E1040 Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

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 use the checked the MFS box, enter the notes on is a child but not your dependent | ame of           | ied filing separately<br>your spouse. If you | ` ′                        | _              |         | ` ,                 | _  | , 0                             | ` , ` ,          |  |
|---|---------|---|------------------|--|----------------------------|----------------|---------|---------------------|--|---------------------------------|------------------|--|
| Your first name and middle initial  |         |   |                  | ame  |                            |                |         |                     | Your social security number                              |                                 |                  |  |
| TEJA KUMAR REDDY  |         |   |                  | I  |                            |                |         |                     | 681-68-5858  |                                 |                  |  |
| 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   | instruct         | tions.                                       |                            |                |         | Apt. no.            |  |                                 | on Campaign      |  |
| 3300 EAST PALM DR   |         |   |                  |  |                            |                |         | 326                 |  | here if you,<br>if filing ioir  | ntly, want \$3   |  |
| City, town, or post office. If you have a foreign address, also con FULLERTON |         |   |                  | mplete spaces below. State CA                |                            |                |         | code<br>2831        | to go to this fund. Checking a box below will not change |                                 |                  |  |
| Foreign country name  |         |   |                  | Foreign province/state/county F              |                            |                |         | Foreign postal code |  | x or refund.                    | . Spouse         |  |
| At any time du  | ring 20 | 021, did you receive, sell, exchange,   | or oth           | erwise dispose of a                          | ny fina                    | ancial interes | t in an | y virtual curre     | ncy?   | ☐ Yes                           | ⊠ No             |  |
| Standard<br>Deduction   | _       | leone can claim:  |                  |  |                            | '              | t       |                     |  |                                 |                  |  |
| Age/Blindness   | s You:  | : Were born before January 2, 1   | 957              | Are blind S                                  | oouse                      | : Was b        | orn be  | efore January 2     | 2, 1957  | ☐ Is bl                         | lind             |  |
| Dependent   | s (see  | instructions):  |                  | (2) Social secur                             | ity                        | (3) Relation   | ship    | <b>(4)  ✓</b> if q  | ualifies fo  | r (see instru                   | ıctions):        |  |
| If more   | (1) Fi  | irst name Last name   | number           |  |                            | to you         |         | Child tax c         | redit  | Credit for ot                   | her dependents   |  |
| than four   |         |   |                  |  |                            |                |         |                     |  |                                 |                  |  |
| dependents, see instruction   | . —     |   |                  |  |                            |                |         |                     |  |                                 |                  |  |
| and check   |         |   |                  |  |                            |                |         |                     |  |                                 |                  |  |
| here ▶ □  |         |   |                  |  |                            |                |         |                     |  |                                 |                  |  |
|   | _1_     | Wages, salaries, tips, etc. Attach F  | orm(s)           | W-2  |                            |                |         |                     | . 1  |                                 | 87,808.          |  |
| Attach  | 2a      | Tax-exempt interest   | 2a               |  | <b>b</b> Taxable interest  |                |         |                     | . 2b   | )                               |                  |  |
| Sch. B if required.   | 3a      | Qualified dividends   | 3a               |  | <b>b</b> Ordinary dividend |                |         |                     | . 3b   |                                 |                  |  |
| required.   | 4a      | IRA distributions   | 4a               |  | <b>b</b> Taxable amount .  |                |         |                     | . 4b   |                                 |                  |  |
|   | 5a      | Pensions and annuities  | 5a               |  | <b>b</b> Taxable amount .  |                |         |                     | . 5b   |                                 |                  |  |
| Standard Deduction for— Single or Married filing separately, \$12,550         | 6a      | Social security benefits  | b Taxable amount |  |                            |                |         |                     | . 6b   |                                 |                  |  |
|   | 7       | Capital gain or (loss). Attach Schedule D if required. If not required, check here                              |                  |  |                            |                |         |                     | 7  |                                 | -3,000.          |  |
|   | 8       | Other income from Schedule 1, line 10   |                  |  |                            |                |         | . 8                 |  | -8 <b>,</b> 900.                |                  |  |
|   | 9       | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>                                     |                  |  |                            |                |         |                     | ▶ 9  |                                 | 75 <b>,</b> 908. |  |
| Married filing  | 10      | Adjustments to income from Schedule 1, line 26  |                  |  |                            |                |         |                     | . 10   | )                               |                  |  |
| jointly or<br>Qualifying  | 11      |   |                  |  |                            |                |         |                     | ▶ 11   |                                 | 75 <b>,</b> 908. |  |
| widow(er),  | 12a     | Standard deduction or itemized deductions (from Schedule A)   12a   12,550                                      |                  |  |                            |                |         |                     | 0.   |                                 |                  |  |
| \$25,100<br>• Head of<br>household,<br>\$18,800                               | b       | Charitable contributions if you take the standard deduction (see instructions) 12b 300.                         |                  |  |                            |                |         |                     | 0.   |                                 |                  |  |
|   | С       | Add lines 12a and 12b   |                  |  |                            |                |         |                     |  | c i                             | 12,850.          |  |
| If you checked any box under Standard   | 13      | Qualified business income deduction from Form 8995 or Form 8995-A   |                  |  |                            |                |         |                     | . 13   |                                 | · ·              |  |
|   | 14      | Add lines 12c and 13  |                  |  |                            |                |         |                     |  | , :                             | 12,850.          |  |
| Deduction,  | 15      | Taxable income. Subtract line 14 from line 11. If zero or less, enter -0  |                  |  |                            |                |         |                     |  |                                 | 63,058.          |  |

|                                      | 16        | Tax (see instructions). Check if any from Form(s   | s): <b>1</b> 🗌 8814        | 4 <b>2</b> 🗌 4972  | 3 🗌      |             |            | 16  | 9,625.                    |  |  |
|--------------------------------------|-----------|--|----------------------------|--------------------|----------|-------------|------------|---|---------------------------|--|--|
|                                      | 17        | Amount from Schedule 2, line 3   |                            |                    |          |             |            | 17  |                           |  |  |
|                                      | 18        | Add lines 16 and 17  |                            |                    |          |             |            | 18  | 9,625.                    |  |  |
|                                      | 19        | Nonrefundable child tax credit or credit for ot  | 19                         |                    |          |             |            |   |                           |  |  |
|                                      | 20        | Amount from Schedule 3, line 8   |                            |                    |          |             |            | 20  | 2,000.                    |  |  |
|                                      | 21        | Add lines 19 and 20  |                            |                    |          |             |            | 21  | 2,000.                    |  |  |
|                                      | 22        | Subtract line 21 from line 18. If zero or less, e  | nter -0                    |                    |          |             |            | 22  | 7,625.                    |  |  |
|                                      | 23        | Other taxes, including self-employment tax, fr   | rom Schedule               | 2, line 21         |          |             |            | 23  | 0.                        |  |  |
|                                      | 24        | Add lines 22 and 23. This is your total tax  |                            |                    |          |             | . ▶        | 24  | 7,625.                    |  |  |
|                                      | 25        | Federal income tax withheld from:  |                            |                    |          |             |            |   |                           |  |  |
|                                      | а         | Form(s) W-2  |                            |                    | 25a      |             | 883.       |   |                           |  |  |
|                                      | b         | Form(s) 1099   |                            |                    | 25b      |             |            |   |                           |  |  |
|                                      | С         | Other forms (see instructions)   |                            |                    | 25c      |             |            |   |                           |  |  |
|                                      | d         | Add lines 25a through 25c  |                            |                    |          |             |            | 25d   | 883.                      |  |  |
| If you have a                        | 26        | 2021 estimated tax payments and amount ap  | plied from 20              |                    |          |             |            | 26  |                           |  |  |
| qualifying child,                    | 27a       | Earned income credit (EIC)   |                            | No                 | 27a      |             |            |   |                           |  |  |
| attach Sch. EIC.                     | b         | Check here if you were born after January 2, 2004, and you satisfy all the taxpayers who are at least age 18, to claim the Nontaxable combat pay election  | other require EIC. See in: | rements for        |          |             |            |   |                           |  |  |
|                                      | C         | Prior year (2019) earned income  |                            |                    |          |             |            |   |                           |  |  |
|                                      | 28        | Refundable child tax credit or additional child ta   |                            | Schodula 8812      | 28       |             |            |   |                           |  |  |
|                                      | 29        | American opportunity credit from Form 8863,  |                            |                    | 29       |             |            | -   |                           |  |  |
|                                      | 30        | Recovery rebate credit. See instructions   |                            |                    | 30       |             |            | 1   |                           |  |  |
|                                      | 31        | Amount from Schedule 3, line 15  |                            |                    | 31       |             |            | -   |                           |  |  |
|                                      | 32        | Add lines 27a and 28 through 31. These are y   | 32                         |                    |          |             |            |   |                           |  |  |
|                                      | 33        | Add lines 25d, 26, and 32. These are your <b>tot</b>   |                            |                    |          |             |            | 33  | 883.                      |  |  |
| Defend                               | 34        | If line 33 is more than line 24, subtract line 24  |                            |                    |          |             |            | 34  |                           |  |  |
| Refund                               | 35a       | Amount of line 34 you want <b>refunded to you.</b>   |                            |                    | •        | -           | <b>▶</b> □ | 35a   |                           |  |  |
| Direct deposit?                      | ▶b        | Routing number X X X X X X X X X X X X X X X X X X X   |                            |                    |          |             |            |   |                           |  |  |
| See instructions.                    | ▶d        | Account number X X X X X X X   |                            |                    |          |             |            |   |                           |  |  |
|                                      | 36        | Amount of line 34 you want applied to your 2   |                            |                    |          |             |            |   |                           |  |  |
| Amount                               | 37        | Amount you owe. Subtract line 33 from line 2   | 24. For details            | on how to pay,     | see inst | ructions    | . ▶        | 37  | 6,742.                    |  |  |
| You Owe                              | 38        | Estimated tax penalty (see instructions) .   |                            | 🕨                  | 38       |             |            |   |                           |  |  |
| Third Party<br>Designee              |           | you want to allow another person to discurructions   |                            |                    | r        | Yes. Con    | nplete b   | elow.   | X No                      |  |  |
|                                      |           | Designee's Phone Personal identific  |                            |                    |          |             |            |   |                           |  |  |
|                                      |           | ne ►   | no.                        |                    |          |             | r (PIN)    |   |                           |  |  |
| Sign                                 |           | ler penalties of perjury, I declare that I have examined<br>of they are true, correct, and complete. Declaration of  |                            |                    |          |             |            |   |                           |  |  |
| Here                                 |           | pelief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which properties that the properties of the propert |                            |                    |          |             |            |   | , ,                       |  |  |
|                                      | ,         | i signature  | Tour occupation            |                    |          |             |            | If the IRS sent you an Identity Protection PIN, enter it here |                           |  |  |
| Joint return?                        |           |  | SOFTWARE E                 |                    |          | NGINEER (se |            |   | e inst.) ▶                |  |  |
| See instructions.<br>Keep a copy for | Spo       | use's signature. If a joint return, <b>both</b> must sign.   | Iden                       |                    |          |             |            |   | t your spouse an          |  |  |
| your records.                        | ,         |  |                            |                    |          |             |            | nst.) ▶ [   | ection PIN, enter it here |  |  |
|                                      |           | ne no. (571) 446-9402  | Email address              | me ta Memt         | CMAT     | T COM       | (555)      |   |                           |  |  |
|                                      |           | ne no. (571) 446-9402   Preparer's signatu   |                            | TEJA.METI          | Date     |             | PTIN       |   | Check if:                 |  |  |
| Paid<br>Preparer<br>Use Only         |           | 1  |                            | מווסיים יים דום או |          |             | 02082      | ,702  | Self-employed             |  |  |
|                                      |           |  |                            |                    |          |             |            |   | 678) 965-9522             |  |  |
|                                      |           | Firm's address ► 2530 Pebble Creek Ln Cumming GA 30041 Firm's  |                            |                    |          |             |            |   |                           |  |  |
| Go to wave ire or                    |           | 1040 for instructions and the latest information.  | ı Cummılı                  |                    | DEVICE   | /04/00 PPO  | 1 11111    | 2 LIIN  | Form <b>1040</b> (2021)   |  |  |
| GO TO WWW.IIS.go                     | JVII OIII | יוסדט וטו וווסנוטנוטווס מווט נוופ ומנפטנ ווווטוווומנוטוו.  |                            | BAA                | KEV 01   | /24/22 PRO  |            |   | FOIIII 1070 (2021)        |  |  |

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