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	U		V	- 1

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

2021

OMB No. 1545-007

IRS Use Only—Do not write 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 ▶											
Your first name and middle initial Last na			Last nar	me					Your so	cial securi	ty number
TRINUSHA KAR			KARU	MANCHI			_		776-88-8028		
If joint return, spouse's first name and middle initial Last name			st name				Spouse's social security number				
								Presidential Election Campaign Check here if you, or your			
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete sp	paces below.	Stat	te	ZIP	code	spouse if filing jointly, want \$3		
JERSEY CITY				NJ			07	306			Checking a
Foreign country name				Foreign province/state/county			Fore	,		box below will not change your tax or refund.  You Spouse	
At any time du	ring 20	21, did you receive, sell, exchange,			/ fina	ıncial interest	in an	y virtual currer	ncy?	Yes	⊠ No
Standard Deduction	_	eone can claim:				•					
Age/Blindness	You:	☐ Were born before January 2, 19	957	Are blind Spo	ouse	: Was be	orn be	efore January 2	2, 1957	☐ Is bl	ind
Dependents	s (see i	nstructions):		(2) Social security	,	(3) Relations	ship	<b>(4)</b> 🗸 if qu	ualifies fo	r (see instru	ctions):
If more	<b>(1)</b> Fi	First name Last name		number to yo		to you	Child tax cr		edit	Credit for ot	her dependents
than four											
dependents, see instructions	,										
and check	,										
here ▶ □											
	1	Wages, salaries, tips, etc. Attach F	orm(s) V	V-2					. 1		74,940.
Attach	2a	Tax-exempt interest   2a   b Taxable interest					st		. 2b		
Sch. B if	3a	Qualified dividends	3a b Ordinary divide			ends		. 3b			
required.	4a							4b			
	5a	Pensions and annuities	5a		b T	axable amou	nt .		. 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		-5,300.	
separately,	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>						9		69,640.	
\$12,550  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		69,640.	
widow(er),	12a	Standard deduction or itemized deductions (from Schedule A)   12a   12,550.							o. 🗀		,
\$25,100 • Head of	b	Charitable contributions if you take the standard deduction (see instructions) 12b 300.									
household, \$18,800	С	Add lines 12a and 12b							. 120	c	12,850.
• If you checked	13	Qualified business income deduction from Form 8995 or Form 8995-A							. 13		<u>,</u>
any box under Standard	14	Add lines 12c and 13							. 14	_	12,850.
Deduction, see instructions.	15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0						. 15	_	56 <b>,</b> 790.	
SEE INSTRUCTIONS.											

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

Form 1040 (2021)

## DO NOT FILE

Form 1040 (2021	1)								Page <b>2</b>
	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌		. 16	8,239.
	17	Amount from Schedule 2, lin	e3					. 17	
	18	Add lines 16 and 17						. 18	8,239.
	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	8,239.
	23	Other taxes, including self-e	mployment tax,	from Schedule	2, line 21 .			. 23	0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>					24	8,239.
	25	Federal income tax withheld from:							
	а	Form(s) W-2				25a	11,83	9.	
	b	Form(s) 1099							
	С	Other forms (see instructions							
	d	l Add lines 25a through 25c							11,839.
If you have a	26	2021 estimated tax payments and amount applied from 2020 return							
qualifying child, attach Sch. EIC. [	27a	Earned income credit (EIC)				27a			
didon com Ero.		Check here if you were by January 2, 2004, and you							
		taxpayers who are at least a	ge 18, to claim t	he EIC. See in	structions >				
	b	Nontaxable combat pay elec	-	1 1	_				
	С	Prior year (2019) earned inco	ome	. 27c					
	28	Refundable child tax credit or	additional child	tax credit from	Schedule 8812	28			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Recovery rebate credit. See	instructions .			30			
	31	Amount from Schedule 3, lin	e 15			31			
	32	Add lines 27a and 28 throug	▶ 32						
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				▶ 33	11,839.
Refund	34	If line 33 is more than line 24						. 34	3,600.
	35a								3,600.
Direct deposit? See instructions.	►b	Routing number 0 8 1 0 0 0 0 3 2 ▶ c Type: ★ Checking Savings							
Coc mondonono.	▶ d	Account number 4 4 0 0 6 6 1 7 6 9 7 6 1 6 3 3							
	36	Amount of line 34 you want applied to your 2022 estimated tax > 36  Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions . >							
Amount	37				, ,	1	ns .	37	
You Owe	38	Estimated tax penalty (see in				38			C
Third Party Designee		you want to allow another structions		cuss this retur	n with the IRS?		Comple	te below	X No
Designee		Designee's		Phone			'es. Complete below.  X  No  Personal identification		
		ne ►		no.			number (PI		
Sign		der penalties of perjury, I declare t							
Here	bel	ief, they are true, correct, and com	plete. Declaration of	of preparer (other	than taxpayer) is b	ased on all infor			, ,
11010	Yo	Your signature		Date	Your occupation		I		nt you an Identity IN, enter it here
Joint return?					SOFTWARE ENGINEER		I	see inst.)	
See instructions.	Sp	Spouse's signature. If a joint return, <b>both</b> must sign.		Date		ouse's occupation		f the IRS se	nt your spouse an
Keep a copy for								dentity Prot	ection PIN, enter it here
your records.							(	see inst.) <b>&gt;</b>	
-		one no. (816) 682-386		Email address	TRINUSHAKARU	1			T
Paid		eparer's name	Preparer's signat			Date	PTIN		Check if:
Preparer		UMA MAHESHWARI BOYINI UMA MAHESHWAR			ZINI	01/14/20		472867	Self-employed
Use Only							(678) 965-9522		
				n Cummin				Firm's EIN I	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 01/10/22 P	RO		Form <b>1040</b> (2021)

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