child but not your dependent.	, ,	pouse. If you	u check	ed the H	OH or Q\	W box, ente	r the c	hild's r	name if th	e qualifying	
Your first name	and m	iddle initial La	ast name						Yo	our soci	ial securit	y number	
NAGA VENKATA RAVI TE THA'				RTHI					8	874-12-2954			
			ast name						Sp	Spouse's social security number			
							- 1					-	
Home address	(numbe	er and street). If you have a P,O. box, see ins	tructions.					Apt. no.	Pr	esident	tial Election	on Campaign	
42 PELMO	TNC	PLACE									ere if you,	•	
City, town, or p	ost offi	ce. If you have a foreign address, also comp	ete spaces below. State Z				ZIF	code				tly, want \$3 Checking a	
PISCATA	WAY			NJ			08				w will not	•	
Foreign country	y name		Foreign	Foreign province/state/county			Foi	Foreign postal code		ur tax o	or refund.	Ü	
											You	Spouse	
At any time du	ring 20	021, did you receive, sell, exchange, or	otherwise	dispose of a	any fina	ncial inte	rest in ar	ny virtual cu	ırrency	?	Yes	⊠ No	
Standard	Som	neone can claim: You as a deper	ndent	Your spo	use as	a depend	ent						
Deduction		Spouse itemizes on a separate return o					OTTE						
		: Were born before January 2, 195	<u> </u>		pouse		e horn h	efore Janua	n/2 1	057	☐ Is bl	ind	
Dependent	-				•						(see instru		
•	,	irst name Last name	(2	(2) Social security number (3) Relations to you			Child tax cre		1 1	•	her dependents		
If more than four	(.,.					+			.				
dependents,													
see instruction and check	s ——												
here >													
	. 1	Wages, salaries, tips, etc. Attach Ford	m(s) W-2							1	1 10	 06,664.	
Attach	2a	Tax-exempt interest 2a b Taxable interest							2b		30,0011		
Sch. B if	3a								3b				
required.	4a	IRA distributions 4a b Taxable amount							4b_				
	5a	Pensions and annuities 5a b Taxable amount							5b				
Standard	6a	Social security benefits 6a b Taxable amount								6b			
Deduction for—	7	Capital gain or (loss). Attach Schedul	e D if requir	red If not re									
 Single or Married filing 	8	Other income from Schedule 1, line 1			quii ou,	on out in				8		-7 , 730.	
separately,	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and		vour total ir	come					9		98,934.	
\$12,550 Married filing	10	Adjustments to income from Schedule 1, line 26								10		,	
jointly or Qualifying	11	•	of from line 9. This is your adjusted gross income							11		98,934.	
widow(er),	12a	Standard deduction or itemized de	-	•			12a	12.5	550.			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
\$25,100 • Head of	b	, ,							300.				
household,	c	Add lines 12a and 12b								12c		12,850.	
\$18,800 • If you checked	13	Qualified business income deduction	from Form	8995 or Fo	rm 899	5-A .				13		,	
any box under Standard	14	Add lines 12c and 13								14	-	12,850.	
Deduction,	15	Taxable income. Subtract line 14 fro	m line 11 l	f zero or les	s. ente	r -0				15		36,084.	
see instructions.				0.0 01 100	., oiiio					-10		J J J J J J J J	

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	14,685.
	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	14,685.
	19	Nonrefundable child tax cred	dit or credit for o	ther depender	nts from Schedule	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	14,685.
	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	14,685.
	25	Federal income tax withheld from:							
	а	Form(s) W-2				25a 15	,924.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	15,924.
If you have a	26	2021 estimated tax payment				.,		26	
qualifying child,	27a	Earned income credit (EIC)				27a			
attach Sch. EIC.		Check here if you were b	orn after Janu	ary 1, 1998,	and before				
		January 2, 2004, and you taxpayers who are at least a	ı satisty all the	e other requi he FIC See in	rements for				
	b	Nontaxable combat pay elec	-	1 1	3ti detion3 F				
	c	Prior year (2019) earned inco							
	28	Refundable child tax credit or			Schedule 8812	28			
	29	American opportunity credit				29		1	
	30	Recovery rebate credit. See				30		1	
	31	Amount from Schedule 3, lin				31		1	
	32	Add lines 27a and 28 throug					its ►	32	
	33	Add lines 25d, 26, and 32. T		•				33	15,924.
Defend	34							34	1,239.
Refund	35a	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid 34 1, 239. Amount of line 34 you want refunded to you. If Form 8888 is attached, check here >							
Direct deposit?	▶b	Routing number 0 2 1 2 0 0 3 3 9 ▶ c Type: ★ Checking Savings							
See instructions.	▶d								
_	36	Amount of line 34 you want				36			
Amount	37	Amount you owe. Subtract	line 33 from line	24. For details	s on how to pay,	see instructions	. >	37	
You Owe	38	Estimated tax penalty (see in				38			
Third Party	Do	you want to allow another	person to disc	cuss this retur	rn with the IRS?	See			C
Designee		nstructions				. Yes. Co	mplete l	selow.	X No
		Designee's					rsonal identification		
		me ►		no. ►			er (PIN)		
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 belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.							
Here									nt you an Identity
	,	ui signature		Date	Tour occupation		- 1		N, enter it here
Joint return?					NETWORK E	NGINEER	(see	inst.) 🕨	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occupation		- 1		nt your spouse an
your records.	,					I		inst.)	ection PIN, enter it here
		000 00 (0.00) 420 100	<u> </u>	Email address		107E00MATT 00			
		one no. (860) 438-190 eparer's name	Preparer's signat		THATAVARTHI	[275@GMAIL.CO Date	PTIN		Check if:
Paid		A MAHESHWARI BOYINI	UMA MAHES		ZTNT		P0247	2867	Self-employed
Preparer			TIMATA DO	T T I N T	01/12/2022			678) 965-9522	
Use Only							i's EIN ▶		
Go to ware im				II CUIIIIIIIIII		DEV 04/04/05 775	FILM	3 LIIN	Form 1040 (2021)
GO TO WWW.IIS.go	UVITOM	n1040 for instructions and the late	at iiiiOiiiidliOii.		BAA	REV 01/04/22 PRO			rom 1040 (2021)

DO NOT FILE